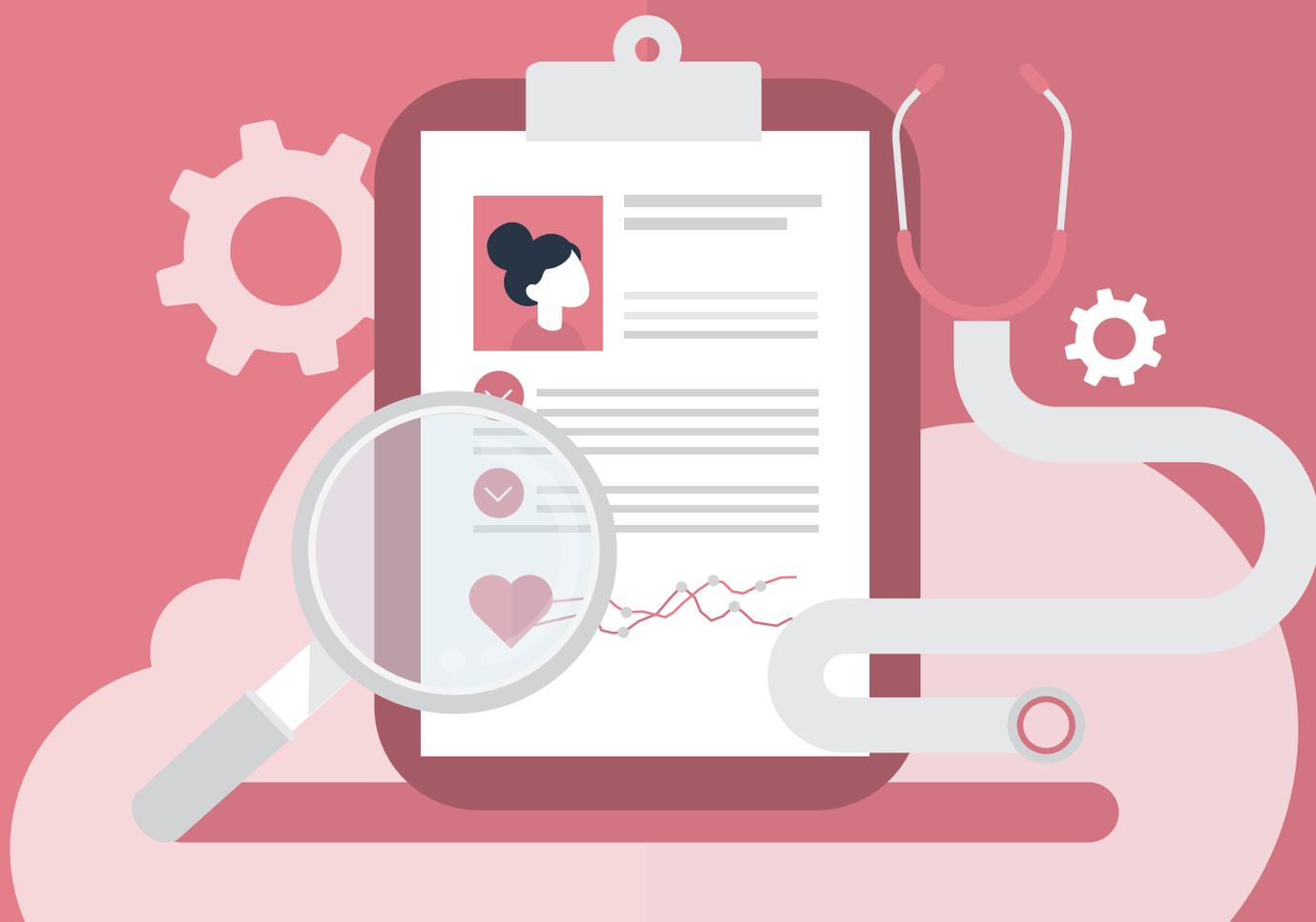




ROLE OF THE HEALTH CARE SYSTEM IN THE PREVENTION OF GENDER-BASED AND DOMESTIC VIOLENCE COMMITTED WITH FIREARMS

Analysis of regulatory framework, procedures and practice, with recommendations



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This analysis was conducted within the project “Reduce Risk - Increase Safety - Towards Ending SALW Misuse in the Domestic Violence Context,” implemented by the United Nations Development Program (UNDP) in Serbia. The project is realized with the financial support of the Federal Foreign Office, Germany, and contributes to the implementation of the Roadmap for a sustainable solution to the illicit possession, misuse, and trafficking of small arms and light weapons (SALW) and related ammunition in the Western Balkans by 2024.¹

The Roadmap emphasizes the gender dimension and gender implications of firearm misuse and aims at increasing gender mainstreaming in SALW control policies in the Western Balkans, especially in the context of violence against women, domestic violence, and gender-based violence, which is a specific target of the Roadmap.

The Project “Reduce Risk, Increase Safety - Towards Ending SALW Misuse in the Domestic Violence Context” aims at updating the regulatory framework and policies to effectively respond to the complexity of domestic violence, improve the prevention system by changing the social environment, and increase the level of awareness of men and women of the risks and dangers of firearms misuse.

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The content of this publication, as well as the findings and results presented therein, are the sole responsibility of the authors and do not necessarily represent the views of the United Nations Development Programme (UNDP), Government of the Republic of Serbia, or the Federal Foreign Office, Germany.

¹ The Roadmap for a sustainable solution to the illicit possession, misuse, and trafficking of small arms and light weapons and ammunition in the Western Balkans by 2024 was jointly developed by the six Western Balkans jurisdictions, under the auspices of Germany and France, in coordination with the European Union and with technical support from the South Eastern and Eastern Europe Clearinghouse for the Control of Small Arms and Light Weapons (UNDP SEESAC). The Roadmap is the most comprehensive arms control exercise in the region, covering all key aspects, from securing the stockpiles of weapons and ammunition to mainstreaming gender in firearm control and countering firearms trafficking. The Roadmap was adopted at the London Summit in 2018. The text of the Roadmap is available at: <https://www.seesac.org/f/docs/publications-salw-control-roadmap/Regional-Roadmap-for-a-sustainable-solution-to-the.pdf>.



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ABBREVIATIONS



| | |
|------------------|---|
| AP | Autonomous province |
| PTSP | Post-traumatic stress disorder |
| OSCE | Organization for Security and Cooperation in Europe |
| CC | Criminal code |
| CHC | Community health center |
| MoI | Ministry of Interior |
| CPC | Criminal Procedure Code |
| LCP | Law on Civil Procedure |
| LPDP | Law on Personal Data Protection |
| IHPW | Institute for health protection of workers |
| LDVP | Law on Domestic Violence Prevention |
| CCG | Coordination and cooperation group |
| MMPI test | Minnesota Multiphasic Personality Inventory |
| UNDP | United Nations Development Programme |
| UNFPA | United Nations Population Fund |

I INTRODUCTION



Efficient prevention and protection against all forms of gender-based and domestic violence represent one of the obligations established by ratified international documents in this field, which is why it has been introduced in the normative framework of the Republic of Serbia and accompanying strategic documents. Gender-based violence is one of the most common forms of violence in the world and the Republic of Serbia, and data show that almost 30% of women have suffered from some form of physical and/or sexual violence² during their lifetime. The Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence³ has recognized that women and girls are highly exposed to gender-based violence, that domestic violence affects women disproportionately, and that men may also be the victims of domestic violence.

Special attention must be paid to the use of firearms in the context of gender-based and domestic violence so that an effective system of protection against gender-based violence and domestic violence can be created. A Strategy for Preventing and Combating Gender-Based Violence Against Women and Domestic Violence for the period from 2021 to 2025⁴ indicates the fact that there are challenges in recognizing particularly dangerous risks of recurrence or escalation of violence, such as, inter alia, possession, and use of firearms in previous incidents, participation in armed conflicts in the former SFRY or having certain jobs (in police, army), or factors that allow access to legal or illegal weapons. The data show that out of the total number of murders committed in domestic violence, one-third was committed with the use of firearms, and the majority of victims were women. The deadly outcome of weapon misuse is more common in domestic violence than in criminal violence,⁵ bearing in mind that firearms misuse is not limited to murders, but they are also used for intimidation, threat, psychological violence, sexual violence, control of victims, and other forms of violence.⁶ Women who were threatened or attacked with firearms were at twenty times higher risk of being murdered. When there is a weapon in the house, women exposed to violence are six times more likely to be murdered than other women who are victims of violence.⁷ Therefore, prevention of gender-based violence and domestic violence committed with the use of

² *Violence against women Prevalence Estimates, 2018. Global, regional and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women*, WHO, Geneva, 2021. According to: Stevanović Govedarica, G., *Small arms and light weapons, gender-based violence and domestic violence- Analysis of regulatory framework and practice*, 2021, p. 5. Available at: https://www.rs.undp.org/content/serbia/en/home/library/womens_empowerment/malokalibarsko-i-lako-oruje--rodno-zasnovano-nasilje-i-nasilje-u.html.

³ Law on Ratification of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence ("Official Gazette RS – International agreements", No. 012/13).

⁴ Available in Serbian at: <https://www.minrzs.gov.rs/sr/dokumenti/ostalo/sektor-za-socijalnu-zastitu/strategija-za-sprecavanje-i-borbu-protiv-rodno-zasnovanog-nasilja-prema-zenama-i-nasilja-u-podrocju-za-period-2021-2025-godine>.

⁵ Božanić, D., *Gender and small arms in Serbia: Fast facts*, SEESAC, 2019, pages 19 and 21. Available at: https://www.seesac.org/f/docs/Gender-and-SALW/Gender-And-Small-Arms_SERBIA_ENG_WEB.pdf.

⁶ Stevanović Govedarica, G., *Small arms and light weapons, gender-based violence and domestic violence- Analysis of regulatory framework and practice*, UNDP, 2021, p. 5.

⁷ Campbell, J. C., Webster, D., Koziol-McLain, J., Block, C. R., Campbell, D., Curry, M. A., Gary, F., McFarlane, J., Sachs, C., Sharps, P., Ulrich, Y., and Wilt, S. A., *Assessing Risk Factors for Intimate Partner Homicide*, NIJ JOURNAL, Issue No. 250, p. 16. Available at: <https://www.ojp.gov/pdffiles1/jr000250e.pdf>.

firearms⁸ requires a comprehensive and gender-based approach and compliance with the normative and strategic framework that regulates and restricts access to firearms.

Bearing in mind that the health care system plays multiple roles in preventing and protecting against gender-based and domestic violence, it is also important to analyze the normative framework, present procedures, and practice so that the existing situation can be assessed and the role of the health care system improved. In addition to the key role that the health care system has in providing health care to the victims of violence, it is also involved in identifying, recording, reporting, estimating, planning, and ensuring recovery, rehabilitation, and reintegration of victims. The role of the health care system in the prevention of gender-based violence and domestic violence is particularly important regarding the issuance of permits for keeping and carrying weapons and for performing duties that involve carrying weapons, as well as regarding the previous assessment of fulfillment of conditions and later examination and monitoring of medical fitness of a person that owns a weapon.

