

Perpetrator Programmes in the Western Balkans

Mapping the Existing Practices and Ways Forward



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Perpetrator programmes in the Western Balkans;
Mapping the Existing Practices and Ways Forward

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Suggested citation: Jovanović, S. & Vall, B. (2022). *Perpetrator Programmes in the Western Balkans; Mapping the Existing Practices and Ways Forward*. Berlin: The European Network for the Work With Perpetrators of Domestic Violence (WWP EN).

Editor: Irena Znidaršić Trbojević
Graphic Design: Monika Medvey

© 2022, European Network for the Work with Perpetrators of Domestic Violence, Berlin
Leunaer Straße 7, 12681 Berlin
ISBN 978-92-990091-2-3
www.work-with-perpetrators.eu

The report was produced within the STOPP project – “Supporting the implementation of programmes for perpetrators of violence against women and domestic violence in Turkey and the Western Balkans”. The project is run by the European Network for the Work with Perpetrators of Domestic Violence – WWP EN in partnership with UN Women as part of the regional programme on ending violence against women in the Western Balkans and Turkey “*Implementing Norms, Changing Minds*,” funded by the European Union.

This publication was produced with the financial support of the European Union. Its content is the sole responsibility of the WWP EN and does not necessarily reflect the views of the European Union.

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Foreword

Violence against women and domestic violence are widespread phenomena that have a tremendous impact on all levels of our society. Perpetrator programmes are one of the key elements of violence combating and prevention, as well as ensuring safety and wellbeing of survivors. They are more than just behaviour change interventions. They represent one of the driving forces of social change which shift the perspective in the field from “Why doesn’t she leave?”, to “Why doesn’t he stop?”. This shift of focus is not related to the individual perpetrator who is violent, it is the relevant question we should be asking institutions and society at large. Do we take a stand in making men accountable for their violence? If we do, we need to develop and promote the Istanbul Convention Article 16-informed vision of perpetrator programmes, if we do not, we need to account to why men should continue to get away with violence. Enrolment in programmes sheds light on perpetrators and their actions, keeping them accountable and providing a framework for change.

Over the last decades, a framework for survivor safety-centred perpetrator work has been developed through experience and research. The key elements of the work are outlined in the Council of Europe Convention on preventing and combating violence against women and domestic violence, that represents the golden standard in the field and a guide in setting up and providing perpetrator programmes. However, establishing survivor safety-centred perpetrator work is a challenging task, in which many actors have their role to play. Therefore, it is necessary to question and analyse our practice, and to work continuously on its improvement.

Perpetrator programmes do exist in all the Western Balkans countries, in some of them for over a decade. The existing information about the programmes is rather poor, both on the regional and the national levels. The programmes were not subjected to any kind of comprehensive analysis, regarding their number, characteristics and compliances with accepted practice of safe and accountable work. On the other hand, there have been significant investments in terms of efforts of professionals, adaptation of the legislative framework and funds in many of the countries in the region. This research aims at bridging this gap by providing grounded information and analysis of programmes in the region, with the goal of enabling efficient and productive future actions and recommendations, both on the strategical and the practical level.

The research incorporates regional and country-specific perspectives. The Western Balkans is more than just a geographically connected area. Countries in the region share a common history, similar traditions (including the patriarchal ones), frameworks for combating gender-based violence, and face similar challenges. Exchanging experiences, learning both from each other’s good practices and shortcomings, and defining joint solutions in this field are all more than beneficial.

The research is being conducted within the *STOPP project – Supporting the implementation of programmes for perpetrators of violence against women and domestic violence in Turkey and the Western Balkans*. The STOPP Project develops a multi-level capacity-building strategy in order to ensure that general and specialist services for victims and for perpetrators of all forms of violence are able to implement the standards enshrined in the CEDAW and the Istanbul Convention regarding the work with perpetrators and young people.

The project is run by the European Network for the Work with Perpetrators of Domestic Violence-WWP EN in partnership with UN Women as part of the regional programme on ending violence against women in the Western Balkans and Turkey *“Implementing Norms, Changing Minds”*, funded by the European Union. On the country level, WWP EN has partnered with the National Network for the Work with Perpetrators of Domestic Violence-OPNA Serbia, *Woman to Woman* Albania, Counselling Helpine for Men and Boys Albania, and the Centre for Counselling, Social Services and Research-SIT Kosovo.

As service providers, decision makers, activists, experts, and/or donors, we need to be accountable to our goal and our main clients, survivors, by holding men accountable for their violence. Analysing current practices is a necessary step in this process. Our wish is that this research support the consolidation of efforts for setting up good quality and sustainable survivor safety perpetrator programmes in the region.

Alessandra Pauncz
Executive Director, WWP EN

Acknowledgements

There are many professionals and organisations that have contributed to this work. It was a real pleasure and a learning experience to be able to be in contact with professionals who do the groundwork in the region, through provision of support to survivors or in perpetrator programmes. Seeing commitment and passion in so many of them, driven by the need to ensure that every woman and child are free from violence, filled us with hope and determination to continue our joint work. We highly appreciate their contributions in this process and readiness to analyse and share their practices.

Local experts in each of the countries were the backbone of this work. They have done more than map the existing practices in their local contexts. They were a tremendous support in planning and designing the work, contextualising data and shared years of experience through analysing the existing practice and formulating recommendations. We were touched by the motivation of each of them to improve the situation in their countries. We owe our gratitude to Blerta Bodinaku from Albania and her colleagues Fatjon Taipi and Bledar Zeneli, Dajana Ilić and Elmir Ibralić from Bosnia and Herzegovina, Kadri Gashi from Kosovo, Biljana Zeković from Montenegro, Dušanka Petrova from North Macedonia and Slavica Adamović Zdravković and Nada Padejski Šekerović from Serbia.

Moreover, we also want to thank the perpetrator programmes' and women support services' workers who took the time to respond to the questionnaires and focus groups that were part of this research, sharing their insights and experiences. We also wish to acknowledge the survivors themselves and hope that this research project will contribute to improving responses and ultimately preventing these harms, with a special focus on the Western Balkans region.

We would also like to thank the UN Women Europe and Central Asia regional office, the European Union and the whole project team for recognising the importance of perpetrator programmes and giving us the opportunity to work on this assignment. Their suggestions in the process have contributed to the clarity and quality of this work.

Finally, we would like to thank our WWP EN team for creating an atmosphere in which it was fun and rewarding to work in. We are grateful for the guidance of our Executive Director Alessandra Pauncz, who helped prioritise information and formulate grounded and meaningful recommendations.

Sandra Jovanović Belotić, Training and Capacity Building Manager, WWP EN
Berta Vall, Research and Development Manager, WWP EN

1. Introduction: Perpetrator programmes and ensuring the safety of survivors

Violence against women is a widespread phenomenon that affects one in three women in the European Union.¹ Data published by the European Union Agency for Fundamental Rights show that 33% of women in the EU were exposed to physical or sexual violence since the age of 15 (FRA, 2014).² In the course of the global pandemic, the prevalence of violence against women intensified, assuming the proportions of a shadow pandemic, as described by UN Women.³

To stop and prevent violence, survivors need to be supported, while perpetrators need to be held accountable. Programmes for perpetrators of domestic violence are among the main interventions in the accountability framework, which challenge violence and initiate the process of change by working with the perpetrators of violence. Perpetrator programmes are an integral part of international strategies for combating violence against women and domestic violence. The Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention) recognises perpetrator programmes in Chapter III (Prevention), specifically in Article 16-Preventive intervention and treatment programmes.⁴

Article 16 – Preventive intervention and treatment programmes

- 1 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.
- 2 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.
- 3 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 co-ordination with specialist support services for victims.

There are many valid reasons why working with perpetrators is important. As mentioned, perpetrators need to be held accountable and programmes are part of the system accountability framework. Also, violence against women is a learned behaviour, supported by patriarchal society norms, thus it can be unlearned. Violence often repeats. Even when the survivor is safe and protected, many perpetrators repeat violence in their new relationships. Even when women leave the relationship, violence does not necessarily stop, and it can even get worse (Ornstein & Rickne, 2013; Statistics Canada, 1993: 26). Many perpetrators are fathers, and children in those families tend to learn violent behaviour and repeat the pattern in their adult

1 WWP EN recognises that perpetrators of violence are mainly men, while survivors are mainly women. This perspective is highlighted in the terminology of the document, as we use the term „perpetrator“ for men who use violence, while under „survivor“ we mean women and children.

2 Violence against women: an EU-wide survey. Main results. European Union Agency for Fundamental Rights, 2014.

3 [Issue-brief-COVID-19-and-ending-violence-against-women-and-girls-en.pdf \(unwomen.org\)](#).

4 Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence, Council of Europe, 2011.

lives (Murrell, Christoff & Henning, 2007). Changing violent behaviour thus also has longer-term benefits in terms of breaking the cycle of violence for the next generations. Finally, many women survivors want the perpetrators to change.

Through decades of experience, perpetrator programmes have been monitored, evaluated, reshaped, growing in their number, but also in their diversity. Perpetrator programmes can be provided in the community and in the prison setting, run by NGOs or state agencies (prison and probation, social welfare and others). Men can be referred to programmes on a mandatory basis or as a recommendation (pursuant to the civil or criminal law, or referrals from social protection, police, health care services...), or engage in programmes on a voluntarily basis. Both community-based and state-run programmes can work with voluntary and/or mandatory clients. It is important that programmes are offered in multiple settings and that referral paths are diversified, so that all groups of men who use violence are offered support in changing their behaviour. Programmes can provide their services as individual or group interventions. They usually have target groups of perpetrators they are specialised for. In practice we can find programmes that work with different men based on the assessed risk (programmes for low, medium and high risk perpetrators), programmes that are specialised for specific groups like men who use violence in intimate partner relationships, female perpetrators, perpetrators in LGBTQ relationships, perpetrators who are addicted to alcohol or drugs, and similar. Programmes use different models in their work and apply different curricula.

However, there are some recurring key elements in all good practices, formulating a framework for effective survivor safety-oriented perpetrator work. As defined by Hester and Lilley (2014) and by international guidelines for standards of the European Network for the Work with Perpetrators of Domestic Violence (WWP EN, 2018), perpetrator programmes need to be a part of coordinated community response and work closely with other stakeholders in the field. Close cooperation with women support services/professionals is essential. Programmes need to have safe procedures around survivor contact and support, and to work with understanding that enrolment of a perpetrator in a programme can affect the survivor's decision to stay or leave the relationship, and expose her to risk. Programmes need to have clear procedures around risk assessment and management that involve the perspective of the survivor. Nevertheless, programmes need to be gender-informed.

If implemented in accordance with standards, perpetrator programmes do contribute to the safety of survivors, mainly women and children. One of the best studies in the field conducted in the UK showed that perpetrator programmes have a significant impact on the lives of survivors and changes in violent behaviour (Kelly & Westmarland, 2015).⁵ For instance, there were significant decreases in physical and sexual forms of violence in cases when perpetrators were enrolled in programmes. Percentage of sexual violence dropped from 30% at the beginning of the programmes to 0% after 12 months of treatment, while acts of physical violence like punching, kicking, burning or beating have decreased from 54% to 7% after 12 months of treatment. A smaller, but still significant decrease was recorded in psychological violence forms. For example, while 90% of perpetrators did things that scared or intimidated survivors before the programme, this was more than halved and amounted to 41% after 12 months of treatment.

Perpetrator programmes have an important role to play in ensuring the safety of survivors, through changes of violent behaviour of perpetrators, but also through being part of a coordinated response that contributes to social change. However, the sole existence of any programme is not enough. Programmes need to be aligned with the Istanbul Convention and international standards and implemented in a contextualised way to make an effect.

5 Kelly, L. and Westmarland, N. (2015) Domestic Violence Perpetrator Programmes: Steps Towards Change. Project Mirabal Final Report. London and Durham: London Metropolitan University and Durham University. The research involved 11 perpetrator programmes in the UK (different programmes accredited by the RESPECT) and 100 women partners or ex-partners of perpetrators engaged in the programme. Presented measures refer to time-lapses when men started the programme, and 12 months after the beginning of the programme.

2. Methodology

2.1. Scope of the research

This research has as its primary focus the implementation of Article 16 of the Istanbul Convention, particularly its point 1, that refers to the programmes for perpetrators of domestic violence. The research also covers programmes for sexual offenders (point 2 of the Article 16.).

Therefore, the main aim was to assess the level of implementation of Article 16 of the Istanbul Convention in the region. With this aim in mind, the following were the main objectives of the research:

1. To gather information about the existing perpetrator programmes, their characteristics and their level of compliance with the European Quality Standards (see WWP EN Guidelines to develop standards for programmes working with male perpetrators of domestic violence⁶).
2. To understand the legislative framework for the implementation of the Article 16 in each country.
3. To analyse the process of implementation of Article 16 in each country and identify compliance with Article 16 on the country level and the regional level.

The methodology was designed in order to achieve the aforementioned objectives. There were important aspects in the region that had to be considered when developing the methodology, such as that there are different levels of development of perpetrator programmes and different legislative measures in place. Therefore, a methodology that would be applicable, adaptable, and flexible was needed. With this approach in mind, the research focused on the regional level, analysing the similarities between countries, but also considering the existing differences; for example, in terms of levels of development of perpetrator programmes, national frameworks, and perpetrator programmes' characteristics.

The research questions that guided the methodology were as follows:

1. What perpetrator programmes exist in the Western Balkans and what are their characteristics, such as, for example, with regard to staff, funding, cooperation and context (multi-agency cooperation, referral and intake, methodology, content of work), partner contact, and quality assurance?
2. What is the status of implementation of Article 16 of the Istanbul Convention in the Western Balkans (regional level and country level)?
3. What are the key recommendations for improvement in the region and at the country level, within the scope of Article 16?

2.2. Research design

The research combined qualitative and quantitative analysis of the existing programmes and initiatives. Mapping and analysis of programmes for perpetrators of domestic violence combined desk research, questionnaires for perpetrator programmes and victim support services, as well as focus groups for perpetrator programmes and survivor support services. Country-level research was conducted by local experts who all followed the same methodology. Questionnaires for perpetrator programmes and survivor support services were designed, as well as the format of the country report that integrates all country-relevant information.

⁶ Guidelines to develop standards for Programmes Working with Perpetrators of Domestic Violence, European Network for the Work with Perpetrators of Domestic Violence, 2018

Programmes for sexual offenders at the country level were also included in the research, and they were mapped through desk research, by the local experts (see section 2.4., Figure 1 for a more thorough explanation of the procedure).

Instruments

A mixed-method approach comprising quantitative and qualitative data analysis was applied. The following instruments and data collection procedures have been used:

1. **Questionnaires** were adapted from the Impact Questionnaires used in the context of the “Work with Perpetrators of Domestic Violence in Europe” project funded by The Daphne II Programme to combat violence against children, young people and women in 2007.⁷ They were adapted to the regional context in order to allow collecting quantitative data about the situation of perpetrator programmes in the region and also about the quality of those programmes. The questionnaires were translated into local languages.
2. **Focus groups with service providers** (they included professionals working in perpetrator programmes and professionals working in survivors’ services), in which the results obtained in the previous questionnaires were explored in more detail, through open qualitative questions. Simultaneous translation was available during these focus groups sessions to ensure equal participation of all participants.
3. **Desk research**, which allowed collecting information about the legal framework in each country, about the situation of perpetrator programmes in the region and also, to some extent, about their quality.

Target groups/participants

The main target groups of the project were as follows:

- Programmes for perpetrators of domestic violence (community-based and state-run, provided in community or prison and probation setting);
- Programmes for sexual offenders;
- Survivor support services;

The data were triangulated, collecting information from different participants and/or sources of information:

- Service managers from perpetrator programmes and survivors’ services (who answered the questionnaires)
- Staff/service providers from perpetrator programmes and survivors’ services (who participated in focus groups).⁸
- Official documents and reports already published (obtained through desk research).

The procedure involved some challenges in terms of comparing data between perpetrator programmes and survivor support services. State-run perpetrator programmes in Bosnia and Herzegovina, Montenegro and Serbia, when asked to respond to questions on their cooperation with survivor support services, did this mainly bearing in mind the centres for social work, and not independent survivor support services. On the other hand, women support services that were included in the research were independent NGOs which provided their perspective in cooperation with existing perpetrator programmes. Due to described differences, full comparison of information was not possible in some cases.

7 https://www.researchgate.net/publication/283805963_European_perpetrator_programmes_A_survey_on_day-to-day_outcome_measurement

8 In many cases, service managers and staff service providers were represented by the same person, as most of the programmes in the region are small programmes.

2.3. Sample

Tables 1 and 2 show the number of organisations (perpetrator programmes and survivors' services) contacted, number of answers (questionnaires) received, and the final number of organisations (questionnaires) included in the research. The questionnaires were administered by local experts during July-September 2021.

Table 1. Contacted, received and analysed perpetrator programmes

	Albania	Bosnia and Herzegovina	Kosovo	Montenegro	North Macedonia	Serbia	Region
Contacted	7	7	6	6	3	6	35
Received	6	7	4	6	3	6	32
Analysed	5	7	2	6	2	4	26

A detailed list of participants is available in [Appendix 1](#). Some organisations did not respond to the invitation to take part in the research. Some participants were excluded from the analysis as they do not provide specialised programmes for perpetrators of domestic violence. These were the Durres Probation service in Albania, the Centre for Correctional Services in Kosovo, the Probation Service in Kosovo, the Association of Clubs of Treated Alcoholics in North Macedonia and prisons in Novi Sad and in Sremska Mitrovica in Serbia. These organisations were contacted as potential service providers based on their scope of work, since there was no information on whether they provided specific programmes for perpetrators before the mapping started.

Table 2. Contacted, received and analysed survivor support services

	Albania	Bosnia and Herzegovina	Kosovo	Montenegro	North Macedonia	Serbia	Region
Contacted	4	4	3	5	3	5	24
Received	4	4	3	5	3	3	22
Analysed	4	4	3	5	2	3	21

A detailed list of participants is available in [Appendix 1](#). Some organisations in Serbia did not respond to the invitation to take part in the research. Some participants were excluded from analysis as they do not provide specialised programmes for perpetrators of domestic violence, and, due to that, they do not provide survivor support in this context. This was the Association of Clubs of Treated Alcoholics in North Macedonia.

Once questionnaires from perpetrator programmes and survivor services were reviewed, the main aspects to be discussed in the focus group sessions were selected by the WWP EN team. The focus group sessions were organised from 29 September until the 8 October 2021. Two focus group sessions per country were organised, one with survivor services professionals and another one with perpetrator programmes professionals. See Table 3 for the number of participants in each session.

Table 3. Number of participants in the Focus Groups (FC) sessions

Country	Participants in FC from survivor support services professionals	Participants in FC from perpetrator programmes professionals
Albania	5	6
Bosnia and Herzegovina	3	5
Kosovo	6	7
Montenegro	6	12
North Macedonia	3	3
Serbia	4	7
Total	27	40

2.4. Data collection and analysis

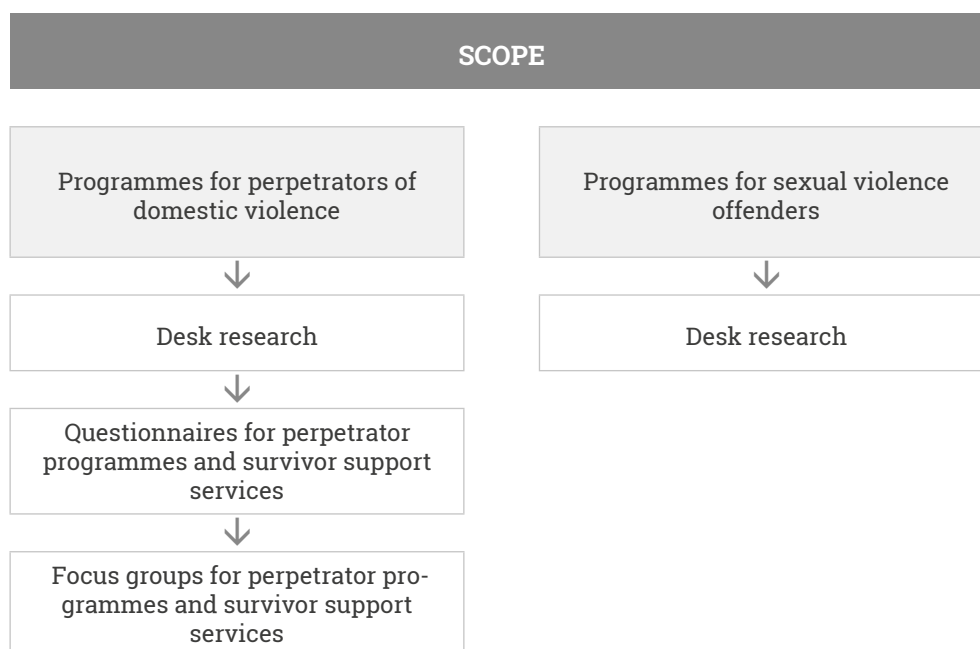
Data collection

The data were collected as follows: the local coordinators collected data in each country through questionnaires and desk research. The data were then shared in the previously agreed format with the project coordinators in order to integrate and merge data from all countries and elaborate the regional results and recommendations.

In order to ensure a harmonised data collection procedure, capacity-building sessions were held in which project coordinators explained the tools used and the format for data sharing that was required (national report templates, questionnaire for perpetrator programmes and survivor support services, translation procedure to be followed, etc.).

Once the information from the questionnaires and the desk research was reviewed by WWP EN, focus groups were organised in each country. The local coordinators supported the WWP EN organising these focus groups sessions, while the WWP EN took the lead in these sessions and was also in charge of deciding the specific contents for each of them. A detailed explanation of the data collection procedure can be found in Figure 1.

Figure 1. Research procedure, tasks and target groups



Data analysis procedure

The WWP EN collected and reviewed all country reports and any doubts or inconsistencies were discussed with local coordinators and/or further explored in the focus group sessions.

The data from the questionnaires and the focus groups sessions were integrated in order to have a clear understanding of the situation in each country. Both quantitative and qualitative data were integrated in order to explore the accomplishment of Article 16 clusters/dimensions.

Finally, comparisons between countries were made and main recommendations produced and included in this regional report, elaborated by the WWP EN.

Presentation of results

The results are organised in such a way as to offer both the regional and the country-level perspective, as we are aware that some readers might be interested in a particular country, while some will be looking for a more comprehensive overview of the region. This means that the report itself contains some repetitive parts, as key results are presented at the regional level, while more detailed information is included in sections describing the results for each country.

The practice varies between countries, however, there are many similarities. The key similarities at the regional level are presented as regional trends. Country-specific information is described in separate country sections.

As mentioned above, the results are organised in three main clusters. The clusters proposed by Oddone and Morina (2021) were slightly restructured and extended to integrate all key aspects of perpetrator work as suggested by Hester and Lilley (2016) and allow clear presentation. Logically, some aspects are overlapping and they are connected. For instance, the legislative framework and the existence of standards (that is, in cluster one), affects how perpetrator programmes will work with survivor support services (clusters two and three). The clusters are as follows:

- **Access to perpetrator programmes and quality assurance;** reflects indicators that assure that diverse population of perpetrators can enter good quality programmes. This aspect is closely connected to countrywide strategies and their implementation, while governments have the principal responsibility in setting them up. It refers to the national legislation, the programmes' geographical distribution, their diversity (pathways for enrolling programmes, different types of programmes) and funding streams. It also refers to the development of quality assurance mechanisms, through standards, evaluation, accreditation processes and the development of national networks.
- **Coordinated policies and cooperation with women support services;** analyses how perpetrator programmes are embedded in the coordinated community response, with focus on collaboration with women support services. Some aspects of this cluster can be implemented independently by service providers, however, the government should develop a framework for this kind of cooperation.
- **Gender perspective and minimum standards of practice;** focuses on how key elements of safe and gender-informed work are implemented in practice. The indicators in this cluster can mainly be set up by service providers, as they can affect the way they perform the groundwork. However, a government-set framework also highly contributes to the fulfilment of indicators by service providers. This cluster refers to the adoption of the gender perspective, the existence of unsafe practices (anger management, mediation, medication...), risk assessment and programme management and curricula.

3. Regional analysis

3.1. Background

Most of the countries in the Western Balkans have ratified the Istanbul Convention: Albania, Montenegro, Serbia, Bosnia and Herzegovina in 2013, and North Macedonia in 2017.⁹ In Kosovo, the National Assembly of Kosovo adopted an amendment to the Constitution that gives direct effect to the Istanbul Convention.¹⁰

The perpetrator programmes in the region, although initiated more than 10 years ago in some countries, are still limited in their number and scope and face severe challenges in the provision of sustainable services, that is, in line with the provisions of the Istanbul Convention.

There are varieties in terms of types of programmes (community-based, or state-run programmes) between countries. Community-based programmes exist in all countries except in Montenegro. They are the prevalent type of service provided in Albania and Kosovo and a very important type of service provided in Bosnia and Herzegovina, North Macedonia and Serbia. State-run programmes are dominant in Bosnia and Herzegovina and Montenegro. However, it is very hard to estimate how many institutions actually provide this service, as perpetrator programmes in these countries are attached to the mental health centres. They are not run as a separate service, but as an additional workload of the already employed professionals, and there is no comprehensive data collection. Specific programmes in the custodial setting do not exist in the region. In Serbia, a pilot programme is currently being developed, while in Albania, one NGO is delivering a programme in prison, funded by donor organisations in a limited time frame. Work with the perpetrators of domestic violence in custodial setting is mainly not offered as a specialised treatment, but as part of the general correctional interventions in these institutions.

The numbers of different types of perpetrator programmes in the region are presented in the following table:

Table 4: Types of perpetrator programmes in the Western Balkan

Programme type	Albania	Bosnia and Herzegovina	Kosovo	Montenegro	North Macedonia	Serbia
Community-based programmes	4	2	2	no	1	2
State-run programmes	1	no data ¹¹	no	no data	1	no data
Specific custodial programmes	no ¹²	No	no	no	no	pilot

Due to the uncertainties in terms of the numbers of state-run programmes in Bosnia and Herzegovina, Montenegro and Serbia, it is hard to state the total number of existing programmes in the region. The estimation is that there are no more than 30 active programmes in total in all 6 Western Balkans countries. This number is very low, and does not correspond to the needs, bearing in mind the prevalence of gender-based violence and domestic violence in the region. For instance, a 2017 research in the Nordic Countries mapped 28 perpetrator programmes in Sweden, 20 programmes in Finland and 12 programmes in Norway (Vall, 2016).¹³

⁹ Information about countries that have ratified the Convention is available at: <https://www.coe.int/en/web/istanbul-convention/country-monitoring-work>

¹⁰ <https://www.coe.int/en/web/istanbul-convention/-/the-national-assembly-of-kosovo-decides-to-apply-the-istanbul-convention>

¹¹ there are no data on the number of perpetrator programmes.

¹² Organisation Counselling Line for Men and Boys is providing programmes in prison, but there are no specific custodial programmes provided by the prisons themselves.

¹³ Vall, B. (2017); Nordic Countries Overview of Work with Perpetrators of Intimate Partner Violence, Nordic Council of Ministers.

If we were to compare these numbers relative to the population in each country/region, the Western Balkans has a population of 17.9 million,¹⁴ whereas Sweden (10.38 million), Finland (5.5 million), and Norway (5.4 million) have a total of 21.28 million inhabitants. Therefore, the population number is similar, whereas the difference in services available is very high.

In the scope of the mapping we did not get reliable data on the numbers of perpetrators that engaged in programmes. However, it seems that these numbers are also very low, based on the available information on the numbers of imposed protection orders that refer perpetrators to programmes in most of the countries. For example, in Montenegro, from 2010 to 2021, courts imposed only 48 measures of psycho-social treatment in the whole country.¹⁵ In the Republic of Srpska, mandatory psychosocial treatment was imposed in less than 6% of cases identified in courts in 2019.¹⁶

The NGO sector plays an important role in establishing and developing perpetrator programmes in the region. Some of them are women support services (in Albania, Bosnia and Herzegovina, North Macedonia and Kosovo), some NGOs are specifically established for working with the perpetrators (Serbia), and some NGOs are working in the youth sector and spreading their activities to perpetrator work (Kosovo). Many of these organisations and committed professionals have been the driving force in the region. They not only do the ground-work, but also advocate, initiate legislative changes or quality assurance by drafting standards, and much more.

The role of the state is visible mainly in the legislative field, while its role in ensuring the application of the existing framework, sustainability and quality of perpetrator programmes is not so prominent. Programmes in the Western Balkans lack resources for sustainable operations. There is no sustainable specific funding for perpetrator programmes in the region. In some countries, programmes are only add-ons to existing services (mental health in Bosnia and Herzegovina and Montenegro, social protection in Serbia and North Macedonia), without further specialisation, human or technical resources, which leads to severe limitations in capabilities to provide safe and good quality service in these countries. Perpetrator programmes need to be specialised services that have dedicated and trained staff, who are not engaged in multiple professional roles. In some cases this means that different professional roles should exclude each other – for example providing support to survivors within centres for social work and working with perpetrators presents a conflict of interest in professional roles, puts professional in a position to support the perpetrator in the process of change, and press charges against him, and makes it difficult for survivors to trust a professional who also works with the person who caused them harm. Also, if professionals are engaged in many unrelated tasks, like providing mental health services, many questions arise, some of them being: Do they have the capacity to provide highly the specialised service for the required number of perpetrators in one community if they are also working with other, also demanding clients? Is it possible to balance between different perspectives needed for working with such different types of clients, when some require clinical approach and other gender-informed approach, and shift these perspectives on a daily basis?

14 <https://ec.europa.eu/eurostat/news/themes-in-the-spotlight/western-balkans-2019>

15 Presentation of the representative of the Higher Court at the conference „Response of the health system to domestic violence“ that was organised by and SOS line NGO from Podgorica on 1 of March 2022.

16 National Strategy for Combating Domestic Violence in Republic of Srpska (2020-2024), p. 23

3.2. Access to perpetrator programmes and quality assurance

Access to perpetrator programmes is one of the key components of ensuring programmes sustainability and potential to play their role in protecting every survivor. It implies a framework that needs to be in place at the national level to support the environment in which perpetrator programmes can act. For the purpose of this report, this category is presented from the perspective of several indicators:

INDICATORS: Access to perpetrator programmes and quality assurance

- ✓ Develop national legislation that supports perpetrator programmes
- ✓ Ensure geographical distribution of programmes
- ✓ Ensure that different types of programmes are available
- ✓ Diversify pathways for referrals to ensure a wider level of attendance
- ✓ Provide adequate funding
- ✓ Provide regular evaluations of programmes
- ✓ Define the accreditation process and licencing criteria
- ✓ Support the development of national networks, including national standards and guidelines

Accessibility of perpetrator programmes remains one of the major challenges Europe-wide, as identified in the GREVIO evaluation reports for many countries, along with attendance to the programmes (GREVIO Secretariat, 2021)¹⁷. Access to perpetrator programmes in the Western Balkans is at a low level, with some minor variations between countries.

Several tendencies that contribute to the low accessibility of perpetrator programmes, mapped within this research are presented and described:

- perpetrator programmes only on paper, not in practice;
- high expectations, low investments;
- clinical, rather than gender-informed approach to violence;
- low diversity of services;
- lack of standardised and ongoing evaluation;

REGIONAL TRENDS: Perpetrator programmes on paper, not in practice

National legislation lays ground for the development and operation of a country's perpetrator programmes. A comprehensive legislation framework defines perpetrator programmes within a coordinated community response to domestic violence, arranges the referral routes for perpetrators, potential service providers, along with ensuring the quality of work through standards and quality monitoring mechanisms. National legislation should also ensure that referrals to perpetrator programmes do not dismiss the victims' rights to justice and a fair legal process, meaning that they are not practiced as replacement for prosecution, conviction or sentencing (GREVIO Secretariat, 2021).

In all countries in the region, perpetrator programmes are recognised by the law. Most countries place perpetrator programmes in the civil law, as part of protection orders (all countries apart from Serbia). These measures can be imposed quickly after the violent incident (or risk of it), which ensures that perpetrators can enrol in programmes timely. This approach also acts in synergy with other imposed protection measures and increases a survivor's safety, as perpetrators are not "left on their own", but professionally supported. Imposed measures are not a replacement for prosecution, conviction or sentencing, which is in line with the provisions of the Istanbul Convention.

¹⁷ Mid-term Horizontal Review of GREVIO baseline evaluation reports, GREVIO secretariat, 2021, paragraph 195.

The level of development of the legislative framework varies between the countries, however, this is not correlated with the implementation of programmes in practice. Countries like North Macedonia, Bosnia and Herzegovina, Montenegro and Kosovo have bylaws that define the implementation of protective measures. North Macedonia has even adopted the national standards for perpetrator work,¹⁸ that are considered as advanced practice (standards in Albania are in the process of adoption, while the NGOs drafted standards for Serbia).

Despite that, the level of implementation of the programmes in practice in the region is low.

Perpetrator programmes should be available countrywide, as survivors do need protection countrywide. This was pointed as valuable in several GREVIO evaluation reports, stressing that the number of available programmes should be increased (GREVIO Secretariat, 2021).¹⁹ In the Western Balkans, there are only a few active programmes in the countries, which are mainly geographically limited and concentrated in one or a few bigger cities.

Table 5: Geographical coverage of perpetrator programmes in the Western Balkans

	Albania	Bosnia and Herzegovina	Kosovo	Montenegro	North Macedonia	Serbia
Geographical coverage	Local ²⁰ (5 cities)	Local (no data ²¹)	Local (2 cities)	Local (no data)	Local (1 city)	Local (2–8 cities)

The number of available programmes and their geographical distribution are underdeveloped, even if the legislative framework is in place. For example, in North Macedonia, that is the only country that has adopted the operational standards, programmes are available only in Skopje, and provided by only two organisations. Although in some countries service providers that should offer perpetrator programmes are available nationwide (like mental health centres in Bosnia and Herzegovina and in Montenegro), in practice, they provide this only locally, in a limited scope. There are several reasons for this situation.

