

ANALYSIS OF THE COST OF DOMESTIC
VIOLENCE: ESTIMATING THE COST OF
MULTI-SECTORAL RESPONSE AT THE LOCAL
LEVEL IN BOSNIA AND HERZEGOVINA



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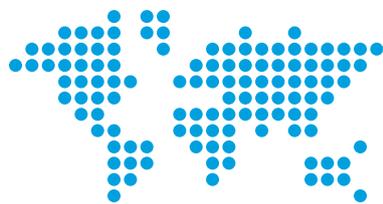
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ANALYSIS OF THE COST OF DOMESTIC VIOLENCE: ESTIMATING THE COST OF MULTI-SECTORAL RESPONSE AT THE LOCAL LEVEL IN BOSNIA AND HERZEGOVINA



Sarajevo, 2019



FOREWORD

UN Women has long been one of the strategic international partners of the Agency for Gender Equality of Bosnia and Herzegovina within the Ministry of Human Rights and Refugees of Bosnia and Herzegovina (the Agency) in meeting the mandate and strategic goals defined under the BiH Law on Gender Equality and existing strategic documents. One of the said goals is to meet the obligations that stem from the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence - Istanbul Convention.

In addition to this Analysis, a series of other sectoral analyses with a view of making plans for comprehensive strategies and implementation of standards that stem from the Istanbul Convention have been made in the course of 2018 in partnership with the UN Women.

Analysis of the cost of domestic violence in Bosnia and Herzegovina is based on estimating the cost of multi-sectoral response to domestic violence at the local level, so that it provides a perspective of all costs incurred in various sectors involved in the prevention, protection and assistance to victims of violence against women and domestic violence.

This analysis constitutes a significant contribution in terms of ensuring the necessary data for the budget drafting and allocation of funds needed for an unhindered functioning of multi-sectoral mechanisms. The findings of this analysis set a ground for making an estimate of current allocations and recommendations for enhanced financing of a multi-sectoral approach in line with the requirements of the Istanbul Convention.

We hope this Analysis will help raise the awareness of the problem of violence against women and domestic violence in Bosnia and Herzegovina, this time from the point of view of material and financial detriments caused by such violence not only upon a victim but upon society as a whole. Additional value of this Analysis is that it provides the financial allocation decision-makers with a tool that allows a more adequate and precise planning of resources needed to ensure assistance to victims, prevention and processing of the perpetrators.

Samra Filipović-Hadžiabdić

Director of the Agency for Gender Equality of Bosnia and Herzegovina
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INTRODUCTORY NOTES

Violence against women is one of the most serious forms of gender inequality, discrimination and still the most prevalent form of human rights violations. Although domestic violence affects both men and women, boys and girls, it affects women disproportionately, leaving deep consequences to families, communities and society at large. Elimination of violence against women and girls, including domestic violence, are recognised as the part of sustainable development goals (goal 5) that guide, among others, work of the UN agencies, in particular, United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) worldwide.

The programme **Standards and Engagement for Ending Violence against Women and Domestic Violence in Bosnia and Herzegovina**, implemented by the UN Women Office to BiH aims to strengthen institutional and social response to violence against women and domestic violence in BiH by way of enhancing the services provided to survivors of violence and promoting desirable social attitudes and behaviours with a view to prevent gender-based violence. One of the initiatives launched within this programme pertains to estimating the cost of multi-sectoral response to domestic violence at the local level in BiH. The aim of this specific task is to make an estimate of the costs of multi-sectoral response to domestic violence¹ in BiH at the local level, and to make recommendations in view of funding needed for a comprehensive multi-sectoral response to domestic violence in BiH.

Informed planning and decision-making require the data on necessary level of allocations for the provision of support services or essential

services package to violence survivors, and the provision of resources needed to enhance the quality and scope of those services in order to meet the highest international standards. To that regard, this document contains the data which entailed from the analysis of estimated costs of the existing support services at six locations in Bosnia and Herzegovina², from the point of view of a multi-sectoral approach to domestic violence. The document encompasses an estimate of the economic cost of essential services package and an initial analysis of finances needed for the provision of services to survivors of domestic violence, those that are non-existent or lacking.

Due to a lack of consolidated data relative to domestic violence and data on funding of the programmes of response to domestic violence – primarily due to a lack of programme-based budget allocations at all authority levels– this report has not foreseen all trends and ensured the cost projection for a comprehensive implementation of international standards. Due to those limitations this analysis provides an estimate rather than the costs of direct support services to survivors of domestic violence and costs that are borne by survivors of domestic violence themselves. Hence, this analysis contains the data as a valid ground that all authority levels in Bosnia and Herzegovina can refer to in the process of planning, budget allocations and investments into prevention and programmes aimed at combating domestic violence and violence against women and girls.

1 Multi-sectoral approach to response to domestic violence in this and other similar programmes includes a holistic approach, coordinated and harmonised action of various governmental and nongovernmental institutions in relevant sectors (social welfare, judiciary and security, health care and others) which would constitute a key element necessary to provide a high quality intersectoral services to survivors of violence.

2 Analysing the costs of domestic violence in Bosnia and Herzegovina was done based on the estimate of relevant categories of costs at six selected locations (local self-governance units). Those location are selected to ensure an equal demographic and entity representation, locations of different size and status, more developed response to violence vs. less developed, etc. Proposed list of location was subjected to consultation process with relevant stakeholders, gender equality mechanisms and Technical Advisory Group. More on this are available in section II. Approaches used during the analysis of costs of domestic violence in BiH.

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ACRONYMS

ARS BiH	Gender Equality Agency of Bosnia and Herzegovina
BiH	Bosnia and Herzegovina
BD BiH	Brcko District of Bosnia and Herzegovina
FBiH	Federation of Bosnia and Herzegovina
GC FBiH	Gender center of Federation BiH
GC RS	Gender center of Republika Srpska
IC	Istanbul Convention – Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence
RS	Republika Srpska
UNECE	United Nations Economic Commission for Europe
UNW in BiH	UN Women Office in Bosnia and Herzegovina

EXECUTIVE SUMMARY

„Analysis of the cost of domestic violence in Bosnia and Herzegovina: Estimating the cost of multi-sectoral response³ at the local level in Bosnia and Herzegovina” is one of many research studies conducted by United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) in Bosnia and Herzegovina (UN Women Country Office in BiH) as part of the programme “Standards and Engagement for Ending Violence against Women and Domestic Violence in Bosnia and Herzegovina” for the purpose of the most comprehensive analysis of the establishment and operation of a multi-sectoral approach to prevention of domestic violence. The establishment of teams and signing of local protocols of co-operation do not guarantee an efficient, effective and coordinated work per se, aimed at prevention of domestic violence.⁴ A systematic precise co-operation between all responsible parties and an established functional system in the field that will work in the best possible way, regardless of current political will, largely depends on permanent and realistic allocation of funds that such a system needs.

In order to achieve the aforementioned, it was necessary not only to make an estimate of the existence and operation of multi-sectoral response at the local level but also of the funding trends. “Analysis of the cost of domestic violence in Bosnia and Herzegovina: Estimating the cost of multi-sectoral response at the local level in Bosnia and Herzegovina” is the first analyse of a kind in BiH as a result of the research conducted by INNOVA Management Consulting Sarajevo in co-operation with UN Women Office to BiH. A field research was conducted at six selected locations – cities of Sarajevo, Banja

Luka, Zenica and Bijeljina, and municipalities of Višegrad and Vitez.⁵ The data collected at the said locations constitute a ground for the estimate of the existing allocations and recommendations for improvement of funding for a multi-sectoral approach in line with the demands of the Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention).⁶

Analysing the cost of services rendered to survivors of domestic violence in Bosnia and Herzegovina was done in line with the terms of reference and methodology of work prescribed by the team of consultants. The methodology was approved by the technical advisory group which was established to extend an expert support to this analyse (**Annex 1 Members of Technical advisory group**) and UN Women as an ordering party.

The analysis was carried out in three phases:

- 1. Overview of the existing package of services and referrals of a multi-sectoral response** to domestic violence in BiH at the local level, including the competences, regulations, standards, actors, services, duty bearers and mechanisms of coordination. At this phase, the analysis focused on the existing institutional infrastructure and legislative framework at different levels of authority, including the levels of BiH, Entities and Cantons. More precisely, this phase includes the analysis of legislative framework and policy framework, key stakeholders and mechanisms of coordination, as well as practices of policy making and budget management. As the result of this activity, institutional

3 Multi-sectoral approach to response to domestic violence in this and other similar programmes includes a holistic approach, coordinated and harmonised action of various governmental and nongovernmental institutions in relevant sectors (social welfare, judiciary and security, health care and others) which would constitute a key element necessary to provide a high quality intersectoral services to survivors of violence

4 UN Women. 2019. Review of the Multi-Sector approach to Domestic Violence at the Local level in Bosnia and Herzegovina. This analysis estimates the existence and functioning of multi-sectoral teams at six selected locations (some of them are also engaged in this study) and is used as a source of data for triangulation and validation of results of this study.

5 More on methodology including selection of location for this analysis are available in section II. Approaches used during the study of costs of domestic violence in BiH

6 Council of Europe, 2014. Convention on Preventing and Combating Violence against Women and Domestic Violence (CETS No.210), available at: <https://www.coe.int/en/web/conventions/full-list/-/conventions/treaty/210> (16/7/2018)

mapping was made, duty bearers were identified and essential services package in main sectors that are the subject of analysis: security and judiciary, social welfare and health care.

2. Estimate of the cost of multi-sectoral response to domestic violence at the local level in BiH. This step includes the estimate of the costs of existing services that are rendered in response to domestic violence at the local level, categorised as per:

- Financial and human capacities in local communities,
- Types of support (general and specialist),

In accordance with competences and regulations in two entities, Brčko District of BiH and in cantons of the Federation of BiH (FBiH);

3. Defining recommendations relative to funding of a comprehensive implementation of multi-sectoral response to domestic violence in BiH. Based on the results of institutional and legal analysis of costs, an estimate was made of an additional funding which is required for a comprehensive implementation of multi-sectoral approach as required by Istanbul Convention. Recommendations were defined to improve policy making frameworks and secure funds which are required for implementation thereof.

Initially the research aimed at conducting an overall analysis of costs, including the current ones and costs that might incur in case of a comprehensive implementation of Istanbul Convention, including the services and activities that indirectly contribute to a more efficient response to violence.⁷ However, due to a complex structure of institutional cost bearers and difficulties in making a credible estimate, these costs are not covered by the analysis. This analysis also left out the costs of multi-sectoral approach coordination which pertain to the engagement of coordination teams at the local level because those allocations are currently considered negligible in comparison to other (direct) costs.

⁷ For example activities which include professional improvement of staff, public awareness raising activities and activities related to prevention of violence.

This analysis covers the estimated costs of direct support, that is, costs related to the provisions of direct support services to survivors of domestic violence in three key sectors. It also covers the costs which, within their sectors respectively, are borne by survivors of domestic violence. This approach to estimating the costs significantly differs from the nature of other studies conducted in the region. However, a more comprehensive estimate of the costs of multi-sectoral approach will not be feasible unless the data collection systems are improved, and programme-based budget allocations are in place at the local level. This method of estimating the costs or rather the analysis of current costs at local levels still makes a significant step forward in securing the data needed for the budget development and allocation of funds to provide for an unhindered operation of multi-sectoral mechanisms.

The analysis used qualitative and quantitative approach in collecting the data, based on the principles of participation, gender equality and human rights. The team also used a method of triangulation, including the review of all studies conducted thus far (international and domestic), sent a questionnaire to institutions and individual beneficiaries, interviewed key actors and had group discussions with members of the technical advisory group.

A general conclusion that has been drawn from the analysis is that: while there have been important developments in Bosnia and Herzegovina in combating domestic violence, there is still a large presence of a phenomenon of gender-based violence and domestic violence stereotypes. Prejudices and stereotypes about violence shape the society's view and reaction to violence committed against women. Prejudices do additional harm not only to women survivors of violence but also to professionals from all relevant sectors who might get excluded from rendering adequate support and assistance. Therefore, it is very important that health care professionals, social workers, justice system professionals and police officers understand the difference between a prejudice and a fact. It is especially important that cases are clearly identified as such without causing additional traumatisation to survivors and that their needs are understood, while a professional and impartial view is maintained. Of course, such work is on-going along with efforts to build and enhance existing human resources. However, funds need to be invested in order

to develop the operation standard criteria in all relevant sectors.

It is important to note that a comprehensive approach to estimating the costs of enhanced system for provision of services to survivors (as foreseen in Istanbul Convention and UN Essential Services Package) can be envisaged only after the introduction of a standardised approach to data collection related to survivors of domestic violence (for example a number of survivors in relation to a number of actions or interventions by institutions involved in the referral mechanism), and introduction of programme-based budget allocations. So far the research results are important to draw attention to a minimum funding needed for the operation of existing system and to identify shortcomings and urgently react to them.

The research has shown that:

- Current annual costs of general services provided by institutions at six selected locations are estimated at BAM 2.175.000 million for the total of 3.145 survivors. The highest share of costs among institutions is noted with Social Work Centres (37%), followed by police stations (25%), prosecution (18%), courts (16%) and health care institutions (4%). Reports of violence are in almost all instances registered by police departments and social work centres while requests to initiate proceedings are submitted to judicial authorities by one in four survivors only. There is only 4,2% of total estimated number of survivors who use services of health care institutions⁸. Based on these data, the costs incurred by all institutions involved in the referral mechanism are calculated to amount to BAM 2.102 per survivor. Extrapolation of the data received from the institutions covered by this analysis suggests that the total costs for BiH amount to BAM million 27.660.000 per year, for an estimated number of 13.158 survivors, that is, services provided to them by the institutions.⁹

8 One of the largest problems in estimating the total costs is a lack of adequate and updated data in health care sector, since the majority of health care institutions do not keep the records of survivors (those which sent the data for the purposes of this research). The data such as 4,2% of survivors is realistically far beyond the real number which is not provided due to a non-existence of single records.

9 An estimated number of survivors comes from an extrapolation of number of survivors or services provided by institutions at research covered locations suggests that,

- Costs borne by survivors, shown as average financial costs paid yearly by survivors themselves, amount to BAM 395 per survivor, or BAM 5.210.000 million on an annual basis at the level of BiH, while the opportunity costs of domestic violence such as reduced ability of a survivor to earn income and to do household chores are estimated to around BAM 2.340 per survivor on an annual basis (at the level of BiH, the cost is estimated to BAM 30.790.000 million). The highest costs related to survivors per year pertain to travel costs, which draws attention to a low-level access to services in rural areas in comparison to administration centres.
- Costs of specialist services still largely depend on donor funds through a non-governmental sector, those being the costs of accommodation for survivors and work with survivors in safe houses, telephone helplines, free legal aid and free psychosocial assistance and the like.¹⁰ The total cost of specialist support services in BiH is estimated at BAM 1.486.635 per year, those being specialist support services provided within safe houses.¹¹
- The total estimated amount of annual economic costs of domestic violence or its effect on the economy of BiH is BAM 65.790.000 million per year.

For the purpose of meeting the obligations assumed under Istanbul Convention, particularly in view of a lack of systematic and sustainable funding of provision of specialist support services to survivors of domestic

in most instances, survivors address social work centres (services are provided by social work centres). These data were used as a reference value for estimating the number of survivors in BiH on an annual basis. See more in section III Costs of domestic violence per sectors.

10 Specialist service provision costs are not fully covered by budgetary funds while the modality and participation in funding are different at the locations covered by the research. In addition to the facts that certain services are not at all available or are not available in a proper manner prescribed by Istanbul Convention, a considerable share of funding the existing costs is covered by donors' funds.

11 Safe houses provide accommodation to survivors of violence and their children and to available medical and psychosocial aid, social worker, lawyer and other expert and support staff. As stipulated by Istanbul Convention the states have a duty to provide accommodation capacities and access to services, thereby the total cost of running safe houses in an example given in the chapter / calculation of specialist services is used for the calculation of the costs specialist services in BiH.

violence, the following recommendations are made:

- A sustainable funding of the existing safe houses must be provided based on accommodation capacities for survivors of domestic violence and their children. This segment lacks around BAM 990.000 on an annual level. Furthermore, additional capacities must be provided in accordance with recommendations of Istanbul Convention in terms of investments into new safe houses and provision of additional BAM 550.000 on an annual basis. While both Republika Srpska and Federation of BiH have established the telephone helplines, there is still a need to provide funds for the work of volunteers in this segment.
- An extremely high share of costs borne by survivors pertains to legal aid. Therefore, capacities and access to a free legal aid must be provided to survivors in need. With regard to necessary capacities, a legal aid must be provided in a form of legal counselling, representation in preliminary lawsuits proceedings and during the court proceedings so to totally rule out any chance that domestic violence results in costs on the part of survivor.
- The existing programmes of economic empowerment must be expanded to include survivors of violence, and non-governmental organisations must be invested with powers to participate in the programme implementation and monitoring of the effects that the programme has on survivors so to reduce the impact of violence on survivors due to reduced capacity to earn income.

INTRODUCTION

Gender-based inequality, including discrimination and violence against women and girls and domestic violence, is still a large problem in Bosnia and Herzegovina (BiH). While BiH has a satisfactory legislative framework, which prescribes the obligation to prevent and protect women from different form of violence, survivors are still faced with numerous obstacles in terms of access to a large number of services, including health protection and legal support or economic empowerment. The Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention)¹² obligates BiH to establish, develop or enhance a wide range of general and specialist services to survivors and witnesses of domestic violence, and to take care that all relevant actors work in a coordinate way¹³.

It is very hard to determine the extent to which violence against women and domestic violence is present in BiH. The reason for that lies in a culture of silence, non-reporting of cases of domestic violence, lack of single records of statistical data and treatment of domestic violence as a “private problem”. Every study of domestic violence conducted in BiH thus far suggests that the reported cases of domestic violence are just the tip of the ice berg and that there are still many more cases that remain unreported¹⁴. A lack of data is not a problem in BiH only, but also other countries in the region and worldwide¹⁵, wherefore surveys are conducted in order to get an estimate of the extent to which phenomenon is present.

According to the findings of the 2013 Study of prevalence and characteristics of violence

against women in BiH¹⁶, around half of women from the sample (47,2% in BiH, 47,2% in FBiH and 47,3% in RS) survived at least one form of violence after reaching the age of 15. In the course of 12 months prior to the 2013 study, 11,9% of women in BiH survived some form of violence (12,7% in FBiH and 10,6% in RS). The findings of this study suggest that psychological violence is most prevalent with a total prevalence rate of 41,9% in a life cycle and 10,8% in the past year, followed by physical violence with a prevalence rate of 24,3% in a life cycle, and 2,4% in the past year. The said study mentions that 6% of women survived sexual violence in their adult life, and 1,3% of women in the past year.

The most prevalent violence against women is committed by their current or former partners: they are the perpetrators in 71,5% of cases¹⁷. Overall, a sphere of intimate partner and family relations is a far larger source of danger than broader community when it comes to violence against women. Young women are more exposed to violence than old ones (a prevalence rate with regard to women between 18-24 years of age is 56,38%, and women of 65+ years of age is 44,2%).

Indicators to measure violence against women of the United Nations Economic Commission for Europe (UNECE Indicator)¹⁸ monitored in BiH territory indicate that young women are exposed to physical violence at present point in time but from a life cycle point of view, a prevalence of physical violence against elderly women is registered, except in RS where the rates remain the highest in relation to the category of the youngest women¹⁹.

This analysis is founded on the standards foreseen by Istanbul Convention which obligated member states to establish general and specialist services for survivors of gender-

12 Council of Europe. 2014. Convention on preventing and combating violence against women and domestic violence (CETS No.210). BiH ratifies the Istanbul Convention in 2013 and thereby became the fifth member of the Council of Europe that ratifies the Convention, along with Albania, Montenegro, Portugal and Turkey.

13 Ibid.

14 Marija Babović, Olivera Pavlović, Katarina Ginić, Nina Karađinović. 2013. Rasprostranjenost i karakteristike nasilja nad ženama u BiH – Prevalence and characteristics of violence against women in BiH. BiH Gender Equality Agency, available at http://arsbih.gov.ba/wp-content/uploads/2014/01/studija_prevalenca.pdf (16/7/2018)

15 Ibid

16 Ibid

17 Ibid

18 UN, Expert Group Meeting (2007) Indicators to measure violence against women, available at http://www.un.org/womenwatch/daw/egm/IndicatorsVAW/IndicatorsVAW_EGM_report.pdf (16/7/2018)

19 Marija Babović, Olivera Pavlović, Katarina Ginić, Nina Karađinović. 2013. op.cit.

based violence and domestic violence. BiH or its Entities started the process of harmonising the legislation with the Istanbul Convention²⁰. Additionally, the UN Essential Services Package²¹ is used to map the essential services to be provided by the health, social services, police and justice sectors as well as coordination and governance of this services.

At the same time, although local institutions have a statutory obligation to urgently react in cases of violence, additional efforts are needed to improve and connect the intervention systems so that each case of domestic violence finds an adequate solution. Currently, the situation contributes to an inadequate protection and treatment of survivors of violence, and very often to additional victimisation of survivors, which constitutes a violation of the survivors' basic human rights.²²

An overview of the practice employed by local authorities in cases of domestic violence so far suggests the following: (a) inconsistent implementation of laws focused on combating domestic violence; (b) light bodily injuries are not taken into consideration; (c) cases of violence must reoccur at least twice to prompt an investigation; (d) protective measures against alleged perpetrators are not adequate; (e) low level of reporting on cases of sexual violence, including cases of rape, and inefficient investigation and criminal prosecution of reported cases.²³

With a view to harmonising the Entities' legislation with provisions of the Istanbul

Convention, and for the purpose of enhancing a multi-sectoral approach, regulations must be harmonised in the segment related to the obligation to fund general and specialist services from local, cantonal and entities' budgets. Therefore, every measuring of costs of violence against women, as well as identification of resources required for a complete implementation of law is an opportunity for the introduction of better practice in budgetary processes that will finally fill the gaps in the implementation of laws and policies to the benefit of survivors. Considering that the previous studies determined a direct and significant correlation between levels of gender equality in one country and domestic violence rate²⁴, the objective of this analysis is to investigate and identify parts of the system that need to be strengthened and levels and types of funding needed to implement the law at local levels.

Article 20. General support services:

1. Parties shall take the necessary legislative or other measures to ensure that survivors have access to services facilitating their recovery from violence. These measures should include, when necessary, services such as legal and psychological counselling, financial assistance, housing, education, training and assistance in finding employment.
2. Parties shall take the necessary legislative or other measures to ensure that survivors have access to health care and social services and that services are adequately resourced and professionals are trained to assist survivors and refer them to the appropriate services.

Article 22. Specialist support services:

1. Parties shall take the necessary legislative or other measures to provide or arrange for, in an adequate

20 See Sixth periodic report of Bosnia and Herzegovina on the implementation of the Convention on Elimination of all Forms of Discrimination against Women (2013-2016). 2017. Ministry of Human Rights and Refugees of BiH, BiH Gender Equality Agency. See at: http://arsbih.gov.ba/wp-content/uploads/2017/12/170823_VI-periodicni-CE-DAW-lzvjestaj-za-BiH_Nacrt.pdf (16/7/2018)

21 UN Essential Services Package for Women and Girls Subject to Violence. 2015. (UN Women, UNFPA, WHO, UNDP and UNODC), available at: <http://www.unwomen.org/en/digital-library/publications/2015/12/essential-services-package-for-women-and-girls-subject-to-violence> (23/1/2019)

22 UN Women. 2017. Study assessment of the capacity for prevention and combating violence against women and girls and domestic violence with a focus on treatment of domestic violence perpetrators for municipalities of Višegrad, Sokolac and Rogatica (Istočno Sarajevo region) and municipalities Bratunac, Milići and Srebrenica (Bijeljina region).

23 *ibid.*

24 García-Moreno, Claudia; Stöckl, Heidi (2013), „Zaštita seksualnih prava i prava reproduktivnog zdravlja: rješavanje nasilja nad ženama“, Zdravlje i ljudska prava u svijetu koji se mjenja, “Protection of sexual and reproductive health rights: addressing violence against women”, Health and human rights in a changing world, Routledge, pp. 780–781

geographical distribution, immediate, short- and long-term specialist support services to any survivor subjected to any of the acts of violence covered by the scope of this Convention.

