

Bridging the Gap: Enhancing Support for GBV Survivors in Serbia's Asylum System



Publication:

Bridging the Gap: Enhancing Support for GBV Survivors in Serbia's Asylum System

Editor:

Anđela Šemić

Publisher:

Centre for Research and Social Development IDEAS.

Design:

Nemanja Đurović

Year:

2024

Place:

Beograd

Suggested citation: Anđela, Š. (Ed.). (2024). Bridging the Gap: Enhancing Support for GBV Survivors in Serbia's Asylum System. Centre for Research and Social Development IDEAS.

This project is supported by the U.S. Embassy in Serbia. The views expressed in this publication are those of the authors and do not necessarily reflect the views of the U.S. Embassy in Serbia.

Contents

Executive Summary	4
1 Introduction	6
2 Understanding gender-based violence	8
3 International and national legal framework	10
4 Challenges and responses to GBV among refugees and asylum seekers in Serbia	14
5 Methodology	17
5.1 Conceptual framework of the research	17
5.2 Methods	19
5.3 Sample	19
5.4 Limitations	20
6 Results	21
6.1 Assessment of special reception needs	21
6.2 Initial information and reception	23
6.3 Safe and secure accommodation	26
6.4 Access to healthcare	30
6.5 Empowerment and support	33
7 Conclusions and Recommendations	36

Executive Summary

Serbia has experienced a significant influx of refugees and asylum seekers, including GBV survivors. However, there has been a lack of comprehensive understanding of the reception conditions for these vulnerable individuals until now.

To address this knowledge gap, the Centre for Research and Social Development IDEAS, with support from the U.S. Embassy in Serbia, has conducted research on the conditions faced by GBV asylum seekers and refugees in Serbia.

The resulting report analyzes current reception conditions, identifies gaps in existing support systems, and offers actionable recommendations for improving policies and practices aimed at providing protection and support to GBV survivors.

This research employed a qualitative, participatory action research (PAR) methodology to investigate the experiences of GBV survivors among refugee and asylum-seeking populations in Serbia. The study combined a literature review on reception condition standards with in-depth, semi-structured interviews of six LGBTIQ+ refugees and asylum seekers who had experienced GBV. The small sample size of six participants, mostly from Burundi and India, significantly limits the generalizability of the findings. In that sense, the research offers valuable insights based on consultations with GBV survivors but cannot claim to represent the full spectrum of GBV survivor experiences in the refugee and asylum-seeking population in Serbia.

Key findings from the research reveal that the system in Serbia is not equipped to adequately address the needs of GBV survivors within the asylum-seeking and refugee population:

- There is a lack of systematic procedures for identifying GBV survivors and assessing their specific needs, resulting in insufficient support services and heightened vulnerability.
- GBV survivors often do not receive comprehensive information about their rights, the asylum procedure, and the services available to them, which increases feelings of uncertainty and insecurity.
- Many asylum and reception centres fail to meet basic standards of privacy, cleanliness, and safety, and these conditions are particularly detrimental to the well-being of GBV survivors.
- Access to medical and psychological care is inconsistent and often requires individuals to seek it out actively, while language barriers and limited availability of services further complicate access.

Based on the lived experiences of GBV survivors, the report's findings led to several strategic recommendations to improve the well-being of GBV survivors:

- Implement comprehensive assessments to identify and address the specific needs of GBV survivors.
- Establish separate facilities prioritising the safety, privacy, and comfort of GBV survivors.
- Upon arrival, provide clear and comprehensive information materials, in a language asylum seekers understand, on the asylum procedure, available services, and rights adjusted to GBV survivors.
- Enforce minimum standards for living conditions in all asylum seeker centres.
- Secure that all initial medical screenings are implemented for all asylum seekers, with consistent availability of medical staff to address health concerns promptly.
- Provide professional interpretation services during medical consultations to facilitate effective communication.
- Involve GBV survivors in decision-making processes related to center activities, empowering them to contribute to their well-being.

01 Introduction

Gender-based violence (GBV) refers to any harmful act directed at an individual based on their gender or sex, encompassing physical, sexual, and psychological abuse in both public and private spheres. While women and girls are disproportionately affected, men, boys, and LGBTQI+ individuals also face GBV. Gender-based violence is a pervasive global issue that forces many individuals to flee their homes. As a country on the Western Balkan route, Serbia has experienced a significant influx of refugees and asylum seekers in recent years, including survivors of GBV. Despite this, little is known about the reception conditions these vulnerable individuals face.

Recognising the need to address the situation of GBV asylum seekers and refugees in Serbia, the Centre for Research and Social Development IDEAS, with support from the U.S. Embassy in Serbia, has undertaken research on the position of GBV asylum seekers and refugees in Serbia. The resulting report aims to comprehensively analyse the current reception conditions for these vulnerable groups. Key objectives include:

- **Identifying gaps in existing support systems and services.**
- **Offering concrete, actionable recommendations for improving reception conditions and support mechanisms.**
- **Empowering GBV survivors among refugees and asylum seekers by integrating their voices into policy and advocacy processes.**

The study employed participatory action research (PAR), involving six in-depth interviews with GBV refugees and asylum seekers, complemented by follow-up discussions on findings and recommendations.

This research provides valuable insights through first-hand accounts of experiences. It is primarily aimed at decision-makers, government officials involved in asylum and migration management, international organizations working on refugee protection and with survivors of gender-based violence, as well as civil society organizations. The findings and recommendations are intended to inform policy reforms, improve service delivery, and stimulate further research and advocacy efforts. This aims to contribute to a more inclusive, rights-based approach to asylum in Serbia, with potential implications for regional protection practices for GBV refugees and asylum seekers. Although the focus is on GBV asylum seekers and refugees, the research findings are believed to be relevant for other individuals with special reception needs.

The report begins by exploring the definition and impact of gender-based violence, providing context for the challenges faced by GBV survivors seeking asylum. The next part offers insights into the prevalence of GBV among asylum seekers and refugees in Serbia. It highlights their challenges, including inadequate support services, legal barriers, and overall reception conditions. Following this context, the report outlines the research methodology, describing the qualitative and participatory action research approach employed. It then presents detailed findings on reception conditions in Serbia, address-

ing several key areas: special reception needs assessment, access to information, safe and secure accommodation, healthcare access, and efforts to empower GBV asylum seekers and refugees. The report concludes with strategic recommendations aimed at enhancing protection and support for GBV survivors. It advocates for significant policy changes to improve conditions in Serbia, emphasising the importance of a holistic, survivor-centred approach to address the unique needs of GBV survivors effectively.

By examining the intersections of GBV, forced displacement, and Serbia's asylum system, this report contributes to the broader discourse on refugee protection and advocates for a more inclusive approach to asylum. The insights and recommendations aim to inform policy reforms, improve service delivery, and ultimately enhance the protection and support available to GBV survivors seeking safety and dignity in Serbia.



02 Understanding gender-based violence

Gender-based violence (GBV) encompasses all forms of violence, including physical, sexual, and psychological abuse, which occur both in public and private spheres¹. GBV is deeply rooted in unequal power relations, and as such, it constitutes a serious violation of human rights²³

To understand gender-based violence properly, it is essential to define and differentiate the terms **gender** and **sex**.

The term "**sex**" refers to the biological characteristics of individuals, primarily categorized as male or female. These attributes are inherent and primarily manifest in physical and reproductive differences⁴.

On the other hand, "**gender**" is related to the roles, behaviors, and social identities that societies attribute to individuals based on sex they were assigned at birth. These social characteristics are shaped by a variety of factors, including age, religion, nationality, ethnicity, and social background. They vary widely both within and across different cultures, significantly influencing individuals' identities, societal status, roles, responsibilities, and power dynamics. Unlike biological sex, gender is acquired through socialization and can change over time as social, political, and cultural conditions evolve⁵.

1 IASC, GBV Guidelines for Integrating GBV Interventions in Humanitarian Action, Part 1, 2015, available at: <https://shorturl.at/qjZ6k>.

2 Acts of sexual and gender-based violence violate many human rights principles enshrined in international human rights instruments such as Universal Declaration of Human Rights, International Covenant on Civil and Political Rights, International Covenant on Economic, Social and Cultural Rights and European Convention on Human Rights.

3 UN High Commissioner for Refugees (UNHCR), Policy on the Prevention of, Risk Mitigation and Response to Gender-based Violence, 2020, available at: <https://shorturl.at/qFzdJ>.

4 Ibid.

5 Ibid.

GBV primarily affects women and girls⁶. Throughout their lives, 1 in 3 women—approximately 736 million—experience physical or sexual violence, whether from an intimate partner or a non-partner. This number has shown little change over the past decade⁷. While women and girls are disproportionately affected, GBV also impacts men and boys. This may happen for not conforming to traditional roles or for showing vulnerability. In specific contexts, men and boys can be targeted for GBV as a method of humiliation or dominance. Vulnerabilities to GBV are particularly pronounced for men and boys in detention, unaccompanied and separated children, or individuals with disabilities⁸.