On the one hand, protection orders (or other measures or sentences) are rarely imposed by courts. This was identified in the practices of Bosnia and Herzegovina, Montenegro, Kosovo, North Macedonia and Serbia. For example, in Montenegro, from 2010 to 2021, courts imposed only 48 measures of psycho-social treatment in the whole country²². In the Republic of Srpska, mandatory psychosocial treatment was imposed in less than 6% of cases identified in courts in 2019.²³

On the other hand, there are insufficient institutional and organisational capacities to actually provide the service, especially comprehensive service that is in line with the provisions of the Istanbul Convention. This is closely linked with the lack of funding, but also with the lack of strategic development of the countrywide services. For instance, in Serbia, programmes could be provided in 2 to 8 cities, depending on the available funding.²⁴

REGIONAL TRENDS: High expectations, low investments

Providing a perpetrator programme that is safe, accountable and in line with the provisions of the Istanbul Convention is a challenging task that requires well trained and competent staff, human and technical resources for its sustainable implementation. Adequate funding is the backbone of the programmes' stability, and an obligation that states have agreed on by ratifying the Istanbul Convention.

18 Стандарт и процедури за работа на советувашиште за сторители на семејно насилство, 2018.

19 Mid-term Horizontal Review of GREVIO baseline evaluation reports, GREVIO Secretariat, 2021, paragraph 194

20 „Local“ refers to the perpetrator programmes which operate on the level of a few cities and are not available countrywide.

21 “no data” refers in this research means that there is no information on the number of cities in which perpetrator programmes are available.

22 Presentation of the Higher Court representative at the „Response of the health system to domestic violence“ conference that was organised by the SOS line NGO from Podgorica, on 1 March 2022.

23 National Strategy for Combating Domestic Violence in the Republic of Srpska (2020-2024), p. 23.

24 Adamovic, S, Padejski, N (2021), Serbia Country Report, report produced within the STOPP project. Unpublished material.

Although practices across Europe differ, perpetrator programmes are usually provided as a separate service, by professionals engaged solely (or mainly) on these tasks. It is considered that the **complexity of perpetrator work, along with the number of perpetrators who need the service, requires full time dedication.**

In the Western Balkans, there is a **tendency of introducing perpetrator programmes through low, short-term state investments, as an additional activity for professionals already employed in a state service.** In Bosnia and Herzegovina and Montenegro, perpetrator programmes are added on top of all activities already performed within the mental health centres. The situation is similar in North Macedonia and Serbia, where it is performed as part of the remit of social protection institutions. In the Western Balkans, there is no specific, statutory, countrywide funding for perpetrator programmes. In the Federation of Bosnia and Herzegovina, the justice system is obliged to finance the implementation of imposed measures of mandatory psychosocial treatment (which is not the case in the Republic of Srpska). However, this has limited application in practice, as described in the state report to the GREVIO.²⁵ In North Macedonia, the HERA NGO receives annual funding from the local level, that has a decreasing trend, which leads to cuts in professional staff providing different services.²⁶ In any case, these occasional practices are not enough for ensuring sustainable and quality services, countrywide.

Looking at the overall accessibility of perpetrator programmes in these countries and numbers of perpetrators who attend them, it is clear that this **strategy which focuses only on legislation and short-term training of the existing staff, while neglecting investments in the general capacities of the service providers, does not give the necessary results.**

This research confirmed serious shortcomings of these practices. For example, 100% of professionals from the mental health centres in Bosnia and Herzegovina and Montenegro are engaged in other activities in addition to providing perpetrator programmes and 100% of them also work with survivors.

The capacities of these organisations are very limited (as the existing employees perform multiple tasks), so they would not be able to cover the number of perpetrators who need these kinds of programmes without jeopardising the services they offer to other clients (some of them being violence survivors). This is currently not perceived as an urgent need by the mental health professionals, due to the very low numbers of perpetrator referrals, but it will present a serious obstacle in increasing the perpetrators' access to programmes. It was also brought up as a significant obstacle by perpetrator programmes and survivor support services from the NGO sector during focus groups.

Specific funding for perpetrator programmes in the region is provided by international organisations (IAMANEH²⁷, UN agencies, CIES²⁸...). However, the availability of these funding streams varies between countries, and it is mainly unstable, short-term and project-based. This has a major impact on perpetrator programmes, their ability to provide services and efforts to become part of the coordinated community response at the local level. For example, in Serbia, organisations remained out of funding for several years which led to the discontinuation of their services. In Albania and Bosnia and Herzegovina, some existing organisations have managed to provide continuous service up to now with donor support, while others discontinued the service provision at the end of their grant.

25 Baseline Report by the Government of Bosnia and Herzegovina, 2020, p. 40.

26 Information received from the UN Women representative in North Macedonia.

27 <https://www.iamaneh.ch/en/about-us/>; <https://www.iamaneh.ch/en/projects/bosnia/prevention-violence.html>

28 <https://www.cies.it/>

REGIONAL TRENDS: Clinical, rather than gender-informed approach to violence

Violence against women and domestic violence are a gender-shaped phenomenon and they are approached by the Istanbul Convention through a gender lens. In Article 6, Istanbul Convention obliges all Parties to include a gender perspective in the implementation and evaluation of its provisions.²⁹ Likewise, perpetrator programmes need to be gender-informed, as emphasised in the WWP EN Guidelines for standards: “programmes should incorporate an understanding of the interconnections between violence, structural inequalities and power relations between women and men, and with the underlying historical and social constructions of masculinity and femininity”.³⁰

A gender-informed perspective should be incorporated in all levels of perpetrator programme roll out, from defining the core framework at the national level, to the actual implementation in the programme itself. This section highlights how the general framework encourages or limits a gender-informed approach to violence by perpetrator programmes in practice.

The existing frameworks in Bosnia and Herzegovina and Montenegro incorporate a clinical rather than a gender-informed perspective of the perpetrator programmes. In the documents describing the procedures on the implementation of the protection orders (Rulebooks) in both countries, the delivery of perpetrator programmes is placed in the mental health centres. This should be conducted by professionals with a clinical background and approach. For example, the Rulebook on the Detailed Manner of the Implementation of the Protective Measure of Mandatory Psychosocial Treatment in Montenegro defines the core programme team comprising a psychiatrist, a psychologist, a social worker and a nurse.³¹

This research has confirmed that the existing frameworks largely influence how perpetrator programmes are conducted. As one of the professionals taking part in the focus group stated: *„We work with perpetrators of violence in the same way as we work with any kind of client with mental health problems.“* **Some perpetrators undergo psychological assessment and testing, instead of violence and risk assessment. Interventions focus on understanding and managing emotions, conflict management, building resilience, instead of transforming gender beliefs as underlying causes of violence.** Although some professionals did receive some trainings that seem to have a gender-informed approach, and although, for instance, the Rulebook for the Republic of Srpska does emphasise gender-informed work,³² this approach was not identified as a dominant practice in this mapping. This is not within the scope of responsibility of individual professionals. The state has the responsibility to ensure that perpetrator programmes will be applied in line with the principles of the Istanbul Convention. The existing frameworks in Bosnia and Herzegovina and Montenegro have severe limitations in this regard.

In their reflections on the evaluation procedures conducted so far, GREVIO has „raised a question of whether health care centres offer the proper setting to work with the perpetrators of violence and whether health-care professionals are the right professionals to handle their preventive intervention programmes.”³³ The conducted research confirms the need for questioning this kind of practice. There are strong arguments that highlight the need of reflecting on the suitable sector and organisation in which to place perpetrator programmes in the country.

29 The Council of Europe Convention on preventing and combating violence against women and domestic violence, 2011.

30 Guidelines to Develop Standards for Programmes Working with Perpetrators of Domestic Violence, European Network for the Work with Perpetrators of Domestic Violence, 2018.

31 The Rulebook on the Detailed Manner of the Implementation of the Protective Measure of Mandatory Psychosocial Treatment Montenegro, Article 6.

32 Rulebook on the Manners and Place of Implementation of Mandatory Psychosocial Treatment in the RS, Article 8.

33 Mid-term Horizontal Review of the GREVIO baseline evaluation reports, GREVIO Secretariat, 2021, Paragraph 199

REGIONAL TRENDS: Low diversity of services

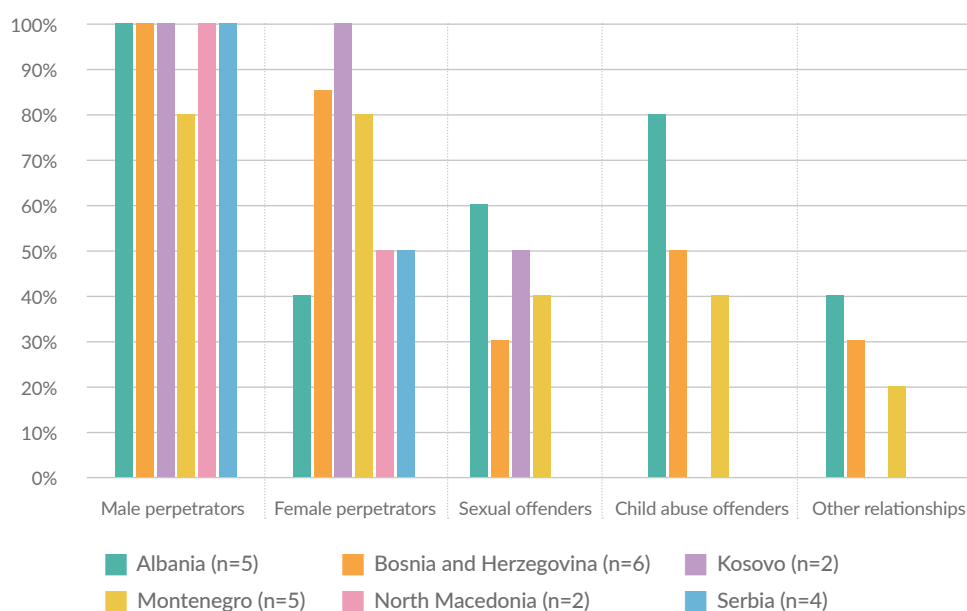
Beside geographical coverage, countries need to ensure that different types of programmes exist, in terms of voluntary and mandatory programmes that are offered in the custodial setting and in the community.³⁴ This design of perpetrator programmes that includes wide geographical coverage and diversifies referral routes leads to high accessibility of perpetrator programmes and their high attendance level.

In the Western Balkans, **no specific programmes for perpetrators of domestic violence in prison and on probation were mapped within this research** (one programme in Serbia has been tested by the Ministry of Justice and its countrywide implementation in prisons is planned, in Albania one NGO provides the programme in prisons). In non-custodial setting, the programmes exist in the health sector (Bosnia and Herzegovina, Montenegro), the social protection sector (Serbia, North Macedonia) and in the NGO sector (Albania, Bosnia and Herzegovina, Kosovo, Serbia and North Macedonia).

Both mandatory and voluntary referral routes exist in all countries. In Albania, Bosnia and Herzegovina, North Macedonia, Montenegro and Kosovo, mandatory perpetrator programmes are imposed in the form of a protection order. In Serbia, mandatory programmes can be imposed as part of the criminal proceedings.³⁵ Programmes in all countries accept clients who are referred by other agencies (like the centre for social work, women support services...), and voluntary clients. **However, numbers of clients and numbers of available programmes are so low, that this does not have a big impact in the overall access to programmes from different referral routes in the region.**

Most of the programmes in the region work mainly with men, perpetrators of violence against women in intimate relationships. This corresponds to the existing needs, as there is a high prevalence of this type of violence and the fact that men are predominately the perpetrators of violence, while women are disproportionately more affected by the violence.³⁶

Percentages of the programmes in the region working with different types of clients



34 GREVIO, Baseline Evaluation Report: Spain (GREVIO/Inf(2020)19); GREVIO, Baseline Evaluation Report: Malta (GREVIO/Inf(2020)17).

35 Law on Criminal Proceedings, Article 283; Criminal Code, Article 73.

36 WHO (2021). Violence against women prevalence estimates, 2018. Global, regional and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women. Geneva: World Health Organisation. Retrieved from: <https://www.who.int/publications/i/item/9789240022256>

Work with other categories of clients (female perpetrators, sexual offenders, child abuse offenders and perpetrators in other relationships³⁷) is characterised by the lack of specific programmes and approaches (no specific programme or approach is identified in the region, for any of the listed types of clients). Information shown in the graph reflects the unstandardised practice and a lack of precise intake criteria of some organisations in the region - they feel that they need to work with any client whom the court sends to them and rely on their own experience and expertise. In some cases, answers also reflect the variety of tasks that professionals in some institutions have, and describe their general working tasks (not only in relation to the perpetrators of violence against women and domestic violence).

Some interviewed organisations in the region that work with female perpetrators lack the gender lens and a specific approach to these clients. They tend to approach them in the same way as they would approach male perpetrators, without considering a potential previous victimisation and resistance. The situation is similar with other types of clients (sexual and child abuse offenders).

Although some organisations accept sexual offenders, **no specific programmes as per Article 16 of the Istanbul Convention were identified in the region.**

REGIONAL TRENDS: Lack of standardised and ongoing evaluation

Quality assurance is one of the pillars of accountable perpetrator work. There are different mechanisms of ensuring quality of programmes, however, a few elements stand out:

- regular evaluations of programmes,
- development of accreditation process and licencing criteria,
- development of national standards and guidelines,
- supporting national networks.

The backbone of quality assurance in any country are national standards and guidelines, grounded in evidence-based practice and research. As means of verifying the level of compliance with the standards, states or organisations develop accreditation or licencing processes that ensure minimum standards of work quality. Standards for work with perpetrators exist, for instance, in the UK (Respect, 2017), Germany (the process is led by the BAG TãHG German national network), Italy (RELIVE³⁸), all national networks that gather perpetrator programmes in the country. In some countries, like Germany, obtaining accreditation is a precondition to accessing funds. As national networks have the specific expertise in the perpetrator work field, they are the initiators, authors, or co-authors of standards, and are the most competent for the role of assessing quality of perpetrator work and leading the accreditation process. However, the process should be fully supported and approved by the state. Good standards also integrate the aspect of evaluation of the programme outcomes.

In the Western Balkans, the process of standardisation of perpetrator programmes and ensuring their quality at the national level is at its starting point. North Macedonia has adopted standards and procedures for perpetrator work.³⁹ However, these standards lack the elements of cooperation with victim support/services and risk assessment, as the key elements of survivor-centred perpetrator work. They are also limiting the work to the one existing perpetrator programme, instead of offering a more comprehensive framework (allowing the development of different programmes for the same target group, or new target groups – for instance, female perpetrators). In Serbia and Albania, standards have been drafted at the initiative of the NGO sector.

37 By perpetrators of violence in other relationships we mean domestic violence perpetrators, for instance violence of an adult child against mother or father.

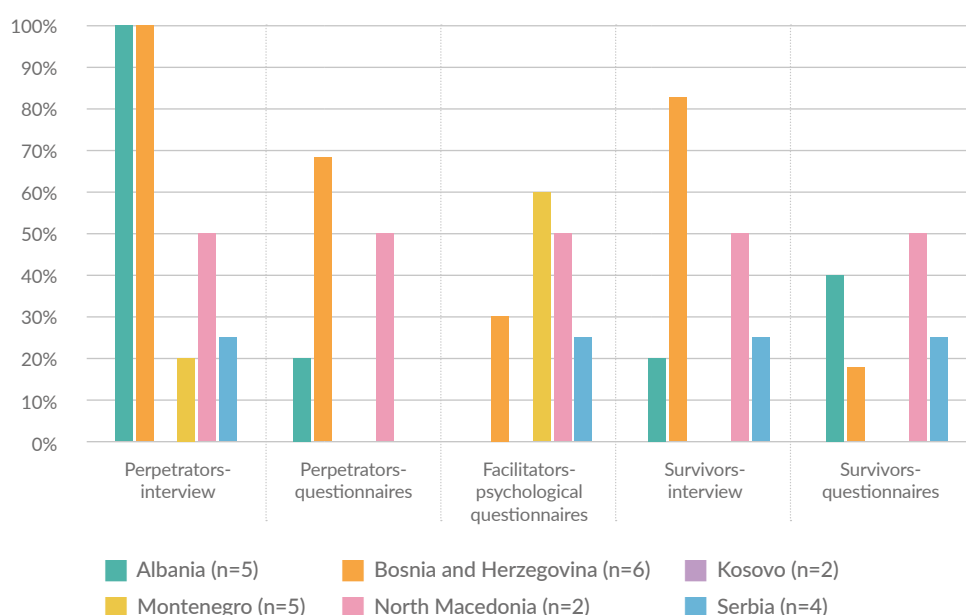
38 <https://www.associazionerelive.it/joomla/images/LineeGuidaRelivea.pdf>

39 Стандард и процедури за работа на советуваиште за сторители на семејно насилство, Завод за социјални дејности-Скопје, 2018.

In Albania, it is expected that standards will be adopted by the relevant ministries in the near future, and that some key aspects (like risk assessment and management) will be further elaborated through operational protocols.⁴⁰ In Albania, the NGOs have set up the Albanian Network for the Work with Perpetrators-AN WWP, in 2021. The network is in the process of registration and currently gathers four NGOs and two independent professionals. In Serbia, in 2018, perpetrator organisations and survivor support services jointly drafted the comprehensive standards that are fully in line with the provisions of the Istanbul Convention. As standards have not been adopted by the state, not all service providers work in compliance with the document. Serbia also has its National Network for the Work with Perpetrators of Domestic Violence-OPNA⁴¹ that gathers experts from across the country. However, the work of existing national networks in Albania and Serbia is not supported by the state. The standardisation of perpetrator programmes in other countries has not yet started. In Montenegro, guidelines for conducting perpetrator work are currently being developed jointly by the Ministry of Health and the NGO sector.

Both the Council of Europe (Hester and Lilley, 2014) and the WWP EN (2018) highlight the importance of documenting and evaluating the programme outcomes. It is flagged that proper evaluation needs to be a continuous process and to take into account the survivor's perspective whenever possible. **Although more than 90% of the mapped programmes state that they do measure the quality of their work, evaluation is not systematic, and in many cases it does not include the perspective of the survivor.**

Sources of information for measuring outcomes of programmes



Half or less than half of perpetrator programmes in the region state that they take into account the perspective of the survivor (through interviews or questionnaires). The only exception is Bosnia and Herzegovina, where 83% of programmes state they incorporate the survivors' perspective via interviews.

As standards do not exist in most of the countries, or are not adopted by the official structures, the evaluation of programmes, and the whole **quality assurance process is reduced to individual responsibility of a professional or an organisation, instead of being a system-led activity.**

40 Drafting the operational protocols on the collaboration between perpetrator programmes and survivor support services, and on the risk assessment and management are activities within the ALIVE project, coordinated by the CIES NGO in cooperation with local partners (Albanian School for Public Administration, Woman to Woman, Another Vision and Vatra).

41 [Home \(opna.org.rs\)](http://home.opna.org.rs)

3.3. Coordinated policies and cooperation with women support services

Coordinated community response to violence against women and domestic violence and putting survivors at the centre of all interventions are the guiding principles of the Istanbul Convention in general, but also the underlying principles of perpetrator work. In Article 16, the Istanbul Convention emphasises that “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 co-ordination with specialist support services for victims” (CoE, 2011). In the Explanatory report of the Istanbul Convention these principles are underlined, and it is stated that “it is essential that these programmes are not set up in isolation but closely co-operate with women’s support services, law enforcement agencies, the judiciary, probation services and child protection or child welfare offices where appropriate” (CoE, 2011).

Likewise, the WWP EN guidelines for standards emphasise that perpetrator programmes should be a part of an holistic intervention system and not be run in isolation, while collaboration with victim support services is its key pillar (WWP EN, 2018). It is described that cooperation with women support services can take many forms. It is essential to establish survivor contact and support. Cooperation can take broader forms, like involving women NGO representatives in advisory boards of perpetrator programmes, and similar.

This section is described through the following indicators:

INDICATORS: Coordinated policies and co-operation with women support services

- ✓ Adopt a comprehensive approach
- ✓ Involve all relevant state agencies and administrative entities
- ✓ Establish a close cooperation with women support services
- ✓ Establish safe survivor-contact procedures
- ✓ Develop instruments for interinstitutional cooperation, including protocols and agreements

In the regional mapping, several trends are identified and further elaborated:

- Isolated services, rather than an element of coordinated community response;
- Survivor contact and support, non-existing or unstructured;

REGIONAL TRENDS: Isolated services, rather than an element of coordinated community response

Combating and preventing violence against women and domestic violence is a joint task that requires close cooperation of all stakeholders, including perpetrator programmes. **Even if a perpetrator programmes is excellent, if it is not part of a multi-agency framework, it will not be as effective.** Perpetrator programmes in the region mainly cooperate with courts and prosecutors, police and social protection services. The estimated levels of cooperation vary greatly between the countries.

Table 6. Levels of cooperation of perpetrator programmes and other institutions

	Albania (n=5)		Bosnia and Herzegovina (n=7)		Kosovo (n=2)		Montenegro (n=6)		North Macedonia (n=2)		Serbia (n=4)		Region (n=26)	
	freq ⁴²	%	freq	%	freq	%	freq	%	freq	%	freq	%	freq	%
Very intensive	0	0	1	14	0	0	2	33	0	0	0	0	3	12
Intensive cooperation	3	60	3	43	2	100	1	17	2	100	1	25	12	46
Some cooperation	2	40	3	43	0	0	1	17	0	0	3	75	9	35
Little cooperation	0	0	0	0	0	0	2	33	0	0	0	0	2	8

The perception of cooperation is highest in North Macedonia and Albania, while the lowest levels of cooperation are perceived in Montenegro and Serbia. The cooperation of organisations in Albania, Bosnia and Herzegovina and Montenegro is also much more comprehensive in comparison with the other countries. In these countries, the cooperation includes protocols, joint capacity-building activities and meetings, while in others it mainly relies on occasional phone calls around specific cases.

Table 7. Forms of cooperation of perpetrator programmes and other institutions

	Albania (n=5)		Bosnia and Herzegovina (n=7)		Kosovo (n=1)		Montenegro (n=6)		North Macedonia (n=2)		Serbia (n=4)		Region (n=25)	
	freq ⁴³	%	freq	%	freq	%	freq	%	freq	%	freq	%	freq	%
Occasional phone calls on specific cases	2	40	6	86	0	0	3	50	2	100	4	100	17	68
Joint meetings to discuss future strategic decisions	3	60	6	86	0	0	1	17	1	50	2	50	13	52
Prepare relevant documents together	2	40	2	28	0	0	0	0	1	50	1	25	6	24
Regular meetings on case managing that both organisations attend	4	80	5	71	0	0	1	17	1	50	0	0	11	44
Capacity building and training activities	4	80	4	57	0	0	0	0	0	0	0	0	8	32
Protocols on cooperation	4	80	7	100	1	100	2	33	2	100	2	50	18	72
Other	1	20	0	0	0	0	0	0	0	0	0	0	1	4

In order to be an integral part of a coordinated community response, perpetrator programmes should be involved in operational and strategic meetings, there should be regular exchanges of information, and best practice would require that the multi-agency work be defined within specific protocols. This is not the case in most of the programmes in the Western Balkans.

42 Freq (frequency) indicates the number of programmes that marked a specific answer within each country.

43 Freq (frequency) indicates the number of programmes that marked a specific answer within each country.

Some organisations that provide other services apart from perpetrator programmes, describe much lower levels of cooperation when it comes to perpetrator work, even if cooperation in other areas is good. For example, professionals from the women support services in Bosnia and Herzegovina were stating that although they had good cooperation in providing direct support to the survivor, levels of cooperation were much lower when it comes to perpetrator work.

REGIONAL TRENDS: Survivor contact and support, non-existent or unstructured

As already described, close cooperation with women support services is one of the pillars of survivor-centred perpetrator work. Enrolment of a perpetrator in a programme may give a survivor a false sense of security, influence her decision to leave or stay in a relationship, and expose her to a higher risk (CoE, 2011). All perpetrator programmes need to take into account the potential service-generated risks and establish procedures for managing it. The core element of safe perpetrator work is the establishment of safe procedures for survivor contact and support. As noted by GREVIO, although being the key element of perpetrator work, the cooperation with women support services continuously faces challenges in its implementation across Europe.⁴⁴

Services for survivors in the context of perpetrator work can be provided in three main ways: a) through tight partnership between independent perpetrator programmes and women support services, b) a perpetrator programme sets up an independent women support service, or c) a women support service sets up a perpetrator programme.⁴⁵

In the Western Balkans, almost all organisations state that they do provide survivor support associated with the perpetrator programme. Only one programme in Serbia state that there is no cooperation.

Table 8: Provision of survivor support during the programme in the region

Models of survivor support	Albania (n=5)		Bosnia and Herzegovina (n=6)		Kosovo (n=2)		Montenegro (n=6)		North Macedonia (n=2)		Serbia (n=4)		Region (n=26)	
	freq ⁴⁶	%	freq	%	freq	%	freq	%	freq	%	freq	%	freq	%
No support	0	0	0	0	0	0	0	0	0	0	1	25	1	4
Yes, by my organisation, a specific unit/ professional that works with victims only	3	60	3	50	1	50	1	17	0	0	1	25	9	35
Yes, by my organisation, by a facilitator of a perpetrator programme	1	20	2	33	1	50	0	0	2	100	0	0	6	23
Yes, through partnership with an external organisation that works with victims	1	20	3	50	1	50	1	17	2	100	2	50	10	38
Other	0	0	0	0	0	0	4	66	0	0	0	0	4	15

The existing models vary between the countries. In Albania, the dominant model is one organisation that provides survivor support and the perpetrator programme, operating as

⁴⁴ Mid-term Horizontal Review of GREVIO baseline evaluation reports, GREVIO Secretariat, 2021, paragraph 201.

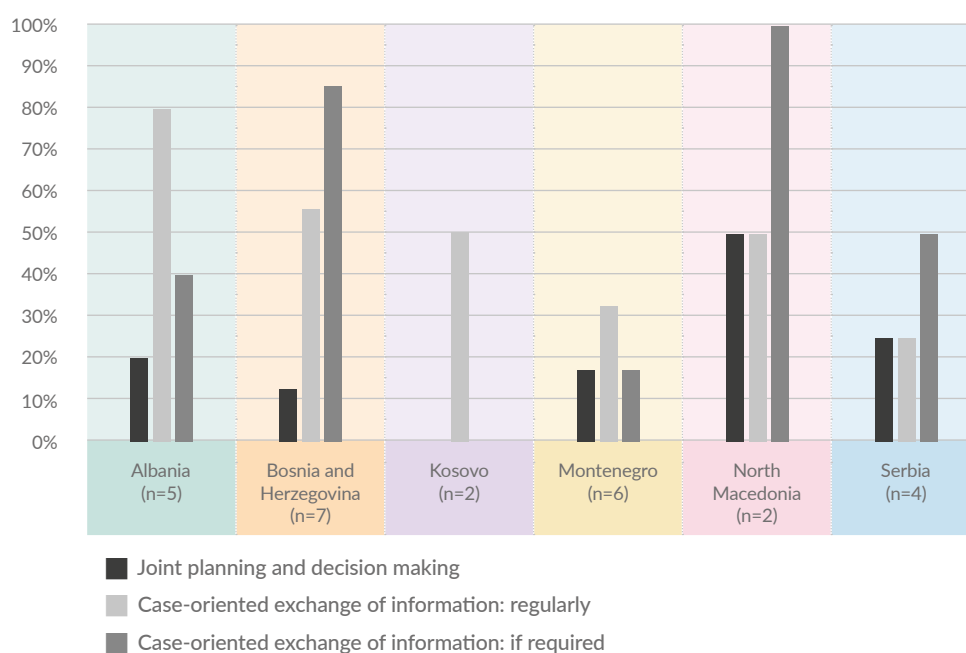
⁴⁵ Pauncz, A. (2018), Who should provide victim support services? A review of documents and working papers on collaboration between perpetrator programmes and women's support, European Network for the Work with Perpetrators of Domestic Violence.

⁴⁶ Freq (frequency) indicates the number of programmes that marked a specific answer within each country.

an independent unit. This reflects the way in which the community-based perpetrator programmes have been established in the countries (women NGOs have started the perpetrator programmes). Interestingly, in 100% of the cases in North Macedonia, and in some cases in Bosnia and Herzegovina and Albania, survivor contact and support are provided by a facilitator of the perpetrator programme. Although there is no research or official recommendations on this kind of practice, it can be considered as a risky one. There is a conflict of roles (providing simultaneous support to the perpetrator and the survivor), the survivors might feel hesitant to open and trust, or they might be worried how things that they say will affect the perpetrator. On the other hand, the perpetrators might increase control and become suspicious knowing that the survivor is directly in contact with the facilitators working with them. Some organisations in all the countries have established partnerships with an external women support organisation, which seems to be the dominant model in Serbia. Most of programmes in Montenegro do not fit in any described category, as they provide survivor support within the general practice of the mental health centres.

Aspects of cooperation between perpetrator programmes and survivor support services, from the point of view of perpetrator programmes and survivor support services, are presented in the graph below.

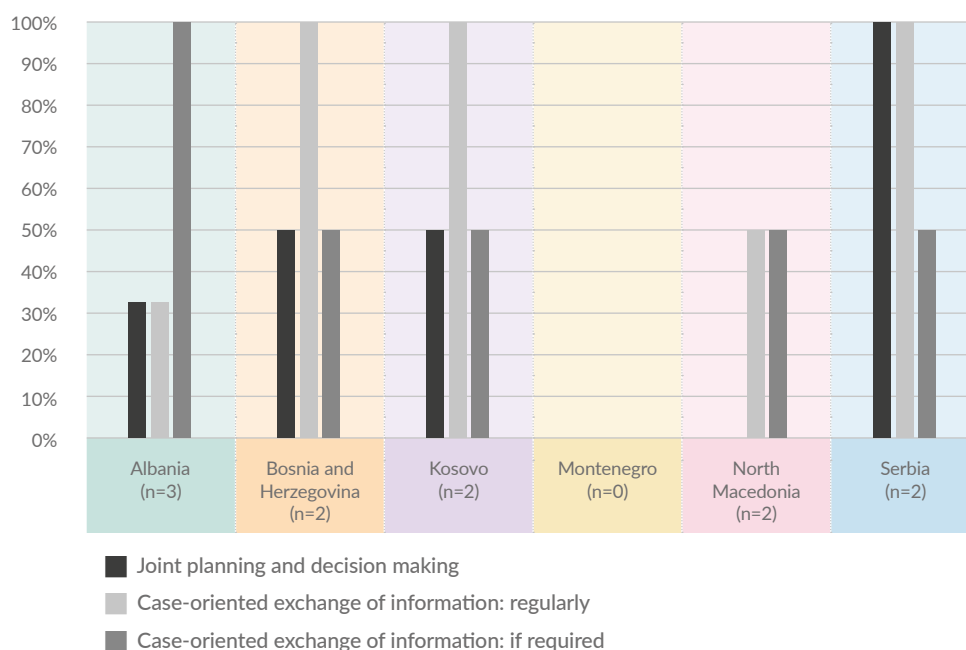
Cooperation between perpetrator programmes and survivor support services/professionals (perpetrator programmes perspective)



Practices vary between countries and organisations, and in some cases cooperation is not in place at all. From the responses to the questionnaires, it seems that some organisations were indicating general cooperation that they had with survivor support services, not specific cooperation in the context of a perpetrator programme. As shown in the graph only one perpetrator programme per country conducts joint planning and decision-making with survivor support services, except Kosovo, where this is not mapped in any organisation. This is particularly worrying having in mind that all decisions around risk assessment and management need to be made jointly. Although most of the organisations state that they have both regular and if required, case-oriented exchanges, conclusions from the focus group were not so clear in this regard. Many professionals explained that survivor support was not offered in all cases, but only selected ones (for example, if women are already using some of the services in survivor support NGOs). Information and discussions held in the focus groups show that this kind of cooperation is rarely structured and defined, with some positive exceptions. A good example of clear, written procedures around survivor contact and support can be found in

Serbia, applied by OPNA and women NGOs working together. Structured procedures were mentioned by the Hera NGO in North Macedonia and the Budućnost NGO, however, these are internal procedures.

Cooperation between perpetrator programmes and survivor support services/professionals (survivor services perspective)



In order to interpret responses from survivor support services, it is important to flag that this question was relevant only for those organisations that had cooperation with perpetrator programmes. It seems that when there is established cooperation, it mainly takes place regularly, on case basis, in Bosnia and Herzegovina, Kosovo and Serbia. In Albania this cooperation is mainly conducted if required. In Montenegro, there is no cooperation between specialised NGOs and survivor support services in the context of perpetrator work. Conclusions from the focus groups with survivors confirmed that there is a lack of standardised procedures around cooperation, with a few exceptions. Joint decision-making and planning is a weak point in the region, also from the perspective of survivor services that have cooperation with perpetrator programmes. An exception is the practice in Serbia, thanks to the draft standards that clearly integrate joint planning and decision-making in obligatory procedures.

As Pauncz stated (2018),⁴⁷ there are several issues that survivor support needs to address in the context of the perpetrator programme. All contacts with the survivor need to be voluntary. The survivor service should provide clear, general information about the programme and its content, and should counter the possible manipulative use of the programme by the perpetrator. Survivors need to be informed about the programme's limitations, the man's ability to change and his attendance. Likewise, they need to be given access to safety planning, risk assessment and management as well as assistance for them to assess their hopes and fears. In order to see programmes in the region as accountable and survivor-centred, all listed purposes of survivor contact need to be implemented in practice by every perpetrator programme.