2. Parties shall provide or arrange for specialist women's support services to all women survivors of violence and their children.

The analysis team faced with a challenge of finding the relevant and reliable data due to scarcity of received information. The analysis was written from December 2017 to October 2018 based on the data submitted by relevant institutions, surveys of survivors and professional staff in the institutions in charge of providing relevant services to this target group, and continuous dialogue with key relevant institutions through a series of advisory meetings. Consultations and peer review of this document with key stakeholders and experts were undertaken from November 2018 to January 2019.

The analysis consists of three main parts:

- Part one: a broader context of systematic response to domestic violence in BiH;
- Part two: measuring of costs of violence against women, methodology and global practices; and
- Part three: conclusions and recommendations of the cost analysis at the local level, with a primary focus on locations where the analysis was conducted in a form of general presentation of recommendations related to financial planning, that is, gender-sensitive planning of programmes on preventing and combating violence against women and girls.

I.

CONTEXTUAL FRAMEWORK OF RESPONSE TO DOMESTIC VIOLENCE

Article 3b of Istanbul Convention prescribes that “domestic violence” shall mean all acts of physical, sexual, psychological or economic violence that occur within the family or domestic unit or between former or current spouses or partners, whether or not the perpetrator shares or has shared the same residence with the victim²⁵. Domestic violence can include violence against children, parents or elderly. Definitions of domestic violence include several forms of violence, such as psychological, verbal, emotional, economic, violence committed in the name of tradition, reproductive, sexual harassment or sexual violence²⁶. At a global level, survivors of domestic violence are mainly women. In certain areas of the world, domestic violence is considered justified, especially in the areas where women are in predominantly unequal position. Acts of domestic violence are often repeated several times. Also, violence often causes physical incapability, chronic health issues, mental illness, affects the capacity of survivor to gain income and causes mental disorders (such as posttraumatic stress disorder) which can lead to problems in having healthy relations and social interaction. Psychological consequences of violence can be equally serious as physical incapacitation. Exposure to violence leads to a poor physical condition and prompts a development of serious health issues. Some of long-term effects include gastrointestinal disorders, headache, seizures, gynaecological problems, anxiety, depression, eating disorders, up to extreme

cases of suicides.

The investigation of the impacts that domestic violence has on survivors and persons living in those families, and on society at large, has been intensified in the past decade at a global level. Studies conducted in the past decade (**Annex 3 Previous studies consulted**) tried to quantify the total economic costs of domestic violence at a level of specific country and at a global level. The relevant literature uses direct costs of violence for this type of calculation²⁷, estimated through the measurement of goods and services used in a response to domestic violence (costs of health care services, social welfare services, counselling services, police and judiciary, legal services, transportation costs, accommodation and shelter costs, as well as specialist education services for treatment of children). In addition to direct costs, domestic violence also results in considerable indirect costs for survivors and society at large, including the effects that violence has on the labour force productivity.

Response to violence has become a global issue approached by majority of countries worldwide, including BiH, by way of establishing multi-sectoral co-operation between various institutions for the purpose of provision of a coordinated and encompassing range of

25 Council of Europe. 2014. Council of Europe Convention on preventing and combating violence against women and domestic violence (CETS No.210). Article 3b.

26 Istanbul Convention extensively defines acts of sexual harassment and sexual violence, rape, forced marriage, genital mutilation, crimes committed in the name of so-called “honour” etc.

27 Day, Tanis, Katherine McKenna, and Audra Bowlus, *Ekonomski troškovi nasilja nad ženama: Evaluacija literature, The Economic Costs of Violence against Women: An Evaluation of the Literature* (London, Ontario: United Nations and the University of Western Ontario, 2005), 11 – 14; Međunarodni istraživački centar za žene, *Nasilje u partnerskim vezama: Visoki troškovi domaćinstava i zajednica*, International Center for Research on Women, *Intimate Partner Violence: High Costs to Households and Communities* (Washington, D.C.: International Center for Research on Women, 2009)

services to survivors of violence²⁸. Multi-sectoral response includes the establishment of inter-organisational bodies, arrangement of co-operation and coordination of various institutions such as health care, social welfare, judicial, security and other institutions. In addition to basic and specialist services provided by institutions, the functionality of this approach is also reflected in their obligation in the sphere of prevention of violence²⁹.

1.1. INTERNATIONAL STANDARDS IN BOSNIA AND HERZEGOVINA

United Nations (UN) adopted a series of documents that provide for the equality of women in different fields, the public and political life, as well as in the private sphere. Those documents are the following³⁰:

- Convention on the Political Rights of Women (1953)
- Convention on the Nationality of Married Women (1957)
- Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages (1962)

Convention on Elimination of All Forms of Discrimination against Women (1979)

reads that discrimination against women shall mean any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. The Convention is a legally binding

28 UN Women Virtual Knowledge Centre to End Violence against Women and Girls, web page (UN Women Virtuelni centar znanja za sprečavanje nasilja nad ženama i djevojčicama, web stranica): <http://www.endvawnow.org/en/articles/1503-the-multi-sectoral-model.html> (16/7/2018)

29 For more on services and coordinated responses of institutions in UN Essential Services Package for Women and Girls Subject to Violence (UN Women, UNFPA, WHO, UNDP and UNODC)

30 Petrić, N., Vidović, G. and Žigić, R. 2012. Analiza usklađenosti Zakona o zaštiti od nasilja u porodici (Republike Srpske) sa međunarodnim standardima. Fondacija Udružene žene Banja Luka. Study of harmonisation of the Law on Protection from Domestic Violence (Republika Srpska) with the international standards. Foundation United Women of Banja Luka.

document in BiH which means that BiH is obligated to take all necessary measures without delay in order to implement elimination of discrimination against women, and among other things, to adopt appropriate legislative and other measures, including sanctions where appropriate, prohibiting all discrimination against women; to refrain from engaging in any act or practice of discrimination against women and to ensure that public authorities and institutions act in conformity with this obligation; to take all appropriate measures, including legislation, to modify or abolish existing laws, regulations, customs and practices which constitute discrimination against women;

There is a whole set of documents passed by the Council of Europe, which specifically refer to violence against women³¹:

- Declaration on the Elimination of Violence against Women adopted in democratic Europe in 1993 which sets a confrontation to violence against women as a main political requirement for the European countries.
- Recommendation 1450 (2000) Council of Europe Parliamentary Assembly: Violence against Women in Europe – adopted in 2000, recommending the Committee of Ministers to draw up a European programme to combat violence against women.
- Recommendation 1582 (2002): Domestic violence against women – adopted in 2002, which prescribes that domestic violence should be treated as a political and public problem, and a violation of human rights.
- Recommendation 1681 (2004): Campaign to combat domestic violence against women in Europe adopted in 2004. This Recommendation has seen its implementation – a launch of the campaign to combat violence against women, including domestic violence, which lasted from 2006 to 2008.
- Recommendation (2002)5 of the Committee of Ministers of Europe constitutes one of the most comprehensive documents which recommends the measures of preventing the violence against women.

31 Marija Babović, Olivera Pavlović, Katarina Ginić, Nina Karađinović. 2014. Rasprostranjenost i karakteristike nasilja prema ženama u BiH. ARS BiH. Prevalence and Characteristics of Violence against Women in BiH. BiH Gender Equality Agency BiH.

The largest step forward in the enhancement of international framework for prevention of violence against women was made in 2011 when the **Council of Europe Convention on preventing and combating violence against women**. Bosnia and Herzegovina ratified the Convention on 7 November 2013.

A large number of directives, recommendations and resolutions dealing with the issue of violence against women were adopted at the level of European Union, most significant being as follows³²:

- European Parliament Documents Resolution on Violence against Women, adopted in 1986 which constitutes not only a declarative but also an operative document (Doc. A2-44/86)
- Resolution on the need to establish an EU-wide campaign for zero tolerance of violence against women, adopted in 1977 (Doc. A4- 0250/1997).
- Directive 2011/36/EU of the European Parliament and of the Council of 2011 on preventing and combating trafficking in human beings and protecting its victims.
- Directive 2011/99/EU of the European Parliament and of the Council of 13 December 2011 on the European protection order applying to protection measures which aim specifically to protect a person against a criminal act of another person which may, in any way, endanger that person's life or physical, psychological and sexual integrity.
- Directive 2012/29/EU of the European Parliament and of the Council of 25 October 2012 establishing minimum standards on the rights, support and protection of victims of crime.
- In 2010, the Commission adopted the Women's Charter with a view to improving the promotion of equality between women and men in Europe and throughout the world, and in 2015 the document that constitutes the Strategic engagement for gender equality 2016-2019.
- In 2015, the Council adopted the 'Gender Action Plan 2016-2020' based on the Commission and the European External Action Service (EEAS) Joint Staff Working

Document on 'Gender Equality and Women's Empowerment: Transforming the Lives of Girls and Women through EU External Relations 2016-2020. Physical and psychological integrity is one of four priorities of EU GAP II including the eradication of violence against women and girls in the public and in the private sphere³³.

- Based on the decision of the Council, EU signed the Istanbul Convention of 2017 as a first step towards the process of ratification of the Convention by the EU.

BiH legislation is largely harmonised with the legally binding international conventions. However, knowledge level, understanding and implementing the relevant international documents at a local level are relatively neglected³⁴. A lack of knowledge when it comes to the obligations prescribed under international documents endangers the implementation and funding of coordinated and comprehensive services to survivors of violence and their families. As a signatory to the Istanbul Convention, BiH has the obligation to establish or enhance a wide range of support services and protection to survivors of domestic violence and to make sure that relevant actors work in a coordinated way. Furthermore, BiH is obligated to provide for an adequate funding of the said services and the system itself at all levels of authority.

The Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence is the framework for drafting of the Strategy for the Convention implementation in BiH 2015-2018.³⁵ The

32 European Parliament. Fact sheet on the European Union. Equality between men and women (online), available at: <http://www.europarl.europa.eu/factsheets/en/sheet/59/equality-between-men-and-women> (26/9/2018)

33 See more: European Union Council. 2016. Council conclusions on Gender Action Plan 2016-2020 Brussels, 26.10.2015. (OR. en) 13201/15 (on line), available at: <http://www.consilium.europa.eu/media/24467/st13201-en15.pdf> (26/9/2018)

34 Vidović G. 2017. Study of capacities for preventing and combating violence against women and girls and domestic violence. UN Women. (Convention on the Rights of the Child and Istanbul Convention are the only international documents mentioned as the basis for work of these institutions, but a large majority of employees are not familiar with the contents of these documents). Although the Analysis did not cover the entire territory of BiH, but only the territory of Višegrad, Sokolac and Rogatica municipalities (Istočno Sarajevo region), Bratunac, Milići and Srebrenica (Bijeljina region), the results therefrom can be considered representational especially in small communities and municipalities all over BiH.

35 RS Government does not recognise and does not accept the implementation of a General Strategy for the implementation of Istanbul Convention in BiH 2015-2018, pursuant to the Conclusion of RS Government No. 04/012-

Strategy adopts the Convention's key principles and defines them as its fundamental starting point, values and positions³⁶. The Strategy points out that violence does not affect one gender only, but that gender-based violence affects disproportionately more girls and women and "is a manifestation of historically unequal power relations between women and men, which have led to domination over, and discrimination against, women by men and to the prevention of the full advancement of women"³⁷.

Considering the goal and purpose of the Strategy "it appears quite logical that BiH and all relevant institutions for the prevention and elimination of violence against women and domestic violence bear the obligation and responsibility to create an adequate legal, institutional and organizational framework for preventing and combating violence against women and domestic violence"³⁸.

Violence against women constitutes a form of human rights violations, and member states of the Istanbul Convention are "required to organise their response to all forms of violence covered by the scope of this Convention in a way that allows relevant authorities to diligently prevent, investigate, punish and provide reparation for such acts of violence. Failure to do so incurs state responsibility for an act otherwise solely attributed to a non-state actor."³⁹.

1.2. LEGISLATIVE FRAMEWORK IN BOSNIA AND HERZEGOVINA

The legislative ground for the obligation to implement, respect and protect human rights of women lies in the Constitution of Bosnia and Herzegovina, Article 2 of which prohibits discrimination on any ground, including gender. Furthermore, Annex I to the Constitution of BiH contains the list of international agreements in the domain of human rights, including the Convention on Elimination of all Forms of

Discrimination against Women⁴⁰. BiH ratified the said Convention and a large number of other international documents which prescribe basic standards of human rights. Therefore, BiH assumed the obligation to harmonise all of its laws, policies and practices with the highest standards of human rights regardless of levels of authority.

The field of gender equality is regulated by the Law on Gender Equality⁴¹ which prohibits gender-based discrimination and determines the obligation of institutions aimed at achieving the equality of women and men in all spheres of social life, and especially in education, employment, labour, access to all forms of resources, social welfare, health care, sports and culture, public life, media, statistical records and judicial protection. The said Law prohibits discrimination and violence against women⁴² prescribing that the relevant institutions are obligated to "undertake appropriate measures to eliminate and prevent gender-based violence in the public and the private sphere and to ensure instruments of protection, aid and compensation to victims"⁴³.

Considering the constitutional division of competences in BiH, the regulation and exercise of rights to gender equality in the domains such as education, labour and employment, health, social welfare, domestic violence etc., primarily fall under the competence of Entities (Republika Srpska and Federation of BiH) and cantons in the Federation of BiH. From the practical point of view, it means that the domain of gender equality, protection from violence against women and domestic violence is regulated by a large number of laws, by-laws, protocols of co-operation in cases of domestic violence⁴⁴, and especially by Laws on Protection from Domestic Violence.

40 Annex I to the Constitution of BiH "Additional Agreements on human rights that will be applied in Bosnia and Herzegovina".

41 Law on Gender Equality in Bosnia and Herzegovina - consolidated text (Official Gazette of BiH Vol. 32/10)

42 Ibid, Article 3.,4., 5. and 6.

43 Ibid. Article 6. (4)

44 such as: Law on Gender Equality in Bosnia and Herzegovina, Law on Prohibition of Discrimination in BiH, Criminal Code of BiH, FBIH, RS and BDBiH, Minor Offence Code of Republika Srpska, Criminal Procedure Code of BiH, FBIH, RS and BDBiH, Law on Civil Proceedings before the Court of BiH, Law on Civil Proceedings of RS, FBIH and BD-BiH, Family Law of FBIH and RS, Law on Protection from Domestic Violence of FBIH, RS and BDBiH, etc. Protocols of action in cases of domestic violence and other documents were adopted in a large number of municipalities, cantons and in BiH Entities.

2-1674/15 dated 3 August 2015.

36 BiH Gender Equality Agency. 2015. Framework Strategy for the implementation of Istanbul Convention in BiH 2015-2018.

37 Ibid

38 Ibid

39 Council of Europe (2011) Explanatory Report to the Council of Europe Convention on preventing and combating violence against women and domestic violence.

The Law on Protection from Domestic Violence in FBiH regulates: protection from domestic violence, definition of family, definition of domestic violence, type and purpose as well as manner and procedure of pronouncing the protective measures, protection of survivor from domestic violence, mutual connection of all subjects working in protection from domestic violence.

FBiH Law on Protection from Domestic Violence prescribed the right of survivors of domestic violence to have basic living needs ensured such as health, social and material care, the right to legal aid in resolving a social, economic and other status. The Law prescribes that the funds for basic forms of protection and temporary assistance to survivors of domestic violence, who cannot receive immediate protection within the existing systems of health and social protection, shall be secured within a temporary assistance. Cantonal governments are obligated to enact regulations on the manner of exercising a temporary assistance, including legal aid for survivors of domestic violence⁴⁵.

Republika Srpska Law on Protection from Domestic Violence regulates the protection from violence in a family or family unit, subjects of protection, and procedure for protection of survivors of domestic violence, establishing the Council combating domestic violence, and misdemeanour sanctions against perpetrators of violent actions, as well as urgent measures for protection of survivors of domestic violence.

A survivor of domestic violence is entitled to psycho-social support, and social and medical care, in accordance with the laws relating to health care and social welfare. Members of the Ministry of Interior, social work centres, medical and educational institutions, and competent courts are obligated to provide protection, aid and support to the survivors of domestic violence. Survivors of domestic violence are entitled to access to all subjects of protection and are exempt from all costs of the procedures. Survivors are entitled to free legal aid in the proceedings of exercising their rights and protection, in accordance with the regulations governing the field of free legal aid⁴⁶.

45 Law on Protection from Domestic Violence „Official Gazette of the Federation of BiH“ Vol 20/13, Article 31 and 32.

46 Law on Protection from Domestic Violence of Republika Srpska, „RS Official Gazette“ Vol. 102/12, 108/13 i

1.3. POLICIES OF COORDINATION AND MULTI-SECTORAL APPROACH TO PREVENTION AND COMBAT AGAINST DOMESTIC VIOLENCE

A multi-sectoral response to domestic violence represents a holistic and coordinated approach aimed at harmonizing and correlating programmes and actions developed and implemented by a variety of institutions (but not limited to these) in the areas of psychosocial welfare, law enforcement (police, prosecutors and justice departments) and health.⁴⁷ The multi-sectoral response to domestic violence brings durable and sustainable changes and help to create an institutional and community culture that domestic violence is not acceptable and tolerable⁴⁸.

Furthermore, the Istanbul Convention requires the establishment of appropriate mechanisms of co-operation between relevant institutions such as courts, prosecutor's offices, police, local and regional authorities, nongovernmental organisations and other relevant organisations. Under the mechanism, the Convention implies to any formal or informal structure such as agreed protocols, round tables or any other method that enables a number of professionals to cooperate in a standardised manner⁴⁹.

Entities' legislation defines a multidisciplinary multi-sectoral approach to elimination of domestic violence. Federation of BiH Law on Protection from Domestic Violence⁵⁰ prescribes that co-operation of relevant institutions for the territory of one or more municipalities shall be regulated by the Protocol of Co-operation to

82/15, Article 8., 9. and 10.

47 UNFPA and East European Institute for Reproductive Health (2015.): Multi-sectoral response to gender based violence: An effective and coordinated way to protect and empower survivors/survivors of gender based violence, page 5.

48 Multi-sectoral response to gender based violence: An effective and coordinated way to protect and empower survivors/survivors of gender based violence, EEIRH, UNFPA EECARO, 2015, pages 3 and 4.

49 Council of Europe (2011) Explanatory report to the Council of Europe Convention on preventing and combating violence against women and domestic violence. Council of Europe Treaties Series - Vol. 210.

50 Articles 39 thru 43 Chapter VI. Multidisciplinary approach in the procedure of protection of survivors of domestic violence and execution of pronounced protective measures, Law on Protection from Domestic Violence FBiH (2013)

determine mutual rights and obligations in the procedure of reporting the cases of domestic violence, providing protection to survivors of domestic violence and in the work with violent persons.

Republika Srpska Law on Protection from Domestic Violence prescribed the establishment of the Council for the Prevention of Violence in Family and Family Unit (hereinafter: the Council) for the purpose of supervision and assessment of the implementation of policies and measures to prevent and fight against domestic violence and improving a coordinated and effective action in the field of domestic violence⁵¹. Gender Centre of the RS Government made a Local Protocol of co-operation and conduct in cases of violence against women and domestic violence as a framework document, establishing a model of co-operation and conduct for subjects of protection and other relevant actors in the municipality/town for the purpose of efficient realisation and implementation of protection of survivors of violence against women and domestic violence⁵². The local protocol reads that: "Inter-connectedness of these subjects [subjects of protection, author's remark] through coordination, transfer of information, unhindered support provision to victims and application of adequate measures provides for a more effective protection and prevention of violence against women and domestic violence"⁵³.

The objective of multi-sectoral response to domestic violence is to:

- Ensure and facilitate the access to support services for domestic violence survivors/survivors;
- Integrate and mainstream intervention throughout all programmes by using agreed inter-institutional working rules and tools;
- Ensure accountability at all levels and all involved institutions;
- Ensure coordinated actions for addressing to and prevention of domestic violence;

51 Article 36 Republika Srpska Law on Protection from Domestic Violence (2012, 2013 and 2015)

52 Olivera Vuković (2017) Lokalni protokol o saradnji i postupanju u slučajevima nasilja nad ženama i u porodici. Local protocol of co-operation and conduct in cases of violence against women and domestic violence. Gender Centre of the Republika Srpska Government;

53 Ibid

- Ensure more accurate data regarding the domestic violence cases and the intervention and referral history⁵⁴.

The Istanbul Convention prescribes the establishment of general and specialist support services. General services are those provided by public institutions such as social services, health care services, employment service, etc. More precisely, those are the services that provide a long-term assistance and support but are not exclusively intended to be beneficial to survivors of violence only, but to the public at large. The Convention seeks that survivors are provided with an access to such services by ensuring them a support from those services and to adequately respond to their needs. On the other hand, specialist services are focused on provision of support and assistance intended for the needs of survivors of different forms of violence against women or domestic violence that are not available to a broader public. While these may be services run or funded by government authorities, the large majority of specialist services are offered by NGOs⁵⁵.

The legislation and practice in BiH, Entities and Cantons regulate the provision of general and specialist services. Therefore the laws on health protection prescribe that health protection cover, among others, survivors of violence in community who do not have health insurance on some other ground⁵⁶. In addition to the network of health institution that provide services of a general practitioner and specialist services, it is important to mention mental health centres which have or should have a role in psycho-social treatment of survivors of violence and implementation of the statutory measures of mandatory psycho-social treatment of perpetrators or rehabilitation from addiction⁵⁷. At the same time, a lack of

54 Multi-sectoral response to gender based violence: An effective and coordinated way to protect and empower survivors/survivors of gender based violence, EDIRH, UNFPA EECARO, 2015, pages 3 and 4.

55 Council of Europe (2011) Explanatory report to the Council of Europe Convention on preventing and combating violence against women and domestic violence. Council of Europe Treaties Series - Vol. 210.

56 Law on the Council of Ministers of Bosnia and Herzegovina (Official Gazette of BiH Vol. 30/03, 42/03, 81/06, 76/07, 81/07, 94/07 and 24/08), Decision on the adoption of the framework strategy for the implementation of the Convention on Prevention and Elimination of Violation against Women and Domestic Violence in Bosnia and Herzegovina 2015-2018.

57 Articles 27 and 28 of the Law on Protection from Domestic Violence of Republika Srpska (2012, 2013 and

capacities and a lack of professional staff, budget and the like in numerous areas of BiH, make it impossible to pronounce and execute the said services and measures.

General support services are provided by social protection institutions- the network of these institutions is an institutional framework in BiH for provision of protection and support to survivors, including financial aid, allowance for care to another person, accommodation in an institution including a safe house, care in a foster family, daily care, one-time monetary aid, and counselling. The Entities' laws prescribe that the rights to free legal aid, healthcare, psychosocial and medical protection, shall be exercised in line with laws that regulate those respective domains⁵⁸, and a survivor is entitled to "provide for basic needs such as health, social and material care and free legal aid to resolve social, economic and other status"⁵⁹.

Departments of interior are in charge of protective measures such as removal of perpetrator of domestic violence from the apartment, house or other residential dwellings and prohibition to return to the apartment, house or other residential dwellings, issuing a restraining order and prohibiting the perpetrator from contacting the survivor of domestic violence, temporary deprivation of liberty and detention, as regulated by their specific rulebooks on the place and manner of execution of the protective measures.

A series of specialist support services are also provided to survivors in BiH⁶⁰.

2015), Articles 14 and 15 of the Law on Protection from Domestic Violence of the Federation of BiH (2013)

58 Law on Protection from Domestic Violence of Republika Srpska, Official Gazette RS Vol. 102/12, 108/13 and 82/15

59 Law on Protection from Domestic Violence of the Federation of BiH, Official Gazette of the Federation of BiH, Vol 20/13

60 Article 22. Requires the parties to the Convention to establish or ensure a well supplied sector of specialist support. The objective of that specialist support is to ensure the empowerment of survivors through an adequate support and assistance tailored to their specific needs. The most of it is secured by women's organisations and local authorities with specialist and experienced employees with good knowledge of gender-based violence. It is important to make sure that such services are well distributed and available to all survivors. Moreover, these services and their employees should be trained to respond to different forms of violence under the scope of this Convention and provide support to different categories of survivors. Types of support to be offered by those services include securing of shelter, medical emergency assistance, collection of forensic medical evidence in cases of rape and sexual assault,

The Laws of Republika Srpska, Federation of BiH and Brčko District of BiH also foresee a possibility to protect a survivor of violence by providing temporary shelter of the survivor in a safe house, where a survivor can find shelter in another family or another institution, while according to the Law of Republika Srpska, a safe house represents a special measure of support by which a legal entity provides a shelter and aid to survivors of domestic violence. One form of specialist support services is a telephone helpline: 1264 in Republika Srpska and 1265 in Federation of BiH.

