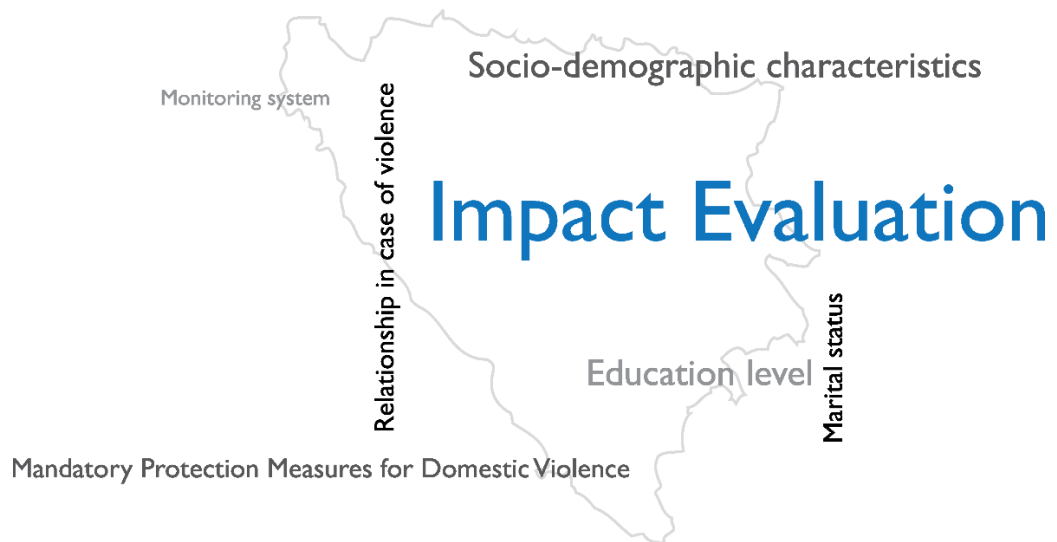




Evaluation Society in Bosnia and Herzegovina



Impact Evaluation of Mandatory Protection Measures on Domestic Violence

Evaluation Society in Bosnia and Herzegovina

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ABSTRACT

In the Federation of Bosnia and Herzegovina (FBiH), the Law on Protection against Domestic Violence provides for immediate protection of victims. An assessment of the impact of domestic violence protection measures in FBiH has been the purpose of this study. This evaluation brought together monthly data for the years 2013 through 2017, together with interviews with victims and main stakeholders. The field research was conducted in cooperation with the professional staff of social work centers. The administrative data on reported cases, as well as survey data for the cases of 647 victims from the Sarajevo Canton have been collected in the panel database.

We also analyzed the implementation of protective measures and their effectiveness and efficiency on the reported cases. To analyze the impact, the logit model was estimated and we also estimated and reported marginal effects. We also applied the dynamic random effects probit to complement the results. Within the model, the initial condition was addressed following the approach of Wooldridge (2005),¹ who modeled an unobserved heterogeneity by including the values of time-varying explanatory variables in each period in the model. The main results reveal the impact of our main variables of interest, that is the protective measure. Three of protective measures, harassment or stalking the victim of violence, psychological treatment as well as arrest, and any prior imposition of these measures reduces predicted probability of domestic violence in the future. Also, the victims' age is slightly associated with the risk of violence, with older victims being related with higher incidence of violence. The place of residence also emerges as a significant predictor of domestic violence, where those residing in rural areas are more likely to experience violence than those who reside in urban areas. Finally, witnessing violence during childhood, for both the victims and the perpetrators, does not seem to influence their experiencing violence in later relationships. At the same time, presence of children does positively impact on the domestic violence. As expected, alcohol abuse of perpetrators is linked with a higher likelihood to commit domestic violence. Taking into account the above findings, this study provides a broad range of recommendations, with the key focus on prevention by means of mandated psychological treatment, which produces the strongest long-term impact.

¹ Wooldridge (2005) modeled unobserved heterogeneity by including in the model the initial period of the outcome variable and the initial period and within-unit averages of time-varying explanatory variables.

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ACRONYMS

B&H - Bosnia and Herzegovina

CEDAW – Convention on the elimination of domestic violence

EVAL - Evaluation Society in Bosnia and Herzegovina

FB&H - Federation of Bosnia and Herzegovina

FREQ – Frequency

GBV - Gender-based violence

GCFB&H – Gender Centre of the Federation of Bosnia and Herzegovina

Istanbul Convention - The Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence

MoH – Ministry of Health

Moj – Ministry of Justice

MoP – Ministry of Police

MoSW – Ministry of Social Welfare

PERC – Percent

UNFPA - United Nations Population Fund

USAID - United States Agency for International Development

WHO - World Health Organization

EXECUTIVE SUMMARY

The Law on Protection from Domestic Violence provides for immediate protection for victims of domestic violence through the imposition of protective measures. The protective measures implemented by the police include: removal from the apartment, house or other dwelling and prohibition against returning to the apartment, house or other dwelling; restraining; prohibition of harassment or stalking the victim of violence and temporary detention and retention; mandatory psychosocial treatments are implemented by the mental health centers; mandatory treatments of addiction are implemented by addiction rehabilitation institutions. Centers for social work monitor the implementation of protective measures. Taking this into account, the impact evaluation provides an insight into the understanding of impact and implementation of protective measures and provides guidance and evidence for policy adjustment, and in particular for the forthcoming discussion on the Law on Protection from Domestic Violence.

This evaluation covers the 2013-2017 period and the team conducted the evaluation between September 2017 and October 2018, while the field work took place between February and August 2018. The field research was conducted in cooperation with the professional staff of the centers of social work. To establish a meaningful baseline for our research, we collected administrative data and the data on the cases of imposition of protective measures, to establish the panel data set, which would permit estimation of the measure's impact. This methodology was complemented with interviews with victims and practitioners in this field.

Key evaluation questions were:

Evaluation question 1

What were the characteristics of the victims and perpetrators under the protective measures program?

Evaluation question 2

What were the impacts of protective measure interventions in the reported cases, and how does the use of protective measures deter violent behavior in the future? To what extent did the impact vary across different protective measures? Are there other factors that act to deter violent behavior in the future?

Evaluation question 3

Were the protective measures implemented in accordance with the existing legislation, and if not, why? What are the lessons learned and recommendations about the implementation of these measures and about their effectiveness from the standpoint of victims and social workers? Are there any mechanisms in place for detection and targeted response to the recurrence of domestic violence? What challenges do social workers face in their work and how it can be improved?

The sources of data used included administrative and survey data for the reported cases, and it needs to be noted that the information about victims and perpetrators of domestic violence is collected in hardcopy format. The administrative data provide the information on key variables under scrutiny, such as the time of domestic violence and type of measures undertaken for the victims, and measures taken to prevent violent behavior. Additional control variables were collected from both the administrative sources and the survey. In the survey, we interviewed only those victims of domestic violence who reported violence at least once, and in doing so provided personal data to the authorities. The interviews were conducted by experienced social workers employed at the Center, both in the face-to-face format and over the phone. To supplement the administrative data, which contained only reported cases of violence, we used the survey to collect the data on the cases of violence that were not reported to the authorities.

To analyze the problem, the logit model was estimated and we estimated and reported the marginal effects. We also applied the dynamic random effects probit to complement the results. Within the model, the initial condition was addressed by following the approach of Wooldridge (2005).² who modeled unobserved heterogeneity by including the values of the time-varying explanatory variables in each period in the model.

The main results indicate the impact of our main variables of interest, i.e. the protective measures, three of which (harassment or stalking the victim of violence, psychological treatment as well as arrest) are significantly associated with domestic violence. As expected, prior imposition of these measures reduces predicted probability of domestic violence in the future. Prior prohibition of harassment, psychological treatment and arrest of perpetrators appear to be protective measures against future domestic violence, while the removal from

² Wooldridge (2005) model unobserved heterogeneity by including in the model the initial period of the outcome variable and the initial period and within-unit averages of time-varying explanatory variables

dwelling, prohibition of approach and treatments of addiction do not exhibit a statistically significant influence in terms of the future incidence of violence. In addition, victims' age is associated with the risk of violence, with older victims being related with higher incidence of violence. The place of residence also emerges as a significant predictor of domestic violence, where those residing in rural areas are more likely to experience violence as compared to those who reside in urban areas. Finally, witnessing violence during childhood for both the victims and the perpetrators does not seem to influence their experiencing violence in later relationships. At the same time, presence of children does positively impact domestic violence. As expected, perpetrators' alcohol abuse is a significant predictor of domestic violence. Taking into account the above findings, this study underlines the need to amend regulations in the area of prevention and treatment in cases of domestic violence, and to place a greater focus on prevention and measures that would produce a long-term impact. The following key activities are proposed in response to the key research findings:

- Research finding: Three protective measures (prohibition of harassment or stalking of the victim of violence, psychological treatment, as well as arrest) show a significantly better effect on reducing domestic violence in the future and improving family relationships.

Recommendation: Revise the Law to place a stronger focus and allocate more resources to more effective measures. Make recommendations both to the police, in their capacity as the institution that proposes protective measures, and to courts to ensure that application of these legal tools becomes more common.

- Research finding: The current regulations suffer from certain procedural deficiencies, enforcement instruments are insufficiently elaborated and there are cases of inconsistency between various regulations that treat this subject.

Recommendation: Initiate amendments to the legislation in the area of domestic violence with a special emphasis on the Law on Protection from Domestic Violence, which will, *inter alia*, include the following items:

- standardize the mandatory requirement for perpetrators of violence, victims and indirect victims of violence to submit to psychosocial treatment, regardless of whether the presence of domestic violence has been established or the complaint is baseless;
- formalize the duty of mental health centers to provide psychosocial treatment services or transfer the competencies for provision of such services to centers

for social work during regular working hours, competencies and regular activities and without the right to compensation for the implementation of the imposed measures, with the obligation to employ professional staff trained for provision of these services,

- relocation of the perpetrator of violence from the area where the violence occurred;
- provide instruments for enforcement of other imposed measures, leaving no discretion to the perpetrators, with an emphasis on the measure of mandatory treatment for alcoholism and other addictions;
- define the steps and the services that the centers for social work would provide in the prevention plan, listing specific duties of each stakeholder;
- develop licensed programs of sectoral and multisector education, certify program providers, as well as service providers, and license practitioners for work in the field of domestic violence, and ensure that all institutions / bodies / organizations working on domestic violence employ adequate number of trained staff.

- Research finding: Alcoholism is a significant risk factors for violent behavior.

Recommendation: provide necessary resources to increase the capacity of the relevant institutions to address this issue. Such capacity should include counseling and institutional treatment programs, and availability of facilities for institutional treatment should be ensured. A public education campaign on the role of addiction treatment programs should be designed and implemented to encourage greater voluntary involvement of citizens in these behavioral change programs

- Research finding: Presence of children represents a significant risk factor for violent behavior.

Recommendation: strengthen and prepare programs of violence prevention and promotion of non-violent behavior, non-violent partnerships and education of children, through both educational programs and promotional activities aimed at the public.

I. INTRODUCTION AND EVALUATION QUESTIONS

I.1 INTRODUCTION

The main purpose of this evaluation is to investigate the impact of implementation of protective measures in the cases of reported violence. In addition, we have provided an insight into understanding of impact and implementation of protective measures. This will serve to inform policy decision makers and help guide the forthcoming discussion on the Law on Protection from Domestic Violence and future developments in this field.

Domestic violence is present in all countries of the world regardless of their democratic traditions, economic strength, and level of education and culture. Domestic violence is defined as any form of physical, sexual, psychological or economic violence or the threat of such violence to which some of the family members are exposed. It is not an isolated, single event, but rather a form of repetitive behavior. The institutional response to domestic violence requires a multisector approach that requires involvement of the police, courts, social work centers, health institutions, educational institutions, non-governmental organizations and other entities. Such multisector approach should include work with perpetrators and their family members. The specificity of domestic violence lies in the fact that it occurs outside of public view, but the consequences of violence certainly affect the broader community. Domestic violence is also the underlying cause of a wider range of social anomalies. According to surveys conducted in Bosnia and Herzegovina³, 47% of people experienced some form of domestic violence during their lifetime, while 12% of people experienced violence in the past year.

According to official statistics⁴⁵, about 1,500⁶ cases of domestic violence was reported annually to the ministries of interior in all ten cantons of the Federation of Bosnia and Herzegovina, and 900⁷ criminal charges were filed. When it comes to criminal sanctions, the courts ruled in 350 cases, of which around 80% were suspended sentences, 10% were prison sentences, and 10% of the imposed sanctions were in the form of fines. In terms of the types of protective measures against the perpetrators of violence, the prevention of harassment and the restraining order were most frequently imposed protective measures (40% and 25%,

³ Babović, M., 2013. Rasprostranjenost i karakteristike nasilja prema ženama u BiH. Mostar: ARS BiH.

⁴ In BiH, regulation of domestic violence is an entity-level competence.

⁵ Hrnčić, Z., 2016. Nasilje u porodici - strateški pravci djelovanja u Bosni i Hercegovini. Fondacija Centar za javno pravo, Vol. 23, pp. 3-8.

⁶ According to the data of the cantonal ministries of interior in the year 2013, was reported 1669 cases of domestic violence and in the year 2014, was reported 1469 cases of domestic violence.

⁷ According to the data of the cantonal ministries of interior in the year 2013, was reported 916 reports on committed criminal offenses and in the year 2014, was reported 992 reports.

respectively). In terms of availability of shelters, safe houses operating in the Federation of Bosnia and Herzegovina provide protection and assistance for about 350 people annually, and about 1,000 calls is received via the SOS telephone number 1265.

As part of international efforts in this area, Bosnia and Herzegovina is one of the first countries to ratify the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence⁸ and adopted a framework strategy for the implementation of this document. At the Federation level, it is the Strategy for Preventing and Combating Domestic Violence (2013-2017)⁹. Also, in accordance with Article 6 of the Law on Gender Equality in Bosnia and Herzegovina¹⁰, domestic violence is a form of discrimination. In the Federation of Bosnia and Herzegovina domestic violence is a criminal offense. The first step towards defining domestic violence as a criminal offense was taken in 2003 with the criminalization of domestic violence in Article 222 of the Criminal Code of the Federation of Bosnia and Herzegovina¹¹. In addition to the criminalization of acts in the Criminal Code, in 2005 the Law on Protection from Domestic Violence¹² was adopted as *lex specialis*. This law introduced a broad definition of the family, an obligation to report violence and it instituted protective measures. The new Law on Protection from Domestic Violence was adopted in 2013¹³. It brought a certain novelty reflected in the elaboration of the concept of domestic violence, introduction of the 'fast-track' procedure for imposing protective measures, regulation of other forms of protection of victims of violence, such as: identification of sources of funding for safe houses, adoption of planned measures at the Federal and cantonal level for prevention, protection and combating domestic violence, requirements to establish referral mechanisms and multisector teams for prevention of domestic violence and protection of victims of violence in every community and requirements for a multidisciplinary approach to offering protection to victims of violence, including the requirement to keep statistics on reported cases of violence. The Law also introduces the requirement for all citizens, professionals and family members and the victim to report domestic violence. It is important to point out that anyone who fails to report violence commits an offense, unless it is the victim who does not report the violence, in which case it is only a misdemeanor. There is no doubt that domestic violence is an important issue that needs to be analyzed in detail and society needs to find the best responses to this phenomenon. Most cases of domestic violence

⁸ "Official Gazette B&H", no. 19/13.

⁹ "Official Gazette F B&H", no. 22/13.

¹⁰ "Official Gazette B&H" no. 32/10.

¹¹ "Official Gazette F B&H", no. 36/03, 37/03, 21/04, 69/04, 18/05, 42/10, 42/11, 59/14 i 76/14.

¹² "Official Gazette F B&H", no. 22/05 i 51/06.

¹³ "Official Gazette F B&H", no. 20/13

are reported in the Sarajevo Canton, and the focus of this evaluation was on the Sarajevo Canton and in cooperation with the Center for Social Work of the Sarajevo Canton.

