

A.S.A.P. A Systemic Approach for Perpetrators

WP 3: Testing of the operational protocol and elaboration of policy guidelines

D 3.4– POLICY GUIDELINES – CROATIA –

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1. FOREWORD

The idea for the ASAP project stemmed from numerous analyzes and documents that highlighted the need for cooperation and networking of services that work with victims of violence and services that work with the perpetrators of violence, with the aim to improve and more clearly define their cooperation, for the benefit of everyone, especially of violence. When it comes to Croatia, the cooperation between the services so far has been sporadic, uneven and, in fact, the product of mutual acquaintance and goodwill of the experts to share mutual information. And if we are talking about the safety of victims of violence and the prompt response from the competent institutions, then we must emphasize the importance of this cooperation among various services and institutions that encounter with victims of violence in their everyday work.

The Council of Europe Convention on preventing and combating violence against women and domestic violence itself (the so-called Istanbul Convention) in its recommendations emphasizes the importance of 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. It is for these reasons that the idea of creating a Operational Protocol came up, with the aim of unifying how institutions can and should cooperate, enabling professionals to follow specific steps during that collaboration, which as a result, should lead to greater victim safety and better and faster response from the competent institutions. The objective of the Protocol is not to place an additional burden on the professionals in their day-to-day work with additional guidelines or instructions, but to enable them to network more easily and quickly with experts from various services and institutions, all with the aim of assisting victims of violence.

And with the help of these guidelines, we would like to point out to the relevant institutions and enforcers of Croatian legislation, through the example of a good practice, the importance of applying the ASAP protocol in the daily work of experts who work in the field of violence.

2. INTRODUCTION

2.1 Definitions of violence

According to the so called Istanbul Convention „*violence against women*” is understood 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;

“*Domestic violence*” shall mean 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;

Domestic violence can be defined as a set of behaviors aimed at controlling members of the family through the use of force, intimidation and manipulation.

It can also be defined as a set of violent and threatening behaviors that encompasses psychological, emotional, economic and sexual violence, as well as threats, isolation and coercion against the victim.

Domestic violence is a violation of fundamental human rights and an act of discrimination. It is a social and family problem that has deep health, social and other individual or family consequences. It is evident from the official data on the situation of violence in Croatia, that the most frequent victims of violence is the female spouse, and the most common perpetrator is the male partner. The problem of domestic violence, as a social problem, requires a socially responsible response. One of the solutions is a better connection and a systemic engagement of all institutions involved and to better use of all legal possibilities for the sake of ensuring legal and general security of victims of violence.

We can agree that domestic violence is recognized as a serious and pervasive problem and represents a global epidemic of devastating physical, emotional, economic and social consequences for women, children, families and communities around the world.

Violence against women is a term that seeks to emphasize that women are more often victims of domestic violence than men, but it also draws attention to the fact that violence against women is closely linked to patriarchal attitudes and related social norms and serves to establish and retain power and control of a man over a woman.

Family is still considered to be a natural and fundamental unit in society, but the perception of family as a safe haven for its members is seriously impaired by the incidence of domestic violence. The complex structures of the modern family, stress, economic and moral crisis of society are most pronounced precisely in disturbed family relationships. Today, roles are changing, ie every member of the family can be a victim or abuser, so today there is more and more talk about violence against the elderly, violence against men where the perpetrators is a women, and violence against parents where the perpetrators are their own children. Also, in the last decade the focus has been more on the perpetrators of violence, with the aim of

influencing the very source of the problem, that is, the cause of their behavior. Thus, primary prevention is more prominent with the reason of preventing one's violent behavior, whereas tertiary prevention, ie intervention when violence has already occurred and victims need to be rescued, should be the last step.

In accordance to the Law on Protection against Domestic Violence (Official Gazette No. 70/17), domestic violence is physical violence; bodily punishment or other forms of humiliating treatment towards children; psychological violence which caused the victim an insult to her dignity or anxiety; sexual harassment; economic violence as a prohibition or disabling of the use of joint or personal property, disposing of personal income or property gained by personal work or inheritance, disabling employment, deprivation of resources for the maintenance of the common household and child care; neglecting the needs of a person with a disability or an elderly person that causes her anxiety or insults her dignity and thereby causes her physical or mental suffering.