Along with the said specialist support services, the Istanbul Convention calls for the establishment of measures for economic empowerment of survivors of violence so that employment services conduct programmes of employment, self-employment and re-qualification of survivors. So far such programmes are existent in few location sin BiH and in a certain number of non-governmental organisations. Furthermore, the Convention prescribes the obligation to provide free legal aid to survivors of violence which can be provided by either governmental or nongovernmental organisations within their scope of work. From the practical point of view, a free legal aid is not equally accessible in BiH, as the existing institutions do not have sufficient equipment, staff and mechanisms to ensure and monitor the quality of services provided. A lack of the legal aid system mostly affects vulnerable groups of population including survivors of domestic violence and gender-based violence, survivors of human trafficking. Several non-governmental organisations provide legal aid and legal counselling to vulnerable categories of population including survivors of gender-based violence, but they are understaffed and underfinanced⁶¹.

There are evident significant efforts to ensure general and specialist services to survivors of violence against women, domestic violence or violence in a partnership. At the same time, there are numerous possibilities to enhance the existing system of general and specialist

short-term and long-term counselling, assistance in cases of traumatic experiences, legal counselling and representation, phone help lines to direct survivors to an adequate type of service and specific services for children survivors or children witnesses.

61 UN Women (2019) Study of UN Women of capacities in police and free legal aid sectors in Bosnia and Herzegovina to implement the Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence.

services. The existing legislative and institutional frameworks are not yet fully harmonised with the standards. A consistent application of laws is still most problematic, especially in terms of funding of the comprehensive programmes of protection and support, which is generally insufficient and does not guarantee sufficient care to survivors, as well as in terms of sufficient capacities, institutional equipment, mandatory programmes of professional advancement, prevention of professional burn-out, etc.

Therefore, a multi-sectoral response to domestic violence in BiH is made of a set of support services provided by institutions and organisations in the sectors of security and judiciary, social welfare, health care and education. Please find below a brief overview of competences of key institutions and organisations that provide support and services to survivors of domestic violence which are used as the basis for the data collection and estimating of the costs of multi-sectoral response to domestic violence at the local level.

1.3.1. Police

Pursuant to the relevant legislation in BiH, the police are obligated to undertake all necessary measures to protect survivors of domestic violence and provide them with the access to health care and other forms of support, to collect evidence, to document cases, to forward the information to relevant prosecutor's office and coordinate the work of social work centres, health care institutions and safe houses.

In most cases, the police including the police departments/stations at the locations covered by the analysis have the following modus operandi:

- Two uniformed police officers/patrol go to the spot of reported incident immediately upon receiving the report on perpetrated act of domestic violence. Depending on the case complexity, the entire team (forensic officer, police officer and prosecutor) visits the spot. This team should include a female police officer.
- The police officer informs the on-duty team about collected evidence and details of the case. The on-duty team informs the social work centre and safe house professionals if the survivor needs this type of support. Depending

on the gravity of perpetrated act, the police inform the prosecutor, officer in the department for minor delinquency and domestic violence⁶² and responsible teams in police stations.

- File a request for one or more protective measures.

If the court pronounces a protective measure which is under the scope of police competence, the police shall provide for the execution of that measure.

1.3.2. Prosecutor's offices and courts

A particularly important segment in the response to domestic violence is a prosecution of violence under the scope of competences of courts and prosecutor's offices.

In most cases, including the locations observed for the purpose of this analysis, the modus operandi of prosecutor's offices in cases of domestic violence is the following⁶³:

- Immediately upon the report on the existence of the ground for suspicion that a criminal act was committed, necessary actions are taken to identify a perpetrator, conduct an investigation, find a suspect, lead and supervise and investigation.
- Send a request to relevant authorities, legal entities and natural persons to submit the necessary information.

62 At observed locations such as department of sex crimes, minor delinquency and violence and domestic violence in Tuzla Canton and department of murders, sex crimes and war crimes in Sarajevo Canton, as well as similar department in Una-Sana Canton.

63 According to: Gender Centre of Republika Srpska Government – Gender Equity and Equality Centre. 2008. Preventing and combating domestic violence in Republika Srpska – Manual for operations of subjects of protection, available at: http://www.vladars.net/sr-SP-Cyrl/Vlada/centri/gendercentarrs/Documents/Priru%C4%8Dnik%20za%20postupanje%20subjekata%20za%C5%A1tite_175129778.pdf; and Federation of BiH Gender Centre. 2017. Operations in cases of domestic violence – Multi-sectoral response- Protection, assistance and support to survivors of domestic violence – implementation of protective measures pronounced to perpetrators of domestic violence available at: <http://www.16dana.ba/wp-content/uploads/2018/02/Postupanje-u-slucajevima-nasilja-u-porodici-BOS.pdf> (17/7/2018).

- Issuing summons and order and submitting a motion to issue summons or an order, issuing an order to an authorised official to carry out investigative actions.
- Establishing the facts necessary for decision-making on property claims and seizure of property gain acquired by the commission of the criminal act.
- Filing and representing the indictment before the court.

Competent authorities that participate in an investigation are obligated to inform the prosecutor on any action they take and also to act upon any request of the prosecutor.

The role of the court in response to violence is somewhat different in each Entity, reflecting the differences in relevant Entities' laws. Pursuant to the legislation of Republika Srpska, the Court can conduct a minor offence proceedings or criminal proceedings in cases of domestic violence.

In case of minor offence proceedings, following the receipt of the motion to institute a minor offence proceeding, the Court opens a trial summoning the following: defendant and defence counsel, the party that submitted the motion (usually police, aggrieved party), and legal counsel and proxy. Parties to the proceedings adduce evidence at the trial, such as examination of witnesses, expert witnesses, and the like, and thereafter an appropriate ruling is made, which according to the law may be: sentence of imprisonment or fine, warning, protective measure/s and re-education measure/s. in order to remove an imminent threat to physical and mental integrity, in order to prevent a reoccurrence of violence and to guarantee a survivor safety, the perpetrator of violence can be issued urgent measures before the proceeding is instituted or in the course of the proceeding. Urgent protective measures are pronounced by the department of relevant court pursuant to the motion submitted by the police, authorised body or authorised person.⁶⁴

In case of criminal proceedings, the prosecutor's office plays an important role as the prosecutor conducts an investigation upon the report of domestic violence and renders a decision on filing the indictment or issuing an

order to suspend the investigation. In case the indictment is filed, the prosecutor's office files an indictment to a preliminary hearing judge who can either dismiss or confirm the indictment. In case the indictment is confirmed, the defendant enters a plea; the court reviews the statement of the defendant and can open the main trial which is conducted in line with the Criminal Procedure Code where the evidence is adduced, witnesses examined, etc. Following the completion of the main trial, the Court pronounces an adequate criminal sanction⁶⁵.

Pursuant to the Federation of BiH legislation, the police submit a report on committed criminal offense to the competent prosecutor's office; the prosecutor decides if the grounds for suspicion of criminal offense are existent and accordingly issues the order to conduct an investigation. The prosecutor files an indictment when the investigation collects sufficient evidence that provide a grounded suspicion that a suspect committed the criminal offense of domestic violence. A preliminary hearing judge reviews and confirms the indictment, after which the defendant enters a plea. If the judge or panel of judges accepts the guilty plea statement or guilty plea agreement, a sentencing hearing is held. Otherwise, the court schedules a main trial where it examines a criminal liability of the defendant through evidence adduced, witnesses examined, statement of the defendant, etc. Following the completion of the main trial, the court makes a ruling and pronounces an adequate sanction in line with the FBiH Criminal Code.

Unlike in the criminal proceedings where the prosecutor plays an important role, in the procedure of pronouncement of protective measures under the Law on Protection from Domestic Violence, the prosecutor plays a role only "when there are justified reasons"⁶⁶. A request for pronouncement of protective measures is submitted to a competent court by a police department along with presentation of collected evidence and excerpts from official records regarding the reports on domestic violence for that perpetrator. The competent court is obligated to act within 12 hours from the receipt of the request and render a decision to pronounce a protective measure. The decision pronouncing protective measures

64 Gender Centre of Republika Srpska (March 2018.) Manual: Multi-sectoral response to violence against women and domestic violence.

65 Ibid.

66 Article 7 Paragraph 2 of the Law on Protection from Domestic Violence of FBiH (2013.)

determines the duration of protective measure pronounced upon a violent person starting as of the day the decision is rendered. An appeal from such decision does not stay its execution⁶⁷.

1.3.3. Social work centres

A role of professionals and social work centres is extremely important not only because of the role that the centres have in their work with survivors, survivors and perpetrators of violence but also because of their potential role as a coordinator of the multi-sectoral team. The centres are in charge of providing a large number of support services: reporting domestic violence, providing assistance to survivors of violence; providing basic needs to survivors of violence (social, health and material care and free legal aid); providing shelter to survivors of violence (placing them in safe houses/another family or another social welfare institution); keeping records of pronounced protective measures, and monitoring the execution of pronounced measures; inform the competent court on the execution of measures; proposing the suspension or extension or replacement of measures.

Generally, social work centres at all locations that were the subject of observation, do the following⁶⁸:

- The centre must urgently respond to police call and provide protection to survivors of domestic violence, especially if a survivor is a child. The centre also provides a social worker (or other expert from the centre) who will conduct an interview with regard to a domestic violence case.
- The centre gets in a direct contact with a survivor, pays a visit to a family, or conducts an interview of a survivor on the official premises (police or social work centre).
- The centre advises survivors about the access to various types of services.

67 Ibid.

68 Gender Centre of Republika Srpska Government – Gender Equity and Equality Centre. 2008. Preventing and combating domestic violence in Republika Srpska – Manual for operations of subjects of protection; and Gender center Federation of BiH. 2017. Federation of BiH Gender Centre. 2017. Operations in cases of domestic violence – Multi-sectoral response- Protection, assistance and support to survivors of domestic violence – implementation of protective measures pronounced to perpetrators of domestic violence. Ibid.

- The centre makes an official statement – report on a case of domestic violence.
- Upon a request of police or judiciary, the centre submits relevant documentation on domestic violence and actions undertaken.
- In cases of criminal or minor offence proceedings, the centre must seriously consider the best interests of children and protection of the rights of the child and, if needed, to appoint a foster parent to a child.
- If the centre does not have advisory capacities, it is obligated to learn about other institutions or organisations that can give advice to survivors and instruct them to use those services.
- If there is a risk that a perpetrator will repeat a violent act, and mental health issues are registered with a perpetrator, the centre will co-operate with health services in order to place that person in an adequate institution.
- The centre keeps a record of pronounced protective measures and takes care that they are abided by; it gives advice regarding the extension or suspension or replacement of protective measures.

1.3.4. Health care

Pursuant to the legislative framework in BiH, a survivor of domestic violence is entitled to have basic needs, such as health care among others. In terms of health care, protection of a survivor of domestic violence is ensured under the laws that prescribe the right to health care and health insurance. The health system treats a survivor of domestic violence as a patient or a beneficiary of services. Therefore, all obligations of health care institutions towards patients are equally applicable to survivors. Pursuant to the law, health care workers are obligated to report cases of domestic violence to the police and social work centre.

Generally, all institutions at locations observed for the purpose of this analysis are obligated to⁶⁹:

- Treat survivors of domestic violence with a priority in provision of health care.
- Conduct a full examination and direct a

69 Ibid.

survivor to further medical care.

- Document the facts and statement of survivors and issue mandatory documentation with a date (these data are later transferred to a permanent medical record of a patient).
- Document injuries; write and issue medical diagnosis of injuries.
- Make sure that a survivor reads everything entered in the record and confirmed it with his or her signature.
- Keep the confidentiality of a survivor's health condition.
- At a request of the police or judiciary, provide the documentation important for the determination of the criminal offense.
- In case a survivor has mental health issues, direct a survivor to further treatment or mandatory hospitalisation in communication with the police and social work centre.

1.3.5. Role of non-governmental organisations and specialist services

A role of non-governmental organisations (civil society organisations) in the prevention and protection from domestic violence is very significant in terms of a direct assistance and support to survivors of domestic violence. Unlike the mentioned (public) institutions and general support services, non-governmental organisations provide a whole set of specialist support services such as sheltering in a safe house, legal aid⁷⁰, psycho-social aid, telephone helplines⁷¹, programmes of economic empowerment etc. A large number of organisations conduct programmes of

prevention of violence against women and domestic violence by working with young people, special categories of women, as well as with general population.

A safe house provides a shelter with food, sanitary conditions and the like, but also provides a series of specialist support services to survivors of domestic violence, including:

- Psycho-social treatment: individual and/or group psycho-therapy, occupational therapy.
- Medical support (basic medical protection, contacts and co-operation with health care institutions, exercise of rights from the domain of health care).
- Legal aid and support (exercise of various rights, contacts and co-operation with judicial and other institutions).
- Social counselling, contacts with family members, contacts with other institutions, support in exercise of rights from the domain of social welfare.
- Economic empowerment and support, assistance in re-qualification, education and the like.

70 Organisations that provide free legal aid at locations relevant to the study include: Centre of Women's Rights, Zenica; Foundation of Local Democracy, Sarajevo; Foundation Lara, Bijeljina; Foundation United Women, Banja Luka. Majority of cantons in FBiH provides free legal aid in government institutions – institutes for free legal aid. Republika Srpska established the Centre for free legal aid with offices in Banjaluka, Dobo, Trebinje, Istočno Sarajevo and Bijeljina.

71 In the territory of Bosnia and Hercegovina, there are two telephone helplines: in Federation of BiH -1265; in Republika Srpska- 1264; Both are active around the clock and are free of charge. Telephone helplines in FBiH are managed by the NGO which have safe houses and Jajce Social Work Centre, while services are rendered by volunteers and professionals of NGO and social work centre.

II.

APPROACHES USED DURING THE ANALYSIS OF COSTS OF DOMESTIC VIOLENCE IN BIH

Gender-based violence has a large impact on survivors and society at large. As a consequence of violence they suffer, survivors will have increased costs for medical care and lost earnings. Furthermore, violence has a broader impact on society, including lower productivity and reduced economic production and growth, as well as an increased pressure on social and health care institutions and services they render.

The task focused on three main activities:

- overview of the existing package and referral mechanisms of a multi-sectoral response to domestic violence in BIH at the local level, including regulations, standards, actors, services, duty bearers and mechanisms of coordination;
- costs of a multi-sectoral approach to domestic violence in BIH at the local level including the existing costs of domestic violence and anticipated costs of the implementation of multi-sectoral approach categorised per financial and human capacities in local communities; types of services; competences, regulations and stakeholders in two entities, Brčko District, and cantons in the Federation of BiH (FBiH);
- based on the finding of the study, make recommendations for resolution of identified flaws in funding of the implementation of multi-sectoral approach to domestic violence in BIH which is in accordance with the Istanbul Convention.

Quantification of costs in terms of psychological consequences that people suffer and economic indicators is difficult because: culture of

silence makes it hardly feasible to calculate the prevalence for the purpose of making an accurate calculation of costs. Therefore a series of methods was developed with all advantages and disadvantages that must be taken into account when used in every specific case.

This analysis covered the costs of existing services and projected costs of a multi-sectoral approach to response to domestic violence in BIH at the local level. An estimate of the existing costs took into account different institutional and legislative framework and capacities at certain locations, while projected costs took into account the allocations, that is, costs required to satisfy minimum standards of rendered service (in accordance with current trends and situation on the ground). Due to a lack of data on costs and unit allocations for survivors of domestic violence per sectors, the analysis team was not in position to calculate the costs required for a full implementation of standards of Istanbul Convention, that is costs for lacking general and specialist services and improvement of the existing services at the local level.

Besides the mentioned shortcomings, this analysis of costs should enable the estimate of effects that domestic violence has on social and economic life and should provide a quantified basis for future policy making in this domain.

2.1. METHODOLOGY

Depending on the scope of inclusion of different cost components, different approaches are used in estimating the costs of domestic violence. Some authors apply a holistic approach to economic impact of domestic violence taking

into account the costs of prevention, costs of response to violence (judiciary, police, health sector, social welfare and other support services), as well as opportunity costs (including lost earnings from paid work and/or reduction of taxes paid due to reduced employment or productivity).⁷²

Annex 5 Approach to estimating the costs of existing services

A methodological approach to estimating the costs of domestic violence in BiH at the local level applied for the purposes of this analysis is founded on theory and good practice, and resources available for the analysis in the field. From the point of view of measurability of costs and degree of their direct association with domestic violence, two widely defined categories of costs were analysed – direct tangible and indirect tangible costs.

Total costs of violence constitute the sum of total **direct tangible costs** and total indirect costs, expected to be funded in a sustainable manner, which are currently funded from the following sources:

- Costs funded from public budgets per sectors;
- Costs funded by donors' grants;
- Costs covered by survivors of violence.

Direct tangible costs include:

- **Costs of existing (general) support service provided by institutions** in sectors of social welfare (social welfare centres), security and judiciary (police, courts and prosecutor's offices) and health (health care centres, emergency centres, mental health centres, other health institutions). These are the services provided by institutions as part of their regular activities to survivors of domestic violence and other beneficiaries.
- **Costs of existing (specialist) support services provided by NGO.** These are special services intended for survivors of domestic violence, such as free legal aid, telephone helplines, safe houses, activities related to economic empowerment and health services and treatment.
- **Costs of lacking services** which

are required in accordance with the demands of the Istanbul Convention and are not currently provided in BiH.

Indirect tangible costs include:

- **Out-of-pocket costs of survivors,** consisting of costs which are incurred as a consequence of the implementation of protection measures in domestic violence cases. For example, costs of transportation, medicines, medical treatment, accommodation after leaving the shelter in safe houses, or after leaving the house of the perpetrator of violence etc.
- **Opportunity costs of survivors,** incurred as a consequence of violence. Unlike all other previously mentioned categories, these costs do not require financial allocations and so they are considered as non-financial costs. These are the costs of reduced economic output estimated as a present value of lost future earning or income.

The amount of total cost for the society is approximately reached by adding all categories of financial costs and taking into account opportunity costs.

Financial costs are analysed from the point of view of financial sources per sectors. Costs of the existing general support services of institutions are funded from the public budgets. Costs of the existing specialist support services provided only by NGOs are largely financed by donor funds at a majority of locations in BiH. Financing of safe houses from public depends on annual procedures of public tenders. Out-of-pocket costs of survivors are covered by survivors.

72 Soumach and Abouzeid (2009)

2.1.1. Costs of the existing general support services⁷³

Ideally, estimating of the costs of existing general support services would be based on the so-called direct accounting model. According to the said model, the total cost of domestic violence borne by institutions equals the sum of individual services provided to survivors of violence. Each individual category of costs (or service) is associated with a number of survivors that use that service and unit (average) cost of a service per survivor.

Number of survivors who use the service is determined by proportion of the population who use the service who are survivors of domestic violence (assuming that all survivors who met the requirements do not use that service by default) decreased by the proportion of general population who use the service and are not survivors of domestic violence (because institutions provide services to all beneficiaries and not only to survivors of domestic violence). Result is used to estimate the number of survivors who use the services in BiH. Therefore, the level of certain service is measured on the basis of a differential rate of its use by survivors of violence.

Unit (average) cost of a service per survivor is estimated by a bottom-up approach (determining certain elements of cost such as human work and material per unit of service and their sum) or an up-bottom approach

73 Council of Europe (2011) Explanatory report to the Council of Europe Convention on preventing and combating violence against women and domestic violence. Council of Europe Treaties Series - Vol. 210. Explanation of Article 20. This provision on services to survivors makes a distinction between general and specialist support services:

- **General support services** refer to help offered by public authorities such as social services, health services, employment services, which provide long-term help and are not exclusively designed for the benefit of survivors only but serve the public at large.
- By contrast, **specialist support services** have specialist in providing support and assistance tailored to the – often immediate – needs of survivors of specific forms of violence against women or domestic violence and are not open to the general public. While these may be services run or funded by government authorities, the large majority of specialist services are offered by NGOs.

Parties to the Convention are thus required to ensure survivors are granted access to such services, treated in a supportive manner and that their needs are properly addressed. Paragraph 2 seeks to ensure that these services are adequately resourced to respond to their long-term needs.

(allocation of estimated part of funds from the total annual costs). A bottom-up estimate is more precise, but it requires detailed information on elements of a unit cost, which are usually not available. An up-bottom approach is easier, but the results are less precise.

Multiplying the number of survivors who use the service by a unit cost of service per survivor makes a total cost of that service. Adding-up the costs of all individual services makes a total cost of all provided services to all survivors. The calculation was done according to the following formula:

$$TCV = \sum_{i=1}^I \{(p_i^v) - p_i^{nv}\} V_i C_i$$

where:

TCV - total cost of violence to be measured

I - number of categories of costs/services

i - counter of categories of costs/services (the value from 1 to *I*)

P_i^v - percentage of survivors of violence who use the service „*i*“

P_i^{nv} - percentage of general population who use the service „*i*“

V_i - total number of survivors who met the requirement to use the service „*i*“

C_i - average cost of the service „*i*“

This model can be used only when the relevant secondary data are available including the data on prevalence rate (percentage of women who experienced violence in the total population), incidents or victimisation rate (number of incidents per 100 women) and utilization rate (percentage of women who experienced violence and use services). Considering that this analysis did not have all necessary data available, certain modifications were made in order to calculate the total cost.

A modified formula was used instead, according to which the cost of every service calculated through **multiplying the number of survivors who use the service by a unit cost of the service** (more detailed information on modified formula and unit cost of the services are listed below).

Table 1:
Overview of institutional activities/services used as a basis for the cost analysis

Police	Prosecutor's office and court	Social work centre
Intervention on the spot Documenting of violence Informing the team, social work centre, prosecutor's office Execution of protective measures Receiving calls for intervention Executing a temporary deprivation of liberty and detention Other police interventions related to domestic violence	Documenting of domestic violence Costs related to collection of testimonies and investigation Costs related to interrogations Costs of appellate procedure Estimating the costs of prosecutor's offices related to the prevention /protection measures Paid defence for perpetrators of criminal offenses Issuing a decision on protective measures Execution of issued protective measures Refunding the costs related to witnesses Referring survivors to property claims Costs related to court experts Ex officio defence	Interviewing and counselling survivors of violence Psycho-social assistance Legal counselling Assistance in finding employment Finding of accommodation Training of employees who directly work with survivors of violence Paying visits to survivors of violence Making official information and social history Mediation in sheltering children and protection of the rights of children Mediation in divorce lawsuits in cases of instituted proceedings assistance to children in cases of violence Coordination with health care institutions, police and safe houses (for example meetings, fax/e-mail communication) Provision of accommodation to survivors Financial assistance and property assistance to survivors Activities related to public information with a view to change awareness
Health care centre	Mental health centre	Emergency medical aid
Overview of survivors of domestic violence (history) Medical treatment Documenting and reporting violence Medical treatment of survivors of sexual violence Treatment of addiction in perpetrators of violence Other interventions/activities	Psychological and psycho-social assessment of survivors of domestic violence Psychological interventions Counselling and psycho-education Execution of mandatory psycho-social treatment of perpetrators of violence Treatment of addiction diseases Other interventions / activities	Overview of survivors of domestic violence (history) Medical treatment Documenting and reporting domestic violence Hospitalisation of survivors of domestic violence Medical treatment of survivors of sexual violence Other interventions / activities

Considering that the mentioned data are not all available, application of this method on the basis of proposed formula was not possible. A modified formula was used instead, according to which the cost of every service calculated through **multiplying the number of survivors who use the service by a unit cost of the service**. The number of survivors who use an individual service was the one submitted by institutions and the unit cost of the service

was calculated based on the elements of cost submitted by institutions. Elements of the cost consist of the quantity of human work spent in provision of one service unit (number of hours), unit cost of human work (per hour), other direct and indirect costs of material and services and the number of provided units of service during one year as listed in table above. This list of elements of unit costs was developed based the UN Essential Services Package as

globally acceptable standard for provision of this services. The proposed list of elements of unit costs was defined and adopted for context in BiH in a consultation process with relevant stakeholders, gender equality mechanisms and Technical Advisory Group.

