

The background of the slide features a dark, out-of-focus scene with several bright, circular light sources. These lights are primarily red and blue, with some yellow and white, suggesting they are police vehicle lights. The lights are blurred, creating a bokeh effect that adds a sense of urgency and gravity to the overall composition.

Vedrana Lacmanović

# **When Institutions Fail, Silence Remains–**

Analysis of Institutional Response to Reports of Violence  
That Preceded Femicide

[2017-2018]

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Analisis of Institutional Response to Reports of Violence  
That Preceded Femicide

[2017-2018]

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# 1. INTRODUCTION

Violence against women is one of the leading issues in the domain of violations of human rights. The last report that included 161 countries showed that every third woman at least once in her life has been exposed to physical or sexual violence, and that their intimate partners make the majority of perpetrators (WHO, 2021: 21, 29). Latest research on the territory of the Republic of Serbia indicated that 1.7 million women (62%) have been exposed to psychological, physical or sexual violence after the age of 15 – and that is more than every second woman (OEBS, 2019: viii).

Consequences of violence against women include HIV infections, sexually transmitted diseases, induced abortions, premature deliveries, alcohol abuse, depression, suicide, injuries, as well as other physical, mental, sexual and reproductive consequences, such as adolescent pregnancies, unintended pregnancies, miscarriages, abdominal pain, disabilities, anxiety and post-traumatic stress syndrome (World Health Organization, 2013: 21). Most often femicides present the ultimate and most brutal consequence of violence women survive on a daily basis.

The most general definition of femicide, developed by UN, defines it as „gender-related killings of women“ (OHCHR, 2013). Following feminist theoretician Diana Russel, we define femicide as „gender based killings of women by men motivated by hatred, contempt, or sense of superiority, where a perpetrator deems himself entitled to take away a woman’s life“. Recent global researches show that in 2017 87,000 women were violently murdered worldwide, and over half of them were killed by their intimate partners or family members (UNDOC, 2018).

Differences in definitions, sources and data collection methods, as well as lack of official and publicly available statistics, result in so-called dark figure of femicide, making it impossible to precisely pinpoint how widespread it is. Having in mind the severity of this crime against women and irretrievable losses it makes, UN Special Rapporteur on violence against women have appealed several times to state members to set up a body for monitoring femicide – *Femicide Watch* (OHCHR – UN Special Rapporteur on violence against women, 2015; 2016; 2020). The idea for such a body originated from the need to precisely determine the prevalence of femicide, but also from the need to, above all, examine more thoroughly all of its characteristics, causes, indicators and risks, in order to develop efficient strategies against femicide.

In the Republic of Serbia, women's organizations, including Autonomous Women's Center, were the first to draw the public attention to this social issue, in 2003 within the campaign „16 Days Of Activism Against Violence Against Women“ titled „Why They Are Not Among Us?“<sup>1</sup> The first data base for systematic collection and analysis of data on femicide was developed in 2010 by the Autonomous Women's Center in cooperation with organizations members of the Network „Women Against Violence“. There is no official and publicly available statistics of the competent state institutions, and monitoring body also has not yet been established, even though Autonomous Women's Center, together with organizations members of the Network „Women Against Violence“, proposed it in 2017 to the Coordination Body for Gender Equality of the Government of the Republic of Serbia<sup>2</sup>.

Three decades of advocacy and activities of women's organizations in the field of combating and preventing violence against women, including femicide as its most brutal manifestation, were not in vain. Significant improvements have been made in legislation and policies contributing to considerable legal, social and cultural changes of responses and understanding of the issue of male violence against women. Unfortunately, even thirty years later, women still suffer violence and keep being victims of femicide, both in the Republic of Serbia and globally. Continuing femicides do not annul the amount of efforts invested and significant progress that has been achieved in the domains of law, policies and practices of protection of women from violence. But they do show the weaknesses of established system, and indicate the necessity to invest more effort and work in order to create the society where women would not be murdered anymore.

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- 1 Campaign “Why They Are Not Among Us?”, November-December 2003, Autonomous Women's Center. See: <https://www.womenngo.org.rs/en/policy-activities/campaigns/16-days-of-activism-against-violence-against-women/547-campaign-2003-why-they-are-not-among-us>. Accessed: March 19, 2022.
- 2 See more on the initiative proposed to the Government of the Republic of Serbia Coordination Body for Gender Equality at: <https://www.zeneprotivnasilja.net/en/news/809-proposal-for-the-establishment-of-a-monitoring-body-for-monitoring-femicide>. Accessed: March 19, 2022.

## 2. LEGAL AND INSTITUTIONAL FRAMEWORK FOR PREVENTION AND SUPPRESSION OF VIOLENCE AGAINST WOMEN AND FEMICIDE

Legal incrimination and development of mechanisms and standards for suppression and prevention of violence against women at the international level have been initiated during 1970s, and the most important documents in this field are: a) at the international level – UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) from 1979, with its Optional Protocol; UN Declaration on the Elimination of Violence Against Women from 1993, Beijing Declaration and Platform for Action from 1995; General Recommendation No. 19 of the Committee for Elimination of All Forms of Discrimination Against Women from 1992; General Recommendation No. 35 of the Committee on Elimination of All Forms of Discrimination Against Women from 2017; b) at the European level – Declaration On Policies For Combating Violence Against Women In A Democratic Europe (DEVAV) from 1993; Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence from 2011 (so-called Istanbul Convention); Recommendation Rec (2002) 5 of the Committee of Ministers to member states on protecting women from violence from 2002; Recommendation 1582 (2002) on domestic violence against women. Serbia ratified numerous conventions and international documents and thus pledged to provide timely and efficient protection to victims of violence against women.

Building legal framework for protection of women from violence in Serbia has begun almost two decades ago, in 2002, when The Criminal Code recognized domestic violence as a criminal offence, and then in 2005 Family Act introduced additional measures of protection from domestic violence. Then followed almost two decades of numerous transformations of the initial legal framework, and one of the latest and most relevant changes was adoption of the Law on Prevention of Domestic Violence, that entered into force in 2017. Several strategic documents and protocols that regulate institutional response to violence against women were adopted too. Most important among them are the General Protocol on Proceedings and Cooperation of Institutions, Organs and Organizations in situations of domestic and intimate partnership violence against women, and special protocols on proceeding of police officers, professionals in centers for social welfare, health professionals and judiciary representatives (adopted from 2011 to 2014), as well as agreements on cooperation between all instances in charge, signed in all municipalities.

In the Republic of Serbia, a woman experiencing violence can address some of the competent state institutions – police, prosecution and court, center for social welfare, safe house, health and educational institution (if having school aged children), or to women’s organization that are part of the non-governmental sector and provide specialized services to women surviving violence. Their roles, positions and commitments differ due to the nature of their work and legal competences, and also depending on the needs of a concrete woman and her children. All individuals and institutions (within the system of protection from violence) are obliged to immediately report to police or public prosecutor any information on domestic violence or imminent threat of domestic violence. A woman can address these instances by phone, in writings or coming in person.

Since regulations of the institutional responses to violence against women are very extensive, we will give a short review of key aspects of protection of women from violence and prevention and combating femicide as its most extreme form, with a special emphasis on the roles of police, prosecution and centers for social welfare, and analysis of their professional engagement.

According to the Law on Prevention of Domestic Violence, police, prosecution and centers for social welfare, gathered in coordination and cooperation teams, have the mandate to meet every 15 days, under the guidance of prosecutor’s office, and discuss pending and newly reported cases of violence against women. Mandatory coordination was also prescribed for institutions providing help and assistance to victims, where each institution becomes obliged to appoint a liaison officer, and other institutions within the system of protection from violence can also be invited and take part in the meetings of coordination and cooperation groups, depending on the assessment of needs. Apart from the criminal offence of domestic violence, several other criminal offences are also to be discussed at these group meetings: stalking, rape, sexual intercourse with a helpless person, sexual intercourse with a child, sexual intercourse by abuse of position, prohibited sexual acts, sexual harassment, pimping and procuring for sexual intercourse, mediation in prostitution, showing, procuring and possessing pornographic material and using minors for pornography, inducing a child to attend sexual acts, neglecting and abusing a minor, as well as failure to provide maintenance, violation of family duties, incest, and human trafficking. Each newly reported case is subjected to risk assessment, before moving on to planning and issuing measures, depending on the assessed degree of endangerment of a woman, in order to minimize and fully eliminate the risks of femicide. After the risk assessment is made, institutions are obliged to provide urgent protection to victims, thus securing enough time to collect evidence and decide whether there is a need for further protection through criminal, misdemeanor or family act proceedings of protection from domestic violence. If the report is immediately followed by the assessment of high degree of risk (imminent danger of violence), criminal proceedings shall be instituted and protection shall be provided to the victim based on the Criminal Procedure Code (detention, restraining order, prohibition of contact and access). In that case Law on Pre-

vention of Domestic Violence will not be used, since it is not about prevention but about repressing and punishing violence (Macanović, 2018: 43). Pending cases are being evaluated and implemented measures, issued through individual plans of protection and support to victims, are being audited. Such plans are made for all cases where there is an assessment of imminent danger of violence.

Within the framework of prevention, it is possible to issue four types of measures for protection of victims:

I Urgent measures of protection, prescribed by Law on Prevention of Domestic Violence: 1. Measure of temporary removal of possible perpetrator from the house and 2. Measure of temporary prohibition of contacting and approaching victim of violence. They are issued by police officer in charge, in duration of 48 hours, and court, at the persecutor's proposal, and in ex parte procedure, can extend their duration for 30 more days. Penalty for violation of these measures is imprisonment for up to 60 days.

II Measures of protection from domestic violence, prescribed by Family Act: 1. Issuing a warrant for eviction from family apartment or house, regardless of the right of property or lease of immovable; 2. Issuing a warrant for moving into the family apartment or house, regardless of the right of property or lease of immovable; 3. Restraining order; 4. Prohibition of access in the vicinity of place of residence or work of family member; 5. Prohibition of further molestation of family member. Imposing one or more measures of protection can be demanded by the victim, center for social welfare or prosecutor's office, but the court itself is also entitled, after the lawsuit is filed, to decide which measure (or measures) to issue. Protection measures can last for up to one year, with the possibility of prolongation in case of repeated violence. Violation of these measures is a criminal offense punishable by imprisonment for up to 3 years and a fine.

III Measures to secure the presence of the defendant, prescribed by Criminal Procedure Code. Out of them, most commonly issued in cases of partner and domestic violence are the following: 1. prohibition of approaching, meeting or communicating with a certain person and visiting certain locations; 2. prohibition of leaving a dwelling; 3. detention. These measures are ordered by the court, at the proposal of prosecutor's office during investigation proceedings, and during criminal proceedings also ex officio and on the motion of injured party. The court is obliged to check whether ordered measures are still justified every 3 months or after 30 days in case of detention. Along with the measure of prohibition of approaching, meeting or communicating, court may order the defendant to periodically report to the police, an officer of the public authority in charge of executing criminal sanctions or other public authority specified by law. If violated, the measures of prohibition of approaching, meeting and communicating and to leave the dwelling can be replaced by the measure of detention. Detention measure may also be replaced by one of these two measures if the need persists to protect victims during the investigation or criminal proceedings.

IV Security measures – prescribed by the Criminal Code. Out of them, in cases of partner and domestic violence, most often are ordered the following: 1) Compulsory psychiatric treatment and confinement in a medical institution;



2) Compulsory psychiatric treatment at liberty; 3) Compulsory drug addiction treatment; 4) Compulsory alcohol addiction treatment; 5) Prohibiting convergence and communication with victim. Upon completion of criminal proceedings, court may order one or more security measures. Court orders the measures of compulsory treatment only if forensic experts find it necessary. Court orders the measure of prohibition of approaching and communication with the injured person on the motion of persecutor or injured person, for the period not shorter than six months and not longer than three years, starting from the day of entering into force of this decision, where the time spent in prison or a health institution in which a security measure was execution shall not be credited to the term of this measure. Violation of measures ordered is a criminal offense described in the article 340a of the Criminal Code.

In accordance with the provisions of Law on Police, Criminal Procedure Code and Law on Prevention of Domestic Violence, conduct of police officers depends on whether they are officers on patrol or officers competent for domestic violence.

Police officers on patrol are authorized to go to the scene, separate the actors and take short statements, and after consulting the service on duty (the one that received the call) or competent police officer in charge of domestic violence cases, bring the actor or actors from the scene to the police station, or call ambulance or escort the injured person to a health institution, as well as to file misdemeanor report (for violation or urgent measures, improper possession of firearms, disturbing public order and peace). If the patrol informs on the presence of biological traces at the scene (such as blood) or that dwelling is completely ruined as a consequence of the violence, officers will contact persecutor on duty in order to obtain a warrant to take and photograph traces. If patrol informs that some of the actors or a person living in the same household has a firearm or firearms (legal or illegal), search warrant shall be issued, as well as warrant to seize the weapons.

Competent police officer in charge of domestic violence is authorized to take statements from possible perpetrator and victim, to make an assessment of risk of repeated violence, to issue urgent measures in duration of 48 hours, to immediately submit the information on issued measure/s to public prosecutor's office and center for social welfare, and to file criminal report in consultation with the public prosecutor, as well as to take part in meetings of the group for coordination and cooperation.

Public prosecutor's office proceedings are mostly prescribed by the Law on Public Prosecution, Criminal Procedure Code and Law on Prevention of Domestic Violence.. Within the basic public prosecutor's offices, that play the role of coordination of the work of groups for coordination and cooperation, there are specially appointed deputy prosecutors who preside over group meetings. When it comes to acts in jurisdiction of higher prosecutor's offices, group

for coordination and cooperation and part of the meeting dealing with these acts should be presided over by the deputy from higher public prosecutor's office, but almost none of higher public prosecutor's offices in Serbia respect this law provision. Depending on the internal organization of each basic prosecutor's office, deputy prosecutors presiding over group meetings may be the ones dealing with all cases of domestic violence under the jurisdiction of the group which work they manage. In other offices there are special departments of deputy prosecutors proceeding on reports on domestic violence and other acts included in the Article 4 of the Law on Prevention of Domestic Violence. There is also a third category of prosecutor's offices where there are no prosecutors specialized for such cases. But when there is a report of violence, a specialized police officer is obliged to get consulted with the persecutor deputy on duty who may and may not be specially educated for proceeding in cases of domestic violence. During the telephone consultations, he/she decides whether there are elements of a criminal offense, and therefore whether possible perpetrator could be detained for up to 48 hours or he/she will suggest imposing urgent measures, or filing the report to the prosecutor's office. Public persecutor on duty will assess if he/she should suggest to the court to extend the duration of urgent measures, or to order measures of detention or prohibition of approaching, meeting or communicating with someone or accessing some places.

