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INSTITUTIONAL ETHICS OF CARE IN SERBIA DURING THE COVID-19 PANDEMIC: A CASE STUDY ON THE EFFECTS OF THE LOCKDOWN MEASURES ON GIRLS AND WOMEN TRAFFICKING SURVIVORS¹

ABSTRACT

Extreme situations such as the COVID-19 pandemic transparently show all the shortcomings of the Serbian system that should, in theory, provide support and protection to citizens in such circumstances. A particularly demanding task was to determine and measure the well-being of individuals during the pandemic, especially those from marginalized groups whose needs are not the priority to the system even under regular circumstances, those on the bottom of the social hierarchy who cannot influence the policies that shape their daily lives, or the decisions of authorities that further reproduce social inequalities. The paper examines institutional ethics of care during the pandemic in Serbia through the analysis of the adequacy of lockdown measures and their effects on the girls and women trafficking survivors. Analysis of the data collected in semi-structured interviews with girls and women showed that three central elements of the institutional (ethics of) care: the purpose of care, recognition of power relations, and the need for pluralistic tailoring of care to meet individuals' needs, were not fulfilled during the pandemic and that the logic of institutional care has had a politicizing character in Serbia.

KEYWORDS

COVID-19 pandemic, lockdown measures, institutional ethics of care, victims of human trafficking, trafficking in person survivors, Serbia

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Introduction

Extreme situations such as the COVID-19 pandemic transparently show all the shortcomings of the Serbian system that should, in theory, provide support and protection to citizens in such circumstances. A particularly demanding task is to determine and measure well-being of individuals during the pandemic, especially those from marginalized groups whose needs are not the priority to the system even in regular circumstances, those on the bottom of the social hierarchy who cannot influence the policies that shape their daily lives, or the decisions of authorities that further reproduce social inequalities.

Therefore, institutional care must be resolved through a political process that considers the needs, contributions, and prospects of many different actors. Different authors define good care in an institutional context as a relational practice (Koggel 1998; Nedelsky 2008; Tronto 2010) that has “three central focuses: the purpose of care, a recognition of power relations, and the need for pluralistic tailoring of care to meet individuals’ needs” (Tronto 2010). Firstly, institutional (ethics of) care should be based on a clearly defined purpose. Secondly, it should include “a clear account of power in the care relationship and thus recognition of the need for a politics of care at every level” (*ibid.*). Lastly, tailoring of care must remain pluralistic to meet individuals’ needs. The last requirement does not only demand that the needs of beneficiaries come first, but also the needs of care workers. If we keep these aspects of care in mind, then we will be able to analyze institutional ‘logics of care’ (Waerness 1984a; Waerness 1984b; Waerness 1990).

When it comes to the institutional care in Serbia during the pandemic, we should first look at the policy level of care. It is often pointed out that Serbia introduced some of the toughest measures, following the Chinese model of isolation through intentionally strict lockdown in order to slow the rate of coronavirus infections. In the initial stage of the pandemic in Serbia, the ruling structures have viewed the new virus with derision (Šantić, Antić 2020). But not long after, the lockdown with a 12-hour curfew was put in place with no regard to regional and local differences in mortality rates and number of patients, or individual needs of citizens. The military and police were engaged to control the citizens’ behavior and the government even introduced penalties for those who failed to adhere to the lockdown measures. An initial complete ban on inter- and intra-cities public transport, was eventually eased, primarily to assist the work of healthcare professionals, social workers etc. The only adjustment of measures in the final phases of the lockdown, the adequacy of which is also questionable, was aimed at disabled persons, those with autism spectrum disorder, dog walkers, and elderly. They had the option of going out at night during the curfew. Besides the lockdown measures, government also introduced the economic response to pandemic and these measures were split into four categories: tax policy measures, direct help for the private sector (especially small and medium enterprises), measures aimed at the preservation of liquidity, and other measures such as construction of COVID-19 hospitals

etc. (ibid.). However, none of the aforementioned measures included pluralism based on the assessment of the needs of all particularly vulnerable citizens of Serbia, such as trafficking in persons survivors, with the aim of institutional care to enable their complete social reintegration and inclusion into society in times of crisis.