2.2 Legislation framework

The Council of Europe Convention on preventing and combating violence against women and domestic violence (ie. the Istanbul Convention) from 2011, which in respect of Croatia entered into force on October 1st 2018, constitutes a legally binding instrument which serves as a framework for the protection of rights. The Convention specifically emphasizes the problem of violence against women. Therefore, it is necessary to advance the protection of victims, prevent any form of domestic violence and promote the full legal equality of women and men.

Domestic violence is a violation of the fundamental human rights of all victims, and in Croatia the rights of each individual are prescribed by the Constitution, international and/or domestic laws.

Violence can occur to anyone, regardless the gender, age, status, education, race, nationality, sexual orientation, and material situation. The Constitution of the Republic of Croatia, the highest legal act, places particular emphasis on protecting human rights, combating and preventing discrimination. The protection of victims of domestic violence is governed by the Criminal Law, the Law on the Protection of Domestic Violence, the Law on Police Affairs, the Law on Criminal Procedure, the Law on the Protection of Witnesses, the Law on Financial Compensation of Victims of Criminal Offenses, the Law on Equality, ect..

Changes have been made in the Criminal law (Official Gazette 61/2015) and in its latest amendment, in 2015, where we can see that the felony "Domestic Violence" was reintroduced in the law. Consequently, the possibility of protecting victims and the sanctioning of perpetrator increases. However, practice in Croatia demonstrates how the criminal procedures still take too long and often additionally traumatizes the victims, which raises the question of justification.

Also, it is necessary for better definition and demarcation of violence so that the police officers can make a better and more adequate assessment whether the committed violence was a misdemeanor or a criminal act. It is necessary to provide specialized education for all professionals who encounter victims in their every day work. Unfortunately, we still have we have many cases of double arrests, in which a misdemeanor charge is filed against both the victim and the perpetrator, as it is not possible to determine who was the attacker and who was defending himself. That is, if you defend yourself against attacks this can be defined as violent behavior, which is absurd and sends the wrong message to victims of violence.

The new Law on Domestic Violence Protection (Official Gazette 70/2017), which came into force on January 1st 2018, brings some innovations. The interesting thing about the new law is the fact that for the first time, people with disabilities and older people are defined as a particularly vulnerable group and violence against them is defined as a special form of violence, which should be treated with special care. Also, the rights of the victim, as the actions of competent institutions are defined better and more specific.

In the mentioned law Article 6 defines various rights the victim has during the proceedings. So, the victim shall be informed of the suspension of the detention or the escape of the perpetrator or about the annulment of the decision to impose protective measures and the cancellation of the precautionary measures imposed to protect her or to release the convicted person from serving his sentence of imprisonment. Unfortunately, it is not defined who has that obligation, and often happens that the perpetrator is released from detention but the victim is not informed, which is a direct threat.

The same article defines that the victims has the right on confidentiality of information whose disclosure could jeopardize her security. Again, in practice we see that the information the location of the victim (if she is in a safe house) often reaches the perpetrator, from various institutions, which again jeopardizes her safety.

Article 7 states that health professionals, employees of social welfare institutions, persons employed in educational institutions, professional workers employed in religious institutions, humanitarian or civil society organizations, and all other professionals who come into contact with victims of violence, in their work, are obliged to report to the police or the public prosecutor's office any knowledge or suspicion of domestic violence in a family that they have learned in the course of their work. Unfortunately, we still have many professionals who ignore this problem and do not report to the police their suspicions. The same obligation is stated in the Protocol on the treatment of domestic violence and not reporting it is considered as a violation of the law.

Article 17 defines a protective measure of removal from a shared household which may be imposed on a perpetrator of domestic violence who has committed violence against a family member with whom he or she lives in an apartment, home or other living space that forms a shared household if there is a risk that he or she may repeat domestic violence. This protective measure is still not often imposed and forces the victim to leave their home.

The new Protocol on the Treatment of Domestic Violence is a secure and integrated approach between all actors involved in the protection of victims of domestic violence.

The purpose of the Protocol is to ensure the timely and effective implementation of existing regulations on the protection of victims of domestic violence in accordance with their respective competent authorities, to promote a cooperative and long-term impact on reducing violent behavior. Preventing domestic violence and protecting the victim cannot be carried out without mutual cooperation of all competent institutions. Domestic violence procedures should be carried out promptly, without delay, respecting the rights of all victims.