The Law on Protection from Domestic Violence¹⁴ provides an immediate protection to victims of domestic violence through the imposition of protective measures within 48 hours. After domestic violence is reported, the police visit the crime scene, conduct an investigation and submit a report on the criminal offense committed to the prosecutor's office within 12 hours. The police also propose one or more protective measures. In criminal proceedings, the courts impose the following types of criminal sanctions: imprisonment; fine; suspended sentence, or some other. Since in practice criminal proceedings take a long time, irrespective of the initiated criminal proceedings, pursuant to the Law on Protection from Domestic Violence, the court, in misdemeanor proceedings, within 12 hours imposes one or more of proposed protective measures. Protective measures that the police can introduce include: removal from the apartment, house or other dwelling and prohibition against returning to the apartment, house or other dwelling; restraining order; prohibition of harassment or stalking the victim of violence, and temporary detention and retention. Mandatory psychosocial treatments are implemented by the mental health centers. Mandatory treatments of addiction are implemented by addiction rehabilitation institutions. Centers for social work monitor the implementation of protective measures. The number of protective measures imposed in 2013-2017 period is shown in Table I, and no evidence is found of the impact of various protective measures on preventing relapse, or on secondary prevention of violence.

Table I: Protective measures imposed in Sarajevo Canton, Bosnia and Herzegovina

Year	Measures
2013	199
2014	270
2015	266
2016	261
2017	219
Total	1270

Source: Authors' calculations based on collected files

¹⁴ "Official Gazette F B&H", no. 20/13

1.2 EVALUATION QUESTIONS

The key evaluation questions were:

Evaluation question 1

What were the characteristics of victims and perpetrators under the protective measures program?

Evaluation question 2

What was the impact of protective measures interventions in the cases reported, and how did the application of protective measures deter future violent behavior? To what extent did the impact vary across different protective measures? Are there other factors that deter future violent behavior?

Evaluation question 3

Have the protective measures been implemented in accordance with the existing legislation, and if not, why? What are the lessons learned and recommendations about the implementation of measures and their effectiveness from the standpoint of victims and of social workers? Are there any mechanisms in place for detection and targeted response to the recurrence of domestic violence? What challenges do social workers face in their work and how can it be improved?

Evaluation Question 2 was related to impact evaluation. In responding to this question, we sought to explore the extent of success of protective measures on protection from and prevention of violent behavior. Prevention of violence was the key outcome of the protective measures in the reported cases. Our goal was to assess the impact of different protective measures on violence and assess them against each other in terms of the difference in impact each measure produced. Also, in this segment we strove to assess the time dimension or time lag till recurrence of violent behavior for different types of protective measures.

Answers to the Evaluation Question 1 provided us with the characteristics of the victims and perpetrators who were included in the protective measures program and permitted us to check for variations of impact across different subgroups, such as those defined, for example, on the basis of the level of education or income.

Finally, Question 3 was intended to provide insights into the process of enforcement of protective measures. In this section, we explored and documented the perceptions of various stakeholders about the process and its strong and weak points.

At the end, we provided an overview of lessons learnt that will serve to inform discussions and decision-making about future government interventions in this sensitive field.

2. LITERATURE REVIEW

According to Bandura¹⁵ and Dutton¹⁶, domestic violence is the behavior learned through observation (seeing violence in the media, or seeing violent behavior during childhood...) and reinforced through society's failure to act and its toleration of such behavior. Abusive behavior is an intergenerational phenomenon, and there is a serious possibility that a person who was a victim of abuse as a child in the "primary family" will exhibit a greater tendency to manifest violence in his "secondary family". Some of the biological and personal history factors further increase the risk of violence. For example, a low level of education, young age (early marriage) and low economic status/income have been associated as risk factors for both experiencing and perpetrating intimate partner violence. Past experiences of violence also play a role; exposure to intra-parental violence during childhood, as well as a history of experiencing or perpetrating violence in previous intimate relationships, increase the likelihood of violence in future relationships. Pregnant women are also at high risk of experiencing violence by an intimate partner¹⁷.

Exposure to more than one type of violence (e.g. physical and sexual) and/or multiple incidents of violence over time tends to lead to more severe health consequences¹⁸. The most severe consequence is women's deaths. Such fatal outcome may be immediate, or occur over the long term, as a consequence of other adverse outcomes. This outcome mainly occurs as a consequence of the women's mental health and can lead to suicide, addiction or cardiovascular diseases that can in turn bring about the victims' premature demise.

Health care services need to refrain from any action, even well-intentioned, that might place women survivors at risk of experiencing further violence¹⁹. As underlined in the WHO Guidelines, "any intervention must be guided by the principal "do no harm", ensuring the balance between benefits and harms"²⁰. There are, however, certain risk factors that do not predispose the cause of domestic violence. In his Survey on the Causes of Domestic Violence (2013), Sesar discusses certain risk factors that may affect perpetrators of domestic violence.

¹⁵ Bandura, A., 1978. Social Learning Theory of Aggression. *Journal of Communication*, Volume 28, pp. 12-29.

¹⁶ Dutton, D., 1988. *The Domestic Assault of Women*. Boston: Allyn and Bacon.

¹⁷ WHO/LSHTM, 2010. World Health Organization and London School of Hygiene and Tropical Medicine. Preventing intimate partner and sexual violence against women: Taking action and generating evidence.

¹⁸ WHO, 2002. *World report on violence and health*

¹⁹ Pijav, A., Mehić, A., 2015. Jačanje odgovora zdravstvenog sistema na rodno zasnovano nasilje u Federaciji BiH: Resursni paket. Sarajevo: UNFPA.

²⁰ Garcia-Moreno, C., et al., 2013. WHO, London School of Hygiene and Tropical Medicine, *Global and regional estimates of violence against women: prevalence and health*, s.l.: South African Medical Research Council.

These are primarily socio-demographic variables, family variables, psychological variables, alcohol and drug abuse, and religiosity.

Relationship-level factors contribute to the risk of gender-based violence at the level of relationships with peers, intimate partners and family members. For instance, men with multiple partners are more likely to perpetrate intimate partner violence or sexual violence. Other factors associated with an increased risk of intimate partner violence include partnerships with low marital satisfaction and continuous disagreements, as well as disparities in education status between the partners.²¹

Also, according to McKinney et al.²² women who had been abused as children are at greater risk of being abused in later partner relationships. Society-level factors include the cultural and social norms that shape gender roles and the unequal distribution of power between women and men. Intimate partner violence occurs more often in societies where men have economic and decision-making powers in the household.²³

Miller et al. argue that women who abuse alcohol and other intoxicants are more likely to become victims of domestic violence.²⁴ Clinical experience cautions against viewing domestic violence as primarily caused by alcoholism or drug addiction. Such a view might result in interventions focusing erroneously only on substance abuse rather than on domestic violence. People with alcohol and drug addiction find it difficult to stop violent behavior without also stopping substance abuse.²⁵ As a study conducted in the U.S. shows, women are at greatest risk for injury from domestic violence that include male partners who abuse alcohol or use drugs.²⁶

This study also shows that women are at a greater risk of domestic violence from male partners who have less than a secondary education.²⁷ Rapp et al. concluded that wives with higher education than their husbands were less likely to experience violence. Similarly, well-educated couples revealed the lowest proclivity for violence.²⁸ Sesar concludes that

²¹ Ibid

²² McKinney, C., Caetano, R., Harris, T., Ebama, M., 2009. Alcohol availability and intimate partner violence among US couples. *Alcohol Clin Exp Res*, Volume 33, pp. 1-8.

²³ WHO/LSHTM, 2010. World Health Organization and London School of Hygiene and Tropical Medicine. Preventing intimate partner and sexual violence against women: Taking action and generating evidence.

²⁴ Miller, B.A., Downs, W.R., Gondoli, D.M., 1989. Spousal violence among alcoholic women as compared to a random household sample of women. *Journal of Studies on Alcoholism*, Volume 50 (6), pp. 533-540.

²⁵ Ganley, A. L., 1998. Understanding domestic violence. In C. Warshaw & A. L Ganley (Eds.), *Improving the health care response to domestic violence: A resource manual for health care providers*. San Francisco: Family Violence Prevention Fund.

²⁶ Kyriacou, D.N. et al., 1999. Risk factors for injury to women from domestic violence. *N Engl J Med*, Volume 341(25), pp. 1892-1898

²⁷ Ibid.

²⁸ Rapp, D. et al., 2012. Association between gap in spousal education and domestic violence in India and Bangladesh. *BMC Public Health*, Volume 12(1), p. 1.

perpetrators tend to be better educated than their victims.²⁹ There is also more violence in relationships of people with lower educational status, but women with a higher educational status than their partners are at greater risk of becoming victims of violence. Women with less than a secondary education are at a greatest risk for injury from domestic violence.³⁰ The disparities in the level of education among partners represent a risk factor for the occurrence of domestic violence.³¹

In her research, Sesar shows that the differences in employment status constitute a domestic violence risk factor if one of the partners is unemployed.³² She also highlights that there is more domestic violence in families of lower economic standing and that women with no income are at higher risk of becoming victims.

²⁹ Sesar, K., 2012. Istraživanje o uzrocima nasilja u porodici u FBiH / *Research on the Causes of Domestic Violence in the FBiH*. Sarajevo: GCFBIH.

³⁰ Kyriacou, D.N. et al., 1999. Risk Factors for Injury to Women from Domestic Violence. *N Engl J Med*, Volume 341(25), pp. 1892-1898

³¹ Greene, E., Heilbrun, K., 2005. *Wrightsman's Psychology and the Legal System*. s.l.:s.n.

³² Sesar, K., 2012. Istraživanje o uzrocima nasilja u porodici u FBiH/ *Research on the Causes of Domestic Violence in the FBiH*. Sarajevo: GCFBIH.

3. EVALUATION METHODS AND LIMITATIONS

The evaluation method entailed a combination of rigorous impact assessment, comprehensive desk reviews and document analysis, use of administrative data and collected statistical survey data, consultations with key stakeholders, including victims and government partners. Since measuring effectiveness of protective measures is not possible by means of randomized or comparison groups or regional comparisons, we conducted a panel impact analysis on the basis of information collected from the reported cases. With the panel data we can control for **time-invariant** characteristics (i.e. characteristics that do not change over time) **and the individual fixed effect**. In addition to administrative data, victims were asked to recall cases of violence before and after protective measures within a 5-year period.

3.1 METHODOLOGY, MODEL AND DATA

3.1.1 Data description

Sources of data included administrative and survey data from the reported cases. Administrative data was collected from the domestic violence complaints. Each incident of domestic violence reported to the police is treated following the procedure that is briefly described here. Once a complaint was filed, the police are required to visit the scene of the committed violence, collect evidence, inform and include social workers if necessary, arrange for a health examination of the victim, and detain the perpetrator, if necessary. For every domestic violence case, within 12 hours the police have to request the competent court to issue a protective measure of injunction. Within 12 hours from receiving the request from the police, the court has to order one or more protective measures. Monitoring of the enforcement of protecting measures is carried out by the Center for Social Work and for each case they open a file which should contain all pertinent information. These files served as the source of administrative data. These files include information on key variables under scrutiny, such as the time of the domestic violence incident, the type of measures ordered and their duration, as well as the information on the victims' main demographic characteristics data and measures taken to prevent violent behavior, registered repetition of the violence. There is a file on each case of violence and on each victim, with the date, description of violence, and description of instituted measures. However, this data is maintained in hardcopy format and exploring these files was a necessary first step. Additional control variables were

collected by means of the survey, with the domestic violence victims interviewed by experienced social workers, both face to face and by telephone. The social workers who participated in this survey were the same social workers who communicated with the victims during their cases of domestic violence, and whom we had trained on the methods of conducting surveys both in face to face interviews or over the telephone (with our support). The social workers knew the victims personally and had communicated earlier with them. Secondly, the survey included interviews with the victims, and it is through the interview that we collected data about perpetrators, and about instances of recurring violence that were not recorded in the files and by the Center. From the victims we also collected data on the history of violence, history of violence in families, on links with substance abuse or gambling habits, income, housing conditions etc. A certain number of victims we could not reach because some changed their address, some had passed away, some refused to be part of the survey, or they were unavailable. A degree of attrition was foreseen, but we did not expect it to have any significant effects, since all case files were kept at the offices of the Center of Social Work. Attrition may have had some effect in terms of the collection of additional data from the victims, but the analysis was mainly based on the administrative data. The project team had the support of the Gender Center of the Federation of B&H and of the Center for Social Work of Sarajevo Canton. In total, the data on 647 victims and perpetrators were collected from the administrative sources and interviews and were incorporated in the database. The survey covered all cases of domestic violence that were monitored by the centers for social work since the adoption of the new law, from 2013 till 2017, with the exception of those cases in which we could not reach the victims for various reasons as explained above. The survey data complemented the administrative data and provided us with valuable information about incidence of non-reported cases of violence. Even such cases involved the victims who had reported violence at one point in time, and these were particularly important for assessment of the impact of protective measures. We faced some difficulty in the process of collection of case data in the centers for social work. At the outset of this study, we had information about 768 victims. Since the victims' data were scattered across different centers, and as we anticipated a high rate of attrition, we decided to collect the data for all victims. However, in the course of the study we found that the centers kept on their registers the files for 1418 victims. Even this number was not final, since the registers included some cases of double and sometimes even triple entry, or of same persons registered

two or even three times in different years. The reason was that a protective measure might be instituted in a victim's case in a given year and another one the following year.

We collected monthly data for 60 months since January 2013 till December 2017. During this period, in our research we collected information on 1067 cases of domestic violence which were reported to competent institutions (29.7%) and for which administrative records were available, and another 2526 non-reported cases of domestic violence (70.3%) based on the interviews with victims, which we recorded in our database (see Table 2). These cases were related to a total of 647 victims. Clearly, registered victims of domestic violence report only one in three cases of violence to the institutions. Here we need to recall that only the reported cases that may elicit an institutional response. This implies the police intervention, opening the case and involving representatives of the competent institutions (judiciary, center for social work, health care institutions, etc.). The participants or victims in our study were the people who reported domestic violence at least once in this 5-year period, which were thereby entered into official records. In turn, this meant that they were protected by protective measures, even though they did not report domestic violence every time it occurred.

