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Report on the mental health protection of both professionals working with SGBV victims and the victims, among migrant population in Serbia

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Introduction

Women and girls, victims of sexual gender-based violence, need time and a safe space to recover. It is more than physical space; that space is built by trusting each other, taking responsibility for what is said and done, listening, and not valuing someone's experience of violence, involving women in decision-making, working on ourselves. That space is interlinked with traumatic experience, with ups and downs, good and bad decisions that are both hurtful and healing at the same time. In that dynamic, those who help the victims often have no time to stop, reflect or care for themselves.

Professional work with women and girls who have survived sexual gender-based violence carries with it enormous risks and consequences. One of the examples of a risk is that a multitude of bad things can make you lose sharpness in your reactions, grade and relativize someone's experience as a mechanism of self-protection. If we are aware of our responsibility in the process of supporting women, the consequence is that our subconscious is telling us it is not right, that every woman and every experience must receive the same attention, and that it is not fair if it is any different. It can tear you up inside, and that is our experience in the organization Atina. Work with every woman who suffered violence is also the beginning of a new process of transformation, maturing, and deep work on ourselves, creating a network of knowledge, partnerships and support, merging a relationship of trust between us and these women, continuous learning and adaptation.

With the report on the protection of mental health of frontline workers who work with victims of sexual and gender-based violence among the migrant population in Serbia, and the victims themselves, we opened the possibility to pause, reflect and see the risks and potential consequences. Together with our colleagues, we have taken the first steps towards addressing secondary trauma in work with women and girls with the experience of violence, chronic fatigue, health risks, and the quality of support programs, and that is invaluable. This analysis provides a detailed insight into the psychological state and mental strength of the support system for women refugees with the experience of trauma, gives answers to what is

needed to improve the system, and what are the first steps we need to take in the future.

We owe thanks to our dear colleagues from civil society organizations, international organizations and state institutions who participate in this endeavor every day and provide support to women in circumstances such as the coronavirus pandemic, but also to our partners on this project, organizations Oxfam Italy Intercultura, Social Action and Innovation Center (KMOP) from Greece, INTEGRA e.V. from Germany, Animus Association Foundation from Bulgaria, as well as La Nara Anti-Violence Center from Italy. We also owe gratitude to the migrant and refugee women who shared their authentic and valuable experiences with us and enabled this document to see the light of day. Many thanks to the entire team of the organization Atina as well who takes care and maintains the principles and values of our work throughout the years.

Marijana Savić,
director of organization Atina

1. The national context: SGBV definition and forms of violence related to mental health

In the Republic of Serbia domestic violence was first incriminated by national legislation in 2002, which set the framework for a system of prevention and protection against GBV. The National Strategic Framework for Combating Violence was set in 2011, with the adoption of the National Strategy for the Prevention and Suppression of Violence against Women in the Family and Intimate Partner Relations (2011-2015), which determined directions for action to combat violence against women. Since 2015, when this strategy expired, a new has not been adopted, but several planning documents have, with a less specific but broader scope when it comes to gender-based violence against women and domestic violence: such as National Strategy for Gender Equality (2016-2020) with the accompanying Action Plan (for 2016-2018). However, the Action Plan for the implementation of this Strategy for the period 2019-2020 has not been adopted.

National legislation and public policies do not define gender-based violence nor specific forms of violence. The accepted definition of gender-based violence in the national context can be found in the Law on Ratification of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence.[1] In the context of this Convention, gender-based violence is violence "...that is directed against a woman because she is a woman or that affects women disproportionately."

Ratification of the Convention on the Elimination of All Forms of Violence against Women, in Serbian national context, recognizes gender-based violence as: *physical violence* as the intentional use of physical force that can cause pain, injury, disability or death, *sexual violence* involving sexual intercourse without consent, or without the possibility for the victim to choose to give consent, regardless of whether the act took place or not, then a sexual act or an attempt at that act when the person is unable to consent or refuse to participate due to illness, disability, exposure to psychoactive substances, age or intimidation, blackmail or pressure, a painful and humiliating sexual act. Then there is *psychological violence*, i.e.

[1] "Official Gazette of RS – International Treaties", No. 012/13

disturbance of the victim's composure due to behavior, threats and methods of intimidation with or without the use of tools and weapons that can cause bodily injuries (specific forms of psychological violence such as controlling the victim by monitoring or stalking, where harassment and intimidation are repeated which can also happen in digital space). Also, *economic violence* which is viewed as a form of psychological violence which implies unequal access to mutual funds, denial or control of access to money, prevention of employment or education and professional advancement, denial of property rights, coercion to give up property, alienation without consent, and other manifestations.[2] These forms of gender-based violence are recognized as forms of domestic violence. Human trafficking as a form of gender-based violence is recognized under the Criminal Code (Article 388).[3]

When we talk about the consequences that gender-based violence has on women's health, there are actually several levels of consequences: physical, reproductive, but also consequences for mental health. A research conducted in the early 2000s at the initiative of the civil sector in the Republic of Serbia[4] indicated that as many as 23% of victims of physical violence, i.e. 43.8% of victims of sexual violence, experienced consequences for mental health.

A research on the mental health of refugees and migrants in the Republic of Serbia illustrates that 74.7% of the interviewed refugees suffered from acute psychological difficulties, 25.7% showed symptoms characteristic of post-traumatic stress disorder (PTSD), and 44.8% showed symptoms of depression.[5]

[2] Law on the prevention of domestic violence ("Official Gazette of RS", No. 94/2016)

[3] https://www.paragraf.rs/propisi/krivicni-zakonik-2019.html, accessed on July 29, 2021

[4] Violence against women and consequences for their health, Autonomous Women's Center in cooperation with WHO and Strategic marketing, 2003

[5] https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwiFmZPm95TyAhWMuYsKHZFHB1wQFjAAegQIBBAD&url=https%3A%2F%2Fwww.redcross.org.rs%2Fmedia%2F5372%2Fmentalno-zdravlje-izbeglica-i-migranata-web.pdf&usg=AOvVaw3B4xegRsdIWqMipqiaWsRO

2. Statistical and demographic data on cases of SGBV

According to the latest available data from June 2021, there are 4,126 refugees and migrants in the Republic of Serbia, and the national structure speaks in favor of the fact that the largest number of refugees come from Afghanistan (36.98%), Syria (17.49%) and Pakistan (10.81%).[6] The data shows only one side of the situation in Serbia, as it encompasses only those who are registered and residing in asylum and transit-reception centers, while it is assumed that there is a certain number of persons staying outside official accommodation capacities, who are not registered within the asylum procedure. The state and international organizations do not have official statistics on gender segregation of refugees and migrants, however according to NGO Atina, which predominantly works with women and girls, GBV survivors, the data show that women and girls make up to 20% of the refugee population.[7] Just in the last three years of work with women from the refugee and migrant population who have survived gender-based violence, NGO Atina encountered an increase in the number of women reporting violence. In the period from 2018 to 2020, NGO Atina has provided case management services for 166 women and girls victims of gender-based violence.[8]

The Republic of Serbia does not have official statistics that segregate victims of gender-based violence by nationality. According to the official data of the Ministry of Justice, since the change of the Law on Prevention of Domestic Violence (June 1, 2017) until the end of 2020, more than 166,000 cases of violence were considered.[9]

A relevant source on the prevalence of this phenomenon, in the context of women and girls among refugee and migrant population in Serbia, can be a research published by NGO Atina in 2017, entitled "Violence against

[6] Internal data from the Child protection Working Group meeting, organized by UNICEF, June 2021

[7] Data from the ground, NGO Atina's mobile team, June 2021. NGO Atina conducts empowerment and psychoeducation workshops in all the asylum and transit-reception centers women reside in on the territory of RS. The team is made up of case manager, workshop facilitator and cultural mediator.

[8] Data from NGO Atina's annual reports (2018, 2019, 2020)

[9] https://www.mpravde.gov.rs/sr/vest/31516/za-gotovo-tri-i-po-godine-razmatrano-vise-od-166000-slucajeva-nasilja-u-porodici.php, accessed on July 27, 2021

women and girls among refugee and migrant population in Serbia",[10] conducted on a sample of 162 women and girls, which shows that 64.8 percent of the respondents experienced physical violence both in the countries of origin, during the journey, but also during their stay in Serbia, while 24 percent of them survived sexual violence. The fact that as many as 77 percent of the respondents witnessed violence against other women and girls speaks of the frequency of violence against refugee women.

Since the closure of borders on the Balkan route in 2016, and the longer stay of migrant population, changes in the law (Law on Foreigners, Law on Asylum, Law on Prevention of Domestic Violence) have not sufficiently improved the system of protection of gender-based violence victims among refugee and migrant population.

According to the First Report of the Council of Europe's Expert Body (GREVIO)[11] national minorities, women - migrants and asylum seekers are particularly exposed to gender-based violence in Serbia. Some of the key challenges women in Serbia are facing according to this Report are the lack of efforts to prevent sexual violence and forced marriages, two forms of violence whose prevalence is high in the refugees and migrants' countries of origin. Also, there are deep-rooted gender stereotypes, as well as the lack of services for victims of violence, especially victims of sexual violence.

[10] http://atina.org.rs/sites/default/files/Nasilje%20nad%20%C5%BEenama%20i%20devoj%C4%8Dicama%20u%20migrantskoj%20populaciji%20u%20Srbiji.pdf,accessed on July 28, 2021

[11] GREVIO's (Baseline) Evaluation Report on legislative and other measures giving effect to the provisions of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention), Serbia

3. Legal framework and policy for the protection of mental health

3.1. Ratified international legal acts

Based on the stipulations from international normative acts, Serbia has defined guidelines for the protection of mental health and psychosocial support of vulnerable groups such as victims of sexual and gender-based violence (hereafter: SGBV), and has also determined the obligations of individual actors through several laws. In connection with them, bylaws have been adopted that regulate the actions of individual institutions in more detail, along with their obligations regarding the protection of mental health of these vulnerable groups.

Despite the fact that the UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW Convention),[12] ratified by former Yugoslavia in 1981 (and succeeded by Serbia), does not explicitly mention the need to protect the mental health of women, especially women victims of violence and exploitation, it nevertheless stipulates in Article 2 that "States Parties condemn discrimination against women in all its forms, agree to pursue by all appropriate means and without delay a policy of eliminating discrimination against women".

CEDAW General Recommendation No. 35[13] emphasizes the importance of supporting women victims and witnesses before, during, and after legal proceedings, hence in the point 40 (c) says that "Health-care services should be responsive to trauma and include timely and comprehensive mental, sexual, reproductive health services, including emergency contraception and HIV Post Exposure Prophylaxis (PEP). States should provide specialist women's support services such as free of charge 24-hour helplines, and sufficient numbers of safe and adequately equipped crisis, support and referral centers, as well as adequate shelters for women, their children, and other family members as required." Also, in the provision on compensation to women victims, paragraph 46 adds that such "Reparation should

[12] https://www.ohchr.org/en/professionalinterest/pages/cedaw.aspx

[13] https://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/1_Global/CEDAW_C_GC_35_8267_E.pdf

include various measures, such as monetary compensation and the provision of legal, social and health services including sexual, reproductive and mental health for a complete recovery, and satisfaction and guarantees of non-competition…". In any case, although the CEDAW Convention does not contain provisions relating to the protection of the mental health of women victims of SGBV, General Recommendation No. 35 unequivocally refers to the obligation to provide such protection.

As for the Council of Europe mechanisms, the Convention on Preventing and Combating Violence against Women and Domestic Violence - Istanbul Convention,[14] ratified by Serbia in 2013, is of special importance for further development of the normative framework in this area, as well as the protection of mental health of women SGBV victims. In the part relating to general support services, in Article 20 paragraph 1, it is stated that "Parties shall take the necessary legislative or other measures to ensure that victims have access to services facilitating their recovery from violence. These measures should include, when necessary, services such as legal and psychological counseling, financial assistance, housing, education, training and assistance in finding employment." Further on, in paragraph 2 of the same article it is added that "Parties shall take the necessary legislation or other measures to ensure that victims have access to health care and social services and that services are adequately resourced and professionals are trained to assist victims and refer them to appropriate services." Finally, Article 26 (2) of the Istanbul Convention also provides for the protection and support of children witnesses of violence, and therefore determines that "Measures taken pursuant to this article shall include age-appropriate psychosocial counseling for child witnesses of all forms of violence covered by the scope of this Convention and shall give due regard to the best interests of the child." It is clear from these stipulations that the Istanbul Convention sets standards in the protection of mental health and the provision of psychosocial support to women victims of SGBV, and that the signatory states should adopt legal acts that are in line with this Convention and that elaborate their provisions more closely.

As for the protection and advancement of mental health of women victims of various forms of exploitation, of special importance is the Council of Europe Convention against Trafficking in Human Beings,[15] which after

[14] https://rm.coe.int/coe-convention-on-preventing-and-combating-violence-against-women-and-/16809e40c8

[15] https://rm.coe.int/168008371d

ratification in 2009 also became part of the Serbian national legislation. Particularly significant here is Article 12 which deals with victim assistance, as it determines that "Each Party shall adopt such legislation or other measures as may be necessary to assist victims in their physical, psychological and social recovery. Such assistance shall include at least: (a) standards of living capable of ensuring their subsistence, through such measures as: appropriate and secure accommodation, psychological and material assistance".

3.2. National strategies

Having in mind the obligations from above-mentioned international acts, Serbia has incorporated the provisions on mental health and psychosocial assistance to women victims in its strategic documents that have been developed in the past few years. Such documents are also in line with the Action Plan for Chapter 23[16] of Serbia's negotiation process with the European Union, as this chapter deals with judiciary and fundamental rights and represents one of the two key chapters (the other being Chapter 34 – freedom, justice, security) in the EU accession process of Serbia. Therefore, in the recommendation 3.4.2 of the updated version of this document prepared for 2020, it is, inter alia, stated that Serbia "provides adequate institutional capacity for the implementation of the plan as well as for the implementation of the National Strategy and Action Plan for the Improvement of the Status of Women and the Promotion of Gender Equality". Furthermore, in the activity 3.4.2.1. deriving from the above-mentioned recommendation, the following is determined: "Adoption of a new law on gender equality in order to fully harmonize with the acquis and the provisions of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention) through the introduction of: (2) - psychological counseling service". Besides this service, other services such as safe houses, national SOS hotlines, etc. are also listed within this activity, as equally important for the prevention of SGBV and recovery of women survivors.