The legal framework governing the role and activities of the health care system in the prevention of gender-based and domestic violence has been greatly improved and legal regulations concerning possession and carrying of weapons have been changed, which means that more restrictive conditions have been imposed for obtaining a permit for keeping and carrying weapons and the health care system has assumed a more serious role in assessing the medical capacity of persons applying for a permit to possess/carry firearms.⁹ Despite the evident progress in introducing legal regulations, there are still challenges related to the role of the health care system in the prevention and combating of gender-based violence and domestic violence. Starting from the need to further improve the legal framework and identify possible obstacles in practice, the analysis should focus on identifying the weakness of the legal framework and practice that may be important for improving the role of the health care system in preventing and combating gender-based and domestic violence, with special attention to the violence committed with the use of firearms. For the mapping of the current situation to be completed, the analysis aims at identifying opportunities for further improvement of the effective response of all relevant institutions and participants not only through analysis of the regulatory framework and procedures but also through practical observations and appropriate recommendations.

⁸ The term "small arms and light weapons" is used for weapons intended for military use and the term "firearms" is used for firearms designated for civilian use. The terms "firearms" and "small arms and light weapons" are used to cover the entire range. In this document, the term "small arms and light weapons" is defined in accordance with the definition proposed by the UN Group of Government Experts (1997) (www.un.org), and the terms "firearms" and "ammunition" are defined in compliance with the Council Directive EU 91/477/EEC on control of the acquisition and possession of weapons.

⁹ The Law on Weapons and Ammunition has been amended, "Official Gazette RS", No. 20/2015, 10/2019 and 20/2020

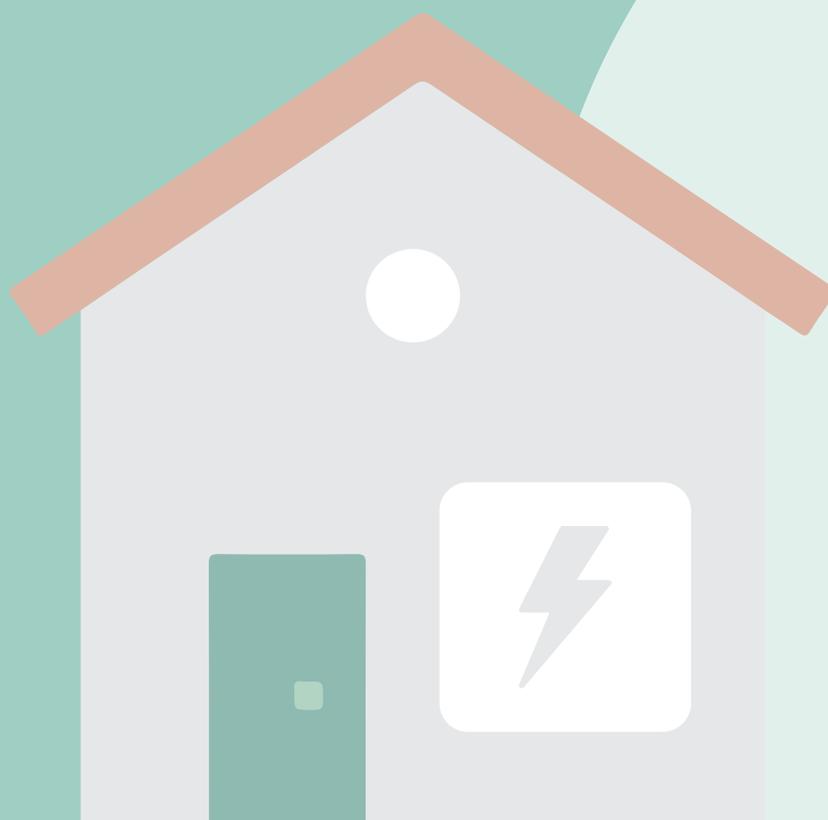
The use of firearms in gender-based violence and domestic violence is presented here through the correlation between these occurrences and available statistical data, with an overview of the legal framework governing the prevention of domestic violence and the conditions for acquiring, keeping, and carrying firearms, including the medical fitness (Chapter II). Special attention is paid to the role of the health care system in preventing domestic violence and assessing the medical fitness of an individual to possess and carry weapons, including the recommendations for improvement of the clinical examination procedure (Chapter III). The analysis also provides recommendations for improved legal framework and the role of the health care system in preventing the use of firearms in the context of domestic violence (Chapter IV), as well as the recommendations from the health care institutions, public prosecutors and citizens' associations (Chapter V). The concluding remarks and recommendations are given at the end of the analysis (Chapter VI).

The Analysis was created within the project "Reduce Risk, Increase Safety – Towards Ending SALW Misuse in the Domestic Violence Context", implemented by the United Nations Development Programme (UNDP) in Serbia, with financial support from the Federal Foreign Office, Germany. The project contributes to the implementation of the Roadmap for a sustainable solution to the illegal possession, misuse, and trafficking of small arms and light weapons (Small Arms and Light Weapons – SALW) and their ammunition in the Western Balkans by 2024. The Roadmap emphasizes the gender dimension and gender implications of firearm misuse and aims at increasing gender mainstreaming in SALW control policies in the Western Balkans, especially in the context of violence against women, domestic violence, and gender-based violence, which is a specific target of the Roadmap.

The Project "Reduce Risk, Increase Safety – Towards Ending SALW Misuse in the Domestic Violence Context" represents support for achieving Goal 4 of the Roadmap: by 2024, significantly reduce the supply, demand, and misuse of firearms through increased awareness of dangers of firearms, education, outreach, and advocacy.

The Project aims at updating regulatory framework and policies to effectively respond to the complexity of domestic violence, improve the prevention system by changing the social environment, and increase the level of awareness of men and women of the risks and dangers of misuse of firearms. It also aims at reducing the risk of misuse of small arms and light weapons and providing easier access to effective protection of victims through sustainable and integrated services and trust in security institutions.

II MISUSE OF FIREARMS IN THE CONTEXT OF GENDER-BASED VIOLENCE AND DOMESTIC VIOLENCE



1. Correlation between firearms and gender-based and domestic violence

Domestic violence is a form of discrimination against women, a violation of their basic human rights and freedom, and is one of the most insidious forms of violence against women.¹⁰ Internationally, domestic violence is seen as a form of violation of women's rights and is prohibited in international human rights treaties. As a form of gender-based violence, domestic violence in the Western Balkans may be regarded as a consequence of growing general intolerance and discrimination against women and members of minorities and marginalized communities in the region, which further contributes to traditional exposure of women and children to various types of violence.¹¹ Numerous factors contribute to the occurrence and increase in the incidence of all forms of gender-based violence and domestic violence in post-conflict situations, including social and economic factors related to transition and previous conflicts in the region such as growing economic and personal insecurity, exposure to poverty, unemployment, crime, violence, and intolerance. The consequences of the war in the former Yugoslavia are still visible and contribute to the high incidence of all forms of violence and many people, especially ex-soldiers and war victims, continue to suffer war-related trauma ultimately worsening marital and family relationships and increasing the risk of domestic violence.¹²

There is a clear correlation between the possession and carrying of weapons and gender-based violence and domestic violence. The available data collected in the period from 2012 to 2016 show that the third of the total number of murders committed by a member of the family was committed with the use of firearms, whereas the majority of victims were women (63.2%). Most men and women killed with firearms were murdered in their homes or yards.¹³

Table 1: Number of people killed by a family member, 2012–2016

| Year | Number of people killed by a family member | Number of female victims | Number of male victims |
|-----------|--|--------------------------|------------------------|
| 2012–2016 | 279 | 179 | 100 |

¹⁰ General recommendation No. 19 of the Committee on the elimination of all forms of discrimination against women (CEDAW Committee): Violence against Women, Article 16. Furthermore, according to the recommendation, the definition of discrimination in the Convention on Elimination of all forms of discrimination against women (CEDAW) "includes all acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty", UN Doc. A/47/38 (1992).

¹¹ Dokmanović, M., *Firearms Possession and Domestic violence in the Western Balkans: Comparative Study of Legislation and Implementation Mechanisms, Southeastern and Eastern Europe Clearing-house for the Control of Small Arms and Light Weapons (SEESAC)*, 2007, p. 5. Available at: <https://www.seesac.org/f/docs/Gender-and-Security/FIREARMS-POSSESSION-AND-DOMESTIC-VIOLENCE-IN-THE-WESTERN-BALKANS-EN.pdf>.

¹² *Ibid.*

¹³ Božanić, D., *Gender and Small Arms in Serbia: Fast facts*, Southeastern and Eastern Europe Clearing-house for the Control of Small Arms and Light Weapons (SEESAC), 2019, pages 19 and 27.

Table 2: Number of people killed by a family member through misuse of firearms 2012–2016

| Year | Number of people killed by a family member using firearms | Number of female victims | Number of male victims |
|-----------|---|--------------------------|------------------------|
| 2012–2016 | 87 | 55 | 32 |

Table 3: Percentage of femicides committed by a family member and femicides committed with firearms, 2012–2016

| Year | Number of femicides | Number of femicides committed with firearms | Percentage of femicides committed with firearms |
|-----------|---------------------|---|---|
| 2012–2016 | 179 | 55 | 30.7% |

Women make up the vast majority of people killed by intimate partners (88.1% compared to 11.9% of men). When it comes to intimate partner violence with fatal outcomes, women were in most cases shot by intimate partners with a firearm, and that percentage is 39.4%. Taking into account the gender structure of persons killed by intimate partners, the data show that 91.1 % of victims are women. Half of the cases of domestic violence committed with the use of firearms (51.9%) resulted in death. The probability of death due to misuse of firearms in domestic violence cases is considerably higher than in criminal incidents.¹⁴

Table 4: Number of people killed by intimate partners, 2012–2016

| Year | Number of people killed by intimate partners | Number of female victims | Number of male victims |
|-----------|--|--------------------------|------------------------|
| 2012–2016 | 128 | 104 | 14 |

¹⁴ *Ibid.*, pages 17 and 21.

Table 5: Number of persons killed by intimate partners with a firearm, 2012–2016

| Year | Number of people killed by intimate partners with a firearm | Number of female victims | Number of male victims |
|-----------|---|--------------------------|------------------------|
| 2012–2016 | 45 | 41 | 4 |

Table 6: Ratio between the total number of femicides committed by intimate partners and femicides committed with the use of firearms, 2012–2016

| Year | Number of femicides | Number of femicides with a firearm | Percentage of femicides with a firearm |
|-----------|---------------------|------------------------------------|--|
| 2012–2016 | 104 | 41 | 39.4 |

Moreover, according to available data collected in the period from June 2017 to June 2020, 52 cases of domestic violence against women committed with the use of firearms and/or the threat of firearms were recorded, namely 19 femicides (murder of women with firearms), 19 attempted femicides, and 14 cases of domestic violence against women with the threat of firearms.¹⁵

In the Republic of Serbia, there are no publicly available official data about femicides committed in the context of gender-based violence and domestic violence. The network “Women against Violence” keeps records on femicides based on data collected from the media reports. The data available to this network, as well as previous data, show that a large number of femicides have been committed with firearms¹⁶, and the data collected in 2020 show that 50% of the total number of femicides were committed with a firearm that a perpetrator or relative legally possessed, 25% of cases were committed with the illegally possessed firearms, and no data are available for 25% of the cases.¹⁷

¹⁵ Lacmanović, V., *Analysis of Cases of Femicide Committed with Firearms (June 2017 – June 2020)*, UNDP, 2021, p. 8. Available at: https://www.rs.undp.org/content/serbia/en/home/library/womens_empowerment/analiza-slucajeva-femicida-vatrenim-oruzjem.html.

