

VULNERABILITY AND HUMAN RIGHTS: TACKLING SEXUAL AND GENDER-BASED VIOLENCE AGAINST MIGRANTS AND ENHANCING SUPPORT TO VICTIMS

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Abstract: This paper seeks to improve understanding of the risks and types of sexual and gender-based violence faced by migrants, as well as ways of providing protection and assistance within the mixed migration context in Bosnia and Herzegovina. The Center for Disease Control and Prevention states that over half of women and almost 1 in 3 men worldwide have experienced sexual violence involving physical contact during their lifetimes. Even though the prevalence of sexual violence is high, its exact scope is unknown due to its vast underreporting. Sexual violence against people on the move is widespread. Regardless of age and gender, this population is highly vulnerable to becoming victims of sexual and gender-based violence during their journey toward the desired destination. How the proper activities aimed to prevent and treat the consequences of sexual and gender-based violence in the humanitarian context are set up in Bosnia and Herzegovina and what kind of services are provided to victims will be discussed within the paper. How important the role of humanitarian workers is, their understanding of sexual and gender-based violence, and their readiness to provide adequate care, recognize the types of sexual violence, and use all the benefits of the existing referral pathway properly will also be broadly explored.

Key words: human rights, migration, sexual violence, gender-based violence, Bosnia and Herzegovina.

Introduction

According to the United Nations Human Rights Office of the High Commissioner (OHCHR), human rights are the basic rights and freedoms that every individual is entitled to, simply because they are human. These rights are inherent to us all, regardless of nationality, sex, national or ethnic origin, color, religion, language, or any other status. They range from the most fundamental - the right to life - to those that make life worth living, such as the rights to food, education, work, health, and liberty. The Universal Declaration of Human Rights (UDHR), adopted by the UN General Assembly in 1948, was the first legal document to set out the fundamental human rights to be universally protected. Despite this, human rights violations can occur in various forms, such as discrimination, violence, or denial of basic needs and services.

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Therefore, we emphasize Da Lomba's (2017) claim that vulnerability should be considered not only as a tool but also as a foundation in international human rights law. In the UN Division of Social Policy and Affairs, vulnerability refers to *"a state of high exposure to certain risks, combined with a reduced ability to protect or defend oneself against those risks and cope with their negative consequences"* (UN, 2001, p. 210). Vulnerability is closely related to the mixed migration context, and in that light, the International Organization for Migration (IOM) says (2019b, p. 14): *"Vulnerable migrants are migrants who are unable effectively to enjoy their human rights, are at increased risk of violations and abuse, and who, accordingly, are entitled to call on a duty bearer's heightened duty of care"*.

Consulting the relevant available literature, it is clear that the link between vulnerability and human rights is well-established and that people's vulnerability is often linked to their lack of access to human rights. This is mostly important in the migration context, as noted by the World Health Organization (WHO), *"...refugees and migrants remain among the most vulnerable members of society... Women and girls may find difficulty accessing sexual and gender-based violence protection and response services. Refugee and migrant children, especially unaccompanied minors, are more likely to experience traumatic events and stressful situations, such as exploitation and abuse"* (WHO, 2022). Therefore, ensuring the protection of their human rights is crucial to addressing their vulnerability and promoting their well-being.

According to the United Nations Entity for Gender Equality and the Empowerment of Women (UNWomen), *"gender-based violence (GBV) refers to harmful acts directed at an individual or a group of individuals based on their gender. It is rooted in gender inequality, the abuse of power, and harmful norms"*. The United Nations High Commissioner on Refugees (UNHCR, 2020, p. 5) further elaborates that GBV is: *"an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e., gender) differences between males and females. It includes acts that inflict physical, sexual, or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private. (...) It can manifest as rape, sexual assault, physical assault, forced marriage, denial of resources, opportunities, or services, as well as psychological or emotional abuse. Common forms of GBV include intimate partner violence, so-called honor-related crimes, child sexual abuse, child marriage, female genital mutilation, and trafficking in persons for the purpose of sexual exploitation, including sexual slavery, domestic servitude, and servile forms of marriage."*

The World Health Organization (WHO) defines sexual violence as: *"Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic or otherwise directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work"* (WHO, 2012, p. 2). The Rome Statute of the International Criminal Court (ICC) has established in article 7(1)(g) that *"rape, sexual slavery, enforced prostitution, forced pregnancy, enforced sterilization, or any other form of sexual violence of comparable gravity"* constitutes a crime against humanity. Sexual violence is further explained in the ICC's Elements of Crimes, which the Court uses in its interpretation and application of Article 7. The Elements of Crime establishes that sexual violence is: *"An act of sexual nature against one or more persons or caused such person or persons to engage in an act of sexual nature by force, or by threat of force or coercion, such as that caused by fear of violence, duress, detention, psychological oppression or abuse of power, against such person or persons or another person, or by taking advantage of a coercive environment or such person's or persons' incapacity to give genuine consent."*

Discussion and results

SGBV is a widespread public health problem and a violation of human rights.

