

Psycho-social Treatment of Domestic Abusers as a Form of Prevention of Domestic Violence¹

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In the first part of the paper, the authors discuss the high rate and widespread incidence of domestic violence, drawing attention to the inadequacy of conventional measures of state action, embodied in initiating criminal proceedings against the perpetrator of domestic violence. Given the unreduced rate of domestic violence, these measures do not produce adequate results. In order to prevent future incidences of domestic violence, some states (such as the United States of America, Australia and Spain) have begun to apply a new model of psycho-social treatment of domestic abusers. In the past few years, the Republic of Serbia has instituted individual and group psycho-social treatments which carried out in social welfare centers. In the final part of the paper, the author gives some suggestions for improving the existing psycho-social programs in the social welfare centers in the Republic of Serbia.

Keywords: domestic violence, abusers, psycho-social treatment, prevention

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1 Introduction

The phenomenon of domestic violence has been a part of human societies since the development of early human tribes, and in the course of human history, it has reflected more or less discernible patterns of interpersonal relationships among family members. Yet, “the golden age” of all vulnerable social groups (such as children, women/mothers/unmarried partners and elderly members of the household) is considered to have emerged no sooner than the second half of the 20th century, primarily as a result of the worldwide political engagement of feminist and other non-governmental organisations in developed countries. Subject to the active role and impact of human rights’ protection groups, domestic violence has ceased to be a private family matter and has become more socially visible, given the clear propensity of contemporary states to regulate this area of private life.

Domestic violence may be defined as a criminal offence committed by exerting physical force and psychological pressure against family members, which eventually leads to jeopardizing and/or violating the family members’ safety and trust-based relationships, ultimately resulting in exercising control

and power over the family members. This criminal offence occurs irrespective of whether this form of socially unacceptable behaviour has been incriminated in the national legislation and whether the perpetrator of domestic violence has been reported to the prosecution authorities (Konstantinović Vilić, Nikolić Ristanović, & Kostić, 2012: 115–116).

Even though most contemporary states worldwide have developed an adequate legislative framework for combating this type of violent crime as well as explicit penal policy embodied in the concept of retributive justice, the family members’ exposure to domestic abuse is still substantial on a daily basis (particularly concerning women who stand the highest risk of victimization). Thus, considering that the current penal policy for combating domestic violence has not yielded relevant results, it is necessary to develop a different kind of penal policy which would rest upon the prominent role of preventive measures. These measures may also be applied in the psycho-social treatment of domestic abusers in order to prevent the prospective incidence of domestic violence.

2 The High Rate and Scope of Domestic Violence

It is difficult to determine exact data on the incidence and scope of domestic violence because this type of crime is frequently associated with sinister and disturbing statistics. However, the results of criminological studies indicate the high rate and scope of domestic violence. According to the report issued by the United Nations Entity for Gender Equality and the Empowerment of Women, 35% of women worldwide are victims of domestic violence (UN Women, 2014). The

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highest number of cases involving gender-based domestic violence has been recorded in Africa, Eastern Mediterranean and South-East Asia, where 37% of women encounter domestic violence; it is least prominent in highly developed economies, such as the European countries and the Western Pacific countries, where 25% of women have been victims of domestic violence at some point in their lives (World Health Organisation, 2013).

In the United States for example, the annual record shows that the victims of domestic violence in 85% of all recorded cases are women, while men are victimized in 15% of the cases. The highest risk of victimization is sustained by women aged 20 to 24. As for the number of homicides committed among family members, the statistics shows that three women and one man on average are killed daily, which points to the fact that 11% of homicides in the United States in 1998 resulted from domestic violence. Providing health services to domestic violence victims costs taxpayers about 5.8 billion US dollars annually. Domestic violence is closely associated with other forms of violence, such as the criminal offence of stalking, and this correlation is best illustrated by the fact that over 503,000 women were stalked by their partners. The data on the scope of violence in partner relations among high school students are even more alarming. Specifically, 32% of high school students are involved in intimate relationships entailing some form of violence; 40% of female high school students knew a woman of their age who was a victim of violence inflicted by her intimate partner (Statistic Brain Research Institute, 2014).