¹⁶ Data obtained from Quantitative-Narrative reports of the Network “Women Against Violence” for the period 2012–2019. Available in Serbian at: <https://www.womenngo.org.rs/publikacije/izvestaji-o-femicidu-u-srbiji>.

¹⁷ *Femicide – Murders of Women in Serbia, Quantitative-narrative report, January 1 – December 31, 2020*, Autonomous Women’s Center, Belgrade, pages 1 and 5. Available in Serbian at: https://womenngo.org.rs/images/femicid/FEMICID_Kvantitativno-narativni_izvestaj_2020._godina.pdf.

Table 7: Ratio between the number of femicides and the number of femicides committed with firearms, 2012–2020

| Year | Number of femicides | Percentage of femicides committed with firearms |
|------|---------------------|---|
| 2020 | 26 | 30.8% |
| 2019 | 27 | 22% |
| 2018 | 30 | 20% |
| 2017 | 26 | 38% |
| 2016 | 33 | 27% |
| 2015 | 35 | 46% |
| 2014 | 27 | 29% |
| 2013 | 43 | 30% |
| 2012 | 32 | 34% |

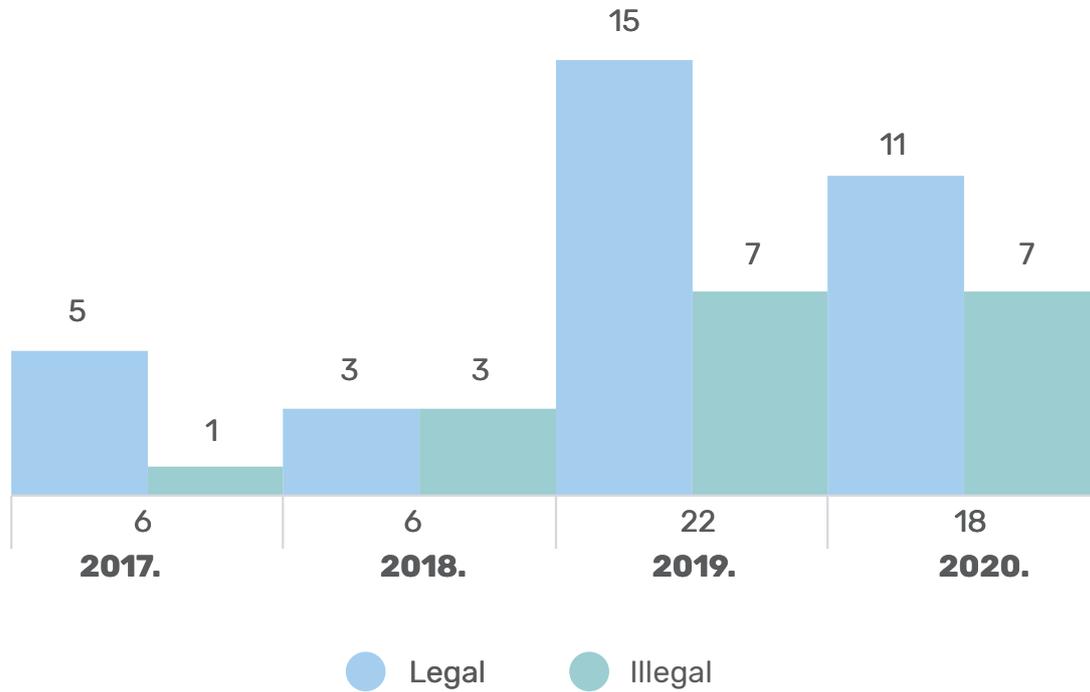
Data from quantitative-narrative reports of the Network "Women Against Violence" for the period 2012–2020

The Law on Domestic Violence Prevention was enforced in the Republic of Serbia on June 1, 2017. It granted more power and authority to relevant institutions to effectively prevent domestic violence compared to the earlier legal solutions that focused more on measures or sanctions for domestic violence. The priority of public authorities, of the police in the first place, is to minimize the risk of violence occurrence, escalation, or recurrence. An important aspect of the Law is the assessment of the risk of imminent danger in cases of violence described in Article 16, which is the basis for activating other participants in the process of preventing violence, protecting, and supporting victims. According to the Law, possession of a weapon is one of the risk factors.

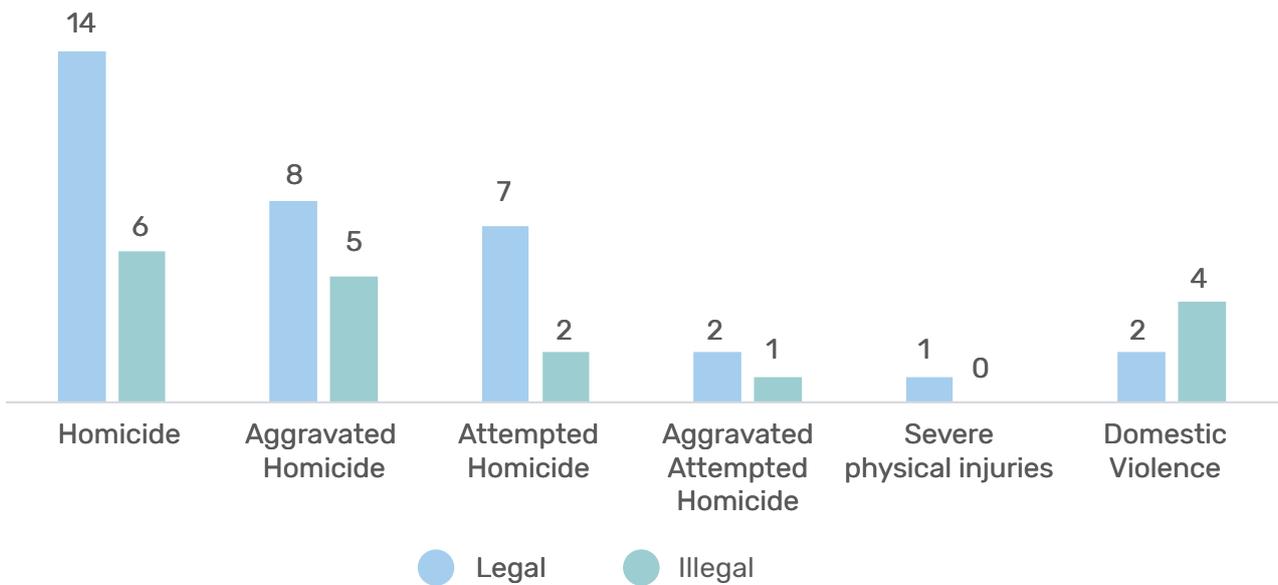
According to the data obtained from the Ministry of Interior of the Republic of Serbia in the period from 2017 to 2020, 52 criminal acts were committed within the family and relationships with the use of firearms. Most criminal acts such as murder, attempted murder, aggravated murder and aggravated attempted murder, or infliction of grievous bodily harm in a family and family relationships were committed with the use of legally possessed firearms, and domestic violence was mostly committed with illegally possessed firearms.¹⁸

¹⁸ *Domestic violence – what the data show. A review of available data on domestic violence and misuse of firearms*, UNDP, 2022. Available in Serbian at: https://www.rs.undp.org/content/serbia/sr/home/library/womens_empowerment/Nasilje_u_porodici_sta_govore_podaci.html.

Graph 1: Crimes committed in the family and partner relationships with the use of firearms, 2017–2020



Graph 2: Crimes committed with the use of legally/illegally possessed firearms



Source: Domestic violence – what the data show, 2022

The number of firearms owned by Serbian citizens is very high. A significant number of officials of different professions are authorized to carry weapons, and this liberal attitude towards the possession and acquisition of weapons has led to a significant number of firearms being possessed by the civilians. One of the consequences of the wars in the former Yugoslavia is a large number of illegal weapons in the entire region of the Western Balkans.¹⁹

According to the data obtained from the Ministry of Interior (Mol) of the Republic of Serbia²⁰, there were 996 501 registered legal weapons in 2016 in Serbia (permits for possession of firearms), out of which 270 705 pistols and revolvers, 451 189 hunting weapons (rifles and carbines), and 91 588 weapons for shooting sports. During the legalization process which lasted from March 2015 until June 2015, 7 5431 illegal weapons became legal. Apart from other things, 287 automatic rifles, 32 automatic pistols (scorpion), 15 hand grenades (shells, unfired), and 1 107 bombs and explosives were handed over. Also, 160 434 pieces of ammunition of different calibers were handed over.²¹ During previous legalizations, most of the firearms that were handed over were automatic weapons, semi-automatic military rifles, personal security weapons (pistols and revolvers), hunting weapons (rifles and carbines), shells, bombs, other mines, and explosives, as well as ammunition of different calibers.

During 2017, 117 158 requests for issuing permits for possession and carrying weapons were submitted, of which a total of 97 126 requests were issued. A total of 62 073 different documents for weapon carrying and possession were issued. Nine hundred and sixty-four complaints were filed, and 961 of them were resolved based on citizens' complaints.²²

Not only is the misuse of firearms associated with homicides, but it is often associated with intimidation, threats, psychological or sexual violence, victim control, and other forms of violence. The risk of firearms misuse and the risk of escalation of violence, including murder as the fatal and most severe consequence, are increased in families and relationships in which a violent family member or partner has access to firearms. The awareness of the fact that a perpetrator has access to firearms or weapons in the house makes the victims experience fear of turning to competent institutions for help and also discourages possible witnesses of violence from reporting the crime or helping the victims.²³ There are no data on the use of weapons in domestic violence that did not result in death or injury. Research implies that the most common use of weapons is in the context of psychological violence, emotional violence, and sexual violence. According to

¹⁹ Details in: *Targeting weapons – Misuse of Firearms in Serbia*, South Eastern and Eastern Europe Clearinghouse for the Control of Small Arms and Light Weapons (SEESAC), 2015. According to Stevanović Govedarica, G., *Small Arms and Light Weapons, Gender-based Violence and Domestic Violence – Analysis of regulatory framework and practice*, UNDP, 2021, p. 71.

²⁰ Galović, M., *Zakon smanjio potražnju za legalnim oružjem*, *Politika*, 25. 7. 2016. <https://www.politika.rs/sr/clanak/359796/Zakon-smanjio-potraznju-za-legalnim-oruzjem>.

²¹ *Ibid.*

²² Statistical data obtained from Mol RS, 2021.