Table 2: Number of reported and non-reported cases of violence by victims (2013-2017)

Number of cases of violence	Reported	Not reported
0	3	452
1	530	35
2	52	36
3	22	23
4 or more	40	101
Total	647	647

During the period covered in our study, a majority of victims reported violence once (530 victims or almost 82%), while 40 victims (or 6,2%) who reported violence 4 times or more (Table 2). When it comes to non-reported violence, a majority of victims (452 or almost 70%) did not mention any cases of non-reported violence. However, there are cases of non-reported violence. As shown in Table 2 101 victims, or 15.6%, did not report violence on at least 4 occasions. With regard to the types of domestic violence, the Law on Protection

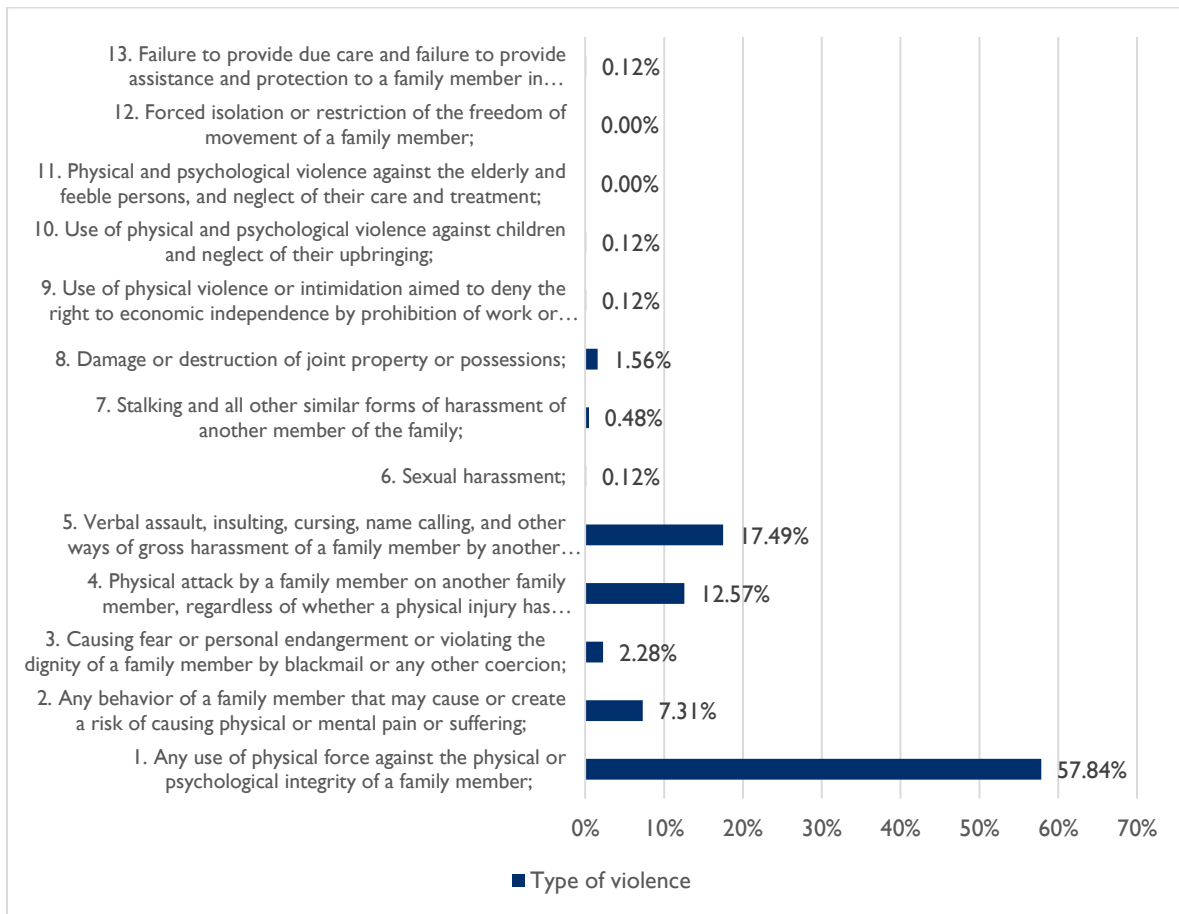
against Domestic Violence defines 13 types of domestic violence³³. Within the body of reported cases, and looking at cases for which the type of violence was defined³⁴, type 1 violence, i.e. any use of physical force against the physical or psychological integrity of a family member, is prevalent and accounts for 57.84% (483) cases, followed by type 5 of violence, i.e. verbal assault, insulting, cursing, name calling, and other ways of gross harassment of family members from another family member, in 17.49% (146) cases, and by type 4 violence, i.e. physical attack by a family member, on another family member, regardless of whether a physical injury has occurred or not, in 12.57% (105) cases. Another type of violence, i.e. any behavior of a family member that may cause or create a risk of causing physical or mental pain or suffering in 7.31% (61) cases, completes this list. Incidence of other types of violence, as defined by the Law, was lower, all other types accounting for around 5% of cases, with the type 11 of violence, i.e. physical and psychological violence against the elderly and feeble persons, those who are very low and neglect of their care and treatment, or type 12 of violence, the violent isolation or restriction of the freedom of movement of a family member, were not recognized by judges at all.

³³ Domestic Violence types according to the Law on Protection against Domestic Violence are as follows:

1. Any use of physical force against the physical or psychological integrity of a family member;
2. Any behavior of a family member that may cause or create a risk of causing physical or mental pain or suffering;
3. Causing fear or personal endangerment or violating the dignity of a family member by blackmail or any other coercion;
4. Physical attack by a family member on another family member, regardless of whether a physical injury has occurred or not;
5. Verbal assault, insulting, cursing, name calling, and other ways of gross harassment of a family member by another family member;
6. Sexual harassment;
7. Stalking and all other similar forms of harassment of another member of the family;
8. Damage or destruction of joint property or possessions;
9. Use of physical violence or intimidation aimed to deny the right to economic independence by prohibition of work or to keep a family member in a state of dependence or subordination;
10. Use of physical and psychological violence against children and neglect of their upbringing;
11. Physical and psychological violence against the elderly and feeble persons, and neglect of their care and treatment;
12. Forced isolation or restriction of the freedom of movement of a family member;
13. Failure to provide due care and failure to provide assistance and protection to a family member in contravention of the obligation under the law.

³⁴ There are cases of reported domestic violence while protective measures being in force, where this type of violence has not been yet defined.

Graph I: Type of Violence³⁵



We have also collected the data on the protective measures imposed such as removal from the apartment, house or other dwelling and prohibition against returning to the apartment, house or other dwelling; restraining; prohibition of harassment or stalking the victim of violence and temporary detention. Mandatory psychosocial treatments are implemented by the mental health centers. Since the database and survey data cover the cases going back to 2013, there was no risk that respondents would be reached only during the ‘honeymoon stage’, which could have affected the results of the survey. The assumption was that all cases examined would have multiple experiences throughout all stages of violence. The data on other factors pertinent to detection of domestic violence were also collected and included in the model, as explained in the following section.

³⁵ Judicial decisions include descriptions of violence expressed through 13 types of violence defined in Article 7 of the Law on Protection against Domestic Violence. One judicial decision may contain description of several acts of violence, and Graph I shows the incidence of various types of violence in all cases covered in this study.

3.1.2. Model

To test the effect of institution of different protective measures on the occurrence and reporting of domestic violence, the following model was estimated:

$$\begin{aligned} Violence_{i,t} = & \beta_0 + \beta_1 prior_violence_{i,t} + \beta_2 m_removal_{i,t} + \beta_3 m_approach_{i,t} + \\ & \beta_4 m_harassment_{i,t} + \beta_5 m_psychological_{i,t} + \beta_6 m_addiction_{i,t} + \beta_7 m_arrest_{i,t} + \\ & \beta_8(X)_{i,t} + \beta_9\theta_t + \beta_{10}Z_i + \varepsilon_{i,t} \end{aligned} \quad (1)$$

Where subscript i indexes each individual in the sample ($i=1, \dots, n$, where $n=647$); subscript t indexes the time period; the β coefficients measure the effects of independent variables; and $\varepsilon_{i,t}$ is a random error. Finally, θ_t and Z_i are a full set of period and individual dummies (excluding the first) to control for unobserved heterogeneity.

The dependent variable $Violence_{i,t}$ is the indicator of the status of violence. It is a dichotomous variable taking value of 1 if domestic violence is reported and zero otherwise. $Prior_violence_{i,t}$ is a binary variable taking the value of 1 if there was a prior violence incident reported in any of the past periods and zero otherwise³⁶. The first set of independent variables included account for the main variables of interest, i.e. the effects of protective measures instituted: $m_removal_{i,t}$ which corresponds to removal from the apartment; $m_approach_{i,t}$, referring to the prohibition of approach; $m_harassment_{i,t}$ measuring prohibition of harassment; $m_psychological_{i,t}$ indicating the measure of psychological treatment; $m_addition_{i,t}$ represents the measure of addiction treatment and $m_arrest_{i,t}$ indicates whether the perpetrator was arrested. All of the variables are dichotomous, and show whether measures were implemented in any of the past periods (1)³⁷ or not (0). The coefficient on protective measures captures the effect of prior protective measures on future use of violence. Further, the model includes socio-demographic characteristics of victims and perpetrators: age, gender, place of living (urban/rural), level of education, marital status and employment sector. Finally, we control whether both victims and perpetrators were abused

³⁶ In the preferred estimation, prior violence takes the value of 1 if violence occurs in any of the past two periods ($t-1$, $t-2$). However, as a part of our sensitivity analysis, this was calculated for different periods (e.g. violence just in $t-1$ period, in any of the past three periods ($t-1$, $t-2$, $t-3$), etc. The results for different specifications are very similar, as shown in Table 1.

³⁷ We adopted the same strategy for instituting protective measures as we did for the variable of prior violence. In the preferred specification, violence at time t is based on violence in any of the past two months ($t-1$, $t-2$) and protective measures in any of the past two months ($t-1$, $t-2$).

and exposed to violence in their childhood, whether as children they were present when violence occurred and whether they consumed alcohol and narcotics.

3.1.3. Methodology

Given the dichotomous nature of the dependent variable, a logit model was estimated. We modeled the unobserved heterogeneity by including a full set of individual and period dummies. For ease of interpretation, we also estimated and reported marginal effects. Marginal coefficients estimate the change in the probability of reporting experienced violence for a unit increase of the independent variable. We assume that there is a persistence in the incidence (and/or reporting) of the violence. The persistence is hence modeled by including a dependent variable in the previous period, which captures the level of inertia in the previous status of violence.

We have also applied the dynamic random effects probit to complement the results. Here, the persistence is identified under the assumption on the absence of correlation between the unobserved heterogeneity and the dependent variable (Heckman, 1981). Then, we solve for the initial condition problem, as the correlation between the initial observations may be a relevant unobserved factor. Within the model, the initial condition was addressed following the approach of Wooldridge (2005).³⁸ who model the unobserved heterogeneity by including the values of the time-varying explanatory variables at each period in the model.

3.2 IMPLEMENTATION STUDY

3.2.1 Method Description and limitations

The impact analysis was supplemented by a comprehensive implementation study. We made use of the documentation available through desk research and interviews with practitioner/key stakeholders in the field of domestic violence prevention. Even though our study was primarily designed as a rigorous impact assessment, our intention was also to contribute to better understanding of the issues involved in the fieldwork.

³⁸ Wooldridge (2005) modeled unobserved heterogeneity by including in the model the initial period of the outcome variable and the initial period and within-unit averages of time-varying explanatory variables.

3.2.2 Methodology and Data Collection

Desk review

We conducted a desk review of available documentation related to the Law on Protection against Domestic Violence and its implementation as well as the group discussion at the start of our evaluation. The documents that our team reviewed included the regulations that cover implementation of protective measures³⁹, and especially the Rulebook on the Content and Manner of Keeping the Register of Instituted Protective Measures, Persons Protected by Protective Measure and Violent Persons Subject to Protective Measures, which is the basis for record keeping by social workers. These records were used for gathering data on the implementation of protective measures. They also provided social workers with contact information for victims and perpetrators. For theoretical work, our team used a range of international and domestic literature, reports and other documents listed in Annex 2.

Key informant semi-structured interviews

We conducted key informant interviews (Section 3 Annex 1) with key informants including the staff of the Center of Social Works, Gender Center, health care institutions, police and judiciary.

The selection of key informants was based on the provisions of the Law that regulated contacts with victims, and as impact evaluation was our main goal, we conducted interviews with two representatives from each sector.

Governmental Institution Key Informants

- Police
- Center for Social Work
- FB&H Gender Center
- Health institutions
- Judiciary

³⁹ Regulations related to the Law on Protection from Domestic Violence, „Official Gazette FB&H“, no. 22/05 and 51/06:

- Rulebook on the Manner of Implementing Protective Measures for Perpetrators of Domestic Violence under the Jurisdiction of Police, „Official Gazette FB&H“, no. 19/14.
- Rulebook on the Content and Manner of Keeping the Register of Declared Protective Measures, Persons Protected by Protective Measure and Violent Persons Subject to Protective Measures, „Official Gazette F B&H“, no. 95/13.
- Rulebook on the Place and Manner of Implementation of the Protective Measure of Compulsory Psychosocial Treatment, „Official Gazette FB&H“, no. 63/17.
- Rulebook on the Manner and Place of Implementation of the Protective Measure of Compulsory Treatment for Addiction to Alcohol, Narcotics or Other Psychotropic Substances of Perpetrators of Domestic Violence, „Official Gazette FB&H“, no. 99/16.

The semi-structured interviews provided inputs into evaluation findings, conclusions and recommendations. We analyzed the information obtained from interviews by consolidating multiple responses related to a similar theme by different categories of respondents, and analyzed them for general findings.

In total, we conducted 8 individual interviews with representatives of institutional beneficiaries. Annex III provides a detailed list of the key informant interviews and government institutions/agencies represented.

3.3 EVALUATION LIMITATIONS

We encountered a number of limitations during this evaluation. This section describes the evaluation's principal limitations and the ways in which we attempted to mitigate them.

Limitation 1: There is no database of cases of domestic violence.

Mitigation: We created this database from domestic violence case files and interview data.

Limitation 2: Data for indicator tracking in the measures implementation database is partially self-reported. Therefore, we had concerns over the quality of the data in the implementation database.

Mitigation: We combined administrative and interviews with the self-reported data. Self-reported data might affect only that part of the study that involves comparison on reported and non-reported domestic violence.

Limitation 3: Lack of data for the comparison group in the implementation database to permit impact evaluation, i.e. a rigorous impact evaluation of domestic violence protection measures.

Mitigation: We collected data from victims and formed a panel logistic model which did not require a comparison group.

Limitation 4: Willingness of respondents to provide honest responses

Mitigation: We combined administrative and interview data. Furthermore, in order to encourage honest responses, we informed all key informants that their responses would be

kept confidential and that they would not be identified in the evaluation report in terms of the specific feedback that they provided.

Limitation 5: We collected data only from reported cases of domestic violence and from the victims who reported domestic violence at least once. We had data, personal information and access only to those victims who had previously reported violence.

Mitigation: We collected data from all victims in the victims' population and instead of a comparison or control group we assessed the effectiveness and impact of the measures based on the panel logistic model which does not require a comparison group.

4. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

4.1 FINDINGS

Evaluation question I

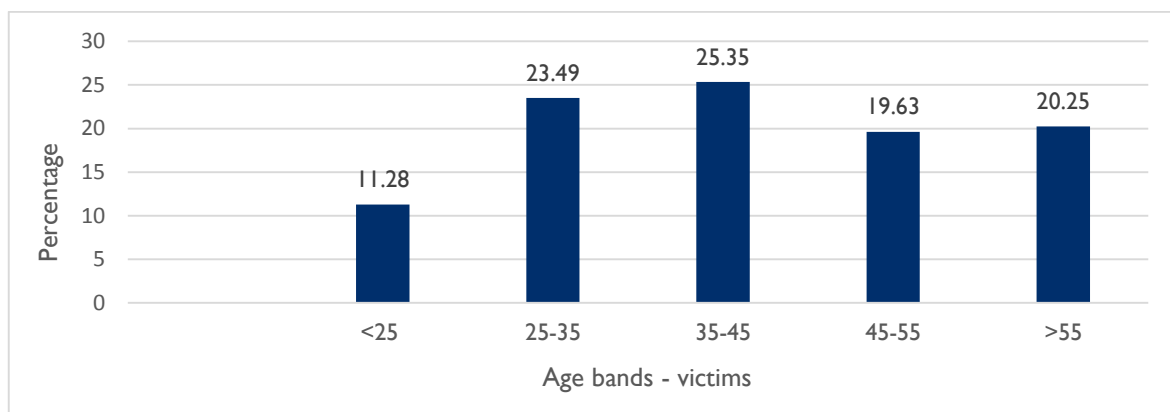
What were the characteristics of the victims and perpetrators under protective measures program?