Refugees, asylum-seekers, and migrants (people on the move) are especially vulnerable groups of people exposed to SGBV, which can be considered as human security issue. According to Bašić (2022, p. 225) human security is a people-centred concept that seeks to address the root causes of insecurity. The idea of human security provides a counterweight to it, offering a more comprehensive understanding of the multidimensional challenges to human survival and well-being by focusing on people's needs. It is most pithily summed up as the 3 freedoms: "freedom from want"; "freedom from fear"; and "freedom to live in dignity".

Ozcurumez et al. (2020) in their research *The Conceptualization problem in research and responses to sexual and gender-based violence in forced migration* state that SGBV is conceptualized so as to focus exclusively on women (Anani, 2013) and on the objective of protection (Carpenter, 2006; Freedman, 2010); most studies that focus on gender emphasize the experience of women, with the experience of men (Rettberger & Gajjala, 2016) and LGBTI people (Myrntinen, Khattab, & Maydaa, 2017) only recently being included. Edwards suggests that 'gendered harms' affect men and boys as well as women and girls (2010, p. 41), with men and women differentially affected by forced migration (Fiddian-Qasmiyeh, 2014, p. 399).

The Phillimore et al. (2021) in their paper "*We are Forgotten*": *Forced Migration, Sexual and Gender-Based Violence, and Coronavirus Disease-2019* stated that according to the Amowitz et al., 2002; Grabska, 2011; Khawaja, 2004; Krause, 2020, the risks that camps pose to women's safety and security have been well documented. In her analysis of gender mainstreaming in refugee camps, Grabska argues that homogenized views of refugee women as victims and men as perpetrators, as well as hierarchical power relations that define the camps' settings, exacerbate "not only gender asymmetries but also put women at risk" (Grabska, 2011, p. 81). The humanitarian solutions to the needs of Syrian refugees also include Turner's (2019) discussion of homogenized gendered (and also binary) views of refugees. Sustainable protection services for refugees of all genders are hidden by perceived "vulnerability of women" and "security risks posed by refugee men" (Turner, 2019, p. 611).

Keygnaert et al. (2015), according to Basile & Saltzman (2002), define sexual and gender-based violence as "any act as well as threats of acts of physical, sexual, and psychological violence that is directed against a person on the basis of her or his gender or sex and which occurs in the family, the community, or is perpetrated or condoned by the state and/or institutions". The authors also state that in the context of migration UNHCR (2003) applies a definition that comprises five types of violence: physical, psychological, sexual, socio-economic violence, and harmful cultural practices. Krug et al. (2002) claim that SGBV conceptualization is a matter of judgement, affected by cultural beliefs, social norms and values.

Oliveira et al. (2019) in their research states that referring to SGBV conceptualization within the context of European Union (EU) policy documents, SGBV in general, and more specifically in migrants, has been framed as violence against women, as well as that literature has demonstrated that female, male and transgender refugees, asylum seekers (AS) and migrants are vulnerable to SGBV. According to Oliveira et al., a high percentage of various types of SGBV were recorded in both sexes in their study on SGBV among refugees, AS, and undocumented migrants in European asylum processing centers (EARF). In a study conducted

in Belgium and the Netherlands, it was discovered that immigrants had a high prevalence of direct or indirect SGBV exposure: 87 out of 223 participants had experienced personal victimization after arriving in Europe. Authors states that 74.0% of the perpetrators were men, and 69.3% of the victims were women (male victims made up 28.6%).