²³ Lacmanović, V., *Analysis of cases of femicide committed with firearms (June 2017 – June 2020)*, UNDP, 2021, pp. 4–5.

the research conducted in AP Vojvodina, the weapon was used as a threat²⁴ in more than a third of cases, however, the other research shows that two-thirds of women stated that their partners had used weapons as a threat of injury or murder.²⁵

A significant aspect of the prevention of gender-based and domestic violence is the participation of perpetrators of violence in armed conflicts. OSCE research shows that war veterans in the former Yugoslavia continue to suffer from post-traumatic stress disorder (PTSD), which potentially increases the existing tendencies towards violence against women. Noting that data should be interpreted with caution, the study shows that women whose current partners have fought in an armed conflict are two to four times more likely to be threatened with physical violence than women whose partners have not been involved in armed conflict. Similarly, physical and sexual violence is more common in cases when ex-partners who committed the violence participated in armed conflict.²⁶

- In the period from 2018 to 2020, a total of **85 498 cases of domestic violence** were reported, recording **89 018 perpetrators and 96 594 victims**.
- The highest number of cases reported were the cases of **psychological violence (58 926, or 59.7%)**, followed by the cases of **physical violence (35 780 or 36.2%)**, **economic violence (3 361 or 3.4%)**, and **sexual violence (676 or 0.7%)**.²⁷
- In the period from 2018 to 2020, the authorized police officers imposed a total of **86 911 emergency measures for preventing domestic violence**. According to the records of the Mol, out of this number, **57 025 (65.61%) measures were implemented, and 4 252 (4.89%) were violated**.
- During a three-year period, **89 018 perpetrators of domestic violence** were registered. **Most of the perpetrators were men, in 82% of cases**. There are no data on the number of misused and confiscated firearms.
- In 559 (0.6%) cases, the perpetrators of domestic violence were members of the Ministry of Interior. However, there are no data about the profession of other people who have access to firearms

²⁴ Božanić, D., *Gender and Small Arms and Light Weapons – Main Concerns and Policy Responses in Southeastern Europe*. According to: Stevanović Govedarica, G., *Small Arms and Light Weapons, Gender-based Violence and Domestic Violence-Analysis of Regulatory Framework and Practice*, UNDP, 2021, p. 25.

²⁵ Sorenson, S. B., Wiebe, D. J., *Weapons in the Lives of Battered Women*. 94 Am. J. Pub. Health, 2004. According to: Lacmanović, V., *Femicide in Serbia: search for data, institutional response and media coverage*, Annals for Istrian and Mediterranean Studies, 2019, p. 45. Available at: https://zdjip.si/wp-content/uploads/2019/07/ASHS_29-2019-1_LACMANOVIC.pdf.

²⁶ "Wellbeing and Safety of Women – Main Report Serbia", OSCE, 2019. According to: Stevanović Govedarica, G., *Small Arms and Light Weapons, Gender-based Violence and Domestic Violence-Analysis of Regulatory Framework and Practice*, UNDP, 2021, p. 25.

²⁷ With regard to the total number of cases and forms of violence related to the prevention of domestic violence registered in the Mol records, it is important to note that the record includes different types of violence registered under one case, which is why the total number of registered forms of violence is greater than the number of reported cases of violence.

2. Prevention of domestic violence: regulatory framework

The prevention of domestic violence and the actions of state bodies and institutions in preventing domestic violence and providing protection and support to victims of domestic violence are directly regulated by the Law on Domestic Violence Prevention.²⁸ The aim of the law is to govern in a general and unique way the organization and actions of state bodies and institutions so that domestic violence can be prevented effectively and urgent, timely and effective protection and support to victims can be provided. The police, public prosecutor's offices, courts of general jurisdiction, misdemeanor courts, and centers for social work are responsible as national competent authorities and institutions for preventing domestic violence and providing protection and support to victims of domestic violence and victims of crimes prescribed by this law. In addition to these authorities, the institutions in the sectors for children, social protection, education, upbringing, and health care are also involved in the prevention of domestic violence by providing support and information about violence, as well as by providing support to the victims of violence. Health care institutions are institutions authorized to implement the Law on domestic violence prevention.²⁹

The Law on Domestic Violence Prevention also applies to the cooperation in the prevention of domestic violence in criminal proceedings for crimes of gender-based violence, as well as when protection and support to the victims of such crimes are provided.³⁰ The law stipulates that all national competent authorities and institutions responsible for law enforcement (including health care institutions) must prevent domestic violence and crimes specified by this law quickly, effectively, and in a coordinated manner, and they must provide victims with protection, legal aid, and psychosocial and other support so that they can easily recover, gain strength and independence.³¹

In addition to criminal prosecution and punishment, the process of preventing domestic violence also involves the following actions that can be undertaken by health care institutions: reporting, recognizing violence and risk assessment. Public authorities and other bodies, organizations, and institutions are obliged to immediately report to the police or the public prosecutor any form of domestic violence or the imminent

²⁸ Law on Domestic Violence Prevention ("Official Gazette RS", No. 94/2016).

²⁹ *Ibid.*, Article 7.

³⁰ *Ibid.* Article 4. stipulates the criminal offence of stalking (Article 138a CC), rape (Article 178 CC), sexual intercourse with an incapacitated person (Article 179 CC), sexual intercourse with a child (Article 180 CC), sexual intercourse through abuse of position (Article 181 CC), prohibited sexual acts (Article 182 CC), sexual harassment (Article 182a CC), pimping and procuring (Article 183 CC), mediation in prostitution (Article 184 CC), showing, procuring, and possessing pornographic material and minor person pornography (Article 185 CC), inducing a child to attend sexual acts (Article 185a CC), neglecting and abusing a minor (Article 193 CC), domestic violence (Article 194 CC), failure to provide maintenance (Article 195 CC), violation of family duty (Article 196 CC), incest (Article 197 CC), human trafficking (Article 388 CC) and other criminal offenses, if the crime is the consequence of domestic violence.

³¹ *Ibid.*, Article 12.

danger of it. National competent authorities (police, courts, and prosecutor's offices) and centers for social work are obliged to recognize domestic violence and the danger of violence in their work.³² The following must be taken into account when assessing the risk: whether the potential perpetrator has committed domestic violence before or immediately before the risk assessment and whether he is ready to repeat it, whether the perpetrator has threatened to kill or commit suicide, whether he possesses a weapon, whether he is mentally ill or uses psychoactive substances, whether there is a child custody conflict or conflict about the manner of maintaining the relationship between the child and the parent who is a possible perpetrator, whether an urgent measure or a measure of protection against domestic violence has been imposed, and whether the victim experiences fear and assesses the risk of violence.³³

The Law on Domestic Violence Prevention has established and improved the work of coordination and cooperation groups, consisting of representatives of the public prosecutor's office, the police and the center for social work.³⁴ The role of the group is to investigate the cases of domestic violence that have not resulted in guilty decisions in civil or criminal proceedings, as well as cases when it is necessary to provide protection and support to victims of domestic violence and victims of crimes under this law. The group develops an individual plan for the protection and support of victims and proposes measures to end court proceedings to the competent public prosecutor's office. Meetings of the group may, if necessary, be attended by the representatives of educational and health care institutions and the National Employment Agency, representatives of other legal entities and associations and individuals who provide protection and support to the victims.³⁵

Health care institutions, as well as other bodies and institutions responsible for the enforcement of the Law on Domestic Violence Prevention are obliged to give the victim all information about the bodies, legal entities, and associations that provide protection and support in a manner and language understood by the victim of violence.³⁶ Based on this Law, the Government of the Republic of Serbia³⁷ has made a decision to establish the Council for Combating Domestic Violence, whose role is to monitor the enforcement of this law and improve the coordination and effectiveness in the prevention of domestic violence and protection from domestic violence. A member of the Council is also a representative of the Ministry of Health of the Republic of Serbia.

³² *Ibid.*, Article 13

³³ *Ibid.*, Article 16

³⁴ *Ibid.*, Article 26

³⁵ *Ibid.*, Article 25

³⁶ *Ibid.*, Article 29

³⁷ Decision on the Formation of the Council for Combating Domestic Violence ("Official Gazette RS", No. 69/2017, 30/2021 and 69/2021).

3. Firearms use: regulatory framework

According to the legislation of the Republic of Serbia, there is a correlation between the misuse of firearms and gender-based violence and domestic violence, and the possession of weapons is regarded as a risk factor in both legal and strategic documents.

The possession of weapons is defined as a factor of risk for domestic violence in the Law on Domestic Violence Prevention. The cases of gender-based and domestic violence pose a high-security risk to both victims and police officers who intervene. Based on this law, a Risk Assessment List for police officers (hereinafter: Police Risk List) was prepared; police officers are the initial institution in recognizing and acting when they discover about the violence or danger of violence. The list contains the following two factors: the threat of using firearms and possession of firearms. Taking these two risk factors into account, it can be concluded that the Police risk list deviates from the Law on Domestic Violence Prevention, according to which, possession of weapons is regarded as a risk factor but it is not limited only to the legal possession of weapons.

Neither the Law on the Prevention of Domestic Violence nor the Police Risk List address the issue relating to the perpetrator's access to the weapons that he/she does not possess (e.g. weapons legally or illegally owned by a family member, joint household member, relative of the perpetrator, or a third party who can easily make the weapons available to the perpetrator), although there are cases of femicide or domestic violence committed with weapons that the perpetrator did not possess. Moreover, there are some drawbacks with the Police Risk List because there is not an option to make records about the weapon not being found, or that there is no information about its availability.³⁸

Police officers are obliged to assess the possible risks to their own safety and the safety of the victims and to take all necessary measures, precautions, and safety measures. Having access to firearms is the most common and highest risk in the cases of gender-based violence and domestic violence. The lack of data on unreported cases of gender-based violence and domestic violence committed with the use of firearms significantly impedes the progress in stopping gender-based violence and domestic violence.

International standards and regulations governing the use and control of firearms:

- UN Program of Action on Small Arms and Light Weapons and Practical Disarmament Measures (Program of Action – PoA)³⁹
- UN Action Plan for Disarmament Affairs⁴⁰

³⁸ *Domestic violence – what the data show. A review of available data on domestic violence and misuse of firearms*, UNDP, 2022. Available in Serbian at: https://www.rs.undp.org/content/serbia/sr/home/library/womens_empowerment/Nasilje_u_porodici_sta_govore_podaci.html.

³⁹ Available at: <https://unrcpd.org/conventional-weapons/poa/>.

⁴⁰ Available at: <https://www.un.org/disarmament/wp-content/uploads/2016/06/update-gender-action-plan-2016.pdf>.

- UN Security Council Resolution 1325 – Women, Peace and Safety⁴¹
- UN General Assembly Resolution 65/69 – Women, Disarmament, Non-Proliferation and Arms Control⁴²
- Convention on Abolishment of all Forms of Discrimination of Women,⁴³ with CEDAW general recommendation no. 30 on women in conflict prevention, conflict and post-conflict situations⁴⁴
- Sustainable Development Goals – SDGs, Goal 3 – Good Health, Goal 5 – Gender equality and Goal 16– Peace, Justice and Strong Institutions⁴⁵
- EU Strategy Against Illicit Firearms, Small Arms and Light Weapons and Their Ammunition⁴⁶
- The Directive of the European Union Council 91/477/EEZ on Control of the Acquisition and Possession of Weapons⁴⁷
- The Directive of the European Parliament and of the Council number 555/2021 dated April 24, 2021⁴⁸
- The Roadmap for a sustainable solution to combat illegal possession, misuse and trafficking of small arms and light weapons and their ammunition in the Western Balkans by 2024 – Goal 4: by 2024 significantly reduce the supply, demand, and misuse of firearms through increased awareness of dangers of firearms, education, outreach, and advocacy.⁴⁹

National strategic and regulatory framework on the use and control of firearms with related regulations

- Action plan for Chapter 23 – Justice and Fundamental Rights⁵⁰
- Action Plan for Chapter 24 – Justice, Freedom and Safety, revised version⁵¹

⁴¹ Available at: <http://www.peacewomen.org/SCR-1325>.