Many domestic violence researchers consider the most reliable results in studies conducted by the US National Institute of Justice and the Center for Disease Control and Prevention. On the basis of a sample 16,000, a subsequent statistical analysis showed that a total of 1.5 million women were victims of domestic violence whereas the number of male victims was around 830,000. The results also indicated that one-fourth of the respondents claimed that they were victims of assault or rape at some point in their lives (Roberts, 2002: 25).

In terms of domestic violence, the Republic of Serbia is not significantly different from other states. The first quantitative research on the scope of domestic violence in Serbia was conducted by the Serbian Victimological Society in 2001, at a time when domestic violence was not even envisaged as a criminal offence. The sample included 700 adult women and the results showed that one in three women was a victim of physical assault whereas one in two women experienced psychological abuse (Dimovski, 2014: 159-160). After the Act of domestic violence was officially prescribed in 2002, the overall number of reported criminal offences in the Serbian Criminal Code (Krivični zakon RS, 2005) (Chapter 19 -

Offences against Marriage and Family) tripled in subsequent years. In 2004, there were a total of 1,009 adults reported for the commission of a criminal offence of domestic violence; in 2012, the statistics show an increase amounting to a total of 3,624 reported adults (Republički zavod za statistiku, 2014). It should be noted that the state was unable to provide adequate protection to domestic violence victims (primarily women as a group running the highest risk of victimization in this type of crime) because certain forms of domestic violence (such as sexual abuse of married women) could not be subsumed under any of the prescribed criminal offenses. Thus, if a case involved physical assault, the abusers were prosecuted under the provisions governing more or less serious bodily injuries, whereas psychological abuse was treated as a criminal offence of insult or defamation - Articles 170 and 171 (Konstantinović Vilić et al., 2012: 119). Upon amending the relevant provisions of the Serbian Criminal Code (Krivični zakon RS, 2005), physical and psychological abuse was designated as domestic violence (Krivični zakon RS, 2005: Article 194) whereas sexual abuse in spousal relations was included in the provisions governing the criminal offence of rape (Krivični zakon RS, 2005: Article 178).

3 Psycho-social Treatment of Male Domestic Abusers: Examples of Good Practice

Given the high incidence and scope of domestic violence among family members, countries worldwide have embarked on establishing a wide range of institutions for the prevention of domestic violence and its consequences. A vast majority of national programs aim to provide support to victims of domestic violence by ensuring that the necessary health care, financial and psychological assistance. On the other hand, there are some institutions whose programs are specifically aimed at perpetrators of domestic violence, their psycho-social treatment and developing their social relations with family members. The ultimate goal of these programs is to induce change in the offenders' behaviour and prevent prospective incidences of domestic violence.

Criminologists generally agree that there are three levels of prevention of domestic violence: 1) *primary prevention* is reflected in an attempt to prevent domestic violence before it occurs, whereby this form of prevention may be aimed either at the entire population or at a specific social group with a high risk of engaging in this form of violence; 2) *secondary prevention* is aimed at changing the offender's conduct before violence becomes a regular pattern of behaviour and developing specific social communication skills in individuals who have already demonstrated some forms of violence against their family members; and 3) *tertiary prevention* focuses on

cases involving prolonged violence where the victims need to be provided with relevant social/financial support whereas the offenders need to be subjected to adequate psycho-social treatment (in conjunction with imposing relevant criminal sanctions) (Australian Institute for Social Relations, 2010). As the secondary and tertiary prevention efforts are aimed at preventing the further occurrence of domestic violence, these goals can be accomplished in the course of psycho-social treatment of violent abusers.

Scholars point to several reasons why community efforts should focus on psycho-social treatment of violent offenders. The education of domestic abusers regarding the consequences of their behavior, including the process of accepting responsibility, is considered to be the key step towards the prevention of domestic violence in the future. In addition to law-enforcement and judicial authorities, the prevention of domestic violence largely depends on the highly important interaction between the perpetrator of domestic violence and the local community, embodied in the social welfare institutions. Moreover, the psycho-social programs designed for offenders' resocialization are an essential step towards reducing the domestic violence rate.

