



Organisation for psychological research and action

Evaluation research within the project
 “A multidisciplinary approach to combat domestic violence and other forms of violence against women and children”

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1 Executive summary

- The subject of this research is a series of interventions implemented by Medica aimed at improving treatment and services of Service Providers (primarily persons working for courts, police stations, medical services and Centers for Social Work) to domestic and gender-based violence on women and children. The program is entitled "A multidisciplinary approach to combat domestic violence and other forms of violence against women and children". This kind of program has been previously implemented by Medica and the current evaluation covers the implementation in two new regions. 12
- The purpose of this evaluation is to assess short-term and long-term effects of the education that Medica plans to organize for professionals, in order to improve treatment and services provided by government institutions to victims of violence. 14
- The evaluation was agreed with Medica and proMENTE as part of the development of the 2003-2004 project cooperation agreement. 14
- The objective of this evaluation is to report to what extent the program achieves its objectives and satisfies other subsidiary criteria (sustainability, impact etc.) and therefore makes a contribution to achieving its goals. 14
- The methods used are listed below. 14
- The overall program rationale and method was assessed in relation to the "state of the art" on the basis of an extensive search for relevant evidence-based articles in **peer-reviewed journals**. Findings based on the literature search will be marked with the following symbol: 📖 14
- Specific assumptions made by the program about attitudes, knowledge etc of Service Providers was assessed via a series of **focus groups** held with Service Providers before the program started. Findings based on the focus groups will be marked with the following symbol: ☉ 15
- Overall quality of treatment and services provided at baseline, along with other information, were measured with a baseline questionnaire assessment of the training participants. Findings based on the baseline questionnaires will be marked with the following symbol: ☑ 16
- Overall level of skills in advocacy and training were measured before the special ("Level 2") trainings by a questionnaire assessment of the special training participants. Findings based on the baseline questionnaires will be marked with the following symbol: ☑ 16
- The extent and nature of improvement in Service Provider response as a result of the general training and special training on advocacy and training was assessed via a comparison of baseline and one-year follow-up **questionnaire answers**. Findings based on comparison of baseline and follow-up questionnaires will be marked with the following symbol: ☑☑ 16
- Baseline quality of Service Provider response to violence was assessed by **telephone interviews** conducted with (former) victims of violence before the program, including one region in which the program was to be implemented and one other region. Findings based on the telephone interviews will be marked with the following symbol: 📞 16
- Any overall change in quality of Service Provider response to violence was assessed by **telephone interviews** conducted with (former) victims of violence before and after the program, comparing one region in which the program was implemented with one other region. Findings based on comparison of baseline and follow-up telephone interviews will be marked with the following symbol: 📞📞 16
- Interviews (by telephone and in person) were also conducted with key personnel at UNICEF, Medica, and the two Medica partner organisations. Findings based on interviews will be marked with the following symbol: 🗣️ 16
- Key strengths of this research are: it has a prospective design, i.e. it systematically compares baseline with follow-up data, it includes multiple sources; and the questionnaire assessment allows a detailed analysis not just of the extent but also the nature of any improvement in Service Provider response. 18
- Key limitations of this research are: it does not include a control group for the main training, and the only objective (not self-report) assessment of improvement of quality of treatment and services is by telephone interview of former clients. 18

- The original design of the program was partly based on field research conducted by Medica Zenica in 1998. Although internal and external evaluations have been conducted before, no changes to the program design have been made on the basis of evaluation since the program's inception. The present evaluation represents the first opportunity for Medica to adapt the program design based on more substantial quantitative empirical evidence. Thus, use of Results Based Management can be assessed as limited. 19
- The program focuses on women as well as children whereas the UNICEF country program outcomes under 2.1 do not specifically mention women. The program needs to demonstrate a specific direct and indirect benefit for children. 20
- ☎ The linkage between violence to women with violence to children and young people is justified at least in the sense that they occur very frequently together. 20
- It is not sufficiently clear to what extent the program intends to address *gender-based* violence specifically; nor to what extent it attempts to change attitudes and approaches as well as knowledge and skills or if so, in what way. 21
- The top levels of the logframe are too broad; the program would benefit from a tighter focus. 22
- 📄 ☉ The planned outcomes are well suited to reaching the program goals 22
- ☑ Service Providers deal with more cases of physical than sexual violence and more cases of violence against women than against children. By far the most frequent specific form of violence is physical violence against women in the home; sexual violence against children was rare. 24
- ☎ From a total of 62 women who had received services from safe houses in Sarajevo and Modriča at baseline, the level of satisfaction (measured by a single question for each type of service) was surprisingly high. Satisfaction with health and NGO services was maximal. Satisfaction with services provided by Centers for Social Work was lowest, around half-way between "satisfied" and "not satisfied". Satisfaction with court and health services may have been high because of limited expectations of them. 25
- ☉ The Service Providers' views on what should be done to improve responses to violence concurred well with the program outcomes. In particular they saw the focus on knowledge and skills as very relevant. However they also saw a need for better procedural guidelines, better definition of adequate response, and better motivation and incentives, none of which are a major focus of the training. 26
- ☑ The mean score on the quality questionnaire at baseline is 2.58 on a scale from 0 to 4, where answers of 4 should mean that the respondent is providing the highest quality of treatment and service. This suggests that the participants were not very satisfied with their own work at baseline and confirms the need for a training program. 26
- ☉ There is some evidence that Service Provider attitudes and approaches fall short of UNDAF standards, and are in need of improving, specifically with respect to gender-based violence and rights-based approaches. 26
- 📄 A review of current state-of-the-art in design of programs of this nature suggest that the program design is capable of achieving significant and lasting changes in treatment and services, except that learning goals for the trainings are not clearly enough specified and there is not enough work on the continuation of the target behaviour, e.g. how to nurture positive feedback or social support in the workplace. 28
- ☑ Service Providers' questionnaire answers would indicate, perhaps not surprisingly, that they believe the weak links in the quality chain are institutional rather than individual. In particular they assess the component "rewards and encouragement" to be of lower quality, i.e. they are not satisfied with the amount of encouragement they receive at the workplace for providing good treatment and services in cases of violence. They also assess their own knowledge and skills to be quite weak. 28
- ☑ Service Providers' own personal intolerance of violence is independent of the quality of treatment and services which they provide overall but is related to their views on how often institutions are justified in intervening. It seems that these professionals succeed in separating their private beliefs from their professional behaviour. 29
- ☑ Service Providers say that they provide much better service to victims of physical violence than of sexual violence. This difference is consistent across all professional groups. But there is no difference between the quality of service to women vs. children or violence in the home vs. outside the home. 29
- ☑ Women report a significantly lower level of satisfaction on the components "authority and guidelines" and "rewards and encouragement", i.e. they are less satisfied than men with the amount of encouragement they receive at the workplace for providing good treatment and services in cases of violence, and also with the authority and guidelines they have for providing those services. 30

- Perhaps surprisingly, there are no significant differences on any of the components of quality of response, nor in overall quality, between the professions. 30
- There is a strong relationship between the overall satisfaction with support at work and quality of treatment and services. 30
- There is no evidence that burnout, symptoms of work stress or influence over work content have any important relation to quality of treatment and services. 30
- All the professional groups involved in the training had a significant number of cases per year, but the Service Providers from the Centers for Social Work had easily the highest annual caseload. 31
- The participants were more or less without exception very pleased with both the general and special training and consider that it should be continued and broadened. Trainees after both types of training also mentioned the need for better guidelines, prevention, networking, and legal change. 32
- The training is much more focussed on psychological factors (trauma, burnout, self-help, emotions, personal involvement) than the participants initially expect. 33
- There was a highly significant overall improvement on four of the six components of quality of treatment and services (intolerance of violence, knowledge & skills authority&guidelines and outcome) but not for institutional justification or rewards & encouragement. 34
- The quality of treatment and services improved highly significantly with respect to all dimensions of violence (against women or children, sexual or physical, at home or not at home). 34
- The amount of improvement in quality of treatment and services does not differ significantly between the occupational groups. Nor do features of the work environment, sex, age, or belief in rape myths affect the amount of improvement. 34
- However, those participants who are in the top third in terms of quality of treatment and services for violence against women and children at baseline make no significant improvement overall or in any of the quality components at follow-up. Those in the bottom two thirds make highly significant improvements on all of the dimensions of quality and a significant improvement on all components of quality except rewards and encouragement in the workplace. 35
- ☎☎ While overall user satisfaction in Sarajevo (where there was no Medica intervention) changed only minimally, in Modrića (a town in one region where the Medica intervention took place) it increased from 1.4 to 1.58 on a scale from 0 (not satisfied) to 2 (satisfied) with the services. This change fails to be statistically significant.. 37
- The participants of the special training assessed their advocacy and training skills at follow-up to be significantly better than at baseline. 38
- Participants reported (in retrospect) a modest improvement in advocacy and cooperation in their work environment due to the Medica training. Some of the participants gave impressive examples of these improvements; however, over one third could not think of any examples, which suggests that the improvements are patchy. 39
- † Interviews with Medica and the two NGOs concerned suggest that the program succeeded in increasing capacity of partner NGOs in one case but not in the other. However this outcome is relatively small. 39
- Considering on the one hand the importance of the problem of violence against women and children in the country, the probable level of underreporting, and the sub-optimal response to it as ascertained in this evaluation, and on the other hand considering the overall satisfactory effectiveness of the Medica program, proMENTE recommends that the program should be continued and expanded, with the following reservations. 43
- Better fit to donor goals 43
- Produce Target Catalogue of attitudes, approaches, knowledge and skills 43
- Better adaptation of training to participants 43
- Identify better ways to promote reinforcement of training goals at the workplace 43
- Review the "psychological" format and content of the training 44
- Work on improving cost efficiency and effectiveness 44

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2 Introduction: the program

- The subject of this research is a series of interventions implemented by Medica aimed at improving treatment and services of Service Providers (primarily persons working for courts, police stations, medical services and Centers for Social Work) to domestic and gender-based violence on women and children. The program is entitled "A multidisciplinary approach to combat domestic violence and other forms of violence against women and children". This kind of program has been previously implemented by Medica and the current evaluation covers the implementation in two new regions.

2.1 Stakeholders and beneficiaries

2.1.1 UNICEF Bosnia and Herzegovina

2.1.2 Medica Zenica

Medica Zenica was established in April 1993 during the war in Bosnia-Herzegovina to provide psychological support and medical help for women survivors of war violence and war rape in dealing with the consequences of trauma. Over time, Medica's work developed to include working with victims of other forms of violence and addressing underlying causes for inadequate treatment and services in cases of gender based violence, domestic violence and child abuse. Medica's services and programmes include the operation of a Women's Therapy Centre that provides accommodation and shelter for women and child victims of violence, the provision of psychological and psychiatric counselling for women and children in Zenica and Visoko, the provision of medical service with gynaecological counselling and outreach work in a mobile clinic, the operation of an SOS hotline for women and children victims of violence, a professional training centre for women victims of violence, and a women's information and documentation centre ("Infoteka"), which organizes training on multidisciplinary approaches to combat violence against women and children and domestic violence and works on a resource database on gender and women's issues and services for women in BiH, among other.

2.1.3 Program management

Role of Medica Zenica

- Overall coordination and reporting to UNICEF
- Field coordination with partner organizations
- Direct contact with participants and institutions - as needed
- Preparation of curriculum and training materials
- Organizing training sessions
- Conduct training sessions
- Conduct internal evaluation
- Assist external evaluation

Role of the two NGO partners

- Providing office space for coordination and management meetings
- Providing communication infrastructure (telephone, fax, e-mail)
- Local project administration and logistic
- Networking and regular contact with governmental institutions and other NGOs who's members take part in the project
- Ongoing individual contact with participants
- Workshops logistic organizing
- Members will participate in the NGO groups for training.

¹ the texts in courier font are taken directly from original Medica documents

2.1.4 Program history

Medica developed and started implementing the project *"A multidisciplinary approach to combat domestic violence and other forms of violence against women and children"* in 1999. It aims at improving treatment and services of Service Providers (primarily persons working for courts, police stations, medical services and Centers for Social Work) in cases of domestic and gender-based violence on women and children. The training was developed by Medica Zenica based on the NGO's experience with their work with authorities and professionals in Zenica. Medica had also undertaken research on the prevalence of violence and against women in the Zenica area.

With support by UNICEF, Medica then engaged in cooperation with other local NGOs in other geographical areas of Bosnia and Herzegovina to replicate the training in those new locations.

2.1.5 Program goals, outcomes, outputs and activities

For more details, see chapter 4

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3 Introduction: the evaluation

3.1 Evaluation Purpose

- The purpose of this evaluation is to assess short-term and long-term effects of the education that Medica plans to organize for professionals, in order to improve treatment and services provided by government institutions to victims of violence.
- The evaluation was agreed with Medica and proMENTE as part of the development of the 2003-2004 project cooperation agreement.

3.2 Evaluation Objectives

- The objective of this evaluation is to report to what extent the program achieves its objectives and satisfies other subsidiary criteria (sustainability, impact etc.) and therefore makes a contribution to achieving its goals.

The goals are listed in section 4.1. They are extensive, ambitious and quite hard to measure, as indeed is usual for top-level goals. The program expects only to make a small contribution to reaching them. Thus this evaluation does not attempt to measure them directly. This evaluation will conclude that the program contributed to these goals to the extent that it assesses that the program achieved its outcomes and that the program outcomes should plausibly contribute to the top-level goals 4.3).


3.3 Overview of methods, sources, samples and schedule

This is a multi-method multi-source evaluation. This means that several different methods, conducted by different individuals and individually and collectively using a variety of sources, are designed in advance to address overlapping parts of the evaluation objectives. The final report is written as an explicit synthesis of these different methods. The sources used to assess each evaluation issue are described below and specified via symbols in the headings of the "findings" chapters below, and are detailed in the attached analysis framework.

- The methods used are listed below.

3.3.1 Literature search

A systematic keyword survey of articles published in social science and psychological peer-reviewed journals was made via the psychological and social sciences database PSYCINFO. This was carried out in cooperation with Dipl.-Psych. Maria Hagl at the Ludwig-Maximilians-University of Munich. This means that in principle a large percentage of relevant published data was found. A summary of the results of this search are provided as appendix 20.

- The overall program rationale and method was assessed in relation to the "state of the art" on the basis of an extensive search for relevant evidence-based articles in **peer-reviewed journals**. Findings based on the literature search will be marked with the following symbol: 

3.3.2 Focus groups

Focus group discussions with professionals dealing with the issue of domestic and other forms of violence were audio taped. Recorded material was used for analysis. Ten focus group discussions were held, with a total of 63 participants, five in each location: Dobož and Travnik. Groups were made up of members of the following professions:

- Representatives of Ministry of Interior (police),
- Judiciary and Prosecutors' Office,
- Health workers,
- Workers in centres for social welfare,

- Media and NGO.

The groups were to be heterogeneous by all other criteria. Some groups were, however, homogeneous in terms of sex (Ministry of Interior – male, NGO representatives - female). Medica Zenica carried out the recruitment via its local partners.

This sample differs from the main sample (see below) in that they did not participate in the training. They are assumed to be typical of Service Providers in general, with the caveat that the evaluated agency, Medica, was involved in recruitment².

→ Specific assumptions made by the program about attitudes, knowledge etc of Service Providers was assessed via a series of **focus groups** held with Service Providers before the program started. Findings based on the focus groups will be marked with the following symbol: ⊙

3.3.3 Baseline questionnaire assessment

The main instrument used was a specially designed "quality questionnaire".

3.3.3.1 *Quality questionnaire*

Subscores on components of quality of treatment and services

This questionnaire consists of 60 items aimed at measuring the respondent's own assessment of the quality of the treatment and services they provide for victims of violence against women and children. It has six subscales designed to measure components of response; the components themselves were designed on the basis of the literature search³.

1. intolerance of violence
2. institutional justification
3. knowledge & skills
4. authority & guidelines
5. rewards & encouragement
6. outcome (prioritising and taking action)

The assumption was that if someone reports high scores on the first five scales (they are themselves personally intolerant of violence against women and children; they feel that it is justified for institutions to intervene in many cases of violence against women and children; they judge themselves to have the authority, guidelines, knowledge and skills necessary to act; that they will be rewarded and encouraged if they do act effectively) then they will report themselves as giving a high priority to violence against women and children and as acting frequently. In short, they will be providing high quality treatment and services (as far as institutional resources, which were not assessed in this questionnaire as they were not targeted by the intervention, allow them to).

*Subscores on quality of treatment and services for different **dimensions** of violence*

The same 60 questionnaire items were also scored on three pairs of dimensions of violence: against women or children, sexual or physical, at home or not at home.

All the scales and subscales used were found to be of good psychometric quality⁴.

3.3.3.2 *Other questionnaires*

IRMA

² As the focus group analysis was not originally intended to contribute to this evaluation, this procedure was deemed acceptable at the time the focus groups were carried out.

³ and also on the results of a factor-analytic study of the data in this evaluation

⁴ They were reliable, and valid at least in terms of their divergent and convergent validity with respect to the internationally used questionnaire IRMA (Illinois rape myths acceptance scale, short version) – see appendix.

IRMA (Illinois rape myths acceptance scale, short version) was used to assess negative beliefs related to sexual violence.

Work conditions

The questionnaire on work conditions has the following subscores⁵:

- Satisfaction with support
- Influence over work
- Burnout
- Stress symptoms

→ Overall quality of treatment and services provided at baseline, along with other information, were measured with a baseline questionnaire assessment of the training participants. Findings based on the baseline questionnaires will be marked with the following symbol: ☑

Special training

Other questionnaires were used to assess factors related to training the trainer and advocacy; they were used before and after the special training and also at follow-up.

→ Overall level of skills in advocacy and training were measured before the special ("Level 2") trainings by a questionnaire assessment of the special training participants. Findings based on the baseline questionnaires will be marked with the following symbol: ☑

3.3.4 ☑☑ Comparison of baseline and one-year follow-up questionnaire answers

→ The extent and nature of improvement in Service Provider response as a result of the general training and special training on advocacy and training was assessed via a comparison of baseline and one-year follow-up **questionnaire answers**. Findings based on comparison of baseline and follow-up questionnaires will be marked with the following symbol: ☑☑

3.3.5 ☎ Telephone interviews

Telephone research was employed to assess the satisfaction of users of service targeted by Medica, before and after the intervention. Former users of the services provided by the targeted service providers were interviewed by telephone by staff of women's NGOs, to ask about their experiences with relevant Services.

→ Baseline quality of Service Provider response to violence was assessed by **telephone interviews** conducted with (former) victims of violence before the program, including one region in which the program was to be implemented and one other region. Findings based on the telephone interviews will be marked with the following symbol: ☎

→ Any overall change in quality of Service Provider response to violence was assessed by **telephone interviews** conducted with (former) victims of violence before and after the program, comparing one region in which the program was implemented with one other region. Findings based on comparison of baseline and follow-up telephone interviews will be marked with the following symbol: ☎☎

3.3.6 † Key sources interviews

→ Interviews (by telephone and in person) were also conducted with key personnel at UNICEF, Medica, and the two Medica partner organisations. Findings based on interviews will be marked with the following symbol: †

⁵ The first three were derived by a factor analysis, the fourth already existed as a separate scale.

3.4 Methodological considerations and research ethics

3.4.1 Gender and sampling

There were altogether around 200 Service Providers involved in the research, of whom approximately 25% are women. This percentage is certainly not lower than the percentage of women amongst Service Providers in Bosnia-Herzegovina in general. The other respondent group were Service Users (clients of women's NGOs who were interviewed by telephone), who were all women.

3.4.2 Anonymity

Particularly because some of the questions involved giving information on sensitive subjects including on workplace management and on victims and perpetrators of violence, considerable care was taken to ensure anonymity⁶. The data from the telephone interviews with victims of violence is stored without any personal information at all.

3.4.3 Stakeholder participation

Women victims of violence were included in the research to the extent that telephone interviews were conducted with some of them. However children were not contacted as part of the research which means that their views and perspectives were not included.

Medica participated as follows:

- They were consulted about the original research design
- They sent the follow-up questionnaires to the participants
- They viewed a draft of this report, on the basis of which the following changes were made to it:

xxxTo be completed ...

UNICEF participated to the extent that:

xxxTo be completed ...

3.4.4 Objectivity and independence

ProMENTE has no financial or personnel connection with Medica.

:xxxx what else to say here::???

3.4.5 Strengths and limitations

Control groups (municipalities not receiving this intervention) have been included in this design only for the Service Users (clients of womens NGOs who were interviewed by telephone). It is our judgment that the effort involved in establishing a valid control-group is not justified. However, this means that the other components of this evaluation is in principle vulnerable to time-related effects (such as for instance hypothetical massive input of resources for child protection independently of this program or a significant increase in drug use in all municipalities). However it is our judgment that this kind of effect can best be assessed and allowed for in the Key Sources valuation module.

The only objective (not self-report) assessment of improvement of quality of treatment and services is by telephone interview of former service users. A more proximal but objective assessment such as a checklist of Service Provider knowledge and skills to be completed by an independent assessor would have been desirable. However this kind of

⁶ ProMENTE is not aware of the identity of the respondents as the questionnaires were completed using an identification code. While Medica kept a list linking the identification codes with the names of the respondents but does not have access to their answers, proMENTE has access to the identification codes and the answers but not the names of the respondents. Even this anonymous data is not reported in such a way that it would be possible to make guesses as to statements made by particular individuals. Unfortunately, the list linking respondent codes with their names was not used correctly and although the baseline and post-test questionnaires for the general training could be matched with the follow-up questionnaires on the basis of the date of birth, this was not possible for the special trainings.

assessment, apart from being very expensive, is impossible at the moment due to a lack of a relevant catalogue of targeted knowledge and skills (see section 0).

📖 Most prevention and intervention programs have been poorly evaluated (Heise & García-Moreno, 2002). Tolan & Guerra (1994) promote five characteristics of evaluation designs in violence prevention:

1. Review of participants concerning demographic and prevention target.
2. Comparison group, ideally randomised.
3. Insured program integrity, documentation of methods, interventions, duration and exposure to intervention.
4. Baseline and outcome assessment concerning target behaviour.
5. Use of quantitative measurements.

The present evaluation this point of view fulfils conditions 1, 2 partly, 3 partly, 4, and 5.

- ➔ Key strengths of this research are: it has a prospective design, i.e. it systematically compares baseline with follow-up data, it includes multiple sources; and the questionnaire assessment allows a detailed analysis not just of the extent but also the nature of any improvement in Service Provider response.
- ➔ Key limitations of this research are: it does not include a control group for the main training, and the only objective (not self-report) assessment of improvement of quality of treatment and services is by telephone interview of former clients.

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4 Findings: program design and management

4.1 Use of Results Based Management

→ The original design of the program was partly based on field research conducted by Medica Zenica in 1998⁷. Although internal and external evaluations have been conducted before, no changes to the program design have been made on the basis of evaluation since the program's inception. The present evaluation represents the first opportunity for Medica to adapt the program design based on more substantial quantitative empirical evidence. Thus, use of Results Based Management can be assessed as limited.

4.2 Program goals

4.2.1 Specification of top-level (development) goals

- **Rights and provision⁸:** To ensure protection of rights and provision for the needs of children and women victims/survivors of violence, including domestic violence.
- **Public consciousness-raising:** To increase public awareness to understand the problem of gender based and domestic violence as public and not private issue and is a violation of children's and women's human rights.
- **Increased reporting:** That more children and women reporting violence - supported by knowing that there are services available that are sensitive to the specific needs.
- **Institutional responsibility:** That protection of children's and women's rights to life without violence (and other rights) as responsibility of society, at the first place state and governmental institutions, becomes reality.

4.2.2 Has the relevance of the program design changed since the beginning of the program?

Although there have been a number of changes, mostly positive, in relevant policy on a local level since the program was begun, none of them have been substantial enough to change the relevance of the program design. The program was implemented quite quickly relative to the usual speed of change in the areas it is trying to influence.

4.2.3 Relevance of program goals, outcomes and outputs to UNICEF goals

4.2.3.1 Overall linkage

The program goals link very closely with UNDAF outcomes 1 and 2, and specifically with UNICEF country program outcomes (which are organized as contributing to the UNDAF outcomes) 2.1, specifically increasing knowledge and skills of Service Providers (2.1.3⁹) and increasing capacity of NGOs (2.1.4¹⁰), and to a lesser extent 1.1. However the program goals go beyond the UNICEF country program or UNDAF outcomes. In fact the actual outputs and activities, which focus on increasing knowledge and skills, fit better with the UNICEF country program outcomes than do the more

⁷ To Live With(out) Violence / (Ne) živjeti s nasiljem, Medica, 1998

⁸ The short phrases are proMENTE insertions; the texts in *courier* font are taken directly from original Medica documents.

⁹ 2.1.3. Increased knowledge and skills of [??] government and NGO professionals responsible for child protection to identify, outreach to and refer children at risk of institutionalization and victims of gender-based violence, child abuse, exploitation and trafficking, and children in conflict with the law.

¹⁰ 2.1.4. Strengthened organizational capacity of NGOs to provide services in response to gender-based violence, trafficking and child labour in selected locations.

speculative higher levels of the logframe. For the above reasons, this evaluation will pay special attention to outputs and outcomes involving a) improved knowledge and skills and b) increased NGO capacity as these two areas are specified in the UNICEF country program.

Goals 2,3 and 4 can better be seen as subsidiary to the first goal. ProMENTE suggests that this listing of additional goals which while desirable and connected in principle with the intervention is not helpful and that it would be clearer and perhaps lead to a more focused program if the goals were less comprehensive.

4.2.3.2 *🕒 Linkage of violence to women and violence to children and young people*

➔ The program focuses on women as well as children whereas the UNICEF country program outcomes under 2.1 do not specifically mention women. The program needs to demonstrate a specific direct and indirect benefit for children.

📞 From a total of 110 cases of women who had received services from safe houses in Sarajevo and Modriča, the types of violence were as follows: violence to child at home, 8; violence to woman at home, 44; violence to child and woman at home, 54; violence to child outside the home, 2; violence to woman outside the home, 2.

➔ 📞 The linkage between violence to women with violence to children and young people is justified at least in the sense that they occur very frequently together.

4.2.3.3 *Does the program address gender-based violence specifically; and does it aim to change attitudes and approaches in addition to improving knowledge and skills?*

The two UNICEF country program outcomes relevant to this program both specifically mention gender-based violence. It is particularly difficult to assess to what extent the program addresses gender-based violence because no definition is given either in the UNICEF country program outcomes or in the Medica project papers. The Medica goals, outcomes and outputs do not mention gender-based violence specifically. On the other hand Annex A of the program mentions gender-based violence repeatedly.

The first paragraph in the program Annex A states:

Domestic and gender-based violence (including rape and sexual abuse) is a major and underestimated problem for women and children in Bosnia and Herzegovina. Awareness is low that it actually is a problem. Services currently provided by the governmental institutions, including Police, Courts, State Prosecutors, Social services, and Health services to women and children victims (survivors) of violence are often inappropriate and usually inadequate to meet needs of women and children and to protect them further violations of their rights to live free from violence. The existing professional approach is based on "how to keep the family together" or "punishing the perpetrator" and is neglecting needs and rights of victims (survivors) of violence. Legal changes are ongoing, but its implementation (enforcement) is facing obstacles, since there is no general "movement" in changing attitudes and approaches of professionals that should implement them.

In other words, in addition to improving knowledge and skills the program should aim to change attitudes and approaches; for instance, in changing approaches so that protecting a victim of violence more often takes precedence over "keeping the family together", or in changing attitudes towards women and the family.

Medica outcome 2 on public consciousness-raising implies lowering the threshold of what level of violence should be reported amongst the public, yet this issue is not raised for Service Providers themselves. Similarly, a lowered threshold of tolerance in the public and in institutions is perhaps implied but not stated as leading to increased reporting of violence (Medica outcome 3).

Extending or correcting definitions of violence and lowering the threshold of intervention are controversial and important issues.

Medica argue persuasively in their supporting documents that merely increasing knowledge and skills relevant to treatment and services as they are currently delivered is too conservative a goal; paradigms of what constitutes adequate treatment and services need to be changed radically to focus emphatically on the rights of women and

children. Such a paradigm shift would entail changing attitudes and approaches in the first instance amongst Service Providers and also in the general population and amongst decision makers in service provision. This evaluation will assume that changes in attitudes and approaches are indeed implicitly part of the logframe and will attempt to assess their achievement; if on the other hand they were not implicitly part of the logframe but the Medica program nevertheless pursues them, Medica could be accused of implementing a hidden political agenda at the expense of participants and at UNICEF's expense.

📄 An appendix (section 17) discusses in more detail definitions of violence. One point made there is that the local language term "naselje" is more inclusive than the English term "violence". "Changing attitudes to violence" in the English-language world is often centred on to what extent the term can or should be applied beyond physical damage. However this debate is to some extent a non-event in the Bosnian language. This supposition is confirmed by the focus group discussions in which the respondents seemed to have taken it for granted that "naselje" can include psychological, economic and other insidious forms of harming.

On the other hand, the logframe makes it clear that while all four top-level goals imply changing the interpretation and implementation of the law, and outcome 2 aims at increasing lobbying, the program does not itself aim to change the law itself.

➔ It is not sufficiently clear to what extent the program intends to address *gender-based* violence specifically; nor to what extent it attempts to change attitudes and approaches as well as knowledge and skills or if so, in what way.

4.3 Planned program outcomes¹¹

The planned program outcomes are as follows.

1. **Improved treatment and services¹²:** Improved treatment and services provided by the government institutions to the victims of violence.
2. **Lobbying:** To mobilize professionals to lobby for legal reform and harmonization of laws (at the state, Federation and RS level at the following stages of the developing of the project) to prevent and protect women and children from violence
3. **General cooperation:** Improved and coordinated cooperation among GI professionals from different parts of BH (Cantons, Regions, Federation and Republic of Srpska) and between GI and NGOs
4. **Network:** To support creation of network with GIs and NGOs that are working on policy advocacy in the field of Woman's and Children's human rights (legislation and protocol changes, improving and adapting GI services to the specific needs of beneficiaries
5. **Specific cooperation:** Cooperation among professionals who participate training
6. **Capacity:** Additionally improved capacity of local NGOs that were partner organizations during project implementation

4.3.1 Relevance of outcomes to goals

All these outcomes would plausibly lead to the program goals. However the first outcome is the primary focus of the general training and so **the present evaluation will focus primarily, though not exclusively, on the first objective.**

The Medica logframe explicitly states that not all of the outcomes can realistically be achieved by the specific actions to be evaluated here; rather, the **first objective "Improved treatment and services" is the most important** ¹³. Outcomes 3-6 can better be seen as possibly contributing to the first outcome. Perhaps it would be clearer and lead to a more focused program if outcomes 3-6 were expressed, if at all, as subsidiary points of outcome 1. Or perhaps "improved

¹¹ The original heading in the Medica logframe is "Planned program outcomes and activities"

¹² The short phrases are proMENTE insertions



¹³ Telephone conversation with Duška

treatment and services" should have been expressed as "improved knowledge and skills for treatment and services". On the other hand, no indicators or means of verification are given to specify in more detail what is meant by "improved treatment and services".


→ The top levels of the logframe are too broad; the program would benefit from a tighter focus.


4.3.1.1 *Is the mix of planned outcomes a state-of-the art way to reach the program goals?*

The program outcomes (and goals) include not only working directly on improving services but also on more general levels including lobbying and networking. This fits well with the dominant *ecological* model of violence against women and children (see xxx) which insists that the prevention of gender-based violence must not only intervene on case-level, i.e. the victim, the perpetrator and their relationship, but also on the societal and communal level. Contributing factors like the silent acceptance of violence as a means to discipline women and children and to reinforce male dominance has to be opposed by changing the beliefs and attitudes within the society.

→   The planned outcomes are well suited to reaching the program goals

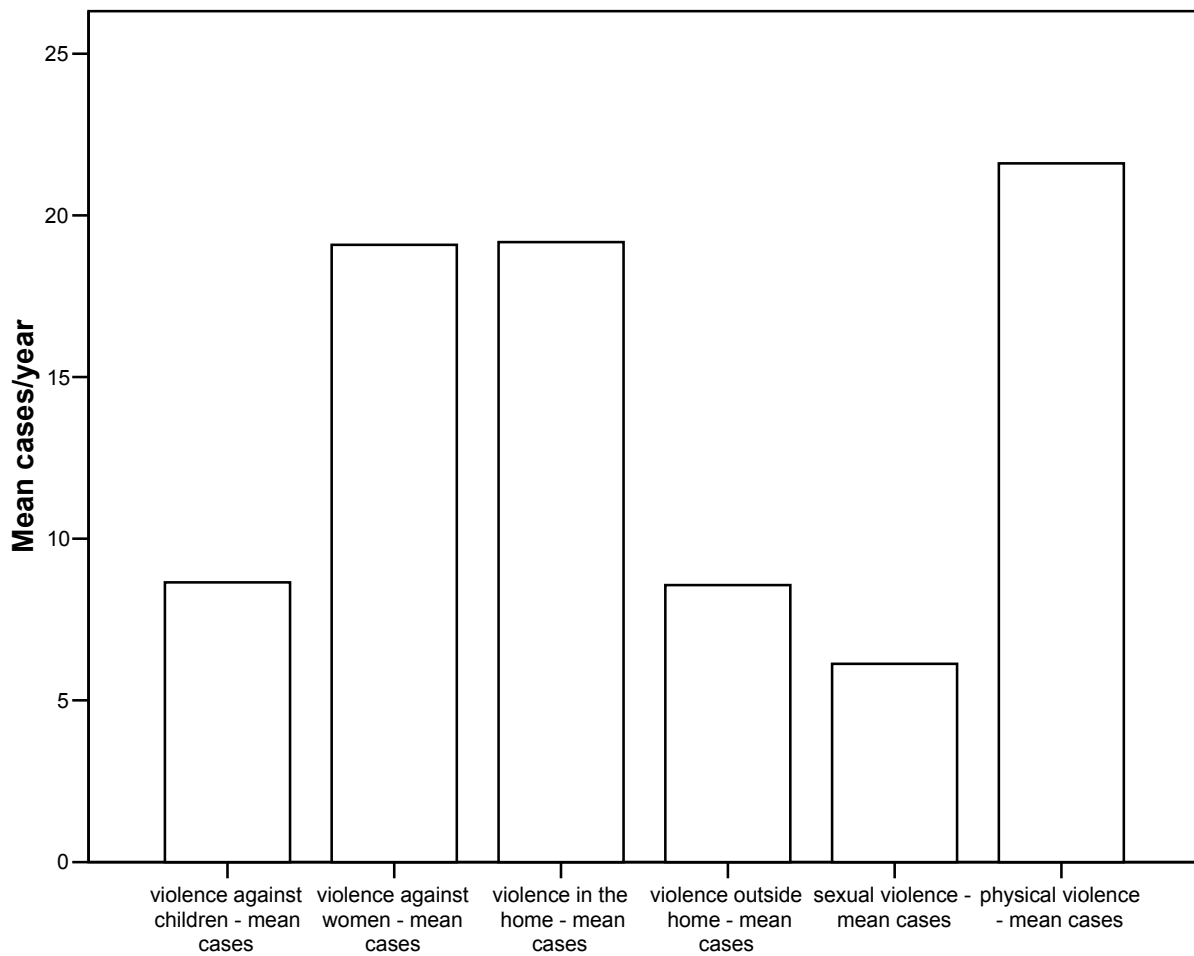
4.3.1.2 *How widespread is violence against women and children in general?*

 A review of surveys worldwide shows that 10 to over 50 % of women report being physically harmed by an intimate male partner at some point of their lives (Heise et al., 1999). This order of magnitude accords with the data from a survey conducted by Medica () and would back up the conclusion from that survey that violence against women is massively underreported in Bosnia-Herzegovina.

 Ongoing sexual abuse is rarely reported by the perpetrating caregivers (mostly male), but retrospect surveys on the lifetime prevalence of childhood sexual victimization worldwide show a mean rate of about 20 % among women and 5 to 10 % among men (Finkelhor, 1994). Whereas girls are at greater risk of being sexually abused, boys seem to be at greater risk for harsh bodily punishment. In both sexes infants are the most endangered ones to die of violent acts by caregivers (Runyan et al., 2002).

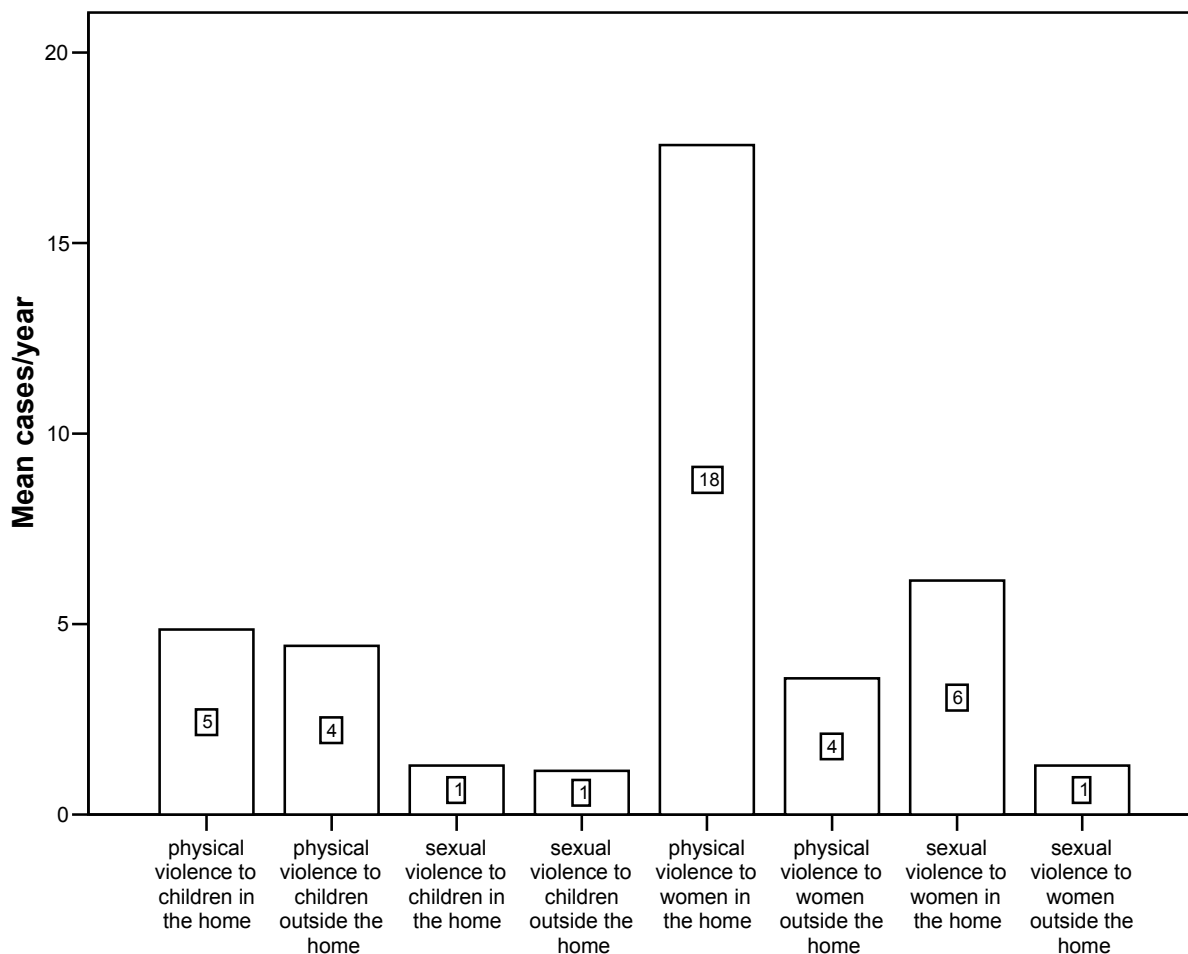
4.3.1.3 *what kinds of cases of violence against women and children do the Service Providers deal with?*

Diagram 1: number of cases of violence per year per Service Provider, by dimension of violence



This diagram presents the mean annual caseload per Service Provider (those who participated in the first training) according to the main dimensions of violence (sexual vs. physical, children vs. women, in the home vs. outside it). All forms of violence were represented, but the Service Providers included in the training deal with more than twice as many cases of violence against women as against children and more than three times as much physical as sexual violence.