Gender-based violence (GBV) is a critical issue among displaced populations, often serving as both a cause for fleeing one's country and a persistent threat throughout the displacement journey. For instance, a woman fleeing conflict might experience sexual assault during her journey, only to face domestic violence in an overcrowded refugee camp. The perpetrators of GBV in displacement contexts are diverse. They may include intimate partners, family members, other refugees, smugglers, traffickers, and even state actors or institutions that fail to challenge discriminatory practices. During armed conflicts, armed groups frequently perpetrate sexual and gender-based violence, further driving displacement⁹.

The compounded vulnerabilities of displaced populations underscore the critical need for focused efforts on prevention, mitigation, and response to GBV among refugees and asylum seekers¹⁰. It's essential to recognise that GBV is not only a cause of displacement but also a persistent threat throughout the asylum-seeking process and even after resettlement. This reality demands a comprehensive, trauma-informed approach to supporting GBV survivors within asylum systems, ensuring their protection, and facilitating their recovery and integration.

6 Ibid.

7 WHO, Devastatingly pervasive: 1 in 3 women globally experience violence, March 2021, available at: <https://shorturl.at/Geokl>.

8 UNHCR, Policy on the Prevention of, Risk Mitigation and Response to Gender-based Violence.

9 UN High Commissioner for Refugees (UNHCR), Sexual and Gender-Based Violence Against Refugees, Returnees and Internally Displaced Persons. Guidelines for Prevention and Response, May 2003, available at: <https://shorturl.at/ktLCV>.

10 UNHCR, Policy on the Prevention of, Risk Mitigation and Response to Gender-based Violence.

03 International and national legal framework

The 1951 United Nations Convention Relating to the Status of Refugees and its 1967 Protocol¹¹, while not explicitly listing gender-based violence as grounds for asylum, provide a framework that encompasses such claims. The Convention defines “membership in a particular social group” as one of five grounds that could provide protection. Over time, the interpretation of this ground has been expanded to include individuals facing persecution due to their gender or sex¹². Furthermore, through evolving case law, UNHCR guidelines, and international human rights standards, various forms of GBV have been recognised as constituting persecution when they meet the severity threshold. These include rape, dowry-related violence, female genital mutilation, severe domestic violence, and trafficking¹³. Notably, the concept of persecution under the Convention has been interpreted to include acts by non-state actors when the state is unable or unwilling to provide protection¹⁴. This recognition is particularly significant in cases of GBV, where the perpetrators are private individuals rather than government officials.

Beyond these foundational documents, several other international instruments have played crucial roles in strengthening protections for GBV survivors seeking asylum. The 1979 Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)¹⁵ has been instrumental in establishing gender equality as a fundamental human right, providing protection in asylum claims related to GBV. The CEDAW Committee’s General Recommendation No. 32¹⁶ further elaborates on how gender-related issues should be considered in the context of women’s refugee status, asylum claims, nationality, and situations of statelessness.

11 UN High Commissioner for Refugees (UNHCR), The 1951 Convention Relating to the Status of Refugees and its 1967 Protocol, September 2011, available at: <https://shorturl.at/z6P783>.

12 UN High Commissioner for Refugees (UNHCR), Guidelines on International Protection No. 1: Gender-Related Persecution Within the Context of Article 1A(2) of the 1951 Convention and/or its 1967 Protocol Relating to the Status of Refugees, HCR/GIP/02/01, 7 May 2002, available at: <https://shorturl.at/yYVHN>.

13 Ibid.

14 Ibid.

15 UN General Assembly, Convention on the Elimination of All Forms of Discrimination Against Women, United Nations, Treaty Series, vol. 1249, p. 13, 18 December 1979, available at: <https://shorturl.at/R9k1z>.

16 UN Committee on the Elimination of Discrimination Against Women (CEDAW), General recommendation No. 32 on the gender-related dimensions of refugee status, asylum, nationality and statelessness of women, CEDAW/C/GC/32, 5 November 2014, <https://shorturl.at/b92CX>.

Under the auspices of the European Union, equality between women and men and non-discrimination are core values of the Union and fundamental rights enshrined in Articles 21 and 23 of the Charter of Fundamental Rights and violence against women and domestic violence represent a violation of these rights¹⁷.

The Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention)¹⁸ is the most important document that provides a strong legal basis for GBV-related asylum claims in Europe. The Istanbul Convention's importance in the context of asylum lies in its explicit recognition of gender-based violence as a form of persecution within the meaning of the 1951 Refugee Convention. Article 60 of the Istanbul Convention mandates that gender-based violence against women should be recognised as a form of persecution and ground for granting asylum and that states must ensure a gender-sensitive interpretation of the Convention relating to the Status of Refugees.

With the aim of further concretization, there are several important documents that should be mentioned concerning the protection provided to GBV survivors. The most important document that represents and defines the concept of persecution is the Qualification Directive¹⁹. The purpose of the Qualification Directive is to harmonize the criteria by which Member States define who qualifies as a refugee, as well as other forms of protection for persons who face serious risks in their country of origin. In addition, a new Directive on combating violence against women was adopted this year, providing a comprehensive framework to effectively prevent and combat violence against women and domestic violence throughout the Union²⁰.

The Court of Justice of the EU (CJEU) has recently reinforced and expanded the protection for GBV survivors in asylum cases. In its groundbreaking decision²¹ delivered on January 16, 2024, the CJEU concluded that women who experience or are at risk of gender-based violence in their country of origin can be regarded as belonging to a "particular social group" within the meaning of the Refugee Convention. This ruling effectively codifies the interpretation that gender-based violence can form the basis for refugee status.

Serbia, located on the Western Balkan route, has been at the epicentre of the European refugee crisis since it began in 2015. Over 1.5 million refugees, asylum seekers, and migrants have passed through Serbia on their way to EU countries. This number is probably underestimated as many individuals go undetected by authorities. In 2023, Commissariat for Refugees and Migration (CRM) recorded 108,828 refugees and migrants²². Only 1,654 registered their intention to seek asylum, and 196 submitted

17 Charter on Fundamental Rights of the European Union, (2012/C 326/02), available at: <https://shorturl.at/HcAmt>.

18 Council of Europe, The Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence, ISBN 978-92-871-7990-6, November 2014, available at: <https://shorturl.at/qjGIY>.

19 EU Directive 2011/95/EU of the European Parliament and of the Council of 13 December 2011 on standards for the qualification of third-country nationals or stateless persons as beneficiaries of international protection, for a uniform status for refugees or for persons eligible for subsidiary protection, and for the content of the protection granted (known as: The Qualification Directive), available at: <https://www.refworld.org/legal/reglegislation/council/2011/en/84781>.

20 Directive (EU) 2024/1385 of the European Parliament and of the Council of 14 May 2024 on combating violence against women and domestic violence, available at: https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=OJ:L_202401385.

21 WS v. Intervyuirasht organ na Darzhavna agentsia za bezhantsite pri Ministerskia savet, C-621/21, ECLI:EU:C:2024:47, European Union: Court of Justice of the European Union, 16 January 2024, <https://shorturl.at/LkBOV>.

22 IOM, Serbia – Migrant Mobility Situation Report (December 2023), 2023, available at: <https://shorturl.at>.

asylum applications²³. The majority of these people come from refugee-producing countries such as Afghanistan and Syria.

The Republic of Serbia lacks comprehensive official statistics on gender-based violence (GBV) among asylum seekers and refugees, presenting a significant challenge in fully understanding the scope and nature of this issue. However, some partial data is available through the work of specialised institutions, particularly in the context of human trafficking. The Center for the Protection of Victims of Human Trafficking plays a crucial role in this regard. While their data primarily focuses on human trafficking, it offers valuable insights into the broader issue of GBV among displaced populations. According to the Centre's annual report for 2023, out of 168 reports received, 20 reports (11.9%) related to foreign nationals, of which 6 (30% of foreign national reports) were identified as victims²⁴. This data, while not comprehensive of all forms of GBV, indicates that foreign nationals, including asylum seekers and refugees, represent a significant portion of potential trafficking victims in Serbia. However, the report stated that the identification process faces challenges. These include the short stay of refugees and migrants in Serbia, frequent changes in their place of residence, lack of translators, absence of self-identification, and ineffective preliminary identification processes²⁵. These challenges underscore the need for improved data collection and identification methods.

The Constitution of the Republic of Serbia²⁶ establishes a strong foundation for the equality and protection of asylum seekers, including GBV survivors. The state guarantees equality between women and men and develops a policy of equal opportunities.²⁷ The Constitution proclaims that physical and psychological integrity is inviolable and that no one shall be subjected to torture, inhuman or degrading treatment or punishment, nor subjected to medical or scientific experimentation without their freely given consent.²⁸ It prohibits all forms of direct or indirect discrimination on any basis, including sex, and guarantees the right to asylum for foreign nationals who have a reasonable fear of persecution based on race, gender, language, religion, national origin, association with a particular social group, or political opinions²⁹.