In their study, *Continuum of Sexual and Gender-Based Violence Risks Among Syrian Refugee Women and Girls in Lebanon*, Roupetz et al. (2020) note that as a result of the Lebanese government's decision not to establish official camps for internally displaced Syrians, refugees are dispersed throughout the nation, residing in unofficial tented settlements or being assimilated into local communities. Approximately 500,000 children were present at that time in Lebanon, making up 54% of all Syrian refugees there. Girls are particularly vulnerable to additional gendered risks, such as child marriage, domestic violence and intimate partner violence, sexual exploitation and assault, intimidation, and fear of violence, in addition to risks associated with poverty, food insecurity, lack of access to healthcare, and forced labor. Studies in Lebanon have shown that the primary causes of increased rates of child marriage among Syrian refugee populations are financial challenges, a lack of educational possibilities, and safety concerns. Also, some Syrian women and girls who have no other way to raise the money required to pay for living expenses in Lebanon have been described as using sexual exploitation, forced prostitution, and "survival sex".

Keygnaert et al. (2015) used community-based participatory research to perform an SGBV knowledge and attitude survey for their article, *Sexual and gender-based violence in the European asylum and reception sector: a perpetuum mobile?*. They organized participants in community advisory boards made up of asylum seekers and refugees, reception specialists, policymakers, intermediary organizations, civil society, and researchers working in the asylum and reception sectors in the eight research countries (Belgium, Greece, Hungary, Ireland, Malta, The Netherlands, Portugal, and Spain), and 600 individual interviews were done across the eight nations. Of the 562 respondents, 58.3% reported cases of direct (23.3%) or peer (76.6%) victimization. Results indicate that when men were involved, it most likely concerned sexual perpetration and physical victimization, compared with females, who rather perpetrated emotional violence and underwent sexual victimization. Compared with others, asylum seekers appeared more likely to perpetrate physical and endure socio-economic violence, whereas professionals rather bore emotional and perpetrated socio-economic violence. When group perpetration or victimization occurred, it most likely concerned socio-economic violence. Within the European asylum reception sector, residents and professionals of both sexes experience SGBV victimization and perpetration. Given the lack of prevention policies, Keygnaert et al. (2015) call for urgent desirable prevention programs addressing socio-ecological determinants.

In the Kigeme refugee camp in Rwanda, Iyakaremye and Mukagatare (2016) performed study on the experiences of young Congolese females. According to the research, the most common types of sexual abuse were rape, unwanted physical contact, sexual exploitation, commercial sex, early marriage, and girl trafficking. These are made easier by the awful living conditions in the camp, flaws in the camp's design and security measures, and the developmental stage of adolescence. All study participants admitted that there had been rapes of girls at the camp. A 14-year-old girl described how both children and adults, including family members, commit rape. *"Rape in this camp is alarming; girls are raped day after day. I know one girl who was raped by another child and another one who was raped by her own*

father at 12 years old!" With this study, it is clear that in any forced migration, adequate strategies to prevent and to respond to sexual abuse are needed.

According to the Woman’s Refugee Commission (WRC) and UNICEF (2021, p. 7) number of studies suggest that the sexual exploitation of adolescent refugee and migrant boys may be widespread in Europe. WRC research found that sexual violence against men and boys may be common place along the central Mediterranean route through Libya into Italy, and that some male youth are also subjected to sexual exploitation and abuse in Italy. In a 2020 study, 43 out of 55 male migrants who had transited through Libya to Europe since 2017 reported witnessing sexual violence and 18.9% disclosed that they had experienced sexual violence in Libya. According to a study by Médecins Sans Frontières (MSF) at their clinic on Lesbos, Greece between September 2017 and January 2018, 28% of survivors of sexual violence who sought care were male. The Association Atina (2017, p.9), in 2016 alone has provided direct assistance to 3,715 refugees who were staying in Serbia, out of whom 250 were primary and secondary victims of gender based violence, as well as potentially victims of human trafficking; safe accommodation was provided to the 58 victims; 71,6% of them were woman. Finally, according to the results of pilot research on violence against woman and girls which Atina conducted among woman refugees in Serbia. In the first half of 2017, the majority of woman, 66,9% had the experience some forms of violence – physical or sexual.