The situation of human trafficking is specific because it involves keeping girls and women in submissive position, in isolation, by suddenly and violently limiting their contact with other people or purposefully slowly destroying their trust in others, including family members, while at the same time trying to strengthen their trust and dependence on the traffickers/exploiters. During the exploitation, girls and women internalize a sense of guilt and shame and rarely reach out for help to other persons, including family members. The effects of the experience of exploitation, discrimination, and violence exist long after the rescue, mainly in the guise of the sense of hopelessness, distrust towards the people, fear and feeling of guilt and retraumatization. The daily life of girls and women, trafficking in persons survivors, is characterized by inability to take full part in the decision-making processes and activities of local communities and society. The state of social exclusion and poverty, manifested also through their formal invisibility by the system due to the lack of personal documents, and inability of the institutions to prosecute perpetrators, narrows their opportunities to achieve social security and exercise their rights, especially the social and economic ones. Their everyday life is characterized by the impossibility of a long-term planning and lack of perspective due to a difficult financial situation, lack of savings and low possibilities for changing such a position. Solutions to life's difficulties are usually short-term, and the pandemic additionally made such solutions unreachable to them.

Therefore, the main aim of this paper is to gain insight into the functioning of the system for social protection and support during the COVID-19 pandemic by identifying the needs of girls and women – trafficking in persons survivors and barriers they face in accessing necessary services. The article examines how the measures during the pandemic in Serbia, especially the lockdown, affected this particular group. Based on the analysis of needs and barriers, the paper also concludes on the adequacy of the measures to be taken and the character of institutional care for girls and women trafficking in persons survivors.

The discussion presented in this article consists of three parts. In the first part, the research methodology is presented; in the second, the data obtained through the qualitative research are interpreted; the last part of the article contains the final discussion on the functionality of the Serbian system of protection and support during the pandemic.

Methodology

Qualitative research was conducted during 2020 on a purposive sample of women and girls who were officially identified as victims of human trafficking and who were included in social reintegration programs of the civil

society organization Atina, placed in Belgrade, Serbia. Data collection through semi-structured interviews was carried out during May and June of 2020. In total, 29 interviews were conducted online, and 3 interviews in person. The research instrument was formulated to collect data on the daily life of girls and women to understand their needs and barriers they face in accessing civil society organizations and state institutions services during the COVID-19 pandemic. The interviews were conducted by psychologists of the CSO Atina who were already in contact with the interviewees through Atina's program of comprehensive social inclusion of girls and women – trafficking in persons survivors. The decision was made that the members of CSO Atina, rather than independent researchers, should conduct the interviews because they already established relation of trust with the trafficking survivors. The assumption was that interviewees would give them deeper insights into their everyday life and barriers they face in accessing the system, as well as into their feelings about the lockdown measures during the pandemic. This also eliminated the risk of re-traumatization that may occur in conversation on their experiences and feelings with someone who is not from their support circle. Atina's case managers are trained professionals, who, in addition to already established relation of trust with these girls and women, also possess knowledge and skills necessary for conducting interviews. The researchers took notes immediately after the interview, and these notes were part of the material used in the analysis to understand the specifics of the life situation of the interviewees and the circumstances in which the interviews took place. In addition, these notes were also used for the researchers' self-reflection since the interviews were emotionally exhausting for them. Also, researchers exchanged impressions about conducted interviews and interpretations of the data at the meetings of the multidisciplinary research team comprised of three members: Atina's experts-researchers and an independent researcher–sociologist. Before the start of the interview, all interviewees received clear information that the interview is part of a scientific study, so their informed consent was collected either from them, or from their legal guardians in the cases of minors.

The sample consists of 32 girls and women aged 16 to 56, with most of them being between 16 and 25 years of age. The work practice of Atina so far has shown the greatest vulnerability of girls and women in this age range: "Vulnerability and difficult situation make certain people more susceptible to the situation of trafficking in persons than others, and this is exactly the card that traffickers play on, because they usually recruit those who are already socially excluded, who dream of a better life, who do not have a job, who have family problems or have already suffered sexual abuse or physical and psychological violence, those who do not have the opportunity to get education..."² Considering the age, as well as the experience of exploitation that influenced the interruption of schooling, the sample is dominated by girls and women who have

2 URL: <<http://www.atina.org.rs/sr/ko-su-%C5%Bertve-trgovine-ljudima>> (accessed 10.08.2020.)

not completed primary school, as well as girls and women who are engaged in craft work for which they have acquired knowledge and skills outside of the school system. At the time of the interview, a total of 27 interviewees were unemployed, with the majority being housewives (15 in total), and 12 were actively looking for employment. Several interviewees even lost their jobs since the beginning of the pandemic in Serbia. Only four women from the sample were employed. This distribution additionally focuses the research on the gender aspect of social exclusion and poverty of women who have the experience of exploitation. A total of 5 interviewees live in rural areas, while 27 of them live in urban areas. Living in rural areas means poor infrastructure, and sometimes informal settlements; for example, one interviewee testified that cockroaches and rats appeared in their houses, and therefore general health standard of people in that settlement was threatened.

