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CHILDREN WITH INTELLECTUAL DISABILITIES IN CROATIA:  
FROM PSYCHIATRY TO SPECIALIZED INSTITUTIONS  
(1897–1970s)

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**ABSTRACT**

*In the period between the late nineteenth century and the 1970s, the treatment of children with intellectual disabilities (ID) in Croatia was predominantly shaped by medical paradigms and biologically deterministic perspectives. Initial steps toward educational inclusion emerged in the 1930s with the establishment of special classes and the implementation of standardized testing, although many children continued to be excluded from formal education. In the postwar period, institutional models gradually adapted to demographic changes and evolving diagnostic practices, yet in the absence of coherent policy frameworks. The study underscores the fragmented interplay between medical, social, and educational sectors, emphasizing that substantive reforms did not take shape until the early 1970s.*

*Key words: history of disability, Croatia, children with intellectual disabilities, institutional care, medical model, special education*

BAMBINI CON DISABILITÀ INTELLETTIVE IN CROAZIA: DALLA  
PSICHIATRIA ALLE STRUTTURE SPECIALIZZATE (1897–ANNI '70)

**SINTESI**

*Tra la fine del XIX secolo e gli anni Sessanta, il trattamento dei bambini con disabilità intellettive in Croazia fu prevalentemente orientato da paradigmi medici e da prospettive di tipo biologico-determinista. I primi passi verso l'inclusione scolastica si ebbero negli anni Trenta, con l'istituzione di classi speciali e l'introduzione di test standardizzati, sebbene molti bambini rimanessero esclusi dall'istruzione formale. Nel dopoguerra, i modelli istituzionali si adattarono gradualmente ai mutamenti demografici e alle pratiche diagnostiche in evoluzione, ma in assenza di un quadro politico coerente. Lo studio mette in luce l'intreccio frammentato tra ambiti medici, sociali ed educativi, sottolineando come riforme significative abbiano preso forma solo all'inizio degli anni Settanta.*

*Parole chiave: storia della disabilità, Croazia, bambini con disabilità intellettive, assistenza istituzionale, modello medico, istruzione speciale*

INTRODUCTION<sup>1</sup>

In Croatia, the period between the late nineteenth century and the early 1970s was marked by institutional ambiguity and overlapping approaches to the care provided to children with disabilities. They were accommodated in various institutions, ranging from medical and educational to social facilities. Frequent transfers of these children from one type of facility to another demonstrated the uncertainty of the societal system about finding adequate solutions to their specific needs and conditions.

The first chapter explores early institutional responses to children with intellectual disabilities (ID) in the territory of the present-day Croatia, from the late nineteenth century to the interwar period, particularly the early 1930s. This period was marked by the dominance of the medical model in which ID were understood primarily as biological deviations (Kohler, 1928; Prebeg, 1939). In the absence of specialized institutions, children with ID were most often institutionalized in psychiatric hospitals (Seferović, 2019). Although formally medical institutions, these hospitals largely functioned as custodial facilities rather than therapeutic environments, a pattern observed in other countries as well (Goffman, 2011). The limited understanding of ID, not specific only to Croatia, both by professionals and the public, was partly a consequence of the scientific knowledge available at the time, and made worse by widespread poverty and limited institutional resources. The factors mentioned above marginalized these children in society, leading to their separation from the family and community and increasing their reliance on institutional care (McKearney & Zoanni, 2023).

The second chapter traces the shift from medical to educational approaches in the treatment of children with ID in interwar Croatia. A key milestone was the opening of the Institute and School for Mentally Deficient Children in Velika Gorica (*Zavod za duševnom manjkavu djecu u Velikoj Gorici*) (hereinafter “Velika Gorica”) in 1934, the first institution in Croatia offering care and education for them (Jukić & Matijaca, 1999). A few years earlier, in 1930, the first special class had been established at the State National Boys’ Elementary School in Krajiška Street in Zagreb (hereinafter “Krajiška”).<sup>2</sup> Although limited in scope, these initiatives signaled a gradual shift from psychiatric care to educational support. The chapter also examines how access to these institutions was shaped by medical diagnoses, administrative decisions, and family circumstances, which often reinforced exclusion. Selected case records have illustrated how poverty and institutional regulations have influenced everyday lives of these children.

The third and final chapter traces the transformation of certain children’s homes in Zagreb between the 1950s and early 1970s into residential institutions with integrated special schools. Following the end of the Second World War, socialist modernization

1 This article is based on research conducted within the project J6-50189, *Systems of Care and Education for Children with Sensory Disabilities in the First and Second Yugoslav State*, funded by the Slovenian Research and Innovation Agency (ARIS).

2 DAZG 163, Records of the establishment of the special class, 1930.

in Croatia introduced a series of changes that significantly affected the lives of children with ID. The urbanization process, the decline of agrarian lifestyle, and the expansion of the education system created new demands, while also opening up possibilities for their inclusion in public institutions. Care for this population was no longer limited to hospital-based or charitable models; instead, it gradually developed through specialized residential facilities that combined care and education (Klempić Bogadi & Podgorelec, 2021; Ivić-Hofman, 2021). Despite some efforts toward inclusion, such as vocational training and the establishment of specialized kindergartens, access to services remained selective, and full integration was limited (Zaviršek & Fischbach, 2023).