Providing support to the SGBV victims

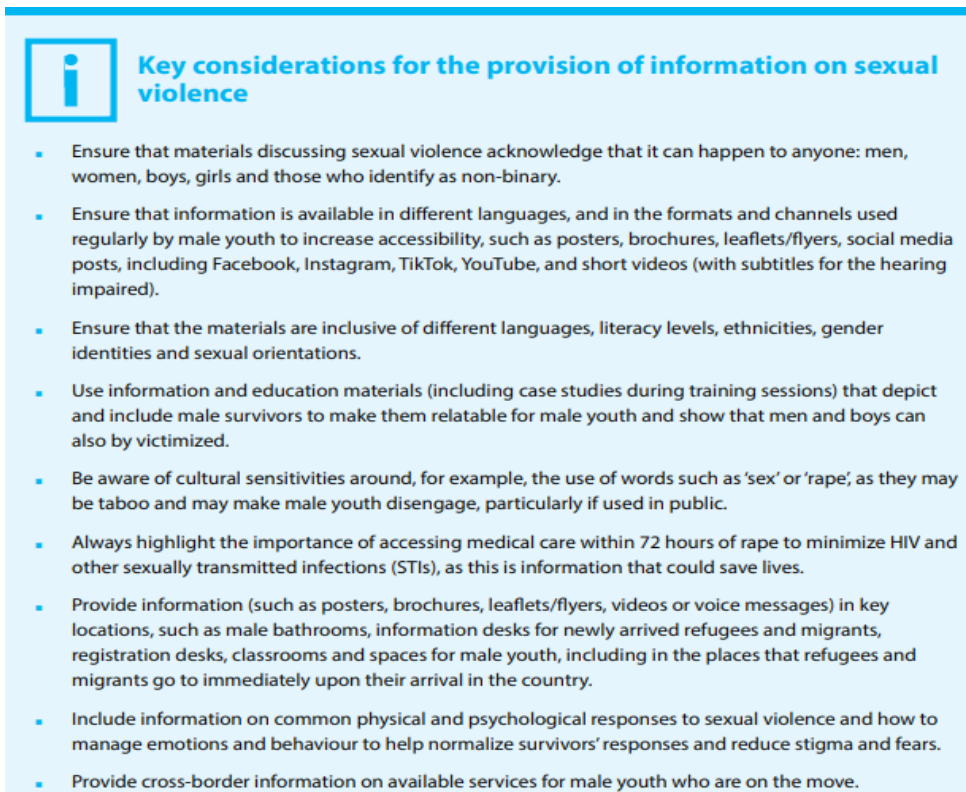
Evidence suggests that male and female survivors of sexual abuse may encounter similar mental health, behavioral, and social repercussions, according to the WHO (2012, p. 6). However, girls and women bear the majority of the harm and disease caused by sexual violence and coercion, not only because they represent the vast majority of victims but also because they are more vulnerable to negative effects on their sexual and reproductive health, such as unintended pregnancy, unsafe abortion, and an increased risk of STDs, including HIV, during vaginal contact. It’s crucial to remember, though, that males can contract HIV through rape as well.

Picture 1. Examples of health consequences of sexual violence and coercion for women. Source: WHO, 2012, p.7

Reproductive health	<ul style="list-style-type: none"> • Gynaecological trauma • Unintended pregnancy • Unsafe abortion • Sexual dysfunction • Sexually transmitted infections including HIV • Traumatic fistulae
Mental health	<ul style="list-style-type: none"> • Depression • Post-traumatic stress disorder • Anxiety • Sleep difficulties • Somatic complaints • Suicidal behaviour • Panic disorder
Behavioural	<ul style="list-style-type: none"> • High-risk behaviour (e.g. unprotected sexual intercourse, early consensual sexual initiation, multiple partners, alcohol and drug abuse) • Higher risk of perpetrating (for men) or of experiencing subsequent sexual violence (for women)
Fatal outcomes	<p>Death from:</p> <ul style="list-style-type: none"> • suicide • pregnancy complications • unsafe abortion • AIDS • murder during rape or for ‘honour’ • infanticide of a child born of rape

According to WHO (2012, p. 8), offering comprehensive medical care and medico-legal services to rape survivors is critical. In addition to compassionate care, victims require access to a variety of specialized medical services from qualified professionals, such as: psychological support (and referral for mental health care if necessary); emergency contraception; treatment, and prevention for sexually transmitted infections (appropriate HIV prophylaxis; knowledge of safe abortion; and a forensic examination (if a woman decides to pursue legal action). In addition, survivors must have access to knowledgeable, sensitive specialists inside the legal system who can support them should they want to bring charges against the offender. WRC and UNICEF (2021, p. 23) recommend the key information on sexual violence is provided in each session or activity with migrant population.