Demographic data

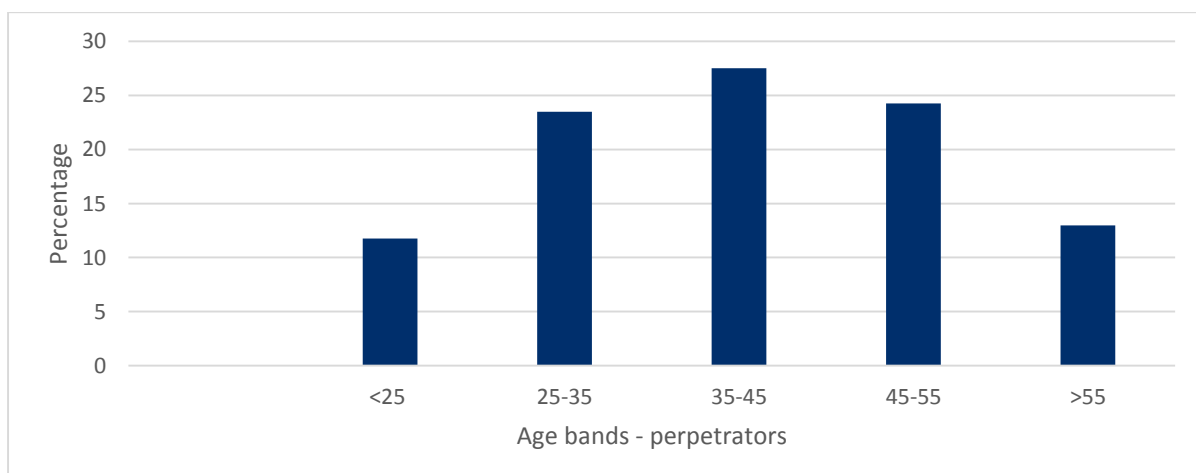
Gender and age

The demographic data show that, the average age of both victims and perpetrators was 53 years. Out of 647 victims of domestic violence, 557 or 86% are women and 90 or 14% are men.

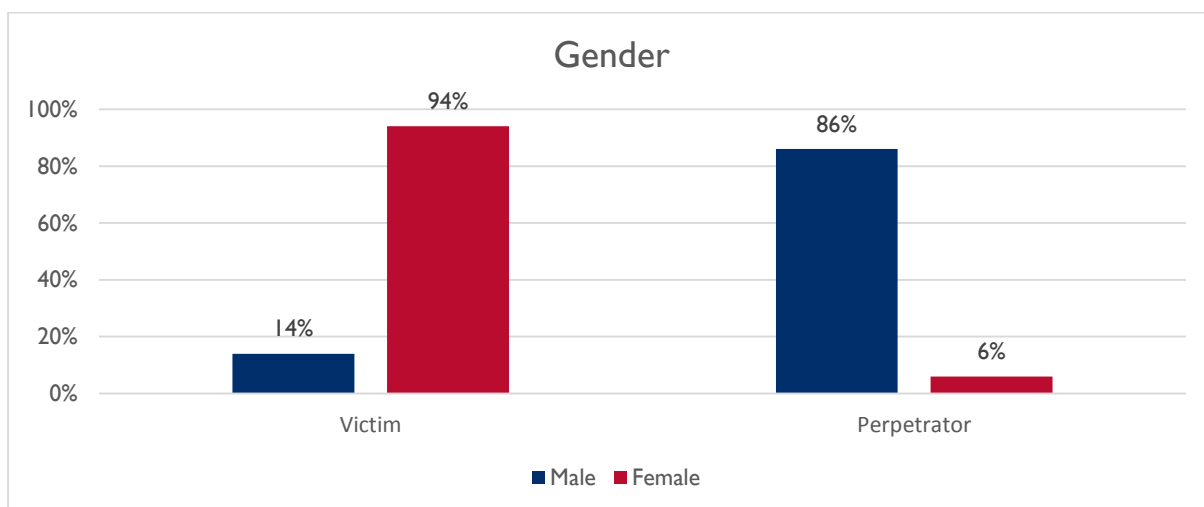
Graph 2: Age distribution of victims



Graph 3: Age distribution of perpetrators



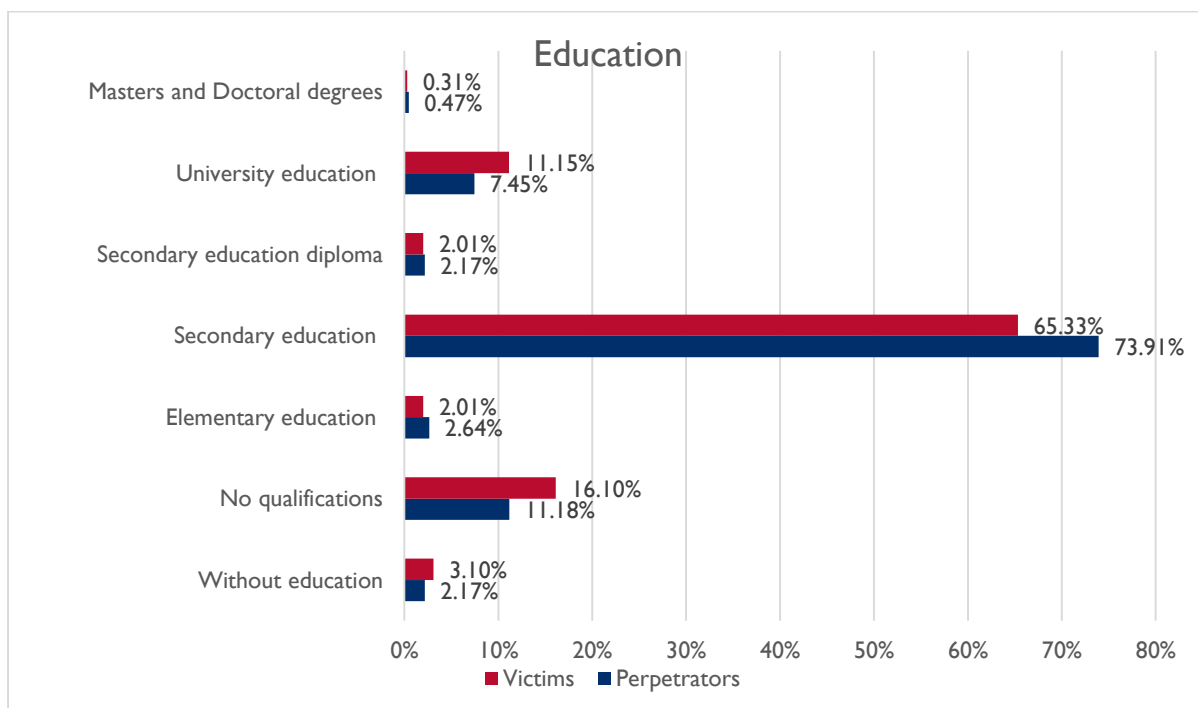
Graph 4: Gender



Education

The survey showed that, for registered cases of domestic violence, both victims and perpetrators had an average of 16 months of work experience, and a majority completed secondary education: 65.33% of victims and 73.91% of perpetrators of domestic violence had secondary school diplomas. If the population is segregated in two categories, i.e. the higher (junior college, undergraduate, master's or doctoral degree) and lower level of education (no education, no qualifications, elementary school or secondary school), the research shows that persons with a higher educational status are less likely to find themselves in the system of institutional response to domestic violence, either as victims, or as perpetrators of domestic violence. Persons with higher levels of education comprise 13.47% of the victims and 10.09% of the perpetrators of domestic violence. Persons with lower level of education are the victims of violence in 86.53%, and perpetrators in 89.91% of the cases.

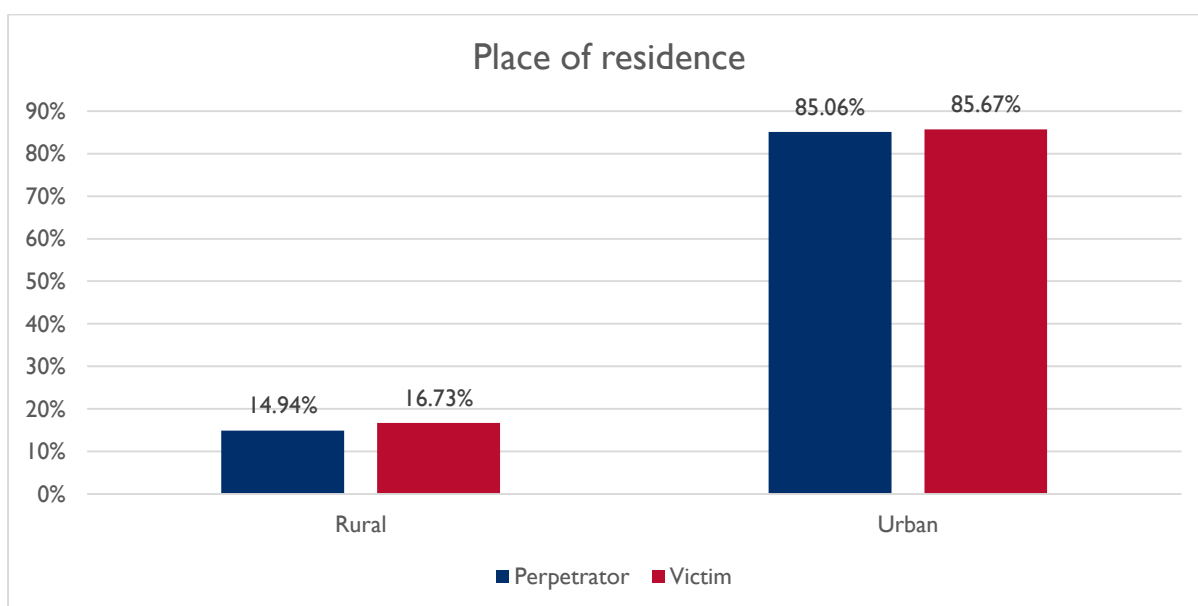
Graph 5: Education levels of victim and perpetrator (in percent)



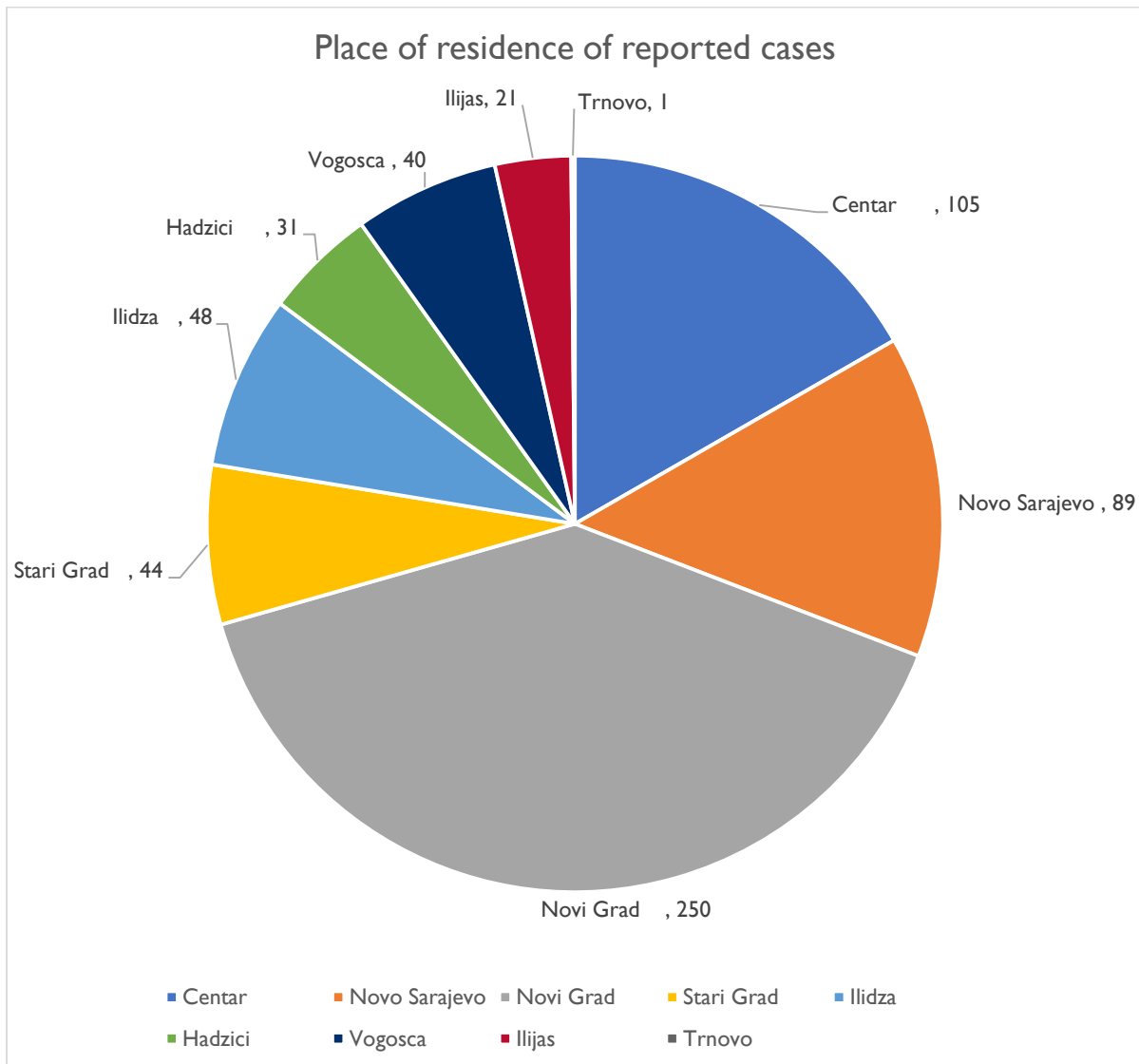
Place of residence

Incidence of violence is significantly greater when victims and perpetrators live in urban parts of the Sarajevo Canton, in 85.05% of cases as perpetrators and in 85.67% cases as victims of domestic violence.

Graph 6: Place of residence of victims and perpetrators (in percent)



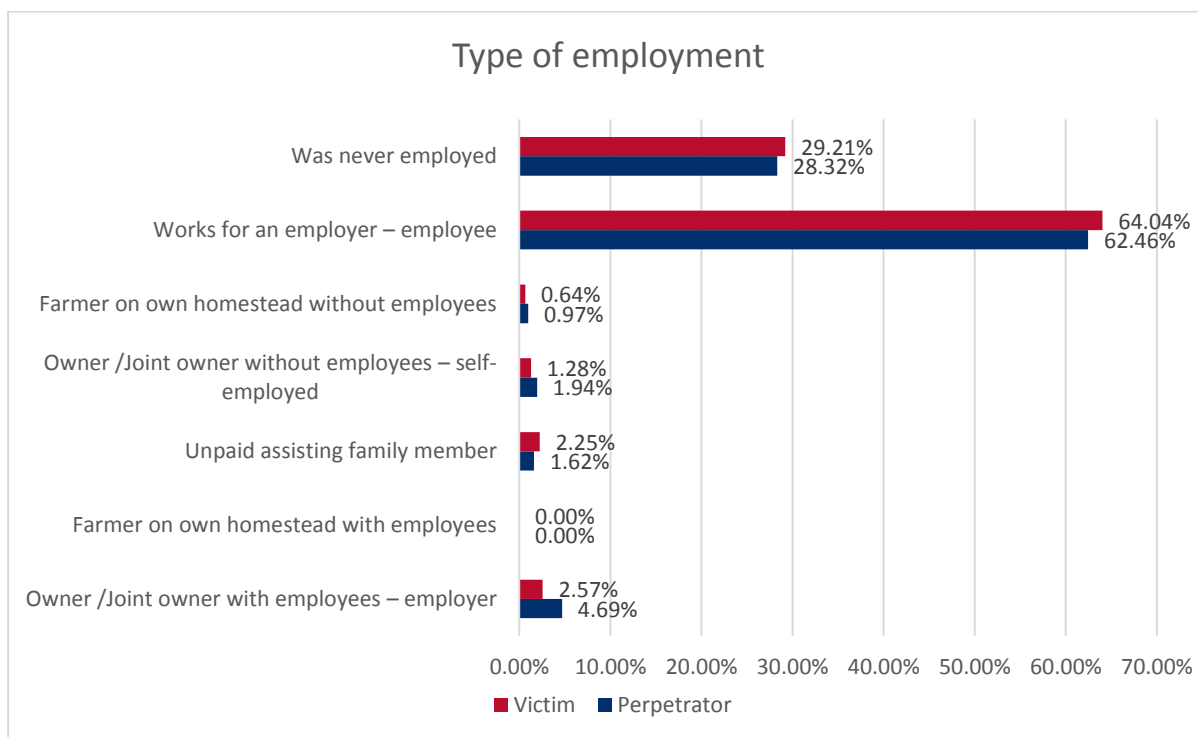
Graph 7: Place of residence of victims and perpetrators (in percent)



Type of employment

By type of employment, the majority of both victims of and perpetrators of domestic violence work for an employer in 64,04% and 62,46% of cases, respectively. A significant number of victims (29.21%) and perpetrators (28.32%) never held a job. Among the individuals who are self-employed, the number of victims and perpetrators is small.