Table 1 provides an overview of the sample of women interviewed.

Table 1. Structure of the sample Nw=32

Age groups	Total
15–25	16
26–35	11
35–40	3
55–60	2
Level of education	Total
Never enrolled in an elementary school	1
Started, but didn't finish the elementary school	10
She didn't go to school, and practices a craft that she learned outside the school system	10
Finished the elementary school	7
Started, but didn't finish the secondary school.	2
Started, but didn't finish the college/vocational school	2
Work status at the time of the interview	Total
Employed under contract	2
Employed without the contract	2
Unemployed, searching for work	12
Housewife	15
Not answered	1

Table 2 contains data on the type of exploitation to which the interviewees from the sample were exposed.

Table 2. The type of exploitation that the interviewees survived

	Total
Sexual exploitation	14
Work exploitation	3
Forced marriage	3
Exploitation for pornographic purposes	7
Multiple exploitation	5
Total	32

Five girls and women testified that they survived multiple exploitation, which in addition to sexual exploitation included forced begging (2 interviewees), labor exploitation (2 interviewees) and forced marriage (1 interviewee).

A total of 25 interviewees live in households with three or more members. A total of 16 interviewees live in a medium-sized households (from 3 to 5 members), while nine interviewees live in large households (over six members). These data indicate a significantly worse financial situation of the interviewees compared to the general population in Serbia. For the sake of comparison, according to the 2011 census, the average number of household members in the Republic of Serbia was 2.88 (2.77 in urban areas, and 3.05 in other areas).³

Girls and women from the sample mostly have children of primary school age, and then children up to 3 years old. The mothers of teenagers are the least represented, which is expected considering the average age of the interviewees. The youngest mothers in the sample are 16 years old (four interviewees), which largely defines their possible life paths.

When it comes to the interviewees' income, the question was asked to include their income from all sources at the time of the interview, regardless of that being their main or additional source of income, either from a formal employment or gray economy. Table 3 shows the sources of their income.

Table 3. Interviewees' sources of income

	Total
No income	13
Social and other financial benefits	9
Temporary work	2
Occasional and seasonal work	4
Retirement	1
Something else	3
Total	32

³ URL: < <https://www.stat.gov.rs/sr-latn/oblasti/popis/popis-2011/popisni-podaci-eksel-tabele/> > (accessed 10.08. 2020.)

The research teams choose narrative analysis as analytical approach, because it enables an in-depth understanding of the needs of girls and women trafficking survivors, as well as understanding of the problems of the Serbian system for protection and support during the pandemic. A special analytical reasoning is focused on patterns of gender-based behavior in an environment that reinforces the effects of social vulnerabilities, including material deprivation, social isolation, and limited access to health services.

Analysis

Insights in all the interviews with girls and women – trafficking survivors, show that the measures of the Government of the Republic of Serbia during the COVID-19 pandemic were not created with consideration to the specific position of girls and women from this multiple marginalized social category, which pushed them deeper into social isolation, invisibility and vulnerability.

The interviewees pointed out that during the pandemic they had several types of needs:

- Primarily the need to satisfy adequate living requirements – girls and women were not able to achieve a minimum of social security due to the lack of basic living conditions: food, water, necessities for children (food, diapers, clothes, etc.) and means for maintaining hygiene in informal settlements (since they live in facilities without bathrooms, refrigerators, washing machines etc.) – a total of 23 responses.
- Medical assistance and health care services – a total of 12 girls and women who gave birth during lockdown or had gynecological interventions or acute health problems that required medical support or interventions (for example one interviewee had to have surgery due to an injury caused by domestic violence).
- Protection in case of domestic violence during lockdowns – 12 answers.
- Employment and material help to ensure their basic living conditions (for example rent payment) – 10 answers.
- Psychological support and counseling due to the feeling of anxiety and panic attacks during lockdown which had retraumatizing effects on some of the interviewees – a total of 8 responses.
- Timely and clear information about the possibilities of exercising one's own social and economic rights – a total of 2 responses.