## EXPERIENCES FROM PSYCHIATRIC HOSPITALS

In the late nineteenth and early twentieth century, in the territories under Austro-Hungarian rule, formal care and education for children with disabilities was developing in stages. The first specialized institutions were established for children with sensory disabilities (Dobaja, 2025).

In Croatia, Adalbert Lampe, a teacher educated in Vienna and himself hard of hearing, opened the first school for children with hearing and speech impairments in 1885 (Pribanić & Milković, 2016). The first Institute for Deaf Children was founded in Zagreb in 1891, followed by the Institute for Blind Children in 1895 (Juras, 1979). Nineteen years later, in 1900, the first Slovenian Institute for Deaf-Mute Children began operating in Ljubljana (Kvržić, 2023). In BiH, until the aftermath of the Second World War, there were no institutions for children with any form of disability (Seferović & Dujmović, 2025).

Between 1879 and 1930, state care for children and adolescents with ID in Croatia<sup>3</sup> was limited solely to their admission in two psychiatric hospitals: the Royal National Institute for the Insane in Stenjevec (hereinafter “Stenjevec”)<sup>4</sup> and the Psychiatric Ward of the Royal Public Hospital in Pakrac (hereinafter “Pakrac”)<sup>5</sup>. The opening of “Stenjevec” in 1879, as the first Croatian psychiatric hospital, marked the beginning of state-sanctioned institutionalization of children with ID.<sup>6</sup> The establishment of the first

3 For Slovenia and Bosnia and Herzegovina, it is not known which institutions, if any, accommodated children with ID during the Austro-Hungarian period. This topic has not been researched within the scope of this project.

4 Stenjevec was a district in the western part of Zagreb, located about seven to eight kilometers from the city center.

5 Located in central Slavonia, roughly 122 kilometers southeast of Zagreb, the psychiatric hospital in Pakrac was completed in 1910 and originally designed for around 200 patients (Herman Kaurić, 2014). It operated until 1991, when it was heavily damaged during the Homeland War and has remained non-functional since (Kovač & Matušin, 2005).

6 Number of patients hospitalized in “Stenjevec” diagnosed with oligophrenia ranged from 88 to 122 between 1928 and 1932. Considering that the total number of patients during that period ranged from 778 to 821, it can be concluded that approximately ten to fifteen percent of the patients had intellectual disabilities (Kuljženko, 1933). The available data do not show the age or sex of patients diagnosed with oligophrenia. So far, no information has been found for earlier periods.

specialized class in “Krajiška” in the 1930s represented a preliminary move toward integrating these children into the formal education system. Although this milestone did not fully put an end to the segregation and custodial treatment of children with ID in psychiatric hospitals, it signaled a shift toward their gradual integration into the education system and broader community.

Even though specialized institutions for children with ID were established in neighboring crownlands such as Austria and Bohemia (from 1918 Czechia as part of Czechoslovakia) during the nineteenth and early twentieth century, the understanding of the complexity of their disabilities remained limited. This shows that having institutions did not necessarily mean there was a full understanding of the children’s actual needs (Kremsner, Koenig & Buchner, 2019; Mužáková & Strnadová, 2019; Goodey, 2011). The absence of adequate knowledge was not solely the result of insufficiently developed medical and pedagogical disciplines, but that it also stemmed from prevailing social conceptions of normativity, ability, and the social value of the individual. ID were most often interpreted through moral or biological categories of “deviation,” rather than as complex developmental and social phenomena. As a result, institutionalization and separation from the mainstream society became the dominant responses (Herzog, 2024).

The following example demonstrates the limited understanding of ID at the time, as well as the prevailing patterns of parental response to children with such difficulties. It is related to a twelve-year-old boy who was hospitalized in 1901 in “Stenjevec” and diagnosed with “idiocy,” a common medical term then used for individuals with ID. Shortly after admission, the boy passed away, though the cause of death was not recorded. Notes on his case are based primarily on statements from his mother, as the psychiatrist reported that, due to the boy’s speech difficulties and incoherence, no form of communication could be established.

*The child was healthy from birth until the age of three, nothing abnormal could be observed in him, nor does the mother remember the child being ill. Only at the age of three did the child start to become fearful at night [...] Now he is scared of everything. There is no chance of raising him. Older children used to take him with them to pasture. Of course, the parents would beat him when he behaved so unreasonably, and other children would tease him. He never attended school because there was no way to convince him to do so.<sup>7</sup>*

This psychiatric observation is one of the examples that shows how behavioral deviations in children with intellectual disabilities were understood and treated

<sup>7</sup> *Diete je bilo od poroda pa sve do svoje treće godine zdravo, nije se moglo na njemu ništa abnormalno opaziti, niti se sjeća majka, da bi diete bilo kakvih bolesti trpilo. Tek sa tri godine počelo se diete u noći plašiti [...] Sada se svakog boji. O kakvom odgoju ne može u obće biti govora. Starija djeca uzimala ga sobom na pašu. Domari su ga da bome i tukli kada se je ovako nerazumno ponašao, a i druga djeca bi ga znala dražiti. U školu nije nikada išao jer ga se nije moglo nikako na to nagovoriti (AKPV, Patient File, 1901).*

within the medical context and within the family in the early twentieth century. The boy's expressions of fear, withdrawal, and refusal to attend school were not recognized as potential signs of ID. Rather, they were seen as "unreasonable" behavior, reflecting the widespread assumption at the time that he was deliberately resisting or refusing to cooperate. As a result of his behavior, he faced physical punishment from his parents and social ridicule from his peers. The fact that he never went to school because he could not be persuaded to attend highlights the gap between the prevailing stereotypical expectations of children in general and the actual abilities of children with ID. At that time, biological determinism dominated, the belief that such differences were innate and unchangeable. This left very little room for the possibility of development or progress. Therefore, these children, widely misunderstood, were often "lost" to their communities, both physically through institutionalization, and socially through invisibility, neglect, and marginalization (Dobaja, 2022; Wright & Digby, 1996; Campbell & Oliver, 2013).