Picture 2. Key considerations for the provision of information on sexual violence. Source WRC & UNICEF, 2021, p. 23)



i **Key considerations for the provision of information on sexual violence**

- Ensure that materials discussing sexual violence acknowledge that it can happen to anyone: men, women, boys, girls and those who identify as non-binary.
- Ensure that information is available in different languages, and in the formats and channels used regularly by male youth to increase accessibility, such as posters, brochures, leaflets/flyers, social media posts, including Facebook, Instagram, TikTok, YouTube, and short videos (with subtitles for the hearing impaired).
- Ensure that the materials are inclusive of different languages, literacy levels, ethnicities, gender identities and sexual orientations.
- Use information and education materials (including case studies during training sessions) that depict and include male survivors to make them relatable for male youth and show that men and boys can also be victimized.
- Be aware of cultural sensitivities around, for example, the use of words such as 'sex' or 'rape', as they may be taboo and may make male youth disengage, particularly if used in public.
- Always highlight the importance of accessing medical care within 72 hours of rape to minimize HIV and other sexually transmitted infections (STIs), as this is information that could save lives.
- Provide information (such as posters, brochures, leaflets/flyers, videos or voice messages) in key locations, such as male bathrooms, information desks for newly arrived refugees and migrants, registration desks, classrooms and spaces for male youth, including in the places that refugees and migrants go to immediately upon their arrival in the country.
- Include information on common physical and psychological responses to sexual violence and how to manage emotions and behaviour to help normalize survivors' responses and reduce stigma and fears.
- Provide cross-border information on available services for male youth who are on the move.

According to an interview with the representative of the Danish Refugee Council (DRC) in Bosnia and Herzegovina, educating migrants and refugees about SGBV is essential for preventing and addressing this problem. Many migrants and refugees could be from societies where it's frowned upon to talk about or report sexual or gender-based abuse, or where they might not have access to information about their legal rights and resources that are accessible. By educating them about these issues, we may encourage survivors to reach out for support and assistance while also reducing the prevalence of SGBV. Humanitarian employees and health care professionals must be trained and equipped with the knowledge and skills necessary to effectively respond to SGBV, respect the individual context, and ensure

culturally appropriate and sensitive interventions. Special attention should be devoted to the empowerment and protection of vulnerable groups such as minors, women and girls, LGBTQ+ individuals, and people with disabilities. The DRC, in collaboration with partner organizations and state entities involved in mixed migration response, is committed to a comprehensive response to SGBV, which includes:

- The survivor should be at the center of all interventions and decisions, with their safety and well-being taking precedence. Victims of SGBV require safe and secure housing to recover from the trauma of violence.
- Survivors should have access to a variety of services, including medical care, psychological support, legal aid, and social services, as well as support for reintegration.
- Collaboration and coordination among different sectors (e.g., health, legal, social services) is critical to ensuring a comprehensive response to SGBV. This includes developing referral pathways and information-sharing processes, as well as that services are available in the language of the victim, and that providers are trained in cultural competency and trauma-informed care. When it comes to the legal support it can help victims to access their rights.
- Preventive approaches, such as education and awareness campaigns, are critical for addressing the core causes of SGBV and promoting social norms that promote gender equality and nonviolence.
- Because it provides a sense of belonging and connection, community-based support can be a vital source of assistance for victims of SGBV.

Humanitarian workers play a critical role in preventing and reacting to SGBV in mixed migration circumstances. Humanitarian workers, including those from humanitarian organizations, governments, and civil society organizations, play an important role in recognizing and combating SGBV, as well as in providing support and services to survivors and fighting for gender equality and women's rights. However, in order to carry out these activities effectively, humanitarian workers must have a thorough grasp of SGBV and its numerous manifestations, such as sexual assault, exploitation, and harassment. They must also be familiar with the referral processes and services available to survivors, as well as be able to provide culturally appropriate care and support. Furthermore, humanitarian workers must be prepared to deal with the special problems and risks that come with working in mixed migratory settings. This may include concerns about security, linguistic and cultural challenges, and a lack of resources.

SGBV in BiH mixed migration context

According to data from the BiH Service for Foreigners' Affairs, a total of 85.206 migrants were registered in BiH between 2018 and 2022, with the majority of them coming from Pakistan, Afghanistan, Bangladesh, Iran, Iraq, and other countries, and 80.437 migrants expressing an intention to seek international protection in BiH. During 2021, BiH made significant progress in the migration management process. That was particularly evident in the enhanced control of migrants' movement and stay within BiH's territory, closing *"informal camps"* and strengthening cooperation with local communities in which the Migrant Reception Centers