The aim of the Protocol is to sensitize the public to the problem of violence, to prevent violent behavior in introducing preventive programs in educational institutions, to identify the risk between two people on time, to have an integrated approach for a family at risk, to have a better access to the victims, and prevent further violent behavior by working with the perpetrator on his problem. However, no special attention was paid to the cooperation between the services who work with victims and with perpetrators. The cooperation is not defined specifically and its not clear how the cooperation should unfold.

We have to mention the strategy for the city of Zagreb for the period of 2017 till 2022, in which the combat against violence is addressed through 20 measures in 7 areas of activity:

1. Preventing domestic violence
2. To provide care and support to victims of domestic violence
3. Psychosocial treatment for perpetrators of domestic violence
4. Promotion of mutual cooperation between different departments
5. Education of experts who work in the field of domestic violence
6. Sensitizing the public to the problem of domestic violence
7. Protection of particularly vulnerable groups of victims of domestic violence

The Zagreb strategy has been designed in accordance with the needs of victims of domestic violence, but has not identified the intended implementation of the previous two strategies. The measures are in line with the Council of Europe Convention on preventing and combating domestic violence and the National Strategy. Cooperation of all systems, in particular social care, health, justice, education, police and civil society organizations, is a necessary prerequisite in the field of prevention and a timely recognition of the problem by taking appropriate measures to combat domestic violence. Coordination of the implementation of the Zagreb Strategy is within the scope of the City Office for Social Protection and Persons with Disabilities.

We should also mention the Psychosocial treatment for perpetrators of domestic violence, it is a measure that is imposed on perpetrators of domestic violence to eliminate violent behavior, ie it is pronounced as a sanction and establishes:

- Art. 15 of the Domestic Violence Protection Act as a protective measure
- Article 70 Criminal Code as a security measure;

The main problem is that the judges and other professionals are still not familiarized with the purpose of the programme and its restrictions so we still have many perpetrators who are sent to the programme, but are not adequate for it and have to be rejected.

2.3 Background/context

Today's societies are increasingly recognizing that violence against women is a public health problem, which among other causes gross violation of fundamental human rights. At the level of the World Health Organization, various documents were adopted, with the aim of combating violence against women. The World Health Organization warned about three major consequences for women who are victims of violence from their intimate partner - physical trauma, psychological trauma (PTSD, depression, anxiety) and a sense of fear and control. Each of these consequences leads to various health problems, which ultimately creates additional burdens on the healthcare system. However, what is increasingly recognized in today's society is that violence is a single form of behavior that, as a result, violates girls and women, restricts their participation in society, and damages their health.

We are witnessing that domestic violence is a problem which is present in all societies and affects all groups. Services for victims of domestic violence began to develop slowly at the end of the 19th century, and in our area they started developing in the early 1990s, owing to the feminist movement that began to develop in Croatia in that period. Today we can say that the situation is better, we are witnessing a growing number of services, with the aim of assisting and supporting victims of domestic violence and their psychosocial rehabilitation. However, the access and availability of these services is still unsatisfactory, given the needs of our society. One of the important services for victims of domestic violence, in crisis situations and situations of major escalation of violence, are also safe houses, with the purpose of protecting victims of domestic violence and their psychosocial rehabilitation. The House for children and adult victims of domestic violence "Duga-Zagreb" opened its doors in 2007. It was founded by the City of Zagreb, which recognized the need for this type of service. From April 2007 till March 2020, 449 (443 women and 6 men) adult victims and 591 children were housed in the Duga-Zagreb. In 91% of the cases, the perpetrator was a intimate partner.

It is necessary to build the public's awareness that domestic violence is a problem for all of us, and that reporting it is a responsibility of every citizen. It should be noted that certain forms of violence are intertwined and affect all family members, either directly or indirectly, and become a fertile ground for the emergence of socially deviant forms of behavior within the family. When we think about domestic violence, the first association is physical violence, which is also the most visible, given the visible traces on the victim itself, so the general population and the institutions respond the fastest. However, there are various forms of violence that do not leave visible traces on the victim's body, and the consequences may be more far-reaching for the victim - such as psychological violence or economic. From

a victim of domestic violence you will often hear that due to economic dependency and financial control it was not possible to leave the perpetrator. This is a common situation in Croatia, that victims stay with the perpetrator, out of economical and financial dependency, seeing they often don't have a job and don't have the sufficient means to take care of herself and their children.

