UN SECURITY COUNCIL RESOLUTION 1325
“WOMEN, PEACE AND SECURITY”
IN THE LOCAL CONTEXT OF REFUGEE CRISIS:
OLD EXPERIENCE OR NEW CHALLENGES?*

UDC 341.24-055.2
343.85:343.62-055.2

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Abstract. Since 2000, the United Nation Security Council has adopted four resolutions on women, peace and security (UN SC Resolutions: 1325, 1820, 1888 and 1889). The UN SC Resolution 1325 “Women, peace and security” was adopted on 31st October 2000. This document emphasizes the consequences of armed conflicts on women and girls and the importance of women’s role in peace-building and the post-conflict recovery of the country. A particular challenge for its implementation has been the refugee crisis, as a result of which more than half a million asylum seekers have arrived in Europe since 2015. Particularly vulnerable groups among them are women and children, who are accommodated in refugee camps and asylum centers. During their stay in these centers, they focus on meeting their basic needs within the existing local (material and human) resources. In this context, the readiness of local communities to ensure the safety and psycho-social well-being of refugees and migrants, especially women and children, in accordance with the adopted Action Plan for the implementation of UNSC Resolution 1325, will come to the fore. The analytical approach in this paper includes the identification of the key determinants of the UNSC Resolution 1325 in the local context of response to the refugee crisis.

Key words: UN SC Resolution 1325, refugees, migrants, crisis, women

* The paper is the result of research within the project No. 47017 Security and protection of organization and functioning of the educational system in the Republic of Serbia (basic precepts, principles, protocols, procedures and means) conducted by the Faculty of Security Studies in Belgrade and financed by the Ministry of Science and Technological Development of the Republic of Serbia.
1. INTRODUCTION


The UN Security Council Resolution 1325 (UN SCR 1325) was adopted in October 2000, at the Security Council meeting No.4213. It recognizes specific impacts of armed conflicts on women, as well as the significant contribution that women can provide to security and reconciliation. UN SCR 1325 advocates for greater representation of the women in the prevention and management of these conflicts. Special attention has been paid to the need for gender perspective to be included in the implementation of peace agreements, in the process of disarmament, demobilization and reintegration of combatants and gender training for peacekeepers (Bastik, De Tores, 2010: 3).

The adoption of this Resolution was inter alia prompted by the obligations contained in the Beijing Declaration and Platform for Action (A/52/231), as well as in the final document of the 23rd session of the UN General Assembly titled "Women 2000: Gender Equality, Development and Peace in 21st century" (A/53/10 Rev.1), especially in the part dealing with women and armed conflicts. Among other things, the UN Security Council Resolution 1325 called upon:

- Members of the UN to ensure the presence of women at all levels of decision-making in national, regional and international institutions and mechanisms for the prevention, management and resolution of conflicts;
- the Secretary-General to seek the extension of the role and contribution of women in UN field operations, and in particular among military observers, civilian police and personnel dealing with human rights and humanitarian work;
- Member States to increase voluntary financial, technical and logistical support for gender sensitive trainings, including those undertaken by relevant programs and funds, including the UN Women’s Fund, the UN Children’s Fund, and the UN High Commissioner for Refugees;
- the parties involved in peacekeeping processes, to apply a gender perspective in negotiations and agreements about peace implementation, including the special needs of women and girls during repatriation and resettlement, rehabilitation, reintegration and post-conflict reconstruction; to include measures supported by the peace initiatives of the women in the local area and local conflict resolution processes, as well as the measures to ensure the protection and respect for the human rights of women and girls, especially if they relate to the constitution, the electoral system, the police and the judiciary;
- all parties in the armed conflict to fully respect the international law applicable to the protection of the women and girls as civilians, and particularly to comply with their obligations under the 1949 Geneva Conventions and the Additional Protocol of 1997, the 1951 Refugee Convention and the Protocol of 1967, the 1979 Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Optional Protocol of 1999, the 1989 United Nations Convention on the Rights of the Child and two optional protocols of May 2000, and to take into account relevant provisions of the 1998 Rome Statute of the International Criminal Court;
- all parties in the armed conflict to protect women and girls from gender-based violence, especially rape and other forms of sexual violence, and all forms of violence in situations of armed conflict;
all states to exclude, where possible, from the amnesty provisions, and to punish all those responsible for genocide, crimes against humanity, war crimes, including those related to sexual violence against women and girls;

all parties in the armed conflict to respect the civil and humanitarian character of the refugee camps and settlements, but also to take into account the specific needs of women and girls, with particular reference to the Resolution 1208 (19 November 1998) and Resolution 1296 (19 April 2000);

all parties involved in disarmament, demobilization and reintegration planning to consider the different and specific needs of ex-soldiers' men and women, taking into account the needs of their family members (UN SCR 1325, 2000: 2-3).