(MOCs) where located, where the BiH Ministry of Security and the Service for Foreigners' Affairs of BiH played a special role (Buzar, Bašić, 2022, p.110). Many humanitarian organizations in BiH are involved in preventing SGBV such as UNHCR, IOM, UNFPA, UNICEF, BHWI, SAVE THE CHILDREN, DRC, etc., and to respond to the critical needs of victims. Local, cantonal, and state authorities, as well as service providers, are all heavily involved in ensuring that personalized response services are in place and meet the legislative framework as well as the specific needs of people on the move. Close collaboration with the Ministry of Security of Bosnia and Herzegovina and the Service of Foreigner Affairs in the cantons of Una-Sana and Sarajevo, as well as the Ministry of Health, Labour, and Social Policy of Una-Sana Canton and the Ministry of Health of Canton Sarajevo, ensures timely and comprehensive assistance. Centers for social welfare in the cantons of Una-Sana and Sarajevo are also involved, with the goal of establishing collaboration with designated legal guardians and child protection professionals regarding services to reach adolescent and unaccompanied and separated children accommodated in the temporary reception centers. Thanks to this strong cooperation, referral mechanisms and standard operating procedures have been developed and are in use, as have agreements with the health institutions to provide needed diagnostics and treatment for the SFBV victims. The importance of humanitarian organizations and state institutions is timely and with high standards, and the possibilities of having SGBV within the temporary reception centers are minimized because the Service for Foreigners' Affairs is in charge of the camp management, communication with the humanitarian organizations, and overall coordination of the mixed migration response.

In their report UNFPA (2022, p. 5-28) shared the data on support provided for woman and youth at the risk in the UNFPA humanitarian response in BiH for the period 2018-2022. Over 7,000 women and girls have passed through UNFPA safe spaces since the opening of the first Women and Girls Centre in early 2019 and over 9,500 boys and young men have passed through the Boys and Young Men centres since the opening of the first such centre in 2020. Up until October 2022, 11,641 psychosocial services were provided to both males and females. Over 9,631 'Dignity kits' have been distributed to the vulnerable population of migrants and refugees. Over 8,300 sexual health and reproductive health services, including responses to life threatening situations, have been provided to migrants and refugees residing at the temporary reception centres in Bosnia and Herzegovina, including during the COVID-19 pandemic. Up until October 2022, more than 7,000 contraceptives for both men and women were distributed through the UNFPA centres. Up until October 2022, more than 44,500 participations by boys and young men were recorded during '*Boys on the Move*' activities. Over the past four years, UNFPA teams provided more than 22,500 empowerment services to women and girls in empowerment sessions run at the temporary reception centres. Every individual's needs are valued and 67,820 participations have been recorded with respect to useful and helpful information on all of the available services for members of the vulnerable population and the ways to acquire and/or participate in those services. Out of the total number of GBV survivors 93.5 per cent of female and 90 per cent of male survivors self-reported themselves for UNFPA services, the remaining percentages were referrals from other humanitarian actors or institutions. According to the Inter-agency GBV case management guidelines, which UNFPA follows, six steps of case management must be ensured: introduction and engagement, assessment, case action planning, implement the case action plan, case follow-up, and case closure. During the COVID-19 pandemic, the government imposed measures regarding restriction of movement

that were deemed necessary for keeping the epidemiological situation under control; however, in terms of collective accommodation settings in humanitarian crises, UNFPA observed that these measures exacerbated the risks related to GBV inside and outside the formal reception facilities. Survivors stated that they were subjected to GBV during their onward movement outside of the temporary reception centers and that their ability to protect themselves from the perpetrators and to access vital life-saving services was limited. To diminish the possibilities of GBV violence Service for foreigners has enhanced cooperation with humanitarian organizations working within the centers and overall protection of the environment. On the other side, as a preventive measure and with the aim to ensure dignified life, the Service for Foreigners' Affairs started with the relocation of people on the move from the outside locations to the temporary reception centers in Sarajevo and Bihać, where they were provided with medical assistance, identification, and registration, as well as accommodation, food, and other non-food products. Unaccompanied minors were taken over by a guardian in front of the Center for Social Work, and they were accommodated in the Center for Children and Youth, Doboj Istok.