The analysis of the organization Ženska soba (Zore and Droždan-Kranjčec, 2014) shows the situation in Croatia regarding the availability and distribution of civil society organizations aimed at assisting women victims of violence. Although there is a large number of registered organizations in Croatia, there are only 32 organizations that meet the set criteria, such as: that the organization is active for more than two years, that they have a certain number of consultations provided, etc. Research shows that there is a major problem in the availability of these services, as most of them are located in larger cities, in particular 56% of them are located in Zagreb, Rijeka and Split. It is concerning that in nine counties only one organization operates, and in six counties there are none operating. Also, this analysis points out that in Croatia there is 337 family places less in shelters that is needed. At the moment we are missing shelters in five counties.

In addition to shelters and various non-profit organizations that have developed in Croatia, with the aim of helping victims of domestic violence, in 2003, for the first time, a protective measure of compulsory psychosocial treatment for perpetrators of domestic violence was introduced in Croatia at that time. In the same year intensive training of experts who would conduct the treatment began and the public became more aware about the importance of preventing further violent behavior by helping the perpetrator change his own behavior. Duga-Zagreb started with this treatment in 2009.

The main objective of this treatment is to protect the victim of domestic violence. The focus is on stopping the domestic violence in which the victim lived in with the message "that she is not alone" and left alone to the violent behavior patterns from the perpetrator. Through psychosocial treatment, we strive to act on perpetrators of violence by teaching them different behavioral patterns that do not imply violence.

The treatment is carried out through three phases: initial part, treatment work and evaluation. The initial part involves 2-4 individual meetings, including the encounter with the victim, during which the fulfillment of the criteria prescribed by the Standards for the Implementation of the PSTN Security Measure is assessed. Treatment work involves 16 group or individual meetings. The evaluation involves contacts with victims and perpetrators over specific periods of time.

Psychosocial treatment for perpetrators of violence is based largely on the principles of cognitive behavioral psychology.

The goals of the entry procedure / initial part of the treatment are:

- assess suitability for inclusion in the treatment
- assess a person's motivation to change their behavior

- inform the perpetrator of the purpose, content and method of carrying out the treatment, for this purpose we also use motivation slips

- information on how to gather relevant information through contacting different institutions and through contacting the victim;

For some perpetrators, the initial part of the treatment is assessed as not meeting the minimum conditions for continued treatment and is therefore not included in the group or individual part of the treatment. These conditions are:

- is he able to admit that he was violent (ie not in complete denial)
- awernes that his violent and abusive behavior are a problem
- is he able to accept at least minimal responsibility for his violent behavior
- does he accept the conditions provided for inclusion in the treatment and agrees to sign the treatment agreement
- the absence of alcohol or drug addiction
- the absence of acute mental illness;

After the initial part of the treatment is completed, the person joins the group or individual part of the psychosocial treatment, which includes 16 group meetings with the duration of two hours. During treatment, clients are taught and experienced through topics on violence, ways to change their behavior, and how to communicate better. Participants are expected to actively participate and regularly attend treatment meetings, with the reason that not attending two treatment meetings can be justified

When we talk about statistics in Croatia, according to the report by the Gender Equality Ombudsman for 2019, in cases of domestic violence women remain, by and large, victims of domestic violence. 10,272 persons were reported as misdemeanors for domestic violence offenses (10.7% less than in the same period last year), of which 78% were men and 22% were women. Of the total number of perpetrators of violence in criminal cases, towards a close person, 91% are men and 9% are women. Of the total number of victims of crime, 75% are women and 25% are men.

In addition to domestic violence, victims of partner violence still lack adequate legal protection, so better legislative solutions need to be urgently sought.

According to data from the Zagreb Police Directorate, in 2019 a total of 1,261 criminal offenses were registered in the field of criminal protection of children and families: 244 cases of criminal acts of domestic violence, which is 48.77% more than in 2018 when 125 cases were recorded and 1017 crimes against children from the field of criminal protection of children and young people, which is an increase of 13.96% compared to the previous year when 875 crimes were recorded at the expense of children.

