



European  
Network

## NATIONAL REPORT GUIDELINE

Country: Croatia

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### 1) **Organisation/programme** (max 3000 characters)

- *Do You conduct any programme(s) for the domestic violence perpetrators at the moment? If yes, please describe it/them briefly. If not, please explain why?*

At the moment the SPA does not conduct its treatment program for the domestic violence perpetrators due to financial reasons. In the budget of the Ministry of Justice, which should fund the treatment, there was not enough funding for the 2013th year and this is the reason why SPA had to stop implementation of the treatment. We expect to continue with treatment implementation next year.

- *What type of (other) activities regarding preventing domestic violence have You conducted within last four years?*

SPA has conducted the following activities in the field of domestic violence during the last four years:

- Three-year project (2009 - 2011) “Capacity building for multi level community response to gender based violence (GBV) in Croatia”.

Within the project we have completed: (1) the training program for service providers to respond to GBV more effectively and with better coordination at the community level. Participants were recruited representing the multi-sector staff dealing with gender based violence (police officers, social service providers, judges and service providers from NGO sector). Total number of trained service providers was 589 in this program plus 37 participants in the program for managers (directors of social services, heads of county police, court presidents and judges).

(2) Training of the service providers to provide treatment of perpetrators. Total number of professionals who completed the training was 61. The Manual for program leaders was revised and finalized. About 50% of the trained professionals started to provide treatment and by the end of the project they provided treatment to about 150 perpetrators in 15 cities of Croatia.

(3) Development of the pilot intervention program for violent children and youth was completed. Implementation of that program started in December 2011 and by now completed with two groups of adolescents.

(4) Curriculum for proactive prevention of GBV for adolescents was developed, tested, implemented and refined. Final version of the curriculum for workshops as well as the manual for program leaders was completed. At the same time, the university course on prevention of GBV was developed, approved by the relevant authorities and started to be regularly implemented at five university centers in Croatia. Total numbers of direct beneficiaries within this program during the project were: 54 secondary school staff and 9 university teachers who participated in developing the program on prevention of GBV in youth relationships, 234 university students who have completed the course at their respective universities during the two years. The course curriculum includes intensive training of students to deliver the standardized workshops in high school classes. The school staff and students delivered workshops to 5,150 adolescents in the first year of the program and another 6.000 high school students in the second year.

▪ *What would you define as your most significant success regarding violence prevention within the last four years?*

- The treatment program developed, refined, accepted by the Ministry of justice and completed with 230 perpetrators.
- The preliminary evaluation survey showed that the number of recidivists in the group who have completed the treatment was significantly lower than in the group that have not been in the treatment.
- 120 Croatian professionals trained for treatment of perpetrators by SPA's trainers. Implementation of the treatment started in 16 Croatian cities. SPA also trained 28 professionals in Bosnia and Herzegovina and 14 professionals in Macedonia.
- 589 service providers from governmental services and NGOs in 13 Croatian counties (out of 22) and city of Zagreb received training and increased their coordinated response to GBV at the community level. The protocol for coordinated response to GBV at community level in 13 counties is now applying more effectively than before.
- Proactive prevention program for violence in adolescent relationships developed, tested and implemented in 54 high schools in Croatia. Evaluation data show that adolescents who have completed the workshops reported a highly significant reduction in perpetrated and experienced violence in their relationships, increased awareness and recognition of GBV, improved awareness of own rights in a relationship and readiness to help a friend in a violent relationship.

▪ *What would you define as the biggest obstacles/challenges regarding violence prevention in your organisation within the last four years?*

Insufficient financial support for the treatment of perpetrators of violence is the biggest obstacle.

2) **Country** (max 1800 characters)

- The overview of general situation in Your country regarding work with perpetrators (e.g. What has change in your country legislation within the last 4 years? Most important legal and policy measures implementation; In which way they helped?)

The main law that prosecutes domestic violence is the Law on Protection from Domestic Violence (effective from 2003). The Misdemeanor courts in Croatia apply this law and it was not changed significantly during the last four years.

The second law that covers domestic violence is the Criminal Law. The most significant change in that law was the amendment applicable from 01.01.2013. The article 215a (that was explicitly describing violent behavior in the family) was suspended and family violence is punishable according to all other articles of the Criminal Law describing violent behavior, with the aggravating circumstance if the violent behavior happened within the family. The effects of this change are still unknown.

- Do You know any other organisations/programmes in your country which deal with domestic violence prevention mostly by work with perpetrators? If yes please point them out  
Implementation of the treatment started in 10 organizations (mostly NGOs) in 16 Croatian cities but due to insufficient financial support only 4 of them are active in 2013: U.Z.O.R. - Rijeka, Duga – Zagreb, Psychoaktiva – Split, Lux Vitae – Pula. All of them receive financial support from local (city) governments.

### 3) **Best practices** (max 1800 characters)

- Point out the best practices in work with perpetrators existing in your organisation/country
- Can they be implemented in other organisations/countries? If yes – how?If no – why?

In the SPA we implement the structured and standardized group treatment program. Treatment providers (male-female pair of leaders) have the Manual that describes the content and methods of work at each treatment session. The Manual contains also all supporting and additional materials and handouts for working with perpetrators. An integral part of the treatment program is contact (at least 3) with partners/victims and providing support to them. Also, the regular contacts and informing of all relevant organizations involved in combating domestic violence (police, courts, social welfare center and the organizations that work with victims of violence). Treatment providers take the standardized documentation on the implementation of program as well as an internal evaluation of the treatment. Treatment providers have regular supervision.

These practices are also applied in other treatment organizations in Croatia because the SPA trained all treatment providers in Croatia. We have also trained 28 treatment providers in Bosnia and Herzegovina and 14 in Macedonia for implementation the same program.

The best practices can be implemented to other organizations and countries, not only through training but also through regular meetings/conferences and exchange of experiences.

### 4) **Needs and recommendations** (max 1800 characters)

- What has to be done in regard to prevent domestic violence in your country (mostly regarding to work with perpetrators)?

To ensure and provide financial resources (at the Ministry of justice) and to find a model of stable funding for treatment centers so to expand the network of treatment centers in Croatia.

To improve coordination between police, courts and social welfare centers to respond more effectively to domestic violence at the community level. To establish a “coordination center/unit” at community level that would lead, direct and coordinate each case of domestic violence.

To speed up the work of the courts, in order to reduce the length of time between committing the violence and judgment/referral to treatment.

- Point out the most urgent, most important and most promising tasks and steps that should be focused on

The most urgent task: To find a model of stable funding to expand the network of treatment centers in Croatia.

The most important tasks: to harmonize measures, procedures and policies to effectively meet the needs of all participants in domestic violence: victims, perpetrators, professionals working with victims/perpetrators and the public.

The needs of victims: stop the violence and protection; psychosocial treatment.

The needs of perpetrators: psychosocial treatment and punishment measures.

The needs of professionals: regular education/training and supervision.

The needs of the public: informing and raising awareness/sensitizing.

The most promising task: regular and systematic prevention programs for children and adolescents.