Building on this constitutional basis, the Law on Asylum and Temporary Protection³⁰ is the primary legislation governing the treatment of asylum seekers and refugees in Serbia. The law defines asylum eligibility based on a well-founded fear of persecution due to factors including sex³¹. In addition, the law recognises sexual and gender-based violence as a form of persecution³². Besides that, the law introduces special procedural and reception guarantees for vulnerable asylum seekers, including survivors of torture, rape, or other severe forms of violence³³.

[at/6Jjf](#).

23 UNHCR Serbia, Country reports: December 2023, available at: <https://shorturl.at/6AUSm>.

24 Center for the Protection of Victims of Human Trafficking, Annual Report 2023, available at: <https://shorturl.at/nT6cV>.

25 Ibid.

26 Constitution of the Republic of Serbia, "Official Gazette of the Republic of Serbia", No. 98/2006 and 115/2021, available at: <https://shorturl.at/euy9F>.

27 Ibid, Article 15.

28 Ibid, Article 25.

29 Ibid. Article 57.

30 Law on Asylum and Temporary Protection, ("Official Gazette of RS", No. 24/2018), available at: <https://shorturl.at/PRcWk>.

31 Ibid. Article 24.

32 Ibid. Article 28.

33 Ibid. Article 17.

While evolving, it falls short in establishing a clear, standardized procedure for conducting assessments of the special reception needs. Besides, there are no defined mechanisms for adjusting reception conditions based on the outcomes of these assessments. These gaps can lead to inappropriate accommodation arrangements, lack of access to specialized medical or psychological care and insufficient protection from discrimination or harassment within reception centers.

Other relevant legislation supporting the protection of GBV survivors includes:

- The Law on Gender Equality³⁴: This law provides a definition of gender-based violence and outlines measures for its prevention and for supporting survivors. It mandates specialized support services for survivors, including free social and health protection, and free legal assistance. It also explains and defines the concepts of sex and gender in accordance with international standards and includes a section on preventing domestic violence³⁵.
- The Law on the Prevention of Domestic Violence³⁶: While primarily focused on domestic violence, this law provides a framework that could be adapted to support GBV survivors in the asylum system. It mandates the development of individualised protection and support plans for victims, emphasising a holistic approach to victim assistance.
- The Family Law³⁷: This Law also includes provisions that prohibit domestic violence, ensuring that everyone has the right to protection from this form of violence³⁸. In this regard, the law defines what constitutes domestic violence and who can be a victim, and it also provides measures for protection against violence³⁹.
- The Law on the Prohibition of Discrimination⁴⁰: This law regulates the general prohibition of discrimination, forms and cases of discrimination, as well as procedures for protection against discrimination.⁴¹ This law, among other bases, includes gender identity and sexual orientation as prohibited grounds for discrimination, which aims to prevent and combat inequality.⁴²
- The Criminal Code⁴³: This encompasses a range of offences related to gender-based violence, including crimes against life and bodily integrity, violations of human and civil rights, offences against sexual freedom, and breaches concerning marriage and family. Recent amendments have introduced new offences such as female genital mutilation, stalking, sexual harassment, and forced marriage.

34 The Law on Gender Equality, "Official Gazette of the Republic of Serbia", No. 52/2021, available at: <https://shorturl.at/ndimF>.

35 Ibid, Article 6 and Article 1.

36 The Law on the Prevention of Domestic Violence, "Official Gazette of the Republic of Serbia", No. 94/2016 and 10/2023, available at: <https://shorturl.at/aoCVZ>.

37 The Family Law, "Official Gazette of the Republic of Serbia", No. 8/2005, 72/2011 – other Law and 6/2015, , available at: https://www.paragraf.rs/propisi/porodicni_zakon.html.

38 Ibid, Article 10.

39 Ibid, Article 197 and 198.

40 The Law on the Prohibition of Discrimination, "Official Gazette of the Republic of Serbia", No. 22/2009 and No. 52/2021, available at: <https://shorturl.at/Gtbp3>.

41 Ibid, Article 1.

42 Ibid, Article 2 and Article 13.

43 Criminal Code, "Official Gazette of the Republic of Serbia", No. 85/2005, 88/2005 – corrig., 107/2005 – corrig., 72/2009, 111/2009, 121/2012, 104/2013, 108/2014, 94/2016, and 35/2019 available at: <https://shorturl.at/wXmFr>.

04 Challenges and responses to GBV among refugees and asylum seekers in Serbia

This section examines the obstacles faced by gender-based violence (GBV) survivors among refugees and asylum seekers in Serbia, as well as the efforts to address these challenges.

According to the First Report of the Council of Europe's Group of Experts on Action against Violence against Women and Domestic Violence (GREVIO), national minorities, women migrants, and asylum seekers are particularly exposed to gender-based violence in Serbia⁴⁴. Despite constituting a smaller proportion of the migrant and asylum-seeking population, women and girls face disproportionately higher risks of sexual violence and abuse. The forms of violence are diverse and severe, encompassing physical and sexual abuse, as well as forced early marriages. The perpetrator profile is alarmingly broad, ranging from authority figures such as police officers to intimate partners, smugglers, fellow travelers, and strangers. The report emphasizes that a significant number of these cases go unreported or unpunished, indicating a culture of impunity⁴⁵.

The Serbian authorities' response to identifying and addressing the risks of exploitation and violence against refugee women has been inadequate. There's a tendency to treat violent incidents as isolated events rather than recognizing them as part of a systemic issue. This approach has led to fragmented and ineffective interventions, lacking the coordinated, comprehensive measures necessary to combat the problem effectively⁴⁶.

The GREVIO report identifies several structural obstacles hindering the protection of GBV survivors. These include severe underfunding of support services, which limits the capacity to provide adequate assistance. There's also a notable lack of clear, accessible information about available procedures, their duration, and potential outcomes, leaving many women in the dark about their rights and options. The shortage of separate, safe facilities for women traveling alone further exacerbates their vulnerability. Moreover, there are concerns about whether the conditions in existing facilities truly empower women to report violence and seek help without fear of repercussions⁴⁷.

44 Group of Experts on Action against Violence against Women and Domestic Violence (GREVIO), Baseline Evaluation Report: Serbia, 2020, available at: <https://www.coe.int/en/web/istanbul-convention/grevio>.

45 Ibid.

46 Ibid.

47 Ibid.

The accommodation situation for asylum seekers and refugees in Serbia, particularly for GBV survivors, presents significant challenges. The country operates six Asylum Centers and eleven Reception Centers under the CRM⁴⁸. However, these centers are not consistently operational throughout the year, creating instability in the accommodation system. For identified GBV survivors, the common practice has been to house them in the Asylum Center Krnjača, which also accommodates families and other vulnerable groups. This arrangement, while well-intentioned, is problematic on multiple levels. Many survivors do not disclose their experiences, either due to fear, shame, or lack of trust in the system. Furthermore, the mixed population in these facilities, including non-vulnerable individuals, raises serious safety concerns for GBV survivors and other vulnerable groups.

For identified GBV survivors, the common practice has been to house them in the Asylum Center Krnjača, which also accommodates families and other vulnerable groups. This arrangement, while well-intentioned, is problematic on multiple levels. Many survivors do not disclose their experiences, either due to fear, shame, or lack of trust in the system. Furthermore, the mixed population in these facilities, including non-vulnerable individuals, raises serious safety concerns for GBV survivors and other vulnerable groups.

A significant issue remains the lack of secure accommodation options outside the asylum and reception centers for GBV survivors⁴⁹. Serbia has 11 functioning safe houses for victims of gender-based violence, but these facilities face challenges with sustainable funding and adequate capacity in terms of housing, accessibility, and geographical distribution. Access to these safe houses is particularly limited for asylum-seeking women, with very few being admitted to local, municipality-run shelters. In urgent cases requiring safe accommodation, reception staff often resort to involving NGOs like Atina, highlighting the gaps in the official support system⁵⁰.

The prolonged stay of refugee women in Serbia necessitates a more comprehensive, long-term approach to addressing sexual and gender-based violence. This includes developing sustainable policies for early detection and prevention of violence, minimizing negative consequences, and empowering refugee and migrant women. In recent years, several civil society organisations have stepped in to fill the gaps, implementing various initiatives to support GBV survivors among refugees and asylum seekers in Serbia.

The Danish Refugee Council (DRC) has been at the forefront, providing legal assistance for GBV cases outside asylum procedures and establishing the first Women Safe Space in AC Krnjača. DRC has also integrated community-based protection into their activities, training three female asylum seekers as gender focal points. DRC's work encompasses identifying GBV survivors, producing comprehensive reports, and successfully advocating for positive asylum decisions⁵¹.

In late 2019, UNFPA published Standard Operating Procedures of the Republic of Serbia for the prevention of and protection from Gender-Based Violence against people Involved in mixed migration⁵². These standards have been developed to address the challenge of protecting individuals affected by the crisis who are in transit, displaced,

48 CRM, Centre Profiling: Serbia, December 2023, available at: <https://shorturl.at/FRGXN>.

49 GREVIO, Baseline Evaluation Report: Serbia.

50 Ibid.

51 AIDA, 2022, Country Report: Serbia.

52 UNFPA, SoP of the Republic of Serbia for the prevention, od and protection from GBV against people involved in mixed migration, November 2019, available at: <https://shorturl.at/jltZ7>.

or temporarily residing in Serbia⁵³. The recommendations, principles, and guidelines outlined in these SOPs serve as a valuable tool for safeguarding GBV survivors who are transiting through or displaced within Serbia⁵⁴. These Minimum Standards provide specific procedures for various types of emergencies. Although primarily intended for UNFPA staff and their partners, they can also be adopted more broadly and applied to all GBV cases, particularly in emergency contexts⁵⁵.