In the following tables (9 and 10) the purpose of survivor contact and how it is practiced in the Western Balkans are presented, from the perspective of perpetrator programmes and of survivor support services. In Montenegro, Bosnia and Herzegovina and Serbia perspectives of perpetrator programmes and survivor support services are not fully comparable. In

47 Pauncz, A. (2018), Who should provide victim support services? A review of documents and working papers on collaboration between perpetrator programmes and women's support, European Network for the Work with Perpetrators of Domestic Violence.

Montenegro for instance, the existing perpetrator programmes consider centres for social work as a survivor support service, while mapped NGOs do not cooperate with them in this regard, so there are no answers on these questions from their side. Similar situation is in Bosnia and Herzegovina, where we have answers from only 2 NGOs that have both survivor and perpetrator services. In Serbia, only two survivor organisations that have cooperation with perpetrator programmes are presented, while responses from perpetrator programmes reflect a wider perspective.

Table 9: The purpose of contact with the survivor from the perpetrator programme perspective

	Albania (n=5)		Bosnia and Herzegovina (n=5)		Kosovo (n=2)		Montenegro (n=6)		North Macedonia (n=2)		Serbia (n=4)		Region (n=24)	
	freq ⁴⁸	%	freq	%	freq	%	freq	%	freq	%	freq	%	freq	%
Information about the programme and its content	1	20	5	100	0	0	0	0	2	100	4	100	12	53
Information about specific work methods (e.g. Time out)	0	0	4	80	0	0	0	0	2	100	3	75	9	42
Information about the limitation of the programme (no guarantee for non-violence)	1	20	3	60	0	0	0	0	1	50	4	100	9	38
Information about legal options like barring or protection orders (if existing)	4	80	3	60	1	50	1	17	2	100	2	50	13	59
Information about importance of safety measures	1	20	5	100	0	0	2	33	1	50	3	75	12	46
Information about specific victim services (e.g. victims' support services, shelters, services for refugees or migrants, counselling services for victims etc.)	3	60	5	100	1	50	1	17	1	50	4	100	15	63
Partner experience of violence (their view of the violent acts)	2	40	5	100	0	0	1	17	1	50	0	0	9	34
Partner emotional support	1	20	3	60	0	0	0	0	1	50	2	50	7	30
Assessment of the risk of violence and safety planning	4	80	3	60	1	50	3	50	2	100	1	25	14	61
Evaluation of the programme	2	40	4	80	1	50	2	33	2	100	4	100	15	67
Other	0	0	0	0	0	0	4	67	0	0	0	0	4	11

48 Freq (frequency) indicates the number of programmes that marked specific answers within each country. Programmes could state more than one answer, so the total sum of each column exceeds the number of programmes included for each country.

Table 10: The purpose of contact with the survivor from the survivors service perspective

	Albania (n=3)		Bosnia and Herzegovina (n=2)		Kosovo (n=2)		North Macedonia (n=2)		Serbia (n=2)		Region (n=11)	
	freq ⁴⁹	%	freq	%	freq	%	freq	%	freq	%	freq	%
Information about the programme and its content	1	33	2	100	0	0	2	100	1	50	6	54
Information about specific work methods (e.g. Time out)	0	0	2	100	0	0	2	100	1	50	5	45
Information about limitation of the programme (no guarantee for non-violence)	0	0	2	100	0	0	0	0	1	50	3	27
Information about legal options like barring or protection orders (if exist)	2	66	2	100	0	0	2	100	1	50	7	64
Information about importance of safety measures	2	66	1	50	1	50	1	50	0	0	6	54
Information about specific victim services (e.g. victims' support services, shelters, services for refugees or migrants, counselling services for victims etc.)	1	33	1	50	0	0	1	50	1	50	4	36
Partner experience of violence (their view of the violent acts)	0	0	2	100	2	100	1	50	2	100	7	64
Partner emotional support	1	33	1	50	1	50	1	50	2	100	6	54
Assessment of the risk of violence and safety planning	2	66	2	100	0	0	2	100	2	100	8	73
Evaluation of the programme	0	0	1	100	0	0	2	100	0	0	2	18
Other	0	0	0	0	0	0	0	100	0	0	0	0

In Montenegro none of mapped survivor support services cooperated with perpetrator programmes, so there were no answers to this question.

Only 27% of survivor services and 38% of perpetrator programmes on the regional level recognize the importance of informing the survivors about the limitations of the programme, as one of the key elements of managing service-generated risks. In Kosovo and Montenegro, none of the mapped perpetrator programmes informs the survivors about the limitations of the programmes, while less than half do so in Albania and North Macedonia. Similarly, none of the organisations in Kosovo and Montenegro provide information about the programme and its content to the survivor, and less than 20% of programmes do so in Albania. Also, half or less than half of the programmes in all countries (except for Bosnia and Herzegovina), get the survivor's view on the violent acts. Only 18% of survivor support services in the region state

⁴⁹ Freq (frequency) indicates the number of programmes that marked specific answers within each country. Programmes could state more than one answer, so the total sum of each column exceeds the number of programmes included for each country.

that one of their activities with survivors is the evaluation of the perpetrator programme, while the perception of the perpetrator programmes is different, and goes up to 67%.

Survivor support services associated with perpetrator programmes in Kosovo and Albania seem to be focused more on providing direct support to the survivor, in terms of informing them about the existing services, legal options, while there is a lack of focus on providing her with relevant information about the programme itself. In the practices of Bosnia and Herzegovina, North Macedonia and Serbia, both aspects of the work are present in most organisations.

While exploring the issues around survivor contact and support in focus groups, it was clear that the identified shortcomings were consequences of the lack of procedures in this field, along with the lack of awareness about its importance. Many programmes focus solely on the behaviour change of the perpetrator, instead of a wider framework for ensuring the survivor's safety. Some programmes lack information about the relevance of close cooperation with women support services and standardising the procedures around survivor contact and support. This was especially the case with programmes in the mental health centres in Bosnia and Herzegovina and Montenegro. Some are facing challenges in providing this support and ensuring cooperation with external women support services, like centres for social work in Serbia.

For survivor support services that have set up perpetrator programmes (in Albania, Bosnia and Herzegovina, North Macedonia and Kosovo) close cooperation is natural and easy to organise. However, in many cases, this cooperation was occasional and spontaneous (as professionals in both services are in day to day contact), it does not take place in every case, nor follows the standardised procedures. It has been noted that some organisations involve the survivor only when she is already using some of their services, instead of making a proactive contact when the perpetrator is engaged in the programme.

3.4. Gender perspective and implementation of minimum standards of practice

Violence against women is not a gender-neutral phenomenon, thus all services in the field, including perpetrator programmes need to incorporate gender-informed perspectives in their work. A gender-informed approach is in the spirit of the Istanbul Convention, and should be applied in all aspects of the convention implementation, as stated in Article 6. The importance of a gender-informed approach is also highlighted in the Guidelines for Standards of the European Network (2018). Guidelines state that „programmes should incorporate a gendered perspective, i.e. an understanding of the relationships of violence with structural inequalities and power relations between men and women and with the underlying historical and social constructions of masculinity and femininity.“

Being a gender-based phenomenon, working on violence cannot be reduced to working on anger management, substance abuse, mental health issues or mediation. These practices have been criticised by the GREVIO in the evaluation reports for several countries.⁵⁰

There needs to be a focus on the safety of survivors when working with perpetrators, a comprehensive framework for risk assessment and management and the perpetrator's accountability for their violence, and an ongoing structured way to challenge mechanisms of denial, minimisation, justification or blaming others.

The gender perspective and the implementation of minimum standards of practice in the region are analysed according to several indicators listed below:

INDICATORS: Gender perspective and implementation of minimum standards of practice

- ✓ Adopt a gendered perspective
- ✓ Prioritise women's and children's safety and human rights
- ✓ Avoid obligatory mediation and reconciliation
- ✓ Treatment should not be reduced to alcohol and substance abuse, anger management, mental health treatment and/or medication
- ✓ Conduct systematic risk assessment and management, in cooperation with other services
- ✓ Provide adequate training of professionals
- ✓ Assist perpetrators to change by recognising that their use of violence is a choice they make and challenging any denial, justification or blaming of others (while treating the perpetrator with respect);

The mapping showed the following trends in the region:

- Gender-informed perpetrator work as an exception, rather than the rule;
- Underdeveloped practices for risk assessment and management;
- Prevalence of individual work with the perpetrators and short group interventions;

50 Mid-term Horizontal Review of GREVIO baseline evaluation reports, GREVIO secretariat, 2021, paragraph 199.

REGIONAL TRENDS: Gender-informed perpetrator work as an exception, rather than the rule

A gender-informed framework should inform accountable perpetrator work in many aspects and levels of programme implementation. It plays a role in the overall setting of programmes in a country including choosing the appropriate service provider, as already described in the previous sections. It is also visible in the ways that the programme itself is conducted, from choosing the team with a man and woman as co-facilitators, the content of the programme (topics, priorities, ways of defining violence...), to choosing other services that can be provided to clients (couple counselling, mediation...). In this section the focus will be on the implementation of gender-informed work on the level of the programmes' structure.

When the programmes in the region were asked to describe the approach they were using in treatment, they mainly presented their work as grounded in cognitive behaviour approaches. Gender-specific/feminist approaches rank fourth among approaches applied, after psychoeducational and psychodynamic.

Table 11: Approach applied in working with the perpetrators

	Albania (n=5)		Bosnia and Herzegovina (n=7)		Kosovo (n=2)		Montenegro (n=6)		North Macedonia (n=2)		Serbia (n=4)		Region (n=26)	
	freq ⁵¹	%	freq	%	freq	%	freq	%	freq	%	freq	%	freq	%
Cognitive behaviour therapy/ (social) training	4	80	6	86	2	100	0	0	1	50	2	50	15	61
Systemic approach/ family therapy	1	20	2	28	0	0	2	33	1	50	2	50	8	30
Psychodynamic approach	2	40	2	28	0	0	0	0	0	0	0	0	4	11
Gender-specific / feminist approach	1	20	1	14	0	0	1	17	0	0	3	75	6	21
Psychoeducational	3	60	4	57	0	0	1	17	0	0	2	50	10	30
Constructivist and narrative	0	0	0	0	0	0	0	0	0	0	1	25	1	4
Other	3	60	0	0	0	0	5	83	2	100	1	25	11	40

Most programmes state that they work in an integrated way, combining more than one approach. Although there are variations between countries, the psychoeducational approach is dominant, while a gendered approach is much less prevalent (it is the most frequent in Serbia, and it is not recognised by any of the programmes in Kosovo and North Macedonia). Most of the programmes in North Macedonia, Montenegro and Albania use some other approach. As understood from professionals in focus groups, some professionals were referring to the specific curriculum they were using (North Macedonia).

Looking deeper into the programme content and topics, it seems that the situation is different between countries regarding the focus on gender.

⁵¹ Freq (frequency) indicates the number of programmes that marked specific answers within each country. Programmes could state more than one answer, so the total sum of each column exceeds the number of programmes included for each country.

Table 12: Core elements of work

	Albania (n=5)		Bosnia and Herzegovina (n=6)		Kosovo (n=2)		Monte- negro (n=6)		North Macedonia (n=2)		Serbia (n=4)		Region (n=25)	
	freq ⁵²	%	freq	%	freq	%	freq	%	freq	%	freq	%	freq	%
Gender roles and stereotypes (masculinity and femininity)	2	40	6	100	1	50	2	33	2	100	4	100	17	73
Gender-specific power and control	2	40	5	83	1	50	2	33	2	100	4	100	16	73
Attitudes and beliefs that support violence	4	80	6	100	1	50	4	67	2	100	4	100	21	91
Accountability/ responsibility for violent behaviour	4	80	6	100	1	50	4	67	2	100	4	100	21	91
Effects of domestic violence on the victim/ empathy for the victim	3	60	5	83	1	50	3	50	2	100	4	100	18	82
Fathering and effects of domestic violence on children	1	20	3	50	1	50	1	17	2	100	4	100	12	64
Alcohol/drugs and violence	0	0	4	67	1	50	2	33	0	0	1	25	8	29
High-risk situations (e.g. separation)	2	40	1	17	1	50	2	33	0	0	2	50	8	31
Definition of violence/ types of abuse (e.g. the wheel of violence)	3	60	6	100	1	50	1	17	2	100	2	50	15	71
Reconstruction of violent act(s)	3	60	3	50	1	50	1	17	0	0	2	50	10	37
Confrontation with justification and minimising strategies	2	40	4	67	0	0	3	50	1	50	3	75	13	46
Time out	1	20	5	83	0	0	0	0	2	100	3	75	11	46
Anger management	4	80	6	100	2	100	3	50	2	100	3	75	20	84
Personal history of violence (biographical work)	1	20	3	50	1	50	1	17	1	50	3	75	10	43
Egalitarian relationship	2	40	3	50	0	0	0	0	1	50	2	50	8	31
Social skills (communication/ conflict resolution)	2	40	6	100	1	50	4	67	2	100	2	50	17	67
Self-awareness, self-reflection and emotional expression	3	60	6	100	1	50	2	50	2	100	1	25	15	64
Social relationships (friendship, social networks)	3	60	3	50	1	50	1	17	2	100	1	25	11	50
Others	1	20	0	0	0	0	2	33	1	50	0	0	4	17

52 Freq (frequency) indicates the number of programmes that marked specific answers within each country. Programmes could state more than one answer, so the total sum of each column exceeds the number of programmes included for each country.

Most programmes in the region focus on changing the attitudes and beliefs that support violence and work on the accountability of perpetrators (91% at the regional level). This is one of the outcomes of quality perpetrator programmes, and it is good that most programmes have this approach. Topics of gender roles and stereotypes and gender-specific power and control seem to be tackled in all countries. However, these topics are much less frequent in the practices of Montenegro and Albania (more programmes focus on anger management than on gender roles, for example). Surprisingly, not so many programmes work on the topic of fathering and the consequences of domestic violence on children (only 17% in Montenegro, 20% in Albania and 50% in Bosnia and Herzegovina and Kosovo). Knowing the potential of the topic of positive fathering for motivating perpetrators and initiating change, but also its gender dimension (fathering as a gender construct), this is a missed opportunity for increasing the effectiveness of programmes. Some professionals in focus groups explained the described trends with an individual approach to every perpetrator, resulting in the fact that some topics are not tackled.

Results also show that there are programmes in all countries that have gender-informed approaches in perpetrator work and their practice should be acknowledged and learned from. However, on a broader level, there is not enough focus on gender issues within perpetrator programmes. The gender perspective should be incorporated in all programmes, in all countries, as a rule, not an exception.

REGIONAL TRENDS: Underdeveloped practices for risk assessment and management

No intervention in the field of domestic violence is risk-free. The importance of risk assessment in perpetrator programmes has been highlighted many times. In the Council of Europe document, Hester and Lilley (2014) point out how crucial risk assessment is, and explained it as an ongoing process, that includes a variety of information sources. As described in the Guidelines for Standards (WWP EN, 2018), the survivor's perspective needs to be taken into account, as it is usually the most accurate.

Risk assessment should be based on a structural professional judgement approach, that is based on evidence based risk factors, evidence-based risk assessment tools, gathering information from various sources and an individual approach to every case (Newman 2010; E-Maria Partnership 2013; Kropp & Hart, 2015).⁵³

The concept of service-generated risks is also very valuable for perpetrator programmes. As described in the Explanatory report of the Istanbul Convention (2011), enrolment of the perpetrator in the programme can create a false sense of security in a survivor, influencing her decision to stay in the relationship or leave it, and may actually increase the risk.

Risk assessment and management is an ongoing process, that needs to be structured and integrated in the overall work.

The situation in the region in this regard varies between countries and organisations in the same country. However, half or less than half of the programmes in the region have standardised risk assessment for every case, that is taking place regularly and includes the survivor's perspective.

53 Newman, C. (2010), Expert Domestic Violence Risk Assessments in the Family Courts, Respect; E-Maria; European Manual for Risk Assessment, E-Maria Partnership, 2013; Kropp, P.R., & Hart, S.D. (2015) SARA V-3; User guide for the Third Edition of the Spousal Assault Risk Assessment Guide, ProActive ReSolutions Inc.

Table 13: Procedure in which risk assessment is conducted

	Albania (n=5)		Bosnia and Herzegovina (n=7)		Kosovo (n=2)		Monte- negro (n=5)		North Macedonia (n=2)		Serbia (n=4)		Region (n=25)	
	freq ⁵⁴	%	freq	%	freq	%	freq	%	freq	%	freq	%	freq	%
Standardised procedure for risk assessment	2	40	4	57	2	100	0	0	2	100	1	25	11	53
Roadmap of actions in a medium-high or high-risk case is detected	2	40	0	0	1	50	2	40	1	50	1	25	7	34
Cooperation with the victims' service/ worker to assess the risk in each case	2	40	3	43	0	0	2	40	1	50	1	25	9	33
Cooperation with the victim's service/ worker to assess the risk occasionally	3	60	3	43	0	0	1	20	1	50	0	0	8	31
Getting information from the (ex-)partner to assess the risk	2	40	5	71	0	0	1	20	2	100	1	25	11	42
Collecting information from other agencies	4	80	3	43	1	50	1	20	0	0	0	0	9	32
Other	1	20	1	14	0	0	4	80	1	50	0	0	7	27

Half of the organisations in the region do not get the information from the survivor in order to assess the risk: none of the organisations in Kosovo and less than 30% of those in Serbia and Montenegro. Practice is different in North Macedonia, where both existing organisations do get information from the ex-partner, and Bosnia and Herzegovina (71% of programmes). Likewise, cooperation with the survivor support service/worker in each case is in place in half or less than half of the organisations in the region (in Kosovo no organisation). A roadmap of actions to be taken in cases of high risk is also not part of the practice of half or more than half of the organisations in the region. All organisations in Kosovo and North Macedonia state that they have standardised procedures for conducting risk assessment, while only 1 programme in Serbia and none in Montenegro claim the same.

As understood from the information shared within the focus groups, many programmes have their sole focus on perpetrator behaviour change, instead of taking a wider approach of survivor safety. Some organisations have the perspective that assessing and managing risk is not their role, as this has already been done by other agencies in the chain of coordinated community response (for example the police). There are organisations that recognise the importance of dealing with risk, but they use ad-hoc approaches and react spontaneously, instead of applying standardised procedures. In the case of some mental health centres in Montenegro and Bosnia and Herzegovina, there are overlaps between psychological assessment and risk assessment, and tendencies to use psychological testing instead of focusing on the risk.

⁵⁴ Freq (frequency) indicates the number of programmes that marked specific answers within each country. Programmes could state more than one answer, so the total sum of each column exceeds the number of programmes included for each country.

The described tendencies are also visible from the answers to the questions on using risk assessment instruments.

Table 14: Use of risk assessment instruments

	Albania (n=5)		Bosnia and Herzegovina (n=7)		Kosovo (n=2)		Montenegro (n=5)		North Macedonia (n=2)		Serbia (n=4)		Region (n=25)	
	freq ⁵⁵	%	freq	%	freq	%	freq	%	freq	%	freq	%	freq	%
Yes	5	100	7	100	1	50	1	20	2	100	2	50	18	72
No	0	0	0	0	1	50	4	80	0	0	2	50	7	28

Most programmes state that they do use risk assessment instruments. However, this is not the case for 50% or more programmes in Serbia, Montenegro and Kosovo. Some of these instruments are evidence-based and widely used, like SARA, DASH, while some use psychological tests as risk assessment instruments.

REGIONAL TRENDS: Prevalence of individual work with perpetrators and short group interventions

Group work is widely accepted as elective modality for working with the perpetrators of domestic violence. It is considered as the most effective in comparison to only individual work, as it is shown that perpetrators benefit from interaction with other men and support each other in the process of change (Murphy, Eckardt, Clifford, LaMotte & Meis, 2020). Working in a group contributes to the change on the individual level, as perpetrators learn through the experiences of others. They tend to consider comments and discussion from other group participants as more relevant than when they come from facilitators, as their behaviour is more visible. In the group context, mechanisms of denial and minimisation can be addressed in a better way, as violence and its mechanisms are more easily seen in other men's behaviour, than in one's own. Group participants support and challenge each other and the group dynamics usually become one of the factors that contribute to change. Groups are usually led by two facilitators, preferably male and female. The presence of two facilitators of mixed gender incorporates gender dynamic in all interventions, it can be brought to light, analysed and used as additional tool in the work. Also, interaction between the male and the female facilitator can reflect equality and respect, which is an important experience for most of the men who use violence (Päivinen & Holma, 2012). Working in a group is also more cost-effective in comparison to the individual work.

However, it seems that the prevalent modality of work in the region is individual work.

Table 15: Modalities of work

	Albania (n=5)		Bosnia and Herzegovina (n=7)		Kosovo (n=2)		Montenegro (n=5)		North Macedonia (n=2)		Serbia (n=4)		Region (n=25)	
	freq ⁵⁶	%	freq	%	freq	%	freq	%	freq	%	freq	%	freq	%
Group work	0	0	4	57	0	0	1	20	1	50	4	100	10	40
Individual counselling	5	100	6	86	2	100	5	100	2	100	4	100	24	96

Only 40% of the programmes in the region apply group work in their practice, while almost all apply individual work. Group work is the prevalent modality in Serbia, as the accredited programme is actually a group programme. There are different reasons for this. In some cases, there are not enough participants to form a group, due to the low accessibility of programmes

55 Freq (frequency) indicates the number of programmes that marked specific answers within each country.

56 Freq (frequency) indicates the number of programmes that marked specific answers within each country.

in the region, so the only way to provide support is on the individual level. This was brought up as an important obstacle by most of the professionals involved. Some organisations do not have a space in which to conduct group work, with situation complicating even further with the COVID-19 restrictions, which is the case in some organisations in North Macedonia, Bosnia and Herzegovina and Montenegro. In Kosovo, there is a lack of group programmes for the work and associated training. In Albania, group work started in late 2021 (when mapping was finished), however, professionals were facing challenges in introducing group work (especially male and female-led) in their culture, which they described as very patriarchal.

Even when group work is in place, in some countries it is a rather short intervention, that will hardly achieve longer-term impact.⁵⁷ In Albania, group work comprises 12 sessions. In North Macedonia and some organisations in Bosnia and Herzegovina it is a 16-session programme. In cases of mental health centres in Montenegro and Bosnia and Herzegovina, the answers are different, so it seems that there is no standardised framework in this regard. In Serbia, the accredited programme lasts 24 sessions.

57 Refers to numbers of group sessions, not the duration of the whole programme.

4. Country analysis

4.1. Albania

Background

Perpetrator programmes in Albania are legislatively grounded in the Law on Measures Against Violence in Domestic Relations,⁵⁸ and it includes the referral to a perpetrator programme as one of the potential applications of the protection order. These orders can be implemented both in the public and the private sector. The law mandates participation in perpetrator programmes and further foresees penalties for failure to comply with this provision, with the exception of cases when the perpetrator cannot participate in these programmes for objective reasons.

Programmes started through the initiatives of women support services, which indicated that working with survivors alone was not enough in combating domestic violence. Initiatives started with awareness-raising campaigns addressing community and institutions, including workshops and trainings in schools, courts, police and prisons, and followed by active lobbying activities. Following that, the Counselling Line for Women and Girls in Tirana established the Counselling Line for Men and Boys (2012–2013). One year later, *Woman to Woman* NGO in Shkodra had started a perpetrator programme and had established the Office for Men and Boys-ZDB. These are the two leading organisations in the country providing perpetrator programmes, which were followed by a few other organisations in the years that followed.

Perpetrator programmes in Albania are provided by the NGOs and one municipality, placed in the biggest cities in the country.

Table 16: Organisations that provide perpetrator programmes in Albania

Organisation	Type	City
<i>Woman to Woman</i> (Gruaja tek Gruaja) – Office for Men and Boys (Zyra per djem dhe burra-ZDB)	NGO	Shkodra
<i>Counselling Line for Men and Boys</i> – CLMB	NGO	Tirana
<i>Vatra</i>	NGO	Vlora
<i>Another Vision</i> (Tjeter Vision)	NGO	Elbasan
Municipality of Pogradec	State-run	Pogradec

The *Counselling Line for Men and Boys in Tirana*⁵⁹ offers counselling to perpetrators, as well as prevention and educational activities to help create a community where violence is not tolerated. This organisation deals with violence prevention, including young boys in schools and in the local community. *Woman to Woman Shkodra*⁶⁰ works in the field of protection of human rights, focusing on the rights of women and girls. In 2014, WtW established the Office for Men and Boys (ZDB) to contribute to the safety of survivors and reduction of domestic violence, offering specialised services to perpetrators. The *Vatra* Psycho-Social Centre⁶¹ in Vlora provides services and expertise for the prevention and protection of survivors of trafficking and survivors of gender-based violence. The organisation incorporated perpetrator work from 2010, however, structured work with perpetrators started in 2019, followed by trainings and appointment of dedicated staff (one social worker). *Another Vision*⁶² was established in 2002 and it offers various social services in the local community in Elbasan, including

58 Ligj nr. 125/2020 për disa shtesa dhe ndryshime në ligjin nr. 9669, datë 18.12.2006 “për masa ndaj dhunës në marrëdhëniet familjare”, të ndryshuar. Neni 10/1 rehabilitimi i dhunuesit.

59 <https://hotlinealbania.org/>

60 <https://gruajatekgruaja.org/>

61 <http://www.qendravatra.org.al/>

62 <http://tjetervizion.org/>

survivor support services and perpetrator work. The municipality of Pogradec organised a perpetrator programme as one of the social services they offer in the community. The programme is run by one trained professional, as a pilot initiative. This is a unique practice in the country, delivered through the enthusiasm and efforts of one hired professional.

The programmes in Albania are characterised by the dedication of professionals and efforts of organisations to improve their service and they are supported by donor funds. However, there are no countrywide initiatives supported by the government that would ensure wide accessibility of programmes and their sustainable operation. Further delivery of perpetrator programmes will be regulated by the standards of perpetrator work, drafted at the initiative of the NGO sector. These standards, which are currently in the process of adoption, present an important step in the future development of programmes at the national level which should be strengthened by specific operational protocols.

Access to perpetrator programmes

INDICATORS: Access to perpetrator programmes and quality assurance

- ✓ Develop national legislation that supports perpetrator programmes
- ✓ Ensure geographical distribution of programmes
- ✓ Ensure that different types of programmes are available
- ✓ Diversify pathways for referrals to ensure a wider level of attendance
- ✓ Provide adequate funding
- ✓ Provide regular evaluations of programmes
- ✓ Define the accreditation process and licencing criteria
- ✓ Support the development of national networks, including national standards and guidelines

Programmes in Albania are available in the non-custodial setting, mainly as community-based programmes, in 5 cities in the country. There is no national coverage of perpetrator programmes. One NGO (Counselling Line for Men and Boys) states that they also provide services in the online format, so they can have a wider reach.

Specific programmes in custodial setting do not exist, apart from a local initiative in which an NGO runs a perpetrator programme in prison (CLMB in Tirana). Programmes delivered in the probation service do not specifically target domestic violence perpetrators, they are general programmes provided for convicts within their rehabilitation plans.⁶³

Working with perpetrators in Albania is conducted in the form of individual counselling. There is no specific programme, but the content of the work is adjusted to the specific needs of individual perpetrators. In 2021, ZDB and CLMB have started the first group of perpetrator programmes in Albania that are run by male and female facilitators.⁶⁴

Most of the programmes in Albania work with male perpetrators and child abuse perpetrators.

Table 17: Percentage of programmes in Albania that work with different types of clients (n=5)

Type of clients	Male perpetrators	Female perpetrators	Sexual offenders	Child abuse offenders	Perpetrators of violence in other relationships
%	100%	40%	60%	80%	40%

63 B. Bondiaku (2021), Country Report Albania, unpublished report produced within STOPP project

64 Activity is supported within the STOPP project.

Although most of the interviewed organisations state that they work with sexual offenders and child abuse offenders, there is no specific programme for the work with this category of perpetrators, same as for other types of clients.

As for the referral routes, most of the programmes work with clients who are referred by the courts (83%), as part of the protection order imposed pursuant to the Law 125/2020.⁶⁵ Programmes work with clients referred from other sources, like social protection and victim support services, as well as with voluntarily clients.

Development and running of perpetrator programmes in the country is continuously supported by donor funds.⁶⁶ This enabled the motivated professionals and organisations to provide service for a longer period of time. Although the state recognises their services and refers perpetrators to NGO programmes, they do not provide financial resources for their implementation. The pilot service which is provided in the Municipality of Pogradec is supported by the local government funds on a project basis.

The NGOs in the field are the driving forces that advocate for legislative changes and a wider implementation of programmes. They initiated the drafting of operational standards and the process of their adoption. Two organisations in Albania (CLMB and WtW) have started implementing a standardised evaluation toolkit for measuring the outcomes of their work.⁶⁷

Coordinated policies and co-operation with women support services

INDICATORS: Coordinated policies and co-operation with women support services

- ✓ Adopt a comprehensive approach
- ✓ Involve all relevant state agencies and administrative entities
- ✓ Establish a close cooperation with women support services
- ✓ Establish safe survivor-contact procedures
- ✓ Develop instruments for interinstitutional cooperation, including protocols and agreements

Organisations that provide perpetrator programmes in Albania are survivor support services, with years of experience and extensive expertise in the field, that have built strong connections with other stakeholders the local and national level. This is especially the case for the two leading organisations in perpetrator work, Woman to Woman and Counselling Line for Men and Boys. In Albania, 60% of perpetrator programmes estimate that they have a high-level of cooperation with other agencies within the coordinated community response to violence. The cooperation takes the form of mutual meetings, joint capacity-building activities and it is formalised through protocols of cooperation (for 80% of the programmes). In addition, the legal framework foresees that perpetrator programmes should inform the local domestic violence coordinator (as member of the coordinated referral mechanism) on the progress of the perpetrator who attends the programme, which is also the basis for multi-agency work.

Improvement in this aspect is needed in the implementation of the protective measure of mandatory perpetrator treatment. As stated by the professionals in the focus groups and questionnaires, there should be a better understanding of perpetrators who are eligible for

65 Ligj nr. 125/2020 për disa shtesa dhe ndryshime në ligjin nr. 9669, datë 18.12.2006 “për masa ndaj dhunës në marrëdhëniet familjare”, të ndryshuar.

66 Mainly IAMANEH.

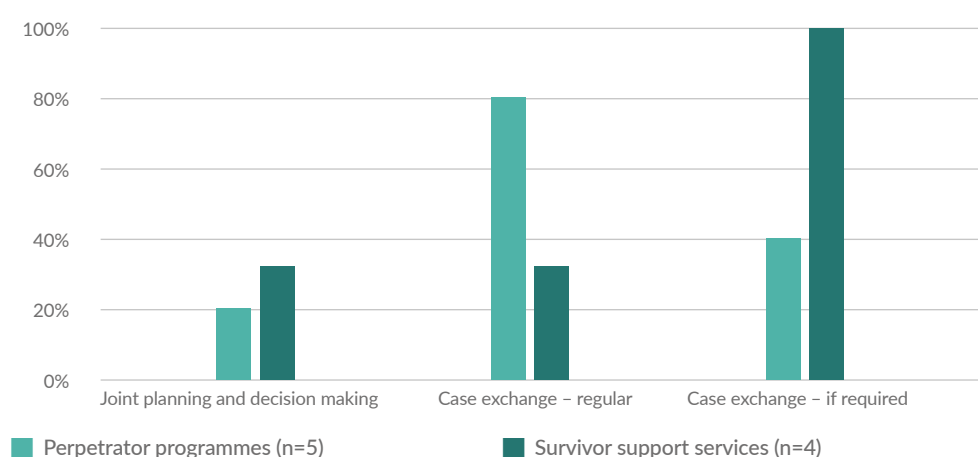
67 IMPACT Toolkit developed by the European Network for the Work with Perpetrators of Domestic Violence, supported within the STOPP project, and by IAMANEH.

their programmes, as they often get referrals of non-eligible perpetrators (that have mental health issues, or suffer from addictions). Also, the application of the existing measure is not at the same level throughout the country. While organisations in Shkodra and Tirana receive referrals, organisations in Vlora and Elbasan struggle with some referrals.

Cooperation with survivor support services is good, there is mutual understanding and awareness of the joint goals. Most organisations are survivor support services that have set up perpetrator programmes. Cooperation takes many forms and it is very broad, from organising joint awareness-raising activities, through joint lobbying, to joint management and strategic planning. One exception is the programme in the Municipality of Pogradec, that functions as a pilot project. In the case of this programme, survivor support is conducted by a facilitator of perpetrator programmes, due to the limited resources.