⁴² Available at: <https://undocs.org/A/RES/65/69>.

⁴³ Available at: <https://www.ohchr.org/en/professionalinterest/pages/cedaw.aspx>.

⁴⁴ Available at: <https://undocs.org/en/CEDAW/C/GC/30>.

⁴⁵ Available at: <https://undocs.org/en/CEDAW/C/GC/30> <https://undocs.org/en/CEDAW/C/GC/30>.

⁴⁶ Council Conclusions on the Adoption of an EU Strategy Against Illicit Firearms, Small Arms & Light Weapons & Their Ammunition – Council Conclusions (19 November 2018). Available at: <https://data.consilium.europa.eu/doc/document/ST-13581-2018-INIT/en/pdf>.

⁴⁷ Available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:31991L0477&-from=EN>.

⁴⁸ Available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32021L0555&-from=en>.

⁴⁹ Available at: <https://www.seesac.org/f/docs/publications-salw-control-roadmap/Regional-Roadmap-for-a-sustainable-solution-to-the.pdf>.

⁵⁰ Available in Serbian at: <https://www.mpravde.gov.rs/files/Akcioni%20plan%20PG%2023.pdf>.

⁵¹ Available in Serbian at: <https://media.cpes.org.rs/2020/09/Akcioni-plan-PG-24.pdf>.

- Small Arms and Light Weapons Control Strategy with Action Plan in the Republic of Serbia, 2019–2024⁵²
- Strategy for Prevention and Combating Gender-Based Violence and Domestic Violence 2021–2025.⁵³
- Special Protocol on the Conduct of Police Officers in Cases of Violence against Women in the Family and Intimate Partner Relationships⁵⁴
- Second NAP for the implementation of UN Security Council Resolution 1325 “Women, Peace and Security” in the Republic of Serbia for the period 2017-2020.⁵⁵
- Law on Weapons and Ammunition⁵⁶
- Criminal Code of RS⁵⁷
- Law on Domestic Violence Prevention⁵⁸
- Law on Health Care⁵⁹
- Law on Police⁶⁰
- Law on Private Security⁶¹
- Rulebook on Conditions for Performance of Health Care Service in Health Care Centers and Other Forms of Medical Service⁶²
- Rulebook on Determining Physical Fitness of an Individual for Possessing and Carrying Firearms⁶³

In some chapters, the analysis focuses on the provisions of certain regulations regarding the role of the health care system in the prevention of gender-based violence and domestic violence committed with the use of firearms.

⁵² Small Arms and Light Weapons Control Strategy with Action Plan in the Republic of Serbia, 2019–2024. (“Official Gazette RS”, No. 44/2019).

⁵³ Strategy for Prevention and Combating Gender-Based Violence and Domestic Violence 2021–2025 (“Official Gazette RS” No.47/2021).

⁵⁴ Available in Serbian at: <https://hrcvr.org/wp-content/uploads/2020/09/Poseban-protokol-o-pos-tupanju-policijskih-slu%C5%BEbenika-u-slu%C4%8Dajevima-nasilja-nad-%C5%BEenama-u-porodi-ci-i-u-partnerskim-odnosima..pdf>.

⁵⁵ Available at: <https://www.osce.org/files/f/documents/0/7/341161.pdf>.

⁵⁶ Law on Weapons and Ammunition (“Official Gazette RS”, No. 20/2015, 10/2019 and 20/2020).

⁵⁷ Criminal Code of RS (“Official Gazette RS”, No. 85/2005, 88/2005 – corr., 107/2005 – corr, 72/2009, 111/2009, 121/2012, 104/2013, 108/2014, 94/2016 and 35/2019).

⁵⁸ Law on Domestic Violence Prevention (“Official Gazette RS”, No. 94/2016).

⁵⁹ Law on Health Care (“Official Gazette RS”, No. 25/2019).

⁶⁰ Law on Police (“Official Gazette RS”, No. 6/2016, 24/2018 and 87/2018).

⁶¹ Law on Private Security (“Official Gazette RS”, No. 104/2013, 42/2015 and 87/2018).

⁶² Rulebook on Conditions for Performance of Health Care Service in Health Care Centers and Other Forms of Medical Service (“Official Gazette RS”, No. 43/2006, 112/2009, 50/2010, 79/2011, 10/2012 – another rulebook, 119/2012 – another rulebook, 22/2013 and 16/2018).

⁶³ Rulebook on Determining Physical Fitness of an Individual for Possessing and Carrying Firearms (“Official Gazette RS”, No. 25/2016, 79/2016)

3.1. Purchase, possession and carrying of firearms

Purchase and possession of firearms are regulated by the provisions of the Law on Weapons and Ammunition, Law on Police, Criminal Code of the Republic of Serbia, Law on Private Security, Law on Domestic Violence Prevention, and the Law on Health Care. These laws govern the conditions for purchasing, possession, and carrying of firearms and ammunition by civilians and employees at private companies providing security services. The basic law that regulates purchasing, possession, and carrying of weapons is the Law on Weapons and Ammunition.

The Law on Weapons and Ammunition allows a permit to carry a weapon and a collector's permit.⁶⁴ A natural person who has a registered self-defense weapon classified in category B may be issued a permit to carry a weapon, and the application shall be submitted to the competent authority. When applying for a permit, the person must meet the requirements for acquiring and possession of weapons classified in category B and prove that their personal safety could be endangered or might be endangered to the extent that it is necessary to carry a weapon.⁶⁵ The permit to carry weapons contains information about the natural person and gives him/her the right to carry a pistol or revolver registered as a personal self-defense weapon classified in category B.⁶⁶

The requirements for purchasing and possessing the weapons classified in category B imply that the applicants are of legal age, are citizens of the Republic of Serbia or foreigners with permanent residence, are medically fit to possess and carry weapons. It is also important that they have not been sentenced to imprisonment for the following criminal offenses: against life or body, against the rights and freedom of man and citizens, against sexual freedom, against marriage and family, against property, people's health, the general safety of people and property, against constitutional order and safety of the Republic of Serbia, against state authorities, against public order and peace, against humanity and other goods protected by the international law, that is, that no proceedings have been instituted against them for the above-mentioned crimes. Other requirements imply that applicants have not been convicted in the last four years for the violation of public order and peace, which require the imposition of a sentence of imprisonment, or for violations under this Law on Weapons and Ammunition and that their behavior does not indicate that they would pose a threat to themselves or other people and to public peace and order, as verified by security vetting in their place of domicile, residence or workplace.

⁶⁴ See Article 10 of the Law on Weapons and Ammunition. The competent authority may, by the virtue of the decision, issue a license to collect weapons to the natural person who fulfills the requirements from Article 11 of the Law on Weapons and Ammunition, possesses at least five registered weapons in category B and who has the necessary conditions for safe storage and keeping of weapons. (Article 18).

⁶⁵ Article 25 Law on weapons and ammunition.

⁶⁶ See Article 3. Paragraph 1. Item 33. of the Law on Weapons and Ammunition. Category B weapons are all types of firearms (short, long, semi-automatic, repeating, single-action, double-action, with rifled or smooth-bore barrels) other than those in categories A and C and convertible weapons (Article 4. Paragraph 1. Item 2. of the Law on Weapons and Ammunition).

In order for the applicants to obtain a permit to purchase and carry weapons, they must be trained in handling firearms and must have a valid reason for this. The persons are believed to have valid reasons for purchasing and carrying weapons classified in category B for personal self-defense if they can prove that their personal safety could be endangered due to the type of work they do or other circumstances; for hunting weapons, they must submit evidence that they fulfill the requirements for obtaining a hunting license and for sporting weapons, they must provide a certificate of active membership in sports shooting organization. The natural persons must also have the right conditions for safe storage and keeping of weapons.⁶⁷

A police director or a police officer authorized by the police director shall approve the issuance of the permit to carry a weapon or the application may be denied if an applicant does not fulfill the requirements stipulated by the Law. The permit to carry a self-defense weapon shall be issued by the competent authority on the basis of a decision approving the respective application and it is valid with an accompanying weapon registration card. A holder of a permit to carry a weapon may carry only one weapon at a time for which he/she has a valid weapon registration card and shall not publicly display his/her weapon to other persons and shall not carry it in the manner which causes distress to other people. The permit to carry a weapon shall be issued for a limited period of up to five years, and if, after the conducted procedure, it is determined that the person who has been issued the permit to carry a self-defence weapon no longer fulfils the requirements stipulated by the Law, the police director or authorized police officer shall pass a decision according to which the person is banned to carry a weapon and the respective permit has been revoked.⁶⁸

Apart from civilians, a significant number of officials from different professions are authorized to carry firearms (police officers, members of the Serbian Armed Forces, members of the Security Information Agency (SIA), the Military Security Agency (MSA) and Military Intelligence Agency (MIA), customs officers, members of the Security Service for the Administration for the Execution of Penitentiary Sanctions and court guards). Although a significant number of laws and bylaws contain special provisions relating to the carrying of service weapons by officials, they do not refer to enforcement of the Law on Weapons and Ammunition.⁶⁹

⁶⁷ *Ibid.*, Article 11.

⁶⁸ *Ibid.*, Article 25.

⁶⁹ See Rulebook on the Manner of Providing Protective Health Care and Criteria and Manner of Determining Psychological and Physical Capabilities for Certain Job Positions of Police Officers ("Official Gazette RS", no 110/2006), Law on Police ("Official Gazette RS", No. 6/2016, 24/2018 and 87/2018), Customs Law ("Official Gazette RS", No. 95/2018 and 144/2020), Rulebook on the Conditions and Manner of Carrying Weapons and Ammunition by Customs Officers ("Official Gazette RS", No. 53/2019), Law on the Serbian Armed Forces ("Official Gazette RS", No. 116/2007, 88/2009, 101/2010 – other law, 10/2015, 88/2015 – CC decision, 36/2018, 94/2019 and 74/2021 – CC decision), Decree on Special Criteria in the Employment Procedure and Termination of Employment in the Military Security Agency and the Military Intelligence Agency ("Official Gazette RS", No. 86/ 2010), Law on Private Security ("Official Gazette RS", No. 104/2013, 42/2015 and 87/2018), Rulebook on Special Conditions to be Met by the Employee Working in the Special Detention Unit and the Selection Method Before to the Appointment ("Official Gazette RS", No. 103/2014), and Law on Security Information Agency ("Official Gazette RS", No. 42/2002, 111/2009, 65/2014 – CC decision, 66/2014 and 36/2018).

Therefore, the conditions for authorizing the persons to carry and use weapons are in fact those conditions that are prescribed for concluding the employment contract, that is, employment.⁷⁰ The Ministry of the Interior shall be liable for the enforcement of the Law on Weapons and Ammunition and shall issue the documents⁷¹ of importance for the prevention of gender-based violence and domestic violence accordingly.

