THIS PROJECT IS FUNDED BY THE EUROPEAN UNION

Gender-Based Violence and Mental Health Protection within the Migrant, Asylum seeking and Refugee Population

LOVE
Law, Order, Values
Pravo, Red, Vrednosti, za migrante/azilante/ljude kojima je dodeljen azil, u ostvarivanju svojih prava bez diskriminacije
CZA
Beta
APC/CZA
CENTAR

The European Union's Civil Society Programme 2015 for Serbia

The project "LOVE (Law, Order, Values) to Migrants/Asylum Seekers/Persons granted Asylum in enjoying Rights without Discrimination", is funded by the European Union and realized by Asylum Protection Center-APC/CZA and its partners: Beta News Agency and Public Policy Research Centre. The contents of this publication are the sole responsibility of APC/CZA and Public Policy Research Centre and can in no way be taken to reflect the views of the European Union.

This joint study "Gender-Based Violence and Mental Health Protection within the Migrant, Asylum seeking and Refugee Population" was prepared by PPRC and APC/CZA as part of a campaign to draw attention to the most important issues in the asylum and migration system in Serbia.

INTRODUCTION

The recent migration context influenced by the European migration crisis taking place as of 2015, has opened up number of debates about treatment and position of migrant population within national contexts revealing necessity to focus on the position of those most vulnerable among them. It is of utmost importance to recognize different layers of their vulnerability and enable adequate protection notably in the fields that receive less intention such as the gender-based violence (GBV) and its forms - sexual gender-based violence (SGBV) and domestic violence (DV) as well as mental health protection. However, this pose particular challenge and seeks for new evidences centred on weakly addressed issues within the asylum and migration contexts. This report aims at contributing to these efforts by analysing incidences of most common sorts of GBV within the migrant, asylum seeking and refugee population in Serbia, position and protection of victims of violence. It further aims to discuss largely unaddressed issues of mental health protection and care of migrants in Serbia as to contribute to filling existing gaps within research and practice.

In order to frame discussion around conceptually selected terms, it is indispensable first to align what is meant by gender-based violence and its forms encompassed by this report. Gender-based violence, thus, refers to any harmful act that is perpetrated against one person's will and that is based on socially ascribed (gender) differences between males and females (UNHCR, 2011). However, the international and national treaties and academic literature discourse agree that victims of gender-based violence are usually women and girls which affected conceptual approaches and relevant definitions of this type of violence. The 1993 UN Declaration on the Elimination of Violence Against Women defines the concept of GBV as any act of violence "[T]hat results in, or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life" (UN, 1993). Moreover, the Council of Europe Convention on Preventing and Combating Violence against

Women and Domestic Violence (the Istanbul Convention) defines violence against women "as a violation of human rights and a form of discrimination against women and shall mean all acts of gender-based violence that result in, or are likely to result in, physical, sexual, psychological or economic harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life" (CoE, 2011). Moreover, according to Istanbul Convention domestic violence "[S]hall mean all acts of physical, sexual, psychological or economic violence that occur within the family or domestic unit or between former or current spouses or partners, whether or not the perpetrator shares or has shared the same residence with the victim" (ibid.). These definitions thus encompass the form of sexual gender-based violence as integral part of the GBV and DV. Sexual coercion and abuse also emerge as defining features of the female experience for many women and girls. Forced sexual contact can take place at any time in a woman's life and includes a range of behaviours, from forcible rape to nonphysical forms of pressure that compel girls and women to engage in sexual intercourse or other form of sexual activities against their will. The touchstone of coercion is that a woman lacks choice and faces severe physical or social consequences if she resists sexual advances (Heise and Ellsberg, 2002).

In the context of forced migrations, although underreported, GBV is frequently represented form of violence occurring in the country of origin (while being one of the core cause of migration), *en route*, transit points and in host countries with women and girls disproportionally more affected by violence than men and boys (Perisic, 2019). In addition, even in the occasions of male victims of violence the perpetrators are in most of the cases men (ibid.).

The corpus of literature in this area shows that the severity and the rates of incidences of GBV may be higher towards migrant women in any given national context (Creswick, 2017) while domestic violence against immigrant women is considered to reach epidemic proportions (Raj and Silverman, 2002). Moreover, the social and cultural values including weak legal and economic position of immigrant women in countries of destination and/or transit, as some authors confirm, have crucial impact on their vulnerability to GBV, DV and SGBV as well as the reporting incidents of these forms of violence (ibid.). Some cultural and value norms may affect the increasing incidence of GBV and notably DV while justifying violent conducts. For instance, researchers have found that in some cultures consequences in the form of DV are inevitable for women who do not abide to prescribed roles and norms and that in such situation men is allowed to 'discipline' women by violent abuses (Perisic, 2019). Likewise, immigrant context induce isolation of migrant women from their own networks, families and friends. This isolation does not take only the geographical form, but it can mean the separation from her family placing her focus on her husband's family. In addition, some cultural norms induce stigmatization of a woman by her own family and community, which can be a form of surveillance of her behaviours (Creswick, 2017). Namely, as some authors point out, women who leave their husbands [for domestic violence reasons] are commonly subjected to severe stigma and isolation, endure significant economic hardship, and have very low chances of a remarriage (Erez and Hartley, 2003). In addition, a form of DV often represented within migrant population is 'honour based' violence that occur when cultural code of conducts are infringed with the aim to punish those who breached the rules (Perisic, 2019).

Over the past couple of years Serbia dealt with increasing numbers of migrants/refugees/asylum seekers fleeing from the countries experiencing armed conflicts, oppressions and abuse of human rights, including violations related to GBV and severe discrimination. This trend continued in 2019 when 12,935 persons expressed intention to seek asylum in Serbia. Of total number of migrants expressing intention to seek asylum, majority were men – 12,052 or 93.2% while only 885 or 6.84% were women (APC, 2019). In addition, 2,939 children (22.7% of all asylum seekers) of which 823 were unaccompanied and separated minors expressed intention to seek asylum in Serbia (UNHCR, 2020; APC, 2019). Real number of migrants, including unaccompanied minors, is higher, since not all residing in, or transiting Serbia are registered, and number of people staying outside in the squats, woods, urban and border area, at every moment range between 1,000-2,000 people. It is estimated by Asylum Protection Center that 38,000 people entered Serbia only in 2019. Majority of unaccompanied minors expressing intention to seek asylum in Serbia were males. Although the number of female and children migrants entering Serbia is disproportionally smaller comparing to male migrants, the degree of vulnerability of this population is tremendously higher which, amongst other, stems from their exposure to different forms of violence experienced in the contexts of country of origin and while in transit to destination countries. However, the data on the forms and incidences of GBV, SGBV and DV faced by female migrants in Serbia (including those encountered violence in the country of origin or *en route*) are scarce, although some pilot researches and discussions about these forms of violence within migrant population have been conducted (e.g. Perisic, 2019; Markovic and Cvejic, 2017; Maric and Djurovic, 2013). Moreover, the data on the asylum seeking and asylum granting based on the persecution from GBV and SGBV in the countries of origin are not publicly available, thus it cannot be claimed to what extent GBV and SGBV represent the basis for granting asylum in Serbia. Yet the recent data from available sources (e.g. Perisic, 2019; Markovic and Cvejic, 2017) indicate that violence against women from migrant population is widespread yet difficult to be disclosed and thus processed: 64% of 162 women from migrant surveyed on the forms of violence while residing in Serbia stated that they faced some form of violence, while close to 77% of respondents witnessed violence against other women and girls (Markovic and Cvejic, 2017). The violence was occurring in the countries of origin and in transit and violators were police officers, women's partners and smugglers (ibid.). Moreover, as per this research, the most vulnerable and exposed to violence were women and girls who have been travelling with partners and children (ibid.). However, as existing researches stress the GBV towards immigrant women is largely underreported and thus rarely acted upon by relevant authorities. This calls for placing stronger focus to this widespread, yet unaddressed social phenomenon in Serbia.

Victims of GBV, SGBV and DV within migrant population who encountered severe violent abuses either in the countries of origin, *en route* or/and in transit and destination countries must cope with the consequences that affect their physical, psychological and mental health. Health care, thus, stands as one of the core services provided to victims of GBV survivors addressing the physical, mental and psychological consequences of violence (UNHCR, 2011). According to WHO (2013) mental health is an integral part of health and well-being, while health is defined as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. However, mental health remains a neglected part of global efforts to improve health (WHO, 2019) and notably in the contexts of wide-scale forced migrations. Yet,

while specifically vulnerable groups of migrant population are in elevated need for mental health protection and care, wide scope of general migrant population is equally in need for mental health protection and support.

Forced migrations induce enormously negative consequences on mental health and psychological wellbeing due to experiences of mass human rights abuses in the country of origin, *en route* and the treatment and position in transit and/or destination country. According to numerous reports (e.g. Svetozarevic et al, 2019; Bjekic et al, 2019; Milojevic, 2019a) migrants and refugees seeking protection in Serbia have encountered a great number of traumatic experiences. Recent research shows that close to 80% of total refugee and asylum seeking population in Serbia in 2019 was in need for some sort of mental health and/or psychological support, while more than half of the refugees in Serbia had witnessed destruction, violence, and torture, and more than a third had been seriously injured or tortured (PIN, 2019).

In the search for safety, refugees take on a long and unsafe journey, during which they experience new traumas (ibid.). Harsh life conditions and a high number of traumatic experiences, both in the country of origin and *en route*, severely impact on one's mental health and psychological well-being. This is why the prevalence of certain mental health disorders is higher in the refugee population in comparison to the domicile population (PIN, 2019). Moreover, the position, status and treatment of migrants/refugees/asylum seekers in the transit and /or destination countries may exacerbate existing or induce new mental health disorders. Namely, the level of uncertainty, insecurity and disruption of social networks and separation from family, including language barriers, lack of information insecurities related to their migration status, the potential hostility of the local population and authorities represent key stressors that erode the status of mental health of refugees in Serbia (Milojevic, 2019a). Discrimination, violence, abuse, continuous denial of their rights, especially coming from authorities and asylum actors (such as police and more important Commissariat for refugees and migration) are adding up to problems with mental health. Likewise, poverty and lack of employment prospects, interrupted education, insufficient humanitarian aid and malnutrition, amongst other, represent a pool of stressors migrant population faces with those the most vulnerable, such as women and children, being hit the hardest.

As a result of the poor migrants mental health status, as the data shows, mental health problems were the third most common cause of health interventions among the refugee, asylum seeking and migrant population in Serbia in 2019 (Bjekic et al, 2019). It is indicated that healthcare workers register about 500 interventions a month related to mental health disorders among the refugee population in Serbia (ibid.). According to recent research in the field (PIN, 2019), the prevailing mental health conditions of migrant population in Serbia include depression common for four of ten migrants, anxiety that is identified in 30% of migrant population and post-traumatic stress which is common for one fifth of the total migrant population. Yet, the precise incidence of mental health disorders cannot be known due to lack of screening for and underreporting of mental health related problems. However, even known numbers pose significant responsibility to health system in Serbia which generally suffers from the lack of capacities and coordination mechanisms in timely and adequate provision of mental health protection. As a consequence a number of non-governmental sector actors step in to engage in psychosocial support and protection of mental health and psychological well-being of

migrants/refugees/asylum seekers, being particularly active in providing support to the most vulnerable such as women and children, victims of different sorts of violence.

Thus, this report intends to contribute to the existing research and expert debate by providing evidence on the position, status, treatment and mechanisms of protection of vulnerable categories of migrants/refugees/asylum seekers, victims of GBV, DV and SGBV, including those suffering from mental health disorders within the Serbian asylum and migration context in 2019. This is notably appealing in the context of changing legislation in the above domain and the mechanisms of implementation of new asylum and migration legal acts including policy framework on GBV, DV, SGBV and mental health protection. In addition, the current report provides comments about treatment and the position of vulnerable groups of migrants, victims of violence and those with mental health disorders in the Netherlands while discussing best-practice approaches relevant for the Serbian context. In that respect, the main questions that this report addresses are as follows:

1. What are the mechanisms of prevention and protection of victims of gender-based, domestic and sexual gender-based violence within migrant population in Serbia: the position, care and protection of the victims of violence?
2. What are the mechanisms of protection of persons with mental health disorders within migrant population in Serbia?

In order to develop discussion around these questions the analysis focus on the most common forms of violence within migrant population while in Serbia including different forms of violence encountered *en route* and in the country of origin as a basis for persecution, the position and protection from violence, the challenges in recognition, reporting and systematically addressing GBV, DV and SGBV within this population. It also discusses the position and protection of persons with mental health issues within this population while underlying challenges in directions and capacities for treatment and care of vulnerable population of migrants. Likewise, the analysis reflects upon the international, national and local policy frameworks in the above domains with the focus on institutional capacities and relevant practices including key challenges from institutional and beneficiary perspectives. Finally, the analysis encompasses comparative perspective in discussing the Netherlands policies and practise in the domain of treatment and position of victims of violence and those suffering from mental health disorders within migrant population in this EU country. The following section establishes the report's methodological approach.

METHODOLOGY

This report undertook a qualitative methodological approach with textual analysis of primary and secondary data and semi-structured interviews organized with selected stakeholders being the primary focus of the report. Thus, desk research entailed review of academic and expert literature, policy frameworks and practices and statistical evidence in the domain of the social protection of the vulnerable categories among migrant population particularly focusing on the

issues of gender-based, family and sexual violence including the issues of mental health that considerable number of migrant population in Serbia is troubled with. In addition, reports from the field that Asylum Protection Centre experts have collected and submitted have been analysed in the selected fields of research as primary sources of data complementing other sources of data.

Interviews were designed as to be semi-structured with the aim to harvest copious answers relating to the informant's standpoint. This type of interviewing technique was used because it allowed flexibility, balanced by structure and quality of data obtained. Interviews have been held during the course of 2019 with selected participants from the ranks of relevant national and local institutions and national and international organizations active in the field of asylum and migration in general and in the domain of social protection in Serbia. Interviews were designed as to address national and local level issues within key themes of interest for this research as to offer some responses and policy recommendations in the area of social protection of migrants, refugees and asylum seekers in Serbia. Considering different mandates of selected interviewees and their institutions in the system of asylum and migration, interview agenda was adjusted to the particular mandate and practice of the institution or organization interviewees represented. In total, 11 interviews were conducted between October and December 2019 in Belgrade, Loznica and Nis. In addition, interviews were held in December 2019 in Utrecht and The Hague, the Netherlands as a part of study visit that aimed at documenting selected EU country practices and assessing implementation of relevant social policies in the domain of social protection of refugees, asylum seekers and migrants in the context of selected country. In addition, the study visit and the research of the relevant primary and secondary data for the selected country aimed at setting the ground for extracting good practice examples and recommending particular solutions for the Serbian case.

Interview sampling procedure was informed by two, mutually complementing, sampling techniques. Firstly, the purposive or *targeted selection* of key local institutional informants and relevant civil society organizations active in the field was used, in order to identify individuals who were able to provide detailed insight into issues of interest for the report. Secondly, the *snowball* method was used as a sampling technique to further select participants by asking key informants to recommend other potential respondents mainly for individual interviews.

The interviews held in Serbia and the Netherlands, were recorded and transcribed and used for analysis along with a reviewed documentary sources. The analysis of data involved thematic categorization and coding including identification of new themes and codes that were not covered by the predesigned interview schedule.

The corpus of data assembled has been analysed by using coding principle within the main thematic scopes. The analysis of data was assisted through Atlas.ti software for qualitative data analysis.

STRUCTURE OF THE REPORT

The report takes the form of five main chapters, including introductory chapter. The introduction is thus followed by the discussion about the recent migration context in Serbia with the focus on the statistics and characteristics of migratory flows in Serbia in 2019. This chapter additionally portrays contextual circumstances with regards to the migration context in the Netherlands with the aim to enlighten selected EU country approach to regulating issues the study is tackling. The next chapter expands the discussion by reflecting upon relevant GBV, SGBV and DV international and national policies in the domain of asylum and migration in Serbia and in general, including polices addressing protection and treatment of mental health of migrants in Serbia. In addition it comparatively analyses the policy framework in the above domain in the Netherlands as a selected EU country for the purpose of this analysis. The discussion then continues within the findings chapter encompassing sections addressing the forms of violence and the mechanisms of victims' protection and the status of mental health within migrant population, prevention and protection practices. Finally, conclusions and recommendations revisit research questions and offer the possible pathways for addressing challenges and building upon the good practices identified by this research.

BACKGROUND: STATISTICAL OVERVIEW OF THE MIGRATORY FLOWS IN 2019

The increase of migratory flows in Serbia in the past few years raised manifold questions on the country's institutions' and civil society organizations' capacities and preparedness to duly implement asylum and migration policies as to ensure decent treatment and status for this population in Serbia. This was notably imminent for the domain of the development and implementation of certain aspects of social protection and health care policies encompassing migrant groups with most vulnerable traits such as children, women and those with mental health related issues. Yet, in order to set the scene for the discussion that will follow in the succeeding chapters it is indispensable to take a look at the 2019 contextual circumstances in the field of asylum and migration in the country viewed through statistical data lenses.