When acting on the report of violence of notification on the event, deputy persecutor assesses whether there are elements for criminal charges and orders police and other institutions further steps or requires further information, conducts investigation if he/she deems there are grounds for it – through taking statements from the suspect, injured person and other witnesses – and orders medical and/or psychological-psychiatric expertise, and then decides on whether to initiate criminal proceeding and file indictment or motion to indict to the court, or to dismiss the criminal complaint. According to the Family Act, deputy public prosecutor may decide to file complaint for ordering measures of protection from domestic violence in order to protect the victim.

Competencies of centers for social welfare are prescribed by the Law on Social Welfare, Family Act and Law on Prevention of Domestic Violence. Conduct of professionals from centers for social welfare also depends on whether they are case officers, officers on duty called in case of need for urgent protection, assistance to guardianship, or expert taking part in meetings of the group for coordination and cooperation. Case officer is the one making initial assessment of proceedings in a certain case, then makes a field visit to the family, collects necessary data from other institutions, talks to the victim, perpetrator and children, exchanges information on the case with other institutions in charge, provides support to persecutor's office and court in collecting evidence, submits findings and opinion, initiates custody measures in accordance with the principle of the best interest of the child, represents the opinion of guardianship authority in court, manages controlled meetings with children by the court's decision, assists the court in procedures of forced execution of court's decision on entrusting minors or seeing minors, provides urgent



care, makes a plan of services and assistance to family members, orders preventative and corrective supervision of parents in exercising their parental rights, and prepares data when supervision of parents is being discussed at the meeting of group for coordination and cooperation. Experts from centers of social welfare taking part in meetings of groups for coordination and cooperation are obliged to gather the data from case officers for all the cases to be discussed at the next meeting. After the meeting, he/she should notify case officers on conclusions reached at the meeting and provide them with plans of protection and support, so that case officers would know the direction of proceedings of the institutions for the purpose of protecting victims, reduction of the risk of murders and serious injuries, and prevention of femicide. Legal experts in centers for social welfare are responsible for filing suits for measures of protection from domestic violence and protection of the best interest of minor children, as well as for filing criminal and misdemeanor complaints.

## 3. METHODOLOGY

**Subject of the research** were media articles on identified cases of femicide in the two year period (2017 – 2018), responses of institutions in charge (centers for social welfare – CSW, basic public prosecutor’s offices – BPPO, and police) to requests for information of public importance concerning violence reported prior to the committed femicides in context of partner and domestic violence and institutional proceedings on these reports.

**Research goal** was to determine whether, in cases of femicide within the context of family-partner relationship, undertaken institutional measures and proceedings were adequate, i. e. whether representatives of institutions have done everything at their disposal and within their jurisdiction in order to prevent the murder.

It was our intention to determine whether femicides were preceded by violence, whether the violence was recognized and reported to institutions in charge (CSW, BPPO and police), which measures and proceeding were undertaken by these institutions in order to protect women and why it was not enough to prevent fatal outcomes.

Finally, based on results obtained and taking them into consideration, it was our intention to make recommendations for advancing institutional proceedings before the femicide, in order to improve the institutional protection of women experiencing violence in family and partner relationships, and to prevent future fatalities.

**Research process** included four stages.

The first stage involved collecting information and articles on cases of femicide in family-partner relationship context in the two year period (2017 – 2018), based on media reports (about violence against women and women’s rights in general) daily provided to Autonomous Women’s Center by Ebart Media archive. A total of 56 cases were recorded and the same number of documents with media articles about them.

In the second stage, for 56 identified cases of femicide in family-partner context, we sent 171 request for information of public importance to total of 114 institutions in charge (46 to centers for social welfare, 33 to basic prosecutor’s offices, 35 to police administration and police stations<sup>3</sup>), and we filed 40 complaints to the commissioner for perso-

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3 List of competent institutions to which requests for information of public importance were submitted, in relation to cases of femicide in partner-family context, can be found in *Annex 1*.

nal data protection and information of public importance, and collected 187 documents. Only one institution did not provide the requested data, while all other data asked for in submitted requests and complaints were obtained. The requests were about proceedings of institutions in charge (CSW, BPPO and police) on reports preceding femicide (if there were any reports), and about information what, if anything, changed in their work after the femicide had been committed.

Seven additional requests were sent to 6 competent institutions (Higher Public Prosecutor's Office in Novi Sad, Police Administration in Novi Sad, Higher Public Prosecutor's Office in Belgrade, Police Administration for the City of Belgrade, Administration for Execution of Institutional Sanctions, and Special Hospital in Gornja Toponica), in regard to cases of suspected criminal offense of domestic violence (not murder) and cases where to perpetrators was issued only the measure of compulsory treatment in closed institutions. We received responses to all of the requests.

In the third stage, we developed three data bases (first – general data on femicide; second – previous reports of violence and institutional responses to them; third – identified risk factors). Data were fed into the base and processed in the statistical analysis program SPSS (*The Statistical Package for the Social Science 25.0.0*).

In the fourth stage we conducted quantitative-qualitative analysis and made the analytical report. Methods and techniques used in the research were quantitative (calculating percentages) and qualitative (categorizing, description and comparing).

**Limitations of the research** – limitations and challenges we met in realization of the research were belated responses or refusal of some institutions to provide requested information, which significantly prolonged the research. Analysis of proceeding of competent institutions on reports preceding femicide was limited by having insight only into responses of some institutions – mostly short responses to filed requests, while in some (rare) cases institutions in charge provided more detailed documentation on cases. The answers institutions provided on same cases of femicide were sometimes contradictory (for instance, answers by police station and CSW in charge contradict each other). And from some answers it was impossible to find out how many reports victims filed to that specific institution, in some cases the dates of filing reports were not specified, while in some cases institutions in charge avoided to answer which measures and proceedings under their jurisdiction they have undertaken after receiving the reports. Conclusion about risk factors were made based only on the existing data, without requiring from institutions any additional information related to the subject.

## 4. RESEARCH RESULTS

### 4.1 General information on victim and perpetrator of femicide

Analyzed general information on victims and perpetrators came from the sample made of 56 cases.

Majority of **victims** were of 46 to 56 **years of age** (26,8%), followed by the age group of 56 to 65 (23,2%) and 36 to 45 years of age (19,6%). Victims over 65 years old made 17,9% of our sample, victims aged 18 to 25 made 7,1%, and the least of them belonged to the 26 to 35 age group (5,4%). The youngest victim was 21 and the oldest 94 years old.

When it comes to **age of perpetrators**, the majority belong to the age group of 46 to 56 (26,8%), followed by 56 to 65 age group (19,6%). Age groups 26 to 35 and over 65 years of age both made 16,1%. Perpetrators aged 36 and 45 made 12,5%, and those aged 18 to 25 made only 8,9%. The youngest perpetrator was 19, and the oldest 88. In one case a woman was murdered by two perpetrators, sons – one of them 36 and the other 38 years old.

When it comes to **relationship between perpetrators and victims**, in almost half of cases they were spouses (44,6%), in 16,1% ex-spouses, and in same percent it was about mothers and sons. In every 20th case the victim was a stepmother, and perpetrator a stepson, while in only 3,6% of cases victims were grandmothers, and perpetrators grandsons.

Analysis of **marital status of victims** shows that 41,1% was married, every fifth victim (21,4%) was single, and almost the same percent was divorced (19,6%). Almost every tenth victim lived in extramarital union (8,9%), for 5,4% marital status was unknown, while widows made the smallest number of victims (3,6%).

**Marital status of perpetrators** was that almost half was married (46,4%), every fourth divorced (25%), while 16,1% was single. In extramarital union lived 7,1% of perpetrators, while for 5,4% there was no information on marital status.

In 94,7% of cases there was no information on **education of victims**. In cases where the information was present, 1,8% of victims (out of all cases) did not complete primary school, the same percent completed secondary school, and again the same percent had completed high school or faculty.

In almost third of cases (60,7%) there was no information on **education of perpetrators**. Among cases where such information were present, the largest was the category with completed secondary school – every fifth perpetrator (21,4%), almost every tenth (8,9%) completed primary school, while 3,6% of perpetrators did not complete primary school. Smallest number of perpetrators had incomplete secondary education (1,8%), and the same was the percent of perpetrators with incomplete high school or faculty, and those who completed high school or faculty.

In almost third of cases (30,4%) there was no data on **employment of victims**, and where there was we saw that a little more than quarter of victims (26,8%) were retired, while every fourth was employed. 7,1% of victims worked temporary and occasional jobs, 5,4% were entrepreneurs, and the same percent was unemployed.

In a bit more than fourth of cases (26,8%) there was no information on **employment of perpetrators**, 23,2% was employed, while 12,5% was unemployed. Every tenth was an entrepreneur, and also every tenth was retired. Temporary and occasional jobs had 8,9% of perpetrators, 5,4% were agricultural workers, while the smallest percent (1,8%) belonged to the category “other”, or illegally employed.

## **4.2 Femicide data**

Analyzed data show that almost half of perpetrators (44,6%) **committed suicide after killing the victim, while almost every tenth attempted to commit suicide**.

In every tenth case, **apart from the victim (his wife or ex-wife), perpetrator murdered or attempted murder of persons close to her**. Beside their (former) wives, perpetrators murdered six more victims, and wounded 4. In three cases perpetrators murdered sons of victims, and the youngest son was only 5, and among murdered were also a mother in law, wife’s brother and a neighbor. The youngest wounded person was a daughter of perpetrator and victim, only 1 year old, and other wounded persons were a daughter in law, a mother and a daughter of murdered women.

As for the **murder scene**, most women are still being murdered in shared apartment/house (32,1%), or in their own apartment/houses (25%), which confirms the fact that home is the most dangerous place for women victims of domestic violence. In third of cases (33,9%), women were killed **somewhere else** – 7,1% in house/apartment of perpetrators, while it is unknown in one case, since a woman's body was found in the orchard, and it was not found out where it was brought from. In other cases perpetrators knew where they would find victims and thus murdered them there: it was in houses of relatives in four cases (in house of victim's niece, mother, and father, and in one case in house of perpetrator's daughter), in one case in a friend's house, in two cases at work (in a bakery, and at open market), in two cases victims were murdered in front of centers for social welfare, in one case in gerontology home, one victim died in Clinical Center of Serbia, and five in the streets, one in the side road in nature, one in the locker room of the stadium where she did sports, and in one case at the front door of building where the victim lived.

Most frequently used **murder weapon** in femicides in the analyzed period was the knife, in 44,6% of cases, while gun was used in over quarter of cases (26,8%). In every tenth case (10,7%) woman was suffocated, and in same percent of cases (10,7%) other weapons were used (hammer, stone, pliers, wooden handle, ax, fire-poker). Every 20th victim was beaten to death, while the smallest percent (1,8%) was killed using (hunting) rifle.

When it comes to **legality of possession of firearms used**, according to institutions in charge, in 37,5% of cases it was weapons legally possessed by the perpetrator, and in every fourth case illegally owned weapons were used, or weapons which origin remained unknown, and for the same number of cases there are no information of this kind. Under the category "other" (12,5%) are two cases where institutions in charge did not provide information on legality of weapons, but combining information from the media and previous reports of violence, one may conclude that in one case official weapon was used (perpetrator was a cop), while in the other the legally owned hunting weapon was used (victim reported violence a month before she was murdered, but then he was only issued a warning, and media reported on his ownership over hunting weapon).

#### 4.3 Data on previous reports of violence and institutional responses

Based on the analysis of information provided by competent institutions, we can conclude that in **one third** of total of 56 analyzed cases **there were reports of violence to at least institution** prior to the femicide, while in another dozen of cases either victim or someone from her relatives was listed in the records of CSW, but for other reasons (not because of domestic violence). In 19 cases of reported violence preceding femicide, victims have had altogether



106 contacts with institutions of the system (53 with the police, 28 with BPPOs and 25 with CSWs), which makes around 6 contacts per case in average. In some cases victims reported violence to more than one institution, while in some cases it was not possible to determine whether institutions described their proceedings on the same report or on different reports, since they did not specify dates of reports filed within the same year.

When it comes to **length of time between first report to institutions and murder**, it was 2,7 years in average (ranging from two weeks to 14 years and 2 months).

**Time from the last contact with institutions to the murder** averagely was 10 months (some women were murdered on the same day when they contacted institutions for the last time, while the longest was 9 years and 6 months).

► **Femicide committed at the moment of reporting violence to institutions in charge - lack of coordinated institutional response**



**Alarming examples from the practice [case 34]:**

*Woman was murdered while reporting the perpetrator to the police by phone. In this case institutions registered total of 4 reports of violence – three to the police and one to CSW, while BPPO stated it had no registered reports of the case.*

*First report was registered a year and five months before the murder. Police said it received information from the CSW that an “argue” occurred between victim and perpetrator, but that victim did not want to file a charge for domestic violence, so they made the report and “informed the BPPO and forwarded the report to CSW for further consideration”. CSW does not mention this report at all, but from its answer it is obvious that it took action to “take care of the perpetrator and assist in solving issues with the mother”, and in relation to “resolving problems in their relationship with each other”.*

*Police stated that the assessment of risk was made a day before the murder and the conclusion was that there was no risk of repeated violence (even though they submitted information that in their records they have already had two previous reports of violence, which is one of the questions on the risk list to be answered by the police officer in charge of domestic violence), and that it notified BPPO and CSW for further*

considerations of the case. Police stated that BPPO ordered psychiatric expertise of the perpetrator, since he complained of health issues, and that it was done in accordance with the order. Even though police stated it notified the CSW, CSW claimed it had no information on this report, but that its employees were informed on it the day after, when the perpetrator himself, after being discharged from psychiatry clinic, appeared at the CSW.

On the day of the murder, perpetrator was discharged from psychiatric clinic and came to the CSW, unsatisfied with the doctor's treatment. CSW said he contacted the victim by phone, and that victim confirmed she had reported him to the police the day before, and that psychiatric examination was done, as well as that the perpetrator was not aggressive, but only „kicked the door and threatened to kill himself because his mother did not want to let him into the house“. CSW also stated that perpetrator accepted their suggestion to go to his father's place for few days, and to come together with his mother to CSW in order to „obtain assistance in resolving their issues“. After that, he went to victim's house and banged at the door, and she immediately called the police. When the police patrol arrived at the scene, it was already too late, since the he had already murdered her.“

Table 1 – Femicide and previous records of cases in institutions in charge (2017–2018)

Case records	Number	%
Case registered by one of the institutions in charge (domestic violence)	3	5,4
Case registered by two of the institutions in charge (domestic violence)	5	8,9
Case registered by three institutions in charge (domestic violence)	11	19,6
Victim of some of her relatives registered in CSW for other reasons	6	10,7
No previous records in institutions in charge on any grounds	31	55,3
Total	56	100



**Table 2** – *Femicide and previous reports to institutions in charge (2017–2018)*

There were previous reports of violence	CSW	BPPO	Police
Yes	23,2%	25%	33,9%
No	75%	75%	66,1%
No data	1,8%	/	/

Analyzed data (Table 2) showed there was no **previous reports to CSW** in three quarters of cases, in almost every fourth case (23,2%) there were registered reports to CSW, while there was no data in 1,8% of cases.