Based on such elements, unit cost of each service **was calculated by division of total costs of a given number of services (total cost of human work +other direct costs of material and services+indirect costs or overhead costs) by the number of provided units of service.** Alternatively, if a unit cost of service is already known to institutions (e.g. the cost of one day hospitalisation), it would be multiplied by units of service (e.g. the number of days of hospitalisation) in order to calculate the total costs.

2.1.2. Costs of the existing specialist support services⁷⁴

Costs of services and other forms of direct support provided by non-governmental organisations have been estimated based on the information on total costs related to these services and sources of financing (donor funds and public budgets) that use the services. In majority cases, specialist support services in BiH are provided by non-governmental organisations. A unit cost per survivor was calculated by dividing the total costs of these services by unit costs. **Annex 5 Approach to estimating the costs of existing services** contains an overview of methods of estimating the costs of individual services.

The analysis encompassed the results of submitted information on services provided by non-governmental organisations, including the services provided within safe houses in Sarajevo, Banjaluka, Zenica and Bijeljina⁷⁵ in the domain of:

- Estimated costs of available specialist services;

74 Council of Europe (2011) Explanatory report to the Council of Europe Convention on preventing and combating violence against women and domestic violence. Council of Europe Treaties Series - Vol 210., Explanation of Article 20.

75 As majority of specialist support services is provided within safe houses, the study was unfeasible at the remaining two locations because safe houses do not exist in those locations and so the existing costs estimate would not be integral.

- Existing and needed (lacking) capacities and degree to which survivors of violence use them;
- Sources and shares of funding for each individual service.

The data received from non-governmental organisations which directly work with survivors of domestic violence and which provide survivors with accommodation in safe houses and provide other specialist services such as free legal aid, psycho-social assistance, telephone helplines and support to survivors⁷⁶, programmes of economic empowerment of survivors etc. The costs of these specialist services still depend on donor funds, on the one hand, while on the other hand, funding from public budgets depends on annual tendering procedures for safe houses.

2.1.3. Costs of survivors

Financial costs of survivors have been estimated based on the data obtained via questionnaires that were filled in by survivors, beneficiaries of the safe house⁷⁷ and administered by women's rights organizations. This approach allowed researchers to reach actual survivors' experience with different type of general and specialised services, as well as to ensure confidentiality, safety and ethic matters in collecting important data. Average annual costs for individual categories of allocations per survivor were calculated (travel costs, medicines, participation fee for health services if paid, etc.). These average costs were then multiplied by the number of survivors (at analysed locations and in BiH) in order to get the total annual costs of survivors.

Non-financial (opportunity) costs of survivors are calculated by the so-called method of human capital. Based on the profile of survivors (age, education and socio-economic variables that impact the earning rate) and categories of violence the value is projected of future lost earning, or reduced productivity in

76 All telecommunication operators provided free phone help lines: costs of the permit to Regional Agency of Communications are incurred by FBIH Gender Centre in the Federation of BiH, and RS Gender Centre for Republika Srpska. Non-governmental organisations and Jajce Social Work Centre provide services of counselling and interventions upon call through the work of volunteers and experts.

77 Interviewed women were beneficiaries of the safe houses at the time of the filed research for this analysis.

a household. The amount was then discounted to the present value. Table 2 closely explains

the method of estimating the costs of survivors.

Table 2:
Methods of estimating the costs of survivors

Financial costs	
Category of costs	Calculation
Travel costs, medicines, participation fee, travels, counselling, other	Average cost per survivor (and per cost category) = total cost for all survivors /number of survivors Total cost = average cost per survivor (and per cost category) x number of survivors
Non-financial (opportunity) costs	
Category of survivors	Calculation
Employed /capable of working	Total cost per survivor = current value of lost future earning anticipated for the rest of working life cycle of the survivor, calculated based on the age and education of survivor and age in which violence was committed. Current value is calculated as discounted flow of future earning calculated per average or long-term interest rate. $SV = \frac{\sum_i^T Zarada}{i}$ <i>SV</i> = current value of lost future earning <i>i</i> = year <i>T</i> = total number of years in which the earning would be made <i>Zarada</i> = earnings
Unemployed/members of household	Total cost per survivor = current value of lost household chores calculated by estimating the time spent in household chores per given income rate.

2.1.4. Costs of lacking support services

The costs of lacking services are estimated on the basis of demands of the Istanbul Convention (which reflect the level of needed services) and information obtained from non-governmental organisations (which reflect the level and costs of available services provided by these organisations). Due to limitations of the analysis, these costs have been estimated just for the service of accommodation in safe houses which provide not only shelter to survivors of violence but also other services such as psychosocial treatment, economic empowerment and legal aid. The lacking amount was determined based on currently available, necessary and lacking accommodation capacity. The costs of other lacking services have not been estimated mainly due to a lack of harmonised data.

2.2. METHODS OF DETERMINING THE COSTS AND LIMITATIONS OF THE ANALYSIS

Analysing the costs of domestic violence in Bosnia and Herzegovina was done based on the estimate of relevant categories of costs at six selected locations (local self-governance units). Those location are selected to ensure an equal demographic and entity representation, locations of different size and status, locations with more developed response to violence and those with less developed, etc. Proposed list of location was subjected to consultation process with relevant stakeholders, gender equality mechanisms and Technical Advisory Group. For the purpose of ensuring an equal demographic and entity representation, three locations in the Federation of BIH (Sarajevo, Vitez and Zenica) and three locations in the territory of Republika Srpska (Banja Luka, Bijeljina and Višegrad) were selected. Furthermore, for the purpose of ensuring the inclusion of locations of different size and status, four administrative centres (Banja Luka, Bijeljina, Sarajevo and Zenica) and two locations that do not have that status (Višegrad and Vitez) were selected. Costs in administrative centres in relation to other locations were separately analysed. **Annex 4 List of institutions involved** in the study contains an overview of involved institutions.

2.2.1. Primary data

Primary data for the analysis of costs were collected by way of questionnaires and direct communication with institutions and non-governmental organisations. Questionnaires were made for each institution separately (police, social work centre, court/prosecutor's office, health care centre, emergency centre and mental health centre), non-governmental organisation, and for survivors of violence⁷⁸. All questionnaires, that is, additional questions were previously reviewed by the Technical Advisory Group⁷⁹. The Entities' Gender Centres were also consulted.

With a view of identifying the total and average (unit) costs of all relevant services, questionnaires for institutions and non-governmental organisations were structured around individual services that are provided by each institution / non-governmental organisation. Questionnaires contain the list of indicative services and questions that pertain to elements needed for an assessment of unit and total cost of each service. Questionnaires for survivors focused on the assessment of certain categories of costs that are paid by survivors, more precisely, on the assessment of effects that violence have on the capability of income earning.

Institutions and non-governmental organisations sent response to the project team directly. Questionnaires for survivors were directly facilitated by non-governmental organisations. At some instances, the analysis showed that responses given in questionnaires were incomplete or inadequate, and so additional data were collected and validated through visits to the field and in a direct communication with institutions and non-governmental organisations.

78 Certain number of institutions were sent additional questions after the questionnaire in line with recommendations of the Technical Advisory Group for the purpose of having a comprehensive study.

79 List of members of the Technical Advisory Group is in Annex 1 to this report.

2.2.2. Secondary data

Secondary data pertain to publicly available budgetary and other documents of institutions that were found at official webpages of institutions and through a direct contact. On the basis of an estimate of six selected locations, the results for BIH were extrapolated based on the estimated number of survivors in proportion to the population number. Costs were analysed for the period of one calendar (fiscal) year⁸⁰. All amounts of financial costs referred to as “total” in this analysis represent the annual amounts.

Costs of the existing services of institutions and non-governmental organisations, as well as costs of survivors were analysed in the **total (annual)** amount, per sectors, institutions, locations and types of services, and in **average (unit)** amount. The analysis initially planned to calculate unit costs per unit of provided service (intervention) and per survivor (several units of service pertain to one survivors), for each institution. Given the limitations in data collection, unit costs of institutions per survivor were analysed.

2.2.3. Limitations of the analysis

Due to a series of limitations of the analysis, its results are neither comprehensive nor precise. Limitation of the analysis was primarily found in the non-existence of needed data or impossibility for institutions and non-governmental organisations to submit such data.

One of the problems observed, which exceeds the framework of this analysis, is an insufficient harmonisation of the referral mechanism, or an insufficient coordination of the institutions in the field. As the result of all limitations, the analysis has not provided a comprehensive estimate of costs of all individual services provided by each individual institution in the referral mechanism. Instead, the total and average costs of institutions per survivor were estimated.

To wit, the data on the level of utilisation and

costs of services were not available and so they were not included in an equation of calculated costs for that sector; for example, the costs of the health sector do not include the costs of hospitalisation. Furthermore, the estimate of costs related to specialist support services provided by non-governmental organisations is incomplete because it is based on limited data. For the said reason, it was not possible to make a comprehensive estimate of financial sources for specialist support services (donors’ share in relation to the budget share), or costs of the lacking services. Instead, an overview is given of current allocations which are clearly and directly associated with the provision of services to this target group, and which are clearly presented in the budgets as such. However, despite the limitations, the key findings of the analysis can be considered credible for the purpose of decision making processes.

Due to limitations which primarily refer to unavailable and non-harmonised relevant data, a comprehensive and detailed estimate of existing and lacking services was not possible in line with the foreseen methodology. The analysis is thereby largely based on approximations and extrapolations made on the basis of available data.

Considering that the adaptations were made in a methodologically proper manner, the estimate of existing costs can be considered a credible and valid basis for making adequate recommendations to decision makers and for further studies of both multi-sectoral costs and costs in individual sectors.

Limitations refer to the following:

- **Relatively complex requests for information:** Considering that this is a new manner of cost calculation, although the questionnaires submitted to institutions contained relatively small number of questions, the request for information is complex to a large degree. Questionnaires did not cover all services that are provided by institutions in a manner which provides a simple and comprehensive estimate of costs and adaptation of the formula to the language of normative framework, resulted in overlapping or breaking of some services into smaller segments, and they actually represent activities or even inputs for the execution of activities.
- **Insufficient understanding and lack of**

⁸⁰ List of members of the Technical Advisory Group is in Annex 1 to this report.

experts for programme-based budgeting in institutions: it is not all institutions that fully understood goals of the analysis and applied approach to estimating the costs, which lead to an insufficient understanding of questionnaires and consequently lack of information and inconsistency in filling up questionnaires (submission of incompletely filled in questionnaires such as providing responses to several questions or response upon their free interpretation without giving specific data).

- **Lack of necessary records on survivors of domestic violence:** This limitation is one of the largest problems of the analysis. All institutions do not keep the records on number of survivors and number of interventions or number of services provided. Furthermore, institutions do not have the records on the utilisation of human and material resources for provision of individual services, which is why for these categories rough estimates are most frequently made based on experience. The said situation suggests that institutions have a problem in keeping of statistical data, in this specific case about survivors of domestic violence. More precisely, although the analysis research was conducted at six locations which have signed referral protocols and which have established mutual co-operation, current situation does not give a single overview of each institution's actions in an individual case of domestic violence per survivor.

There is not a single system of monitoring and keeping of statistical data, or such a system is not consistent or even not consistent at the level of protocol or individual institutions. For example, health care centres, and mental health centres within them, often have a completely different approach. While mental health centres keep full records of survivors and perpetrators, infirmaries of health care centres do not have records or statistical data on survivors. Therefore, a full scope of services, which should be provided or probably are provided to survivors of violence, is not adequately registered. The situation is the same with most of prosecutor's offices and courts: other than providing the number of cases pertaining to survivors of violence, these institutions were not in position to submit other data requested in questionnaires which are related to operational and financial indicators. The system of monitoring the survivors in

the entire chain of support is not adequately registered in terms of operations such as the number of activities in the case (number of hours per prosecutor, secretary, clerk, other expert staff involved in the process), and in terms of finances. Police stations and officers have a somewhat different problem; the databases are still kept manually per daily entries of tasks and work in the field. For the said technical reasons, many stations were unable to check the entire documentation from the field and manually collect the data.

- **Failure to submit the data:** although the data submission deadlines were extended, the response came from only 72% of the total number of institutions, or non-governmental organisations which received questionnaires. Not a single institution did submit the data on costs of hospitalisation⁸¹, and so these data are totally left out of the analysis. Table 3 shows the extent to which questionnaires were responded.

Although the primary reason for the said situation is the non-existence of necessary data in all institutions, it is evident that institutions are reluctant to make such an estimate and reluctant to share information, which they consider confidential (for example, data on average salary of employees, amount of certain allocations to survivors etc.).

Institutions did not manage to respond to the demands of the analysis providing the explanation that they do not have ready data and that such analyse would require their employees to analyse all cases of domestic violence that are not registered in a single database but are kept at multiple places under different numeration (nomenclature). Identifying those cases was even disputable for some institutions because the cases are not registered as domestic violence, so they would need to open every single case and verify if, for example, health interventions are associated with domestic violence or something else. Furthermore, keeping of statistical data of domestic violence, for example, in police

81 With regard to hospitalisation, primary health-care centres are the ones which refer survivors of violence further to additional hospitalisation. However, for lack of statistical data this study did not cover this field. During the study research and analysis of health protection, we were told that there were three cases of further hospitalisation of survivors and one case of a perpetrator being sent to psychiatric clinic upon a court ruling. However, these were sporadic and statistically negligible figures, they were not taken into account for the purposes of this study.

stations would require analysing of daily logbook of field visits where in many cases there is no clear identification of domestic violence as it would, by default, prompt a further system of protection. Although the entire analysis focused on the areas which have signed protocols of action in cases of violence and precisely prescribed action of each institution, the data required by this analysis were still not available to a sufficient degree.

Therefore, the purpose of this and similar studies is, among other things, to advocate a programme-based approach and establishment of the system which is strong in terms of structure and transparency, the one in which it is possible to obtain financial data. Currently, the institutions do not register and do not collect the data on, for example, whether a field visit involved a senior or junior inspector or a police official, the duration of that field visit, operative actions that were taken etc.

- **Insufficient harmonisation of the referral mechanism or insufficient coordination of institutions:** Although the referral mechanism functions formally, from the practical point of view there is not sufficient coordination and exchange of information between the institutions. Each institution cooperates with other within the scope of their respective competences. However, each institution manages its own database which is often not harmonised with databases of other institutions. However, the data exchange and a clear

inter-institutional coordination in the field are almost inexistent. Although this analysis is not primarily focused on the evaluation of the structure and functionality of a multi-sectoral approach to response to domestic violence at the local level, it noticed certain shortcomings, lacking capacities and functional limitations.

As a consequence of the said limitations, it was not possible to determine the following:

- Average (unit) costs of **each individual service** provided by institutions and non-governmental organisations, as primarily planned by the methodology. Instead, an estimate of total costs of the existing services per institutions was made, as well as an estimate of **average costs of institutions** per survivor. With regard to the institutions that did not submit the data or submitted incomplete or inadequate data, a number of survivors and average cost of institutions per survivor was approximated on the basis of the data of other relevant institutions.
- Comprehensive costs **of the existing specialist support services** provided by non-governmental organisations, that is, **costs of lacking services**.
- **Sources of funding** of the costs of specialist support services provided by non-governmental organisations.

Table 3:
Extent to which questionnaires were responded:

Sector/Institution	Number of institutions /NGO that received questionnaire	Number of institutions that submitted filled in questionnaires		Estimated level of filled-in questionnaires
Judiciary	18	9	65%	61%
Police	6	1	17%	95%
Court	6	3	50%	50%
Prosecutor's Office	6	5	83%	60%
Social welfare	6	6	100%	95%
Social Work Centre	6	6	100%	95%
Health	21	7	45%	91%
Emergency institute	6	1	17%	100%
Health care centre	6	3	50%	90%
Mental health centre	6	3	50%	90%
Hospitals/targeted health care institutions	3	0	0%	0%
Non-governmental organisations - for services	5	4	80%	100%
Non-governmental organisations - for survivors	5	5	100%	100%
Total ⁸² :	55	29	72%	85%

Limitations per sector

Social welfare: the data of public institutions at locations do not always include the same number of beneficiaries or type of activities carried out in the provision of such services. Budgetary classification, that is, programme-based budgeting is not completed in all locations, and service providers do not have a clear picture of the amount of money allocated from the budget for all activities conducted by the institution in preventing of domestic violence (not only salaries but also trainings, advocating etc.). Budgetary data do not contain a component of domestic violence as such. An additional in-depth research is necessary in order to accurately determine the costs of institutions and non-governmental organisation in preventing of domestic violence.

Health care: Institutions in the health care system do not collect data in a systemic manner, because patients are often not identified as survivors of violence. Therefore,

assumptions were used in order to define frequency of these costs. Costs of mental health cannot be currently calculated due to a lack of basic entry data. The activity that was most time consuming was an assessment of the number of beneficiaries per each observed sector in health. This sector especially requires the implementation of additional in-depth research in order to get a clearer picture of realistic costs.

Judiciary: Unavailability of administrative data and insufficient development of mechanisms for the exchange of existing data leads to a conclusion that we are still in no position to talk about the existence of a single data exchange and reporting model for the purpose of multi-sectoral approach to this problem. Even the data received for the purpose of this analysis from institutions from 6 locations came in a different format, without a standardised approach and so it is very difficult to use them and impossible to cross check them. The approach of the authorities to the issue of domestic violence adds to the difficulties of analysing the costs at all levels. This is especially the case in the sector of judiciary, which does not treat this issue

82 Number of institutions that filled in questionnaires and estimated response rate at the level of sectors and the total amount calculated as weighted average.

from the costs point of view, especially from the point of view of unit costs and plan-based budgeting.

Furthermore, the domain covered by this analysis does not have consolidated comprehensive data of referral mechanisms that would provide a clear view of the number of registered survivors, number of incidents in the past year and services approached by survivors. Therefore, the research team got in touch with each specific institution and so the data on the number of interventions and resources that the respective institution allocated for provision of services were collected via questionnaires.

Where possible, we received the number of survivors registered with institutions or number of interventions in cases of domestic violence (available to social work centres and police department to a large degree) and the basis for the calculation of costs such as salaries of employees directly working in the provision of services and time they spend in

providing services per intervention, as well as other accompanying costs related to provision of the respective service.

Certain quantified deviations as stated in Chapter 3 of the analysis pertain to the number of registered cases of domestic violence in relation to the number of survivors who used certain services. Furthermore, there are certain departures in the assessments of resources allocated to certain intervention, such as duration of medical examination.

These are the information on public data that we could obtain, a further analysis was conducted within the allegations of institutions related to allocated resources, and deviations per locations were interpreted individually.

A unit cost per registered survivor was extrapolated for BiH in order to estimate the aggregate cost of the provision of services in the public sector.

III.

COST OF DOMESTIC VIOLENCE PER SECTORS

3.1. GOVERNMENTAL COSTS

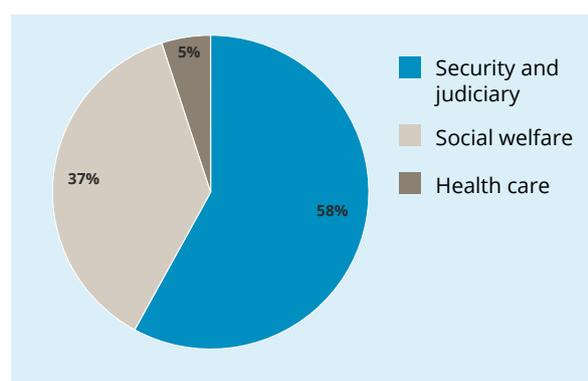
In accordance with the Istanbul Convention, the cost of general support services represents the cost of all activities and services provided by the institutions. An overview of activities and services provided by certain institutions that are used as a basis for estimating the costs for the purpose of this analysis, is given in a form of a table for easy reference and analysis per sectors⁸³.

- Social welfare (social work centre);
- Security and judiciary (police, prosecutor's office and court);
- Health care (medical emergency aid, health care centre, mental health centre).

83 In lack of minimum list of services and activities that are provided by public authorities, the presented list was proposed by members of the Technical Advisory Group at the second meeting of the group as the list of services provided by institutions in relation to the guideline of the UN Essential Services Package.

Police	Prosecutor's office and court	Social work centre
<p>Intervention on the spot</p> <p>Documenting of violence</p> <p>Informing of the team, social work centre, prosecutor's office</p> <p>Implementation of protective measures</p> <p>Receiving calls for interventions</p> <p>Temporary deprivation of liberty and detention</p> <p>Other police interventions related to domestic violence</p>	<p>Documenting of domestic violence</p> <p>Testimonies and investigation</p> <p>Costs of examination</p> <p>Appellate proceedings costs</p> <p>Assessed costs of Prosecutor's Office related to measures of prevention/protection</p> <p>Paid defence for perpetrators of criminal offences</p> <p>Issuing a decision on protective measures</p> <p>Execution of issued protective measures</p> <p>Costs related to refunding of witnesses</p> <p>Referring to property claims</p> <p>Costs of court expertise</p> <p>Ex officio defence</p>	<p>Interviewing and counselling survivors of domestic violence</p> <p>Psycho-social assistance</p> <p>Legal counselling</p> <p>Assistance in finding employment</p> <p>Finding an accommodation</p> <p>Training of employees who directly work with survivors of violence</p> <p>Visit to survivors of violence</p> <p>Making of official information and social history</p> <p>Protection of rights and interests of children</p> <p>Conciliation procedure or mediation in divorce lawsuits in cases when partners have underage children</p> <p>Assistance to children in cases of violence</p> <p>Coordination with health care institutions, police and safe houses (for example, meetings, fax/e-mail communication)</p> <p>Providing accommodation to survivors</p> <p>Financial aid and assistance in real estate to survivors</p> <p>Activities related to public information with a view to changing awareness</p>
Health care centre	Mental health centre	Emergency medical aid
<p>Examination of survivor of domestic violence (history)</p> <p>Medical treatment</p> <p>Documenting and reporting of violence</p> <p>Medical treatment of survivors of sexual violence</p> <p>Treatment of addiction in perpetrators of violence</p> <p>Other interventions / activities</p>	<p>Psychological and psycho-social assessment of survivors of domestic violence</p> <p>Psychological interventions</p> <p>Counselling and psycho-education</p> <p>Execution of mandatory psycho-social treatment of perpetrators of violence</p> <p>Treatment of addiction</p> <p>Other interventions / activities</p>	<p>Examination of survivors of domestic violence (history)</p> <p>Medical treatment</p> <p>Documenting and reporting of violence</p> <p>Hospitalisation of survivors of domestic violence</p> <p>Medical treatment of survivors of sexual violence</p> <p>Other interventions / activities</p>

Graph 1:
Share of costs per sectors



The data collected during this analysis suggest that the total annual cost of the existing multi-sectoral response to domestic violence funded from current institutional budgets at six selected locations amounts to BAM 2,175.000 (BAM 1,458.000 in Federation of BiH and 717.000 BAM in Republika Srpska). These costs are a sum of costs of individual institutions at each institution at selected locations, 58% pertains to the sector of security and judiciary, 37% to the sector of social welfare and 5% to the sector of health.

This overview of costs reflects the situation that clearly shows that there are an increasing number of funds allocated to direct protection of survivors rather than to prevention. Furthermore, it should be noted that salaries in the sector of judiciary, especially salaries of prosecutors, judges and defence attorneys are significantly higher than those of social workers. Therefore, the state spends most in the sector of judiciary, more than one fourth of the total expenditure in the sector of social welfare. These data suggest that the investments in prevention and social welfare are lower, wherefore the actual costs of the response to violence increases, as the response to violence is largely based on judicial and health sectors, which are the most expensive.

The data on the funds allocated for prevention are insufficient although there are efforts of placing larger focus on the issue of prevention, such as for example in the municipality of Višegrad⁸⁴ – where a new protocol of co-operation was signed between the institutions involved in response to domestic violence. Due to a lack of programme-based approach to this issue and inconsistent data collection methods at locations covered by this analysis research, it was impossible to calculate an economic impact of domestic violence on children, that is, calculate an economic impact of generation costs of domestic violence.