Given the provisions listed in Istanbul Convention, as well as those determined in the Action Plan for Chapter 23, the Strategy for Prevention and Combating Gender-Based Violence against Women and Domestic Violence

[16] https://www.mpravde.gov.rs/files/Revidirani%20AP23%202207.pdf

for the period 2021-2025[17] was also adopted. In addition to setting objectives and necessary measures, this document also depicts the factual situation and problems in providing psychosocial support to women victims of violence and preserving their mental health. It is recalled that "psychosocial support is one of the weakest links in providing support and protection within the health sector. This type of support is difficult to discuss without available data. Social workers in healthcare institutions in charge of this service, most often as a liaison with centers for social work (CSW), are not trained to help women overcome the trauma caused by the survived violence".[18] Hence, the strategy recognized that psychological support to women victims of SGBV is not at a satisfactory level and that it needs improvement. On the other hand, it does not mention whether present capacities in shelters or beyond (!) are adequate to respond to the needs of psychological support necessary for the recovery of this vulnerable group.

In 2019, another document relevant for the topic of this analysis was adopted in Serbia - the National Strategy for Exercising the Rights of Victims and Witnesses of Criminal Offenses.[19] In the point 8.1 of this document, relating to the protection of victims, it is stated that victims and their family members should be protected from secondary and repeated victimization, from intimidation and retaliation, including the risk to emotional and psychological well-being, as well as physical harm. Yet, no other or more specific measures in regards to preserving psychological well-being of victims and witnesses of criminal offences during court proceedings have been defined under this document.

Finally, the current National Strategy for Prevention and Suppression of Trafficking in Human Beings, especially Women and Children, and Support to Victims 2017-2022,[20] as its specific objective No. 4 determines the Improved system of identification, protection, assistance and support to victims of trafficking through long-term and sustainable social inclusion programs. However, it does not elaborate on what this support for victims means,

[17] https://www.minrzs.gov.rs/sr/dokumenti/ostalo/sektor-za-socijalnu-zastitu/strategija-za-sprecavanje-i-borbu-protiv-rodno-zasnovanog-nasilja-prema-zenama-i-nasilja-u-porodici-za-period-2021-2025-godine

[18] Ibid., p. 52.

[19] https://www.mpravde.gov.rs/sr/tekst/30567/nacionalna-strategija-za-ostvarivanje-prava-zrtava-i-svedoka-krivicnih-dela-u-republici-srbiji-za-period-2020-2025-godine-19082020.php

[20] https://www.paragraf.rs/propisi/strategija_prevencije_i_suzbijanja_trgovine_ljudima_posebno_zenama_i_decom_i_zastite_zrtava_2017-2022.html

nor does it refer to the need to provide psychological support and preserve the mental health of women victims of trafficking.

3.3. Relevant laws

As for the laws important for this matter, it is above all necessary to mention the Law on Prevention of Domestic Violence,[21] passed in 2016. In part referring to the general procedure, in Article 12, it is stated that "State bodies and institutions responsible for the application of this law are obliged to quickly, effectively and in a coordinated manner prevent domestic violence and criminal offenses determined by this law and to provide victims protection, legal aid and psychosocial and other support for recovery, empowerment and independence". Then, in terms of providing support to the victim, an individual plan of protection and support is also defined by this law. Therefore, in Article 31 it is stated that "Protection measures must provide safety to the victim, stop violence, prevent it from recurring and protect the rights of the victim, and support measures to enable the victim to be provided with psychosocial and other support for their recovery, empowerment and independence."

Following the Law on Prevention of Domestic Violence, the Law on Gender Equality[22] was passed in 2021. This legal act determines specialized services envisaged for women victims of gender-based violence, and in Article 55 defines them as "(3) performing specialist and forensic medical and laboratory examinations and providing psychological support, in accordance with the needs of victims of violence; (4) providing free support to victims of sexual violence, that is available 24 hours a day, seven days a week, as well as providing contraceptives and protection against sexually transmitted diseases, and forensic examinations; (5) implementation of programs of specialized counseling centers for victims of violence, adapted to the individual needs of victims of violence, including victims from vulnerable social groups". Under the same article, it is proscribed that these specialized support services must be accessible to all victims and adapted in a way to respond to individual needs of victims of violence, including victims from vulnerable social groups.

[21] https://www.paragraf.rs/propisi/zakon_o_sprecavanju_nasilja_u_porodici.html

[22] http://www.parlament.gov.rs/upload/archive/files/lat/pdf/zakoni/2021/741-21-lat..pdf

Further on, it is also important to mention the Law on Social Protection,[23] passed in 2011. This legal act defines groups of social protection services, and in Article 40, par. 4, these are defined as "counseling-therapeutic and social-educational services - intensive support services to a family in crisis; counseling and support for parents, foster parents and adoptive parents; support for a family caring for their child or adult family member with disabilities; maintaining family relationships and family reunification; counseling and support in cases of violence; family therapy; mediation; SOS hotlines; and other advisory and educational services and activities". Article 46 of this law further describes counseling-therapeutic and social-educational services, and states that "Counseling-therapeutic and social-educational services are provided as a form of assistance to individuals and families in crisis, in order to improve family relations, overcome crisis situations and acquisition of skills for independent and productive life in a society." The law also determines responsibility for the establishment of such services and further proscribes that "Advisory-therapeutic and social-educational services are provided by the local self-government unit, autonomous province, or the Republic of Serbia, in accordance with this law".[24] Finally, the Law on Social Protection also enacts rules of conduct for employees in social welfare institutions, prohibiting behaviors that may endanger the mental health of beneficiaries. Article 151 specifies that "In the institution of social protection, i.e. social protection service provider, the employees are prohibited from committing any form of violence against the beneficiaries, physical, emotional and sexual abuse, exploitation of beneficiaries, abuse of trust or power enjoyed by the beneficiaries, neglect of beneficiaries, and other actions that impair the health and dignity of the beneficiary and the child's development."

Considering that the focus of this analysis is the protection of mental health of women victims of SGBV, the Law on Health Protection[25] is also of particular relevance. Article 11 of this law stipulates that "Public healthcare is achieved by providing healthcare to groups of the population exposed to increased risk of disease, healthcare of persons in connection with prevention, control, early detection and treatment of diseases and conditions of greater public health importance, as well as healthcare of the socially

[23] https://www.paragraf.rs/propisi/zakon_o_socijalnoj_zastiti.html

[24] Law on Social Protection, art. 46, par. 2.

[25] https://www.paragraf.rs/propisi/zakon_o_zdravstvenoj_zastiti.html

endangered population, under equal conditions on the territory of the Republic of Serbia." In the very same Article 11, social groups to whom such healthcare is particularly intended for are, inter alia, (13) victims of domestic violence, and (14) victims of trafficking. It is important to mention that Article 65 of this law determines health activities at the primary level of health care, and under point 11) it is stated that it also includes the protection of mental health.

As for other legal acts that are of interest for this analysis, the Family Law[26] does not say much about the need to protect mental health, although in Article 197 (1) which determines what domestic violence is, it is stated that "Domestic violence, in the sense of this law, is behavior that endangers the physical integrity, mental health or tranquility of another family member." By this provision, the law clearly states that the impairment of mental health is an act of violence. Penalties for such violations which cause health disorders, including mental health disorders, are prescribed by the Criminal Code[27] of the Republic of Serbia. The Criminal Code defines sanctions for impairment of health in Article 121 paragraph 1 which says that "Whoever causes serious injury of another or causes serious impairment of health of another, shall be punished with imprisonment from six months to five years", while in Article 122, par. 1 it is stated that "Whoever causes light injury or minor health impairment shall be punished with fine or imprisonment of up to one year."

In the context of migrants and refugees, as a particularly vulnerable group that needs to be provided with protection and support, it is important to mention the Law on Foreigners.[28] It is stated in Article 3 (24) that particularly vulnerable persons are, inter alia, "victims of torture, rape or any other form of serious violence (including domestic and partner violence that may be caused by sex, gender, sexual orientation, and gender identity)", as well as victims of human trafficking. The law, however, does not say what types of support are to be provided to these particularly vulnerable groups, except that in Article 91 (7) on House rules and rules of stay in the reception centers, it is stated that relevant authorities are obliged "to take into account the needs of particularly vulnerable persons". However, for the victims of trafficking among refugees and migrants, the law provides

[26] https://www.paragraf.rs/propisi/porodicni_zakon.html

[27] https://www.paragraf.rs/propisi/krivicni-zakonik-2019.html

[28] https://www.paragraf.rs/propisi/zakon_o_strancima.html

particular provisions. In this regard, Article 62 (6) states that "During the period of temporary residence on this basis, the competent state body for identification and coordination of protection of victims of trafficking shall coordinate the protection of victims of trafficking and ensure security and protection in cooperation with other institutions, establishments and organizations, appropriate and safe accommodation, psychological and material assistance, access to emergency medical care, access to education for minors, counseling and information on legal rights and other rights available to them, in a language they understand." On the other hand, the Law on Asylum,[29] passed in 2018, does recognize gender-based violence as one of the legitimate grounds to seek asylum, but fails to state anything about psychological support to asylum seekers who are victims of violence. It only stresses in Article 17 that special procedural and acceptance guarantees will be, inter alia, provided to "persons who have been tortured, raped or exposed to other severe forms of psychological, physical or sexual violence, such as women victims of genital mutilation."

3.4. Bylaws relevant for mental health of victims of SGBV

Regarding the bylaws relevant to this area, the Rulebook on Detailed Conditions and Standards for the Provision of Social Protection Services[30] should be mentioned first. Here, in the part referring to the activities of the shelters (for children living and working on the streets), in Article 79 par. 7 relates to the provision of psychosocial support, while in the part referring to activities aimed at developing and preserving the potential of beneficiaries of social services, Article 31 par. 10 relates to the provision of rehabilitation and therapeutic services. Psychological support is not mentioned nor is it specified should it be provided to SGBV victims.

Another important bylaw in this area is the General Protocol on the Conduct and Cooperation of Institutions, Bodies and Organizations in Situations of Violence against Women Within Family and in Intimate Partner Relationship,[31] which states the following: "In order for women victims of vio-

[29] https://www.paragraf.rs/propisi/zakon-o-azilu-i-privremenoj-zastiti.html

[30] https://www.paragraf.rs/propisi/pravilnik-blizim-uslovima-standardima-pruzanje-usluga-socijalne-zastite.html

[31] http://hrcvr.org/wp-content/uploads/2020/09/Op%C5%A1ti-protokol-o-postupanju-i-saradnji-ustanova-organa-i-organizacija-u-situacijama-nasilja-nad-%C5%BEenama-u-porodici-i-partnerskim-odnosima.-1.pdf

lence to exercise their rights, it is necessary to establish a system that will enable, in situations of domestic violence and especially violence among intimate partners, to initiate a prompt, efficient and coordinated procedure that would end the violence immediately, protecting the woman from further violence and ensuring adequate legal and psycho-social intervention that would provide for her rehabilitation and integration." Another relevant document, related to the previous one, is the Special Protocol on the Action of the Centers for Social Work – Custody Authority in Cases of Domestic and Intimate Partner Violence Against Women,[32] adopted in 2013. It states that healthcare for victims of domestic violence is ensured by "Providing professional psychological or psychiatric assistance to establish the level of psychological trauma as a consequence of exposure to domestic violence and to achieve psychological stability of the victim of domestic violence".[33] Hence, in regards to the initial assessment conducted by the competent social care authorities on the needs of beneficiaries – victims of domestic violence and children indirect victims, witnesses of domestic violence, and the family itself, it is said to include "Description and assessment of the health condition and needs of the beneficiary – victim of domestic violence, in particular from the viewpoint of the mental health, including the history of health treatments, medicines, and hospitalization".[34]

As for refugees and migrants, as a particularly vulnerable group at risk of SGBV, in 2019 the Republic of Serbia adopted Standard Operating Procedures for the Prevention and Protection of Refugees and Migrants from Gender-Based Violence.[35] However, this document does not say much about their mental health and the need for psychological support, only that urgent psychological support to victims should be provided (and in which manner), without specifying the competent institution. On the other hand, Standard Operating Procedures for the Protection of Migrant

[32] https://www.minrzs.gov.rs/sites/default/files/2018-11/Posebni%20protokol%20MRZSP%20nasilje%20u%20porodici.pdf

[33] Special Protocol on the Action of the Centers for Social Work – Guardianship Authorities in Cases of Domestic Violence and Women in Partnerships, p. 24.

[34] Ibid., p. 27.

[35] Standard Operating Procedures for the Prevention and Protection of Refugees and Migrants from Gender Based Violence, Ministry of Labor, Employment, Veteran and Social Affairs, Belgrade, 2019.

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and Refugee Children[36] were adopted in 2016, and state that when assessing the risk to a refugee or migrant child, psychological assistance is to be provided to the child,[37] without elaborating further what this assistance entails.

[36] https://www.unicef.org/serbia/media/5621/file/Standardne%20operativne%20procedure.pdf

[37] Standard Operating Procedures for the Protection of Migrant and Refugee Children, p. 32.

4. Existing organizations working with SGBV and/or mental health

According to the latest available data[38] 30,000 non-governmental organizations are registered in the Republic of Serbia. Due to the diversity of the topics they deal with and the ideological framework, only organizations that are exclusively engaged in providing direct support to persons from the refugee and migrant population will be listed here. In addition to non-governmental organizations, a significant part of state institutions have the mandate to provide support and ensure the rights of refugees and migrants, especially victims of gender-based violence.

Standard Operating Procedures of the Republic of Serbia for the prevention and protection of refugees and migrants, created and published by the UNFPA (United Nations Population Fund)[39] provide for urgent response measures in cases of gender-based violence. Anticipated response measures include:

1) emergency medical interventions and assistance related to sexual and reproductive health;
2) provision of psychological first aid;
3) special protection measures.

4.1. Emergency medical protection

Within the emergency medical protection, access to, and performance of, emergency medical examinations are provided. The Law on Asylum and Temporary Protection stipulates that asylum seekers have the right to health care in the RS in accordance with the regulations governing the health care of foreigners.[40] Also, the provisions of this Law[41] stipulate that a

[38] https://www.uts.org.rs/press-centar/press-clipping/1578-nin-vladine-nevladine-organizacije, accessed on July 29, 2021

[39] https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwi22qemupLyAhW5g_0HHeFkCrAQFjAAegQIBRAD&url=https%3A%2F%2Fserbia.unfpa.org%2Fsites%2Fdefault%2Ffiles%2Fpub-pdf%2FSOP_brosura_SRB_web.pdf&usg=AOvVawovsUgsv4ZS1LCwa1tPgBc8, accessed on July 30, 2021

[40] Article 54, Law on Asylum and Temporary Protection

[41] Article 63, Law on Asylum and Temporary Protection

person who has been granted the right to asylum has the right to health care at the expense of the budget of the Republic of Serbia. According to available reports, it has been noticed that refugees and migrants face numerous challenges when it comes to access to health services, i.e. due to lack of knowledge of domestic legislation and regulations, but also difficulties in obtaining health IDs, many persons among this population do not have access to health care or specialist exams (which include gynecological exams, abortions, psychiatric and neurological exams).[42]

Health care enjoyed by foreigners in the Republic of Serbia is regulated by the Law on Health Care,[43] Law on Health Insurance[44] and bylaws governing certain activities in the field of health protection, and above all the Rulebook on Medical Examinations of Persons Seeking Asylum upon Arrival at the Asylum Centre or Other Facility for the Accommodation of Asylum Seekers.[45]

This Rulebook regulates the manner of conducting basic medical examinations, which, among other things, should serve as a medical screening on the basis of which health workers can undertake further treatment, if necessary.