There were **previous reports to BPPO** in charge in every fourth case (25%), while there were no prior reports in 75% of cases.

There were **previous reports to police** in every third case (33,9%),, while there was no previous reports in 66,1% of cases. Police recorded that in two cases perpetrators of violence reported victims (in one case for alleged verbal offenses by the victim and her son, but it was found that he molested the victim while drunk; and in the other case for allegedly not taking care of the child’s safety in traffic). In one case worker of CSW filed the charges against perpetrator for stalking.

When it comes to time between the **first contact with CSW to the murder**, the average was 3,7 years (shortest was that it happened on the same day, and the longest fourteen years and two months).

**From the first contact with prosecutor’s office to murder** it averagely took 1,8 years (the shortest registered period was six days, the longest seven years).

Time period between **first contact with police and the murder** was 2,7 years in average (shortest 2 weeks between contacting the police and the murder, and longest 12 years).

### ► Longevity of violence preceding femicide



#### **Alarming examples from the practice (case 49):**

*In this case the perpetrator was violent ever since 1990 (i.e. for 28 years before committing the murder). According to institutions, several dozens reports of his violent behavior him were filed, he was convicted 10 times for crimes with elements of violence, treated at psychiatry and abused alcohol. Family was registered at CSW since 1990 on the ground of receiving financial social support. First registered report of domestic violence (against the victim) was filed 3 years before the murder.*

*Four reports were registered in this case, and to first three of them response was only in the form of issued verbal warnings by the police. After the fourth report, in accordance with the Law on Prevention of Domestic Violence, both urgent measures were imposed and then prolonged, a criminal charge for domestic violence was filed, and he was kept for psychiatric treatment.*

*A hearing of the victim and the perpetrator within the criminal proceeding could not have been conducted because they did not respond to the court subpoena, and when the order was issued for bringing them in, the court found out they had went to Germany together. Nine months after that report, the perpetrator's lawyer informed the court that they would come to Serbia in August 2018, and asked for a new hearing. Both perpetrator and victim came to the hearing – he chose to remain silent and the victim, as institutions claim, did not want to testify and wanted to drop the charges. The eight day after that hearing, the perpetrator murdered the victim.*

*Two months after the murder (and over a year after fourth report of domestic violence was made), basic public prosecutor's office filed the motion to indict to the court, based on the last report of domestic violence, suggesting the penalty of eight months in prison.*

#### 4.4 Femicides Committed After Victims Reported Violence To Institutions In Charge

As already stated, research results showed that in 19 out of 56 cases of femicide there were previous reports of domestic violence.

**Table 3** – *Femicide and number of previous reports to institutions in charge (2017–2018)*

Number of previous reports	CSW	BPPO	Police
One report	12,5%	10,7%	10,7%
Two reports	1,8%	7,1%	7,1%
Three reports	7,1%	3,6%	5,4%
Four and more reports	1,8%	3,6%	7,1%
No reports	75%	75%	66,1%
No data	1,8%	/	/

When it comes to **number of reports to CSW preceding femicide** (Table 3), in more than tenth cases (12,5%) one report was registered, while three reports were registered in 7,1% of cases. In 1,8% cases femicide was preceded by two reports to CSW, and in same percent of cases (1,8%) there were 4 reports prior to femicide. Also for 1,8% of cases there was no data on whether there were previous reports to CSW. In some cases there was only one report, while the largest number of reports per case was four.

**Number of reports to BPPO preceding femicide** (Table 3) was one in every tenth case (10,7%), two in 7,1% of cases, and both three and four reports to BPPO were recorded prior to femicide in 3,6% of cases.

#### 4. Research Results

**Number of reports to police preceding femicide** (Table 3) was one in every tenth case (10,7%), both two and four reports were in 7,1% of cases, while there were three reports to police in 5,4% of cases.

The research tried to determine whether representatives of institutions acted in accordance with the previous provisions of the General and special protocols on proceeding of competent institutions in cases of violence against women and domestic violence, as well as provisions of the newly passed Law on Prevention of Domestic Violence, which prescribed mandatory exchange of information on all reported event of domestic violence between police, center for social welfare and prosecutor's office.

**Table 4 – Femicide and exchange of information between institutions in charge (2017–2018)**

Institution did inform others on reported violence		CSW	BPPD	Police
First report	Yes	53,8%	14,3%	73,7%
	No	30,8%	64,3%	21,3%
	No data	15,4%	21,4%	/
Second report	Yes	50%	12,5%	100%
	No	16,7%	50%	/
	No data	15,4%	37,5%	/
Third report	Yes	40%	/	100%
	No	20%	50%	/
	No data	40%	50%	/
Fourth and following reports	Yes	100%	50%	100%
	No	/	50%	/
	No data	/	/	/

► **Large number of reports of violence preceding femicide**



**Alarming examples from the practice (case 24):**

*It was not possible to determine total number of reports by the victims, since institutions stated she had called police every time the perpetrator (a traffic police officer) was violent or threatened her with violence. According to answers we received, there were no less than six reports.*

*It was also impossible to determine the number of reports resulting only in warnings issued to the perpetrator, and from answers of institutions in charge we could see that a proceeding based on one of the reports was initiated 3 years after the report. Upon one of the reports (probably the last officially registered) the perpetrator was questioned 9 months later, while questioning the victim was scheduled for year and two months after her report (and 4 months after questioning the perpetrator). In the meantime the perpetrator murdered the victim, so she did not live to be heard.*

*Since the perpetrator was a traffic police officer, the victim also addressed Administration of Traffic Police, as well as wrote to Department for the Control of Legality of Work of Police Officers, reporting violence to them too.*

*After the femicide was committed, internal analysis of proceeding was conducted and it was concluded that chief of department and acting police officers have made omissions, and it was therefore recommended that disciplinary proceedings should be undertaken against them because of breach of official duty. Responsibility of public prosecutor in charge and acting deputy prosecutor was not questioned.*

As for the **exchange of information on received reports** between institutions in charge (Table 4), the results indicate the following:

► **First report:**

**CSW** informed other institutions in 53,8% of cases, failed to do so in 30,8% of cases, while there was no for 15,4% of cases.

**BPPO** informed other institutions on the first report in 14,3% cases, omitted to do so in 64,3% of cases, while no data could be found for 21,4% of cases.

**Police** informed others on the first report in 73,7% of cases, while in 21,3% cases failed to do so.

► **Second report:**

**CSW** informed other institutions on second reports in half of cases, while it did not do so in 16,7% cases, while no data existed for 33,3% of cases.

**BPPO** informed others on second reports in 12,5% of cases, failed to inform them in 50% of cases, while there was no such data for 37,5% cases.

**Police** informed others on second reports in all registered cases.

► **Third report:**

**CSW** informed other institutions on third reports in 40% of cases, failed to do so in 20% of cases, and for 40% of cases there were no data.

**BPPO** failed to inform other institutions on third reports in half of cases, while there were no data for the other half.

**Police** informed other institutions on third reports in all recorded cases.

► **Fourth report:**

**CSW** exchanged information on fourth submitted reports in 100% of cases.

**BPPO** informed on fourth reports in half of cases, and failed to do so in other half of cases.

**Police** informed other institutions on fourth reports in all recorded cases.

Data confirm what we often hear from representatives of institutions: that police is the most diligent in informing other institutions, especially centers for social welfare, on each report of violence. However, the research could not make conclusions on the quality of conveyed information, and institutions receiving information often complain of it.



**Excerpt from the *Special report of Protector of Citizens on the Work of Groups for Coordination and Cooperation on the territory of the City of Belgrade*, pg. 58:**

“Center for social welfare gets a lot of information from the police. It includes all the information on police interventions, unfiltered, and when it comes to domestic violence, most important information are often missing – assessment of risk and whether urgent measures were issued or not. That is especially the case with patrol police information, since they sometimes don’t even consult with the police officer in charge, and therefore fail to include important data into their notes from interventions, and then it gets noticed at meetings of group for coordination and cooperation.”



► **Lack of inter-institutional exchange of information**



**Alarming examples from the practice [case 22]:**

*A month before the murder the victim contacted the police. Police claims not to have received the report of violence from the victim, but that she had reported harassment by the perpetrator and his brother. Police responded only with issuing verbal warning, but did not exchange any information with CSW and BPPO. There have been no records of checking whether the perpetrator possessed legal weapons, since a month later he murdered the victim using a legally owned hunting rifle.*

*Remark: Victim and perpetrator were former emotional partners, who did not live together and had no children together, so they are not considered family members according to the Criminal Code of Serbia. But according to the Law on Prevention of Domestic Violence and Family Act, they are considered family members and, therefore, urgent and measures of protection from domestic violence could have been ordered. Perpetrator and his brother could have been criminally charged for some other offense, such as endangerment of safety or stalking. There are no data on initiated disciplinary proceedings against the police officers.*

**Upon the reports received, institutions undertook the following measures under their jurisdiction:**

► **First report:**

Upon the first report **CSW** mostly contacts and talks both to the perpetrator and the victim (if they are willing) and it is usually the only measure undertaken. Other measures in order of frequency are: informing other competent institutions, assessment of risk, and in only one case more comprehensive support was provided, including talk to the victim, providing psychological support to her, assessment of risk and informing BPPO, filing complaints for imposing measures of protection of domestic violence and requesting detention of the perpetrator. In one case victim was accommodated in the safe house.

Responses of **BPPO** upon first reports include the following measures (usually only one of them): making official note stating there was no ground for suspicion that the suspect committed a criminal offence and that charges were being dropped; conducting investigation steps such as questioning perpetrator and victim; in some cases no evidentiary actions were taken, but there were also few cases where motions to indict were filed and perpetrators were found



guilty of domestic violence. Some procedures before prosecutor's office lasted so long that charges were dropped after the death of perpetrators and victims, and in one case measures were undertaken around 3 years after the first received report, and the victim was supposed to be questioned few months after the perpetrator, but the perpetrator murdered her in the meantime so she did not live to be heard.

As for the measures undertaken by the **police**, upon the first received report police officers usually talked to perpetrators and victims, i.e. went to the field, submitted reports to BPPO and informed CSW. In few cases police filed criminal charges (for domestic violence), or motions to initiate misdemeanor proceeding, and there were also cases when, upon making the field visit and talking to perpetrator and victim, police only warned perpetrators and made official notes about it. In only one case was registered that assessment of risk of repeating violence was made.

##### ► Second report:

Upon the second report, **CSW** usually undertook only one measure: filing complaints for protection measures, risk assessment and informing other institutions, and inviting victim to talk to her.

**BPPO** proceedings after the second reports included the following: dropping charges after the death of victim; summoning victim for questioning; filing motion to initiate misdemeanor proceeding; initiating criminal proceedings; and in only one case there was a more comprehensive intervention – initiated criminal charges (perpetrator was later convicted) and ordering measure of protection from domestic violence.

After second reports **police** undertook the following measures: detaining perpetrator and filing misdemeanor charges (article 9, paragraph 2 of the Law on Public Order and Peace – on insulting, committing violence, threats or fights); taking statements from victims and witnesses, forwarding reports to BPPO and CSW; making official notes after consultations with BPPO that there was no elements of a criminal offense; warning the perpetrator; imposing urgent measures; filing criminal charges. Assessment of risk was made in a very small number of cases.

##### ► Third report:

When it comes to actions upon the third report received, **CSW** usually undertook the following: inviting/talking to victim and informing other institutions, while in only one case the assessment of safety risks was made.

Upon the third report, **BPPO** in one case merged all three reports into one, but it was dropped because the victim was murdered; there were cases when BPPO found no elements for criminal charges, while in one case criminal proceeding was initiated and suspect was detained.

**Police** actions upon the third received report included the following: talking to perpetrator and victim, submitting reports to BPPO in charge and informing CSW; making official notes (after consulting BPPO and getting response there was no elements of a criminal offense); filing reports of violations of urgent measures of protection from domestic violence or measures issued in accordance with the Law on Public order and Peace for insults, molestation,



committing violence against others; issuing warning to perpetrator (and victim); filing charges for criminal offense of domestic violence.

► **Fourth report:**

**CSW** after the fourth report responded by informing other institutions, and continuing contacts with the victim, including field visits to her.

**BPPO** implemented the following measures from its jurisdiction after the fourth report: questioning the suspect and assessment that there were no elements for criminal charges.

In case of four or more reports, **police** most frequently pressed criminal charges for domestic violence; apart from that, in several cases the police ordered urgent measures, and in one case initiated disciplinary proceedings against the perpetrator who was an official - a police officer. However, in that case proceeding was evidently late and untimely, since it was impossible to determine how many reports the victim made, because only some of them were registered, and for sure there was more, since the victim gave a statement claiming that she had „notified the police“ every time.

On the other hand, in some cases where police had already previously filed criminal charges for domestic violence, but they were dropped, and then followed new reports of violence (fifth, sixth, seventh), police just informed the prosecutor's office in charge or made official notes, without taking any other measures. In one case the perpetrator was taken to the mental health hospital, where he was shortly kept.

These data obviously show that representatives of the institutions, primarily police and prosecutor's office, did not proceed in accordance with the due diligence standard, and did not use their powers in the way that each new report results in harsher responses of official institutions toward the repeated perpetrators of violence. Even though the Republic Prosecutor's Office did issue mandatory instruction to all the prosecutor's offices in Serbia that proceedings in case of domestic violence must be urgent, data in this research show that urgency is exercised only in dropping criminal charges and informing the police of lacking elements of criminal offenses, but in conducting investigations there were no urgency whatsoever.

Another troublesome fact we learned is that once dropped criminal charges prosecutor's offices did not merge with newly filed reports. They also did not merge several investigative proceedings into one, but they did do so when perpetrator committed first murder and then suicide, in order to be able to drop three criminal charges with one decision. And in none of the cases it was possible to see that persecution filed motion to the court to impose any of the measures prescribed by the Criminal Code Procedure.