Another limiting factor in the understanding and care of children with ID in rural Croatia in the early twentieth century was the harsh economic reality of daily life. Chronic poverty and the constant struggle for survival where every able-bodied member of the household was expected to contribute offered minimal opportunity for consistent or specialized family care (Leček, 2003). Children with ID, unable to participate in agricultural or domestic labor, were often seen as an added strain on the already struggling households, which contributed to their peripheral positioning within both family life and the broader social environment. This could be supported by the case of a twenty-six-year-old woman who was first hospitalized at "Stenjevec" in 1932, where she was diagnosed with *imbecillitas*. Later that same year, she was transferred to "Pakrac," where she died after six months.<sup>8</sup> It is difficult to attribute her psychiatric hospitalization solely to "pathologization." Instead, it may also be understood as a response to genuine socioeconomic pressures and a pragmatic survival strategy. The municipal authorities from her home village in Slavonia provided this information to the hospital, which could substantiate such an interpretation.

*The patient with a sick mind, born in 1906, needs to be sent to the hospital for treatment, as is the wish of her mother and the wish of the municipal government, because the said patient is in a completely destitute condition, as is her mother. The mother has no other means to keep her daughter out of the institution because she must go to work every day in order to sustain herself during this difficult crisis.*<sup>9</sup>

8 This patient underwent multiple hospitalizations at "Stenjevec" with the first occurring in 1916 at the age of ten. This case exemplifies the ongoing challenges within family dynamics involving a member with intellectual disabilities.

9 *Pacijentica bolesna uma, rođena 1906., treba biti poslana na liječenje, jer je to želja njezine majke i želja općinskih vlasti, obzirom da spomenuta pacijentica nije nikako pri zdravoj pameti, kako navodi njezina majka. Majka nema drugi način da za svoju kćer sačuva od ustanove, jer mora svaki dan raditi da bi u ovoj teškoj krizi preživjela.* (MGP, Patient File, 1932)

The mother's wish for her daughter with ID to be placed in an institution, a wish that coincided with the interests of the local authorities, does not necessarily indicate outright rejection, but may have arisen from a sense of powerlessness: her labor was essential for her own survival. Thus, the responsibility of care was shifted to the medical system, effectively removing her from the daily life of the family. In this process, she ceased to be seen as a full member of the household and instead became someone whose absence was necessary for the family's functioning to continue without disruption. In this way, she became doubly invisible, both as an individual perceived as unproductive and as a body that needed to be excluded in order to preserve everyday stability. This case demonstrates a common dynamic in times of crisis, when economic pressures, institutional authority, and notions of moral obligation often intersect, blurring the line between care for individuals with intellectual disabilities and their social exclusion (Vann & Šiška, 2006; Brantlinger, 2001; Pokempner & Roberts, 2001).

In the tension between what society sought to regulate and what it lacked the capacity to support, children with ID found themselves caught between medical diagnosis and everyday personal life. Depending on the context, they were at times treated solely as medical cases and at others institutionalized out of necessity. Thus, they were generally positioned at the intersection of biological, moral, and economic frameworks (Mauldin & Brown, 2021; Seferović, 2024). Their social status depended less on their own agency and more on societal perceptions, specifically, on how society delineated the boundaries of childhood, value, and worthiness of care. Ultimately, what was often framed as an act of protection functioned as a means of distancing. Beneath the layers of needs, definitions, and institutional structures, there remained an individual who was not recognized as a whole person but rather perceived as a problem to be managed, or as a burden to be transferred to others (Kuljženko, 1931; Danforth, 2009; Prindle, 2025).

## THE INTRODUCTION OF SPECIAL CLASSES

In Croatia, an initial step away from a purely medical approach to children with ID was taken in 1930 with the establishment of a special class at the "Krajiška". Simultaneously, in Northern Macedonia, then part of the Kingdom of Yugoslavia, two primary schools for children with ID were founded in Skopje ("Gjura Jakšiky" and "Holy Mother of God"), alongside another one in Kumanovo (Savikj, 2006). These early, albeit limited, initiatives within the Yugoslav context signaled a gradual repositioning of children with ID as subjects capable of being educated rather than solely medical cases. During the interwar period, approaches toward them in the neighboring countries such as Austria, Hungary, and Bulgaria ranged from medical pathologization and charitable care under religious institutions to sporadic and inconsistent efforts at educational integration (Czech, 2022; Turnpenny, 2019; Attavar,

2024). However, none of these countries, including those within the Kingdom of Yugoslavia, developed a coherent or unified paradigm of care or education for this population.