There are several models of psycho-social programs used by social institutions dealing with individuals convicted for committing an act of domestic violence, and aimed at preventing further incidents. Whereas the psycho-dynamic approach to family abusers is still quite novel and underdeveloped, cognitive-behavioral therapy⁴ has been extensively applied in the treatment of domestic abusers. Developed by Abel, Becker, Rathner, Kaplan and Reich (Adler & Denmark, 1995), the cognitive-behavioral treatment is applied to domestic abusers who are accused and convicted of committing

incest. In the course of 12 to 48 sessions, domestic abusers are expected to reduce their deviant sexual fantasies by correlating them with negative consequences, such as detention in the penitentiary. Given the fact that the sex offenders in the family generally lack a number of social (interpersonal) skills, there is a need to provide them relevant professional assistance aimed at raising their self-esteem. Moreover, considering that sex offenders justify their abusive behavior towards their own children claiming that they were only "giving them lessons in sexuality" (which they considered to be "good for them"), there is a need to provide genuine information about how children feel at the moment of being sexually abused by their own parents (Adler & Denmark, 1995: 91).

For this reason, some countries have developed programs for the prevention of sexual violence against children within the family. These are aimed at deterring offenders from such conduct by encouraging them to satisfy their sexual urges through masturbation and developing a sense of repulsion. Thus, domestic abusers are supposed to masturbate visualizing age-appropriate sexual fantasies; after having an orgasm, they are required to continue masturbating over a longer time by visualizing inappropriate sexual fantasies. The essence of this approach is to create a clear association between sexual pleasure and appropriate sexual fantasies (positive stimulus), and to correlate the lack of sexual pleasure with inappropriate sexual fantasies (negative stimulus). During masturbation, domestic abusers are required to talk about the specific kind of fantasies and their oral accounts are recorded on DVD for a subsequent expert review. In the past ten years, this program has proved to be quite successful, particularly when combined with family therapy and psycho-pharmacotherapy. The opponents of this program are critical of the small research sample used in measuring the efficiency of this program (Adler & Denmark, 1995: 91–92).

Some states have developed special programs, such as Perpetrator programs, Violence Intervention programs and Rehabilitation programs. Australia is one of the countries that has built a comprehensive framework for the prevention of domestic violence by developing psycho-social treatment programs for violent offenders. Further occurrences of domestic violence are prevented by instituting individual counselling, group therapy and close supervision of individual cases, all of which are aimed at changing the offenders' mindset, attitudes and conduct (Australian Institute for Social Relations, 2010). Concurrently, Australia has focused particularly on juvenile perpetrators of domestic violence; in 2009 and 2010 alone, there were 2,831 reported cases of domestic violence committed by juveniles in the State of Victoria, Australia. Relying on the data collected on domestic violence in the period from 1999 to 2008, the Department of Justice of the State of

⁴ Cognitive behavioural therapy (CBT) is based on the assumption that our feelings and behaviour are driven by our thoughts. Hence, we are not influenced by external factors, such as people, situations and events. The CBT is an effective form of psychotherapy and its positive results have been proven in numerous clinical studies involving the treatment of various psychiatric disorders. American psychiatrist Aaron Beck, who initially focused on treating depression, is considered to be the father of cognitive therapy. Asserting that the key feature of depression is distortion of rational thought, Beck advocated that the therapist and the patient should work together on identifying and resolving issues. The therapist's role is to help patients overcome difficulties, change their way of thinking, emotional responses and behaviour. The distortion of rational thinking process occurs when people are distressed. Cognitive therapy helps identify these patterns of irrational thoughts, evaluate them in relation to real circumstances, and eventually modify the dysfunctional behaviour and such distorted way of thinking in order to feel better. The cognitive therapy programs are carried out by professionals in health care institutions (Drmić, 2011).

Victoria found that in 13% of recorded cases, a parent was the victim of domestic violence committed by a minor. Similarly, domestic violence research in Western Sydney showed a higher risk of victimization in certain family types, such as single-parent families. In 51% of recorded cases, the single parent (usually the mother) has been subjected to domestic violence inflicted by the children - usually sons (Howard, 2011: 3). In order to prevent domestic violence committed by minors, Australia had to introduce special measures aimed at preventing juvenile-inflicted forms of domestic violence. Bearing in mind that some criminologists (such as Patterson) consider domestic violence committed by juveniles against their family members a result of some psychiatric disorder, it is essential to apply cognitive-behavioural therapy in the treatment of these juvenile offenders in order to prevent the recurrence of family violence and develop relevant social communication skills in these offenders (Howard, 2011: 8).