### ► **Contradictory information provided by institutions and (non) recognition of violence**



#### **Alarming examples from practice (case 34):**

*In one case, the relevant Center for Social Welfare lists that the first report for domestic violence was submitted to them in 2018, and prior to this, the police had no reports either. The police responded that for this case they received the first domestic violence report in 2016, precisely from the CSW. CSW states that in this case in 2016, they implemented measures from their jurisdiction, by attaining financial welfare payments and assistance "in solving the problem of the perpetrator in relation to the victim, and on regarding his further treatment", which indicates that there is a non-recognition of CSW employees that there are two problems in cases when they have a person who needs treatment, and who at the same time commits violent acts, and that both problems have to be solved concurrently. Victims of violence may have an erroneous presumption, or hope, that the perpetrators will alter their violent behaviors if they undergo treatment, but representatives of institutions should not be gullible in the same manner.*

### ► **Inadequate assessment of risk in the context of dangers of perpetrator keeping in touch with children**



#### **Alarming examples from practice (case 17):**

*In a case which, unfortunately, received a great deal of media attention, a woman was killed while children were with their violent parent with whom they did not live, and these visits took place in controlled conditions, in the premises of the custody authority. The perpetrator was convicted for the first time for domestic violence against the victim seven years before the murder. CSW, the prosecutor's office and court fail to identify the children as witnesses and direct victims of violence (since the perpetrator pushed the woman to the floor and kicked her as she lay there with an eight-month-old baby in her arms). The CSW fails to undertake measures from its jurisdiction to protect children and monitor the family.*

Two years before the murder, the perpetrator was reported for violence against the child, by his wife's mother, since he had kicked the child while on the floor and threw him out of the house to the street in the middle of the night, and the child went barefoot and in pajamas to his grandmother. The brutality of the perpetrator is evident in the requests he had for the child (deprivation of sleep, in the form of compulsion to study during the time intended for rest – four o'clock in the morning, and giving special permissions for playing). It can also be read that the violence lasted for a longer period of time and that the perpetrator was even crueler to the child every time they attempted to protect the mother. It was also learned that the perpetrator had been in the battlefield and had an automatic rifle in his possession (which was with his relatives). He was sentenced to two years in prison, and measures of protection of his wife and children from domestic violence were also ordered (for a period of one year - according to the Family Act).

After the measures have expired, the perpetrator (during prison furloughs on weekends) continues to threaten the victim and to upset her and she informs the police about this. The public prosecutor on duty finds that there are no elements of the offense prosecuted ex officio in the conduct of the perpetrator. As advised by the CSW, the victim once again files a lawsuit to attain measures of protection from domestic violence.

Meanwhile, the perpetrator was released from prison early, due to good behavior, according to the parole granted, and with which the public prosecutor's office agreed. The perpetrator then threatens the victim again, giving her a deadline to resolve property relations and non-verbally threatening death (9 days before protection measures were reintroduced), and she informs the relevant institutions about this. BPPO once again declares that there are no elements of (criminal) offense in the behavior of the perpetrator.

The victim is afraid both for her own safety and that of the children, this is evident from the court decision on imposing protection measures and the findings which the CSW sent in this regard to the court, and it is also evident that there is a continuity of violence, that the perpetrator perpetuates his violent behavior, that he blames the victim and institutions for everything, that he is overwhelmed with anger due to unresolved property relations and that he has no capacity to accept responsibility for his violent behavior (but minimizes and denies it). It is also noted that there is a danger of violence becoming intensified, both in these and in the divorce proceedings.

Protection measures are established for plaintiffs (mother and children: prohibition of approaching them closer than 100 meters, as well as a prohibition of further harassment), while noting at the same time that the measures are valid in all conditions, "except in case when minor children maintain personal contacts with their father".

The enclosed documentation and field visits conducted by the CSW (in the divorce proceedings and giving opinions regarding the custody of children and visitation model) show that the perpetrator was angry with the CSW, that he requested to be allowed to see children, that he then said that he would "do anything to see the children" and that the CSW referred him to a treatment for perpetrators of violence, after which he communicated in a phone call with an employee of this program "that he is not interested in the treatment whatsoever, nor in anything related to this topic".

The conclusion drawn by the expert team, at the request of the court (in the proceedings of entrusting children), states that the observation of children showed the following: "The first child shows ambivalence in terms of seeing the father, but adds he told his father he was afraid of him during visits. In a conversation with the expert team, he demonstrated a desire to see his father. The other child participated directly and it did not want to see the father because it was angry to him. The third child was a few months old when father went to prison, and since contact was interrupted for almost two years, it does not even know the father and has no relationship with him. From the above, it can be concluded that the first child (against whom the violence for which the perpetrator was imprisoned was committed) is ambivalent when it comes to seeing the father, but did not explicitly say this, the second child explicitly said that did not want to see father, while the third child does not have a developed relationship with the father. However, the conclusion further states "that there is a psychological need of children to see their father, in order to build a real relationship and rehabilitate it".

The court appoints the mother as the temporary guardian, and after this, as proposed by CSW, a temporary model is set for the children to see the perpetrator, in controlled conditions, in the premises of CSW and it is also determined that the children are to be brought to these meetings by the victim.

The first encounter takes place with no disturbances, but without the child who declared that it did not want to see their father (and for whom it is evident from the enclosed documents that it did not attend due to a high fever in the middle of summer). During the second meeting, the mother brings all three children, and immediately after making contact, the perpetrator kills his wife (in front of the children), and then flees and commits suicide.

**An internal analysis of the work of CSW after femicide** was implemented in a fifth of the cases (21.4%), and in 73.2% there was no internal analysis of the work, while there were no data for 5.4%.

**An internal analysis of the work of BPPO after femicide** was conducted in 12.5% of cases, in 80.4% of cases there was no internal analysis of the work, while there are no data for 7.1%.

**Internal analysis of police work after femicide** was conducted in almost a quarter of cases (23.2%), in every tenth (10.7%) there was no internal analysis of work, while for 3.6 there are no data. In 62.5% of cases there was no internal analysis.

► **Violation of measures ordered and absence of mechanisms for their monitoring**



**Alarming examples from practice (Cases 44 and 30):**

*In one case, the perpetrator killed the victim while violating the security measures undertaken when he was waiting to go to prison and serve the sentence passed because of violence against her. In the second case, the perpetrator killed the victim in violation of the imposed emergency measures (of which the relevant institutions were previously informed).*

► **Disciplinary responsibility of acting (police) professionals**



**Alarming examples from practice (case 26):**

*A woman was killed during a meeting of the group for coordination and cooperation, during which, among other domestic violence reports, the report she had filed the day before, was reviewed. Criminal proceedings for failure to act according to the law were initiated against a police officer who did not assess the risk in this case, and for these proceedings, the same public prosecutor's office rejected the criminal complaint. Subsequently, disciplinary proceedings were initiated in which he was found guilty, and he was removed from the position of the police officer in charge of domestic violence.*

*This is one of a total of two cases in which there were previous reports of violence to the relevant institutions and in respect of which the institutions have responded that proceedings have been initiated against acting professionals due to the omissions made. This accounts for only a tenth part of the cases in which there have been previous reports of violence to the competent institutions and 3.5% of the total number of institutions that were responsible for handling reports. Proceedings for the omissions were initiated only within the police.*



**Supervision of CSW activities by the ministry** was carried out in slightly more than a dozen cases (12.5%), in 1.8% it was done by the Provincial Secretariat, for 7.1% there is no data, while in 78.6% of cases there was no supervision by these state bodies.

**Monitoring of BPPO activities by the Republic Prosecutor's Office** was implemented in 1.8% of cases, for 7.1 there is no data, while in 91.1 % of cases, there was no monitoring by this state body.

According to the data obtained from the CSW, in 3.6% of cases **the protector of citizens requested information from the CSW after femicides were committed**, in the same number of cases (3.6%) it was done by the Provincial Protector of Citizens, in 8.9% of cases there is no data on this, while in 83.9% of cases it was not done.

According to data obtained from the police, in 3.6% of cases, **the protector of citizens requested information from the police after femicides were committed**, in 1.8% of cases it was done by the provincial protector of citizens, in 7.1% of cases there is no data on this, while in 87.5% of cases it was not done.

Due to the fact that institutions that should supervise the actions of professionals in charge of providing protection to victims do not do this, and that, as the data shows, even when they do so, they do it in less than a quarter of the cases, the Autonomous Women's Center has begun in 2010 to file complaints to the protector of citizens. Supervision procedures conducted before the protector of citizens have resulted in publicly disclosed findings and recommendations to institutions to improve their work and to introduce mandatory procedures. In his recommendations, the Protector of Citizens also addressed the Republic Public Prosecutor's Office and the Supreme Court of Serbia in order to point out the problems that were observed, bearing in mind that the Protector of Citizens has no authority over the work of courts and prosecutors' offices.

#### 4.5 Femicides in cases where victims or family members were registered in the records of institutions in some capacity or need

In just over a third of cases (39.2%), families or **family members were on CSW records** on some other ground (not based on domestic violence), and in 59% of cases they were not, while for 1.8% of cases there are no data on this.

The reasons because of which the victim or one of the family members was on the CSW record are as follows:

- as a **beneficiary of material assistance** (monetary assistance and benefits);
- **on several grounds**, family members or victim (juvenile delinquency, divorce, temporary custody, loss of business capacity, treatment for alcoholism, material assistance, etc.);
- **divorce and entrustment of a child**;
- **juvenile delinquency**;
- **deprivation of parental rights**;
- **provision of gerontological accommodation**.

The records usually listed victims and perpetrators, while in some cases sons of victims and perpetrators, mothers of victims or the entire family were recorded as beneficiaries.

The time period in which the victim or one of the family members was on the CSW record ranges from 28 years (where a family was on the CSW record on several grounds) to a year prior to the murder.

For those cases of femicide perpetrated in the period when the Law on the Prevention of Domestic Violence was already in force (as of 1 June 2017), out of a total of eight cases, **urgent measures** of protection against domestic violence introduced by this Law were imposed in three of these cases. If no other measures have been taken, this means that in five cases the competent police officer has not found that there is a risk of a recurrence of violence in these reports, i.e. of more serious consequences and murder. On the other hand, the fact that in three high-risk cases the easiest measures were imposed in order to protect victims – emergency measures, and in five cases not even that, speaks to a serious lack of recognition of high-risk factors by the police and the prosecution.

When it comes to **developing individual protection and support plan** (provided for by the aforementioned law), the following was done: in six cases, there was no information on whether the plan was developed; in one case, a plan was developed and it included a field visit and empowerment of the victim (more detailed measures and deadlines were not defined), while in one case, there was no development of a plan because the police assessed that there was no high risk of recurrence of violence. Although the Law on the Prevention of Domestic Violence stipulates that each reported event of violence, regardless of whether an urgent measure has been imposed or not, has to be considered at the next meeting of the group for coordination and cooperation, as well as that for each considered case the risk is reassessed, and then the development of an individual protection and support plan ensues, these data show that this is not done in practice and that groups do not consider all reported cases of domestic violence.

In the context of protection against violence, various types of measures were imposed in six (out of a total of nineteen) cases in which femicides were preceded by reports to the competent institutions: in three cases urgent measures provided for by the Law on the Prevention of Domestic Violence, in one case security measures under the Criminal Code, in one case security measures provided for by the Law on the Prevention of Domestic Violence, while in one case security measures provided for by the Criminal Code and protection measures from domestic violence provided for by the Law on the Prevention of Domestic Violence were also specified.

#### ► **Treating an act as domestic violence resulting in serious injury, instead of domestic violence resulting in death or murder**



##### **Alarming examples from practice [case 35]:**

*In one case, the perpetrator who had been convicted and returned from serving a six-month prison sentence for domestic violence against the victim repeated the act several days later by beating the victim together with his brother. The woman died after a while, and the perpetrators informed the local health center that the victim had died and requested a certificate that she had died by natural causes. The health workers who went out on the spot found the victim with a cream on her face, which the perpetrators used to try to cover up the bruises they inflicted on her when they beat her. An autopsy was ordered and a witness hearing was conducted. The expert who performed the autopsy stated that one part of the injuries was caused by the violence that the victim suffered from perpetrators, but that neither the origin nor the time of occurrence can be determined for another part of the injuries.*

*The documentation provided by the competent CSW when releasing the woman from a safe house, to be cared for by a second convict, and based on field visits, states the following: "It has been observed that the son takes care of her, she has regular meals, regularly takes medications, feels good, fully capable of taking care of herself, safe".*

*Since witnesses in the proceedings also stated that the victim frequently fell due to age and illness, that it was not possible to determine with precision the extent to which the violence committed contributed to the victim's death and that the expert stated that the victim's death occurred as a result of the cessation of work of the heart muscle (due to age and illness), the perpetrators were convicted only for an act of domestic violence that resulted in a serious injury to a family member, and not for a crime of domestic violence that resulted in the victim's death.*



*Note:*

The data collection in this case took over three years, and due to the refusal to provide the requested information (the case file consists of a total of 33 documents), a total of 9 requests for information of public importance were submitted, and 3 complaints were filed against the authorities involved in the proceedings. The process of data collection lasted longer than the time the perpetrators spent in prison after the act was committed (since one was sentenced to two years and the other to six months in prison), and they are already at large.

## 5. DISCUSSION OF RESULTS AND CONCLUSIONS

### 5.1 Information on victim and perpetrator of femicide

Regarding demographic data on the victim and perpetrator, it is important to note that it is not possible to collect a large part of these data from the records of the competent institutions, and the conclusions and their comparisons are limited. In order to overcome these limitations, one part of the data was collected from the media, and by combining the data from the institutions and data from the media, a more complete picture was obtained.

Although women of all ages may be victims, the analyzed data showed that women between 46 and 55 years of age are at greatest risk, and this was confirmed by a study that included a three-year period in which more than one half of the murdered women were of the same age (Lacmanović, 2021: 34). Similar results are shown by results from the 10-year report on femicide in the UK, where one in five women was between 46 and 55 years of age (Long et al., 2020: 58). In relation to the marital status, the risk has been shown to be highest for the women who are married, while there are almost no data on the education and employment of the victim, which is confirmed by another recent analysis on femicide in Serbia (Konstantinović Vilić, Petrušić and Beker, 2019: 159–168).

When it comes to the age of the perpetrator, it has been established that the perpetrators can be all men regardless of age, but the greatest risk is from those between 46 and 55 years of age, which has been confirmed by other studies (Lacmanović, 2021: 34). Almost every fifth perpetrator is in this age category, as shown by the results of the 10-year report on femicide in the UK (Long et al., 2020: 75). In terms of marital status, when it comes to perpetrators, it has been shown that the greatest risk comes from those who are married, while for the largest number there are no data on education and employment, as is the case with victims, which was also confirmed in the results of other analyses on femicide in Serbia (Konstantinović Vilić, Petrušić and Beker, 2019: 143-159).