Most of the perpetrator programmes in Albania state that they have regular exchange and cooperation with survivor support services, based on “case” discussion. Perceptions of perpetrator programmes and survivor support services are presented in the following graph:

Cooperation between perpetrator programmes and survivor support services in Albania



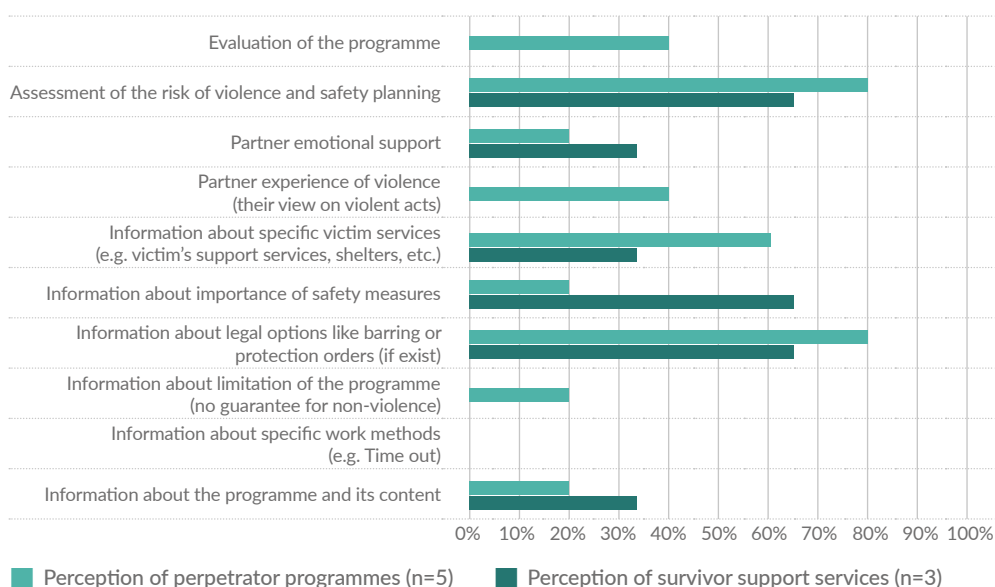
Only around 20–25% of perpetrator programmes and survivor support services state that they engage in joint planning and decision-making, so there is room for improvement, especially in the area of risk assessment and management. Perpetrator programmes describe cooperation as a mainly regular activity on the case level, while survivor support services describe that it mainly takes place if required. From the information collected in the focus groups, it seems that cooperation between perpetrator programmes and survivor support services lacks structure and procedures. Professionals described that in many cases, when a perpetrator is referred by the court, there is no contact with survivors (as they are in the jurisdiction of community centres). Also, professionals could not describe clear procedures on the ways and the dynamic of exchanging information and the confidentiality between the two services. It seems that not all survivors whose perpetrators enrol in a programme are offered contact and support by the support service, while for those who do engage, it is done in a non-standardised way, and may vary between different organisations and professionals. Standards for perpetrator work that are in the process of adoption touch on the importance of the cooperation, but do not define clear procedures.

Besides having in place survivor contact and support that should take place regularly and at every case level, it is essential that this contact contain certain elements that will ensure the managing of service-generated risks, proper risk assessment and management, as well as safety and wellbeing of survivors.

As presented in the graph on the next page, work of survivor support services in the context of perpetrator programmes in Albania is focused on assessing risk and safety planning, as well

as informing about different legal options and available support services. Other important elements that refer to the programme itself (like limitations of the programme, information about the programme and working methods) are underdeveloped. In the aspect of incorporating survivor's perspective in the evaluation of the programme and survivors' view on violent acts there is a discrepancy between perpetrator programmes and survivor support services. These aspects of the work need to be improved and standardised.

Purpose of survivor contact in perpetrator programmes in Albania



Gender perspective and implementation of minimum standards of practice

INDICATORS: Gender perspective and implementation of minimum standards of practice

- ✓ Adopt a gendered perspective
- ✓ Prioritise women's and children's safety and human rights
- ✓ Avoid obligatory mediation and reconciliation
- ✓ Treatment should not be reduced to alcohol and substance abuse, anger management, medication
- ✓ Conduct systematic risk assessment and management, in cooperation with other services
- ✓ Provide adequate training of professionals
- ✓ Assist perpetrators to change by recognising that their use of violence is a choice that they make and challenge any denial, justification or blaming of others (while treating the perpetrator with respect);

All programmes in Albania provide individual work with perpetrators of violence, while all engaged professionals are men. This is explained by a strong patriarchal beliefs system in the country, and experiences that men will have severe resistances in engaging in groups (exposing themselves and sharing with others), as well as with women professionals.

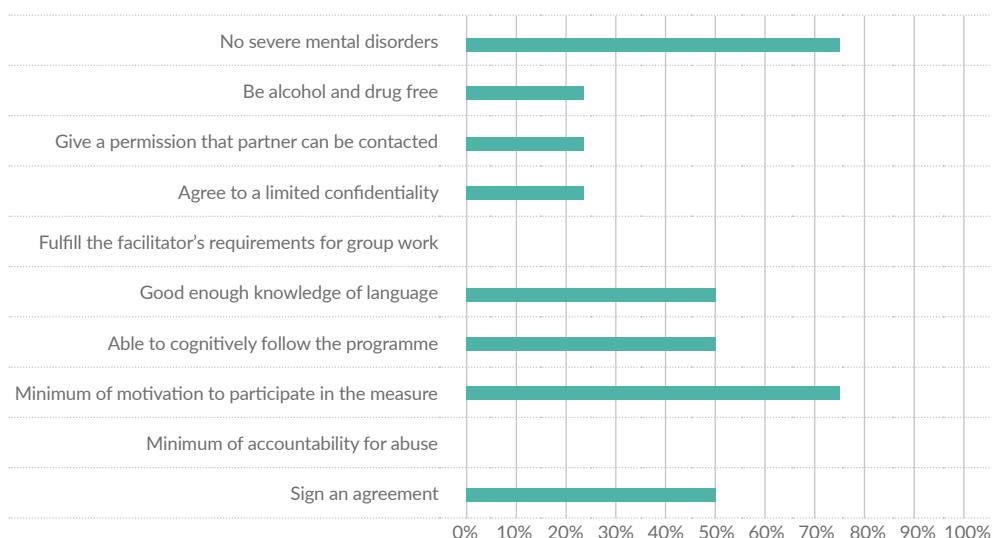
Two organisations (WtW and CLMB) initiated changes in the practice and started group work in 2021, which is run by a male-female co-facilitation team.⁶⁸ This is considered as a very

68 Activity within the STOPP project.

good practice, that should be further strengthened and applied countrywide. However, the group programme is rather short and comprises only 12 group sessions. The content of the group programme was not analysed within this mapping.

Most programmes (80%) have intake requirements and criteria that they apply when deciding which perpetrator is eligible for their programme.

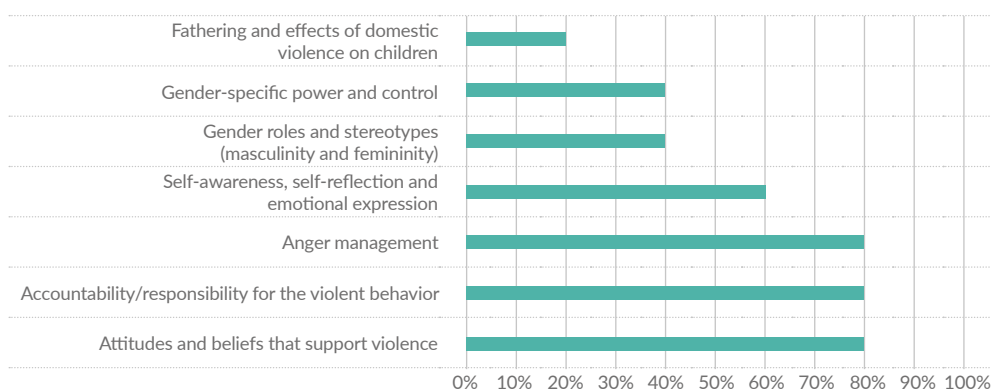
Intake criteria of perpetrator programmes in Albania (n=4)



It seems that there is no consensus around the target group of perpetrators that organisations in Albania are working with and the intake criteria are different. Most organisations do not work with perpetrators with severe mental disorders (75%), and those that do not have minimum motivation for participation in the measure (75%). Half the organisations require language skills and cognitive capacities that enable participation in the programme, as well as signing an agreement/contract as a basis for programme participation. Interestingly, only 25% (1 programme) require that perpetrators be alcohol and drug free, that they give permission that their partner can be contacted, and agree on limited confidentiality. All these criteria are very relevant for many perpetrator programmes in Europe. For example, if the perpetrator does not accept that his (ex)partner be contacted, this is considered as an indicator that increases the risk of violence and may influence the decision on his admission to the programmes (RESPECT, 2017).

Perpetrator programmes in Albania use a multi-theoretical approach, mainly based on cognitive behavioural therapy/social training (80%) and a psychoeducational approach (60%). Only one programme describes its approach as gender-specific/feminist approach. This outcome is somewhat surprising since almost all programmes are set up by women support services. A similar tendency is visible in explorations of other core elements of work.

Core elements of perpetrator work in Albania (selected) (n=5)

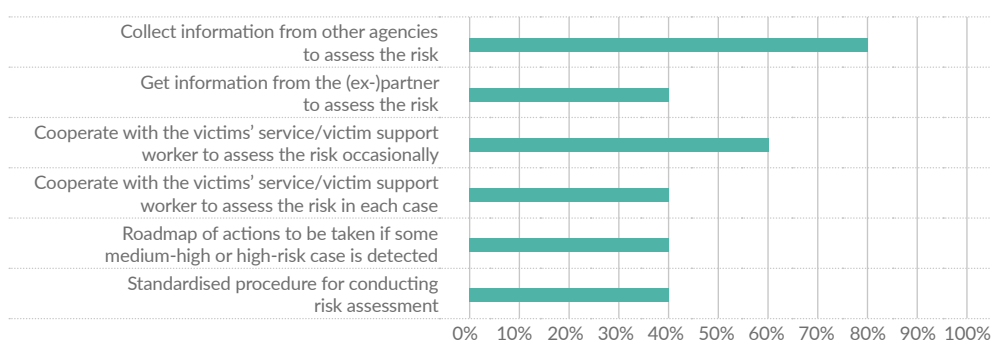


It seems that the focus of the programmes in Albania is mainly on changing attitudes, accountability and anger management. Topics which are directly grounded in the gender approach, like gender roles and stereotypes and gender-specific power and control are less common (identified only by 40% of programmes as core elements). As described by some professionals in the focus groups, this is because they do not have specific topics on gender, but they see it as the underpinning principle of their work, that overarches all other topics. They also explained that, as they mainly have an individual approach, some topics are not addressed with all perpetrators.

Topics of fathering and effects of domestic violence on children are identified as the core ones by only one programme. Knowing the potential of this topic for increasing men's motivation to change, but also considering the recommendations that programmes need to incorporate the perspective of the effects of violence on children (Hester Lilley, 2014), there is room for further improvements.

Risk assessment is part of perpetrator programmes in Albania. However, they lack standardised procedures for conducting risk assessment in every case.

Procedure for conducting risk assessment in Albania (n=5)



The programmes tend to gather information from various sources in order to assess the risk. They mainly reach out for official information from other agencies (80% of the programmes) and have occasional cooperation with a survivor service/support worker (60% of the programmes). However, the information from the survivor is incorporated in risk assessment in less than a half of the programmes and less than a half have standardised procedures for conducting risk assessment. All programmes state they use risk assessment instruments, like SARA, DASH or B-Safer, which have been translated and adapted to the local country context.

The lack of standardised procedures was confirmed during the focus groups. Each organisation has its own practice. Several shortcomings in the practice were identified. Sometimes professionals do not conduct risk assessment, as it has already been done by the police, over-seeing risk as a process that needs constant monitoring. In some cases, when perpetrators are referred through a protection order, the survivor is not contacted, as she closely cooperates with the Coordinator of the municipal referral mechanism and this kind of cooperation is not part of any procedure. Likewise, even when risk assessment is conducted in close cooperation with survivor support and integrates survivor perspective, most professionals could not describe the exact procedure of how the information about risk is exchanged.

The area of risk assessment and management needs to be improved countrywide and those procedures should be closely linked with the existing draft standards for perpetrator work. In 2022, all community-based perpetrator programmes started working on drafting the operational protocol on risk assessment and management.⁶⁹

⁶⁹ Drafting the operational protocols on collaboration between perpetrator programmes and survivor support services, and on risk assessment and management are activities within the remit of the ALIVE project, coordinated by the CIES NGO in cooperation with Italy (Relive National Network of Perpetrator Programmes) and with local partners (Albanian School for Public Administration, *Woman to Woman*, *Another Vision* and *Vatra*).

4.2. Bosnia and Herzegovina

Background

The core framework for perpetrator programmes in both entities in Bosnia and Herzegovina (the Federation and the Republic of Srpska) are Laws on Domestic Violence Protection. These laws define the protective measure of mandatory psychosocial treatment that can be imposed by the court in cases of domestic violence⁷⁰. The provision of programmes is further regulated by rulebooks that place them in the health sector and define their key elements.⁷¹ The legislative framework in both entities is similar, however, there are some specifics (for example, the duration of mandatory psychosocial treatment in the Republic of Srpska is up to 1 year,⁷² while in the Federation it can last from six months to two years⁷³).

Perpetrator programmes in the country are provided by state agencies and NGOs in the non-custodial setting. It seems that there are no specific programmes in the custodial setting.

Table 18: Organisations that provide perpetrator programmes in Bosnia and Herzegovina

Organisation	Type	Type	City
Mental health centres	Republic of Srpska	State-run	27 municipalities
Men's Centre (part of the <i>Budućnost</i> NGO)	Republic of Srpska	NGO	Modriča
Mental health centres	Federation of Bosnia and Herzegovina	State-run	45 municipalities
<i>Vive Žene</i>	Federation of Bosnia and Herzegovina	NGO	Tuzla

Although mental health centres exist in most of the municipalities of both entities (45 mental health centres in the Federation, 27 in the Republic of Srpska and 1 in the Brčko District⁷⁴), it does not necessarily reflect the number of available programmes in local communities, due to the low rates of imposed mandatory treatment, lack of resources and professional training. In the NGO sector, there are two organisations that manage to provide continuous service with donor support. Both are women support organisations that offer many direct services to violence survivors, and perpetrator programmes as one of the services aimed at increasing their safety and stopping violence.

In the Republic of Srpska, the *Budućnost* NGO from Modriča has set up the Men's Centre that provides programmes for perpetrators from 2011,⁷⁵ working only with voluntary clients. The programme is conducted by trained professionals who, in addition to university and master's degrees, had specialised training in working with perpetrators of domestic violence. In the FBiH, the *Vive Žene* NGO, a women support organisation providing numerous services to survivors, is running a perpetrator programme in Tuzla.⁷⁶

Based on information from local experts, it seems that there have been a few more community-based programmes in the country that are no longer active. Organisations *Medica* from Zenica⁷⁷ and the Local Democracy Foundation⁷⁸ from Sarajevo are described in the state report to the GREVIO as providers of perpetrator programmes.⁷⁹ Both organisations were contacted by the research team. We did not receive an answer from *Medica*. The Local Democracy

70 The FBiH Law on Domestic Violence Protection, Article 9; The RS Law on Domestic Violence Protection, Article 27.

71 The Rulebook on the Manners and Place of Implementation of Mandatory Psychosocial Treatment Implementation in the RS; Rulebook on the Manners and Place of Implementation of Mandatory Psychosocial Treatment Implementation in the FBiH.

72 The RS Law on Domestic Violence Protection, Article 27.

73 The FBiH Law on Domestic Violence Protection, Article 14.

74 Information received from a local expert engaged in mapping.

75 <https://buducnost-md.org/muski-centar/>

76 <https://vivezene.ba/>

77 <https://medicazenica.org/>

78 <https://fld.ba/en>

79 Bosnia and Herzegovina Baseline Report, 2020, p. 40.

Foundation took part in the research as a survivor support organisation. The Local Democracy Foundation stated that they had run self-help groups with the perpetrators of violence between 2004–2011, working with perpetrators on building parental skills, partnership and through mobile visits.⁸⁰ The Udružene žene NGO from Banja Luka had also set up its perpetrator programme with donor support, but it is no longer active due to the lack of funds.⁸¹

Perpetrator programmes in the country are not regulated, in terms of operational standards, so there are considerable variations in practice, some of which are not in line with international standards and the provisions of the Istanbul Convention.

Access to perpetrator programmes

INDICATORS: Access to perpetrator programmes and quality assurance

- ✓ Develop national legislation that supports perpetrator programmes
- ✓ Ensure geographical distribution of programmes
- ✓ Ensure that different types of programmes are available
- ✓ Diversify pathways for referrals to ensure a wider level of attendance
- ✓ Provide adequate funding
- ✓ Provide regular evaluations of programmes
- ✓ Define the accreditation process and licencing criteria
- ✓ Support the development of national networks, including national standards and guidelines

Perpetrators can access programmes in Bosnia and Herzegovina in two ways, in mental health centres across the country or in a few NGOs that operate in this field.

The programmes seem to exist only in non-custodial setting. The programmes in prison and probation setting have not been identified in the state report to GREVIO⁸² and the available shadow reports⁸³ and have not been mapped by the local experts in this research. The programmes for sexual offenders do not exist in the country, as described in the state report to the GREVIO.⁸⁴

The legislative framework for perpetrator work exists. The core laws in both entities in the country are the respective Laws on Domestic Violence Protection, that define mandatory psychological treatment as one of the protection measures.⁸⁵ The provision of the services is further regulated by the respective Rulebooks on the Manner and Place of Implementation of Mandatory Psychosocial Treatment⁸⁶ which limit the potential providers of this service to mental health centres only. However, there are no available data on how many mental health centres actually provide this service, and there are indications that they are not widely available and do not match the actual needs.

Mandatory protection orders are rarely imposed by courts. This seems to be the case both in the Republic of Srpska and the Federation. The reasons for these trends are not clear in the scope of this research.

The new National Strategy of the Republic of Srpska has identified decreasing numbers of imposed measures of mandatory psychosocial treatment. In 2019, 31 measures of mandatory

80 <https://fd.ba/bs/novosti/rad-sa-nasilnikom-grupe-samopomoci/16>

81 Information received during a focus group from the organisation representative. More information: <http://unitedwomenbl.org/>

82 The Government of Bosnia and Herzegovina Baseline Report, 2020.

83 Alternative Report of Nongovernmental Organizations from Bosnia and Herzegovina to the GREVIO Group, 2019.

84 The Government of Bosnia and Herzegovina Baseline Report, 2020, p. 41.

85 The FBiH Law on Domestic Violence Protection, Article 9; The RS Law on Domestic Violence Protection, Article 27.

86 The Rulebook on the Manners and Place of Implementation of Mandatory Psychosocial Treatment in the RS; Rulebook on the Manners and Place of Implementation of Mandatory Psychosocial Treatment in the FBiH.

psychosocial treatment were imposed, while the number in 2018 was 38.⁸⁷ Even without the downward trend, these numbers are low in comparison with the overall numbers of perpetrators identified by the courts (529 in 2019). Although there is no comprehensive information on the numbers of perpetrators who attend programmes countrywide, it seems that these numbers are also low. For example, for the purpose of this research, we received information that in the largest city in the Republic of Srpska, Banja Luka (approximately 200,000 inhabitants), the local mental health centre did not have any perpetrators in their programmes in 2020, during the COVID-19 period when domestic violence increased.⁸⁸ Also, 60% of the programmes mapped in this research are relatively small programmes, with less than 25 clients a year⁸⁹.

In the Federation, while the overall number of protection measures is increasing (from 480 measures in 2018 to 545 measures in 2020), the number of imposed protection orders is decreasing (from 13% of all imposed measures in 2018, to 10% in 2020)⁹⁰. There are no data on how many referred perpetrators actually enrolled in the programme.

Women NGOs that took part in the research expressed their concerns about the low rates of imposed measures of mandatory psychosocial treatment, but also about the ways in which this measure has been monitored. They see this practice as encouraging the unaccountability of perpetrators on a system level.

The NGOs that provide perpetrator programmes on a voluntarily basis are accessible only in two cities, Modriča and Tuzla.

The placement of perpetrator programmes exclusively in the health sector – the mental health centres – leads to certain limitations in programmes' accessibility, similar to the situation of Montenegro. This bears a risk of applying a clinical and psychotherapeutic approach, rather than gender-informed perpetrator work. Also, it may impact the perceptions of clients and their understanding of violence as a disease (or consequence of a disease, for instance, a consequence of alcohol addiction). On the other hand, as shown in this research, 100% of professionals from the mental health centres are engaged in other activities, in addition to perpetrator work, so there is a question of their capacities to respond to the real needs of the programmes without jeopardising their availability for other clients.

Programmes in Bosnia and Hercegovina exist only in the non-custodial setting. Although the mental health centres are the referral points for perpetrator work and are widely accessible, the perpetrators of domestic violence rarely attend programmes, due to the low rate of orders imposed by the courts, but also an insufficient institutional framework for conducting the programmes within these institutions. NGOs working in the field are accessible locally, only in two cities.

From the information collected in this research, it seems that all programmes work primarily with male perpetrators of intimate partner violence, but that they also offer services to other types of clients.

87 National Strategy for Combating Domestic Violence in the Republic of Srpska (2020-2024), p. 23.

88 Pavlović, N.G (2020); *Nasilje u porodici u doba pandemije*, Friedrich-ebert-Stiftung. Retrived from: <https://library.fes.de/pdf-files/bueros/sarajevo/16867.pdf>

89 The number of actual cases is probably even lower, as the option in the questionnaire was "less than 25 perpetrators".

90 Data have been received from a local expert from the Federation, referring to the information from the Gender Centre of the Federation of Bosnia and Herzegovina.

Table 19: Percentage of programmes in Bosnia and Herzegovina that work with different types of clients (n=6)

Type of clients	Male perpetrators	Female perpetrators	Sexual offenders	Child abuse offenders	Perpetrators of violence in other relationships
%	100%	83%	33%	50%	33%

According to the information collected within the research, work with sexual offenders, child abuse offenders and perpetrators of violence in other relationships is conducted mainly in mental health centres. Professionals gathered in the focus group state that they do not have a specific programme for working with these types of clients, they use their clinical and general expertise in perpetrator work to adjust their interventions to different types of clients. Most of the mapped organisations work with female perpetrators as well, again, with no specific programme in place. Ways of working with female perpetrators seem to vary between organisations, in some the work is conducted in a gender-neutral way, where women and men are both referred by courts and put on the same programme, even in the same groups.

There are three possible referral routes in the country: through imposing a protective measure of mandatory psychosocial treatment by the court, voluntary arrival of the perpetrator of violence in the programme and through a recommendation from a representative of the institution (for example centre for social work). Mandatory referrals, by imposing a protection order of mandatory psychosocial treatment, is a potential route only for mental health centres, while the existing capacities of the NGOs in the field cannot be used, due to the legislative limitations. This was brought as a very relevant limitation by the NGO professionals. Both mental health centres and NGOs work with clients who have been referred by other institutions (70% of organisations involved in this research), mainly from centres for social work. The NGOs in the field work with voluntarily clients.

Although both mandatory and voluntarily paths to perpetrator programmes do exist, the lack of resources, organisational capacities and actual implementation of existing measures makes perpetrator programmes in the country insufficiently accessible. Some organisations provide services to different types of perpetrators; however this practice reflects enthusiasm and commitment of individual professionals more than the existence of specifically tailored services.

Funding of perpetrator programmes presents an obstacle for their comprehensive implementation. In the Federation, under the law, the justice system should finance the implementation of imposed measures of mandatory psychosocial treatment, while this is not the case in the Republic of Srpska. Even in the Federation, the proposed mechanism is not functioning in practice. This was recognised as a problem in the state report to GREVIO, stating that “such a practice has been proven to be problematic in terms of financial planning and payment of the costs incurred in relation to the said measure”.⁹¹ There is no specific state funding in place, the service of working with perpetrators is simply added as one more task to the professionals already employed in the mental health centres, engaged in numerous other activities. The lack of funding and a very narrow legislative framework have led to the shutting down of some of the services in the NGO sector, like in the cases of *Udružene Žene* from Banja Luka, and the Local Democracy Fund from Sarajevo.

There are no standards for perpetrator work in the country, and this has a huge impact on the ways it is implemented in practice. Minimum standards for the establishment and functioning of psychosocial treatment of men and work with the male perpetrators of gender-based

91 Government of Bosnia and Herzegovina Baseline Report, 2020, p. 40.

violence that were presented as examples of good practice in several documents⁹² are not part of official documents of the Republic of Srpska, according to local experts engaged in this research and the professionals involved.

The New National Strategy in the Republic of Srpska⁹³ identifies the existing gaps in the implementation of the Law on Protection of Domestic Violence, and plans activities for the drafting of standards for perpetrator work, developing the training curriculum, implementing training of professionals and using the capacities of NGOs in the field, which is in line with the needs identified in this research as well. The development of programmes in the custodial setting, as well as the development of programmes for sexual offenders are not envisaged by the new strategy.

Coordinated policies and co-operation with women support services

INDICATORS: Coordinated policies and co-operation with women support

- ✓ Adopt a comprehensive approach
- ✓ Involve all relevant state agencies and administrative entities
- ✓ Establish a close cooperation with women support services
- ✓ Establish safe survivor-contact procedures
- ✓ Develop instruments for interinstitutional cooperation, including protocols and agreements

Perpetrator programmes in Bosnia and Herzegovina are embedded in the coordinated community response in different ways and at different levels. A few mapped perpetrator programmes say that they have very high levels of cooperation with other relevant stakeholders (14%), while an equal number of programmes estimates cooperation as high (43%) or “some cooperation” (43%). Forms of cooperation also vary. As perpetrator programmes in the country are part of wider organisations (mental health centres or survivor support services in the NGO sector), levels and forms of cooperation also reflect the general cooperation between these institutions and other stakeholders.

There seems to be a considerable interest of survivor support services in cooperating closely with perpetrator programmes, and even in setting them up. This was manifested by all focus groups participants from the women support services. They described the need for perpetrator programmes and close cooperation from the perspective of the survivors’ needs, and as a way of holding the perpetrators accountable. This represents an important strength that should be taken into account in the future development of programmes.

All mapped programmes stated that they had survivor contact and support in place and different models were identified. Most organisations that run perpetrator programmes provide survivor contact and support. In 50% of cases this is done through specific units or professionals who work with victims only, while in 30% of cases it is done by the facilitator of the perpetrator programme. In 50 % of cases, this is also done through collaboration with external survivor support services.

Two community-based programmes, Vive Žene Tuzla and Budućnost Modriča, have set specific units/professionals for this activity. The mental health centres mainly rely on their own resources when contacting survivors, or external cooperation with the centres for social work. Most perpetrator programmes established case-oriented exchange of information, as

92 In the Government of Bosnia and Herzegovina Baseline Report, 2020, p. 41, and Petric, N., Galic, N. (2015), *Baseline study; Analysis of alignment of legislative framework and public policies in Bosnia and Herzegovina with Council of Europe Convention of Preventing and Combating Violence against Women and Domestic Violence*, Foundation Vive Žene Banja Luka, p. 46.

93 National Strategy for Combating Domestic Violence in the Republic of Srpska (2020-2024).

required (85%). The mapped survivor support services in the NGO sector state that sometimes mental health centres refer survivors to some of their services, as they have good cooperation on a general level, but that there is no ongoing cooperation on the cases.

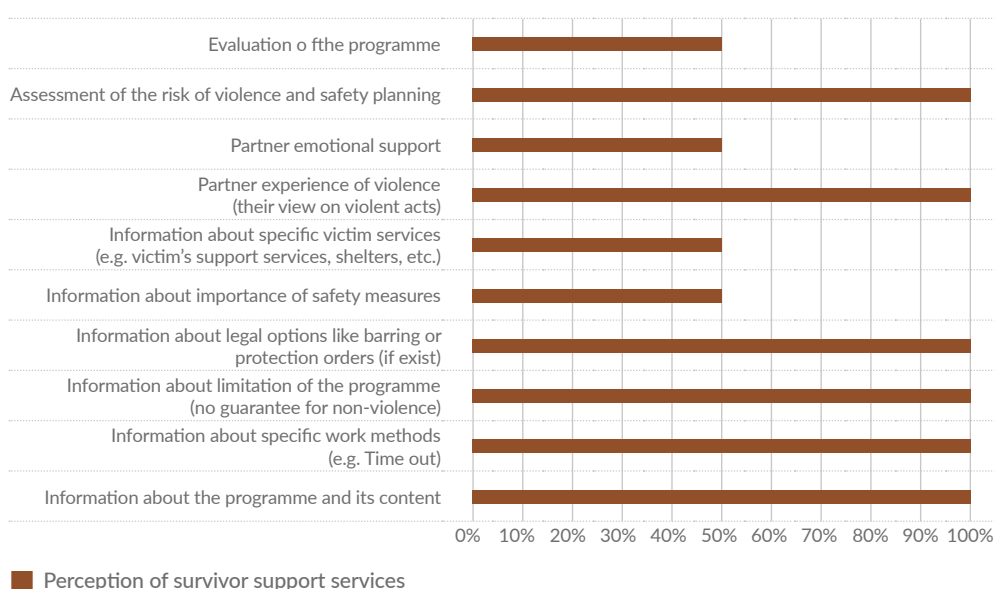
The information collected during the focus groups shows that cooperation between perpetrator programmes and survivor support services has not been standardised, and that there are no procedures in place. The mental health centres attempt to contact every survivor and how they do it depends on individual decisions of the professionals/organisations. Community-based programmes have internal practices that function well as they are small organisations with intensive day to day contact. In the case of the Budućnost NGO, this and all other aspects of the work are part of their written internal procedures. As described during the focus groups, they have defined the frequency of meetings between perpetrator programmes and survivor services, the ways of exchanging information and working together, which is a very good practice.

The following graphs show the purpose of survivor contact in the country.

Purpose of survivor contact in perpetrator programmes in Bosnia and Herzegovina (n=5)



Purpose of survivor contact in perpetrator programmes in Bosnia and Herzegovina (n=2)



Survivor contact and support seems comprehensive and most of the mapped programmes include both support for the survivor, but also information about the programme and its content and limitations. However, this is not done in all the mapped cases, which is the result of the lack of procedures in this regard.

Gender perspective and implementation of minimum standards of practice

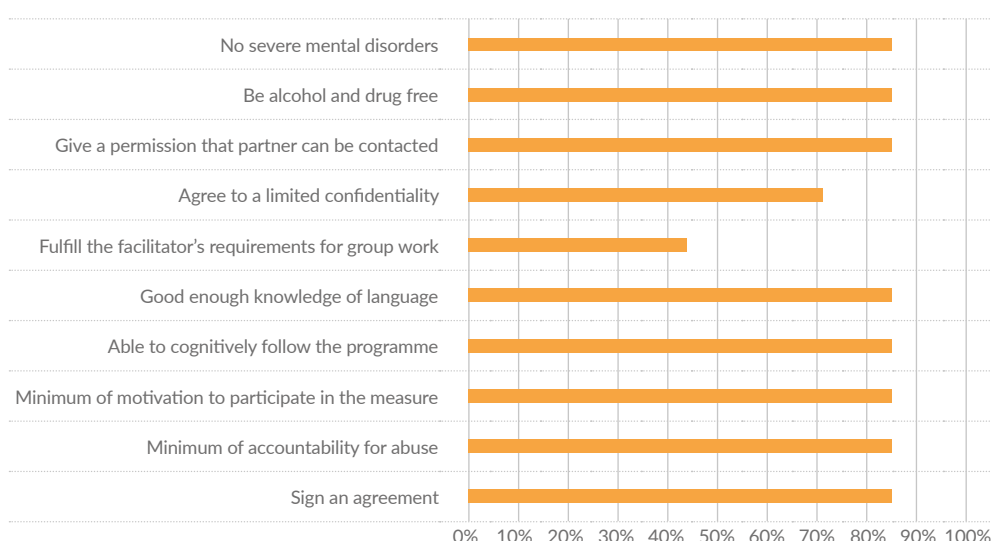
INDICATORS: Gender perspective and implementation of minimum standards of practice

- ✓ Adopt a gendered perspective
- ✓ Prioritise women's and children's safety and human rights
- ✓ Avoid obligatory mediation and reconciliation
- ✓ Treatment should not be reduced to alcohol and substance abuse, anger management, medication
- ✓ Conduct systematic risk assessment and management, in cooperation with other services
- ✓ Provide adequate training of professionals
- ✓ Assist perpetrators to change by recognising that their use of violence is a choice that they make and challenge any denial, justification or blaming of others (while treating the perpetrator with respect);

Practice in Bosnia and Herzegovina in regard to gender perspective and minimum standards of practice vary between the mapped community-based organisations and mental health centres.

All mapped perpetrator programmes state that they have intake criteria for engaging perpetrators in programmes. Criteria are similar for all organisations, and most organisations follow almost all the listed criteria.

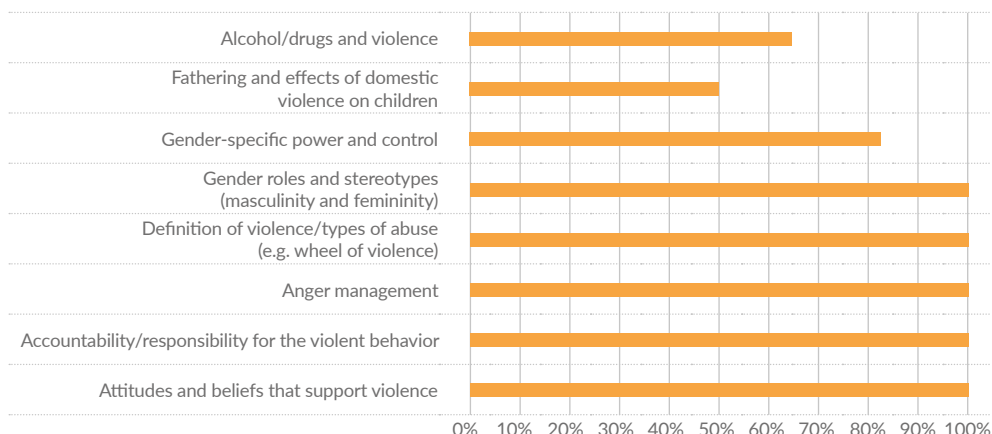
Intake criteria of perpetrator programmes in Bosnia and Herzegovina (n=7)



It is advised that programmes define the intake criteria that match their context and content. Programmes in Bosnia and Herzegovina state they work with perpetrators who do not have severe mental disorders, are not addicted to alcohol or drugs, and show minimum accountability for abuse. Likewise, perpetrators need to agree on limited confidentiality, and give permission that the partner be contacted.