Picture 3. Gender-based Violence Information Management System (GBVIMS) overview. Source UNFPA, 2022, p. 6)

(GBVIMS) overview*

July 2020 to September 2022**

- > Psychological violence (37%) was the highest reported incident by females and physical violence by males (47%).
- > Psychological violence (50%) followed by sexual violence (35%) was the highest reported incident by LGBTQI population.
- > Of the reported cases 27 per cent were prior survivors (F 28%, M 24%).
- > Reported cases of women and girls experiencing child, early or forced marriage amounted to 16 per cent.
- > Reported cases of adolescent boys or young men experiencing child, early or forced marriage amounted to 2 per cent.
- > Of the female survivors 49 per cent were originally from Afghanistan, 19 per cent from various African countries (including Morocco, Eritrea, Ethiopia, Somalia, Burundi and Congo), 18 per cent from Iran and 6 per cent from Iraq.
- > Of the male survivors 52 per cent were originally from Afghanistan, 22 per cent from various African countries, 12 per cent were from Pakistan, 9 per cent from Iran and 3 per cent from Bangladesh.
- > The majority of incidents committed against females occurred at the survivor's residence (57%) or at international borders (23%).
- > The majority of incidents committed against boys and young men occurred at the survivor's residence (56%) or in open spaces or streets (15%).
- > The majority of incidents committed against LGBTQI population occurred at the survivor's residence (47%) or streets (29%).
- > The relationship with the alleged perpetrator in cases of violence committed against females:
 - no relation (44%),
 - intimate partner/former partner (30%),
 - family other than spouse or partner (21%),
 - other (5%).
- > The relationship with the alleged perpetrator in cases of violence committed against males:
 - no relation (67%),
 - family other than spouse or partner (13%),
 - another refugee or migrant (12%),
 - other (8%).
- > 70 per cent of the LGBTQI survivors has no relation with the perpetrator of violence.
- > The number of alleged perpetrators who committed violence against women and girls:
 - 1 Perpetrator (49%), 2 perpetrators (13%), 3 or more perpetrators (32%) or unknown (4%).
- > The number of alleged perpetrators who committed violence against adolescent boys or young men:
 - 1 Perpetrator (18%), 2 perpetrators (6%), 3 or more perpetrators (64%) or unknown (8%).

* Percentages rounded to first decimal place. The total may not add up to 100%.

** GBVIMS was introduced in 2020 in Bosnian and Herzegovinian humanitarian response.

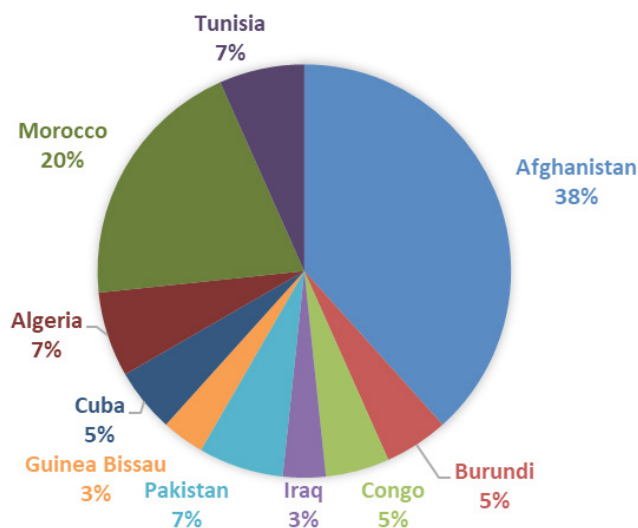
So far, the DRC has provided support to 144 survivors of gender-based violence, of whom 105 were women, girls, or members of the LGBT population.

“With our partner organizations and state institutions, we have established referral mechanism to recognise and strengthen a timely and adequate response to this kind of violence. The women we talked to were more aware of this issue, and 100% of the interviewed women would report violence if they experienced it or witnessed it. However, most men would not report this type of violence, citing that ‘they are focused on continuing their journey’, ‘that time is short’, ‘that it is not their job’... These attitudes were mainly expressed by men who traveled alone, while men who traveled with a female family member stated that they would definitely report violence,” DRC states.

In the research conducted for this paper, we questioned 50 humanitarian workers from various organizations involved in mixed migration response. Based on a detailed analysis of the opinions, overall knowledge, and experience, the data showed that 35% understand the root causes of SGBV, 11% contribute to and are risk factors, and 27% have adequate knowledge of the SGBV consequences for victims. The majority of participants, 79%, expressed their willingness to improve practical skills needed for the provision of adequate care, while 85% showed interest in broadening their knowledge of types of SGBV and recognizing victims among the migrant population. Around 11% express interest in developing and participating in prevention activities in reception centers, 67% consider current prevention measures poor, while 70% stated that constant movement of migrants is the greatest obstacle to proper reporting of SGBV. About 91% of humanitarian workers are familiar with the referral pathway for SGBV victims in BiH, and 90% of them are satisfied with the existing standard operating procedures for each form of violence. When it comes to previous experience regarding SGBV, 59% have attended some formal training on the topic, while 10% of staff have experienced some form of SGBV, namely females 80%.