## 5.2. Data on femicide

**In addition to 56 women, perpetrators killed six persons and wounded four**, indicating the seriousness and gravity of this crime against women. In three cases, the oppressors killed their sons, the youngest of whom was 5 years old, and in addition to them, one mother-in-law, one brother-in-law and one neighbor of the perpetrator and the victim were also killed. Among the four wounded persons, the youngest was the daughter of one perpetrator and victim, a year old, and in addition to her, one daughter-in-law, one mother and one daughter of a murdered woman were also wounded. Every other perpetrator committed suicide after killing the victim, or tried to.

The findings of the cases analyzed show that the **most common relation between the perpetrator and the victim was spousal** (in almost every second case). **Most of the victims were killed in the space they shared with the oppressor** (almost every third), which indicates that the home as a safe place for women is as stereotype, while the number of those killed elsewhere, most often in public spaces, is also significant, showing that the danger of violence against women and death poses a threat to the safety of the entire community.

**The most commonly used weapon, in almost one half of the cases, is a knife**, which correlates with the fact that a major number of victims was killed in a private space shared with the perpetrator, and suggests that men kill women with what they first find at hand. Almost identical statistics, in which one half of the women were killed by a sharp object are also shown in a ten-year analysis of femicide in the UK. It is noted in it that during the prosecution of violent acts (committed by young people or gangs), committed in public space, the use of a knife qualifies as a circumstance that may contribute to a more severe conviction (since a knife is defined as an object the purpose of which is serious injury or damage), while for the murders of women in private space this concept is not applied. In this way, half of the cases of women's murders by men, which most often occur in private space, are more leniently punished in comparison to the same acts committed in public space, outside the family-partnership context (Long et al., 2020: 37). In the Republic of Serbia, the Law on Weapons and Ammunition includes the following items as cold weapons: "boxer, dagger, kama, saber, bayonet and other objects of which the main purpose is an attack (Article 3, item 14 of the Law on Arms and Ammunition)". Wearing of these is prohibited in public space (Article 26, paragraph 1), and for a natural person who violates this prohibition, a penalty of RSD 20,000 to 150,000 may be imposed, or a prison sentence of up to 60 days (Article 48, item 4). Despite the fact that exceptionally large number of murders of women are committed with a knife and sharp objects (such as an axe), their possession in a household is not regulated by law, nor are they treated as cold weapons, since their basic purpose is not assault.

In the context of armed conflicts and the militarization of the region in the past, during the wars fought in the 1990s in these areas, it is also important to point out that **more than a quarter of the analyzed cases of femicide were committed with firearms**. This datum correlates with data from other studies that show that five of the six deadliest massacres that have occurred in Serbia since 2000 are a direct result of the abuse of firearms in the context of domestic violence, or have involved a murder of a family member, i.e. former/current partner (Božanić, 2016: 29). It also correlates with the datum that in Serbia, in the last ten years, there have been three cases of femicide followed by mass killings (in Velika Ivanca, Kanjiza and Zitiste), and that in all three of them, firearms were used (Lacmanović, 2020b: 63).

A little more than one third of femicides was committed **with weapons in legal possession**, which raises the issue of adequate control over the licensing and storage of firearms by natural persons. The danger of legally owned weapons is best demonstrated by the fact that according to the latest research, there are 618,061 firearms in the legal possession of natural persons, and 23,539 are in the possession of private legal entities (Božanić, Naidoo, 2019: 21). Every fourth piece of firearms was in illegal possession, and there are no reliable estimates on the prevalence of illegal weapons, which creates additional concern since research shows that illegal weapons left over from war conflicts are used even today to commit violence against women (OSCE, 2019: 43). In addition, there are no developed procedures for detecting illegally owned weapons, and recommendations have been made that these procedures should be developed (Lacmanović, 2021: 57). Two cases in which the competent institutions did not provide an answer to the question of the legality of the firearm used to commit femicide (supplementing the data with information collected from the media) raise additional questions: one is the question of adequate mandatory risk assessment and the temporary confiscation of hunting firearms to persons suspected of domestic violence (since they were not confiscated from a person reported for violence who carried out femicide with the same weapon one month after reporting), and the other is the question of access control and safekeeping of official weapons for members of the security forces (since in one case the femicide was carried out by a police officer who used his official weapon for this).

### 5.3 Previous reports of violence and institutional responses to reports received

The competent institutions in the system of protection of women from violence were in contact with almost every other victim – one third approached them for help and protection against violence in family and in partner context, while in a dozen more cases the victim or one of her family members was on CSW records for some reason. Although these data are worrying – because almost half of the cases could have been prevented – at the same time it indicates that we can

have control over a large number of cases, and that timely and adequate assessments and institutional response can make a good contribution to the containment and prevention of femicide. It is important to note that some institutions stated that there were no previous charges against the perpetrator, while the attached verdicts showed that the perpetrator had a history of criminal behavior, and it is possible that the number of victims and perpetrators with whom the competent institutions interacted was higher than established.

Often this crime against women is described that no one could have foreseen", and this is refuted by data on previous reports of violence to the competent institutions, which show that the period of time that elapsed from the first address to the competent institutions to the murder is on average almost four years (3.8 years). In one case, the violence lasted 14 years before the murder, with occasional escalations, while in the other it lasted 28 years (more than a decade before the establishment of the crime of domestic violence), but for years it was neither reported nor recorded, although the competent institutions had knowledge of it and interacted with the perpetrator and the victim. The argument that this crime cannot be predicted, and thus prevented, is also refuted by the data that (in cases where there were previous reports of violence) institutions had on average 6 contacts with the victim, that the last contact between the institutions and that the largest number of them was on the records of all three institutions.

## ■ Police

Police is the **first institution to which victims turn; it records the largest number of reports** (twice as many in relation to PPO and CSW), acts quickly and undertakes measures within its competence, which indicates that it enjoys the highest degree of trust on the part of victims and/or largely recognizes and records reports of violence against women, as well as the importance of this authority for safety reasons and measures that it has at its disposal. One earlier research showed that assessments of the satisfaction and relevance of police interventions by women who experienced violence varied along a wide spectrum, and that positive evaluations were most often related to obtaining useful services, i.e. the services that women expected (Ignjatović, 2011: 75). The police points out that domestic violence is one of the most frequently reported criminal offenses, and in their self-assessment of progress in the field of recognizing and reacting to violence by the police, they see the fact that the number of reports of domestic violence filed with the police has increased in the last six to seven years (Ignjatović, Pavlović Babić and Lukić, 2015: 82).

**In a major number of cases, the police state that they exchanged information with other institutions** (consulted the competent BPPO and informed the CSW). The exchange of information is also conditioned by the system established in terms of the fact that the police are obliged to address the BPPO in order to qualify the act and take measures in rela-

tion to it, but the police (as stated in submitted responses) for the most part respects the obligation to inform the competent CSW. It could be said that there is progress in the exchange of information with other services, since the results of previous analyses showed that the police did not in all cases inform CSW and health institutions about the received reports and measures undertaken (Protector of Citizens, 2016: 1), and that the exchange of data was previously identified as one of the key problems in the conduct of professionals (Lukić, 2016: 10). Although the police mostly exchange information with other institutions, the findings of a recent research show that the police is not very satisfied with the cooperation with other institutions, since this cooperation was rated highest only by every third police officer who participated in the research, which is the smallest percentage compared to the surveyed representatives of other institutions (Petrušić, Žunić and Vilić, 2019: 15).

**The (complete) absence of a (timely) assessment of security risks is noticeable**, although the Law on the Prevention of Domestic Violence and the Special Protocol on Proceeding of Police Officers in Cases of Domestic and Intimate-Partnership Violence Against establishes the obligation of police officers. *The Sixth Independent Report on the Implementation of the Law on the Prevention of Domestic Violence* refers to the absence of a safety risk assessment by the police, which states that almost every fourth reported case remained without a risk assessment, and possibly without informing the competent police officer (Ignjatović, 2018: 3). The absence of a safety risk assessment was also recorded in subsequent reports and other analyses (Ignjatović, 2020: 14; Protector of Citizens, 2020: 28).

In a significant number of cases in which a safety risk assessment has been carried out, it is questionable whether it was adequate, i.e. whether it was precisely established that there is no risk of imminent domestic violence, having in mind the intensity and duration of the violence, whether the victim left the perpetrator or not, alcohol abuse, previous criminal convictions, mental illness of the perpetrator and other indicators that could point to a high risk of a fatal outcome of violence. The history of violence, alcohol abuse and mental illness have also been recognized in the professional literature as more frequent risks in cases of severe violence and murders of women, and have been identified in seven out of ten oppressors (Ignjatović, Ileš, 2016: 37). The problem of erroneous risk assessment was also identified by the protector of citizens, and their findings show that in a large number of analyzed cases it was established that the risk was low, that there was no risk, or that it was an incident, although other information stated in police records does not point to this conclusion (Protector of citizens, 2016: 1; 2020: 28). The problem of inadequate risk assessment for preventing violence against women and girls, including femicide, lack of timely issuance and efficient implementation of emergency protection orders was also pointed out by the CEDAW Committee (*Committee on the Elimination of Discrimination against Women*) and issued recommendations to Serbia for their resolution (CEDAW: 2019: 7). As an example of good practice and an opportunity to rectify the wrong estimate, a re-examination of the case at the Coordination and Cooperation Group is highlighted, which opens the possibility to review the assessment previously made by the police officer and correct the potential error (Protector of citizens, 2020: 29).



In addition to work overload, which was highlighted as the primary obstacle for all the institutions, 43% of respondents from the police highlighted poor legal solutions and complicated procedures as the second key obstacle in the work of institutions on preventing domestic violence and violence against women (Petrusic, Žunić and Vilić, 2019: 13–14). It is possible that this overload and lack of understanding of legal procedures resulted in an erroneous **assessment of risks and implementations of measures that were insufficient to stop high-risk violence and prevent lethal outcomes in some of the cases analyzed**. The most obvious example is the police response, which, in a certain number of cases, was reduced to warning the perpetrator or conducting interviews with the perpetrator and the victim, and making official notes. This is particularly noticeable in cases where the victim has given up on testifying and initiating proceedings, as well as in situations where violence has been treated as an incident, quarrel, partner conflict, family or marital problem.

In the CEDAW Committee's concluding observations on the second and third periodic reports of Serbia, it is pointed out that there is a disparity between the number of police interventions, the number of criminal charges filed and the number of persons convicted of domestic violence against women (CEDAW, 2013: 6). Opinions such as "a slap or a push is not violence" have already been mapped as indicators of underdeveloped sensitivity in relation to the phenomenon of violence and factors that significantly influence the (non-)prosecution of cases (Ignjatović, Pavlović Babić and Lukić, 2015: 81). The findings of previous researches that show that the number of criminal charges that the police submit to the prosecutor is ten times lower than the number of cases they receive, and that at least three quarters of reported cases of domestic violence end with a warning by the police (AHR & AWC, 2017: 6), are also alarming.

In the context of safety risk assessment, it is evident that a better control and prevention of abuse of legally owned firearms is necessary. The most recent research also shows that the representatives of the institutions have a unified stance on the need for more efficient and effective control, i.e. supervision of behavior of persons who have a permit to have and carry weapons, and that it is necessary to tighten the conditions and implement more detailed checks on the eligibility of persons for having weapons, especially hunting weapons – because anyone who pays membership fees can get these (Konstantinovic Vilić, Petrušić, Žunić and Beker, 2021: 190-191). In addition to the existing measures (such as legalization), it is necessary to devise new and innovative solutions to more effectively address the abuse of firearms in illegal possession (Božanić, 2016: 57). Procedures for detecting illegal weapons are also lacking, as well as a better control of access to official firearms (Lacmanović, 2021: 57).

The analysis of reports that preceded femicides also showed that it was not always checked whether the person reported for domestic violence had firearms (although this is a legally established procedure that the acting police officers are obliged to implement). Failure to check whether a person suspected of violence possesses weapons and their confiscation was identified as a failure in earlier analyses (Protector of Citizens, 2016: 1), while the last report points out that certain risks (such as possession of weapons) were not taken into account in a valid manner (Protector of Citizens, 2020: 45).



In a significant number of cases, the feedback the police got from the BPPO was that there were no elements of the offense to be prosecuted ex officio, followed by the dismissal of criminal charges filed by the police. These findings raise the following questions: **has sufficient data been collected, how did the police officers present the violent events reported to them during the consultation with the public prosecutor on duty, and how did this affect the decision of the BPPO?** In earlier research, the police pointed out poor communication between different services and lack of feedback as deficiencies (Ignjatović, Pavlović Babić and Lukić, 2015), which should have been overcome by the entry into force of the Law on Prevention of Domestic Violence, which establishes groups for coordination and cooperation in which professionals from the police, BPPO and CSW have to work together on cases.

► **Example of good practice (mapped in cases analyzed):**

*The police managed to expose and initiate proceedings for sanctioning the perpetrator who used manipulation and wanted to accuse the victim and son of committing violence against him, while in fact it was the other way around – he abused the victim and son under the influence of alcohol.*



In the sample analyzed, cases were recorded in which perpetrators killed victims while violating the measures imposed, and it has once again raised **the issue of the lack of system for monitoring the implementation of measures**. When it comes to emergency measures, the latest findings show that their violation was prosecuted in only 5.5% of cases at the level of Belgrade, while this percentage for the Republic of Serbia ranges from 9 to 12%. In the city of Belgrade, cases were recorded in which misdemeanor court judges did not impose prison sentences when emergency measures were violated (Protector of Citizens, 2020: 35).

Responses on the conduct of internal analysis after a femicide has been committed show that the competent institutions are not ready to re-examine their own actions upon receiving reports, but **it is evident that the police was the most willing to consider whether there were omissions in the actions of police officers**, evidenced by the finding that in each fourth case an internal analysis of the actions of police officers on the submitted reports was conducted (which is double when compared to BPPO and approximately 5% more in comparison with CSW). And data on identified failures in the conduct of professionals show that **the police in several cases initiated disciplinary proceedings against police officers who were found to have committed a violation of official duty**, or was planning to initiate such proceedings. Identified police failures in the cases of femicide and requirements for implementation of disciplinary measures against those responsible for them are also evidenced by the data of other women's organizations (AHR & AWC, 2017: 119).

## ■ Basic Public Prosecutor's Office

The data collected show that **the BPPO exchanges a minimum of information on reported violence with other competent institutions**. BPPO received half the number of reports received by the police, and only slightly more reports than CSW. The BPPO believes that it is more willing to cooperate with other institutions in solving the problem of domestic violence, than other institutions are willing to cooperate with the BPPO in finding a solution for the same problem, according to the results of an earlier survey. Namely, 44% of respondents rated their own willingness to cooperate with other institutions in solving the problem of domestic violence with the highest score (on a scale of 1 to 5), while almost a third (31%) of respondents rated the highest score for the willingness of other institutions to cooperate with the BPPO (Petrušić, Žunić and Vilić, 2019: 15–16).