The record of submitted applications and issued permits to carry weapons shall be kept using the appropriate form⁷² that contains a lot of information as well as personal data, occupation, number of a weapon registration card, date of permit issuance/revocation, but not data about whether the application was submitted for the first time or repeated nor any other data about the health documentation of the persons whose applications were rejected.

Although one of the requirements for obtaining a permit to carry a weapon is the case when an applicant has been sentenced to imprisonment for certain criminal offenses and misdemeanors, the cases of imposing urgent measures under the Law on Domestic Violence Prevention and measures of protection against domestic violence under the Family Law are not taken into consideration. In addition, the Law does not recognize the cases when criminal charges are filed against an applicant for domestic violence by a competent authority but they have not yet resulted in criminal proceedings or the fact that no criminal proceedings have been instituted against the applicant due to the application of postponement of criminal prosecution.⁷³ **There is a reasonable basis to believe that it would be of significant importance for the police officers to assess family circumstances (whether divorce proceedings have been instituted or settlement of child custody and alike) in cooperation with the Center for social work when performing the security vetting of the applicant. Given that the procedure for assessing the justifiable reason for acquiring and possessing weapons is not specifically regulated, a more specific regulatory process in the procedure can also significantly contribute to the improvements in this field.**

⁷⁰ Stevanović Govedarica, G., *Small Arms and Light Weapons, Gender-based Violence and Domestic Violence-Analysis of Regulatory Framework and Practice*, UNDP, 2021, p. 41.

⁷¹ Law on Weapons and Ammunition, Articles 9 and 10.

⁷² Available in Serbian at: https://www.paragraf.rs/obrasci/4677_ID.pdf.

⁷³ Criminal Procedure Code, Article 283.

3.2. Medical fitness as a precondition for possessing and carrying firearms

According to the Law on Weapons and Ammunition, a permit to possess and carry weapons classified in category B may be issued to persons who fulfill the requirements set by the Law that are checked during the procedure, including the medical fitness of the person to carry and possess weapons.⁷⁴

Medical fitness to hold and carry weapons specified by the Law on Weapons and Ammunition shall be proved by submitting a certificate of medical fitness, which is issued by a health care institution fulfilling the prescribed requirements in line with the relevant decision of the ministry of health confirming that it meets the requirements for performing medical examination related to assessment of medical fitness of natural persons to possess and carry weapons. The health care institution authorized to perform medical examinations for the purpose of assessing a person's medical fitness to possess and carry weapons shall inform the nearest organizational unit of the Ministry of Interior about the fact that a person who underwent medical examination does not fulfill the requirements to hold and carry weapons within 8 days from the day of performed examination. The permit to carry and possess weapon does not have an expiry date but the person who has been issued a weapon permit in category B or has been issued a weapon registration card shall be liable to submit a new certificate of medical fitness every five years that is not older than a month. A natural person who is not satisfied with the issued certificate of medical fitness to possess and carry weapons may file an appeal to the second instance medical commission, appointed by the minister of health.⁷⁵

The authority that issued a weapon registration card to a natural person shall immediately inform the chosen general practitioner of the natural person. The general practitioner who finds out that the medical condition of a person who possesses and carries a weapon has changed in such a way that it affects his/her fitness to possess and carry a weapon shall immediately inform the nearest organizational unit of the Ministry of Interior.⁷⁶ More specific requirements related to medical fitness to possess and carry weapons, which must be fulfilled by natural persons possessing and carrying weapons, are set in the Rulebook on Determining Physical Fitness of an Individual for Possessing and Carrying Firearms.⁷⁷

⁷⁴ Law on Weapons and Ammunition, Articles 11 and 12

⁷⁵ *Ibid.*, Article 12

⁷⁶ *Ibid.*,

⁷⁷ Rulebook on Determining Physical Fitness of an Individual for Possessing and Carrying Firearms ("Official Gazette RS", No. 25/2016 and 79/2016).

The competent authority, acting *ex officio*, shall monitor whether a natural person possessing a weapon in category B fulfils the requirements, however, if one of the set conditions ceases to exist, the competent authority shall pass a decision on revoking a weapon registration card, confiscating a weapon and ammunition from the natural person.⁷⁸ The Law on Weapons and Ammunition prescribes a misdemeanor in case a natural person fails to submit a certificate of medical fitness to possess and carry a weapon after the expiration of five years, or after the expiration of the medical certificate, and in case the general practitioner does not inform immediately the nearest organizational unit of the Ministry of Interior after he/she finds out that the health condition of a natural person possessing and carrying a weapon has changed in a manner that affects his/her medical fitness to possess and carry weapon.⁷⁹

Apart from medical certificates, the procedures for issuing permits to possess and carry weapons are regulated by the Rulebook on Issuance Procedure, Design and Contents of the Forms and Documents prescribed by the Law on Weapons and Ammunition.⁸⁰ General provisions regarding the requirements (including medical fitness) for the possession and carrying of weapons can also be found in other laws which regulate the position of persons performing the activities related to the possession and carrying of weapons.

A person may be employed at the Ministry of the Interior as a police officer if he/she, among other things, is psychologically and physically capable to perform the duties of that job. However, the positions that require special mental abilities (adequate level of intellectual efficiency and adequate personality structure) and jobs for which special skills are required, are separately marked.⁸¹ Loss or lack of work abilities will have an impact on the carrying of service weapons. Therefore, a police officer shall deliver to his immediate manager the service weapons, ammunition, official identification card, and official badge when by decision of the competent health institution he/she is declared incapable of performing the duties of a police officer due to an illness from the group of mental illnesses and disorders, on the first day of temporary incapacity to work.⁸²

A person may be employed as a customs officer if, in addition to other prescribed conditions, he/she meets the general and special health and psychophysical conditions for that job.⁸³

⁷⁸ Law on Weapons and Ammunition, Article 28

⁷⁹ *Ibid.*, Article 47

⁸⁰ Rulebook on Issuance Procedure, Design and Contents of the Forms and Documents Prescribed by the Law on Weapons and Ammunition ("Official Gazette RS", No. 16/2016).

⁸¹ Rulebook on the Manner of Providing Protective Health Care and Criteria and Manner of Determining Psychological and Physical Capabilities for Certain Job Positions of Police Officers ("Official Gazette RS", No. 110/2006), Articles 5 and 6.

⁸² Law on Police ("Official Gazette RS", No. 6/2016, 24/2018 and 87/2018), Article 38.

⁸³ Customs Law ("Official Gazette RS", No. 95/2018 and 144/2020), Article 59; Law on Police, Articles 36, 38 and 245.

A customs officer who performs activities on preventing smuggling, intelligence, and internal control, has the right and obligation to carry weapons and ammunition under the conditions and in the manner prescribed by the Minister. Control of the ability and mental and physical fitness of customs officers to carry and use firearms shall be performed at least once a year.⁸⁴ A person admitted to professional military service must be of good health and psychologically and physically fit to serve the Serbian Armed Forces,⁸⁵ however, the reason for terminating professional military service is the loss of medical abilities.⁸⁶ A candidate for employment at Military Intelligence Agency or the Military Security Agency must meet, among other conditions and criteria, the psychological and medical criteria.⁸⁷

A natural person needs a license to perform private security activities and one of the conditions for obtaining the license is that the person is mentally and physically capable of performing these activities. The proof of being mentally and physically fit is a medical certificate or a report from the competent health care institution or a certificate that he/she is medically fit to possess and carry a weapon if he/she performs tasks that involve carrying a weapon not older than 60 days at the time of application.⁸⁸ The job of a court guard can be performed only by a person who, among other things, is medically (mentally and physically) capable and trained to handle firearms,⁸⁹ and only a person who is mentally and physically fit to work in a Special Detention Unit can work there.⁹⁰

⁸⁴ Rulebook on the Conditions and Manner of Carrying Weapons and Ammunition by Customs Officers ("Official Gazette RS", No. 53/2019), Article 4.

⁸⁵ Law on the Serbian Armed Forces ("Official Gazette RS", No. 116/2007, 88/2009, 101/2010 – other law, 10/2015, 88/2015 – CC decision, 36/2018, 94/2019 and 74/2021 – CC decision), Article 39.

⁸⁶ *Ibid.*, Article 110.

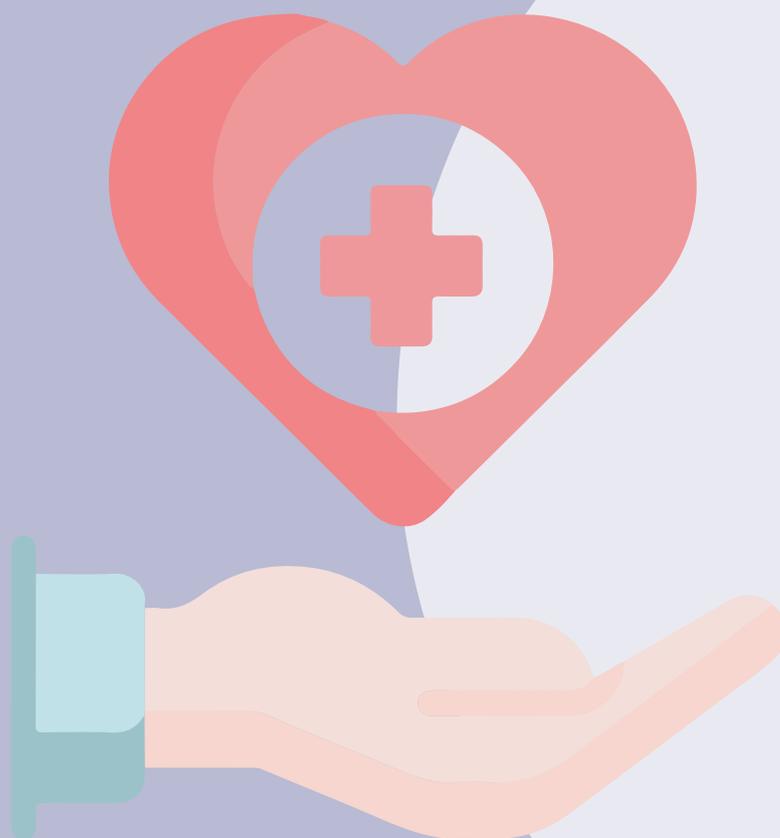
⁸⁷ Decree on Special Criteria in the Employment Procedure and Termination of Employment in the Military Security Agency and the Military Intelligence Agency ("Official Gazette RS", No. 86/ 2010), Article 2, Paragraph 2, Item 3.

⁸⁸ Law on Private Security ("Official Gazette RS", No. 104/2013, 42/2015 and 87/2018), Article 112.

⁸⁹ *Ibid.*, Article 6.

⁹⁰ Rulebook on Special Conditions to be Met by the Employee Working in the Special Detention Unit and the Selection Method Prior to the Appointment ("Official Gazette RS", No. 103/2014), Article 3.