One of the most widely applied psycho-social treatment programs aimed at preventing domestic violence is the so-called Duluth model, developed in the city of Duluth, Minnesota (USA), in 1981. This model essentially entails three courses of action: 1) ensuring the social visibility of domestic violence instead of keeping secrets and hiding skeletons in the family closet; 2) creating a safer environment for victims of domestic violence; and 3) pursuing the offenders' accountability by encouraging them to assume responsibility for their conduct (Lehmann & Simmons, 2009: 5). The cornerstone for preventing future incidence of domestic violence is group therapy (organized in weekly sessions taking 1.5 to 2 hours each over a six-month period), where the domestic abusers are offered assistance in taking responsibility for their behaviour. Starting from the fact that violence against family members is a learned pattern of human behaviour, therapists endeavour to change the offender's mindset by applying cognitive-behavioural treatment as well as some basic principles of feminist theory (Lehmann & Simmons, 2009: 5). More specifically, the Duluth model is based on the interactive dialogue between therapists and offenders for the purpose of guiding them into critical thinking and drawing their attention to the social norms underlying male domination of women (Murray & Graves, 2012: 116).

Some criminologists emphasize the disadvantages of the Duluth model, which are reflected in paying inadequate attention to the personal characteristics of each individual abuser, mental health problems, emotion control and particularly anger management (Walker, 2009: 327). Some criminologists also emphasize that the Duluth program results in minor changes in the offenders' behaviour. The research conducted by the US National Institute of Justice in 2003 (published in the report titled *Batterer Intervention Programs: Where Do We*

Go from Here?) suggests that the Duluth model does not produce adequate results and that the counselling program has not yielded substantial changes in the abusers' behaviour. Yet, the researchers pinpointed some limitations in their study, which generated criticism on this research by some other criminologists (Paymar & Barnes, 2009: 3). The research conducted in Scotland, which may be used as a counterargument to the survey conducted by the US National Institute of Justice, showed that 73% of domestic abusers from the experimental group (who had been treated by applying the Duluth model) changed their attitudes toward women, as compared to only 33% of abusers in the control group, who were not treated by using the Duluth model but were put on probation (Paymar & Barnes, 2009: 4). As a result of his seven-year study, criminologist Edward Gondolf noted that a well-implemented program aimed at preventing further incidences of male-inflicted violence leads to a significant decline in the domestic violence rate. Upon monitoring the abusers' conduct in the course of 30 months, he found that less than 20% of male abusers assaulted their female partners in the previous year; in the course of 48 months' supervision, the assault rate was about 10% in the previous year. At the same time, two-thirds of female respondents testified about the improved quality of life and 85% of the women reported feeling safe (Paymar & Barnes, 2009: 4).

In addition to these programs aimed at preventing domestic violence by psycho-social treatment of abusers, there are other programs, such as the Batterer Intervention Program (BIP), which establishes psychological and educational groups for treating the convicted perpetrators of domestic violence. The group activities are coordinated by a trained professional moderator and the convicted offenders are referred to the BIP by the decision of a competent court. The ultimate goal of this program is to raise the offenders' awareness of their offensive and aggressive behaviour, and to address the problem by engaging in conversation with the partner and resorting to some alternative methods of dispute resolution. Batterers are obliged to attend weekly group meetings, which usually take 1.5 to 2 hours a week over a period of 20 weeks, and the convicted offenders participating in the program may be provided with accommodations, if necessary (Jackson et al., 2003).

The Batterer Intervention Program is compatible with and complementary to some other programs aimed at perpetrators of domestic violence (such as drug-addiction treatment programs, marriage counselling and programs for providing health services to mentally impaired family members) but it is by no means devised to substitute for these programs. Batterers may also voluntarily decide to participate in the activities of a particular group by notifying the moderator.