Most programmes state that they follow a cognitive behaviour/social training approach (86% of the programmes) and a psychoeducational approach (57%), while gender-specific/feminist approaches are followed in 14% of the mapped programmes (1 programme). However, looking at the analysis of the core elements of the programmes in the country, gender-based topics are present in a high percent.

Core elements of perpetrator work in Bosnia and Herzegovina (selected) (n=6)



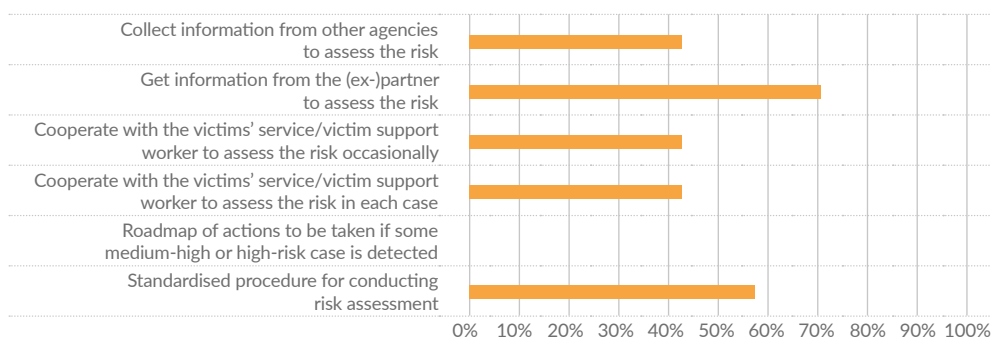
All programmes state that they work on gender roles and stereotypes, attitudes that support violence, accountability of perpetrators and on anger management. More than a half of the programmes work on topics of alcohol and drugs and their connection with violence, and the topic is the most prevalent in Bosnia and Herzegovina, when compared with other countries in the region. This might be an effect of resources and expertise in mental health centres, that deals with alcohol and substance abuse in the scope of their work.


Most programmes use specific curricula for their work (71%), and there are variations in terms of individual and group work modality between organisations.

Risk assessment and management by perpetrator programmes is an area that requires significant improvement. Although all programmes state that they do assess risk and that they use risk assessment instruments, there are doubts if all practices follow safe and evidence-based ways of conducting the process.

There has been a confusion among some professionals engaged in mental health centres between psychological assessment and testing and risk assessment. Some indicated this in questionnaires, stating that they use psychological tests for risk assessment, depending on the individual needs of the client. Clinical risk assessment is considered as unsafe practice, as it is shown that even experienced clinicians fail to assess the risk of violence, and that psychological tests (personality, aggressiveness and similar) are not good measuring tools for violent behaviour in the context of domestic violence (Newman, 2010).

Procedure for conducting risk assessment in Bosnia and Herzegovina (n=7)





Half or less than a half of the programmes have standardised procedures around risk assessment, they collect information from other agencies, or cooperate with a survivor support service/professional in each case. None of the mapped organisations has a roadmap that gives provides them with guidelines in cases of high risk. Most organisations in the country do engage the survivor in the process (in 71%).

Community-based programmes do not use a clinical approach to violence. They take risk factors into account and incorporate the perspective of the survivor. However, they also lack standardised procedures in this regard. As described by the professionals in the focus groups, it is rather an internally accepted practice than a clear procedure that includes regular case management meetings, roadmap of actions that define internal or external risk management and application of evidence-based instruments.

4.3. Kosovo

Background

In Kosovo, a framework for perpetrator programmes was introduced in 2010 by the Law on Protection Against Domestic Violence. Perpetrator programmes (psychosocial treatment) are one of the protection measures that can be imposed by the court in cases of domestic violence.⁹⁴ The same law also defines the protective measure of alcohol and drug abuse treatment for perpetrators of domestic violence.⁹⁵ Both protective measures are further regulated by the Administrative Instructions that define ways of implementation of protection measures in more detail.⁹⁶ In addition, the National Strategy on Protection against Domestic Violence and Violence against Women 2022–2026,⁹⁷ adopted in January 2022, has listed the “development and implementation of programmes for the psycho-social treatment of violent perpetrators” as a specific objective in its Action Plan detailing a set of activities to be undertaken with the aim of preventing and reducing recidivism in cases of domestic violence.

Although the legislative framework that regulates perpetrator programmes has been in place for a decade (and even ten years before the Kosovo Assembly voted the direct applicability of the Istanbul Convention in 2020), the implementation of perpetrator programmes in practice remains very poor. Protection measures are rarely imposed, and there is a lack of available programmes. The mapping conducted by the Council of Europe in 2017 found “no evidence of specific intervention programmes for perpetrators of domestic violence and sexual offenders as per standards and principles established by the Istanbul Convention”.⁹⁸ Recent research on perpetrator programmes in Kosovo (Oddone and Morina, 2021) confirms this situation in practice and describes two new experimental practices that are placed in the NGO sector, in Pristine and Gjakove.

This research mapped NGO sector programmes in non-custodial setting.

Table 20: Organisations that provide perpetrator programmes in Kosovo

Organisation	Type	City
Centre for Counselling, Social Services and Research-SIT	NGO	Pristine
Gjakove Safe House	NGO	Gjakove

Centre for Counselling, Social Services and Research-SIT Pristine is a non-governmental and non-profit organisation with a broad scope of activities.⁹⁹ The SIT has three programme lines: counselling services, social services and research. The organisation has been providing perpetrator programmes since 2018 in a form of individual counselling. The Gjakove Safe House¹⁰⁰ is a victim support service that provides several direct services for survivors, and a perpetrator programme since 2019 (Oddone and Morina, 2021).

The programmes in the custodial setting seem not to exist. According to the available data, there are some initiatives introduced by the Ministry of Justice, however they are limited to anger management programmes, or rehabilitation programmes that are not specific to violence against women or domestic violence in Kosovo (Oddone and Morina, 2021).

⁹⁴ Law on Protection against Domestic Violence 3L/182, Article 4.

⁹⁵ Law on Protection against Domestic Violence 3L/182, Article 9.

⁹⁶ Administrative Instruction n.12/2012, Administrative Instruction n. 02/2013.

⁹⁷ National Strategy on Protection against Domestic Violence and Violence against Women (2022-2026), Ministry of Justice, Government of the Republic of Kosovo.

⁹⁸ Mapping support services for victims of violence against women in Kosovo (2017), Council of Europe, p. 76.

⁹⁹ <https://sit-ks.org/>

¹⁰⁰ Shtëpia e Sigurtë – Gjakovë (shtepiaesigurt.com)

Community-based programmes are in the initial phases of programme development and need further support in order to be available to provide services in line with the international standards.

Access to perpetrator programmes

INDICATORS: Access to perpetrator programmes and quality assurance

- ✓ Develop national legislation that supports perpetrator programmes
- ✓ Ensure geographical distribution of programmes
- ✓ Ensure that different types of programmes are available
- ✓ Diversify pathways for referrals to ensure a wider level of attendance
- ✓ Provide adequate funding
- ✓ Provide regular evaluations of programmes
- ✓ Define the accreditation process and licencing criteria
- ✓ Support the development of national networks, including national standards and guidelines

Access to perpetrator programmes is very low. Programmes are available only in the non-custodial setting, offered by the NGO sector, in a very limited scope (only two cities) and with challenges in providing sustainable and accountable service. According to the available data, there are some initiatives introduced by the Ministry of Justice, however they are limited to anger management programmes, or rehabilitation programmes that are not specific for violence against women or domestic violence (Oddone and Morina, 2021).

State-run agencies in the health sector (primary and secondary healthcare levels) implement the protective measure of alcohol and drug abuse treatment for perpetrators of domestic violence, pursuant to Article 9 of the Law on Protection Against Domestic Violence 3L/182. There is not enough information on the ways that this measure is implemented in practice, however, based on the available data, it seems that they are limited to abuse addiction treatment, without any work on the violence as such, or links with services that provide these programmes.

Perpetrators in Kosovo can access specific perpetrator programmes only in the non-custodial setting, in the NGOs in two cities.

The existing organisations provide services mainly for male perpetrators of violence in partner relationships.

Table 21: Percentage of programmes in Kosovo that work with different types of clients (n=2)

Type of clients	Male perpetrators	Female perpetrators	Sexual offenders	Child abuse offenders	Perpetrators of violence in other relationships
%	100%	100%	50%	0%	0%

Although some organisations work with other types of clients, like sexual offenders, information collected within the focus groups clearly shows that this is conducted without a specific programme or approach. Working with female perpetrators is mainly conducted in a gender-neutral way. During focus groups, some professionals described practices of working with the whole family in cases of domestic violence, as they place the responsibility for violence not solely on the perpetrators, but also on other family members. Some professionals

were describing the work on reducing aggressiveness and emotional stability with female perpetrators, without taking into account the possibility of their violent resistance and prior victimisation.

There are three possible referral routes for perpetrators in Kosovo: a mandatory referral by the justice system, a recommendation from some other institution and voluntary participation. As far as the mandatory psychosocial treatment imposed by the justice system, only 3.8% of the sentenced perpetrators were sent in 2019, according to the data provided by Oddone and Morina (2021),¹⁰¹ so this measure is very rarely imposed. Likewise, there are no institutional capacities to provide the service, while the existing ones are not fully used. For example, only the Gjakove Safe House is getting referrals from the justice system, while this kind of cooperation between the justice system and the SIT Centre has not yet been established. NGOs in the country work with clients who are referred from other systems, like CSWs or the police, the participation is not mandatory for perpetrators and the work itself is based on recommendations of these institutions. They also work with voluntary clients.

Both service providers work with limited capacities. There are individuals who work on the establishment of perpetrator programmes in the country with enthusiasm and commitment. However, their resources are low. For example, the SIT NGO has only one professional who has been trained for perpetrator work, who is also engaged in many other activities in the organisation.¹⁰²

Both mandatory and voluntarily referral routes exist. However, their implementation in practice is strongly limited. The existing measures are rarely imposed and there is a lack of services in the community.

The legislative framework for perpetrator work in the country exists, however, its implementation in practice is very poor. Kosovo lacks specific standards for perpetrator work and a programme for the work with perpetrators that are survivor centred, as well as a training programme for professionals.

There is no sustainable funding that represents an essential element of improving accessibility of perpetrator programmes in the country. NGOs working in the field rely on project funds, which come from international organisations, the state or local authorities. These funds are not stable.

Coordinated policies and co-operation with women support services

INDICATORS: Coordinated policies and co-operation with women support services

- ✓ Adopt a comprehensive approach
- ✓ Involve all relevant state agencies and administrative entities
- ✓ Establish a close cooperation with women support services
- ✓ Establish safe survivor-contact procedures
- ✓ Develop instruments for interinstitutional cooperation, including protocols and agreements

101 Statistic was provided by the State Prosecution office in 2020, taken from Oddone and Morine (2021), p. 24.

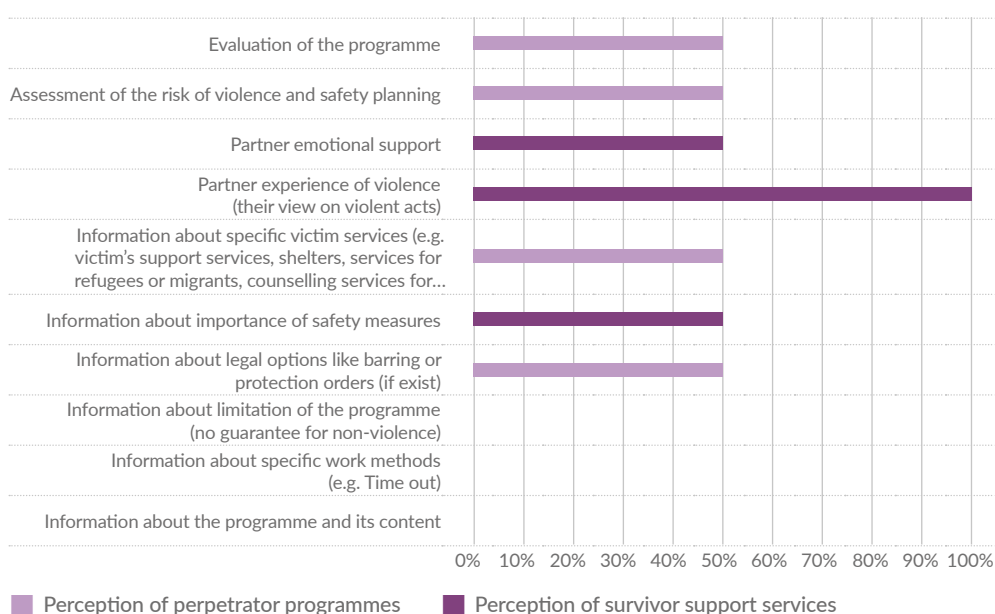
102 Training of new professionals is planned within the STOPP project in 2022.

Both organisations providing programmes rate level of their cooperation with other relevant stakeholders as high. It seems that this cooperation is established on a more general level, through overall activities of organisations, and not perpetrator programmes in particular. The Gjakove Safe House has a specific unit/professional working with survivors only, while the SIT does not have survivor support in place which is linked with the perpetrator programme.

The Pristine SIT is a good example of how the lack of quality guidance for survivor-centred perpetrator work can lead to setting up of a perpetrator programme without its key element, even in the case of a reliable organisation with committed professionals. There is not enough information on how survivor contact and support is conducted by the Gjakove Safe House. It seems that it is done in accordance with informal internal practices, rather than following structured procedures.

Also, it seems that the purpose of survivor contact in both organisations is rather limited, on direct support like safety planning, legal options, available support services, while information about the programme, its content and limitations is neglected.

Purpose of survivor contact in perpetrator programmes in Kosovo (n=2)



None of the existing programmes inform the survivor about the limitations and characteristics of the programmes, or get their input on the violence. Not even the evaluation of the programmes, risk assessment and informing about legal options are applied in both organisations.

Cooperation with survivor support services and establishment of continuous, standardised and safe procedures for survivor contact and support is an area that needs to be significantly improved in the existing practices in the Kosovo.

Gender perspective and implementation of minimum standards of practice

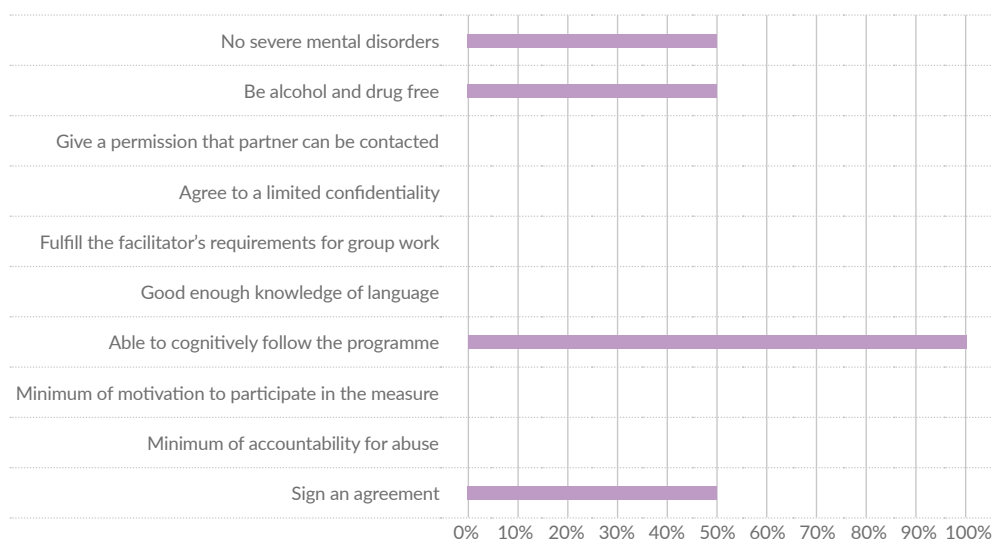
INDICATORS: Gender perspective and implementation of minimum standards of practice

- ✓ Adopt a gendered perspective
- ✓ Prioritise women's and children's safety and human rights
- ✓ Avoid obligatory mediation and reconciliation
- ✓ Treatment should not be reduced to alcohol and substance abuse, anger management, medication
- ✓ Conduct systematic risk assessment and management, in cooperation with other services
- ✓ Provide adequate training of professionals
- ✓ Assist perpetrators to change by recognising that their use of violence is a choice that they make and challenge any denial, justification or blaming of others (while treating the perpetrator with respect);

Perpetrator work in both community-based programmes in Kosovo is mainly based on individual counselling. The Safe House states that they apply group work occasionally, when they have enough participants to form a group, while the SIT plans to start with group work in 2022. Both programmes state that they use a specific curriculum in their work. However, there seems to be lack of structure and standardisation of the work in practice, both in terms of the content of work (work is too individualised and takes the form of psychological counselling in many cases), and in terms of defining the target group of perpetrators they are working with.

The intake criteria that organisations apply are quite narrow.

Intake criteria of perpetrator programmes in Kosovo (n=2)



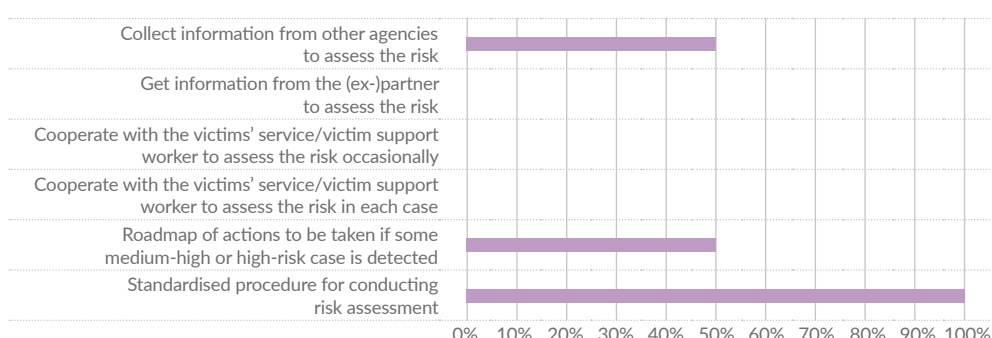
Both organisations rely on the ability of the perpetrator to cognitively follow the programme as an indication or contraindication for enrolment in the programme. At the same time, this is the only listed criterion by the Safe House NGO. Indicators like giving permission that partner can be contacted, agreeing on limited confidentiality, and having minimum accountability for abuse are not in place in any organisation.

Both programmes describe themselves as sole cognitive behaviour/social training programmes (none of the organisations applies a gender-based approach). Likewise, the Safe House NGO gives a framework of anger management as a core element of their work. The SIT NGO states that it uses different approaches, that apply many different core elements (integrating work on gender, accountability, types of violence, fathering and similar).

There is not enough data to give a full estimate of the programmes applied in Kosovo, in terms of their principles and content. However, it seems that programmes lack specific structure that incorporate all elements of perpetrator work, as well as clearer gender-informed work.

Risk assessment and management in Kosovo are areas that require urgent improvement.

Procedure for conducting risk assessment in Kosovo (n=2)



Although both organisations state they have standardised procedures for conducting risk assessment, this has not been confirmed in focus groups. Professionals described an ad-hoc approach and risk assessment based mainly on professional judgement of programme facilitators. There are no procedures in risk assessment and management that define steps applied in every case, no application of evidence-based risk instruments. Assessment also does not incorporate the perspective of the survivor.

4.4. Montenegro

Background

In Montenegro, after the adoption of the Law on Domestic Violence Protection, a legislative framework was created for implementation of perpetrator programmes, by imposing measures of mandatory psychosocial treatment,¹⁰³ that was further regulated by the line Ministry. For perpetrators of domestic violence that are addicted to drugs or alcohol, mandatory addiction treatment can be imposed pursuant to Article 24 of the same law.

In 2018, GREVIO stated that “Although defined as a priority in both the previous and the current strategy on protection from violence, psycho-social therapy for perpetrators of domestic violence as envisaged by the Law on Domestic Violence Protection has not yet become available”.¹⁰⁴ It seems that the situation has slightly changed over the course of three years, as this mapping identified programmes that are offered in the mental health centres in Montenegro in several cities. However, there is no information about the overall numbers of these programmes. Likewise, these programmes seem to face challenges in providing service in accordance with the provisions of the Istanbul Convention and international standards.

Delivery of perpetrator programmes is placed in the health sector, in mental health centres. Still, the described protection orders are rarely imposed by the courts. Also, the implementation of the measure both in practice and “by the book” is largely based on the medical approach, that deals with gender-based violence primarily from the mental health perspective. For example, the Rulebook on the Detailed Manner of Implementation of the Protective Measure of Mandatory Psychosocial Treatment, that regulates the implementation of the measure countrywide, states that “the protective order is conducted by the team that consists of a psychiatrist, a psychologist, a social worker and a nurse”.¹⁰⁵

Table 22: Organisations that provide perpetrator programmes in Montenegro

Organisation	Type	City
Mental health centres	State-run	No data

Programmes are provided by health state agencies. There are no data on how many mental health centres provide this service in practice. The perpetrator programmes in the NGO sector, or specific programmes in the custodial setting do not seem to exist.

The implementation of mandatory addiction treatment of perpetrators of domestic violence seems to lack some core elements of safe and accountable perpetrator work. Furthermore, this measure seems to be imposed more frequently by the courts than the measure of mandatory psychosocial treatment, that was criticised by the GREVIO, highlighting shortcomings of narrowing down violent behaviour to mental health or addiction problems, and a lack of focus on addressing violent behaviour as such.¹⁰⁶

¹⁰³ Law on Domestic Violence Protection, article 25.

¹⁰⁴ GREVIO Baseline Evaluation Report, 2018, paragraph 91.

¹⁰⁵ Rulebook on the detailed manner of determining and implementing the order of protection Mandatory psychosocial treatment, Article 6.

¹⁰⁶ GREVIO Baseline Evaluation Report, 2018, paragraph 90.

Access to perpetrator programmes

INDICATORS: Access to perpetrator programmes and quality assurance

- ✓ Develop national legislation that supports perpetrator programmes
- ✓ Ensure geographical distribution of programmes
- ✓ Ensure that different types of programmes are available
- ✓ Diversify pathways for referrals to ensure a wider level of attendance
- ✓ Provide adequate funding
- ✓ Provide regular evaluations of programmes
- ✓ Define the accreditation process and licencing criteria
- ✓ Support the development of national networks, including national standards and guidelines

The accessibility of perpetrator programmes in Montenegro is very low.

The core law that defines perpetrator programmes through protective measure of mandatory psychosocial treatment provides a good basic framework for its implementation. However, the Rulebook on the Detailed Manner of Implementation of the Protective Measure of Mandatory Psychosocial Treatment places it exclusively in the health sector (Article 3), and defines it through the clinical perspective, rather than a gender-informed one. This is particularly visible in Article 6, that defines the core team to work with the perpetrators, comprising a psychiatrist, a psychologist, a social worker and a nurse.

Apart from the Rulebook on the Detailed Manner of Determining and Implementing the Protective Measure of Compulsory Psychosocial Treatment, which provides only brief guidelines on who implements the measure, there are no standards or official guidelines for working with the perpetrators of violence. There are also no accredited training programmes for professionals who are required to conduct this programme. During the research, we have received information that specific guidelines for conducting perpetrator work are currently being developed jointly by the Ministry of Health and the NGO sector.¹⁰⁷

The law in Montenegro defines one more measure for the perpetrators of domestic violence, that is, mandatory addiction treatment for perpetrators of domestic violence. This measure is defined by the Rulebook on the Detailed Manner of Execution of the Protective Measure of Compulsory Treatment for Addiction, and performed in health care institutions. There is a lack of focus on violence as such and the interventions are based solely on addiction treatment.

The legislative framework prioritises a clinical approach to violence against women and domestic violence. There is no specific funding for perpetrator programmes in the country, the service is added as one more working task to the professionals in the health sector.

The measure of mandatory psychosocial treatment is rarely imposed. From 2010 to 2021, courts imposed only 48 measures of psycho-social treatment in the whole country.¹⁰⁸ As described by the interviewed professionals, mental health centres are usually not informed about the measures imposed by the courts, so enrolment of the perpetrators depends solely on their will to contact service providers. Many perpetrators that have these protective measure in place, just slip through the gaps because of the lack of collaboration between courts and service providers. The vast majority of programmes are small, working with less than 25 perpetrators per year (80% of programmes according to this research).¹⁰⁹

107 Information received from local expert in Montenegro.

108 Presentation of the representative of the Higher Court at the conference „Response of the health system to domestic violence“ that was organised by the SOS line NGO from Podgorica, on 1 March 2022.

109 The number of actual cases is probably even lower, as the option in the questionnaire was “less than 25 perpetrators”.

The very fact that programmes are placed exclusively in the health sector-mental health centres, leads to certain limitations in the programmes' accessibility, for several reasons.

This reflects a medical approach to violence, both in terms of the approach of professionals, but also the perceptions of clients, that may prevent them from joining programmes, or support their tendency to externalise the responsibility for violence (for example, to alcohol abuse). This tendency was already described by the GREVIO Baseline Evaluation Report for Montenegro (2018). Critical aspects of placing perpetrator programmes exclusively in the health sector were also strongly highlighted by the national women NGOs that took part in this research, emphasising the shortcomings of this approach in terms of gender-informed perpetrator work. The programmes in the community, in the NGO sector, that could provide a neutral area for motivating perpetrators to participate in programmes do not exist at all.

Another obstacle lies in the resources of the mental health centres to provide comprehensive services. While some identified gaps in the service provision can be filled by efficient training (like gaps in proper risk assessment and management), some challenges are rather structural and more difficult to overcome. Mental health centres receive no specific funding for working with the perpetrators of violence. Consequently, 100% of professionals covered by this research have other tasks in addition to perpetrator work (providing mental health services to the local community). Interestingly, 100% of the mental health centres stated that they provided services to the victims of violence, so it seems that they are an important resource for victims in local communities. It is unlikely that mental health centres could cover the actual needs for perpetrator programmes in communities with the existing resources, without jeopardising the provision of services to other clients, some of whom are also violence survivors.

Measures of mandatory psychosocial treatment are rarely imposed and there are serious doubts that the health sector could respond to the actual needs for perpetrator programmes with the existing resources. There are no data on the number of available programmes in the country. Programmes in other sectors (like custodial programmes) or community-based programmes seem not to exist.

Programmes state that they offer services to different types of clients. The majority of them are male and female perpetrators, but programmes state that their services are available to other categories, like sexual offenders, child abuse offenders and others.

Table 23: Percentage of programmes in Montenegro that work with different types of clients (n=5)

Type of clients	Male perpetrators	Female perpetrators	Sexual offenders	Child abuse offenders	Perpetrators of violence in other relationships
%	80%	80%	40%	40%	20%

Some mental health centres state that they work with different categories of clients. It is unclear how many of them are perpetrators and how many are part of the other clients of the mental health centres. In any case, programmes do not apply any specific approach with different categories of clients. As stated by one of the professionals in the focus group, they work with perpetrators in the same way as with any other client that comes to the mental health centre, for any mental health reason.

Although the law provides only one referral route (protective measures), most of the mental health centres included in this research (70%) accept clients who are referred by other institutions (mainly centres for social work), as well as voluntary clients. Professionals who participated in the focus groups state that the numbers of these clients are also low, and that they tend to drop out quickly, as their participation is not mandatory.

Service providers state that they work with clients who are referred by different institutions as well as voluntary clients and provide support to different types of clients. However, the number of perpetrators who access the programmes is very low. There is also a lack of specialised programmes and approaches. Likewise, the referral paths are not structured and developed in a systemic way.

Coordinated policies and co-operation with women support services

INDICATORS: Coordinated policies and co-operation with women support services

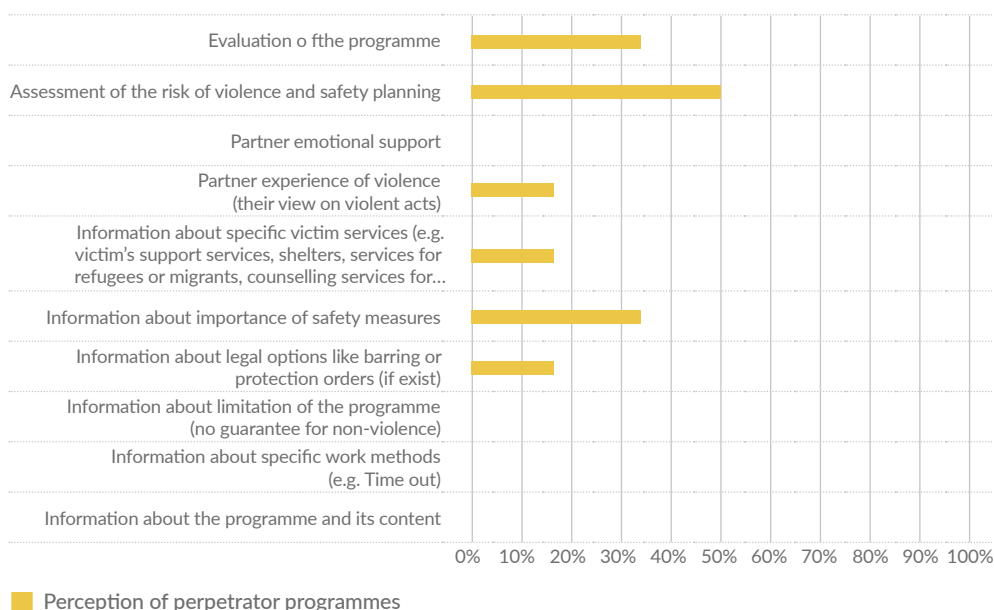
- ✓ Adopt a comprehensive approach
- ✓ Involve all relevant state agencies and administrative entities
- ✓ Establish a close cooperation with women support services
- ✓ Establish safe survivor-contact procedures
- ✓ Develop instruments for interinstitutional cooperation, including protocols and agreements

The perpetrator programme providers in the country, the mental health centres, describe different levels of cooperation with other relevant stakeholders. In 33% of the cases, this cooperation is marked as very high, in 17% of the cases as high and to some extent, while in 33% of the cases it is estimated that there is little cooperation. The collaboration mainly takes the forms of occasional phone calls (in 50% of the cases), while other forms of cooperation through joint meetings, capacity-building activities, or those defined by protocols of cooperation are present in very few cases.

Cooperation between perpetrator programmes and survivor support does not exist at the case-sharing level. This was highlighted as a serious shortcoming by the mapped NGOs, who described that they were not involved in the programmes, did not have the necessary information, even when the survivor was referred to some of their services. All the mental health centres stated that they contacted the survivor, however, their practices around that are not so clear, and vary between organisations. They mainly cooperate with centres for social work, not with the independent NGOs and their answers reflect this perspective. While some professionals in the mental health centres avoid contacting survivors (justifying this decision as trying to protect her from secondary traumatisation), others have regular contacts and even provide couple therapy. This situation reflects the lack of procedures and standardised practice in this regard, but also the dominant focus on clinical and behaviour change, rather than risk and survivor safety.

This tendency is particularly visible in the responses of service providers of survivor contact. The following graph shows only the perspective of perpetrator programmes, as there is no cooperation with the independent survivor support services in the country.

Purpose of survivor contact in perpetrator programmes in Montenegro (n=6)



Although the dominant purpose of survivor contact is risk assessment and safety planning, this is conducted by only half of the mapped programmes (and not in line with safe standards, as will be described in the next section). None of the programmes inform the survivors about the limitations, specific work methods and the perpetrator programme itself. Service-generated risks that perpetrator programmes are posing are not recognised or handled in the country, which is a serious shortcoming, and an unsafe practice.

As survivor NGOs that were included in the mapping do not cooperate with perpetrator programmes, they did not respond to this set of questions. They pointed out the lack of transparency of the current perpetrator work, and expressed serious reservations about the fact that the service was conducted in the mental health sector. Some organisations are very proactive in this regard and are trying to push for changes in the accountability of the perpetrator programme practice. Others have reservations and lack of information about perpetrator programmes in general, and the role of women NGOs in the process is not clear to them.

Gender perspective and implementation of minimum standards of practice

INDICATORS: Gender perspective and implementation of minimum standards of practice

- ✓ Adopt a gendered perspective
- ✓ Prioritise women's and children's safety and human rights
- ✓ Avoid obligatory mediation and reconciliation
- ✓ Treatment should not be reduced to alcohol and substance abuse, anger management, medication
- ✓ Conduct systematic risk assessment and management, in cooperation with other services
- ✓ Provide adequate training of professionals
- ✓ Assist perpetrators to change by recognising that their use of violence is a choice that they make and challenge any denial, justification or blaming of others (while treating the perpetrator with respect);

The programmes in Montenegro are mainly conducted following the principles of clinical work, psychological counselling and psychotherapy. With regard to the minimum standards of practice, the framework that is applied corresponds to the overall operational framework for mental health centres (in terms of operational procedures). This is probably reflected in the way the programmes answered the questionnaire, as they predominantly could not recognise themselves in the offered options that usually describe perpetrator programmes and introduced the specifics of their work through the "other" category.

For instance, 86% of programmes described that they used the "other approach" in their work, when offered cognitive-behavioural, psychoeducational, systemic, gender-specific approach and similar.

This is also the case when describing the intake criteria. Some programmes state that they do not have the intake criteria at all (33%). All programmes that do have the intake criteria marked that they worked with intake criteria other than those offered, having in mind the criteria defined in their overall procedures of working with clients with problems in the mental health sphere.