Diagram 2: number of cases of violence per year per Service Provider, by subtype of violence



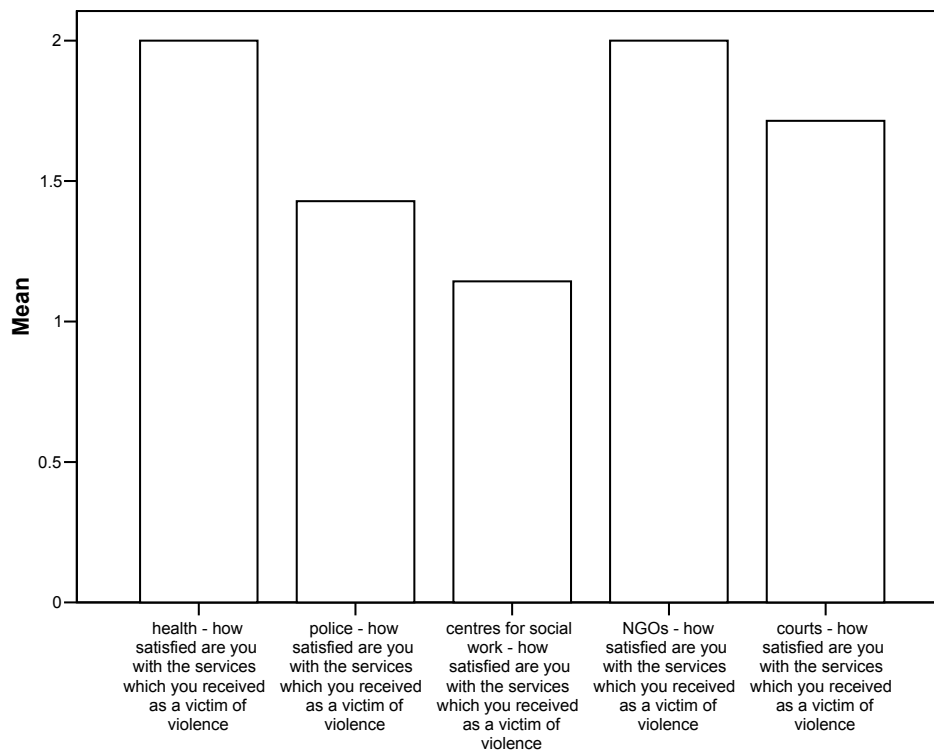
This diagram presents the same information again but now showing combinations of the dimensions in the previous diagram.

The Service Providers included in the training deal with a substantial number of relevant cases of violence per year (on average over 30 per person).

→ Service Providers deal with more cases of physical than sexual violence and more cases of violence against women than against children. By far the most frequent specific form of violence is physical violence against women in the home; sexual violence against children was rare.

4.3.1.4 📞 What needs for overall improvement are perceived by users?

Diagram 3: baseline satisfaction¹⁴ with services amongst Service Users



➔ 📞 From a total of 62 women who had received services from safe houses in Sarajevo and Modrića at baseline, the level of satisfaction (measured by a single question for each type of service) was surprisingly high. Satisfaction with health and NGO services was maximal. Satisfaction with services provided by Centers for Social Work was lowest, around half-way between "satisfied" and "not satisfied". Satisfaction with court and health services may have been high because of limited expectations of them.

This direct question is well reflected by their more extensive answers to individual questions which in the case of CSRs range widely, from "Nisu mi nista pomogli. Znali su njega privatno, zbnali su da je jako agresivan i opasan tako da su se mog muza bojati" to "Njihov odnos prema meni je bio profesionalan mnogo su mi pomogli i smjestili su me sa djecom u domu ..."

This could be interpreted to indicate that the program should focus more on police and centres for social work than on NGOs and health care services. It is also possible that the mixed answers of the women in the case of CSRs and police directly reflect the quality of service provided by individual service providers and/or centres which would suggest that more specific measures are required rather than offering trainings to the more motivated service providers who are perhaps already providing high-quality service. On the other hand, service users' conception of the role of health services might be quite limited; they probably do not even expect to receive specific support for violence against women or children.

4.3.1.5 🎯 How relevant are the outcomes to the goals according to the focus groups of Service Providers?

The Service Providers expressed the following opinions in the focus groups

- violence against women and children is vastly underreported
- Lack of adequate response is the major problem in combating domestic and gender-based violence.
- better treatment and services would increase the frequency of reporting
- The biggest reason for inadequate response is lack of resources

¹⁴ 0 indicates the lowest possible satisfaction, 2 the highest.

The Service Providers would like:

- detailed training on violence against women and children,
- legislation which will ensure prompt and efficient prosecution of perpetrators of violence,
- increased number of shelters and efficient cooperation of relevant institutions
- clear definition of what represents an adequate response .

The most heat was generated in the focus groups by the issue of institutional responsibility. There was agreement that not only should coordination be improved but that each institution is not enough aware of the role and responsibility of the others. Many wanted to give the greatest role to the police, who countered that their ability to act is often restricted by law.

It seems that due to huge workload and inadequate reward for their work, the professionals lost their enthusiasm and sense of self-efficiency, which led to lack of adequate response and protection of victims from violence.

Few of the respondents specifically expressed a need for counselling skills, which are probably the largest focus of the actual general training.

→ ☉ The Service Providers' views on what should be done to improve responses to violence concurred well with the program outcomes. In particular they saw the focus on knowledge and skills as very relevant. However they also saw a need for better procedural guidelines, better definition of adequate response, and better motivation and incentives, none of which are a major focus of the training.

4.3.1.6 *☑ How good are the treatment and services currently provided overall?*

→ ☑ The mean score on the quality questionnaire at baseline is 2.58 on a scale from 0 to 4, where answers of 4 should mean that the respondent is providing the highest quality of treatment and service. This suggests that the participants were not very satisfied with their own work at baseline and confirms the need for a training program.

4.3.1.7 *☉ Is there need for change in attitudes and approaches?*

In the initial focus groups held with Service Providers they showed considerable readiness to conceptualise violence as including not just physical but also psychological violence; and this was the case not just amongst NGOs but also amongst the other respondents but also amongst police and CSRs. There is no specific evidence from the focus groups that the Service Providers are too tolerant of violence as such and seem quite aware of different and insidious forms of violence. The majority believe that destigmatising domestic and gender-based violence on women and children, and the reporting of it, would improve the position of the victims.

However there is some evidence from the focus groups that the Service Providers have no clear concept of gender-based violence specifically.

- Their responses are more focused on punishing the perpetrator than on protecting the rights of the victims. None of the respondents mentioned any form of violence among unmarried partners
- There was little specific or critical reflection of one's own role or the role of one's own institution other than, frequently, a feeling of general helplessness and of being under-resourced and untrained.
- A minority of respondents expressed the opinion that reporting domestic violence can exacerbate it.

→ ☉ There is some evidence that Service Provider attitudes and approaches fall short of UNDAF standards, and are in need of improving, specifically with respect to gender-based violence and rights-based approaches.

4.3.1.8 *☉ ☑ How good are lobbying, capacity, networking and cooperation overall?*

☉ The focus group participants spontaneously stressed the importance of lobbying for legal change and the need to improve cooperation and networking.

4.4 Program outputs and activities

4.4.1 Specification of outputs and activities

See Appendix 14.

4.4.2 Relevance of outputs and activities to outcomes

4.4.2.1 Is the program methodology "state of the art": are the outputs and activities the best way to reach the planned outcomes in the light of empirical literature?

Overall design

See section 20.5 in the appendix

The overall training program design is similar to many of those reported in the world empirical literature, which are likely to be of above-average quality. Programs of this general design have been shown to produce sustainable improvements in treatment and services with health care providers and police officers. Significant change with lasting medium-term effects can be achieved after relatively short interventions with professionals, at least on measures which are close to the content of the training. There is at least some evidence that attitude and behaviour change programs on violence even with the general public can be effective even in the medium term.

There is some evidence negative attitudes to domestic violence (in particular blaming the victim) and professional role resistance has an influence on the effectiveness of interventions.

One element associated with successful programs which is less evident in the Medica program is ensuring the continuation of the target behaviour, e.g. by nurturing positive feedback or social support.

The program focuses on skills above knowledge; improving skills is more likely to lead to better treatment than improving knowledge.

The program design is unusual in including participants from many different services in the basic training groups. However the groups themselves are mostly homogenous. While homogenous training groups are often more effective (xxx), the heated discussions in the focus groups about the differing roles of the different services suggest that the goal of "networking" might better be served if the groups were mixed.

A general result from the literature on intervention skills training (xxx) is that in order to be really effective, training should be

- Specific
- Involve plenty of practice of clearly defined skills
- Be closely related to the work environment
- Closely involve, and have the full approval of, management

The logframe does not specify learning goals for the trainings at all; and the accompanying documentation (handbook etc) does so only implicitly¹⁵.

There is an overwhelming body of evidence (xxx) that specifying precise learning targets wherever possible promotes learning. The lack of precisely specified learning goals is particularly detrimental in the case of the Medica trainings firstly because the goals themselves are controversial and secondly because there is in fact no consensus on what constitutes good quality treatment and services.


‡ Creating a definitive catalogue of services for treatment and services in the case of violence against women and children (as has just been conducted in Slovenia, xxx) would be a multiyear program even in a country with a unified social policy. However nothing so comprehensive is needed; merely making explicit on two or three pages the attitudes, approaches, knowledge and skills which are anyway implicitly targeted for each day of the program would suffice.

‡ School staff are not invited to the trainings. The reason for this is that the target population (all school teachers or even all school pedagogs) is very large and they would need a special or even a separate curriculum.

Focus in terms of forms of violence

¹⁵ Except perhaps for the training for policy and advocacy. See the program Annex A.

In their review of studies Heise et al., 1999. conclude that physical abuse is almost always accompanied by psychological abuse and in one third to over one-half of cases by sexual abuse. So an approach which includes all kinds of violence is likely to be appropriate.

→  A review of current state-of-the-art in design of programs of this nature suggest that the program design is capable of achieving significant and lasting changes in treatment and services, except that learning goals for the trainings are not clearly enough specified and there is not enough work on the continuation of the target behaviour, e.g. how to nurture positive feedback or social support in the workplace.


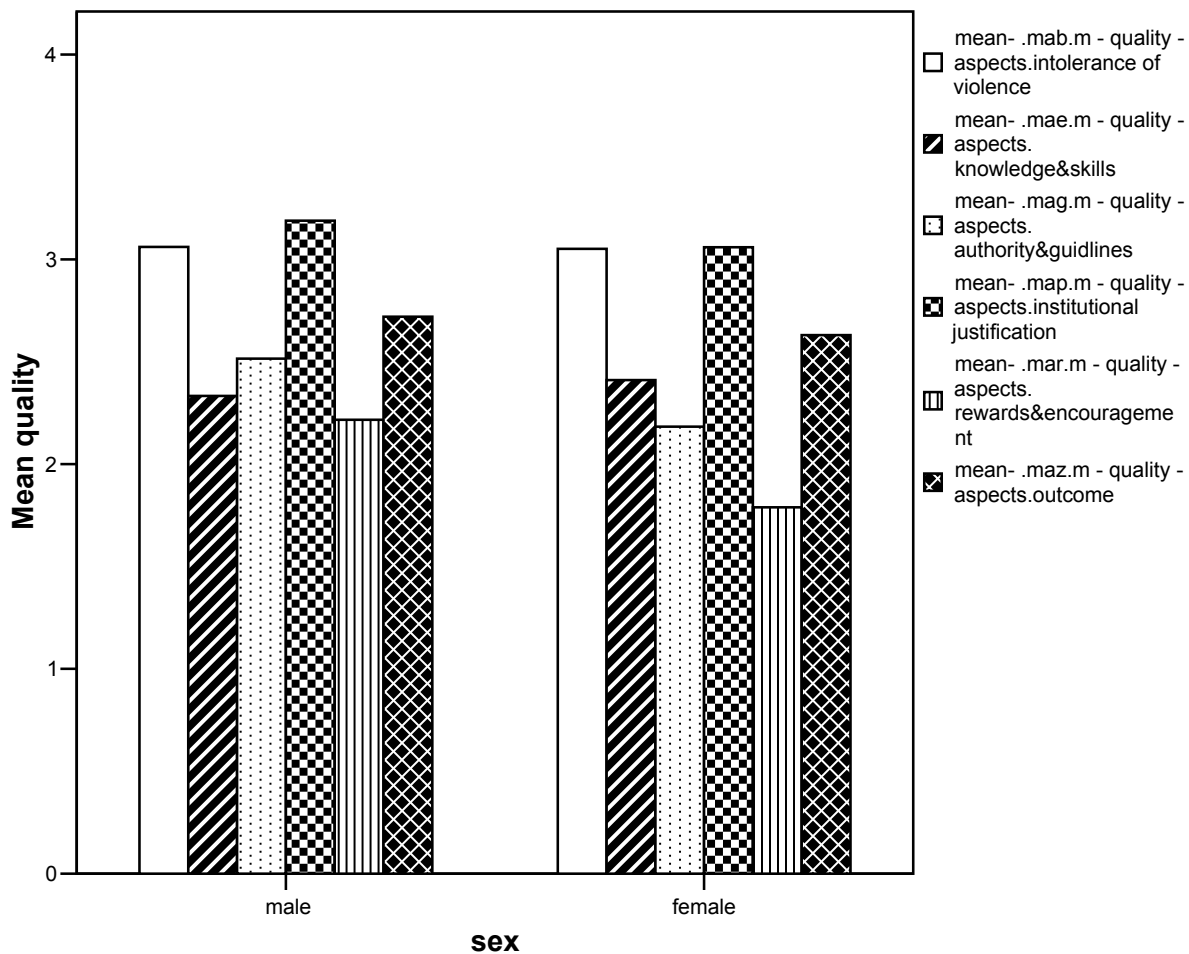

4.4.2.2  Baseline strengths and weaknesses: how good are the various components of treatment and services at baseline?

Diagram 4: baseline quality¹⁶ of treatment and services according to Service Users, by sex.



→  Service Providers' questionnaire answers would indicate, perhaps not surprisingly, that they believe the weak links in the quality chain are institutional rather than individual. In particular they assess the component "rewards and encouragement" to be of lower quality, i.e. they are not satisfied with the amount of encouragement they receive at the workplace for providing good treatment and services in cases of violence¹⁷. They also assess their own knowledge and skills to be quite weak.

¹⁶ 0 indicates the lowest possible quality of response, 4 the highest.

¹⁷ The component "beliefs" scores very highly but it is assessed somewhat differently from the other components, namely via answers to *inverted* questions expressing *poor* quality beliefs e.g. "it is acceptable if a male employer uses his physical strength to force a female employee to work harder". As most of these statements were quite extreme – therefore it was to be expected that the answers would be

4.4.2.3 What role does intolerance of violence against women and children play in securing quality of treatment and services?

Two specific components of quality as measured with the "quality questionnaire" (see 3.3.3.1) can be seen as relevant to the threshold of intervention:

- personal intolerance of violence
- institutional justification.

Correlational analysis of the questionnaire results shows that the first component is related to the second, but is independent of all other components of quality. It is also highly (negatively) related to the scale on acceptance of rape myths which is itself independent of the other components.

The total score for intolerance of violence is independent¹⁸ of all the other scores for quality but is negatively correlated with work-related symptoms and highly (negatively) correlated with rape myths. However it is not significantly related to sex, group, age, whether the person is in charge of someone else, education level.

→ Service Providers' own personal intolerance of violence is independent of the quality of treatment and services which say they provide overall but is related to their views on how often institutions are justified in intervening. It seems that these professionals succeed in separating their private beliefs from their professional behaviour.

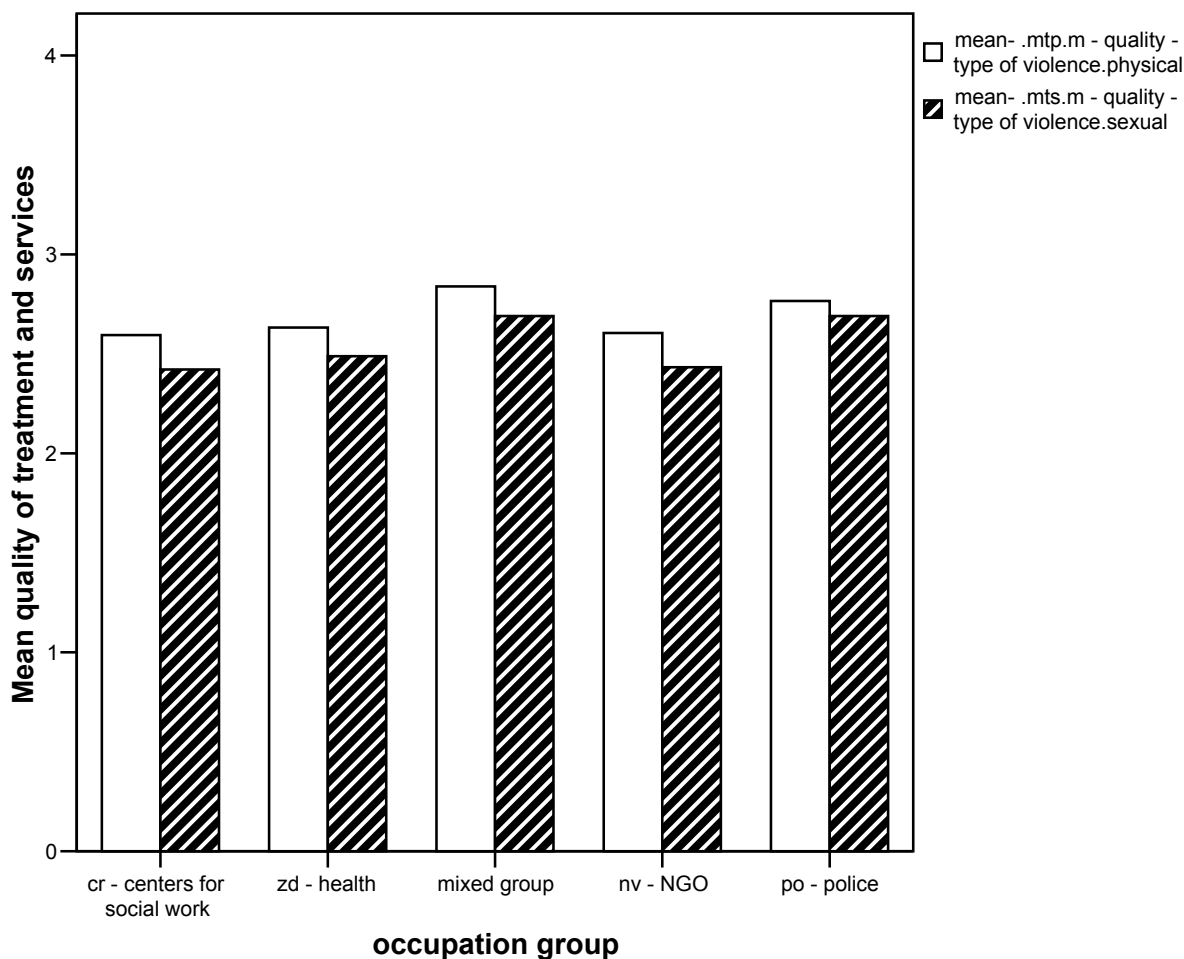
The overall scores for both components are quite high, above the average for the other components at just above 3 on a scale of 0 to 4.

4.4.2.4 Baseline strengths and weaknesses: does quality of treatment and services differ between types of violence at baseline?

→ Service Providers say that they provide much better service to victims of physical violence than of sexual violence. This difference is consistent across all professional groups. But there is no difference between the quality of service to women vs. children or violence in the home vs. outside the home.

¹⁸ at p<0.001

Diagram 5: quality¹⁹ of treatment and services by occupation group and type of violence



4.4.2.5 How does quality of treatment and services differ between Service Provider sexes, groups, education level etc.?

Does overall quality of response differ between sexes, groups, education level etc.?

Men and women have similar results, with the following exception:

- Women report a significantly lower level of satisfaction on the components "authority and guidelines" and "rewards and encouragement", i.e. they are less satisfied than men with the amount of encouragement they receive at the workplace for providing good treatment and services in cases of violence, and also with the authority and guidelines they have for providing those services.
- Perhaps surprisingly, there are no significant differences on any of the components of quality of response, nor in overall quality, between the professions.

How do work conditions relate to overall quality of response?

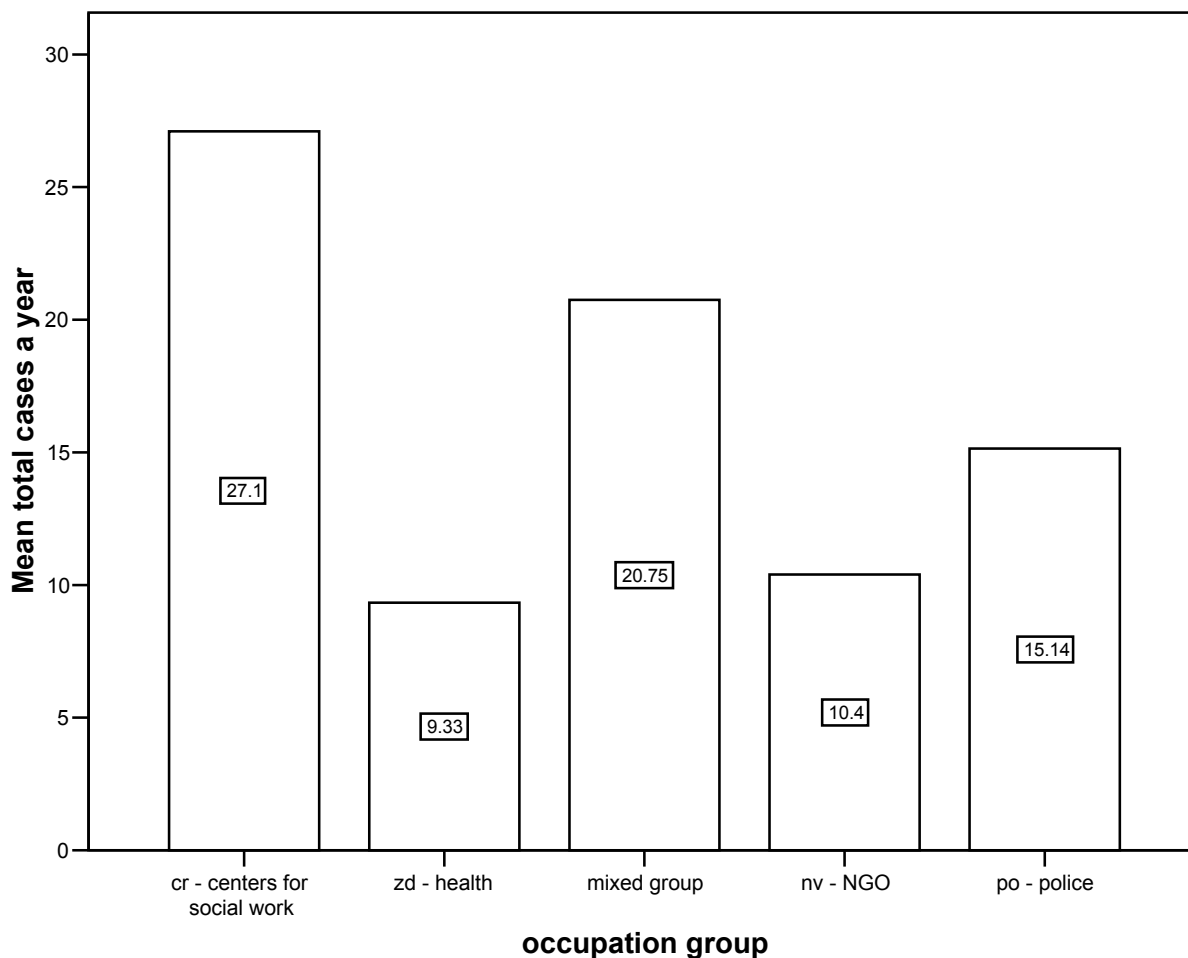
- There is a strong relationship between the overall satisfaction with support at work and quality of treatment and services.
- There is no evidence that burnout, symptoms of work stress or influence over work content have any important relation to quality of treatment and services.

¹⁹ 0 indicates the lowest possible quality of response, 4 the highest.

4.4.2.6 Was the choice of participants optimal in terms of improving treatment and services?

Are the Service Providers included in the program sufficiently involved in cases of violence that change in their behaviour is likely to lead to improved treatment and services?

Diagram 6: number of cases of violence per year per person, by group



Note: the mixed group included media workers.

→ All the professional groups involved in the training had a significant number of cases per year, but the Service Providers from the Centers for Social Work had easily the highest annual caseload.

And, as noted in 4.4.2, there was no significant difference in overall quality of treatment and services nor in the individual components of it between professional groups.

5 Findings: program outputs

5.1 What were the outputs and did the outputs deviate from the logframe?

5.1.1 Planned outputs

- ²⁰Between minimum of 180 and maximum of 250 trained professionals who are offering adequate support to children and women victims and survivors of violence (by adopting holistic and client based approach, child and gender sensitive); deal with professional stress and burnout in. In addition we will initiate networking among professionals that are able to improve services by "joint action" and cooperation.
- Between minimum of 38 and maximum 50 professionals trained as trainers in their own institutions and some of them are expected to be available and able to train other professionals in other institutions, in other cities of BH (including other entities - trainer from Federation in RS or trainer from RS in Federation)
- Around 38-50 Professionals with skills to do advocacy and lobbying for positive changes in local community regarding: improvement of services and legislation; individual and group rights of vulnerable and minority groups; other PA activities. In addition we will initiate experience exchange and networking among participants (network of trainers; network of PA activists)

5.1.2 Actual outputs and discrepancies

The program included 189 people in the general training, which just meets the minimum target. There was some difficulty in identifying enough participants for the groups in Travnik, which Medica attribute to the lack of specific contacts and perhaps motivation on the part of the implementing partner NGO in Travnik. For this reason the planned group of court and legal workers was dropped.

The program's annex B (budget) specifies that at least 180 people are to attend not only the 6 main training days but also one final session. However the attendance at the final session was only 107.

The numbers of people included in the special training courses (40 and 45) was near the planned maximum of 50.

5.2 How well were the outputs delivered?

The overall impressions of the participants were assessed via the free text answers in the questionnaires – once immediately after the initial training, once immediately after the special training, and once at follow-up.

From a total of 82 persons replying at follow-up to the question "Looking back, do you have any comments related to the general training organised by MEDICA?", nearly 75% wrote at least one comment; none of the comments was markedly negative and over half either specifically stated or implied that there should be more such trainings. These answers are reproduced in the appendix.

Looking back, do you have any comments related to the general training organised by MEDICA?

- "MEDICA je zaista veoma uspješno i kvalitetno organizirala ovaj trening. Sve se od samog početka pa do kraja bez nepredviđenih situacija"
- "bilo bi bolje da ima više ovakvih treninga i da je obuhvaćeno što više organizacija"

Nearly all the persons replying to the follow-up on the special training made a comment and these comments were all positive or very positive.

- The participants were more or less without exception very pleased with both the general and special training and consider that it should be continued and broadened. Trainees after both types of training also mentioned the need for better guidelines, prevention, networking, and legal change.

²⁰ the texts in courier font are taken directly from original Medica documents

5.3 Which were the most popular program elements and how do they compare to the initial expectations?

81 of the 99 persons completing the questionnaires immediately after the initial training answered the question "please mention two topics or sessions which you think were most useful and describe ...".

It is striking that the most popular elements differ radically from what the participants were expecting at the start of the training. About half mention specifically psychological factors (trauma, burnout, self-help, emotions), which were not mentioned at all amongst the initial expectations, which were focused on knowledge and skills.

These answers are reproduced in the appendix.

- The training is much more focussed on psychological factors (trauma, burnout, self-help, emotions, personal involvement) than the participants initially expect.

5.4 What other factors influenced program outputs?

There were no major changes to the program plan (apart from some delays in implementation) apart from those listed above. There were no other major relevant events such as changes in the law during the program implementation.

Draft

6 Findings: program outcomes

6.1 Effectiveness - improved treatment: did the Medica program lead to increased quality of treatment and services in cases of domestic and gender-based violence on women and children?

Program effectiveness was assessed in two ways: telephone interview of former users of services, and questionnaire assessment of service providers who participated in the training. Both methods were applied before the main training began (baseline) and after the end of the special training mentioned above (follow-up). In addition, questionnaire assessment was repeated immediately after the end of the main and special training (posttest).

The comparison between pre-test and posttest questionnaire results was expected to reveal the most positive improvements but give the least valid information about actual improvements in the lives of women and children. On the other hand, the comparison between pre-test and follow-up telephone interviews was expected to give the most valid information about real improvements but to be the most stringent test of success. The comparison between pre-test and follow-up questionnaire results was expected to lie somewhere in between.

6.1.1 Improvement as measured by change in questionnaire scores

6.1.1.1 Overall improvement

- There was a highly significant²¹ overall improvement on four of the six components of quality of treatment and services (intolerance of violence, knowledge & skills authority&guidelines and outcome) but not for institutional justification or rewards & encouragement.
- The quality of treatment and services improved highly significantly with respect to all dimensions of violence (against women or children, sexual or physical, at home or not at home).

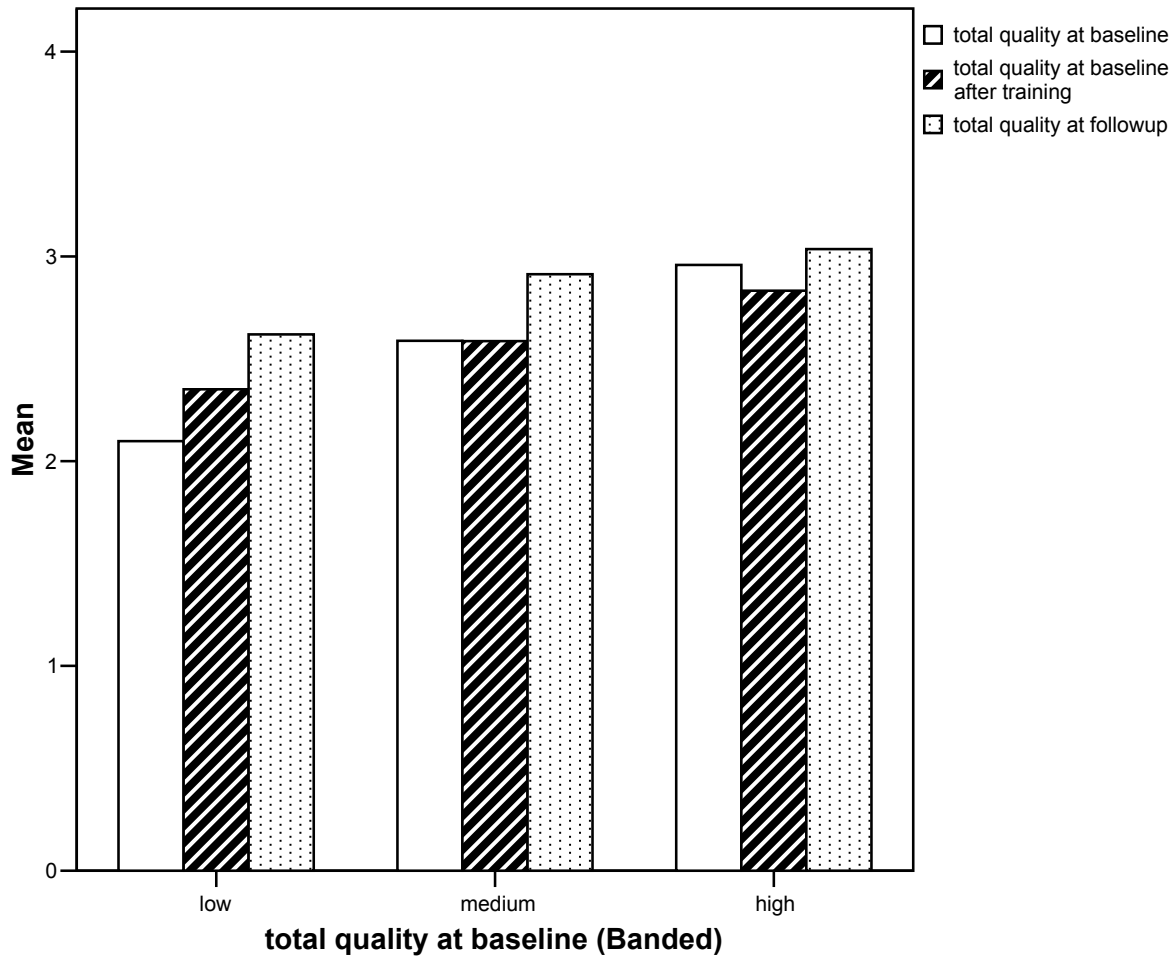
However, there was no *clinically significant improvement* in the sense that any participant improved by an amount greater than the standard deviation of the baseline quality scores.

6.1.1.2 Prediction of change: which people improve the most?

- The amount of improvement in quality of treatment and services does not differ significantly between the occupational groups. Nor do features of the work environment, sex, age, or belief in rape myths affect the amount of improvement.

²¹ p<0.001

Diagram 7: Improvement²² in quality of treatment and services according to overall quality at baseline



→ However, those participants who are in the top third in terms of quality of treatment and services for violence against women and children at baseline make no significant improvement overall or in any of the quality components at follow-up²³. Those in the bottom two thirds make highly significant improvements²⁴ on all of the dimensions of quality and a significant improvement on all components of quality except rewards and encouragement in the workplace²⁵.

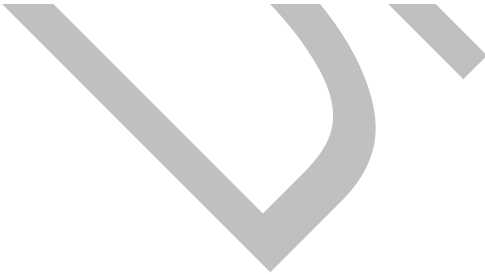
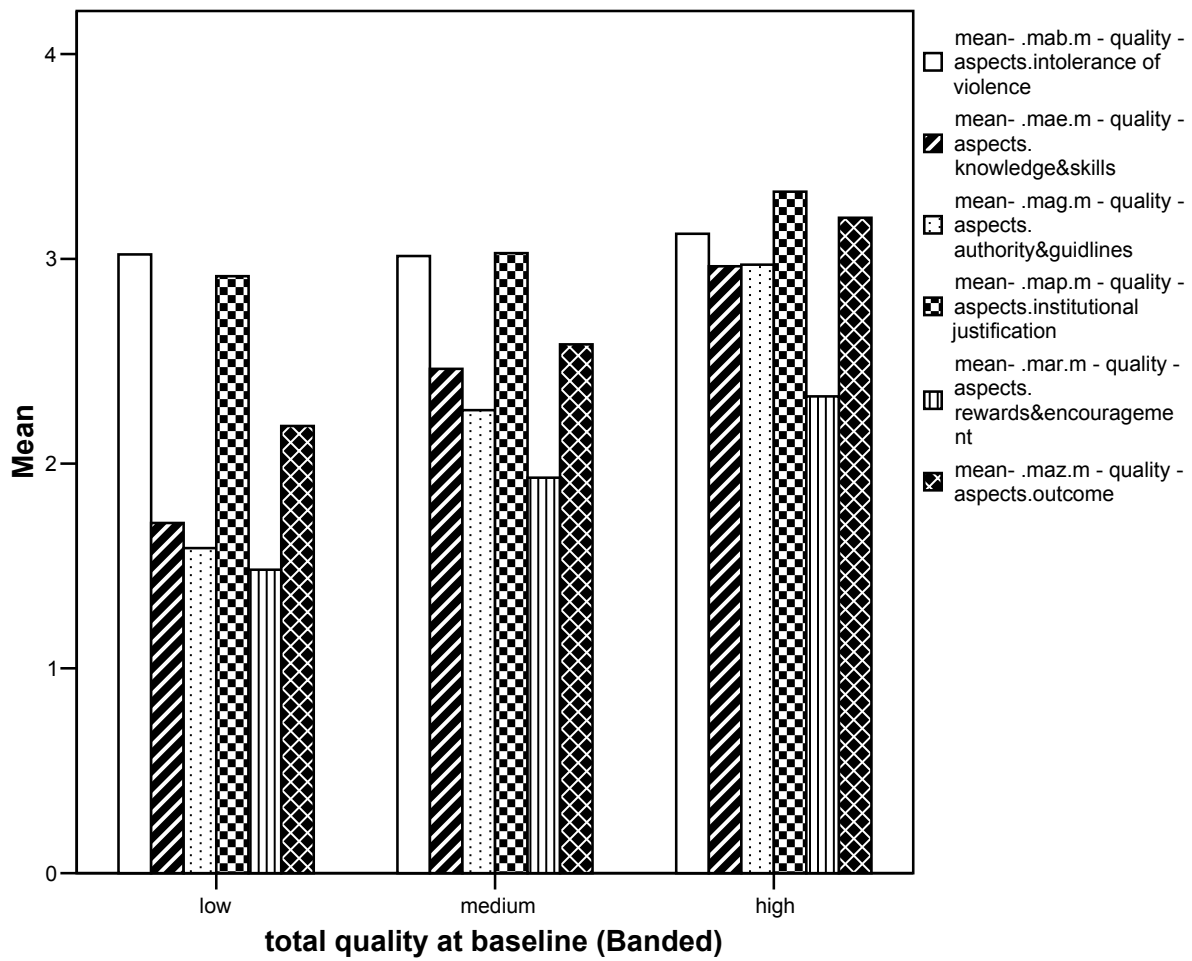
²² The scale shows the mean improvement, i.e. the mean difference between the followup scores and the baseline scores. The maximum possible improvement is 4; negative improvements would also be possible.