Furthermore, in line with the Istanbul Convention, women and girls survivors of gender-based violence should have an access to the following services: 1) information on multi-sectoral response services; 2) crisis counselling; 3) around-the-clock telephone helpline; 4) accommodation and safe shelter; 5) material and financial assistance 6) development/ change of personal documents; 7) legal counselling, information on rights and

representation in court proceedings; 8) psycho-social support and counselling; 9) support focused on women; 10) services to each child survivor of violence; 11) information on shelters in the community; and 12) assistance in terms of economic emancipation, recovery and independence. This analysis suggests that a large number of the said services are not existent at all locations in BiH, and where they exist, they are not efficient.

Although the cost in security and judiciary sector is significantly higher in percentage than in other sectors, from the point of view of costs of individual institutions, social work centres are the institutions with the largest share of the total costs (37%), followed by police stations (25%), prosecutor's offices (18%), courts (16%) and health care institutions (4%).

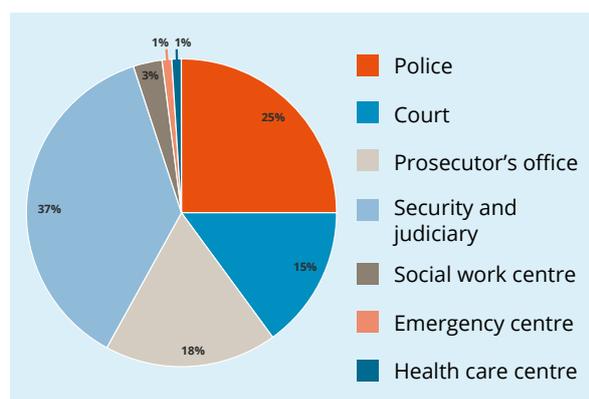
An average annual cost of survivors per institutions was calculated by division of the total annual costs of institutions by the number of survivors that used services of those institutions. These costs are the highest in the sector of security and judiciary (total BAM 1.105 for the sector), followed by the sector of health care (BAM 741) and the sector of social welfare (BAM 256). There are significant deviations between average costs of individual institutions in the sectors. For example, the security and judiciary sector has the far highest average costs per survivor in courts and prosecutor's offices (around BAM 465), and the police have the lowest (BAM 171). These amounts correspond to average monthly allocations for the work of institutions or, simply put, an average gross salary of a prosecutor is 3 to 3,5 times higher than an average gross salary of a police officer (for example, a prosecutor in Višegrad has an average gross salary of BAM 4.780 per month, a doctor BAM 4.009, social worker BAM 1.800, a police officer from around BAM 1.200 to 1.600).

84 UN Women. 2019. Review of a multi-sectoral response to domestic violence at the local level in Bosnia and Herzegovina.

Table 4:
Current annual costs of institutions in BIH

Sector/Institution	Number of survivors	Total costs BAM
Police	18	6.808.343
Court	6	4.292.454
Prosecutor's office	6	5.042.435
Security and judiciary	6	16.143.232
Social work centre	6	10.249.377
Social welfare	6	10.249.377
Emergency medical aid institute	21	715.388
Health care centre	6	201.217
Mental health cen-tre	6	354.131
Healthcare	6	1.270.736
Total	3	27.663.345

Figure 1:



The total number of survivors per year, that is, the number of services provided by the institutions in cases of domestic violence follow the same trend and the same amount of total costs. At the locations that were observed for the purpose of this analysis, the largest number of survivors use the services of **social work centres (total of 3.145 survivors), followed by police stations (3.132), prosecutor's offices (829) and courts (741)**. Based on these data, the estimated number of survivors in BIH is **13.158 per year**⁸⁵. Survivors of domestic

violence are rarely registered as beneficiaries in the sector of health, hence it appears that institutions in the health sector provide services to the far least number of survivors with the far least number of interventions (on average around 132 survivors per institution). It is surely not the picture of the real situation, and rather it suggests that the institutions do not have a systematic manner of survivors' identification and that procedures on documenting of survivors of violence in these institutions do not function in the manner in which it was foreseen⁸⁶. For example, at several pilot locations the register of patients used in infirmaries or emergency centre not contain identification of patients in accordance with the law, while cases of survivors of domestic violence are not registered and so the statistical data is impossible to obtain. The accurateness of this conclusion is supported by the statements presented in Chapter 3.2 in relation to individual costs of violence, which were given by the survivors of violence in the course of this analysis, since they state that in 87% cases they applied for health care services. Therefore, the costs for this group of beneficiaries in the health sector can still be observed as hidden costs.

Furthermore, the results can also be validated

85 Estimated number of survivors is reached by extrapolation of the number of survivors or services provided by the institutions at the locations covered by this research study. The data received from the institutions at sic locations covered by this research study suggest that in the majority of cases survivors address social work centres for services. These data are used as a reference value used for estimating the number of survivors in BIH during one year. See more details in Section III. Costs of domestic violence per sectors.

86 A non-existent statistical data is in contradiction to the operations of institutions in cases of domestic violence, after all, a lack of statistical data at the level of health care institutions affects the entire picture of the survivors' road through referral mechanism. The statistical data were found in several cases, but only in part, and it was in health care centres but in mental health centres

by a triangulation of the data obtained in this analysis, administration statistics and findings of the Study of prevalence and characteristics of violence against women in BiH from 2013, which suggest that around 17% of women who are exposed to violence tried to find a solution by way of separation, divorce, leaving a household, and only about 4% by way of counselling. Although in majority of cases, women believe that in cases of domestic violence survivors should address some of

relevant institutions for support, only 5,5% of them actually address some of institutions for support⁸⁷. Furthermore, the findings of this research suggest that the relevant services do not always act in line with the principles of full protection for women, as seen in this analysis - insight into the amount of allocations for domestic violence at six targeted locations.

Annex 6 Summary of estimated total costs at six locations.

Table 5:
Existing annual costs of institutions at six locations

Sector/institution	Total cost BAM	share %	Total number of survivors	Degree of utilisation of services (CSR=100%)	Average cost of a survivor per institution
Police	535.321	25%	3.132	99,6%	171,0
Court	337.504	16%	741	23,6%	455,0
Prosecutor's office	396.473	18%	829	26,4%	478,0
Security and judiciary	1.269.298	58%	4.702	49,8%	1.105,0
Social work centre	805.881	37%	3.145	100,0%	256,0
Social welfare	805.881	37%	3.145	100,0%	256,0
Emergency medical aid institute	56.249	3%	139	4,4%	404,0
Health care centre	15.821	1%	128	4,1%	124,0
Mental health centre	27.844	1%	130	4,1%	214,0
Health care	99.914	5%	397	4,2%	741,0
Total	2.175.093	100%	8.244	51,4%	2.102,0

Due to a current manner of data collection on survivors of domestic violence, it is impossible to precisely establish the type and number of services provided by institutions per survivor of violence. An estimated number of survivors of domestic violence are used for the calculation of costs in this analysis which was obtained on the basis of the number of survivor, that is, services provided by institutions in cases of domestic violence at the locations that were encompassed by this analysis during the observation period. The data obtained at the locations that were the subject of research suggest that survivors address social work centres in most cases. The collected data are reference value used in estimating the total number of survivors in BiH. Therefore, the total number of survivors at all six locations is estimated to **3.145 (2.229 in the Federation of BiH and 915 in Republika Srpska), that is, 13.158 for BiH**. Therefore, with regard to all

other institutions the calculation included the **degree of utilization of services provided by institutions** taking the social work centre as the basis value. Therefore, the level of utilisation of services provided by the police is almost identical with the extent to which the services provided by social work centres are used, they are almost 100%. However, only around 25% of survivors use the services of courts or prosecutor's offices and only around 4,2% of them use the services of health care institutions. These results can be confirmed by the findings of the study of Prevalence and Characteristics of Violence against Women in BiH⁸⁸.

87 BiH Gender Equality Agency (Marija Babović, Olivera Pavlović, Katarina Ginić, Nina Karađinović), 2014. Prevalence and characteristics of violence against women in BiH. BiH Gender Equality Agency.

88 Ibid.

Table 5 and graph 2 provide a summary of the results of the aforementioned analysis.

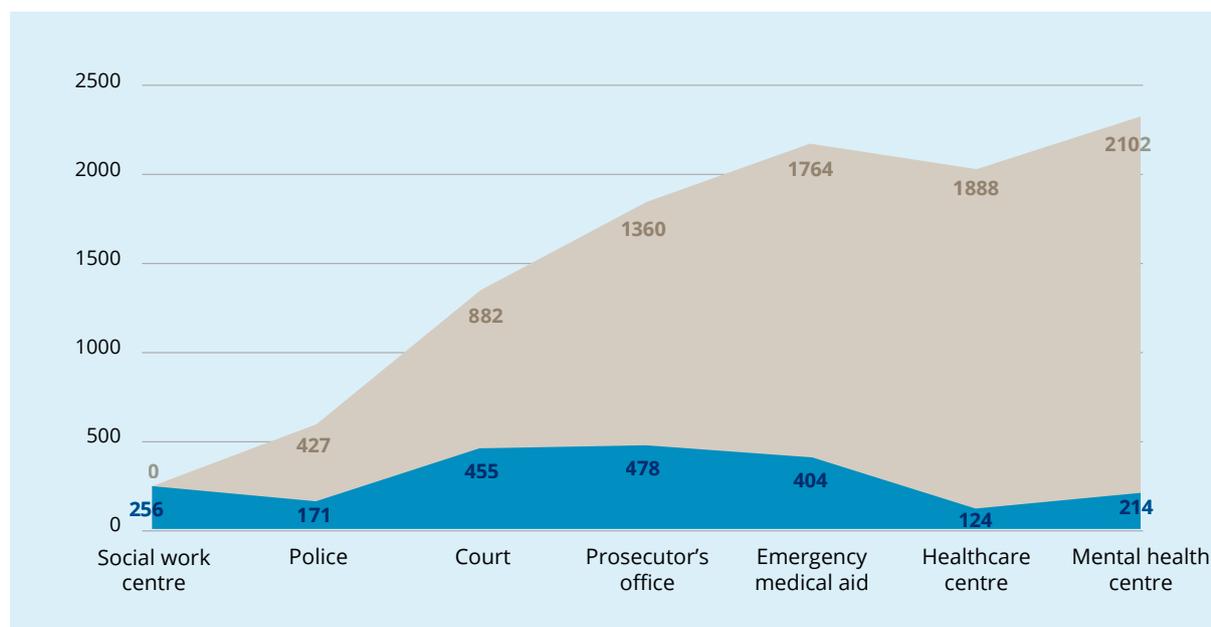
If one survivor used all services of all institutions, the total cost per survivor would be equal to the sum of average costs of individual institutions and according to the current allocations it

would amount to **BAM 2.102**.

It should be noted that these expenditures reflect the current scope and quality of funding the support which is not completely in line with the demands of Istanbul Convention.

Graph 2:

Estimated minimum average annual cost of the current response to violence of Istanbul Convention per survivor – per institution and cumulatively⁸⁹



The estimated total annual costs for BiH obtained by extrapolation of the number of survivors in proportion to the number of citizens would amount to BAM 27.000.00 million for the total of 13.158 survivors, as shown **Table 5: Existing annual costs of institutions at six locations**.

At the level of Entities, the total cost of violence in **Republika Srpska amounts to BAM 9.117.143** (security and judiciary BAM 7.083.000, social welfare BAM 1.668.000, health BAM 365.000), and in **Federation of BiH BAM 18.546.202** (security and judiciary 9.059.000 BAM, social welfare BAM 8.581.000, health care BAM 905.000).

Deviation of costs per locations

Further analysis shows that even 98% (BAM 2.133.000) of the total estimated annual costs of institutions at six locations pertain to administrative centres resided by 96% of observed population, while the remaining 2% (BAM 42.000) pertains to other locations resided by 4% of observed population.

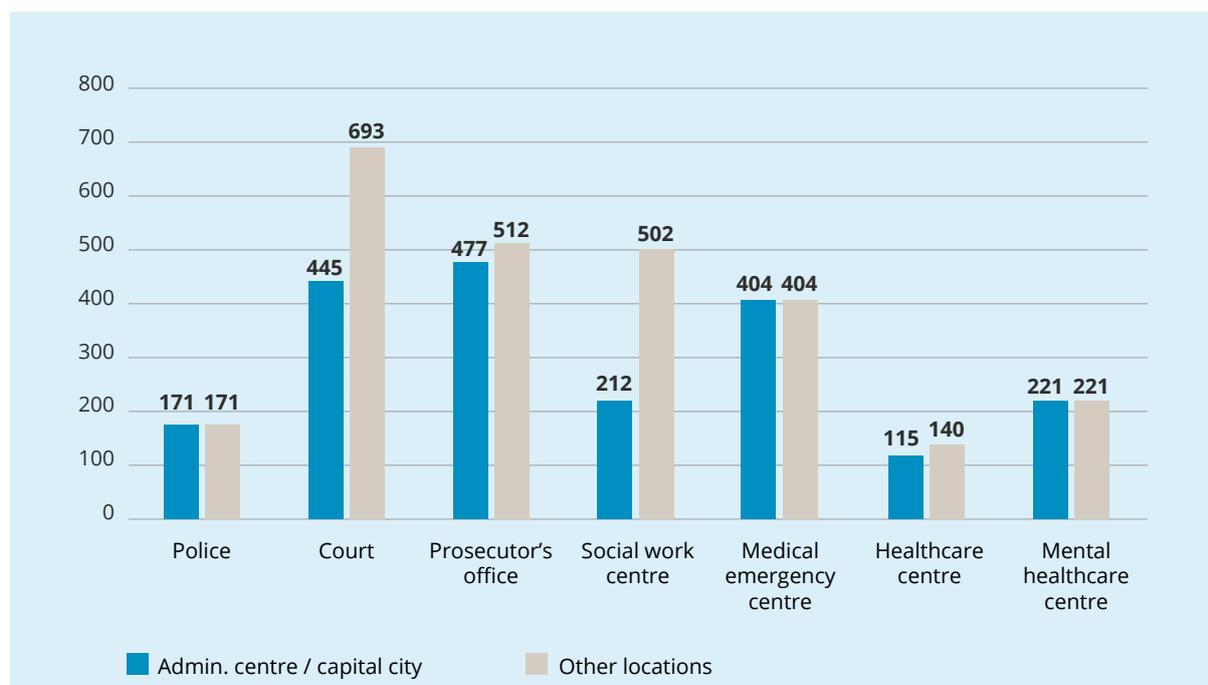
Average annual costs of institutions per survivor are, as a rule, lower in administrative centres. If one survivor used all services of all institutions the total cost per survivor in administrative centres would amount to BAM 2.046 (3% below the average), and at other locations 2.642 BAM (26% above the average). These deviations are not statistically important and it is not possible to adequately explain them on the basis of available data. Table 6 and graph 3 show the results of the analysis at six locations.

⁸⁹ It is about estimated costs based on current costs of institutions at six locations that were the subject of research and which make a multi-sectoral response to violence.

Table 6:
Total annual costs of institutions at six locations – administrative centres in relation to other locations

Sector/ institution	Administrative centre			Other locations			TOTAL		
	Total cost BAM	Number of survivors	Average cost of a survivor per institution BAM	Total cost BAM	Number of survivors	Average cost of a survivor per institution	Administrative centre	Other locations	Total
Police	534.125	3.125	171	1.196	7	171	100%	0%	100%
Court	322.959	725	445	14.545	16	693	96%	4%	100%
Prosecutor's office	389.979	817	477	6.494	12	512	98%	2%	100%
Security and judiciary	1.247.063	4.667	1.094	22.235	35	1.376	98%	2%	100%
Social work centre	792.562	3.125	254	13.318	20	502	98%	2%	100%
Social welfare	792.562	3.125	254	13.318	20	502	98%	2%	100%
Emergency medical aid institute	55.561	137	406	688	2	404	99%	1%	100%
Health care centre	13.056	110	119	2.765	18	140	83%	17%	100%
Mental health centre	24.806	112	221	3.038	18	221	89%	11%	100%
Health care	93.423	359	746	6.491	38	765	94%	6%	100%
Total	2.133.048	8.151	2.093	42.044	93	2.643	98%	2%	100%

Graph 3:
Average annual costs of institutions per survivor in administrative centres in relation to other locations



3.2. COSTS AT THE LEVEL OF INDIVIDUALS

3.2.1. Introduction to the calculation of the cost at the level of individuals

Financial and opportunity costs of survivors are estimated on the basis of information collected with the assistance of non-governmental organisations, and from 55 survivors at five locations covered by the research: Sarajevo, Bijeljina, Zenica, Banjaluka, and Višegrad. Considering that the surveyed survivors are beneficiaries of safe houses, certain deviations are possible in relation to costs of survivors who are not beneficiaries of this service.

The profile of surveyed women and impact of violence to **working capacity** of a survivor is given in Table 7. Around 55% of surveyed women from rural areas relatively distant

from administrative centres which provide services, and 29% of surveyed women live at 10-25 kilometres distance from administrative centres which implies additional costs in order to approach current services, primarily travel costs.

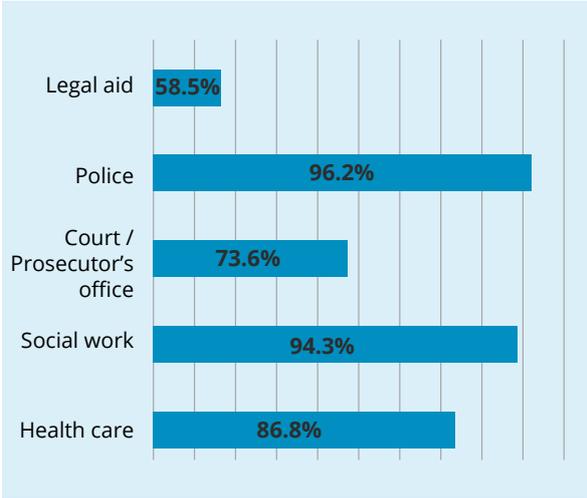
The analysis has shown that in 2017, around 78% surveyed women who are beneficiaries of safe houses and who survived domestic violence were unemployed (active in households). With regard to 78% of survivors of domestic violence, the impact of violence was devastating in 42% because those women were not capable of continuing their daily routine or to participate in family activities. On the other hand, only 15% of surveyed women were identified as employed. Out of that, in 4% of surveyed women, violence resulted in a job loss or reduced earning, while in the remaining 11% violence did not have any impact on their job. The remaining 7% of survivor did not provide responses to these questions.

Table 7:
Profile of surveyed women and impact of violence to their work (paid and unpaid)

Survivor's place of residence		
Urban area	23	42%
Rural area	30	55%
No response	2	4%
Distance from administrative centre		
Up to 10 km	6	11%
10 - 25 km	16	29%
25 km and more	5	9%
No response	28	51%
Working status and impact on work		
Employed	8	15%
Job loss	1	2%
No impact	6	11%
Reduced income	1	2%
Unemployed	55	78%
Partial incapability	43	42%
Full incapability	23	13%
No impact	7	24%
No response	4	7%

The **extent to which the services are used** in public institutions (graph 4) was also analysed. Even 96% of survivors addressed the police and reported violence and 94% was referred to or addressed social work centres. The impact of violence on psycho-physical health was observed in 87% survivors who addressed health institutions. In 74% of surveyed women, the violence resulted in the action of prosecutor’s office and institution of a court procedure. However, bearing in mind that the surveyed women are beneficiaries of safe houses, this data cannot be extrapolated to the level of BIH. More relevant information is presented in a previous chapter which suggests that the services of prosecutor’s office and courts are used by only 25% of survivors.

Graph 4:
Extent to which surveyed survivors used institutional services



87% of surveyed women use health services which are a significant data on the degree of utilisation of services and is far higher than the official data provided by health institutions. *The said discrepancy suggests a considerable problem in the health care institutions due to a lack of registration of the survivors of violence. In line with the applied methodology, it was unfortunately impossible to determine the degree to which the said discrepancy is caused by lack of harmonised record keeping in health care institutions, or by a lack of information on survivors who use health services irrespective of the existing referral mechanisms, as well as the number of health services provided by private institutions.*

3.2.2. Estimated unit and total cost

Per category of costs, the **total annual costs related to survivors** pertain to travel (28%) and counselling (28%), as well as medicines and participation fee (25%), as shown in the table 8. This structure suggests a low level of access to services in rural areas (resided by the majority of surveyed women) in comparison to administrative centres.

With regard to the category of costs, the **highest average cost per survivor** pertains to services of legal aid and hiring of a lawyer (BAM 211) and health services (BAM 206). As per location, average costs per survivor are the lowest in Sarajevo and Zenica, and the highest in Bijeljina and Višegrad. A comparison of the said data with the responses received from non-governmental organisation suggests that a probable reason for such situation is the lack of capacities in the institutions that provide these services. Table 9 shows the details.

Table 8:
Total costs of 55 surveyed survivors

Cost per type	Total in BAM
Travel	5.457
Participation fee	1.275
Medicine	3.602
Counselling	5.400
Other	3.638

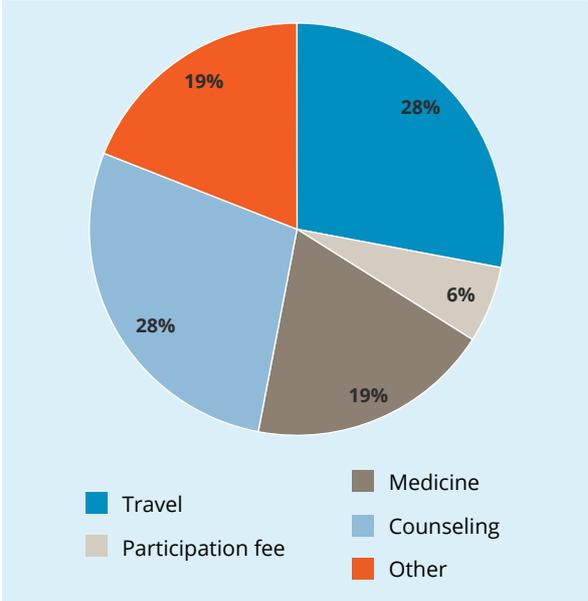


Table 9:
Average (unit) cost of utilisation of services paid by survivors (per survivor)

Institutions / services	Banja Luka		Bijeljina		Višegrad		Sarajevo		Zenica		Total/average	
	Survivor	Cost per survivor (KM)	Survivor	Cost per survivor (KM)	Survivor	Cost per survivor (KM)	Survivor	Cost per survivor (KM)	Survivor	Cost per survivor (KM)	Survivor	Cost per survivor (KM)
Healthcare	12	138	12	461	2	310	9	148	11	31	46	206
Social welfare	12	19	12	62	4	50	11	18	11	16	50	31
Court/ Prosecutor's office	11	19	12	48	1	0	5	4	10	18	39	25
Police	12	15	12	28	4	15	12	20	11	2	51	16
Free legal aid	5	328	12	321	4	23	5	10	5	182	31	211

By extrapolation of received results at the level of Entities, we get an average cost per survivor in the Federation of BiH amounting to BAM 213,70, and in Republika Srpska BAM 668,90. With regard to BiH, an average weighted cost per survivor would amount to **BAM 395,78**, and total costs per projected 13.158 survivors would amount to **BAM 5.210.000**.

Comparing the results in the domain of legal aid costs borne by survivors, and following the interviews with representatives of the non-governmental sector in the observed locations lead to the conclusion that the existing services of free legal aid do not provide sufficient capacity in terms of available advisors and professional support during the entire procedure.

Opportunity costs are calculated on the basis of received data on working status of survivors and the impact of violence on capacity for household chores, or earning capacity in the market. As shown in Table 10, the amount of opportunity costs per survivor is **BAM 2.340** per year (and around BAM 15.600 during a survivor's life cycle). With regard to projected 13.158 survivors for BiH, the annual amount of opportunity costs would amount to **BAM 30.790.000**.

Table 10:
Impact of violence on income earning (opportunity costs)

Negative impact of violence on income earning	Total	Per survivor per year	Per survivor total ⁹⁰
Reduced productivity in a household	70.380	1.280	8.531
Complete incapability for household chores	42.840	779	5.193
Complete incapability for income earning	10.320	188	1.251
Reduced capability for income earning	5.160	94	625
Total BAM:		2.340	15.600

⁹⁰ Total amount of opportunity costs per survivor was calculated by reduced budgetary money flow (future revenues of survivors) during the average period of a survivor's working cycle per interest rate of 3%.