Intake criteria of perpetrator programmes in Montenegro (n=5)

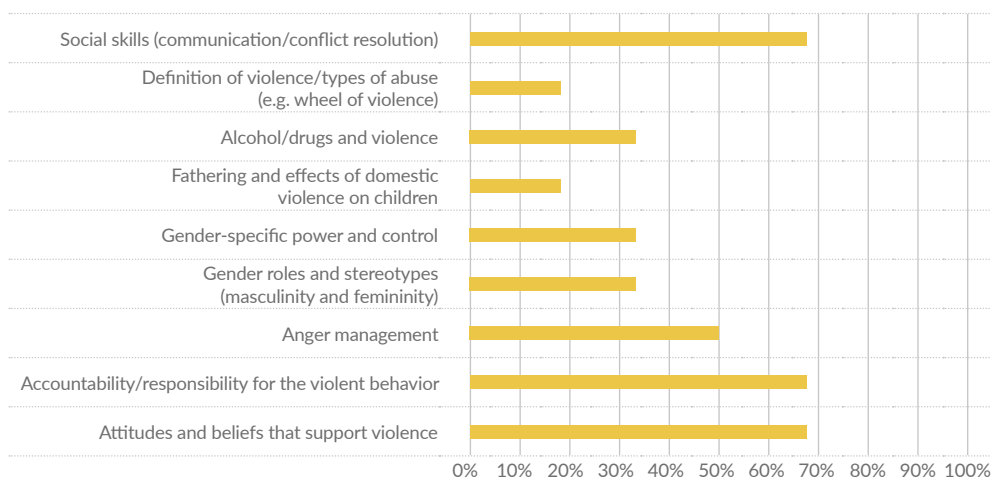


None of the mapped programmes require permission from the perpetrator to do a survivor contact, while very few take into account the requirements from the perpetrator of limitations in confidentiality. Most programmes accept clients with severe mental disorders and use of alcohol and drugs, that is probably linked with their expertise and practice in these areas of work. None of the mapped programmes flag the minimum of accountability for abuse as an intake criteria.

Practice in terms of core elements of the work vary between organisations.

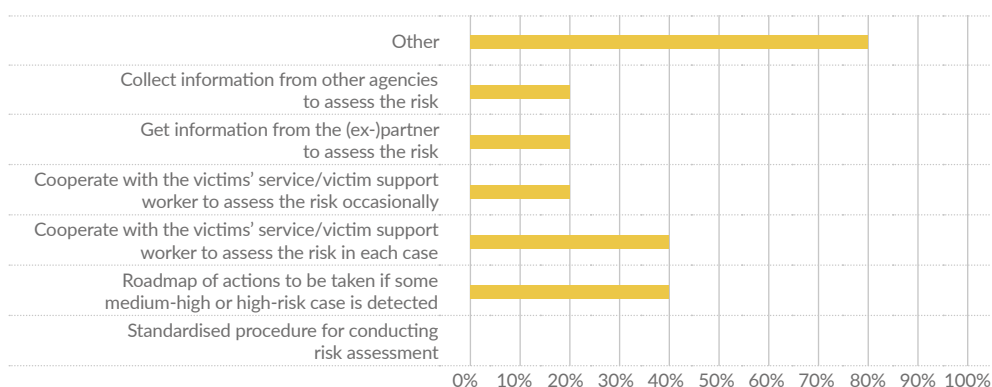
The main focus of the work is on attitudes and beliefs that support violence and on the accountability of perpetrators, building social skills and anger management. One third of the programmes work on gender roles and stereotypes and gender-specific power and control (33%), while only 17% (one programme) work on the definition of violence and types of abuse, or fathering and effects of domestic violence on children. The described approach has elements of a psychoeducational approach that seems to be more general (around social skills, anger), and gender-informed approach does not seem to be prevalent.

Core elements of perpetrator work in Montenegro (selected) (n=6)



Risk assessment in the country is limited (and misplaced) to psychological testing and assessment. This is probably one of the reasons why most of programmes do not recognise their practice in the offered procedures for conducting risk assessment (80% stated that they used other procedures).

Procedure for conducting risk assessment in Montenegro (n=5)



The inclusion of the survivor's perspective in risk assessment is rare (20% of the mapped programmes), there are no standardised procedures for conducting risk assessment, and no evidence-based risk assessment instruments are applied. Likewise, only 20% of the programmes collect information from other agencies to assess risk.

As described both in the questionnaires and the focus groups, in the lack of guidance and training in this area, professionals apply their expertise in working with mental health problems. This practice poses serious concerns, as it is shown that even experienced clinicians fail to assess the risk of violence, and that psychological tests (personality, aggressiveness and similar...) are not good measures of violent behaviour in the context of domestic violence (Newman, 2010).

This aspect of the work needs urgent improvements in order to establish safe perpetrator practices.

4.5. North Macedonia

Background

The framework for the development of perpetrator programmes in North Macedonia is Article 58 of the Law on Prevention and Protection from Violence Against Women and Domestic Violence, that defines the protective measure of mandatory psychosocial treatment for perpetrators of violence against women or domestic violence.¹¹⁰ The implementation of the measure is elaborated in the Rulebook on the Manner of Implementation of the Protective Order-Mandatory Psychosocial Treatment for Perpetrators of Family Violence,¹¹¹ that was adopted in 2015, and places its implementation in the social protection system. The operation of programmes is further elaborated in the Standards and Procedures for the Work of the Counselling Centres for Perpetrators of Domestic Violence by Institute for Social Affairs in 2018.¹¹² The first professionals in the country were trained in 2005 and 2006 by the Society for Psychological Assistance NGO from Croatia, and their model is incorporated in the official documents and training programmes in North Macedonia.

Apart from the Law on Prevention and Protection from Violence Against Women and Domestic Violence, programmes for perpetrators can also be imposed in accordance with The Criminal Code, as mandatory social rehabilitation in appropriate specialised institutions, in accordance with Article 56, Paragraph 10.¹¹³

In view of advanced practice in terms of legislative framework, and the adoption of operational standards (it is the only country in the region with adopted standards), the implementation of perpetrator programmes in the country is surprisingly poor in practice.

Programmes are available in the non-custodial setting only, in two organisations, and only in the capital of North Macedonia.

Table 24: Organisations that provide perpetrator programmes in North Macedonia

Organisation	Type	City
The First Family Centre of the city of Skopje – Health Education Research Association – HERA	NGO	Skopje
Integrative Counselling Centre for Marriage and Family and Domestic Violence – a unit of Skopje CSW	State-run	Skopje

The First Family Centre of the city of Skopje, (hereinafter referred to as the First Family Centre) is a programme within the HERA NGO in Skopje.¹¹⁴ This is the first specialised counselling centre in the country for survivors and perpetrators of gender-based and domestic violence, including minors and other persons who are intentionally or indirectly affected by violence. HERA provides psycho-social support, counselling and legal support for families with conflicting relationships or gender-based and domestic violence. The integrative counselling centre for marriage and family and domestic violence (further referred to as the Integrative Counselling Centre), is an organisational unit within the Centre for Social Work of the city of Skopje.¹¹⁵ This centre provides counselling services for the purpose of preventing, mitigating and overcoming the consequences of the social risks that the individuals and families from Skopje are faced with. They also provide perpetrator programmes.

110 The Law on Prevention and Protection from Violence against Women and Domestic Violence, 2021, Article 58; Criminal Code, 1996, Article 56/Probation Law, 2015, Article 37.

111 Правилник за начинот на извршувањето на изречената привремена мерка за заштита - задолжително посетување советувајште за сторители на семејно насилство, 2015.

112 Правилник за начинот на извршувањето на изречената привремена мерка за заштита - задолжително посетување советувајште за сторители на семејно насилство, 2015.

113 Criminal Code, 1996, Article 56.

114 <https://hera.org.mk/servisi/prv-semeen-centar/>

115 <http://www.jumcsrskopje.gov.mk/oddel-sovetuvaliste>

Specific programmes for domestic violence perpetrators in custodial settings do not exist. During the mapping, the local expert in the country was informed that the Directorate for the Execution of Sanctions has prepared and piloted two programmes (The Programme for Violent Convicts and the Programme for Reduction of Violence Among Convicts), that have not yet been implemented in practice, and seem not to be targeting the perpetrators of domestic violence specifically.

Work with the perpetrators who have addiction problems is conducted in the Association of CLUBS OF Alcoholics from Skopje. The Club works according to the principles of the therapeutic community for a period of three to five years, and if necessary, the treatment can be longer. The Club is run on a voluntary basis. The Association of Clubs of Alcoholics from Skopje is recognised as an authorised organisation by the Skopje Basic Court for the implementation of the measure of mandatory addiction treatment for perpetrators of domestic violence from the area of the city of Skopje. Their work is mainly focused on addiction treatment and does not tackle violence as such, although they do work with perpetrators of violence.

Access to perpetrator programmes

INDICATORS: Access to perpetrator programmes and quality assurance

- ✓ Develop national legislation that supports perpetrator programmes
- ✓ Ensure geographical distribution of programmes
- ✓ Ensure that different types of programmes are available
- ✓ Diversify pathways for referrals to ensure a wider level of attendance
- ✓ Provide adequate funding
- ✓ Provide regular evaluations of programmes
- ✓ Define the accreditation process and licencing criteria
- ✓ Support the development of national networks, including national standards and guidelines

Access to perpetrator programmes in North Macedonia is low. Programmes in the non-custodial setting are available in the state-run agency and in one NGO, but only in one city in the country, in Skopje. Both programmes are medium-size programmes that work with 25-50 perpetrators per year, as mapped in this research.

Although the legislative framework allows mandatory referrals both as a part of the protective measure of psychosocial treatment according to the Law on Prevention and Protection from Violence Against Women and Domestic Violence¹¹⁶ and to the Criminal Code¹¹⁷, measures are rarely implemented in practice.

Shown below is the overview of proposed and imposed protection measures, with a focus on mandatory psychosocial treatment. The data is received by the Institute for Social Protection in North Macedonia, that gathered data from 30 Centres for Social Work.¹¹⁸

116 The Law on Prevention and Protection from Violence against Women and Domestic Violence, 2021.

117 Criminal Code, 1996.

118 Information received from the local expert in North Macedonia.

Table 25: Protection measures in North Macedonia

	Year							
	2018		2019		2020		2021	
	Proposed	Imposed	Proposed	Imposed	Proposed	Imposed	Proposed	Imposed
All protection orders	735	569	995	772	1083	825	1020	806
Mandatory psychosocial treatment-number	24	9	22	21	56	40	46	46
Mandatory psychosocial treatment-percentage	3.3%	1.6%	2.2%	2.7%	5.2%	4.8%	4.5%	5.7%

% is calculated in comparison with the total number of proposed and imposed protection orders

The number of measures for mandatory psychosocial treatment is very low and varies in range between 2.2% to 5.2% out of the total number of protection measures proposed by the police to the courts, whilst the number of imposed measures for mandatory psychosocial treatment varies in the range between 1.6% to 5.7% out of the total number of imposed protection measures.

The very fact that there are currently only 2 perpetrator programmes at the national level, and that the number of the referred perpetrators is very low, suggests that the state has so far made efforts to improve the legislation in this area, but it is clearly not balanced with the possibilities of organisations to access funds and other resources at the national and local level for smooth implementation of programmes for perpetrators.

The programmes in the custodial setting seem not to exist. The information collected within this research shows that the Directorate for the Execution of Sanctions has Prepared two programmes for violent behaviour of convicts in cooperation with the Council of Europe (Programme for violent convicts and Programme for reduction of violence among convicts). Programmes have been prepared and staff have been trained, however programmes are still not implemented due to the insufficient staffing of the professional teams in the penitentiary institutions.¹¹⁹ There is an open question of whether these programmes are specific to the domestic violence perpetrators, or if they target violent perpetrators generally.

The programmes for sexual offenders seem not to exist, according to the information collected within this research.

Both programmes work predominantly with male perpetrators, while one of them also works with female perpetrators. Programmes do not offer services to other types of clients.

Table 26: Percentage of programmes in North Macedonia that work with different types of clients (n=2)

Type of clients	Male perpetrators	Female perpetrators	Sexual offenders	Child abuse offenders	Perpetrators of violence in other relationships
%	100%	50%	0%	0%	0%

This reflects the existence of a comprehensive legislative framework in the country that defines the standards of work and that has adopted a specific programme for the work with perpetrators that is applied in both organisations.

Perpetrators can enrol in programmes through the justice system (by mandatory protection measure of psychosocial treatment or under the Criminal Code), through the CSWs (in the form of recommendation) or voluntarily.

¹¹⁹ Information collected in communication with the Directorate for the Execution of Sanctions from the engaged local expert in North Macedonia.

Programmes in North Macedonia are available only in one city in the country, Skopje, with low overall numbers of perpetrators who engage in the programmes. There are no specific programmes in the custodial setting, as well as programmes for sexual offenders. Variety in referral routes exists, but it does not affect the programmes' overall accessibility due to the very limited number of service providers. The existing legislative framework is not implemented in practice.

The existing legislative framework in North Macedonia that regulates the field of perpetrator work is well developed. North Macedonia is the only country in the region that has adopted standards. However, their implementation in practice is poor. This is probably related to the lack of allocated funds at the national level, as well as with the lack of strategy that presents perpetrator programmes as a separate service (not as addition to other tasks of the already employed professionals).

It is envisaged that programmes for perpetrators be conducted in the counselling centres of the centres for social work, as part of their regular activities, without additional funding (activities should be performed within the existing funding). The NGO that provides this service is totally dependent on project support. The National Action Plan for the implementation of the Istanbul Convention envisages that 10 perpetrator programmes in various regions in the country will be established, by the first half of 2023.¹²⁰ It is important that this task be carried out with the allocation of stable financial resources, that can support sustainable provision of perpetrator programmes in the country.

The existing standards provide good basic guidance for the work. Certain aspects that are key elements of safe and victim-centred perpetrator work, like risk assessment and management and cooperation with victim support services are lacking and should be incorporated in future revisions of the standards, or developed through additional supporting documents. Likewise, standards should offer a more comprehensive framework for development of different programmes, as at the moment they are limiting the work to the one existing programme only.

Coordinated policies and co-operation with women support services

INDICATORS: Coordinated policies and co-operation with women support services

- ✓ Adopt a comprehensive approach
- ✓ Involve all relevant state agencies and administrative entities
- ✓ Establish a close cooperation with women support services
- ✓ Establish safe survivor-contact procedures
- ✓ Develop instruments for interinstitutional cooperation, including protocols and agreements

Both active perpetrator programmes in North Macedonia state that they have a high level of cooperation with other relevant stakeholders in the field, that takes many forms, from occasional phone calls, to meetings and formalising cooperation through protocols.

Survivor contact and support is not defined in the adopted country standards for perpetrator work.¹²¹ Both organisations involve survivors, each finding their own models. In the practice of one of the NGOs, there are appointed professionals working specifically with survivors,

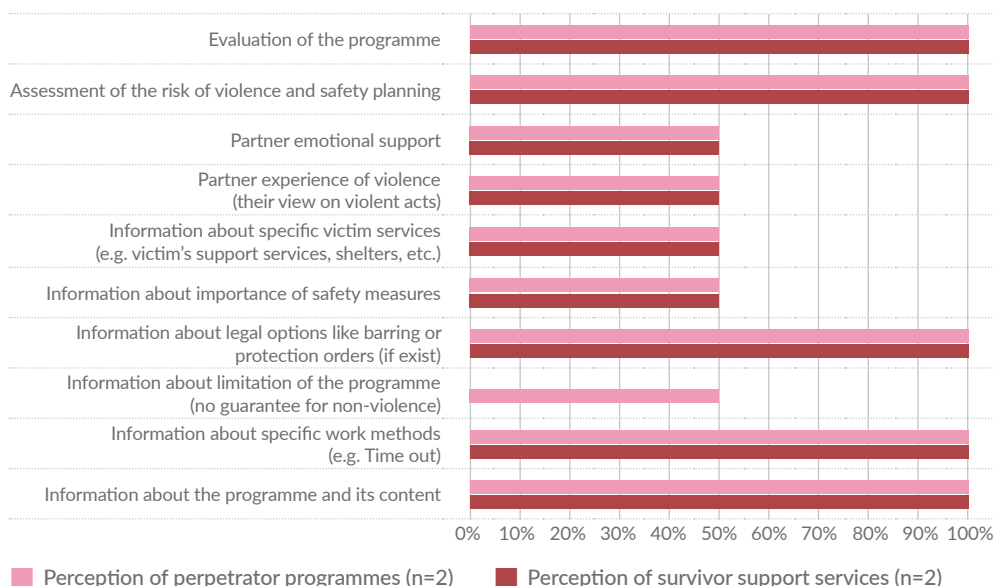
120 Акциски план за спроведување на Конвенцијата за спречување и борба против насилството врз жените и семејното насилство на Република Македонија 2018-2023, 2018.

121 Стандард и процедури за работа на советувалиште за сторители на семејно насилство, 2018.

and others working specifically with perpetrators, while the whole team is included in the assessment phase with both partners. In both organisations, there is regular exchange of information, on every case level.

The focus of survivor contact is on risk and safety planning. There is an emphasis on informing survivors about the programme and its characteristics, along with the provision of direct support to survivors.

Purpose of survivor contact in perpetrator programmes in North Macedonia



Practices of both organisations seem to be consistent, and this is probably the result of the application of existing standards and the same model of work. Both organisations involve survivors in risk assessment, programmes evaluation and to inform them about the programme and its characteristics. Services offered to survivors are different, and probably reflect the resources of each organisation. The weakest point of survivor contact and support seems to be informing survivors about the limitations of the programme, which is one of the key elements of ensuring that the perpetrators' enrolment in the programme does not influence the survivors' decision to stay or leave, or gives them a false sense of security. This was not highlighted by any of the two survivor support services, while it was indicated by only one perpetrator programmes.

Gender perspective and implementation of minimum standards of practice

INDICATORS: Gender perspective and implementation of minimum standards of practice

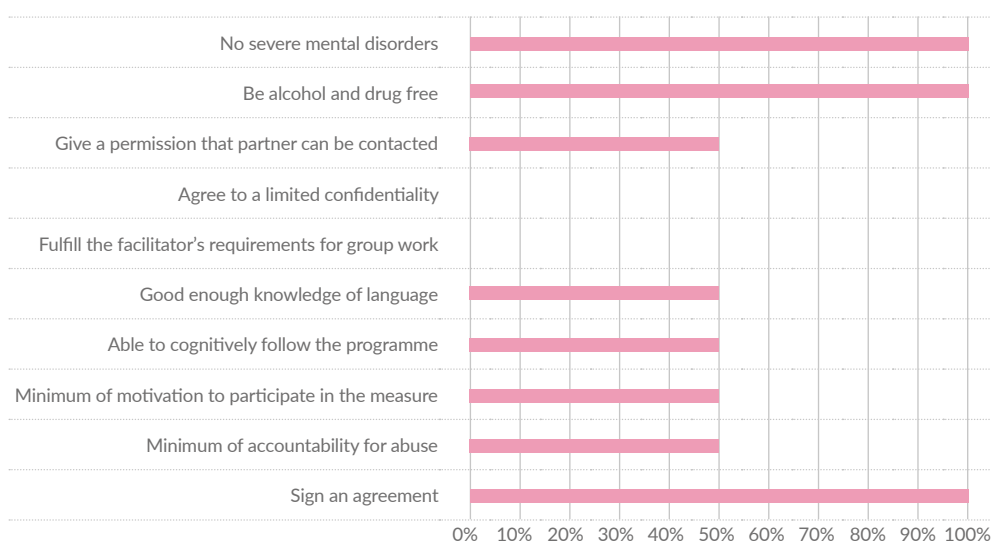
- ✓ Adopt a gendered perspective
- ✓ Prioritise women's and children's safety and human rights
- ✓ Avoid obligatory mediation and reconciliation
- ✓ Treatment should not be reduced to alcohol and substance abuse, anger management, medication
- ✓ Conduct systematic risk assessment and management, in cooperation with other services
- ✓ Provide adequate training of professionals
- ✓ Assist perpetrators to change by recognising that their use of violence is a choice that they make and challenge any denial, justification or blaming of others (while treating the perpetrator with respect);

The provision of perpetrator programmes in North Macedonia is defined and standardised, as the practice is regulated by national operational standards.¹²² Both active programmes follow the same curriculum that is accredited by the National Institute for Social Protection and use the same principles. There are variations in the practice between organisations given the framework that they are working in (NGO or State-run counselling centres) and internal operational rules.

The existing procedures define the intake phase, listing the indication for the involvement of perpetrators in programmes. The following indications are envisaged in the operational standards:¹²³ the perpetrator is violent only in the family, the perpetrator is not addicted to alcohol and/or drugs (he can actively communicate and perform tasks), there is no acute mental illness that would prevent successful participation in the programme, and there is personal motivation for change (motivation for taking part in the programme).

The described criteria are visible in the answers of both programmes. However, some are not so clearly implemented in practice (like minimum of motivation to take part in programme), while some programme added additional criteria.

Intake criteria of perpetrator programmes in North Macedonia (n=2)



122 Стандарт и процедури за работа на советуваиште за сторители на семејно насилство, 2018.

123 Стандарт и процедури за работа на советуваиште за сторители на семејно насилство, 2018.

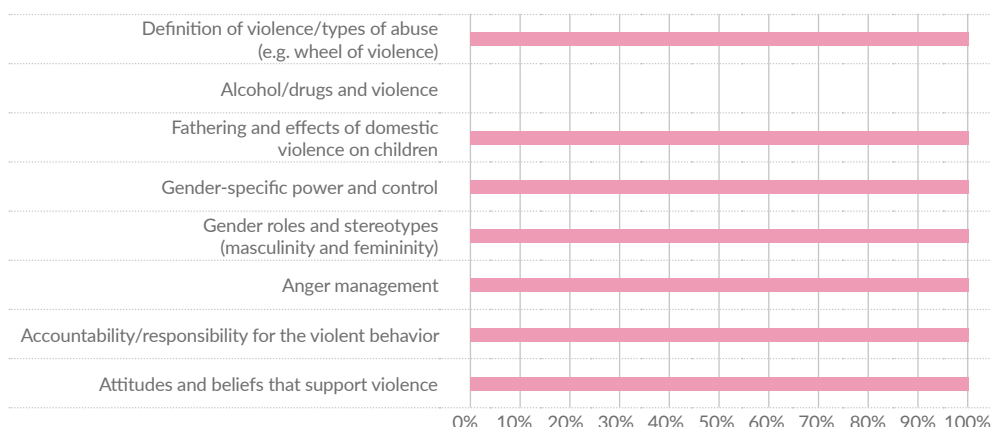
Some additional criteria, like ability to cognitively follow the programme and understand the language, are self-explanatory. One programme also asks the perpetrator for permission to contact the survivor (The Integrative Counselling Centre).

The existing standards define the group perpetrator programme that is conducted in 16 sessions and the topic of each session is defined. In practice, both organisations provide individual work with the perpetrators, while group work is possible only in the HERA NGO, as the Integrative Counselling Centre does not have enough space for this type of work.

As defined by the standards, the programmes are rather short, with 16 defined group sessions (20 hours, including individual conversations in the intake phase).

Both programmes follow the same curriculum and there is consistency in its application between organisations.

Core elements of perpetrator work in North Macedonia (selected) (n=2)



Perpetrator work in North Macedonia focuses on multiple topics, attitudes that support violence, accountability of perpetrators, violence and abuse, gender roles and similar. The topic of each session is defined in the standards:

Table 27: Topics of group sessions for perpetrator programmes in North Macedonia¹²⁴

No. of session	Topic
1	Introduction to the group and the programme
2	Understanding domestic violence
3	Consequences of violent behaviour
4	Getting to know anger
5	Self-control of anger
6	Constructive expression of anger
7	Stress and cognitive coping
8	Stress and relaxing confrontation
9	Socialisation
10	Shame and self-esteem
11	Beliefs in male-female relationships and domestic violence
12	Power, control and self-control
13	Communication-active listening
14	Communication - I messages
15	Understanding conflict
16	Evaluation of the success of the programme

124 Стандард и процедури за работа на советуваиште за сторители на семејно насилство, 2018

Risk assessment and management and procedures around them are not described in the existing standards, so practice around this varies between organisations and was established internally. None of the mapped programmes uses evidence-based instruments for risk assessment. The HERA NGO describes that they use interviews in the assessment phase in order to get information about the risk, that they do it in a standardised way, collecting information from the survivor and other family members. The Integrative Counselling Centre describes that they do not assess the risk themselves, as it is already done by other professionals in centres for social work, prior to referral to perpetrator programmes. It is not clear if there is an ongoing monitoring of risk and in what way it is conducted, also how information from the perpetrator programmes feed into the assessment of the centres for social work. Both approaches to risk assessment seem to be more grounded in psychological assessment and testing, than on the structural professional judgement.

Knowing the importance of ongoing and standardised risk assessment, this is an area for improvement of perpetrator programmes in the country, that needs to be incorporated in the national standards. The same is true for procedures for survivor contact and support, as they are not defined in the standards. The existing standards represent a valid framework for the work in the country and it is an example of good (and unique) practice in the region. However, some important elements of survivor-centred perpetrator work are missing (like risk assessment), while in some areas the standards limit the work. For instance, the existing standards limit the duration of the programme, even the topics for each session, which makes it challenging to develop different types of programmes in the country.

4.6. Serbia

Background

Perpetrator programmes in Serbia were initiated 10 years ago, mainly within the social protection system, in line with the previous National Strategy for Protection of Women Against Domestic and Intimate Partner Violence (2011). In 2011, the first group of professionals from the centres for social work were trained by the Norwegian organisation Alternative to Violence-ATV. These professionals have contextualised the ATV's programme and created the first national programme for the work with the perpetrators of intimate partner violence.¹²⁵ They have also created a training programme for professionals that was accredited by the National Institute for Social Protection. These activities were conducted as a project-based activity.¹²⁶ Since then, the state did not allocate specific funds for these programmes, and development of programmes was characterised by the lack of comprehensive policies, standards and guidance, and monitoring.¹²⁷

However, some positive developments and promising practices have been identified. Professionals who work in the perpetrator programmes and professionals from the women's NGOs¹²⁸ have drafted the Standards for Perpetrator Programmes that are victim-safety oriented and fully in line with the provisions of the Istanbul Convention.¹²⁹ Currently, the organisations in Kragujevac,¹³⁰ Novi Sad, Niš, Leskovac and Bajina Bašta¹³¹ deliver perpetrator programmes in line with the draft standards, in close cooperation with women support services. These activities are also short-term, project-based initiatives.

Programmes in Serbia are provided by state agencies and NGOs, in the custodial and non-custodial setting.

Table 28: Organisations that provide perpetrator programmes in Serbia

Organisation	Type	City
Centres for social work	State-run	Unknown
National Network for the Work with Perpetrators of Domestic Violence-OPNA	NGO	Leskovac
Crisis Centre for Men	NGO	Belgrade
Ministry of Justice-prisons	State-run	No data

In the non-custodial setting, programmes are delivered in the social protection system by the state agencies (centres for social work). It is not known in how many centres this service is provided, as there is no comprehensive data collection, and not all centres for social work were contacted in the scope of this research. The 2017 research mapped 8 centres for social work that state to provide perpetrator programmes.¹³² Within this research, two centres for social work were mapped, in Belgrade and Vršac. These programmes are run by trained professionals, as part of their scope of work.

125 Serbia Baseline Report, 2018.

126 Activities were implemented within the project "Combating Sexual and Gender-Based Violence" financed by the Government of the Kingdom of Norway.

127 Strategija za sprečavanje i borbu protiv rodno zasnovanog nasilja prema ženama i nasilja u porodici za period 2021-2025. godine, 2021.

128 Development of the standards conducted by OPNA, Oaza Sigurnosti Kragujevac, SOS Ženski centar Novi Sad, Pešćanik Kruševac, Žene za mir Leskovac, the National Institute for Social Protection and the Provincial Institute for Social Protection. The activity was performed within the project "Integrated Response to Violence Against Women and Girls in Serbia II", that was jointly conducted by UN agencies (UNDP, UNICEF, UN Women and UNFPA) and the Government of the Republic of Serbia.

129 Strategija za sprečavanje i borbu protiv rodno zasnovanog nasilja prema ženama i nasilja u porodici za period 2021-2025. godine, 2021.

130 The programme is conducted by OPNA and Oaza Sigurnosti Kragujevac, supported by the STOPP project.

131 The programmes are conducted by OPNA and Žene za mir Leskovac, Ženski Centar Užice, Osvit Niš and SOS Ženski Centar Novi Sad, granted by UNDP Serbia.

132 Belotić Jovanović, S, Programi rada sa počiniocima nasilja u Srbiji, sadašnjost i budućnost; analiza aktuelnog stanja i smernice za unapređenje prakse, unpublished document within the project "Integrated Response to Violence Against Women and Girls in Serbia II", 2017.

There are two NGOs working in the field. The National Network for the Work with the Perpetrators of Domestic Violence-OPNA¹³³ was founded in 2015, as an informal network of nine institutions and organisations that provided perpetrator programmes, with vast majority of centres for social work. In 2020, OPNA was officially registered as an NGO. Although registered in Leskovac, OPNA performs activities countrywide, as its members are professionals with experience in the perpetrator work in several cities in the country. OPNA was leading the process of drafting the standards for programmes for perpetrators, and bases its work on these standards and the Istanbul Convention. The Crisis Centre for Men¹³⁴ was founded in 2012 in Belgrade. The centre include psychotherapy professionals in perpetrator work who work with perpetrators on an individual basis.

Based on the Baseline Report to GREVIO (2018), the programmes for perpetrators of domestic violence in the custodial setting were part of the general correctional activities conducted in prisons, so there were no specific programmes available. However, the Ministry of Justice has designed a programme for perpetrators of domestic violence in the custodial setting, that has been tested in the Požarevac prison, and prepared for the national roll out.¹³⁵ From the information collected within this research, the programme has not yet started on a larger scale, due to the COVID-19 restrictions.

Access to perpetrator programmes

INDICATORS: Access to perpetrator programmes and quality assurance

- ✓ Develop national legislation that supports perpetrator programmes
- ✓ Ensure geographical distribution of programmes
- ✓ Ensure that different types of programmes are available
- ✓ Diversify pathways for referrals to ensure a wider level of attendance
- ✓ Provide adequate funding
- ✓ Provide regular evaluations of programmes
- ✓ Define the accreditation process and licencing criteria
- ✓ Support the development of national networks, including national standards and guidelines

Access to perpetrator programmes in Serbia is at a low level. Although programmes in Serbia are provided by state agencies and NGOs, mainly in the non-custodial setting, the number of available programmes is low, highly variable and located in only a few cities in the country. This research mapped only 4 available programmes in the non-custodial setting, while there are 25 cities in the country. Also, they can work with a very limited number of perpetrators, due to the limitations in resources.

In the non-custodial setting, the number of service providers depends on the available funding and priorities of the providing institutions. Many centres for social work and other state agencies within the social protection system have discontinued their programmes (like the Novi Sad CSW, Niš CSW and Kneginja Ljubica Centre Kragujevac) for several reasons. Professionals in the field strongly advocate that perpetrator programmes need to be a specific service and point out that this should not be within the remit of the centres for social work, due to the conflict of roles, as they also provide services for survivors. On the other hand, the lack of specific funding, the increase in number of clients and an increased workload when working in line with the draft standards threatened to jeopardise the primary activities of these organisations.¹³⁶

133 <https://opna.org.rs/>

134 <http://kcm.rs/test/>

135 The programme was designed within the Council of Europe's project „Strengthening Human Rights Protection of Convicts in Serbia“, phase II, in close cooperation with the department of Alternative Criminal Sanctions of the Ministry of Justice of the Republic of Serbia.

136 Belotić Jovanović, S, *Programi rada sa počiniocima nasilja u Srbiji, sadašnjost i budućnost; analiza aktuelnog stanja i smernice za unapređenje prakse*, unpublished document within project „Integrated Response to Violence Against Women and Girls in Serbia II“, 2017.

The programmes in the custodial setting that launched by the Ministry of Justice have been piloted and their implementation is on hold due to the pandemic situation.

The organisational resources in Serbia for the national rollout of perpetrator programmes are underdeveloped. Perpetrator programmes are available in only a few cities, for a limited number of perpetrators. The existing programmes are unstable, and often struggle to provide continuous service.

The existing programmes are mainly focused on men, perpetrators of intimate partner violence toward women.

Table 29: Percentage of programmes in Serbia that work with different types of clients (n=4)

Type of clients	Male perpetrators	Female perpetrators	Sexual offenders	Child abuse offenders	Perpetrators of violence in other relationships
%	100%	50%	0%	0%	0%

All the existing programmes work with the male perpetrators of violence. In Serbia, there is only one accredited programme in the non-custodial setting that targets men who use violence in intimate relationships. The programmes in the centres for social work also accept female perpetrators, although there is no specific programme for these clients. They rely on their expertise in the field, make some adaptations of the existing programmes as they go and work with them on an individual basis. There are no programmes for sexual offenders in non-custodial settings, although these programmes are envisaged by Article 16 of the Istanbul Convention.

The existing programmes are not adjusted to different types of clients and are limited to programmes for male perpetrators of intimate partner violence toward women. The programmes for sexual offenders do not exist in the non-custodial setting.

The legislative framework concerning perpetrator programmes in Serbia was significantly expanded by two acts adopted in 2021, the Gender Equality Law and the National Strategy for Prevention and Combating Gender-Based Violence Against Women and Domestic Violence. Article 56 of the Gender Equality Law¹³⁷ states that the Ministry of Labour, Employment, Veteran and Social Affairs is responsible for ensuring the provision of perpetrator programmes, for referred and voluntarily clients. Perpetrator programmes are recognised as part of the coordinated community response by the new National Strategy. The critical aspects of the programmes' implementation have been analysed and measures for their improvement both in the social protection sector and in the prison and probation setting have been outlined.¹³⁸

The existing legislative framework also defines the referral routes, that are currently limited only to criminal proceedings. According to the Criminal Procedure Code (Article 283), perpetrators can be referred to psychosocial treatment by the prosecutor's office, as an alternative to prosecution. This mechanism, that has been strongly criticised as it implies dropping all charges by the prosecutor, was the most frequent referral route in the country identified in the 2017 mapping.¹³⁹ Article 73 of the Criminal Code defines referral to perpetrator programmes as part of the probation sentence. The existing referral routes are rather limited, ensuring access to programmes only to perpetrators who are involved in criminal proceedings,

137 Zakon o rodnoj ravnopravnosti, "Službeni glasnik Republike Srbije", 52/2021-7.

138 Strategija za sprečavanje i borbu protiv rodno zasnovanog nasilja prema ženama i nasilja u porodici za period 2021-2025. Godine.