Although their participation in this program is voluntary, they are expected to regularly attend their group meetings (The Advocates for Human Rights, 2008b).

The experts who measured the effectiveness of the BIP program by focusing on the absence of criminal charges and/or arrests for domestic violence, the abusers' conduct during the implementation of the program, and the offenders' or victims' failure to report the incidence of domestic violence to the moderators, ultimately concluded that the Batterer Intervention Program had a positive but rather modest impact on the prevention of domestic violence. The highest completion rate of the BIP programs was recorded among Caucasian men while the abusers of other races had a lower program completion rate, which is in the opinion of some criminologists, a result of different cultural backgrounds. The survey conducted in 2003 by the World Health Organization (WHO) confirmed the moderate efficiency of these programs given that two-thirds of batterers who had participated in these programs in the United States and in the UK remained non-violent over a period of three consecutive years (The Advocates for Human Rights, 2008a).

In a vast majority of cases, men are the perpetrators of various forms of sexual abuse against family members (especially children). In order to prevent the likelihood of such conduct in the future, states must develop special programs for convicted offenders either as part of institutional treatment in the course of imprisonment or as an alternative to imprisonment. The essence of this program is reflected in "normalizing" one's sexual preferences and improving the offenders' social interactions. The implementation of this program is based on the assumption that sexually deviant behaviour originates from the fact that sex offenders are sexually attracted to inadequate partners (such as children); under the impact of social circumstances and the family environment, they fail to bond and develop adequate relations with other adults of relevant age and particular gender, resulting in frustration and distress (Chalk & King, 1998: 166).

Criminologists have exerted considerable efforts to develop special programs that would exclusively address sex offenders in the family but their endeavours have been largely ineffective. In one study, the researchers examined two groups of sex offenders: the first included the offenders who sexually abused their own children, grandchildren, stepchildren or adopted children, while the second group included offenders who were not related either by kinship or by affinity to the children they sexually abused. This research was subsequently criticized by some criminologists as being vague and ambiguous, particularly in consideration of the fact that sexual offenders should not be differentiated according to the nature

of their relations with the victims. Yet, sexual abusers in the family are subjected to the same programs as other sex offenders, including psychiatric treatment, cognitive-behavioural therapy and bio-psychological treatment. The effectiveness of these programs designed to prevent sexual violence (including sexual abuse among family members) is disputable. Some studies have actually shown that the rate of recidivism among sexual abusers after applying a respective program varies depending on the abusers' personal characteristics as well as the type of committed offense (Chalk & King, 1998: 166–167).

Given the high percentage of murder victims among spouses and other female relatives, there are specifically developed programs focusing on prevention of gender-based violence, which often has fatal consequences. Spain has developed a special program of prevention measures aimed at imprisoned offenders who are convicted of some form of gender violence, usually against their wives (Kovačević & Kecman, 2006).⁵ The program was initially envisaged to include 70 convicts, and the selection process was based on specific criteria: male offenders aged 18 to 65, serving sentences for serious abuse of their wives, unaffected by any mental disorders, who were literate, and who voluntarily consented to participate in the program. Eventually, there were 52 participants from 8 penitentiary institutions throughout Spain, who were subjected to cognitive therapy measures. A total of 46% of the selected prisoners were convicted of murder or attempted murder of their partners, whereas a total of 31% of prisoners had been previously convicted of committing various crimes (47% for threatening or inflicting bodily injuries, 46% for theft, 6% for illegal possession of weapons, and 6% for disturbing public peace and order). It may be concluded that the cognitive therapy measures are one of most commonly applied measures for preventing violence with fatal outcomes. The aim of the prevention program used in Spain was to enable the convicts to acquire relevant anger-management skills which would help them control their compulsive behaviour and develop empathy towards the victims of violence. Moreover, one of the program goals was to re-establish the relationship between the abuser and the victim (abused woman) by promoting mutual respect and equality (Echeburúa, Fernández-Montalvo, & Amor, 2006: 59-60). The convicts were exposed to cognitive therapy measures for a period of two hours over 20 consecutive sessions, but each convict was subject to a tailor-made program specifically designed to meet the needs of his indi-