²³ With the single exception that those with a high caseload report a significant improvement in intolerance.

²⁴ (p<0.01)

²⁵ Those in the lowest two thirds also make no significant improvement on the component "rewards and encouragement".

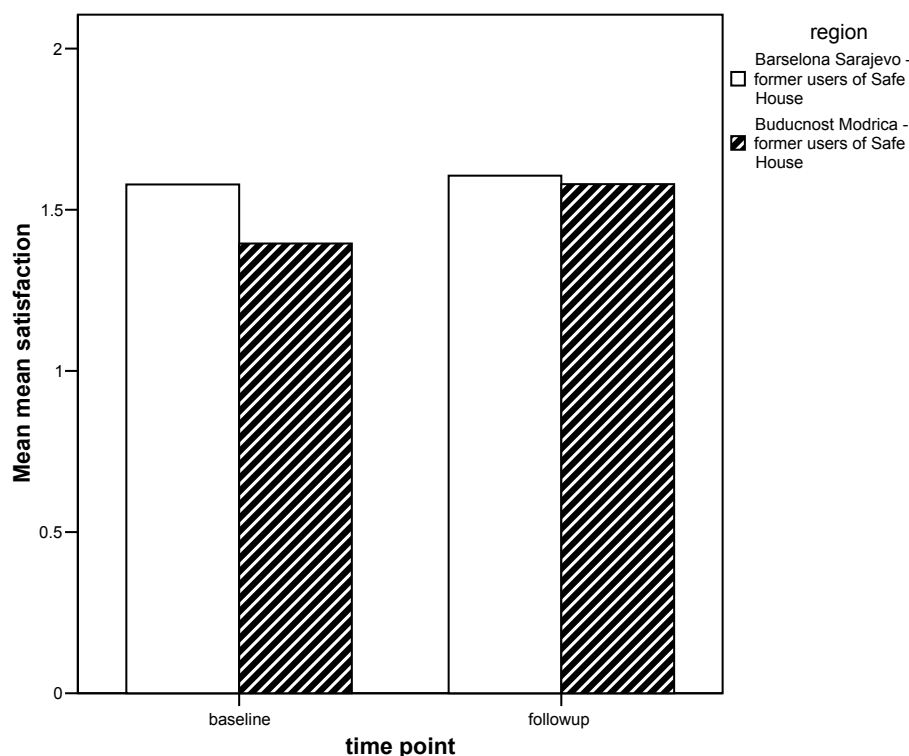
Diagram 8: Improvement²⁶ in individual components quality of treatment and services according to overall quality at baseline



²⁶ The scale shows the mean improvement, i.e. the mean difference between the followup scores and the baseline scores. The maximum possible improvement is 4; negative improvements would also be possible.

6.1.2 Improvement as measured by increased satisfaction in telephone interview responses

Diagram 9: Improvement in overall satisfaction with treatment and services as measured in telephone interview responses



→ While overall user satisfaction in Sarajevo (where there was no Medica intervention) changed only minimally, in Modrića (a town in one region where the Medica intervention took place) it increased from 1.4 to 1.58 on a scale from 0 (not satisfied) to 2 (satisfied) with the services. This change fails to be statistically significant²⁷.

The fact that the change was not significant could be attributed to the design of the evaluation: had the samples been bigger, the change would quite likely have been statistically significant. In fact, proMENTE intended for more interviews to be conducted but the number of women who could be reached by the NGOs implementing the interviews turned out to be smaller than expected.

The overall satisfaction reported above is the average of the satisfaction with each of the five services (occupation groups - health, police etc.). The satisfaction with each individual service increased in Modrića but not in Sarajevo, although again the sample sizes were so small that the increases were not significant. The one exception to this increase in Modrića was satisfaction with NGO services, which was at the maximum possible level both before and after the intervention.

6.2 Effectiveness - special training

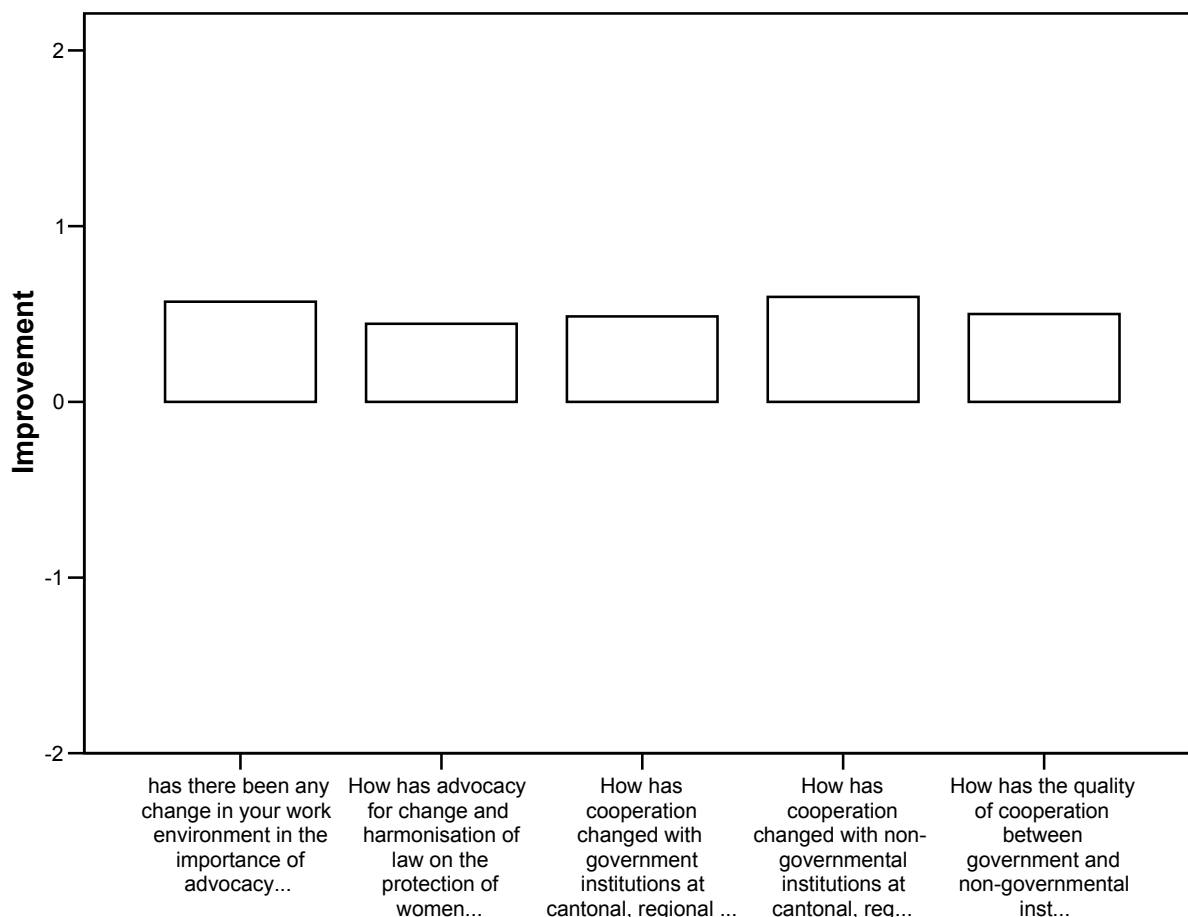
The participants' own assessment of their competence in advocacy and training skills improved significantly immediately after the training, and in follow-up those who had completed the special training for trainer skills (but not those who had completed the special training for advocacy skills) assessed their training skills to be significantly better than the mean score for training skills before the training; likewise, in follow-up those who had completed the special training for

²⁷ $p=0.121$. Actually the better test of the impact of the program is an analysis of the significance of the interaction between town and timepoint in an analysis of variance with overall satisfaction as the independent variable. This statistic is also not significant.

advocacy skills (but not those who had completed the special training for trainer skills) assessed their advocacy skills to be significantly better than the mean score for advocacy skills before the training²⁸.

→ The participants of the special training assessed their advocacy and training skills at follow-up to be significantly better than at baseline.

6.3 Effect of general training on advocacy and cooperation



Participants of the general training said that in retrospect the training had been effective in all the areas (importance of advocacy, influence of advocacy, cooperation with governmental institutions, cooperation with non-governmental institutions, cooperation between government and non-governmental institutions).

The average improvement was only moderate, around 0.5, where the maximum possible improvement was 2.0. Those who had participated in the special training did not report a bigger improvement. It should be emphasised, that contrast to all the other assessments of effectiveness in this report, this information is simply based on a retrospective assessment by the participants and is not based on a statistical comparison of baseline and follow-up scores.

how much there been any change in your work environment in the importance of advocacy for change and revision of laws affecting the protection of women and children?
 - "formiraj je koordinacioni tim opštine; zdejstvovan SOS telefon"
 - "uz nacrt porodnog zakona date sufestije i primjedbe"

²⁸ As the system of providing codes to enable questionnaire results from each participant to be compared between timepoints was not correctly implemented by Medica, it was not possible to use the more appropriate paired-samples statistical tests.

51 of 82 participants gave at least one example of how any of these five areas of advocacy and cooperation have improved in the work environment since the start of and as a result of the training (several gave more than one answer). The answers they gave are listed in the appendix. This is the lowest rate of response to this kind of textual question in this evaluation; over one third could not think of any examples.

How has advocacy for change and harmonisation of law on the protection of women and children changed in your work environment?

- "iniciranje promjene zakona o socijalnoj zastiti i o dječijoj zatsiti"
- "jos uvijek nema bitnijih promjena ali ima znatno vise interesovanja da se na tome radi"

→ Participants reported (in retrospect) a modest improvement in advocacy and cooperation in their work environment due to the Medica training. Some of the participants gave impressive examples of these improvements; however, over one third could not think of any examples, which suggests that the improvements are patchy.

6.4 † Effectiveness of program on increasing capacity of partner NGOs

Program outcome 6 specifies increasing the "capacity" of local NGOs through their participation in the program as implementing partners. This "capacity" is more closely specified in the Annex A to the program as "technical organizing of trainings, strengthening of NGOs respectability in the community and improving cooperation with governmental structures"

Medica say that they were aware that the profile of AlterArt in Travnik did not really fit what they were looking for, but that there are no other suitable NGOs in the whole Travnik area, a fact which can be confirmed by proMENTE (see 3.3).

Presumably as a result, the process of recruiting participants was problematic in Travnik but not in Modrića. As a result the planned group of legal professionals was never held in Travnik; and Medica had to intervene to increase the participation in some of the other groups. Alter Art report that it was very difficult to recruit because motivation and interest were very low initially. If that is the case, then it casts the good final results of the Medica program in a particularly positive light.

6.4.1 Capacity building in Travnik (NGO AlterArt)

Alter Art report some limited effect of the program on their present and future activities.

6.4.2 Capacity building in Modrića (NGO Budućnost)

The President of Budućnost was very satisfied with the participation of the organisation in the program, which has been involved in an impressive list of activities in the intervening period. The organisation has been invited to participate in the training of police and will be involved as a Medica partner in other activities in the future.

It should be mentioned that in interview the representative spent as much or more time talking about the positive effects of the participation of the organisation's staff in the training itself rather than the effects of the organisation having been included in the implementation of the whole program. This suggests that the overall impact of program outcome 6, which in total consists of a positive impact in Buducnost and a questionable one in the case of Alter Art, was relatively small compared to the impact of the training in general, which after all included hundreds of people from many different organisations.

→ † Interviews with Medica and the two NGOs concerned suggest that the program succeeded in increasing capacity of partner NGOs in one case but not in the other. However this outcome is relatively small.

6.5 What other factors influenced program outcomes?

Xxx None???

6.6 How do the outcomes measure up in terms of standards and benchmarks?

📄 in terms of benchmarks, the program is remarkable in that the follow-up results were very good as gains made in in-service programs for service providers are often not sustained.

Key: 📄 literature search | 📞 telephone interviews with users | baseline questionnaires | baseline-follow-up comparison | © focus groups | † interviews

7 Findings: the program results in context

7.1 Gender and human rights

The program – in its handbook and implementation rather than in its logframe – specifically encourages an approach which emphasises gender and the rights of both women and children, and also includes specific training elements covering relevant rights. Within this context the suggested catalogue of training goals would be a welcome place to discuss how different responses to violence can ensure that the best interests of the child are respected.

7.2 Impact

The program impacts responses to violence against women and children both directly and indirectly. However it is not clear whether this program alone has a measurable long-term effect on the country or even on the regions involved. That is only likely to happen if the training program is accompanied by a systematic attempt to change policy: relevant laws, regulations and their implementation, a goal which is particularly difficult to achieve in Bosnia-Herzegovina because of its multiple levels of government. It should be mentioned that Medica do make commendable efforts to encourage and enable training participants to engage in advocacy and training work.

7.3 Sustainability

The program is working towards its own sustainability insofar as it promotes advocacy for women's rights and better responses to violence, which in turn could lead to increasing demand for the program. Some specific examples of the results of the advocacy work given by participants and Medica (see Appendix 15.6.1.7) would indicate a gradual but increasing acceptance of the need for and benefits of the program amongst government institutions.

However the program is not sustainable in the sense that it has no independent source of income and is unlikely to be funded in its entirety by domestic organisations.

Some of the textual responses of the Service Providers in the questionnaires raise the issue of how much the success of the program depend on the charisma of one trainer in particular.

7.4 Generalisation to BiH as a whole

The program and its predecessors have so far been held in Zenica, Mostar, Bihac and Prijedor, and now in Travnik and Dobo. As the program has already specifically been held in, and adapted to, rural and urban areas as well as the three constituent ethnic groups, there is no barrier to carrying out the program in the rest of the country (or deepening its application in areas already covered).

7.4.1 Differences between regions included in this study








Xxxxxx I see no reason to include this! Travnik would probably come off worse, but so what?

7.5 Cost analysis

7.5.1 Cost Efficiency

The total price was 354000 KM for 11 months.

	Travnik	Dobo	total
general training	76	113	189
special training: advocacy	22	23	45
special training: trainers	19	21	40
total	117	157	274

Key:  literature search |  telephone interviews with users |  baseline questionnaires |   baseline-follow-up comparison |  focus groups |  interviews

This means that the very approximate price was around 1300 KM per trainee, for a course which lasted 6 days for the general training (plus one final session together) and 6-9 sessions for the special training, plus final session. The groups, apart from the final sessions, had around 20 participants each. The group size is quite large for this kind of training, which contributes to its cost-efficiency. Nevertheless the price per person is nevertheless quite high, partly due to the necessity for overnight stays.

This price per head would have been lower by a factor of around 20% if the Travnik groups had been better attended.

These project costs were entirely covered by UNICEF. There were no other substantial inputs to the program. Xxx???

7.5.2 Effectiveness

??XXX to the extent that policy is already adequately targeted,xxx

7.5.3 Cost of evaluation as a proportion of program cost

xxx

Draft

8 Conclusions

Overall the Medica program achieves its objectives and satisfies other subsidiary criteria (sustainability, impact etc.). Moreover, the program logframe is reasonably well structured such that the lower levels in general can be seen in general as leading to the higher levels, which in turn are related to the UNICEF country program outcomes. Therefore it can be concluded that the program makes a contribution to achieving its goals and the goals of the donor.

The program identifies the problem of responses to domestic and gender-based violence well, and conceives and implements a program which seems to be effective in improving them. This conclusion is backed up simultaneously by a multitude of sources:

- analysis of the state-of-the-art via peer-reviewed journals
- focus groups of service providers,
- longitudinal statistical analysis of the progress of the training participants,
- content analysis of the participants' comments at baseline and follow-up,
- content analysis of the comments made by former service users
- relative improvement in service provision in an area receiving the program compared to an area which did not receive it (though this change was small and not statistically significant).

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9 Recommendations

→ Considering on the one hand the importance of the problem of violence against women and children in the country, the probable level of underreporting, and the sub-optimal response to it as ascertained in this evaluation, and on the other hand considering the overall satisfactory effectiveness of the Medica program, proMENTE recommends that the program should be continued and expanded, with the following reservations.

→ Better fit to donor goals

The UNICEF country program outcomes are most focused on child victims of violence. The specific focus of this program on children is not obvious – although it is about equally effective in improving skills related to child victims of violence as compared to women victims.

Also, the UNICEF goals specifically mention gender-based violence and although the Medica program does address this issue it is not in the logframe at all clear how.

The failure to include school teachers or educational administrators in the program, although understandable in the context of the existing Medica program logistics, can nevertheless be seen as a serious omission in terms of reaching UNICEF goals.

In general, the top levels of the logframe are too broad; the program would benefit from a tighter focus.

The program design gives the impression that it is more or less a repeat of previous programmes funded by different donors. Any future donor wanting to fund the Medica program in order to further its own specific goals should spend some time with the Medica program managers to ensure that those goals are in fact precisely addressed.

→ Produce Target Catalogue of attitudes, approaches, knowledge and skills

The logframe should set out more specifically to what extent attitudes and approaches are targeted for change as well as knowledge and skills, including changing definitions of violence and gender-based violence in particular.

In general, a clear statement of the knowledge and skills (and possibly attitudes and approaches) targeted in the trainings would be a very useful product in itself for the trainees and would probably benefit the learning process, would help promote Medica's (and UNICEF's) goals, and would make evaluation and monitoring easier and more concrete. Several service providers specifically and spontaneously suggested such a catalogue themselves. Such a catalogue could be loosely based (as is the main questionnaire used in this evaluation) on the PRECEDE-PROCEED model xxx.

It seems that service users have quite low expectations of the services provided by particular professional groups, in particular healthcare. This may have contributed to the surprising finding that former victims of violence were in general quite satisfied with quality of the service they received. A specification of targeted attitudes, approaches, knowledge and skills as set out above would help to set out at least in very broad outline what is expected from the different professional groups.

→ Better adaptation of training to participants

The effectiveness of the training depended dramatically on the quality of treatment and services delivered by the individual Service Providers at baseline. Those participants who are in the top third in terms of quality of treatment and services for violence against women and children at baseline make no significant improvement overall or in any of the quality components at follow-up. Those in the bottom two thirds make highly significant improvements on all of the dimensions of quality and a significant improvement on all components of quality except rewards in the workplace. While it is not suggested that more experienced or competent service providers should be excluded from the training, perhaps other ways can be found to increase the benefit that this subgroup derives from it.

Also, future programmes could concentrate more specifically on service provided by Centres for Social work and perhaps police and courts as these were assessed to be least satisfactory, rather than on NGOs or health care services. Although all professional groups benefit equally from the training, the Centers for Social Work have much the highest caseload and are rated lowest by the former service users (which may mean that they are the subject of high expectations).

→ Identify better ways to promote reinforcement of training goals at the workplace

The service providers in the focus groups and the participants of the training frequently mentioned the financial nitty-gritty of service provision for victims of violence; while the Medica program cannot be expected to directly increase

resourcing or financial rewards for the service providers, at least it could address the *issue* of rewards and more closely and could certainly focus more on achieving and maintaining other forms of reinforcement in the workplace. As mentioned above, there is a strong relationship between Service Providers' overall satisfaction with support at work and quality of treatment and services they deliver.

Response to this issue should also take into account the fact that female Service Providers seem to be significantly less satisfied than males with rewards and encouragement for good responses to cases of violence against women and children.

→ Review the "psychological" format and content of the training

The format and content of the training are probably based most heavily on workshops in psychological counselling. They are much more focussed on psychological factors (trauma, burnout, self-help, emotions, personal involvement) than the participants initially expect. However these elements turn out to be popular (and there is no suggestion that the participants are merely caught up in short-term, spurious emotional enthusiasm because the program effects seem to become more rather than less visible in the longer term). Although the work on burnout was popular with the participants, the fact that burnout symptoms were not related to quality of treatment and services in the baseline questionnaire survey puts this training element into question.

This issue is also tied to the question of how much the popularity of the program depends on the charisma of one single trainer. Medica need to demonstrate that the model is replicable and generalisable. The introduction of "train the trainer" courses is a good step in this direction, which could perhaps be deepened to provide further more intense training for three or four multipliers.

→ Work on improving cost efficiency and effectiveness

The program should at least make additional efforts to ensure that the groups are well attended in every area: the program did not meet its output targets in every case and the price per trainee was increased in this case by around 20% due to poor attendance in one area.

9.1 Wider applicability of the program

The program methodology is, with the above reservations, well-conceived and could probably be used with success on other related issues and/or outside Bosnia-Herzegovina.

10 Lessons learned

It is possible to sustainably improve the quality of treatment and services for violence against women and children using multi-day workshops for Service Providers, at least in the assessment of the Service Providers.

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11 Appendix: evaluation staff

Mr. Steve Powell, psychologist. Project leader and senior researcher; evaluation design and analysis.

Ms. Dženana Husremović, psychologist. Senior researcher; evaluation design.

Ms. Elma Pašić, psychologist. Conducted the focus groups.

Ms. Ivona Čelebičić, education scientist. Supervised the questionnaire research implementation. Supervised the telephone research implementation with former service users. Conducted the telephone research with the two partner NGOs.

Ms. Aida Sujoldžić. Psychologist. Supervised the questionnaire research implementation.

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12 Appendix: List of persons interviewed and sites visited

12.1 Focus groups

See focus group report, below.

12.1.1 Questionnaire baseline-follow up

12.1.1.1 *data1G baseline after general training * data4G follow-up everybody * data0G baseline before general training Crosstabulation*

data0G baseline before general training * data4G follow-up everybody Crosstabulation

Count

		data4G follow-up everybody		Total
		no data	data	
data0G baseline before general training	no data	16	26	42
	data	61	56	117
Total		77	82	159

Of the 117 people who provided data at the first baseline testing, 56 people provided data at follow-up, representing a return rate of about 50%.

data2S before special training * data4S follow-up for special training Crosstabulation

Count

		data4S follow-up for special training		Total
		no data	data	
data2S before special training	no data	94	11	105
	data	35	19	54
Total		129	30	159

Of the 54 people who provided data at the first baseline testing, 19 people provided data at follow-up, which is too small a sample to follow. However there is data from 30 people in total in the follow-up of the special training, so a simple comparison (independent samples) is possible.

12.2 Is the set of participants returning data at follow-up biased

in terms of original score on quality questionnaire or rape myths or symptoms

no: no sig diffs

Descriptives

t0g total quality at baseline

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
no data	75	5.09	.896	.103	4.88	5.30	3	7
data	45	5.26	.854	.127	5.01	5.52	3	7
Total	120	5.16	.881	.080	5.00	5.31	3	7

ANOVA

Key: literature search | telephone interviews with users | baseline questionnaires | baseline-follow-up comparison | focus groups | interviews

t0g total quality at baseline

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	.850	1	.850	1.096	.297
Within Groups	91.456	118	.775		
Total	92.306	119			

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14 Appendix: Contents of training

14.1.1.1 Training for helpers

The main phase of the intervention included service providers in two regions of Bosnia-Herzegovina. In each region, five groups (formed according to trainee occupation) of approximately with a minimum of 18 and maximum of 25 participants that give total of minimum 90 (to 125 maximum) per location (180 to 250 in both locations). A final 2-day session will be organized at the end of the training for all groups and additional participants.

The participants are released on full pay for the training.

14.1.1.2 Contents of training

The handbook (xxx) gives a good overview of the contents of the training. Additional information was provided in interview.

In interview – to a lesser extent in the handbook - Medica present a notion of violence against women and children which highlights abuse of power differentials which work to the detriment of both women and children as the major cause of violence and which is in accord with major statements of international organisations, and in particular with UNDEVW ():

- child abuse is related to violence in general
- If there is partner abuse there will be child abuse too
- Violence breeds violence and is transgenerational
- Abuse of power is a source of violence
- Children are an obvious target for abuse of power
- Violence against women and children should be approached from a rights-based perspective.

However the main content of the training is not aimed at a paradigm shift but at increasing knowledge and skills.

The first four days are usually led by Edita Ostojić, with a fifth day on rights and a sixth day on forensic issues.

The training methodology draws heavily on psychotherapy, with intense emotional participation being encouraged, sometimes featuring a participant working "one-to-one" with the leader, in front of the group.

The influence of the war and war trauma is highlighted (this issue was also mentioned spontaneously in the focus groups as highly relevant to violence against women and children).

Other work focuses on

- Service Provider burnout
- concepts of cooperation interservice
- Cognitive adaptation to fact of insecure work future
- Patriarchal Balkan culture and traditions
- Rape myths
- Incest
- Denial
- Emphasising with the client; cognitive-emotional understanding of the position of the victim

14.1.1.3 Level 2 - Training for Trainers

Aim

This **training for trainers** will allow the expansion of this knowledge and these skills to be realized more quickly: among professionals within governmental structures linked to services to which victims and survivors of violence turn. Further implementation of this training will have professionals training other

professionals within their own expert field, making it easier for new participants to accept this education.

Implementation

Each course lasted for four days. A few months later, a small number of former participants were selected for additional training, either "training the trainer" or "advocacy". Two (2) groups of trainees will be trained at each chosen locations 1 and 2. The number of participants is the minimum of 19 and maximum 25 from each location (38 to 50 in total).

Contents

Selection

Chosen during final day / combination of their own wish plus recommendations of colleagues plus what trainer thinks

14.1.1.4 Level 2 - Training for Policy and Advocacy

Aim

During the previous implementation of "Multidisciplinary approach..." we concluded that many professionals in institutions are not aware of the possibility to do advocacy for changes (improvements and new approaches) in the society outside of formal political structures. Many participants said: "Somebody have to fight for structural and changes in legislation, but asking us what we need to be more efficient to meet needs of our clients..." During the training they recognized that power of advocacy for changes lies in they own hands. With this training we are offering them the tools needed to be able to do PA in the community.

Implementation

Each group will have 9 days training, divided in 6 (2+2+2) full day sessions and a final 4-day (3 full days) session at which both groups, including other participants, will be present.

15 Appendix: instruments and details of statistical analyses

15.1 IRMA (Rape Myths) short version

This international standard questionnaire has a number of small subscales. Most of these subscales were found to perform satisfactorily in this sample²⁹.

MT he didn't mean to

LI she lied

DE rape is a deviant event

SA she asked for it

WI she wanted it

TE rape is a trivial event

The two scales of *filler items* and *it wasn't really rape* did not perform satisfactorily and will not be considered further.

- MT he didn't mean to .580 2 items
- LI she lied .705, 2 items
- DE rape is a deviant event alpha .554 , 3 items
- SA she asked for it .779 4 items
- WI she wanted it .684 2 items
- TE rape is a trivial event .471 not used
- It wasn't really rape – not acceptable alpha
- Filler items not used

15.2 Work conditions

The information on the questionnaire on work conditions was subject to a factor analysis and produced the following three factors or subscales:

- Stress symptoms
- Support from management
- Lack of influence

15.3 Questions for follow-up interview with partner NGOs

General comments

- what did you like
- difficulties

How much has their capacity been built during the program?

- What
- How much (examples)

What new activities/services/functions are you now able to fulfil which you couldn't before

²⁹ Standardised item alpha > 0.5 and lowest item-total correlation >0.3

Future perspectives

Feedback to program – how does the aim of NGO capacity building fit in for you in the bigger Medica program?

Anything else

15.4 Service Provider Quality questionnaire

The design of this questionnaire was based on the literature search mentioned in section **Error! Reference source not found.** **Error! Reference source not found.**³⁰

Our Quality Questionnaire provides 60 items which cover a wide range of issues: on the one hand, it covers different kinds of characteristics, listed here.

15.4.1 Items and scales

15.4.2 Work environment

scaleSetsItemsList			
scaleset	scaleDescriptione	titlee	titleb
m - work environment	burnout	does your work require you to hide your emotions?	da li vas posao zahtjeva da sakrivate svoje emocije?
m - work environment	burnout	do you feel emotionally involved in your work	da li osjetite da ste emocionalno uvuceni u svoj posao?
m - work environment	burnout	does your work put you in emotionally stressful situations	da li vas vas posao stavlja u situacije koje su emocionalno stresne?
m - work environment	burnout	how often do not have enough time to finish all your work tasks	koliko cesto vam nedostaje radnog vremena da zavrsite sve radne zadatke?
m - work environment	burnout	do you have to carry out work tasks very quickly	da li morate obavljati radne zadatke jako brzo?
m - work environment	influence over work	how often do you talk to your colleagues about how well you carry out your job	koliko cesto razgovarate sa radnim kolegama o tome koliko dobro radite svoj posao?
m - work environment	influence over work	does your job require you to take the initiative	da li vas posao zahtijeva od vas da preuzimate inicijativu?
m - work environment	influence over work	your able to influence the amount of work which is given to	da li mozete uticati na kolicinu posla koja vam se dodjeljuje?
m - work environment	influence over work	you have any kind of influence over the content of your work	da li imate bilo kakav uticaj na ono STO radite?
m - work environment	influence over work	do you have a lot of influence on the work you do	da li imate veliki stepen uticaja na posao koji obavljate?
m - work environment	satisfaction with support	how much support and help in your job do you have from your colleagues	koliku podrsku i pomoc u svom radu imate od svojih radnih kolega?

³⁰ In an attempt to provide UNICEF Bosnia-Herzegovina with comparable results from different research programmes on capacity building initiatives, proMENTE is developing a set of questionnaires, based on existing published instruments, which attempt to measure changes in attitude, knowledge, motivation etc. on the part of the individual service providers. By using these instruments, alongside job-related and more traditional seminar feedback questionnaires, the results of capacity building programs can be in principle compared, and at very least conceptualized, in similar ways.

scaleSetsItemsList			
scaleSet	scaleDescriptione	titlee	titleb
m - work environment	satisfaction with support	do you think the work you do is important	da li mislite da je posao koji radite vazan?
m - work environment	satisfaction with support	would you like to stay in your present job all the working life	da li biste voljeli ostati na svom radnom mjestu do kraja radnog vijeka?
m - work environment	satisfaction with support	how good do you think your immediate superiors are in planning the work	sto biste rekli, u kojoj mjeri je vas direktni nadređeni dobar u planiranju posla?
m - work environment	satisfaction with support	how much support and help in your job do you have from your immediate superior is	koliku podršku i pomoć u svom radu imate od svog direktnog nadređenog?
m - work environment	satisfaction with support	all in all, how satisfied are you at work	Sve u svemu, koliko ste zadovoljni svojim poslom?
m - work environment	satisfaction with support	do you get all the information you need at work to be able to do the job well	da li na vašem radnom mjestu dobivate sve informacije koje su vam potrebne kako bi svoj posao obavljali dobro?
m - work environment	symptoms	I haven't been able to take the initiative	nisam bio u stanju da preduzmem inicijativu.
m - work environment	symptoms	Have you found it difficult to stop thinking about work	Imali problema da prestanete razmišljati o problemima na poslu?
m - work environment	symptoms	have you had trouble sleeping	Imali nesаницe?
m - work environment	symptoms	have you felt you lack enough energy to work	Osjetili nedostatak energije za rad?
m - work environment	symptoms	have you felt dizzy	Osjecali vrtoglavicu?
m - work environment	symptoms	have you had problems with concentrating	Imali problema sa koncentracijom?
m - work environment	symptoms	have your muscles been tense	Osjetili napetost u misicima?
m - work environment	symptoms	have you had stomach problems	Imali stomacnih problema?
m - work environment	symptoms	I have been a bit touchy	bio sam pomalo osjetljiv.
m - work environment	symptoms	I haven't had time to relax or to enjoy activities which I like	nisam imao vremena da se odmorim ili uživam u nekim meni dragim aktivnostima.
m - work environment	symptoms	have you had a tight feeling in your chest	Osjetili pritisak u prsima?

15.4.3 The personal characteristics affecting quality of treatment and services in cases of DGBV:

scaleSetsItemsList				
scaleDescriptione	titlee	titleb	cgnoteb	cgnotee
intolerance of violence	nowadays, women accuse man who make even harmless jokes at their expense of "sexual harassment at the workplace"	danas žene i najbezazlenije sale na njihov račun od strane muskaraca nazivaju "seksualno uzmeniravanje na poslu"	invertiran	inverted
intolerance of violence	a child can be so frustrating that any parent would hit him or	dijete može biti toliko frustrirajuće da bi ga svaki roditelj udario tako da	invertiran	inverted

Key: literature search | telephone interviews with users | baseline questionnaires | baseline-follow-up comparison | focus groups | interviews

scaleSetsItemsList				
scaleDescriptione	titlee	titleb	cgnoteb	cgnotee
	her hard enough to make them cry	zaplace		
intolerance of violence	some women criticise their husbands so much that the only solution is for their husbands to slap them	neke zene toliko kritikuju svoje muzeve da je za njih jedino rjesenje samar	invertiran	inverted
intolerance of violence	if the husband forces wife to have sex, that is rape	ako je muz natjerao suprugu na sex onda je to silovanje	uopšte se ne slažem=0 - u potpunosti se slažem=4	I do not agree at all=0 - I agree completely=4
intolerance of violence	if a child is sexually abused by a paedophile, it better for the parents to take effective measures on their own than for the child to end up in court	ukoliko je dijete seksualno zlostavljano od strane pedofila, bolje je da roditelji to efikasno rijese nego da vode dijete na sud	invertiran	inverted
intolerance of violence	if teachers were allowed to slap unruly pupils, everyone would be better off	da je uciteljima dozvoljeno da udare nemirnog ucenika svi bi bili sretniji	invertiran	inverted
intolerance of violence	in our country it is very rares for a child to be raped at home	u nasoj drzavi su jako rijetki slucajevi djece koja dozive silovanje kod svoje kuce	invertiran	inverted
intolerance of violence	it is acceptable if a male employer uses his physical strength to force a female employee to work harder	muskarac-poslodavac smije iskoristiti svoju fizicku snagu kako bi zaposlenu zenu nazjerao na efikasniji rad	invertiran	inverted
knowledge&skills	as a professional, I have the knowledge to effectively identify and help a child who is physically abused outside the home	kao profesionalac, posjedujem znanja koje mi omogucavaju da efikasno prepoznam i pomognem djetetu koje je fizicki zlostavljano izvan kuce	uopšte se ne slažem=0 - u potpunosti se slažem=4	I do not agree at all=0 - I agree completely=4
knowledge&skills	as a professional, I have the knowledge to effectively identify and help a child who is physically abused	kao profesionalac, posjedujem znanja koja mi omogucavaju da efikasno prepoznam i pomognem djetetu koje je fizicki zlostavljano	uopšte se ne slažem=0 - u potpunosti se slažem=4	I do not agree at all=0 - I agree completely=4
knowledge&skills	as a professional, I have the skills to effectively identify and help a child who is physically abused	kao profesionalac, posjedujem vjestine koje mi omogucavaju da efikasno prepoznam i pomognem djetetu koje je fizicki zlostavljano	uopšte se ne slažem=0 - u potpunosti se slažem=4	I do not agree at all=0 - I agree completely=4
knowledge&skills	as a professional, I have the knowledge to effectively identify and help a child who is sexually abused	kao profesionalac, posjedujem znanja koje mi omogucavaju da efikasno prepoznam i pomognem djetetu koje je seksualno zlostavljano u porodici	uopšte se ne slažem=0 - u potpunosti se slažem=4	I do not agree at all=0 - I agree completely=4
knowledge&skills	I feel competent to	osjecam se kompetentno da	uopšte se ne	I do not agree

Key: literature search | telephone interviews with users | baseline questionnaires | baseline-follow-up comparison | focus groups | interviews

scaleSetsItemsList

scaleDescriptione	titlee	titleb	cgnoteb	cgnotee
	work with a child who has been sexually abused by a family member	radim sa djecom koja su seksualno zlostavljana od strane clana porodice	slažem=0 - u potpunosti se slažem=4	at all=0 - I agree completely=4
knowledge&skills	as a professional, I have the knowledge to effectively identify and help a child who is abused by a pedophile	kao profesionalac, posjedujem znanja koje mi omogućavaju da efikasno prepoznam i pomognem djetetu koje je seksualno zlostavljano od strane pedofila	uopšte se ne slažem=0 - u potpunosti se slažem=4	I do not agree at all=0 - I agree completely=4
knowledge&skills	as a professional, I have the knowledge to effectively identify and help a woman whose partner is sexually abusing her	kao profesionalac, posjedujem znanja koje mi omogućavaju da efikasno prepoznam i pomognem zeni koju partner seksualno zlostavlja	uopšte se ne slažem=0 - u potpunosti se slažem=4	I do not agree at all=0 - I agree completely=4
knowledge&skills	I feel competent to work with women who are sexually abused outside the home (not by their partners)	osjećam se kompetentno da radim sa ženama koje su seksualno zlostavljane izvan kuće (ne od strane partnera)	uopšte se ne slažem=0 - u potpunosti se slažem=4	I do not agree at all=0 - I agree completely=4
knowledge&skills	as a professional, I have the skills to effectively identify and help a woman who are sexually abused outside the home	kao profesionalac svojim vještina mogu efikasno pomoci zeni koja je seksualno zlostavljana izvan kuće	uopšte se ne slažem=0 - u potpunosti se slažem=4	I do not agree at all=0 - I agree completely=4
knowledge&skills	as a professional, I have the knowledge to effectively identify and help a woman who are sexually abused outside the home	kao profesionalac svojim znanjem mogu efikasno pomoci zeni koja je seksualno zlostavljana izvan kuće	uopšte se ne slažem=0 - u potpunosti se slažem=4	I do not agree at all=0 - I agree completely=4
knowledge&skills	I feel competent to work with women who are physically abused outside the home / family	osjećam se kompetentno da radim sa ženama koje su fizički zlostavljane izvan kuće (porodice)	uopšte se ne slažem=0 - u potpunosti se slažem=4	I do not agree at all=0 - I agree completely=4
knowledge&skills	as a professional, I have the skills to effectively identify and help a woman who are physically abused outside the home	kao profesionalac svojim vještina mogu efikasno pomoci ženama koje su fizički zlostavljane van kuće	uopšte se ne slažem=0 - u potpunosti se slažem=4	I do not agree at all=0 - I agree completely=4
knowledge&skills	as a professional, I have the knowledge to effectively identify and help a woman who are physically abused outside the home	kao profesionalac svojim znanjem mogu efikasno pomoci ženama koje su fizički zlostavljane van kuće	uopšte se ne slažem=0 - u potpunosti se slažem=4	I do not agree at all=0 - I agree completely=4
knowledge&skills	as a professional, I have the skills to effectively identify and help a child who is abused by a pedophile	kao profesionalac, posjedujem vještine koje mi omogućavaju da efikasno prepoznam i pomognem djetetu koje je seksualno zlostavljano od strane	uopšte se ne slažem=0 - u potpunosti se slažem=4	I do not agree at all=0 - I agree completely=4