By adopting this Resolution, the Security Council has committed itself to ensuring that its missions will take into account the gender perspective and rights of the women, including the need for consultation with local and international women's organizations. At the same time, the UN Security Council urged the Secretary-General to conduct a study on the impact of armed conflict on women and girls, on the role of women in peace building and the gender dimension of peace processes and resolution of conflict, to report to the Security Council on the results of that study and to forward it to all UN member states. The Secretary-General is also required to include, wherever possible, in his reporting to the Security Council, the progress made in sex equalization through peacekeeping missions and all other aspects relating to women and girls.

Therefore, UN Security Council Resolution 1325 "Women, Peace and Security" respects the special and specific security needs of women and girls during a refugee exodus, repatriation and resettlement, rehabilitation, reintegration and post-conflict reconstruction. The Resolution encourages local peace-building and conflict-resolution initiatives, supports women involvement in psychological and social support programs, and encourages measures to ensure the protection and respect of human rights of women and girls, especially in relation to the UN Charter on Human Rights and the international law applicable to the protection of the women and girls as civilians, as well as in relation to the local constitutional system, state and local institutions.

2. REFUGEE CRISIS: CHALLENGES AND RISKS OF “THE JOURNEY INTO THE UNKNOWN”

“No human being is illegal.” (Elie Wiesel)

More than one and a half million people seeking asylum have arrived in Europe since 2015 (Eurostat, 2016), including a fourfold increase in one year of individuals risking their lives to enter Europe by crossing the Mediterranean Sea. Such large numbers of refugees/asylum seekers in a relatively short period have created a global crisis experienced beyond the continent. This crisis is part of the largest global displacement since World War II, with an estimated 65.3 million people worldwide fleeing war, persecution, conflict, and human rights violations (UNHCR, 2016). Most refugees are concentrated within the urban areas. According to International Rescue Committee and Humanitarian Policy group, more


than half of all refugees live in large towns and cities (Smith, 2016: 521). Cities are required to provide services such as housing, education and health care to increasingly diverse groups of newcomers and to maintain public safety often without enough resources to accommodate these new demands. Thus, the “refugee crisis” is also an “urban, local crisis.”

In Europe, the majority of new refugees come from Syria, Afghanistan and Iraq, as well as from other countries divided by conflict and violence (Eurostat, 2016). Others are economic migrants who hope to build better future for themselves and their families. This unprecedented and striking surge in migration to Europe has activated action by state, nongovernmental and humanitarian agencies and revealed longstanding tensions between the priorities of each of these actors (Smith, 2016: 522) while also generating the mobilization of a new category of ad hoc grassroots organizations committed to providing emergency health relief and new approaches to welcoming new arrivals (Tjensvoll, et al., 2016: 5).

Refugees arrive on foot, by boat, train and car across multiple border crossings. The final destinations for many of them are cities in Germany and Sweden because the governments of these countries have shown willingness to accept them, and their healthy economies are seen as promising job opportunities. Some of the refugees have family and friends who already reside in those places and can assist them in settling in.

Their journey is difficult as they face countless obstacles in attempts to reach their destinations. In 2015, as over 815,000 refugees and migrants crossed the borders of Serbia on their way to Hungary and Croatia, Hungary constructed a 175 km-long barbed wire barricade along its border with Serbia and deployed “határvadászok” (“border hunters”) to detain migrants (Haraszi, 2015: 37). More generally, competing national priorities and the complexity of migration patterns that place asylum-seekers alongside economic migrants have made it difficult for the European Union to develop a collective response to recent arrivals, an effort further complicated by inconsistent examinations of asylum claims among the 28 member states (UNHCR, 2010). Therefore, refugees became dependent on the good will of the nation states, urban governments and their citizens to accept them and to provide them with the necessary resources they need to forge new lives in new lands.