The example below points to a broader uncertainty and inconsistency within the educational and care system of the time, as well as the likely confusion experienced by children with ID and their families in navigating it. This is evident in the case of a ten-year-old girl from a village in Gorski Kotar, diagnosed with *imbecillitas*. She was initially hospitalized at “Stenjevec” and subsequently transferred in June 1934 to its newly established branch “Velika Gorica,”<sup>10</sup> located on the premises of the former public hospital. The institution officially functioned as a residential home with an attached school for children with ID (Buljevac, 2025). In 1941, “Velika Gorica” requested her patient file from Vrapče Hospital for Nervous and Mental Diseases (hereinafter “Vrapče”), formerly known as “Stenjevec.”<sup>11</sup> Among the documents was a letter dating from 1933, written by a physician from her hometown, stating:

*She ran away from school saying that children were teasing her. On the street, she attacked passers-by more frequently with stones and curses using the most vulgar expressions (which she was taught by malicious adults). She is now looking forward to going to a special school where she will not be teased. It is my opinion that admission to an institution for less gifted or intellectually impaired children is possible and necessary, all the more so as she has an almost absolute prospect for success within a few years.<sup>12</sup>*

This case reveals how mechanisms of social stigma can produce outcomes that appear as individual choice but reflect deeper societal dysfunction. Her hospitalization was a response to the abusive and unjust conditions she had experienced within her social environment, which included persistent teasing, a practice that was not uncommon in such institutions (Goffman, 1963). Given these circumstances, her stated wish to transfer to a school for children with ID might be interpreted less as a freely made decision and more as a form of self-segregation.

Although cultural, social, economic, and political conditions in the 1930s and 1940s limited the development of care and education systems for children with ID in Croatia, some state initiatives were still present. This is especially clear in the case of

10 Today, Velika Gorica is a town located south of Zagreb, about fifteen kilometers from the city center.

11 The hospital’s name changed over time. Stenjevec was the city district where the institution was located, although it was physically situated in the neighborhood of Vrapče, which was part of that district.

12 *Pobjegla je iz škole govoreći da joj se djeca rugaju. Na cesti napada, češće prolaznike kamenjem i psujući najprostijim izrazima (a nato su je naučili zlobni odrasli ljudi). Sada se veseli da će ići u posebnu školu, gdje joj se neće rugati. Mišljenja sam, da je primitak u zavod za manje nadarenu ili slabomnu djecu moguć i potreban tim više, što ima gotovo apsolutni izgled za uspjeh već kroz nekoliko godina (AKPV, Patient File, 1934).*

“Krajiška,” which operated even during the difficult pre-war and wartime periods. In 1941, “Vrapče” opened its second branch, named Stančić-Štakorovec.<sup>13</sup> Around one hundred patients, mostly individuals with ID, were relocated there (Jukić, 2015, 91).<sup>14</sup>

“Krajiška” underwent several relocations. First, pupils with ID were transferred to the State Coeducational School in Nova Cesta (hereinafter “Nova Cesta”) in the Trešnjevka district. There, a special school, consisting of four classes for these pupils, was established, operating from 1940 to 1945.<sup>15</sup> Olga Franulović was one of the first headmistresses.<sup>16</sup>

Enrollment at “Nova Cesta” was determined through psychological assessments utilizing the standardized Binet-Simon tests. Due to numerous complaints from parents, teachers, and others regarding the placement of children who appeared either too advanced or who appeared to possess typical abilities into special classes, the school subsequently mandated that all psychological assessments be conducted exclusively by the Chamber of Commerce in Zagreb.<sup>17</sup> The Binet-Simon test was developed by French psychologists Alfred Binet and Théodore Simon in 1905. It was initially created to assess children’s mental functioning relative to their chronological age. Later on, it was adapted for employee selection and military use. The test was introduced during a period without clear scientific consensus on the accurate and objective measurement of intelligence (Binet & Simon, 1916). It included tasks assessing attention, memory, naming familiar objects, copying geometric shapes, repeating sentences and number sequences, logical reasoning, recognizing similarities and differences, motor skills, and handling everyday situations (Doll, 1917). The original test was not intended to provide a single numerical intelligence score. The concept of the intelligence quotient (IQ) was later introduced by German psychologist William Stern, who defined it as the ratio of mental age to chronological age, multiplied by hundred (Hardesty, 1976).

“Nova Cesta,” as mentioned, had four classes with adapted educational programs. Each class had its own teacher, while Eva Smolčić observed lessons as part of her preparation for the certification exam to become a specialized teacher for children with ID. Due to the large number of pupils, especially in the third and fourth grades, the teaching process became demanding. For example, pupils

13 Stančić is a small settlement located approximately thirty-seven kilometers east of Zagreb. Today, it is administratively part of the town of Dugo Selo.

14 Since 1955, “Stančić” has been an independent institution for persons with ID. It still operates today as the Stančić Rehabilitation Center for different age groups with intellectual and mental disabilities.

15 From 1945 to 1949, the school was located at Selska 5. In the academic year 1949/50, it moved to 40 Krajiška Street, where it operated under various names until 1980. After that, it relocated to a new building at 13/1 Nad Lipom Street, specially built for children with ID. Since then, it has been known as Nad Lipom Elementary School. Throughout its history, the school has always been located near the center of Zagreb (DAZG-165, State National Primary School, Nova Cesta, Zagreb, Examination of the intellect of secondary school children, February 6, 1941).