Until 2019, medical support for refugees and migrants was mainly provided through international and domestic NGOs, while in early 2019 it became the mandate of the Ministry of Health, whose representatives are in the Asylum Centers and provide basic and emergency medical support and care.

4.2. Psychological first aid

Data from the Institute of Public Health of Serbia "Dr Milan Jovanović Batut" (2017-2018) show that difficulties in the field of mental health are the third most common reason for health interventions (after respiratory diseases and physical injuries) in the population of refugees, asylum seekers

[42] The right to asylum in the Republic of Serbia, Report for July-September 2020, Belgrade Centre for Human Rights

[43] https://www.paragraf.rs/propisi/zakon_o_zdravstvenoj_zastiti.html, accessed on July 30, 2021

[44] https://www.paragraf.rs/propisi/zakon_o_zdravstvenom_osiguranju.html, accessed on July 30, 2021

[45] http://www.pravno-informacioni-sistem.rs/SlGlasnikPortal/eli/rep/sgrs/ministarstva/pravilnik/2018/57/3/reg

and migrants. According to available data, health workers register about 500 interventions per month due to mental health disorders in the refugee population in Serbia. The data directly corroborate the expressed needs of this population for timely support, interventions in the field of mental health and, when necessary, specialized care. The most common mental health challenges encountered in the refugee population include symptoms of post-traumatic stress disorder, depression, and generalized anxiety.[46]

One of the researches in the field of mental health of refugees was conducted in the period 2018-2019 by Red Cross Serbia, using the Refugee Health Screener (RHS-15)[47] instrument, and found that 72.5% of refugees and migrants are mentally vulnerable, with a perceived gender dimension in favor of women, of whom 62.1% showed clear signs of anxiety and psychological difficulties, while that percentage is almost twice lower in the male population of refugees and migrants.

When it comes to available support, according to the data obtained through focus groups, in a total of 2 asylum centers (out of 8) there is a regular presence of psychiatrists within the outpatient clinics of the Ministry of Health in those centers.

In addition to the Ministry of Health, psychiatric services are provided by an international organization (IOM - *International Organization for Migration*[48]) and a local non-governmental organization (IAN - *International Aid Network*[49]), while the presence of psychologists is provided by local non-governmental organizations (PIN - *Psychosocial Innovation Network,*[50] INDIGO,[51] IAN).

In addition to the aforementioned narrowly specialized organizations for providing psychological support to persons among the migrant and refugee population, a significant number of organizations provide psychosocial support, which also includes the provision of psychological first aid.

According to the data obtained through this research and the field, victims of gender-based violence among the refugee and migrant population have

[46] Mental health of refugees and migrants in Serbia, Red Cross

[47] Refugee Health Screener (RHS-15) is an instrument for a rapid assessment of a person's vulnerability, and is culturally adapted to the refugee / migrant population

[48] https://serbia.iom.int/sr

[49] https://ian.org.rs/home/

[50] https://psychosocialinnovation.net/en/

[51] http://www.indigo.org.rs/

access to psychological first aid provided mainly by civil society organizations, as follows:

- Info park[52] through support programs for unaccompanied minors who are at potential risk of gender-based violence, and through non-specialized psychological support;
- ADRA[53] through the Women's Center program works on the prevention of gender-based violence and provision of support to women and girls, including psychological first aid;
- JRS (Jezuit Rescue Service)[54] provides accommodation for unaccompanied minors (boys) who are at risk, or victims, of gender-based violence;
- DRC (Danish Refugee Council)[55] provides support to victims of gender-based violence through services of legal representation in court proceedings and other types of specialized support;
- ATINA[56] provides specialized support to gender-based violence victims.

In addition to these organizations, psychological first aid in the field of their activities is provided by other organizations whose mandate are other types of specialized support, such as organizations that predominantly provide legal support and advocacy, cultural mediation and interpretation, educational and other activities, medical support and the like (CRPC,[57] Belgrade Center for Human Rights,[58] Group 484,[59] IDEAS,[60] EHO,[61] CYI,[62] Praxis[63] etc.) as well as international organizations such as IOM, Red Cross, UNHCR and UNICEF which develop support programs through their implementing partners.

[52] https://m.facebook.com/infoparkserbia/
[53] https://adra.org.rs/
[54] https://jrs.net/en/home/
[55] https://drc.ngo/
[56] http://www.atina.org.rs/
[57] https://www.crpc.rs/
[58] http://www.bgcentar.org.rs/
[59] https://www.grupa484.org.rs/en/
[60] https://ideje.rs/
[61] https://www.ehons.org/
[62] https://cim.org.rs/en/
[63] https://praksis.gr/en-about/

When it comes to the system of services and support at the state level, the Ministry of Labor, Employment, Social and Veterans Affairs,[64] through mobile teams, deals with cases of gender-based violence, coordinating between services in the system, connecting with the non-governmental sector and community resources. The Commissariat for Refugees and Migration, which manages asylum and transit-reception centers in the Republic of Serbia, has a role in referring to specialized support services for gender-based violence. In addition to them, representatives of the Ministry of the Interior, specifically the Asylum Office, who are present in some of the asylum centers can identify and refer cases of gender-based violence.

4.3. Special protection measures

Standard Operating Procedures also provide for the existence of special protection measures in cases where there is a suspicion or knowledge that a person has survived gender-based violence.

Within these special protection measures are, for example, alternative or escorted transport on certain parts of the migration route; accelerated procedures; relocation of the victim or persons at risk from the group they are traveling with (without delaying the departure or keeping that person in separate accommodation); sending a victim or a person at risk in separate supervised accommodation (during the night, resting or waiting); this may include accommodation in transit-reception centers, as well as safe accommodation in medical premises or other rooms equipped for that purpose (safe house, shelter, maternal home, etc.) if the person's safety is endangered; informing providers of assistance and protection in other countries on the victim's route that a certain person needs alternative protection measures and accelerated procedures; support for seeking asylum in the country; accommodation in a safe environment (safe house) if the safety of the person is endangered.[65]

[64] https://www.minrzs.gov.rs/sr

[65] Standard Operating Procedures for the Prevention and Protection of Refugees and Migrants from Gender-Based Violence, Ministry of Labor, Employment, Social and Veteran Affairs, Belgrade, 2019.

5. Existing good practices and failures to support mental health of SGBV survivors and SGBV frontline workers

The biggest challenge in supporting mental health is access to psychiatrists and psychologists, as well as language barriers and cultural specificities when it comes to working with persons among the refugee and migrant population.

Organizations that predominantly provide psychological support have specialized and conducted trainings for the provision of psychological first aid and work with cultural mediators.[66] Also, during the period from 2015, several trainings were conducted on working with survivors of gender-based violence and cultural specificities.[67]

Professionals, volunteers and others who are engaged in responding to the refugee crisis and creating support programs are at risk of various psychological effects. Global research shows that some of the most common psychological consequences are burnout,[68] vicarious trauma (secondary trauma, secondary traumatic stress - STS)[69] and compassion fatigue.[70]

A systematic review of two meta-analyses that discussed the prevalence of burnout and secondary trauma among professionals and volunteers working with persons in migration shows that the prevalence of burnout in this group of professionals is 26%, while the prevalence of secondary trauma symptoms is 47%.[71] Such results at the global level indicate the need

[66] https://psychosocialinnovation.net/projekti/

[67] http://atina.org.rs/en/response-human-trafficking-and-gender-based-violence-among-asylum-and-refugee-population-republic

[68] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4911781/, accessed on August 2, 2021

[69] https://www.psychiatrictimes.com/view/secondary-traumatization-mental-health-care-providers, accessed on August 2, 2021

[70] https://www.webmd.com/mental-health/signs-compassion-fatigue, accessed on August 2, 2021

[71] The Prevalence of Burnout and Secondary Traumatic Stress in Professionals and Volunteers Working With Forcibly Displaced People: A Systematic Review and Two Meta-Analyses, F. Roberts, B. Teague, J. Lee, I.Rushworth, University of East Anglia

to create support programs for professionals engaged in the field of protection and support of persons in migration.

When it comes to programs directly aimed at preserving the mental health of helpers and persons at risk, at the system level there is a lack of services and programs that would be available in the long run. Most professionals rely on their own resources and team support. A number of NGOs have support available in the form of supervision and peer-vision, while for most organizations this type of support is organized on a project basis, with a limited duration.

A research from 2019, conducted by Psychological Innovation Network in Serbia, on a sample of more than 200 professionals who are in direct contact with refugees and migrants, as well as with health workers, showed that 26.5% of respondents had signs of increased burnout.[72] The same research shows that 71.2% of respondents experienced symptoms of secondary trauma, while as many as 9.3% exhibited serious difficulties related to secondary trauma.[73]

An example of good practice in the field of mental health support for survivors of gender-based violence is certainly cooperation between, primarily, civil society organizations which recognize the complexity of the phenomenon of gender-based violence and refer beneficiaries to other organizations that provide specialized support (e.g. an organization that provides legal support in the asylum procedure connects the beneficiaries with organizations that provide psychological support) thus expanding the support network.

[72] Study on the prevalence of burnout and secondary traumatization in service providers working with refugees in Serbia, Psychological Innovation Network (PIN), 2019. Belgrade

[73] Ibid.

6. Methodology

The research was conducted in the period of June and July 2021. As pandemic conditions allowed for limited gatherings, 4 focus groups were conducted, while other interviews were done individually with two interviews taking place online. In total 31 professionals were interviewed, 18 of them through in-depth interviews and 13 of them through the focus group discussions.

Interviews with women refugees were conducted live, in the premises of NGO Atina, or in their accommodation. In total 29 women were interviewed.

The process of mapping participants in the research was based on experience of NGO Atina from the field and previous cooperation in cases of gender-based violence. In this regard, the chosen professionals have previously worked with victims of gender-based violence in their fields of work (health support, legal support and representation, prosecuting authorities, psychosocial support, psychological support, prevention, protection of gender-based violence victims, psycho-educational activities, and the like).

Focus groups were created to bring together professionals who provide services in similar domains, so one focus group brought together professionals who provide psychosocial support and carry out activities in places where refugees and migrants live, another focus group brought together providers of psychological support and medical services, the third group brought together professionals who deal with preliminary identification, referral and provision of information, while the fourth group consisted of members of the police.

When it comes to women migrants, participants in the research, the selection was made according to the history of previous contacts with Atina, but with other organizations as well. Members of NGO Atina's Advocacy Group, which consists of women with the experience of gender-based violence and/or human trafficking, who continued their life in Serbia, also took part in the research, along with women who are currently in NGO Atina's support programs due to recent experience of gender-based violence, as well as women who are participants in psycho-educational works-

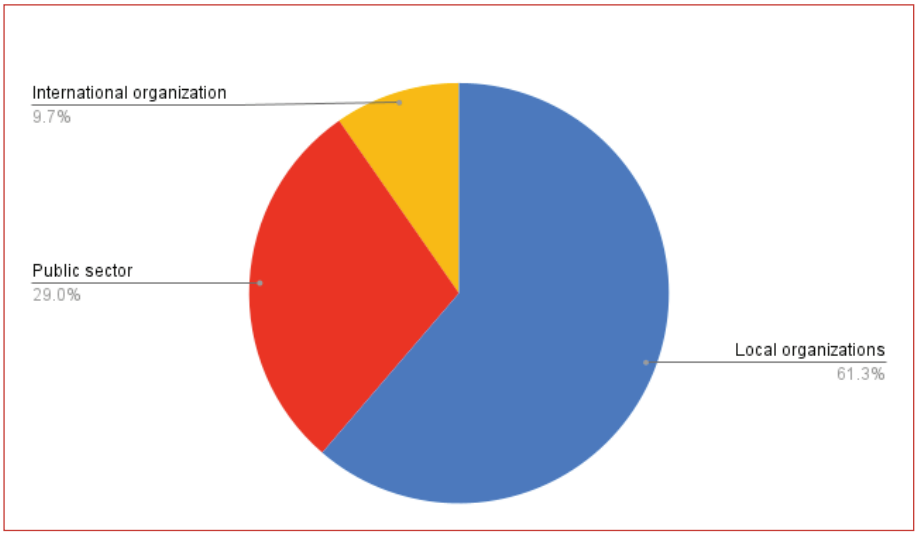
hops conducted by NGO Atina in 3 accommodation facilities - asylum and transit-reception centers.

Data obtained through focus groups and in-depth interviews were processed qualitatively and quantitatively. The aim of the research was to map the experience of professionals in working with victims of gender-based violence, services and support networks they use, challenges in working with this issue, as well as resources for dealing with stress caused by exposure to trauma, but also the experiences of women at risk of gender-based violence who have used protection and support services. The specific goal of the research was to show the disproportion in available services and the needs of women for these services, and to point out this disproportion as a source of additional stress that professionals face in their daily work.

7. Data analysis from the interviews and/or FG to the frontline workers

Four focus groups and 18 in-depth individual interviews were conducted in this research process, with a total of 31 participants from the public, civil sector and international organizations. Out of the total number of participants, 29 were women and 2 were men.

Of the total number of organizations, 19 (61.3%) are local NGOs, 9 (29%) are public institutions, and 3 (9.7%) are international organizations. Graph 1 shows the percentage of participation of organizations according to the criterion of belonging to one of the three listed sectors.



Graph 1 Percentage of organizations per sector

Representatives of local non-governmental organizations who participated in the research are engaged in the field of human rights protection, protection of women victims of trafficking and gender-based violence, protection of children, provision of legal support and representation, provision of services to migrants and refugees. Representatives of the institutions that made up the sample in the research are employed mainly in the field of social protection (Center for human trafficking victims protection, centers for social work, institutions for the accommodation and reception

of persons from refugee and migrant population) and citizens' safety (Ministry of the Interior).

According to the indicator of services provided by organizations, the sample consists of the following professionals:

- social workers/educators of CSOs at the frontline of SGBV (reception centers, field work, social welfare, local associations) - 48.4%
- police officers (specifically dealing with SGBV cases) - 9.7%
- lawyers/legal advisors (who assist survivors/victims) - 12.9%
- psychologists and staff of anti-violence centers and anti-trafficking agencies - 25.8%
- medical staff - 3.2%

According to the gender criterion, women are predominant with 93.54% of the total number, while men make up 6.46%. A higher number of women in the social protection system is also confirmed by the analysis of the register of licensed professional workers.[74] In addition to being in other professions (psychologists, medical workers, legal representatives), the presence of women in helping professions is dominant, which is also a trend in the RS.