Until now, the unprecedented number of individuals and families, including an increasing number of children from the Middle East, from Africa and Central Asia has crossed the Mediterranean and the Aegean Sea in an attempt to reach the safety and security of Europe. In 2015, more than 3,500 people drowned or disappeared during these forced migration movements. Currently, hundreds of thousands of women, men, boys and girls with the legal status of refugees, asylum-seekers and migrants are on the move through the European territory on their way to the country of their final destination. Among the numerous needs of these populations, considerable attention should be paid to the protection of their mental health and psychosocial well-being.

The refugees and migrants coming to Europe have mostly faced war, persecution and difficult challenges in the countries of origin. Many have experienced displacement and troubles in transit countries and have embarked on dangerous journeys. Lack of information, uncertainty about immigration status, potential hostility, political inconsistency, and undignified and prolonged retentions contribute to their psychosomatic problems. The forcible

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migration violates the protective support which existed before the migration (such as those provided by a wider family) and may jeopardize cultural, religious and sex identity.

Forced migration requires multiple adjustments in a short period of time. People (especially children) become more susceptible to abuse and neglect. The social and mental problems that existed earlier can get worse. It is important to understand that the way the people are accepted and the way in which assistance and protection is provided can cause or exacerbate the problems (for example, by diminishing human dignity, discouraging mutual support, and by creating addictions). It should be borne in mind that an intense sense of urgency among the people on the move may urge migrants and refugees to take extreme health and psychosocial risks, whereby their rapid movement across a few countries leaves little time to provide assistance. However, regardless of the time of their stay in some countries, local communities are obliged to provide them with all the necessary assistance and support, primarily taking into account the needs of the most vulnerable groups in the refugee exodus - women and children.

2.1. Serbia in the refugee crisis

Since May 2015, Serbia and other countries in the Western Balkans have faced an unprecedented refugee crisis. According to the information released by the European Commission's Directorate-General for Humanitarian Aid and Civil Protection (ECHO), in 2015 and in the first quarter of 2016, over 920,000 refugees and migrants (mainly from Syria, Afghanistan and Iraq) went through Serbia on their way to Hungary and Croatia. It took some time for the coordination of national and local institutions, international organizations and civil society organizations to adequately respond to this humanitarian challenge in Serbia.

Since May 2015, Serbian and other candidate countries in the Western Balkans have been facing a huge inflow of refugees and migrants in transit from Greece to Hungary or Croatia. In 2015, the Government registered more than 815,000 refugees who went through Serbia. After the closure of the so-called Western Balkan migration route in March 2016 and the entry into force of the agreement between EU and Turkey, the number of entries has been drastically reduced.

In 2015 alone, Serbia registered a total of 577,995 persons who expressed their intention to seek asylum in the Republic of Serbia. As a result of the border closures, the number of persons expressing intention or having an interest in expressing the intention to seek asylum in the Republic of Serbia significantly decreased and, as of June 2016, a total of 4,551 persons expressed their intention for international protection in our country. This number should not be underestimated although these numbers look very modest in comparison with the previous year. This trend is further characterized by the significant presence of women and children (1,138 women, 93 unaccompanied minors) and, at the same time, by unchanged determination of the majority of the refugees and migrants to move on to EU countries; they were concentrated in the border area along the Hungarian border (the border crossings Horgos 1 and Kelebija) where it is very difficult to ensure adequate conditions for care and humanitarian assistance.

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Since the beginning of the crisis, the European Commission has allocated 24.8 million Euros as humanitarian aid in order to help the refugees and migrants in the former Yugoslav Republic of Macedonia and Serbia. More than 20.1 million Euros of this amount has been allocated to Serbia in order to support the provision of emergency assistance at 16 government reception sites. The measures were originally aimed at providing basic assistance at refugee checkpoints, including health services, temporary accommodation, warm clothes, food, water, providing space for children and protection. The help was then focused on improving living conditions at the official reception locations. Help included food, water, hygienic and non-food items, health services and protection. From September 2015 to August 2016, through the agency of the EU Civil Protection Mechanism, ten member states offered Serbia a total of 246,000 items (such as heaters, aggregates, sleeping bags and blankets) within the framework of humanitarian aid. The European Commission works closely with Serbian authorities, UN agencies and other humanitarian participants in order to meet the needs of newly arrived migrants and those who are "captured" in the country, as well as the most vulnerable refugees.