While in 2015 Serbia was faced with dramatic increase of refugees and migrants arrivals, peaking at 800,000 persons, in March 2016 that number plummeted after the alleged closure of the Balkan Route resulting from the EU-Turkey agreement. In 2016 the country recorded 12,821 people who expressed their intention to apply for asylum, which resulted finally in 6,400 people staying at the Serbian territory (UNHCR, 2017). Despite the EU-Turkey Agreement, the refugee pathway has never been effectively closed, even though a substantial decrease in numbers of arrivals has been recorded (APC/CIJP, 2018). In the case of Serbia, despite the decrease in arrivals, the number has nevertheless remained robust. This has been, among other things, due to the implementation of the chain pushbacks mechanism toward Serbia from Austria, Slovenia and Croatia, and constant flow of migrants reaching Serbia through North Macedonia, Bulgaria, even Kosovo and Montenegro. Primary and secondary data reviewed for the purpose of this study show that in 2017 (APC/CIJP,

2017; 2018) 6,199 migrants expressed the intention to seek asylum in Serbia, while only 236 people actually applied for asylum in Serbia (AIDA - Asylum Information Database, 2017). These data prove that in 2017 the access to asylum process was alarmingly limited in Serbia, putting refugees at risk of *refoulement*. During 2018 the number of migrants who crossed Serbian border increased considerably, reaching up to more than 70% increase rate. Namely, in 2018, 8,436 persons expressed intention to seek asylum, while only 327 effectively lodged the asylum application (APC/CIJP, 2018). The gap between numbers of those expressing intention to seek asylum and those actually starting their asylum procedure was vast during 2018.It implies that many of those expressing intention to seek asylum are trying to legalise their 'transit status' in Serbia, but also on the other hand, that the access to asylum procedure in Serbia remains difficult, restricted, unclear and lengthy, including the difficult and restricted access to the territory due to the forced unlawful pushbacks which have been reported at the borders with Bulgaria and North Macedonia. Especially problematic in 2018 and 2019 was increase of practise of push-backs mostly from Croatia and Hungary, but also Romania and Bosnia and Herzegovina, which created additional problems considering access to asylum system and regulation of status of those who are pushed-back.

The increase in number of migrants who expressed the intention to seek asylum in Serbia in 2019 was continued. Namely, 12,935 persons expressed intention to seek asylum in Serbia in 2019. This was considerable increase (of over 65%) in numbers of migrants crossing Serbian borders compared to 2018. Of total number of migrants expressing intention to seek asylum, majority were men – 12,052 or 93.2% while only 885 or 6.84% were women (APC, 2019).

CHART 1

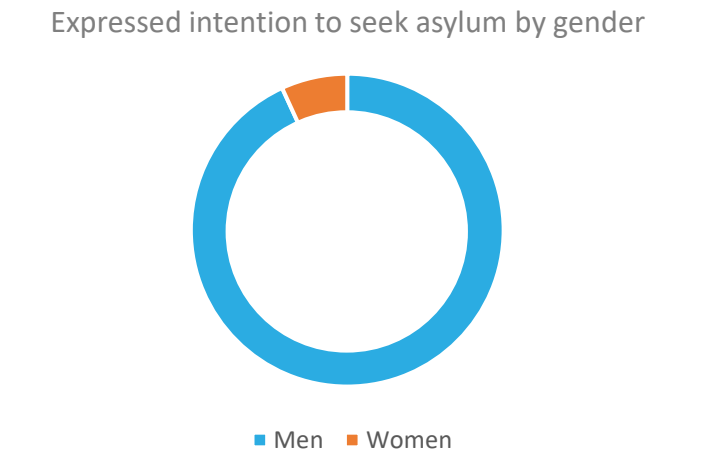
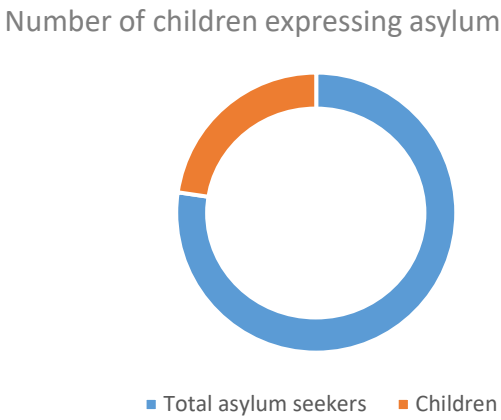


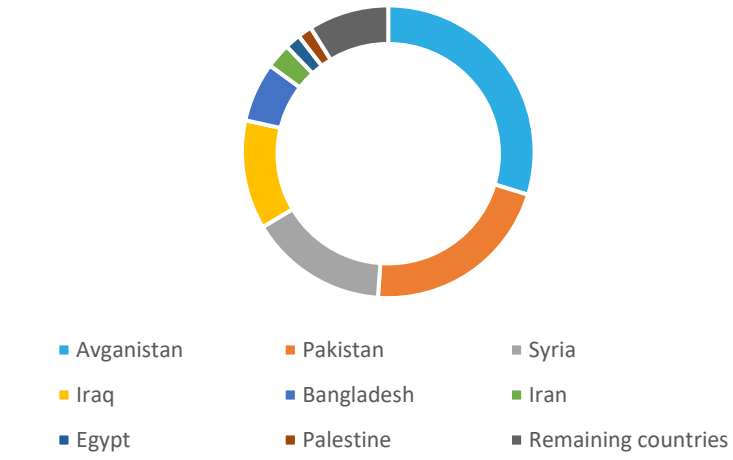
CHART 2



Moreover, 2,939 children (22.7% of all asylum seekers) of which 823 were unaccompanied and separated minors (6.4% of all asylum seekers and 28% of total number of children), expressed their intention to seek asylum in Serbia (UNHCR, 2020; APC, 2019). Of total unaccompanied minors who expressed intention to seek asylum, only 7 (or 0.86%) were females.

There was increasing trend in number of submitted intentions to seek asylum throughout 2019 peaking in November 2019 with 1,791 intentions submitted (ibid.). The highest number of those expressing intention to seek asylum in Serbia were coming from Afghanistan (3,847 or 29.7%), Pakistan (2,766 or 21.4%), Syria (1,976 or 15.3%), Iraq (1,560 or 12%) and Bangladesh (849 or 6.6%). The remaining populace of migrants comes from Iran (358), Egypt (224), Palestine (205), Algeria (191), Morocco (190), India (149), Eritrea (125) and Somalia (103).

CHART 3



While above presented data concerns official statistics of those expressed intentions to seek asylum in Serbia, the actual number of migrants in Serbia, according to estimations of APC reached 38,000 persons indicating that 67% of total number were irregular migrants in 2019 (APC, 2019).

However, the number of persons who applied for asylum in Serbia was considerably lower compared to the number of those expressing intention to seek asylum. Namely, only 252 persons managed to submit asylum application in 2019 which represent only 1.95% of those expressing intention to seek asylum in the country, which simultaneously shows 20% drop in number of asylum applications submitted in 2019 compared to the previous year (327). Of those who submitted asylum request 172 or 68.25% were male, while 80 or 31.74% were female (APC, 2019). Within these group there were 56 children – 45 male and 11 female, including 26 male unaccompanied minors and 1 female unaccompanied minor (ibid.).

CHART 4

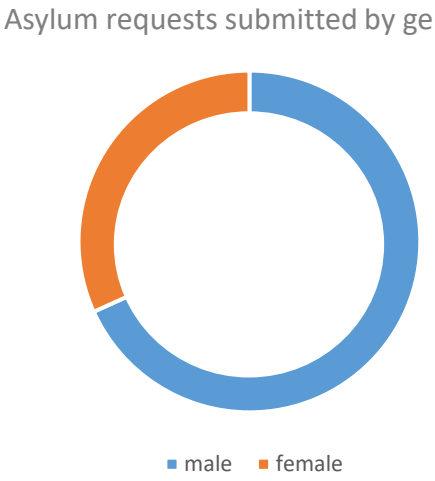
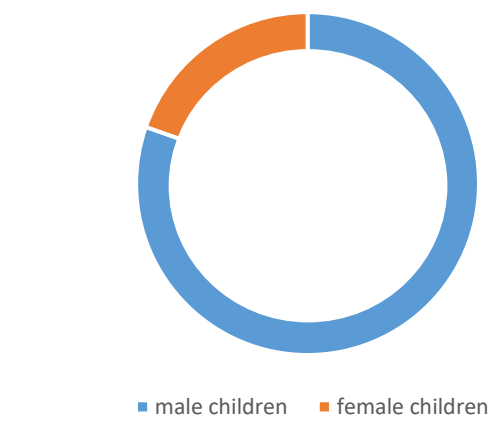
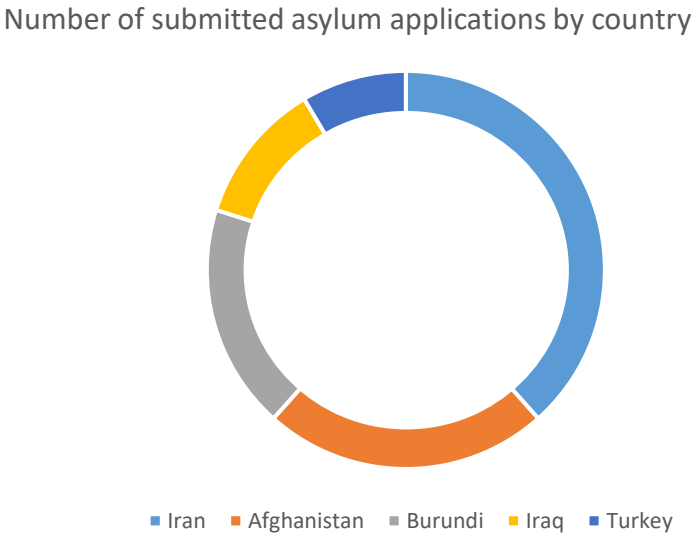


CHART 5



Of those who submitted asylum applications the highest number comes from Iran (63 or 25%), Afghanistan (38 or 15%), Burundi (30 or 12%), Iraq (19 or 7.5%) and Turkey (14 or 5.5%) (UNHCR, 2020).

CHART 6



In 2019, 113 first instance decisions have been made by the Asylum Office – 35 application was positively resolved – 17 applicants received subsidiary protection and 17 applicants received refugee protection while 54 asylum seekers were denied asylum requests. In addition, 11 asylum requests were rejected, while 18 appeals on the decisions have been adopted and 20 appeals rejected. In total 178 applications have been closed in 2019 in Serbia (ibid.). Among those received refugee status 11 was male while 6 was female. Likewise, 3 children were granted refugee status of which 2 were males and 1 female. Moreover, subsidiary protection was granted to 12 males and 5 females of which 3 were children (2 females and one male).

Finally, refugee protection was received by the 5 applicants from Iran, 4 from Afghanistan, 3 from Russian Federation, 3 from Cuba, 1 from Iraq and 1 from China. Subsidiary protection was granted to 6 Syrian national, 5 Iraqi nationals, 3 Libyan Nationals, 2 Pakistani nationals, 1 Iranian and 1 Afghan national (APC, 2019; BCHR, 2020).

Generally, the findings show that Serbia will keep on having a role of both transit and destination country for the migratory fluxes, and having this in mind there is obvious need to improve asylum, migration and relevant social protection policies aimed at this population group and notably the vulnerable ones. Yet, besides general statistics that may indicate only gender perspective of migrant influxes, statistics on those belonging to particular vulnerable groups such as victims of different sorts of violence or those suffering from different health issues including mental health is not available in Serbia.

Thus, it is unknown what is exact magnitude of the different sorts of violence migrants were victims of either in their home countries (which was one of the reasons for migration) or during their stay in Serbia which makes uncertain policy direction towards addressing this phenomenon in the country.

THE NETHERLANDS: CONTEXT AND BACKGROUND

As most of the EU countries, from the beginning of the "migration crisis" in 2015, the Netherlands registered its peak of asylum seeker's arrivals during the period of time ranging from 2014 until 2016, showing from 2017 a progressive decrease in migration flows (World Data.info, 2018).

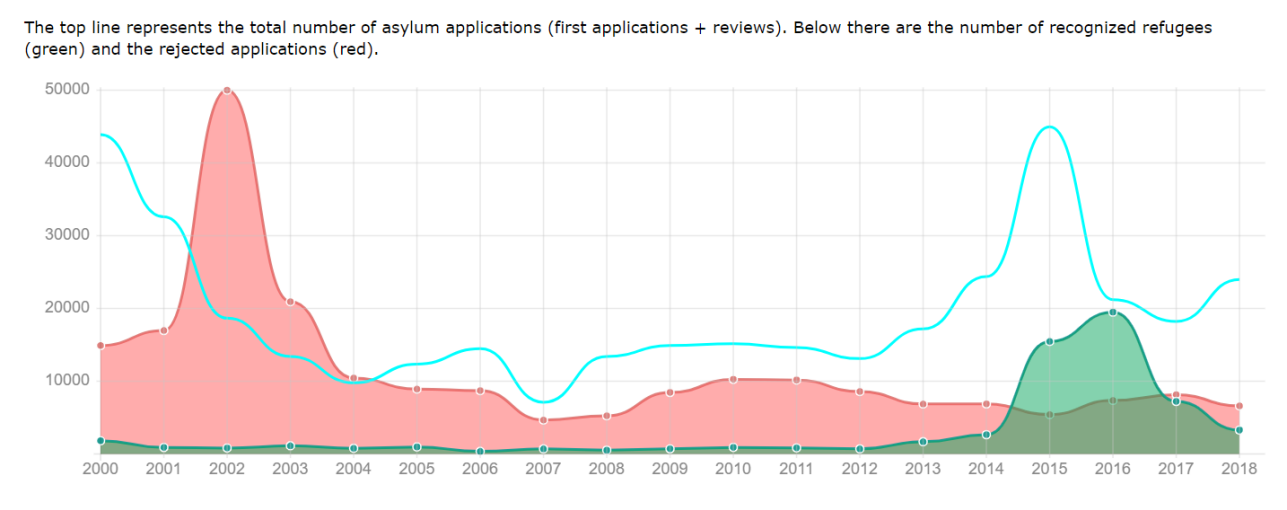


Figure 1: Development of incoming asylum applications in the Netherlands 2000 to 2018. Source: https://www.worlddata.info/europe/netherlands/asylum.php#:~:text=20%2C468%20asylum%20applications%20by%20refugees,been%20made%20on%20initial%20applications.

In 2019 the number of people who applied for international protection in the Netherlands have been slightly higher if compared to the previous year. Last year, indeed, around 22.533 asylum seekers requested international protection, of those, 8095 people have been rejected with a rate of rejection of 62,5% (AIDA - Asylum Information Database, 2019). A similar rate of rejection can be referred to the data of 2018, when on a total of 20,468, the number of rejections amounted to 6,665, showing a rejection rate of 65% (AIDA - Asylum Information Database, 2018b).

In terms of age and gender of the migrant population, in 2019 on the total amount of asylum seekers, the 71% were men, the 28.5% were women. While concerning the age brackets, the 23% were children, of whom the 4.6% have been considered unaccompanied (AIDA - Asylum Information Database, 2019b). Compared to Serbia, the data show some differences in the distribution of the migrant population on the base of gender. In 2019, Serbia saw the arrival of 12,937 people who intended to apply for international protection, of those, the 93% were men, while only the 7% were women. For what regards the minors, 23% of the total migrant population in Serbia were children, of whom 6.4% unaccompanied

(AIDA - Asylum Information Database, 2019b). These data show a substantial discrepancy between the numbers for men and women in Serbia and the Netherlands: in Serbia, indeed, it is clear that the majority of adult people who intend to apply for international protection at their arrival is higher in terms of male population rather that in the Netherlands. Different matter applies on data concerning minors, here the percentage of children applying for international protection seems to be similar in both countries, with a slight difference for what regards the unaccompanied minors are shown in slightly higher percentages in Serbia rather than the Netherlands. These discrepancies can also be understood by reference to the geographical origin of the migrant population

In 2019, on the total number of arrivals to the Netherlands, 3,675 were from Syria, 2,102 from Nigeria and 1,534 from Iran (AIDA - Asylum Information Database, 2019b), while in Serbia 3,847 asylum seekers arrived from Afghanistan, 2,766 arrived from Pakistan while 1,976 arrived from Syria (APC, 2019). These data regarding the geographical origin could be helpful to understand the discrepancies between the two countries regarding the gender and age of migrant population.

In the European Union's context, the Netherlands are not considered to be the first-entry country and mainly the asylum seekers arrive after a first screening in the first-arrival countries which make up the EU's external borders, due to the resettlement process decided after the EU-Turkey agreement in 2016 (UNHCR, 2018b). The first-entry countries are mainly the ones located along the Balkan route for what regards the people coming from Syria and the ones which represents the shores of the Mediterranean route for the people coming from Nigeria. It could help to understand the distribution of the population based on gender if we look at the data of migration fluxes to Europe from Syria and Nigeria. According to the statistics provided by Eurostat, from 2015 until 2019, the migrant population seeking asylum in Europe has been generally composed by the majority of man, while women constituted a smaller percentage.