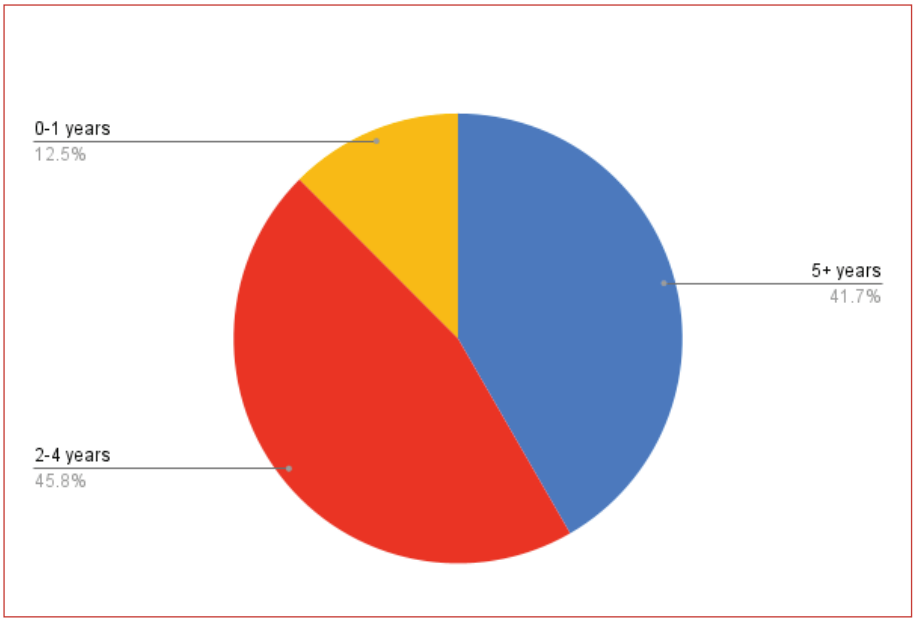
According to the work experience, the structure is as follows:

- the highest number of participants has from 2 to 4 years of work experience (45.8%), and they are employed within civil society organizations and international organizations;
- 41.7% of participants have over five years of work experience, and they are mostly employed within the public sector;
- only 12.5% of participants have less than one year of work experience, and they are employed in civil society organizations.

Graph 2 graphically shows the structure of participants based on the criteria of work experience. It is concluded that the highest number of participants who deal with the protection, assistance and support of the migrant and refugee population has from two to four years of work experience. Employees in the non-governmental sector and international organizations have less work experience, while employees in the public sector have longer work experience. These results are related to the fact that there is a long-term trend of low turnover of employees within the public sector,

[74] https://www.komorasz.rs/download/registar-o-izdatim-licencama-strucnih-radnika/

and a more frequent employment for an indefinite period, with the ban on employment within the public sector still in force.[75]



Graph 2: Structure of employees per work experience

According to their work position, most participants are professional workers, then coordinators, managers, and the least are project associates. In all sectors, expert workers are those who are in direct contact with women and children from the refugee and migrant population.

It is important to note that it is difficult to compare other positions between sectors due to different job systematization, conditioned by different factors. For example, the positions of coordinator and manager require the management of services, resources, employees and are similar in many ways, but lexically different and often differentiated. The situation is similar when it comes to legal representatives, interpreters, medical staff, as those are different professions at the operational level, i.e. professionals who are in direct contact with persons who need support/protection. For the purpose of this research, they will all be listed as professional workers

[75] https://www.paragraf.rs/propisi/uredba_o_postupku_za_pribavljanje_saglasnosti_za_novo_zaposljavanje_i_dodatno_radno_angazovanje_kod_korisnika_javnih_sredstava.html

as they represent the professional level of providing direct support and services.

Table 1 Number of participants per work positions

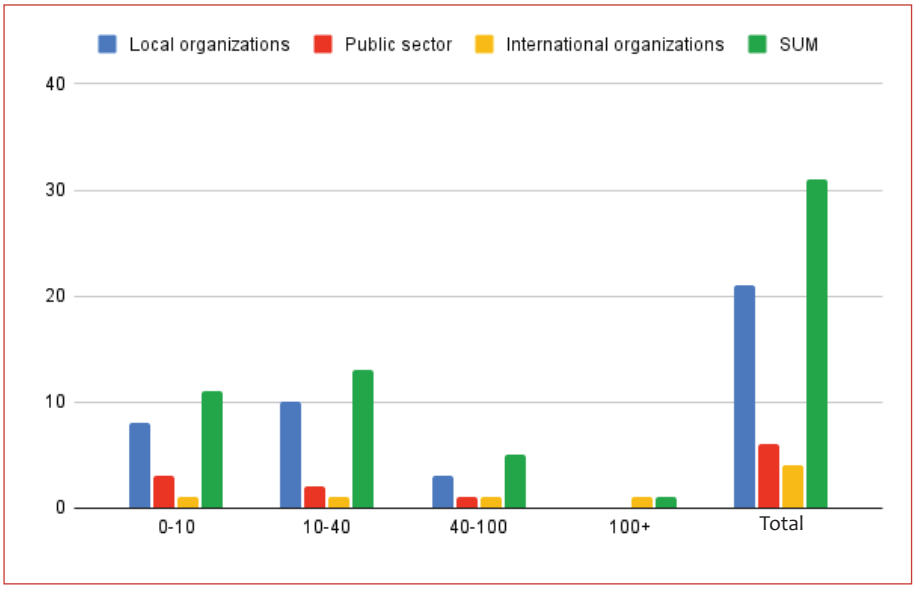
Position in the organization	No. of participants
professional worker	20
project associate	2
coordinator	5
manager	1
head of department	3
TOTAL	31

When it comes to SGBV, it is necessary to establish cooperation with other institutions as well. Participants most often list the following as partners in work on SGBV cases: centers for social work, police, Commissariat for Refugees and Migration, non-governmental organizations. It is interesting to note that no one, except for the focus group participants with police representatives, cited the prosecutors as actors in cooperation in SGBV cases. However, given the low number of criminal charges, indictments and court verdicts for SGBV cases among the migrant population, the absence of citing these actors can be expected. The viewpoint of the participants is that when it comes to the protection of refugee and migrant women, actors from the non-governmental sector are more involved.

The organizations that took part in the research meet women and children from the migrant and refugee population on a daily or almost daily basis. The number of women/children they meet varies, and almost half (45.2%) of organizations meet 10 to 40 women and children during the year. About 38.7% of organizations meet a maximum of 10 women and children annually, and 12.9% of organizations, on average, meet between 40 and 100 women annually, while 3.2% of organizations meet over 100 women per year.

The type of organization (civil society organization, public institution or international organization) is related to the fluctuation of beneficiaries. According to Graph 3, it can be concluded that the highest number of women received assistance and support from non-governmental organizations, and in that sense, non-governmental organizations can be considered

the most important resource in protecting women and children migrants and refugees who survived SGBV. The public sector has half as much contact with women and children, but its role is not insignificant.



Graph 3 Comparative analysis of the number of women and girls organizations meet

When it comes to the number of children (boys and girls 0-17 years of age) who suffer or have survived SGBV, and whom organizations meet on an annual basis, the situation is as follows: the highest number of non-governmental organizations meet up to 40 children, while the two organizations that participated in the research meet up to 100 or more children a year.

The number of children, SGBV victims, organizations/institutions meet

No. of children	NGO	Public sector	International organization	Total
0-10	8	4	3	16
10-40	8	1	1	9
40-100	2	0	0	1
100+	1	0	0	1
no response	2	1	0	3
total	21	6	4	31

7.1. Research results

Participants of in-depth interviews and focus groups, in their own experience, first mapped women whom they feel are additionally exposed to discrimination and violence and the connection of discrimination with the cultural context, then the relationship of trust they managed to establish with women survivors of SGBV, challenges in work, previous support in the form of training and additional resources to overcome the stress caused by working with victims of SGBV, as well as the need for further training.

The answers of the participants of in-depth interviews and focus groups by areas will be presented below.

7.1.1. Discrimination and cultural context

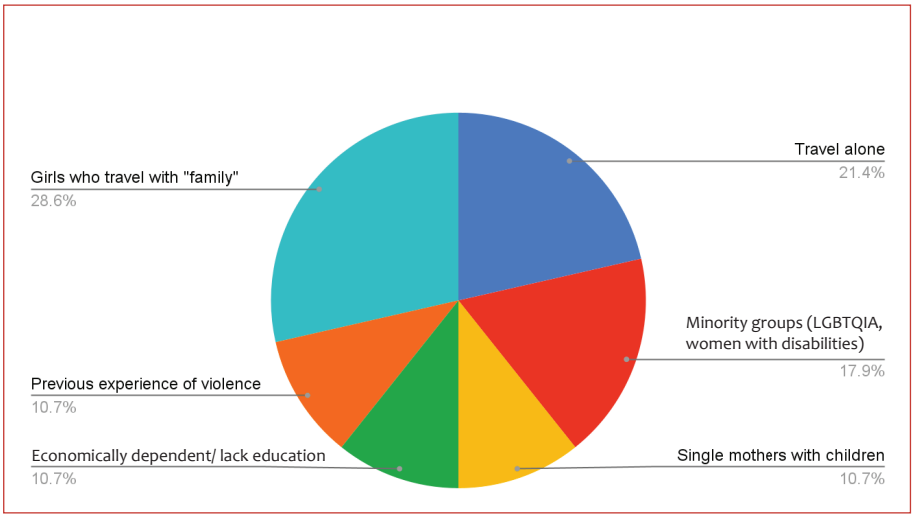
Women who are recognized by research participants as those at higher risk to become victims of gender-based violence are women who travel alone (18), then women members of a minority group in the environment they live and travel with (most often on the basis of ethnicity, religion, members of LGBTQIA, women with disabilities, etc.) (15), women who are single mothers and travel with children (13), girls and adolescents who are invisible to the system because they allegedly travel with family but it is presumed that they are not related to the persons with whom they travel (8), women who are in a position of economic dependence as well as women who do not have (full) education, or those who are second or third wives in countries where polygamy is a practice (3).

Participants also recognize women and girls who have previously suffered violence as particularly vulnerable (3), and Graph 4 presents the distribution of responses when it comes to identifying the groups of women who most often face discrimination.

As a group at particular risk of violence and discrimination focus group participants recognize girls and adolescents for whom it is not known whether they are traveling alone or with their families. Participants state that in their experience some girls, daughters of other families, were sent off on this journey with a known family for protection.

"One of the pains of working with vulnerable groups is that things are simplified and that they (all women) are seen as a homogeneous group with the same needs, which is by no means the case. We realized that girls who

are suspected of traveling alone can be seen along the entire route, but that there is a ***systemic blind spot****; we noticed that the strategies used by girls traveling alone are different from those used by boys, and that this makes*



Graph 4 Risk of discrimination and SGBV

them less visible for service providers, unless they identify themselves." - Representative of an international organization

One of the particular challenges cited by participants is that the system treats girls aged 16, 17, who already have children of their own, as mothers and wives, not as children that they actually are.

Participants of the focus group which brought together representatives of psychosocial support providers, cite forced, child marriages as a particular risk of discrimination in the future, assuming that due to economic consequences of the COVID-19 pandemic this practice of abusing girls will become even more frequent.

As an additional source of discrimination, participants cited a case in which women choose to come forward and speak about the violence they suffer but are denied support. In this way, by staying in the community, they are exposed to the risk of discrimination, due to the condemnation of the community.

"...Women who are single, also single mothers, may be even more so because they fear that someone will hurt their children. The population I work

*with has one word **mahram,**[76] and that is a person who is not necessarily a husband/partner, it can be a member of the husband's family, all these men have the right to accompany a woman, and this concept is so widespread that now it is clear - as soon as a woman traveling without a mahram is spotted, she is definitely in a position to be a victim." - Representative of a local organization*

When it comes to culture and the cultural context women come from, the conclusion from all focus groups is that the cultural segment is especially important in SGBV, but that it greatly influences how women will recognize what is happening to them. They state that many forms of violence against women are not recognizable as such, but also that the cultural background greatly influences the fact that women, even when they have information and want to report violence, give up because of community condemnation.

Understanding the cultural context is the key to establishing a relationship of trust, which is confirmed by all participants, however during the focus groups they pointed out that the cultural context should not and must not affect the conduct, i.e. lack of action in a country where laws require different practices.

> *"Cultural context is the root cause of women suffering violence in migration. The cultural context determines everything for a woman - how she should behave, how much a male or a female child is worth. It is the backbone of deprivation. Restricting movement is also part of the cultural context, and it has a major impact on increasing violence against women." - Representative of a local organization*

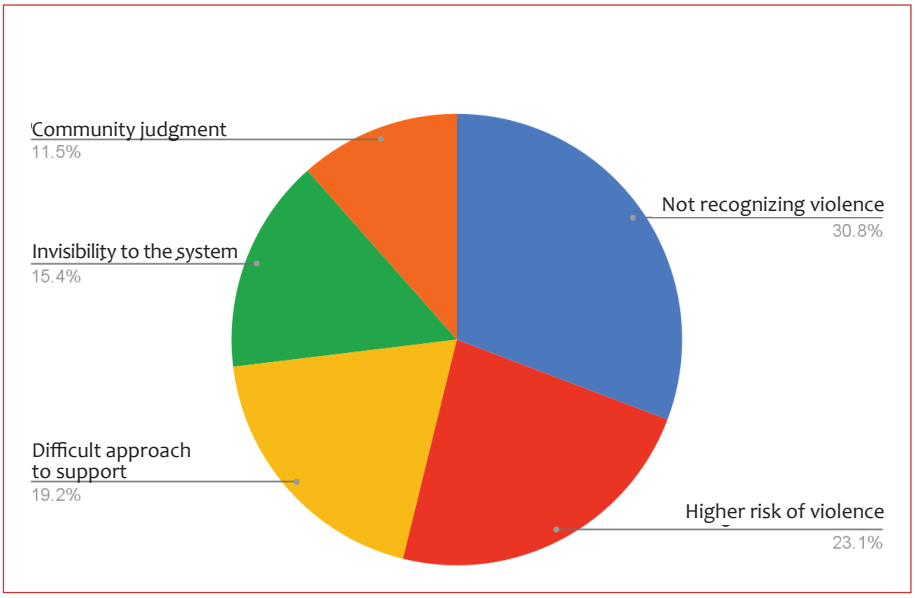
The cultural aspect is indispensable. Experiences of women victims of gender-based violence, who were also interviewed, show that refugee and migrant women often do not see as violence something that is prescribed by law in their countries, for example stoning in Afghanistan. Recognizing domestic violence is the most difficult, due to cultural reasons and the need for migrants and refugees to continue their journey to European countries. Violence is less difficult to detect when a safe environment for women is formed. For refugee and migrant women, the problem arises when they want to report violence but encounter family condemnation. Graph 5 distributes the answers of the participants according to the most significant influence of the cultural context when it comes to gender-ba-

[76] https://en.wikipedia.org/wiki/Mahram, accessed on August 1, 2021

sed violence, from condemnation of their own community, through lack of recognition of violence by women themselves, their invisibility to the system (the system does not recognize them), difficult access to support (due to status, lack of information, short stay) and due to higher risk of violence that evidently exists for them.