Key: literature search | telephone interviews with users | baseline questionnaires | baseline-follow-up comparison | focus groups | interviews

scaleSetsItemsList

scaleDescriptione	title	titleb	cgnoteb	cgnotee
		pedofila		
knowledge&skills	as a professional, I have the skills to effectively identify and help a woman whose partner is sexually abusing her	kao profesionalac, posjedujem vjestine koje mi omogućavaju da efikasno prepoznam i pomognem zeni koju partner seksualno zlostavlja	uopšte se ne slažem=0 - u potpunosti se slažem=4	I do not agree at all=0 - I agree completely=4
knowledge&skills	I feel competent to work with children who are victims of sexual abuse	osjećam se kompetentno da radim sa djecom koja su zrtve seksualnog zlostavljanja	uopšte se ne slažem=0 - u potpunosti se slažem=4	I do not agree at all=0 - I agree completely=4
knowledge&skills	I feel competent to work with women who are physically abused by a family member	osjećam se kompetentno da radim sa ženama koje su fizički zlostavljane od strane člana porodice	uopšte se ne slažem=0 - u potpunosti se slažem=4	I do not agree at all=0 - I agree completely=4
knowledge&skills	as a professional, I have the skills to effectively identify and help a woman who is physically abused by a family member	kao profesionalac, posjedujem vjestine koje mi omogućavaju da efikasno prepoznam i pomognem zeni koju fizički zlostavlja član porodice	uopšte se ne slažem=0 - u potpunosti se slažem=4	I do not agree at all=0 - I agree completely=4
knowledge&skills	as a professional, I have the knowledge to effectively identify and help a woman who is physically abused by a family member	kao profesionalac, posjedujem znanja koje mi omogućavaju da efikasno prepoznam i pomognem zeni koju fizički zlostavlja član porodice	uopšte se ne slažem=0 - u potpunosti se slažem=4	I do not agree at all=0 - I agree completely=4
knowledge&skills	I feel competent to help children who are physically abused	osjećam se kompetentno da radim sa djecom koja su fizički zlostavljana	uopšte se ne slažem=0 - u potpunosti se slažem=4	I do not agree at all=0 - I agree completely=4
knowledge&skills	as a professional, I have the skills to effectively identify and help a child who is physically abused outside the home	kao profesionalac, posjedujem vjestine koje mi omogućavaju da efikasno prepoznam i pomognem djetetu koje je fizički zlostavljano izvan kuće	uopšte se ne slažem=0 - u potpunosti se slažem=4	I do not agree at all=0 - I agree completely=4
knowledge&skills	I feel competent to work with a child who has been physically abused by a family member	osjećam se kompetentno da radim s djecom koja su fizički zlostavljana od strane člana porodice	uopšte se ne slažem=0 - u potpunosti se slažem=4	I do not agree at all=0 - I agree completely=4
knowledge&skills	I feel competent to work with women who are physically abused by a family member	osjećam se kompetentno da radim sa ženama koje su fizički zlostavljane od strane partnera	uopšte se ne slažem=0 - u potpunosti se slažem=4	I do not agree at all=0 - I agree completely=4
knowledge&skills	as a professional, I have the skills to effectively identify and help a child who is sexually abused	kao profesionalac, posjedujem vjestine koje mi omogućavaju da efikasno prepoznam i pomognem djetetu koje je seksualno zlostavljano u porodici	uopšte se ne slažem=0 - u potpunosti se slažem=4	I do not agree at all=0 - I agree completely=4
authority&guidlines	In my organisation there are precise directions for what to do if we suspect that a	u mojoj organizaciji postoje tačno razradene smjernice što uraditi ako sumnjamo na fizičko zlostavljanje žene	uopšte se ne slažem=0 - u potpunosti se slažem=4	I do not agree at all=0 - I agree completely=4

Key: literature search | telephone interviews with users | baseline questionnaires | baseline-follow-up comparison | focus groups | interviews

scaleSetsItemsList				
scaleDescriptione	titlee	titleb	cgnoteb	cgnotee
	women is being physically abused in the family	od strane clana porodice		
authority&guidlines	I have the authorisation to effectively help this child	imam ovlastenja da efikasno pomognem ovom djetetu	uopšte se ne slažem=0 - u potpunosti se slažem=4	I do not agree at all=0 - I agree completely=4
authority&guidlines	there is an exact procedure which is known to me to be followed in such cases, including where to refer the child	postoji tacna i meni poznata procedura sto uraditi u ovom slucaju i kome poslati dijete	uopšte se ne slažem=0 - u potpunosti se slažem=4	I do not agree at all=0 - I agree completely=4
authority&guidlines	I have all the authorisation I need to act in cases like these	imam sva potrebna ovlastenja da djelujem u ovim slucajevima	uopšte se ne slažem=0 - u potpunosti se slažem=4	I do not agree at all=0 - I agree completely=4
authority&guidlines	At work I have the authorisation to effectively help women who have been physically abused	moje radno mjesto daje mi ovlastenja da efikasno pomazem zenama koje su fizicki zlostavljane	uopšte se ne slažem=0 - u potpunosti se slažem=4	I do not agree at all=0 - I agree completely=4
authority&guidlines	at work I have the necessary authorisation to be able to effectively help women who are sexually abused outside the home	moje radno mjesto daje mi ovlastenja da mogu efikasno pomoci zeni koja je seksualno zlostavljana izvan kuce	uopšte se ne slažem=0 - u potpunosti se slažem=4	I do not agree at all=0 - I agree completely=4
authority&guidlines	I have clear directions about what to do in the case when a woman is sexually abused outside the home	ja imam jasne smjernice sto raditi u slucaju zene koja je seksualno zlostavljana izvan kuce	uopšte se ne slažem=0 - u potpunosti se slažem=4	I do not agree at all=0 - I agree completely=4
authority&guidlines	In my organisation there are precise directions for helping children who are physically abused outside the home	u mojoj organizaciji postoje tacno razradene smjernice za pomoc djeci koja su fizicki zlostavljana izvan kuce	uopšte se ne slažem=0 - u potpunosti se slažem=4	I do not agree at all=0 - I agree completely=4
institutional justification	I have the right to act if I notice that a woman appears to have been physically abused	ispravno je da reagujem ukoliko na zeni primjetim simptome fizickog zlostavljanja	uopšte se ne slažem=0 - u potpunosti se slažem=4	I do not agree at all=0 - I agree completely=4
institutional justification	It is right for a police officer to intervene and help a woman if there is a suspicion that her wife has raped her	ispravno je da policijac reaguje i pomogne zeni ako posumnja da ju je muz silovao	uopšte se ne slažem=0 - u potpunosti se slažem=4	I do not agree at all=0 - I agree completely=4
institutional justification	it is right for a social worker to react if there is a suspicion that a woman is being physically abused at work	ispravno je da socijalni radnik reaguje ukoliko posumnja da je zena fizicki zlostavljana na radnom mjestu	uopšte se ne slažem=0 - u potpunosti se slažem=4	I do not agree at all=0 - I agree completely=4
institutional justification	It is right for me to take	ispravno je da preduzmem	uopšte se ne	I do not agree

Key: literature search | telephone interviews with users | baseline questionnaires | baseline-follow-up comparison | focus groups | interviews

scaleSetsItemsList

scaleDescription	title	titleb	cgnoteb	cgnotee
	all measures in my power if I suspect that a woman is being sexually abused outside the home	sve sto je u mojoj moci ako posumnjam da je zena seksualno zlostavljana izvan kuce	slažem=0 - u potpunosti se slažem=4	at all=0 - I agree completely=4
institutional justification	I have the right to act if I suspect that a child is being sexually abused at home	ispravno je da djelujem ukoliko sumnjam da je dijete seksualno zlostavljano u porodici	uopšte se ne slažem=0 - u potpunosti se slažem=4	I do not agree at all=0 - I agree completely=4
institutional justification	it is correct for a police officer to intervene if a father is regularly beating his children	ispravno je da policajac intervenise ukoliko otac redovno tuce svoje dijete	uopšte se ne slažem=0 - u potpunosti se slažem=4	I do not agree at all=0 - I agree completely=4
institutional justification	a judge has the right extend the trial in order to prove that a child has been sexually abused	ispravno je da sudija dugo procesuiru slucaj kako bi dokazao seksualno zlostavaljanje djeteta	uopšte se ne slažem=0 - u potpunosti se slažem=4	I do not agree at all=0 - I agree completely=4
institutional justification	I have the right to act if I suspect that a child is being physically abused	ispravno je da reagujem ukoliko primjetim da netko fizicki maltretira dijete	uopšte se ne slažem=0 - u potpunosti se slažem=4	I do not agree at all=0 - I agree completely=4
rewards&encouragement	at work, I receive special recognition from my colleagues or superiors (praise, chances for promotion etc) if I successfully act on behalf of this child	na mom poslu dobivam posebnu nagradu od kolega ili nadredenog (pohvalu, sansu za unapredenje i sl.) za uspjesno rijesen slucaj ovakvog djeteta	uopšte se ne slažem=0 - u potpunosti se slažem=4	I do not agree at all=0 - I agree completely=4
rewards&encouragement	my colleagues and I will be sanctioned by our superiors if we do not effectively assist this child	moje kolege i ja cemo biti kaznjeni od strane nadredenog ako efikasno ne pomognemo ovom djetetu	uopšte se ne slažem=0 - u potpunosti se slažem=4	I do not agree at all=0 - I agree completely=4
rewards&encouragement	special recognition at work (praise, chances for promotion etc) successfully helping a woman who was physically abused outside the home motivate me to be especially effective	nagrade (npr. pohvale, šanse za napredovanje) na poslu za uspjesno rijesen slucaj fizickog zlostavljanja zene izvan porodice motiviraju me da te slucajeve rijesim sto efikasnije	uopšte se ne slažem=0 - u potpunosti se slažem=4	I do not agree at all=0 - I agree completely=4
outcome	I give top priority to cases of women who are sexually abused outside the home and I work on such cases first	zenama koje su seksualno zlostavljane izvan kuce dajem najvisi prioritet i njihove slucajeve rjesavam prve	uopšte se ne slažem=0 - u potpunosti se slažem=4	I do not agree at all=0 - I agree completely=4
outcome	I give this kind of case priority above all others	ovakvim slucajevima dajem prednost nad svim ostalim	uopšte se ne slažem=0 - u potpunosti se slažem=4	I do not agree at all=0 - I agree completely=4
outcome	I give cases like this the highest priority in my work	ovim slucajevima dajem najvisi prioritet u svom radu	uopšte se ne slažem=0 - u potpunosti se slažem=4	I do not agree at all=0 - I agree completely=4

Key: literature search | telephone interviews with users | baseline questionnaires | baseline-follow-up comparison | focus groups | interviews

scaleSetsItemsList				
scaleDescriptione	titlee	titleb	cgnoteb	cgnotee
outcome	women who are victims of physical violence get the highest priority in my work	zene koje trpe fizicko nasilje dobivaju najvisi prioritet u mom radu	uopšte se ne slažem=0 - u potpunosti se slažem=4	I do not agree at all=0 - I agree completely=4
outcome	As soon as a woman reports a case of physical abuse at work I react immediately to protect her	cim zena prijavi fizicko zlostavljanje na radnom mjestu ja odmah djelujem kako bi ona bila sto prije zasticena	uopšte se ne slažem=0 - u potpunosti se slažem=4	I do not agree at all=0 - I agree completely=4
outcome	I act immediately if I identify a child who has been beaten by their father	ja odmah djelujem ukoliko identifikujem dijete koje tuce otac	uopšte se ne slažem=0 - u potpunosti se slažem=4	I do not agree at all=0 - I agree completely=4
outcome	when I suspect that a woman is beign sexually abused at home I act immediately	kada posumnjam na seksualno zlostavljanje zene u kuci odmah djelujem	uopšte se ne slažem=0 - u potpunosti se slažem=4	I do not agree at all=0 - I agree completely=4

15.4.3.1 Beliefs/Values³¹

15.4.3.2 intolerance of violence

15.4.3.3 Predisposing characteristics

Self-efficacy

Legitimacy/me

Legitimacy/anyone

15.4.3.4 Enabling characteristics

Authority

Knowledge & skills

Guidlines

15.4.3.5 Reinforcing characteristics

Motivation

15.4.3.6 Outcome

Prioritising

Behaviour

This extra category, Outcome, has been added consisting of two dimensions (prioritising and behavior). These two dimensions can be seen as consequences of the existing dimensions and are included as potential outcome measures on the level of individual service providers.

Simultaneously the questionnaire can also be evaluated according to attitudes to different crime dimensions.

³¹ These originally belonged to the second group but were separated out from them on the basis of the cluster analysis reported here.

15.4.4 Overall quality of treatment and services in cases of different kinds of crime³²

- Against children
- Against women
- In the home
- Outside the home
- Sexual violence
- Physical violence

15.5 Reliability

All of the scales are reliable at all measurement points. Intolerance of violence is a bit shakier with alpha .783, .435 at pretest, .577 follow-up. An attempt was made to factorise the intolerance of violence scale but nothing better was found.

Reinforcing is a bit weak but usable; .429 in follow-up, OK if take out two vars

Enabling (knowledge, skills, authority) is excellent with high alpha

A preliminary check of the quality of this questionnaire showed that it seems to be very reliable.

The table (UNFINISHED!) which follows aims to show how this questionnaire was developed.

The questionnaire itself consists of a list of items, one item for each box, each rated from strongly disagree to strongly agree.

To reduce the number of questions, only a subsection of the boxes (possible combinations) are expressed as questions, as indicated by the shading.

15.6 Results

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
t0g total quality at baseline	119	1	4	2.58	.441
t1g total quality at baseline after training	99	1	4	2.59	.521
t4g total quality at followup	85	1	4	2.87	.476
t4g_0g total quality improvement baseline to followup	60	-1	1	.27	.461
Valid N (listwise)	49				

15.6.1.1 Correlation between violence against women and children

Correlations

³² See the full description of the Quality Questionnaire in the appendix

			cases.children violence against children - mean cases	cases.women violence against women - mean cases
Spearman's rho	cases.children violence against children - mean cases	Correlation Coefficient Sig. (1-tailed) N	1.000 . 41	.432(**) .003 38
	cases.women violence against women - mean cases	Correlation Coefficient Sig. (1-tailed) N	.432(**) .003 38	1.000 . 46

** Correlation is significant at the 0.01 level (1-tailed).

15.6.1.2 Correlations with work environment

Correlations

Correlation Coefficient

		s0G.mjs.mean mean- .mjs.m - work environment.sa tisfaction with support	s0G.mjb.mean mean- .mjb.m - work environment.bu rout	s0G.mji.mean mean- .mji.m - work environment.inf luence over work	s0G.msy.mean mean- .msy.m - work environment.sy mptoms
Spearman's rho	s0G.mab.mean mean- .mab.m - quality - aspects.intolerance of violence	.084	.128	.281(**)	-.201(*)
	s0G.mae.mean mean- .mae.m - quality - aspects.knowledge&sk ills	.176(*)	.056	-.088	.038
	s0G.mag.mean mean- .mag.m - quality - aspects.authority&guid lines	.252(**)	.017	-.072	-.107
	s0G.map.mean mean- .map.m - quality - aspects.institutional justification	.210(*)	.017	.125	-.073
	s0G.mar.mean mean- .mar.m - quality - aspects.rewards&enco uragement	.338(**)	-.084	-.131	-.220(*)
	s0G.maz.mean mean- .maz.m - quality - aspects.outcome	.127	.196(*)	-.081	.049
	s0G.mpc.mean mean- .mpc.m - quality - victim.children	.267(**)	.150	-.083	-.029
	s0G.mpw.mean mean- .mpw.m - quality - victim.women	.206(*)	.088	.026	-.009
	s0G.mtp.mean mean- .mtp.m - quality - type of violence.physical	.232(**)	.125	-.038	-.020

Key: literature search | telephone interviews with users | baseline questionnaires | baseline-follow-up comparison | focus groups | interviews

s0G.mts.mean mean-.mts.m - quality - type of violence.sexual	.280(**)	.098	-.010	-.013
s0G.mwh.mean mean-.mwh.m - quality - place of violence.home	.254(**)	.118	-.024	-.012
s0G.mwo.mean mean-.mwo.m - quality - place of violence.outside	.260(**)	.089	-.029	-.051

** Correlation is significant at the 0.01 level (1-tailed).

* Correlation is significant at the 0.05 level (1-tailed).

15.6.1.3 Dimensions of violence baseline

T-Test

Paired Samples Statistics

	Mean	N	Std. Deviation	Std. Error Mean
Pair 1 s0G.mts.mean mean-.mts.m - quality - type of violence.sexual	2.50	119	.458	.042
s0G.mtp.mean mean-.mtp.m - quality - type of violence.physical	2.65	119	.442	.041

Paired Samples Correlations

	N	Correlation	Sig.
Pair 1 s0G.mts.mean mean-.mts.m - quality - type of violence.sexual & s0G.mtp.mean mean-.mtp.m - quality - type of violence.physical	119	.907	.000

Paired Samples Test

		Paired Differences					t	df
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference			
					Lower	Upper		
Pair 1	s0G.mts.mean mean-.mts.m - quality - type of violence.sexual - s0G.mtp.mean mean-.mtp.m - quality - type of violence.physical	-.156	.195	.018	-.192	-.121	-8.734	118

T-TEST

PAIRS =

s0G.mwh.mean WITH

s0G.mwo.mean (PAIRED)

/CRITERIA = CI (.95)

Key: literature search | telephone interviews with users | baseline questionnaires | baseline-follow-up comparison | focus groups | interviews

/MISSING = ANALYSIS.

T-Test

Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	s0G.mwh.mean mean-.mwh.m - quality - place of violence.home	2.59	119	.464	.043
	s0G.mwo.mean mean-.mwo.m - quality - place of violence.outside	2.56	119	.460	.042

Paired Samples Correlations

		N	Correlation	Sig.
Pair 1	s0G.mwh.mean mean-.mwh.m - quality - place of violence.home & s0G.mwo.mean mean-.mwo.m - quality - place of violence.outside	119	.829	.000

Paired Samples Test

		Paired Differences				t	df	
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference			
					Lower			Upper
Pair 1	s0G.mwh.mean mean-.mwh.m - quality - place of violence.home - s0G.mwo.mean mean-.mwo.m - quality - place of violence.outside	.024	.270	.025	-.025	.073	.954	118

```
T-TEST
  PAIRS =
  s0G.mpc.mean WITH
  s0G.mpw.mean (PAIRED)
  /CRITERIA = CI(.95)
  /MISSING = ANALYSIS.
```

T-Test

Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	s0G.mpc.mean mean-.mpc.m - quality - victim.children	2.56	119	.435	.040
	s0G.mpw.mean mean-.mpw.m - quality - victim.women	2.60	119	.514	.047

Paired Samples Correlations

	N	Correlation	Sig.
Pair 1 s0G.mpc.mean mean- .mpc.m - quality - victim. children & s0G.mpw. mean mean- .mpw.m - quality - victim.women	119	.732	.000

Paired Samples Test

		Paired Differences					t	df
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference			
					Lower	Upper		
Pair 1 s0G.mpc.mean mean- .mpc.m - quality - victim. children - s0G.mpw. mean mean- .mpw.m - quality - victim.women		-.040	.355	.033	-.104	.025	-1.227	118

15.6.1.4 Differences between men and women on different aspects of quality at baseline

ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
s0G.mwh.mean mean- .mwh.m - quality - place of violence.home	Between Groups	.000	1	.000	.001	.980
	Within Groups	25.325	116	.218		
	Total	25.325	117			
s0G.mwo.mean mean- .mwo.m - quality - place of violence.outside	Between Groups	.273	1	.273	1.308	.255
	Within Groups	24.245	116	.209		
	Total	24.518	117			
s0G.mab.mean mean- .mab.m - quality - aspects.intolerance of violence	Between Groups	.002	1	.002	.013	.909
	Within Groups	18.327	116	.158		
	Total	18.329	117			
s0G.mae.mean mean- .mae.m - quality - aspects.enabling	Between Groups	.099	1	.099	.224	.637
	Within Groups	51.261	116	.442		
	Total	51.360	117			
s0G.map.mean mean- .map.m - quality - aspects.predisposing	Between Groups	.005	1	.005	.025	.875
	Within Groups	25.567	116	.220		
	Total	25.573	117			
s0G.mar.mean mean- .mar.m - quality - aspects.reinforcement	Between Groups	4.027	1	4.027	6.266	.014
	Within Groups	71.346	111	.643		
	Total	75.374	112			
s0G.mpc.mean mean- .mpc.m - quality - victim.children	Between Groups	.142	1	.142	.741	.391
	Within Groups	22.184	116	.191		
	Total	22.326	117			
s0G.mpw.mean	Between Groups	.022	1	.022	.084	.773

Key: literature search | telephone interviews with users | baseline questionnaires | baseline-follow-up comparison | focus groups | interviews

mean- .mpw.m - quality - victim.women	Within Groups	30.560	116	.263		
	Total	30.582	117			
s0G.mtp.mean mean- .mtp.m - quality - type of violence.physical	Between Groups	.036	1	.036	.183	.670
	Within Groups	22.902	116	.197		
	Total	22.938	117			
s0G.mts.mean mean- .mts.m - quality - type of violence.sexual	Between Groups	.130	1	.130	.620	.433
	Within Groups	24.420	116	.211		
	Total	24.551	117			
s0G.mao.mean mean- .mao.m - quality - aspects.outcome	Between Groups	.180	1	.180	.478	.491
	Within Groups	42.825	114	.376		
	Total	43.005	115			

Draft

Draft

15.6.1.5 Ttests baseline followup

Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	s0G.mab.mean mean- . mab.m - quality - aspects. intolerance of violence	3.04	60	.337	.044
	s4G.mab.mean mean- . mab.m - quality - aspects. intolerance of violence	3.25	60	.406	.052
Pair 2	s0G.mae.mean mean- . mae.m - quality - aspects. knowledge&skills	2.36	60	.705	.091
	s4G.mae.mean mean- . mae.m - quality - aspects. knowledge&skills	2.81	60	.680	.088
Pair 3	s0G.mag.mean mean- . mag.m - quality - aspects. authority&guidlines	2.35	58	.733	.096
	s4G.mag.mean mean- . mag.m - quality - aspects. authority&guidlines	2.63	58	.794	.104
Pair 4	s0G.map.mean mean- . map.m - quality - aspects. institutional justification	3.10	60	.396	.051
	s4G.map.mean mean- . map.m - quality - aspects. institutional justification	3.16	60	.377	.049
Pair 5	s0G.mar.mean mean- . mar.m - quality - aspects. rewards&encouragement	1.93	57	.741	.098
	s4G.mar.mean mean- . mar.m - quality - aspects. rewards&encouragement	1.77	57	.954	.126
Pair 6	s0G.maz.mean mean- . maz.m - quality - aspects. outcome	2.70	59	.629	.082
	s4G.maz.mean mean- . maz.m - quality - aspects. outcome	2.95	59	.690	.090

Paired Samples Correlations

		N	Correlation	Sig.
Pair 1	s0G.mab.mean mean- .mab.m - quality - aspects. intolerance of violence & s4G.mab.mean mean- .mab.m - quality - aspects. intolerance of violence	60	.464	.000
Pair 2	s0G.mae.mean mean- .mae.m - quality - aspects. knowledge&skills & s4G.mae.mean mean- .mae.m - quality - aspects. knowledge&skills	60	.547	.000
Pair 3	s0G.mag.mean mean- .mag.m - quality - aspects. authority&guidlines & s4G.mag.mean mean- .mag.m - quality - aspects. authority&guidlines	58	.525	.000
Pair 4	s0G.map.mean mean- .map.m - quality - aspects. institutional justification & s4G.map.mean mean- .map.m - quality - aspects. institutional justification	60	.337	.008
Pair 5	s0G.mar.mean mean- .mar.m - quality - aspects. rewards&encouragement & s4G.mar.mean mean- .mar.m - quality - aspects. rewards&encouragement	57	.263	.048
Pair 6	s0G.maz.mean mean- .maz.m - quality - aspects. outcome & s4G.maz.mean mean- .maz.m - quality - aspects. outcome	59	.505	.000



Paired Samples Test

		Paired Differences				
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference	
					Lower	Upper
Pair 1	s0G.mab.mean mean- .mab.m - quality - aspects. intolerance of violence - s4G.mab.mean mean- .mab.m - quality - aspects. intolerance of violence	-.203	.389	.050	-.304	-.102
Pair 2	s0G.mae.mean mean- .mae.m - quality - aspects. knowledge&skills - s4G.mae.mean mean- .mae.m - quality - aspects. knowledge&skills	-.452	.660	.085	-.622	-.282
Pair 3	s0G.mag.mean mean- .mag.m - quality - aspects. authority&guidlines - s4G.mag.mean mean- .mag.m - quality - aspects. authority&guidlines	-.282	.746	.098	-.478	-.90
Pair 4	s0G.map.mean mean- .map.m - quality - aspects. institutional justification - s4G.map.mean mean- .map.m - quality - aspects. institutional justification	-.065	.445	.057	-.180	.050
Pair 5	s0G.mar.mean mean- .mar.m - quality - aspects. rewards&encouragement - s4G.mar.mean mean- .mar.m - quality - aspects. rewards&encouragement	.158	1.043	.138	-.119	.435
Pair 6	s0G.maz.mean mean- .maz.m - quality - aspects. outcome - s4G.maz.mean mean- .maz.m - quality - aspects.outcome	-.247	.659	.086	-.419	-.075

15.6.1.6 By group

Paired Samples Test(a)

t0g_3 total quality at baseline (Banded)			Paired Differences				
			Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference	
						Lower	Upper
low	Pair 1	s0G.mab.mean mean- .mab.m - quality - aspects. intolerance of violence - s4G.mab.mean mean- .mab.m - quality - aspects. intolerance of violence	-.238	.416	.098	-.445	-.031

Pair 2	.mab.m - quality - aspects.intol erance of violence - s4G.mab.me an mean- .mab.m - quality - aspects.intol erance of violence s0G.mae.me an mean- .mae.m - quality - aspects.kno wledge&skill s - s4G.mae.me an mean- .mae.m - quality - aspects.kno wledge&skill s	-.737	.789	.186	-1.129
Pair 3	s0G.mag.me an mean- .mag.m - quality - aspects.auth ority&guidlin es - s4G.mag.me an mean- .mag.m - quality - aspects.auth ority&guidlin es	-.495	.935	.220	-.960
Pair 4	s0G.map.me an mean- .map.m - quality - aspects.instit utional justification - s4G.map.me an mean- .map.m - quality - aspects.instit utional justification	-.170	.464	.109	-.400
Pair 5	s0G.mar.me an mean- .mar.m - quality - aspects.rew ards&encour agement - s4G.mar.me an mean- .mar.m - quality - aspects.rew ards&encour agement	.065	1.376	.324	-.619
Pair 6	s0G.maz.me an mean-	-.403	.696	.164	-.750

medium	Pair 1	.maz.m - quality - aspects.outc ome - s4G.maz.me an mean- .maz.m - quality - aspects.outc ome s0G.mab.me an mean- .mab.m - quality - aspects.intol erance of violence - s4G.mab.me an mean- .mab.m - quality - aspects.intol erance of violence	-0.347	0.350	0.080	-0.516
	Pair 2	s0G.mae.me an mean- .mae.m - quality - aspects.kno wledge&skill s - s4G.mae.me an mean- .mae.m - quality - aspects.kno wledge&skill s	-0.434	0.511	0.117	-0.681
	Pair 3	s0G.mag.me an mean- .mag.m - quality - aspects.auth ority&guidlin es - s4G.mag.me an mean- .mag.m - quality - aspects.auth ority&guidlin es	-0.339	0.555	0.127	-0.607
	Pair 4	s0G.map.me an mean- .map.m - quality - aspects.instit utional justification - s4G.map.me an mean- .map.m - quality - aspects.instit utional justification	-0.164	0.313	0.072	-0.316

high	Pair 5	s0G.mar.me an mean- .mar.m - quality - aspects.rew ards&encour agement - s4G.mar.me an mean- .mar.m - quality - aspects.rew ards&encour agement	.202	.970	.222	-.266
	Pair 6	s0G.maz.me an mean- .maz.m - quality - aspects.outc ome - s4G.maz.me an mean- .maz.m - quality - aspects.outc ome	-.342	.544	.125	-.605
	Pair 1	s0G.mab.me an mean- .mab.m - quality - aspects.intol erance of violence - s4G.mab.me an mean- .mab.m - quality - aspects.intol erance of violence	-.057	.361	.075	-.214
	Pair 2	s0G.mae.me an mean- .mae.m - quality - aspects.kno wledge&skill s - s4G.mae.me an mean- .mae.m - quality - aspects.kno wledge&skill s	-.244	.600	.125	-.503
	Pair 3	s0G.mag.me an mean- .mag.m - quality - aspects.auth ority&guidlin es - s4G.mag.me an mean- .mag.m - quality - aspects.auth ority&guidlin es	-.047	.683	.149	-.358

Pair 4	s0G.map.me an mean- .map.m - quality - aspects.instit utional justification - s4G.map.me an mean- .map.m - quality - aspects.instit utional justification	.100	.489	.102	-.111
Pair 5	s0G.mar.me an mean- .mar.m - quality - aspects.rew ards&encour agement - s4G.mar.me an mean- .mar.m - quality - aspects.rew ards&encour agement	.200	.781	.175	-.166
Pair 6	s0G.maz.me an mean- .maz.m - quality - aspects.outc ome - s4G.maz.me an mean- .maz.m - quality - aspects.outc ome	-.038	.691	.147	-.344

a No statistics are computed for one or more split files

15.6.1.7 Examples of improvement

titleb	titlee
Kako se u vašoj okolini promijenila važnost zalaganja za zakonske promjene i usklađivanje zakona koj se odnose na zaštitu žena i djece?	how much there been any change in your work environment in the importance of advocacy for change and revision of laws affecting the protection of women and children

r.Medica.4G.2g.1.01b if there has been any change, please list concrete examples which demonstrate i...

- aktivnosti u donošenju zakona o por odnosima te aktivnosti o donošenju zakona o nasilju u porodici..
- angaziranost
- data je veca vaznost
- djevojka koja pati od DOWN sindroma saznajemo da nije imala lijekarski nadzor (uzrok otac)
- formiraj je koordinacioni tim opštine; zadejstvovan SOS telefon
- formirano je sos drustvo
- inicirano donosenje zakona o djecijoj zastiti-gender centar
- jos uvijek se ne razvija ssvijest i strah je ocevidan kod onoga koji nesto zna

- konkretna saradnja profesionalaca iz službi za soc rad zdravstva, policije, nevladinog sektora
- mogu govoriti samo u svoje ime jer zbog kolega na faksu nisam posjecivala centar. Medikin seminar me uputio na osnovne korake pomaganja i prepoznavanja žrtava nasilja
- nasi politicari su uvidjeli pozitivu pa je i zakon zvanično usvojen na nivou drzave- mali pomaci i potrebna su sredstva za rad
- ozbiljniji pristup nasilju, vise se razgovara o nasilju
- ozbiljniji pristup problemima
- poboljsan kontakt s policijom i rad sa sudstvom
- primjecujemo nasilje da ga ima i tu oko nas
- primjena novih zakonskih odredišta koji u znatnoj mjeri štite alostavljane žene, bolji ucinak
- promjene u zakonu
- saradnja i uvezanost institucija i razumijevanje u rjesavanju problema
- saradnja svih relevantnih institucija na rjesenju problema
- sos telefon za pomoc djeci i zenama zrtvama nasilja
- spremni smo da se zalazemo za izmjene zakona u oblasti nasilja u pravcu rigoroznijih mjera za nasilnike
- uz nacrt porodicnog zakona date su sugestije i primjedbe
- veca zainteresiranost za zakonske promjene
- vece zalaganje plan rada priprema za širu edukaciju od strane trenera
- znatno vise se govori o problemu i potrebi rjesavanja
- žrtva nasilja osjeća veću sigurnosti a hrabrost prilikom prijave nasilnika

titleb	titlee
Kako se u vašoj okolini promijenio efekat zalaganja za zakonske promjene i usklađivanje zakona koj se odnose na zaštitu žena i djece?	How has advocacy for change and harmonisation of law on the protection of women and children changed in your work environment?

r.Medica.4G.2g.1.02b if there has been any change, please list concrete examples which demonstrate i...

- brzi i bolji rad policija, centra za socijalni rad, sudova na otklanjanju anomalija
- csr su poceli vruću liniju
- edukacija i ozbiljnije rjesavanje problema
- iniciranje promjene zakona o socijalnoj zastiti i o dječijoj zatsiti
- jos uvijek nema bitnijih promjena ali ima znatno vise interesovanja da se na tome radi
- kontaktirani sa općinskim sudom
- koordinirano rade predstavnici više institucija
- policija je dobila veca ovlaštenja pri pružanju pomoci žrtvama nasilja
- primjena krivicnog zakona, sardnja institucija
- promjene su u toku
- saradnja i zajednicko djelovanje, primjena krivicnog zakona
- socijalni radnici bi trebali imati veci nivo informisanosti kao i druge ustanove, kao sto su dom zdravlja, itd
- veca azurnost u postupanju
- veci je efekat zalaganja
- veci nivo saradnje
- više se prica o ovoj temi
- zene se osjecaju sigurnije i na poslu i u kuci

titleb	titlee
Kako se u vašoj okolini promijenila saradnja sa vladinim institucijama na kantonalnom, regionalnom ili entitetskom nivou?	How has cooperation changed with government institutions at cantonal, regional or entity level in your work environment?

r.Medica.4G.2g.1.03b if there has been any change, please list concrete examples which demonstrate i...

- bolja je saradnja s CSR
- bolja saradnja planiranje ugovora o saradnji
- bolja suradnja sa tuzilastvima i sudovima
- cešći kontakti sa ovim službama i razmjena informacija

- dosta edukacija i seminara razne vrste
- inicijativna saradnja sa institucijama...
- ministarstvo obrazovanja trazilo je podatke o zlostavljanju djece
- na lokalnom nivou smo bliži jedni drugima
- neki ponesto znaju o tome, ali se boje reci(imaju prijetnji), pa se neko zauzme u tim slucajevima
- otvoreno se govori o porblemima zlostavanja žena i djece
- poboljsana komunikacija i profesionalna saradnja
- policajac i soc.radnik odlaze zajedno na teren a tako se radilo od 1970 do 1991
- postepeno se stvara medusobno povjerenje u nvo
- prijedlogom izrade odredeni zakonskih akata
- prvi put se uspostavljaju kontakti medu institucijama koje se trebaju ukljuciti u problem
- sa kolegijama od policijskih uprava razgovarala i planirala trening za pomagace u policijskoh upravi iz koje oni polaze kao i u moju organizaciji
- saradnja radnka policije i medicinskih ustanova j eu boljoj saradnji i pocev od samog prijema osoba koje su zlostavljane od strane partnera
- saradnja sa određenim institucijama (CSR) na nivou, druge vladine org manje zainteresovane
- u proceduri je zakonska regulativa vezana za nasilje u porodici
- ucinjen je jedan mali korak
- ukljucili smo se u strateško planiranje općine kao partneri
- uspostavljanje suradnje sa udruženjem sigurnost
- usvojeni zakon puno znaci jer su tek sad uvidjeli da je bilo nasilja
- uvezivanje na svim nivoima
- veci nvo saradnje
- zajednicki projekti vladinog i NVO sektora

titleb	titlee
Kako se u vašoj okolini promijenila saradnja sa nevladinim organizacijama na kantonalnom, regionalnom ili entiteskom nivou?	How has cooperation changed with non-governmental institutions at cantonal, regional or entity level changed in your work environment?

r.Medica.4G.2g.1.04b if there has been any change, please list concrete examples which demonstrate i...

bolja je saradnja nvo organizacija
boljim upoznavanjem clanova
edukacija
formirana je koalicija sa nvo
formirana je mreža NVO na regionalnom nivou
jos je sve u povelju-mentalitet patrijarhalni, trebace puno raditi
kreiraju se zajednicki porgrami, kampanje su zajednicke
nekoliko NVO-a je u svojm poslu i programu djelovanja uvrstilo i vu oblast i ako je nisu imali
odrzana je tribina nevladinih organizacija na tu temu
održavamo odbru suradnju, i nastojimo istu poboljšati
ostvaren je neki medusobni dgovor
postoji potreba za saradnjom u rjesavanju zadjenickih problema
prganizovanjem seminara uspostavljen je bolji kontakt i poznavanje ciljeva i nacina rada
nvo-a
razmijenjujemo iskustva, probleme, atavove ucestvujemo jedni drugima u porjektima
saradnja "udruženje neša djeca", Merhamet, viktorija
stvaranje mreze-nvo-referentna grupa
u konkretnim slucajevima nasilja lakse se djeluje zajednickim snagama prof.i nevladinih
organizacija
u posljednje vrijeme se ostvaruju kontakti suradnja sa vladinim institucijama
ucesnici suraduju u suradnji sa NVO u vannastavnim aktivnostima
upoznajem nvo o projektu-edukaciji, te razmisljamo sta bi zajednicki mogli uraditi
uspostavljena veza dobro polazište za saradnju
uspostavljena saradnja sa udruženjem bzdučnost, Modrića
uvezivanje nevladinog sektora
veca informisanost
veca komunikacija sa NVO na općinskom nivou
veci uticaj na vlasti da rjesavaju neke probleme gradana i ima napretka
više seminara, šira poznanstva, razmjena ideja
zajedncki rad na projektima. Posjecivanje i prezentacija rada u dr organizacijama
zajednicke edukacije u organizaciji IBHI.ja

titleb	titlee
Kako se u vašoj okolini promijenio kvalitet umrežavanja vladinih i nevladinih organizacija koje djeluju u oblasti zaštite žena i djece?	How has the quality of cooperation between government and non-governmental institutions with respect to the protection of women and children changed in your work environment?

r.Medica.4G.2g.1.05b if there has been any change, please list concrete examples which demonstrate i...

aplikacije projekata za rješavanje ovih problema zajedno nvo i opština formiran upravni odbor projekta "Unaprijeđeni mehanizmi dječije zaštite" još uvijek se ne može govoriti o umrežavanju kvalitetna personalna uvezanost lakše se saraduje sa poznanicima mali pomaci na konkretnim primjerima pomoci žrtvama nasilja osjeti se efektivniji rad odnos policije je korektivniji i sa više uvažavanja ostvareni su bolji rezultati koji su proistekli iz umrežavanja otvaranje sos telefona policija-centar-skola, udruženje žena imaju u planu baviti se ovim pitanjem ponavljam da stručne službe trebaju više povezanosti sa nekim drugim službama postoji bolja saradnja sa NVO projekat BG Brother centra za socijalni rad koji su uključeni i članove moje organizacije razmjena informacija između nevladinog i vladinog sektora, pres konferencije, okrugli stolovi sankcionisanje izgređnika prema zrtvi i zakonski kaznjen u lokalnoj zajednici poznajem sad ljude koji bi bili zainteresirani za ovaj rad u toku umrežavanja na općinama kao i na regionalnom nivou upoznavanje i bolja suradnja, te na taj način lakše djelovanje veća informisanost veća umreženost vidno poboljšanje je na personalnom novou više organizacija saraduju ili podržavaju projekat pomoci za svaki problem se konkretno dogovaramo, dobijamo kvalitetne savjete i upute

15.6.1.8 improvement – special training

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
s2T.mskt.mean mean-.mskt.m - special training - skills.- training	55	0	4	2,30	,714
s2T.mska.mean mean-.mska.m - special training - skills.- advocacy	55	1	4	2,50	,553
Valid N (listwise)	55				

One-Sample Statistics

r.Medica.4T.2vz.1.01 Označite koji ste		N	Mean	Std. Deviation	S
.	s4T.mskt.mean mean-.mskt.m - special training - skills.- training	0 ^{a,b}	.	.	
0	train the trainer	11	3,07	,706	
1	advocacy	17	2,49	,813	
2	both	2	3,03	1,096	

a. t cannot be computed because the sum of caseweights is less than or equal 1.

b. t cannot be computed. There are no valid cases for this analysis because all caseweights are positive.