III THE ROLE OF THE HEALTH CARE SYSTEM IN THE PREVENTION OF GENDER-BASED AND DOMESTIC VIOLENCE



1. The health care system in the Republic of Serbia

The Law on Health Care governs the health care system, organization of the health care services and health care of citizens.⁹¹ The health care system consists of the health care institutions, institutions of higher education in the field of the health profession, and other legal entities which are set up by a special law to perform health care activities, private practice, medical workers and medical associates, as well as the organization and financing of the health care system.⁹² Health care providers are health institutions in public and private ownership, higher education institutions in the field of the health profession, and other legal entities which are set up by a special law to perform health activities, private practice, medical workers who perform health activities, other higher education institutions, or scientific institutions, educational and scientific institutions, with the opinion of the Ministry of Health.⁹³ Social care institutions and other providers of social care, including orphanages, institutes for the execution of criminal sanctions, the Ministry of the Interior, as well as other legal entities which are set up by a special law to perform health activities, may perform health activities for the users of those institutions, or those legal entities if the Ministry of Health decides that they meet the prescribed conditions for a certain type of health institution, or for a certain type of private practice.⁹⁴

Social care for health is achieved by providing health care to the categories of the population exposed to increased risk of disease, health care to persons related to prevention, control, early detection and treatment of diseases and conditions of greater public health importance, as well as providing health care for the socially vulnerable population under equal conditions on the territory of the Republic of Serbia. Victims of domestic violence are also covered by social health care, which means that if they are not covered by compulsory health insurance, funds for the health care shall be provided from the state budget. According to the Law on Health Insurance, victims of domestic violence are persons who are considered to be insured even when they do not meet the legally prescribed conditions for acquiring the status of the insured or member of the insured person's family.⁹⁵ Although the health care of persons exposed to violence is covered by the Rulebook on the Nomenclature of Medical Services at Primary Level of Health Care,⁹⁶ which enables monitoring and analyzing the number of services provided, none of these laws recognizes women that are victims of other forms of gender-based violence as a group covered by social care for health.⁹⁷

⁹¹ Law on Health Care ("Official Gazette RS", No. 25/2019).

⁹² *Ibid.*, Article 6.

⁹³ *Ibid.*, Article 27.

⁹⁴ *Ibid.*, Article 36.

⁹⁵ Law on Health Insurance ("Official Gazette RS", No. 25/2019), Article 16.

⁹⁶ The Rulebook on the Nomenclature of Medical Services at Primary Level of Health Care ("Official Gazette RS", No. 70/2019, 42/2020 and 74/2021).

⁹⁷ Strategy for Prevention and Combat Against Gender-based Violence and Domestic Violence for period 2021–2025, pp. 56–57.

2. The role of the health care system in the prevention and combating of gender-based and domestic violence

The Law on Domestic Violence Prevention has mostly taken over the solutions from the General Protocol on Conduct and Cooperation of Institutions, Bodies and Organizations in Cases of Domestic and Intimate Partner Violence Against Women,⁹⁸ which is the first national document to focus exclusively on the activities of state bodies, organizations and institutions in the cases of gender-based and domestic violence and intimate partner violence. This protocol was the basis for developing special protocols for defining the role of the police, the judicial authorities, the social care system and the health care system. The legal framework for the prevention of domestic violence based on the Law on the Prevention of Domestic Violence is presented in Chapter II, item 2.

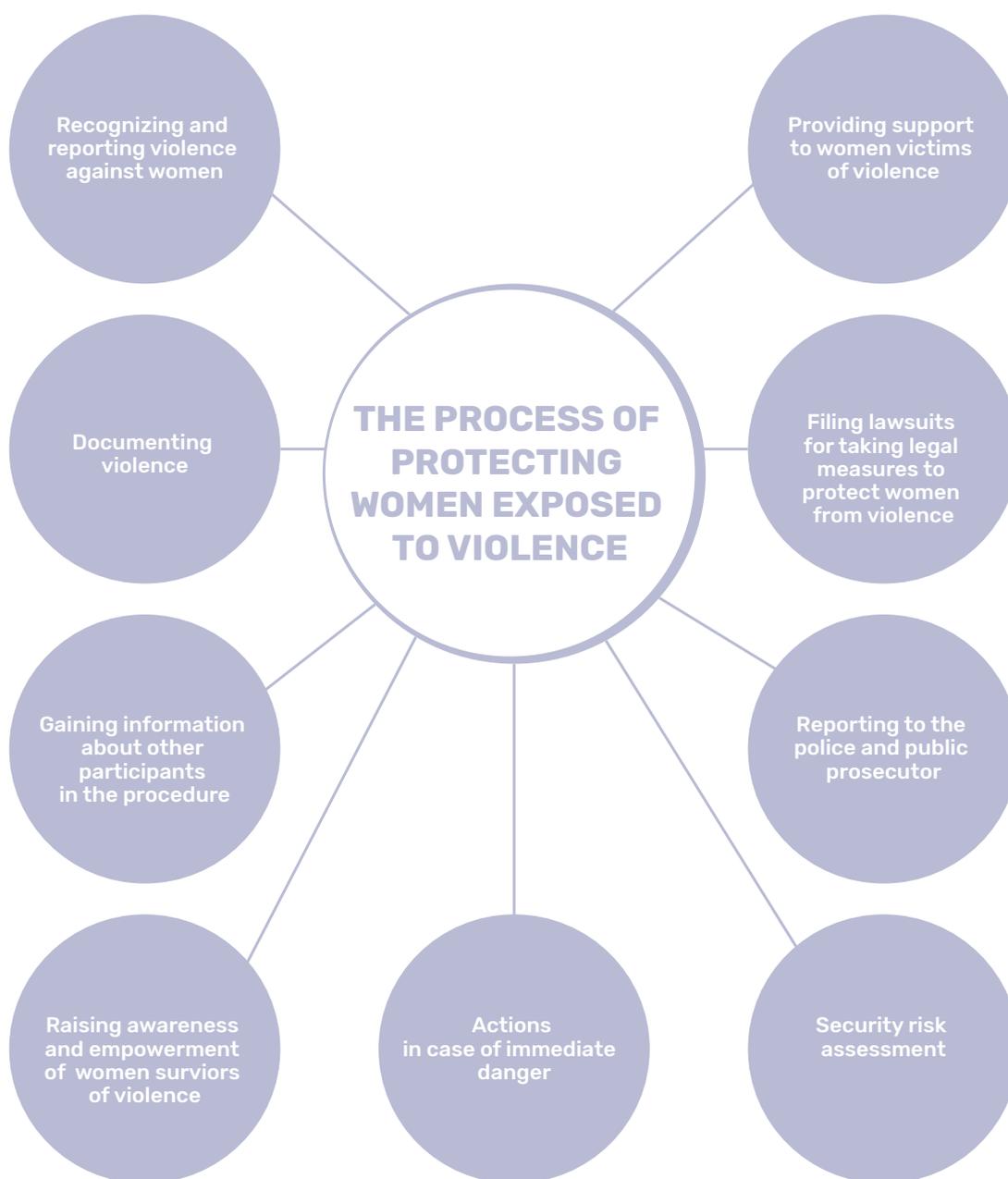
According to the General Protocol on Conduct and Cooperation of Institutions, Bodies and Organizations in Cases of Domestic and Intimate Partner Violence Against Women, the protection and support for victims of violence is a complex process, and establishing good cooperation between professionals from all socially organized systems (health care system, education, social and family law, police, judicial authorities) is a basic prerequisite for establishing an efficient multisectoral system of support and protection. The protocol defined that all participants in providing protection and support to women that are victims of violence are institutions, bodies, and organizations which, within their statutory competencies or work programs, have the obligation to implement activities aimed at recognizing the cases of domestic violence, combating violence, providing security, support and enabling recuperation, rehabilitation of victims of domestic violence and sanctioning the perpetrators of violence. In accordance with the positive regulations, the police, social care institutions and other service providers in the social care system, health care institutions and other forms of health care, institutions in the education system when children who witness the violence are involved, public prosecutor's office, regular and misdemeanor courts shall be liable to act in cases of domestic violence.

Defining the process of protection, the General Protocol indicates that the cooperation between institutions that are leading in the protection system, primarily social care institutions and centers for social work, police, prosecutors, courts, and health institutions is important and necessary. Association of Citizens that provide services to victims of violence shall be included in the protection system. The system of coordination and mutual cooperation between institutions established by the General Protocol has become mandatory with the adoption of the Law on Domestic Violence Prevention. The backbone of the cooperation is the police, center for social work and the prosecutor's office which manages the coordination. These three institutions have a mandatory

⁹⁸ General Protocol on Conduct and Cooperation of Institutions, Bodies and Organizations in Situations of Violence Against Women within Family and Intimate Partner Relationships. Available in Serbian at: <http://hrcvr.org/wp-content/uploads/2020/09/Op%C5%A1ti-protokol-o-postupanju-i-saradnji-ustanova-organa-i-organizacija-u-situacijama-nasilja-nad-%C5%BEenama-u-porodici-i-partnerskim-odnosima.-1.pdf>.

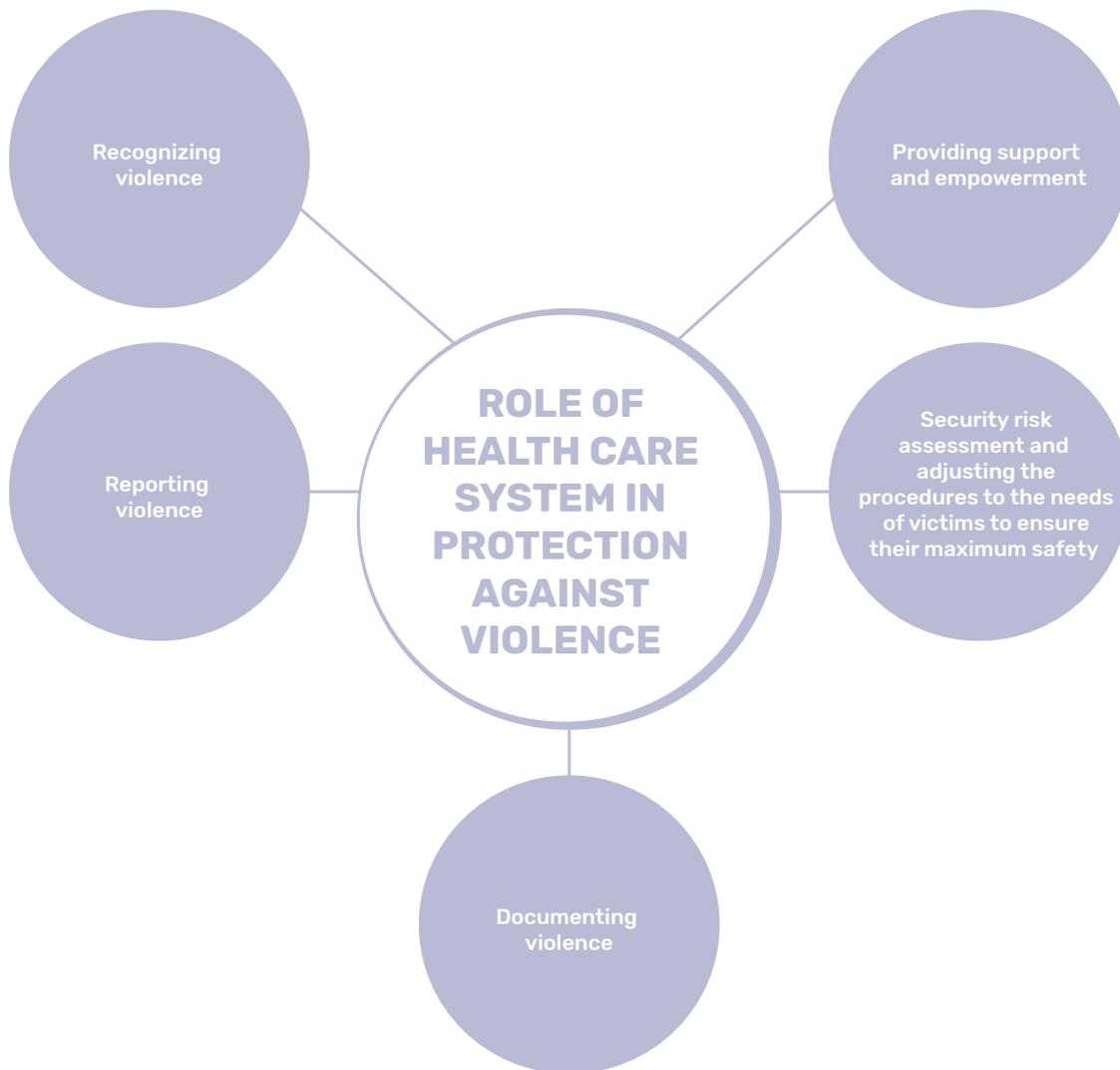
obligation to cooperate by forming groups for coordination and cooperation which meet at least twice a month, review newly reported and ongoing cases of domestic violence, assess the risk of recurrence and escalation of violence, manage risk and take certain measures through their individual plan of victim protection that is drafted and revised as necessary. Institutions that have been involved in the implementation of the General Protocol are also involved in the coordination process, as well as in the work of groups for coordination and cooperation, in accordance with the needs and specificity of the cases of domestic violence.