Participants expressed concern about the lack of consideration of the concept of intersectionality in response to the challenges faced by migrant women. Although the majority said that migrant women are discriminated against in relation to other women, precisely because they are migrants, they also pointed out the ethnicity, as women and girls from Africa are especially discriminated against because of their skin color and race. In relation to nationality, many recognized women from Afghanistan and Iran as the ones who face discrimination the most, then the Khazars from Afghanistan who, according to one of the respondents, "face intolerance that is visible even to the naked eye". Also, Kurdish women were mentioned among the most sensitive, but also women who come from Burundi with the experience of rape in the conflict between political opponents in that country.

The cultural context and migration itself is crucial for most of the respondents when we talk about this topic. We could hear from the participants that "migrant women often do not perceive themselves as individuals. There is nothing outside the family, and their biggest punishment is to be without a family. Culturally, a migrant woman without a husband feels worthless even when he abuses her, as she believes that if she has a husband she will be less exposed to violence. Many of them suffer strong family pressure, have a terrible fear of their rejection and deeply believe that as an individual they are worth nothing". This view was confirmed by several participants, one of whom added that "micro-community judges, and it is built on a distinctly patriarchal basis". Women are silent about violence because "again, they will be the ones to be punished, they will be stigmatized by their community (and that is the only community they know), regardless of the fact that they are the ones who have suffered violence". Herein lies the answer to the question of why it is difficult to establish trust, because they "find it very difficult to believe that someone is there to help them".



Graph 5 Cultural factors which influence the risk of SGBV

7.1.2. Challenges in work with SGBV cases and the establishment of a relationship of trust

Employees of organizations dealing with the protection of women and children who have suffered SGBV face a wide range of challenges on a daily basis. The main challenges they cited are:

- establishment of a relationship of trust,
- lack of understanding of a cultural context and language barrier,
- context of work in a transit country,
- lack of systemic support, lack of victims identification

Establishment of a relationship of trust

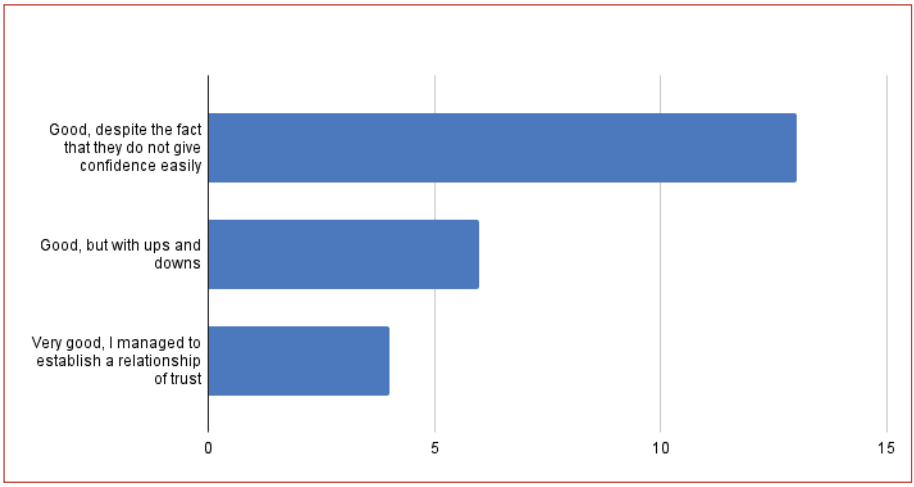
In any professional relation, a relationship of trust that is formed between professionals and persons receiving support is vital, especially when it comes to SGBV victims.

As indicators they use to recognize whether they have managed to establish a relationship of trust with persons they work with, focus group partici-

pants cite: *the return of beneficiaries,* implying a renewed contact with the organization for assistance and support in new life-challenging situations. Then, *initializing contact and reporting problems, responsiveness in contact,* for example requesting information from an organization, respecting the agreed goals and tasks.

In terms of trust, a clear definition of boundaries is very important to most representatives of the system and civil society organizations. They see the importance of setting boundaries in creating as professional a relationship as possible, but also in preserving professional and personal integrity. However, almost all participants state that they have certain challenges when it comes to setting boundaries, and that they managed to create boundaries over time, through experience, which most participants consider as the wrong order of learning, given that boundaries came only after the symptoms of stress which affected their private and professional life.

When asked *How would you assess the relationship of trust you have built with persons who have survived SGBV,* most professionals said they have a good relationship, despite the fact that the trust is never given easily. A slightly lower number of professionals estimate that the relationship of trust is good, but with certain ups and downs (exact data can be found in the graph below).



Graph 6 Assessment of the relationship of trust between the professionals and victims

Participants agree that openness in communication leads to a deepening of conversation and sharing personal experiences, which contributes to the establishment of a relationship of trust.

"....then you realize that they didn't come just because you are a doctor, because they didn't come because of the health problem; they talk about things that are not related to health, but they come because they trust you as someone who provides support." - Representative of an international organization.

According to one of the participants, "migrant women are exposed to violence by their husbands, partners, male family members, smugglers, landlords (when they are in rented accommodation), and police officers (in situations when they would intercept them and use a position of power due to irregular movement). Because of all this, they are very closed off and it is highly difficult to establish any relation with the outside world".

For our respondents, establishing a relationship of trust is a key link in working with women who have survived gender-based violence. "Because of everything they know, it's hard for them to believe that someone is there to help them. They are not used to that kind of support", one of our respondents said. Another participant, with many years of experience in working with women who suffered violence shared her opinion on establishing trust, "I have no expectations from her, nor do I encourage her to exit the situation of violence, I simply inform her of all available options. I'm afraid she won't call me unless she decides to stop it all. I give her information on what is available, I tell her that we have worked with women in a similar situation, and there are those who have managed to get out, without any pretensions to her".

Most of the participants agreed that it takes time to establish trust because "it can't be fast, it can't be when and how you want it". A relationship of trust must be built. Some of our respondents shared that they never managed to reach some women, even though they did everything they could from their point of view.

To establish a relationship of trust, the participants who spoke with us said that it is very important to share information with women, but only those that have verified sources.

"I never work alone - I neither want nor need that kind of power. My work methodology involves forming a multi-sectoral group of professionals around the woman we work with. I believe that adequate assistance can only

come from the intersection of different knowledge and different angles of understanding the position of a woman. Believe me, I think all the time how important it is to try not to do harm and not to condemn decisions if the victim returns to the abuser, if she still has far more trust in him than in anyone else. And that is why I think it is crucial to give as much information as possible, so that a woman can make an informed decision", said one of our respondents. The conclusion of several of them is that "if a woman is not informed, she falls through the system".

Cultural context and language barrier

The main means of communication in working with SGBV victims is the language. Given that these are women and children who come from other language areas, the language barrier can be a great challenge in the exchange, as well as in establishing trust. Therefore, cultural mediators and interpreters represent an important link in working with the migrant and refugee population and, according to the focus groups' participants, there are numerous challenges in this area. Since 2015, with the growing migrant crisis, the need for interpreters has also been on the rise. The need for employment of interpreters was high, but that growing need influenced the shift of employment criteria predominantly on language skills, while training for work with migrants and refugees and recognizing gender-based violence failed to sufficiently cover this circle of professionals. As the greatest fear in working with women with the experience of violence, one of the interviewed social workers stated that she was never sure what the interpreter's personal attitude on gender-based violence was, because "personal attitudes greatly influence the interpretation".

"In the context of working with women from the refugee and migrant population, it is inevitable to mention cultural mediators and interpreters. The relationship of trust has so many gradations, and the communication does not take place in domicile language and directly, but through an interpreter. We can conclude that the cultural context and language barrier are closely related to the relationship of trust. The way in which communication is established, understanding that the victim receives (in terms of the cultural context) has a direct implication on the relationship of trust that is created."
- Representative of a local civil society organization

Transit context

The fact is that for many women who pass through Serbia, the goal is actually to reach the countries of the European Union. In addition to the fact that some women stay in Serbia for years, they often see their stay as temporary. This is why it happens that women do not report violence until they arrive in the country of final destination, which can take years. On the other hand, the participants point out that the context of transit was often used as an excuse for the system not to create services and not respond to the needs of women and protect them from violence. Therefore, according to focus group participants, it often happens that a woman thinks that while she is in Serbia, she does not have the right and opportunity to get out of the situation of violence.

"... There is also a distortion of the system due to the growing number of men and boys - the entire response of the system is created according to the needs of a larger group, and we must explain all over again why it is important to create programs for women and girls." - Representative of an international organization

Lack of systemic support

Reduced resources of state institutions, lack of professional competencies, as well as the lack of mechanisms to hold them accountable in case of omitting, violation of procedures and discrimination of victims, secondary victimization, lack of sensitivity in conduct, long procedures aimed at discouraging a person to persist in them, non-application of legal solutions, these are some of the challenges that professionals cite when it comes to systemic support, which is often lacking in cases of gender-based violence in this population.

Participants largely recognize the responsibility of the system and individuals, but also cite individual donors as an important factor in maintaining a state in which the system does not function, but funds are still directed predominantly through certain parts of the system.

They state that one of significant systemic challenges is the production of normative solutions, which do not contribute to solving problems in practice, and mention procedures and documents that recommend certain actions few adhere to in practical work due to their inefficiency.

On the other hand, some of the participants realize that inflexibility of the system contributes to the fact that existing solutions do not meet the needs in practice, and that women who come from other cultures may have different needs, which is why it is necessary to adjust the services accordingly, and this is much harder to achieve in bureaucratic and centralized state apparatuses.

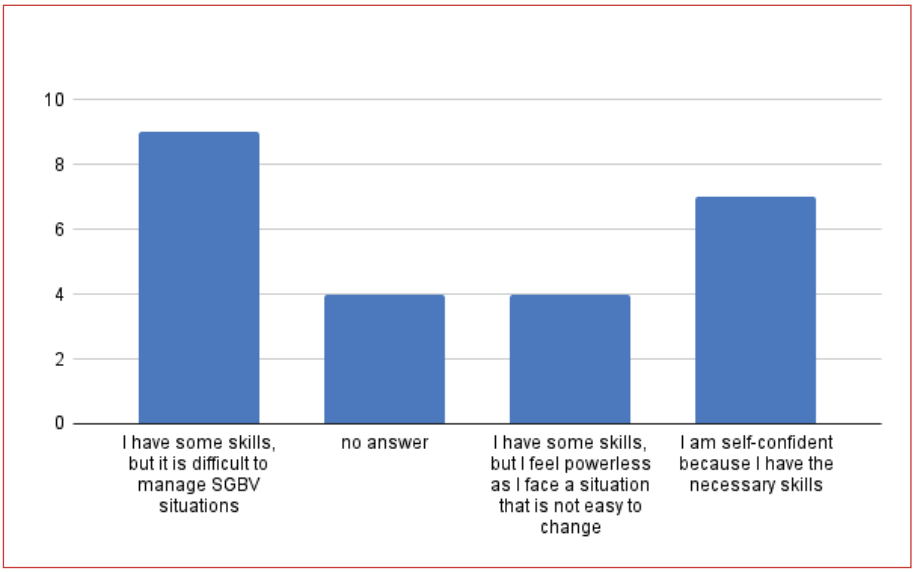
"I am not aware of any cases of a migrant woman participating in the creation of an IPS in her own language. Even when some of them would come to a case conference, it would not be held in their native language, not even the part they are to participate in. There is no basic participation even in the debate about things that concern their own lives. It is not disputable, everything is written in the law, but they do not receive a minimum of services, nor do they exercise their rights." - Representative of an international organization

One of the colleagues we spoke with believes that *"when working with victims of gender-based violence, it is necessary to have a holistic approach, and that it is perfectly clear how important, if not crucial, the mental health component is in such situations".* He believes that the biggest shortcoming of our system is that there are no specialized SGBV legal officers who would lead the asylum procedure. Also, legal representatives are not certified, and this type of representation can be done by anyone without a law degree. There is no specialization and because of that there are numerous omissions that lead to a small number of those who manage to get asylum. He believes that you, as a proxy, should "plant the idea" and that it should become a binding practice.

7.1.3. Difficulties faced by front line workers in their work with women who suffered from SGBV (considering also managing stress and burn out)

When it comes to self-assessment of the ability to face the challenges that exist in working with victims of gender-based violence, participants recognize that they have certain skills but that it is difficult to manage challenges in the situation of working on these cases (Graph 7).

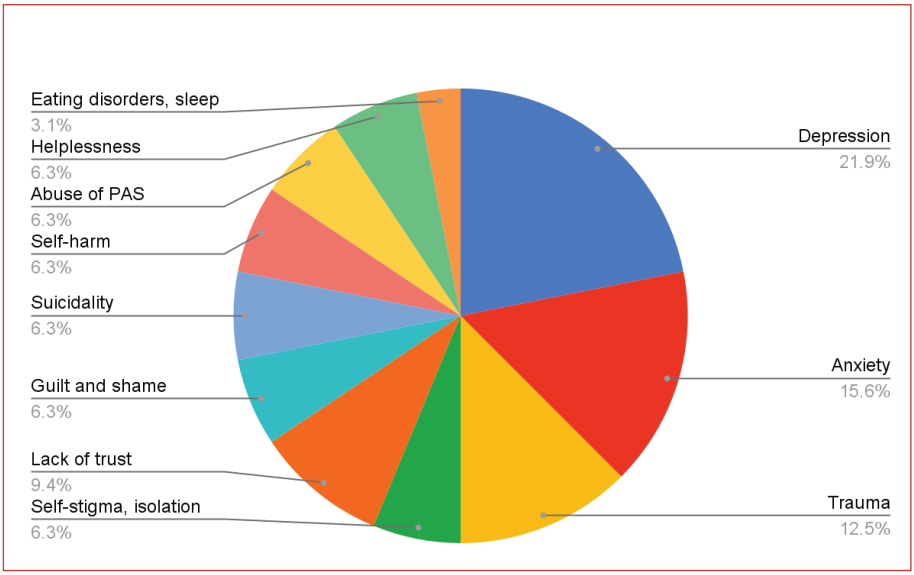
Among the skills necessary for work with victims of gender-based violence, participants listed interpersonal skills, containment[77], empathy, sensitization, education and continuous work on the improvement of personal strengths and capacities.