Graph 8: Type of employment



Perpetrators’ criminal history

In 26% of cases (168), perpetrators of domestic violence have a past history of other crimes and in 30% of cases (193) a history of other offenses committed during their lifetime.

Table 3: Other criminal acts committed by perpetrators of domestic violence

	Freq	Perc
Yes	168	26,16
No	390	60,74
No credible data	84	13,08
Total	642	

Table 4: Other offenses committed by perpetrators of domestic violence

	Freq	Perc
Yes	193	30,06
No	363	56,54
No credible data	84	13,08
Total	640	

There is a significant difference between incidence of substance abuse and gambling by perpetrators who abuse alcohol (42.72%), drugs (14.81%) and gambling (10.88%).

Table 5: Percentage of victims and perpetrators that gamble and take substances

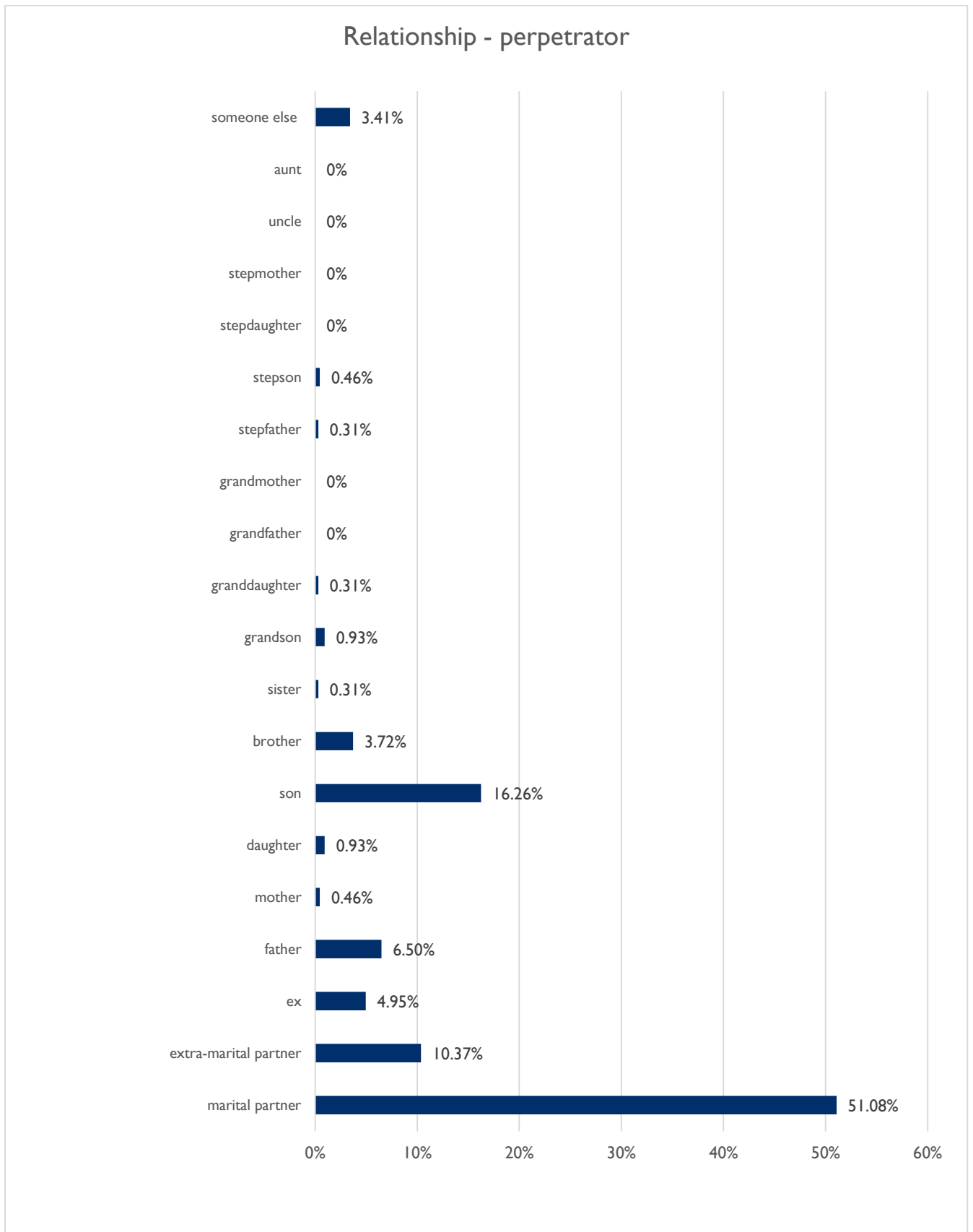
	%	
Alcohol	Perpetrator	Victim
	42.72	1.87
Narcotics	Perpetrator	Victim
	14.81	0.66
Gambling	Perpetrator	Victim
	10.88	0.19

Source: Authors' calculations

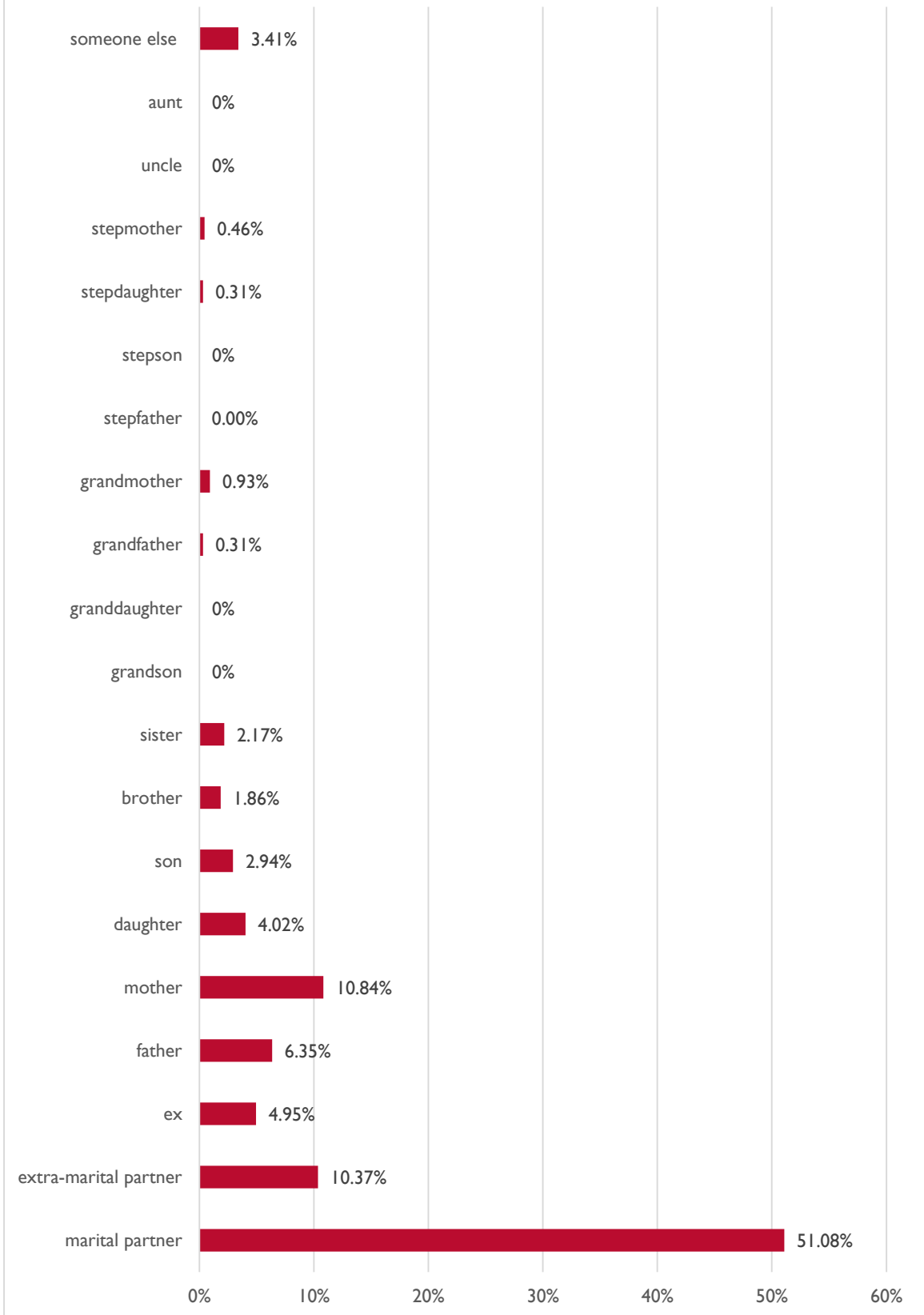
Relationships in violence cases

Victims of domestic violence tend to be marital partners in 51% (330) cases or extra-marital partners in 10% (67) cases. Children are recognized as victims of violence in almost 7% of cases, but they were witnesses of violence in 52% of cases and in only 11% of cases they are recognized as persons protected by protective measures. If both parents' and grandparents' incidents are considered as violence against the elderly, almost 20% of cases involve violence against older persons. This table also shows the more detailed breakdown of women as perpetrators of domestic violence. In this context, perpetrators of violence are often mothers, daughters, sisters and grandchildren, and combined these cases account for about 2% of perpetrators of domestic violence.

Graph 9: Relationships in violence cases



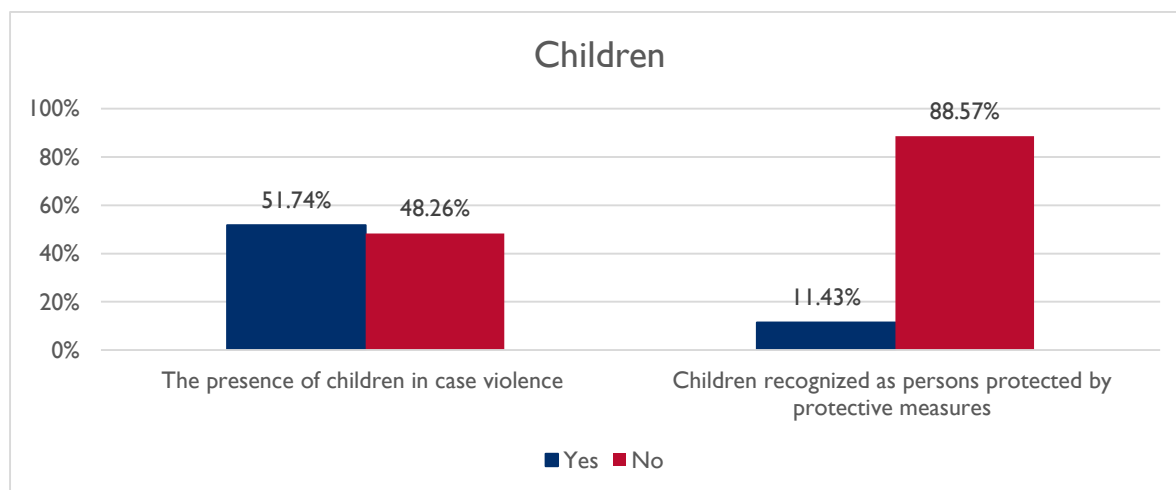
Relationship - victim



Children and domestic violence

Violence against children and its prevention constitute a particular problem in the field of domestic violence. In this regard, the survey showed that 51.74% of children were present in cases of domestic violence. Although the presence at acts of violence constitutes violence against children, in practice children are recognized as persons who are protected by protective measures in just 11.43% of cases, and most likely only in the cases in which they were directly victims of domestic violence. Since children are directly victims of domestic violence in about 7.5% of cases, this data shows that only 4% of children are protected by protective measures as persons who were present at an act of domestic violence, while the remaining 48% of children remained without a registered systematic protection.

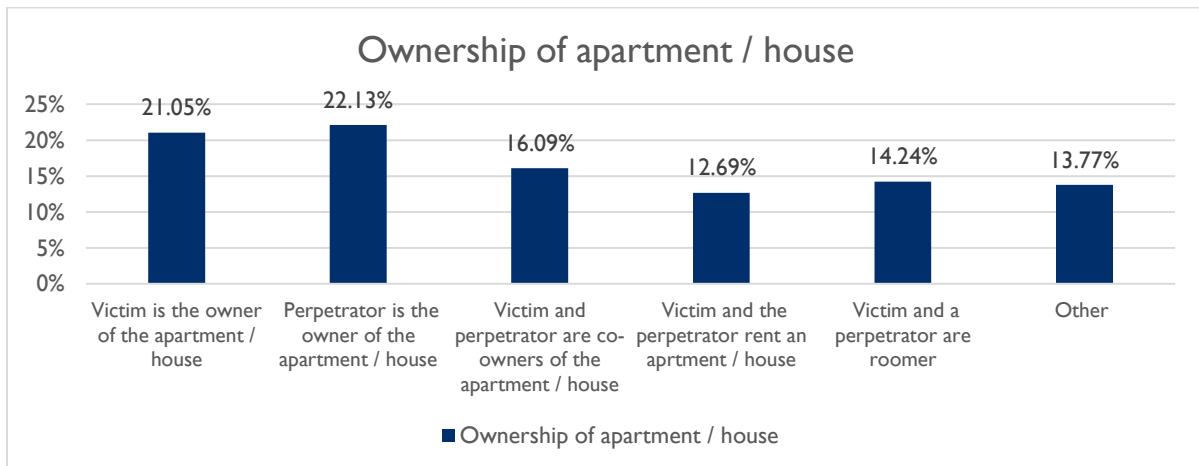
Graph 10: Children involved in violence cases



Ownership of apartment / house

When it comes to property ownership, violence is more often recorded in the cases where one of the persons involved is the property owner: in 21% (136) cases when the victim is the property owner, and in 22% (143) cases when the perpetrator is the property owner. In 16% (104) cases, is the property is co-owned, in 14.24% of cases the apartment is rented, while in 13.77% of cases the victim and abuser are roommates.

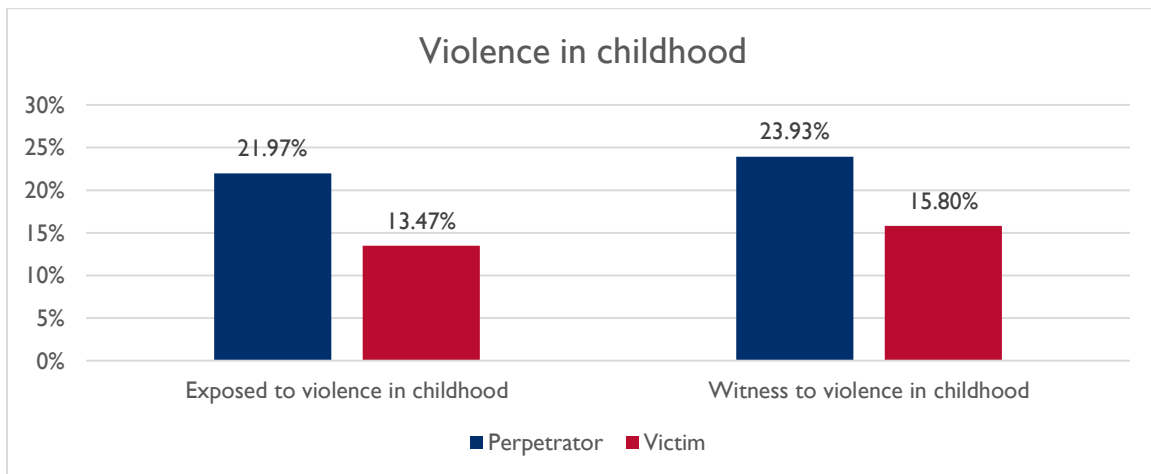
Graph 11: Ownership of apartment / house



Other influences

When it comes to other influences, 13.47% (86) victims and 21.97% (140) abusers were exposed to childhood violence, and witnessed the violence of 15.80% (101) victims, and 23.93% perpetrators.