According to the data of the Commissariat for Refugees and Migration, there are 13 collective centers in Serbia: Pančevo, Šabac, Smederevo, Kragujevac, Rača, Kladovo, Kraljevo, Gadžin Han, Bela Palanka, Vranje, and 3 centers in Bujanovac. They accommodate 268 displaced persons and refugees, and 901 internally displaced persons. In addition, the Serbian Commissariat for Refugees and Migration still takes care of 295 refugees and displaced persons and 320 internally displaced persons in 9 collective centers in Kosovo. Twelve years ago, there were 388 collective centers in Serbia for refugees, displaced and internally displaced persons.

In the second half of 2016, a total of 4,257 persons expressed their intention to seek asylum in Serbia. In the same period, 74 persons applied for asylum, while 3,485 asylum seekers were placed in four asylum centers (Banja Koviljača, Bogovadja, Obrenovac, Sjenica and Tutin). Most asylum seekers accommodated in these centers come from Syria, Afghanistan, Eritrea, Somalia, and Pakistan.

3. THE NATIONAL ACTION PLAN FOR THE IMPLEMENTATION OF RESOLUTION 1325 IN SERBIA (2017-2020) AND THE REFUGEE CRISIS

In its "Concluding Remarks" concerning the implementation of the SCR 1325, the UN Committee for CEDAW (Convention on the Elimination of Discrimination against Women) has repeatedly encouraged the states to implement the National Action Plan (NAP) for the implementation of this Resolution. At the end of 2010, Serbia upheld this recommendation by passing the first NAP for the implementation of the SCR 1325 in Serbia for the period 2010-2015; the second NAP for the period 2017-2020 was passed.

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by the Government Conclusion on Adoption of NAP for Implementation of SCR 1325 in the Republic of Serbia of 19 May 2017.10

The National Action Plan (NAP) for the implementation of UN Security Council Resolution 1325 on "Women, Peace and Security" in Serbia inter alia envisages measures and activities that contain a gender perspective for responding to a refugee crisis, taking into account the specific needs of women and girls in the local context. The NAP focuses on the specific security needs of women from multiple discrimination groups, including the women in the refugee camps who had experience of war and its consequences. The NAP envisages the following activities (OSCE, 2017: 25-42):

Chapter 2: PREVENTION; Special goal: Developed prevention mechanisms to increase the safety of women in peace, conflict and post-conflict recovery of society in the country and abroad

Activity 2.2. Incorporation of measures that support the specific security needs of women and girls in local communities, especially from multiple discriminated and vulnerable groups.

Activity 2.6. Providing support to formal and non-formal forms of education and information and training for mediation, negotiation and consensus building on security and peace issues.

Activity 2.10. Supporting the production of media content in the area of public information on the importance of preventing violence against women.

Chapter 3: PARTICIPATION; Special goal: Increased representation, involvement and decision-making of women in all processes related to the preservation of peace and security.

Activity 3.10. Equitable treatment of women in decision making and greater representation of women in the process of planning and realization: disarmament, peace-building, post-conflict reconstruction of society and refugee reintegration.

Chapter 4: PROTECTION; Special goal: Improved normative conditions and institutional capacities for accessible and effective protection of women.

Activity 4.3. Improving the efficiency of the security system and all other actors to undertake the necessary legislative and other measures to prevent, investigate and punish acts of violence against women in conflict and post-conflict recovery of society, crisis and emergency situations, with full dedication.

Activity 4.6. Providing comprehensive legal protection and psycho-social support to girls and women with the experience of gender-based violence, especially members of multiple discriminated and marginalized groups in the conflict and post-conflict recovery of society, crisis and emergency situations.

Activity 4.7. Improvement of legal protection and psycho-social support for girls and women victims of human trafficking, especially members of multiple marginalized and discriminated groups in the conflict and post-conflict recovery of society, crisis and emergency situations.

Chapter 5 RECOVERY; Special goal: Improved system for supporting recovery of women who have suffered any form of endangering security in the post-conflict recovery of society, crisis and emergency situations.