Although all interviewees emphasize that, even in the regular circumstances, they most often have activities within the limited circle of local community, this does not imply a complete lockdown that predominantly characterized a plan of measures to prevent the spread of the coronavirus in Serbia. Lockdown measures during COVID-19 pandemic for 9 of the interviewees triggered a vivid memory of the exploitation they survived, and 6 of them had

acute psychological reactions to it. In total, 15 interviewees stated that lockdown measures reminded them of some traumatic event from their past, such as a state of war, which is a situation of hopelessness and powerlessness:

“People were afraid that they will run out of food [...] that borders will be closed”.

Girls and women emphasized the negative impact of media content that predicted enormous number of deaths. One interviewee emphasized that the main actor in the creation of such content was “the President of the Republic of Serbia whose statements scared us a lot”. One interviewee believes that “it should have been left to the professionals to explain (the situation) in more detail”.

The interviewee pointed out that powerful political structure created a situation of fear among the population in circumstances that primarily need to be viewed from the standpoint of medical experts, not political ideologists. Šantić and Antić (Šantić, Antić 2020) in their study already noticed that the pandemic was “politicized by the government and the ruling party, who exploited it for political gain”.

All the interviewees stated that they understood the mass-media messages on measures to be taken during the pandemic which include maintaining personal and household hygiene, but in settlements characterized by poor infrastructure and lack of water this request could not be fulfilled. For most of the girls and women it was not possible to fulfill even the request to buy and wear masks in public due to poverty:

“One pair of gloves costs 20 Serbian dinars, so you need to decide would you rather buy gloves, a mask, or food”.

A total of 10 interviewees testified that they have had strong psychological reactions, such as anxiety and panic attacks due to media content, “Because we watched TV news a lot”. Those who have experienced symptoms of re-traumatization said that lockdown measures reminded them of the exploitation:

“Well, it reminds me of when I was imprisoned. [...] I was locked up there, I didn’t go out, and I didn’t see the sun or anyone”.

Girls and women who are at the beginning of the reintegration process spoke about re-traumatization more often because of the strong memories of trauma they have experienced recently than girls and women who are in this process for longer period.

“My psychotherapist⁴ stated that my anxiety has increased drastically. [...] But it’s not the same as when a healthy person is suddenly locked up in a house and when someone who is already diagnosed with anxiety is locked up for such a long time with a family that doesn’t show any understanding. (...) So my mental health during the pandemic worsened a lot. [...] My panic attacks started happening every other day, or for two or three days in a row”.

At the beginning of the reintegration process, girls and women still lack adequate mechanisms to deal with potentially retraumatizing situations. This

4 This interviewee talks about support she received from the professional psycho-therapeutic service of the CSO Atina.

points out to the necessity of continuous and accessible psychological support programs for girls and women survivors of trafficking and exploitation in such situations.

During the lockdown, a total of 12 interviewees experienced domestic violence: four interviewees suffered violence from their partners, two from their fathers-in-law, two from their father or stepfather, one from their husband's ex-partner, while three interviewees are suspected of still suffering exploitation, and therefore violence, by traffickers who are members of their families. In addition, two girls and women who experienced violence from their fathers-in-law during lockdowns said that their partners did not come to their defense but advised them to "keep quiet". Long-term exposure to violence produces the effect of internalized guilt, and since girls and women constantly receive messages that they caused the conflict because they are not "good enough", they begin to attribute personal dispositions as reasons for living in the circle of violence. Such negative thinking and belief that the source of violence is within themselves, while for others an excuse could be easily found ("Maybe he was nervous because he couldn't go out during the lockdown, so he had no one to blame but us at home") lead to low self-esteem and self-criticism ("We women sometimes exaggerate because we are mouthy, so we cause violence") and negative emotion such as disappointment, sadness, or even depression. The absence of support in violent situations to women and girls, trafficking survivors, is therefore a sure path to seriously harming their mental health. Only one interviewee stated that her husband comforted her when she felt sad, had sudden mood changes and panic attacks caused by the lockdowns.