Graph 12: Violence in childhood



Evaluation question 2

What were the impacts of protective measure interventions in the reported cases, and how does the use of protective measures deter violent behavior in the future? To what extent did the impact vary across different protective measures? Are there other factors that act to deter violent behavior in the future?

4.2. ESTIMATED RESULTS

The estimated results of the model (1) are presented in Table 6.

Table 6: Logit estimation of the model (1) when dependent variables measure only reported violence

VARIABLES	(1) Violence	(2) Violence	(3) Violence	(4) Violence	(5) Violence	(6) Violence
Previous period(s) for prior violence and measures	1	2	3	4	5	5
						Marginal effect
Prior_violence	1.591*** (0.080)	1.284*** (0.077)	1.065*** (0.074)	0.925*** (0.073)	0.858*** (0.073)	0.059*** (0.0086)
Protective measures						
m_removal	0.034 (0.148)	-0.014 (0.142)	-0.046 (0.137)	-0.014 (0.132)	-0.035 (0.130)	-0.0015 (0.0158)
m_approach	0.052 (0.103)	0.039 (0.098)	0.082 (0.094)	0.0805 (0.092)	0.070 (0.090)	0.0037 (0.012)
m_harassment	-0.546*** (0.101)	-0.567*** (0.097)	-0.564*** (0.094)	-0.556*** (0.092)	-0.569*** (0.091)	-0.031*** (0.0096)
m_psihological	-0.559* (0.304)	-0.791** (0.329)	-0.767** (0.315)	-0.752** (0.307)	-0.759*** (0.301)	-0.043*** (0.017)
m_addiction	-0.122 (0.225)	-0.164 (0.216)	-0.13244 (0.203)	-0.159 (0.199)	-0.180 (0.196)	-0.013 (0.013)
m_arrest	-0.513 (0.340)	-0.484* (0.285)	-0.418* (0.257)	-0.477* (0.250)	-0.523** (0.245)	-0.0315* (0.018)
Socio-demographic characteristics						
Age_vic	-0.013 (0.112)	-0.034 (0.114)	-0.032 (0.114)	-0.027 (0.113)	-0.026 (0.113)	0.0003*** (.0001)
Age_prop	0.222 (0.137)	0.357** (0.166)	0.357** (0.166)	0.357** (0.166)	0.359** (0.167)	-0.0004 (0.0001)
Female_vic	0.095 (3.961)	-0.815 (4.035)	-0.855 (4.021)	-0.738 (4.012)	-0.658 (4.010)	(0.002) (0.003)
Rural	-2.361*** (0.759)	-3.241*** (0.916)	-3.271*** (0.916)	-3.314*** (0.918)	-3.376*** (0.921)	0.0904* (0.0521)
Marital status						
Unmarried partnership	-0.263 (0.191)	-0.270 (0.191)	-0.27878 (0.190)	-0.291 (0.191)	-0.326* (0.192)	-0.0046* (0.003)
Divorced	-0.547*** (0.108)	-0.518*** (0.106)	-0.498*** (0.105)	-0.503*** (0.104)	-0.507*** (0.104)	-0.008*** (0.003)
Widow	-0.205 (0.348)	-0.176 (0.348)	-0.17105 (0.348)	-0.16678 (0.348)	-0.157 (0.349)	-0.0008 (0.007)
Single	-0.403** (0.175)	-0.406** (0.175)	-0.402** (0.174)	-0.409** (0.175)	-0.412** (0.176)	-0.0025 (0.005)
Education level						
<i>Victim</i>						
No qualification	-4.338 (7.422)	-8.359 (8.005)	-8.38292 (7.988)	-8.19805 (7.985)	-8.13783 (7.987)	0.0013 (0.006)
Secondary school	-3.839 (6.885)	-7.074 (7.325)	-7.11004 (7.308)	-6.93319 (7.304)	-6.86332 (7.305)	0.004 (0.006)
(University (up to 2 years)	5.105 (7.973)	5.659 (7.959)	5.77020 (7.930)	6.14400 (7.911)	6.41064 (7.906)	-0.002 (0.007)
Higher education, master and PhD	-7.011 (6.688)	-11.552 (7.456)	-11.62050 (7.446)	-11.50752 (7.451)	-11.52378 (7.458)	0.001 (0.006)

<i>Perpetrator</i>						
No qualification	-2.637*	-3.978**	-4.15891**	-4.28643**	-4.39682***	-0.005
	(1.560)	(1.696)	(1.692)	(1.693)	(1.695)	(0.007)
Secondary school	-2.139	-2.733	-2.85595	-2.97878	-3.08487	-0.005
	(1.950)	(1.956)	(1.949)	(1.944)	(1.943)	(0.007)
(University (up to 2 years)	-13.58***	-20.33***	-20.57***	-20.862***	-21.241***	-0.0007
	(3.883)	(5.568)	(5.583)	(5.613)	(5.640)	(0.009)
Higher education, master and PhD	-	-	-9.28950***	-9.51535***	-9.73859***	-0.008
	6.22813***	9.07473***	(2.824)	(2.830)	(2.839)	(0.007)
Type of employment						
Unpaid assisting family Member	-4.268**	-5.647**	-5.66**	-5.71**	-5.77***	-0.007
	(2.096)	(2.245)	(2.239)	(2.239)	(2.240)	(0.006)
Self-employed	5.87***	8.66***	8.78***	8.89***	9.03***	-0.007
	(1.850)	(2.522)	(2.526)	(2.537)	(2.546)	(0.0056)
Farmer on own homestead without employees	-3.418***	-4.67***	-4.65***	-4.71***	-4.779***	0.008
	(1.159)	(1.389)	(1.388)	(1.391)	(1.394)	(0.014)
Works for an employer – employee	1.400	2.14310**	2.20781**	2.22781**	2.26413**	-0.003
	(0.966)	(1.063)	(1.062)	(1.062)	(1.063)	(0.004)
Was never employed	-0.004	0.56364	0.62461	0.62934	0.64366	-0.002
	(1.137)	(1.183)	(1.180)	(1.180)	(1.179)	(0.005)
Income_vic	-0.0001	-0.0001	-0.0001	-0.0001	-0.0001	-0.00004
	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)	(0.00003)
Income_prop	-0.00001	0.00002	0.00004	0.00005	0.00005	-0.00001
	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)	(0.00002)
Alcohol_vic	1.507**	1.51773**	1.52121**	1.50718**	1.49664**	0.001
	(0.652)	(0.651)	(0.649)	(0.646)	(0.645)	(0.006)
Alcohol_prop	0.855***	0.84431***	0.83503***	0.83246***	0.83024***	0.007***
	(0.138)	(0.137)	(0.136)	(0.135)	(0.135)	(0.003)
Narco_vic	-0.222	-0.22754	-0.13956	-0.13257	-0.07517	0.005
	(0.371)	(0.369)	(0.363)	(0.360)	(0.365)	(0.008)
Narco_prop	-0.165	-0.225	-0.24250	-0.25996	-0.27647	-0.004
	(0.181)	(0.179)	(0.178)	(0.177)	(0.177)	(0.003)
Gambling_vic	1.099	1.603	1.584	1.672	1.760	-0.191***
	(2.038)	(2.040)	(2.031)	(2.025)	(2.024)	(0.005)
Gambling_prop	-0.212	-0.212	-0.195	-0.191	-0.178	0.002
	(0.235)	(0.228)	(0.225)	(0.223)	(0.222)	(0.004)
Children_present	-2.490**	-3.441***	-3.441***	-3.477***	-3.546***	0.107***
	(1.025)	(1.168)	(1.166)	(1.168)	(1.171)	(0.0407)
Violence_exposed_vict	-5.414***	-8.178***	-8.233***	-8.275***	-8.383***	-0.0015
	(1.829)	(2.522)	(2.528)	(2.540)	(2.550)	(0.004)
Violence_witness_vict	-1.316*	-2.099**	-2.106**	-2.106**	-2.109**	0.001
	(0.799)	(0.953)	(0.953)	(0.955)	(0.958)	(0.004)
Violence_exposed_prep	4.422***	6.156***	6.196***	6.255***	6.362***	0.002
	(1.199)	(1.614)	(1.617)	(1.624)	(1.631)	(0.003)
Violence_witness_prep	-3.266***	-4.754***	-4.788***	-4.834***	-4.922***	-0.001
	(0.998)	(1.372)	(1.375)	(1.381)	(1.387)	(0.002)
Individual and time fixed effects						
Constant	<i>Included</i>	<i>Included</i>	<i>Included</i>	<i>Included</i>	<i>Included</i>	
	-0.87967	0.59623	0.64141	0.37442	0.23801	
	(7.829)	(7.964)	(7.939)	(7.925)	(7.921)	
Observations	29,826	30,327	30,327	30,327	30,327	
Number of cases	523	523	523	523	523	
Log likelihood	-	-	-3196.83***	-3197.58***	-3280.44***	
	3192.35***	3194.88***				

The standard errors are reported in parentheses. Base categories exclude education, employer and married

partner.

*** p<0.01, ** p<0.05, * p<0.10

Prior violence is positive and highly significant, demonstrating the existence of significant persistence of violence. In other words, the violence previously reported increases the probability that violence will be reported in the subsequent period if it occurs.

Regarding the impact of our main variable of interest, protective measures, three of the measures (harassment or stalking the victim of violence, psychological treatment as well as arrest) are significantly associated with domestic violence. As expected, prior imposition of these measures reduces predicted probability of future domestic violence. Prior prohibition of harassment, psychological treatment and arrest of the perpetrators appears to be protective against the 'r' of the (reported) violence in the future, while removal from dwelling, prohibition of approach and addiction treatments does not significantly influence the (reported) violence in the future. The other measures significantly influence (reported) violence in the future. In particular, prior prohibition of harassment is expected to reduce (reported) domestic violence for about 3.1 percentage point. Past perpetrator arrests are likely to reduce (reported) domestic violence in the future by about 4.3 percentage point in comparison to the case when no such measure has been imposed. Lastly, mandatory psychological treatment in the past is likely to result in reduction in reported domestic violence in future, in particular for 3.15 percentage point more than when measure is not imposed.

The perpetrators' age is not significantly related to the risk of violence. Victims' age, in contrast, is associated with the risk of violence, with older victims being related with higher incidence of violence. Place of residence also emerges as a significant predictor of domestic violence, with those living in rural areas are slightly more prone to experience (reported) violence than urban residents. The results on rural-urban relationship are not unexpected, and we should take into account that victims from rural area are also less inclined to report violence. The results in Table IA in Annex, which assume that violence encompasses both reported and non-reported violence, show that the place of residence does not makes significant difference for risk of violence. There is no significant impact of both the victims' and perpetrators level of education on domestic violence'. Single and divorced victims are less likely than married ones to experience domestic violence.

The presence of children during acts of violence increases the risk that violence will be repeated in the future period compared to the cases when children were not present.

As expected, perpetrators who abuse alcohol are more likely to commit domestic violence.

We have also complemented the analysis by the additional measure of dependent variable. Unlike previous specification, where only the violence reported is considered.

In this estimation (Table I in Appendix) we appended the cases of violence that was not reported but was experienced by registered victims. More precisely, the victims of domestic violence who at some point reported violence, experienced violence at different points in time, and not all of these cases were reported. These cases of violence may have occurred before or after the time of reporting, but still within 5-year period that is covered by this study. We tried to detect all of these cases through the survey in which we asked the victims to report all cases of violence even if they failed to report it to the police. We also recorded the date and time when this violence occurred during the 5-year period under observation. This is how we recreate the dependent variable (violence) which takes the value of 1 if both reported and non-reported violence occurs. This procedure allowed us to better understand the impact of protective measures, since our dependent variable included the cases of violence that were not reported to the authorities. The results reported in Table A1 in the Appendix are very similar to the results reported in Table I. Regarding the impact of protective measures, the only difference is that the addiction treatment seems to reduce the risk of both reported and not reported violence, while the arrest of perpetrators does not have any significant impact on the repetition of violence in the future. The impact of some of the control variables on violence also differs to some extent in this specification. In particular, alcoholism and substance abuse or victims' gambling habits are positively associated with the experience of violence, while there are no significant association between substance abuse or gambling habits of perpetrators and violence. Also, victims who witness violence in their childhood are more likely to experience violence themselves, while perpetrators' childhood experience (witnessing and/or exposition) with violence is not a significant predictor of domestic violence.

Evaluation question 3

Have the protective measures been implemented in accordance with the existing legislation, and if not, why? What are the lessons learned and recommendations about the implementation of measures and its effectiveness from the perspectives of victims and social workers? Are there any mechanisms in place for detection and targeted response to the recurrence of domestic violence? What challenges do social workers face in their work and how it can be improved?

Perceived Impact of Protective Measures

When it comes to assessing the perception of protective measures on the behavior of the perpetrators of domestic violence, 71.4% of victims believe that protective measures have a very positive or positive effect on the perpetrators of domestic violence during the implementation of measures, and 66.44% of victims consider that the positive behavior continued after the measure was completed. Domestic violence victims also believe that protective measures have a very positive or positive effect on the quality of family relationships in 50.22% of cases, and that in 53.21% of cases such measures contribute to improved family relationships, even after the protective measures are lifted.

Table 7: Perception of the Effect of Protective Measures

How protective measures affect the behavior of perpetrators of violence				
	During the implementation of the protective measure		After the implementation of the protective measure	
	Freq	Perc	Freq	Perc
Very positively	101	15.61	90	14.87
Positively	361	55.79	312	51.57
No influence	158	24.42	171	28.26
Negatively	16	2.472	19	3.14
Very negatively	11	1.70	13	2.14
	647	100	605	100

Table 8: Perception of the effect of protective measures on the quality of family relations

	During protective measure		After protective measure	
	Freq	Perc	Freq	Perc
Very positively	50	7.72	50	8.26
Positively	275	42.50	272	44.95
No influence	214	33.07	215	35.53
Negatively	76	11.74	77	12.72
Very negatively	28	4.32	28	4.62
	643	99.38	642	106.11

Interviews with practitioners

As a qualitative supplement to the quantitative study, in order to better understand the results obtained, we conducted interviews with practitioners from different institutions that deal with domestic violence. It is also important to note that the Gender Center of FB&H is the government institution responsible for the coordination of the work related to the strategic documents in the field of domestic violence. The information obtained from the Gender Center was very broad and comprehensive, as it included the knowledge collected in their work with government and non-government organizations over a number of years.

The protective measures are a form of preventive actions that affect the awareness of the perpetrators of domestic violence. The impact of the imposition of protective measures depends on a range of factors. The first important factor is the capacity of the police officers assigned to a particular case, how they deal with the case, how they select and enforce a protective measure, which directs the way they understand the consequences of the offense committed. Protective measures are urgent, do not require a complex procedure and they give a sense of legal security to the victim. Although protective measures represent a form of sanctions for perpetrators, they are not sufficient to prevent future violence, as they are imposed when violence already occurred or ex post. According to the results of the interviews with the practitioners, imprisonment is an effective measure, but it is a short-term remedy, especially if such a person had no previous convictions, and such detention can last only 48 hours (police and prosecution detention), after which the perpetrator is allowed to return home, and without other steps the victim is then much more exposed to violence. As recognized by most practitioners, this problem may be addressed through removal of perpetrators from households and compulsory group work. This is partly in line with the research done by other authors, according to which imprisonment is important for violence prevention and provides the basis for the next steps and measures intended to change violent

behavior. These research findings also highlight the importance of the group work with perpetrators⁴⁰.

In addition, practitioners also consider mandatory addiction treatment to be an effective measure in those situations where perpetrator committed acts of domestic violence under the influence of some psychoactive substances or alcohol, but the challenge that this measure poses is that it can be ordered only after the court proceedings have been completed and the final verdict is announced.