⁵ The study of homicide in the family, conducted over the period of 10 years at the Department of Forensic Psychiatry in the Specialized Psychiatric Clinic operating within the Penitentiary Institution in Belgrade showed that the most common victims of murders committed by male offenders are their own wives (38.9%). Out of a total number of 236 women, 90 victims were the abusers' spouses (Kovačević & Kecman, 2006: 70).

vidual treatment. The first part of the cognitive therapy program was aimed at introducing change at the motivation level, which would prompt the convicted abuser to take responsibility for the crime and voluntarily consent to participate in the program. The second part of the program focused on psychopathological symptoms resulting in violence. The final part of the program was the implementation of special violence prevention measures aimed at training the convicted abuser to identify potentially violent situations and use alternative methods of dispute resolution in such cases (Echeburúa et al., 2006: 62). The program yielded excellent results: 92% of participants completed the program which generated a substantial change in their attitudes towards women and violence as a means of conflict resolution (Echeburúa et al., 2006: 64).

4 Psycho-social Treatment of Male Domestic Offenders in the Republic of Serbia

Given the high incidence of domestic violence, particularly against women, public prosecutors in the Republic of Serbia have the authority to initiate criminal proceedings against abusers in domestic violence cases and ask the court to award a sentence of imprisonment. Pursuant to Article 283 of the Criminal Procedure Code (Zakonik o krivičnom postupku, 2011), prosecutors are also entitled to apply the opportunity (expediency) principle which implies suspending the prosecution of perpetrators of domestic violence. Under this Article, the public prosecutor may defer the prosecution for criminal offenses which are punishable by a fine or a term of imprisonment up to 5 years if the suspected offender takes responsibility for his crime and assumes one or more obligations. In domestic violence cases, the liability may imply an obligation to be subjected to psycho-social treatment for the purpose of eliminating the causes of violent behaviour. The public prosecutor issues an order for deferral of criminal prosecution, specifying the time limit (not exceeding one year), within which the suspected offender has to perform the assumed obligation. After the suspected offender has fulfilled the obligation, the prosecutor will drop the criminal charges, issue a decision on the dismissal of criminal charges and notify the victim. The analysis of elements of the crime constituting the criminal offence of domestic violence clearly indicates that the opportunity principle may be applied to the first, second and fifth form of domestic violence prescribed in Article 194, paragraphs 1, 2, and 5 of the Serbian Criminal Code (Krivični zakonik RS, 2005).⁶

⁶ (1) Whoever by use of violence, threat of attacks against life or body, insolent or ruthless behaviour endangers the tranquility, physical integrity or mental condition of a member of his family, shall be punished with a fine or imprisonment up to one year;

In an effort to provide adequate psycho-social treatment for perpetrators of domestic violence, the Republic of Serbia in 2012 launched a project on “Combating Sexual and Gender-Based Violence”, organized in cooperation with the United Nations Development Programme. The project was aimed at providing relevant treatment to male perpetrators of violence in partner relationships. The Republic of Serbia has fulfilled the recommendation of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). The project was launched simultaneously in social welfare centres in Belgrade, Nis and Kragujevac, with the general objective of the project to stop and prevent violence in partner relations in the family and to protect the victims of domestic violence. The specific objectives were to gain insight into the nature of violent behaviour, prompt the abusers to take responsibility for their acts of violence, change the offenders’ mindset that contribute to violent behaviour, and develop new patterns of pro-social behaviour (Sekulić & Malešević, 2012: 25).

The treatment is exclusively aimed at male offenders who were violent to their current or former spouses or unmarried partners, and includes two stages. The first stage is individual treatment, where the experts assess the indications and contraindications for the offender’s involvement in group therapy, establish contact with the victim of partner violence and notify the offender about it. The second stage includes 24 group therapy sessions.