Girls and women have testified that lockdown measures characterized by the elements of isolation could be the cause of trauma reactivation. And if we also consider the influence of contextual factors, i.e., the "blame the population for the spread of the virus" narrative and the characteristics of the measures (predominant lockdowns) which ruling structures in Serbia tried to use to "keep the pandemic under control", we can follow the impact of these external factors on the internal state of girls and women from the sample. These sets of factors, according to the interviewees, created a feeling of loneliness. This was followed by complete lack of support, but also loss of self-confidence, and an acute sense of fear for one's own safety and safety of others, constant stress due to the uncertainty brought about by unknown danger on a global level, as well as increased sense of guilt caused by the public discourse on irresponsible behavior of people in Serbia. Due to all of the above, all the interviewees pointed out that the pandemic required increased support of the system.

The interviewees (12 in total) who have suffered domestic violence emphasize that lockdown measures were extremely difficult for them because the "constant stress (which was apparent – authors' remark) intensified during these two and a half months (the period that the state of emergency lasted in Serbia – authors' remark)".

"My stepfather literally said to me: you're a prostitute. I live in such an atmosphere".

A common strategy of women – survivors of exploitation is to “silence conflicts” by putting their needs aside and not even starting a conversation about problematic situations. This is certainly not a guarantee that violence will not occur, but it is a mechanism for dealing with potentially threatening situations. Girls and women with the experience of exploitation often cross personal boundaries in relations with others. Another typical reaction can be described as “learned hopelessness”. A person realizes after a certain time spent in isolation and suffering violence and exploitation that her actions do not lead to the desired results, and that violence will not stop but can even escalate. Long-term exposure to such treatments leads to an adoption of behavioral models that imply suffering and being silent and in a state of inactivity:

“For example, if he is in a bad mood then you have to make it better somehow, maybe he has some problem I am not familiar with [...] However, I try not to be a problem”.

For girls and women included in this study, the quarantine meant exposure to a constant psychological harassment, which was expressed through insults and labeling and created panic attacks and fear: “It made me shake. My whole body was shaking”, and/or a high degree of anxiety: “On a scale of 1 to 100 my anxiety is 300”.

Since almost all women from the sample emphasize the necessity of psychological support during the pandemic, it is possible to conclude that psychological counseling should be an integral part of all measures for the trafficking survivors and their family members, and be available in such circumstances, especially due to the possible triggers and re-traumatization. However, none of the interviewees was contacted by public institutions regarding support for the improvement of partner relations or preventing potential domestic violence, although some of them were in institutional records as victims of domestic violence and/or exploitation by family members. Interviewees testify that during lockdowns, they relied more on the support of civil society organizations than on state institutions. Most often, they point out that civil society organizations provided them with precise and useful information, which was not the case with the governmental sector. The most frequently mentioned were organizations that work directly with trafficking survivors – Atina and Astra. In addition, all interviewees cited that they relied on the support of the civil sector mostly due to the availability of their services, such as free programs, but also the interest of CSOs in needs of girls and women during the pandemic, and their working principles that include respectful mutual relations, i.e., relations of trust, as well as the efficiency of their actions.

Having in mind that these girls and women are poorly educated and lack various business skills, their most common job positions were insecure, underpaid, and precarious, so they were the first to lose their job during the pandemic, thereby losing the minimum of social security. Another reason for their easy dismissal was the failure of representatives of the Government of the Republic of Serbia to recognize that economic measures during the pandemic should include support for employers to keep girls and women from

marginalized groups in their workplaces. The employment of girls and women from hard-to-employ groups is important not only for getting out of poverty but also for getting out of social isolation, which adversely affects their mental state. Long-term exclusion affects women's self-confidence and weakens their already low capacities, which affects their employability in the long run. The loss of employment also means the inability to meet their basic needs such as regular meals and accommodation. Due to social exclusion, they do not have strong support networks, and loss of jobs for them could also mean remaining on the streets (without the savings they are unable to pay the rent), and if they have children this puts them at risk of having their children taken away because they are unable to provide adequate conditions for their growth and development, which entails the risk of repeated exploitation:

“I was left without money and without food, to tell you the truth, we came to a situation where we almost stayed on the streets because we didn't have enough to pay the rent”.

A total of 11 interviewees from the sample pointed out that they had unpleasant experiences in contact with street-level bureaucrats, such as employees in medical facilities or centers for social work, whose primary job was to provide support and protection to vulnerable persons. One interviewee testified that she described her own poor living conditions to an employee of the center for social work, and that he told her: “Get out, I have nothing to talk about with you”.

Another interviewee – a single mother of two, living in the same household with her mother who lives off a pension insufficient to meet their needs, says that the social protection system does not recognize her eligibility for assistance because of this income and therefore does not provide her with necessary material support. By acting like this, the system exposes her entire family to a risk of absolute poverty in a situation where there is a real need for additional support:

“I don't have to eat today, but my child must. There is no luxury there”.