139 Belotić Jovanović, S, Programi rada sa počiniocima nasilja u Srbiji, sadašnjost i budućnost; analiza aktuelnog stanja i smernice za unapređenje prakse, unpublished document within project „Integrated Response to Violence Against Women and Girls in Serbia II“, 2017.

and even those are not practiced on a large scale. The interviewed professionals state that they get only a few referrals as part of the probation sentence (3-4 a year).¹⁴⁰

Access to programmes for perpetrators who are part of other proceedings (like those that were imposed protection orders under the Family Law or extended urgent measures under the Law on Preventing of Domestic Violence) do not exist, as noted in the new national strategy.¹⁴¹ Lack of referral mechanisms in this area is a missed opportunity, given the potential of perpetrator programmes in assessing and managing the risk of the repetition of violence and the importance of early intervention of violent incidents.

Based on the data collected in this research, referral routes for active programmes in the non-custodial setting vary considerably between organisations. All programmes accept referrals from various sources. However, some of them work predominately with clients referred from the justice system (Vršac CSW), some with clients referred from other institutions, mainly CSWs (like Belgrade CSW), that are not obligatory for the clients. Voluntary clients are represented in a low percentage, except for the Crisis Centre for Men NGO which mainly works with these kinds of clients in a private psychotherapeutic practice.

The practice in Serbia has highly improved since the drafting of standards for the work with perpetrators of intimate partner violence.¹⁴² The standards are fully in line with the provisions of the Istanbul Convention and operationalise close and ongoing cooperation with the victim support services on every case. However, these standards are not adopted by the state, so they are not part of the practice of all perpetrator programmes in the country.

The legislative framework encourages access to programmes only for perpetrators who are involved in criminal proceedings, diminishing the possibility for preventive and timely impact of programmes in synergy with other imposed protective measures. There are no referral mechanisms for perpetrators of sexual violence. The existing draft standards for perpetrator work is an example of good practice. However, they have not been officially adopted, and they have not been adopted by all perpetrator programmes.

The funding of perpetrator programmes represents a severe obstacle to their sustainability and development. There is no specific state funding for perpetrator programmes in Serbia. The programmes in the custodial setting are planned to be a part of the workload of existing professionals already employed by the Ministry of Justice.¹⁴³ The programmes in the social protection system are also conducted as a part of the regular tasks of its staff, with no specific funding. The delivery of the programmes in the social protection system seems to be the result of the initiative of committed professionals who value the impact of the programmes and push for their implementation, more than a result of the strategic planning of the state or local authorities. Many centres for social work in Serbia decided to discontinue their programmes. The NGOs in the field struggle with providing a stabile service, relying on short-term project funds. The Crisis Centre for Men NGO works with self-paying clients, as it does in any other individual psychotherapy intervention in the private sector.

The lack of specific funding leads to a considerable variations in the available programmes. The research conducted in 2017 mapped 11 active programmes in the non-custodial setting,¹⁴⁴ while this mapping identified only 4.

140 Information from focus groups in Serbia.

141 ategija za sprečavanje i borbu protiv rodno zasnovanog nasilja prema ženama i nasilja u porodici za period 2021-2025. godine.

142 Activity was supported by UNDP Serbia, within the project „Integrated Response to Violence Against Women and Girls in Serbia II“.

143 Information collected within this mapping.

144 Belotić Jovanović, S, Programi rada sa počiniocima nasilja u Srbiji, sadašnjost i budućnost; analiza aktuelnog stanja i smernice za unapređenje prakse, unpublished document within project „ Integrated Response to Violence Against Women and Girls in Serbia II “, 2017.

It is important to mention that in Serbia, there is not a single professional in the whole country who is engaged in perpetrator programmes more than 20% of his/her working time. All professionals are involved in other tasks, in the same organisation that runs perpetrator programmes, or in other organisations (they are employed full-time in other organisations and provide perpetrator programmes on a part-time basis). This trend needs to be considered in the future development of programmes. When confronted with these issues during the focus group, some professionals advocate for diversifying professional tasks and working on different activities (not mainly in the perpetrator programmes). They see it as an opportunity to reduce burnout that may be related to working only with the perpetrators, and as a way to ensure that they are not limited only to the perpetrators' perspective. These are all valid points. However, the issues of capacities of the organisations in this setting, as well as of potential conflict of multiple roles that professionals are involved in remain.

Undefined funding facilities is a massive obstacle to sustainability and accessibility of perpetrator programmes in Serbia. There is no specific state funding for perpetrator programmes in the country.

Coordinated policies and co-operation with women support services

INDICATORS: Coordinated policies and co-operation with women support services

- ✓ Adopt a comprehensive approach
- ✓ Involve all relevant state agencies and administrative entities
- ✓ Establish a close cooperation with women support services
- ✓ Establish safe survivor-contact procedures
- ✓ Develop instruments for interinstitutional cooperation, including protocols and agreements

Perpetrator programmes in Serbia report the lowest rates of cooperation with other relevant stakeholders in the region, according to the perception of perpetrator programmes mapped in this research. Most programmes state that they have “some” level of cooperation with other stakeholders (75%), while 25% rank cooperation at a high level. The existing cooperation is limited regarding different forms of cooperation, with occasional phone calls on specific cases being the most frequent form. Up to 75% of programmes are not part of any alliance in the field, while 25% are part of the alliance at the local level.

Cooperation with survivor support services varies between organisations. Most of the mapped organisations (75%) state that they provide survivor contact and support, mainly through partnership with external organisations (in 50% of the cases).

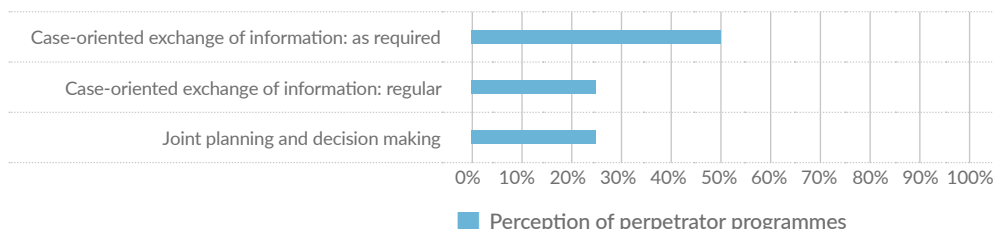
Establishing solid partnerships with women NGOs in the country is still an ongoing process. Some organisations face challenges and reluctances when trying to set it up, and they highlight this as a significant obstacle in establishing safe and accountable perpetrator work. The OPNA NGO has established good cooperation with the women NGOs in six cities. The draft standards for perpetrator work, that clearly define cooperation with survivor support service and roles and responsibilities of each service was a result of the joint work of professionals from perpetrator programmes and survivor support services.¹⁴⁵ Likewise, in 2022,

¹⁴⁵ The development of standards conducted by OPNA, *Oaza Sigurnosti* Kragujevac, *SOS Ženski centar* Novi Sad, *Peščanik Kruševac*, *Žene za mir* Leskovac, the National Institute for Social Protection and the Provincial Institute for Social Protection. Activity was performed within the project “Integrated Response to Violence Against Women and Girls in Serbia II, that was jointly conducted by UN agencies (UNDP, UNICEF, UN Women and UNFPA) and the Government of the Republic of Serbia.

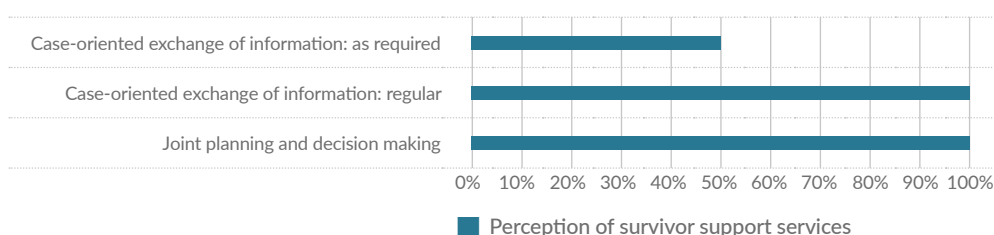
perpetrator programmes are running in 5 cities following the draft standards, in close co-operation with survivor support services.¹⁴⁶ However, this promising practice is not present countrywide.

Practices in cooperation between perpetrator programmes and survivor support services are presented in the following graphics.

Cooperation between perpetrator programmes and survivor support services in Serbia (n=4)



Cooperation between perpetrator programmes and survivor support services in Serbia (n=2)

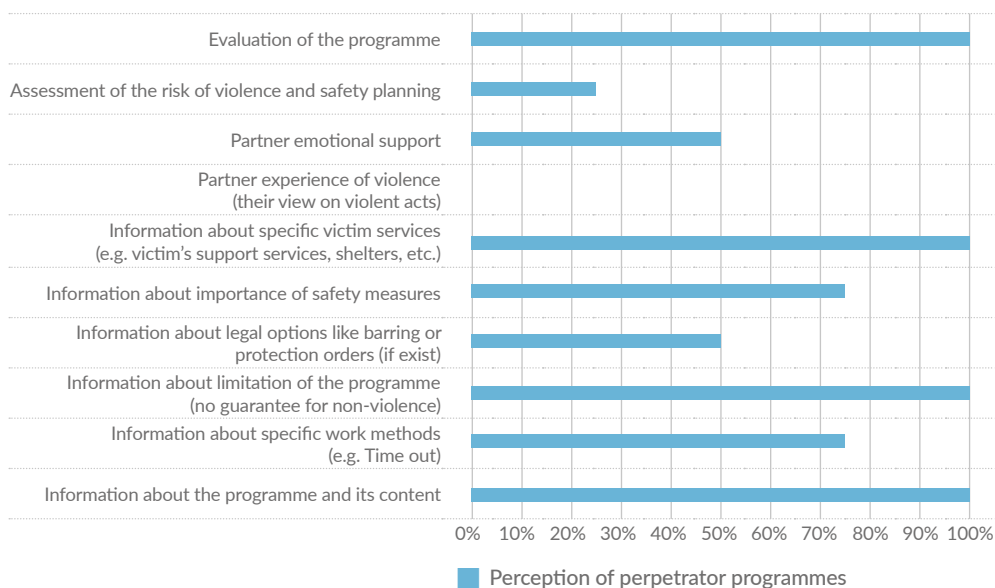


The mapped survivor support services describe cooperation with perpetrator programmes as regular and case-oriented, with joint planning and decision-making. The mapped perpetrator programmes predominantly describe cooperation as occasional, as required. These discrepancies are the result of the diversity of samples. The sample of survivor support services consists of organisations that only work in accordance with the draft standards, while this is not the case for samples of perpetrator programmes.

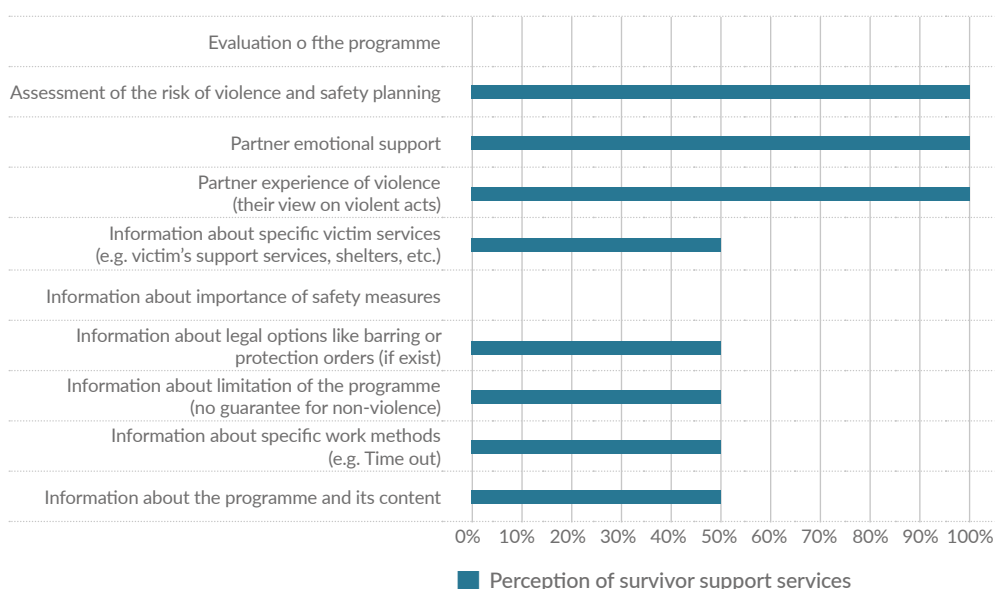
Although the draft standards exist, and contain detailed procedures about the purpose and content of survivor contact, it seems that more work needs to be done in its full implementation in practice. The purpose of contacting the survivor is presented below, from the perspective of perpetrator programmes and survivor support services.

¹⁴⁶ The programme is conducted by OPNA and Oaza Sigurnosti Kragujevac (STOPP project), Žene za mir Leskovac, Ženski Centar Užice, Osvit Niš and SOS Ženski Centar Novi Sad (granted by UNDP Serbia).

Purpose of survivor contact in perpetrator programmes in Serbia (n=4)



Purpose of survivor contact in perpetrator programmes in Serbia (n=2)



All the mapped perpetrator programmes state that the purpose of survivor contact is informing about the programme and its content, limitations of the programme and programme evaluation. However, this is not reported by all the mapped survivor services. Risk assessment and safety planning are highlighted as one of the purposes of survivor contact by 50% of survivor support services, and 25% of perpetrator programmes.

The practice in Serbia regarding survivor contact and support is not consistent and there is a need for improvements in this aspect, mainly regarding the application of the existing standards by all organisations involved.

Gender perspective and implementation of minimum standards of practice

INDICATORS: Gender perspective and implementation of minimum standards of practice

- ✓ Adopt a gendered perspective
- ✓ Prioritise women's and children's safety and human rights
- ✓ Avoid obligatory mediation and reconciliation
- ✓ Treatment should not be reduced to alcohol and substance abuse, anger management, medication
- ✓ Conduct systematic risk assessment and management, in cooperation with other services
- ✓ Provide adequate training of professionals
- ✓ Assist perpetrators to change by recognising that their use of violence is a choice that they make and challenge any denial, justification or blaming of others (while treating the perpetrator with respect);

Perpetrator programmes in Serbia have made significant steps toward transforming the existing practice into survivor-safety centred perpetrator work. As there is a lack of standardisation at the state level (standards initiated by the NGOs are not adopted by the government), there are huge variations in the practice.

There is only one accredited perpetrator programme in the country. As described in the National Strategy for Preventing and Combating Gender-Based Violence Toward Women and Domestic Violence,¹⁴⁷ this programme has a good design in terms of behaviour change interventions with perpetrators, but lacks the component of survivor contact and support as well as risk assessment. The programme comprises 24 group sessions and lasts around 8 months (including individual sessions during the intake phase). A new programme is currently being developed, and will be fully in line with the standards of the Istanbul Convention.¹⁴⁸

According to existing curriculum¹⁴⁹ all programmes need to include the intake criteria that are described as:

- The perpetrator was violent only within the family
- The survivor is safe (the necessary interventions are in place)
- There was no severe violence (in terms of harm and injuries to the survivor)
- The perpetrator takes a minimum of responsibility for his violent behaviour
- The perpetrator accepts to be enrolled in the programme
- The perpetrator accepts that the survivor be contacted
- There is no severe mental illness that would prevent the perpetrator in attending the programme
- There is no addiction to alcohol or drugs
- There was no sexual abuse of children
- The perpetrator does not have access to weapons

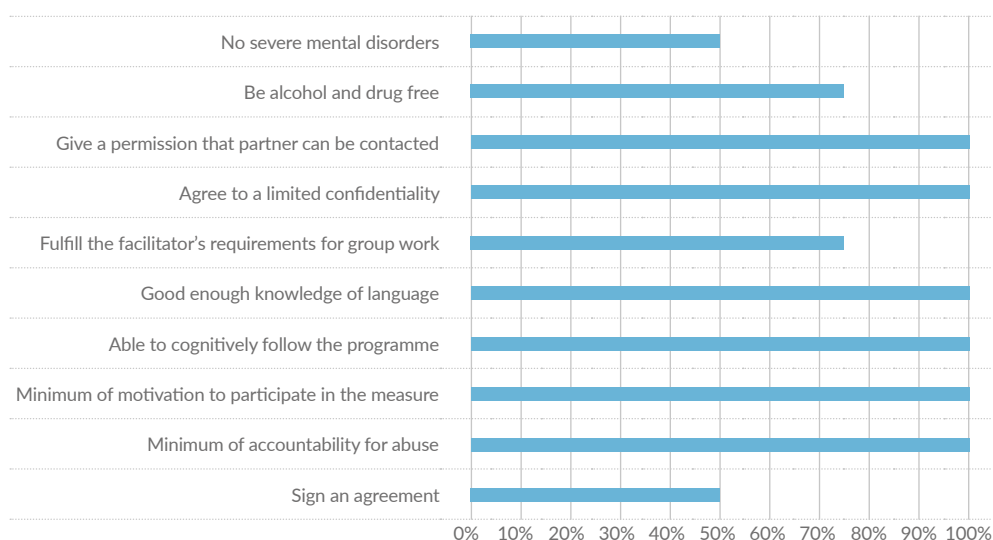
147 Strategija za sprečavanje i borbu protiv rodno zasnovanog nasilja prema ženama i nasilja u porodici za period 2021-2025. godine.

148 The process is supported by UNDP Serbia, within the project "Integrated Response to Violence against Women and Girls in Serbia III".

149 Sekulić, M., & Malešević, D. (ured.). (2012). Priručnik za obuku profesionalaca i profesionalki za tretman počinitelja nasilja u partnerskim odnosima. Ministarstvo rada, zapošljavanja i socijalne politike.

All mapped programmes state that they do have intake criteria. However, it seems that not all programmes follow the criteria listed in the accredited programme.

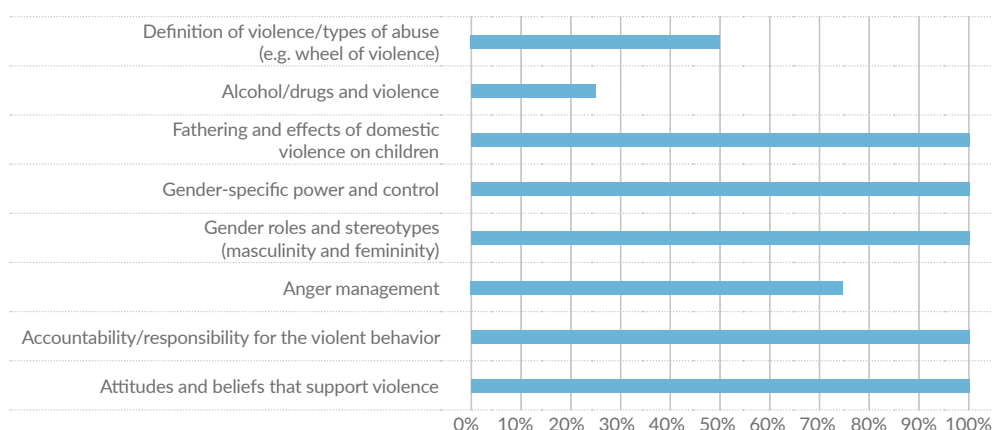
Intake criteria of perpetrator programmes in Serbia (n=4)



This is specifically relevant for the involvement of perpetrators with mental illnesses in the programme, as the existing curriculum (or service providers) are not specialised for work with this category.

All the mapped programmes state that they use a multi-theoretical approach in their work, while gender-based/feminist approach is prevalent (75% of the programmes). This is visible in their description of the core elements of the work, as the topics covered also have a gender dimension.

Core elements of perpetrator work in Serbia (selected) (n=4)



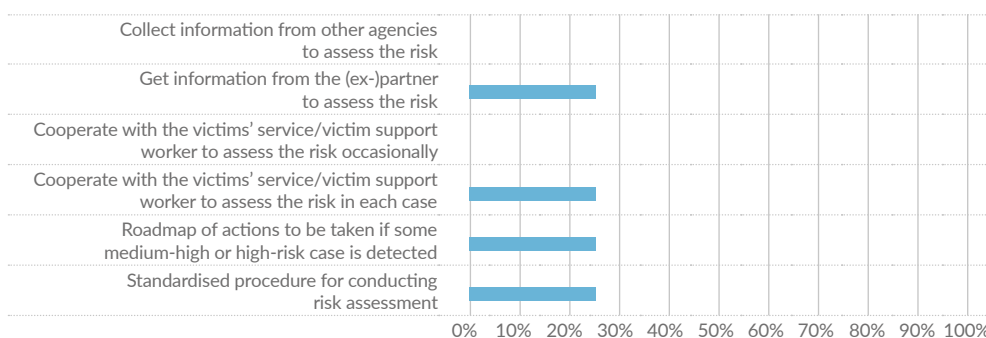
The described core elements of the work are in line with the existing accredited programmes, that envisage eight topics, each conducted in 3 sessions. These topics are: "What is Violence?, Psychological Violence, Sexuality, Alternatives to Violence, Responsibility, Father and Child, Causes of Violence, and Consequences of Violence".¹⁵⁰

Risk assessment and management is one of the aspects that is not processed in the existing accredited programme, and will be a key element of the new programme that is being prepared. Risk assessment and management are precisely defined in the draft standards for

150 Sekulić, M., & Malešević, D. (ured.). (2012). Priručnik za obuku profesionalaca i profesionalki za tretman počinitelja nasilja u partnerskim odnosima. Ministarstvo rada, zapošljavanja i socijalne politike.

perpetrator work initiated by the NGO sector. However, as standards have not been officially adopted, they are not applied by all organisations working in the field.

Procedure for conducting risk assessment in Serbia (n=4)



Only 25% of the mapped programmes state that they have a standardised procedure for conducting risk assessment and only one organisation cooperates with survivor support service/professional and collects information from the survivors in the process. This is OPNA NGO, that follows the draft standards. No organisation has started to collect the information from other agencies to assess the risk. Also, half of the mapped organisations state that they use risk assessment instruments in their work (DASH).

According to the Standards¹⁵¹, risk assessment is one of the key components of perpetrator programmes that needs to be an ongoing process and applied in every case. The standards define joint risk assessment between perpetrator programmes and survivor support services that is based on the method of professional structural judgement and incorporates evidence-based risk tools. The exchange of information is organised through risk management meetings, that are regular (at least once a month, or more frequently if there are indications of increased risk). There are internal and external procedures for managing risk, that require close cooperation with other stakeholders within the coordinated community response.

This kind of structured and well-defined risk assessment process was unique in the region and represents an example of good practice. However, there are challenges in its application. First of all, the procedures for external risk management cannot be fully performed, as there is no intensive cooperation between the perpetrator programmes and other stakeholders. Also, as standards have not been officially adopted, this is not a countrywide practice, but a individually motivated approach of some organisations and professionals.

151 Jovanović Belotić, S. (ured.). (2019). Standardi programa rada sa počiniocima nasilja u partnerskim odnosima, unpublished document.

5. Regional Conclusions and Recommendations

In this section, the key recommendations for future development of programmes in the region are outlined, based on the main findings and conclusions of the research. There are many common trends in the region, and addressing them at a wider level can support changes in practice in an effective way and budget-wise. Regional recommendations are followed by specific recommendations for every country, to lead actions at national levels. The identified promising practices are also highlighted in this section, aiming to have them serve as models that can be regionally replicated.

Recommendations are formulated in the same three sections as the results, assess the perpetrator programmes and quality assurance, coordinated policies and cooperation with women support services and gender perspective and minimum standards of practice.

5.1 Improving access to perpetrator programmes and their quality assurance

Table 30: Access to perpetrator programmes and quality assurance

Indicators assessed	Identified regional trends
<ul style="list-style-type: none"> • Develop national legislation that supports perpetrator programmes • Ensure geographical distribution of programmes • Ensure that different types of programmes are available • Diversify pathways for referrals to ensure a wider level of attendance • Provide adequate funding • Provide regular evaluations of programmes • Define the accreditation process and licencing criteria • Support the development of national networks, including national standards and guidelines; 	<ul style="list-style-type: none"> → Perpetrator programmes on paper, not in practice; → High expectations, low investments; → Clinical, rather than gender-informed approach to violence; → Low diversity of services; → Lack of standardised and ongoing evaluation;

Although perpetrator programmes are legislatively defined in all countries, their implementation in practice is underdeveloped. The existing measures or sanctions are rarely imposed and there is a lack of available services. There is no specific, sustainable, state funding of perpetrator programmes in any country. In Bosnia and Herzegovina, Montenegro, North Macedonia and Serbia, many programmes were developed as a way of adding them to the scope of work of already employed professionals in some state-run services, not as a specialised service. The national frameworks in Bosnia and Herzegovina and Montenegro reflect a clinical, rather than a gender-informed approach to violence. The programmes are placed in mental health centres and mainly applied in the spirit of mental health practice, especially in Montenegro.

There is a low diversity of programmes in the region, in terms of the existing routes for enrolling in the programmes as well as the programmes' accessibility to different types of clients. Specific programmes in the prison context do not exist, apart from pilot initiatives in Serbia and NGO-initiated work in Albania. Specific programmes for sexual offenders, as outlined in Article 16 of the Istanbul Convention, also do not exist. There is no specific approach or programme for other types of perpetrators, like child abuse offenders, female perpetrators, and perpetrators of violence in other, domestic violence relationships.

Countries have done little in terms of assuring quality of perpetrator work. Standards have been adopted only in North Macedonia, while in Serbia and Albania the existing standards have not been adopted. In Montenegro, the Guidelines for the Implementation Of the Protective Measure of Mandatory Psychosocial Treatment have been drafted, producing a document that is more a set of guidelines for professionals than actual standards. Organisations that work in the field have joined their efforts in the national networks in Serbia and Albania, while their role in the process of quality assurance is still not recognised. There is no systemic evaluation of programmes in any country, apart from project-based initiatives of several NGOs.

Some promising practices have been identified in the region.

Comprehensive standards jointly drafted by perpetrator programmes and survivor support services in Serbia

The standards provide a comprehensive framework for survivor-centred perpetrator work. The procedures for joint work of perpetrator programmes and survivor support services are clearly outlined, as well as procedures for assessing and managing risk. These standards present a step forward for well-developed standards in Albania and North Macedonia.

Perpetrator programmes as a protection measure in Albania, Bosnia and Herzegovina, Kosovo, North Macedonia and Montenegro

Referral of perpetrators to programmes through protection measures is a good practice as it ensures that perpetrators are timely enrolled in programmes, when there is a risk of violence. In this way, programmes are not imposed as a replacement for prosecution or conviction.

Application of standardised evaluation of programmes in Albania, Bosnia and Herzegovina and Serbia

Several NGOs in these countries apply standardised evaluation of the outcomes of their work, using the IMPACT Toolkit of the European Network for the Work with Perpetrators of Domestic Violence. This tool defines the outcomes of the programmes in a comprehensive way and incorporates the perspective of the survivor. Evaluation activities are not sustainable, but project-based.

National Networks for Perpetrator Work in Serbia and Albania

The national networks play an important role in the capacity building and quality assurance in many countries, due to specific expertise and a country-wide reach of these organisations. The National Network for the Work with Perpetrators of Domestic Violence-OPNA in Serbia was founded in 2015. The Albanian Network for the Work with Perpetrators-AN WWP started its work in 2021.

The improvement of accessibility of perpetrator programmes and ensuring their quality are the necessary steps for further development of perpetrator programmes in the region. These steps need to be led by relevant government entities, as state plays a key role in defining the framework in each country.

Key recommendations in this aspect are:

- **Development of perpetrator programmes as specialised services, including allocation of specific and sustainable funding streams.** Perpetrator programmes should be specialised services, not just add-ons to the existing scope of work of some professionals or institutions. This means that states need to ensure the allocation of specific and sustainable funds, human and technical resources to these services, in a way that does not affect the services for survivors. The operation of perpetrator programmes cannot depend on short-term, project-based resources.

This is a relevant point also for the development of programmes in the prison context. It is vital that adequate human resources are planned for their rollout, who are not involved in multiple and potentially overlapping roles.

Funding also needs to take into account the efforts of women support services for providing survivor contact and support linked to perpetrator programmes. Likewise, the funding streams should not compromise the funding for survivor support services.

It is highly recommended that funding be linked with the quality of perpetrator programmes, and their compliance with international/national standards. This is very important also in designing project-based funding by international donor organisations.

- **Placement of programmes in suitable sectors.** States also need to ensure that programmes are placed in the most suitable sectors, that will enable their rollout in line with the international standards of safe practice. There are many reasons why the solutions in Bosnia and Herzegovina and Montenegro, that place perpetrator programmes solely in the mental health centres, are questionable. This was raised as a question by the GREVIO, “of whether health centres offer the proper setting to work with perpetrators of violence and whether health-care professionals are the right professionals to handle their preventive intervention programmes”.¹⁵² Since it is a rather structural problem, shortcomings of these practices cannot be addressed through minor interventions, like capacity building or training of professionals. It is strongly recommended that frameworks in Montenegro and Bosnia and Herzegovina be analysed and that more suitable solutions are designed, bearing in mind that these programmes need to be specialised services.

The resources and expertise of the NGOs in the region should be acknowledged and used. There are several experienced community-based programmes and survivor support organisations in the region that can play an important role.

The capacities of the health sector can be very valuable in drafting and implementing perpetrator interventions in cases of mental health problems, or substance abuse. However, these programmes also need to be gender-informed and follow similar key elements of international standards.

- **Expanding the number of available programmes.** There is an urgent need to increase the number of available programmes in the region. Programmes should be available at least in every region in each country (so that perpetrators do not travel more than 50km to the programme).

152 Mid-term Horizontal Review of GREVIO baseline evaluation reports, GREVIO secretariat, 2021.

- **Development of specific programmes in the prison and probation context.** Programmes that are delivered in prisons need to be scaled up from general correctional activities to specific programmes that address violence against women and domestic violence. It is vital that these programmes be also rolled out in close cooperation with survivor support services, and that adequate post penal risk assessment and management along with post penal perpetrator programmes be set up.

The programmes in prisons should target not only those who are convicted for the specific case of gender-based violence or domestic violence, but all convicts where the gender-based violence is identified.

The development of specific programmes for the probation context, as a separate service or through establishment of close links with other available programmes is also essential, and missing from the current regional map of perpetrator programmes.

- **Development of specific programmes for sexual offenders.** Specific programmes for sexual offenders, as per Article 16 of the Istanbul Convention do not exist in any country. It is recommended to set up working groups in each country that would conduct an analysis and make action plans for development of these programmes. As working on the topic requires specific expertise, there needs to be an extensive capacity building and learning from existing good practices in Europe. This activity has many advantages if implemented as a regional initiative.
- **Development of specific programmes/approaches for work with other types of perpetrators.** Working with other types of clients, like female perpetrators, child abuse offenders and perpetrators of violence in other relationships needs to be developed as a specific programme/approach. In many countries, these programmes are provided by the same service providers as for programmes for men who use violence in intimate partner relationships.
- **Development/adoption of the national standards and mechanisms for monitoring their implementation.** The national standards are an essential element of ensuring consistency and quality of perpetrator work. However, they need to be adopted by the government, and their implementation needs to be monitored. The existing standards in North Macedonia should be revised to provide a more comprehensive framework for programmes, and to incorporate clear procedures around survivor contact and support, and risk assessment and management. The standards in Albania, that are expected to be adopted, need to be strengthened by operational protocols around the aspects of survivor-centred work. Standards in Serbia should be officially adopted by the government. Bosnia and Herzegovina, Montenegro and Kosovo should develop their national standards, relying on the existing good practices in the region, as well as on their specific context.

Along with the setting up of the standards, mechanisms for monitoring their application should be in place. It can be done through setting up an accreditation or licencing system. As assessment of programmes requires specific expertise, it is strongly recommended that existing expertise of service providers be used in this process. Experts or organisations from the field should be engaged in the development and implementation of the accreditation processes. The national networks are often used as a resource that carries out this process at the national level.

- **Setting up a systemic evaluation of perpetrator programmes.** Evaluation of perpetrator programmes in the region needs to be planned and implemented on a country level, and be a part of the adopted standards. GREVIO pointed out the need for scientific research and evaluation of programme outputs and their impact.¹⁵³ It is recommended that the evaluation be conducted following a similar methodology and framework at the regional level, to ensure comparison between countries.

153 Mid-term Horizontal Review of GREVIO baseline evaluation reports, GREVIO secretariat, 2021, paragraph 204.

- **Further development/revision of legislative framework and its implementation.** The legislative framework needs to incorporate all the previously mentioned aspects. It is also essential to ensure its broad implementation, and resources for it (like enough good quality service providers). Poor implementation of the existing legal solutions has been one of the main identified gaps in the region. Also, there needs to be monitoring of how the existing legal solutions are implemented in practice, and timely reaction if the engagement of a certain stakeholder is insufficient (for instance, if protection measures are not imposed). This should be followed by capacity-building activities for all stakeholders involved, so that they understand the purpose and benefits of the implementation of the existing measures and that the possible dilemmas and hesitations could be addressed.