NGO Atina plays a crucial role in supporting GBV survivors and combating human trafficking. Their holistic approach includes supported housing, field support teams, mobile outreach, and economic empowerment programs. In 2023 alone, Atina provided consultations to over 700 women and submitted 18 applications to competent institutions on behalf of survivors⁵⁶. Their innovative social enterprise, Bagel Bejgl shop, provides economic opportunities for survivors, promoting financial independence.

Mental health support, a critical component in GBV survivor recovery, is primarily provided by International Aid Network (IAN) and the Network for Psychosocial Innovation (PIN). IDEAS, partnering with UNHCR, has been instrumental in providing free legal aid to refugees and asylum seekers, with a focus on GBV survivors. In 2022 and 2023, IDEAS provided legal representation to over 20 GBV survivors from diverse backgrounds. Beyond legal assistance, IDEAS has initiated programs to empower and integrate refugees and asylum seekers. In 2023, IDEAS established the Refugee Council, a unique initiative in the Western Balkans bringing together over 40 refugees and asylum seekers, including GBV survivors. This council serves as a platform to amplify refugee voices and enhance their advocacy efforts, promoting self-representation in policy discussions.

IDEAS also implemented the Refugee Buddy Program to foster integration and social inclusion. This initiative matches refugees and asylum seekers with local volunteers based on shared interests or professional backgrounds. In its first two years, the program successfully paired sixteen refugees, including four GBV survivors, with local volunteers, demonstrating a commitment to supporting vulnerable groups while promoting community integration.

53 Ibid.

54 Ibid.

55 Ibid.

56 NGO Atina, *A more effective response to human trafficking and gender-based violence in the migrant population.*, January 2021, available at: <https://shorturl.at/vVrDE>.

05 Methodology

5.1 Conceptual framework of the research

Reception of survivors of GBV requires a comprehensive and coordinated support system. The conceptual framework emphasizes a survivor-centered approach, prioritizing the rights, needs, and wishes of GBV survivors at every stage of the reception process⁵⁷. This approach is fundamental to ensuring that survivors receive appropriate care and support while maintaining their dignity and autonomy.

A crucial first step is the establishment of a robust mechanism for identifying and assessing needs among GBV survivors. This process should clearly outline who conducts the assessments, how data is documented, and how it is communicated, all while maintaining strict confidentiality protocols⁵⁸. In that sense, adequate reception of GBV survivors should begin with an effective and prompt assessment to identify special reception needs. The initial assessment should occur during the reception intake, with ongoing assessments to address needs that may become apparent later. These assessments should be conducted by trained professionals in a confidential and non-stigmatizing space to ensure thoroughness and to avoid re-traumatization⁵⁹. The professionals conducting these assessments should be well-versed in trauma-informed care and cultural sensitivity.

Following their identification, GBV survivors should receive relevant and timely information about available support services and legal measures in a language they understand⁶⁰. This information should be comprehensive, covering health services, security measures in the reception center, and the possibility of applying for asylum if relevant⁶¹. The provision of essential information enables survivors to make informed decisions about their situations and options, promoting a sense of control and empowerment. Information should regularly be provided through various outreach methods, including in-person counseling, written materials, and community initiatives. Outreach can be implemented by medical professionals, social workers, psychologists, activists, and trained mediators⁶². For identified GBV survivors, a robust social assistance framework should be in place. This should include case management services, development of individual protection plans, and provision of various forms of aid such as financial assistance and safe accommodation⁶³.

57 The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming, GBV AoR, 2019, available at: <https://shorturl.at/uFT12>.

58 EASO, Guidance on reception conditions: operational standards and indicators, 2016, available at: <https://shorturl.at/iwLeR>.

59 Ibid.

60 Istanbul Convention, Article 19.

61 Ibid.

62 UNFPA, SoP of the Republic of Serbia for the prevention, od and protection from GBV against people involved in mixed migration, November 2019, available at: <https://shorturl.at/jltZ7>.

63 UNHCR, Standard Operating Procedures for Prevention of and Response to GBV among UNHCR PoC in the

Safe and secure accommodation for GBV victims should include sufficient space to prevent overcrowding, access to essential resources, adequate lighting, appropriate family and sex-segregated partitions, and strong security measures. It should be designed with the specific features like lockable doors and windows, and designated safe spaces for women and children.

Exposure to GBV can lead to long-lasting trauma and affect the health of the victims.⁶⁴ States must ensure that GBV survivors have immediate and ongoing access to comprehensive healthcare⁶⁵. This includes initial examinations, necessary treatments, and referrals for specialized care. Healthcare providers should be trained in trauma-informed care and cultural sensitivity. Examinations and treatments should always respect the cultural and religious rights of the survivors and be conducted with their informed consent. Interpretation services should be available, with interpreters of the same gender as the survivor if requested⁶⁶.

Given the severe mental health impacts of GBV, States should provide survivors access to ongoing psychological support. This should include counseling services to help cope with trauma and prevent long-term negative health consequences⁶⁷. In cases of severe trauma, referrals to specialized mental health services and psychiatrists should be available⁶⁸.

All staff working with GBV survivors should receive ongoing, specialized training on trauma-informed care, cultural sensitivity, and the specific needs of GBV survivors. This includes not only direct service providers but also support staff and interpreters. There should be a balanced ratio of male and female staff, with efforts made to include staff from vulnerable populations.

When addressing GBV among refugees and asylum seekers, relevant actors should treat survivors with respect and dignity. Survivors' decisions should be respected, their privacy maintained, and information shared only with their informed consent⁶⁹. Fundamental rights of all individuals are protected and upheld⁷⁰.

It is important to "do no harm"⁷¹, i.e. to not take any measures that may cause further harm to survivors or at-risk individuals.

When dealing with child survivors or those at risk of GBV all decisions and actions must prioritize the child's wellbeing and safety – the best interest of the child must be taken into account. Addressing GBV also emphasizes partnership with survivors⁷², recognizing their skills, resources, and resilience. This partnership is based on principles of equality, transparency, and a results-oriented approach, particularly acknowledging the strength of women and girls.

Republic of Serbia, May 2023.

64 Ibid.

65 Istanbul Convention, Article 20.

66 UNFPA, SoP of the Republic of Serbia for the prevention, od and protection from GBV against people involved in mixed migration.

67 UNFPA, SoP of the Republic of Serbia for the prevention, od and protection from GBV against people involved in mixed migration.

68 Ibid.

69 The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming, GBV AoR, 2019, available at: <https://shorturl.at/uFT12>.

70 Ibid.

71 Ibid.

72 Ibid.

5.2 Methods

This research employed a qualitative, participatory action research (PAR) methodology to investigate the experiences of GBV survivors among refugee and asylum-seeking populations in Serbia.

Qualitative approach has been chosen due to the limited sample size and our goal of facilitating an in-depth, collaborative research process. This methodology created a platform for GBV to express their perspectives and ensured our recommendations were firmly grounded in their experiences, thereby enhancing the relevance and potential impact of our research findings.

The study began with an extensive review of literature on reception conditions standards for GBV survivors. This review covered a wide range of sources, including international guidelines, documented best practices, and scholarly research. The insights gained from this review were instrumental in shaping a theoretical framework that guided our subsequent research stages.

Following this, we developed interview guides together with researchers from the refugee community. The core of data collection consisted of in-depth, semi-structured interviews with GBV survivors held in the second half of 2023. The questionnaire begins by collecting essential personal information and legal status details, then delves into the specifics of the admission process and initial assessments. It explores how special needs are identified and addressed, particularly for GBV survivors. The survey examines access to information, health services, and complaint mechanisms, assessing the effectiveness of these systems in supporting residents.

Significant attention is given to the physical aspects of reception facilities, including their location, structure, and living conditions. The questionnaire investigates the adequacy of privacy, hygiene, and safety measures within these spaces. It also examines the quality and accessibility of health services, including both medical and psychological support. The role and conduct of facility staff are reviewed, with a focus on their sensitivity to the unique backgrounds and needs of GBV survivors. Additionally, the survey explores opportunities for resident participation in decision-making and community activities, reflecting the importance of agency and inclusion in the reception process.

We analyzed the interview data to uncover significant patterns and themes important to our research questions. To validate our findings and ensure their relevance, we presented preliminary results back to individual participants, seeking their feedback, interpretations, and suggestions for priority areas based on their lived experiences.