3.3. TOTAL COST OF GENERAL SUPPORT SERVICES AND COST AT THE LEVEL OF INDIVIDUALS

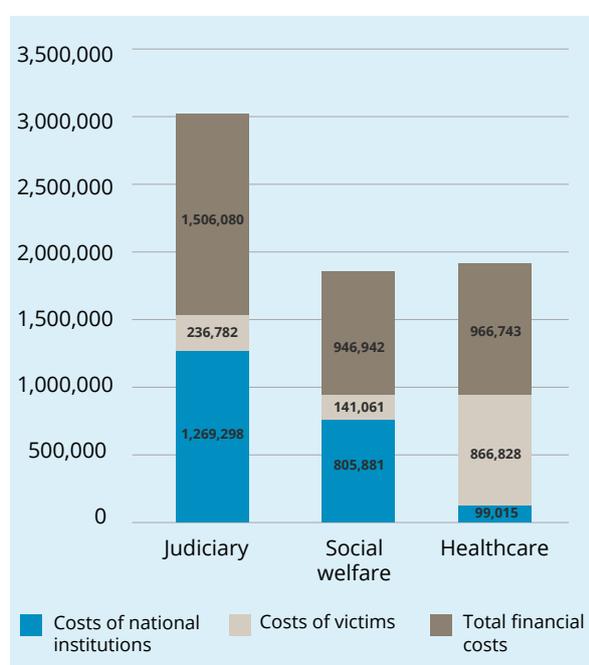
Total annual costs of institutions and survivors **at six locations** amount to around 3.419.000 BAM, 64% of which pertains to costs of institutions, and 36% to costs of survivors⁹¹. With regard to distribution in sectors, we conclude that the costs of survivors are relatively highest

where the costs of institutions are the lowest (health care sectors). Therefore, the highest amounts of funds are accumulated by survivors in health care and medicines. In the judiciary sector, a low percentage of costs may suggest that survivors decide not to file lawsuits due to costly procedures. In addition to financial costs, the total costs of the response to domestic violence should include opportunity costs of survivors that are estimated to BAM 7.350.000 per year. Table 11 and graph 5 show the results of the analysis.

Table 11:
Overview of total annual costs of institutions and survivors per sectors at six locations

	Judiciary		Social welfare		Healthcare		Total BAM	
Costs of institutions	1.269.298	37%	805.881	24%	99.915	3%	2.175.094	64%
Costs of survivors	236.782	7%	141.061	4%	866.828	25%	1.244.671	36%
Total financial costs	1.506.080	44%	946.942	28%	966.743	28%	3.419.765	100%
Opportunity costs of survivors							7.358.966	
Total economic costs							10.778.731	

Graph 5:
Overview of total annual costs of institutions and survivors per sectors at six locations



The preceding graph shows that, based on the conducted research, the highest amount of resources are allocated to the judiciary sector in response to domestic violence. However, it is necessary to mention that there are significant limitations in obtained results in the health care sector due to an extremely low number of registered survivors per locations. If we take as relevant the data of survivors who use health care services in relation to the total number of survivors (86%), and in line with the data obtained in the questionnaires for survivors, it is estimated that the health care sector would be allocated between BAM 2.000.000 and 2.200.000 (without the costs of hospitalisation) instead of presented less than 100 thousand BAM. In that case, the health care sector would represent the most significant category of allocated resources.

By extrapolation for **the level of BiH**, the total amount of costs of institutions and survivors amount to around **BAM 32.871.000**, 84% of which pertains to the costs of institutions and 16% to costs of survivors⁹². The distribution per sectors follows a similar trend at observed six

91 Amount of costs were calculated based on the reference number of survivors from social work centres at six locations (3.145) and weighted average unit cost per survivor for BiH (BAM 395,78).

92 Amounts of costs of survivors are calculated per reference number of survivors from social work centres at the level of BiH (13.158) and weighted unit average cost per survivor for BiH (BAM 395,78).

locations. Additionally, the annual opportunity costs of survivors for BiH amount to around BAM 30.790.000, while the total economic costs of domestic violence for the territory of BiH amounts to 63.661.667 BAM. Table 12 and graph 6 show the results of the analysis.

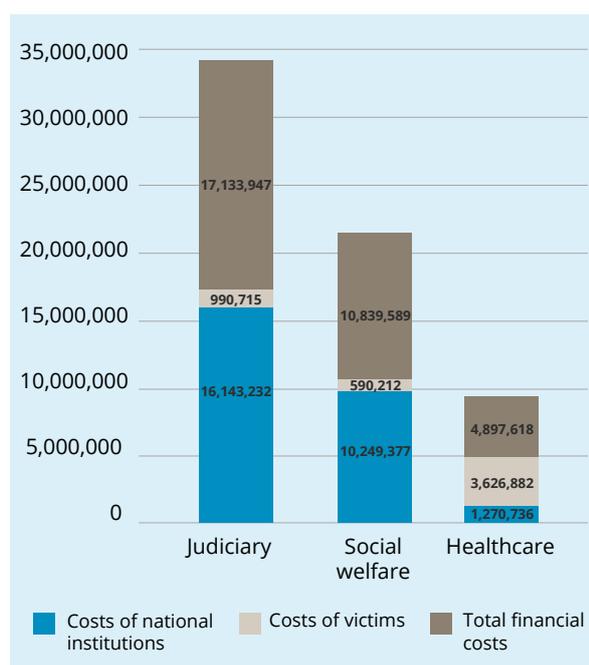
As stated in the comparison of allocated

resources per analysed sectors, and bearing in mind a low credibility of the data on the number of survivors who received health care services in relation to the number of registered survivors (it is estimated that the ratio is 1:8 to 1:21), the total allocated resources in the health care sector funded from public budgets might amount even up to BAM 18 million.

Table 12:
Overview of total annual costs of institutions and survivors per sectors in BiH

	Judiciary		Social welfare		Healthcare		Total BAM		
Costs of institutions	16.143.232	49%	10.249.377	31%	1.270.736	4%	27.663.345	84%	
Costs of survivors	990.715	3%	590.212	2%	3.626.882	11%	5.207.809	16%	
Total financial costs	17.133.947	52%	10.839.589	33%	4.897.618	15%	32.871.154	100%	
Opportunity costs of survivors								30.790.523	
Total economic costs								63.661.667	

Graph 6:
Overview of total annual costs of institutions and survivors per sectors in BiH



3.4. COST OF SPECIALIST SUPPORT SERVICES

3.4.1. Funding of specialist support services

A spectre of specialist support services to survivors of violence is described in details in the chapter that analysed a contextual framework of response to domestic violence. Considering the said documents, we defined the framework for the estimate of specialist services cost in the following segments:

- Establish at least one telephone helpline which covers all forms of violence against women and is available 24 hours seven days in week;
- Provide for a geographical distribution of safe shelters in specialised safe houses for women and their availability in all regions, and accessibility of at least one family unit per population of 10.000;
- Legal counselling and representation of women for the purpose of early intervention and free legal aid and other forms of support;
- Psycho-social assistance and consultations.

The largest scope of specialist support services is currently provided by women's non-governmental organisations.

Telephone helplines

Telephone helplines are operated by operators/volunteers from safe houses who attended special educational programmes for the work with survivors of violence. Costs of the Regulatory Agency for Communications of BiH for the short codes 1265 and 1264 are covered by the Gender Centre of the Federation of BiH and Gender Centre of Republika Srpska, while the compensation for operators' work are provided by non-governmental organisations. Calls to telephone helplines are free of charge and covered 24 hours (costs towards tele-operating companies are covered by the Entities' governments).

Safe houses

The Law on Protection from Domestic Violence in the **Federation of BiH** provides for funding of safe houses in line with the following model-70% of the total costs of safe houses is covered by the FBIH budget and 30% by the cantonal budgets. The Law further provides for further development of criteria and standards of establishment, operation and financing of safe houses. At the level of Federation of BiH in the past years less than BAM 200.000 was allocated from the Entity budget on an annual basis, while certain funding was also provided by some cantons and municipalities. Funding of safe houses operation in the Federation of BiH is provided by tender that is published by the FBIH Ministry of Labour and Social Policy. The funds are distributed per number of survivors of violence accommodated at the request of social work centres. At municipal and cantonal levels, the funding of safe houses per accommodation capacities is not harmonised and safe houses do not receive funds on the basis of mandatory available capacities which would be in line with recommendations of the Istanbul Convention⁹³.

Sheltering survivors of domestic violence in **Republika Srpska** is prescribed by the RS Law on Protection from Domestic Violence. According to the said law, payment of costs of temporary sheltering of survivors of domestic violence in safe houses provided by the RS budget is made via Ministry of Family, Youth and Sports in a public tender procedure. The payment of costs of temporary sheltering of

93 Istanbul Convention obligates the signatory states to provide for necessary capacities such as beds for survivors and their children regardless of the extent to which available capacities are filled.

survivors of domestic violence in safe houses provided by budgets of local self-governance units is made via social work centres pursuant to decisions on accommodation. A number of rulebooks regulated this domain including the Rulebook on the manner of allocation of funds to safe houses (prescribes the funding of 70% from the RS budget and 30% from the budgets of local self-governance units), Rulebook on standards of safe house realisation, Rulebook on contents and manner of keeping the register of safe houses⁹⁴.

Free legal aid, representation and informing of women⁹⁵

A considerable number of women's non-governmental organisations is specialised to provide free legal aid services which include the provision of legal information, advice and representation of women survivors of violence⁹⁶. A smaller number of these organisations make field visits or have working days in places outside their headquarters, especially in small places. There are just few organisations that represent their clients at courts due to difficulties in obtaining finances for the provision of these services. Women's organisations also provide legal training to various groups or communities of women with the aim of informing women of their basic rights and possibilities of protection in the existing institutions and organisations. The largest number of these services is funded by international donors and partly from public budgets that are used to co-finance the work of safe houses.

Psycho-social assistance

A smaller number of women's non-governmental organisations provide services of psycho-social aid. Just as in case of free legal aid, the largest number of these services is provided to survivors of violence who are sheltered in safe houses. This service is

94 Government of Republika Srpska, Ministry of Family, Youth and Sports, Department of Family – documents, available at: <http://www.vladars.net/sr-SP-Cyrl/Vlada/Ministarstva/mpos/oPorodica/Pages/Splash.aspx#collapse1> (23/7/2018)

95 See more at: Edita Miftari, (2019) Analysis UN Women of capacities in police sector and free legal aid sector in Bosnia and Herzegovina for the implementation of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence. UN Women BiH.

96 United Women Banja Luka, Foundation Local Democracy Sarajevo, Lara Bijeljina, Medica Zenica, Centre for Women Rights Zenica, Most Višegrad, Budućnost Modriča, Vive žene Tuzla.

provided in infirmaries, for clients who are not sheltered in safe houses. A certain number of organisations started providing psycho-social treatment to perpetrators through projects and international funding. The largest number of these services is financed by international donors and partly from public budgets that are used to co-finance the work of safe houses.

3.4.2. Cost of specialist support services

Provision of specialist support services is partly funded from public budgets, from donor grants and participation of non-governmental organisations through volunteers' work. Table

13 shows the sources of financing of specialist support services in Sarajevo, Bijeljina, Zenica and Banjaluka on the basis of data collected for the purposes of this analysis. The costs of specialist support services in other two locations from the analysis, Višegrad and Vitez, are not included in the analysis because safe houses are non-existent in the said locations and safe houses provide all or majority of specialist support services.

Table 13:
Funding the specialist services

Sector	Sarajevo			Bijeljina			Zenica			Banja Luka		
	National budget	Donors	Total	National budget	Donors	Total	National budget	Do-nors	Total	National budget	Do-nors	Total
Health care	-	128	128	-	23	51	-	375	625	-	0	286
Economic empowerment	-	2.152	2.152			0	178	804	982	-	207	207
Free legal aid	-	275	275	15	35	50	1.513	750	2.263	368	0	368
Telephone helpline - reporting violence	-	44	44		51	51	-	207	207	-	9*	9
Safe houses*	9.143	343	9.486	1.450	5.800	7.250	2.375	1.396	3.771	3.714	0	3.714
Total per survivor BAM:	9.143	2.941	12.084	1.493	5.909	7.402	4.316	3.532	7.848	4.368	216	4.584

*own contribution through volunteers' work

Please find the text below describing the specialist support services and (additional) sources of financing provided by non-governmental organisations at observed locations.

Foundation Local Democracy Sarajevo managed, with a help of donor funds, to provide a certain quantity of medicines to survivors in a safe house and started a pilot social company which provides for economic empowerment of women survivors. On the other hand, what is problematic about the provision of specialist

support services in Sarajevo is the impossibility to provide a sustainable funding of free legal aid and operators of a telephone helpline. The safe house does not have a daily psychological counselling.

Similar to the situation in Sarajevo, **Lara Bijeljina** ensured donor funds in the last year to co-finance services in health (provision of health services of psycho-therapy, nurse services, medicine etc.), and for economic empowerment in a form of training for the enhancement of skills and assistance in finding employment. On

the other hand, while certain donor funds are provided for free legal aid, there is no funding provided for legal aid during the investigation and court procedure. The Foundation provides the services of telephone helpline with its own resources but they lack women specialists for the work with survivors of sexual violence.

Medica Zenica has partly secured some donor funds and provides services of medical intervention within the safe house in co-operation with healthcare institutions of primary and secondary health services pursuant to signed protocols of co-operation. In the past period, the organisation also provided for financing of certain programmes of economic empowerment and co-financing free legal aid and telephone helplines in the territory of Zenica-Doboj Canton pursuant to the Memorandum on mutual co-operation with the Gender Centre of the Federation of BiH. As people from the organisation say, with regard to the domain of funding the safe houses costs, the Federation of BiH provided only BAM 160.000 for financing of the safe house instead of 70%.

Organisation United Women from Banjaluka provides medical services as a special measure of support in the safe house in co-operation with primary and secondary health care institutions. The said services are completely financed from the budget. According to the same principle, partial financing of free legal aid was provided. Programmes of economic empowerment are financed by limited donor funds. Services of telephone helplines that are provided 24 hours a day are financed by the association's own fund while they lack significant capacities especially the capacities of counsellors. The safe house is financed by 70% from the budget of Republika Srpska in an annual amount of BAM 260.000, and 30% from the local community. They point to the problem of disposing with budgetary funds as a deficit of planned participation of local communities in financing.

As shown by the analysis of costs and financing, the degree to which the lacking amount of funds is covered by donors largely depends on the capacities of non-governmental organisation to collect funds and current interest of donors to support the activity in preventing and responding to domestic violence in BiH. Therefore, a current model does not constitute a sustainable source of funding for necessary specialist support services prescribed by the

Istanbul Convention.

Costs of specialist support services are not completely covered by budgetary funds while the modality and participation in the funding are significantly different at the locations observed in this analysis. Besides the fact that certain services are available or are not available in the manner prescribed by the Istanbul Convention, a significant share in funding of current costs belongs to donor funds.

Costs related to safe houses and specialist support services provided in safe houses

Bosnia and Herzegovina currently has eight active safe houses⁹⁷ which provide safe accommodation as well as medical, psycho-social, legal and other services to women survivors of violence. Some safe houses have day care centres for children, counselling for men perpetrators of domestic violence, programmes of economic empowerment of survivors of violence. All safe houses in BiH are established and run by non-governmental non-profit organisations.

Foundation Local Democracy (FLD) Sarajevo developed a model for calculation of costs related to safe houses with 35 beds and certain number of services provided to survivors (Table 14). It should be noted that this approach does not include costs of food, clothes, books and school equipment for children accommodated in safe houses.

97 These are: Local democracy foundation Sarajevo, Budućnost Modriča, United Women Banja Luka, Woman BiH Mostar, Women from Una Bihać, Vive žene Tuzla and Lara Bijeljina.

Table 14:
Costs of a safe house (35 beds) ⁹⁸

Type of a cost	Unit (month)	Per unit gross	Total per year
Safe house supervisor	1	6.000	6.000 BAM
Chief executive NGO	12	500	6.000 BAM
Safe house manager (100%)	12	2.400	28.800 BAM
Lawyer (50%)	12	1.335	16.020 BAM
Pedagogue (100%)	12	2.040	24.480 BAM
Coordination FLD (management and finances)	12	1.500	18.000 BAM
Social worker	24	2.200	52.800 BAM
Psychologist	12	2.200	26.400 BAM
Nurse	12	2.200	26.400 BAM
Finances	12	500	6.000 BAM
Electricity / water/ utilities /heating	12	1.800	21.600 BAM
Telephone/fax	12	200	2.400 BAM
Maintenance of the facility and small repairs	12	600	7.200 BAM
Maintenance of computers and webpage (30%)	12	250	3.000 BAM
Security of the facility	12	250	3.000 BAM
Fuel, maintenance, registration and vehicle in-surance	12	280	3.360 BAM
Lease			0 BAM
PTT and bank fee	12	100	1.200 BAM
Office supplies	12	200	2.400 BAM
Total costs of the safe house (35 beds)			255.060 BAM

The said table of cost estimate by the Foundation Local Democracy gives an overview of current costs needed to meet the statutory provisions and, indirectly, the Istanbul Convention. Also,

the costs may vary per different locations, and depend on prescribed standards of establishment and operation of safe houses and include other costs such as food, travel, medicine etc.

98 Sources: FDL Sarajevo.

3.4.3. Total cost of specialist support services on the example of safe houses

According to recommendations of the Istanbul Convention, states signatories are obligated to provide one accommodation unit in a safe house per population of 10.000. For BiH, it means 340 places and accessory available specialist support services for survivors of violence available 24 hours seven days in a week. According to recent available data, BiH currently has 240 places and needs 136 more in order to meet the standards of the Convention. Using the previous model for calculation of costs related to safe houses which provide many specialist support services to survivors of violence and their children, a cost of currently available specialist services is estimated to **BAM 1.486.635** per year. A full implementation of the Istanbul Convention standards in terms of available capacities and quality support, a total estimated annual cost of specialised services in BiH would amount to **BAM 2.475.880**, pertaining to the provision of specialist support services within safe houses⁹⁹.

99 Safe houses include the provision of accommodation to survivors of violence and their children, as well as available medical and psycho-social assistance, social worker, lawyer and other professional and logistics staff. The Istanbul Convention obligates the states to provide accommodation capacities and access to services, therefore the total cost of running a safe house in the presented example is used for the calculation of specialist support services in BiH.

CONCLUSIONS AND RECOMMENDATIONS

REPUBLIKA SRPSKA

General recommendations with a view to enhancing the implementation of the Istanbul Convention:

- To allocate funds from public budgets for general and specialist support services, including the services of support to persons who live in risky partnerships or family units.
- To enhance the standardisation and monitoring of the protocol implementation, as well as mechanisms of multi-sectoral coordination.
- To enhance the data collection system so that the data are available per type/category of violence and relation between the perpetrator and survivor, action of relevant institutions or services provided by institutions in the same case, as well as on conduct in cases of repeated violence.
- To allocate funds from public budgets for prevention of violence, including the awareness raising programmes relative to violence against women and domestic violence as a criminal offense; to promote zero tolerance for domestic violence.
- To continuously provide specialist training of experts from institutions and organisations that provide services and support to women survivors of violence

Recommendations with a view to enhancing the implementation of the Istanbul Convention per sectors

Health sector

- To simplify and streamline the procedure relative to referrals of survivors to medical institutions, especially urgent cases and severe injuries cases. This includes the enhancement of statistical data by way of improving the identification, reporting and registering of cases of violence conducted by scientific workers.
- To additionally examine the reasons of costly health procedures where high

costs are borne by survivors of violence (including individual costs for medicines during hospitalisation) and review specific measures for the purpose of securing a better access to health protection to survivors of domestic violence.

- To examine the possibilities of consolidating specialist support services within mental health centres (psychological support and counselling etc.) at all locations, which would include a minimum of single standards for the said services.
- To provide one crisis centre for each 200.000 women, for persons who survived raped and ensure their access to healthcare, including reproductive health and HIV post exposure prophylaxis.

Judiciary

- To ensure a specialist support service of legal aid to survivors of violence and to establish and ensure a single minimum standard for provision of this service, including a certain level of quality and criteria for the realisation of this service in accordance with needs of survivors.
- To develop procedures for the implementation of the risk assessment of fatality and risk of repeated violence.

Sector of social and other similar services

- To provide a continuous funding of existing safe houses and progressively achieve standards of the Istanbul Convention which foresee one family place to population of 10.000 and safe accommodation in urgent cases with the access to qualified counselling and assistance in finding a long-term accommodation.
- To establish and ensure funding of social accommodation for beneficiaries of services upon the finalisation of their accommodation in safe houses.
- To establish special programmes and services that pertain to children survivors of violence and children witnesses in accordance with the Istanbul Convention,

including the services for different age groups and adequate psycho-social interventions specifically adjusted to children. To fund the enhancement of services so that, among other things, all provided services are in the best interest of the child.

- To fund available programmes of work with perpetrators of violence.

Recommendations with a view to enhancing a multi-sectoral response to violence

A lack of necessary records on survivors of domestic violence is one of the largest problems in the functioning of a multi-sectoral response. Institutions do not all have the records of number of survivors and number of interventions, or number of provided services, and there are no available data on multiple interventions of institutions in one of repeated acts of domestic violence. Also, there is no comprehensive record of institutions which make a multi-sectoral response to violence, and so it is impossible to determine an accurate number of survivors and services provided by various institutions to survivors. Furthermore, the institutions do not keep the records of utilisation of human and material resources in provision of individual services, which is why a rough estimate based on experience is most often provided with regard to these categories.

The level of utilisation of healthcare services among 87% of surveyed women survivors of violence is much higher than shown by the official data obtained by way of questionnaire in health care institutions (in relation to the total number of survivors of domestic violence according to the data of social work centres and police departments).

The aforementioned deviation underlines the problem of non-existent records of survivors of violence in public health institutions. The applied methodology unfortunately did not manage to determine the degree to which the deviation is caused by non-harmonised record keeping on violence in health care institutions, services used by survivors in health institutions irrespective of the referral mechanism and the degree to which health services of private institutions are utilised.

Recommendations with regard to funding of a multi-sector approach

- The most important recommendation of

this analysis probably pertains to funding of the coordination mechanism of multi-sectoral approach. More precisely, not a single institution does have a budget which includes costs of coordination activities within a multi-sectoral approach. That is why this coordination is completely informal, and its efficiency and efficacy depend on efforts of individual representatives of institutions. With a view of integrating the coordination into the system, there must be a financial support, even a symbolic one. This would also be a step towards viewing of this topic through a programme-based solution and utilisation of programme-based (gender responsible) budgeting.

- A participation fee for health services incurs significant costs to survivors. In that regard, a solution should be found in the existing referral mechanism or some other efficient solution should be found so that survivors are relieved of the duty to pay services in health sector on any ground¹⁰⁰.
- A majority of social work centres have social workers working on-duty after the working hours, and upon needs, also go to the field and work on cases of violence in co-operation with the police. However, a majority of social work centres do not have funds for overtime work and it is a problem. A round-the-clock (24/7) support to survivors of domestic violence should be introduced through social work centres, to provide for reporting and documenting of violence and operation of the referral mechanism in accordance with the existing regulations.
- The results of this analysis have shown that the specialist support services to survivors of violence are funded partly from the budget. These funds represent positioned grants¹⁰¹ to the existing safe houses which

100 A general impression is that health sector institutions (healthcare centres, mental health centres and emergency medical aid centres) are not properly included in the referral mechanism considering the fact that the number of survivors provided by health institutions and the number of survivors reported by police departments and social work services do not exceed the threshold of 8%. We find the said data unreliable since many survivors are not registered in the records of medical institutions or are forced to use a health service on commercial grounds. This position is further supported by the fact that this study was largely limited in the domain of costs that pertain to hospitalisation of survivors, provided services and number of hospitalisation days.

101 Grants (RS) or transfers (FBiH) allocated in the budget to beneficiaries other than public administration bodies, for the procedures regulated by relevant laws, decisions and other enactments.

are earmarked on an annual basis to non-governmental organisations in charge of safe houses. Such funding does not provide for a sustainable management of existing resources. Furthermore, in line with the Istanbul Convention recommendations, additional capacities should be provided to provide for funding of telephone helplines, including the work of volunteers and experts engaged in non-governmental organisations/safe houses, social work centres and other institutions which provide general and specialist support services.