16 DAZG-165, Examination of the intellect of secondary school children, February 6, 1941.

17 DAZG-165, Request to the Education Department of the Ban’s Authorities for Opening a New Department, 1940.

in the fourth grade attended classes in two separate classrooms. Thus, the school submitted a request to the Education Department of the Banovina authorities to establish an additional class and appoint Mrs. Smolčić as a supervising teacher. According to the school leadership, this fifth class would enable the enrolment of a greater number of children with ID from mainstream primary schools into classes with adapted educational programs.<sup>18</sup>

Many children with ID attending “Nova Cesta” traveled long distances, as it was the only school in Croatia at the time offering adapted educational programs. Most of them lived in very poor conditions, and in many cases, their parents worked on farms or held other jobs, requiring these children to find accommodation in shelters. However, shelters often refused to admit them due to city regulations. Since many children arrived at “Nova Cesta” hungry, the school asked the provincial Red Cross Committee on November 14, 1940, to provide milk each morning for twenty-two of the poorest pupils.<sup>19</sup> Two days earlier, on November 12, 1940, the school director had written about a plan to build a separate, additional school facility with a shelter. The new school would be run by staff specially trained to work with children with ID.<sup>20</sup> Four months later, in March 1941, the management of “Nova Cesta” asked the Croatian National Theater to organize a performance of Mato Lovrak’s play *Micek, Mucek, and Dedek*, in which these children would perform under the theater’s supervision, in order to raise funds and support their education.<sup>21</sup>

In the early 1940s, a charitable and paternalistic approach toward individuals with disabilities prevailed. They were not recognized as potentially active participants in society but were seen solely as objects of care (Braddock & Parish, 2001). Nonetheless, some forms of institutional solidarity “from below” remain visible, with stakeholders like schools, the Red Cross, and cultural institutions working to address gaps in care and education for children with ID. Although city regulations prohibited these children from staying in shelters alongside their peers, the administration of the “Nova Cesta” institution showed willingness to foster social inclusion by proposing their participation in a theatrical performance. This example from the 1940s shows a small but meaningful step beyond the dominant paternalistic approach, hinting at early efforts toward social inclusion.<sup>22</sup>

18 DAZG-165, Request to the Education Department of the Ban’s Authorities for Opening a New Department, March 12, 1941.

19 DAZG-165, Request for Milk to the Banovina Committee of the Red Cross in Zagreb, Derenčinova Street, November 14, 1940.

20 DAZG-165, Address by the school director at Nova Cesta to the municipal government’s social department in Zagreb, November 12, 1940.

21 DAZG-165, Request for the use of the play to the Management of the Croatian National Theater addressed to the Director of Drama in Zagreb, March 7, 1941.

22 For the period of the Second World War, specifically the time of the Independent State of Croatia (NDH), no explicit records concerning the treatment of children with intellectual disabilities in psychiatric institutions have so far been found in the examined archival material. Further research is recommended, particularly a more detailed analysis of the archives of the Psychiatric Hospital in Pakrac, which was located in close proximity to the Jasenovac concentration camp.

However, during the interwar period, progress remained limited. The effects of the Great Depression and reduced public investment in education (Gnjatović, 2017; Ahtik, Erent-Sunko & Pilipović, 2010; Gjedia, 2013), along with the influence of eugenic ideas, which, although largely theoretical in the Croatian context, were nonetheless present (Kuhar & Fatović-Ferenčić, 2012), posed barriers to care and education for individuals with ID. According to eugenic theories, they were viewed as genetically “defective” and socially undesirable, often linked to poverty, immorality, and social decline. In the interwar period, intellectual disabilities were not categorized as a condition as they are today, but were treated as an illness that needed to be cured (Nicholson & Cooper 2013). During the interwar period in Croatia, eugenic ideas were primarily present within the framework of public health discourse and preventive measures, such as premarital health examinations, marriage restrictions, and hygiene campaigns. Nevertheless, unlike in some other European countries, these ideas did not result in formal legislation or widespread institutional policies (Kuhar, 2015; 2022). For instance, in Austria and Hungary, eugenic principles had a stronger influence on policies concerning children with ID, including laws permitting forced sterilizations and institutionalization. These measures reflected more aggressive approaches to social control and systematic exclusion (Bucur, 2010; David, Fleischhacker & Höhn, 1988).

A specific form of differentiation and internal selection was also applied within the category of children with ID. Institutions such as “Velika Gorica” and “Krajiška” admitted only those children who were capable of following an adapted educational program. Children with more severe disabilities, whose parents were unable to care for them, continued to be institutionalized in psychiatric hospitals. One example that illustrates this practice is the case of a fourteen-year-old boy, born in 1927 in a village near the Croatian-Slovenian border, who was denied admission to the “Velika Gorica” hospital. He was diagnosed with idiocy and epilepsy, and subsequently hospitalized in the Psychiatric Hospital Moslavina-Popovača (hereinafter referred to as “Popovača”)<sup>23</sup> during 1941. A letter from his mother to the authorities of the Banovina of Croatia reveals the following:

*My son has been receiving treatment for eight years already. I am a pauper with four more small children, living on a very small property of only one and a half acres of arable and non-arable land. I am not able to afford hospital treatment for my son, so I am kindly requesting that the authorities of the Banovina of Croatia allow his*

23 DASK 161.2, Files of the Royal State Estate Moslavina – Disability Estate in Popovača, General Files, 1923–1934 (56, 2418). The Psychiatric Hospital Moslavina-Popovača began operating in 1934 as a branch of the State Hospital for Mental Illnesses in Belgrade. It was established on the grounds of the Erdödy Castle estate in the town of Popovača, located approximately sixty-five kilometers (about forty miles) from Zagreb. Its first director was Dr. Ivan Barbot, after whom the hospital was later named. Today, the institution operates under the name Neuropsychiatric Hospital Dr. Ivan Barbot Popovača.