Graph 7 Self-assessment of the professionals' capacities to manage cases of SGBV

When it comes to the aspects of the impact gender-based violence has on the mental health of victims, focus groups' participants state that the most common consequences for the mental health of SGBV victims, in their experience, are depression, anxiety, and traumatic reactions. Graph 8 shows the most common responses of participants in focus group interviews when it comes to the consequences for the mental health of victims.

[77] https://psychology.wikia.org/wiki/Psychological_containment, accessed on August 2, 2021



Graph 8 Aspects of the impact SGBV has on the victims' mental health

When it comes to dealing with stress-induced behavior, research participants mostly state that they recognize their capacity to deal with stress, while 13% of professionals stated they do not have the skills to deal with this type of behavior. Participants who recognize this skill in themselves stated that they strive to create a safe environment, and to recognize the needs of the person, provide them with access to safe and specialized support, and be there for them. A significant number of professionals recognize that they often need more intensive external support to deal with this behavior, stating that they turn to supervisors, team, superiors and other forms of support, and that they are often in a position to recognize signs of fatigue, stress, burnout, and even secondary trauma.

"It is highly important to respect the needs, assessments and attitudes of the SGBV victim (without condemnation), to cultivate empathy in working with victims, eliminate prejudices, work on helping the victims establish a relationship of trust with service providers and institutions, not insist on providing support if the victim does not want that, avoid retraumatization and implement protection measures only with the consent of the victim, inform the victim well and take all available social control measures." - Representative of a local organization

All participants of the focus groups state that in their professional experience so far, they have had the opportunity to notice in themselves and

their colleagues the symptoms/conditions caused by stress of working with victims of gender-based violence. They state that the symptoms highly differ, but usually vary on the continuum from complete helplessness to absolute dedication to work and unconditional commitment to work tasks.

"Because of the burnout, I am no longer able to take more responsibility on my shoulders, I have not taken on new cases for a year. I go to regular therapy sessions outside of the organization I work in. We also had team building activities but that's not the same. I literally couldn't sleep because of one case of SGBV, and it had never happened to me before. The woman was doomed to failure, and I was helpless and had no idea how to help her. That's when I felt burnt out for the very first time. Talking to colleagues helps a lot, but it's not enough." - Representative of a local organization

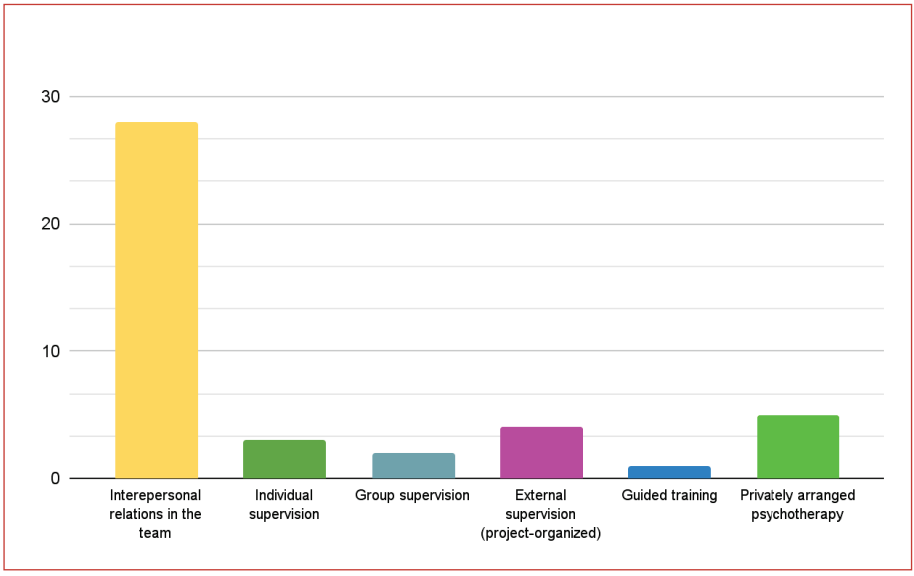
Some of the participants state that the savior syndrome[78] may be more difficult to recognize, or it may be appreciated by the superiors, which further maintains the culture of burnout as a desirable behavior.

"I've seen what it's like when burnout is considered a potential gain for the organization, or a testament to commitment, and there are actually a lot of signs of burnout. All this has negative effects, and teamwork is important especially in these contexts which involve communication with a large number of people, both beneficiaries and associates in the field. That is why the support system for associates in the field is very important, and that is why it is necessary to nurture the culture of support within the organization, from the management, freedom to communicate and seek help." - Representative of a local organization

A significant difference can be noticed when it comes to the available support network for professionals to cope with the stress caused by working on SGBV cases. Out of the total number of organizations (domestic and international) and state institutions, only one state institution has support in the form of external supervision, which is not aimed at supervising and managing the work within a particular case, but at improving personal and professional capacities. As an example of good practice, a colleague from the non-governmental sector noted that in their organization there are anonymous vouchers which employees use to go to sessions with psychiatrists and psychologists, and that their superiors do not know who used the service by name, only the number of sessions that were used during

[78] https://theswaddle.com/why-people-with-a-savior-complex-sacrifice-their-own-needs-to-help-others/, accessed on August 3, 2021

the month. The practice they go to is private and external, which enables confidentiality and at the same time protects employees from any form of peer condemnation. Of the total number of participating local civil society organizations, three organizations have continuously available support in the form of supervision, while other organizations have had the opportunity to sporadically engage external support, stating that these were mostly highly stressful situations the team was exposed to, that support was project-based and has not been continued with. Representatives of international organizations that participated in the research had the opportunity to provide support to their implementation partners from time to time, while within two organizations this support is also available to the team. Graph 9 shows the most common sources of support used by participants from focus groups, and it should be noted that interpersonal relations, which are most often mentioned, are not a formalized form of peervision, but an informal support network formed within the team. As an example of support within the team, participants often point out socializing and spending time outside of work with team members. According to them, this period is often used to discuss problems at work, but also personal challenges and difficulties, since they feel that they cannot get understanding and support from other people from their environment because they do not know the nature of the job. Of all the interviewees who mentioned



Graph 9 Resources for overcoming stress in professionals

relationships in the team as a support resource, 93% meant spending free time talking to other team members.

When it comes to support that professionals feel would be effective in dealing with stress, most of the participants in the focus groups stated that it is necessary to change the narrative when it comes to seeking help and preventing burnout and secondary trauma. They pointed out that it is especially important to recognize the need for continuous care for employees and investment in their mental health.

"I would like for this topic of mental health of frontline workers to become a standard, and not an additional luxury. It is my impression that this topic is not sufficiently promoted as a standard, not only in Serbia but globally. Only when it enters into international documents dealing with standards of service delivery and humanitarian work will we have a basis to look at this need as a standard and to insist on it." - Representative of an international organization

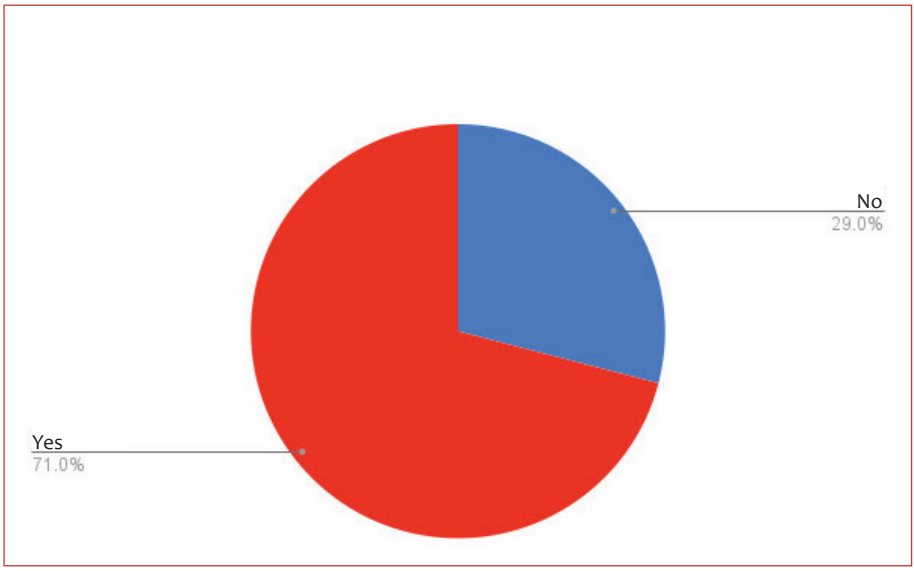
"You know that working for a small salary, and a good part of us in social protection is exposed to it for years, makes a big difference. You don't have enough for a normal life, you can't go on vacation, and vacation is a luxury. And when you live like that for years, sinking emotionally, you can't see further from today, you are under existential pressure all the time. Only now, after all these years, I have mechanisms on how to protect myself, to take care of myself. I have developed a breathing technique, I watch comedies, hang out with friends, I have a pet that I love. I have been practicing all this for years; I practiced how to be better to myself." - Representative of an international organization

"I was in a situation where I went to.... and a man from Iraq was sitting across from me, he didn't say anything, just - I got here, I don't know what to tell you, you can do literally anything you want with me, I have nowhere to return to, my wife is gone, my children too. I have no mother, father, or brother. They destroyed the house, killed them all, so do whatever you want with me. I only remember that I cried and cried so much right there in front of him. He didn't say anything stressful, that is, nothing that I hadn't heard before, but I couldn't stop it. You just reach a point where you can't take it anymore." - Representative of a state institution

7.1.4. Training needs and opportunities

The highest numbers of professionals, 71% of them, who work with SGBV victims, have completed training on mental difficulties experienced by SGBV victims. On the other hand, the number of professionals who has not undergone training is 29%, which is still a high number given the need for professionals to be sensitized in working with SGBV victims in order to better understand the victim's position, needs, and cultural context. Taking into account these results, which still show a significant number of untrained professionals, it can be concluded to some extent that further investment is needed in raising awareness of the recognition of gender-based violence among professionals dealing with this topic.

One of the respondents cited as the biggest issue in this area "the fact that people went to the field without any training. It was terribly frustrating, especially the fact that those who are not sensitized cannot do this job (even if they have been trained)". She said that she witnessed chasing indicators at any cost and doing everything to the detriment of the best interests of the woman victim, which was devastating. She also cited as the greatest difficulty additional exposure to the risks of the victims themselves, through the counseling of uneducated workers. Also, some of the participants stated that the trainings that take place in Serbia are often



Graph 10 Professionals who have been trained to work with mental challenges of SGBV victims

boring and useless, as well as that they are useful only to those who do not have any prior knowledge on the topic.

Professionals who underwent the training believe that it was useful, that it helped them develop knowledge and skills for working with SGBV victims. Most of the trainings were conducted by non-governmental and international organizations, namely: PIN, UNICEF, Atina.

The focus groups' participants believe that it was useful the trainings helped them get acquainted with the procedures, gave them an opportunity to connect with other colleagues who work similar jobs, to learn some communication techniques and actions in cases of gender-based violence. They evaluate practical parts of training as the most useful (role play, experiential games), along with specific guidelines for work, and self-care techniques at a specific level that can be applied.

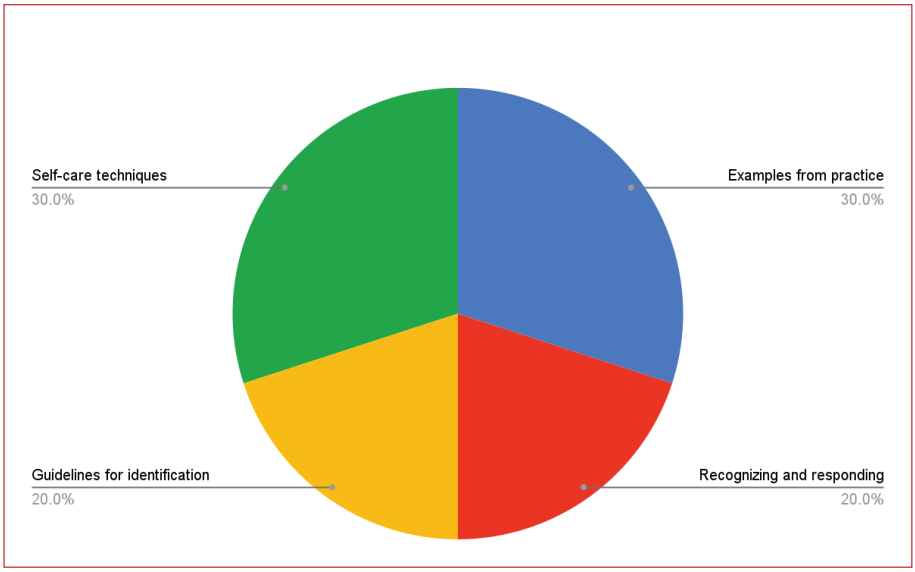
"The trainings helped me learn the procedure, to recognize the consequences, to feel a little safer in the situation when I work with potential victims. I think it's a base we couldn't do without, but when it comes to taking care of myself, it seems that it all boils down to - burnout is bad, take care of yourself - and that's the end of it." - Representative of an international organization

The participants point out that a lesson learned from the previous period is that everyone who comes into contact with potential victims, especially interpreters and cultural mediators, must be included in specialized trainings, which, as they say, was not the case at the very beginning of the training realization. A comparative analysis of data concludes that representatives of organizations who have had experience in specialized training are mostly persons who are actively engaged in the positions of GBV officers, i.e. professionals who provide support to victims of violence. Legal representatives, medical workers and police officers had the opportunity to attend these trainings in a significantly lower percentage (n=2).

Respondents believe that a set of skills every professional should have in working with SGBV victims includes: empathy, assertiveness, self-control, good psychological boundaries, skills of working with beneficiaries and how to act in certain situations, active listening, patience, understanding, and gentleness.

All research participants agree that training programs should be developed in the future with the aim of improving the knowledge of professionals on how to recognize violence, provide psychological first aid, as well

as develop a set of self-care skills and prevent secondary trauma and burnout.