In cases of domestic violence, 216 female victims are more affected (88.5%) than men (28 or 11.5%). Also, 19.26% are aged over 60 years.

In 2019, 2099 domestic violence offenses were recorded in accordance with the Law on Protection against Domestic Violence (Official Gazette, Nos. 70/17, 126/19), which is 6.5% less than in 2018 when 2244 offenses were committed.

In 2019, a total of 2419 perpetrators of domestic violence were registered in the domain of misdemeanors in accordance with the Law on Protection against Domestic Violence (Official Gazette 70/17, 126/19), of which 1915 are male (79%) and 504 women (21%). In terms of age, 98% of them are adults. In 2018, a total of 2431 perpetrators of these domestic violence offenses were recorded (1920 male (79%) and 511 female (21%). In the total number of perpetrators, recidivism is present in 14% of cases, of which 85.4% are male recidivists.

According to the data from the Center for Social Welfare Zagreb, the total number of reports of domestic violence in all eleven branches of the Center in 2019 amounted to 2204, while in 2018 a total of 2130 cases of domestic violence were reported (an increase of 3.47%).

According to the statistics for Duga-Zagreb, the department who works with perpetrators of violence, in the period of September 2009 till the end of 2019, 1,382 persons were referred to the treatment for perpetrators of violence by various courts. Of that number, 220 did not respond, on which the courts and the police are informed. The number of 1162 indicates the persons who were included in the initial part of the treatment. In this section, 501 people were estimated not to be included in further treatment. There were 102 persons who have given up on further treatment. Most of the people who dropped out and stopped coming were excluded from the group.

3. SCOPE OF THE GUIDELINES

- to promote concrete collaboration practices between perpetrator services and services that deal with the victims of gender-based violence, first of all the organizations that specifically work with victims and perpetrators of violence, but also other Services that, within a wider catchment area, take also charge of women and children victims of violence (suffered or witnessed). Namely, Social Services, Law Enforcement, and all the other categories previously mentioned as "target";
- These cooperation practices must be guided at all times of the path:
 - by sharing the definition of violence as sanctioned by the Istanbul Convention
 - by the primary and general objective of the protection and support of women and children victims of violence
 - with the awareness that violence, as a complex and multidimensional phenomenon, must necessarily be contrasted by a multiplicity of actors
 - to encourage the institutions – at National and Regional/Local level - to adopt regulatory devices that implement the provision of the Istanbul Convention of an integrated model (see Istanbul Convention, art. 7 - art. 16 paragraph 3 - art. 18 paragraph 3) by providing for a close and constant collaboration between victims and perpetrators services;
- to increase and disseminate good practices in the European Union with regard to the implementation of unique protocols between the two services;
- to increase the level of knowledge and specialization of operators through dedicated training sessions using the integrated approach;
- to increase the effectiveness and efficiency of joint pathways in order to eliminate violence, protect the victims and allow perpetrators a conscious rehabilitation path;
- to disseminate project results at European level and increase the production of empirical data on the joint implementation of experimental protocols;
- to develop recommendations starting from a bottom up approach useful for operators, public authorities, local services etc.;
- to support the development of perpetrator treatment programs;
- support capacity building among operators involved in the treatment of gender-based violence phenomenon;
- through good practices, demonstrate the benefits of regular and frequent collaboration between services on a Local/Regional or National level;
- inform the public, as well as the competent institutions, about the importance of conducting psychosocial treatment and reducing recidivism in the perpetrator;
- increase security for victims of domestic violence through the exchange of information and the timely response of institutions;
- connecting experts through joint meetings and case assessments;
- introduce experts about the program for perpetrators and its usefulness;

- allow organizations the needed funds to work with both categories of users (victims and perpetrators);

4. POLICY RECCOMENDATIONS

4.1 THE "ASAP" MODEL

4.1.1 Focus on the safety of victims

As stated in its presentation paragraph ("1.2. definition of the problem, needs assessment and objectives of the project"), the main and ultimate goal of the ASAP model is the safety of victims of violence, both women and children, accordingly to the provisions of the Istanbul Convention to the Guidelines of the WWP-En European Network For The Work With Perpetrators Of Domestic Violence: *"The main goal of the work with perpetrators is to increase the safety of the victims of violence"*