Activity 5.3. Encouragement, financing, implementation of rehabilitation programs for participants in armed conflicts.

Activity 5.4. Improving the capacity of all actors in local community to implement individual recovery plans that include psychosocial support, health and social protection, and employment in the conflict and post-conflict recovery of society, crisis and emergency situations.

Activity 5.5. Overcoming stereotypes and prejudices towards the women with experience of violence in conflict and post-conflict recovery of society, crisis and emergency situations, and their empowerment to come out from isolation and break the silence about their traumatic experiences.

3.1. Local context of implementation of the Resolution 1325 – obstacles

The experience of the refugee crisis in local communities in Serbia (Morača, 2016) shows that people endure the refugee life and stay in foreign countries more easily if they find shelter in the environment which has something in common with the one from which they escaped. Bearing this in mind, it can be concluded that most local communities in Serbia where migrants, refugees or asylum seekers are located do not share cultural, traditional, religious, educational and other specifics. It greatly complicates the work of local institutions and requires additional engagement of human and material resources to meet the existential needs of this vulnerable group.

In addition to members of the police and social work center employees, the health sector is also frequently among the first to have contacts with migrants and asylum seekers. The right to urgent medical assistance, as well as to health care provided from the budget, is guaranteed by the Health Care Act, while the medical treatment of persons waiting for a decision on an asylum application is the subject of the Rulebook on medical examinations of asylum seekers upon admission to the Asylum Center. In order to adequately respond to the phenomenon of migration, and to protect especially vulnerable groups of migrants and the integration of asylum seekers who have been granted some form of protection, it is necessary to involve professionals from other sectors, such as education, civil society organizations, and the National Employment Service.

On the other hand, the analysis of the activities of the local communities (Morača, 2016), shows that, except for the police and to a lesser extent the social protection and health sectors, the representatives of other sectors from most local communities have an almost negligible experience working with the migrant population. Apart from general information and “first-hand” experiences of meeting migrants in public places in their cities, they are not sufficiently informed about the specificity of the migrants’ position, the asylum system in Serbia, and the importance of their role in assisting, preventing and integrating migrants into the community.

The cooperation of institutions at the local level is largely based on personal acquaintances; the activities are largely conditioned by personal initiatives of the employees and representatives of organizations and institutions, and there is no systematically arranged and stable set of clear measures and procedures. While this type of cooperation responds to the needs of some basic official actions, it is insufficient in dealing with more complex situations or assisting a larger number of migrants. It is also evident that representatives of different sectors primarily rely on police officers in almost all segments of work with the migrant population. Due to the nature of their work, the police are among the first who...
contact the migrants and asylum seekers, and they also organize the coordination of other sectors and assistance (informing the Social Welfare Center or Health Center, transporting migrants, providing food, etc.).

In principle, the arrival of a larger number of migrants to Serbia in 2015 has shown the extent to which the local mechanisms for assisting the migrants are inadequate for work with any significant number of potential asylum seekers; moreover, there is a serious lack of clarity about their treatment and a lack of coordination between different sectors, as well as between the national and local levels of government. The most frequently mentioned problem is the *service of translators*, which is certainly the key issue when it comes to working with foreign citizens. The lack of translators and reduced ability to communicate with migrants directly affects the capacity to provide them with comprehensive and necessary services. The problem of translation, and in particular the absence of male and female translators for Arabic and Farsi, who would be engaged on a regular basis, becomes particularly alarming when it comes to working with vulnerable groups among the migrant population - women potential victims of trafficking and violence, those involved in prostitution networks, minors suspected of traveling without their parents or relatives (when an elderly person who presents himself as a parent cannot provide adequate evidence that he is a parent), as well as with those who need urgent medical assistance.

In view of the adequate implementation of Resolution 1325, it has been recognized that the major obstacles faced by the local communities in responding to the refugee crisis are as follows:

- long duration of the asylum procedure
- insufficient accommodation capacities of existing asylum centers
- inadequate migration assistance mechanisms
- lack of coordination between different sectors
- lack of financial, human and material resources
- translation problem (*Arabic and Farsi language*)
- perception, distrust and prejudice towards migrant populations by professionals
- fears and prejudices against migrants in the population
- the role of the media.