For what regards the asylum seekers coming from Syria and Nigeria to Europe, which represent the geographical origins of most of the people who seek asylum in the Netherlands, in 2019 the women arriving from Nigeria were 10,180, while the ones arriving from Syria were 35,000. If we look, indeed, at the data concerning the women coming from Pakistan and Afghanistan, which represent the countries of origins of the majority of people arriving to Serbia, the numbers are 16,705 for women coming from Afghanistan and 1,983 for those coming from Pakistan (Eurostat, 2020).

POLICIES IN INTERSECTION: GENDER-BASED VIOLENCE AND PROTECTION OF MENTAL HEALTH IN THE CONTEXT OF ASYLUM AND MIGRATION IN SERBIA

Within the field of Serbian asylum and migration policy framework the protection of most vulnerable social groups amongst migrant population (unaccompanied children, women victims of domestic and sexual violence, victims of trafficking in human beings, persons with mental health problems, etc.) is defined by a set of laws, bylaws, strategies and operational procedures, including ratified international standards and conventions. This chapter will thus portray aspects of the national asylum and migration policy framework focused on the gender equality and sensitivity aspects involved in

asylum procedure, special procedural aspects of vulnerable asylum seeking groups involving victims of gender-based, domestic and/or sexual gender-based violence with the view to comprehensive policy framework in Serbia in the area of gender-based violence (GBV), domestic violence (DV), sexual gender-based violence (SGBV) protection, social protection and health care and protection policy agendas. Moreover, it will discuss relevant national policy framework in the domain of migrants' population mental health care and protection mechanisms.

POLICIES ADDRESSING GENDER-BASED VIOLENCE WITHIN THE MIGRANT/ASYLUM SEEKING/REFUGEE POPULATION

Within international convention frameworks that address fight against GBV and DV and discrimination against women Serbia ratified the Councils of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (the Istanbul Convention) in November 2013, while it entered into force in August 2014 (Petronijevic, 2018). The Convention sets out clear standards for protection from GBV and DV committed against women migrants, asylum seekers and refugees. Chapter VII of the Convention addresses the context of migration and asylum and, amongst others, indicate that States Parties shall take the necessary legislative or other measures to ensure that gender-based violence against women may be recognised as a form of persecution within the meaning of Article 1, A(2), of the 1951 Convention on the Status of Refugees relating to the Status of Refugees and as a form of serious harm giving rise to complementary/subsidiary protection (Official Gazette of the Republic of Serbia, 2013a). Moreover, Article 59 governs residence status of migrant women in the event of the dissolution of the marriage or the relationship, in the event of particularly difficult circumstances, and for victims of for forced marriage. Furthermore, Article 60 of the Istanbul Convention indicates that the asylum procedures and accompanying procedures need to be gender-sensitive, and that states are required to develop gender-sensitive reception procedures and support services for asylum-seekers, as well as gender related guidelines and gender-sensitive asylum procedures (ibid.). Moreover, Serbia ratified the United Nations Convention on Elimination of All Forms of Discrimination against Women (Official Gazette of the SFRJ, 1981) which requires the State Parties to duly implement all measures to eliminate all forms of discrimination against women and overcome all forms of GBV, as well as take effective legal measures, including penal sanctions, civil remedies and compensatory provisions, to protect women against all kinds of violence (UNPFA, 2019). Likewise, the United Nations Declaration on the Elimination of Violence against Women (1993) specifies the activities states should undertake to eliminate violence against women by the state parties. These activities include the development of adequate criminal law and national plans of action, ensuring specialised assistance to women victims of violence, provision of training for public officials to sensitise them to the needs of women, and designation of adequate budget resources for combatting violence against women (ibid.). Furthermore, the Beijing Declaration and Platform for Action (1995) focus on the following priorities to prevent and eliminate domestic violence: review and reinforce legislation and take other necessary measures, including the establishment of appropriate mechanisms ensuring that all women enjoy protection against violence which should be incriminated by law (ibid.) of the State Parties. Likewise, the United Nations Convention on the Rights of the

Child (1989) states that "States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical and mental violence […]" (ibid.) A number of Council's of Europe recommendations to the member states addresses the issues of protection of children and women from DV, including SGBV: Council of Europe Committee of Ministers Recommendation No. R (90) 2 on Social Measures Concerning Violence within the Family recommends the implementation of special measures in the areas of awareness raising, early detection of violence, reporting violence, providing aid and therapy, measures targeting children, measures targeting women, measures against perpetrators, measures in the field of education (e.g. creation of abuse prevention programmes for children in schools), etc.; Recommendation 1582 (2002) of the Parliamentary Assembly of the Council of Europe on domestic violence against women calls on the member states to recognise that they have an obligation to prevent, investigate and punish all acts of domestic violence and to provide protection to its victims; Recommendation 1905 (2010) of the Parliamentary Assembly of the Council of Europe, highlights the necessity of protecting children witnesses of domestic violence; Council of Europe Committee of Ministers Recommendation (2002) on the protection of women against violence; and Council of Europe Convention on the Protection of Children from Sexual Exploitation and Sexual Abuse (2010) (UNPFA, 2019).

As a result of ratification of international instruments aimed at eradicating violence against women and children while being committed to abide to the principles guiding fight against GBV the Republic of Serbia introduced a number of basic legal and strategic documents and long-term policies to ensure a non-discriminatory environment for women. These are for instance: Anti-Discrimination Law, the Law on Gender Equality, the Family Law, Criminal Code, and National Strategy for the Improvement of the Position of Women and Promotion of Gender Equality 2016-2020 and National Strategy for Prevention and Elimination of Violence against Women within the Family and Intimate Partner Relationship 2011-2015. Basic guidelines for institutions, bodies and organisations in the Republic of Serbia for the prevention of gender-based violence are set out in the National Strategy for the Improvement of the Position of Women and Promotion of Gender Equality, together with the conclusions from the National Conference on Combating Violence against Women (Government of the Republic of Serbia, 2011). However, there is a long way ahead in this domain as it requires continuous policy amendments and improvements as to respond to international standards and ratified conventions, while practice in the work of the authorities needs to be more aligned with the commitments the state has undertaken by the ratification of international treaties (Protector of citizens of the Republic of Serbia, 2014).

NATIONAL POLICY FRAMEWORK

The Constitution of the Republic of Serbia, under Article 57 (Official Gazette of the Republic of Serbia, 2006) provides for all foreign nationals reasonably fearing persecution on grounds of their race, gender, language, religion, national affiliation, membership of a particular group or political opinion, shall have the right to asylum in the Republic of Serbia and the asylum procedure shall be regulated by the law. In addition, Article 21 of the Constitution of the Republic of Serbia

prohibits all direct or indirect discrimination on any grounds, particularly on grounds of race, sex, national affiliation, social origin, birth, religion, political or other opinion, property status, culture, language, age, mental or physical disability (ibid.). The anti-discrimination is further elaborated by the Law on the Prohibition of Discrimination (Official Gazette of the Republic of Serbia, 2009a). While Article 2 of this Law lays down the fundamentals of anti-discrimination principles, discrimination based on gender is defined by the Article 20 of this Law. In addition the Law prohibits physical and other forms of gender based violence, exploitation, expression of hate, disparagement, blackmail and harassment, as well as public advocacy and condoning of, and activities reflecting prejudices, customs and other social clichés of behaviour based on the idea of gender inferiority or superiority or stereotyped gender roles (ibid.).

In order to focus specifically on the issues of DV, GBV and SGBV within the asylum and migration realm, the following section will discuss in detail national policy framework from the perspective of asylum and migration policy with the focus on the Law on Asylum and Temporary Protection (LATP) (Official Gazette of the Republic of Serbia, 2018a) and relevant legal acts and policy documents addressing generally this sphere.

Gender-based violence in the context of asylum and migration is understood as violence that can occur in the context of armed conflicts, *en route* or in the country in which the individual applied for asylum and wishes to settle. Victims of GBV thus need special form of protection from manipulation, violence, both sexual and physical abuse and exploitation, including gender-based discrimination (BCHR, 2020). Yet, in Serbia there are no official data on the number of women, victims of violence committed against them in the country of origin, *en route* or upon arrival in Serbia. One of the reasons for the lack of data on this issue is related to low rate of reporting of violence due to many factors such as fear from abuser, economic dependence from the abuser, or shame and embarrassment, while some victims are lacking awareness that they are actually victims and perceive violent acts as common and acceptable (ibid.). Additionally discouraging is lack of knowledge about report and protection mechanisms in Serbia, as well personal experiences where disclosure was emotionally very painful, victims were not believed or system failed to protect them in long-term. All of the above mentioned raises suspicion and mistrust among victims, hindering disclosure about the violence and the collection of data on the number of refugees in Serbia who are survivors of gender-based violence.

The Law on Asylum and Temporary Protection within Article 24 explicitly recognises sex or gender as grounds of persecution and thus for obtaining asylum in Serbia. Under the LATP, Article 28, acts of persecution may include physical or mental violence, including sexual and gender-based violence, as well as acts of a gender-specific nature (Official Gazette of the Republic of Serbia, 2018a).

Besides, the Law includes the principle of gender equality and sensitivity (Article 16) which means that asylum authorities should interpret the LATP in a gender-sensitive manner - the differences between women and men regarding their membership of a particular social group, political opinion, religion, ethnicity, race or sexual orientation should be taken into account during the asylum procedure (ibid.). Moreover, under the LATP female asylum seekers accompanied by men should be interviewed separately from their male companions, i.e., husbands. This possibility is extremely important given

that persons who have been subjected to some form of SGBV may be afraid and ashamed to speak about it in the presence of their partners or compatriots (BCHR, 2020). The principle of gender sensitivity additionally implies to the asylum seekers' right to request to be interviewed during an official action by police officers of the same sex, or to be assisted by translators or interpreters of the same sex (Article 16) (Official Gazette of the Republic of Serbia, 2018a). However, the LATP provides that this rule may be waived in cases where the provision of an officer or an interpreter of the same sex is not possible or is associated with disproportionate difficulties for the asylum authority (BCHR, 2020). In practice, gender-sensitive measures are almost never in place, especially when it comes to interpreters, since there is significant lack of them.

Moreover, Article 17 of the LATP involves the principle of ensuring special procedural and reception guarantees to specific vulnerable asylum seeker populations which include pregnant women, single mothers with their underage children, and victims of human trafficking, survivors of grave forms of psychological, physical and sexual violence, such as women victims of female genital mutilation (Official Gazette of the Republic of Serbia, 2018a). Specifically, through special procedural and reception guarantees, appropriate protection is extended to asylum seekers who, on account of their personal circumstances, are unable to exercise their rights and obligations under this law without such assistance. However, it is unclear what type of assistance is provided, primarily because the LATP does not specify it explicitly. The practice show that those persons are mostly assisted by the representatives of CSO sector, moreover their legal representatives, who are requesting special procedural and reception guarantees, which does not provide for sustainable solutions as the civil society organizations are project-funded and cannot guarantee long-term development of particular services.

Furthermore, the process of timely identification of vulnerable groups of asylum seekers is extremely important for the application of the special procedural and reception guarantees as defined by LATP. Article 17 of the LATP stipulates that the procedure for identification of the asylum seekers' personal circumstances should be carried out on a continuous basis, by the competent authorities, and at the earliest reasonable time after the initiation of the asylum procedure (Official Gazette of the Republic of Serbia, 2018a). However, the Ministry of Interior and the Commissariat for Refugees and Migration of the Republic of Serbia (CRM), as the competent institutions in the asylum system, do not have the mechanisms in place, nor specific knowledge and skills, to identify early on particular vulnerable populations and ensure them special reception and procedural conditions. Thus, vulnerable migrants and asylum seekers often stay invisible for the system. Moreover, even if they are identified, the capacities of the system to provide them with special conditions which will satisfy their special needs arising from their vulnerabilities, are insufficient.

The LATP, Article 50 addresses the issue of accommodation provision to the asylum seekers who belong to particular vulnerable group. Namely, when deciding on the accommodation of asylum seekers, due attention shall be given, in particular, to their gender and age, status of a person requiring special procedural and/or reception guarantees, and family unity (Official Gazette of the Republic of Serbia, 2018a). This provision applies particularly to women travelling alone, single mothers and women SGBV survivors. However, practice shows that implementation of this LATP's provision

is insufficient and in some cases even impossible. Moreover, as reported by GREVIO[1] (2020) difficulties persist in ensuring accommodation for all and in a manner that ensures respect for their physical safety and well-being. However, as reported, it is not quite clear to what extent this concerns families with children or women travelling alone. While efforts are made to always accommodate families together and, where possible, separate from single men, the building conditions in the available centres do not always allow for such measures. Separate accommodation facilities for women migrating on their own are not available, resulting in their accommodation in family wings where possible. As for unaccompanied minors, largest vulnerable group in Serbia, one accommodation centre managed by CRM is dedicated for their accommodation, but the conditions and measures of protection, safety and their wellbeing in this centre is questionable. Unfortunately, practice of placing unaccompanied minors in other centres, together with adults, still remains.

The Law on Foreigners (Official Gazette of the Republic of Serbia, 2018b) that regulates the conditions for entry, movement, stay and return of foreigners as well as the competence and tasks of state administration bodies of the Republic of Serbia, in relation to entry, movement, stay of foreigners in the territory of the Republic of Serbia and their return from the Republic of Serbia introduces provisions to comply with the Istanbul Convention. Article 59 of the Law on Foreigners (ibid.) grants temporary residence for different reasons including family reunification and humanitarian grounds. For instance, foreigners who entered Serbia on the basis of the family reunification scheme may only obtain an autonomous residence permit after four years of uninterrupted residence. Exceptions in that regard can be made for victims of domestic violence and those in particularly difficult circumstances (Article 59). The latter would seem to include the possibility of granting an autonomous residence permit to women victims of abuse who face repatriation because of expulsion proceedings initiated against their abusive spouse or partner (GREVIO, 2020).

Within the asylum and migration policy framework, Law on Migration Management (Official Gazette of the Republic of Serbia, 2012) and the Law on Border Control (Official Gazette of the Republic of Serbia, 2018c), do not feature gender-sensitive approaches to regulation migration under their jurisdictions.

Within the nexus of asylum and migration policies and policies addressing GBV, DV and SGBV the Standard Operating Procedures of the Republic of Serbia for the Prevention of and Protection from Gender Based Violence against People Involved in Mixed Migration (SOP) (UNFPA, 2019) have been adopted by the Ministry of Labour, Employment, Veteran and Social Affairs in 2019 as to ensure a more standardised approach to the prevention and protection of refugees and migrants from gender-based violence in asylum and reception facilities. The SOP's main goal is to align the roles and activities of all the stakeholders involved in the protection of migrants and addressing the refugee and migration crisis, in order to facilitate the fast identification and adequate protection of GBV victims and ensure their physical and emotional security (ibid.). Moreover, the SOP involves a victim-centred and human rights based approach to GBV prevention and

[1] Group of Experts on Action against Violence against Women and Domestic Violence (GREVIO), Secretariat of the monitoring mechanism of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence, Council of Europe

response interventions. The document recommends the implementation of comprehensive activities to prevent GBV and protect its victims, whilst indicating which organisations and/or institutions are responsible for particular actions in the four main sectors extending assistance to GBV victims: health, social welfare, security and justice (ibid.). It thus recommends minimum service package in combating GBV within migrant/refugee/asylum seeking population which considers identification of vulnerability criteria and risk factors, outreach and urgent response/first aid services. It further delineates steps in placement and case management of GBV victims with the aim to empower them by letting them know that different options are at their disposal, supporting them in taking informed decisions, and raising their awareness. Placement and care of GBV victims is focused primarily on meeting their health, safety, psychosocial and legal needs following an incident (UNPFA, 2019). It also copiously addresses the levels of responsibility by sectors and the response to GBV procedures, including medical, psychological, security, legal aid responses with the view to police procedures in GBV cases, asylum procedure and criminal prosecution (ibid.). Finally, the SOP takes into consideration the actions on prevention of GBV, coordination of relevant institutions and research, data records and monitoring and implementation of the SOP. However, the level of its implementation is low. Training has been carried out for staff members of the Commissariat for Refugees to identify women who are victims or who are at risk of sexual and domestic violence, sexual harassment, forced marriage or any other form of violence against women. It is, however, unclear to what extent the conditions in the facilities are such that women feel empowered in practice to report and seek help for any such experiences (GREVIO, 2020). Besides conditions in centres and training of CRM staff, knowing from the field how their attitude and behaviour towards migrants, asylum seekers and refugees can be very harsh, insensitive, disrespectful and sometimes even aggressive, it is doubted that they are competent enough and that they can create safe and encouraging space for victims of GBV, SGBV and DV to disclose about the experienced violence.

Besides the asylum and migration policy framework that involves gender-sensitive approach, including the process of timely identification of vulnerable groups of asylum seekers for the application of the special procedural and reception guarantees and special forms of protection for those being victims of GBV, SGBV and DV, other sets of legal acts such as the Law on Gender Equality (Official Gazette of the Republic of Serbia, 2009b), the Family Law (Official Gazette of the Republic of Serbia, 2011a) the Law on Prevention of Domestic Violence (Official Gazette of the Republic of Serbia, 2016a) and Social Protection Law (Official Gazette of the Republic of Serbia, 2011b), including the Criminal Code of the Republic of Serbia Official Gazette of the Republic of Serbia, 2016b) directly and comprehensively regulate the field of GBV, SGBV and DV. Provisions of these regulations apply to migrant/refugee/asylum seeking population equally as to the Serbian citizens given that migrant population is under the jurisdiction of the Republic of Serbia.