The number of reports for which the BPPO has asked of other institutions to obtain additional necessary information is minor, and **the stance of persons on duty in the BPPO who stated that there were no elements of a crime prosecuted ex officio is exceptionally alarming, even for reports for which it could have been later established that they included death threats, physical violence, history of violence** committed by the perpetrator, mental illness of **the perpetrator and other indicators that could point out that there was a high risk of a fatal outcome of violence**. It should be noted here that it is not possible to determine from the responses of the competent institutions how the police officers transmitted the information on the reported event and the estimated risk (i.e. whether they found the presence of high risk indicators of the fatal outcome of violence and reported it to the on-call prosecutor), which could have impacted the decision of the on-call prosecutor during a phone consultation. It is also alarming that in some of the cases analyzed, the instruction to the police to file a criminal complaint was given only after several reports of violence against the same person.

Previous practice shows that, despite quality police reports, BPPO sometimes neglects the elements of a criminal offense, and that it is unlikely that BPPO will qualify an action as a criminal offense if there are no serious injuries or repeated violence, that there were cases in which violence was first reported, and BPPO treated it as an isolated incident, and the case ended with a misdemeanor proceedings instead of criminal ones, and some repeated acts of violence went unnoticed, especially when those in charge in the BPPO lack police reports or information on the history of violence (AHR & AWC, 2017: 46). The necessity of the specialization of prosecutors for domestic violence is mapped as a key factor that would contribute to the improvement of the system of protection of women from violence (AHR & AWC, 2017: 45), which is considered partially achieved by the adoption of the Law on the Prevention of Domestic Violence, which provides for the specialization of prosecutors. This is in accordance with the highest standards in the field of preventing and combating violence against women prescribed by the Council of Europe Convention on preventing and combating violence against women and domestic violence (Drobnjak, Macanović, Ignjatović: 2017: 10).

In some cases, the BPPO did not specify the exact dates of the reports, but only indicated in which year the reports were received, or responded only generally that they had received reports of domestic violence. In these cases, it was not possible to determine how much time elapsed from the moment of receipt of the report by the BPPO until the moment when the BPPO undertook a particular action on the case. By comparing the dates of these reports with the reports for the same cases from other institutions, it can be concluded that this **was untimely conduct of the BPPO**, because in some cases several reports were merged into one and dismissed after the murder of the victim. It is disturbing that for one of the reports, the BPPO launched the proceedings, i.e. initiated investigative actions three years after the victim had filed the report (and the perpetrator was a member of the police). In previous investigations, the prosecutors themselves recognized that the procedures before this body were lengthy, but they explained this by the interdependence from courts that were also slow and overloaded with a large number of cases (Ignjatović, Pavlović Babić and Lukić, 2015: 138). An illustrative example of overload is the fact that 6 prosecutors were in charge of 1,600 court investigations, as well as data on the lack of personnel, premises and financial resources (AHR & AWC, 2017: 44). In a more recent survey, job overload was also cited by 81% of prosecution representatives as a key obstacle in working on prevention of domestic violence and violence against women (Petrušić, Žunić and Vilić, 2019: 13).

**It is noticeable that the initiation of proceedings is still conditioned by the victim's testimony:** often the victims are explicitly asked to testify, and if they declare that they do not want to testify, or if they use the right not to testify, and do not join the criminal prosecution of the suspect, the reports are dismissed and the proceedings are suspended – and this in turn often ends the activities of the competent institutions aimed at victim protection (regardless of the estimated degree of risk of immediate danger of domestic violence). When deciding whether or not to initiate proceedings and which proceedings to launch, prosecutors are guided by the "state of evidence", of which the victim's testimony has great significance, since violence usually occurs within four walls and without the presence of other persons. However, the BPPO may also use other evidence, such as: eyewitness testimony, medical records, material evidence (torn clothes, broken dishes, furniture), reports of police and CSW.

In previous analyses, the victim's recantation from testifying has been mapped as the greatest obstacle to further processing of cases; if the victim gives up, and the perpetrator defends himself with silence, the charge is dismissed, and according to the prosecutors' assessment, approximately one half of the cases reported to them ends this way (Ignjatović, Pavlović Babić and Lukić, 2015: 130). If the prosecutor has sufficient sensibility and knowledge of the phenomenon of violence, they may initiate criminal proceedings upon a report for which he determines a high risk of a fatal outcome of violence, and for which he determines that there are elements of a criminal offense. Also, they can use other evidence that can prove the perpetrator's guilt (e.g. by issuing a warrant to examine and photograph the victim's injuries', even against their will – the so-called investigation of person (Article 134, paragraph 2. Of the Criminal Procedure Act)).

**Example of good practice (mapped in cases analyzed):**

*Despite the refusal of the victim to testify, the acting deputy prosecutor used all possibilities within her competence, and initiated the appointment of a collision guardian for a minor child in order to convict the perpetrator, and provide timely protection and support to the victim and children.*



Past practice also shows that prosecutors can and have managed to convict perpetrators without the victim's testimony, using other evidence. Yet, the problem is that examples of good practice are lost when individuals who conduct their work in a professional manner go to another workplace or retire, which suggests that there are examples of good practice by certain individuals, but there is no system (AHR & AWC, 2017: 45).

**The number of developed individual protection and support plans is alarmingly small** (according to the reports that ensued after the entry into force of the Law on the Prevention of Domestic Violence). The individual protection and support plan was developed in only one case (out of a total of eight reported after the entry into force of this law), and it contains very meager and scarce data, which suggests that insufficient attention has been paid to planning measures aimed at ensuring the safety of the victim and stopping violence on the one hand, and providing support to the victim for recovery and independence on the other hand. A small number of cases in which individual protection and support plans have been developed when compared to the number of cases of domestic violence considered in the coordination and cooperation groups – according also to the independent reports of the<sup>4</sup> Autonomous Women's Center on the implementation of the Law on the Prevention of Domestic Violence; initially this was in every fifth case (Ignjatović, 2017), while their number gradually increased. In 2020, a third of the identified victims were left without an individual protection plan, while their number fell by half compared to the same period of the previous year, which may be related to epidemic measures, i.e. a changed way of operating during the state of emergency and emergency situation (Ignjatović, 2021a). The most recent research on the implementation of the Law on the Prevention of Domestic Violence in the City of Belgrade shows that the number of individual plans developed varies from group to group and that it is not possible to determine precisely, and decisions on whether an individual plan is prepared in each individually considered case differs and depends mostly on the assessment of the group: sometimes, the plan is prepared for each newly reported

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<sup>4</sup> All independent reports on the implementation of the Domestic Violence Prevention Act are available via the following link: <https://www.womenngo.org.rs/resurs-centar>.

case of violence, sometimes only for cases with a medium and high risk of imminent danger of domestic violence, while a smaller number of groups develops a plan only when there is an assessment of a high risk of violence. (Protector of Citizens, 2020: 16; 43).

It was observed that in the responses in individual cases, the competent BPPO reported that the perpetrator had not been sentenced previously, while judgments for the same cases show that perpetrators were penalized on several occasions. The reason for this often lies in the fact that records of previous convictions were not available to the on-call police service 24 hours a day, but only on weekdays, during working hours, and per request of the special service of the Ministry of the Interior, in charge of maintaining these records.

Responses on the implementation of internal analysis after femicides show that, **when it comes to institutions which actions have been analyzed, the BPPO is least prepared to re-examine its own conduct on the reports received**, and it was done in just over a dozen cases (half less than the police, and approximately 9% less compared to the CSW). In the context of assessing the effectiveness of their own work, earlier research (of which one part of the findings may still be relevant) shows that BPPO in some cases used the existence of objective obstacles as a justification for non-doing. Also, they occasionally decided to initiate proceedings without strong enough evidence, which therefore resulted in acquittals, and the institution losing its reputation. In addition, research has found that the slowness of the judiciary also bears one part of responsibility, which was then reflected in the work of the BPPO itself (Ignjatović, Pavlović Babić and Lukić, 2015: 138–139).

### ■ Center for Social Welfare

**The lowest number of reports is recorded in the CSW records**, which raises the following questions: whether this institution is sufficiently recognized as one to which violence can be reported, how professionals employed in this institution recognize and record domestic violence, and whether this institution is perceived as the primary one in safety matters. We can look for answers to these questions in the findings of previous surveys. One of them shows that there is a discrepancy between the number of cases perceived as domestic violence and the number established during the case manager's work on the case. This discrepancy exists due to the tendency to keep cases that are not reported to the prosecutor's office and that do not have a court epilogue as "disturbed family relations", thus reducing the number of recorded cases of domestic violence (Ignjatović, Pavlović Babić, Lukić, 2015: 99). In a recent survey, 73% of CSW representatives cited work overload as the key obstacle in working to prevent domestic violence and violence against women (Petrušić, Žunić and Vilić, 2019: 13).



**In almost every second case, the CSW did not report the reported violence** (including the information on risk indicators) to **other competent institutions** in the system of protection against violence. The practice of a lack of exchanges and informing other institutions in the system of protection against violence has been recorded before (Protector of Citizens, 2016: 2). Every third surveyed CSW representative considers the lack of cooperation and poor communication between institutions as a key obstacle to effective work on cases of domestic violence (Petrušić, Žunić and Vilić, 2019: 14). On the other hand, CSW employees often complain that they do not receive reports from other institutions, so they collect information from victims, or they receive solutions/decisions only sporadically, rather than in a systematic manner (Ignjatović, Pavlović Babić and Lukić, 2015: 107). It also happens that the CSW does not have information on the status and outcomes of court proceedings (when the prosecution rejects the criminal complaint or withdraws from prosecution, or if the victim withdraws from participation in the proceedings, there is no obligation of the court in criminal proceedings to deliver verdicts in cases of domestic violence and other related criminal offenses), as well as feedback on whether the work on the case has been suspended, or on what happens when the proceedings last for a long time (Protector of Citizens, 2020: 58).

**In some cases, despite years of interaction with the victim and/or family members, the CSW did not recognize and record domestic violence**, and acted only when it received reports from other competent institutions, or when the victim or a family member (explicitly) reported violence to the CSW. It was also noted that in certain cases the professionals from the CSW in charge (before the entry into force of the Law on Prevention of Domestic Violence) treated violence as a family problem/conflict, as well as that different employees of the same CSW treated violence differently (while one employee recognizes that violence is involved, the other reports in the response sent to the Autonomous Women's Center that it was a family problem). The practice that after learning or suspecting domestic violence, CSW, even after knowing violence is a repeat occurrence, does not take measures to protect the victim was also recorded in earlier analyses (Protector of Citizens, 2016: 2). Reasons for failure to act may be sought in the findings that some social workers have deep-rooted harmful attitudes such as the belief that "family should be preserved at all costs", or that they condemn victims (AHR & AWC, 2017: 99), which may result in a lack of support for the victim and failure to record and prosecute the case. In the first report of the GREVIO Committee (*Group of Experts on Action against Violence against Women and Domestic Violence*) on monitoring the implementation of the Istanbul Convention in the Republic of Serbia, it was pointed out that many interventions of the social protection system are gender neutral and do not sufficiently recognize the gender dimension of violence, and it is recommended to provide adequate trainings addressing these topics for representatives of the social protection system (GREVIO, 2020: 32).

In cases where the victim, perpetrator or one of family members was on the CSW record (only) for some other reason, the question arises whether the acting professionals could have suspected or detected domestic violence, i.e. **whether**

**acting professionals in the social protection system were trained to detect and recognize domestic violence during interactions with users of various social protection services.** The question of how to identify the victims of domestic violence within the CSW, as well as the necessity to link social exclusion, poverty and violence suffered by women, have already been mapped in earlier surveys. On one hand, poverty contributes to the occurrence and continuity of violence, while on the other hand it can be a consequence of violence; therefore, it has been established that it is necessary to create support and assistance measures such as social housing, material assistance, provision of alimony (Lukić, 2016: 7). Economic dependence is one of the reasons why women do not leave violent relationships, since women who leave shelters often lack financial resources and have no place to live, and are forced to return to the oppressor (AHR & AWC, 2017: 102–103). Poverty and economic risks to which women who survive violence are exposed to are also evidenced by data from the most recent survey, which showed that two thirds of respondents do not have a settled housing issue (Lacmanović, Nestorov, 2021: 8). The law provides for various forms of financial support for the purpose of social inclusion, and in some municipalities this need has been recognized and financial social assistance for victims of violence has been established (Lacmanović, 2020a: 27).

### ▶ **Example of good practice [mapped in cases analyzed]:**

*The acting CSW employee, during a field visit in the process of obtaining financial social assistance, learned about the repeated violence against the victim (because she had previously reported domestic violence to the CSW), and initiated the necessary procedures in order to stop and sanction the violence, and to provide protection and support to the victim.*



It is noticeable that **in the measures taken by CSW, counseling work is by far the most prevalent** (conversation with the victim, and during the first intervention with the perpetrator), and as the number of reports go up, counseling work is increasingly represented among the measures implemented. It is not possible to determine the extent to which social work centers have initiated ex officio the procedure for imposing measures for protection against domestic violence (but this practice was also present among the cases analyzed), and earlier research has shown that this practice varies in different towns (AHR & AWC, 2017: 105). Since in only one case CSW provided a more detailed documentation on the case, it is not possible to determine precisely to what extent CSW was helpful in obtaining the necessary evidence, nor about the contents and quality of the findings and opinions they submitted for the cases in question, nor how this affected the court's decisions. It has been shown that judges usually follow CSW opinions on the gravity of the situation and on what measures should be imposed, but CSW sometimes takes a long time to collect information from other institutions, which may result in the victim remaining unprotected for a longer period of time (AHR & AWC, 2017: 105).



Cases were recorded in which **CSW (as a guardianship authority) failed to recognize and record children as victims of violence (both where they were directly exposed to violence and where they witnessed violence** against their mothers), and **to undertake appropriate measures within its competence to protect them**. Particularly alarming is the practice of insisting on establishing contact between abusive parents and children (the most drastic example is a parent who has been directly abusive towards a child and has been convicted for it). In this way, conduct in the best interest of children is questionable, and the danger of violence towards children and the victim intensifying or escalating during contact with children is ignored. Growing up in a violent family environment has very negative implications for the child's physical, emotional and social development, as well as for later behavior in adulthood; since exposure to childhood violence, whether through abuse and/or witnessing partner violence, is a risk factor for vulnerability to victimization, for committing violence in adulthood, or for behavioral, physical or mental health problems<sup>5</sup>.