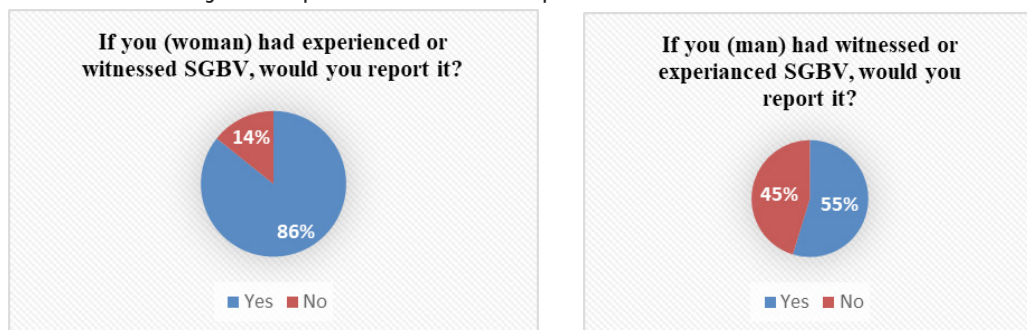
In cooperation with the DRC a survey among 50 people on the move was conducted to assess their knowledge of SGBV and measures to prevent and sanction this kind of violence. The largest number of interviews were from Afghanistan (38%) followed by Morocco, Tunisia, Algeria, Pakistan, Cuba, DR Congo, Burundi, Iraq, and Guinea Bissau.

Picture 4. Percentages of respondents’ nationalities. Source: Authors, 2023.



About 97% of respondents were accommodated in one of the camps along the Balkan route and they did attend different types of awareness-raising workshops, that are mainly aimed at women. The workshops deal with women’s rights, sexual and reproductive health concerns, issues of education, empowerment, and motherhood. However, SGBV was mentioned as part of a wider spectrum of human rights protection. The majority of the respondents would report the SGBV especially with the support of humanitarian workers because of language barrier. Multiple factors such as displacement, insecurity, and a lack of legal protection, make people on the move vulnerable to the SGBV, according to the 90% of respondents. The research has showed that 90% of people on the move do not have enough understanding of the reporting mechanisms, their rights, and what is considered as SGBV.

Picture 5. Percentages of respondents’ who would report SGBV. Source: Authors, 2023.



The research among 50 medicine and political sciences students showed that only 15% of them are able to define types of SGBV, while 66% have agreed that SGBV victims first needs to call the police. According to the UNFPA BiH, percentage of unreported sexual assaults in the world is 96%, and only 19% of respondents gave the answer that it is over 90%. Only 13% of student are familiar with the fact that the number of reported cases of rape in BiH during 2021 were 114. When it comes to the personal experience, 40% of students have experience some form of the physical violence (pushed, shaken, hair pulling), while 20% have experience or witnessed a form of sexual violence (unappropriated touch, stalking, sexual harassment).

Conclusion

Mixed migration flows are prevalent in the Western Balkan region and Bosnia and Herzegovina, with a significant number of refugees, asylum-seekers, and migrants transiting through the region. The overall situation on the Balkan route has been characterized by various protection challenges, including limited access to services, poor living conditions, and insufficient support for survivors of SGBV. Training and capacity building for humanitarian workers and state institutions representatives on SGBV prevention and response are therefore essential. This includes training on how to recognize and respond to different types of SGBV, how to provide appropriate care and support to survivors, and how to effectively use referral pathways, standard operating procedures, and available resources.

Humanitarian organizations should ensure SGBV is an integrated and continuous part of their programming and response efforts and be a vital partner in state institutions that are in charge of mixed migration management in BiH, namely the Ministry of Security

of BiH and Service for Foreigner's Affairs. Prevention efforts must also be enhanced, by the involvement of multiple stakeholders, besides humanitarian organizations: the government, civil society organizations, the media, and the wider community. By working together to address the underlying factors that contribute to SGBV and providing targeted support and services to those affected, we can help reduce the incidence of this devastating form of violence. Therefore, it is important to strength the capacities of actors in the field trough additional education and sensitization, as well as empowerment of SGBV victims, and introduce them to the legal framework concerning their protection in the country in which they reside, in this case BiH.

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