On the basis of various indications and contraindications, therapists evaluate whether a violent offender may be included in individual and group treatment. Individual treatment is confidential and carried out in private, and the therapist is first obliged to introduce himself/herself and provide relevant information about the institution where the treatment is carried out. One of the key features of individual treatment is confidentiality, except in cases where the therapist is legally obliged to report the uncovered family violence. After this, the perpetrator is informed about the purpose and structure of treatment, and directly asked whether he voluntarily consents to the treatment. The acceptance of individual treatment necessarily implies that the offender has agreed to end his violent behaviour, take personal responsibility for partner violence, stop abusing alcohol and psychoactive substances, attend individual/group sessions regularly, and be aware that

(2) If in committing the offence specified in paragraph 1 of this Article weapons, dangerous implements or other means suitable to inflict serious injury to body or seriously impair health are used, the offender shall be punished with imprisonment from three months to three years;... and (5) Whoever violates a measure against domestic violence that was imposed on them by the court in accordance with the law shall be punished with a fine or imprisonment up to six months (Krivični zakonik RS, 2005).

the therapist will conduct an interview with the victim for the sole purpose of verifying that there is no further violence in the victim-offender relations. The offender's account of the last/latest violent incident is an essential part of individual treatment, whose efficiency also depends on developing the offender's awareness about diverse types of domestic violence. The abuser is thus encouraged to develop the ability to identify all kinds of domestic violence that he applied towards his partner. Besides assessing the perpetrator's expectations concerning the individual treatment, the offender must be instructed about the violence prevention methods, such as the *time out* technique (Cooper & Vetere, 2005).⁷ At the end of the first individual treatment sessions, the therapist and the abuser agree on a regular term for the forthcoming sessions, taking into account the perpetrator's job-related liabilities towards a possible employer. After four sessions of individual treatment, the therapist has to decide whether a particular offender is capable of being included in the next stage of the treatment - group therapy (Sekulić & Malešević, 2012: 25–33).

Group therapy includes eight thematic parts, each of which is addressed in three consecutive sessions, covering the following topics: the nature and types of violence, psychological abuse, sexuality, alternative dispute resolution methods, responsibility, child-parent relationship (father and child), causes of violence, and consequences of violence. Each session includes an evaluation of the previous meeting, anger management (ventilation) and individual time. Evaluation of a previous session is aimed at checking the offenders' understanding of the process, examining their perception and acquisition of non-violent modes of conduct, and monitoring individual progress. The essence of ventilation is the assessment of the abusers' degree of anger for the purpose of inducing a change of behaviour by encouraging them to share their opinions and experiences on violence and conflict situations (which have occurred since the previous meeting), and cease their violent behaviour. In the next phase of the group session, each offender has individual time when he receives feedback from other group members and the therapist on their perception of his behaviour and alternative methods of resolving the conflict.

⁷ The *time out technique* aims to stop violence. Given the fact that violence between family members occurs at the time when a family member expresses a different opinion or when he/she considers to be threatened by another or has a pervasive feeling of unfairness or injustice, the *time out* technique implies that the family members should stop arguing regardless of their current feelings of anxiety and distress. Generally, men are recommended to leave the room and (if possible) have a walk or run to reduce tension; in such circumstances, they are not supposed to drive. Women are recommended to go out or go to another room with a door to the outside (Cooper & Vetere, 2005: 22).

In the final session, the group discusses and evaluates the individual results achieved by each group member. Thus, each member is expected to recognize the changes that have occurred in his relationship with his spouse/partner (by identifying the attitudes, beliefs and form of behaviour which have changed or remained the same). The self-evaluation is the basis for the therapist assessment on each participant's progress, which also includes their response to the following question: "Would you report a case of recurrent violence?" The participants are also asked to evaluate the entire process by completing the group therapy Evaluation Sheet.