Non-cooperation of the victims also presents challenges, because victims often do not adhere to the protective measures imposed, they let the perpetrators return home before the completion of a full course of treatment or before the case is completed and they fail to notify the institutions responsible for monitoring and implementation of protective measures. We can expect the full effect of protective measures only if they are implemented completely, which takes a certain period of time. In some cases, victims fail to observe this temporary separation requirement and they reach out to the perpetrators before the professional treatment or the measures are completed. Another practical issue is the short deadline of 12 hours to fill out the request for instituting protective measures, which is sometimes insufficient for full understanding of the case. In addition, the withdrawal of criminal charges and victims' abandonment of the criminal prosecution of the violence case, in the absence of other evidence, is a problem in criminal proceedings. People sometimes abuse the law and report domestic violence in order to gain advantage in the divorce process. Another problem with the implementation of protective measures stems from insufficient equipment and a lack of institutions and practitioners for the implementation of protective measures, especially for the implementation of psychosocial and addiction treatments, alcohol abuse and gambling habits.

The protective measure titled 'removal from apartment, house or other dwelling' is most easily implemented because it is easily monitored and there are clear steps of non-compliance. The main problem here is the infringement of the right to property and home of the perpetrator of domestic violence. More precisely, when the measure entitled 'removal from the apartment' is ordered, the question arises as to where the perpetrator will reside, and it is the victim of violence who is most often removed and placed in a safe house, which disrupts her life, and therefore the victims of violence rarely opt to take that step. Besides, the

⁴⁰ Condino, V., Tanzilli, A., Speranza, A.M., Lingardi, V., 2016. Therapeutic Interventions in Intimate Partner Violence, Research in Psychotherapy: Psychopathology, Process and Outcome 2016; volume 19:79-88.

protective measure entitled 'prohibition of approach to the victim of domestic violence' is easily implemented in cases where the victim and violent person do not live at the same address. On the contrary, in the cases where the victim and the abuser live at the same address, the same measure becomes most difficult to monitor and implement. 'Prohibition to approach to less than 3 meters', for example, is violated on a daily basis. Protective measures of mandatory psychosocial and addiction treatment are often undermined by insufficient institutional capacity, and although these measures are mandatory, the arrangements for implementation of protective measures lack mechanisms to compel the persons to submit to the treatment measure that has been imposed on them.

It is a common practice for parents of children with substance abuse problems to report their children for domestic violence in order to get them to submit to drug rehabilitation treatment by taking advantage of the measure of mandatory addiction treatment. Although this measure is mandatory, medical staff lacks mechanisms to force a person to accept treatment, which constitutes a violation of the protection measure, and the result an imposition of a fine for measure violation. Unfortunately, this penalty is most frequently paid by the very parents who filed the application originally.

According to the interviews with the practitioners, when protective measures are to be requested, practitioners have to consider many factors, legal constraints, capacity of the institutions to deal with the problem and possible adverse effects on the victims. The impression is that same, feasible, solutions are used because the society lacks institutional capacity to deal with these problems in a different way. The overall impression of the practitioners is that protective measures are effective and they have a positive impact on the prevention of domestic violence. However, for us to be able to respond appropriately to domestic violence, considerable changes are needed in a number of policy areas.

The budget for the implementation of protective measures should be allocated to the centers for social work and not to courts and prosecutions offices. When the budgets are entrusted to the prosecutions offices or to the courts, they tend not to order measures that would "cost" them. At present, the law prescribes that the courts cover the costs of the enforcement of protective measures, and it is not certain whether all courts have the budget for this subject and whether they budget for these measures at all. This procedure is not fully defined in the law. When implementing the mandatory psychosocial treatment measure, it is important to define what is financed by courts and mental health centers. Moreover, a number of bylaws need to be adopted to allow full implementation. Specifically, the Rulebook on the

Provision of Protective Measures by the Courts, and Rulebook on Funding the Provisional Housing of Victims of Violence in Safe Houses. In addition, the enforcement of the Law has to be more efficient and much more attention should be given to preventive work. This means that preventive work should be legally defined and not be allowed to depend on the level of sensitivity of individual institutions, as pointed out by practitioners at the Institute for Public Health of SC. This problem is also recognized by some authors (for example Kaur, R., & Garg, S., 2008.) who argue that the health sector may play a key role in violence prevention through early detection of harassment and unhealthy practices such as alcohol and drug abuse, which represent significant risk factors for domestic violence⁴¹. Prevention programs can bring about the perception change and contribute to the long-term solution for domestic violence⁴². Our results, both the qualitative and quantitative ones, confirm these findings.

According to Ward, one sector cannot solve all challenges of domestic violence cases. A multisector approach is necessary and it requires cooperation between different institutions, with special focus on health care, police, justice and social protection. Also, monitoring and evaluation should be part of each program.⁴³ Our findings suggest that the institutional infrastructure for the implementation of the Law on Protection from Domestic Violence has to be strengthened and further developed. Police stations and centers for social work, regardless of location, are not adequately equipped to respond to the special needs in this field (mixed-gender teams, interview rooms for minors, etc.). Institutional capacities of centers for social work, police and courts are insufficient, in terms of human and material resources, for the implementation of compulsory psychosocial and addiction treatments. Finally, all practitioners directed our attention to the report on implementation of the Strategy for Prevention and Combating Domestic Violence (2013-2017). This report identifies the necessity to develop monitoring mechanisms and reporting at all levels of government. Also, it highlights a need for stronger coordination among institutions, for development of educational programs and programs of prevention.

⁴¹ Kaur, R., & Garg, S., 2008. Addressing Domestic Violence Against Women: an Unfinished Agenda. *Indian Journal of Community Medicine: an official publication of the Indian Association of Preventive & Social Medicine*, 33(2), 73-6.

⁴² McCarthy, K. J., Mehta, R., & Haberland, N. A., 2018. Gender, Power, and Violence: A Systematic Review of Measures and Their Association with Male Perpetration of IPV. *PLoS one*, 13(11).

⁴³ Ward, J., 2013. Violence against Women in Conflict, Post-conflict and Emergency Settings, UNWOMEN.

4.2 CONCLUSIONS

Impact assessment findings

We conducted a rigorous impact evaluation of the impact of protective measures, on the reported cases, as defined by the Law on Protection from Domestic Violence. We find suggestive empirical evidence on the impact of different factors. Three of the measures, prohibition against harassment or stalking the victim of violence, mandatory psychological treatment as well as arrest reduce predicted probability of future domestic violence. More precisely, past prohibition of harassment is expected to reduce domestic violence by about 3.1 percentage point. Arresting perpetrator is likely to reduce future domestic violence by about 4.3 percentage point in comparison to the case when no such measure has been imposed. Lastly, mandatory psychological treatment in the past is likely to result in reduction of domestic violence in the future, in particular for 3.15 percentage point less than in the case when measure is not imposed.

At the same time, we found no significant influence of removal from dwelling, prohibition to approach and addiction rehabilitation treatment.

Besides, bylaws required to fully implement the Law are still not adopted. These include, specifically, the Rulebook on the Provision of Protective Measures by Courts, by the Federation Ministry of Justice, as well as the Rulebook on Financing Provisional Housing of Victims of Violence in Safe House, Another Family or Other Institution, by the Federation Ministry of Labor and Social Policy. In addition, the enforcement of the Law has to be more efficient and much more attention should be given to preventive work. This means that preventive work should be legally defined and not be allowed to depend on the level of sensitivity of individual institutions.

Institutional development

The institutional infrastructure for the implementation of the Law on Protection from Domestic Violence has to be strengthened and developed. Police stations and centers for social work, regardless of location, and not adequately equipped to respond to the special needs in this field (mixed-gender teams, interview rooms for minors, etc.). According to the experts from the FB&H Gender Center, institutional capacities of centers for social work, police and courts are insufficient, in terms of human and material resources, for the implementation of compulsory psychosocial and addiction treatments.

Education

According to the recommendations from psychosocial treatment experts, there is a need for a continuous and institutionalized education system for practitioners in the field of compulsory psychosocial treatment and for the development of the Guidelines for Application of the Protective Measure of Compulsory Psychosocial Treatment. The framework and criteria for licensed programs and educators should be defined. The Gender Center argues that, since domestic violence demands a multisector approach, multisector educational programs are a necessary core element. In these workshops, practitioners from different institutions learn about the entire system and their role within it.⁴⁴ Only if all parts of the system perform their role, we can have functional protection from domestic violence and adequate sanctions for perpetrators.⁴⁵

Monitoring system

According to the information provided by the Gender Center, there is no adequate monitoring framework in place. Although there is legal basis for monitoring, and though some steps have been taken, this system remains undeveloped. The focus should also be placed on the links between violent behavior and alcoholism and substance abuse or gambling, and creation of a relevant database would facilitate recognition of these links. It will also help achieve the monitoring of perpetrators residing in different territorial administrative units.

Procedure

According to the interviews with practitioners from the Public Health Institute, every perpetrator needs mandatory psychosocial treatment, since the behavior in question is violent in character. It is an open question how the compulsory psychosocial treatment measure for perpetrators could be enforced, since it is currently based on perpetrators' voluntary acceptance. Very few perpetrators are willing to submit to counseling, and it should be made compulsory, with sanctions envisaged in case of non-participation. Most importantly, the institutional response has to be removal of the perpetrator from the family, not a victim. Budgets for the implementation of protective measures should be allocated to implementing institutions. There is a positive association between substance abuse - predominantly alcoholism - and domestic violence. However, the mandatory addiction rehabilitation

⁴⁴ GCFBIH, 2018. Report on Implementation of the Five-Year Strategy for the Prevention and Fight against Domestic Violence (2013-2017) ("Official Gazette of the Federation B&H", No. 29/18)

⁴⁵ Ward, J., 2013. Violence against Women in Conflict, Post-conflict and Emergency Settings, UNWOMEN.

treatment for substance abuse is a measure that is only rarely ordered. Even when such a measure is ordered, it is not implemented as defined, and the implementation depends on the willingness of the perpetrator, since there is no enforcement mechanism. There are no sanctions that would compel perpetrators to accept drug or alcohol addiction rehabilitation treatment. As a preventive measure, addiction to alcohol, drugs or gambling should be detected early on and an adequate legal and institutional response to mandatory treatment is needed. For treatment of alcohol, gambling or drug addiction, adequate capacities need to be established in competent institutions. Alcohol abuse is an explanatory factor with very high significance in violent behavior. The society has to invest much greater efforts in prevention and treatment, and mental health centers and drug, alcohol and gambling addiction treatment centers should be involved in this process. In case of rejection of the treatment, the perpetrator should be committed to the appropriate institution. Capacities for this kind of treatment should be established.

For the entire process of requesting, ordering, monitoring and implementing protective measures, there is no integrated implementation program in place. This would mean that every practitioner in the treatment system would have clear guidelines for individual cases, and they would know which guidelines and which program to select for implementation of a particular measure. This matters particularly to the work with domestic violence perpetrators, as questions arise where to place the perpetrator after removal from the apartment, and in what way to implement the measures of addiction rehabilitation and psychological treatment. Other implementation problems include non-cooperation of the victims, victimization of victims, short deadlines, insufficient equipment and inadequate selection of protective measures. In some cases, a practice of misuse of protective measures was detected, and this was highlighted in the interviews with police officers and social workers. This means that a false report of violence is made to obtain for the victim some other benefits through protective measures, whether in a case of divorce or some other dispute. Police officers and social workers must be able to recognize such cases.

4.3 RECOMMENDATIONS

As a result of our study, based on the results from quantitative research, interviews with the key individuals from the FBiH Gender Center, Institute for Public Health, Police, Center for Social Work and as well as with a number of social workers involved in the field work in the cases of domestic violence, we offer the following lessons and suggestions for future consideration of the activities related to the prevention of domestic violence:

Legal framework

- Changes in legal solutions should result in practical and implementable provisions with long-term positive effects for society. The Law should be revised and more focus should be placed on prevention, early detection and reporting violence in its psychological form, which would result in appropriate and compulsory counseling and treatment measures at relevant institutions before physical violence occurs.
- Harmonization with the Istanbul Convention can be used to initiate the procedure to amend legal solutions, which would ensure a comprehensive link with other regulations in this field.
- Each reported case of violence should be followed by the Program for the Promotion of Positive Partnership Relations. In this way, a requirement to join the program itself would not cause perpetrators of violent acts to react negatively and reject it, and practitioners would be able to evaluate what type of treatment is necessary for the given perpetrator of violence, as well as for the victim and the whole family.
- Missing bylaws need to be drafted and adopted.
- Legislation needs to be amended in such a way to ensure that, in the violence cases, it is perpetrators who have to be removed from the household, and not victims and/or the children.

Capacity building

Institutional development

- Teams of psychologists should be formed within the centers for social work.
- Capacity of addiction treatment centers for counseling, treatment and hospitalization of perpetrators should be strengthened.

- Police stations should be reinforced by creation of intervention teams with one woman at least serving in each, and special premises for the work of these teams should be assigned.

Education

- All practitioners need an adequate multisector education in order to achieve necessary synergies and understanding of the division of responsibilities within the system. Continuous professional and multisector education of practitioners, which would include detail description of the work of individual institutions, must be provided. In addition, practitioners should follow a compulsory and continuous harmonized and licensed education program and be under compulsory supervision (as professional support).

Monitoring system

- The domestic violence database should become operational. Data entry should be mandatory, and electronic data entry should be enabled.

Procedure

- An early warning system should be put in place and adequate mandatory psychological counseling at addiction treatment centers should be provided before physical violence occur.
- Funding of protective measures should be shifted from courts to centers for social work, and the Centers' budgets should be increased accordingly.
- Participation in counseling activities and submission to addiction rehabilitation treatment should be mandatory.
- Multisector teams should be established.
- Clear operational and decision-making protocols should be established. This would be especially helpful for police officers and other practitioners who must act in the first 24 hours.
- Responsible institutions must be provided with sufficient budgets for the implementation of measures and it should be included as a regular duty of relevant institutions, requiring no additional payment.

ANNEXES

Annex I Full Data Collection Instruments

Section I - Administrative data questionnaire

The data are drawn from administrative data. If some data is missing, they would need to be supplemented through an interview with the victim (Section 2). The questions are answered by circling or filling in appropriate cells. If the protected person is a minor, the questions 5 - 7 need not be answered.