While the Law on Gender Equality (Official Gazette of the Republic of Serbia, 2009b) creates equal opportunities for men and women as to exercise their rights and fulfil their obligations and provides for the taking of special measures to prevent and eliminate gender-based discrimination and a legal protection procedure the Family Law (Official Gazette of the Republic of Serbia, 2011a) within Articles 10 and 197 prohibits domestic violence and entitles everyone to protection against domestic violence in accordance with the law.

Furthermore, the Law on Prevention of Domestic Violence (Official Gazette of the Republic of Serbia, 2016a) directly regulates prevention of DV and the actions of the state authorities in preventing DV and providing protection and support to victims of domestic violence and victims of criminal offenses (Article 4). Domestic violence, within the meaning of this Law (Article 3), is the act of physical, sexual, psychological or economic violence of the perpetrator against the person with whom the perpetrator is in the present or earlier marital or extra-marital or partnership relationship or with the person with whom the blood relative is in a straight line, and in a sloping line to the second degree, or with whom he or she is related to the second degree, or to whom he or she is an adoptive parent, breadwinner, or to another person with whom he lives or has lived in a joint household. The law also introduced a number of provisions regarding the organization and actions of the competent authorities (prosecutor's office, police, centres for social work), and stipulates mandatory multisector cooperation, as well as urgent measures that could be imposed on the abuser (temporary removal of the perpetrator from the apartment, temporary measure prohibiting the perpetrator from contacting and approaching a victim of violence), as well as the obligation of the competent authorities and institutions to give the victim full information on the processes in question when DV is identified in the language that the victim of violence understands which is particularly important for the members of migrant population in Serbia. In addition, this law provides for the development of an individual plan of protection and support for the victim of violence and criminal offenses referred as provided by the Article 4 of the Law (ibid.).

In conjunction with the above laws the Law on Social Protection (Official Gazette of the Republic of Serbia, 2011b) within the Article 3 sets out the main principles of social protection, including protection and prevention from DV. Its main aim refer thus to the achievement and preservation of the citizens' minimal economic security and independence in satisfying their principal needs, ensuring availability of services and exercise of social protection rights, equal opportunities for all, strengthening social inclusion, fostering and preservation of family relations, improve gender and intergenerational solidarity, prevention of violence, neglect and exploitation. The aims of social protection are to be met by the social protection services provision (ibid.). The Social Protection Law defines provision of manifold services which may be complementary to specific social groups or beneficiaries with the view to meeting their needs and enable effectiveness and efficiency of the provided services (Milojevic, 2019b). In this regard, social protection services and mechanisms are designed to be provided to a range of beneficiaries and within the vast spectrum of needs including asylum seekers, refugees and foreigners residing illegally in Serbia as well as stateless persons. This Law also delineates mandates of social protection institutions. The provisions of the Article 40 of this Law defines the services of social protection amongst which are counselling-therapeutic and socially-educational services aimed at provision of support in cases of DV which entails family therapy, mediation, SOS telephone service, activation and other services. In addition, the same article addresses the types of accommodation for the victims of DV and in other cases that need social protection mechanisms to be activated.

Article 56 of this Law stipulates that social protection services may be provided in the form of immediate intervention when security in the situations that endanger life, health and development of the beneficiaries is necessary and is available

24 hours a day. Services of immediate intervention provides centre for social work in cooperation with other mandated authorities. This means that for minors and adult persons who are victims (or potential victims) of torture, neglect, domestic violence and exploitation, human trafficking, or in other words if person's physical, psychological or emotional wellbeing and development are endangered, local centres for social protection are among first institutions responsible for their protection and support. However, at the local level, in the communities, asylum and reception centres are situated in, the availability and the spectrum of social protection services aimed at supporting and protecting migrant population varies (Milojevic, 2019b). Alongside with that, as the local centres are overwhelmed with their capacities already overstretched, timely and efficient reactions are usually absent.

On the other hand, as literature suggests, while the Centres for Social Work, which are the backbone of the national system of protection of women in cases of domestic violence, have rather minor role and activity rate in cases of domestic violence within the migrant population, the civil society organizations have been playing the crucial role in this respect (Perisic, 2019). Moreover, the accommodation in the safe houses own by the state as it was stipulated before, is usually not accessible for immigrant women victims of DV, SGBV, GBV in Serbia, and they are mostly being accommodated in the safe houses provided by the NGO Atina. Shifting responsibilities from already existing system of social protection of victims of violence to CSO sector is only deepening the problem of sustainability and leading to short-term, project dependent solutions.

Finally, the Criminal Code of the Republic of Serbia (Official Gazette of the Republic of Serbia, 2016b) incriminates offences related to GBV in various provisions (offences against life and limb, offences against the rights and freedoms of man and citizen, sexual offences, offences related to marriage and family, offences against public peace and order). Article 194 of the Criminal Code defines different sorts of criminal offences in the field of domestic violence and related sentencing of perpetrators. The Law Amending the Criminal Code adopted in November 2016 defines new criminal offences, such as: female genital mutilation, stalking, sexual harassment, exposing a child to an act of sexual intercourse, and forced marriage. One of the goals of its authors was to align the Criminal Code with the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (UNPFA, 2019).

Besides key laws regulating the field of prevention and protection from GBV, DV, SGBV of vulnerable groups within migrant population and in general, relevant strategies and following action plans have been enacted to support efforts in fighting GBV, DV, SGBV the key being the National Strategy for Gender Equality for the 2016-2020 and its Action Plan 2016-2018 (Official Gazette of the Republic of Serbia, 2016c) while the new National Strategy for the Prevention and Elimination of Violence against Women in Family and Intimate Partner Relationships is in drafting phase for the following period.[2]

Finally, while cooperation, coordination and joint action in fighting GBV, DV and SGBV was set by the General Protocol for Action and Cooperation of Institutions, Bodies and Organisations in the Situations of Violence against Women within the

[2] The precedent National Strategy for the Prevention and Elimination of Violence against Women in Family and Intimate Partner Relationships was adopted for the period 2011-2015 (Official Gazette of the Republic of Serbia, 2011c).

Family and in Intimate Partner Relationships in 2011 (Government of the Republic of Serbia, 2011) and Special Protocols on Actions by relevant authorities in cases of domestic and intimate partner violence against women.[3] The General Protocol lays down the obligations of the following entities to respond to domestic violence: the police, social welfare institutions and other service providers in the social welfare system, health institutions and other healthcare service providers, educational institutions in cases involving children witnesses of violence, public prosecution services, and courts of general jurisdiction and misdemeanour courts. The main objective of these Protocols is to initiate efficient and coordinated procedures and actions that immediately halt the violence, protect the victim from further violence, regulate the manner of documenting the victims' injuries after extending them medical aid, and ensure appropriate legal and psychosocial aid, thus facilitating the rehabilitation and integration of the victims (ibid.). From the perspective of the social protection mechanisms within the field of DV and GBV these protocols are key for the work of CSWs as to undertake systemic, interdisciplinary, professional and comprehensive approach to DV and GBV.

Lastly, in the domain of protection from neglect, violence and abuse (and in connection to DV and GBV) of children and minors General and Special protocols have been also established with the aim to enlist the criteria for distinguishing child abuse from child neglect and interlink the institutions charged with protecting abused and neglected children.[4]

POLICIES ADDRESSING MENTAL HEALTH CARE AND PROTECTION OF MIGRANT/REFUGEE/ASYLUM SEEKING POPULATION

The right to health is guaranteed by numerous international instruments including the Universal Declaration of Human Rights (United Nations General Assembly, 1948), the International Convent on Economic, Social and Cultural Rights (United Nations General Assembly, 1966) the Convention on the Elimination of All Forms of Discrimination against Women (United Nations General Assembly, 1979), and the Convention on the Rights of the Child (United Nations General Assembly, 1989. Under the International Covenant on Economic, Social and Cultural Rights (United Nations General Assembly, 1966), "[T]he States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health." This Covenant lays down the measures States Parties are to undertake to achieve the full realisation of this right. The Committee has also clarified that governments must ensure that

[3] The Special Protocol on Conduct of Police Officers in Cases of Domestic and Intimate Partner Violence against Women adopted by the Ministry of the Interior in February 2013. The Special Protocol for Action of Social Welfare Centers – Guardianship Authorities in Cases of Domestic and Intimate Partner Violence against Women adopted by the Ministry of Labor, Employment and Social Policy in March 2013. The Special Protocol of the Ministry of Health for the Protection and Treatment of Women Victims of Violence adopted by the Ministry of Health in June 2010. The Special Protocol for Judicial Bodies in Cases of Domestic and Intimate Partner Violence against Women adopted by the Ministry of Justice and Public Administration in January 2014.

[4] The General Protocol for the Protection of Children against Abuse and Neglect, the Special Protocol on Actions of Judicial Authorities to Protect Minors from Abuse and Neglect; the Special Protocol for the Protection of Children against Abuse and Neglect in Social Welfare Institutions; the Special Protocol on Actions by Police Officers to Protect Minors against Abuse and Neglect; the Special Protocol of the Healthcare System for the Protection of Children against Abuse and Neglect; the Special Protocol for the Protection of Children and Pupils against Violence, Abuse and Neglect in Educational Institutions (UNPFA, 2019).

“health facilities, goods and services must be accessible to all, especially the most vulnerable or marginalized sections of the population, in law and in fact, without discrimination on any of the prohibited grounds” (ibid.).

The data from the Serbian Institute of Public Health "Dr Milan Jovanovic Batut" (periodic reports 2017-2018) demonstrate that mental health problems are the third most common cause of health interventions (after respiratory diseases and physical injuries) among the refugee, asylum seeking and migrant populations. It is indicated that healthcare workers register about 500 interventions a month related to mental health disorders among the refugee population in Serbia, which includes between 3.600 and 4.800 people. These data directly underscore the expressed needs of this population for timely support, mental health related interventions and specialised care, when necessary (Bjekic et al, 2019). Moreover, asylum seekers in Serbia reported that on average they faced more than six highly traumatic experiences in their countries of origin or in transit, pointing to extremely frequent psychological disturbances compared to the general population. 88.5% of refugees in Serbia could be considered as psychologically jeopardized persons in need of an urgent psychological protection and continuous psychological support. The research conducted by Vukcevic Markovic and colleagues (2017) shows that out of 546 migrants surveyed, severe symptoms of depression are reported in 48% cases, anxiety in 37% cases and post-traumatic stress syndrome in 26%.

Within the national asylum and migration policy framework the migrants/refugees/asylum seekers with mental health issues are recognized as specifically vulnerable group. Article 17 of the LATP (Official Gazette of the Republic of Serbia, 2018a) enables special procedural and reception guarantees for persons suffering from mental disorders, while Article 54 of the same law guarantees provision of medical care to asylum seekers giving special priority to those who have been victims of torture, rape or other serious form of psychological, physical or sexual violence or the asylum applicants with mental disorders (ibid.). As per LATP health care provision for migrants abides to regulations governing provision of health care for foreigners (ibid.). In practice, procedural guarantees are not specified enough, so it is unclear on which ones persons with mental health problems and disorders are entitled to. Also, as it was mentioned, identification of vulnerability and assessment of special needs, as well capacities for fulfilling them are inexistent. Thus, obstacles in participating in procedures arising from mental health issues are being ignored and persons with mental health problems and disorders are treated same as everybody else.

The Law on Health Care (Official Gazette of the Republic of Serbia, 2019a) comprehensively regulates health care system, organization of health service, social care for the health of the population, general interest in health care, rights and obligations of patients, health care of foreigners as well as other issues of importance for the organization and implementation of health care. It features principles of prohibiting discrimination in the provision of health care services as well. Articles 236–240 of the Health Care Law (ibid.) regulate the health care of foreigners. Under these provisions, foreigners, regardless of their status (migrants, asylum seekers, refugees) are guaranteed the right to health care, which shall be extended to them in the same manner as to the nationals of the Republic of Serbia. Article 239 of this Law regulates funding of health care provided to foreigners and is relevant to the health care of migrants as well. Under this Article, health institutions shall be compensated from the state budget in accordance with the health services pricelist for

the health services they extend, inter alia, to asylum seekers, foreigners whose intention to apply for asylum has been registered, individuals under the voluntary return programmes and foreigners residing in the Republic of Serbia at the invitation of the state authorities who do not fulfil the requirements to acquire the status of mandatory health insurance beneficiaries under the law on health insurance, foreigners granted asylum in the Republic of Serbia but lacking financial means, as well as foreign victims of human trafficking (ibid.).

In addition, the health care provision to the foreigners is governed by the Health Insurance Law (Official Gazette of the Republic of Serbia, 2019b) and by-laws regulating individual health care issues, notably the Rulebook on Medical Examinations of Asylum Seekers on Admission to Asylum Centres or Other Facilities Accommodating Asylum Seekers which governs in greater detail the check-ups that should, inter alia, serve as a kind of medical screening based on which health professionals can undertake further treatment if necessary (Official Gazette of the Republic of Serbia, 2018d).

The Law on the Protection of Persons with Mental Disorders regulates the basic principles, organization and implementation of mental health care, manner and procedure, organization and conditions of treatment and placement without consent of persons with mental disabilities in inpatient and other health care institutions (Official Gazette of the Republic of Serbia, 2013b). This Law also defines the concept of a person with a mental disability, which is defined as an underdeveloped person, a person with a mental health disorder, or a person suffering from a disease of addiction (abuse of psychoactive substances - alcohol, drugs). The principle of anti-discrimination within the implementation of this law is delineated within the Article 4 which provides for the protection of persons with mental disorder from discrimination based on race, gender, language, nationality, citizenship, religion, political or other representation, education, legal or social status, age, disability or any other personal characteristics. In addition, Programme for Mental Health Protection in the Republic of Serbia for the period 2019-2026 (Official Gazette of the Republic of Serbia, 2019c) has been enacted which aims at protection of mental health of the citizens through the set of proposed measures, conditions and instruments of the public policy for the prevention of mental health disorders, improvement of mental health, analysis and diagnostics of mental health conditions, treatment and rehabilitation of the persons with mental health conditions abiding to principles of human rights respect and strengthening dignity of the persons with mental health disorders.

Mental healthcare is integrated with the primary healthcare system, which have mental health and developmental counselling units within municipal health centres. However, the provision of mental health care in general is featured by number of issues such as lack of residential homes, as well as the poor conditions and lack of capacities of psychiatric hospitals (Lecic Tosevski et al, 2010).

Provision of mental health care to migrants/refugees/asylum seekers in Serbia is mostly offered in a form of psychosocial support and counselling provided by the NGOs specialised in the field (Svetozarevic et al, 2019). Namely, the psycho-social support extended by civil society organisations is tailored to and oriented towards extending support to specific subgroups of migrants, primarily women and children, but also to adults, violence and trauma survivors, etc. State and local

institutions responsible for mental health protection are involved when there is need for psychiatric care, hospitalization and pharmacotherapy.

The existing system of mental health protection for refugees, asylum seekers and migrants in Serbia thus relies primarily on CSO sector and different specialised organizations, which again represents short-term solution. When it comes to local institutions there is a lack of trained staff for the assessment of the mental health of this population. For that reason, those people for whom assistance at the primary or secondary level of health care would suffice are sometimes being referred to a tertiary facility, and vice versa. Selection of the most appropriate model for mental health assessment for refugees, asylum seekers and migrants is also an important issue, since the relevant literature reveals a polarization between calling upon diagnostic hypotheses or descriptive accounts of the refuges' suffering on one side, and a trend towards adjusting categories of mental health assessment in asylum seekers to fit into the current classifications of illnesses and disorders, on the other (Svetozarevic et al, 2019).

The next chapter will discuss the findings in the domain of GBV, DV, SGBV including other forms of violence coupled with the issues related to mental health care and protection of the migrant population in Serbia.

THE NETHERLANDS: GENDER-BASED VIOLENCE AND MENTAL HEALTH IN THE CONTEXT OF ASYLUM AND MIGRATION AND POLICIES

Brief overview of asylum and migration policies in the Netherlands

The asylum in the Netherlands is granted by the **2000 Aliens Act**, which is based on the *1951 Convention* and the on the *European Convention on Human Rights.* According to the Alien Act, people who has the right to gain the "refugee" status in the Netherlands are those who, pursuant to what stated in the 1951 Convention, have personal indications that they are at risk of persecution, at risk of threats, torture, or wrongful deprivation of personal freedom in the country of origin, based on one of these grounds: race, religion, nationality, political opinion and/or membership in a particular social group (UNHCR, 2018).

Moreover, the asylum process in the Netherlands is regulated by EU directives and regulation which aim to build a common asylum system for all the European Union's member states. This means that, according to the EU legislative framework in matter of asylum, the Netherlands have the obligation to guarantee the institute of *family reunification* as mentioned in article 2f, of Directive 2003/86/EG of the European Parliament and the Council and to respect the principle of *non-refoulement* of article 3 of the Convention of Human Rights (*ibid.*)

Regarding the asylum procedures, the Netherlands allow the application for asylum and international protection at the borders or on the Dutch territory, and every person who express the will to gain international protection must report to IND (Immigration and Naturalisation Service).