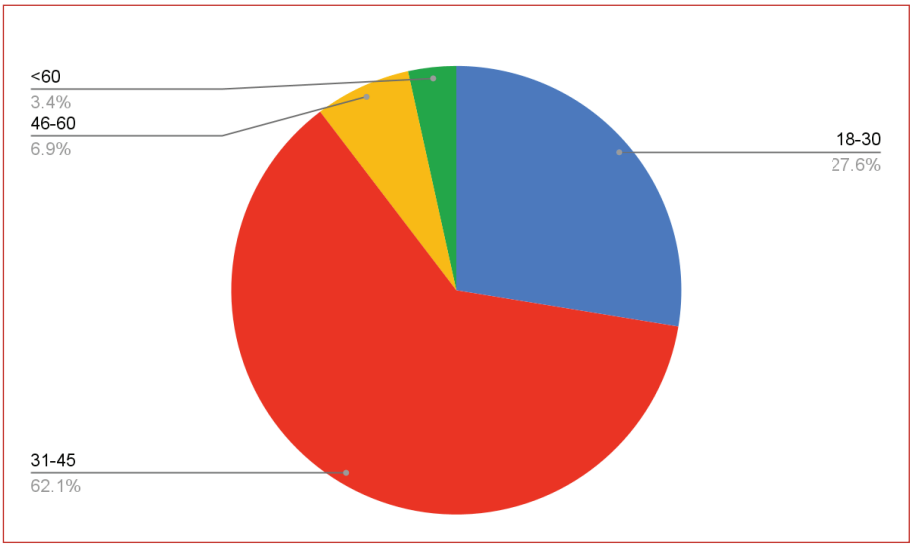
Graph 11 Content of training for professionals

"The main thing I learned is what I should not say, and that is crucial for my work today," one of the participants shared. There were also those who feel that trainings were "subsequent, but not adequate, knowledge" and that they could not provide the "know-how" of doing things in practice. One of the colleagues praised different practical approaches such as theater workshops (theater of the oppressed), and various role plays "because they can somewhat prepare you for what is to come". For some of them, the most valuable was the practical work within the training, mentoring and supervision of more experienced colleagues.

8. Data analysis from the FG/interviews to women survivors of SGBV

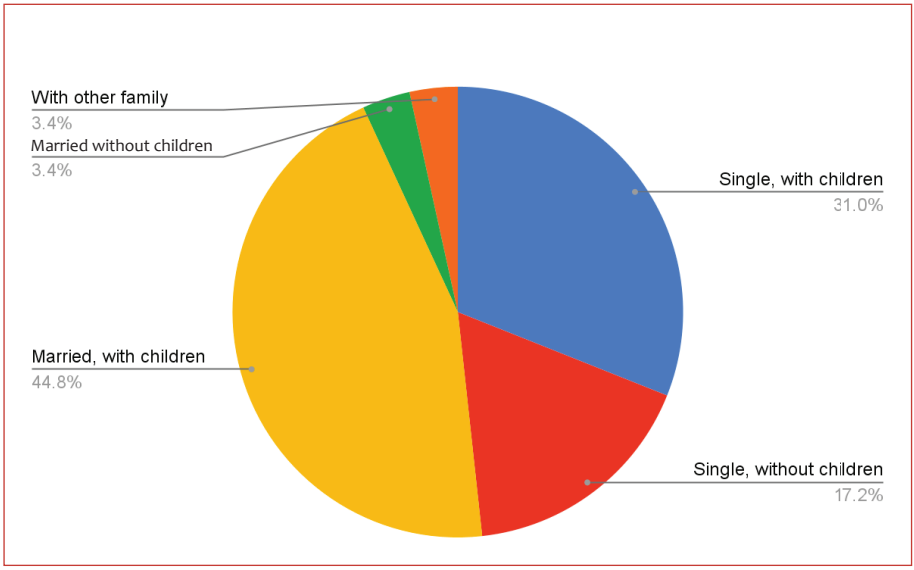
A total of 29 women from the refugee and migrant population also participated in the research. Beneficiaries of NGO Atina's program who were identified and referred as women with the experience of SGBV took part as well, some of whom had been while others still are residing in NGO Atina's safe accommodation. Among research participants were members of the Advocacy Group, founded by NGO Atina and made up of migrant women with the experience of SGBV, who advocate for the improvement of the protection system for refugee and migrant women. In addition to them, women accommodated in asylum and transit-reception centers, who used services and programs of support and protection provided by non-governmental organizations also participated, and individual interviews were conducted with all respondents with the support of a cultural mediator.

The highest number of respondents belongs to the age category from 31 to 45 years, while the least represented is the category of beneficiaries over 60 years of age.



Graph 12 Age of women migrants/refugees

Most of the respondents are married and have children, followed by women traveling alone with children, whose husbands have either remained in the country of origin, or whose families have separated during the trip. Among them, to a smaller extent, are also women who came to Serbia with husband and children, but because of the violence decided to separate from the partner who committed the violence.

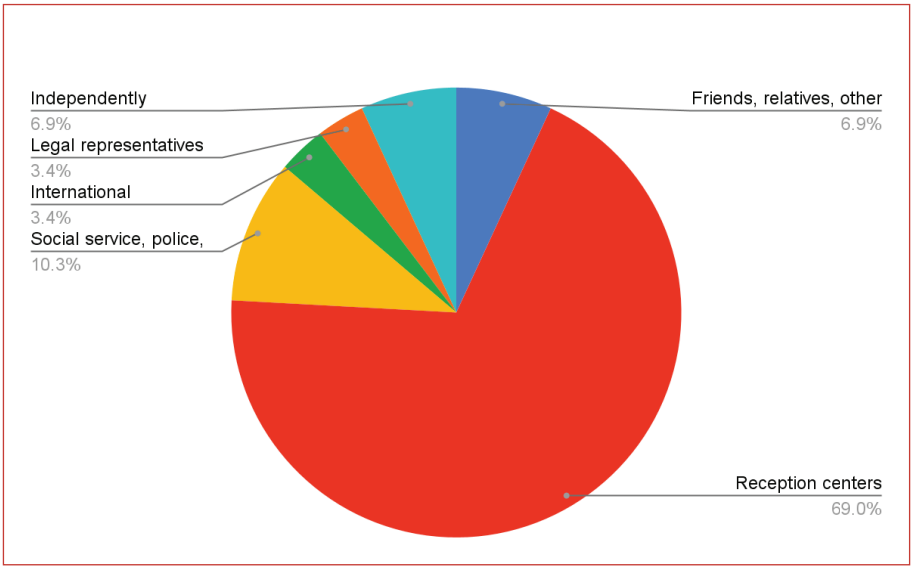


Graph 13 Family status of respondents

In terms of the current status of the beneficiaries, the majority of respondents identify themselves as refugees (65.5%) and are considered refugees due to the experience of persecution in the country of origin, i.e. circumstances in which they could not continue their stay in the country of origin, have received asylum or other form of protection in Serbia. On the other hand, a significant number of beneficiaries are in the status of asylum seeking, which in legal terms means that they are registered in Serbia as persons who have expressed an intention to seek asylum, but have not yet had the first interview to enter the asylum procedure (34.5%).

8.1. Main findings on SGBV protection services accessibility from the point of views of the target group

When it comes to contact with service providers, most of the respondents state that they made their first contact in the reception centers where they stayed after arriving in Serbia, and then through the police, center for social work, hospitals, and the like.



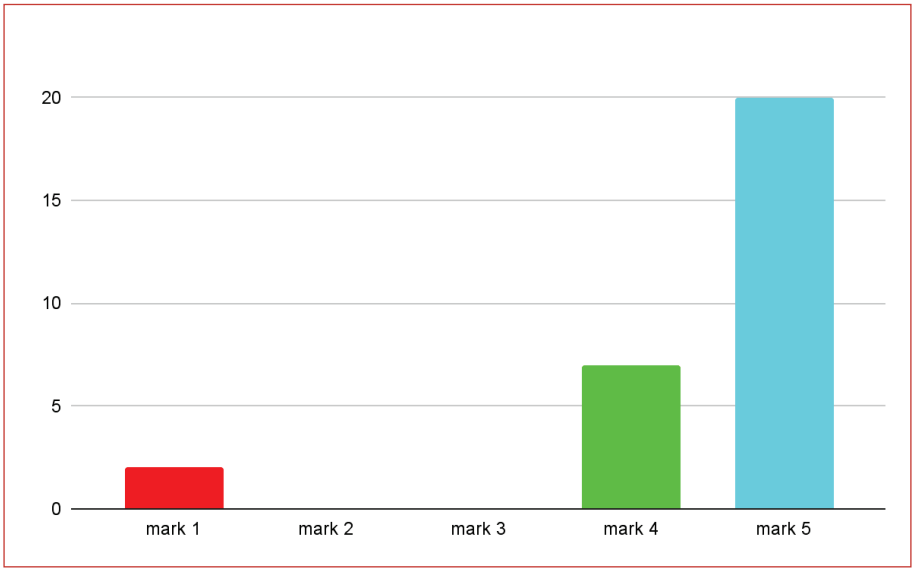
Graph 14 Contact with service providers

Respondents state that the most significant aspect of the support program was safe accommodation (15), then the provision of psychosocial support, i.e. the feeling of security and support they had (10), then health care, specifically providing examinations and prescribed therapy (7). Respondents pointed out that material assistance, i.e. safe access to food and NFIs was also of importance (5), as well as educational and recreational content within which they have the opportunity to change the environment, meet new people and improve their skills and fill free time (5). Respondents who used NGO Atina's programs stated that the opportunity to participate in the work of the Advocacy Group, implement projects,

activities and advocate for change among decision-makers was of great importance to them (4).

8.2. Main findings on the level of satisfaction and participation on protection services use

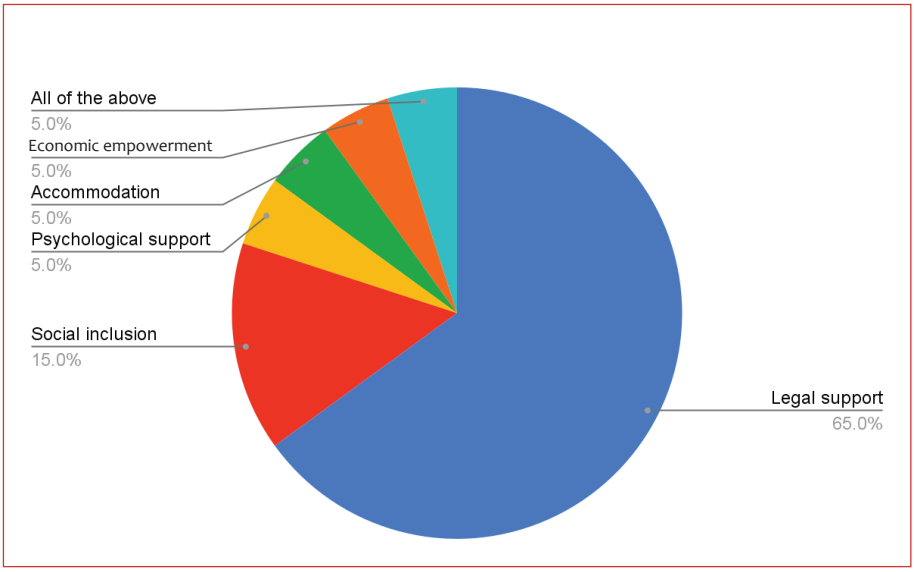
Respondents were asked to rate their relationship with professionals within the support they received, without further exploration in this matter; they were asked to rate their overall experience and relationship with frontline workers with whom they have had contact so far. Chart 15 presents the respondents' degree of satisfaction with the cooperation with the service providers.



Graph 15 Relationship with professionals within support programs

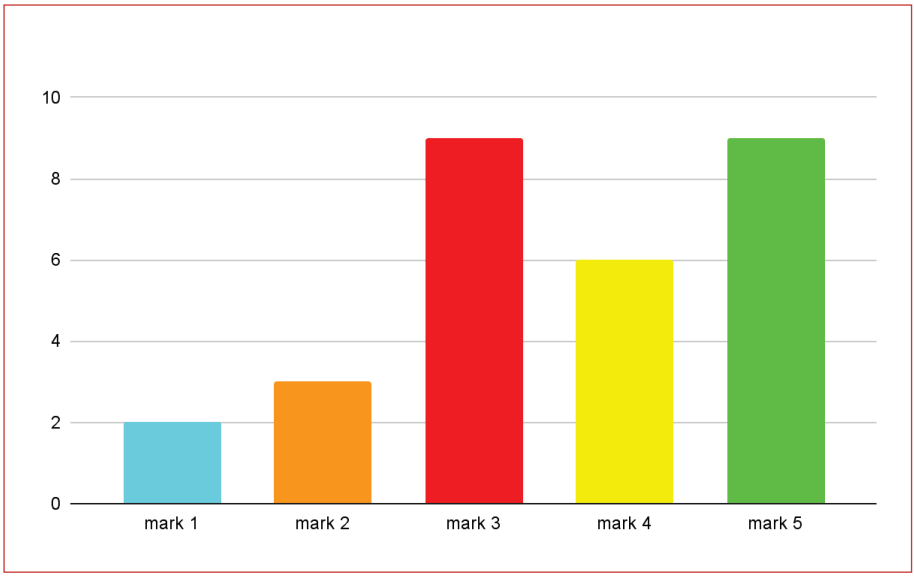
Comparatively viewed alongside the response of professionals to the question of how they see the relationship of trust they managed to achieve with beneficiaries (Graph 6), the data indicate a match. On the other hand, extremely high scores when it comes to relationships with professionals (average score 4.48) must be taken into account in the context of the respondents' previous experience (in the country of origin and during the journey), as well as that participants were interviewed by persons hired by NGO Atina whose programs they were in.

When it comes to space for improving services, most beneficiaries see the need to improve legal support for women victims of SGBV, and then to improve social inclusion and education. Graph 16 shows the share of respondents' answers.



Graph 16 Improving the aspect of support for victims of SGBV

When it comes to assessing satisfaction with the services provided by state support services, it should be noted that many respondents primarily needed to have state service providers distinguished from NGOs or international organizations, as well as different levels of responsibility and mandate among these support providers. After the given explanation, the distribution of answers was as follows:



Graph 17 Satisfaction with state service providers

Compared to the assessment of relations with service providers (Graph 15), there is an evident difference in the degree of satisfaction, with the average satisfaction with state support services being marked with 3.58. This result can lead to two conclusions, one of which leads to thinking that, once the share of relations with service providers from the civil and international sector is excluded, respondents are less satisfied. The second conclusion, however, leads to participants showing greater satisfaction with professionals they are in direct contact with, regardless of the institution/organization they represent, while not maintaining the same satisfaction when it comes to available services and support at the systemic, state level. In both cases, this discrepancy should be further explored in some of the following research dealing with feedback and evaluation of available services.