One-Sample Test^a

r.Medica.4T.2vz.1.01 Označite koji ste specifični trening završili		Test Value =			
		t	df	Sig. (2-tailed)	D
0	train the trainer	3,631	10	,005	
1	advocacy	,985	16	,339	
2	both	,935	1	,521	

a. No statistics are computed for one or more split files



One-Sample Statistics

r.Medica.4T.2vz.1.01 Označite koji ste		N	Mean	Std. Deviation
.	s4T.mska.mean mean- . mska.m - special training - skills.- advocacy	0 ^{a,b}	.	.
0	train the trainer	11	2,42	,657
1	advocacy	17	2,84	,569
2	both	2	3,13	,354

a. t cannot be computed because the sum of caseweights is less than or equal 1.

b. t cannot be computed. There are no valid cases for this analysis because all caseweights are positive.

One-Sample Test^a

r.Medica.4T.2vz.1.01 Označite koji ste specifični trening završili		Test Value		
		t	df	Sig. (2-tailed)
0	train the trainer	-,401	10	,697
1	advocacy	2,468	16	,025
2	both	2,500	1	,242

a. No statistics are computed for one or more split files



15.6.1.9 improvement – regression from other factors

Regression

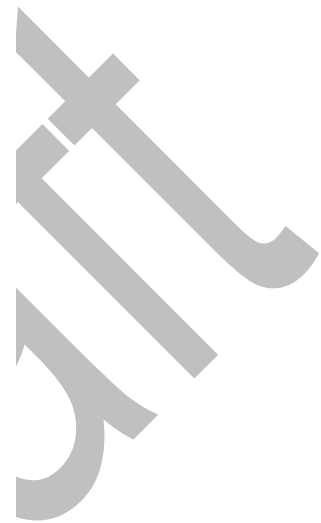
Descriptive Statistics

	Mean	Std. Deviation	N
t4g_0g total quality improvement baseline to followup	.27	.461	60
load_3 total cases a year (Banded)	1.98	.829	49
s0G.mjs.mean mean- . mjs.m - work environment.satisfaction with support	3.81	.600	116
s0G.mjb.mean mean- . mjb.m - work environment.burnout	3.31	.606	116
s0G.mji.mean mean- . mji.m - work environment.influence over work	3.47	.725	116
s0G.msy.mean mean- . msy.m - work environment.symptoms	2.10	.703	116
t0g_3 total quality at baseline (Banded)	2.00	.813	119
rapemyths = total of all rape myths subscales except filler	11.53	7.308	115
r.Medica.0G.s1010xxup2.s1012dob age	38.70	10.874	106
r.Medica.0G.s1010xxup2.s1013spol sex	.75	.437	118

		t4g_0g total quality improvement baseline to followup	load_3 total cases a year (Banded)	s0G.mjs.mean mean-.mjs.m - work environment.satisfaction with support
Pearson Correlation	t4g_0g total quality improvement baseline to followup	1.000	.259	-.103
	load_3 total cases a year (Banded)	.259	1.000	.025
	s0G.mjs.mean mean-.mjs.m - work environment.satisfaction with support	-.103	.025	1.000
	s0G.mjb.mean mean-.mjb.m - work environment.burnout	-.055	.002	-.055
	s0G.mji.mean mean-.mji.m - work environment.influence over work	.009	-.038	.203
	s0G.msy.mean mean-.msy.m - work environment.symptoms	-.194	.174	-.244
	t0g_3 total quality at baseline (Banded)	-.369	.159	.270
	rapemyths = total of all rape myths subscales except filler	-.264	-.089	-.113
	r.Medica.0G.s1010xxup2.s1012dob age	-.083	.399	-.150
	r.Medica.0G.s1010xxup2.s1013spol sex	-.093	.072	-.020
Sig. (1-tailed)	t4g_0g total quality improvement baseline to followup	.	.087	.220
	load_3 total cases a year (Banded)	.087	.	.433
	s0G.mjs.mean mean-.mjs.m - work environment.satisfaction with support	.220	.433	
	s0G.mjb.mean mean-.mjb.m - work environment.burnout	.342	.494	.290
	s0G.mji.mean mean-.mji.m - work environment.influence over work	.474	.399	.015
	s0G.msy.mean mean-.msy.m - work environment.symptoms	.073	.119	.004
	t0g_3 total quality at baseline (Banded)	.002	.138	.002
	rapemyths = total of all rape myths subscales except filler	.023	.274	.115
	r.Medica.0G.s1010xxup2.s1012dob age	.267	.003	.051
	r.Medica.0G.s1010xxup2.s1013spol sex	.241	.313	.390
N	t4g_0g total quality improvement baseline to	60	29	58

Variables Entered/Removed^a

Model	Variables Entered	Variables Removed	Method
1	r.Medica.0G. s1010xxup2. s1013spolsex, r. Medica.0G.s1010xxup2. s1012dobage, t0g_3 total quality at baseline (Banded), s0G.mji.mean mean- .mji.m - work environment. influence over work, rapemyths = total of all rape myths subscales except filler, s0G.mjb.mean mean- .mjb.m - work environment.burnout, s0G.mjs.mean mean- .mjs.m - work environment. satisfaction with support, load_3 total cases a year (Banded), s0G.msy.mean mean- .msy.m - work environment. symptoms ^a		Enter



a. All requested variables entered.
 b. Dependent Variable: t4g_0g total quality improvement baseline to followup

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics		
					R Square Change	F Change	df1
1	.642 ^a	.413	.134	.429	.413	1.483	

a. Predictors: (Constant), r.Medica.0G.s1010xxup2.s1013spol sex, r.Medica.0G.s1010xxup2.s1010xxup2.s1012dob age, t0g_3 total quality at baseline (Banded), s0G.mji.mean mean- .mji.m - work environment.influence over work, rapemyths subscales except filler, s0G.mjb.mean mean- .mjb.m - work environment.burnout, s0G.mjs.mean mean- .mjs.m - work environment.satisfaction with support, load_3 total cases a year (Banded), s0G.msy.mean mean- .msy.m - work environment.symptoms

ANOVA^b

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	2.458	9	.273	1.483	.224 ^a
	Residual	3.499	19	.184		
	Total	5.957	28			

a. Predictors: (Constant), r.Medica.0G.s1010xxup2.s1013spol sex, r.Medica.0G.s1010xxup2.s1012dob age, t0g_3 total quality at baseline (Banded), s0G.mji.mean mean- .mji.m - work environment.influence over work, rapemyths = total of all rape myths subscales except filler, s0G.mjb.mean mean- .mjb.m - work environment.burnout, s0G.mjs.mean mean- .mjs.m - work environment.satisfaction with support, load_3 total cases a year (Banded), s0G.msy.mean mean- .msy.m - work environment.symptoms

b. Dependent Variable: t4g_0g total quality improvement baseline to followup



Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	S
		B	Std. Error	Beta		
1	(Constant)	1.345	.869		1.548	
	load_3 total cases a year (Banded)	.264	.113	.475	2.349	
	s0G.mjs.mean mean- .mjs.m - work environment.satisfaction with support	-.091	.151	-.119	-.607	
	s0G.mjb.mean mean- .mjb.m - work environment.burnout	.086	.151	.113	.568	
	s0G.mji.mean mean- .mji.m - work environment.influence over work	-.014	.117	-.021	-.116	
	s0G.msy.mean mean- .msy.m - work environment.symptoms	-.180	.136	-.274	-1.317	
	t0g_3 total quality at baseline (Banded)	-.242	.107	-.427	-2.259	
	rapemyths = total of all rape myths subscales except filler	-.010	.012	-.161	-.884	
	r.Medica.0G.s1010xxup2.s1012dob age	-.011	.008	-.267	-1.356	
	r.Medica.0G.s1010xxup2.s1013spol sex	-.093	.193	-.088	-.482	

a. Dependent Variable: t4g_0g total quality improvement baseline to followup



15.6.1.10 do participants of special training report a better improvement on other issues than those who did not participate

Case Processing Summary

	Cases					
	Included		Excluded		Total	
	N	Percent	N	Percent	N	Percent
r.Medica.4G.2g.1.01a how much there been any change in your work environment in the importance of ad... * data4S follow-up for special training	79	49,7%	80	50,3%	159	100%
r.Medica.4G.2g.1.02a How has advocacy for change and harmonisation of law on the protection of women.. . * data4S follow-up for special training	79	49,7%	80	50,3%	159	100%
r.Medica.4G.2g.1.03a How has cooperation changed with government institutions at cantonal, regional ... * data4S follow-up for special training	78	49,1%	81	50,9%	159	100%
r.Medica.4G.2g.1.04a How has cooperation changed with non-governmental institutions at cantonal, regional... * data4S follow-up for special training	77	48,4%	82	51,6%	159	100%
r.Medica.4G.2g.1.05a How has the quality of cooperation between government and non-governmental inst... * data4S follow-up for special training	76	47,8%	83	52,2%	159	100%
r.Medica.4G.2g.1.06a Has there been a change in your personal cooperation with other professionals w... * data4S follow-up for special training	80	50,3%	79	49,7%	159	100%

Report

data4S follow-up for special training		r.Medica.4G. 2g.1.01a how much there been any change in your work environment in the importance of ad...	r.Medica.4G. 2g.1.02a How has advocacy for change and harmonisatio n of law on the protection of women...	r.Medica.4G. 2g.1.03a How has cooperation changed with government institutions at cantonal, regional ...	r.Medica. 2g.1.04a has cooperat changed non-gov ent instituti cantonal .
		0 no data	Mean N Std. Deviation	,60 53 ,631	,47 53 ,608
1 data	Mean N Std. Deviation	,54 26 ,582	,35 26 ,485	,46 26 ,508	
Total	Mean N Std. Deviation	,58 79 ,612	,43 79 ,570	,49 78 ,528	

Draft

ANOVA Table

			Sum of Squares	df	Mean S
r.Medica.4G.2g.1.01a how much there been any change in your work environment in the importance of ad... * data4S follow-up for special training	Between Groups (Combined)		,074	1	
	Within Groups		29,141	77	
	Total		29,215	78	
r.Medica.4G.2g.1.02a How has advocacy for change and harmonisation of law on the protection of women.. . * data4S follow-up for special training	Between Groups (Combined)		,275	1	
	Within Groups		25,092	77	
	Total		25,367	78	
r.Medica.4G.2g.1.03a How has cooperation changed with government institutions at cantonal, regional ... * data4S follow-up for special training	Between Groups (Combined)		,026	1	
	Within Groups		21,462	76	
	Total		21,487	77	
r.Medica.4G.2g.1.04a How has cooperation changed with non-governmental	Between Groups (Combined)		,253	1	
	Within Groups		24,267	75	
	Total		24,519	76	
r.Medica.4G.2g.1.05a How has the quality of cooperation between government and	Between Groups (Combined)		,874	1	
	Within Groups		20,113	74	
	Total		20,987	75	
r.Medica.4G.2g.1.06a Has there been a change in your personal cooperation with other	Between Groups (Combined)		,030	1	
	Within Groups		33,357	78	
	Total		33,387	79	



15.6.2 telephone improvement survey

```

USE ALL.
COMPUTE filter_$=(region=1).
VARIABLE LABEL filter_$ 'region=1 (FILTER)'.
VALUE LABELS filter_$ 0 'Not Selected' 1 'Selected'.
FORMAT filter_$ (f1.0).
FILTER BY filter_$.
EXECUTE .
T-TEST
  GROUPS = timepoint(0 1)
  /MISSING = ANALYSIS
  /VARIABLES = sat.tot
  /CRITERIA = CI(.95) .

```

T-Test

Group Statistics

timepoint	time point	N	Mean	Std. Deviation	Std. Me
sat.tot	mean satisfaction	baseline	1.3952	.41045	.0
		followup	1.5792	.40054	.0

Independent Samples Test

			Levene's Test for Equality of Variances			
			F	Sig.	t	df
sat.tot	mean satisfaction	Equal variances assumed	.144	.706	-1.578	49
		Equal variances not assumed			-1.586	41.423

15.6.3 interviews with NGOs

15.6.3.1 buducnost

- own advice centre
- people call them

Organizacija „Budućnost“ Modriča zadovoljna je kako realizacijom medikinog programa tako i samim učinkom programa na unaprijeđenje unutrašnjih kapaciteta organizacije.

Medikin trening ohađali su svi članovi „Budućnosti“ koji se bave ovom problematikom. Ovaj program im je omogućio da:

- emocionalni pristup je drugačiji nego prije
- bolje razumijevanje problema nego ranije

Sa druge strane trening za trenere i zalagače koji su pohađali omogućio im je:

- da budu sposobniji da sami vrše treninge
- naučili su pristupe :lobiranju, zalaganju za promjene(npr.zakon o zaštiti porodice od nasilje, koji je usvojen u Federaciji, sada je na putu usvajanja u RS, a Budućnost je ta koja piše sugestije)

Aktivnosti koje se poslije treninga ostvaruju su:

- bliska suradnja sa državnim institucijamaosobito policijom
- osnovana je radna grupa za borbu protiv trgovine ljudima čije su članice stanice javne bezbjednosti i „Budućnost“)
- Ministarstvo unutrašnjih poslova RS i „Budućnost“ prave zajednički letak o nasilju sa kontaktima telefona Budućnosti
- Budućnost je pozvana da učestvuje u realizaciji treninga policije
- izgradnja partnerskih odnosa sa svim institucijama (vladinih i nevladinih) u rješavanju problema

dati i naglasiti: učesnici treninga policije i sentra za socijalni rad Modriče napravili su akciju za prekršajno kažnjavanje za navođenje na prosjačenje,(privodili su djecu a protiv

navodioca pokretali postupak za prekršajno kažnjavanje) .pri završetku ovog treninga izvještaj su poslali Budućnosti kao partnerima. Ovo je aktivnost o kojoj su na Medicinim treninzima razgovarali

15.6.3.2 alter art

Telefonski intervju sa Darkom Saračevićem

Dvije osobe koje su bile u implementaciji Medicinog programa su unaprijedili svoja znanja i vještine, te ih redovno primjenjuju u svom radu. Primjer za to je priprema i realizacija dječijeg predstave Romeo i Julija, koja je trenutno aktuelna i sprovodi je ALTER ART.

U sklopu drugog projekta koji implementira Alter art kojem je glavni cilj unapređenje omladinskih institucija kroz suradnju sa državnim institucijama, natječaj koji je raspisao Alter Art prihvaćen je od strane kantonalnog Ministarstva zdravlja i socijalne politike. Za ovakvo uvezivanje, smatraju u alter artu, djelimično je utjecao Medicin projekat.

U budućnosti Alter art se zalaže za uključivanje, kako same organizacije tako i članova iste, u izradu strategije razvoja općine Travnik. I ova aktivnost, smatraju u Alter artu, je zasluga Medicinog programa.

Iz alter arta predlažu da se utradi follow up studija dosadašnjih aktivnosti, te da se inicijativa unapređenja NVO nastavi.

Komentar: učesnici na Medicinom treningu odavali su dojam nezainteresovanosti za problematiku o kojoj se diskutovalo.

15.6.4 improvement according to initial quality

T-Test

Warnings

No statistics are computed for a split file in the Paired Samples Correlations table. The split file is: t0g_3 total quality at baseline (Banded)=..
No statistics are computed for a split file in the Paired Samples Test table. The split file is: t0g_3 total quality at baseline (Banded)=..

Paired Samples Correlations^d

t0g_3 total quality at			N	Correlation	Sig.
low	Pair 1	s0G.mab.mean mean- .mab.m - quality - aspects. intolerance of violence & s4G.mab.mean mean- .mab.m - quality - aspects. intolerance of violence	18	.474	.047
	Pair 2	s0G.mae.mean mean- .mae.m - quality - aspects. knowledge&skills & s4G.mae.mean mean- .mae.m - quality - aspects. knowledge&skills	18	.523	.026
	Pair 3	s0G.mag.mean mean- .mag.m - quality - aspects. authority&guidlines & s4G.mag.mean mean- .mag.m - quality - aspects. authority&guidlines	18	.253	.312
	Pair 4	s0G.map.mean mean- .map.m - quality - aspects. institutional justification & s4G.map.mean mean- .map.m - quality - aspects. institutional justification	18	.253	.310
	Pair 5	s0G.mar.mean mean- .mar.m - quality - aspects. rewards&encouragement & s4G.mar.mean mean- .mar.m - quality - aspects. rewards&encouragement	18	-.120	.634
	Pair 6	s0G.maz.mean mean- .maz.m - quality - aspects. outcome & s4G.maz.mean mean- .maz.m - quality - aspects.outcome	18	.542	.020
medium	Pair 1	s0G.mab.mean mean- .mab.m - quality - aspects. intolerance of violence & s4G.mab.mean mean- .mab.m - quality - aspects. intolerance of violence	19	.418	.075
	Pair 2	s0G.mae.mean mean- .mae.m - quality - aspects. knowledge&skills & s4G.mae.mean mean- .mae.m - quality - aspects. knowledge&skills	19	-.068	.784
	Pair 3	s0G.mag.mean mean- .mag.m - quality - aspects. authority&guidlines & s4G.mag.mean mean- .mag.m - quality - aspects. authority&guidlines	19	.431	.065
	Pair 4	s0G.map.mean mean- .map.m - quality - aspects. institutional justification & s4G.map.mean mean- .map.m - quality - aspects. institutional justification	19	.585	.008
	Pair 5	s0G.mar.mean mean- .mar.m - quality - aspects. rewards&encouragement & s4G.mar.mean mean- .	19	.320	.182

Paired Samples Test^a

t0 g_3 total su	Paired Differences					
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval Difference		
				Lower	Upper	
low	Pair 1	s0G.mab.mean mean- . mab.m - quality - aspects. intolerance of violence -	-.347	.350	.080	- .516
	Pair 2	s0G.mae.mean mean- . mae.m - quality - aspects. knowledge&skills - s4G. mae.mean mean- .mae. m - quality - aspects. knowledge&skills	-.434	.511	.117	-.681
	Pair 3	s0G.mag.mean mean- . mag.m - quality - aspects. authority&guidlines - s4G. mag.mean mean- .mag. m - quality - aspects. authority&guidlines	-.339	.555	.127	-.607
	Pair 4	s0G.map.mean mean- . map.m - quality - aspects. institutional justification - s4G.map.mean mean- . map.m - quality - aspects. institutional justification	-.164	.313	.072	-.316
	Pair 5	s0G.mar.mean mean- . mar.m - quality - aspects. rewards&encouragement - s4G.mar.mean mean- . mar.m - quality - aspects. rewards&encouragement	.202	.970	.222	-.266
	Pair 6	s0G.maz.mean mean- . maz.m - quality - aspects. outcome - s4G.maz.mean mean- .maz.m - quality - aspects.outcome	-.342	.544	.125	-.605
med	Pair 1	s0G.mab.mean mean- . mab.m - quality - aspects.				

T-TEST

```

PAIRS = s0G.mpc.mean
s0G.mpw.mean
s0G.mtp.mean
s0G.mts.mean
s0G.mwh.mean
s0G.mwo.mean
WITH s4G.mpc.mean
s4G.mpw.mean
s4G.mtp.mean
s4G.mts.mean
s4G.mwh.mean
s4G.mwo.mean (PAIRED)
/CRITERIA = CI(.95)
/MISSING = ANALYSIS.

```

T-Test

Warnings

No statistics are computed for a split file in the Paired Samples Correlations table.
The split file is: t0g_3 total quality at baseline (Banded)=..

No statistics are computed for a split file in the Paired Samples Test table. The split
file is: t0g_3 total quality at baseline (Banded)=..

Draft

Paired Samples Correlations^a

t0g_3 total quality at			N	Correlation	Sig.
low	Pair 1	s0G.mpc.mean mean- .mpc.m - quality - victim.children & s4G.mpc.mean mean- .mpc.m - quality - victim.children	18	.406	.094
	Pair 2	s0G.mpw.mean mean- .mpw.m - quality - victim.women & s4G.mpw.mean mean- .mpw.m - quality - victim.women	18	.183	.468
	Pair 3	s0G.mtp.mean mean- .mtp.m - quality - type of violence.physical & s4G.mtp.mean mean- .mtp.m - quality - type of violence.physical	18	.322	.193
	Pair 4	s0G.mts.mean mean- .mts.m - quality - type of violence.sexual & s4G.mts.mean mean- .mts.m - quality - type of violence.sexual	18	.220	.381
	Pair 5	s0G.mwh.mean mean- .mwh.m - quality - place of violence.home & s4G.mwh.mean mean- .mwh.m - quality - place of violence.home	18	.117	.644
	Pair 6	s0G.mwo.mean mean- .mwo.m - quality - place of violence.outside & s4G.mwo.mean mean- .mwo.m - quality - place of violence.outside	18	.409	.092
medium	Pair 1	s0G.mpc.mean mean- .mpc.m - quality - victim.children & s4G.mpc.mean mean- .mpc.m - quality - victim.children	19	-.562	.012
	Pair 2	s0G.mpw.mean mean- .mpw.m - quality - victim.women & s4G.mpw.mean mean- .mpw.m - quality - victim.women	19	.342	.152
	Pair 3	s0G.mtp.mean mean- .mtp.m - quality - type of violence.physical & s4G.mtp.mean mean- .mtp.m - quality - type of violence.physical	19	-.092	.707
	Pair 4	s0G.mts.mean mean- .mts.m - quality - type of violence.sexual & s4G.mts.mean mean- .mts.m - quality - type of violence.sexual	19	.257	.289
	Pair 5	s0G.mwh.mean mean- .mwh.m - quality - place of violence.home & s4G.mwh.mean mean- .mwh.m - quality - place of violence.home	19	.350	.142
	Pair	s0G mwo mean mean-			

Paired Samples Test^a

t0g_3 total quality at baseline (Banded)			Paired Differences		
			Mean	Std. Deviation	Std. Error Mean
low	Pair 1	s0G.mpc.mean mean- .mpc.m - quality - victim.children - s4G.mpc.mean mean- .mpc.m - quality - victim.children	.507	.106	-.214
	Pair 2	s0G.mpw.mean mean- .mpw.m - quality - victim.women - s4G.mpw.mean mean- .mpw.m - quality - victim.women	.421	.088	-.232
	Pair 3	s0G.mtp.mean mean- .mtp.m - quality - type of violence.physical - s4G.mtp.mean mean- .mtp.m - quality - type of violence.physical	.396	.082	-.229
	Pair 4	s0G.mts.mean mean- .mts.m - quality - type of violence.sexual - s4G.mts.mean mean- .mts.m - quality - type of violence.sexual	.406	.085	-.293
	Pair 5	s0G.mwh.mean mean- .mwh.m - quality - place of violence.home - s4G.mwh.mean mean- .mwh.m - quality - place of violence.home	.535	.111	-.246
	Pair 6	s0G.mwo.mean mean- .mwo.m - quality - place of violence.outside - s4G.mwo.mean mean- .mwo.m - quality - place of violence.outside			
medium	Pair 1	s0G.mpc.mean mean- .mpc.m - quality - victim.children - s4G.mpc.			

15.6.5 expectations before first main training

vise upoznavanja sa grupom i njihovim iskustvima / razlicita razmisljanja / iskustva razlicitih institucija i strucnjaka //
upoznavanje sa novim nacinom rada i efikasija pomoc zrtvama nasilja ////
unaprijediti rad sa zrtvama nasilja ////
nesto nauciti ////
nesto nauciti ////
prepoznati / emocionalno se ne vezati za lica zlostavlja / pomoci //

upoznavanje sa problemima nasilja nad ženama i djecom i upoznavanje sa osnovnim smjericama o načinima pomoći ovim žrtvama nasilja, naročito djeci / / / /
prosiriti znanja iz date oblasti / / / /
da dobijem teorijska znanja / praktična znanja za konkretnu situaciju / razmjena iskustva / naučiti sa kojim profesionalcima treba neposredno saradivati /
kako prepoznati žrtve nasilja posto je to često prikriveno / kako postupiti u takvim situacijama / očekujem da ćemo dobiti neke smjernice našeg djelovanja / očekujem da ću moći u praksi primijeniti stečena znanja / bilo bi mi drago da mogu pomoći u takvim situacijama
bolje razumjevanje razloga nasilja u porodici / povećanje nivoa znanja o resvanju konfliktnih situacija / popravljanje komunikacijskih vještina / sticanje nekih oblika kompetencije za pomoć žrtvama nasilja u porodici /
saznati puno novih informacija / upoznati kolege koje rade slične poslove / razmijeniti iskustva / dobro se upoznati sa problemom /
upoznavanje sa problemima nasilja u porodici i društvu / upoznavanje učesnika edukacije i razvoj saradnje / edukacija o načinu djelovanja u slučaju nasilja (profesionalno) / lično usavršavanje i mogućnost ličnog angazmana u slučajevima nasilja / sticanje vještina za pomaganje u slučajevima nasilja
više znanja iz ove oblasti / vještine / pomoći za ove populacije / /
edukacija / dobijanje novih saznanja neophodnih za rad sa ugroženim kategorijama (ženama, djecom) / / /
da nešto naučim što će mi pomoći u mom daljnjem radu / / / /
solazim iz nevladinog sektora i mislim da ću uz pomoć ovog edukativnog programa biti bar malim dijelom kompetentam da prepoznam a potom i dijelujem ukoliko zamjetim slučaj / / / /
da potvrdim ili opovrgnem svoja razmišljanja / da čujem stručna mišljenja / da unaprijedim svoja saznanja / da upoznam nove ljude / da mi pomogne u mom daljnjem radu
bolja informisanost u vezi tema koje budu obrađivane / / / /
da usavršim metode i tehnike rada sa problemima koji su nam trenutno nametnuti u lokalnoj zajednici / spoznati različita iskustva iz različitih sredina / / /
da pomognem / / / /
naučiti više o nasilju koje je izvršeno nad djecom / upoznati se sa tehnikama / prepoznati mogućnosti rješavanja i upućivanja / upoznati predstavnike drugih organizacija /
novi iskustvo / znanje za pomoć na konkretnom slučaju - prepoznavanje nasilja i si / sticanje vještina za rad na istim / upoznavanje sa ljudima koji rade na ovom problemu / način istraživanja u nasilju
steći nova znanja o temi / pomoći mi u oživanju mentalnog zdravlja / dobiti nova rješenja i praktične primjere za rad / /
više informacija o prepoznavanju i prevenciji u obitelji / upućivanje u ovu meni interesatnu temu koju nisam dovoljno radila / kvalitetan trening od strane trening medike / /
očekujem da ću dobiti više informacija o nasilju u obitelji i uopšte o nasilju. također očekuje, da ću naučiti kako prepoznati nasilje te kako pomoći / prosiriti znanje o temama / / /
očekujem da se više informisem a tako i nadogradim svoje već postignuto znanje iz ove oblasti / / / /
mislim da će mi pomoći u mom daljnjem radu / upoznavanje sa problemima materije - teme predavanja / / /
sticanje znanja u daljnjem radu sa žrtvama a naročito sa djecom, prepoznati žrtve nasilja u kući i van kuće blagovremeno pomoći / / / /
bolji pristup ovom problemu našeg društva / kako što bolje pristupiti žrtvama nasilja / kako pomoći žrtvama nasilja / /

priblizavanje toj problematici / sticanje vise kompetentnosti / vise razumijevanje problema / posmatranje problema iz drugog ugla / drugacije rjesavanje zivotnih situacija
upoznati nove ljude i njihova iskustva u radu sa zrtvama nasilja / naučiti mnogo o tome kako se postaviti u situacijama kada vidiš da postoji nasilje, kako reagovati, kako pomoci / / /
mislim da ce mi pomoci da tacnije prepoznam motivaciju za djelovanje u ovakvim situacijama / / / /
vise prakticnog rjesavanja problema(rjesavanje slucaja) / / / /
upoznavanje sa programom medike / u buducem radu pomoc zenama i djeci zrtvama nasilja / nova saznanja u vezi sa ovom tematikom / /
da cujem nesto novo / / / /
nova iskustva / razmjena iskustva / / /
nova znanja i strategije rada / rad sa zrtvama i nasilnicima / razmjena iskustva sa strucnjacima iz centra / definisanje obaveza centra u radu sa nasiljem /
timski rad / dopuniti znanja / ima li izmjena u odnosu na ono sto znam / uvezanost svih organizacija u nevladinu organizaciju /
da puno bolje, brze i sigurnije obavljam radne zadatke / / / /
nauciti nesto novo / nova saznanja / / /
edukaciona da naucim nesto novo i da steknem iskustva drugih / / / /
sticanje znanja za pomoc zrtvama nasilja / prepoznati pomoci zrtvi nasilja / razumjeti razloge nasilja / /
upoznavanje sa temom - problemom / pomoc u daljem radu / upoznavanje sa sustinom problema / /
upoznati nacin rada sa zrtvama nasilja / pomoc daljem radu tima / / /
nauciti uvezato rad raazlicitih sluzbi na ovu temu / nauciti vjestine komuniciranja / nauciti senzibilizirati rez institucije za temu / nauciti javnost za ovu temu /
prosirivanje znanja / nauciti kako postupiti sa zlostavljanim osobama / / /
nova saznanja o zlostavljanju zena i djece / nauciti kako im pomoci / / /
nova znanja / vjestine u radu radni materijal / razmjene iskustava / druzenje /
da naucim saznam i primjenim u svom okruzenju-udruzenju / / / /
pomoc u buducem radu / pomoc u vlastitom zivotu / obrazovanje i nova saznanja / /
prosiriti znanja o temama koje ce se obradivati / razmijeniti iskustva sa kolegama / otkriti nove nacine rada i edukacije / nauciti nove vjestine i metode rada sa zlostavljanom djecom i zenama /
steci nova iskustva / doprinijeti promjeni trenutnog stanja / prepoznati probleme / dati prijedloge za rjesavanje / podijeliti znanje i iskustvo
dopunjavanje vec postojeceg znanja / usavrsavanje vjestina rada sa drugima / / /
moje glavno ocekivanje je znanje u ovoj oblasti / prosiriti, eventualno uraditi nesto za pomaganje drugima, kojima treba p / / /
dobiti osnovnu obuku / moci uraditi nesto po pitanju nasilja / uspjesno završiti tering / dobro se zabaviti / ocekujem da ce mi ovo korisiti u daljem radu
doæi do određenih saznanja o zlostavljanju / kako zastiti dijete i zene / / /
da cu poboljsati shvatanja o nasilju u porodici / da cu bolje razumjeti zrtvu nasilja / da cu ubuduće kroz svoj rad poboljsati pomoci zrtvi / da cu efikasnije i uspjesnije sudjelovati u zajednici /
trenutno stanje o ovoj oblasti nasilja u porodici u fbih / koliko slucajeva ostaje nerjeseno tamna brojka / najefikasniji nacin upoznavanja i rjesavanje svih problema / slucajevi iz prakse zivota kao primjer nasilja i njihovog efikasnog rjesavanja / smjernice za uspjesno rjesavanje svih problema
sticanje novog znanja / razmjena iskustava / dodatno educiranje vezano za

navedenu materiju / razmatranje slucajeva /
da cu nesto nauciti / / / /
docu do novih saznanja kako zastiti zene i djecu / / / /
znanje / / / /
upoznati se sa problemima zrtava seksualnog i fizickog zlostavljanja / steci nova znanja o ovoj problematici kako bi mogla efikasnije pruzati pomoc ugrozenima / steci nove nacine pruzanja pomoci / pronaci nacin kako rijesiti ovakve slucajeve u mojoj siroj zajednici /
strucno osposobljavanje / sticanje novih saznanja / pomoc samoj sebi, usmjeravanje negativne energije u neutralnom pravcu / povecanje i razvijanje veceg nivoa profesionalnosti /
strucno usavršavanje / / / /
da nesto novo naucim i jedinstvena prilika da se upoznam sa noim stvarima posto je ovakav seminar rijetkost u ovom poslu / / / /
informacij ai trendovi u svijetu / informacija korisnosti podataka / upotrebljivost / koordinacij au radu raznih profila / licni profesionalni prosperitet
sto vise saznati o pravima zena / pomoci zenama nad kojima se vrši nasilje / / /
da pomognem zrtvama u nasilju / / / /
svaka nova saznanja dobro dodju / / / /
nova iskustva / nove vjestine / / /
nova saznanja / neko od eksperata da predaje / prakticna primjena u drug zemljama / nase aktivno ukljucenje / prakticna primjena u nasim prilikama zdrav, sud pol tuz
upoznavanje sa novom materijom / nova saznanja / dopunjavanje stare materije / /
da naucim nesto novo / da se druzim / / / /
osposobiti se za pomagace zrtvama nasilja / razmijeniti stecena iskustva sa ucesnicima seminara / primjeniti steceno znanje u svom poslu / znanje steceno na seminaru prenijeti na druge / usavršiti metode rada sa zrtvama nasilja
osnivanje nvo-ogranka za traumu i nasilje / / / /
jos bolje usavršavanje / / / /
saznanje vise / / / /
ocekujem da ce mi pomoci u daljnjem prosirivanju znanja u psiholoskom smislu za Budućnost / / / /
nova saznanja / konkretne informacije sa terena / svoje vjestine nakon ovoga pokusati primjeniti i na taj nacin pomoci osobama / pokusati utjecati i na institucije ukazujući na onkretan problem /
pomoc zenama / pomoc djeci / pomoc zajednici / pomoc mojo porodici miz zena djeca rodbina /
pomoc zenama / pomoc djeci / pomoc meni samoj / odbranit se od nasilnog drustva /
prosiriti saznanja o predmetnoj problematici / lakse prepoznavanje zrtava nasilja / razmjena iskustava kako u konkretnom slucaju pomoci / /
prosiriti saznanja o problematici / baviti se o ovoj problematici / saznati trenutacna stanja o ovoj oblasti nasilja / razmjena iskustava /
sticanje znanja prakticnim radom / upoznavanje sa novim standardima ponasanja po ovoj problematici / / /
upoznavanje sa programom / / / /
upoznavanje s programom / / / /
prepoznati nasilje nad zenama i djecom te istim pomoci koliko je god moguće te sprijeciti nasilje nad istim / / / /
dopuniti znanja iz ove oblasti / upoznati druge razlicite psfesije koje se bave slicnim problemima / / /

nova saznanja / saznanja koja cu prenijeti drugima / koristice mi profesionalno i licno // mislim da ce mi vrlo znacajno pomoci
pomoc pri prepoznavanju nasilja bilo koje vrste / mogucnost djelovanja u slucaju prepoznavanja nasilja / adekvatna nagrada(zbog motivacije) bilo kakva (pohvala) /
da mogu pomoci-prepoznati ovakve slucajeve / pomoci rijesiti na manje bolan nacin / pruziti pomoc nakon rhesavanja problema / da sto vise naucim prepoznavati i sama sebe zastitati /
da steknem znanja koja ce mi omoguciti da pomognem zlostavljanim zenama i djeci / da steknem vjestine za pomoc kod nasilja / da se osjetim kompetentnom za rad sa zlostavljanim zenama i djecom //
prakticna znanja / pravilne smjernice u timskom radu po ovom pitanju / teoretska znanja / da izmjenim iskustva sa ostalim clanovima / tehnike izgaranja u ovom poslu
upoznavanje i umrezavanje sa onima koji na problem nasilja rade duze vrijeme i kvalitetno / steci znanja i vjestine koje su zakonski regulisane, prihvacenje u njihovoj primjeni a kod nasilja / steci uvid u problematiku rada sa zrtvama nasilja narocito psihologa - pomagaca, psihoterapeutskog rada i sl. //
sagledati stanje u ovoj oblasti / upoznati se sa proizecima djelovanja / upoznati i nauciti metode postupanja / sloziti neke vjestine za pomoc zrtvama / usvojeno zanje prenijeti na rade kolege
ocekujem da ce mi pomoci u daljem radu i prepoznavanju nasilja davanje smjernica u postupanju ////
nauciti kako senositi i djelovati u datim situacijama ////
obzirom da prvi put prisustvujem ocekujem da se bolje upoznam sa tematikom // /
nova znanja / nova iskustva // /
da naucim vise o nasilju kako bih uspjesnije oavljala posao ////
mislim da ce mi pomoci ////
educirati se za pomoc zrtvama nasilja / educirati se za pomoc zrtvama djece / ovladati vjestinom pomoci zrtvama nasilja / ovladati znanjem pomoci zrtvama nasilja /
zanimljiva tema / da bude zanimljivo predavanje / da naucin nesto novo / da mogu pravilno raditi i suociti se sa problematikom zlostavljanja u porodici /
pomoc sto vise zenama / pomoc mladima / pomoc djeci / da sto manje bude nasilja / nauciti novim podsticajima za dalji rad
upoznavanje problema te pokusaji rjesavanja ////
da naucim kako da pomognem osobama kojima je ta pomoc potrebna ////
osvjeziti ranija i nauciti nova znanja / nauciti i ovladati tehnikama / razmijeniti iskustva / podici nivo samopouzdanja / nauciti vjestine prevencije profesionalnog pregorijevanja
upoznati pristup zrtvama nasilja u porodici / rjesavanje problema zrtava nasilja u porodici // /

Draft

r.Medica.4T.2vz.1.02a Primjer 1:

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	137	86.2	86.2	86.2
angažman na uvezivanju vladinog i nevladinog sektora	1	.6	.6	86.8
animiranje kolega u ustanovi gdje sam zaposlen, davanje uputa kolegama koji su posebno zainteresirani za ovu oblast	1	.6	.6	87.4
davanje adekvatnih savjeta i upućivanje na prave adrese za pomoć edukacija kolega	1	.6	.6	88.1
informacija kod socijalnih radnika za pomoć djevojci koja boluje od Down sindroma	1	.6	.6	88.7
izdvajanje supruga i djece iz porodice, zlostavljač plaća stanarinu	1	.6	.6	89.3
ja kao akušerska sestra puno razgovaram sa ženama, ukoliko primjetim da žena ima problem pokušavam je uputiti kome da se obrati za pomoć...	1	.6	.6	89.9
naucila sam na koji način treba žrtvi i pružiti joj vid pomoći	1	.6	.6	90.6
obavila sam razgovor sa ocem koji je psihicki i fizicki zlostavljao-tukao kcerkicu, inv.lice-nakon razgovora prestao se ponasati nasilnicki	1	.6	.6	91.2
obisli povratnicka naselja i anketirali porodice i objasnili pomoc koju pruza nasa organizacija	1	.6	.6	91.8
polusatna prezentacija domace nasilje za pomagace(CSR, nevladine organizacije, zdravstvo..)	1	.6	.6	92.5
poseban rad sa djecom koje je clan grupe, a odgojno je zapostavljeno	1	.6	.6	93.1
predsjednik sam upravnog odbora sos drustva	1	.6	.6	93.7
prenijela sam informacije u svoju po	1	.6	.6	94.3
prijava seksualnog zlostavljanja malog djecaka od strane starije osobe	1	.6	.6	95.0
provodim puno vremena sa djecom i mladima gdje su prisutna nasilja svih	1	.6	.6	95.6
	1	.6	.6	96.2

r.Medica.4T.2vz.1.02b Primjer 2:

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	143	89.9	89.9	89.9
bila je emisija na radiu	1	.6	.6	90.6
edukacija žrtava	1	.6	.6	91.2
konkretno djelovanje u nekoliko slucajeva nasilja u porodici-saradnja sa centrom za socijalni rad na animiranju udruženja uposlenika u socijalnoj zaštiti te njihov angažman u radu	1	.6	.6	91.8
neke vještine koje sam naucila primjenila sam u svojoj porodici	1	.6	.6	92.5
oformljen je protokol u kojem je opisano gdje usmjeriti osobu koja je zrtva nasilja.	1	.6	.6	93.7
pokušavam kroz svakodnevni razgovor ljude u mojoj okolini zainteresirati za ove probleme	1	.6	.6	94.3
pravna pomoc u slucajevima dodatne zastite zena i djece-stambeno zbrinjavanje, nuzni smjestaj	1	.6	.6	95.0
rad na slucajevima, vecinom sa djecom kod seksualnog zlostavljanja, van porodice i domace nasilje u porodici i skoli	1	.6	.6	95.6
rad sa zlostavljačem	1	.6	.6	96.2
razgovarala sam sa ucesnicima na temu prevencije nasilja i nacine odbrane u slucaju istog	1	.6	.6	96.9
suradujem sa medicinskim i socijalnim radnicima	1	.6	.6	97.5
u zubarskoj ordinaciji upoznao sam žrtvu nasilja dala sam joj informacije o tome gdje može šta da se uradi	1	.6	.6	98.1
ukljucivanje u projekat reformiranja sistema socijalne zastite clan odbora	1	.6	.6	98.7
uspostavili vise kontakata sa predstavnicima drugih nvo, kako zajednicki rjesavati nastale probleme	1	.6	.6	99.4
veca i bolja saradnja sa drugim institucijama	1	.6	.6	100.0
Total	159	100.0	100.0	

r.Medica.4T.2vz.1.02d Primjer 4:

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	151	95.0	95.0	95.0
implementacija projekta-pravna i psiholska pomoc samohranim porodicama	1	.6	.6	95.6
laksa suradnja s policijom	1	.6	.6	96.2
obratali se opstini za jednokratnu pomoc zrtvama nasilja dok ne rijese svoj problem	1	.6	.6	96.9
odrżacu jedan trening za vecu grupu djece školskog uzrasta na temu zaštita od nasilja	1	.6	.6	97.5
osnivač udruženja za borbu protiv droge u lokalnoj zajednici...	1	.6	.6	98.1
steceno znanje primjenjujem u praksi i na poslu	1	.6	.6	98.7
ucestvovala sam na okruglom stolu na istu temu	1	.6	.6	99.4
uspostavljanje kontinuirane saradnje sa skolom, domom zdravlja, policijom i sudijom	1	.6	.6	100.0
Total	159	100.0	100.0	

r.Medica.4T.2vz.1.02e Primjer 5:

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	154	96.9	96.9	96.9
implementacija projekta-prevenција asocijalnih ponasanja vaspitno zapustene i zanemarene djece	1	.6	.6	97.5
pozvali kolege iz grupe sa seminara-sudija da prisustvuju izjavi jedne zene zrtve nasilja-povratnice koja je samo u nasoj organizaciji htjela da isprica svoj problem	1	.6	.6	98.1
problematici sam prisao ozbiljnije kao i pomoci zrtvama	1	.6	.6	98.7
pruzila sa neku vrstu edukacije svojoj djeci i pokušala prenijeti steceno znanje nekim ženama koje trepe nasilje upucivanje djece-zrtve nasilja u savjetovaliste za mlade	1	.6	.6	99.4
Total	159	100.0	100.0	100.0

15.6.7 what you liked – after first training

prepoznavanje i proces oporavka od traume . predrasude koje se odnose na nasilje, silovanja. Prvi put se ozbiljnije susrećem da slušam stručna mišljenja, stavove o ovoj temi a potrebna su mi u radi iz / cu usvojena znanja i knjigu ponuditi prvo njima, kolegama u centru i animirati cu određena pitanja o ovoj oblasti / razradjivati teme vježbama radionicama /

nasilje nad djetetom / nasilje nad ženom-prosirila sam svoje vidike, naučila nešto više iz te oblasti //

emocionalno nasilje nad djecom - mehanizmi emotivnog nasilja nad djecom su po mom mišljenju jako prisutni i u tzv "normalnim porodicama". podizanje znanja raznim profesionalcima obezbjeđuje stvaranje / emocionalno nasilje nad ženama: vrlo težak oblik za prepoznavanje u svakodnevnim kontaktima i razgovorima, zrtva ima osjećaj da se nešto desva ali teško i sporo definise problem //

vještine i stavovi-to je ono što me je u svemu ovome najviše interesovalo.sa zlostavljanjem se nisam puno susrećala u poslu i nisam bila sigurna da li sam sposobna da se sa tim nosim.kroz ovaj semina // očekivala sam puno više konkretnih tema, a manje teoretskih objašnjenja.mislim da smo na taj način mnogo toga više mogli znati i izaci sa većim vještinama.to je ono što nam je svima potrebno /

vještine i stavovi - uobličavanje pristupa. korisno je proširiti svoje vještine i potvrditi postojeće i usvojiti nove stavove / mentalno zdravlje pomagaca - korisno je da bi se u svojoj profesiji dobro osjećao i što duže kvalitetnije radio / da se skrate teme o psihološkoj traumi i posebnim oblicima nasilja / da se svim temama uradi više radionica

emocionalno zlostavljanje - prvi put sam u prilici sa upoznam sa ovom temom / polazista za intervenisanje u radu sa zlostavljanom djecom. -korisni savjeti - znanja za postupanje - proceduru o slucaju zlostavljanja / ...aspekt pomoci licno koja su dozivjela zlostavljanje /
nasilje (kako prepoznati nasilje i vrste nasilja) kako pomoci zrtvama nasilja / stres (definicija stresa) kako se zastititi od stresa //
specifčni oblici nasilja (lakše prepoznavanje) / vjestine i stavovi potrebni u radu i pristupi (...primjena u radu //
specifisni oblici nasilja / stres //
trauma-jako vazna tema zbog sto svi mi mozemo pogresno prosuditi ljude i dati dijagnozu njima a i sami sebi sto sam izucavajuci ovu temu shvatio da ne treba raditi / komunikacija-u skolpu posla kojeg radim a i prethodnih seminara koje sa pohadjao jako je vazna komunikacija i slusanje jako puno znanja a o vaznim stvarima / smatram da su sve teme vazne. samo drugi dan seminara je malo naporan jer se dotice stvari a ljudima je neugodno pricati a i slusati /
vjestine i stavovi-da bi ih mogao poboljsati i primjeniti / utjecaj na pomagace- da bih mogao sam sebe sacuvati od sekundarnih posljedica. - da bih mogao upoznati ljude koj sa mnom rade sa nacinima da se zastite od "sagorijevanja" //
proces oporavka od traume i kako pomoci osobi koja je traumatizirana // /
mentalno zdravlje pomagaca / vrste nasilja-u zajednici u kojoj zivim zivimo jako cesto zaboravljamo sta su prvi oblici nasilja-pa ih je stoga poslije tesko ili teze rijesiti / vrijeme-zbog potrebe ucesnika da kazu ili govore / vise prakticnih vjezbi- jer se bolje pamte nego teorija
spoznavanje vl granica jer je to nesto sa cim cesto imam problema kirisna su mi bila znanja o tome / prof stres i psihot kako se nositi sa tim / vise vjezbi, rada u malim grupama / pri formiranju grupe voditi racna o motivaciji ucesnika pa ovdje smo imali razlicite motive (te jaoj dajem) sto je na momente rad cinilo kompliciranim
super je sve je bilo korisno // /
nasilje u porodici mi je bilo nazanimljivije tema bar za mene. meni osobno jakko korisni jer sam se prepoznala u nekim situacijama. razgranicila sam neke situacije. mislim da sam usvojila neka znanja / nasilje u partnerskoj vezi je takodjer zanimljiva tema koja me se tako dojmila. seminar je na mene djelovao na neki nacin terapijski osjecala sam se puno bolje nakon ovih predavanja / zadovoljna sam svime uglavnom ono sto bih ja promjenila je malo vise vremena za rad i mozda ograniciti broj clanova neke grupe s ciljem kvalifikacije rada / promjenia bih ove upitnike i njihov sadrzaj se uglavnom odnosi na profeisonalce a oplaznici seminara nisu to
nasilje nad zenama i djecom. ova tema me podstakla na moj zivot jer sam i ja bila izlozena nekoj vrsti nsilja pa me educirao ovaj seminar da ja en budem neki nasilnik prema djeci. / mentalno zdravlje pomagaca. ova tema me dojmila duboko jer sam bila u ulozi omagaca tako da se me neki ljudi zvali majkom a meni je to godilo i tako sam se besopstedno trsila i seeb davala a nista nis / voljela bih da se nas zakon malo promjeni da prema nasilnicima bide malo ostriji a zrtvu da pokaze malo blagonaklonosti / zeljela bih da drzava obezbjedi neke socijalne fondove za pomoc zrtvi nasilja tako da ne mora trpjeti nasilje iz ekonomskih razloga
trauma silovanja. smatram da ce mi koristiti u toku rada u narednm periodu ukoliko je temom zauzeto sa navedenom problematikom / nasilje u partnerskim odnosima. korisna je sto na nasim prostorima su vrlo ceste pojave nasilje u pprodicnim odnosiam i smatram da ce koristiti u buducem radu //
vjestine i stavovi / polozila z auoblicavanje pristupu //
proces oporavka od traume / nasilje nad djecom i zenama //
nasilje u partnerstvu i nad djecom // /
trauma-zato sto sam uvidjela da su neki moji postupci vezani za traume koje sam dozivjela tokom rata / nasilje nad zenama i djecom-znaci prepoznavanja i nacin tj.stavovi kako pomoci tim osobama //
prezivljavanje traumatskog dogadjaja-obicno nemamo snage,na znamo kako da se

ponasamo,nemamo tekst za pricu / mentalno zdravlje pomagaca-kad zivci popuste psiha nas napusti onda nikome vise ne trebamo / da ima sto vise ustanova koje bi se bavile nasilnicima i da im se odrede kaznene mjere / edukativna predavanja za majke,supruge a takodje i za muzeve
jako je korisna. tema psiholoska trauma i mentalno zdravlje pomagaca obogatila sam svoje znanja koje æe mi pomoæi u budućem radu // ne mijenjati imam povjerenja u predavace i organizatore /
vjestine i stavovi znam nove postupke u odredjenim situacijama kako ne pogresiti i time jos vise "udaljiti zrtvu" znam kako pomoci da se prevaziđe trauma / mentalno zdravlje pomagaca. sama sebi sam "pomogla" i stoga cu i drugima pomoci //
tema: psiholoska trauma omogucila je upoznavanje sa sustinom problema odnosno posledica koje nastaju koje ona izaziva / tema: mentalno zdravlje pomagaca smjernice kako pomoci samom sebi u radu - moguće greske koje nastaju ako se "raspline" / psiholoska trauma pomoc u smislu vise primjera u reagovanju / svako postovanje i pozdrav predavacu i organizatoru. predavac je veoma teske i bolne teme na pristupacan nacin izlozio. predavanje je bilo vema "pitko"
emocionalno zdravlje unaprijedilo je moje shvatanje u zivotu i bolje razumjevanje - svako bice je najvrednije bice / seksualno zlostavljanje djece i zena - smatram kako tako naivna bica mogu lako biti zrtvama u tako cudnim nemogucim situacijama koja ljudska masta ne moze da pojmi (a to je najgore) //
uobicavanje stavova o nasilju o sebi u u lozi predavaca o pozicijama moci, o izvoristima nasilja o visem razumjevanju stavova osjecanja zrtava o odmjereno odnosu moc-nemoc / vjestine profesionalne u pomagackom odnosu, vjestine cuvanja pomagaca od mogucnosti "sagorijevanja" / ne bih mijenjala strukturu tema seminara. jedino bih neke sekcije skratila a neke druge prosilirila npr a) teme prvog dana skratila b) teme cetvrtog dana prosirila i konkretizovala primjerima /
psiholoska trauma - Ovo predavanje mi je pomoglo da bolje shvatim i razumim ljude koji su prozivjeli neke traumatske dogadjaje i kako da se odnosim prema takvim osobama. / mentalno zdravlje pomagaca - pomoglo mi je koliko toliko da prevladam neke stresne situacije i kako da se snosim s tim stresovima //
nasilje nad djecom. do sada sam u svom radu najmanje radila sa djecom pa i ono sto sam radila bilo je pod strahom da nesto ne pogrijesim. obrada teme me rastertila tog straha i potakla moja razmisljan / trauma silovanja. do sada u radu nisam razmisljala o zrtvi silovanja nego vise o pocinjenom djelu. tema je tako dobro obradena da mi je "rasvjetilila" neke stvari i omogucit ce mi novi pristup ukoliko / nemam primjedbi /
ne bih nista izdvojila ni jednu temu, ustvari mozda one nasilje nad djecom, sve su teme jako zanimljive, / po mnogim vidjenjima ne treba mijenjati nista. //
Kako pomoci djetetu koje je zlostavljeno (sexulano) Jako zanimljiva tema, dosta sam naucila, ispunila je moja ocekivanja dala nova saznanja i mogucnosti kako pomoci prepoznati tu djecu. Takodjer i fiz / Pomoc fizicki i sex zlostavljanim zenama iz istih razloga //
psiholoska trauma-znacajna tema zbog toga sto sam malo cuo o toj temi. potice na razmisljanje i priprema za dalji rad. / vrste nasilja-tema puna primjera. Osnova seminara puno se oze nauciti. / nista (sve je dobro organizovano i koncipirano) /
izuzetno zanimljiva psiholoske traume / mentalno zdravlje pomagaca //
seksualno zlostavljanje-pomoglo mi je da sagledam razlicite segmente ove vrste zlostavljanja / emocionalno nasilje-rasvjetlilo mi je oblike emocionalnog nasilja / da teorijska predavanja budu kraca / vise prakticnih primjera
trauma-za mene bitna oblast posto se cesto srecem sa osobama koje pate od neke vrste traume / nasilje- na vecinu mojih radionica dolaze osobe koje su cesto zrtve nasilja //
izuzetno korisna i zanimljiva. vrstan rpredavac i ne bih posebice izdvajao niti jednu sve su i te kako korisne // misljenja sam da bi se sve teme o nasilju trebale predociti i ostalim djelatnicima MUPa /
mentalno zdravlje pomagaca / neverbalna komunikacija / vise prakticnih pokazatelja / vise primjera iz zivota

obavljanje informativnih razgovora-pristup osobama koje su pretrpjele neke oblike nasilja.npr zrtve silovanja sto mi je jako vazno ibzirom da sam inspektor za seksualne delikte i sto su zrtve te koje / nastanak trauma i reagovanje na iste i ponasanje osoba koje su pretrpjele neku traumiu / vise prakticnih primjera nasilja u porodici i nacinu njihovog rjesavanja / predvidjanje drugog dijela seminara (fprenzika) prije prvog
Ino zlostavljanje djece (tema mi je nova i u radu se do sada / mentalno zdravlje pomagaca koji rade sa zrtvama nasilja / /
specifcnosti traume silovanja da bi se u svom radu mogla pravilno postaviti prema tom problemu / neverbalno komuniciranje - granice / dase ovo opsirna tematika prosiri na predavanja u vise dana / navoditi sto vise primjera iz zivota-omoguciti razumjevanje materije
zlostavljanje djece / nasilje nad zenama-naucila sam kako dase nosim u takvim situacijama i kako da zastitim sebe i djecu / /
trauma-specificni oblici traume.Kroz ovu temu saznala sam kako nase tijelo reaguje na traumiu uopste ali i na nasilje(emocionalno,seksualno,fizicko)Znacaj mi je u tome sto cesto dzivljavam traumiu na po / fizicko,emocionalno i seksualno zlostavljanje djece i zena.Ova tema mi je pomogla da saznam sta ove zrtve dozivljavaju,kako da prepoznam nasilje i eventualno ponudim svoju pomoc u okvirima svoje moci / /
nasilje nad djecom-ako bi se nasla u toj situaciji da prepoznam nasilje nad djetetom i kako reagovati / / /
specifcne vrste nailja, nasilje nad djecom: kako prepoznati nasilje nad djetetom, kako pomoci djetetu olaksati ili tok oporavka psihicki i fizicki / terapisjki pristup psiholoskoj traumi / /
komunikacija-vrlo je bitno i vazno u zivotu znati komunicirati sa drugim ljudima / granice-spoznala sam kako sacuvati svoje licne granice, a ne povrijediti tudje / sve je odlicno /
psiholoska traumanecitak rukopis... / specifcni oblici postupanja / /
specifcni oblici nasilja ranije nisam ovako razmisljao o svakom od oblika specifcnog nasilja / reakcije strucnjaka u radu sa traumatiziranim osobama vrlo je poucna ova tema / /
nasilje i prepoznavanje vrsta nasilja-smatram da ce mi biti korisne u mom daljem radu i svom privatnom zivotu / mentalno zdravlje pomagaca-smatram da ce mi biti jako korisno jer se u buduce namjeravam baviti socijalnim radom i biti u ulozi pomoagaca / trebalo bi biti malo manje teorije a vise prakticne nastave tj vjezbi / rad u manjim grupama
da bila je. 1.1. traumatski dogadjaji i psihotrauma i nasilje. .9. Teorija o partnerskom nasilju. 3.2. komunikacija. 5.1. smisao brige za mentalno zdravlje pomagaca koji rade sa prezivjelima traume i / 5.2. Opasnosti koje nam stoje na putu pruzanja adekvatne pomoci. 5.6. Mjere pomoci i samopomoci....pomagaca. korisno: zbog mojih daljih ciljeva tj. rada / /
kompletna edukacija zanimljiva i intzeresantna, koju cu naravno iz prirucnika produbljivati svoje znanje da bih mogao kvalitetno ucestvovati u pomaganju osobama kojim bude trebalo. / / /
uopste o nasilju. razlog: saznanje o pojmu ucesnicima-akterima nasilja, vrsti nasilja i ostalo... / stavovi i metode. razlog:pomoc sebi i drugima koji ocekuju pomoc. / /
osvov znanja o psiholoskoj traumi / uspostavljanje granica i moc nasilja / /
psiholoska trauma / opasnost od traume i nasilja / /
spoznaje mene licno i mog zivota / saznanje da svi ljudi nesto prezivljavaju,nisam sama,saznanje kako pomoci onome kome je pomoc potrebna / /
emotivno nasilje-ono se najteze prepoznaje,a zastupljeno je u svim segmentima nasih zivota / nasilje nad djecom-poucno za sve nas i odnos prema djeci koliko da poboljsamo / prosirenje teme zlostavljanje sa emotivne strane / vise vremena za slobodno izlaganje ucesnika u seminaru
patnja zrtve i kako jo pomoci grske u pomaganju zrtvi / / vrijeme - ogranicen rad radionica /

emocionalno zlostavljanje / specifičnosti traume silovanja //
komunikacija (a to su) oblici verbalne komunikacije razgovor dvaju osoba znači na slušanju i govorenju osobe / definicija pojma zlostavljanja djece i tipovi zlostavljanja / da se promjeni mjesto održavanja /
zasto žena ostaje u nasilnoj zajednici / zlostavljanje djece //
specifične vrste nasilja. a navedena tema je usko vezana / osnovne vještine i uoblačavanje pristupa u radu sa nasiljem //
specifične vrste nasilja- jer je navedena tema vezana uz posao da će mi jako pomoći u poslu / psihološka trauma zbog toga jer je predočeno na koji najbolji način postupiti prema osobi //
nasilje nad ženama i djecom od strane porodice najkorisnije zato što sam naučila kako pomoći žrtvama razumjeti ih itd / nasilje nad ženama i djecom van porodice //
trauma i prepoznavanje zlostavljane djece i pomoć takvoj djeci / donekle znam kada bih bila u prilici da pomognem kako bih postupila / tretiranje nasilnika a ne samo žrtava /
trauma-iz već dosta proživljenih traumatskih događaja svako ponovo suočavanje sa traumom me osnažuje / načini zlostavljanja- raduje me saznanje sada nakon ovog da sam spoznala o sebi bitne stvari kojih nisam bila svjesna i sigurno ću mijenjati neke svoje postupke //
zlostavljanje djece- to mi je najosjetljivija tačka svih problema, a i zbog toga što radim sa djecom želim da zaštitim i sebe da povrijedim dijete ukoliko dođem u situaciju zlostavljanja / mjere pomoći i samopomoći- tako sama mogu shvatiti gdje sam bila najosjetljivija a što su drugi znali iskoristiti, i zbog toga što ću pokušati to promijeniti da se ne događa ni meni ni drugima / opsirnija razrada /
osnovna znanja o psihološkoj traumi / psihološki procesi i posljedice zlostavljanja u djetinjstvu //
mentalno zdravlje pomoćnika- poseban osvrt na načine suočavanja i nošenja sa stresom i posebno praktični primjer na kojem smo mogli vidjeti na kojim smo okvirima / nasilje nad djecom- teoretski dobro obrađeno, praktično dobro objašnjeno- iskustva predavača su nam potvrdila a negdje otkrila naše dileme vezane uz taj rad / materijal bio preobiman za kratko vrijeme /
vještine i stavovi / društveni okviri za pojavu nasilja / akcent na teorijskih razmatranja prebaciti na praktične potrebe pomoćnika / na buduću edukaciju pri pozivanju uputiti upitnike potreba učesnika seminara kako bi predavač vodja seminara imao uvid sa kakvim radom je optimalno stupiti na seminar
psihološka trauma zbog toga što trebamo prepoznati uzroke nasilja stanja kako bi ispravno reagirali... / mentalno zdravlje pomoćnika zato što je ono potrebno da ne bi došlo do kontraefekta / bez promjena / bez promjena
nasilje nad djecom. mislim da će mi koristiti u prepoznavanju žrtvi nasilja kao i u daljem radu i odgoju i ponašanju prema djeci / trauma silovanja - prepoznavanje specifičnih situacija i posljedica silovanja //
kako pomoći žrtvi nasilja / samopomoć //
team trauma - što sam i sama preživjela jednu vrstu traumatičnog nasilja (udaraca) dosta sam saznala o posttraumatskim posljedicama, značajima prepoznavanja i o tome da traumatizovana osoba pokazuje znak / mnoga pitanja koja sam sama sebi postavila a sama nisam znala odgovore na njih tema EMOCIONALNO NASILJE ranije sam pod time podrazumjevala neke sasvim drugačije primjere, a nekom predavanju sam iste prep / sva četiri dana predavanja i sve prerdjene teme su u potpunosti ispunila moja očekivanja kod mene su probudila više interesovanje za sve teme i želja za većom edukacijom primjedbi nemam nikakvih preda /
psihološka pozadina formiranja nekih obrazaca ponašanja zlostavljanog djeteta / lične granice / tretman sa zlostavljanom djecom / formiranje zajednice u pomoći žrtvama zlostavljanja
trauma- zbog toga što se često susreće u praksi narocito poslije rata / nasilje- jako je zastupljeno u populaciji u kojoj radim / trauma- kako drugi stručnjaci gledaju na to- policajci- prosvjetni radnici / nasilje- što više saznati o tome- kako drugi stručnjaci gledaju na to- policajci- prosvjetni radnici

govorenje predavac odlica i primjeri jos bolji / nacin suocavanja odlican nacin izlaganja sa primjerima iz zivota / sevje dobro ne bih nista mijenjala i sugerisala /
seksualno zlostavljanje djece - zbog sto sam cula bezbroj primjera nazalost groznog zvucanja ali istinitih i sto sam cula kako postupiti tada / proces oporavka od traume - nacin na koji pomoci traumatiziranoj osobi i sta uciniti kao preventivu pomaganju da se slucaj sto bolje izvede i zavrsi sa dobrim namjerama / seksualno zlostavljanje djece / specifični oblici nasilja kako bi se amanjio broj nasilnika i uopce nasilje
najkorisnija edukacija je u temama koje su se obradivale na primjerima i medjusobnoj komunikaciji // ne bih nista mijenjala /
sve teme su bile korisne i pokusacu da ih primjenim u zivotu / / /
psiholoska trauma i nasilje-predstavlja teoretski neophodan uvod i uslov da bi se kvalitetno mogao pratiti seminar u cjelosti / vjezbe u grupi-zato sto smo kroz opustenu atmosferu prozivjeli vise situacijakoje smo prošli / /
pristup zrtvama nasilja / zlostavljanje djece / /

15.6.8 overall comments

titleb	titlee
Gledajući unazad, da li imate nekih komentara vezano za osnovni trening koji je organizovala MEDICA?	Looking back, do you have any comments related to the general training organised by MEDICA?

- "MEDICA" je zaista veoma uspješno i kvalitetno organitrala ovaj trening. Sve se od samog pocetka pa do kraja bez nepredvidenih situacija
- bilo bi bolje da ima vise ovakivih treninga i da je obuhvaceno sto vise organizacija
- bobra organizacija; profesionalno ponašanje predavaca dobro, prakticno i profesionalno izlaganje tema i primjera
- da bude što skorije još tima ovakvih seminara sa dužim periodima
- da educira i muškarce što više
- dobra komunikacija sa trenerima, dobra educiranost trenera, dobra organizacija treninga, dobra logistika tokom treninga
- dobro odabrana tema treninga, solidno proveden trening; kompetentni i prijatni treneri ugodno druženje sa prijateljima iz raznih sektora
- dobro organizovano
- dobro osmišljeni programski realiizovani treninzi
- dobro zamisljen program sa malom nazocnoscu lijecnika raznih specijalnosti.
- evaluacija i pozitivni rezultati za pomoc i zastitu zrtava nasilja
- imam samo rijeci pohvale za odabir problema i kvalitet organizacije i zvođenja treninga
- jako dobro osmišljeno i organizovan trening je uticao na promjenu stavova ucesnika-pozitivno
- jako kvalitetan trening i dobro organizovan
- jako sam zadovoljna i zelim da se organizuje jos slicnih treninga
- licno volim sto sam pohadao, znala bih kome se obratiti za ne daj boze, zbog licnih obaveza zao mi je da nemogu biti puno od koristi
- mislim da bi bilo dobro sa ima puno više prakticnih primjera kroz vježbe ispitati pocetnu motivaciju s kojom ljudi dolaze na trening

18. mislim da je seminar pomogao da budem senzibilnija kad a je rijec o zlostavljanju u porodici i da prepoznam nasilje i onda kada je prikriveno-medica odlicno radi svoj posao.
19. mislim da su treninzi uradeni dobro, teme su dobro obradene, a predavaci su pravi profesionalci
20. misljenja sam da je medica odlicno organizovala i provela treninge unazad godinu dana-sigurno ce donijeti pozitivne promjene.
21. mogu reci sve samo pohvale i sa žaljenjem konstatovati da mi je žao što se sve tako brzo završilo te pohvaliti gdu Ostojic
22. ne
23. nemam
24. nemam ali smatram da bi još seminara, a vezano za nasilje bilo potrebno
25. nemam komentar
26. nemam komentara, smatram da ih treba organizovati jos vise
27. nemam komentara, trening je bio jako uspjesan te mi je pomogao u radu
28. nemam nekih posebnih komentara. Sve je uradeno veoma strucno.
29. nisam prisustvovala svim treninzima; sve je u redu; samo bi dodala više rada u grupama i prezentacije
30. odlicna osnova za dalje edukacije i konkretne realizacije
31. ok opušteno bez opterecenja maksimalno potkrijepljeno sa desk informacijama, prakticnog rada razumjevanja
32. osnovni trening medica je odlican
33. po mom mišlcjenu seminar nije trebao biti usmjeren na lijeecenje nego na sprijecavanje nasilja
34. pomoglo je i meni licno kao i organizaciji da uocimo ovakve probleme i efikasnije reagujemo
35. pozitivni komentari
36. pozitivni rezultati
37. pozitivni, motivirajuci
38. predavaci vrlo dobro izabrani, pružili su dosta saznanja i mogucnosti za proširivanje našeg licnog znanja
39. rijeci pohvale
40. samo pohvale na izuzetan profesionalizam
41. samo pozitivni komentari. Meni licno je mnogo pomoglo u nacinu kako pristupiti problemu.
42. sredine su jos needucirane o tome sto je nasilje
43. sve pohvale
44. sve pohvale, proširiti krug ucesnika po strukturama
45. svi pozitivni komentari za medicu a posebno za predavace, sve 10-fakultetske
46. svishodnost treninga, efikasnost; strucan
47. treba više treninga ženama...
48. trebali su ukljuciti i institucije koje su i pominjane u treningu
49. trening je bio dobar i treba jos puno treninga da bi se animirala javnost vezana za nasilje uopste.
50. trening je bio jedan veliki korak unaprijed i ovakvih treba u kontinuitetu radi usavršavanja
51. trening je bio veoma poucan, i omogucio mi je da bolje prepoznam samo nasilje kao i nacin na koji ja licno mogu reagovati
52. trening je veoma koristan i uspjesno ga primjenjujemo u nasoj organizaciji

53. treninge su radili kreativni profesionalci - psiholozi - pravnici i drugi
54. u svakom slucaju došli smo do određenih spoznaja što ciniti u datim slucajevima
55. u svakom slucaju dosta pozitivan i napredan iskorak i u preventivnom a dakako, posebice na profesionalnom nivou. Svs cestitke i hvala...
56. velike pohvale za medicu, koja je imala i hrabrosti da ovakav projekat zapocne i zahvaljujuci medicu mnogo problema je rijeseno pozitivno
57. veoma koristan, potrebno je nastaviti sa radom i edukovati sto vise policije i drugih profesija ukljucenih u problem nasilja.
58. veoma sam zadovoljan
59. za medicu sve pohvale, jer je jedina sa ostalim nvo-ima pokazala interes da se nesto vise uradi na rjesavanju nasilja u porodici

titleb	titlee
Da li imate nekih komenatara ili sugestija koje bi mogle unaprijediti buduće aktivnosti ili mjere koje se preduzimajuu svrhu zaštite žena i djece?	Do you have any comments or suggestions which would improve future activities or measures for the protection of women and children?

r.Medica.4G.3g.1.02 Do you have any comments or suggestions which would improve future activities o...

- bolje sprijeciti nego lijeciti zato treba usmjeriti rad na tu stranu
- da bude više slicnih treninga
- da se ljudi pokrecu na dijalog o ovakvim temama i sto otvorenije o ovome pricaju, pa i oni koji se ne bave takvim profesijama
- da se po mogucnosti nastavi rad i unaprijedi jos vise rad na zastiti zena, djece, omladine od nasilja bilo koje vrste i sprecavanju droge i samoubistva
- da se unarpijedi bolja saradnja izmedu vladinih i nevladinih organizacija
- da treba da se nastavi sa što više slicnih treninga koje je organozovala MEDICA
- definisati tacno razradene mjere smjernice za pomoc djeci i ženama koja su fizicki, seksualno zlostavljana... I napraviti kampanju za utvrdivanje standarda i pravilia zaštite u cilju promjene zakonske regulative
- dobri su, i jos vise da rade na razvijanju svijesti u smislu prijava nasilja itd.
- edukacija (seminar, med) predavanja
- izoliranje nasilnika, vise institucija za zbrinjavanje zrtava nasilja
- izvršiti monitoring u opštinama gdje je izvšen trening da se vidi ko je šta uradio; sa rezultatima monitoringa upoznati sve slušaaooce ali i nadležne organe vlasti; nastaviti sa ovakvom vrstom treninga ukljucujuci najbolje kadrove na terenu
- jaci pritisak na vladin sektor, posebno u sferi donošenja zakonskih propisa, animiranje ostalih profesionalaca, koji nisu bili ukljuceni u trening
- jos edukacije-profesionalna pomoc svih institucija u nasoj zemlji protiv nasilja
- konkretan rad! Ukljucivanje u akcije pomaganja žrtvama nasilja (zakon ili dr aktivnosti)
- materijalni status, stambeni status, komunikacija medu ljudima, izostaje etika i profesionalna tajna, i osjecaj solidarnosti
- mislim da bi ovakvi vidovi treninga trebali obuhvatiti i ruralna podrucja, tj trebali bi u tu svrhu koristiti i medije koji bi pružali edukaciju a koja se koristi u svrhu zaštite žena i djece
- mnogo, mislim da je najvaznije raditi na promjenama zakona, i porezivanju isntitucija koje rade na rjesavanju problema zlostvaljanja.

- moja sugestija bi bila da se ovim treninzima obuhvati veci broj žena, koje su ako "slabiji" spol češće žrtve nasilja
- možda bi trebalo više uključiti medije u ovaj problem da bi se shvatilo u kakvom društvu živimo
- možda bi valjalo jedna posjeta ostalih medija, kako bi na njihovim primjerima mogle i ostale organizacije lakše riješiti slične probleme
- na nasoj regiji slabo su uključeni predstavnici sudstva
- nastaviti prema profesionalnim zanimanjima ali i akcentirati na oblikovanju svijesti širih krugova stanovništva
- nastaviti sa terminima iz oblasti "MDPSNADZ" u lokalnoj zajednici; treninge provoditi sa više ljudi..
- nastaviti sa umrežavanjem, ali uraditi nešto da se sve podigne na viši nivo uključiti ljude sa višim pozicijama, najviše zbog uticaja koji imaju
- ne
- ne treba stati, već ići do cilja da se nasilje u porodici shvati kao problem i da mu se da prioritet u rješavanju
- nvo rade onoliko koliko je u njihovoj moci ali potrebno je aktivirati vlasti-ljude koji drže sve konce u svojim rukama.
- odrediti tehniku i metod rada profesionalaca
- organiziranjem započetih tečajeva i educiranjem što većeg broja ljudi i pomenutih nadležnosti
- organizovati ili uticati da se obucavamo kroz slične aktivnosti putem seminara
- osnivanje MEDICINIH ureda, odnosno proširivanje mreže djelovanja i u vezivanje drugih ključnih institucija u cilju efikasnijeg rješavanja nasilja i preventivnog djelovanja na drugim područjima, općinama, županijama; organizovanje sličnih seminara politički
- otvaranje institucija koje bi služile za prihvatanje žena i djece-zrtve nasilja-ustanove za nasilnike
- ovaj cilj bit će dostignut samo kolektivnom uvezanošću i istrajnošću svih uključenih struktura mislim da samo profesionalan pristup svih nas može početi davati pozitivne rezultate....
- ovo je bio pravi način da se korak po korak iskorijeni nasilje nad djecom i ženama da se uveze nvo sektor i institucije da bi činile cjelinu, a uz to izradi efikasan zakon sa mehanizmima zaštite
- pomoći nvo-ima kako kvalitetno napisati projekat i pronaći donatora za ovakav vid pružanja pomoći-zastiti žena i djece
- poraditi na zajedničkoj perspektivi
- potrebno je omasoviti program-najteži problem vremena u kojem živimo je primitivan mentalni sklop, koji se teško mijenja-jedino visoke zakonske kazne prema izvršiteljima sličnih djela.
- prevencija putem medija i osmišljen plan djelovanja za ove škole na casu odjeljske zajednice
- raditi na otvaranju zaštitne kuće na sbk i bolje uvezati institucije, saciniti protokol da bi se znalo šta ko radi a zbog hitnog i efikasnijeg djelovanja sistema da bi zrtva imala sto manje posljedica.
- šira komunikacija, još projekata edukacije
- slaba saradnja između učesnika treninga i drugih organizacija
- treba se više raditi na emancipaciji i radu u manjim mjestima

- trebalo bi više saradivati sa našim ženama jer one se smatraju zaboravljene od svih institucija; žene stalno pitaju kad ce MEDICA doci jer svim pregledi potrebni lijekovi (a nemaju primanja da bi sebi kupile lijekove) više od pola žena nisu otišle nemogu
- trening bi trebalo proci što veci broj osoba iz vladinog i NVO sektora
- u narednim treninzima angažovati fomace trenere obzirom da su rezultati bolji od edukacija koje provode ino adukatori
- u nekoj mjeri od institucija otvoriti poseban odjel ili slucbu za pomog žrtvama...
- ukljuciti i druge strucnjake u ovakve edukacije
- više treninga bi pomoglo ovoj prpulaciji
- vršiti stalni pritisak na sve vladine organizacije radi ukljucivanja u rješavanje ovog problema.
- za bilo kakav rad potrebna su finansijska sredstva, motivacija za uspjesno obavljen posao, veca uvezanost institucija koje bi zastitile same trenere i pomagace u zastiti zrtava koje su izlozene nasilju.stiteci zrtvu dovode sebe u opasnost.
- zakonom zastititi zene i djecu za nasilnike sto vece kazne
- žalosno je ali treba dosta žena opismjeniti i educirati

15.6.9 overall comments for special training followup

izuzetan treening

medica je to uradila strucno i dobro

mislim da se nije išlo dovoljno "duboko" u vecini stvari koje su es radile i mnogo onih koje su samo dodaknute. Najgore je motivacija ucesnika mislim da to treba na neki nacin ispitati ranije zsšto su ljudi tu

NE

nemam nikakvih prmjedbi i trebalo bi angažovati veci broj ucesnika

pozitivno, edukativno; potrebna dalja edukacija i organizovanje seminara za sve vladine i nevladine organizacije

prisustvovala sam treningu za pomagaca, ne mogu dati odgovore za trening trenera i zalagaca, nisam prisustvovala.

specijalni trening je odlican

sve je super samo malo vremena da bi se razradile teme detaljnije

sve pohvale , sve naj, naj

sve pohvale gdi Duški i Arijani šteta što nema Mostaraca! Bilo je odlicno!

sve pohvale i uspjesan dalji rad

svi moji komentari i sugestije su pozitivni jer trening su održali pravi strucnjaci dakle adekvatne osobe. Treba još treninga!

trening je dao samo osnove pretpostavke za dalji rad - treba praktircirati kontinuiranu edukaciju i djelovanje kroz mrežu angažmana i ustanova

trening je odraden krajnje profesionalno

veoma uspjesan trening

15.6.10 Special training

Paired Samples Test

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Paired Differences

		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference	
					Lower	Upper
Pair 1	s2T.msxc.mean mean- .msxc.m - special training - areas - overall.violence in the family - s4T.msxc.mean mean- .msxc.m - special training - areas - overall.violence in the family	- .524	.873	.190	-.921	-.127
Pair 2	s2T.msxf.mean mean- .msxf.m - special training - areas - overall.violence outside the family - s4T.msxf.mean mean- .msxf.m - special training - areas - overall.violence outside the family	- .500	.688	.154	-.822	-.178
Pair 3	s2T.msxo.mean mean- .msxo.m - special training - areas - overall.physical violence - s4T.msxo.mean mean- .msxo.m - special training - areas - overall.physical violence	- .526	1.020	.234	-1.018	-.034
Pair 4	s2T.msxp.mean mean- .msxp.m - special training - areas - overall.violence against women - s4T.msxp.mean mean- .msxp.m - special training - areas - overall.violence against women	- .571	.811	.177	-.940	-.202
Pair 5	s2T.msxs.mean mean- .msxs.m - special training - areas - overall.sexual violence - s4T.msxs.mean mean- .msxs.m - special training - areas - overall.sexual violence	- .524	.928	.203	-.946	-.102

against women	physical	at home	13.8	3.7	6.5	5.8	8.1	9.0
	not at home		4.9	2.8	5.4	4.7	4.5	4.5
sexual	at home		5.8	1.4	7.3	1.7	1.0	4.1
	not at home		1.6	1.0	6.3	.0	4.5	2.8
total			38.3	16.2	40	15.6	22.1	31.8
age			43,3	37,3	41,8	37,2	34,1	39,1
staz	koliko imate godina radnog staza		17,8	14,0	21,8 ³³	15,7	10,8	15,9
rmjesto	od toga, koliko ste godina na ovom radnom mjestu		11,7	8,5	4,6	5,1	6,0	8,5

Although some of these differences are quite substantial, because the numbers involved overall are quite small the differences are not statistically significant. There is only one significant difference between the groups in this table: the group MG has significantly longer overall work experience than for the police.