In order to overcome the observed problems, the Republic of Serbia adopted the Act on Asylum and Temporary Protection on March 26th, 2018, which prescribes the status, rights and obligations of asylum seekers and persons who have been granted the right to asylum or temporary protection, as well as the principles, conditions and procedure for the approval and cessation of the right to asylum or temporary protection, and other related issues.

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11 There is an illustrative example from the Loznica Health Center, when a migrant woman (travelling without her husband) was saved by emergency intervention after she had been brought to the Health Center in a critical condition due to health problems related to complicated pregnancy. The male translator, who was supposed to translate the conversation between her and the doctor reasonably believed that the patient could not talk openly and freely about her life circumstances, reasons of travel, or health problems; thus, the possibility of explaining, even giving diagnosis and reaction to the eventual exploitation was very limited (Morača, 2016).

3.2. Recommendations, instead of Conclusion

In addition to the measures envisaged by the law, the local experience of working with vulnerable groups among the migrant population (primarily women and children) recommends taking into account specific measures which will:

- make a balance between educational, creative and recreational activities and the actual needs of women and children;
- provide adequate, timely and useful information necessary to cope with the new environment, as well as enable the introduction of a wider cultural and social context;
- provide timely medical assistance, a permanent open telephone line for providing medical advice, as well as medical examinations and treatment;
- provide a continuous psychological open-type counseling service for children and parents, individually and/or in groups, depending on the interests and needs;
- provide adequate continuous financial/material assistance.

Taking into account the measures promoted by the Resolution 1325, the activities envisaged in the National Action Plan (NAP) for the period 2017-2020, the specific security and other needs of the women in refugee camps and asylum centers, the experience of the local communities in relation to the situation, and proclaimed human rights of multiple discriminated and marginalized groups (refugee women, migrant women, etc.), we recommend undertaking various activities with the following goals:

**GENERAL GOAL:**
Implementation of the Resolution 1325 in the local context of the refugee crisis, through the implementation of the activities envisaged in the NAP (2017-2020)

**SPECIFIC GOALS:**

1. Empowering women in refugee camps and their reintegration through psycho-social support programs and lectures/seminars/workshops on gender-based violence, women's health, etc.

   In order to achieve this goal, the following activities have to be undertaken:
   1.1. organize programs for psycho-social support of women in refugee camps, asylum centers;
   1.2. work on empowering women (lectures/workshops on violence, women's health, etc.);
   1.3. organize workshops in the field of arts, crafts or handicrafts;

1. a. Education of preschool and school children on basic educational needs

   In order to achieve this goal, the following activity has to be undertaken:
   1.a.1. organize classrooms/workshops for children in mathematics, geography, drawing;

2. Sensitizing the local community/population and local institutions for the needs of multiple discriminated and marginalized groups in refugee camps, asylum centers, etc.

   2.1. conduct research on women and girls' perception of safety and their experiences with gender-based violence in the country of origin and in the country of asylum;
   2.2. inform the local community about the refugees' needs and situation (particularly women and children) by organizing local public gatherings, round table discussions, etc.;
   2.3. provide a mandatory training program/seminar for representatives of the local institutions on the treatment of refugees and asylum seekers, human security, respect and protection of women's rights;
   2.4. organize a public debate about the consequences of war, the refugee crisis, current security challenges, risks and threats.
The refugees’ health and well-being are influenced by conditions enabling their integration into the host-country society. They need fair and equitable access to housing, education and employment. In some cases, they may need lawyers to help them navigate the new legal, political and social environment. In other cases, they may need moderators to facilitate conflict resolution between the family members as well as between refugees and the local communities. Considering the experience of working with different categories of migrant population, we already have examples of good practices that can be replicated. All we have to do is to put them into effect.

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doi:10.1371/currents.dis.bd282cd90ade7d4eb63b6bbdb1904d10


REZOLUCIJA 1325 SAVETA BEZBEDITOSTI “ŽENE, MIR I BEZBEDITOST” U LOKALNOM KONTEKSTU IZBEGLIČKE KRIZE: STARO ISKUSTVO ILI NOVI IZAZOVI?


Ključne reči: Rezolucija 1325, izbeglice, migranti, kriza, žene