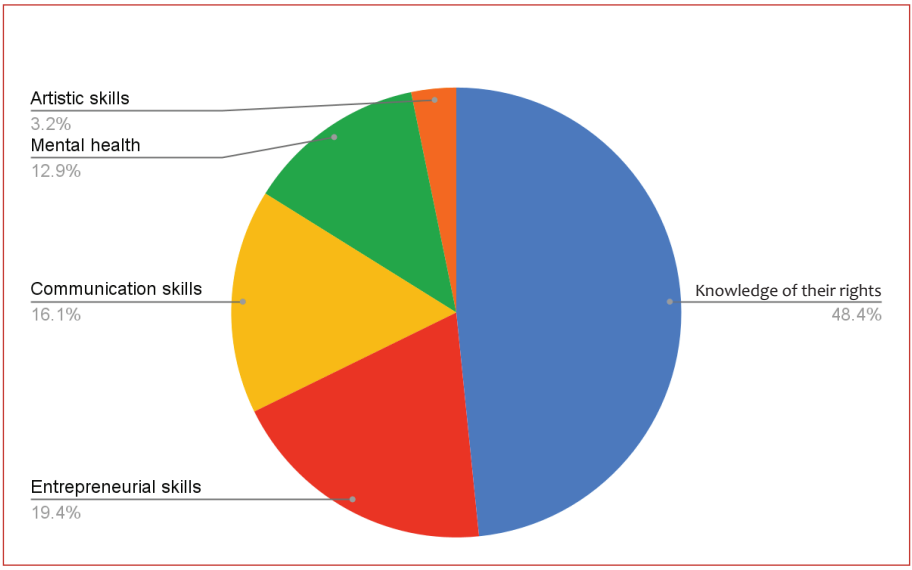
8.3. Main findings in relation to making long term plans and social support

Respondents state that for planning for the future, they are most confident in the existence and availability of programs of economic empowerment and acquisition of skills. They state that such activities help them cre-

ate plans for the future and independence. Respondents believe that the goals achieved by these programs are twofold; in addition to structuring time, mental hygiene and prevention, they also contribute to empowerment in the sense that they can take control of their own life and future.

Respondents state that the courses they attended and for which they received certificates of acquired knowledge meant the most to them (30%), followed by language courses in English and German language (21%).

When it comes to the necessary skills and competencies for planning the future, respondents recognize that they need information about their rights and possible alternative solutions. Graph 18 shows the distribution of the respondents' answers.



Graph 18 Skills and competencies necessary for planning of the future

9. Conclusions

Having in mind the content of the presented acts related to the fight against gender-based violence and providing support to victims, it can be concluded that mental health is not mentioned many times, and that the focus in most of these documents is on psychosocial support to victims. The need to ensure the mental health of SGBV victims and to provide support services that will lead to its preservation and improvement stems in particular from the Istanbul Convention, as well as from the recently adopted Strategy for Prevention and Combating Gender-Based Violence against Women and Domestic Violence. On the other hand, it seems that legal regulations and bylaws do not sufficiently follow the obligations from international conventions and plans outlined in strategic documents. Similar findings are present in the GREVIO report on Serbia from 2020,[79] as in the section on Specialist support services, it states the following: "Much-needed counselling and long-term psychological support and trauma care thus seem unavailable for most of the forms of violence covered by the convention. GREVIO notes with concern that important policy documents such as the General Protocol for Action and Cooperation of Institutions, Bodies and Organizations in Situations of Domestic and Intimate Partner Violence do not distinguish between general and specialist support services, suggesting the need for more recognition of the need to offer specialist support services for all forms of violence against women".[80] This therefore means that the obligation to provide psychological support and preserve the mental health of victims needs to be better and in more detail regulated, in order to ensure that such support is available to all victims.

As some of the victims of SGBV are accommodated in safe houses, it is important to mention here that safe houses intended for women victims of violence do not function on the basis of a single general act, for example the rulebook on the work of safe houses, but on the basis of individual acts adopted for each of these shelters individually. The obligation to provide psychological support to women accommodated in shelters does not arise from a joint act, but is prescribed at the individual level, and left to particular and possibly different definitions of the types of support provided. Therefore, in the Rulebook on work, financing and conditions for

[79] https://rm.coe.int/grevio-report-on-serbia/16809987e3

[80] GREVIO report on Serbia (2020), point 124, p. 33.

exercising the right to accommodation in the shelter for women and children victims of domestic violence and victims of trafficking in human beings on the territory of the city of Sombor (north Serbia) adopted in 2012,[81] it is stated in Article 2 that this shelter provides "counseling and psychological support" to victims, while, for instance, in the Decision on establishing a safe house for women and children victims of domestic violence[82] which operates in the City of Niš (south of Serbia), in Article 5 it is stated that this shelter provides "counseling-therapeutic and social-educational services" to victims.

As for the victims of human trafficking, who shall also be provided with psychological support, according to the Council of Europe's Convention against Human Trafficking, the problem is that there is no state-run facility in which such support could be maintained. In other words, the only available and specialized safe accommodation for victims of trafficking is the one operated by NGO Atina, which also provides psychological support to victims. The state-run Center for human trafficking victims' protection, although its name contains the word 'protection', does not mention mental health nor psychological support to victims in Article 9 of its Statute,[83] alongside other activities for which the institution has been authorized. It is only stated that it coordinates the provision of social protection services to victims of human trafficking (Art. 9 para. 4). This is in line with the GRETA report on Serbia from 2018,[84] which in point 120 stated that "The Centre for Protection of Victims of Trafficking is responsible for establishing victims' needs and referring them to assistance, which includes accommodation, psychological and financial assistance, counselling, information, medical assistance, access to education, the labor market and vocational training".

As for the support services available to victims in local communities, they are listed in local decisions on social services adopted by each self-government unit in Serbia. However, in a large number of these decisions, human trafficking victims are not explicitly mentioned as a beneficiary group that can be provided with psychological support. On the other hand, in many of these communities, psychological support is not available at all, no matter

[81] http://demo.paragraf.rs/demo/combined/Old/t/t2012_03/t03_0327.htm

[82] http://demo.paragraf.rs/demo/combined/Old/t/t2011_01/t01_0230.htm

[83] http://www.centarzztlj.rs/images/Akti/1_Statut_CZZTLJ.pdf

[84] https://www.coe.int/en/web/anti-human-trafficking/-/greta-publishes-second-report-on-serbia?desktop=true

the type of beneficiaries listed in local decisions. This means that despite being obliged by the provisions of the Council of Europe's Convention against Human Trafficking, Republic of Serbia does not provide sustainable psychological support to victims of trafficking, nor does it determine such an explicit responsibility or competence in the Law on Social Protection or any other legislative act. Hence, this legal gap should be addressed by some new or amended law in this area.

In regards to refugee and migrant women and children victims of SGBV, regardless of the fact that the normative framework theoretically determines that support services, including psychological support to victims of violence, shall be as available to them as it is to Serbian nationals, the factual situation does not always go in line with normative provisions. Therefore, in the GREVIO report on Serbia from 2020, it is recommended that Serbian authorities "strengthen the system of protection and support from violence against women available to women asylum seekers residing in asylum or reception/transit centers by ensuring their de facto access to support services such as domestic violence shelters and counselling services outside of reception facilities".[85]

The results of the research show that most professionals who are in daily contact with women victims are in a situation of high workload, the number of women in contact with professionals must be considered contextually in terms of the type of support the organization provides (long-term programs or slow procedures which require the organization remain in contact with the person it represents for a long period of time). In addition, taking into account the official number of women who pass through or stay in Serbia annually,[86] we can conclude that if women make up 4.5% of the total number of refugees and migrants, and professionals who deal with protection and support, as well as identification of SGBV cases testify that on average they come into contact with up to 100 women potential victims a year, a simple calculation shows that every third woman refugee survived SGBV. The statistics are very similar when it comes to children, because if we take into account that in 2020 10% of children were registered in the refugee and migrant population, i.e. about 660 children,[87] and that respondents state that on average they work and recognize between

[85] GREVIO report on Serbia, 2020, point 270 (a), p. 62.

[86] https://www.unhcr.org/rs/izvestaji-iz-srbije, accessed on August 12, 2021

[87] ibid

40 and 100 children victims of SGBV, it can be concluded that children are also greatly affected by violence.

As the results of the research show, women, and especially girls, who travel alone are at the highest risk of remaining unrecognized and invisible to the system, especially if they are forced to resort to survival strategies such as uniting with other families or a group of people whom they introduce as their relatives or family. This makes them become completely invisible to the system of recognition and protection, and on the other hand extremely vulnerable to various forms of violence and exploitation, with the absolute position of dependence and intimidation that a person who commits violence has. All other groups of women at risk mentioned by the respondents have been identified to a certain extent, and their needs have been responded to within the framework of programs and activities implemented by both state and non-governmental organizations, and financially supported by international organizations. A comparative analysis of identified women at risk and available programs and activities concludes that, over the years, programs have been developed that aim to encourage women's economic independence, improve skills and education, and support them in improving parenting capacities.

Looking at this more broadly, invisibility for the system, lack of recognizing individual specifics, as well as cultural conditioning, and on the other hand observing women as a homogeneous group with the same needs and challenges, leads to the creation of programs and activities that insufficiently detect cases of gender-based violence. There is a lack of long-term support programs that are not based solely on individual empowerment or occupational activities, which would enable the recognition and understanding of multiple discrimination and multiple vulnerabilities faced by certain women from the refugee and migrant population (trans women, women forced into polygamous communities, women who are forced into marriage out of patriarchal and oppressive practices in the country of origin, girls who are forced to be mothers and wives, etc.). There is also a lack of appreciation for the concept of intersectionality when thinking about migrant and refugee women.

On the other hand, professionals who see the need to improve these blind spots in the system face the challenge of lack of funding for women's programs, universalization of programs, lack of service development, and adaptation of programs to the needs of the male majority.

In this irreconcilability between the needs and reality, many professionals recognize the source of their own feelings of helplessness, stress and frustration, which later manifests itself in direct work with beneficiaries, creating a vicious circle of dissatisfaction and lower quality of service and relationships. It has been confirmed in this research as well, when it comes to the satisfaction of respondents with services, which clearly speaks of lower satisfaction when it comes to services provided by the system, taking into account that these services are the least individual and offer basic support without the ability to become invested longer and more specifically in individual needs.

As the services of the system are mostly created according to the needs of the majority in the domicile population, its adjustment should not only respond to the individual needs but also to the cultural needs of this group. Some of the biggest challenges that arise are technical in nature, and relate not only to the low number of interpreters, but also the lack of adequately trained interpreters, which is directly related to the challenge of qualitative nature, i.e. the difficulty of establishing a relationship of trust, given that it is realized in these cases indirectly - through an interpreter. The established relationship of trust is often recognized through the responsiveness of the beneficiary, i.e. their return to the professional and seeking support, as well as openness to conversation. In the long run, if professionals do not have available resources in the community they can rely on in order to respond to the needs of the beneficiary, appreciating the relationship of trust they have achieved and openness in communicating all the needs, this situation will lead to burnout, as evidenced by professionals. Speaking of the challenges in work and lack of services, the need to respond to the aspects of the impact of SGBV on mental health by providing or referring to specialized support and services, and creating a safe environment, but also noticing the lack of such services and resources, professionals remain in a position of continuous training to recognize cases of SGBV, but in practice they cannot provide alternative and necessary solutions due to a number of circumstances at the system level. Therefore, professionals seek support, both supervisory and psychotherapeutic, in order to prevent the symptoms of stress they cope with and the helpless position in which they often find themselves, which is conditioned by the fact that a large number of people they work with perceive Serbia as a transit country.

The underdeveloped culture of caring for employees and investing in the mental health of frontline workers, as well as the dominant narrative of self-sacrifice and its appreciation, was also confirmed by the manifestation of symptoms of secondary trauma and burnout, as evidenced by the lack of specific forms of assistance, supervision and similar support. Also of concern is the high number of professionals who, talking about the symptoms and recognizing the need for support, recognize that these insights came only in situations when the symptoms were impossible to ignore, i.e. when they began to interfere with all aspects of their lives. The similarity of this experience is confirmed by another part of professionals who have developed habits of self-care and mental health improvement, and who came to them after learning from their own experience - facing periods of stress and helplessness. While in the non-governmental sector and international organizations there is a developed awareness of care for employees, it is still viewed as luxury and is among the first services to go when it comes to budget cuts. In state services, however, this awareness is still low when it comes to management.

Some of the efforts to provide support to professionals are reflected in the implementation of trainings, but when looking at the knowledge and skills acquired in these trainings, it is noticed that they are exclusively aimed at the beneficiary group, while there is no data on self-care skills professionals can use in practical work to improve the quality of service and support they provide.

On the other hand, women who used the services and support in Serbia, due to potential or actual experience of violence, were mostly responsible for the children they travel with as well as other family members, contrary to most professionals' expectations that women traveling alone are at greater risk of SGBV. However, this interpretation should be taken with reserve, and the assumption that the system offers more services and more frequently recognizes women who have survived domestic violence, and is more responsive in both normative and resource terms to this form of violence.

Most women received information on available support in their accommodation, which makes sense given the presence of professionals in asylum and transit-reception centers, as well as the inclusion of women in activities provided by civil society organizations, mainly targeting women who are in these accommodation facilities. Therefore, there is still an open

need to create and implement reach-out programs for women residing in other accommodation facilities, who may be victims of SGBV.

Respondents who participated in the survey stated that they would like to see improved support in the field of legal protection. It is important to take into account that respondents under legal support do not only mean support in the asylum process, but also all other information in the field of law and support in criminal procedures related to gender-based violence. Also, this analysis recommends that it is necessary to create specialized GBV legal officers who would conduct the asylum procedure, as well as create a system of their certification, because this type of representation can currently be done by anyone, even without a law degree, which contributes to numerous shortcomings and leads to a low number of those who manage to get asylum.

Women survivors of SGBV then, logically, need safe accommodation the most, but the fact that there is a low trend of accommodation of women from the refugee and migrant population in safe houses run by the state is worrying, given that money is allocated from the budget for it, and this type of accommodation has so far been covered by international organizations. In addition to this form of accommodation, the only realistically available accommodation for women victims of gender-based violence is provided by NGO Atina. As this accommodation is also project-financed, and the accommodation capacity is limited, it is a particularly big challenge to provide accommodation for women who travel with children or other family members, while preserving family unity.

When it comes to skills and competencies that respondents see as key to planning for the future, it is clear that these are the skills that ensure independent living through economic independence. However, at this point, it is not easy to conclude that these are both programs and activities in which it is necessary to invest exclusively, since these are activities which women have experienced during their stay in support and protection programs. It is worth considering whether these skills are assessed as the most important in the absence of alternatives, regardless of the fact that they logically lead to security through material autonomy and gaining power.

Taking into account the results of the research and data comparison, cyclical and causal consequences can be observed in the lack of services and systemic alternative solutions for women in need, i.e. for those with the experience of SGBV, support for their mental health and strength preser-

vation, as well as stress levels professionals experience. It is concluded that creating better and more diverse alternatives when it comes to supporting women would consequently reduce stress among professionals working to recognize SGBV, but there is a huge gap in available support programs to improve the mental health of professionals, as well as refugees and migrants.

It is possible to argue that this shortcoming actually stems from a lack of awareness of the need for mental hygiene and the importance of mental health. It is also assumed that one of the consequences with a positive outcome, after the period of the coronavirus pandemic, will be the recognition of this aspect. Especially if we take into account the model of learning from our own experience, which in this research proved to be the dominant way of recognizing the need for employee care and mental health in general.

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