In the sample analyzed, two women and one child were killed in the context of establishing contact of the violent parent with children, which indicates how important it is to assess risks and to bear in mind that violence can intensify, or escalate, or continue through children. In the case where it was obvious that there was a high risk of imminent danger of (repeated) violence, in which the perpetrator did not accept his own responsibility, in which he continued to commit violence even after returning from prison, and in which measures of protection against domestic violence were then determined – a restraining order, except when the perpetrator has an encounter with children (and despite the observation of children who are not willing to see their father and are afraid of him), a temporary model of seeing children with their father in controlled conditions in the CSW premises was proposed. Although both the court that reached this type of decision and the CSW that proposed it allowed children the right to see the violent parent in conditions that had to be safe, detailed planning of the arrival and departure from the meeting with the victim of violence lacked: it was necessary to request the assistance of the police and keep the perpetrator until the victim reported that she and the minor children had safely moved away.

The latest research shows that experts within the system actively sabotage reactions to visible security risks because they do not know or do not dare to set limits to the perpetrators of violence (Ignjatović, 2021b: 26). Earlier research shows that in two thirds of cases children witnessed violence towards their mothers, while in almost one half of cases violence was directed directly towards children (Ignjatović, 2015: 71), which confirms the fact that children are always (direct or indirect) victims of violence towards their mothers. It is shown that on one hand, the system contrives in every way to make it possible and guaranteed to the oppressor to see children (even when it is dangerous for children and the victim),

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<sup>5</sup> Resolution of the European Parliament dated October 6, 2021 on the consequences of violence in intimate partner relationships and custody rights for women and children (2019/2166(INI)).

while on the other hand, it is generally accepted that the traditional role of a woman is "to be a pillar of the family and take care of children"; in this way, she is responsible for protecting children from violence if she remains in a violent relationship, and otherwise her children should be taken away from her. The Ombudsman received many complaints about social workers who threatened women that they would take their children away over their inability to protect them from violent parent (AHR & AWC, 2017: 99). Unfortunately, this harmful practice of double victimization of women who are victims of violence has a longer history, and it has already been recorded that the procedures of supervision over the exercise of parental rights, as well as the procedures of partial or complete deprivation of parental rights, are also initiated towards mothers, or towards both parents, although mothers have been identified as victims of violence in the family context (Ignjatović, 2015: 124).

In the context of working with perpetrators, there were cases of perpetrators of violence who threatened and persecuted the CSW professionals working on their cases. **Anxiety regarding personal safety of CSW employees** (because oppressors turn aggression towards professionals, especially in CSW) (Ignjatović, 2011: 160) continues to be an obstacle to efficient suppression and prevention of domestic violence. The provision of assistance to the victim by CSW employees may be conditioned by a lack of protection from the perpetrator (although there is physical protection, because they have a guard). It also happened that BPPO dismissed reports for assaults on CSW employees. Also, the perpetrators use legal means to obstruct the work of this institution – by submitting complaints to the Ombudsman or criminal charges against CSW employee for abuse in the performance of their duties, for example, after the CSW employee informed the BPPO about a violation of temporary protection measures (AHR & AWC, 2017: 99–100).

Responses on the implementation of internal analysis after femicides show that CSW is **in the middle (when compared to the police and prosecution) in terms of readiness of the analyzed institutions to re-examine their own actions for the reports received, which was realized in almost a quarter of cases**. The employees themselves highlight as a problem the **insufficient number of trained workers and overload with domestic violence work** in relation to other activities, as well as a **lack of professional support and training** for dealing with domestic violence situations, especially in relation to legal amendments (Protector of Citizens, 2020: 59).

#### 5.4. Challenges and open issues related to institutional handling of reports that were submitted prior to femicides

Based on the reviewed data, it can be concluded that the challenges encountered in the handling of reports of violence by institutions are the following: untimely proceeding upon reports, failure to recognize violence, failure to record reports of domestic violence, failure to inform other competent institutions about the report received and exchange information about the case with them, failure to obtain additional information from other institutions, treating violence as a spousal or family conflict, establishing or conditioning the launching of proceedings by testimony of the victim, complete absence and inadequate assessment of security risks, neglecting, ignoring or failing to recognize the presence of high risk indicators of fatal outcome of violence, absence of standardized mechanisms for monitoring the measures imposed (security measures, measures of protection against domestic violence, emergency measures), treating acts as only domestic violence that resulted in a serious injury instead as a crime of domestic violence that resulted in death or crime of (aggravated) murder.

**Questions were also raised** about whether the institutions included in these analyses employed a sufficient number of professionals, whether the acting professionals employed in the analyzed institutions received specialized training on the protection of women from domestic violence and in partner context (which would enable them to adequately understand the dynamics of violence in the partner relationship and the security risks for serious injury or murder of the victim of violence, as well as risk management and the implementation of appropriate measures), then whether the competent institutions have at their disposal the necessary technical and other equipment, whether the professionals employed in the analyzed institutions who are exposed to pressure and threats from oppressors are adequately protected, as well as how the system (especially the social protection system) deals with the prevention of professional burnout of employees and how it is learned from experience, including in cases where omissions were made, i.e. what kind of supervision support (of formal supervisors and/or more experienced colleagues), as well as internal control or supervision of actions.

### 5.5 Assessment of Violence Risk Factors

In order to assist professionals when assessing the risk and degree of danger, numerous lists for risk assessment have been developed, consisting of factors related to individual characteristics, relationship between perpetrator and victim, and social factors. Recording data, case analyses and research contributed to further development of more detailed and specific lists for assessment of risk factors in cases of domestic violence, used for directing institutional responses.<sup>6</sup> Necessary requirement for efficient and effective response is to make the safety of victim the top priority of institutional interventions.

Risk factors have been listed in various legal documents (most explicitly in special protocols for proceedings of police and health professionals in cases of domestic violence) of the Republic of Serbia, and risk assessment was established as mandatory by the Law on Prevention of Domestic Violence. Analyzed data (and previous research) suggest that the most frequent issues in assessing safety risks and managing them were the following: (non)recognition and (mis)understanding of the significance of risk factors and how they mutually affect and relate to one another; dynamic nature, i.e. the fact that risk factors are not fixed, but can change through time (so that in first risk assessment some factors cannot be found, but may occur later on, and the risk that gets assessed as low may become high in later assessments, and vice versa). Imposing measures complementary to the assessed risk and able to efficiently eliminate it appears to be yet another challenge of institutional response to reports of violence against women. It may seem that urgent measures prescribed by the Law on Prevention of Domestic Violence are being issued by default upon the reports of violence, regardless whether the risks of severe injuries and murder were assessed as low, moderate or high. Such finding indicate the misunderstanding of the purpose of assessment and management of safety risks, since the urgent measures in the Law on Prevention of Domestic Violence were intended as tools of prevention, for cases characterized by low risk of injuries and murder. In high risk cases, when enough elements for criminal charges are found, it is necessary to provide the victim protection in accordance with the Criminal Procedure Code (detention and/or prohibition of approaching, contacting and accessing the vicinity of victim's place). Lack of mechanisms for monitoring imposed measures is also one of the issues.

This analysis singles out the risk factors that occur most often in expert literature, legal documents and practice, which requires determining whether and how frequent they were present in the analyzed sample, so that could provide guidelines for making recommendations and shaping future institutional response.

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<sup>6</sup> Examples of such lists were devised in the intervention model Dulut, in the indicator list *The CAADA-DASH* in England and Wales, and in J. Campbell's risk assessment list, used in intervention centers in Austria.

**Most prevalent factors:** In almost every second case victim announced to perpetrator she was going to leave him, or she had divorced him, and numerous local and international analyses confirmed that leaving violent relation increased the risk of escalation of violence and femicide (Campbell et al., 2007; Dutton, 2002; Garcia et al., 2007; Violence Free Minnesota, 2019; Spencer and Stith, 2020; Lacmanović, 2021). Previous history of violence was present in a third of analyzed cases (Dobash, Dobash, 2015; Violence Free Minnesota, 2019; Office of the Chief Coroner Domestic Violence Death Review Committee, 2019; Lacmanović, 2021). In almost every third case perpetrators abused psychoactive substances (alcohol, drugs), which confirms the fact that the abuse of psychoactive substances can contribute to frequency and intensify the violence (Jacobs, 2003; Dobash, Dobash, 2015; Ignjatović, Ileš, 2016: 26; Lacmanović, 2021). Death threats were present in every fourth case, and other researches found them to be indicators that perpetrators would really put them to practice (Office of the Chief Coroner Domestic Violence Death Review Committee, 2019; Konstantinović Vilić, Petrušić and Beker, 2019; Lacmanović, 2021). Possession or access to (illegal) fire arms were also present in a fourth of cases and it was also already identified as a factor contributing to increased risk of fatal outcome of violence, but also to risk of using weapons to intimidate and threat victims (Campebell et al., 2003; Sorenson and Wiebe, 2004; Sorenson and Schut, 2018; OEBS, 2019; Lacmanović, 2020b, 2021; Konstantinović Vilić, Petrušić, Žunić and Beker, 2021).

**Least present factors:** According to the research results, the least present was the factor of perpetrator being a member of security forces; however, one should bear in mind that the number of members of security forces is far smaller than of general population, and that data about the profession of perpetrators often were not included in court and other records, which limits our conclusions. Other least present factors were the ones related to previous convictions of perpetrators (for domestic violence, domestic violence against the same woman, and for other criminal offenses), but these data should also be taken with a grain of salt, since the analysis found cases where persecutor's offices in charge reported that perpetrator had no previous convictions, while court rulings revealed the history of his criminal behaviour, including convictions. These data could also be interpreted in correlation with findings of other researches, which show that many reports get submitted, but very few end up with convictions (Ignjatović, Pavlović Babić, Lukić, 2015; AHR & AWC, 2017; GREVIO, 2020). In almost two thirds of cases in the sample there was no factor of history of previous violence, but it should be considered bearing in mind, as this and other researches have shown, that some reports result only in warnings issued by the police, and that in some cases family members and other persons around victim and perpetrator testify on the violence of perpetrator against the victim that was never reported or recorded in competent institutions (Violence Free Minnesota, 2019). Data from France on homicides committed by intimate partners also testify that two thirds of victims suffered violence before the murder, and one third never reported it to competent institutions, even though close persons knew about it (Ministere de la justice, 2019).



**Factors not covered by data in great number of cases:** Mostly there is no information on factors related to violence in perpetrator's primary family (father's against mother, grandfather's against grandmother) and participation in armed conflicts. It is necessary to examine these two factors more thoroughly and analyze their influence in the context of intensification and escalation of domestic violence. The first factor should be researched because of the already noted trans-generational transfer of violence, and the fact that it turned out that in a third of cases boys became perpetrators of violence as adults, and girls turned to be victims when they grew up, or that children growing up in violent surroundings develop themselves violent behaviours as grown-ups (Ignjatović, 2011, 2015; Stevković, 2013; Rikić et al., 2017; Taccini et al., 2021). The other factor should be researched because of the Serbian history of war and lack of systematical and any other psychological and other support to persons who took part in armed conflicts and then struggled with post-traumatic stress disorder. It should also be examined because previous research indicated the link between possession of fire arms, participation in war conflicts and violence against women (OSCE, 2019; Lacmanović, 2019, 2020b, 2021).

One of the recent researches in Great Britain (Monckton-Smith, 2018, 2020) suggests that femicide by intimate partners include eight phases (which may help institutions recognize and prevent this form of femicide):

- 1) Criminal charges or violent behaviour of perpetrator prior to partnership with victim – the perpetrator has a history of violent behaviour (against previous partners, with or without arrest records) and issues of controlling his behaviour, not being able to accept challenges, and being prone to confrontations.
- 2) Early relationship commitment – tendency to rush into serious relationship or living together (cohabitation), getting married, deciding on having children together, to exhibit extreme possessiveness after short period of being together, and say things like „together forever“.
- 3) Risk marking relationship behaviours – typical are stalking, violence (of low intensity – pushing), sexual aggression, threats of murder or suicide, isolating victim from family and friends, threatening pets and children, abusing psycho-active substances and so on.
- 4) Potential triggers for murder: separation, health issues, financial troubles – separation of perpetrator and victim, threatening with separation or imagining it (for instance, perpetrator keeps accusing victim of having an affair), economic circumstances such as job loss, financial issues, retirement, deterioration of perpetrator's physical or mental health.
- 5) Escalation: frequency, severity, persistence, stalking – violence happens more often, gets more severe and intense, or stalking intensifies (leaving messages, gifts, saying things like „if I can't have you, no-one can“).
- 6) Change in perpetrator's thinking – attempts to reconcile (on holidays, with crying and threats), victim enters a new relationship/marriage, financial issues or downfall of perpetrator are inevitable or irreversible, permanent deterioration of physical or mental health, ignoring police warnings.



- 7) Planning murder – change of usual behavior of perpetrator, telling others or the victim about his plans to kill her, continues with death threats to the victim, buying weapons or obtaining weapons/tools for committing murder.
- 8) Murder – confessing murder, cases of murder-suicide, murder staged to look like suicide, „mercy-killing“, accidental or natural cause of death, staging missing person case, children as collateral victims or witnesses of femicide, blaming the victim, i.e. claiming it was committed in self-defense or after the victim's provocation.

The first report of GREVIO committee for Serbia also suggested the necessity and importance of risk assessments, highlighting that all relevant institutions should make assessments and devise a plan for managing safety risks in accordance with the standardized procedures. It was stated that many perpetrators threaten their victims with severe violence, including death, and that they had often perpetrated severe violence against them in the past. Without reliable and continuous risk management, victims may get lulled with the false sense of safety, which exposes them to greater risks (GREVIO, 2020: 52).

A case exhibiting the pattern of escalation of violence against victim and her mother most persuasively shows that possibility of deadly attack and fatal outcome of violence is predictable in some cases. In that case the perpetrator had a history of violent behavior and has been convicted of it, which was confirmed by the ruling of the European Court for Human Rights. The Court stated that according to the rules and principles of the international law, accepted by the majority of states, even the unintended omission of the state to protect women from violence represents violation of their right to equal legal protection (Opuz v. Turkey – 33401/02, 2009). All actions and omissions of the authorities and civil servants directed toward postponing, obstructing or preventing access to relevant services or rights of victims, without sanctioning and ordering measures that ensure protection and compensation to victims, have been recognized as institutional violence (European Parliament Resolution from October 6, 2021 on the impact of intimate partner violence and custody rights on women and children (2019/2166(INI))).

## 6. RECOMMENDATIONS

We will divide recommendations into several categories: a) implementation of laws and prevention and intervention focused on "critical points" of the institutional system of protection of women from violence; b) recommendations regarding police proceedings; c) recommendations regarding proceedings of the basic public prosecutor's office; d) recommendations regarding legislative solutions; e) recommendations regarding the provision of human, financial and technical resources within the system of protection of women from violence; f) recommendations on providing support to women in local and wider community, as well as in the media.