*treatment in “Velika Gorica” at their expense. I was told that my son had been treated for the same illness at the Hospital of Merciful Sisters in Zagreb three years earlier, for three weeks. However, he had not been cured when they sent him home and not considered a patient for that hospital. Please help me and support me in getting my child cured so that I don’t have to suffer so much at home with him.<sup>24</sup>*

However, the response from the Department of Social Policy of the Banovina of Croatia, dated January 9, 1941, clearly stated that the boy’s psychophysical condition had not been suitable for placement in the educational institution for “feeble-minded children” in “Velika Gorica.” According to the institution’s authorities, only children able to learn a trade were admitted. Since there was no place for him, he was sent to “Popovača,” where he died in late 1941 from an epileptic seizure.

The mother’s plea clearly demonstrates how poverty, medical classification, and institutional inaccessibility jointly affect access to support. The son’s diagnosis determined not only his access to treatment but also how he was perceived by society, while bureaucratic obstacles and a lack of resources further hindered access to institutions. As the mother lacked economic capital (poverty) and cultural capital (limited education, simple language), she relied on recognition from bureaucratic and professional authorities, which operated through mechanisms of symbolic violence (Bourdieu, 1996). Her suffering remained institutionally unacknowledged, shaped by the unequal distribution of recognizability and its dependence on normative frames of intelligibility (Butler, 2009). The mother’s request reveals how the interconnected influences of poverty, medical diagnoses, and social norms formed a “triangle” that acted as a framework that regulated belonging within the social fabric.

The transition of children with ID from the medical system to the systems of social care and education in Croatia began to accelerate after the Second World War. The paradigmatic shift in the understanding of ability and disability in Yugoslavia resulted from a convergence of socialist ideology, post-war practical needs, and state modernization. The war, in this sense, “democratized” disability: it was no longer seen solely as a stigma or medical issue but also as a consequence of sacrifice and participation in the struggle, reshaping public perception and opening the way for the institutional inclusion of individuals with disabilities (Mladenov, 2017; Newman & Lendák-Kabók, 2024). Just two years after the war ended, in 1947, a

24 *Moj sin se već osam godina liječi. Sirota sam, s još četvero male djece, živim na malom imanju od svega jedne i pol jutra zemlje. Ne mogu platiti sinu liječenje, zato molim da vlasti Banovine Hrvatske dozvole njegov smještaj u »Velikoj Gorici« o njihovome trošku. Rečeno mi je da je moj sin bio liječen za istu bolest u Bolnici Milosrdnih sestara u Zagrebu prije tri godine, tri tjedna. Međutim, nije bio izliječen, pa su ga poslali kući i više ga ne smatraju pacijentom te bolnice. Molim da mi se pomogne u liječenju djeteta, da ne trpim tako mnogo doma s njime* (DASK 161.2, Patient files; Mother’s plea to the authorities of the Banovina of Croatia, December 1940, 16, 1941).

residential home with an integrated special school for children with ID was opened in the convent of the Sisters of the Society of Jesus in Antunovac, in Maksimirska Street in Zagreb. Of the ten nuns, four worked as teachers, while the others were responsible for technical and support tasks. The only layperson employed at the institution was its director, Adela Teodorović (Center for Rehabilitation Zagreb, s. d.). Under socialism, religious communities remained involved as staff but lost their authoritative control. Disability was no longer approached solely with pity; instead, it was addressed through education, labor, and social integration, reflecting a shift toward a state-driven model emphasizing both productivity and equality. Children with ID became both subjects of care and objects of regulation, targeted at producing the “socially useful” citizen.

### THE DEVELOPMENT OF RESIDENTIAL HOMES WITH INTEGRATED SPECIAL SCHOOLS

In the 1950s, numerous children with ID moved to Zagreb from rural areas as part of the broader post-war integration of the agricultural population into urban society. This movement reflected a widespread trend across the former Yugoslavia, where a large-scale rural-to-urban migration reshaped the demographic and social fabric of the country. A wave of rural population left agricultural employment during this period, seeking opportunities in urban centers for work and education. Over time, education became the primary channel through which rural children entered urban life. The shift away from agrarian society, marked by the transition of the peasant population from agricultural to non-agrarian occupations, transformed both the geographical distribution and professional structure of rural communities. Within this framework, the school system played a key role in facilitating urban integration, creating pathways for the inclusion of various marginalized children, including those with ID (Puljiz, 1972).