A critical aspect in ensuring the safety of the victims can be detected in the lack of guidelines, protocols and consolidated methodologies of intervention defining the modalities of cooperation between Services - with specific reference to Programmes for Perpetrators and to Support Services for women and children victims of violence The implementation of the collaboration methodology of the ASAP Operational Protocol improves:

- a. the safety of victims through an accurate assessment of the risk and through the joint monitoring of the situation.
- b. the effectiveness and efficiency of the work with the perpetrator through the acquisition of detailed information on the situation of the victim

4.1.2 Interagency collaboration

Even since its design phase, the goal of the ASAP project has always been the study of an integrated collaboration model.

The analysis of the European and National legislation and the following field practical experience confirmed that the cooperation between all private and public services that deal with gender-based violence is often non-existent or inadequate.

The ASAP model is based on an "integrated community response" approach, that takes into account the relationship between the victims, the perpetrators and their wider social environment, implementing a working methodology ("operational Protocol") that relies on the cooperation between all the subjects involved in the prevention and combating of gender-based violence.

Therefore, the "Operational Protocol" provides a toolkit aimed at implementing a systemic collaboration between support services for victims and services for perpetrators. Where possible, this collaboration needs to be extended to other local agencies and institutions involved in that particular case.

Specifically, the ASAP protocol provides that the collaboration between the abovementioned service sis to be implemented in cases in which both members of a couple

(or ex couple) are attending a programme (respectively for victims and for perpetrators), especially if it is considered a high-risk situation.

The exchange of information must comply with the GDPR and with the relevant measures for the protection of personal data.

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, in a relationship of mutual trust.

Phase 2: meetings between the case managers of each service / institution involved at fixed intervals, until both members of the couple attend their respective programme. In each meeting, the case managers will discuss the following elements: **joint risk assessment** carried out through the specific checklist "risk indicators in maltreatment situations"; **Assessment of recidivism** by comparing the episodes of recidivism reported respectively by the perpetrator and the victim, and recorded in a specific tool; **Measurement of individual change** through the periodical administration of the IMPACT questionnaire to both the perpetrator and the victim, to assess individual change throughout the different phases of their mutual paths; **Measurement of other qualitative elements**, that is non-objective factors that constitute a perceived danger to the victim.

Besides the programmed meetings, informal contacts are encouraged in case of critical events that require a reassessment of the risk.

4.1.3 Assessment of risk

The high level of lethality and the impact in terms of physical and psychological effects of violence call for an accurate and objective risk assessment. The Istanbul Convention in fact provides that *“Parties shall take the necessary legislative or other measures to ensure that an assessment of the lethality risk, the seriousness of the situation and the risk of repeated violence is carried out by all relevant authorities in order to manage the risk and if necessary to provide coordinated safety and support” (Art. 51.1)*, while the abovementioned WWP guidelines state that *“Risk assessment and management should be undertaken and documented at intake, then at set times during the programme and whenever the perpetrator’s behavior or situation indicates a possible change in risk”*

The assessment of risk needs to be:

- repeated periodically, taking into account the changes and stress factors that may occur in a specific situation of violence and mistreatment.
- carried out jointly by all the public and private subjects involved in the case.
- carried out through objective tools, whose validity and basis are recognized, and which refer to international recommendations on the matter.

The ASAP "Operational Protocol" sets the joint risk assessment as one of the compulsory topics to be discussed, both through an objective tool (the “checklist for the

assessment of risk in maltreatment situations”) and through the analysis of other qualitative elements, derived from the direct work with both the victim and the perpetrator.

4.1.4 Instruments for the assessment of change

The assessment of change in the attitude and behavior of perpetrators of violence is a very critical aspect related to both the effectiveness of the programme for perpetrators and the reduction of the risk for the victims.

The ASAP protocol includes the **IMPACT questionnaires** created by WWP-EN, as a specific tool for the assessment of individual change.

The administration of the IMPACT questionnaires takes place, both for the perpetrator and for the victim, in five different phases of the Program, with variable times and compatible with duration of each Programme and gives an helpful insight on the personal perception of the situation and a comparison between the perceptions of the perpetrator and the of the victim.