5.3 Sample

The sample consisted of six LGBTIQ+ refugees and asylum seekers in Serbia. Participants were recruited by legal counsellors and researchers. Participants were required to meet the following criteria:

- Experienced GBV in their country of origin, during their journey, or their stay in Serbia
- Currently seeking asylum in Serbia or granted refugee status within the last two years
- Aged 18 or older
- Able to provide informed consent

The sample consists of five women and one transwoman. Five are asylum seekers, and one has recently been granted refugee status in Serbia. They range in age from 23 to 41 years old and are predominantly from Burundi, with one participant from India. All participants have experienced gender-based violence in their countries of origin.

5.4 Limitations

This research faced several challenges and limitations. The primary obstacle was the difficulty in engaging a sufficient number of GBV survivors for interviews. Despite aiming for 10 participants, only 6 were involved. This shortfall was attributed to the limited availability of GBV survivors in Serbia during the research period and their willingness to participate. To mitigate this, the study incorporated experiences from working with GBV survivors known to the researchers prior to their departure from Serbia, providing valuable insights into the challenges faced by this vulnerable group.

A limitation was the lack of diversity among participants, with all interviewees being women and one transwoman. This potentially narrowed the range of perspectives and experiences captured in the research, excluding the risks and needs faced by men and boys. The study's focus on recognized female GBV survivors may have left gaps in understanding the full spectrum of GBV experiences in asylum contexts.

Another constraint was the reliance on self-reported information from survivors without the inclusion of other actors' perspectives, such as service providers or authorities. This approach, while centring survivor voices, limited the ability to confirm findings with objective data from other sources. Additionally, the focus on the reception stage meant that longer-term support needs and durable solutions were not thoroughly explored.

An additional challenge encountered during the research was the reluctance of some participants to speak openly about their experiences. Even among those who agreed to participate, there was a noticeable hesitation to share their personal stories, potentially limiting the depth and detail of the information gathered. This may have been due to past trauma, fear of stigmatisation, or concerns about potential repercussions.

The limitation of the research is also that all participants experienced GBV in their countries of origin, with some incidents occurring several years ago, with emphasis on long-term recovery and integration support rather than immediate crisis intervention. In this sense, the report does not capture how the Serbian asylum system responds to acute GBV cases among asylum seekers

Despite these limitations, the methodology employed enabled in-depth documentation of needs and gaps within its defined parameters. The research provides a foundation for more comprehensive investigations and underscores the importance of developing sensitive, inclusive approaches to studying and supporting GBV survivors in asylum contexts.

06 Results

6.1 Assessment of special reception needs

Legislative framework

The Law on Asylum and Temporary Protection recognises the importance of special reception guarantees for vulnerable individuals in the asylum process⁷³. The category of vulnerable individuals includes unaccompanied and separated children, persons with disabilities, older persons, pregnant women, single parents with children, victims of human trafficking, severely ill persons, individuals with mental disorders, and those who have experienced torture, rape, or other severe forms of psychological, physical, or sexual violence, including women who are victims of female genital mutilation⁷⁴.

The CRM is designated as the institution responsible for conducting assessments of special reception needs⁷⁵. The law stipulates that identifying these personal circumstances should be carried out continuously, beginning as early as possible after the initiation of the asylum process.

While this part of the Law aligns with international standards, it lacks crucial details. It fails to provide clear guidelines on the assessment process itself, the expected outcomes and the specific types of support available based on the assessment results. Additionally, no defined standards exist for the qualifications or training required for personnel conducting these assessments. The law also lacks precise terminology regarding the timing of assessments, which could lead to delays in identifying special needs and expose vulnerable individuals to inappropriate reception conditions or procedures for extended periods. Finally, the absence of a detailed description of what these special reception needs entail in practice leaves room for inconsistent implementation.

This gap between acknowledging the need for special guarantees and offering concrete guidance on their implementation may undermine the effectiveness of the protections intended for vulnerable asylum seekers.

Lived experiences

Interviews indicate that upon arrival at asylum or reception centres, the intake process is limited to collecting basic identification information, neglecting to access specific vulnerabilities or experiences that might indicate special needs or risks. Participants

⁷³ Law on Asylum and Temporary Protection, Article 17.

⁷⁴ Ibid.

⁷⁵ Ibid.

reported being asked only for their name, surname, and country of origin, with even these basic details sometimes excluded if identifying documents were available. The interviews are conducted in English, which poses a significant barrier for those not fluent in the language. This indicates a systemic absence of a needs assessment procedure during the reception process, leaving the special requirements of potential GBV victims unidentified and unaddressed.

“When I arrived in Krnjača, I first went to the Commissariat office. They asked me from which camp I came from, I said from Bogovađa. I showed them the paper, then they made my ID card for the camp and showed me the room.”

“They took my basic information, I had a paper by the police, they also took it, as well as my passport to make me ID for the camp. They did not ask much questions.”

“When I arrived in Bogovađa, the shift supervisor was there. He took my passport, made an ID card for me, and assigned me a room. There was no translator, so we communicated in English”, (the experience described by participant who speaks French and Kirundi)”

Notably, even when women appeared visibly distressed upon entering the camps, no thorough assessment was conducted. This underscores a significant gap in the staff's ability to identify and respond to potential GBV victims.

“I arrived at 8 am, and I got a room around 2 pm. The Commissariat came around 8:30 or 9 am, but they reached out to me at 2. I sat outside the door and waited. It was May, it wasn't cold. I was unhappy. I was outside, crying, wondering what was happening, and it was very difficult for me.”

“While I was in the office, I met a girl who spoke with the Commissariat for me. I was very nervous. I just wanted to get to my room and take a shower. (the participant was visibly nervous while remembering her experience)”

The participants stated they were reluctant to share personal or sensitive information with CRM staff upon arrival. As a reason for hesitation, the participants cited absence of privacy in asylum and reception centers making it challenging for individuals to feel safe discussing personal experiences. Furthermore, some of them reported being afraid and unaware of their right to express concerns or report issues.

“Nobody asked me anything; all the Burundians were at the office at that time. I wasn’t alone in the office; there were several of us, and they asked for our passports to make our cards.”

“While I was at the office, there were other people.”

“I didn’t ask them anything—what can you ask? They ask if you have a paper, you say yes, and give them the paper. The next thing is a picture for the card, because you need that card to eat, to go out, and to come back. Nothing special.”

What does this tell us?

The research reveals that the existing system in Serbia is inadequately equipped to meet the specific reception needs of asylum seekers and refugees who are GBV survivors. The current reception procedure focuses solely on identification information and administrative tasks, like creating registration cards. It lacks an appropriate procedure for assessing individual circumstances, which is crucial for ensuring necessary support.

What further compounds the issue is the lack of competency among reception center personnel in identifying and addressing the needs of potential GBV victims. Even when women display visible distress upon arrival, staff conduct no thorough assessment or offer appropriate responses, highlighting a significant skills gap in handling sensitive cases. GBV asylum seekers and refugees report being unwilling to share personal or sensitive information in the presence of others. This has happened due to the lack of privacy during the reception process. In addition, the experiences shared by participants suggest a lack of awareness among asylum seekers about their rights to express concerns or report issues. This, combined with the fear and uncertainty many feel upon arrival, creates an environment where vulnerable individuals may not receive the support they need. This deficiency leads to inadequate reception conditions, characterised by a lack of information, unsuitable or unsafe accommodations, and restricted access to healthcare, including mental health support.

6.2 Initial information and reception

Legal framework

Asylum seekers have a right to be informed of their rights and responsibilities throughout the asylum process⁷⁶. This ensures that applicants receive essential information regarding their legal status and available procedures.

⁷⁶ Law on asylum and temporary protection, Article 56.

Applicants must be informed about their rights and obligations regarding material reception conditions within 15 days of applying for asylum⁷⁷. They are also entitled to free legal assistance and information about non-governmental organisations or other entities that can provide help and information throughout the asylum procedure⁷⁸.

The amended Directive on reception standards, part of the New Pact on Migration and Asylum⁷⁹, introduces changes to the obligation of informing applicants for international protection. Information must now be provided in written, oral, or visual forms based on the applicant's needs. This information should be provided as soon as possible and in a timely manner, including details about the reception conditions applicants are entitled to, especially those with special reception needs, as well as their employment rights and obligations⁸⁰. It mandates the use of clear and simple language that the applicant understands, with special materials designed for unaccompanied minors. Information should be concise, transparent, understandable, and easily accessible. For unaccompanied minors, information must be delivered in the presence of their representative⁸¹.

However, the Law on Asylum and Temporary Protection lacks specific provisions for informing GBV survivors about their particular rights and available support services. This gap is partially addressed by the Law on Prevention of Domestic Violence, which obligates state bodies and institutions to provide victims of domestic violence with full information about authorities, legal entities, and associations that offer protection and support in a manner and language the victim understands⁸².

This lack of specific rules for providing this information to GBV asylum seekers and refugees is problematic. General domestic violence provisions may not adequately address the unique circumstances and vulnerabilities of asylum-seeking GBV survivors.

Lived experiences

Upon arrival at asylum or reception centres, participants report significant challenges in accessing comprehensive information about their position and rights. Many remain unfamiliar with the asylum procedure. Additionally, they are not consistently provided with information about logistical details and opportunities within the facility in which they resided, such as meal times and medical service. Furthermore, participants reported a lack of information about essential services for GBV victims, including access to healthcare, psychological and legal support, and the presence of other supportive organisations in the facility.

