



WHO CC for Research and Training in Mental Health Trieste - Azienda Sanitaria Universitaria Integrata di Trieste

FRANCA AND FRANCO BASAGLIA INTERNATIONAL SCHOOL - THE PRACTICE OF FREEDOM

# The right [and opportunity] to have a [whole] life

INTERNATIONAL SCHOOL & CONFERENCE

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Best practices for empowerment, self determination,  
community resilience, wellbeing and human rights

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## ABSTRACT FORM

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Title of the contribution/Titolo del contributo	Refugee Crisis – Crisis of Humanity and Crisis of Services in Europe		
Objectives/Obiettivi	To present problems imposed to current refugee situation and systematic abuse and violence organized by officials of European countries, as well as inadequate response of existing health care services		

### Contents-text/Contenuto-testo:

In last years, we were witnesses of an event of historical proportions – a massive migration of millions of people who are trying to escape the abomination of war. Serbia is one of the main transit routes, and in last year only, hundreds of thousands of refugees were passing through the country. On that route, many of them encounter inhuman and degrading treatment or even physical abuse by officials, mainly the police. This only adds to the torment that many of them survived in their countries of origin. At the moment, we have several official reports about systematic torture by the military and police in those countries. In our small survey carried out in 2015, we found that 29.8% of the interviewed refugees were tortured in their country of origin, while even a higher percentage (42%) of them experienced inhuman treatment and physical abuse in transit countries. The widespread practice of physical abuse and torture by state officials of certain European countries is often connected with forcible irregular returns to the Republic of Serbia: refugees who are „pushed back“ to Serbia from neighbouring countries are often beaten, pepper-sprayed or (in some cases) police dogs were used to inflict injuries. As such, it could be righteously called “deterrent torture” which is aimed “to discourage or encourage certain activities on the part of the victim or other people”.

The refugees who are now residing in the country, and whose waiting for admission to some of European

countries is prolonged endlessly, are exposed to other forms of violence and neglect. While health services in Serbia are open and free of charge to all refugees, it is obvious that this specific group needs a more specialised approach as they lack access, knowledge and other mechanisms that can utilise existing services. Analysis of the health care system response to a refugee crisis shows clearly that those services are only partially developed as a response to population needs – they usually have a structure and logic of their own, developed more according to professional rules and the dominating paradigm that governs them. Users (local population) respond to this by accommodating and finding alternatives according to their needs, which refugee population cannot do. Those who are not able to “adapt” (lower social status, no support from the family, etc.), will receive the least from the health system, as it could be seen with persons who are chronically mentally ill. If they do not have proper social support they will end up in psychiatric and social asylums or forensic departments.

Having a large refugee population in the country will impose important pressures to the health care system. It would be also a great opportunity to learn from experiences and transform the services in a way that will more directly respond to the needs, not only of the refugee population but of the domicile population as well. In that sense, it would be interesting to analyse whether any experience with the refugee crisis in Serbia opened new perspectives in the existing health care services; my impression is that a real change happened within the social sector and the loose network of CSOs, while health care institutions remained entrenched in their traditional system of organization.