In the Social Welfare Centre "Saint Sava" in Niš, the psycho-social program providing appropriate treatment to male perpetrators of domestic violence in partner relations began on 1st March 2012. Thus far, the psycho-social treatment initially included 61 abusers, four of whom were women. Whereas the therapists claimed not to be adequately trained to work with female abusers, these women were not subjected to any treatment primarily because the program was exclusively intended for male offenders. Moreover, given the small number of female offenders, it was impossible at a particular point to establish an adequate group for their group therapy. Consequently, a total of 31 male abusers participated in group therapy whereas 4 male offenders were treated individually because they could not meet the criteria specified for group therapy. A total of 22 abusers were not included in either group or individual treatment programs because there were contraindications. All the processed abusers (35) who were treated within this program were charged with the first form of domestic violence (detailed in Article 194, paragraph 1. of the Serbian Criminal Code [Krivični zakonik RS, 2005]) and subjected to psycho-social group treatment: 31 abusers were indicted for the commission of physical abuse and four abusers were accused of psychological abuse. From the total number of 31 abusers who were included in group therapy, two offenders were excluded from the program for failure to attend group sessions. The treatment program was completed by all offenders who were subjected to group therapy (29): 5 offenders "successfully" completed the program and 24 offenders were "partially successful", which was not an impediment for the public prosecutor to dismiss the criminal charges against them. The treatment was also successfully completed by the four offenders who were subjected to individual treatment (as their employment liabilities prevented them from regularly attending the group sessions organized on the premises of the Social Welfare Centre in Nis).

5 Conclusion

The psycho-social treatment of perpetrators of domestic violence is a relatively new model for combating domestic violence, especially in partner relations. These programs are most developed in the countries such as the United States, Australia and Spain.

The Republic of Serbia has recently instituted psycho-social programs for male offenders of domestic violence which are carried out within the social welfare centres in Serbia. The Social Welfare Centre "Saint Sava" in Nis is a pioneer in providing psycho-social support programs for the perpetrators of domestic violence. Although the program has produced solid results, there is plenty of room for improvement. In particular, it is necessary to adopt rules (as soon as possible) which would regulate all unresolved issues, such as the exemption of a therapist in the circumstances where his/her treatment of a particular case may be associated with bias or lack of objectivity. At the same time, it is necessary to provide for the possibility of instituting psycho-social treatment for female perpetrators of domestic violence because the lack of such an option inevitably results in their prosecution for a criminal offence of domestic violence, which places them at a disadvantage in comparison with male abusers.

The problem of therapists' insufficient training for psycho-social treatment of domestic abusers can be easily overcome by organizing additional specialized training. Considering the problem of inadequate number of female abusers for group therapy, it is unclear why female offenders have not been included in individual therapy. The problem may be resolved by envisaging relevant legal provisions regulating individual therapy for female abusers. In the forthcoming period, it is also necessary to standardize the assessment criteria for evaluating the overall success of the psycho-social treatment, given the fact that the former assessments were largely based on the therapists' subjective impressions on offenders' progress.

Another issue worth considering is whether it is opportune for the prosecutors to dismiss the criminal charges against those offenders who were only partially successful in the psycho-social therapy as there are circumstances which may lead to recidivism in family violence. Moreover, given the fact that domestic violence videos are frequently used in group therapy with domestic abusers, it may be reasonable to consider the possibility of allowing video testimonies of female victims of domestic violence as the most appropriate form of testifying (which would substitute face-to-face encounters with abusers).

The acceptance of these proposals may significantly contribute to improving the psycho-social programs for domestic abusers, which are ultimately aimed at preventing the further occurrence and reducing the overall rate of domestic violence.

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Psihosocialna obravnava storilcev nasilja v družini kot oblika preprečevanja družinskega nasilja

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V prvem delu prispevka avtorja razpravljata o visoki stopnji in razširjenosti pojava nasilja v družini. Opozarjata na neustreznost konvencionalnih državnih ukrepov, ki so uporabljeni na začetku kazenskih postopkov zoper storilce nasilja v družini. Glede na nezmanjšano stopnjo nasilja v družini ti ukrepi ne dajejo ustreznih rezultatov. Z namenom preprečevanja prihodnje pojavnosti nasilja v družini so nekatere države (kot so Združene države Amerike, Avstralija in Španija) začele izvajati nov model psihoterapevtske obravnave storilcev nasilja v družini. V zadnjih nekaj letih je Republika Srbija začela individualno in skupinsko psihoterapevtsko obravnavo storilcev nasilja v družini, ki jo izvajajo centri za socialno delo. V zaključnem delu prispevka avtorja podata predloge za izboljšanje obstoječih psihoterapevtskih programov v centrih za socialno delo v Republiki Srbiji.

Ključne besede: nasilje v družini, storilci nasilja v družini, psihosocialna obravnava, prevencija

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