The legislative framework should also enable different referral routes to perpetrator programmes. In Serbia, referrals to perpetrator programmes should also be a part of protection orders, to ensure a timely enrolment of perpetrators. In other countries in the region, the pathways to perpetrator programmes from the criminal proceedings should also be developed. Above all, all countries should set up and further develop a mechanism of voluntarily enrolment of perpetrators in programmes, that can be encouraged by some institutions (like centres for social work).

5.2. Improving coordinated policies and cooperation with women support services

Table 31: Coordinated policies and cooperation with women support services

Indicators assessed	Identified regional trends
<ul style="list-style-type: none"> • Adopt a comprehensive approach • Involve all relevant state agencies and administrative entities • Establish a close cooperation with women support services • Establish safe survivor-contact procedures • Develop instruments for interinstitutional cooperation, including protocols and agreements; 	<ul style="list-style-type: none"> → Isolated services, rather than an element of coordinated community response; → Survivor contact and support, non-existing or unstructured;

Perpetrator programmes in the region have not yet found their place in the coordinated community response to violence against women and domestic violence. Cooperation is often reduced to referrals, instead of joint work at the operational and strategic levels. There is no close cooperation between perpetrator programmes and other specialised services that work with substance abuse or mental health problems. Although in some countries (North Macedonia, Kosovo, Montenegro) there are referral mechanisms for perpetrators of violence who are also facing substance abuse, these programmes seem to be limited to medical treatment without focusing on the causes of violence.

Levels of cooperation with women support services vary between countries. The highest levels of cooperation are present in contexts where programmes are set up by women support NGOs, like Albania, parts of Bosnia and Herzegovina and parts of North Macedonia. In Serbia, this cooperation is limited to several cities, while in Kosovo and Montenegro it is conducted on a more general level (for instance cooperation in awareness-raising activities), not in the area of perpetrator work.

The core element of cooperation with women support services is the establishment of safe survivor contact and support in the context of perpetrator programme rollout. There were just a few practices where this cooperation was clearly defined and roles and responsibilities of each organisation/professional drafted. Some organisations do not have survivor contact and support in place at all. Many implement informal, case-to case practices, that are not applied for every survivor, or conducted following the same principles. Many organisations lack focus on informing the survivor about the programmes, their content and limitations, and do not consider the service-generated risks related with enrolment in the programme.

Some promising practices have been identified in the region:

Clear procedures for survivor contact and support in Serbia and Bosnia and Herzegovina

In Serbia, standards define clear procedures for survivor contact and support. They operationalise cooperation and exchange of information between two services, the purpose of survivor contact that focuses on risk and support, and give clear guidance on how this contact should be conducted. The standards and defined procedures are followed by the OPNA NGO and women support services that have established a good cooperation. It is not a widely applied practice in the country.

The Budućnost NGO has developed clear internal procedures, that also focus on survivor contact and support. They define how the survivor is contacted and in what way and how frequently the information will be exchanged between the services. The services also make joint decisions around survivor safety.

Improving multi-agency work in the region that incorporates perpetrator programmes is one of the key tasks for the programmes' development in the future. No intervention in the field of violence is effective unless it is strongly embedded in a coordinated community response, and this also applies to perpetrator programmes. Close cooperation with women support services is very important, with its key element being the establishment of safe survivor contact and support. All these aspects can be improved in practices of the existing programmes, and service providers need to play their role in incorporating them in their practice. However, it is also essential that these elements be an integral part of countrywide state actions, through their inclusion in the relevant documents and standards.

Key recommendations in this aspect are:

- **Embedding perpetrator programmes in coordinated community response in each country.** Each country should develop a comprehensive framework for cooperation between perpetrator programmes and other relevant stakeholders. This cooperation should be regular and comprehensive. Perpetrator programmes should be involved in the work of national domestic violence coordination groups (groups for coordination and cooperation in Serbia, Inter-Ministerial Coordination Group Against Domestic Violence in Kosovo, the Coordination Body in the Federation of Bosnia and Herzegovina...). Although the initiatives of perpetrator programmes in this direction are encouraged, the relevant government entities need to establish a framework for their full implementation.
- **Development of close cooperation with other specialised services for working with the perpetrators with substance abuse or mental health issues.** This kind of cooperation should bring added value in working with clients facing multiple problems, substance abuse or mental health issues. It is important that specialised services that provide treatment to these clients establish close cooperation with perpetrator programmes, so that the work is not limited only to clinical treatment, while neglecting the accountability for violence. Interesting practices can be found in the ADVANCE research project, that connects substance abuse services and perpetrator programmes in the United Kingdom.¹⁵⁴

154 <https://www.kcl.ac.uk/research/advance>

- **Further development of cooperation between perpetrator programmes and women support services.** Cooperation with women support services should be strengthened, especially in the cases of Serbia, Kosovo, Montenegro, and parts of Bosnia and Hercegovina where programmes are not run by women NGOs. Joint activities around advocacy, awareness raising, and prevention are strongly encouraged.
- **Setting up clear procedures for survivor contact and support; this is an urgent need in all countries in the region.** The existing programmes should revise their practices, draft and implement the procedures for contacting the survivors in every case. These procedures need to define how survivors are contacted and for what purpose, in what ways the information is exchanged between perpetrator programmes and survivor support service/professional and confidentiality. Survivor contact should not be limited to the provision of direct support and services, but should include information about the programmes, their characteristics and limitations. Good guidance for this work can be found in the Serbian standards for perpetrator work,¹⁵⁵ as well as in the WWP EN Expert Essay¹⁵⁶ on the topic.

There is a variety of models of how survivor contact and support is established in the region, and there is no need to have uniform practices in this regard. However, it is strongly recommended that there be an independence between organisations, organisational units or professionals who work with perpetrators and survivors. The identified practices in which the survivor contact and support are performed by the same professional who facilitates perpetrator programme should be changed.

5.3. Improving gender perspective and implementing minimum standards of practice

Table 32: Gender perspective and implementation of minimum standards of practice

Indicators assessed	Identified regional trends
<ul style="list-style-type: none"> • Adopt a gendered perspective • Prioritise women's and children's safety and human rights • Avoid obligatory mediation and reconciliation • Treatment should not be reduced to alcohol and substance abuse, anger management, medication • Conduct systematic risk assessment and management, in cooperation with other services • Provide adequate training of professionals • Assist perpetrators to change by recognising that their use of violence is a choice that they make and challenge any denial, justification or blaming of others (while treating the perpetrator with respect); 	<ul style="list-style-type: none"> → Gender-informed perpetrator work as an exception, rather than the rule; → Underdeveloped practices for risk assessment and management; → Prevalence of individual work with the perpetrators and short group interventions;

155 Grupa autora, ur. Belotić Jovanović, S. Standardi programa rada sa počiniocima nasilja u partnerskim odnosima, neobjavljen rad u okviru projekta „Integrirani odgovor na nasilje nad ženama i devojčicama u Srbiji II“, 2019.

156 Pauncz, A. (2018), Who should provide victim support services? A review of documents and working papers on collaboration between perpetrator programmes and women's support, European Network for the Work with Perpetrators of Domestic Violence.

There is a need to strengthen gender-informed work in the region. Although practices vary between the organisations and countries, in many cases there was a lack of gender perspective, while the clinical, or psychoeducational perspective was dominant. This is particularly important on the level of programme implementation and its curriculum. Many programmes state that they have embedded gender roles, stereotypes and masculinities in their work. There are some programmes that do not tackle these topics and focus more or solely on managing anger, stress and non-violent communication.

The identified practices on risk assessment and management in the region are areas of concern. Most of the mapped programmes do not have standardised procedures around risk that are applied in every case. Many programmes do not use evidence-based risk tools, while some do not incorporate the perspective of the survivor. As a way to assess and manage the risk, some programmes use psychological testing and tools, instead of more comprehensive evidence-based risk assessment procedures. Some rely on the risk assessment of other stakeholders, neglecting the dynamic nature of risk.

Most programmes have intake criteria that guide professionals in making the decision on who to admit to the programme. However, in many cases, important criteria like acceptance of limited confidentiality by the perpetrator, or acceptance that the survivor will be contacted, are not recognised as relevant. In some cases, it was identified that intake criteria were not specific enough, and that service providers felt that they needed to work with any client that referral institutions sent to them, regardless of the resources or competencies that they had.

Many organisations in the region conduct mainly individual work with the perpetrators, while some provide exclusively individual work. The potentials of group work in encouraging change are not used enough, due to the low numbers of perpetrators referred to programmes, the lack of resources, programme or training, or hesitations due to the attitudes of men toward group work. Many identified that group perpetrator programmes were rather short, as they include 12 group sessions in Albania and 16 group sessions in North Macedonia and in parts of Bosnia and Herzegovina.¹⁵⁷ Knowing how deeply rooted the beliefs that underpin violent behaviour are, there is a doubt if these short programmes can achieve longer-term changes.

The programmes' curricula were not analysed in this research, so it is not possible to present some of the good practices in that regard. There is one promising practice around risk assessment in the region.

Comprehensive and ongoing risk assessment in Serbia

Standards of perpetrator work in Serbia define clear and good procedures around risk assessment and management. Risk is assessed jointly by the perpetrator programme and the survivor support service. There are an ongoing exchange of information around risk between these two services and regular risk management meetings (at least once a month), led by the programme coordinator. The process is supported by an evidence-based risk assessment tool. The described practice is not applied countrywide.

There is an urgent need for improvement of risk assessment and management in the region, as an essential part of safe perpetrator programmes. All programmes need to be gender-informed, as this is the only way to tackle violence that is a result of structural and historical inequalities between men and women. Although many changes in this section can be implemented by programmes themselves, with responsible improvements of their work, all listed recommendations should also be coordinated at a country level.

¹⁵⁷ This refers to the number of group sessions, not the duration of the whole programme. Programmes usually have 2-4 individual sessions in the intake phase, prior to the group work.

Key recommendations in this area are:

- **Application of a gender-informed approach to work with the perpetrators.** All programmes should analyse their practices from the perspective of a gender-based approach. A gendered perspective should be applied at all programme levels. It needs to underpin the curricula for the work (in terms of core topics, principles), the training of staff, the design of co-facilitation teams (male and female facilitator), the approach in work with male and/or female clients.
- **(Further) development of intake criteria for programmes;** programmes should be supported to clearly define and stick to intake criteria that follow the standards of safe practice, but also consider their resources and current competencies.
- **(Further) development of clear and comprehensive procedures on risk.** All programmes need to analyse their practice from the perspective of risk and to make the necessary changes. It is strongly recommended that each programme develop and adopt standardised procedures around risk, or even better, on the country level through standards or protocols. These procedures should follow structural professional judgement as a widely accepted approach in the field, incorporate the perspective of the survivor, and use one of the evidence-based risk instruments (like SARA, DASH).

It is recommended to organise extensive training of professionals and organisations on risk assessment and management, so that programmes/countries gain competencies that will enable them to draft good quality procedures and implement them in practice.

The procedures should be aligned with the existing framework of risk assessment in the country, to bring added value to the work, but also enable effective communication between all the involved actors, especially in high-risk cases.

Procedures need to tackle how risk will be managed, both in terms of internal actions and external cooperation.

- **(Further) development of group work in working with perpetrators and development of longer-running programmes.** The perpetrator programmes are encouraged to implement group work with the perpetrators of violence. The programmes should be supported in this regard, in terms of having adequate programme for group work, resources and training. The programmes in Albania, North Macedonia and Bosnia and Herzegovina should be strengthened in terms of their duration, in order to support longer-term changes. The programmes in Montenegro and Bosnia and Herzegovina that work in line with strong individualisation of the programme and do not have a defined duration and structure should be strengthened and standardised.

6. Country-Specific Recommendations

6.1. Albania

Albania is a country with many potentials for quality perpetrator work. It has several strong and experienced community-based programmes that can be active partners not only in the groundwork, but also in strategic activities. However, a lot needs to be done to ensure countrywide quality implementation of perpetrator programmes. The main gaps are identified in the area of accessibility of programmes, in which the state needs to take a more active role. Some improvements are needed in the ways programmes are implemented in practice. The key recommendations are as follows:

- **Establishment of stable, state funding streams.** Perpetrator programmes in Albania are dependent on unstable project funds. This affects the existing services and limits their potential for national rollout. Although the programmes are recognised by the law, and although the state institutions use perpetrator services (they refer perpetrators to programmes) and cooperate in the process of their regulation (through drafting standards), state funding does not exist.

In defining the funding streams, it is important to make sure that they do not affect the funding for survivor support services.

- **Countrywide rollout of programmes.** Setting up new services in the country so that they are available at least in every region, or every bigger city in the country.
- **Adoption of standards and their strengthening through specific operational protocols.** The existing standards are in the process of adoption, as informed during this research. As some key elements of survivor-safety perpetrator work are not operationalised (risk assessment and management and survivor contact and support), there is a need to support the existing standards with operational protocols on these topics. The operational protocols that are currently being drafted by the NGO sector¹⁵⁸ should also be acknowledged by the state, in order to be implemented countrywide.

It is very important that the system for assessment and monitoring of implementation of standards is set. Experts in the field should be engaged in these processes. Good practices from the United Kingdom and Germany, where these tasks are entrusted to the national networks as expert bodies could be applied in Albania as well.

- **Developing specialised programmes for sexual violence offenders and for work with other types of clients (female perpetrators, perpetrators of domestic violence...).** Each category of clients requires a specific programme that needs to be developed. Some of the current practices where these clients are involved in the work without proper a programme or approach should be put on hold.
- **Development of programmes in the prison setting.** Specific programmes in prison are limited to the initiative of one NGO. Specific programmes for prison setting should be developed and their implementation planned across the country.
- **Shifting current perspective that is focused on male-led individual perpetrator work.** Perpetrator programmes aim to break the frames of traditional gender roles, and one of the ways they address this is through the very setting of the programme. Involvement of female facilitators in the work can challenge existing attitudes, as well as a group perpetrator programme that challenges the beliefs that men should not open up and share with other men. Resistances and hesitations need to be addressed not only by perpetrators,

¹⁵⁸ Drafting of operational protocols on collaboration between perpetrator programmes and survivor support services, and on risk assessment and management are activities within the ALIVE project, coordinated by the CIES NGO in cooperation with local partners (Albanian School for Public Administration, *Woman to Woman, Another Vision* and *Vatra*).

but by programme facilitators as well. It is highly recommended that this be defined not as an option (that perpetrators can choose whether to enrol in individual or group work, or to work with a male or a female facilitator), but as a programme structure.

The existing experiences of CLMB and WtW that are piloting this method of work should be utilised to develop strategies for shifting the existing perspectives and support other programmes.¹⁵⁹

- **Creation of a group programme that can support a longer-term impact on perpetrators.**

The existing 12-session programme should be strengthened and extended. It is important to conduct a prior analysis of the existing programme so that it can be further developed by adding the contents that are missing, or it could be further elaborated.

- **Setting up a continuous evaluation of perpetrator programmes.** It is recommended to set up a countrywide evaluation of perpetrator programmes using the same methodology and the same tools. This should not be a project activity, but an integral part of the programme rollout.

- **Improving the existing curricula regarding risk assessment and management and survivor contact and support.** The existing practices around risk assessment and survivor support should be operationalised and implemented. Professionals need further capacity building in these aspects, that is not limited only to trainings, and incorporates interventions like mentoring, or consultancy.

159 The activity is implemented within the STOPP project.

6.2. Bosnia and Herzegovina

Bosnia and Herzegovina has developed a legislative framework around perpetrator programmes that places them in mental health institutions. Several NGOs started programmes and discontinued them, while a few manage to provide services over a longer period of time, also on a project basis. It seems that there is interest and willingness of the women's support sector to engage in the field, as providers of perpetrator programmes or through intensive cooperation, which represents a strength with high potential. Several NGOs have gained valuable and extensive experience in the field, while their work is limited due to the legislative barriers. The main gaps have been identified in the overall national framework for perpetrator programmes.

- **Changing the existing the legislative framework and placing programmes in suitable sectors.** It is strongly recommended that framework that places perpetrator programmes in the mental health centres be questioned, analysed, and improved. The identified gaps in service provision of mental health centres are structural and conceptual, and they can hardly be overcome with light interventions, like trainings of professionals. The legislative framework should be amended accordingly, in a way that the NGOs are perceived as possible service providers.

The existing capacities in the health sector should be utilised to provide services for the perpetrators with mental health issues or substance abuse, either through close cooperation with newly-established perpetrator programmes, or by having the service provided within these institutions.

It is essential for perpetrator programmes not to be added as just one more of activity of professionals already engaged in some state-run services, in any sector.

- **Increasing the number of service providers, countrywide.** When previous actions are carried out, it is crucial to increase the number of service providers and to ensure them at least in every region, or every bigger city in the country.
- **Defining specific sustainable funding.** Although some state funding streams are defined (only in the Federation of Bosnia and Herzegovina), it seems that this is not functioning in practice. Specific and sustainable funding of programmes needs to be established, in a way that does not affect the funding streams for survivors.
- **Improvement of implementation of legislative solutions.** When adequate legislative solutions are defined, and the network of service providers is available, it is also essential to establish the monitoring mechanisms and their implementation. Referrals of existing measures to perpetrator programmes are very low in the country, and this needs to be addressed. All relevant stakeholders need to be motivated, awareness needs to be raised, and training held that enables them to understand the relevance of perpetrator programmes and their roles.
- **Shifting perspective from clinical to gender-informed.** This is connected to shifting the general existing framework for perpetrator work in the country. Nevertheless, both state-run and NGO service providers need to incorporate a gender-informed perspective when it comes to perpetrators and perpetrator programmes.
- **Developing services for sexual offenders and other types of clients (like female perpetrators, child abuse offenders, perpetrators of domestic violence).** Each category of clients requires a specific programme that needs to be developed. Some of the current practices where these clients are involved in the work without a proper programme or approach should be put on hold.
- **Development of programmes in the prison setting.** Specific programmes for the prison setting should be developed and implementation should be planned across the country.

- **Development of quality assurance mechanisms in the country.** It is recommended to develop the national standards for survivor-centred perpetrator work, that would set up criteria, but also guide the work of organisations. Monitoring the implementation of standards can be developed through setting up an accreditation process. The evaluation of programmes should be integrated in the standards, and should be countrywide, applying the same methodology and the same tools.
- **Improving the existing curricula regarding risk assessment and management and survivor contact and support.** The existing practices around risk assessment and survivor support should be operationalised and implemented. Professionals need further capacity building in these aspects.

6.3. Kosovo

Access to perpetrator programmes in Kosovo is on a very low level, limited to only two service providers, in the NGO setting. The role of the state needs to be much more prominent in developing the framework and resources for quality perpetrator work, which will be a longer-term process. The existing programmes face many challenges in terms of their sustainability, but also safety and quality of the work, and need to be supported in further capacity building.

As there are many aspects that need attention, it is recommended to develop a strategy and an action plan for development of perpetrator programmes in the country, or to include them in the existing relevant strategic documents. It is encouraging that the new National Strategy on Protection Against Domestic Violence and Violence Against Women (2022-2026) defines the establishment and implementation of programmes for the psychosocial treatment of perpetrators of violent crimes in specific objective I.4. However, this process should be elaborated in more detail and include recommendations from this research.

The key recommendations are as follows:

- **Increasing the number of service providers, countrywide.** The perpetrator programmes need to be set up countrywide, at least in every region, or every bigger city in the country.
- **Building human resources that will provide the programmes.** There is a lack of trained professionals for the provision of perpetrator programmes. Even in communities that provide the programmes (Pristine and Gjakove), the number of trained professionals is very low, and this aspect needs to be strengthened. It is highly recommended that training rely on the provisions of the Istanbul Convention and international standards for quality work. As existing expertise in the country is limited, this will probably require cooperation with international programmes or experts.
- **Defining specific sustainable funding.** Specific and sustainable funding of programmes needs to be established, in a way that does not affect the funding streams for survivors. However, it is highly recommended that funding be associated with proven quality programmes and their compliance with international/national standards. The funding should also include the work of survivor support services that are connected with perpetrator programmes.
- **Development of quality assurance mechanisms in the country.** It is recommended to develop the national standards for survivor-centred perpetrator work, that would set up the criteria, but also guide the work of organisations. Monitoring the implementation of standards can be developed by setting up an accreditation process, that should be specific for perpetrator work (not for the general counselling or social services). The evaluation of programmes should be integrated in the standards, and should be countrywide, applying the same methodology and the same tools.
- **Improving the quality of perpetrator programmes.** The existing programmes need to be supported to improve their service, and expand from behaviour-change interventions to safe, accountable and comprehensive practices. There are significant gaps in the provision of survivor contact and support linked to perpetrator programmes and risk assessment and management. Also, group perpetrator work should be set up and encouraged, and supported by relevant training. It is recommended that curricula of existing programmes be analysed by external experts, so that recommendations for their improvement can be outlined. It is also important that provision of future capacity building not be limited solely on trainings, but that it provide ongoing support through external mentoring and supervision.

- **Development of programmes in the prison setting.** Specific programmes for the prison setting should be developed and their implementation planned across the country.
- **Developing services for sexual offenders and other types of clients (like female perpetrators, child abuse offenders, perpetrators of domestic violence).** Each category of clients requires a specific programme that needs to be developed. However, bearing in mind that programmes for intimate partner violence are underdeveloped, it is recommended to prioritise these programmes, and focus on other types of clients in later stages.

6.4. Montenegro

The framework for perpetrator programmes in Montenegro exists, however, its role in establishing survivor safety-oriented perpetrator work is questionable. Programmes are available exclusively in mental health centres, with a strong clinical focus. It seems that the existing women support NGOs lack information about perpetrator programmes, their relevance, and their potential role, apart from one organisation¹⁶⁰ that is active and is initiating changes. The key recommendations are as follows:

- **Amending the existing legislative framework and placing the programmes in suitable sectors.** It is strongly recommended that the current framework that places perpetrator programmes in mental health centres be questioned, analysed and improved. The identified gaps in service provision of mental health centres are structural and conceptual, and they can hardly be overcome with light interventions, like trainings of professionals. The legislative framework should be amended accordingly.

While doing that, it is essential to keep in mind that perpetrator programmes need to be specialised services, not add-ons to the existing services and workload of professionals in any sector.

The existing capacities in the health sector should be utilised to provide services for perpetrators with mental health issues or substance abuse, either through close cooperation with the newly established perpetrator programmes, or by having the service provided within these institutions. However, it is also important that programmes for these categories of clients not be limited to the medical approach only.

- **Defining the service providers and increasing their number countrywide.** When the previous actions have been completed, it is crucial to increase the number of service providers and to ensure them at least in every region, or every bigger city in the country. The NGO sector, especially the support services should be encouraged to consider their potential role in this process, and they should be supported with information about perpetrator programmes, best practices exchange and similar.

It is essential for perpetrator programmes not to be placed as just one more of the activities of professionals already engaged in some state-run services, in any sector.

- **Defining specific sustainable funding.** The specific and sustainable funding of programmes needs to be established, in a way that does not affect the funding streams for survivors.
- **Improvement of implementation of legislative solutions.** When adequate legislative solutions are defined, and the network of service providers are available, it is also essential to establish monitoring mechanisms for their implementation. Referrals of existing measures to perpetrator programmes was very low in the country, and this needs to be addressed. All relevant stakeholders need to be motivated, sensitised, and trained to be able to understand the relevance of perpetrator programmes and their roles.
- **Shifting perspective from clinical to gender-informed.** This is connected to shifting the general existing framework for perpetrator work in the country. Nevertheless, all future service providers need to incorporate gender-informed perspectives when it comes to perpetrators and perpetrator programmes. Likewise, the future legislative framework needs to have this perspective in all aspects, even when defining staff and staff competencies.

160 SOS line NGO for women and children domestic violence survivors, Podgorica.

- **Development of the national programme for work with the perpetrators of intimate partner violence.** For the national rollout, there needs to be a national programme for perpetrators of violence, and training of professionals associated with it. As there are no experienced service providers in the country, it is very likely that external expertise will be needed. It is essential that this programme is not solely focused on behaviour change, but that it incorporate a wider perspective that prioritises multi-agency work, cooperation with survivor support and risk assessment and management. It is also very relevant that the whole programme be in line with the Istanbul Convention and international standards, in terms of its key elements, curriculum, duration and similar.
- **Development of programmes in the prison setting.** Specific programmes for the prison setting should be developed and their implementation planned across the country. These programmes need to be connected with perpetrator programmes in the community, in order to plan post-penal support. Cooperation with survivor support services is important in every phase.
- **Development of quality assurance mechanisms in the country.** It is recommended to develop the national standards for survivor-centred perpetrator work, that would set up the criteria, but also guide the work of organisations. Monitoring of the implementation of standards can be developed through setting up an accreditation process. The evaluation of programmes should be integrated in the standards, and should be countrywide, applying the same methodology and the same tools.
- **Developing the services for sexual offenders and other types of clients (like female perpetrators, child abuse offenders, perpetrators of domestic violence);** each category of clients requires a specific programme that needs to be developed. However, bearing in mind that programmes for intimate partner violence are underdeveloped, it is recommended to prioritise these programmes, and focus on other types of clients in the later stages.

6.5. North Macedonia

North Macedonia has a rather good legislative framework that defines perpetrator programmes and gives guidance and assures quality through its national standards. However, its implementation in practice is poor, there are only two active service providers in only one city. The role of the state needs to be more prominent in monitoring the implementation of the existing measures and initiating improvements in the country. The key gaps are identified in the area of accessibility of perpetrator programmes. Some improvements need to be made in the aspect of survivor safety. The key recommendations are as follows:

- **Increasing the number of service providers. It is important to ensure that perpetrator programmes be available at least in every region, or every bigger city in the country.** It is essential that perpetrator programmes are not added as just one more of the many activities of professionals already engaged in some state-run services, in any sector. This needs to lead all planned activities, especially those already envisaged in the new National Action Plan,¹⁶¹ that defines to set up 10 perpetrator programmes in the country.
- **Defining specific sustainable funding.** Specific and sustainable funding of programmes needs to be established, in a way that does not affect the funding streams for survivors. Funding needs to enable good quality work, in terms of human, technical and spatial resources.
- **Improvement of implementation of legislative solutions.** It is important to establish monitoring mechanisms of implementation of the existing legislative solutions, and to make sure that they be proposed by the relevant institutions.
- **Development of programmes in the prison setting.** Specific programmes that focus on gender-based violence for the prison setting should be developed and their implementation planned across the country. These programmes need to be connected with perpetrator programmes in the community, in order to plan post-penal support. Cooperation with survivor support services is important in every phase.
- **Improvement of the quality assurance mechanisms in the country.** It is recommended to revise the exiting national standards for perpetrator work, or to draft operational protocols that will define in more detail risk assessment and management and survivor contact and support. It is recommended that standards have a slightly wider approach, and allow that other programmes (with different duration, curriculum...) be developed. Likewise, the evaluation of programmes should be integrated in the standards, and should be country-wide, applying the same methodology and the same tools, that incorporate the perspective of the survivor.
- **Developing services for sexual offenders and other types of clients (like female perpetrators, child abuse offenders, perpetrators of domestic violence).** Each category of clients requires a specific programme that needs to be developed.

161 https://mtsp.gov.mk/pocetna-ns_article-nacionalniot-plan-za-sproveduvanje-na-konvencijata-za-sprecuvanje-i-borba-protiv-nasilstvo-to-vrz-zen.nspix

6.6. Serbia

Programmes in Serbia vary considerably in terms of their practice and their compliance with the Istanbul Convention. There are some promising practices in the NGO sector, however, the role of the state needs to be more prominent in improving the framework for perpetrator work. The programmes are conducted in an unsustainable way, and without standardisation. The key recommendations are as follows:

- **Increasing the number of service providers, countrywide.** Perpetrator programmes need to be set up countrywide, at least in every region, or every bigger city in the country. Even in the existing programmes, professionals are not fully engaged in the work, as it depends on the available project funds, or they are engaged in other activities. Provision of perpetrator programmes should not be just one of the added activities to the scope of work of the already employed professionals in any sector, it needs to be a specialised service.
- **Defining specific sustainable funding.** Specific and sustainable funding of programmes needs to be established, in a way that it does not affect the funding streams for survivors. The funding should be connected with ensuring the quality of programmes (standards and accreditation).
- **Development of quality assurance mechanisms in the country.** The existing standards that are drafted by the NGO sector are comprehensive and contain all key elements of survivor safety-oriented perpetrator work. These standards need to be adopted by the relevant state authorities and applied countrywide. It is very important that experts in the field be engaged in the process of assessment of compliance with the standards, as well as in monitoring of their implementation. Good practices from the UK and Germany, where these tasks are entrusted to the national networks as expert bodies can be applied in Serbia.

The evaluation of programmes should be integrated in the standards, and applied countrywide, using the same methodology and the same tools.

- **Further development of programmes in the prison and probation setting.** Specific programmes for the prison setting that are currently piloted should be analysed, and, in case of proven quality, applied countrywide. It is also important that there be enough human resources with specific training and competencies who can conduct the work. These professionals should not be engaged in other tasks that might be in conflict with the role of perpetrator programmes facilitation. Programmes should also be applied in the probation, in a way that the probation provides the service or is connected with some programmes in the community.

Furthermore, it is essential that these programmes be linked with community programmes, especially in the phases of transferring from prison to community. Cooperation between prisons and survivor support services should be strengthened and scaled up from the current cooperation that is limited to the centres for social work.

- **Developing services for sexual offenders and other types of clients (like female perpetrators, child abuse offenders, perpetrators of domestic violence).** Each category of clients requires specific programme that needs to be developed. This is specifically the case for programmes for sexual violence offenders, as per Article 16 of the Istanbul Convention.
- **Improvement of the existing legislation and its implementation.** In Serbia, there is a lack of mandatory referrals to perpetrator programmes that are quick and allow response in cases of increased risk of violence. Serbia is the only country in the region that does not have perpetrator programmes included in protection orders. There is room for immediate improvement.

The existing referral route, through the criminal legislative path, is not mandated by the courts, and this practice should be changed.

7. Limitations of this study

This research has some limitations. First of all, the number of existing perpetrator programmes' participants is quite low and this affects the scope of the analysis. Despite this, the sample included is representative of the number of services existing in the region (which is rather low).

Moreover, the comparison among perpetrator programmes and victims' services perspectives was not possible to full extent in some countries. In Montenegro and Bosnia and Herzegovina, some perpetrator programmes (mental health centres) were responding to cooperation with survivor support services from their perspective of cooperation with centres for social work, not independent survivor support services. However, centres for social work were not included in the mapping, instead independent survivor support NGOs were consulted that do not have cooperation with mental health centres in this regard. That is why their answers were analysed, instead of compared.

Finally, the use of questionnaires has prompted some challenges such as some questions not being answered by some of the respondents. Despite this, the focus groups were useful in overcoming this challenge and providing some of the missing information.

Appendix: List of consulted entities

Albania

- *Another Vision* NGO, Elbasan
- *Woman to Woman* NGO, Shkodra
- *Vatra* NGO, Vlora
- *Counselling Line for Men and Boys* NGO, Tirana
- Independent professional, Municipality of Pogradec
- Durres Probation service
- Shelter for Abused Women and Girls
- *Counselling Line for Women and Girls*, Tirana
- Albanian Women Empowerment Network

Bosnia and Herzegovina

- Široki Brijeg Mental Health Centre
- Tuzla Mental Health Centre
- *Vive Žene* NGO Tuzla
- Budućnost NGO, Modriča
- Bjeljina Mental Health Centre
- *Fondacija lokalne demokratije* NGO, Sarajevo
- *Udružene žene* NGO, Banja Luka
- Banja Luka Mental Health Centre

Kosovo

- *Safe House* NGO Gjakove
- *Centre for Women's Welfare* Peje
- *Centre for the Protection of Women and Children* NGO Prishtine
- *Office for Victim Protection and Assistance Institution*, Office of the Chief State Prosecutor
- *Centre for Counselling, Social Services and Research (SIT)* NGO, Prishtine
- Centre for Correctional Services – Ministry of Justice
- Probation services – Ministry of Justice

Montenegro

- SOS line NGO for women and children domestic violence survivors, Podgorica
- SOS line NGO for women and children domestic violence survivors, Nikšić
- Podgorica Mental Health Centre
- Bijelo Polje Mental Health Centre
- Kotor Mental Health Centre
- Berane Mental Health Centre

North Macedonia

- The First Family Centre, Skopje
- *Hera* NGO Skopje
- The Association of Clubs of Alcoholics

Serbia

- Belgrade Centre for Social Work
- Vršac Centre for Social Work
- *Crisis Centre for Men* NGO
- *National Network for the Work with Perpetrators of Domestic Violence-OPNA* NGO
- The Novi Sad prison
- The Sremska Mitrovica Prison
- *SOS Ženski centar* NGO, Novi Sad
- *Oaza sigurnosti* NGO, Kragujevac
- *Peščanik* NGO, Kruševac

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The European Network for the Work with Perpetrators of Domestic Violence (WWP EN)

Founded in 2014, the European Network for the Work with Perpetrators of Domestic Violence (WWP EN) is a membership organisation with members including perpetrator programmes, research institutes, and victim/survivor support services. Today, we unite over 60 members across Europe for a common goal: accountable, effective, and victim-centred perpetrator work.

We believe that gender-based violence violates women's human rights and aim to create a gender equitable world by supporting member organisations in their work with those who choose to use violence in intimate partnerships, predominantly men.

As an umbrella organisation, WWP EN supports its members in offering and developing responsible, victim-focused perpetrator work. As part of our capacity-building, we offer innovative and essential training for perpetrator programmes. Additionally, we work to promote the Istanbul Convention together with a growing network of European and global partners.

To build a European dataset on the effectiveness of perpetrator work and support perpetrator programmes in showing their positive impact, WWP EN offers the IMPACT Outcome Monitoring Toolkit.