In the case of partners, the questionnaire can be administered by the operators of the Victim Service or by the operator of the Program for perpetrators in charge of contacting the victim

4.1.5 Excellence of the model/protocol

The ASAP model has proven to be effective on the main following aspects:

1. Strengthening and standardizing the **inter-agency cooperation**, by formalizing some preexisting informal collaborations.
 - a. Results showed that case managers have stated that the protocol is a **clear and simple tool**, easy to use and which does not burden consultant with additional administrative work. As reflected by one of the ASAP partners: *“Its testing in the organization has expanded the scope and systematization of the team meetings of the counselors from the Programme for work with victims of domestic violence and the Programme for work with perpetrators of domestic violence, which have been conducted so far.”* It has been highly valued the fact the protocol provides the opportunity to meet in person, within scheduled meetings.
 - b. Results on the cooperation between both programmes (perpetrators’ programs and victims’ services), workers reflect that it has clearly improved, indicating that the participants in the work meetings assess the implementation of the Operational Protocol as a benefit for **facilitating the joint work** on the cases. As stated by one of the ASAP partners: *“the participants were positive that it (the protocol) helps them in their daily work. The greatest benefits from its implementation were improving the protection of victims and minimizing the risk of recidivism.”*

2. Definition of **key topics** to be discussed during the meetings, with defined yet tailorable methodology and structure.
 - a. The clear **structure** of the Protocol also proved to be useful for the workers, and its benefits for structuring and framing the interaction between the two programme managers have also been stated. As stated by one ASAP partner: *“A clearer structure of these work meetings has been introduced, both in terms of timing (at the beginning, in the middle and at the end of the Programme) and of thematic focus.”*
 - b. Moreover, results showed that the protocol is **flexible** enough to be adapted to different contexts, countries, types of organizations and types of perpetrators and victims. As one of the ASAP partners mentioned: *“The Protocol has a flexible structure that allows it to be applied to all cases with which the organization works, taking into account their specificity. It can be used with different clients of the Programme for work with perpetrators of domestic violence and their partners, regardless of their age, place of residence, professional engagement, income, etc. During the testing, the Protocol was applied to clients living in the regional town. and in those from small and remote settlements. Its universal structure allowed to be used in mobile work on place in the remote reception rooms. It was applied in 3 cases to clients from small settlements. This is a positive side of the Protocol, which allows it to be fully integrated into the operational procedures of the Programme for work with victims of domestic violence and the Programme for work with perpetrators of domestic violence.”*
3. Standardization of the use of the tools described in the protocol that have proven to be objective **tools for the assessment of change and risk**. These tools also make it possible to compare assessments that would otherwise be subjective because based on the personal perceptions of the beneficiaries (perpetrators and victims) and of the professionals working with them.
 - a. Within this context, results have shown that within Phase 2 usually some differences emerge between the risk assessment of the two case managers (from the perpetrators and the victims' side). As one ASAP partner reflects on: *“The changes in the perpetrators' behaviors are perceived differently on the two sides, and this leads to different assessments of risk (lower for perpetrators programmes, higher for support centers for victims).”*
 - b. Moreover, results stated that the risk assessment has also proven to be very helpful for **monitoring the well-being of children**, which beforehand tended to occupy second place to the discussion on the safety of women; as referred by one ASAP partner: *“In particular, the specific items related to minors are to be considered very useful to monitor the well-being and vulnerability of the small protagonists of the scene”*.

4. Expand the inter-agency cooperation towards **cooperation among different key institutions**, rather than solely between the perpetrators' programmes and victims' services.
 - a. Results showed that in some of the cases in which the case managers views were quite different, the case managers decided to contact other territorial services involved in the case in order to **confront and discuss** the situation with other professionals and make a thorough evaluation of risk. Therefore, the fact of having this joint risk assessment has been very helpful for obtaining a more objective and integrated evaluation of the risk situation, and not to relay only on what the perpetrators refer (in the case of the case manager of the perpetrator):
As one of the ASAP partners mentioned: *“The Protocol has the positive side that it recognizes the importance of inter institutional work of domestic violence. The involvement of other institutions, such as police, social services, child protection services, helps to work together and offer coordinated protection.”*