One interviewee also stated that, when reporting domestic violence to the police after her mother and brother kicked her out during the curfew, she received information “that no one can accept her” and she was advised to return to the house she was thrown out of, that is, into a violent situation. These three are not isolated cases because eight other interviewees also stated they faced misunderstandings and unprofessional behavior of civil servants whose main task was to protect and support the victims of violence. When institutions whose primary role is to combat violence do not provide the necessary help to girls and women, they send the message that their lives are not important, that no one cares about them, and that the possible outcomes and consequences of violent situations are not their area of interest.

The ineffectiveness of state institutions, on the one hand, and the agility of civil society organizations on the other, paint a picture of the state of the system for protection and support to trafficking survivors. While there certainly are private institutions in Serbia that provide such support and protection, our interviewees are too poor to be able to afford it. However, a holistic approach

to the recovery and reintegration of girls and women – trafficking survivors should be the focus of the entire system. Without respecting all the aspects of personality, as well as the needs and fears of persons who have survived trafficking, their complete social reintegration cannot be achieved. Only one interviewee pointed out that she has a good relationship with her case manager at the center for social work, that she trusts him and that this trust has been built over time; because of this, she also expresses good impressions about the work of the center:

“In the Center everyone is polite to me, they are not rude and do not mistreat me. (...) The case manager talks to me nicely, advises me”.

A good relationship with the case manager enables the interviewee to overcome pandemic more easily, while for interviewees who are not in a similar position, the contact with the system causes disappointment and fear of institutions. It is important to emphasize those changes in the approach of street-level bureaucrats toward women and girls trafficking survivors most often occur after the interventions of civil society organizations. In such situations, civil society organizations play a corrective role. However, girls and women who previously had an unpleasant experience with the representatives of institutions have a harder time changing their views, regardless of the quality of recent contacts:

“I have a great fear even today when I see the police”.

When institutions are non-responsive, they leave unprotected girls and women who, due to their social exclusion, have no networks to rely on and protect their own lives and the lives of their children.

Two interviewees testified that health institutions did not understand their health condition and did not want to provide them with necessary help – a pregnant woman testified that “the ambulance didn’t want to come”, so she had to walk several kilometers to the nearest maternity hospital. Another interviewee testified about institutional discrimination manifested through the inaccessibility of public transport when a driver did not allow the family of a sick Roma boy to enter the bus using insults:

“Anyone who is dirty and does not wear a mask cannot enter”.

Two other interviewees faced barriers in accessing health services due to the lack of personal documents – health card and residence permit, which testifies in favor of the invisibility of trafficking survivors to the (health) system. Moreover, instead of being provided adequate psychological support, one interviewee said that she and several other women who had strong psychological reactions during lockdowns were under “a dose of medication when they have a crisis”. Medicalization stops the recovery of girls and women trafficking survivors because it dehumanizes them and treats them without considering the causes of re-traumatization. Thereby, instead of providing adequate support to girls and women to help them deal with stressful situations and more easily overcome potentially retraumatizing circumstances, health system medicalizes them exclusively to achieve quick but ineffective changes to their mental and physical health. Medicalization is a procedure that quickly achieves the effects of the apparent functionality; however, these procedures do not respond to

the needs of girls and women in situations of psychological and physical vulnerability, but in fact reinforces control and discipline over their bodies and their lives (Fuko 1982). Girls and women from the sample do not belong to a privileged stratum of the population and do not have a powerful apparatus of care. The apparatus of control and discipline also demonstrates its influence within its own structures. Most employees in care and nursing institutions are women who are “too tired and who (after the working day) are not able [...] to even take care of themselves” (testimony of an interviewee whose sister works in a health facility). The gender dimension of systemic dehumanization and exploitation intensifies as it meets the lower strata of the population. In contact with the system, girls and women survivors experience re-victimization as certain employees publicly label them by demanding that they identify as victims of human trafficking in front of other patients (for example, when buying the medicine in the pharmacy, according to the testimony of one of the interviewees). Facing labeling in public is one of the mechanisms of keeping girls and women trafficking survivors in a state of social exclusion, since the discomfort, mistrust and self-blame caused by such situations force them to reduce contact with other people and remain isolated. In the long run, the feeling of hopelessness weakens their (already weak) capacity to cope with stressful situations, and, in some cases, it can seriously damage their sense of integrity and cause suicidal thoughts. This does not exhaust the list of consequences of the unprofessional attitude of individual employees in the system for the protection and support of girls and women –trafficking survivors, but it is important to point out the connection between their unethical behavior and the social isolation our interviewees find themselves in.