"I didn't know anything about this place, and I didn't know who I could ask. I didn't know if something would happen in the next few days, or if someone would speak with me."

77 Material conditions of acceptance include accommodation, food, clothing and money for personal needs.

78 Law on asylum and temporary protection, Article 56.

79 Directive (EU) 2024/1346 of the European Parliament and of the Council of 14 May 2024 laying down standards for the reception of applicants for international protection, available at: <https://www.refworld.org/legal/reglegislation/council/2024/en/148002?prevPage=/es/node/148002>.

80 Ibid, Article (12).

81 Ibid. Article (43).

82 Law on prevention of Domestic Violence, Article 29.

“No one explained to me where to go for lunch, where the doctor is, or if there are any activities in the camp.”

The experiences of participants show that asylum seekers frequently rely on friends or others in similar situations to learn about the asylum procedure, available services, and daily life in the centers. However, this peer-to-peer information sharing can be unreliable, potentially leading to the spread of misinformation and misunderstandings about crucial aspects of the asylum process and life in Serbia.

“The people from the Commissariat showed me to my room, where there were three women. These women provided me with additional information that I needed to know – when lunch is, where lunch is served, and they explained the rules to me.”

“I lived in a room with two Burundian women, and they explained the center’s rules to me, but no one from the Commissariat did.”

“Commissariat never gave me information about what can I do, what I need. The only ones who told me were DRC or some friends.”

Information from the CRM staff was typically provided when participants sought it out. This underscores the lack of proactive communication from the CRM, requiring participants to seek clarification independently, often without guidance on what information they should be asking for.

“I remember I asked the Commissariat about fingerprints they told me to go to the police.”

“I asked at the Commissariat what was needed to fill out that paper, what happens after it’s filled out, and if I could fill it out by myself. They said I could, and I did it. I took the paper with questions for applying for asylum at the Commissariat, and I answered all those questions by myself.”

This lack of proactive communication left many participants feeling uncertain and unsupported, exacerbating their vulnerability during an already challenging time.

“It was really hard because I didn’t know anyone, and I didn’t know anything; it was just generally difficult. I didn’t feel safe.”

“I did not understand what was going on. I was afraid. The first day was a little bit difficult because I was alone, without anyone, without any information.”

What does this tell us?

The experiences of GBV asylum seekers in Serbia reveal a gap between legal provisions and their practical implementation regarding access to information. Despite legal guarantees, many asylum seekers remain poorly informed about the asylum procedure and their rights, which impacts their ability to go through the process effectively and integrate into a new environment.

Particularly concerning is the lack of information provided to GBV victims about services specifically available to them as survivors, as well as organisations they can contact for support. The absence hinders their ability to seek appropriate help and potentially prolongs their exposure to vulnerable situations, undermining their recovery and integration prospects.

A particularly concerning aspect is that asylum seekers often only receive comprehensive information when proactively seeking it out. This approach leaves those who are less assertive or more vulnerable – often due to trauma or language barriers – in a state of continued ignorance about their rights and available services. As a result, the most vulnerable individuals, who may need support the most, are often the least likely to receive it.

Without clear guidance, many feel uncertain about their legal status, necessary procedural steps and future prospects. The uncertainty can exacerbate the already challenging circumstances faced by GBV survivors, potentially hindering their recovery and integration.

6.3 Safe and secure accommodation

Legal framework

Asylum seekers in Serbia are entitled to material reception conditions, including accommodation, food, clothing, and financial assistance⁸³. This support begins from the moment they express their intention to seek asylum and continues until a decision is made on their application. It is provided within centres under the jurisdiction of CRM.

At the centers special attention is paid to accommodating asylum seekers based on their individual needs⁸⁴. Considerations include gender, age, special procedural or reception

⁸³ Law on Asylum and Temporary Protection, Article 48.

⁸⁴ Ibid. Article 50.

requirements, and maintaining family unity⁸⁵. This approach ensures that each asylum seeker, including GBV survivors, receives appropriate care and support during their stay. For unaccompanied minors and applicants with special psycho-physical conditions who require additional reception guarantees, specific accommodation arrangements are prescribed⁸⁶. In these cases, the CRM, based on decisions made by the Center for Social Work (CSW), provides alternatives such as placement in a social protection institution, with another accommodation service provider, or with a suitable family.⁸⁷

Once granted asylum, refugees are expected to leave the centers managed by CRM. However, if they lack sufficient financial resources, they are provided with accommodation assistance of CRM for up to one year after their asylum decision becomes legally binding. This assistance is either allocated living space for temporary use or financial support to secure temporary housing⁸⁸.

While Serbia's approach to accommodating asylum seekers takes individual needs into account and provides for vulnerable groups, it doesn't explicitly address the specific needs of GBV victims as outlined in international standards.

Lived experiences

The research findings reveal inconsistencies in living conditions across asylum and reception centres in Serbia. While some centres offer better conditions, including private toilets, good quality and variety of food, and a peaceful atmosphere, others fail to meet basic standards. These centres often have shared bathrooms, leading to overcrowding and a lack of privacy. Some lack adequate heating, which is particularly challenging during colder months.

"In Bogovađa, we had toilets inside our rooms, but in Krnjača the entire barracks use one toilet. The men's toilets are separate from the women's, but still the problem is privacy."

"It was not clean, my bed was not clean, and I had bedbugs. They gave me one pillow and one sheet. We had a lot of rats and mice."

"The bathroom was... sometimes clean. However, there wasn't always hot water."

"The room was cold, especially at night. When I arrived in July, it was fine, but during the winter it gets cold. Sometimes we have heating, but sometimes they turn it off."

⁸⁵ Ibid.

⁸⁶ Law on asylum and temporary protection, Article 52.

⁸⁷ Ibid.

⁸⁸ Ibid. Article 61.

Conditions vary between centres in terms of personal safety as well, with some offering better security than others. Security issues are prevalent, especially around the AC Krnjača, with testimonies of unsafe conditions on the approach road, risking physical and sexual assault. Inside the center personal belongings are not secure due to inadequate locking systems, with reports of theft and all rooms sharing the same key. Despite these issues, some participants report adjusting to these conditions over time.

“The road to the Krnjača camp was a difficult one. Now it’s better because they’ve installed some lights, but before, it was... I remember asking people to wait for me at the bus station and walk me out because it was dark. It was difficult to live like that. I heard about incidents on that road. You could be passing, and people could beat you, touch you, assault you... However, inside the camp, it’s okay.”

“In Sjenica, it was very peaceful. In the Krnjača camp, there were frequent fights, people were drunk and arguing.”

“I did not feel safe. They stole my bag the next day after I arrived. I did not report that to the Commissariat because I did not know I could do that. I locked my room with a key, went to eat, and when I came back, it was stolen.”

“I was able to lock the door, but the key is the same for everyone. You can open my room and every other room with it. One key for all rooms, so even though I locked it, someone could still come and open it.”

Lack of privacy emerges as a concern, significantly impacting the comfort and well-being of GBV victims. Shared facilities exacerbate the problem even in women-only areas. This issue is remarkably accurate for new arrivals adjusting to a new environment under stressful circumstances.

“There was no privacy, which I really needed, especially when I first arrived and felt overwhelmed.”

“The bathroom wasn’t private enough. All the girls from the barrack used the same bathroom.”

"There are two showers, and if you're in the first one, someone can pass during your wash." However, these are bathrooms for women only."

"I was accommodated in a barrack where there were also men. We had separate bathrooms. However, it's difficult because people are different, and we don't know each other. It just doesn't feel good, but you get used to it."

"You cannot have your own space in the camp; that is not possible. It is not a hotel or your apartment. You just can't arrange it as you wish. Generally, you cannot have enough space."

Hygiene supplies such as soap, shampoos, and toothbrushes are not consistently provided in the centers. This inconsistency forces individuals to rely on external financial help for basic necessities, adding an extra burden on asylum seekers and refugees, who often already face significant financial difficulties.

"As for hygiene, I only received soap and a toothbrush. Everything else I needed, I bought with the money my brother sent me. Of the three of us who were in the room, each bought her own sanitary pads. With the money my brother sent, I also bought a blanket because I was cold."

"They used to give us hygiene items like shampoo, toothbrushes, and cotton pads. We used to receive them later, once a month – they would come and notify us, 'Tomorrow you will be given this and that.' Now, I do not receive them."

The research also revealed instances of insensitivity from some CRM staff members. Participants reported occasions where staff members raised their voices causing alarm among residents. However, this doesn't appear to be a predominant issue. Despite these occasional situations, residents largely feel safe in the camp environment due to the presence of security personnel.

"They yelled sometimes, 'open the door.'" Sometimes, when you sleep, you can get scared, even though they are looking for you because of something normal; they yell. But, they are good to us; however, we do not speak much."

“Inside the camp, I feel safe because there are the police, there is security, there is the Commissariat.”