While living in rural communities, the intellectual capacities of children had often been overlooked. However, this aspect became significant after their relocation to Zagreb, due to stricter educational standards and different living conditions. In rural areas, ID were in most cases neither diagnosed nor categorized, as the prevailing social framework did not require their formal identification (Leček, 1997). Functionality was primarily based on an individual’s ability to work the land, contribute to household tasks, or care for livestock, rather than on educational achievement or developmental norms typical of urban environments (Župančić, 2000; Leček, 1999). With migration to cities such as Zagreb, children and adolescents with ID became integrated into systems of education, medicine, psychology, and the labor market, within which they began to be placed into narrowly defined diagnostic categories.<sup>25</sup> This development was ambivalent: on the one hand, it enabled access to specialized forms of care; on the other, it

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25 DAZG-163, Report on the work of the school, 1950.

reinforced mechanisms of social control and normative ideologies of productivity and normalcy (Conrad, 2007). Research conducted by the Institute for Child and Youth Development Issues estimated that in 1959, there were approximately 26,000 individuals classified as “mentally retarded” in the broader Zagreb region, with children and youth under eighteen accounting for twenty-three percent of this population.<sup>26</sup>

Although socialist ideology in Yugoslavia promoted equality for all citizens, including individuals with disabilities, the reality was often different. Despite state investments in education and social care, this did not always lead to greater social inclusion, as the medical model remained dominant (Puljiz, 2006). This reflected a broader trend observed beyond national borders, residential homes with integrated special schools, designed to provide specialized services for children with ID, often contributed to segregation, resulting in limited interaction between these children, their peers, and the wider community (Towell, 2012).

These types of institutions began to be established in the early 1960s under the Ministry of Social Care of the Socialist Republic of Croatia. They evolved from children’s homes and followed a similar mode of operation. Depending on the emotional, health-related, practical, and financial capacities of their parents or guardians, children stayed there on a weekly, monthly, or full school-year basis, much like in children’s homes (Sovar, 2015). In Zagreb, among such institutions were children’s homes Gornje Prekrižje (hereinafter “Gornje Prekrižje”) and Tuškanac (hereinafter “Tuškanac”).<sup>27</sup> In the early 1960s, the Social Protection Council of the City of Zagreb (SPC) proposed that “Gornje Prekrižje” be repurposed as a residential institution with a special school for children with ID while a decade later, “Tuškanac” asked to be granted the same status.

In December 1972, “Tuškanac,” then known as the Stjepan Sekulić Jucko Children’s Home, formally submitted a request to the SPC for its renaming and a change in its operational activities. In explanation, they stated that “due to the insufficient capacity of the existing Special Social Institutions in Zagreb, the Home has been working predominantly with mildly mentally retarded residents for eight years and has adapted part of the program and organization to that category.”<sup>28</sup> It is evident that as early as 1964, “Tuškanac” functioned as an institution that simultaneously admitted and educated both children with ID and those without. This practice points to a transitional period in the system of care and education for this population marked by ambiguities on the one hand, and efforts toward clearer categorization of user groups on the other. These statements highlight the challenges these institutions had faced in defining their identity and role during a

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26 DAZG-37, Report on the work of the Institute for Child and Youth Development Issues, 1959.

27 Gornje Prekrižje” and “Tuškanac” are located only a few kilometers apart, both within Zagreb’s wider central area. Today, they operate as a single institution under the name Tuškanac Center.

28 DAZG-948, Address of the Children’s Home Stjepan Sekulić Jucko to the Council for Social Protection of the City of Zagreb, 1973.

time of societal change, reflecting broader uncertainty about the residents' identities, needs, and appropriate societal responses to their vulnerability.

The case of "Gornje Prekrižje" further illustrates the confusion within the system at the time: on May 22, 1972, the institution's council submitted a request to the Urban Planning Institute of the City of Zagreb (UPI) for the issuance of a planning permit to build the Center for the Rehabilitation of Mentally Retarded Children at 48 Gornje Prekrižje. In its response, the UPI stated that during the review of the request, it had become clear that the land previously reserved for social welfare institutions did not match the building dimensions specified in the application. The UPI also noted that the current practice, addressing individual requests without a defined work program, created several difficulties regarding the quality of solutions provided. They stated that they expected the SPC to initiate the development of a long-term program for building social institutions in Zagreb. A key reason for the divide between the proposals from individuals working within state social policy institutions and the actual needs of residents, employees, and institution heads was the lack of direct involvement or consultation with the residents during policy formulation and decision-making.<sup>29</sup> The lack of coordination between state and municipal authorities, the SPC and the UPI, was not merely administrative in nature, but pointed to broader shortcomings in the coordination and dialogue between the institutions sharing responsibility for the care of children with ID. Nevertheless, despite this lack of alignment, the support system for individuals with different types of disabilities and across different age groups in Croatia during the 1950s and the 1960s began to develop in various ways.

In the early 1950s, the first non-governmental organizations providing psychosocial support started operating in Zagreb, including the Society for Helping Mentally Underdeveloped Persons and the Counselling Center for Children and Youth. Its team of psychologists, psychiatrists, and special education teachers assessed children and adolescents, including those with ID. A decade later, in 1963, the Federal Committee of the Association of Societies for Helping Underdeveloped Persons was established there, along with the founding of today's Faculty of Special Education. At the same time, adolescents with ID over the age of fourteen were included in vocational training for various trades and industrial sectors through three-year secondary education programs. For example, in 1963, seventy of them were employed, with modest financial compensation, by the Municipal Social Security Institute at the company Autokaroserija Zagreb in Dubrava, an eastern suburb of Zagreb.<sup>30</sup> These initiatives were part of a broader socialist state vision of "productive participation," aimed at ensuring a certain degree of social inclusion through employment. In contrast to later rights-based approaches and full integration models promoted by the disability rights movement, the models of that time emphasized participation mainly through work,

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29 DAZG-948, Assembly of the City of Zagreb, Request for Planning Permit for the Center for the Rehabilitation of Mentally Retarded Children at 48 Gornje Prekrižje, May 22, 1972.