Discussion

These research findings show that the measures of the Government of the Republic of Serbia during the pandemic were not created with respect for the specifics of the position and needs of girls and women – trafficking survivors, thus pushing them deeper into social isolation, invisibility, and life-threatening situations. Three central elements of the good institutional care: “the purpose of care, recognition of power relations, and the need for pluralistic tailoring of care to meet individuals’ needs” (Tronto 2010) were not fulfilled during the pandemic in Serbia. It can be said that the logic of institutional care has had a politicizing character, which was especially visible in economic measures that targeted particular groups of citizens in order to secure electoral votes in the 2020 elections in Serbia (Šantić, Antić 2020). The analysis showed that girls and women who survived trafficking in persons were not recognized as a target group that is in a specific social position due to the lived experience of slavery. Instead of the measures during pandemic in Serbia being specially shaped according to their experience with the clear purpose of caring for their complete social integration, the quarantine measures actually caused re-traumatization for a part of the girls and women.

A total of 15 girls and women said that the lockdown measures triggered a vivid memory of the experience of exploitation and symptoms of re-traumatization. Girls and women who lost their jobs during the pandemic pointed out that the loss of employment created a general feeling of hopelessness and caused difficulties functioning in a situation of limited material resources, which imply an existential minimum. To strengthen their voice, they needed additional support of the system, but the interviewees testified that they have had unpleasant experiences with aid providers (11 interviewees stated that they had unpleasant experiences with providers from governmental institutions). The exposure to labeling and violence in public institutions keeps girls and women –trafficking survivors in a state of social exclusion, since the discomfort, mistrust and self-blame caused by such situations force them to reduce contacts with other people and remain in isolation.

The ineffectiveness of public institutions, on the one hand, and the agility of civil society organizations, on the other, paint a gloomy picture of the Serbian system for social protection and support of trafficking survivors. The main barriers in accessing the system, according to the interviewees, are dehumanizing and bureaucratic approach, and mistrust and unprofessional behavior of employees in state institutions. Combined with limited resources of our interviewees and the lack of support, the exclusion of the system made it impossible for them to meet their basic needs during the pandemic.

The state of the Serbian system for protection and support implicates that the system also needs assistance in the provision of services (Milutinović Bojanić 2016). To achieve this, it is necessary for the society to work continuously on establishing social cohesion and adopting the value of solidarity, as well as encouraging and supporting various forms of civic engagement and mutual cooperation, which would improve the position of girls and women, especially those from marginalized groups, in the long run.

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Institucionalna etika brige u Srbiji tokom pandemije COVID-19: Studija slučaja o efektima mera karantina na devojčice i žene koje su preživele trgovinu ljudima

Apstrakt

Ekstremne situacije poput pandemije KOVID-19 transparentno pokazuju sve nedostatke sistema u Srbiji koji bi, teoretski, trebalo da pruži podršku i zaštitu građanima u ovakvim okolnostima. Posebno zahtevan zadatak bilo je utvrđivanje i merenje blagostanja individua tokom pandemije, posebno onih iz marginalizovanih grupa čije potrebe nisu prioritet sistema ni u redovnim okolnostima, onih na dnu društvene hijerarhije koji ne mogu da utiču na politike koje oblikuju njihov svakodnevni život ili odluke vlasti koje dalje reprodukuju društvene nejednakosti. U radu se ispituje institucionalna etika brige tokom pandemije KOVID-19 u Srbiji kroz analizu adekvatnosti mera karantina i njihovih efekata na devojke i žene koje su preživele trgovinu ljudima. Analiza podataka prikupljenih u polustrukturiranim intervjuima sa devojkama i ženama pokazala je da tri centralna elementa institucionalne (etike) brige: svrha brige, prepoznavanje odnosa moći i potreba za pluralističkim osmišljavanjem politika brige kako bi se zadovoljile individualne potrebe, nisu bila zadovoljena tokom pandemije i da je logika institucionalne brige u Srbiji zapravo imala politizujući karakter.

Ključne reči: pandemija KOVID-19, mere, institucionalna etika brige, trgovina ljudima, Srbija