15.9

15.10 improvement as measured by increased satisfaction according to telephone interviews

Tests of Between-Subjects Effects

Dependent Variable: sat.tot mean satisfaction

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	.851(a)	3	.284	1.420	.241
Intercept	254.650	1	254.650	1275.349	.000
timepoint	.300	1	.300	1.500	.223
region	.295	1	.295	1.477	.227
timepoint * region	.165	1	.165	.827	.365
Error	21.365	107	.200		
Total	283.649	111			
Corrected Total	22.216	110			

a. R Squared = .038 (Adjusted R Squared = .011)

Independent Sa

			Levene's Test for Equality of Variances		t-test for Equality of Means					
			F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lo
region	region									

.00	sat.tot	Equal								
Barcelona	mean	variances	4.149	.046	-.220	58	.826	-.027	.123	-
Sarajevo -	satisfaction	assumed								
former										
users	of	Equal								
Safe		variances			-.220	55.631	.826	-.027	.123	-
House		not								
		assumed								
1.00	sat.tot	Equal								
Budućnost	mean	variances	.144	.706	-	49	.121	-.184	.117	-
Modrića -	satisfaction	assumed			1.578					
former										
users	of	Equal								
Safe		variances			-	41.423	.120	-.184	.116	-
House		not			1.586					
		assumed								

Ranks(a)

	timepoint	time point	N	Mean Rank	Sum of Ranks
iiz3r health - how satisfied are you with the services which you received as a victim of violence	0	baseline	10	7.85	78.50
	1	follow-up	7	10.64	74.50
		Total	17		
iip4r police - how satisfied are you with the services which you received as a victim of violence	0	baseline	22	16.98	373.50
	1	follow-up	13	19.73	256.50
		Total	35		
iiczsr3r centres for social work - how satisfied are you with the services which you received as a victim of violence	0	baseline	12	10.71	128.50
	1	follow-up	10	12.45	124.50
		Total	22		
iinvo3r NGOs - how satisfied are you with the services which you received as a victim of violence	0	baseline	31	26.00	806.00
	1	follow-up	20	26.00	520.00
		Total	51		
iisit3r courts - how satisfied are you with the services which you received as a victim of violence	0	baseline	14	7.93	111.00
	1	follow-up	3	14.00	42.00
		Total	17		

a region region = 1.00 Budućnost Modrića - former users of Safe House

16 KS: Key Sources midterm program evaluation

16.1 Context

16.2 Terms of reference

- built around the existing monitoring system and provide checks of the veracity of the individual indicators, alongside parallel information gathered on the basis of interviews with key informants, inspection of documents and records etc.

16.3 Guideline for Baseline Key Sources interviews

Draft

17 Appendix: definitions of violence

There is some considerable disagreement about most of the key definitions which are relevant here. There is usually a tension between the definition found in most laws and dictionaries and the ones used by activists; the latter tend to be more inclusive. Historically, such more inclusive definitions have sometimes seemed provocative when they were first used and were often deliberately intended by activists to stretch existing usage; often these more inclusive definitions have become the norm with passing decades.

17.1 Why are definitions of violence important in this research?

17.1.1 Reason 1: being clear in planning and the public report

While on the one hand it is important to take an active stance on these definitions, it is of overriding importance to find definitions which are unambiguous, are reasonably close to current consensus in Bosnia-Herzegovina, and which do not themselves require much explanation. The IRC report points out that one of the primary reasons why data on domestic violence cannot be compared is the inconsistency in definitions of violence. (4)

17.1.2 Reason 2: testing agreement with definitions as measure of attitudes

It is quite a different matter which language is used with respondents. Asking about the respondents understanding of certain terms (e.g. what counts as violence or rape) is often used as an indication of attitudes and beliefs. While it seems reasonable to evaluate affirmation of inclusive definitions as indicative of attitudes, it is also important to be able to also assess other measure of attitudes and behaviour in addition to usage of language.

17.1.3 Reason 3: avoiding controversial terms when assessing behaviour

In interviews and questionnaires we have avoided relying exclusively on general and maybe controversial phrases such as "violence" by expressing questions in behavioural terms, e.g. rather than asking e.g. is Domestic violence legitimate business for police officers, to ask is a man repeatedly slapping his wife legitimate business for police officers.

17.2 "Violence" and "naselje"

The local language term "naselje" is used as a standard translation of the English term "Violence" and vice-versa. However, there is quite a big difference between them. "naselje" implies first and foremost something which is done using a threat, whereas "violence" implies first and foremost the deliberate doing of damage. The English term has therefore a much stronger implication of physical violence. The debate in the English-language world is often centred around to what extent the term can or should be applied beyond physical damage. However this debate is to some extent a non-event in the Bosnian language. This supposition is confirmed by the focus group discussions in which the respondents seemed to have taken it for granted that "naselje" can include psychological, economic and other insidious forms of harming.

17.3 Critical point: is it helpful to call all actions carried out under the threat of violence, "violence"?

isn't this inflation of terms? ...

17.4 domestic violence

can be defined as “violence which occurs within the private sphere, mainly between individuals who are related through intimacy, blood, or law” (Coomaraswamy, 1996).

Encyclopaedia Britannica: social and legal concept that, in the broadest sense, refers to any abuse that takes place among people living in the same household, although the term is often used specifically to refer to assaults upon women by their male partners .

Often the term is synonymous with "partner abuse" or "male violence against women in intimate relationships".

In short, we explicitly include violence between intimate partners even when they are not living together and it does not take place at home;

However we also explicitly include violence against *children* by relatives, even if they are not living together and the violence does not take place at home.

17.5 "Intimate partner violence"

refers to all acts of violence and abuse in intimate relationships.

17.6 Do we also include emotionally abusive behaviours as violence –

i.e. constant belittling and humiliating, threats or controlling behaviours (e.g. isolating from friends and family, monitoring, restricting access to resources like money or health care; Heise, Ellsberg & Gottemoeller, 1999; for an exhaustive description see Dutton, 1992).

- do we also include these not just as accompanying domestic and gender-based violence but also in itself as counting as violence??

In ISCW, domestic violence is defined as , “any act of physical, sexual, or psychological abuse, or the threat of such abuse inflicted against a woman by a person immediately to her by marriage, family relation (or) acquaintanceship.” (p.5 footnote)

17.7 gender-based violence?

All violence based on social and / or physical power differences between men and women and / or sexually motivated violence.

Gender-based violence includes not only rape and sexual violence between strangers or between acquaintances or between partners but also sex-selective abortion, female infanticide and deliberate neglect of girls to trafficking for forced labour and sexual exploitation and rape as a means of waging war (for an overview see Watts & Zimmerman, 2002).

In the initial focus groups held with Service Providers, they were quite familiar with the concept of domestic violence but less familiar with the term "gender-based violence".

It seems that in its program papers MEDICA uses the terms gender-based violence and (domestic) violence against women (and children) more or less interchangeably. While on the one hand the term "gender-based violence" is mentioned in the goals and also in the

UNICEF country program, is not mentioned in the outcomes or the activities. On the other hand it receives quite an emphasis in the handbook.

17.8 Child maltreatment

Includes all forms of physical, sexual and emotional abuse and exploitation as described above, and furthermore neglect of developing the child's basic physical and emotional needs.

Again, should this count as violence??

17.9 Problem: "domestic and gender-based" or "domestic and other forms"

It is not at present clear to us whether the Medica intervention is aimed at all of the above combinations, in particular physical violence against children for example by their peers, which would fall under the above definition and also under the term "domestic and other forms of violence" but is perhaps not in fact the kind of violence intended.

17.10 Female perpetrators??

In the case of gender-based violence as it is defined via gender power and men in general have systematic power over women in society and especially in Bosnia-Herzegovina, it is very unlikely to find gender-based violence against men. However there are occasional cases of domestic violence committed by women against men. Even though these are often best understood as part of a cycle of violence and/or abuse in which the man is also a perpetrator, one should nevertheless not define away (e.g. in speaking of the perpetrator using only grammatically male language) the possibility that a woman could also be a perpetrator.

Similarly the vast majority of physical and sexual abusers of children are male. Nevertheless it will not be assumed here that all perpetrators are male.

17.11 The classification of DGBV used in this report

We have provided a classification of DGBV by distinguishing between:

- Violence against women or against children
- Violence in the home or outside it
- Sexual or physical violence

and by specifying that all combinations of these three factors are part of DGBV.

18 Appendix: law on violence

18.1 Brief history of law on this topic in the world

From IRC report p. 10-11

Interpretation of human rights protection has broadened. Not only do states have an obligation not to commit human rights violations, but they also have an obligation to prevent and punish those violations when they do occur. Violence against women constitutes a violation of human rights according to General Recommendation 19, which was adopted by the Committee on the Elimination of Discrimination Against Women (CEDAW) in 1992.

Relevant legal responses include

criminalization of domestic violence: according to Minneapolis Police Department, 10 percent of perpetrators who were arrested engaged in further violence, while 19 percent and 24 percent of those involved in mediation or order to leave their homes engaged in further violence (Source 5, also on p. 11 Minneapolis Domestic Violence Experiment)

legislation: in some countries prosecutors are instructed to proceed with domestic violence cases even if the woman victim changes her mind (source 6 on p.11), and some make it possible to compel the woman to testify in court. Also describes “quasi-criminal remedies” in other countries that require a lower standard of proof.

police action: regarding if police can enter a private home

training and community response
cooperation at all levels

include sthg on CRC

.....
lots of stuff.....

The 1967 training manual for the International Association of Chiefs of Police stated that arrests in instances of domestic violence were to be made only as a “last resort.” (Britannica)

18.2 Bosnia-Herzegovina

18.2.1 International legal group report

18.2.2 Udruzenja zena in BL

18.2.3 group in zenica

19 Appendix: Focus group report (translator! This already exists in Bosnian!!)

Note: Since this report was written, the scope of the contract with the evaluation agency conducting it, proMENTE, has changed somewhat. It was originally written more as a stand-alone document. As the current contract is completely focused on evaluating the medica program, this focus group report has been instead used exclusively in the assessment of the relevance of the program design, section 4.

19.1 Executive summary

19.2 Introduction

Domestic and gender-based violence is a significant problem of the modern society. During and after the war, this problem has been given more attention in Bosnia and Herzegovina. Accordingly, many actions took place on different society levels (starting from civic initiatives within NGO sector for combat against these forms of violence all way up to legislative changes for improvement of community response).

Evaluation research within the project “A multidisciplinary approach to combat domestic violence and other forms of violence against women and children” was conducted for the purpose of:

- Defining a clear concept or theory on domestic violence or gender based violence – what these kinds of violence encompass, what are the causes and consequences, what are the adequate responses to domestic and gender-based violence, who is responsible for causes, consequences and responses to these forms of violence?
- Comparing the defined theories or concepts of domestic and gender-based violence with concepts of professionals in charge of providing services to victims of domestic and gender-based violence.
- Inquiring short-term and long-term effects of education of professionals on domestic and gender-based violence, which was designed and implemented by Medica Zenica.

and it includes item b), inquiring the level of information, attitudes and opinions of professionals (health workers, police officials, social workers, NGO representatives, lawyers and media officials) on causes, effects, responses and holders of responsibility for domestic and gender-based violence; and comparing their responses with implicit theory/concept of these forms of violence based on world scientific researches and experiences of two main partners: Medica and UNICEF.

19.3 Findings

Generally, the respondents defined violence as inflicting an individual with physical or psychological damage. In their opinion, the physical violence is more visible while the psychological violence is significantly harder to identify. According to respondents' answers it seems that professionals have not set up a clear distinction between domestic violence and gender-based violence. What they consider to be specific for gender-based violence is deprivation of rights and discrimination against women (at work, in political life, etc.) The respondents are much more familiar with the concept of domestic violence. In their opinion, domestic violence is any form of violence in community, although none of the respondents

included any form of violence among unmarried partners, which is contrary to definition of domestic violence, which is part of the established concept.

They do not make any distinction between domestic and gender-based violence or causes and effects of these two kinds of violence.

As causes they defined different factors in immediate environment of the victim (e.g. marital conflicts, psychological illnesses and economic dependence of women, factors in community (such as lack of centres for primary prevention and combat against addiction, unemployment...), and factors in society (the recent war, traditional division of roles and presumed behaviour). Their responses on causes comply, to a large extent, with the established concept, which shows that the causes of these kinds of violence in Bosnia and Herzegovina are similar or the same as the causes identified in other countries.

As for the effects, the respondents particularly mentioned the growth of susceptibility to suicide amongst women and children, problems and disorders in psychophysical child development, increase of direct and indirect expenses in society, building of an inadequate role model and behaviour in culture and tradition.

The respondents agree that the lack of adequate response is the major problem in combating domestic and gender-based violence. The fact is, however, that there is no clear definition of what the adequate response is nor quite clear empirical measures indicating the adequacy of the response. Yet, the majority of respondents agreed that a detailed training on this problem, legislation which will ensure prompt and efficient prosecution of perpetrators of violence, increased number of shelters and efficient cooperation of relevant institutions represent precautionary factors for preventing and sanctioning domestic and gender-based violence.

Decreasing domestic and gender-based violence depends on individual factors of the victim, perpetrator and professionals working in institutions in charge of responding to these problems. If the victim is familiar with the existing protecting services and if she is convinced that she will not have to go through humiliating procedures, she will be more protected from violence. Also, if the perpetrator is convinced that the violence will be sanctioned and if the society generally supports this belief, the number of domestic and gender-based violence cases will decrease.

In preventing and protecting from violence, the factors referring to professionals are extremely important. According to respondents, the professionals need to have better knowledge and better skills for combat against violence as well as clearer procedural guidelines for protecting victim in order to provide an adequate response to these forms of violence. Another important characteristic of professionals, according to respondents, is motivation (incentive). It seems that due to huge workload and inadequate reward for their work, the professionals lost their enthusiasm and sense of self-efficiency, which led to lack of adequate response and protection of victims from violence.

19.3.1 RECRUITMENT AND PARTICIPANTS

For the purpose of this research ten focus group discussions were held, five in each location: Dobož and Travnik. The basic criterion for differentiation of groups in the same location was the institution for which respondents work. Accordingly, in each location we held one group discussion with each:

- Representatives of Ministry of Interior,
- Judiciary and Prosecutors' Office,
- Health workers,
- Workers in centres for social welfare,
- Media and NGO.

The groups were to be heterogeneous by all other criteria as well. Some groups were, however, homogeneous in terms of sex (Ministry of Interior – male, NGO representatives - female). Medica Zenica carried out the recruitment over its local partners.

A total of 63 participants took part in the group discussions.

19.3.2 PROCEDURE

At the beginning of each focus group discussion the participants were given explanation about the purpose of the study. They were also advised that their identity will be absolutely protected, that the data will be used for collective analysis and that the audio-recordings will be used explicitly for the research purposes, namely for the production of this report. All participants were asked to freely express their opinions and attitudes. The characteristic of this research method is a group interaction, which can be seen in the research findings as well.

During the group discussions we used diagrams for the situation analysis.

The group discussions lasted in the average 2 hours, and were moderated by a trained moderator.

19.3.3 Avoiding politically correct answers

Due to politically sensitive themes and motivation of people to manifest politically/socially desirable answers, the moderator used verbal comments and non-verbal signs to create a supportive atmosphere, which will make participants to talk freely about their attitudes towards domestic and gender-based violence.

19.4 The level of information, attitudes and opinion of police professionals, judicial officials, health workers and journalists relevant to the key problem

19.4.1 Common features

The answers tended to be quite general. There was surprisingly little detail about specific incidents or cases from the daily workload. There was more material about general causes and effects rather than on the specific features of service provider response. In particular there was little specific or critical reflection of one's own role or the role of one's own institution other than, frequently, a feeling of general helplessness and of being under-resourced and untrained.

Probably the most frequent response concerned the lack of understanding of or information about the problem in society as a whole.

19.4.1.1 Definitions

Summary

The groups seemed to agree fully with the idea that violence extends beyond purely physical violence to include psychological violence and deprivation of resources. Several respondents stressed that psychological violence can be worse than physical violence.

Focus groups seemed to conceptualise on gender-based violence as taking place outside the family (see below).

Physical violence between partners was not conceptualised as gender-based.

There seemed to be some reluctance to address gender-based and sexualised violence specifically

Definition of violence

The most participants mentioned the two main groups of violence: physical violence (with visible bodily injuries) and psychological violence. As a part of psychological violence participants often mentioned economic violence (a complete control over economic resources) and emotional violence. Few groups also mentioned sexual violence as a separate category, although participants suggested that this kind of violence could be part of all categories. Generally, most participants in all groups defined violence as any form of jeopardizing the integrity of another person. **As expected, when asked to define violence the health workers in most cases first mentioned physical injuries.**

In accordance with established definitions, we listed examples, which, in participants' opinions, represent violent behaviours. Some of the examples were: physical violence (fighting, beating, slapping) but also depriving of freedom, diminishing one's own personality, insulting, provoking, restricting someone's freedom of opinion and speech, preventing expression of attitudes, imposing opinions and decisions on someone, isolating someone from social group, forcing someone to sexual intercourse, etc. During discussions, participants most frequently mentioned examples from the everyday practice of participants who worked with women and children victims of these forms of violence. There were no differences among different groups in defining different forms of violence, although most groups first mentioned forms of behaviour, which lead to physical violence.

Domestic violence Vs Gender-based violence

During discussion on definitions of violence as well as during the further discussions, the domestic violence was more often mentioned than gender-based violence. The analysis of causes has shown that **causes and effects of domestic violence are equal to causes and effects of gender-based violence. The only difference between these two kinds of violence is that the first occurs in family while latter occurs outside of family.** It has been emphasized that the causal factors for both kinds of violence are the same at all levels (cultural, group and individual), so as behaviour and effects. **None of the groups specifically mentioned gender-based violence or made a different causal analysis of gender-based violence, although the moderator asked them to do so.**

They suggested that the roots of gender-based violence can be found in family, and therefore these two forms of violence are closely related. However, all participants stated that the gender-based violence is present in our society and that it differs from domestic violence in a way that the latter is more often reported and that institutions more often deal with it.

The participants also mentioned differences between gender-based and domestic violence: in most cases that are psychological violence and humiliation, but also deprivation of freedoms and rights, discrimination and stigmatisation of women (and rarely children). In one case that was defined as "violence by birth", gender-based discrimination in society.

It has been established in all groups, without difference, that these two forms of violence are different primarily because domestic violence is often hidden and therefore it seems more rare. Although both forms of violence and institutional responses to them are related to feeling of embarrassment, guilt or shame of victim, the participants believe that these emotions are more characteristic for domestic violence. Participants of one group (NGO Dobož, where majority participants works directly on issues of domestic violence) stated that the stigmatisation of violence and acceptance of victim-role of women has changed recently thanks to public campaign. As a result of the campaign, there are much more violence cases reported, including gender-based violence.

All participants suggested that these forms of violence are very frequent in Bosnian and Herzegovinian society, although they are hidden and therefore institutions have hard time reaching the victims. Most often victims of domestic violence are women and children, and to a lesser degree older persons. The participants also suggested that men are victims of domestic violence but to a lesser degree. However, it is very typical for our society that these victims almost never report the violence.

Level of agreement with our theory

In general, on the surface at least there were very few "wrong" answers, which deviated much from the theory based on scientific data and experiences of the main partners Medica and UNICEF.

The answers were, however, quite sweeping; a typical response complained of "lack of information on all levels". While probably broadly accurate, this kind of answer might be an indication of fatalistic and undifferentiated thinking.

Most striking was the number of answers referring to the "impossibility" of giving effective help. Although the participants of focus group discussions are people who are directly involved in work on issues of domestic and gender-based violence and who should have had clear picture of what the domestic and gender-based violence is and how these problems could be tackled, their answers proved different.

The reasons for this could be various, but some of them are:

Excessive work-load on one hand, and lack of resources and authorities to deal with the problem on the other, resulted in a chronic form of burn out which is manifested in sense of helplessness, emotional exhaustion, sense of inefficiency and loss of motivation for change of behaviour on individual level.

Inadequate motivation for work on such working positions (low wages, lack of promotion possibilities, lack of awarding system, inadequate feedback from colleagues and superiors, etc.). If a person is not motivated to work on certain position, such person cannot identify himself/herself with the institution for which he/she works nor can be deeply involved in problem resolution, which leads to provision of typical explanation that we hear in public.

19.4.1.2 Effects

Summary

The participants are very familiar with the effects of domestic and gender-based violence. It is suggested that these forms of violence lead to deterioration of physical and mental health. It is also suggested that victims of these two forms of violence are to a greater degree susceptible to murder and suicide.

The participants identified certain effects that are characteristic for children such as interrupted psychophysical child development and anti-social behaviour among adolescents.

According to participants, significant effects of the violence are also increased direct and indirect costs of society, which lead to general poverty.

Effects according to participants

All the groups were almost unanimous in listing the effects of domestic violence (but also all other forms of violence). As direct effects, the participant mentioned following: murder and suicide (including attempted suicide), impairment of mental and physical health of direct and indirect victims (the most often indirect victims are children and other members of immediate family), dissolved family (divorce), increased costs (court fees, medical treatment costs, specialist service providers' fees, costs of institutions and society), interrupted psychophysical child development, children accepting a model of violent behaviour, child negligence, poor school performance, juvenile delinquency, social isolation of victims and increase of causes.

By far the most frequently mentioned direct effect was impairment of health. Physical injuries are the reason due to which victims most often address the institutions (health workers). Groups with lawyers and social workers most often mentioned cases of murder and suicide (as they most often deal with such cases).

Dissolution of family, incomplete families and social isolation of victims were also stressed as very significant effects. The participants often mentioned increase of new 'social cases' and need for victim care.

In particular, the participants stressed the effects on children coming from families suffering domestic violence. They pointed out that children from such families often have interrupted psychophysical child development, poor school performance and are often neglected. On group discussions the domestic violence was often linked to phenomenon of socially unacceptable child behaviour and juvenile delinquency, acceptance of violent behaviour, which has been transferred through generations.

The participants also suggested that domestic violence often results in impoverishment of an individual, family and society. Poverty is, however, recognized as one of the causes of domestic violence, and by that the circle is complete.

Level of agreement with theory

Given the fact that the participants in their works most often deal with the effects of domestic and gender-based violence, the level of their agreement with established theory is very high.

19.4.1.3 Causes

Summary

None of the groups expressed ideas about causal paths, which were in serious disagreement with the basic structure of our tree model. However there were many useful contributions to the details.

Causes according to participants

As direct causes of violence and its escalation, participants listed following:

Social factors: poor economic conditions, poverty in society and family, deranged system of values, post-war and transitional problems;

Cultural factors: a traditional role of woman in society, patriarchal upbringing; factors on the level of community and institutions: lack of legislation, family conflicts (adultery, huge families), unsolved property issues in family,

Individual factors: lack of information by victims, psychological illnesses, physical illnesses, violent personality structure, upbringing (acceptance of violent behaviour from family), addiction (alcoholism, drugs addiction, gambling).

It is pointed out that none of these factors unambiguously causes the violence.

The participants found it hard to list these factors hierarchically. However, the majority of groups stressed that the violence is repeating because of inadequate response to violence by society and relevant institutions, and they see this problem as the major one. According to participants, the violence is rarely reported (which interrupts the cycle of violence) because of lack of institutional protection of victims, mild sanctions for perpetrators and lack of victims' knowledge about the services available. They also suggested that there is no either prevention or media activity oriented towards prevention from this serious social problem.

Who is most responsible?

In accordance with listed causes, we identified the holders of responsibility for appearance of and lack of prevention from domestic violence. The identified holders of responsibility are:

Individual factors: members of social network of the victim and the perpetrator, and individuals such as citizens and the institution officials;

Social institutions (school, Ministry of Interior, centres for social work, judiciary, prosecutors' office, legislative bodies, medical institutions, NGOs, media), and

Cultural factors.

In participants' opinions, aside from cultural factors, institutions of the system hold the greatest responsibility for domestic violence, as they do not provide an adequate response to this phenomenon. Depending on the group, the participants shifted responsibility from one institution to another, and blamed disharmonised legislation among institutions relevant to this problem. In all groups the participants stressed the lack of coordination among relevant institutions and insufficient exchange of data concerning this problem.

As for the individual level of responsibility, the participants emphasized the responsibility of victim and its primary social environment, which failed to provide her with the support in combating the violence and the perpetrator. This is closely linked to lack of information on possibilities and sanctions for the violence, which is present on both social and institutional level. The participants, however, believe that on the individual level members of the social network are more responsible as they failed to provide support to victims, while on the other hand they support the conspiracy regarding violence by being silent about it. According to participants, the individuals who fail to report the violence, in fact prevent the institutions from doing their jobs. Everything that happens in the family is considered a private matter and that completes the cycle.

Few participants (male members of the group, representatives of Ministry of Interior) said that reporting violence could sometimes cause the escalation of domestic violence, which in their opinions, would not have happened if the third persons did not interfere.

Society and culture

The victims often remain in the cycle of violence. There is a general belief that the family is something private and that the victims are partly responsible for the occurrence of domestic violence. Due to such beliefs, the victims themselves often feel ashamed. They are afraid

that the society will not accept them as such and that they will be excluded from it and be 'marked' in some way. The dominant opinion of society is that only incapable and 'ill' people seek professional assistance.

Several times during discussions the participants mentioned poor economic conditions and high unemployment rate as causes, which contribute to development of frustrations and dissatisfaction of certain types of personalities, which may result in violence. The post-war and transitional period is also closely related to this problem. Therefore, the deranged system of values (in and outside of family) receives a completely new value and it is more and more present.

Culture, or to say, tradition which in a way supports domestic violence (in particular encourages woman to put up with violence) and transfers it through new generations is another very important factor that was stressed in all groups. A woman is traditionally given an inferior role, the role of a housewife, who should spend her time in a house. She is not allowed to take public role or to have a higher rank than man.

One example of identification models is films, which often present abuse and violence against women, but also violence as accepted model of behaviour.

Institutions and employees

The institutions are primarily responsible because they are not able to protect the victim. As reasons of their inability, participants mentioned lack of harmonised legislation and coordination of activities among different institutions. In all groups, participants stress the problem of resources (material, human and technical) as one of the basic problems of institutions due to which they cannot take the adequate measures to protect the victims. Lack of protection and inadequate sanctioning of the perpetrators is mentioned as one of the causes of violence and its escalation.

The institutions are also held accountable for shifting responsibility to one another. Different group emphasized that 'another' institutions are the most responsible, while the institutions for which they work perform their duties within the legal framework. It is evident that the participants are not quite familiar with the work and legal frameworks of institutions other than their own.

Individual factors of employees in institutions dealing with prevention of violence are also mentioned as relevant causes of violence escalation (in the contacts that inadequate sanctioning increases the level of violence). It is suggested that the excessive workload of these institutions results in lack of motivation of employees. It is mentioned, however, that this cause is not so frequent. Several times during discussions, the participants pointed out that there is no sufficient education of professionals on this specific problem. The participants in all groups suggested that at least some individuals should receive additional education or specialised training on problems of violence.

In one group the participants stressed out that the economic subjects are also responsible for preventing the escalation of violence. They also pointed out that one part of prevention could be carried out through their work.

Media were mentioned as a separate segment of society, which, according to participants, insufficiently and inadequately cover this problem. Their role should be of an informative and preventive character.

19.4.2 Summary

All groups agreed that the community does not have the adequate response to domestic violence. This is described as the major issue of this rather complex social problem. Generally, all participants stressed out the inability of the current system to protect the victim. Apart from lack of resources (material and human), the next most frequent reason was lack of education, namely, lack of specialised education. Professionals who work in aforementioned institutions often feel powerless due to legal restrictions, lack of coordination among institutions and excessive workload that they need to carry out.

19.4.3 Summary for specific institutions

Summing up all the causes of inadequate response to domestic and gender-based violence we can point out the following:

- Lack of (mild sanctions for the perpetrators) and/or disharmonised legislation,
- Lack of coordination among relevant institutions (lack of database, lack of transparency),
- Insufficient education (professionals, individuals and society as whole),
- Lack of social awareness of the problem importance (taboo topic),
- Insufficient resources (material, professional, educated staff, lack of shelters, specialised services),
- Lack of adequate preventing programs,
- Lack of programs for work with the perpetrators,
- Lack of advocacy activities,
- Poor society and individuals.

19.4.4 Who is (most) responsible

The participants mentioned several institutions which they consider accountable for providing an adequate response to these forms of violence: Ministry of Interior, courts, legislative bodies (at all levels – local, cantonal, entity and state level), centres for social work, health institutions, schools, media, NGOs (both local and international). They also mentioned some individual factors (of the professionals working in the institutions) and social and peers networks. However, the main focus is given to the institutions of the system.

19.4.5 Ordinary citizens

Just as with identification of the causes, in analysis of the society responses the participants stressed the individual factors of citizens and primary social network of the victim (but also of the perpetrator). Failure to report the violence to institutions of the system is the biggest responsibility noted at the individual level. Reporting violence is the main precondition for functioning of these institutions.

19.4.6 Institutions

It is stressed that no matter how good some institution is, none of them are able to provide an inadequate response to violence issue on their own. Several times the participants pointed out the lack of coordination among different institutions and information on their authorities and resources. For that reason the participants stressed out that institutions are shifting responsibilities to one another, as none of them have either possibilities or resources to deal with it on the level of one institution. They also suggested that all relevant institutions need to tackle this problem together through a multi-disciplinary approach in order to achieve the common goal – protection of victim and prevention from violence.

19.4.6.1 MINISTRY OF INTERIOR

As for the motivation of Ministry of Interior officials to tackle this problem, the participants of different groups strongly argued about this and expressed very different opinions. The most participants, other than police, are not familiar with the authorities that officials of the Ministry of Interior have. Their authorities were often overestimated, while they were described as under motivated. The MOI officials are quite aware of that, but they claim that their motivation declines due to their inability to prosecute the case. The MOI officials are the first to respond to reported violence, but as they said, very often their response is all that institutions do about the problem. They also pointed out the workload and insufficient education and resources for tackling this problem.

The MOI officials also mentioned the cases where they were called several times for the same intervention in the same family, but where the charges were later withdrawn or the perpetrator was sanctioned by a spot fine, and where the violence was repeated. Within the Ministry of Interior there is a severe control (internal audit, but also audit upon the request of citizens) of malpractice. Such mistakes are severely sanctioned.

The groups thoroughly discussed the authorities of all these institutions. General conclusion is that professionals from different institutions are not familiar with the authorities and legislation of institutions other than theirs. The vast majority of participants think that MOI has much more authorities than it really has. The MOI officials are quite aware of that, but they sometimes feel powerless as their authorities cease as soon as the victim reports the violation (to a prosecutor or to centre for social work). According to new code, they have no right to bring the perpetrator to police station, unless he is under the influence of alcohol (even then he can be kept in detention only for 24 hours).

Often the MOI officials themselves (aware that in the case of repeated violence the victim will come to them) try to engage the social network around the victim and encourage them to support and protect the victim, although they are not authorised to do so. Some participants believe that the appearance of the official in uniform itself can be sufficient to stop the violence, at least for a while, but the MOI official disagree about this.

The MOI officials suggested that they often do not have enough human resources to deal with this problem adequately. They lack specialised education and specialised service (as well as professional staff which might be needed for processing the cases – social worker and psychologist, who would be a part of MOI team).

19.4.6.2 JUDICIARY AND PROSECUTOR'S OFFICE

The response of social community to domestic violence depends greatly on motivation of the court and prosecutor's office. The participants often stressed out the insufficient engagement of the prosecutor's office in prosecuting the domestic violence cases. Court officials, however, explained that the victim often withdraws the lawsuit due to pressure of

environment, and for that reason the court officials are losing motivation to prosecute such cases.

In all groups, except the 'group of court representatives', the participants suggested that the court has all necessary authorities to respond to domestic violence adequately, protect the victim and punish the perpetrator. They also stressed that the perpetrators were not punished adequately. The physical violence is often punished by minimal punishments as spot fines, which often cause repeated or escalated violence. The court representatives suggested that their authorities are not so extensive and that they have to adhere to law.

Judiciary does not have enough resources to tackle this problem adequately. The court officials have a strict norm (number of cases) and procedure that they have to follow. Due to lack of specialised institutions within the court, the process can last way too long. The court representatives also emphasized the need for specialised education concerning this problem. All participants agreed that in the case of domestic violence the speed of procedure and protection of the victim are the most important adequate responses to domestic violence.

LEGISLATION

One of the basic factors restricting the adequate response to domestic violence is the legal system. According to participants, the current legal system is not coordinated and it largely delays the victim protection. Representatives of these groups claim that the legislators at all levels are neither motivated nor interested in this problem. Should the legislator regulate the authorities of the relevant institutions by law, all these institutions would have to provide the adequate response to domestic violence. They also stressed out that there is a lack of information about the existing laws.

19.4.6.3 CENTRE FOR SOCIAL WORK

Centre for social work is one of the most important links in a chain when it comes to the adequate response of society to domestic violence. According to legislation, the centres should be mediators between MOI and the court, which provide professional services to these institutions. They should have had resources and mechanisms for taking care and protecting the victims. Due to wide range and complexity of problems that these centres are dealing with and very difficult material situation, sometimes the motivation of some individuals is not at the sufficient level. Huge administrative requirements and procedures often prevent social workers from dealing with this problem adequately. However, the most participants said that the most workers in the centres for social work tackle this problem as successfully as possible in the given circumstances.

When it comes to authorities of the centres for social work, the opinions of the different groups are divided. Domestic violence is not identified as a separate problem within the Law on social protection. According to the majority of participants, this law is inadequate and outdated. The most frequent problem of the centres for social work is lack of resources, which often 'diminishes' the authorities that these centres have.

During the analysis of centres for social work by far the most frequently mentioned problem was lack of resources (mainly material, but also human and technical). On basis of current social organisation in centres for social work, the shelters, safe houses and other institutions for care of victims should be coordinated by the centres. According to law, the centre for social work should provide other assistance to victims of violence (direct and indirect) such as economic assistance, schooling the children, preventing the escalation of violence, etc. Few participants stressed that the centres should also perform a preventive and counselling role. All participants agreed that with the current resources centres for social work are not

able to perform these duties. The participants also emphasized the lack of specialised departments dealing exclusively with this particular problem.

19.4.6.4 HEALTH INSTITUTIONS

The health institutions are identified as one of the most important links in chain of institutions, which provide response to domestic violence (and gender-based violence). During the overall analysis of relevant institutions, the most criticism was addressed to the lack of motivation among professionals in health institutions. The most participants pointed out that the health workers often meet with effects of domestic violence (mostly physical violence), but they approach this problem in the same manner as to any other medical injury and they do little to help solving this problem. It is also stressed that the lack of their motivation is partly caused by inadequate wages.

The medical institutions are not legally bound to report the domestic violence, unless they were asked to do so. However, during the court process, the necessary evidence for the prosecutors is the health certificate describing the kind and nature of injuries. The health workers claim that their 'hands are tied' by the rules on severity of injuries, and confidentiality between patient and physician. Exception to this is the centres for mental health, which more thoroughly deal with this problem.

The majority of health workers expressed the need for additional education concerning the domestic violence. As they said, during the formal education they never had special education on this problem and therefore they do not know how to tackle this problem in an adequate manner.

19.4.6.5 EDUCATIONAL INSTITUTIONS

Educational institutions were also identified as relevant institutions in providing response to domestic violence. The basic role of these institutions, in participants' opinions, is not only to prevent, but also to discover and report domestic violence. The participants in several groups suggested that the educational workers are not sufficiently motivated to respond to domestic violence and are also prevented by excessive curricula and huge number of pupils from dealing with this problem adequately. In educational institutions (which are more focused on education rather than on upbringing) there is lack of professional personnel and material resources to deal with this issue. If there are some institutions which have adequate personnel (pedagogues and psychologists). They usually perform some administrative tasks.

19.4.6.6 MEDIA

The participants expressed the need for media to inform public about the laws and by that to prevent the broader population from violence, but they also suggested that they are not doing their job appropriately. The participants claim that media report on this problem quite bleakly as it is not of a sensational character. However, the journalists said that whenever they tried to write about this topic they faced many problems such as lack of cooperation with institutions, lack of valid data, silence, etc.

19.4.6.7 NGO

The most groups positively evaluated the role of NGO sector in dealing with this problem. It is suggested that they have motivation, authorities (their procedures are faster than the procedures of governmental sector), and certain resources (from international donors). International organisations, over their local implementation partners initiated the primary

prevention (UNICEF, GTZ- in schools), and secondary prevention (shelters, counselling centres, free legal aid), and advocacy activities, which led to modification of the law. As the problem the participants mentioned fewer and fewer possibilities for finding material resources and some NGOs turning into governmental organisations. When it comes to shortcomings of the NGOs in dealing with this problem, the participants mentioned some NGOs, which only formally deal with this issue and lack of professional personnel (especially social workers).

19.4.7 Culture – society

Culture and cultural and social norms are identified as one of relevant factors and holders of responsibility for inadequate response to domestic violence (manifested in lack of victims' protection and preventing the violence). The roots of inadequate response of an individual and institutions derive from this very segment. The participants suggested that the entire society do not pay enough attention to this problem and that traditional division of sexes 'approves and accepts' the violent behaviour.