Subsequently, the IND, through the "**Five Tracks Policy**", canalize the asylum seekers to a specific procedure track, depending on the circumstances of the case; this can be applied only if the person seeking for international protection lodge his application on the Dutch territory, in the event, instead, that the asylum seeker lodged his application at the borders of the country, the *border procedure* will be applied (AIDA - Asylum Information Database, 2019).

The **First Track** concerns the case in which the application can be evaluated through the *Dublin Procedure*. In this case, the IND starts to investigate if another EU member state is responsible for the asylum application's examination.

The **Second Track** provides for the examination of applications lodged by people who are considered coming from a Safe Third Country or who already gained international protection in another Member State.

The **Third Track** is relative to the people who are considered to be granted asylum at first glance through a fast-track procedure and is linked to the **Fifth Track**, which deals with the applications that could not be evaluated in the Third Track, due to lack of submission of documents or nationality. Both tracks have not been applied in 2018 and 2019.

For what regards the **Fourth Track**, this concerns the *Regular Procedure* which can be a short asylum procedure of 8 days or an extended asylum procedure. In the case of regular procedure, every asylum seeker must be interviewed at least twice. The aim of the first interview is to identify the nationality, identity and travel route of the applicant, while the second one aim to clarify the reasons of the applicant for fleeing his/her country of origin. Each asylum seeker is guaranteed free legal assistance (AIDA - Asylum Information Database, 2019).

As mentioned previously, the Five Tracks Policy is applicable only to those who lodged their asylum request within the Dutch territory, while for those who lodged the request at the borders it applies the **border procedure**. This procedure last for a maximum of 4 weeks, during which the Dutch authorities must take a decision on refusal or entry to the Netherlands, meanwhile the asylum seeker has the obligation to stay in detention. In case the procedure exceeds the time limit of 4 weeks, the application is examined on the base of the regular procedure.

Groups who are exempted from the border procedure are: unaccompanied minors, families with children (since the Dutch legislation do not allow the detention of families with children at the borders) and people in need of special procedure guarantees on account of torture or serious forms of psychological, physical and sexual violence (*ibid*.)

It is important, in order to complete the right asylum procedures and for the implementation of special guarantees, the identification of vulnerable groups within the migrant population.

Since there is no definition of "vulnerability" in the Dutch legislation, the IND has the duty, from the start of asylum procedure, to examine and establish whether an applicant is vulnerable and in need of special care.

The process of **screening of vulnerability** is conducted in the first place by the FMMU (Forensisch Medische Maatschappij Utrecht), an independent agency working on behalf of the IND, in order to provide a medical advice on the applicant's mental and physical conditions. After the FMMU determined if the asylum seeker can be interviewed, the IND will examine if the applicant can be considered as vulnerable and in need of special care. This condition will be assessed by referring to a list of indications, which is divided into different categories as physical problems (pregnancy, blind or handicapped) or psychological problems (traumatised, depressed or confused) (AIDA - Asylum Information Database, 2019).

For what regards the unaccompanied minors, even though they are generally considered as part of vulnerable group of people, an age assessment is needed to be conducted. In this case the conduction of personal interviews is essential. At the beginning of the asylum procedure, the asylum seeker who will claim to be a minor will be interviewed and investigated by the Royal Police (KMar) and/or the IND, in order to identify the person as a minor or an adult based on the appearance and discussion with him/her. If the officers cannot determine the real age of the asylum seeker or he/she cannot prove his /her minority, an age assessment takes place, which is executed on the basis of X-rays of the clavicle, the hand and wrist. In this case, the age assessment has to be signed by the radiologist (AIDA - Asylum Information Database, 2019).

Focus on Social Protection Policies for Vulnerable Groups

The asylum procedure results being extremely important in the domain of social protection policies implemented by the Netherlands. The Dutch legislation, indeed, make a big distinction between asylum seekers and refugees: asylum seekers

have no right to integration, whereas refugees (people who gained international protection and asylum in the country) has the right to integrate in the Dutch society through an examination testing the knowledge of Dutch language, society and culture (van der Meer & Bast, 2016).

Beneficiaries of international protection can apply for: 1) *social benefit,* which is meant to financially support people who are not able to provide at their own living or needs financial support for the time they need to find a job, 2) *benefits* (such as health care benefit, rent benefit, child care benefit and supplementary child care benefit), and 3) *child benefit* (which does not depend on the income of the beneficiary, but means that each person who owns legal residence in the Netherlands and has a child can be eligible). In any case, since 2017 a new regulation states that beneficiaries of international protection are not anymore eligible for the social benefit, rent benefit and health-care benefit for the first two years of their residence in the Netherlands; they will instead receive housing, healthcare insurance and assistance in the integration process from the local authorities (AIDA - Asylum Information Database, 2019). In addition, all the asylum seekers, refugees included, will receive an allowance of 27 euros per day in order to supply for food and other expenses (van der Meer & Bast, 2016).

The Dutch government provides, to those who are beneficiaries of international protect, **different forms of accommodation:** 1) reception centres, 2) temporary placements, 3) housing (AIDA - Asylum Information Database, 2019).

For what regards the social protection policies in the domain of vulnerable groups, as it was mentioned previously, the Dutch legislation has no specific definition of what "vulnerability" is but during the asylum procedure there is a specific process to determine if asylum seekers is vulnerable and in need of special care.

Therefore, the Dutch government implemented some **special procedural guarantees** for those who have been assessed as part of vulnerable group of people at the time they applied for international protection. In this case, the Aliens Act set adequate support during the interviews to the applicant which is considered to be in need of special procedure guarantee. These "special guarantees" mainly consist in: 1) the presence of persons of confidence and/or family member; 2) the presence of a lawyer; 3) several breaks during the interview or 4) postponement of the interview (AIDA - Asylum Information Database, 2019).

In any case the IND does not have units specialised in dealing with vulnerable groups, but every officer has to follow the European Asylum Support Office training module on Interviewing Vulnerable Persons. Generally, asylum seekers who are victims of sexual violence, torture or serious physical arms will be first processed through a short asylum procedure, even if in most of the cases a medical investigation will be needed and then the case will be referred to six-month procedure.

The medical investigation will be carried out by the FMMU (Forensic Medical Company Utrecht) which will determine whether the asylum seeker can be interviewed with or without special guarantees. Furthermore, the IND may ask an independent third party such as the Dutch Forensic Institute (NFI) or the Dutch Institute for Forensic Psychiatry and Psychology (*NIFP*), to pursue the investigation. Independently from the IND, the Institute for Human Rights and Medical Assessment (IMMO), an NGO not funded by the state, can conduct physical and psychological investigations on request by the asylum seeker (*ibid*.)

Generally, the social protection policies for asylum seekers in the domain of gender-based and sexual violence are the same that apply to Dutch citizens and are mainly based on the points promoted by the Istanbul Convention.

In this domain, the Dutch policies provide information, support and assistance for individual complain as well as several care facilities such as general practice care and mental health care.

Moreover, there are specialised support services on the territory as *Women's shelters*, which offers to the victims of domestic violence immediate and safe shelter with recovery on a national level together with legal help, medical care

and psychological care to prevent the development of mental disorders, especially the Post Traumatic Stress Syndrome (Government of the Netherlands- Rijksoverheid, 2018).

Other than Women's shelters, in the Netherlands some shelter institutions offer specialised support for people who are victims of human trafficking and, for foreign victims without residence permit, the government supply accommodation for shelters according to what stated by the Aliens Act (*ibid*.)

For what regards the third-national victims of victims of honour-based violence, the IND has the duty to grant an ordinary fixed-period residence permit if: 1) a threat of honour-based violence can be said to exist in the Netherlands and in the country of origin; 2) there is a real threat that cannot be eliminated in the short term; and 3) the foreign national is not eligible for a residence permit. According to the Aliens Act, the same applies to victims of domestic violence (Government of the Netherlands- Rijksoverheid, 2018).

Another issue concerns the social protection policies in the domain of asylum seekers who suffer from mental health issues. The mental health care coverage is an important manner, since there are evidences that mental health problematics among refugees is really high: Posttraumatic stress disorder (PTSD) is about 10 times more likely to occur in adult refugees in western countries than in age-matched general populations in host countries, in addition, around a 5% is diagnosed with major depressive disorders, as well as other disorders, such as psychotic disorders (2%) and generalized anxiety disorder (4%) (Lahuis, Scholte, Aarts, & Kleber, 2019).

As all the other welfare benefits, asylum seekers who gained the refugee status having a regular permit of stay are also entitled to access to the health-care system as well as Dutch citizens in terms of both physical and psychological aid. On the other hand, asylum seeker, whose asylum application is still pending, have different access to the Dutch health-care. In this case, asylum seekers are not covered by a healthcare insurance but they receive shelter and basic healthcare also on the psychological level (*ibid*.) and, if necessary, they can be referred to a mental hospital for a day treatment (AIDA - Asylum Information Database, 2019).

Another important point concerns the situation of the unaccompanied minors who are still waiting for a decision on their asylum application. In this case, the uncertainty of the UASC's legal condition has a lot of psychological consequences. While waiting for an admission or a refusal for international protection in the country, unaccompanied minors generally live in centres provided by the Dutch and their situation is subject to frequent changes and, as a consequence, the stability of their lives is frequently interrupted. The case of unaccompanied minors also shows the different in treatment and in terms of access to mental health-care facilities between those who are still in the asylum procedure and those who had been granted refugee status (Batista Pinto Wiese & Burhorst , 2007).

In conclusion, when compared to Serbia, the asylum and migration policies in the Netherlands show few differences especially in the domain of vulnerable group of people and their protection during the asylum procedure.

Differences between the Dutch and the Serbian model can be found in the identification of vulnerable people during the beginning of the asylum procedure. While Serbian legislation seems to have a clear definition of what "vulnerability" is, the Dutch legislation do not provide a specific definition of vulnerable people. On the other hand, while the process of identification of vulnerable people in the Netherlands seems to be enough structured, especially for what regards the specific roles attributed to the competent authorities and the procedure implemented to identify the vulnerable people, in the case of Serbia it is not clear in which form the Asylum Office or the Asylum Commission have to decide whether and asylum seeker is in need of special procedures (AIDA - Asylum Information Database, 2019).

Moreover, while special procedure guarantees are applied by the Dutch authorities in the case in which they manage to identify a vulnerable asylum seeker, in Serbia there are no specialised bodies which have the responsibility to deal with asylum applications made by vulnerable people. The Asylum Act, indeed, foresees that care will be taken during the asylum procedure of asylum seekers with specific need. Yet, the asylum procedure of people belonging to specific vulnerable groups did not differ from any other procedure in 2019 (*ibid*.), in contrast to the special procedure that have been applied in the Netherlands for those considered to be vulnerable.

FINDINGS

FORMS OF VIOLENCE WITHIN MIGRANT POPULATION IN SERBIA AND RELEVANT RESPONSES

There is no single institution in Serbia responsible for keeping statistics about the violence within migrant population in the country. Therefore, the estimations about the prevalence and the most common forms of violence among the migrant population can be inferred only upon the experience of the institutions and non-governmental organisations involved in assisting migrant population including less relevant reports from the media about the violence outbursts.

The public is usually informed only about the cases of violence between different groups of migrants, that occur in the asylum and/or reception centres or outside of them, however, less visible yet more prevalent types of violence such as GBV against women and unaccompanied minors often goes unreported.

According to research findings, institutions were slow to recognise and react to GBV, DV and SGBV among migrants, while the efforts of non-governmental organizations in that regard were crucial.

GBV, DV and SGBV against women

Even though the proportion of women and girls in the migrant population in Serbia is small, they are disproportionally more affected by the violence compared to men and boys. On the other hand, GBV, DV and SGBV often passes unrecognised and not acted upon due to the character of migration flows in and through Serbia including low rate of reported cases, but also lack of knowledge, skills and capacities of relevant authorities and system itself to recognize, respond and protect victims of violence. As findings suggest only the most drastic cases of abuse were reported and reacted to.

CSWs representatives interviewed for the purpose of this research estimate that nearly one percent of GBV and DV is reported, due to the various reasons.

Among the key reasons of low reporting violence rate stands social and economic based uncertainties that may arise from reporting violence. Victims in almost all cases, thus stay silent.

> *No victim will come at first and report being abused. (…)when they've been around for a long time, and when a woman gains trust in one of us, (…)field workers, is it a worker from an NGO where she goes to a course, or a workshop or someone like that, then (she will confide). (Interview, CSW Savski Venac)*

The fear from handling the consequences of reporting violence have been confirmed multiple times during interviews and notably from the representatives of the CSW:

> *Victims are often afraid of how they, if they are alone in a foreign country, take care of their children (…) they are afraid of how their families will react. Then they are afraid of other people, because other*

> *people may immediately condemn them. This information (that they reported violence) arrives immediately tomorrow from camp in Belgrade to the camp in Pirot. That's how everyone is connected. (Interview, CSW Palilula)*

The reporting rate for SGBV is even smaller:

> *When it comes to sexual violence, the victim usually does not report, (as) she does not trust anyone, which prevents her from disclosing violence. (Interview, APC/CZA).*

Yet the economic and social uncertainties that may come up as a consequence of violence reporting are not the only impediments to GBV, DV, SGBV recognition and resolution. It is the level of trust of victims into the relevant institutional representatives and closer social environment that often prevents from declaring the violence and ensuring protection from the further abuse of the perpetrator.

Moreover, as findings show, the level of trust closely depends on the ability of those working in the field to understand cultural backgrounds of victims and properly respond. Violence among the migrant population is complex and asks for an in-depth knowledge and understanding of a cultural background of each migrant group. For instance and in relation to cultural patterns 'honour killing' or 'shame killing' is a practice when a member of a family is murdered as a result of perpetrators' belief that the victim has provoked shame, dishonoured the family, or has violated the principles of a community or a religion with being based on the honour culture. Typical reasons for engaging in 'honour based violence' include divorcing or separating from the spouse, or refusal to enter in an arranged, child or forced marriage. Yet, due to the lack of cultural awareness such kind of violence with the possibility of a fatal result is treated as an attempted aggravated murder: 'The actors dealing with the issue were not aware of the cultural context of the case, which was in its nature a form of GBV' (Interview, NGO Atina).

Indeed, the experience of interview respondents confirms findings from elsewhere which indicate that the beginning of GBV and other type of violence among migrant population often starts in the country of origin (being also for some one of the core cause of migration), and continues *en route*, and on transit points such as Serbia. The striking example with the fatal consequence is reflected in the case of an African girl who run away from the unwanted marriage arranged in her home country:

> *We found out about her case (after she) attempted suicide (…)…it's being treated as a suicide attempt (before we learnt) that she tried to commit suicide when she found out that her family … just because she dared to run away from (…) her husband (…) gave the youngest sister who was nine years old to marry him (and she felt guilty). (Interview, NGO Atina)*

Furthermore, a cases show that women often decide to retract her consent to report domestic violence if she estimates that she has no other solution to reach the final country of destination but with those being members of her family

including violence perpetrator(s). In addition, the cases of reporting violence often does additional harm to the victim while victims family might be also subjected to violence in the country of origin or in the country of the final destination.

As interview results confirm, women frequently refrain from reporting violence, as they do not want to jeopardise their aim of passing through Serbia on the road to final destination. As one of the research participants indicates: 'She believes that the outcome will be different if she reports violence in Sweden or Germany which is her desired final destination where the system has many other tools to support her' (Interview, UNHCR).

Mistreatment or negligence of GBV or DV by the responsible institutions is connected to the prejudices about violence as a common part of a refugees/asylum seekers/migrants' culture. As interview accounts indicate: 'There are the cases when [migrant] women complain about men violence but soon after they hold hands and everything is fine' (CSW Palilula). Another interviewees from the ranks of responsible institutions indicate that for migrant women it is more acceptable to be slapped or punched or obey their husbands than is the case in our culture. Based on these prejudices responsible institutions deliberate whether they should invest their already scarce resources to act upon every occurrence of violence. It is these prejudices and inefficiency of responsible institutions that contribute to low rate of violence reporting. Being witness of their slow, short-term and uncertain responses, victim is rarely convinced that reporting can bring any benefits for her and family. On contrary, victim is scared, often not without reason, that reporting will bring additional trouble and violence.

While the legal and institutional frameworks in the domain of violence within migrant population is in compliance with those applying to domicile population with CSWs, police, the courts and the prosecutor office being at the forefront of protection from and reaction to violence, still the assistance to victims of violence within migrant population, prevention and protection from violence as well as prosecution of perpetrators are frequently missing. The reasons are many, but as stipulated during the interviews they relate to the lack of human, technical and financial capacities. As a result, violence within migrant population often remains unaddressed as is not considered a priority by the responsible institutions.

As per procedures, in cases of spotted violence within asylum/reception centre, the CRM team, mobile social workers, NGO staff or any other person that is aware of or witnessed violence contacts CSW after which, the interview with the victim is conducted by the CSW's responsible staff member. Based on the interview the CSW decides whether pursue the case with the police and the prosecution. Yet, results show that sometimes, CRM or other actors are not reporting, while it happens that CSWs are not involved at the procedure at all, or are included only in some later stages of the processing violence against women, after, for example the relocation of the victim in the other asylum/reception centre as a measure of protection is done 'even though the CSW is the only one that can make a decision on relocation' (Interview APC/CZA).