What does this tell us?

The research highlights significant challenges in providing safe, private, and dignified living environments for GBV asylum seekers and refugees.

In many centres, shared facilities and mixed-gender accommodations severely compromise privacy, which is crucial need for GBV victims. Lack of personal space impacts residents’ comfort and psychological well-being, especially for new arrivals already feeling overwhelmed.

Access to adequate hygiene facilities and supplies not only promotes physical health but also contributes to the dignity and well-being of GBV during a challenging period of seeking asylum. However, these are reported inconsistencies across centres. While some provide basic supplies like soap and toothbrushes, others do not. This forces residents to rely on external financial help for necessities, which is particularly challenging given that asylum seekers are not allowed to work for nine months after submitting their asylum requests.

Security concerns vary between centres as well. The approach road to Krnjača was described as particularly dangerous, with risks of physical and sexual assault. Inside the centers, inadequate locking systems lead to theft and further privacy concerns. For GBV survivors, these security issues can be especially traumatic, potentially triggering past experiences and creating a constant state of hypervigilance.

While some participants reported insensitivity and occasional yelling from security, this is not a widespread issue. Despite the challenges, many residents feel generally safe within the centres due to the presence of security personnel and CRM.

6.4 Access to healthcare

Legal framework

The Law on Asylum and Temporary Protection provides for the right of asylum seekers to access healthcare,⁸⁹ including measures for prevention, control, and early detection of diseases, injuries, and other health disorders, as well as timely, effective, and efficient treatment, healthcare, and rehabilitation.⁹⁰

Healthcare is provided as a priority to asylum seekers who are victims of torture, rape, and other severe forms of psychological, physical, or sexual violence, as well as for those

⁸⁹ Law on Asylum and Temporary Protection, Article 54 and 59

⁹⁰ Law on healthcare, (“Official Gazette of RS”, no. 25/2019 and 92/2023 – authentic interpretation), available at: <https://shorturl.at/pcli6>

with mental health issues.⁹¹ In that sense, the legal framework sets priorities for GBV survivors regarding healthcare coverage.

Nevertheless, the challenges faced by GBV survivors who are asylum seekers indicate a lack of implementation of the normative framework. Many GBV survivors are forced to seek healthcare on their own, which often leads to missed initial health screenings. This situation creates a significant gap between the legal right to healthcare and the practical ability to access it.

Lived experiences

Testimonies from GBV survivors indicate gaps in healthcare access and provision within asylum and reception centres. A primary concern is the inconsistent implementation of initial health screenings upon arrival and regular checks, contrary to established protocols. This oversight results in missed opportunities for early identification of GBV survivors and timely medical and psychological assessments.

“I did not have the health check when I came. I heard about that rule after, but I did not have one.”

“I didn’t have a health check. I did not know about the rule regarding the initial health check.”

“When I arrived, I didn’t have a medical examination. At first, I didn’t even know there was a doctor in the camp

The testimonies reveal that GBV survivors often rely on informal networks, such as friends and other asylum seekers, for information about healthcare services. This unofficial communication channel can lead to misinformation and delays in accessing necessary medical care. Moreover, survivors report a lack of clear information regarding the availability of medical services, including doctors’ schedules and appointment procedures. This uncertainty often results in survivors not receiving timely medical attention.

“Even later, I never visited the doctor. I know we have a place; friends told me, but I never went there. I went once during the weekend because I have a problem with asthma, but they told me they don’t work on weekends, so I went and bought what I needed.”

Language barriers present an additional challenge for GBV survivors seeking healthcare. Many survivors do not speak English or the local language, and the absence of interpreters during medical consultations significantly hinders effective communication and proper medical care.

⁹¹ Law on asylum and temporary protection, Article 54 (3).

"...Later they explained to me that the doctor comes twice a week. The doctor only spoke English and Serbian, not French, which was a complicating factor."

"I asked a man from the camp how the treatment works – if it's free. He explained that it's free and that I just needed to go to the doctor with my camp card and I wouldn't have any problems. He told me that if I have a friend who speaks English, I can go with them to help with translation."

The research also highlights limitations in access to psychological support for GBV survivors. Testimonies suggest that information about mental health services is often not readily available or communicated. In some cases, the frequency of psychological support services appears limited, potentially affecting the continuity of care.

"I was in tears and felt very depressed. When I asked for a psychologist, the Commissariat informed me that there are organizations providing such services. However, they also mentioned that the psychologists only visit once a month."

Furthermore, cultural differences and inadequate training of some staff members may contribute to misunderstandings and negatively impact survivors' willingness to engage with mental health services.

"The psychiatrist prescribed me medication, which was hard for me to accept because such things are not normal in Burundi. In Burundi, it means you're crazy. Initially, I questioned myself, wondering if I was okay with taking these medications. However, after speaking with legal advisors and the DRC, I understood the purpose of the medications. They also explained that I needed to go to the Commissariat office to collect them. When I received the medications, the woman working as a translator for the doctor told me to take them because I was mentally ill. Because of this, I stopped taking the medications."

What does this tell us?

Although vulnerability is a common characteristic of all migrants and asylum seekers, it is most noticeable among those who are GBV survivors. Therefore, the obligation to provide healthcare for this category of individuals is even more significant, and the level of provision should be higher.

Critical insights into the challenges GBV survivors face when accessing healthcare highlight several key areas that require attention.

First, there is a significant lack of clear, accessible information about available healthcare services. This gap hinders GBV survivors from receiving timely medical examinations and support, effectively rendering existing healthcare provisions inadequate. Reliance on unofficial sources of information, such as other asylum seekers, can lead to misinformation and delays in accessing care. There is also a gap in conducting initial health screenings upon arrival, which represents a missed opportunity for early identification of GBV survivors and prompt medical and psychological assessments. Besides that, insufficient availability of mental health professionals may impact the continuity and effectiveness of psychological support. Also, cultural differences and stigma surrounding mental health can discourage GBV survivors from seeking or continuing necessary psychological support.

In conclusion, these findings underscore the critical importance of addressing practical barriers to healthcare access. The vulnerability of GBV survivors among the migrant and asylum-seeking population necessitates a higher standard of care and support. Effective healthcare provision is not just about having services available; it's about ensuring these services are accessible, culturally appropriate, and delivered with sensitivity to the unique needs of GBV survivors. Also, it is crucial to establish a relationship of trust from the very beginning, which can only be achieved if GBV survivors have access to information right from the start, enabling them to undergo an initial medical examination as soon as possible. Only in this way will they later be able to share their traumatic experiences, which is necessary for providing all types of support.

6.5 Empowerment and support

Legal framework

The legal framework for empowering GBV victims in Serbia presents a complex situation for asylum seekers and refugees. While the Law on Asylum and Temporary Protection does not specifically address the empowerment of GBV victims, the Law on the Prevention of Domestic Violence⁹² provides a potential framework that could be adapted to support this vulnerable group.

The Law on the Prevention of Domestic Violence, while primarily focused on domestic violence, offers provisions that could be applied more broadly to GBV survivors, including those in the asylum procedure. This law mandates the development of individualised protection and support plans for survivors, emphasising a holistic approach to their assistance. These plans are designed to ensure the survivor's safety, halt ongoing violence, prevent its recurrence, and protect their rights. These plans should be developed with the active participation of the survivor when their emotional and physical condition allows, ensuring that the measures are tailored to their specific needs and circumstances⁹³. This approach recognises empowerment goes beyond immediate protection and encompasses long-term recovery and self-sufficiency.

⁹² The Law on the Prevention of Domestic Violence, *Official Gazette of the Republic of Serbia*, No. 94/2016 and 10/2023, available at: <https://shorturl.at/aoCVZ>

⁹³ Ibid. Article 31

However, the lack of specific provisions regarding the empowerment of GBV victims among asylum seekers and refugees in the legal and regulatory frameworks still prevents this issue from being adequately addressed.

Lived experiences

Testimonies from the interviews with participants revealed that within the centres where GBV victims are accommodated, workshops are organised, offering a variety of activities. The participants actively engage in activities such as language classes, cultural orientation, and vocational skills. These workshops are led by various organisations, especially the DRC. Participants widely consider these activities beneficial, serving multiple purposes for asylum seekers and refugees. They provide valuable distractions, learning opportunities, and insights into the host country's culture and systems.

"The activities are very useful because when you participate in them, you get distracted, learn, and find out how this country and many things within it work."

"I actively participate in the activities organized by the camp. The activities are varied and are organized by DRC, and other organizations."

"I participated in different workshops, but not many times. We learned different things, such as the Serbian language and marathon training."

However, the interviews reveal a notable lack of participation in decision-making processes regarding these workshops. While some organisations, like the DRC, have asked residents about their workshop preferences, this is not a consistent practice. Individuals frequently reported that they were not consulted by the CRM about the types of activities or workshops available, nor were they involved in decisions about their living arrangements or the overall management of the centre.

"The Commissariat did not ask us what we think about the workshops in the camp, what additional workshops we would like to have, which ones we need, or if anything needs to be changed."

"I participate in the decision-making about the activities organized in the camp only when I am invited by the DRC."