30 DAZG-948, Assembly of the City of Zagreb, Report on the Work of Rehabilitation Institutions, 1964.

reflecting the dominant ideological view of employment as the foundation of social value and belonging (Jelača, Kolanović & Lugarić, 2017; Dinu, 2022). However, this form of integration was limited and selective. Individuals with ID, as was similarly the case elsewhere, were employed exclusively in low-paid jobs, clearly highlighting the gap between the ideal of equality and the reality that kept them on the margins of society (Rasell & Iarskaia-Smirnova, 2011; Mladenov & Petri, 2020).

Thus, in the late 1950s, the idea of opening specialized kindergartens for children with developmental disabilities began to take shape. In a five-year development plan for social institutions in the Zagreb district, it was emphasized that during the period from 1957 to 1961, a kindergarten specializing in care for children with visual and hearing disabilities, as well as children with ID, should be established. It was planned that the kindergarten would have a capacity for eighty to one hundred children. Very soon, this idea was legally regulated by the Law on Kindergartens.<sup>31</sup>

The decision to open kindergartens for children with developmental disabilities in Zagreb in the late 1950s was not an isolated case but part of the broader framework of planned actions by the socialist state. In its early stages, Yugoslav policies on school and preschool education were influenced by the Soviet model of institutional care. However, following the political and ideological split with the Eastern Bloc in 1948, and especially from the mid-1950s, Yugoslavia gradually developed its own approach, combining principles of social responsibility and collective solidarity with decentralization and a greater reliance on local initiatives (Simić & Simić, 2019).

In the 1960s, the social model of disability had not yet been clearly developed. It began to take shape in the 1970s, when Yugoslavia started to reform special education. Although ideas about including children with disabilities in mainstream schools and communities had entered professional discussions, putting them into practice depended on whether schools were ready in terms of space, staff, and curriculum and whether families and children were willing to participate. Still, the education system was not yet prepared for such an inclusive shift, and awareness of the importance of social participation for children with disabilities had not yet become widely accepted (Zovko, 1972; Stančić, Sabol & Zovko, 1979; Alison, 2003).

## CONCLUSION

At the turn of the twentieth century, approaches to children with ID were marked by limited professional knowledge and an insufficient understanding of the complexity of their conditions. Intellectual disabilities were primarily interpreted through the medical model and biological determinism, where deviations from developmental

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31 DAZG-948, Assembly of the City of Zagreb, Proposal for the Development of Social Institutions in Zagreb, 1957.

norms were considered an illness or a deviation. The social model of disability had not yet been articulated, and ideas about establishing specialized institutions and gradually integrating children into the educational system in Croatia began to emerge only in the early 1930s. Until then, institutionalization in psychiatric hospitals was often the only option—frequently driven by social necessity and a lack of community-based support, especially in rural areas. Early attempts at educational integration during the interwar period represent the first steps away from a purely medicalized approach, introducing special classes and the use of standardized tests. Nevertheless, children with more severe forms of ID remained excluded from education. Although schools and humanitarian organizations occasionally worked to mitigate the effects of marginalization, a systematic approach to social integration had yet to be developed. These initiatives, however, marked an important transition from a charitable and paternalistic model toward more professionalized—and partially more inclusive forms of care, which would develop more substantially after the Second World War within the framework of the socialist modernization project. The period from the 1950s to the early 1970s represents a transitional phase in the institutionalization of children with ID in Croatia. In this context, children’s homes gradually transformed into specialized institutions that combined upbringing, education, and care. However, this transformation was not guided by a clearly defined strategy but was instead primarily a response to demographic changes, urban migration, and the pressure of standardized diagnostic and educational frameworks. Given that this was a transitional period, institutions such as “Gornje Prekrižje” and “Tuškanac” had an unclear identity, shifting from children’s homes to residential-educational institutions without a clear plan. It was only in the early 1970s that more systematic attempts to reform special education began. Until then, the period had been marked by uncertainty in categorization—who these children were, what their needs were, and where they belonged in society.

OTROCI Z INTELEKTUALNIMI MOTNJAMI NA HRVAŠKEM: OD  
PSIHIIATRIJE DO SPECIALIZIRANIH INSTITUCIJ (1897–1970.)

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**POVZETEK**

*V obdobju med poznim 19. stoletjem in 70. leti 20. stoletja je na Hrvaškem zdravljenje otrok z intelektualnimi motnjami (ID) potekalo v senci medicinske paradigme in biološkodeterminističnih pogledov. Do prvih korakov k vključevanju teh otrok v izobraževalni sistem je prišlo v 30. letih z vzpostavitvijo posebnih razredov in uvedbo standardiziranih testov, pri čemer je potrebno izpostaviti, da je bila številnim otrokom formalna izobrazba še naprej nedosegljiva. V povojnem obdobju so se institucionalni modeli postopoma prilagajali demografskim spremembam in razvoju diagnostičnih praks, vendar ob odsotnosti koherentnih političnih okvirov. Študija poudarja fragmentirano prepletanje medicinskega, socialnega in izobraževalnega sektorja ter izpostavlja, da so se vsebinske reforme oblikovale šele v zgodnjih 70. letih 20. stoletja.*

*Ključne besede: zgodovina invalidnosti, Hrvaška, otroci z intelektualnimi motnjami, institucionalna oskrba, medicinski model, posebna vzgoja*

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