We hereby recommend:

1. To define and operationalize a clear activities programme of institutions within the referral mechanism¹⁰², with precisely defined steps, roles, obligations and responsibilities of each institution.
2. To enhance the electronic system of information exchange (database) between institutions that signed the protocol, in order to ensure the provision of complete and timely information on cases of violence (including the detailed information on survivors and perpetrators), with a clearly defined manner and responsibilities for database management and maintenance. The system should provide for an exchange and consolidation of the data of all relevant institutions. It would be advisable to adopt a single methodology for registering of the number of survivors of violence, and of services provided by institutions within the referral system in individual cases of domestic violence.
3. To enhance practices and monitoring of the budget execution for prevention of domestic violence on all grounds. This implies the programme planning in accordance with priorities of policies with a view to achieving desired results and monitoring of actual costs and regular reporting on costs. These data are a crucial entry element for the definition of future activities or establishment of a sustainable system of funding.
4. To carry out the activities aimed at

¹⁰² Which are primarily defined in the General Protocol on action in cases of domestic violence in Republika Srpska, and the Framework for local protocol on co-operation and action in cases of domestic violence at the local level;

strengthening the awareness and responsibilities of all institutional participants, in order to improve the trust of survivors of domestic violence in the system of referral mechanism.

FEDERATION OF BIH

General recommendations with a view to enhancing the implementation of the Istanbul Convention:

- To allocate funds from public budgets for general and specialist support services, including the services of support to persons who live in risky partnerships or family units.
- To enhance the standardisation and monitoring of the protocol implementation, as well as mechanisms of multi-sectoral coordination.
- To enhance the data collection system so that the data are available per type/ category of violence and relation between the perpetrator and survivor, action of relevant institutions or services provided by institutions in the same case, as well as on conduct in cases of repeated violence.
- To allocate funds from public budgets for prevention of violence, including the awareness raising programmes relative to violence against women and domestic violence as a criminal offense; to promote zero tolerance for domestic violence.
- To continuously provide specialist training of experts from institutions and organisations that provide services and support to women survivors of violence.

Recommendations with a view to enhancing the implementation of the Istanbul Convention per sectors.

Health sector

- To simplify and streamline the procedure relative to referrals of survivors to medical institutions, especially urgent cases and severe injuries cases. This includes the enhancement of statistical data by way of improving the identification, reporting and registering of cases of violence conducted by scientific workers.
- To additionally examine the reasons of costly health procedures where high costs are borne by survivors of violence (including individual costs for medicines during hospitalisation) and review specific

measures for the purpose of securing a better access to health protection to survivors of domestic violence.

- To examine the possibilities of consolidating specialist support services within mental health centres (psychological support and counselling etc.) at all locations, which would include a minimum of single standards for the said services.
- To provide one crisis centre for each 200.000 women, for persons who survived raped and ensure their access to healthcare, including reproductive health and HIV post exposure.

Judiciary

- To ensure a specialist support service of legal aid to survivors of violence and to establish and ensure a single minimum standard for provision of this service, including a certain level of quality and criteria for the realisation of this service in accordance with needs of survivors.
- To develop procedures for the implementation of the risk assessment of fatality and risk of repeated violence.

Sector of social and similar services

- To provide a continuous funding of existing safe houses and progressively achieve standards of the Istanbul Convention which foresee one family place to population of 10.000 and safe accommodation in urgent cases with the access to qualified counselling and assistance in finding a long-term accommodation.
- To establish and ensure funding of social accommodation for beneficiaries of services upon the finalisation of their accommodation in safe houses.
- To establish special programmes and services that pertain to children survivors of violence and children witnesses in accordance with the Istanbul Convention, including the services for different age groups and adequate psycho-social interventions specifically adjusted to children. To fund the enhancement of services so that, among other things, all provided services are in the best interest of the child.
- To fund available programmes of work with perpetrators of violence.

Recommendation for the enhancement of a multi-sectoral response to violence

A lack of necessary records on survivors of domestic violence is one of the largest problems in the functioning of a multi-sectoral response. Institutions do not all have the records of on number of survivors and number of interventions, or number of provided services, and there are no available data on multiple interventions of institutions in one of repeated act of domestic violence. Also, there is no comprehensive record of institutions which make a multi-sectoral response to violence, and so it is impossible to determine an accurate number of survivors and services provided by various institutions to survivors. Furthermore, the institutions do not keep the records of utilisation of human and material resources in provision of individual services, which is why a rough estimate based on experience is most often provided with regard to these categories.

The level of utilisation of healthcare services among 87% of surveyed women survivors of violence is much higher than official data obtained by way of questionnaire in healthcare institutions (in relation to the total number of survivors of domestic violence according to the data of social work centres and police departments).

The aforementioned deviation underlines the problem of non-existent records of survivors of violence in public health institutions. The applied methodology unfortunately did not manage to determine the degree to which the deviation is caused by non-harmonised record keeping on violence in health care institutions, services used by survivors in health institutions independent from referral mechanisms and the degree to which health services of private institutions are utilised.

Recommendations for funding of a multi-sector approach

- The most important recommendation of this analysis probably pertains to funding of the coordination mechanism of multi-sectoral approach. More precisely, not a single institution does have a budget which includes costs of coordination activities within a multi-sectoral approach. That is why this coordination is completely informal, and its efficiency and efficacy depend on efforts of individual representatives of institutions. With a view of integrating the coordination into the system, there must be a financial support, even a symbolic one.

This would also be a step towards viewing of this topic through a programme-based solution and utilisation of programme-based (gender responsible) budgeting.

- A participation fee for health services incurs significant costs to survivors. In that regard, a solution should be found in the existing referral mechanism or some other efficient solution should be found so that survivors are relieved of the duty to pay services in health sector on any ground¹⁰³.
- Majority of social work centres have social workers working on-duty after the working hours, and upon needs they go to the field and work on cases of violence in co-operation with the police. However, a majority of social work centres do not have funds for overtime work and it is a problem. A round-the-clock (24/7) support to survivors of domestic violence should be introduced through social work centres, to provide for reporting and documenting of violence and operation of the referral mechanism in accordance with the existing regulations.
- The results of this analysis have shown that the specialist support services to survivors of violence are funded partly from the budget. These funds represent positioned transfers¹⁰⁴ to the existing safe houses which are earmarked on an annual basis to non-governmental organisations which manage safe houses. This manner of funding does not provide for a sustainable management of existing resources. Furthermore in line with Istanbul Convention recommendations, additional capacities should be provided to provide for funding of phone help lines, including the work of volunteers and experts engaged in non-governmental organisations/safe houses, social work

centres and other institutions which render general and specialist support services.

We hereby recommend:

1. To define and operationalize a clear activities programme of institutions within the referral mechanism with precisely defined steps, roles, obligations and responsibilities of each institution.
2. To enhance the electronic system of information exchange (database) between institutions that signed the protocol, in order to ensure the provision of complete and timely information on cases of violence (including the detailed information on survivors and perpetrators), with a clearly defined manner and responsibilities for database management and maintenance. The system should provide for an exchange and consolidation of the data of all relevant institutions. It would be advisable to adopt a single methodology for registering of the number of survivors of violence, and of services provided by institutions within the referral system in individual cases of domestic violence.
3. To enhance practices and monitoring of the budget execution for prevention of domestic violence on all grounds. This implies the programme planning in accordance with priorities of policies with a view to achieving desired results and monitoring of actual costs and regular reporting on costs. These data are a crucial entry element for the definition of future activities or establishment of a sustainable system of funding.
4. To carry out the activities aimed at strengthening the awareness and responsibilities of all institutional participants, in order to improve the trust of survivors of domestic violence in the system of referral mechanism.

103 A general impression is that health sector institutions (healthcare centres, mental health centres and emergency medical aid centres) are not properly included in the referral mechanism considering the fact that the number of survivors provided by health institutions and the number of survivors reported by police departments and social work services do not exceed the threshold of 8%. We find the said data unreliable since many survivors are not registered in the records of medical institutions or are forced to use a health service on commercial grounds. This position is further supported by the fact that this study was largely limited in the domain of costs that pertain to hospitalisation of survivors, provided services and number of hospitalisation day.

104 Grants (RS) or transfers (FBiH) allocated in the budget to beneficiaries other than public administration bodies, for the procedures regulated by relevant laws, decisions and other enactments.

ABOUT INNOVA MANAGEMENT CONSULTING

INNOVA Management Consulting is a management consulting company established in April 2007 in Sarajevo. INNOVA Company is made of experienced and highly educated experts who possess strong technical and analytical knowledge in numerous aspects of strategic and operative management. INNOVA applied the highest standards of quality in all activities and projects that are successfully implemented in Bosnia and Herzegovina and the countries in the region.

We are proud of the fact that our experts devise efficient solution for our clients on a daily basis and we do that with a high degree of integrity and professionalism. As part of our work with public and civil sector we cooperate with ministries and agencies at all levels of authority with a view of enhancing their effects and achieving desired results through a process of strategic planning, enhanced process of public

policy making and their connection with the operative plans and budgetary process. Our work, among other things include the analysis of policies and development for certain sectors, programme planning, organisational development and management of changes, strategic planning, stronger relations between policies of governmental institutions and budget planning including the result-driven budgets, cost-benefit analysis, gender responsible budgeting and gender responsible analysis etc. As part of our work with a private sector, we render technical assistance to companies to improve their competitiveness in the market and use their potentials in the best possible way.

We at the INNOVA Company help our clients to find practical solutions for a positive transformation of their business.

ANNEX 1

MEMBERS OF TECHNICAL ADVISORY GROUP

1. Joško Mandić, BiH Gender Equality Agency
2. Fatima Bećirović, Federation of BiH Gender Centre
3. Tijana Arambašić-Živanović, Republika Srpska Gender Centre
4. Adisa Mehić, Ministry of Healthcare of Federation of BiH
5. Ivanka Marković, chairwoman of the Republika Srpska Council for the Prevention of Violence in Family and Family Unit
6. Sabiha Husić, director, Medica Zenica
7. Jasmina Mujezinović, director, Foundation of Local Democracy
8. Amela Bašić Tomić, United Women Banja Luka;
9. Indira Mehić-Čejvan, Association of Social Workers
10. Suvada Kuldija, Association of Female Police Officers
11. Dijana Petković, Republika Srpska Ministry of Interior
12. Sanja Skenderija, Republika Srpska Ministry of Healthcare and Social Welfare
13. Emira Slomović, Federation of BiH Ministry of Labour and Social Policy

ANNEX 2

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ANNEX 3

PREVIOUS STUDIES CONSULTED

Author	Used data	Category of costs
Centre for Women's Rights, 2016	Report examines the costs borne by 3 groups (survivors/survivors, civil society organisations and government) in accordance with the existing regulations and practice in protection in Moldavia	Existing services (separated from new services in accordance with requirements of Istanbul Convention) Unit costs of services of specialist centres and costs of minimum package of services LPAs Costs that relate to broader social prospects at the general level.
N. Duvvury et al.; 2013	Assessment of the data on the basis of previous analyses conducted to the topic of economic costs of violence against women.	Judicial system – health care system (protection and rehabilitation). Social services (shelters, support in a form of revenues, support services). Costs that are borne by individual women (healthcare, accommodation, shelter, judicial costs). Past revenue for households and overall economy (lost earning, reduced productivity and decrease in tax revenues). Other generation costs (impact on children, impact on the formation of human capital).
K. Mcinturff, Canadian Centre of Policy Alternatives ; 2013	Assessment based on official statistical budgetary sources of data from various actors in the public sector	Judicial system costs (police, courts, prosecutor's offices, legal aid, imprisonment, conditional sentences, parole sentences, civil protection orders). Costs of survivors (healthcare, mental health services, attempted suicides, productivity loss and other personal costs). Costs of third parties (costs of social services, losses for employers).
J. Fliedner et al., Federal Office of Gender Equality; 2013; Switzerland	Official statistical data from multiple sources. Calculation of annual costs is made based on the available data or based on an annual average. Police interventions, counselling and shelters, as well as centres for coordination of services provided by federal government and cantons.	Police and judiciary (police, public prosecutor, courts, criminal system). Support services to survivors and perpetrators (counselling for survivors and perpetrators, emergency medical aid, compensation, shelters). Specialist and coordination agencies (federal level, cantonal level). Healthcare services (physical consequences, psychological consequences). Lost productivity (illness (paid/unpaid), disability (paid/unpaid), death (unpaid)). Types of costs: Direct tangible costs (for example police interventions). Indirect tangible costs (for example loss of earnings, profit and economic value).

Author	Used data	Category of costs
I. Rasmussen et al.; (2012); Norway	Assessments based on official statistical and budgetary sources of data from 2010 Study uses the data from the sectors of judiciary (police, judiciary, criminal system, legal aid); health sector (emergency medical aid, long-term aid); an social (social support and benefit).	<ul style="list-style-type: none"> • Police. • Judiciary (prosecutor's office, children centres of negotiation, courts, correctional institutions, mediation). • Healthcare services (healthcare, psychological protection) • Support services (crisis centres, family therapy centres, services for protection of children, rehabilitation centres, phone help lines). • Education and training (Norwegian Centre for Violence and Traumatic Stress Studies, Regional Centre for Violence and Traumatic Stress Studies and Prevention of Suicides, funding of research studies). • Other ministries and state institutions (Ministry of health and protection, Directorate of Healthcare, Ministry of Education And Research Studies, Ministry of Children, Equality and Social Inclusion, Directorate for Children, Youth and Family, Ministry of Justice). • Taxes (marginal costs from public funds). • Loss of working productivity (incapacity for work). • Loss of lives.
T. K. Logan et al.; 2012	Interviews of 213 women which were granted measures of protection from vio-lent male partners.	Studying a wide range of economic costs and costs-benefit from civil protection orders.
International Centre for Research on Women (ICRW) and UN Population Fund (UNFPA); 2009; Bangladesh, Morocco i Uganda	Survey of one qualified woman per household.	<p>Direct costs of violence by intimate partners incurred to households and communities (real expenditures and value of services used in a response to violence be intimate partner).</p> <p>Indirect costs of violence of intimate partners incurred to households (lost earning and productivity due to injuries).</p>

ANNEX 4

LIST OF INSTITUTIONS INVOLVED IN THE STUDY

Location/ institution	Banja Luka	Bijeljina	Sarajevo	Višegrad	Vitez	Zenica
Social Work Centre	Social Work Centre Banja Luka Tel: +387 (0)51 348 515 direktor@csrbl.org csrbl@blic.net	Social Work Centre Bijeljina Tel: +387 (0)55 207 546 csrbn@teol.net	Social Work Centre Sarajevo T: +387(0)33 723-640 mirsada.poturkovic@gmail.com	Social Work Centre Višegrad T: +387 (0)58 620 310 09csrvg@teol.net	Social Work Centre Vitez T: +387 (0)30 711-678 jakic.miroslav@gmail.com	Social Work Centre Zenica T: +387(0)32 202-490 T: +387(0)32 202-322 czsr_ze@bih.net.ba
Health	PI Healthcare Centre Banja Luka Tel: +387 (0)51 230-200 +387 (0)51 230-210 domzdravlja-bl@teol.net	PI Healthcare Centre Bijeljina T: +387 (0)55 415 111 domzdravljabijeljina@gmail.com	Ministry of Healthcare Sarajevo Canton Tel: +387(0)33 562-104 ministar@mz.ks.gov.ba	Healthcare Centre Višegrad T:+38758 620-661	Klementina Nuk Vuković T: 030 711-664 klementinanuk@yahoo.com	PU Healthcare Centre Zenica T: +387 (0)32 403 418 domzdravljazenica@yahoo.com
Police	RS Ministry of Interior	RS Ministry of Interior	Sarajevo Canton Ministry of Interior, ministar@mup.ks.gov.ba	RS Ministry of Interior	Police Station Vitez, Ministry of Interior SBK glasnogovornik@muptravnik.com.ba T: +38730/511086	Ministry of Interior ZEDO Tel: +387 (0)32 449-249
Prosecutor's Office	District Public Prosecutor's Office Banja Luka T: +387 (0)51 346 020 ot-bl@pravosudje.ba	District Public Prosecutor's Office Bijeljina T: +387 (0)55 209 152 ot-bijeljina@pravosudje.ba	Sarajevo Canton Prosecutor's Office Radićeva 6, 71000 Sarajevo Tel: +387(0)33 276-856	District Prosecutor's Office in Istočno Sarajevo – Field office in Višegrad Tel. 058/343-225	Cantonal Prosecutor's Office of Central Bosnia Canton	Cantonal Prosecutor's Office ZEDO
Court	Basic Court Banja Luka T: +387 (0)51 314 499	Basic Court in Bijeljina T: +38755 224 910	Sarajevo Municipal Court Portparol suda amra. hodzic@oss.ba T:+387567680	Basic Court Višegrad Tel. 058/620 763	Municipal Court in Travnik – Department in Vitez	Municipal Court Zenica
Mental health	PI Healthcare Centre Banja Luka Mental Health Centre domzdravlja-bl@teol.net	PI Healthcare Centre Bijeljina Mental Health Centre Tel: +387(0)55 415 260	Ministry of Healthcare Sarajevo Canton Tel: +387(0)33 562-104 minis-tar@mz.ks.gov.ba	PI Healthcare Centre Bijeljina Višegrad Mental Health Centre T:+38758 620-661	Healthcare Centre Vitez	Healthcare Centre Zenica domzdravljazenica@yahoo.com
Hospital	RS University and Clinical Centre Banja Luka T:+38751 342 100		Ministry of Healthcare Sarajevo Canton Tel: +387(0)33 562-104 minis-tar@mz.ks.gov.ba	University Hospital Foča T:+38758222500		

ANNEX 5

APPROACH TO ESTIMATING THE COSTS OF EXISTING SERVICES

TC = total costs
DC = direct costs (work, material and services)
IC = Indirect (overhead) costs
Q = Quantity (number of units)
UC = Unit costs = total costs (TC) / Quantity (Q)

Sector / Institution	Actions/acts of officers in institutions	Unit cost	Total cost
SECURITY AND JUDICIARY			
Police	1.1.1.	Intervention on the spot	$UC = TC / \text{number of interventions at the address of the survivor}$ $TC = DC + IC$ DC = monthly gross salary of a person in charge x average time of work with the survivor in hours x number of conducted interventions x number of persons involved in the intervention IC = DC x (total institutional cost related to material and services on an annual basis) / total annual cost of institutions related to salaries and contributions
	1.1.2.	Documenting of violence	$UC = TC / \text{number of prepared files}$ $TC = DC + IC$ DC = monthly gross salary x average time spent in one case per hours IC = DC x (total institutional cost related to material and services on an annual basis) / total annual cost of institutions related to salaries and contributions
	1.1.3.	Informing the team, Social work centre, prosecutor's office	$UC = TC / \text{number of interventions}$ $TC = DC + IC$ DC = monthly gross salary of a person in charge x average time for informing per hours x number of persons involved in counselling IC = DC x (total institutional cost related to communications on an annual basis) / total annual cost of institutions related to salaries and contributions
	1.1.4.	Execution of protective measures	$UC = TC / \text{number of interventions}$ $TC = DC + IC$ DC = monthly gross salary of a person in charge x average time spent in protection x number of protective measures in the past year x number of involved persons per protection case IC = DC x (total institutional cost related to material and services on an annual basis) / total annual cost of institutions related to salaries and contributions
	1.1.5.	Receiving calls for interventions	$UC = TC / \text{number of calls}$ $TC = \text{monthly gross salary of a person in charge} \times \text{number of calls in the per year (or \% out of total)}$
	1.1.6.	Temporary deprivation of liberty and detention	$UC = TC \times \% \text{ perpetrator of violence in total per days}$ $TC = DC + IC$ DC = estimated cost of daily deprivation of liberty x number of days for detention of perpetrators IC = DC x (total institutional cost related to material and services on an annual basis) / total annual cost of institutions related to salaries and contributions
	1.1.7.	Other interventions police intervention to domestic violence cases	-

Sector / Institution	Actions/acts of officers in institutions	Unit cost	Total cost
Court	1.2.1	Costs of administration per case	$UC = TC / \text{number of prepared files}$ $TC = DC + IC$ $DC = \text{monthly gross salary of a person in charge} \times \text{average time spent in preparation of documentation} \times \text{number of conducted interventions} \times \text{number of persons involved in interventions}$ $IC = DC \times (\text{total institutional cost related to material and services on an annual basis}) / \text{total annual cost of institutions related to salaries and contributions}$
	1.2.2.	Costs related to time of judges and typist per case	$UC = TC / \text{number of prepared files}$ $TC = DCS + DCD + IC$ $DCS = \text{monthly gross salary of a judge in charge} \times \text{average time per documentation} \times \text{number of interventions} \times \text{number of persons engaged in intervention}$ $DCD = \text{monthly gross salary of a typist} \times \text{average time per documentation} \times \text{number of interventions} \times \text{number of persons engaged in intervention}$ $IC = DC \times (\text{total institutional cost related to material and services on an annual basis}) / \text{total annual cost of institutions related to salaries and contributions}$
	1.2.3.	Appellate proceedings (costs related to time of a judge and typist per case and costs of administration)	$UC = TC / \text{number of prepared files}$ $TC = DCS + DCD + DCA + IC$ $DCS = \text{monthly gross salary of a judge in charge} \times \text{average time per documentation} \times \text{number of interventions} \times \text{number of judges engaged in intervention}$ $DCD = \text{monthly gross salary of a typist} \times \text{average time per documentation} \times \text{number of interventions} \times \text{number of typists engaged in intervention}$ $DCA = \text{monthly gross salary of a person in charge in administration} \times \text{average time per documentation} \times \text{number of interventions} \times \text{number of engaged persons}$ $IC = DC \times (\text{total institutional cost related to material and services on an annual basis}) / \text{total annual cost of institutions related to salaries and contributions}$
	1.2.4	Costs related to defence	$UC = TC / \text{number of engaged defence counsel per case}$ $TC = \text{estimated cost per proceeding} \times \text{number of proceedings in the past year}$
	1.2.5	Costs related to expert witnesses	$UC = TC / \text{number of contracted expertise}$ $TC = \text{Total cost in the past year related to processing of the domestic violence case}$
	1.2.6	Costs related to court police	$UC = TC / \text{number of contracted expert analyses}$ $TC = \text{Total cost in the past year related to processing of cases of domestic violence}$
	1.2.7	Plea hearing - acting upon a criminal order	$UC = TC / \text{number of cases}$ $TC = \text{Total cost in the past year related to plea hearings in cases of domestic violence}$
	1.2.8.	Costs related to the pronouncement of protective measures	$UC = TC / \text{number of pro-nounce protective measures}$ $TC = DC + IC$ $DC = \text{estimated cost per proceeding} \times \text{number of proceedings in the past year}$ $IC = DC \times (\text{total institutional cost related to material and services on an annual basis}) / \text{total annual cost of institutions related to salaries and contributions}$
	1.2.9.	Costs related to execution of protective measures	$UC = TC / \text{number of executed protective measures}$ $TC = DC + IC$ $DC = \text{estimated cost per proceeding} \times \text{number of proceedings in the past year}$ $IC = DC \times (\text{total institutional cost related to material and services on an annual basis}) / \text{total annual cost of institutions related to salaries and contributions}$