4.2 Recommendations

4.2.1 National level

- implement **ASAP Operational Protocol** as part of the usual procedure in the treatment of victims and perpetrator seeing the document describes in detail the procedure for such cooperation – in Croatia there are no such detailed instructions in regards to the cooperation between organizations who work with victims and perpetrators;
- insert the obligation of the collaboration between services in the national/regional/local legislation, as its stated in the Istanbul Convention;
- it is necessary to redefine the Standards for the implementation of psychosocial treatment measures - we notice a significant difference in the application of standards for the imposition of safeguards, that is, security measures, in which the indicators that exclude the use of psychosocial treatment through security measure are further elaborated and allow better assessment during the entry procedure, and we assume that it only makes it easier for judges to impose a security measure;
- encourage the creation of new perpetrator Services (most of Croatia is not adequately covered by the program);
- ensure funding for programs for perpetrators and services for victims at a national level - harmonize the practice in Croatia;
- there is a need to coordinate all treatment centers with one another in order to exchange experiences in the implementation of treatments and to create a platform for improving the quality of the psychosocial treatment;
- ensure data collection and evaluation of effectiveness (e.g. IMPACT toolkit);

- encourage the realization of experiences similar to the A.S.A.P. project, in order to improve and implement the protocol, and continue to validate it;
- underline the importance of perpetrators programs to limit recidivism (preventive tool) over and over again;

4.2.2 Regional/Local level

- continue to survey Perpetrators Services at Regional/Local area and ensure that they are inspired by the Istanbul Convention/National Guidelines (in Italy, Re.li.ve Guidelines), firstly that their methodology and their theoretical references are based on the definition of violence of the W.H.O. and the Istanbul Convention;
- introduce Perpetrators Services within Regional/Local network / working tables
- endeavor to foster contacts and knowledge between the two types of services, also through *ad hoc* funding for projects involving the participation of both realities / maintaining economic priority for Services for victims / trying to discourage "struggles" for financing available;
- foster collaboration between services for perpetrators and victims, but also with other institutions (Social welfare, police, the Attorney General, the courts, etc..);
- accelerate the exchange of information in order to increase the safety of the victim and reduce the possibility of recidivism through meetings, questionnaires, etc..;
- provide for a common risk assessment for all the main actors (Law Enforcement, Perpetrators Services, Services for victims);
- promote collaboration as best practice;
- for the purposes of a comprehensive evaluation of psychosocial treatment, there is a lack of cooperation on connecting all participants in the treatment of domestic violence cases in a way that feedback is provided on the eventual relapse of persons who have completed the treatment;
- past experience has shown the need to change parts of the treatment compared to the existing one - it would be a good idea to tailor the program to a portion of perpetrators who are not violent towards their intimate partner (a large number of treatment participants were abusive to other family members rather than partners);
- after completing the treatment, the trainees themselves, but we as the providers of the treatment, perceive the need for inclusion in some further treatment (partner, family or individual therapy), which began at Duga-Zagreb earlier this year after the funds were provided;
- recognize the historical importance of Antiviolence Centers and enhance their theoretical and experiential knowledge;

- encourage the construction of a common planning of prevention and awareness-raising courses, which will involve the establishment of working tables (even permanent ones) for schools of all levels (including University);

5. CONCLUSIONS

It is widely acknowledged that the European Commission is making efforts towards strengthening cooperation between victims' services and perpetrators' programmes and towards promoting multi-agency cooperation in the field of domestic violence.

Within this context, we hope that the European Commission will foster recommendations for establishing this cooperation at the local, regional, and European level, by including the ASAP Protocol as one simple and helpful tool. Moreover, we also hope that results from this project help harmonizing the European level discrepancies on how the interagency cooperation should take place, and that it helps fostering the implementation of the Istanbul Convention.

Knowing that violence against women and domestic violence is a major and complex social problem that has negative consequences, both at individual, family and social levels, we are aware that the fight against violence must involve the work of various institutions and services and that their work must be coordinated well. The ASAP project has been designed for that purpose, to find the most effective way for services that work with victims and perpetrators to work together, all with the same purpose - **protecting victims of domestic violence in a timely and comprehensive manner and preventing recurrence of violence.**