19.4.8 VIEW TO THE FUTURE

In opinion of participants, by meeting some of identified problems society (community, institutions and individual) would be able to provide more adequate response to this problem, and prevent the occurrence and escalation of violence. Currently, the institutions (as well as individuals within these institutions) are not able to respond adequately to this problem. All participants emphasized that these institutions should first:

- Harmonise the legislation,
- Adopt some new laws,
- Educate the existing staff,
- Link the institutions in order to utilize the existing resources in the best possible manner,
- And of course, work on preventing and informing (educating) the entire society.

19.4.9 Differences between groups

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19.4.9.1 Short summary of main differences between the groups

One NGO which is mainly occupied with domestic and gender-based violence stressed that media campaigns can change and are changed attitudes positively.

unclarity about procedure

Differences in terms of discrepancies

The health workers stressed particularly the importance of physical consequences of violence.

20 Appendix: survey of literature

Violence against women and children occurs every second of the day in all countries of the world, independent whether a nation is in peace-time or in war, rich or poor. The roots of this violence are gender-based, insofar it is aimed against the weaker part of society, i.e. women and children (of both sexes), the perpetrators mostly being male. Some of these forms of violence may be culturally or geographically specific. The most common form is universal and ubiquitous: physical and sexual violence in intimate relationships and families.

it is perpetuated by the imbalance of power between sexes on the one hand and serves to maintain this imbalance on the other hand. This imbalance of power on all levels (familial, social, economic, political and societal) seems to be inscribed in the very foundations of today's societies, yet it has its beginnings in the heart of the individual, reflecting its socialization as a part of its cultural and ethnic group.

Of course gender-based violence has to be opposed by empowering women on all societal levels. But even more it has to be opposed directly on the individual level by recognizing and stopping ongoing violence in families and communities.

20.1 Problem analysis

20.1.1 Violence against women: Phenomenology

Domestic violence includes intimate partner violence and child maltreatment as well. Intimate partner violence refers to all acts of violence and abuse in intimate relationships. Physical violent acts range from slapping, kicking and beating to assault with weapons and even homicide. Sexually motivated violence could be forced intercourse and other forms of sexual coercion. Such violent acts are usually accompanied by emotionally abusive behaviours,

Although women may act aggressively in intimate relationships as well, the overwhelming and more serious portion of partner violence is directed against them and acted out by men (Kimmel, 2002; Tjaden & Thoennes, 2000).

20.1.2 "Violence"

The infliction of injury or serious physical or psychological harm.

As a research field, prevention research came into being only very recently, having evolved out of medical practice. In this context, violence is classified as a disorder, with disorder defined as the dysfunctional outcome of an interaction between the environment and the person (Swift, 1985, p. 414, quoted in Godenzi, p. 321 Start of wave document:)....

20.1.3 Violence against women: Prevalence

(Information about prevalence is also important because an individuals level of information about prevalence can be taken as an indicator of attitudes and beliefs)

Figures on the prevalence of intimate partner violence depend on research methods (stringency of definition, sampling techniques and research methodology. Very likely the prevalence is underestimated because of underreporting out of fear, shame or other reasons not to reveal the abuse. A review of surveys worldwide shows that 10 to over 50 % of women report being physically harmed by an intimate male partner at some point of their lives (Heise et al., 1999). In their review of studies the authors conclude, that physical abuse

is almost always accompanied by psychological abuse and in one third to over one-half of cases by sexual abuse. Intimate partner violence seldom occurs as one circumscribed incident, but present itself as an ongoing cycle of violence, often escalating over time (Dutton, 1992; cf. Walker, 2000).

Estimated annual figures for the number of women in the United States who are subjected to psychological, verbal, emotional, or physical abuse by a male partner range from two to four million. Additional statistics indicate that domestic violence ranks as the leading cause of injury to women from age 15 to 44 and that one-third of the American women murdered in any given year are killed by current or former boyfriends or husbands.

Encyclopedia Britannica

See IRC Table 2 / page 5 for statistics on domestic violence according to country/region.(source given there)

20.1.4 Child maltreatment : phenomenology

Prevalence is seriously underreported, but parental self-reports show nevertheless that even very harsh methods of physical punishment occur in significant amounts in most countries (Runyan, Wattam, Ikdea, Hassan, Ramiro, 2002). Female caregivers as well maltreat children, but male caregivers seem to inflict even harsher punishments.

20.1.5 Child maltreatment : prevalence

Ongoing sexual abuse is rarely reported by the perpetrating caregivers (mostly male), but retrospect surveys on the lifetime prevalence of childhood sexual victimization show a mean rate of about 20 % among women and 5 to 10 % among men (Finkelhor, 1994). Whereas girls are at greater risk of being sexually abused, boys seem to be at greater risk for harsh bodily punishment. In both sexes infants are the most endangered ones to die of violent acts by caregivers (Runyan et al., 2002)

20.1.6 The situation in Bosnia and Herzegovina

Bosnia-Herzegovina before the war: modern society, but with heavy patriarchal roots ()
(the use of rape in southern European concepts of sexuality and honor, p. 45
transgenerational history of abuse

special situation of post-war society, a lot of contributing risk factors to domestic violence, society in transition

psychological damage because of traumatic situations during the war (women and children)

psychological damage because of direct war exposure (men)

rapes during the war

crowded housing situation

ethnic conflicts going on

poverty

changing sex roles: conflict because women became the heads of the houses during the war, men finding no work now

large gender-gap: more women than men (men could feel threatened by it??)

forced migration leading to loss of social support and to isolation (through former friends and neighbours)

dramatic increase of domestic violence as documented by Medica Zenica and other Women's Organizations, but also growing awareness in media and public

should mention trafficking, (additional sources:
<http://www.unmibh.org/news/hrrep/humantraf.asp>;

<http://www.hrw.org/reports/2002/bosnia/>

broader range: women's rights and gender equality has to be re-established further: more participation in government and institution, access to economic development

20.1.7 Prevention/intervention campaigns and trainings already launched (could do sort of a time-line):

trainings: Medica Zenica, Centre for Women War Victims (did trainings on trauma and domestic violence), other organizations...

September 1997: Initiative for the Prevention of Violence against Women – local women's NGOs, international NGOs (STAR) and international institutions working in Bosnia (IPTF, OSCE, UN Human Rights, ICTAP)

1999: Infoteka Zenica: Final Report - Violence against Women

2001: Internews: Production and distribution of first local gender equity oriented PSA package (source: http://www.internews.ba/prog_prod_OHR.htm)

media campaign 'Stop Violence Against Women'
(source: <http://www.soros.org.ba/en/programi/zenski/izvjestaji.shtml>)

Governmental actions: Plan of Action for Children for the period between 2002 and 2010
(source: <http://www.un.org/ga/children/bihE.htm>)

what about legislation??

UN Mission in BiH: "insisted that local police establish focal points for domestic violence in every police administration/public security station. UNMIBH also initiated intensive training courses for the Domestic Violence Focal Points" (source: <http://www.unmibh.org/radio/view.asp?RadiolD=224>)

further source:

report on domestic violence by Asylum Aid (<http://www.asylumaid.org.uk/index.htm>)

20.1.8 Local aspects (Balkans / B&H / Differences between canton / administrative regions)

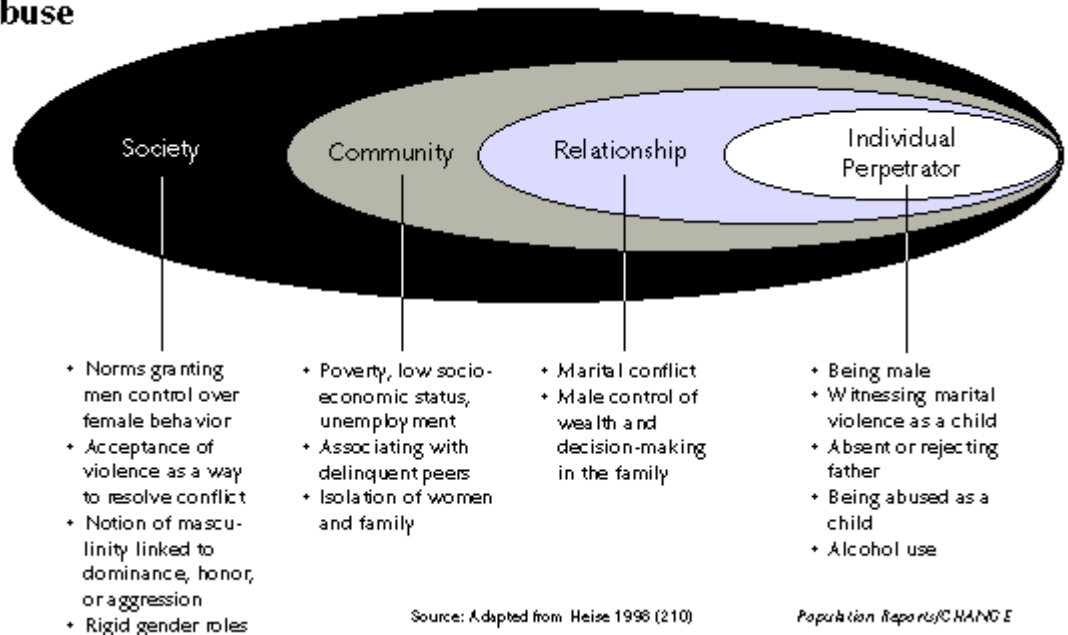
20.2 Box: Bronfenbrenner and ecological models

.....

A general ecological framework is often used to explain the dynamics of violence against women and children, organizing the multitudinous data on gender-based violence of four levels: society, community, relationship and individual perpetrator (e.g. Heise et al., 1999; see figure 1).

an example of a typical ecological model of violence:

Figure 1. Ecological Model of Factors Associated with Partner Abuse



(source: <http://www.jhuccp.org/pr/11edsum.stm>)

20.3 Effects analysis

20.3.1 Against women

The detrimental effects of interpersonal violence are well-documented (e.g. meta-analytic review of Weaver & Clum, 1995). Domestic violence is even more deleterious as it undermines the family's function as a safe haven for personal development and mutual trust and intimacy.

Intimate partner violence affects physical and mental health, leading to injuries, chronic somatic conditions, depression and posttraumatic stress disorder. The consequences are long-term, even if after the abuse has ended (Campbell, 2002). In some cases they are

fatal: A range from 40 to 70 % of female murder victims in different countries died by the hands of a partner or ex-partner (Heise & García-Moreno, 2002), and women who are victims of domestic violence are twelve times more likely to have attempted suicide (IRC report p.4, source “9”, listed on p.25 – another UN study or publication). Certainly not all fatalities caused by domestic violence are documented. Of special notice are the consequences to reproductive health. Sexual coercion leads to gynaecological health problems, including sexual transmitted diseases and can result in unwanted pregnancies. Violent acts against pregnant women are not uncommon (Heise et al., 1999).

Domestic violence interferes with day-to-day and maternal functioning. In fact exposure to violence in childhood and exposure to intimate partner violence in adult life predicted best whether a mother physically abused her child (Coohey & Braun, 1997).

The IRC report also asserts that there is growing recognitions that domestic violence undermines human development goals. (9), and specifically lists potential socio-economic effects in Table 5 / page 13 (Buvinic et al is given as the source for this, but is not listed with a footnote or cited at the end.).

20.3.2 Against children

Child maltreatment results in numerous short and long-term health consequences as well, and sometimes leads to the child’s death. Besides the immediate sustained injuries, abused children show symptoms in the somatic, emotional and behavioural domain, that may lead to somatic and psychological disorders in adult life (Hanson, Saunders, Kilpatrick, Resnick, Crouch & Duncan, 2001; McMillan & Munn, 2001). Children witnessing domestic violence had similar bad psychological outcomes as physically abused children themselves, as was shown in a meta-analytic review (Kitzmann, Gaylord, Holt & Kenny, 2003). Children of mothers who are victims of domestic violence in Nicaragua were six times more likely to die before the age of five, and more likely to be malnourished and not to receive immunizations. This may be because children of mothers who are victims of domestic violence are more likely to be born underweight, or that women who are victims of domestic violence are more likely to have low self-esteem or less ability to bargain on behalf of their children, both of which can negatively affect their parenting abilities. (IRC report p.12, source listed there, and also on p. as numbers 40, 43, and 44 cited in Heise)

20.4 Causal analysis

20.4.1 Society

Gender-based violence in intimate relationships is ubiquitous and apart from poverty (in relation to the surrounding economic level), there are no sound demographic predictors, when taking into account the data from different countries all around the world (Jewkes, 2002). The ISCW report even suggests that the link between poverty and domestic violence is controversial and can be called into question. Perhaps the apparent connection between poverty and domestic abuse simply means that richer victims are able to address violence through more private means, and avoid the stigma of identifying oneself as a victim of domestic violence by seeking public assistance. This INCLIN (multi site in India) data was also statistically tested status variables (difference in age, education, and employment), and found the strongest association between status difference and domestic violence to occur when the woman’s educational and employment status was actually higher than her husband’s. (15 of ISCE, footnote to “see also Jejeebhoy 1998”, listed on p.26) Prevalence between demographically quite similar regions of one country can vary substantially, indicating that more subtle cultural differences are at work (cf. Watts & Zimmerman, 2002). In any case, ideologies of male dominance and lower social status of women fuel violent

acts against women and affect how societies deal with them (Jewkes, 2002). Social norms on violence as an acceptable means to solve conflicts, be it transgenerationally transmitted within the families or conveyed by general societal acceptance, contribute further. Often violence is used by men to enforce their status and to punish transgression of traditional gender roles.

20.4.1.1 Transition and upheaval

Increasing conflict and psychological damage within a society in transition may result in augmented aggression within the families: Mrsevic & Hughes (1997) report on the increased domestic violence, especially of sons beating their mothers, in Belgrade, Serbia, as a consequence of the wars in former Yugoslavia. The proneness to marital conflict and domestic violence of Vietnam veterans with posttraumatic stress disorder is well documented (Kulka, Schlenger, Fairbank, Hough, Jordan, Marmar & Weiss, 1990). The IRC report refers to studies documenting the link between destabilization of economic patterns and a rise in violence (8, source 26 on page 25).

20.4.2 Community

20.4.3 Microsystem (victim, perpetrator and close others)

The IRC report asserts that the link between violence and the woman's lack of economic resources can be circular. The domestic violence, or threat of violence, prevents the woman from seeking employment, or compels her to accept low-paid employment, which in turn means that she does not have the resources to support herself if she chose to leave. However, the reverse situation can also lead to domestic violence: husbands, especially if they are unemployed, may see their wives' increased independence as a threat to their own traditional gender role. (8, sources 24 and 25 on page 25)

20.4.4 prevention

20.4.4.1 "Primary, secondary and tertiary prevention"

Generally, measures of violence prevention can be conceptualised on three basic levels:

- 1 Primary prevention: preventing violence to occur, i.e. preventing its beginnings.
- 2 Secondary prevention: detecting domestic and other forms of violence, ending it and caring for the victims.
- 3 Tertiary prevention: preventing a renewed outbreak of violence and healing the psychosocial damage in victims and perpetrators, thus ending the transgenerational cycle of violence (cf. Godenzi, 1996).

20.4.4.2 "Secondary and tertiary prevention" = "Treatment and services"

Specifically, treatment and services are defined as secondary and tertiary prevention to these forms of violence. That is, the focus in this paper on treatment and services is on the way that service providers try to alleviate the effects of violence and try to prevent it from happening again rather than primarily to prevent it from occurring at all.

20.4.5 Attitudes and behaviour of relevant individual service providers

20.4.5.1 Results from the literature

Eastal & Eastal: doctors negative attitudes to domestic violence (in particular blaming the victim) and professional role resistance had an influence on the effectiveness of their interventions. Rose & Saunders provide some evidence that female care providers may provide more empathic care. Both the IRC report and the ISCW report describe special

“women’s” police stations set up in several different countries in an effort to encourage more women to report domestic violence. The stations were either staffed completely by women, or had several women officers available. However, a report on the women’s police stations in India found that these special police stations had mixed results, such as victims being told that they could only report domestic violence at the women’s police station (ISCW but no source cited). The IRC report also referred to constraints on the women staff, such as poor working conditions and lack of training and resources, which often prevented them from working effectively, and could be seen as a result of the same factors that cause domestic violence, i.e. women’s reduced social status. (17 in IRC source 61 on page 26) Reid and Glasser report that most primary care physicians believed that domestic violence was rare.

However most studies use ad-hoc questionnaires with questionable validity.

20.4.5.2 Relevant dimensions:

Duties (detection, referral, services, interservice cooperation)

Information

Beliefs, attitudes ...

Motivation including professional consequences for actions

Authority

Resources including training

.....

20.4.5.3 Summary: reasons for funding the Medica program?

...

20.4.6 Microsystem (victim, perpetrator and close others)

20.5 Prevention

Research on prevention is important partly for its own right and partly because it is an excellent source of additional information about causality. In fact as other information about causality is virtually always retrospective and at best quasi experimental, evaluation of programs can even give experimental type information which is generally accepted as being more valid ...

20.5.1 Community-based primary prevention of domestic and gender-based violence

Following the ecological model (see above) the prevention of gender-based violence must not only intervene on case-level, i.e. the victim, the perpetrator and their relationship, but also on the societal and communal level. Contributing factors like the silent acceptance of violence as a means to discipline women and children and to reinforce male dominance has to be opposed by changing the beliefs and attitudes within the society.

In the last 20 years numerous regional and national efforts to prevent gender-based violence took place (an overview on current European programs can be found on the website of the WAVE office: http://www.wave-network.org/Main_frame_IC.html; overview of recent North-American programs: Godenzi & De Puy, 2001). These campaigns sensitised health institutions, politics and the general public, by putting the topic on the agenda. Numerous fruitful initiatives like SOS hotlines or women specific therapeutic centers developed from these efforts. Nevertheless, most prevention and intervention programs

have been poorly evaluated (Heise & García-Moreno, 2002). Current and future programs should be evaluated more thoroughly on qualitative and quantitative levels. Tolan & Guerra (1994) promote five characteristics of evaluation designs in violence prevention:

Review of participants concerning demographic and prevention target.

Comparison group, ideally randomised.

Insured program integrity, documentation of methods, interventions, duration and exposure to intervention.

Baseline and outcome assessment concerning target behaviour.

Use of quantitative measurements.

Possible (and already used) outcome variables for public prevention campaigns on domestic violence are:

the increase of detection and management of cases on the short run and societal changes of women's social status

non-acceptance of gender-based and domestic violence on the long run, reflected by a long-term reduction in prevalence of such forms of violence.

Similarly, the effectiveness of education and training programs for health care workers and other related groups should be measured not only by increased levels of information and knowledge and the participant's feedback, but behavioural and practical outcomes also, ensuring that the training programs in fact improve the situation for victims of gender-based violence (cf. García-Moreno, 2002).

20.5.2 Education and training programs at the workplace

Health care workers and other people involved in preventing, spotting and stopping domestic and gender-based violence share the same beliefs as the society they live in. Hence these professionals are a particularly important target group for changing dysfunctional attitudes and behaviours concerning violence against women and children, because such attitudes immediately influence their work's effectiveness. Furthermore and above all they require training on effective policies and strategies for prevention, screening and prevention.

Professionals that get in touch with the problem of gender-based violence, sometimes without knowing it, are for example nurses and physicians (especially in primary care and emergency departments), social workers, counsellors/therapists and of course members of the police departments. Health care practitioners that relate immediately to forms of gender-based violence work in women's shelters or health care centers with special focus on female issues.

Most training courses for professionals aim to

- sensitize to the problem of domestic and gender-based violence,
- educate on prevalence, causes and consequences and to
- provide training and skills for screening for domestic violence and meeting the needs of the victims.

They mostly refer to existing knowledge on domestic violence and feminist theories, but seldom to other theoretical backgrounds. One quite useful theoretical framework for enhancing attitude and behaviour change is the PRECEDE-PROCEED model, often used for program planning in public health interventions (Green & Kreuter, 1991; e.g. Paradis et al., 1995). According to the model, behaviour change is a function of three sets of characteristics:

- Predisposing characteristics that provide a rationale or motivation, including knowledge, attitudes, and beliefs.
- Enabling characteristics, for example skills and resources, and
- Reinforcing characteristics that ensure the continuation of the target behaviour, e.g. positive feedback or social support (Smith, Danis & Helmick, 1998).

Using this framework, Smith et al. (1998) investigated baseline characteristics associated with clinician screening behaviours concerning intimate partner violence in 272 physicians and 77 nurses. Clinicians' self-perceived competence as a composite measure of self-efficacy around specific clinically relevant behaviours emerged as a primary predictor. Clinicians' already existing knowledge on domestic violence and attitudes toward battered women showed no relationship to screening behaviour, indicating that in this special population further training should be skill-based, rather than knowledge-based.

20.5.3 Education and training at the workplace: Primary care

Especially in primary care, education focuses on screening and case management (e.g. Thompson et al, 2000, Gadowski, Wolff, Tripp, Lewis & Short, 2001). According to the findings these interventions are fruitful at first, but often the increase in case detection is not sustained (Campbell et al., 2001), showing the more complicated relationship between existing knowledge and profound system change. As a logical consequence special trainings should be implemented in medical education and training schedules. Jonassen et al. (1999) evaluated whether the participation in an intensive interclerkship on domestic violence improved the knowledge, attitudes and skill of medical students, comparing them to not participating students. Apart from knowledge and attitudes, the authors also assessed performance on screening for domestic violence showing the program's effectiveness on a at least this practical-behavioural level. Maiuro et al. achieved significant changes nine months post-training on most of the scales used after a two half-day training for primary care personnel. The most substantial change was on the measure of perceived self-efficacy.

20.5.4 Education and training at the workplace: Other groups

There is little research on special trainings with other vocational groups, for example police or judiciary forces. Buchanan & Perry (1985) evaluated the effectiveness on 359 police student officer's attitudes towards domestic disputes following family-crisis-intervention training. They showed significant change of attitudes, assessed with questionnaires. For example student officers were more likely to view domestic disputes as legitimate police business. Unfortunately, no assessment was made of behavioural change. Some of the items showing the most positive change have been included in our questionnaire.

20.5.5 Education and Prevention Campaigns in the General Public

More general target groups for education about gender-based violence could be representatives of jurisdiction and politics, journalists, teachers, schools and of course the public in general.

McElhane & Effley (1999) examined two community-based violence prevention programs in the USA, following the recommendations of Tolan & Guerra (1994, see above). Both programs targeted violence problems among adolescents. Intervention strategies ranged from school lessons including information-giving and training on conflict resolution to a mass media campaign including posters, TV-spots and T-shirts. Both programs showed attitudinal and behavioural changes, measured by reduced school disciplinary code violations and in-school suspension and self-reported involvement in fights.

A program directed to high school students' adherence to rape-myths was conducted and evaluated by Proto-Campise, Belknap & Wooldredge (1998). Comparison between the

classes receiving education and the control group showed the effectiveness of an one-hour lesson. Nevertheless there was no follow up which would have assessed the permanence of attitude change.

Lonsway et al. (1998) conducted a more thoroughly evaluated semester-long program to train 74 peer facilitators for campus acquaintance rape education (“train the trainer”). They were compared to 96 undergraduates who had enrolled in a course on human sexuality. The experimental group showed change of rape-related beliefs not only on an attitude scale, but also on expressed behavioural intentions while watching videotaped sexual conflict scenarios. Two years later on follow-up assessment the experimental group was still less accepting towards rape-related myths.

One at least partially evaluated media campaign against domestic violence is the US-American National Public Education Campaign, extensively using TV-spots, advertisements and billboard displays (Klein, Campbell, Soler & Ghez, 1997). Data on attitudes and actions against domestic violence indicated that survey respondents living in areas where there was the heaviest exposure to the campaign had lower acceptance of domestic violence and perpetrators and reported increased actions against domestic violence in their surroundings (e.g. talked to a woman about her being obviously abused). Of course it is particularly difficult to evaluate the outcome of such public campaigns because one cannot always ensure if a change actually can be attributed to the campaign. Qualitative instruments could be used to obtain feedback on the public reactions and opinion on such programs.

20.5.6 Conclusion

Significant change with lasting medium-term effects can be achieved after relatively short interventions with professionals, at least on measures which are close to the content of the training.

There is at least some evidence that attitude and behaviour change programs on violence with the general public can be effective even in the medium term.

Issues of the maintenance of achieved change were highlighted.

Suggestions for additional activities ...

How do superiors and other colleagues respond to an individual service provider taking effective action against domestic and gender-based violence on women and children?....

Draft

22 cost of evaluation presented as a percentage of the overall program/program cost

Draft

23 Appendix: Logframe

Assumptions

We have made the following assumptions for the success of this project and believe that they are in place.

- Medica Zenica can operate successfully in two new locations - we have done this before in four locations: Zenica, Mostar, Bihac and Prijedor
- The institutions will accept and endorse this project – so far our indications are that they will (due to the success in Zenica, Mostar, Bihac and Prijedor)
- Local partner organization with developed relationship with governmental institution or/and individuals working in institutions – we believe the partner NGO we have selected can do this.
- Local governmental institutions open to the progressive changes and cooperation with NGO sector – signs are that this is beginning to happen in some but not all institutions.
- Individuals in local governmental institutions that are committed to the problem of violence against women and children.
- Active participation of all subjects directly (Medica and partner organizations, participants, trainers, directors or presidents of institutions the participants are from...) or indirectly (related ministries and other institutions) involved and transparency of goals and activities – pilot project, as well as implementation in Mostar, Bihac and Prijedor, appears to verify this.

4. STATEMENT OF OBJECTIVES

The overall 3-6-year project has the following goals and objectives

4.1 Project Goal(s) - Development Objective

- To ensure protection of rights and provision for the needs of children and women victims/survivors of violence, including domestic violence.
- To increase public awareness to understand the problem of gender based and domestic violence as public and not private issue and is a violation of children's and women's human rights.
- That more children and women reporting violence – supported by knowing that there are services available that are sensitive to the specific needs.
- That protection of children's and women's rights to life without violence (and other rights) as responsibility of society, at the first place state and governmental institutions, becomes reality

4.2 Project Objective(s) - Immediate Objective(s)

- Improved treatment and services provided by the government institutions to the victims of violence. To measure this the research is needed, to be able to compare with results of previous researches ³⁴ (see also footnotes: 2, 3, 5)
- To mobilize professionals to lobby for legal reform and harmonization of laws (at the state, Federation and RS level at the following stages of the developing of the project) to prevent and protect women and children from violence
- Improved and coordinated cooperation among GI professionals from different parts of BH (Cantons, Regions, Federation and Republic of Srpska) and between GI and NGOs
- To support creation of network with GIs and NGOs that are working on policy advocacy in the field of Woman's and Children's human rights (legislation and protocol changes, improving and adapting GI services to the specific needs of beneficiaries
- Cooperation among professionals who participate training
- Additionally improved capacity of local NGOs that were partner organizations during project implementation

This sub-component will meet these objectives in part.

³⁴ Oxfam GB, Medica Zenica, Udružene Žene Banjaluka and Žene Ženama Sarajevo where partners on realizing report on quality of services to women victims of violence: "Nasilje nad ženama – detaljna istraživanja" – februar 2000. Report conducted by Lorena Bozac-Dolezan, Ljubljana, Slovenia.

4.3 Expected Outputs / Required Inputs

Outputs:

- Between minimum of 180 and maximum of 250 trained professionals who are offering adequate support to children and women victims and survivors of violence (by adopting holistic and client based approach, child and gender sensitive); deal with professional stress and burnout in. In addition we will initiate networking among professionals that are able to improve services by "joint action" and cooperation.
- Between minimum of 38 and maximum 50 professionals trained as trainers in their own institutions and some of them are expected to be available and able to train other professionals in other institutions, in other cities of BH (including other entities – trainer from Federation in RS or trainer from RS in Federation)
- Around 38-50 Professionals with skills to do advocacy and lobbying for positive changes in local community regarding: improvement of services and legislation; individual and group rights of vulnerable and minority groups; other PA activities. In addition we will initiate experience exchange and networking among participants (network of trainers; network of PA activists)

Inputs

- Situation analysis: Assessment on further implementation of program "A Multidisciplinary Approach to Combating and Prevention of Domestic and Other Forms of Violence against Children and Women" in 2003/2004 - Final Report
- Curriculum development - Manuals (*Medica-Infoteka contribution*)
- Training seminars (3 types)
- Support from local partner NGOs.
- Ongoing internal evaluation (mechanisms improved by proMENTE)
- External evaluation of program implemented in 2003-2004 (to be submitted by proMENTE)

5. TARGET POPULATION

Target areas are 2 areas (Middle-Bosnia Canton in Federation BH and Dobož Region in Republic of Srpska)

Direct beneficiaries of the Program are professionals in the Governmental Institutions and NGO members that are directly or indirectly having contact and providing support and help to women and children victims of violence.

1. Police officers and inspectors in Police departments
2. Doctors and nurses in the medical services: Hospital, Emergency services, Gynecology
...
3. Judges, Public Prosecutors
4. Officers in Centers for social work
5. Members of NGO services and Journalists

Travnik and Dobož are centers of administrative areas and Cantons. After this project is finished the partner organizations and local governmental institutions (supported by related ministries) should work on further implementation of "Multidisciplinary Approach..." by using capacities improved or developed during this project (organizational skills of local NGO, trainers, advocacy workers, network...). Medica will be part of support network, and will help in fundraising for further extension of this project.

Indirect beneficiaries are, at the first place, women and children victims and survivors of violence. Further indirect beneficiaries are working colleagues, friends and family members

of participants. The last, but not the least is the public in general. Media will cover the training activities and this will be opportunity to underline the existence of the problem in the community and the need for changes (services, general approach to the problem...). Organizing PRESS conferences will insure the media coverage.

6. DESCRIPTION OF ACTIVITIES

6.1 Main Activities

Situation analysis - conducted in pre-implementation period as separate activity

This will allow us to update and review all available materials on the situation in BH of domestic and gender based violence.

(See: The Final report: Assessment on further implementation of program "A Multidisciplinary Approach to Combating and Prevention of Domestic and Other Forms of Violence against Children and Women" in 2003/2004)

Pre-implementation: Medica-Infoteka contribution

- **Updating of educational materials** - During the work of the previous implementation of "Multidisciplinary Approach..." The educators discovered new needs, which were recognized through the questions and reactions of the participants. 3 manuals and teaching materials will be printed.
- **Additional consultations for trainers** – From the group of trainers from Bihac and Prijedor that completed Training for Trainers in 2002/2003 (program supported by UNICEF) 5-10 will be chosen by training team leader (Edita Ostojić) to receive additional consultation that will increase their capacity to participate in training team for Training for Helpers. They will be included on specific topics, according their basic profession.

Training for helpers

Training topics:

- Attitudes and skills (gender sensitivity and identity, overcoming prejudice, communication skills...)
- Psychological trauma
- Forms and mechanisms of violence against children and gender based violence
- Sexualized violence against children and women
- Support and help for helpers – prevention of burnout and secondary trauma
- Humanization of institutional approach during implementation of law – human rights conventions
- Forensic – collecting of physical evidence after cases of physical violence and sexualized violence – holistic approach

Training for trainers and advocacy workers in the community

Training topics (by using same methods like during training for helpers)

For participants of training for trainers

- Gender sensitivity, identity, prejudices
- Additional and detailed topics covered during training for helpers (relating directly to domestic violence)

- Training techniques for adult-learning

For future advocacy workers

- Gender sensitivity, identity, prejudices
- Communication skills
- Media presentation
- Policy Advocacy Techniques and Methods

6.2 Project Management / Key Partners and working positions

Medica Zenica

- Overall coordination and reporting to UNICEF
- Field coordination with partner organizations
- Direct contact with participants and institutions – as needed
- Preparation of curriculum and training materials
- Organizing training sessions
- Conduct training sessions
- Conduct internal evaluation
- Assist external evaluation

Working positions Medica Zenica

1. Project Manager
 - a. Management of project implementation
 - b. Management of finances
 - c. Overall coordination and reporting to UNICEF
 - d. Direct contact with institutions and related ministries – as needed
 - e. Consulting for Partner organizations (local capacity building)
2. Project assistant
 - a. Direct assistance to trainers during all 104 training sessions
 - b. Conducting of reports on workshops content and dynamic
 - c. Technical preparation of training curriculum and training materials (manuals, transparencies...)
 - d. Distribution (and collection) of evaluation questionnaires
 - e. Direct contact with participants and institutions – as needed
 - f. Consulting for Partner organizations (local capacity building)
3. Admin assistant
 - a. Administrating of project documentation produced during the project implementation
 - b. Preparation of project documentation produced during the project implementation for reporting purposes
 - c. Administrating of financial documentation
 - d. Contact with partner organizations on administrative issues
 - e. Other assistance as needed

4. Logistic officer And Driver
 - a. Transport of trainers and team members for project implementation needs (training, management, contact meetings)
 - b. Logistic for training sessions - sorting and transport of training didactical materials
 - c. Evidence of used and needed consumables and supplies; and purchasing in case of supplies and consumables not purchased through UNICEF's supply contingency.
 - d. Other assistance as needed

Partner organizations:

- Providing office space for coordination and management meetings
- Providing communication infrastructure in areas of direct implementation (telephone, fax, e-mail)
- Local project administration and logistic in areas of direct implementation
- Networking and regular contact with governmental institutions and other NGOs who's members take part in the project
- Ongoing individual contact with participants
- Workshops logistic support
- Members will participate in the NGO groups for training.

Working position "Budučnost" - Modriča

5. Local Project Assistant
 - a. Local project administration
 - i. record of contacts and meetings in Location 1
 - ii. updating record of participants (contact data)
 - iii. coordination with MZ
 - iv. participating to Management meetings (MZ and PO's) and writing meeting reports (each time other organization is writing report on meeting)
 - b. Networking and regular contact with governmental institutions, NGOs who's and individuals that take part in the trainings
 - i. telephone and direct contacts in preparatory phase (approval of participation, forming of groups, collecting contact data from participants, sharing info on training timetable and draft info on training content)
 - c. Ongoing contact with participants
 - i. information sharing
 - d. Contact with local media
 - i. Informing local media about program and updating on conducted activities; organizing contact with media (if media representatives want to have interviews or other type of activities recording)
 - e. Workshops logistic support
 - i. if additional printing, copying etc. needed
 - ii. contact with owners of training facilities (Hotels) in Location 1

Working position "Alter Art" - Travnik

6. Local Project Assistant
 - a. Local project administration
 - i. record of contacts and meetings in Location 1
 - ii. updating record of participants (contact data)
 - iii. coordination with MZ
 - iv. participating to Management meetings (MZ and PO's) and writing meeting reports (each time other organization is writing report on meeting)
 - b. Networking and regular contact with governmental institutions, NGOs who's and individuals that take part in the trainings
 - i. telephone and direct contacts in preparatory phase (approval of participation, forming of groups, collecting contact data from participants, sharing info on training timetable and draft info on training content)
 - c. Ongoing contact with participants
 - i. information sharing
 - d. Contact with local media
 - i. Informing local media about program and updating on conducted activities; organizing contact with media (if media representatives want to have interviews or other type of activities recording)
 - e. Workshops logistic support
 - i. if additional printing, copping etc. needed
 - ii. contact with owners of training facilities (Hotels) in Location 1

6.3 Project Timeframe

This project is short-term, but the whole program is long-term and includes constant networking, updating, monitoring...

➤ Zero month - Preparation

- Contact and meetings with partner organizations (as needed)
- Preparation and consultations for additional trainers
- Updating and printing of Manual for Helpers
- Updating and printing of other handouts and transparencies for Training for Helpers
- Contact with authorities and institutions in "Location 1"
- Contact with authorities and institutions in "Location 2"
- Making the lists of participants and scheduling of workshops in "Location 1"

➤ First to third month

- Contact and meetings with partner organizations (as needed)
- Further contact with authorities and institutions in "Location 1"
- Further contact with authorities and institutions in "Location 2"
- Training for Helpers – "Location 1" (4 groups - 6 sessions each)
- Training for Helpers – "Location 1" (3 groups - 4 sessions each)
- Making the lists of participants and scheduling of workshops in "Location 2"
- Concluding and reporting
 - NOTE: holidays (Bajram in November; Christmas in December, Saint Nicolas in December)

➤ Third to sixth month

- Training for Helpers – "Location 1" (1 group - 6 sessions)
- Training for Helpers – "Location 2" (3 groups - 2 sessions each; 2 groups 6 sessions each)
- Organizing and preparatory work for Final Sessions for Helpers
- Training for Helpers from "Location 1" (Final session for Helpers)
- Training for Helpers from "Location 2" (Final session for Helpers)
- Concluding and reporting
 - NOTE: holidays (Bajram in February; Christmas in January, Saint Stephen in January)

➤ Sixth to ninth month

- Updating and printing of Manual for Policy Advocacy
- Updating of Manual for Trainers 1 (basic training skills)
- Updating of Manual for Trainers 2 (main manual)
- Organization of Training for Trainers (incl. Making the lists of participants) in "Location 1 and 2" (incl. additional contacts with institutions)
- Organization of Training for Advocacy (incl. Making the lists of participants) in "Location 1 and 2" (incl. additional contacts with institutions)
- Training for Trainers - "Location 1 and 2"
- Training for Advocacy – "Location 1 and 2"

- Concluding and reporting
 - NOTE: holidays (Easter in April: Orthodox and Catholic)

➤ **Ninth to eleventh month**

- Organization of Final session – Trainers and Advocacy – joint "Location 1 and 2" (incl. additional contacts with institutions and making the lists of participants)
- Final session – TT and TA – joint session for participants from "Location 1 and 2"
- Concluding and reporting (on Final session)
- Independent Evaluation (Medica and the partner organizations will participate, but it will be conducted by proMENTE)
- Concluding and reporting Final Report - Integral report on all activities incl. (not connected with timetable of Independent Evaluation and its results)

NOTE:

The Final session for TT and TA has optional date of conducting, depending on availability of participants, their professional timetable, and needs of final evaluation that MZ, PO's and participants should follow.

Training for Helpers

- First location – 5 groups
 - 6 day training for each group
 - Final 3 day session (2 full days) for all participants
- Second location – 5 groups
 - 6 day training for each group
 - Final 3 day session (2 full days) for all participants

Training for trainers

- First Group (first location)
Three training blocks of 2+2+5 days
- Second Group (second location)
Three training blocks of 2+2+5 days
- Final 4-day (3 full days) joint session for First and Second Group (together Trainers and Advocacy Activists) *

Training for Advocacy Workers

- First Group (first location)
Three training blocks of 2 days
- Second Group (second location)
Three training blocks of 2 days
- Final 4-day (3 full days) joint session for First and Second Group (together Trainers and Advocacy Activists) *

Evaluation and Monitoring

To be conducted in cooperation and by independent evaluator (proMENTE), with Medica and the partner organizations as participants (resource and target group of evaluation, as well as logistic support).

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