Sector / Institution	Actions/acts of officers in institutions	Unit cost	Total cost	
Prosecutor's office	1.3.1.a	Acting upon a criminal report - documenting cases of domestic violence	UC = TC / number of prepared files	TC = DC + IC DC = average gross salary of a person in charge x average time spent in preparing od documentation x number of executed interventions x number of persons engaged in interventions IC = DC x (total institutional cost related to material and services on an annual basis) / total annual cost of institutions related to salaries and contributions)
	1.3.1.b	Acting upon a minor offence report (RS)	UC = TC / number of prepared files	TC = DC + IC DC = monthly gross salary of a person in charge x average time spent in preparing the documentation x number of interventions x number of persons engaged in interventions = DC x (total institutional cost related to material and services on an annual basis) / total annual cost of institutions related to salaries and contributions)
	1.3.2	Costs of time allocated by a prosecutor per case	UC = TC / number of prepared files	TC = DCS + DCD + IC DCS = monthly gross salary of a judge in charge x average time per documentation x number of interventions x number of judges engaged in intervention DCD = monthly gross salary of a typist in charge x average time spent in relation to the documentation x number of interventions x number of typists engaged in interventions IC = DC x (total institutional cost related to material and services on an annual basis) / total annual cost of institutions related to salaries and contributions)
	1.3.3.	Collection of evidence	UC = TC / number of investigations	TC = DC + IC DC = number of employees in the said segment of work x monthly gross salary of a person in charge x average time for information per hours x number of persons engaged in counselling IC = DC x (total institutional cost related to material and services on an annual basis) / total annual cost of institutions related to salaries and contributions)
	1.3.4.	Expert study	UC = TC / number of investigations	TC = DC + IC DC = Total cost of proceedings x number of proceedings in the past year DC = Total cost of proceedings x number of appellate proceedings IC = DC x (total institutional cost related to material and services on an annual basis) / total annual cost of institutions related to salaries and contributions)
	1.3.5.	Refunding the costs related to witnesses	UC = TC / number of testimony proceedings	TC = Total cost of the past year related to processing of domestic violence cases
	1.3.6.	Costs related to custody	UC = TC / number of contracted expert analyses	TC = Total cost in the past year related to processing of domestic violence cases
	1.3.7.	Costs related to trans-portation of prosecutors to the court	UC = TC / number of cases	TC = Total cost in the past year related to transportation of prosecutors in cases of domestic violence

Sector / Institution	Actions/acts of officers in institutions	Unit cost	Total cost
SOCIAL WELFARE			
Social Work Centre	2.1.1.	Initial advisory work	<p>UC = TC / number of advisory sessions and interviews</p> <p>TC = DC + IC DC = average monthly gross salary of a person in charge x average time spent in work with a survivor (one advisory session) per hour x number of advisory sessions in the past year x number of employees who carry out advisory sessions IC = DC x (total institutional cost related to material and services on an annual basis) / total annual cost of institutions related to salaries and contributions)</p>
	2.1.2.a	Social advisory work	<p>UC = TC / number of social treatments</p> <p>TC = DC + IC DC = average monthly gross salary of a person in charge x average time spent in work with survivors per hour x number of advisory sessions in the past year x number of employees who carry out advisory sessions IC = DC x (total institutional cost related to material and services on an annual basis) / total annual cost of institutions related to salaries and contributions)</p>
	2.1.2.b	Psychotherapy treatment	<p>UC = TC / number of psychotherapy treatments</p> <p>TC = DC + IC DC = average monthly gross salary of a person in charge x average time spent in work with a survivor per hour x number of advisory sessions in the past year x number of employees who carry out advisory sessions IC = DC x (total institutional cost related to material and services on an annual basis) / total annual cost of institutions related to salaries and contributions)</p>
	2.1.3.	Legal counselling	<p>UC = TC / number of legal counselling sessions</p> <p>TC = DC + IC DC = average monthly gross salary of a person in charge x average time of work with a survivor per hour x number of counselling sessions in the past years x number of employees who carry out counselling sessions IC = DC x (total institutional cost related to material and services on an annual basis) / total annual cost of institutions related to salaries and contributions)</p>
	2.1.4.	Finding accommodation – acute moment of violence	<p>UC = TC / number of accommodated survivors</p> <p>TC = DC + IC DC = average monthly gross salary of a person in charge x average time spent in work with survivors per hour x number of services in the past year x number of employees who carry out accommodation IC = DC x (total institutional cost related to material and services on an annual basis) / total annual cost of institutions related to salaries and contributions)</p>
	2.1.5.	Training	<p>UC = TC / number of survivors who underwent a training</p> <p>TC = DC + IC DC = average monthly gross salary of a person in charge x average time spent in work with survivors per hour x number of trainings in the past year x number of employees who carry out trainings IC = DC x (total institutional cost related to material and services on an annual basis) / total annual cost of institutions related to salaries and contributions)</p>
	2.1.6	Intervention per report of violence case	<p>UC = TC / number of visits</p> <p>TC = DC + IC DC = average monthly gross salary of a person in charge x average time spent in work with a survivor per hour x number of paid visits in the past year x average number of employees who participate in a visit x average costs of transportation, fuel, per diems etc. per visit IC = DC x (total institutional cost related to material and services on an annual basis) / total annual cost of institutions related to salaries and contributions)</p>

Sector / Institution	Actions/acts of officers in institutions	Unit cost	Total cost
Social Work Centre	2.1.7.	Field work – further visits to survivors of violence	$UC = TC / \text{number of visits}$ $TC = DC + IC$ $DC = \text{average monthly gross salary of a person in charge} \times \text{average time spent in working with a survivor per hour} \times \text{number of paid visits in the past year} \times \text{average number of employees who take part in one visit} \times \text{Average costs of transportation, fuels, per diem and the like per visit}$ $IC = DC \times (\text{total institutional cost related to material and services on an annual basis}) / \text{total annual cost of institutions related to salaries and contributions}$
	2.1.8.	Compiling official information and reports	$UC = TC / \text{number of reports}$ $TC = DC + IC$ $DC = \text{average monthly gross salary of a person in charge} \times \text{average time spent in working on one report} \times \text{number of made reports in the past year} \times \text{number of employees engaged in reporting}$ $IC = DC \times (\text{total institutional cost related to material and services on an annual basis}) / \text{total annual cost of institutions related to salaries and contributions}$
	2.1.9.	Assistance to children in cases of violence – accommodation in an institution	$UC = TC / \text{number of cases of providing shelter to children}$ $TC = DC + IC$ $DC = \text{average monthly gross salary of a person in charge} \times \text{average time of work per mediation per hour} \times \text{number of mediations in the past year} \times \text{Number of employees engaged in mediations}$ $IC = DC \times (\text{total institutional cost related to material and services on an annual basis}) / \text{total annual cost of institutions related to salaries and contributions}$
	2.1.10.	Social history	$UC = TC / \text{number of reports}$ $TC = DC + IC$ $DC = \text{average monthly gross salary of a person in charge} \times \text{average time spent in one history} \times \text{number of reports in the past year}$ $IC = DC \times (\text{total institutional cost related to material and services on an annual basis}) / \text{total annual cost of institutions related to salaries and contributions}$
	2.1.11.	Assistance to children in cases of violence / psychotherapy	$UC = TC / \text{number of children who re-ceived assistance}$ $TC = DC + IC$ $DC = \text{average monthly gross salary of a person in charge} \times \text{average time spent in working / assisting children per hour} \times \text{number of interventions in the past year} \times \text{number of engaged persons in interventions}$ $IC = DC \times (\text{total institutional cost related to material and services on an annual basis}) / \text{total annual cost of institutions related to salaries and contributions}$
	2.1.12.	Coordination with healthcare institutions, police and other institutions (e.g. meetings, e-mail communication)	$UC = TC / \text{number of realised contacts}$ $TC = DC + IC$ $DC = \text{average monthly gross salary of a person in charge} \times \text{average time spent in a coordination per hour} \times \text{number of coordination in the past year} \times \text{number of persons engaged in coordination}$ $IC = DC \times (\text{total institutional cost related to material and services on an annual basis}) / \text{total annual cost of institutions related to salaries and contributions}$
	2.1.13.	Finding an accommodation – after leaving a safe house or other type of alternative accommodation	$UC = TC / \text{number of accommodated survivors}$ $TC = \text{total allocations for costs of accommodation for survivors in the past year} \times \text{number of beneficiaries in the past year}$
	2.1.14.	Financial and material assistance to survivors of domestic violence	$UC = TC / \text{number of approved forms of assistance}$ $TC = \text{Total allocations for assistance in the past year} \times \text{number of beneficiaries in the past year}$

Sector / Institution	Actions/acts of officers in institutions	Unit cost	Total cost	
Social Work Centre	2.1.15.	Activities related to public information with a view of changing awareness	UC = TC / number of interventions	TC = Total allocations in the past year
	2.1.17.	24-hour covering– active and passive on duty work	UC = TC / number of interventions	TC = DC + IC DC = average monthly gross salary of a person in charge x duration of work on telephone-field per hours x number of conducted interventions in the past year x number of persons engaged in interventions IC = DC x (total institutional cost related to material and services on an annual basis) / total annual cost of institutions related to salaries and contributions)
	2.1.18	Other services that are not listed earlier	UC = TC / number of interventions	TC = Total allocations in the past year
NGO	2.2.1	SOS phone help line	UC = TC / number of realised calls	TC = phone expenses + other costs related to staff/volunteers
	2.2.2	Safe houses	UC = TC / number of accommodation units	TC = total cost of a safe house
	2.2.3.	Free legal aid	UC = TC / number of legal aid cases	TC = total cost of free legal aid
	2.2.4.	Other direct costs	UC = TC / number of survivors	TC = total other direct costs
HEALTHCARE				
Emergency medical aid centre*	3.1.1.	Examination of a survivor of domestic violence (history)	UC = TC / number of examinations	TC = DC + IC DC = average monthly gross salary of a doctor in charge x average monthly gross salary of a nurse in charge x average duration of one examination per hour x number of examinations in the past year x average costs of spent material (medicines and other) per examination IC = DC x (total institutional cost related to material and services on an annual basis) / total annual cost of institutions related to salaries and contributions)
	3.1.2.	Medical Treatment	UC = TC / number of treatments	TC = DC + IC DC = average monthly gross salary of a doctor in charge x average monthly gross salary of a nurse in charge x average duration of one treatment per hour x number of treatments in the past year x average costs of spent material (medicine and other) per treatment IC = DC x (total institutional cost related to material and services on an annual basis) / total annual cost of institutions related to salaries and contributions)
	3.1.3.	Medical treatment of survivors of sexual violence*	UC = TC / number of treatments	TC = DC + IC DC average monthly gross salary of a doctor in charge x average monthly gross salary of a nurse in charge x average duration of one treatment per hour x number of treatments in the past year x average costs of spent material (medicine and other) per treatment IC = DC x (total institutional cost related to material and services on an annual basis) / total annual cost of institutions related to salaries and contributions)

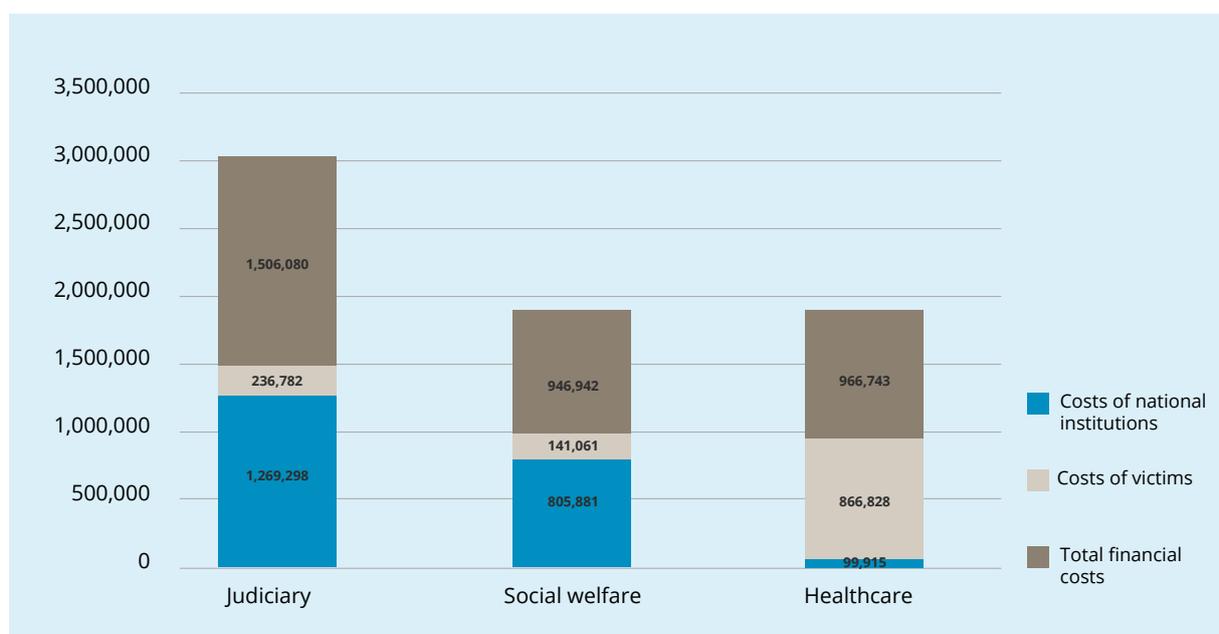
Sector / Institution	Actions/acts of officers in institutions	Unit cost	Total cost
Healthcare centre*	3.1.4	Other interventions / activities of emergency medical aid centres in cases of domestic violence	$TC = DC + IC$ DC = average monthly gross salary of an employee who provides a service x average duration of one service per hour x number of provided services in the past year x average number of employees engaged in provision of a service x other costs per unit of service (e.g.. material and services), if relevant IC = DC x (total institutional cost related to material and services on an annual basis) / total annual cost of institutions related to salaries and contributions)
	3.2.1.	Examination of a survivor of domestic violence (history)	$UC = TC / \text{number of examinations}$ $TC = DC + IC$ DC = average monthly gross salary of a doctor in charge x average monthly gross salary of a nurse in charge x average duration of one treatment per hour x number of treatments in the past year x average costs of spent material (medicine and other) per treatment IC = DC x (total institutional cost related to material and services on an annual basis) / total annual cost of institutions related to salaries and contributions)
	3.2.2.	Medical treatment	$UC = TC / \text{number of treatments}$ $TC = DC + IC$ DC = average monthly gross salary of a doctor in charge x average monthly gross salary of a nurse in charge x average duration of one treatment per hour x number of treatments in the past year x average costs of spent material (medicine and other) per treatment IC = DC x (total institutional cost related to material and services on an annual basis) / total annual cost of institutions related to salaries and contributions)
	3.2.3.	Medical treatment of survivors of sexual violence*	$UC = TC / \text{number of treatments}$ $TC = DC + IC$ DC = average monthly gross salary of a doctor in charge x average monthly gross salary of a nurse in charge x average duration of one treatment per hour x number of treatments in the past year x average costs of spent material (medicine and other) per treatment IC = DC x (total institutional cost related to material and services on an annual basis) / total annual cost of institutions related to salaries and contributions)
	3.2.4.	Treatment of perpetrators of violence for addiction	$UC = TC / \text{number of registered addicts}$ $TC = DC + IC$ DC = average monthly gross salary of a doctor in charge x average monthly gross salary of a nurse in charge x average duration of one treatment per hour x number of treatments in the past year x average costs of spent material (medicine and other) per treatment IC = DC x (total institutional cost related to material and services on an annual basis) / total annual cost of institutions related to salaries and contributions)
	3.2.5.	Other interventions / activities of healthcare centres relative to domestic violence [1]	$TC = DC + IC$ DC = average monthly gross salary of an employee who provides a service x average duration of one service per hour x number of provided services in the past year x average number of employees engaged in provision of a service x other costs per unit of service (e.g.. material and services), if relevant IC = DC x (total institutional cost related to material and services on an annual basis) / total annual cost of institutions related to salaries and contributions)
Mental health*	3.3.1.	Psychological and psychosocial assessment of a survivor of domestic violence	$UC = TC / \text{number of assessments}$ $TC = DC + IC$ DC = average monthly gross salary of an employee in charge x average duration of one examination per hour x number of examinations in the past year x number of employees engaged in examinations IC = DC x (total institutional cost related to material and services on an annual basis) / total annual cost of institutions related to salaries and contributions)

Sector / Institution	Actions/acts of officers in institutions	Unit cost	Total cost	
Mental health*	3.3.2.	Psychological interventions	UC = TC / number of interventions	TC = DC + IC DC = average monthly gross salary of an employee in charge x average duration of one counselling per hour x number of counselling in the past year x average number of employees engaged in one examination IC = DC x (total institutional cost related to material and services on an annual basis) / total annual cost of institutions related to salaries and contributions)
	3.3.3.	Counselling and psycho-education	UC = TC / number of counselling	TC = DC + IC DC = average monthly gross salary of an employee in charge x average duration of one counselling per hour x number of counselling in the past year x average number of employees engaged in one examination IC = DC x (total institutional cost related to material and services on an annual basis) / total annual cost of institutions related to salaries and contributions)
	3.3.4.	Treatment of addiction diseases	UC = TC / number of patients	TC = DC + IC DC = average monthly gross salary of an employee in charge x average duration of treatment per hour x number of treatment in the past year x average number of employees engaged IC = DC x (total institutional cost related to material and services on an annual basis) / total annual cost of institutions related to salaries and contributions)
	3.3.5.	Other services, not mentioned earlier		TC = DC + IC DC = average monthly gross salary of an employee who renders a service x average duration of one service per hour x number of provided services in the past year x average number of employees engaged in provision of one service x other costs per unit of service (e.g.. material and services), if relevant IC = DC x (total institutional cost related to material and services on an annual basis) / total annual cost of institutions related to salaries and contributions)
	3.4.1	Hospitalisation of survivors of domestic violence – in case of referral to further hospitalisation from healthcare centres and emergency medical aid institutes	UC = TC / number of hospitalised survivors / number of days	TC = number of hospitalised survivors in the past year x average duration of hospitalisation in days (make an assessment) x daily cost of hospitalisation per patient
Targeted healthcare institutions (depending on the location)	3.5.1.	Execution of protective measures of addiction treatment and psycho-social treatment of perpetrators of domestic violence	UC = TC / number of registered addicts	TC = number of hospitalised survivors in the past year x average duration of hospitalisation in days (make an assessment) x daily cost of hospitalisation per patient

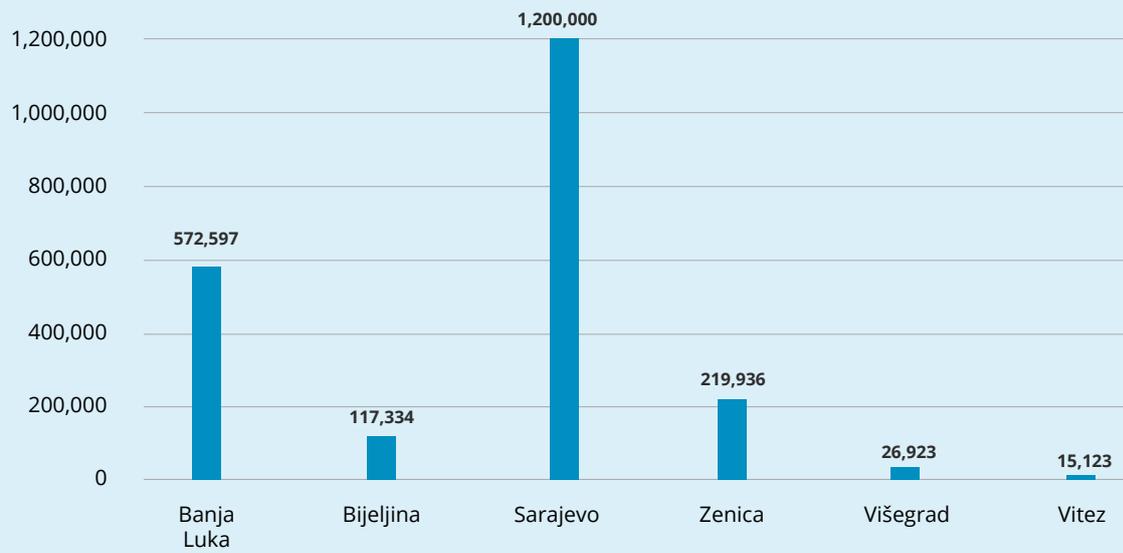
ANNEX 6

SUMMARY OF ESTIMATED TOTAL COSTS AT SIX LOCATIONS

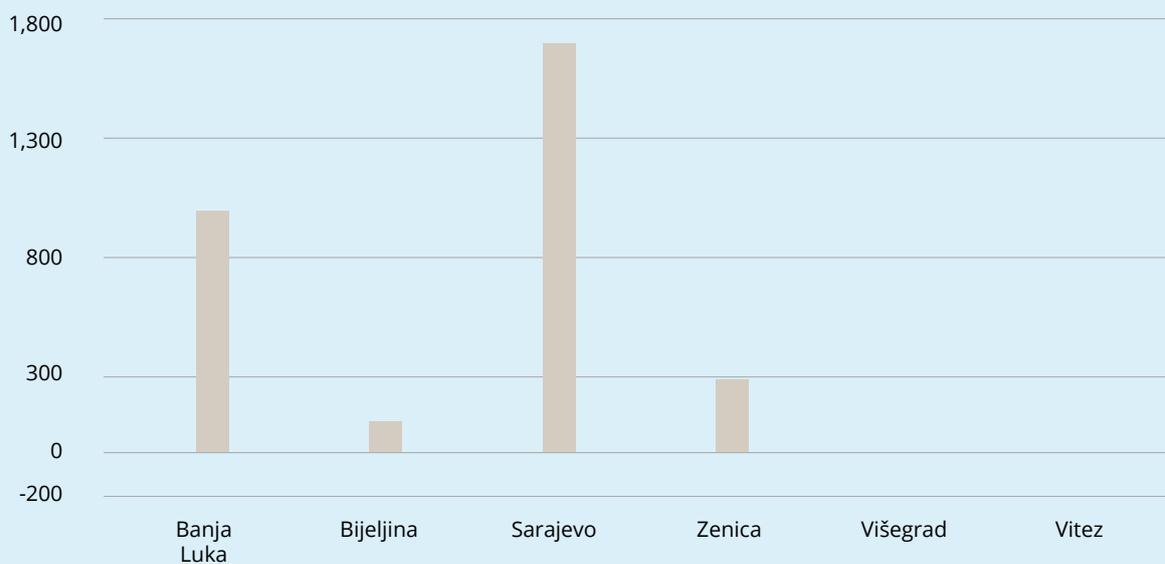
Sector / institution	Banja Luka		Bijeljina		Sarajevo		Zenica		Višegrad		Vitez		TOTAL	
	Total cost BAM	Number of survivors	Total cost BAM	Number of survivors	Total cost BAM	Number of survivors	Total cost BAM	Number of survivors	Total cost BAM	Number of survivors	Total cost BAM	Number of survivors	Total cost BAM	Number of survivors
Police	170.920	1.000	21.023	133	290.906	1.702	51.276	300	684	4	513	3	535.321	3.132
Prosecutor office	149.404	313	28.640	60	121.719	255	90.215	189	6.017	11	477	1	396.473	829
Security and judiciary	459.752	1.626	76.391	243	526.217	2.212	184.701	586	20.801	30	1.436	5	1.269.298	4.702
Social Work Centre	93.613	1.000	36.642	123	637.437	1.702	24.871	300	910	4	12.408	16	805.885	3.145
Social welfare	93.613	1.000	36.642	123	637.437	1.702	24.871	300	910	4	12.408	16	805.885	3.145
Emergency centre	17.789	44	2.186	5	30.252	75	5.333	13	404	1	284	1	56.249	139
Health care centre	117	1	756	6	10.466	85	1.716	18	2.667	17	98	1	15.821	128
Mental health centre	1.326	6	1.359	6	18.806	85	3.315	15	2.141	15	897	3	27.844	130
Health care	19.232	51	4.301	17	59.524	245	10.364	46	5.212	33	1.279	5	99.914	397
Total	572.597	2.677	117.334	383	1.223.178	4.159	219.936	932	26.923	67	15.123	26	2.175.097	8.244



Total annual cost of all institutions in BAM



Total number of survivors - Social Work Centres



UN WOMEN IS THE UN ORGANIZATION DEDICATED TO GENDER EQUALITY AND THE EMPOWERMENT OF WOMEN. A GLOBAL CHAMPION FOR WOMEN AND GIRLS, UN WOMEN WAS ESTABLISHED TO ACCELERATE PROGRESS ON MEETING THEIR NEEDS WORLDWIDE.

UN Women supports UN Member States as they set global standards for achieving gender equality, and works with governments and civil society to design laws, policies, programmes and services needed to implement these standards. It stands behind women's equal participation in all aspects of life, focusing on five priority areas: increasing women's leadership and participation; ending violence against women; engaging women in all aspects of peace and security processes; enhancing women's economic empowerment; and making gender equality central to national development planning and budgeting. UN Women also coordinates and promotes the UN system's work in advancing gender equality.



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