I.1. Data on persons protected by protective measures - victim

	CODE OF VICTIM:	_ _ _ _ _ _ _
1.	Gender:	1 M 2 F
2.	Year of birth:	_ _ _ _ _
3.	Municipality of residence:	
4.	The place of residence:	1 rural 2 urban
5.	Employment type (current or last employment)	1. Owner /joint owner with employees – employer 2. Farmer on its own homestead, with employees 3. Unpaid assisting family member 4. Owner /joint owner without employees – self-employed 5. Farmer on its own homestead, without employees 6. Works for an employer – employee 7. Was never employed
6.	Year of overall work experience (specify in years/months)	_ _ _
7.	Hours per week at work (if employed)	_ _ _
8.	Education level	a) Without education b) No qualifications c) Elementary education d) High school education e) Faculty education f) Master's degree g) Doctoral degree

I.2. Data on persons against whom a protective measure has been ordered - perpetrator

	CODE OF PERPETRATOR:	_ _ _ _ _ _ _
9.	Gender:	1 M 2 F
10.	Year of birth:	_ _ _ _
11.	Municipality of residence:	
12.	The place of residence:	1 rural 2 urban
13.	Employment type (current or last employment)	<ol style="list-style-type: none"> 1. Owner /Joint owner with employees – employer 2. Farmer on its own homestead, with employees 3. Unpaid assisting family member 4. Owner /Joint owner without employees – self-employed 5. Farmer on its own homestead, without employees 6. Works for an employer – employee 7. Was never employed
14.	Year of overall work experience (specify in years/months)	_ _ _
15.	Hours per week at work (if employed)	_ _ _
16.	Education level	<ol style="list-style-type: none"> a) Without education b) No qualifications c) Elementary education d) High school education e) Faculty education f) Master’s degree g) Doctoral degree
17.	There is a history of other criminal acts committed by the perpetrator of violence	<ol style="list-style-type: none"> a) Yes b) No c) There is no credible information on this issue

18.	There is a history of other offenses committed by the perpetrator of violence	a) Yes b) No c) There is no credible information on this issue
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I.3. Data on relationship in the case of violence (at the time of the original incident of violence)

19.	Relation between the perpetrator and victim (mark with an X)	VICTIM		PERPETRATOR	
		1. marital partner		1. marital partner	
		2. extra-marital partner		2. extra-marital partner	
		3. ex		3. ex	
		4. father		4. father	
		5. mother		5. mother	
		6. daughter		6. daughter	
		7. son		7. son	
		8. brother		8. brother	
		9. sister		9. sister	
		10. grandson		10. grandson	
		11. granddaughter		11. granddaughter	
		12. grandfather		12. grandfather	
		13. grandmother		13. grandmother	
		14. stepfather		14. stepfather	
		15. stepson		15. stepson	
		16. stepdaughter		16. stepdaughter	
		17. stepmother		17. stepmother	
		18. uncle		18. uncle	
		19. aunt		19. aunt	
20. Someone else (please specify)		20. Someone else (please specify)			
20.	Ownership of apartment / house (at the time of the original incident of violence)	a) The victim is the owner of the apartment / house b) The perpetrator is the owner of the apartment / house c) The victim and the perpetrator are co-owners of the apartment / house d) The victim and the perpetrator rent an apartment / house e) The victim and the perpetrator are roommates f) Other (please specify)			

I.4. Additional data for monitoring of protective measures

21.	Involvement of children in the violence case (during the period covered in the study)	a) Yes b) No
22.	Children recognized as persons protected by protective measures (during the period covered in the study)	a) Yes b) No

I.5. Performing Implementation of protective measures (round months) and duration - monitoring the dynamics of the measure (Both both administrative and interview data)

	23.5.	23.6.	23.7.	23.8.	23.9.	23.10.	23.11.	23.12.	23.13.	23.14.	23.15.	
Month	Has a job 0 No 1 Yes	Monthly income Amount in BAM	Marriage status 1 married, 2 unmarried partnership 3 divorced, 4 widow... 5 single	Consumption of alcohol 0 No 1 Yes	Use of narcotics 0 No 1 Yes	Gambling 0 No 1 Yes	Having other partners 0 No 1 Yes	Children victims Number 0, 1, 2, 3...	Number of members in the victim's house	Living together 0 No 1 Yes	Victim is displaced in safe house or other 0 No 1 Yes	
	V	P	V	P	V	P	V	P	V	P	V	P
2013	jan											
	feb											
	mar											
	apr											
	mai											
	jun											
	jul											
	aug											
	sep											
	oct											
	nov											
	dec											
2014	jan											
	feb											
	mar											
	apr											
	mai											
	jun											
	jul											
	aug											
	sep											
	oct											
	nov											
	dec											
2015	jan											
	feb											
	mar											
	apr											
	mai											
	jun											
	jul											
	aug											
	sep											
	oct											
	nov											
	dec											
2016	jan											
	feb											
	mar											
	apr											
	mai											
	jun											
	jul											
	aug											
	sep											
	oct											
	nov											
	dec											
2017	jan											
	feb											
	mar											
	apr											
mai												
jun												
jul												
aug												
sep												
oct												
nov												
dec												

Section 2 - Interview data questionnaire

The data is filled out through an interview with the victim, and the interview is used to supplement the missing administrative data in (Section 1). Questions are answered by circling or filling. Questionnaire fills the interviewer.

2.1. Information on the Impact of Protective Measures

24.	How did protective measures affect the behavior of the person who committed the violence	<p>During protective measure</p> <ul style="list-style-type: none"> a) Very positively b) Positively c) No influence d) Negatively e) Very negatively <p>After protective measure</p> <ul style="list-style-type: none"> f) Very positively g) Positively h) No influence i) Negatively j) Very negatively
25.	How did the protective measures influence the quality of family relations	<p>During protective measure</p> <ul style="list-style-type: none"> a) Very positively b) Positively c) No influence d) Negatively e) Very negatively <p>After protective measure</p> <ul style="list-style-type: none"> f) Very positively g) Positively h) No influence i) Negatively j) Very negatively
26.	How many years have you been married / in extramarital relationship (if more, then only the first one)	_ _
27.	Were exposed to violence in childhood?	<ul style="list-style-type: none"> a) Yes b) No c) I do not know
28.	Did you witness violence in childhood?	<ul style="list-style-type: none"> a) Yes b) No c) I do not know

29.	Was the perpetrator exposed to the violence in his/her childhood	a) Yes b) No c) I do not know	
30.	Did the perpetrator witness violence in the childhood	a) Yes b) No c) I do not know	
31.	Specify all conditions during which violence occurred (round multiple responses)	VICTIM 1. Childhood 2. Adolescent period 3. Dating 4. Marriage 5. Planning pregnancy 6. During pregnancy 7. After delivery 8. After finding employment 9. After termination of employment 10. After the partner found employment After the termination of the partner's employment 11. Old age 12. Disease 13. Weakness 14. Other (please specify)_____	PERPETRATOR 1. Childhood 2. Adolescent period 3. Dating 4. Marriage 5. Planning pregnancy 6. During pregnancy 7. After delivery 8. After finding employment 9. After termination of employment 10. After the partner found employment After the termination of the partner's employment 11. Old age 12. Disease 13. Weakness 14. Other (please specify)_____
32.	Events that you feel would happen if you report violence (circle multiple responses)	a) I will get adequate help b) I will not get any help c) Violence will be even worse d) I will stay out of touch with the kids e) Perpetrator will kill me f) Perpetrator will hurt other members of the family g) I will lose accommodation h) I will lose income i) I will be condemned by my family j) Everyone will condemn me k) Other (please specify) _____	

2.2. Other data

33.	What do you think of your economic situation?	a) Very good b) Good c) Average d) Poor e) Very poor
34.	What do you think the perpetrator considers your economic situation to be?	a) Very good b) Good c) Average d) Poor e) Very poor

Section 3 - Questionnaire for practitioner interviews

INTERVIEWERS CODE:..... I I I I I

Day / month / year of the submission of the interview: I I I I I I I

The data is collected through interviews with practitioners who work on family violence in the police, social work centers, courts and prosecution offices, and health care institutions. The questionnaire is filled by the interviewer.

3. Data related to the treatment of practitioners

1.	Profile of respondents (police inspector, judge, social worker, etc.)																																												
2.	Respondent works for	<ol style="list-style-type: none"> 1. The police 2. Center for Social Work 3. Health care institution 4. Judiciary 5. NGO 																																											
3.	How did protective measures affect prevention and protection of domestic violence?	Protective measure																																											
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 16.6%;"></td> <td style="width: 16.6%;">1. Removal from the apartment, house or other dwelling</td> <td style="width: 16.6%;">2. Prohibition against approach</td> <td style="width: 16.6%;">3. Prohibition against harassment</td> <td style="width: 16.6%;">4. Psychosocial treatment</td> <td style="width: 16.6%;">5. Addiction treatment</td> <td style="width: 16.6%;">6. Temporary detention and retention</td> </tr> <tr> <td>Very positively</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Positively</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>No influence</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>They turned negative</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Very negatively</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>No elements to estimate</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		1. Removal from the apartment, house or other dwelling	2. Prohibition against approach	3. Prohibition against harassment	4. Psychosocial treatment	5. Addiction treatment	6. Temporary detention and retention	Very positively						Positively						No influence						They turned negative						Very negatively						No elements to estimate					
			1. Removal from the apartment, house or other dwelling	2. Prohibition against approach	3. Prohibition against harassment	4. Psychosocial treatment	5. Addiction treatment	6. Temporary detention and retention																																					
		Very positively																																											
		Positively																																											
		No influence																																											
		They turned negative																																											
Very negatively																																													
No elements to estimate																																													
4.	What were your problems during the implementation of protective measures?	a) Short deadlines																																											
		b) Incompatibility of measures																																											
		c) Inability to monitor the measure																																											
		d) Insufficient equipment																																											
		e) Insufficient connection with other subjects of protection																																											
		f) Unclear procedures for implementation of measures																																											
5.	What measures were most easily implemented?	g) Lack of institutions / practitioners to implement measures																																											
		h) Abandonment of the victim																																											
		i) Lack of staff to lead the victim through the process																																											
		j) Other (please specify) _____																																											
		a) Removal from the apartment ...																																											
		b) Prohibition against Approach																																											
		c) Prohibition against harassment																																											
		d) Psychosocial treatment																																											
		e) Addiction treatment																																											
		f) Arrest and detention																																											
		Please state the reason _____																																											

6.	What was most difficult to implement?	<ul style="list-style-type: none"> a) Removal from the apartment ... b) Prohibition against approach c) Prohibition against harassment d) Psychosocial treatment e) Addiction treatment f) Arrest and detention Please state the reason _____
7.	In your opinion, what should be done to make less violence against victims of violence?	
8.	Additional comments	

Table 1. Logit estimation of the model (1) when dependent variables measure only reported violence

VARIABLES	(2)	(3)	(4)	(5)
	Violence	Violence	Violence	Violence
Previous period(s) for prior violence and measures	2	3	4	5
Prior_violence	1.267*** (0.168)	0.981*** (0.159)	0.771*** (0.156)	0.629*** (0.152)
Protective measures				
m_removal	-0.35724 (0.406)	-0.38233 (0.413)	-0.35439 (0.397)	-0.357 (0.393)
m_approach	-0.25483 (0.226)	-0.20780 (0.226)	-0.19883 (0.223)	-0.182 (0.222)
m_harassment	-0.73562*** (0.201)	-0.70434*** (0.203)	-0.64618*** (0.200)	-0.618*** (0.199)
m_psychological	-1.21293** (0.573)	-1.18933** (0.592)	-1.17663** (0.595)	-1.178** (0.594)
m_addiction	-0.511** (0.232)	-0.424* (0.245)	-0.433* (0.236)	-0.441* (0.229)
m_arrest	-0.337 (0.387)	-0.167 (0.389)	-0.225 (0.365)	-0.270 (0.352)
Age_vic	0.009 (0.006)	0.009 (0.006)	0.009 (0.006)	0.009 (0.006)
Age_prop	0.0005 (0.005)	0.00036 (0.005)	0.0004 (0.005)	0.0004 (0.005)
Female_vic	0.039 (0.147)	0.040 (0.146)	0.039 (0.147)	0.040 (0.147)
Rural	-0.025 (0.106)	-0.022 (0.107)	-0.017 (0.107)	-0.013 (0.108)
Marital status				
Unmarried partnership	0.15043 (0.213)	0.14462 (0.214)	0.13763 (0.216)	0.12465 (0.218)
Divorced	-0.71580*** (0.173)	-0.70249*** (0.175)	-0.70659*** (0.178)	-0.70423*** (0.180)
Widow	0.02674 (0.465)	0.03292 (0.461)	0.04048 (0.459)	0.04692 (0.460)
Single	-0.56395*** (0.206)	-0.54818*** (0.207)	-0.54403*** (0.208)	-0.53576** (0.209)
Education level				
<i>Victim</i>				
No qualification	0.06719 (0.283)	0.06032 (0.283)	0.06260 (0.284)	0.06532 (0.284)
Secondary school	0.22460 (0.287)	0.21935 (0.287)	0.22325 (0.288)	0.22727 (0.288)
Junior college (up to 2 years)	-0.10789 (0.344)	-0.12609 (0.343)	-0.12354 (0.342)	-0.12245 (0.342)
Undergraduate, Master's and PhD	0.09819 (0.302)	0.08835 (0.301)	0.09099 (0.302)	0.09403 (0.302)
<i>Perpetrator</i>				
No qualification	-0.979** (0.434)	-0.982** (0.432)	-0.992** (0.432)	-1.002** (0.431)
Secondary school	-0.877** (0.429)	-0.879** (0.428)	-0.887** (0.427)	-0.897** (0.427)
Junior college (up to 2 years)	0.142 (0.628)	0.137 (0.624)	0.128 (0.622)	0.119 (0.621)

Undergraduate, Master's and PhD	-0.9226** (0.451)	-0.931** (0.450)	-0.944** (0.450)	-0.957** (0.450)
Type of employment				
Unpaid assisting family Member	-0.38917 (0.298)	-0.39319 (0.295)	-0.39620 (0.294)	-0.39787 (0.294)
Self-employed	0.76004 (0.721)	0.75935 (0.719)	0.75756 (0.718)	0.75840 (0.718)
Farmer on its own homestead, without employees	-0.204 (0.322)	-0.18923 (0.324)	-0.18157 (0.325)	-0.17667 (0.326)
Works for an employer – employee	-0.086 (0.241)	-0.08854 (0.236)	-0.09218 (0.234)	-0.09324 (0.233)
Was never employed	-0.145 (0.251)	-0.14411 (0.247)	-0.14585 (0.246)	-0.14671 (0.245)
Income_vic	0.00005 (0.000)	0.00005 (0.000)	0.00005 (0.000)	0.00005 (0.000)
Income_prop	0.00003 (0.000)	0.00003 (0.000)	0.00003 (0.000)	0.00002 (0.000)
Alcohol_vic	1.51773** (0.651)	1.52121** (0.649)	1.50718** (0.646)	1.49664** (0.645)
Alcohol_prop	0.20542 (0.183)	0.19796 (0.183)	0.19012 (0.182)	0.18143 (0.182)
Narco_vic	0.33207*** (0.107)	0.33151*** (0.108)	0.33065*** (0.108)	0.32964*** (0.109)
Narco_prop	-0.08320 (0.576)	-0.02543 (0.593)	-0.00149 (0.598)	0.03547 (0.601)
Gambling_vic	1.38292** (0.577)	1.35396** (0.578)	1.32722** (0.579)	1.31317** (0.582)
gambling_prop	-0.15573 (0.148)	-0.15042 (0.150)	-0.14774 (0.152)	-0.14335 (0.154)
Children_present	-3.441*** (1.168)	-3.441*** (1.166)	-3.477*** (1.168)	-3.546*** (1.171)
Violence_exposed_vict	-0.08375 (0.161)	-0.08365 (0.160)	-0.08485 (0.160)	-0.08504 (0.160)
Violence_witness_vict	0.33156** (0.159)	0.32786** (0.158)	0.32711** (0.159)	0.32526** (0.159)
Violence_exposed_perp	0.05152 (0.156)	0.05357 (0.155)	0.05388 (0.155)	0.05477 (0.155)
Violence_witness_perp	0.02701 (0.151)	0.01962 (0.150)	0.01894 (0.150)	0.01678 (0.150)
Individual and time fixed effects				
Constant	Included 0.59623 (7.964)	Included 0.64141 (7.939)	Included 0.37442 (7.925)	Included 0.23801 (7.921)
Observations	30,327	30,327	30,327	30,327
Number of cases	523	523	523	523

The standard errors are reported in parentheses. Base categories exclude education, employer and married partner.

*** p<0.01, ** p<0.05, * p<0.10

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Annex III List of key informant interviews and government institutions/agencies represented

#	Interviewed institution	Location	Date of the interview
1	Center for Social Work	Sarajevo CSR	14.08.2018.
2	Center for Social Work	Sarajevo CSR	14.08.2018.
3	Center for Mental Health	Ilidza	19.07.2018.
4	Police	Ilidza	19.07.2018.
5	Police	Centar	06.08.2018.
6	Police	Vogošća	10.09.2018.
7	Prosecutor's office	Sarajevo	13.08.2018.
8	Prosecutor's office	Sarajevo	14.09.2018.

Annex IV Evaluation Timeline

A timeline that identifies tasks and subtasks, start dates, completion dates, and other milestones for each task and subtask;

Data Collection Instruments,

Interviewers' workshop: 06.12.2017

Full Data Collection Instruments, administrative data collection, interview, and administration:
31.12.2017

Pilot data collection and input: 20 January 2018

Data Collection Instruments analysis and adjustment: 30 January 2018

Interviewers training: first half of February

Administrative data / data use agreements: first half of February

Data gathering: February 2018 - May 2018

Database preparation and cleaning June-July

Interim Briefing to USAID/BiH and MEASURE-BiH: July 2018

Draft Final Report: September 2018

Second Draft Final Report: October 2018

Final Report, raw data files, analysis data files, and analysis programs: October 2018

Annex V Disclosure of any conflicts of interest