"I enjoyed participating in those workshops. I would have liked, of course, for there to have been more of them."

What does this tell us?

The experiences of GBV survivors in asylum and reception centres in Serbia reveal significant gaps in the provision of comprehensive, individualised support.

The interviews highlight a fragmented approach to empowerment activities. While various workshops and activities are offered and generally appreciated by participants, there is a notable absence of a holistic, survivor-centred support system. The lack of consistent resident involvement in decision-making processes regarding these activities indicates a top-down approach that may not fully address the diverse needs and interests of GBV survivors.

Critically, there appears to be no structured case management or coordinated support planning for GBV survivors in the asylum context. This is particularly concerning given that these individuals have often experienced violence in their countries of origin and may require specialised, long-term support to address trauma and facilitate integration. The absence of such coordinated support is a significant departure from best practices in supporting GBV survivors.

The Law on Asylum and Temporary Protection's lack of specific provisions for the protection of GBV survivors' creates a legislative gap. While the asylum procedure is designed to be relatively short, the reality of lengthy procedures necessitates a more structured approach to supporting vulnerable groups, including GBV survivors.

Moreover, there is a clear need for a more coordinated and comprehensive approach to supporting GBV survivors in the asylum system. This should include empowerment activities, trauma-informed care, specialised mental health support, and mechanisms for meaningful participation in decision-making processes that affect their lives. While offering some beneficial activities, the current system fails to provide the holistic support necessary for recovery and integration.

In conclusion, while some positive efforts are being made through workshops and activities, the overall support for GBV survivors among asylum seekers and refugees in Serbia remains fragmented and inadequate. A more holistic, survivor-centred approach that combines legal protections, coordinated support planning, and genuine empowerment is necessary to address the complex needs of this population.

07 Conclusions and Recommendations

This research sought to examine the reception conditions for gender-based violence survivors among asylum seekers and refugees in Serbia. Findings implicate a significant gap between the legal framework and its practical implementation, particularly in identifying and addressing the specific needs of GBV survivors. These manifest in inadequate assessment procedures, insufficient information provision, unsuitable accommodations, and limited access to healthcare and psychosocial support. These issues collectively contribute to an environment that fails to adequately support GBV survivors in their journey through the asylum process and integration.

It is crucial to acknowledge the limitations of this study, particularly regarding the perspectives captured. The research primarily reflects the experiences of individuals who survived GBV in their countries of origin. This focus shapes the nature of the findings, emphasising long-term recovery and integration support rather than immediate crisis intervention. Consequently, the study may not fully capture how the system responds to acute GBV cases among newly arrived asylum seekers, which could present different challenges and require different responses.

Furthermore, research findings indicate that while GBV survivors have heightened needs for privacy, mental health support, and better coordination of support services, the evidence does not conclusively demonstrate that their experiences of general living conditions have a substantially different impact than those of other asylum seekers. The lack of these specific supports can put GBV survivors at greater risk and disproportionately affect them. However, many of the challenges in reception conditions appear to be shared across the broader asylum-seeking population, particularly among women. This does not imply that there are no differences but that our research did not uncover significant disparities in these areas. It's important to note that the focus of this research was not extensively on long-term integration prospects, which may reveal more distinct experiences for GBV survivors.

Specific findings in key areas include:

- Assessment of special reception needs: The current system lacks a standardised, comprehensive approach to identifying and assessing the specific needs of GBV survivors upon arrival. This gap leads to inadequate support and potentially increases vulnerability.
- Initial information and reception: There is a significant discrepancy between the legal requirement to provide comprehensive information and the actual experiences of GBV survivors, who often lack crucial information about their rights, the asylum process, and available services.
- Safe and secure accommodation: Living conditions vary widely across centres, with many failing to meet basic standards of privacy, cleanliness, and safety.
- Access to healthcare: The research reveals inconsistent access to both physical

and mental health services, exacerbated by language barriers and a lack of proactive health screenings.

- Empowerment and support: While various activities and workshops are offered, there is a notable lack of resident involvement in decision-making processes, potentially limiting the effectiveness of these programs in meeting the specific needs of GBV survivors, as well as a lack of case management and coordinated support.

Addressing these gaps requires a comprehensive, survivor-centred approach considering immediate needs and long-term recovery and integration prospects. The recommendations are organised into five key areas: assessment of special reception needs, initial information and reception, safe and secured accommodation, access to healthcare, and empowerment. While some recommendations can be implemented quickly, others may require longer-term policy changes and resource allocation. It's important to note that these recommendations are not exhaustive and should be viewed as a starting point for ongoing improvement and adaptation, and are connected to the lived experiences of GBV survivors who participated in the research. Their successful implementation will require collaboration between government bodies, particularly the Commissariat for Refugees and Migration (CRM), civil society organizations (CSOs), international organizations, and the asylum-seeking community itself.

Assessment of Special Reception Needs

- The CRM should propose an amendment to the Law on Asylum and Temporary Protection to establish concrete procedures for the assessment of special reception needs and support for vulnerable groups, including GBV survivors. Alternatively, CRM could propose a bylaw detailing specific standards, procedures, and safeguards for the protection of GBV survivors within the reception system.
- CRM should develop and implement a standardised, in-depth assessment tool to identify vulnerabilities, including GBV experiences, upon arrival⁹⁴. This assessment should be conducted by trained professionals in a private setting, ensuring confidentiality and creating a safe space for disclosure.
- CRM should organise specialized training for all reception centre staff on identifying signs of trauma, conducting sensitive interviews, and responding appropriately to the needs of GBV survivors. This training should include cultural sensitivity and trauma-informed approaches to care.
- The CRM should initiate the development of coordination mechanisms between CRM, healthcare providers, social services, and other relevant institutions to ensure a holistic approach to addressing the needs of GBV survivors.
- Initial Information and Reception
- CRM and CSOs should ensure that information materials that clearly outline asylum seekers' rights, available services, and reporting mechanisms are accessible to survivors of GBV. These materials should include specific information on rights and services for GBV survivors and should be easy to understand, regardless of the individual's literacy level.

⁹⁴ Until the procedure is established, there are other tools that can be used for this purpose by the CRM, such as the IPSN tool for identification of persons with special needs, available at: <https://shorturl.at/5rFZH>

- CRM should implement a standardised information package for all persons arriving in asylum and reception centres, regardless of whether they actively seek this information. This package should cover material reception conditions, rights and responsibilities, available services, and daily life in the reception centres.
- CRM should train and assign specific staff members to serve as information points for asylum seekers, ensuring they are knowledgeable about asylum procedures, available services, and the specific needs of vulnerable groups, including GBV survivors. They should proactively engage with individuals upon their arrival to ensure they understand their rights and the support available to them.
- CSOs should continue and expand regular informational workshops and one-on-one counselling sessions, particularly tailored for GBV survivors.

Safe and Secured Accommodation

- CRM should propose legislative changes that mandate minimum standards for asylum and reception centres, including specific provisions for the safety and well-being of GBV survivors, accompanied by a robust monitoring and enforcement mechanism on the level of law or bylaw.
- CRM should conduct a thorough audit of all asylum and reception centres to identify and address security issues, resulting in a detailed report with specific recommendations for each centre. The government should allocate the necessary funds for these improvements, while the CRM should oversee their implementation.
- Implement gender-segregated areas in all centres, with special attention to bathroom and shower facilities, to ensure privacy and safety. Design should consider the specific needs of GBV survivors, providing safe spaces that promote healing and recovery.
- CRM should develop and implement mandatory staff training programs focused on sensitivity and appropriate behaviour, particularly when interacting with GBV survivors.

Access to Healthcare

- Develop and distribute information materials that provide GBV survivors comprehensive details about available healthcare services upon arrival.
- Ensure all new arrivals undergo prompt and thorough health assessments, including screening for signs of GBV, to facilitate early intervention and support.
- Consistently provide interpretation services for all medical consultations to ensure effective communication.
- Offer regular training to healthcare providers and support staff on cultural sensitivity and the specific needs of GBV survivors from diverse backgrounds.
- Expand the frequency and availability of psychological support services, ensuring continuity of care for GBV survivors.
- Implement systems to regularly assess the effectiveness of healthcare provision for GBV survivors and make necessary adjustments.

- Ensure that regular provision of hygiene supplies is established within the facilities.

Empowerment and Support

- The CRM should develop and propose amendments to the Law on Asylum and Temporary Protection to include specific provisions for the protection and empowerment of GBV survivors.
- The CRM, in collaboration with CSOs and international organisations, should establish a comprehensive, individualised support system for GBV survivors. This framework should include case management, coordinated support planning, and long-term integration strategies.
- CRM should develop a formal process for involving asylum seekers and refugees, particularly GBV survivors, in decision-making about activities in centres.
- Increase the frequency and diversity of workshops and activities based on resident feedback and needs assessments. Implement targeted empowerment programs specifically designed for GBV survivors, focusing on skills development, psychological resilience, and community integration.
- Explore opportunities for vocational training and job placement programs that can support the long-term independence and integration of GBV survivors.

 **ideas**