On the other hand, as reports confirm, some CSWs are non-responsive or slow to response, which then leads to situations in which they are informed about the action only afterwards. Such events suggest that new protocols, which were developed to better address the violence among migrants, cannot resolve deeper problems within the system, which

lacks capacities, specific knowledge and skills when it comes to protection of migrants, asylum seekers and refugees from violence.

Moreover, GBV or DV is often not duly or adequately reacted upon by the police, as interviewees confirm:

> *In three cases with different histories, the outcome was the same - there was no reaction of the police (2 cases were reported to the police), nor the centre for social work (2 cases of minors who were already under guardianship). They (victims) did not receive any protection, special treatment or support plan for the victim (Interview, APC/CZA).*

On the other hand, a number of NGOs acts at the vanguard in the domain of prevention and protection of women from different forms of violence. Besides psychological support and provision of shelter in cases of grave violence acts against women, they teach them human and women rights. However, this is a delicate task, as reported, since this often involves complaints from family members and notably male partners who do not approve this form of engagement. Still the process is progressing:

> *[Now we have] the women's council which consists of several migrant women networks, who are empowered and they are the ones who do the workshops, they are the ones who are the counsellors, they give proposals for changes to the rules (in the reception centres), [As a result] women [feel empowered to say] "I don't feel safe because I share a bathroom with 10 men" (Interview, NGO Atina)*

It is often the case that based on the assessment of the graveness of violence and vulnerability of the victim, the CRM, or CSW undertakes actions of relocation of the victim in another asylum/transit centre or in one of the three shelters/safe houses led by the NGO Atina, that are donor funded, which indicates to their unsustainability.

Undeniably, migrant women might be accommodated within the network of the safe houses for domicile women but this is almost never the case as it was stated during the interviews.

Moreover, the issue of pursuing the cases of GBV, DV, SGBV is related to the often lack of personal documentation of migrants without which prosecution and judiciary are unable to follow up cases referred to by the CSWs and the police, as proper documentation prerequisite for judicial process.

Finally, the preventive work with men is missing as well as with the convicted (or not convicted) abuser which means that in practice the system does not have a well-rounded answer to GBV.

Violence against young males as a form of GBV

Although GBV against women and girls is the most widespread, violence against boys in migrant population is also notably present. One of the forms in which it occurs is *bacha bāzī* - a form of sexual violence performed by men on the young males which are forced to dance for them, have their "master" and are very often raped and sexually abused in other way

by their masters and other older man, or in a form of a “group rape” where a group decides to put a young male in a subordinated position. Unaccompanied minor males, as interviews confirm, are also exposed to forms of GBV and SGBV while being victims of smugglers.

In response to a suspicion of sexual harassment of boys, which was increasingly reported during the influx of migrants on the Balkan route by CSW field workers and NGOs, this type of violence and the procedures, which have to address this type of SGBV, were included in the new LATP (in a form of best interest of a child) and in the standard operating procedures in case of human trafficking and SGBV. However, as further stated, the implementation of new provision is lagging behind the actual needs, as interviewees have suggested.

Another frequent form of gender based violence affecting boys and young men in Serbia, especially unaccompanied minors, is forced involvement in smuggling and trafficking. It is observed in the field that they are serving as recruiters for smugglers, guides during border crossing or have other roles in process of smuggling and trafficking. Some of them are also sexually abused and exploited by smugglers and their associates, or are victim of forced prostitution.

Unfortunately, GBV and SGBV towards unaccompanied minor males usually remains invisible, since there is tendency of the system to neglect their vulnerabilities and special needs, treating them as adults, but also due to lack of capacities for support and protection, lack of specialized accommodation centre together with constant supervision and presence of competent and professional staff, lack of guardians, lack of knowledge and skills for prevention, recognition and protection from violence and other risks.

MENTAL HEALTH PROTECTION OF MIGRANT POPULATION IN SERBIA

Migrant population is exposed to numerous stressful and traumatic experiences on their journey and search for better life: losing family members or friends in the countries of origin, experiencing life-threatening situations and physical violence during the war, suffering from the lack of food, water and shelters during the long and exhausting journey to the end destinations, etc. This is only a part of the baggage most of them bring to the country of their current residence, in this case - Serbia. In the post-migration period consequences of the separation from their habitats become visible, and the feelings of loneliness and isolation are even more aggravated by the language and cultural barriers, which all prevents social integration of this population (Svetozarevic et al, 2019). As already highlighted by the research carried out in the asylum centres in 2017 in Serbia (WHO, 2019), almost 90% of migrants and asylum seekers reported some form of psychological problems, including post-traumatic disorder, depression, etc.

While mental health plays prominent role in the studies and research related to social integration of migrants, in practice the address of this issue is versatile depending on national framework. This section explores how the existing system of mental health protection safeguards the wellbeing of refugees, asylum seekers and migrants in Serbia.

UNACCOMPANIED MINORS AND MENTAL HEALTH PROTECTION

In case of unaccompanied minors (UAM) who are younger than 18 years of age at which the Age of Majority is set by the Serbian legislation, guardians are the first stop.

Guardianship in the Republic of Serbia operates within the social protection system and is entrusted to CSWs for all children, including the ones coming from refugee/migrant population.[5] Exactly this fact and the observation that children face same problems regardless where they come from has been constantly highlighted in the interviews, showing that in general there are low capacities in this field:

> *So, the problem that exists is general. Not only [for] migrants. The same problem is with the local population. The centre (for social work) can recognize this that it is a problem and the procedure is such that this recognition directs you to the health system. However, our health care system only treats urgent conditions and then discharges people. And you don't have some middle space, you don't have a service that would meet these needs, that is, psychiatric patients who have been discharged from treatment. (Interview, Institute for Social Protection)*

Experiences from the field point out to numerous challenges that the guardians face in the attempts to enable provision of mental health support to UAMs with different types of problems or mental disorders. Barriers span from the generic ones such as the lack of translators:

> *I would like more translators to be available to us in person, as phone doesn't really do the job. It is important for a child to feel that there is someone who understands his language. If there were more of them, it would be good. (Interview, the Institute for Education of Children and Youth Nis)*

When a child has a mental health problem, the social protection system refers him/her to the health care centre offering different type of support for mental health. In the field, mostly psychiatric support is being provided in health centres, while psychological and psychosocial support is offered and provided by professionals from NGO sector, due to lack of capacities and specific knowledge and skills needed for working with this population of governmental institutions. Special problem arises in cases of children in need for psychiatric treatment, where there is evident lack of long-term solutions and the placement of UAMs in specific institution that will be able to answer both of their medical and social needs:

> *The fact that there are no institutions for children who have a psychiatric disorder is a huge drawback. They had to keep in mind that children are vulnerable just because they are unaccompanied, they have*

[5] Centres for Social Work (CSWs), as social protection institutions, are established by local self-government units but are largely funded from the national level of government.

been through everything, and it is impossible that children do not have any trauma, PTSD, and there are also children who have some mental disorders from childhood. (Interview, the Institute for Education of Children and Youth Nis)

However, the layout of the national health care system and its lose coordination with the social protection structure burdens the actions of guardianship institutions related to the wellbeing of UAMs in different domains of their needs. For example, a problem with substance abuse has been often reported among UAMs in Serbia, yet:

There is no facility where you can hospitalize a child with alcohol or substance abuse (…)They are sent to Drajzerova (Special Hospital for Addiction Disease - Ed.) only if the social protection institution has a "thick" connection at the facility. They drug the child there and return him in 7 days. This is the practice for all children, not just migrants. (Interview, the Institute for Education of Children and Youth Nis)

Additional challenge to creating migrant-sensitive health systems is related to professional workforce aware of health issues associated with migration such as trauma, cumulative stress, suicidal behaviour, self-harm among children. Insufficient number of guardians in the social protection system in Serbia and their lack of competencies for working with UAMs, which has been overstretched for years, with almost constant and same number of social workers dealing with an increasing number of tasks, aggravates the problem. As a consequence, children slip through the cracks.

They brought the child and it was immediately obvious that he was not well, he had mental problems, and they presented him as if he was an introvert. Then it was found out that he had been in Asylum Center Krnjača for 9 months and that he was not registered and that he had not received a guardian. A minor child, a foreigner in this country with a migratory status and special health needs without a guardian. (Interview, the Institute for Education of Children and Youth Nis)

In Serbia, mental healthcare is integrated with the primary healthcare system, which have mental health and developmental counselling units within municipal health centres. Highly specialized support is provided at secondary or, if necessary, tertiary health-care facilities at regional or national levels. This system also envisages general protection and improvement of the mental health of refugees, asylum seekers and migrants in the local community, or in more severe instances in dedicated institutions in regional or national centres. However, the provision of mental health care in general is featured by number of issues such as lack of experience and specific knowledge needed for working with this population on all levels of mental health protection, general lack of capacities of mental health departments and psychiatric hospitals, both for domestic and for migrant population, lack of residential homes and specialized institutions for long term care of psychiatric patients, and very often lack of awareness and knowledge of rights and procedures for treatment of migrants, asylum seekers and refugees. Last issue became significant with increase of number of people as well length of their stay in Serbia, as their needs became more complex. Still there is no clear and sustainable system of mental health (and general

health) protection, with often refusals or stalling of provision of health assistances by governmental institutions. On the other side, there is tendency of building parallel system through project-funded ambulances in asylum/reception centres by CRM and international organizations, instead of strengthening and improving already existing one.

When looking through these lenses, the above case of UAMs with mental disorder in its further acts even more so points out to the weaknesses of the health system in Serbia. As an illustration a case from the Institute for Education of Children and Youth Nis was pointed out during the interviews. Namely, once this child found himself in the Institute for Education of Children and Youth Nis, he tried to commit suicide and was temporarily placed in Laza Lazarevic Special Psychiatric Hospital in Belgrade. Yet, shortly after, he was brought back to Nis, to the social protection system. Yet, other children were scared so a new attempt was made by the Nis Institute to place him in Belgrade in the Institute for Education of Children and Youth Vasa Stajic, but without success. Interviewees further stress that:

> *Although it is risky to actually place people who have such diagnoses in centres when they are in the acute phase (…). Unfortunately, later when they calm them down, we admit them at some point. You know, because it's better to be in the Center than to be on the street. (Interview, the Institute for Education of Children and Youth Nis)*

In the end the child was accommodated in the Asylum Center Sjenica, governed by CRM and lately dedicated for accommodation of UAMs, although there are couple of adults that are also accommodated there. The centre provides temporary accommodation, food and water, medical assistance through GP ambulance in the centre. There are 2 representatives of local centre for social work present daily, under whose guardianship is sometimes even more than 200 beneficiaries accommodated in the centre. For above mentioned case of a boy with history of suicide attempts, with complex health and social needs, this accommodation solution was not nearly enough, and it was actually a step back comparing to Institute in Nis, where he was placed.

> *If I could choose, he would be placed in a health institution (...) He was good for 9 days in Sjenica and then ran away. (Interview, the Institute for Education of Children and Youth Nis)*

However, the issues in this domain are the most pronounced within adult population discussed in the following section.

ADULT POPULATION SUFFERING FROM MENTAL DISORDERS

With regards to the adult population manifesting psychotic states or suffering from mental disorders the situation is not much better than with UAMs. Those suffering from non-psychotic psychological problems and disorders, are usually being referred to mental health institutions by the GPs in the centres. For those who are psychotic and whose mental state is heavily damaged, social protection system is getting involved, since they are not able to take care of themselves. However, space for support and protection of this vulnerable population is very restricted and insufficient.

So, whenever there is someone starting a project who is asking: 'what do you need (as a form of support)', the first thing we ask for is this kind of support (provision of mental health care). It is always the first thing, because it is really a big problem for us (...). We do not leave it to the chance, of course, we take care as we know…. But, in such cases it is very difficult to do anything. (Interview, CSW Palilula)

Similarly as in cases with UAMs, adults with psychological problems or mental disorders are difficult to get hospitalized in any of the mental health institutions. The best professionals from the social protection system and asylum centres can do is to get an assessment from Laza Lazarevic, Special Psychiatric Hospital in Belgrade, accompanied with follow up documentation that allows for collective accommodation of these persons despite their inadequacy for it: 'They just give their approval and don't care what happens next' (Interview, CSW Palilula). After completion of treatment in mental health institutions, they are, with prescribed therapy, returned to asylum/reception centres, without any supervision of their state and taking medicines, follow up, case management, psychological counselling and therapy, plan of services, etc. Similarly like in other fields of migration, protection of mental health of migrants, asylum seekers and refugees, is functioning on emergency level, without any continuous support and long-term solutions.

> *There was a man from Afghanistan which had severe mental health problems and couple of suicide attempts. He was hospitalized 2 times, and every time after couple of days returned to the centre with prescribed therapy. Very soon he started misusing it, selling it to others, combining with alcohol and marijuana. There was no supervision, follow up or continuous support that would help him to minimize or solve his mental health problems. Eventually he started coming to counselling with our psychologist, where he made some progress, but still without continuous support from mental health institutions that was not enough for him to fully recover. (Interview, APC).*

Same thing happens with persons with psychotic disorders. They are being accommodated together with other migrants and asylum seekers in asylum and reception centres, and very rarely hospitalized, only if they are under risk of self-harming or harming others, and only until they are stabilized. On the other hand, in asylum and reception centres, governed by CRM, there are no special conditions for their accommodation, medical and psychosocial support. They are left on their own, until the next crisis or contact with NGO which is providing support services. Another neglected issue of persons with mental health problems is their participation in asylum procedure. It is expected from a person that is applying for asylum to give full statement about her/his persecution, with all necessary details, which authorities will judge together with evidences in process of making decision on granting asylum. However, their very bad and often traumatic experience in home countries and during the journey, can have serious impact on their mental health, reducing their ability to recollect and disclose painful memories. For those with psychotic disorders, it is even more problematic, since their interpretation of reality (events, relationships, context, etc.) is, in some amount or completely, distorted, and their statements cannot be taken as valid or coherent, which does not necessarily mean that their lives are not in danger

in their home countries. In practice, there are no special procedural guarantees for persons with mental health problems when it comes to conducting interview during asylum procedure.

COORDINATION OF THE NATIONAL MENTAL HEALTH SUPPORT SYSTEM ACTORS

The issue of responsibility and other system deficiencies stem significantly from the lack of coordination and cooperation among different participants in the process of the protection and improvement of mental health of migrants.

Communication and cooperation between different institutions and organizations providing social, health, legal, educational and other activities, as well accommodation are very important:

> *The coordination of the mental health centres and centres for social work is vital. Because I think it's a pretty sensitive issue, because it's not just about that person who is mentally ill, but also about people who are in the same accommodation. And how is it actually determined where they will be located? I do not believe that CRM is competent to determine where a person who has mental problems should be accommodated. Honestly, the Ministry of health should be the one who is the most competent to decide, but they do not have an institution where they would place them. So yes, I say that timely and multisector protection and support can be provided through integrated mental and physical health services (Interview, CSW Palilula)*

In this architecture, the role of the CSWs is perceived as very important. They are the ones to assess the best interest of the beneficiary, risks and needs, develop plan of activities with goal to support and protect persons in need, and coordinate, supervise and monitor their implementation. Yet, in practice the CSWs can only have a limited mandate to provide their beneficiaries the needed care. In first place is the question of accommodation. Since there is lack of specialized accommodation facilities in general, migrants and asylum seekers with mental health problems are being place in asylum/transit centres governed by CRM, who is then in practice taking over the control and mandate on deciding where and how person will be placed, although the decision should be made by local CSW. As highlighted by many interviewees, even in the most perfect circumstances, the social protection system should have available special institutions where persons with detected psychological and/or mental problems would be initially accommodated. In the current setup there is a high dependency of the social protection system on this kind of support provided by the health care infrastructure in the country or CRM's accommodation facilities. Second, when it comes to long-term support, CSW usually doesn't have capacities for it, and NGO sector steps in depending on their project activities and possibilities.

Early warning or prevention interventions are key for providing assistance to migrants to overcome, accept and cope with current life circumstances and previous experiences, as well as to realize their personal potentials leading to better quality of life. As the first stop, CSWs are the forerunners of the system in terms of information gathering and further referrals.

Whatever arrives at the Center or we have in the information. The e-mail does not have to arrive at the Center officially, you can call me on the phone to tell me, we are, the Center is obliged to react. So, in general, we have no right not to react when we find out (…) then information is gathered, there is talk, referrals. (Interview, CSW Palilula)

Unfortunately, in practice, reactions of CSW are rather slow and sometimes even left out. When it comes to prevention interventions, they depend solely on NGO activities in this field (workshops, counselling, connecting with local community, etc.).

When it comes to special reception and procedural guarantees, that persons with mental health problems are entitled to, responsible actors show complete lack of cooperation. If the person is placed in CRM's accommodation facility it is usually treated as everybody else, due to lack of capacities, but also sensitivity, understanding, knowledge and skills. CSW, even when involved shows very little tendency and intention to react in best interest of its' beneficiary, leaving CRM to deal with the same challenges. As for the asylum procedure, it is not specified in the Law on Asylum what are procedural guarantees, and it is rarely observed in the field that officers take into account someone's vulnerability during the interview. Even when they do, it is a consequence of their personal attitude rather than implementation of the law.