**In the context of implementation of relevant laws and prevention and intervention focused on "critical points" of the institutional system of protection of women against violence<sup>7</sup>:**

- **A (consistent) implementation of legal provisions obliging institutions to respond quickly, efficiently and in a coordinated manner to violence against women in family and partnership context is necessary, and therefore professionals within a multi-sector team should act jointly and complementary to each other in order to stop violence, provide protection and support to the victim in order to recover as quickly and painlessly as possible on one hand, and to prosecute and punish violent behaviour on the other.**
- Existing positive legal regulations concerning the prevention and suppression of violence against women in family and partner context should be consistently implemented, **every suspicion of violence should be examined in a detailed and thorough manner, and every report of violence should be recorded in a uniform manner and acted upon in accordance with the principle of due diligence.**

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<sup>7</sup> Note: According to the Law on the Prevention of Domestic Violence, the services that form the foundation of the coordination and cooperation groups are the prosecutor's office, police and the social work center, but when we talk about the system of protection of women from violence in the wider context, we also include courts, healthcare and educational institutions.

- All acting professionals in any of the departments in charge of dealing with situations of violence against women in family and in partner context should immediately **exchange information** with colleagues from other departments with whom they cooperate in solving the case, and ensure that all members of the multisector team have relevant information before considering the case and planning measures.
- All competent institutions should **improve timeliness** of their actions and take into account the urgency of domestic violence protection procedures, with the awareness that lengthy and untimely procedures harm the victim and her children, and expose them to additional victimization and traumatization, and as it can be seen from the analyzed cases – even to the risk of murder.
- **All responsible persons**, in state and other bodies, organizations and institutions, **who fail to report or who do not respond to reports**, or who obstruct the reporting or response to any information about domestic violence or imminent danger of it (in accordance with Article 36. of the Law on Prevention of Domestic Violence) should be penalized.
- It is necessary to examine whether the professionals employed in the system of protection against violence, who acted on the reports that preceded the femicides analyzed, who did everything within their competence, implemented appropriate measures and carried out the necessary actions in order to stop violence and prevent lethal outcomes. **If it is established that there have been omissions, the responsible persons should be sanctioned and recommendations should be made** for improvement in the future, and the implementation of the recommendations made should be monitored and evaluated.

### Recommendations regarding police conduct

- Acting police officers should immediately inform the competent police officer of any reports of domestic violence or imminent danger of it (including cases where the police issued an oral warning or filed a request to initiate misdemeanor proceedings).
- It is necessary to assess the imminent danger of domestic violence (the so-called safety risk assessment) for each and every report, consistently and as soon as possible. The competent prosecutor and the social work center should be informed immediately about the assessed risks, and at the first following meeting, the coordination and cooperation group as well. Records of assessed risks should be made in writing.

## 6. Recommendations

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- It should be ensured that all acting police officers are familiar with the risk assessment procedure (and provide assistance in case of doubts and dilemmas, uniformly in the territory of the entire country), that they are able to identify indicators that point to a high risk of a fatal outcome of violence, and to implement adequate measures to reduce and eliminate such risks altogether.
- It is necessary to control and severely punish abuse of firearms legally owned by private persons (citizens) for committing violence against women. Upon all reports of violence, it should be checked whether the person reported for violence has firearms (including hunting, sports and trophy weapons), and such weapons should be confiscated until the reasons for which they were confiscated cease to exist. Procedures should be established for detecting weapons in illegal possession.
- Control of access to official weapons should be improved, and abuse of official positions and weapons (including mine-explosive devices) for committing violence against women by police officers should be prevented and rigorously penalized. Immediately after filing the report, the suspect should be prevented from using the service weapon, or temporarily (until the completion of the court proceedings) reassigned to a position that does not require carrying of weapons, or obliged not to carry the service weapon home, but to leave it in the workplace. Safe storage and safekeeping of service weapons and ammunition should be guaranteed.
- It should be ensured that sufficient data are collected upon each report, that reported violence is described in a consult with the prosecutor on call extensively and in as much detail as possible, and that the institutional response is timely and urgent.

### Recommendations regarding the conduct of the Basic Public Prosecutor's

- Bearing in mind that the BPPO has a central role in the system of protection of women from domestic and intimate partnership violence, as well as to initiate and coordinate the work of coordination and cooperation groups, it is necessary to exchange information on reports of violence with other services, as well as to exhaust all possibilities at their disposal. In this way, they will collect (order the collection of) a sufficient number of necessary data on the case, and based on this they will make a decision, i.e. plan measures and activities at the meetings of the coordination and cooperation groups.
- It is necessary to ensure timely proceeding on newly reported cases, as well as to revisit old cases where proceedings take too long, to determine the reasons for such long and untimely actions, and to plan activities that would end these cases as soon as possible, taking the safety of the victim and her children as a priority.

- When making a public prosecutorial decision, as well as during meetings of coordination and cooperation groups (and especially when drawing up an individual protection and support plan for the victim), special emphasis should be placed on the presence of high risk indicators of the fatal outcome of violence, then always check whether they are present and insist on a (re-) assessment of safety risks, and plan measures aimed at their elimination.
- During meetings of the coordination and cooperation groups, clear deadlines for the implementation of specific activities should be prescribed, and a deadline for the review and revision of the plan in relation to the achieved effects of the planned measures should be established for the activities implemented continuously. Orders to the acting authorities (group participants), institutions and professionals working on the case should be clear and precise. If possible, the presence of the victim at the meeting and her participation in the development of an individual protection and support plan should be arranged.
- In particular, it should be taken into account that the initiation of proceedings should be not conditioned solely by the victim's testimony, but that all measures available to the prosecutor are used to provide protection and support against violence, even if the victim refuses to testify, i.e. if they exercise their right not to testify.
- The BPPO should take into consideration whether a person reported for violence has previously been punished, i.e. whether this person has previously committed domestic violence against the same or other victims, as well as whether minor children were present when the violence was committed, which should be considered an aggravating circumstance when proposing a criminal sanction.

### **Recommendations regarding the actions of center for social welfare**

- The legal obligation to inform other competent institutions in the system of protection against violence in the shortest possible time, i.e. immediately upon receiving such information, of the reported violence or violence of which professionals became aware when interacting with the victim or the family of the perpetrator and the victim, should be complied with. The urgency and a timely manner of actions should be improved.
- It is necessary to educate professionals to recognize and record domestic violence, if during work on providing social protection (which does not concern violence) and interaction with the victim, with family members of the victim or with the perpetrator, they notice or suspect domestic violence, in order to ensure that it is recognized and recorded, and fatal outcomes prevented.

## 6. Recommendations

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- In addition to counseling support, the victim should be provided with other types of support for her and her children by undertaking measures from family legal protection (in terms of health, housing, schooling, child care, etc.).
- It is necessary that all instructions for assessing and determining the best interests of the child are based on the concept of the child's right to maintain personal relations with the parent, and considered in the context of violence that the parent commits against the child and/or another parent, and it should be taken into account in particular that when making contact, there is a danger that the violence will intensify and end with in lethal outcomes (as was the case before 2017 when two women and one child were killed in front of the CSW). Professionals employed in CSW have to know that children who witness violence are always victims of violence, and that this violence poses a risk to their safety, as well as that untimely and ineffective treatment contributes to additional traumatization and victimization of children.
- Safe working conditions for acting professionals should be ensured, so that they could work in an environment free from fear of violence, persecution, pressures and threats of violence. Establish a safety minimum of protection in the workplace – from the prevention of violence to an organized reaction to threats and the provision of resources and support to professionals who survive violence.

### Recommendations regarding legislative solutions:

- Having in mind the extremely high rate of knife murders, introducing restrictions and prohibitions on the sale of knives with extremely large and sharp blades for household use should be considered (as is the case in the UK).
- It is necessary to monitor and evaluate the implementation of existing laws in this area, prepare and publicly release reports on this, and in accordance with the identified shortcomings, to work on the improvement of laws, policies and practices related to the system of protection of women from violence.

### In the context of providing human, financial and technical resources within the system of protecting women from violence:

- The necessary personnel and technical capacities should be provided: sufficient number of trained employees from the respective professions, and in accordance with the burden in relation to the number of beneficiaries and their needs, as well as with the deadlines to be met. In addition, it is necessary to provide the technical equipment and means necessary for undisturbed operations.



- Continuous and periodic educational educations should be organized for employees in the system of protection of women from violence (especially for new employees), who act or will act on reports of violence against women in family and partner relations. Since it was observed in the analyzed cases that professionals do not recognize the difference between domestic violence and partner conflict (during education, it should be ensured that acting professionals gain knowledge that will equip them for this type of assessment).
- It is necessary to ensure continuous supervision, and to work on the prevention and mitigation of the consequences of professional burnout of employees in the system of protection of women from violence. Also, professional support and consultation should be provided to acting professionals, in case of dilemmas and doubts in solving and working on (complex) cases of violence against women in family and in partner context.
- Financial (budgetary) funds should be provided for victim support services, implementation of existing and newly proposed legislation and measures to suppress and prevent femicide, as well as for institutions and organizations that have a mandate to implement them.

**In the context of creating support for women in the local and wider community and in the media:**

- Ensure transparency of the work of institutions in the system of protection of women from violence and inform about services at the level of the local community (promotion of work, information on services through leaflets, newsletters, street actions, social networks and platforms, campaigns, etc.), in the languages of national minorities and in a format adequate for persons with disabilities.
- Employers should be stimulated and encouraged to create and implement policies and practices that adequately protect the safety and respond to the needs of working women who experience violence. It is also necessary to develop protocols on actions and assurance of safety within the work collective of a woman for whom the employer has knowledge that she is experiencing violence, or to whom a woman turns in this regard, since many oppressors come to the victim's workplace, persecute or commit crimes, and often violence ends with a fatal outcome.
- The educational system and employers should support women who experience violence (especially those who care on their own for children) – by providing flexible work and childcare programmes that would make it possible for women to reconcile family and work responsibilities. This can be ensured by implementing various measures, where conditions and will are present. On one hand, employers can establish flexible working hours,

## 6. Recommendations

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work from home, kindergarten within the company for employees, while on the other hand, kindergartens can offer extended stays for children of mothers who have longer working hours, or stay on weekend days for children whose mothers work on weekends.

- Enable safe, affordable and long-term (social) housing programmes for women who experience violence and their children. The apartments to be provided should meet quality, accessibility and safety standards (from the point of view of economy, architecture, social sustainability, and ecology), as well as facilitate daily communication and interaction, while at the same time ensuring the privacy and autonomy of women experiencing violence and their children. Particularly important is the availability of common facilities – kindergartens, schools, shops, cultural institutions, playgrounds, green spaces.
- Develop programmes of financial support, retraining and additional education, as well as employment of women experiencing violence, which would contribute to their recovery as quickly as possible, financial independence and integration into society, and to mitigate the consequences of violence and prevent possible negative consequences such as extreme poverty and homelessness.
- The school system can be involved in the prevention and working with young people on the prevention of violence against women and girls, especially through curricula, sports programmes and extracurricular activities. These programs should include information on how to recognize violence, who they can turn to for protection and assistance if they are victims of violence, and how they can support their friends who experience violence.
- Develop, finance and provide systemic services (legal, psychological, financial and other support) for children who have lost their mothers, as well as for family members of murdered women.
- The health system should provide appropriate medical care, as well as documentation with a sufficient number of necessary data, including information on how the injuries occurred. Women survivors of violence should be informed and referred to the services of other institutions available in the local community, and exchange information and cooperate with other institutions in the system of protection of women from violence.
- The media should continue to inform, educate and raise awareness of the danger of violence against women and femicide, respecting the guidelines for reporting on this topic, especially having in mind that they should avoid spreading taking prejudices and stereotypes on one hand, and also contribute to the creation of an atmosphere of zero tolerance to violence against women on the other hand.

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## **ANNEX 1 – LIST OF COMPETENT INSTITUTIONS TO WHICH REQUESTS FOR INFORMATION OF PUBLIC IMPORTANCE WERE SUBMITTED IN RELATION TO CASES OF FEMICIDE IN PARTNER-FAMILY CONTEXT**

Requests were submitted to 118 institutions (CSW – Centers for social welfare, BPPO – Basic Prosecutor's Office, PA- Police Administration and PS – Police Station):

**46 CSW:** Alibunar, Apatin, Arandjelovac, Arilje, Bačka Palanka, Bačka Topola, Bečej, Bujanovac, Jagodina, Kladovo, Kosjerić, Kragujevac, Kruševac, Kula, Loznica, Negotin, Novi Sad, Pančevo, Paraćin, Pećinci, Požarevac, Požega, Ruma, Smederevska Palanka, Smederevo, Sombor, Subotica, Temerin, Trgovište, Ub, Užice, Veliko Gradište, Vladičin Han, Vlasotince, Vršac, Zaječar, Žitorađa; odeljenja Gradskog centra za socijalni rad: Čukarica, Grocka, Mladenovac, Novi Beograd, Palilula, Rakovica, Sopot, Zemun i Zvezdara.

**33 BPPO:** Arandjelovac, Bačka Palanka, Bečej, Bujanovac, Jagodina, Kragujevac, Kruševac, Leskovac, Loznica, Mladenovac, Negotin, Novi Sad, Pančevo, Paraćin, Požarevac, Požega, Prokuplje, Ruma, Smederevska Palanka, Smederevo, Sombor, Subotica, Vršac, Ub, Užice, Veliko Gradište, Vladičin Han, Vranje, Vrbas, Zaječar, kao i Prvo, Drugo i Treće osnovno javno tužilaštvo u Beogradu.

**35 PA and PS:** Alibunar, Arandjelovac, Arilje, Bačka Palanka, Bačka Topola, Bečej, Bujanovac, Kladovo, Kosjerić, Kula, Mali Zvornik, Negotin, Paraćin, Pećinci, Požega, Ruma, Smederevska Palanka, Temerin, Vlasotince, Vršac, Jagodina, Kragujevac, Kruševac, Novi Sad, Pančevo, Požarevac, Prokuplje, Smederevo, Sombor, Subotica, Užice, Vladičin Han, Vranje, Grad Beograd i Zaječar.

## **ANNEX 2 – LIST OF OTHER RELEVANT INSTITUTIONS TO WHICH REQUESTS FOR TYPE OF INFORMATION OF PUBLIC IMPORTANCE, WERE SUBMITTED**

In addition to that, 7 more requests were submitted to 6 other relevant institutions (Higher Public Prosecutor's Office in Novi Sad, Police Administration in Novi Sad, Higher Public Prosecutor's Office in Belgrade, Police Administration for the City of Belgrade, Administration for Execution of Institutional Sanctions, and Special Hospital in Gornja Toponica. All requests have been answered.

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