MENTAL HEALTH AND INTEGRATION INTO LOCAL COMMUNITY

Local community is the greatest resource for preserving one's mental health, but also poses specific challenges, especially for members of the refugee population. Namely, integration into the local community is often made difficult by language barrier, but also by prejudices which persist towards the migrant and refugee populations, and which can be particularly present in culturally and ethnically homogeneous communities. Such situation additionally has a negative effect on the feeling of isolation and loneliness among members of the refugee population. For those who are highly psychologically vulnerable and suffer from different symptoms of depression, anxiety and PTSD this can be a major challenge. However, paving the way into the local community is a great step towards social integration and psychological recuperation. It is also significant resource of prevention of mental health problems, empowering and educating migrants, asylum seekers and refugees coping, problem solving and social skills, but also local culture, in order to better adapt.

Group workshops and activities aiming at empowering migrants but also connecting them with local communities are really important. There are different topics, how to control anger, sleep problems, how to solve a communication problem, but also what is popular among young people in Serbia, how do they behave, what they like, what they dislike, what are social norms in community… Then we also organize joint activities, it is important for these two groups to meet, get in contact, communicate, understand each other's perspective, so that they can both benefit (APC interview).

Moreover, integration brings daily normalization, especially for those that are in asylum procedure and have wider scope of rights than those who are not – children go to school, adults get work, they move from collective accommodation to private apartment, etc. – which is all very important for recovering from refugee trauma, violence, negative migration experience, constant uncertainty, that can lead to mental health disorders.

Another important aspect of integration in local community is integration in already existing systems of health and social protection and support, instead of developing parallel one through projects of international organizations. Empowering and strengthening these systems so that they can also protect migrants, asylum seekers and refugees, is actually building sustainable, long-term solutions for those with mental health problems.

THE NETHERLANDS: SELECTED GOOD PRACTICE EXAMPLES IN THE DOMAIN OF SOCIAL PROTECTION, MENTAL HEALTH AND FIGHT AGAINST VIOLENCE WITHIN MIGRANT POPULATION

Interviews with two organizations were held as to discuss good practices implementing in the domain of violence, exploitation, mental health protection and assist in asylum seeking procedures.

I NIDOS, Utrecht

About

Nidos is an organization registered under the domain of Child Protection, providing services that are similar to those provided by the centres for social work in Serbia. This includes: case management, guardianship, family supervision, etc. In the Netherlands, all minor migrants without parents (even if they are accompanied by a cousin or sibling) get a guardian from Nidos (appointed by the court). In addition, families are monitored when it is suspected that minor members of that family do not have the adequate conditions needed for their development (i.e. there is a suspicion of neglect, violence, or abuse). They also have a safe house for victims of human trafficking among unaccompanied minors. One of the important departments for providing services to asylum seekers is the "Department of Behavioral Sciences", which provides professional support to guardians in terms of children's development, communication, risk recognition, prevention, counselling, etc. They work throughout the Netherlands, through 15 regional offices.

The main services / activities / programs the organization is active in

- Guardianship
- Family supervision
- Guardian training and empowerment
- Safe house for victims of human trafficking and violence
- Prevention programs related to mental health problems, neglect, violence, exploitation

Guardianship

About 4,500 children are under the guardianship of Nidos of which 1700 younger than 16 are placed in foster families. Those older than 16 are accommodated in a collective accommodation.

All unaccompanied children are registered and a guardian is obtained immediately. The guardian is usually a social worker, licensed to provide social protection services. He is also the case manager of a particular child / family. Guardian training is provided by Nidos, they have general and specific training (e.g. sexuality, radicalization), and in addition supervision and intervision is organized.

Mental health problems

The most common mental health problems refugees encounter are trauma, cumulative stress, suicidal behaviour, self-harm; children lack continuity and security in relationships with others, but also in accommodation. There is also a problem with substance abuse, especially since some of them are legalized in the Netherlands. There are a lot of triggers in reception centres that can cause mental health problems. During their stay in large centres (first degree of acceptance), children continue to use the coping mechanisms that they used during the trip, and which were useful and successful then, but no longer work. There is also a lot of pressure on children - to earn money, get an education, get asylum which affect their mental health status.

One of the main means of prevention of mental health problems is placing unaccompanied children in families. From the practice it is concluded that children are much less depressed, suicidal and prone to less self-harm when they are placed in families, as compared to reception centres. They recover more easily from problems they faced along the way and in exile. Most families who accommodate them have a migrant or refugee background too. Nidos also tries to prevent different sorts of mental health related problems, not only through provision of housing and accommodation, but also through psychoeducation and inclusion into school. The guardians also have specific knowledge in the sphere of mental health. They are mediators between the child, the system, and the family. The same applies when it comes to the supervision of the families.

When a child has a mental health problem, the existing tools and protocols that system provides are implemented - referrals to a psychiatrist, or to a counselling centre. In crisis situations, psychologists from Nidos conduct psychological interventions. Centrum 45, organization which works with trauma victims, is engaged in work with traumatized refugees, and has a hospitalization program for families who have been traumatized, yet their capacities are not able to cover large numbers of trauma victims.

Violence and exploitation

Most children experience sexual violence on the road. This, according to interviewees, represents a serious issue with a range of negative consequences – the children either continue to be victims or themselves become perpetrators of the sexual violence.

The children rarely report they were the victims of sexual violence as this is uncomfortable and embarrassing topic to talk about. However, they often indicate that sexual violence is happening to others which usually suggests that sexual violence happened to them. Sometimes, as a result of experienced violence victims become bullies since their sexual maturation and sexuality are disrupted due to the experience of abuse. With the aim of recognizing and preventing sexual related violence, COA (accommodation agency), organizes educational workshops while guardians are trained to discuss with children the issues of sexuality. A good example of this practice was when former unaccompanied minors who received protection in the Netherlands created the app "Sexuality in the Netherlands" in order to make it easier for newly arrived children to adapt.

When it comes to exploitation, children often turn to crime - drug dealing, theft, pickpocketing - because recruiting is easy. Those who are originally from Afghanistan are at higher risk of sexual exploitation, because they are familiar with it and have already been victims.

Those identified as victims have the opportunity to go to an open safe house on a voluntary basis. The experience from practice indicate that for successfully working with victims of violence it is important to apply individual approach, or in other words to treat them as individuals with dignity – to respect the child, to communicate without judgmental approach and to connect with the child and understand his/her emotional status. Moreover, it is of utmost importance to screen the group of people with whom children socialize in order to identify, protect and prevent possible acts of violence or other sorts of abuses. Nidos places great emphasis on problem prevention and on "stimulating and empowering resilience" of children.

II DUTCH COUNCIL for REFUGEES, The Hague

About

DCR is a non-profit, non-governmental organization that provides support to refugees during the asylum procedure and integration. In addition, they actively advocate and lobby for the rights of refugees, assist in integration, and provide direct specialized support to lawyers representing asylum seekers in asylum seeking procedure. They work at the state level, through 8 regional offices, 310 local branches, 800 employees and a large volunteer network. When it comes to legal aid, the state provides free legal aid to asylum seekers through legal counsellors during the procedure, while lawyers of the

DCR provide consulting services to the legal counsellors. They have 300 lawyers engaged on consulting services for free legal aid providers, as well as an online database useful for the work of legal counsellors during the asylum procedure.

Services / activities / programs

- Information and guidance during the asylum procedure
- Support for lawyers representing refugees - providing information on the country of origin (COI), answering specific questions that lawyers may have (expert advisory support)
- Family reunification support
- Language learning and integration support
- Support in employment and independent living (social support)
- Psychosocial activities for children
- Raising children's awareness in schools about the needs and position of refugees
- Advocacy on the rights and position of refugees

Asylum procedure in the Netherlands

The very asylum procedure in the Netherlands is very efficient. In total it lasts eight days and consists of two interviews - the first interview is brief and covers provision of general information, the second one is extensive and addresses the reasons for leaving one's country. However, when a person comes to the Netherlands, they should first register and get their fingerprints taken - within the three days it is then checked whether the person has already sought and obtained asylum elsewhere in the EU. Subsequently, there is a "rest period", where the submitted documents are checked and assessed. Given the large number of asylum seekers (20,000 per year), it takes a year after the registration to start the asylum procedure.

In addition to refugee-related interviews, every asylum seeker must undergo a medical assessment with the aim for officials to estimate whether asylum seeker is able to make a consistent statements. Most often, it is the nurses who do the assessment, and who advice on the status of mental health of asylum seekers and the need for special treatment during the interview – for instance, whether it is necessary to take more frequent breaks during the interview. It is rare for an interview not to be recommended because the state's position is that everyone should be able to make a statement. DCR estimates that one in 10 people has psychological difficulties and needs to take breaks more often than once during interviews.

Mental Health Assessment for Asylum Procedures

It is possible to request a mental health report from other organizations, such as the IMMO (Institute for human rights and medical research) - whether a person can make a consistent statement. In this case, legal representative must recognize that there is a mental health problem that may be affecting the asylum procedure, and then instruct and seek additional health reports. The state must take these reports into account both during the procedure and during the decision-making process. In practice, they are generally taken into account, yet there is an ongoing debate to what extent they actually affect the asylum process. Sometimes the state asks to prove that the institution conducting mandatory medical assessment (FMMU) did not do a good review so that they can take into account the IMMO report.

If the asylum seeker cannot make a statement at all due to mental health problems, then the legal representative can make a statement instead of his client. This is not common practice, so there is a lack of information on how the state takes this practice into account. In such cases, it sometimes happens that international protection is not considered and granted, but "medical status" is granted (people do not receive legal residence but are protected from expulsion). People who are granted this status receive medical support.

The Victims of Torture

IMMO assesses whether someone is a victim of torture and such reports can serve as evidence in the asylum procedure. It is often taken seriously because it is considered solid expert evidence. IMMO employs volunteer professionals who perform the assessment. This is not the practice for each case, since it is required that a representative or someone from DCR recognizes the need for such assessment and recommends it.

Vulnerable asylum seekers

According to interviewee, there is no special organization of psychological support for asylum seekers. Yet, some organizations such as PHAROS initiated projects in that regard. The already existing mental health care system is used in the domain of migrants' mental health problem.

When it comes to the acts of violence, interviewee stresses that the reporting rate is high, even for human trafficking acts. When DCR within their engagements reveals acts of violence or trafficking finds they refer cases to relevant institutions and/or organizations. The prevention mechanisms used in the domain of above mentioned issues are implemented through the educational programmes for asylum seekers.

CONCLUSIONS AND RECOMMENDATIONS

The findings from the field points out to a set of conclusions within the area of prevention, protection and processing GBV, DV and SGBV within migrant population including represented mental health issues that seek for continuous and sustainable address.

Gender based violence, domestic violence and sexual gender based violence among the migrant population in Serbia is complex and asks from all actors in the referral system to fully understand the circumstances in which the act of violence occurred, and find an answer which will support the victim, fully taking care of her/his safety which includes both the work with the victim and the offender. The complexity of the problem is neither properly recognised nor addressed by the domicile institutions dealing with the subject.

At present, there is no reliable statistics, which would offer clear picture of the occurrence of violence. This leaves each institution to make its own estimations and act accordingly, often decimating the gravity of the problem, due to prejudices and lack of knowledge about the context of violence.

Field data confirm prior findings that the violence within the migrant population is widespread but underreported. Indeed, women often do not feel empowered enough to report and seek help in case of violence. Women travelling alone, single mothers and women SGBV survivors rarely report cases of violence. Nonetheless, women who travel with their partners are equally vulnerable as pointing on offender may put them in complex relations with their own family, her compatriots or compatriots of her partner/husband that may create additional sources of violence.

While the new LATP, as well as the development of SOP constitute a step forward in addressing violence against women and young males, and contribute to clarification of procedures, in practice their implementation is problematic and inefficient, while the coordination and cooperation among different actors within the referral system is weak and they overstepping their roles or act unevenly.

NGOs play an important role in the referral system, in all phases from prevention to early detection of violence to support to the victims. Yet, they are neither recognised as equally important partners, nor properly financed. Although they are extremely valuable link and actor within system of support and protection, they cannot be substitute for governmental institutions that hold mandate for dealing with these vulnerable groups of migrants, asylum seekers and refugees.

Institutions, which are dealing with different types of violence, are lacking staff, and are consequently overworked, and often underfunded, and therefore ill capacitated to respond to intricate patterns of violence, considerably different then the domicile ones. Such combination of weaknesses leads to lack of results, which in turn open space for offenders to replicate violence with no consequences. Victims are left without protection, and sometimes even exposed to greater risks than before disclosing about the violence. Interventions and mechanisms of protection are week, short-term, and temporary.

Field data suggests that there are weaknesses at each and every step in dealing with violence both from the perspective of the victim and the treatment of offender. At least in its early phase of implementation, SOP did not secure more standardised approach to the prevention and protection of refugees and migrants from gender-based violence in asylum and reception facilities. The SOP's main goal to align the roles and activities of all the stakeholders involved in the protection of migrants and addressing the refugee and migration crisis, stumbled upon the lack of capacities within the system. Therefore, fast identification and adequate protection of GBV, DV and SGBV victims is still missing and their physical and emotional security is compromised.

The SOP recommends the implementation of comprehensive activities to prevent GBV and protect its victims, yet in practice engagement of responsible actors for particular actions in the four main sectors extending assistance to GBV victims: health, social welfare, security and justice, is uneven. Their cooperation and coordination is questionable and there are cases of actors stepping out of their roles and mandates while others are being passive.

When it comes to persons with mental health problems, experiences from the field point out to several challenges. First of all, their identification as well assessment of their special needs is slow, untimely, even completely lacking. Secondly, even when they are assessed and identified, capacities for supporting them and fulfilling their needs are not enough and are usually on emergency level, temporary and short-termed. In especially problematic cases, such as psychosis, even solution for proper accommodation of persons who suffer from this disorder is lacking, and they are being hospitalized when they are in acute phase, and after that returned to asylum and reception centres, without supervision of their state, continuous support and follow up. Evident is lack of interpreters, but also specific knowledge and skills of professionals in field of mental health protection. Although reception and procedural guarantees are provided by LATP, but not enough specified, in practice they are inexistent, and persons with mental health needs are treated in the same manner as others. In addition to psychological problems, migrants in Serbia are faced with new customs, culture and behavioural norms, which require additional energy and investment into adaptation. Many of them have lost the social support of their friends and family members, leading them to life in social isolation which presents one of the important obstacles to migrants' psychological well-being.

RECOMMENDATIONS

The following section addresses two main sets of recommendations emerged from the research conducted – those related to GBV, DV and SGBV and those related to mental health issues within migrant population in Serbia:

Capacity building in the domain of GBV, DV and SGBV

All actors need to be better capacitated to understand the complexities of the GBV, DV and SGBV in all aspects – prevention, identification, support and protection. Special focus should be on specific position of migrants, asylum seekers and refugees, factors that are making them more vulnerable and putting at risk of becoming victims, their characteristic for better understanding their needs and tailoring services of protection and support.

Strengthening and improving system

Already existing system of health and social protection should be improved in order to be able to help and protect vulnerable persons from population of migrants, asylum seekers and refugees, through capacity building, but also better definition of roles of different actors, mechanisms, procedures and monitoring of their implementation.

Higher effectiveness of the judiciary

Inadequacies preventing prosecution and judiciary to act in case of violence have to be further researched and addressed (i.e. procedures in cases of lack of adequate documentation have to be clarified).

Investment in third sector

NGOs which represent vital parts of response to violence have to be duly respected. Resources for their functioning have to be established on the sustainable basis.

Migrants' women and UAMs empowerment

Different modalities of migrant women and UAMs, as well others at risk of being victims of violence, empowerment should be explored including information kits, workshops, peer to peer education about human rights and women rights, in order to raise awareness about DV, GBV and SGBV, recognizing and reacting in cases of violence and understanding system of protection.

Developing appropriate institutions for accommodation of persons with mental health problems

Establishment of psycho-social institutions for UAMs and adults with mental health problems will enable some longer-term care and recovery which allows their functioning in society. This service shall be placed within the framework of both social protection and health system as to jointly provide support to different groups of migrants, asylum seekers and refugees with different stages and sorts of mental health disorders.

Implementation of reception and procedural guarantees

Ensure the following groups of beneficiaries have priority when it comes to providing services to groups at risk: unaccompanied children, pregnant women, single parents, persons with disabilities, victims of sexual and gender-based violence, traumatized individuals, psychologically vulnerable beneficiaries and beneficiaries with mental disorders, as well ensuring implementation of guarantees provided by law.

Development of long-term solutions

Strengthening and improving system of health and social protection to be able to provide continuous care to vulnerable migrants, asylum seekers and refugees, especially when it comes to mental health problems, since they require

multisector, comprehensive approach, case management and follow up of implementation of the activities and their effects.

Capacity building of professionals working with migrants

All those who work with refugees and migrants, regardless of their profession and education (volunteers, police, employees of the Commissariat for Refugees and Migration, NGO sector and humanitarian organisations staff, etc.) should be educated and trained to recognize signs of mental health and psychological problems, to have knowledge and skills of psychological first aid, referral mechanism, roles and responsibilities of different actors.

Those in charge for identification should be educated and trained for understanding special context of assessment (cultural and other characteristics of beneficiaries, their position in Serbia, migration and refugee experience, interpreter as "third person" in assessment process, etc.)

Special attention should be paid to training of interpreters who, in addition to the training focused on psychological first aid techniques, should also undergo trainings aimed at providing translation services in the area of mental health, with special emphasis on clarifying professional roles and responsibilities.

Supervision of and support provision to persons providing services to migrants

Ensure continuous supervision of persons providing services to beneficiaries in order to ensure their long-term empowerment and support, as well to monitor service provision. Prevent burnout syndrome and secondary or vicarious trauma in persons involved in providing services to beneficiaries by providing continuous support, empowerment and training.

Multisector coordination and communication

Establish coordination and cooperation among all participants in the process of the protection and improvement of mental health of migrants. In particular, it is essential to establish continuous communication and cooperation between different institutions and organizations dealing with health, legal, educational and other activities so that timely and multisector protection and support can be provided through integrated mental and physical health services.

Cultural differences

Sensitivity to cultural differences allows for better understanding of a person and the problems they face. The majority of asylum seekers come from Islamic countries (94%), where the difference between gender roles is more pronounced than in our society, particularly so in communication outside the family environment.

Provide adequate cultural sensitivity training and education for staff working with refugees, asylum seekers and migrants (in addition to the relevant professional qualifications) as a prerequisite to work in the area of protecting and improving the mental health of beneficiaries.

Ensure the cultural sensitivity of all members of the different professions in direct contact with beneficiaries on issues concerning mental health by providing adequate training to ensure the timely identification of beneficiaries in need of additional support and referral to relevant institutions and organizations.

Communication with asylum seekers most often involves an interpreter. If interpreter's services are to be used, one must keep in mind the gender compatibility of the interpreter and the asylum seeker.

Learning about mental health of migrants

Conduct research and evaluate interventions and programmes to ensure evidence-based practice and that planning of future support programmes and interventions is based on identified needs and treatment outcomes.

It is necessary to regularly collect the data related to mental health and well-being of refugees and migrants (while respecting dignity, autonomy and confidentiality), both those who reside in asylum and reception centres, as well as those located in different/specialised types of accommodation/institutions. When collecting data, one must take into account gender, age and cultural tailoring of methods and instruments. These data will enable better understanding of the needs and consequently informed planning of psychosocial support activities for migrants, asylum seekers and refugees, and also provide basis for evidence-based advocacy at national and regional levels.

The role of nongovernmental organizations and civil society

NGOs are valued partners of the system and play a crucial role in providing care for refugees and migrants. Their contribution is perhaps most recognized when it comes to mental health consultations as well as briefing refugees and migrants on their rights and promoting health literacy. With the help of NGOs, care can be provided to a greater number of refugees and migrants in Serbia. It can also be adapted to meet their specific needs. NGOs and civil society have worked towards improving the cultural, religious, and linguistic and gender sensitivity of health services, some of them specializing in the care for victims of torture and trafficking. Thirdly, NGOs make an essential contribution in advocating for the rights of refugees and migrants in Serbia drawing the attention of both the public and policy-makers to pressing issues. Therefore, their empowerment shall be particularly fostered and their role and action enlarged.

References

- AIDA - Asylum Information Database (2018a), *Country Report: Serbia,* Brussels: European Council on Refugees and Exiles (ECRE).
- AIDA - Asylum Information Database (2018b), *Country Report: Netherlands*, Brussels: European Council on Refugees and Exiles (ECRE).
- AIDA - Asylum Information Database (2019a), *Country Report: Serbia*, Brussels: European Council on Refugees and Exiles (ECRE).
- AIDA - Asylum Information Database (2019b), *Country Report: Netherlands*, Brussels: European Council on Refugees and Exiles (ECRE).
- AIDA - Asylum Information Database (2017), *Country Report: Serbia,* Brussels: European Council on Refugees and Exiles (ECRE).
- Akerboom, M. & Wörmann, H. (2016), *Integration of Beneficiaries of international/humanitarian protection into the Dutch labour market: policies and good practices*, The Hague: EMN - European Migration Network.
- APC (2019), *Data and Statistics of the Asylum Protection Center*, Belgrade: APC.
- APC/CIJP (2017), *Serbia 2017: Asylum and Migration Policy Monitoring Report*, Belgrade: APC/CIJP.
- APC/CIJP (2018), *Serbia 2018: Asylum and Migration Policy Monitoring Report*, Belgrade: APC/CIJP.
- BCHR (2020), *Right to Asylum in the Republic of Serbia 2019.* Belgrade: BCHR.
- Batista Pinto Wiese , E. & Burhorst , I. (2007), 'The Mental Health of Asylum-seeking and Refugee Children and Adolescents Attending a Clinic in the Netherlands', *Transcultural Psychiatry*, 44(4): 596-613.
- Bjekic, J., Vukcevic, M., Todorovic, N., Vracevic, M. (2019), *Mental Health of Refugees and Migrants*, Belgrade: Red Cross Serbia.
- CoE (2011), *Council of Europe Convention on preventing and combating violence against women and domestic violence*, Istanbul, 11.V.2011, Strasbourg: Council of Europe.
- Creswick, H. E. (2017), *Women under the Radar: The Intersection of Migration and Domestic Violence Explored through the Framework of "(Un)deservingness".* Unpublished PhD thesis, University of Nottingham.
- Erez, E. and Hartley, C. (2003), 'Battered Immigrant Women and the Legal System', *Western Criminology Review*, 2: 155–169.
- Eurostat. (2020, 06 11), *Asylum and first time asylum applicants - monthly data (rounded)*. Available at: https://ec.europa.eu/eurostat/databrowser/view/tps00189/default/table?lang=en, accessed on 8 April 2020.
- Government of the Netherlands- Rijksoverheid, (2018), *Report by the Dutch government on the implementation of the Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention)*, Brussels: Council of Europe; GREVIO - Group of Experts on Action against Violence and Domestic Violence.

- Government of the Republic of Serbia (2011), *General Protocol for Action and Cooperation of Institutions, Bodies and Organisations in the Situations of Violence against Women within the Family and in Intimate Partner Relationships*, Belgrade: The Government of the Republic of Serbia.
- GREVIO (2020), *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*, Strasbourg: Secretariat of the monitoring mechanism of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence, Council of Europe.
- Heise, L. and Ellsberg, M. (2002), 'A Global Overview of Gender-based Violence', *International Journal of Gynecology and Obstetrics* 78 Suppl. 1 (2002) S5–S14.
- Lahuis, A., Scholte, W., Aarts, R. & Kleber, R. (2019), 'Undocumented asylum seekers with posttraumatic stress disorder in the Netherlands'. *European Journal of Psychotraumatology*, 10(1): 1605281.
- Lecic Tosevski, D., Draganic Gajic, S., & Pejovic Milovancevic, M. (2010*),* 'Mental Healthcare in Serbia', International *Psychiatry*, 7(1): 13 – 15.
- Marić, S. and Đurović, R. (2013), *Asylum Seekers and Irregular Migrants in Serbia: Phenomenon, Needs, Problems, Expectations, and Profiles,* Belgrade: APC/CZA.
- Markovic, J. and Cvejic, M. (2017), *Violence against Women and Girls among Refugee and Migrant Population in Serbia*, Belgrade: Atina - Citizens' Association for combating trafficking in human beings and all forms of violence against women.
- Milojevic, S. (2019a), *Protection of Physical and Mental Health of Migrants in the Republic of Serbia*, Belgrade: BCHR.
- Milojevic, S. (2019b), *the Right of Migrants to Social Protection in the Republic of Serbia*, BCHR: Belgrade.
- Official Gazette of the Republic of Serbia (2019a), *The Law on Health Care*, Belgrade Official Gazette no. 25/19.
- Official Gazette of the Republic of Serbia (2019b), *the Health Insurance Law*, Belgrade: Official Gazette no. 25/19.
- Official Gazette of the Republic of Serbia (2019c), the National Programme for Mental Health Protection 2019-2026, Belgrade: Official Gazette, no. 84/19.
- Official Gazette of the Republic of Serbia (2018a), *Law on Asylum and Temporary Protection,* Belgrade: Official Gazette, no. 24/18-23.
- Official Gazette of the Republic of Serbia (2018b), *Law on Foreigners*, Official Gazette, no. 24/18.
- Official Gazette of the Republic of Serbia (2018c), *Law on Border Control*, Belgrade: Official Gazette, no. 24/18.
- Official Gazette of the Republic of Serbia (2018d), *The Rulebook on Medical Examinations of Asylum Seekers on admission to Asylum Centres or Other Facilities Accommodating Asylum Seekers*, Belgrade: Official Gazette, no. 57/18.
- Official Gazette of the Republic of Serbia (2016a), *Law on Prevention of Domestic Violence*, Belgrade: Official Gazette, no. 94/16.
- Official Gazette of the Republic of Serbia (2016b), *Criminal* Code, Belgrade: Official Gazette Nos. 85/05,88/05-correction, 107/05-correction, 72/09,111/09, 121/12, 104/13, 108/14 and 94/16.

- Official Gazette of the Republic of Serbia (2016c), *The National Strategy for Gender Equality for the period 2016-2020 and Action Plan 2016-2018*, Belgrade: Official Gazette, no. 4/16.
- Official Gazette of the Republic of Serbia (2013a), *International treaties*, Belgrade: Official Gazette, no. 12/13.
- Official Gazette of the Republic of Serbia (2013b), *Law on the Protection of Persons with Mental Disorders*, Belgrade: Official Gazette, no. 45/13.
- Official Gazette of the Republic of Serbia (2011a), *Family Law*, Belgrade: Official Gazette, no. 72/11.
- Official Gazette of the Republic of Serbia (2011b), *Law on Social Protection*, Belgrade: Official Gazette, no. 24/11.
- Official Gazette of the Republic of Serbia (2011c), *National Strategy for the Prevention and Elimination of Violence against Women in Family and Intimate Partner Relationships 2011-2015*, Belgrade: Official Gazette, no. 27/11.
- Official Gazette of the Republic of Serbia (2009a), *Law on the Prohibition of Discrimination*, Belgrade: Official Gazette, no. 22/2009.
- Official Gazette of the Republic of Serbia (2009b), *Law on Gender Equality*, Belgrade: Official Gazette, no. 104/09.
- Official Gazette of the Republic of Serbia (2006), *Constitution of the Republic of Serbia*, Belgrade: Official Gazette, no.98/06.
- Official Gazette of the SFRJ (1981), *Law on Ratification of the Convention on the Elimination of All Forms of Discrimination against Women*, Belgrade: Official Gazette of the SFRJ – International Treaties, no. 11/81.
- Perisic, N. (2019), 'Domestic Violence against Immigrant Women in Transit – the Case of Serbia', *TEMIDA*, 22(1): 39-58.
- Petronijevic, M. (2018), *Mapping of Policies and Legislation on Violence against Women and the Istanbul Convention in Serbia*, European Women's Lobby: Brussels. Available at: https://www.womenlobby.org/IMG/pdf/ewl-serbia_report_web.pdf , accessed on 4 March 2020.
- PIN (2019), *Psychological Wellbeing of Refugees and Asylum Seekers in Serbia: 2019 Research Report*, Belgrade: PIN, UNHCR.
- Protector of Citizens of the Republic of Serbia (2014), *Special Report of the Protector of Citizens on the Implementation of the General and Special Protocols on Protection of Women against Violence*, Belgrade: Republic of Serbia, Protector of Citizens.
- Raj, A. and Silverman, J. (2002) "Violence against Immigrant Women – The Roles of
- Cultures, Context, and Legal Immigrant Status on Intimate Partner Violence", *Violence against Women*, 3: 367–398.
- Svetozarevic, S., Vukcevic Markovic, M., Pejuskovic, B. and Simonovic, P. (2019), *Guidance for Protection and Improvement of the Mental Health of Refugees,* Asylum *Seekers and Migrants in Serbia*, Belgrade: WHO.
- UN (1993), *Declaration on the Elimination of Violence against Women*, (A/RES/48/104), New York, NY: UN General Assembly.
- United Nations General Assembly (1989), *Convention on the Rights of the Child*, New York: the United Nations.

- United Nations General Assembly (1979), *Convention on the Elimination of All Forms of Discrimination against Women*, New York: the United Nations.
- United Nations General Assembly (1966), *International Pact on Economic, Social and Cultural Rights*, New York: the United Nations.
- UNHCR (2020), *Western Balkans – Asylum Statistics – Trends Analysis*, Geneva: UNHCR. Available at: https://data2.unhcr.org/en/dataviz/99?sv=41&geo=0, accessed on 8 March 2020.
- UNHCR (2019), *Serbia Update: December 2019*, Belgrade: UNHCR, Available at: https://reliefweb.int/report/serbia/unhcr-serbia-update-december-2019 accessed on 8 February 2020.
- UNHCR (2018a), *Serbia Snapshot 2018.* Belgrade: UNHCR.
- UNHCR (2018b). Netherlands - By the Government of the Netherlands. In *Country Chapters - UNHCR Resettlement Handbook.* Geneva: UNHCR.
- UNHCR (2017), *Regional Refugee and Migrant Response Plan for Europe.* Geneva: UNHCR.
- UNHCR (2011), *Action against Sexual and Gender-Based Violence: An Undated Strategy*, Geneva: UNHCR.
- UNPFA (2019), *Standard Operating Procedures of the Republic of Serbia for the Prevention of and the Protection from gender based violence against people involved in mixed migration*, Belgrade: UNPFA.
- Vukcevic Markovic, M., Gasic, J., & Bjekic, J. (2017), *Mentalno zdravlje izbeglica – izveštaj o istraživanju 2017*, Belgrade: UNHCR & PIN.
- van der Meer , M., & Bast, J. (2016, April), *Labour market integration of asylum seekers and refugees - Netherlands*. Brussels: European Commission.
- World Data.info. (2018), *Asylum applications and refugees in the Netherlands*. Available at https://www.worlddata.info/europe/netherlands/asylum.php#:~:text=20%2C468%20asylum%20applications%20by%20refugees,been%20made%20on%20initial%20applications accessed on 8 February 2020.
- WHO (2019), *The WHO Special Initiative for Mental Health (2019-2023): Universal Health Coverage for Mental Health*, Geneva: WHO.
- WHO (2013), *Comprehensive Mental Health Action Plan 2013-2020*, The Sixty-sixth World Health Assembly, WHA66.8, Geneva: WHO.

Contents

THIS PROJECT IS FINANCED BY
EUROPEAN UNION

LOVE
Law, Order, Values
Pravo, Red, Vrednosti, za migrante/azilante/ljude kojima je dodeljen azil
u ostvarivanju svojih prava bez diskriminacije

The European Union is made up of 28 Member States who have decided to gradually link together their know-how, resources and destinies. Together, during a period of enlargement of 50 years, they have built a zone of stability, democracy and sustainable development whilst maintaining cultural diversity, tolerance and individual freedoms. The European Union is committed to sharing its achievements and its values with countries and peoples beyond its borders. The European Commission is the EU's executive body.

Delegacija Evropske unije u Srbiji - http://europa.rs/
EuropeAid Cooperation Office - https://ec.europa.eu/europeaid/index_en.htm
Civil Society Facility Programme 2015
https://webgate.ec.europa.eu/europeaid/online-services/index-.cfm?ADSSChck=1472572570252&do=publi.detPUB&nbPubliList=15&page=1&orderby=upd&se

Partneri na projektu
Centar za zaštitu i pomoć tražiocima azila APC/CZA - http://azilsrbija.rs/
http://apc-cza.org
BETA novinska agencija - https://beta.rs/
Centar za istraživanje javnih politika - http://www.publicpolicy.rs/

ASYLUM PROTECTION CENTER /
CETAR ZA ZAŠTITU I POMOĆ TRAŽIOCIMA AZILA
Belgrade Address: Mišarska 16, 11118 Belgrade

Regional Migrant/Asylum Info Centres:
Gavrila Principa 13, 11000 Belgrade, Serbia
Braće Radić 3, 24000 Subotica, Serbia
Vase Smajevića 11, 17523 Preševo, Serbia

Tel/Fax:
+381 63 70 47 090; +381 11 323 30 70;
+381 11 407 94 65; +381 69 267 0503; +381 63 704 7080

Email: sediste@apc-cza.org; rados.djurovic@apc-cza.org
Website: www.apc-cza.org; www.azilsrbija.rs

Facebook: www.facebook.com/AziliUSrbiji
Twitter: www.twitter.com/APC_CZA

Smartphone Application
Asylum in Serbia:

Available to download from Android
or Windows Apps Store
to your smartphone device

The project "LOVE (Law, Order, Values) to Migrants/Asylum Seekers/Persons granted Asylum in enjoying Rights without Discrimination", is funded by the European Union and realized by Asylum Protection Center-APC/CZA and its partners: Beta News Agency and Public Policy Research Centre. The contents of this publication are the sole responsibility of APC/CZA and its partners and can in no way be taken to reflect the views of the European Union.