Graph 3: The process of protecting women exposed to violence



According to the General Protocol, the health care system is primarily regarded as a provider of support to victims of violence and as a system enabling recovery and providing conditions for productive life without violence.

Graph 4: The role of the health care system in the protection against violence



Recognizing violence is the first step in providing protection against domestic violence. It may be when a victim reports violence to any institution in the system of protection or when any forms of physical, mental violence or other traces and occurrence of violence are detected by any official or professional person or by a third party who reports violence to the institution. It must be taken into account that traces of violence are not always manifested in the form of injuries, bruises, or other physical manifestations, so professionals shall be liable to detect and recognize other signs of violence and express suspicion and record their observations as appropriate. Every person has the right and duty to report domestic violence, and medical workers and professionals in social care and education have a special, moral obligation to report violence to the police and public prosecutor's office. If the institution receives information that raises a well-founded suspicion that domestic violence has been committed, it shall record the information in an appropriate manner, as well as all facts about important circumstances under which the violence has occurred. The information and facts are registered so that a report that contains quality, accurate and reliable information about the case, as well as about its history and consequences, can be prepared and specific risk factors, including the possession of weapons, can be described.

Those involved in the protection system assess the risk to the victim at all times and adjust their actions to the obligation to provide the highest level of safety for victims. Circumstances that indicate a serious imminent threat of violence against women in the family and intimate relationship involve one of the following (or more often a combination thereof): threats of murder or suicide by the perpetrator, possession of a weapon, divorce, leaving or separation from the abusive partner; suicidal thoughts and behavior of the victim, previous incidents of violence, presence of mental illness, use of psychoactive substances, stalking and harassment of the victim and his/her family or friends, jealousy, conflicts over child custody or ways of maintaining personal relationships between child and parent who commit domestic violence, the perpetrator's criminal history regardless of whether it is related to violence or not, final court measures to protect victims and the cases when they are violated, the victim's fear and assessment of the risk of violence occurring or recurring.

The Special Protocol of the Ministry of Health of the Republic of Serbia for the protection and treatment of women exposed to violence is also aimed at strengthening the position of women who are victims of violence and proposes that violence is not only manifested in acute conditions and injuries, but also in a number of health conditions and illnesses developed as a consequence of women being exposed to violence.⁹⁹ The health care system plays a key role in medical care because it is the only system that can provide health care. In that sense, the Protocol emphasizes that the health care system should, during medical care, apply its medical expertise which is adjusted to the context of violence against women.

The protocol contains detailed guidelines regarding the recording and registering of violence and attaches special importance to this process because the document in which violence is recorded and registered is important for court proceedings or legal protection of the victim. The medical worker/associate shall keep the record of the main reason of a woman for coming to the health facility or the history of the present illness, a detailed record of the cases of abuse suffered and the connection with the existing health problem, a record of health problems that could be the result of abuse, a summary of current and previous cases of abuse, including social status, relationship with the perpetrator, his name (if possible), the patient's statement about what happened (drafted using her words), date, time and place where the violence occurred, the patient's appearance and mental state, the object and/or weapon used, threats or mental abuse and the names or descriptions of witnesses to the violence.

The second important role of the health care system, in accordance with the Protocol, is the assessment of situations that are threatening to a woman's life, which is why it is recommended that the medical worker/associate interviews the patient and discovers whether she is afraid of being injured again, whether the perpetrator knows she has been examined, whether the perpetrator threatened to injure himself, her or the children, whether she feels safe to go home or work, and whether the perpetrator's aggressive behavior was influenced by drug or alcohol use.

⁹⁹ Special Protocol of the Ministry of Health of the Republic of Serbia for the Protection and Treatment of Women Exposed to Violence. Available in Serbian at: <https://www.sigurnakuca.net/sites/default/files/inline-files/TirkizniTekst.pdf>.

3. Recording, confidentiality, and privacy of personal data

3.1. Keeping records of data and information relevant for violence prevention

The institution that receives information that results in well-founded suspicion that domestic violence has been committed is obliged to record the information properly, as well as all pieces of information about the important circumstances which have been discovered. The goal of documentation is to compile a report that contains quality, accurate and reliable information about the event, its history and consequences, and the documentation must include the description of specific risk factors including the possession of weapons.¹⁰⁰

Health care institutions and private practice are obliged to keep relevant health care documents and records,¹⁰¹ including basic medical documentation, inter alia, Medical Records, Protocol and the Book of Records; forensic records are included in basic medical documentation.¹⁰² The Medical Record, as a basic medical document, is kept by a chosen general practitioner for each patient who is provided with health care (except for transient patients) and is kept all his/her life.¹⁰³ The protocol is kept at health care institutions, private practice and other legal entities which provide health services when there is no need to make an entry to a medical record (for transient patients, interventions, in emergency medical care, consultative and diagnostic services, in cases of examination of persons for issuing medical certificates, etc).¹⁰⁴ The Book of Records is used when determining certain diseases or conditions, as well as the provision of health services, and it is kept, inter alia, on suspicion of abuse of children, women and the elderly.¹⁰⁵

Basic medical documentation contains numerous data on a patient and his/her medical condition, including data on risk factors, visits to the doctor and the reason for such visits, issued medical documents, social data on the patient, health history, and objective data.¹⁰⁶ Based on the data from the basic health documentation and records and additional tools for keeping records, an individual report is made to represent, among other things, personal medical records and medical data on the patient, and it can be

¹⁰⁰ General Protocol for Conduct and Cooperation of Institutions, Bodies and Organizations in the Situation of Violence Against Women within the Family and in Intimate Partner Relationship.

¹⁰¹ Law on Health Care, Article 54.

¹⁰² Law on Health Documentation and Records in the Field of Health ("Official Gazette of RS", No. 123/2014, 106/2015, 105/2017 and 25/2019 - the other law), Article 12.

¹⁰³ *Ibid.*, Article 14.

¹⁰⁴ *Ibid.*, Article 17.

¹⁰⁵ *Ibid.*, Article 24.

¹⁰⁶ *Ibid.*, Article 13.

made for the purpose of recording the suspicion of child abuse and neglect and the suspicion of domestic violence.¹⁰⁷

In order to manage the health system efficiently, to collect and process the data on the population health and functioning of health services, the Integrated Health Information System has been organized, which consists of a health statistic system, information system of health insurance organizations, and information system of health institutions, private practice and other legal entities. The Integrated Health Information System ensures the availability of health data to all health system participants in accordance with their rights and roles.¹⁰⁸ Electronic medical files are also part of the health information system; it is an excerpt of data from the basic medical documentation that is kept in electronic form about one patient and combines all the health data important for his/her long-term health condition.¹⁰⁹ The electronic medical file takes over data from the basic medical documentation kept in health institutions or private practice and data kept in health statistical system and information system of health insurance organizations,¹¹⁰ therefore, not only from the personal health record, but also from the Protocol or the Book of Records, which also contain information on suspicion of child abuse or domestic violence and medical information related to the violence suffered. An electronic medical record is kept for the patient to whom an electronic personal health record is made.¹¹¹

Competent health care professionals can have access to patient data from the electronic medical file exclusively for the purpose of preserving and improving health, preventing, controlling and early detection of diseases, injuries and other health disorders, and timely and effective treatment and rehabilitation of patients,¹¹² together with the realization of health care. Keeping, collecting and processing of data from health care documentation and records are done in accordance with the law governing personal data protection.

¹⁰⁷ *Ibid.*, Article 4. paragraph 1. item 17, Art. 10 and 29.

¹⁰⁸ Law on Health Care, Art. 55; Law on health Documentation and Records in the Field of Health, Article 44.

¹⁰⁹ Law on health Documentation and Records in the Field of Health , Art 4. paragraph 1. item 7.

¹¹⁰ *Ibid.*, Article 46.

¹¹¹ *Ibid.*, Article 48.

¹¹² *Ibid.*, Article 47.

3.2. Confidentiality and privacy of personal data

The Law on Health Care guarantees the confidentiality of data from the patient's medical record which is processed and submitted for the personal and collective reports, i.e. which is processed for health care documentation and records. Health institution and private practice are obliged to protect the patient's medical documentation from unauthorized access, copying and abuse.¹¹³

The patient's right to confidentiality is guaranteed by the Patients' Right Act,¹¹⁴ and accordingly, the patient is entitled to the confidentiality of all personal information communicated to the health care professional/associate, including the mental condition and potential diagnostic and therapeutic procedures, as well as the right to the protection of privacy during conducting diagnostic tests and treatment in general (health care professional/associate is forbidden to disclose this information to other persons).¹¹⁵ Data on medical condition and those from medical documentation are particularly sensitive personal data, so health care professionals/associates are obliged to protect them, which also applies to other employees in health institutions, private practice, or other legal entities that do certain tasks from health care services in accordance with the law. Unauthorized disposal of these data and their disclosure is particularly sensitive.¹¹⁶ Health care professionals/associates and other persons who are obliged to protect medical data and patient's data may be released from the duty of keeping them only with the written consent of the patient or his legal representative or based on a court decision. The only exception to this rule is the disclosure of medical data to an adult member of a patient's immediate family, even when the patient has not given the consent to, in case when the disclosure of these data is necessary to avoid health risks for the family member.¹¹⁷

According to the Law on Personal Data Protection,¹¹⁸ medical data are considered a special type of personal data and their processing is prohibited unless processed by the competent authority for specific purposes and under conditions prescribed by this law. Exceptionally, the processing of these data is allowed if, among other things, it is necessary to protect vital interests of persons related to these data or other natural persons, or to submit, fulfil or defend a legal claim, or in the case when the court acts within its jurisdiction; in order to achieve public interest determined by law with the fulfilment of other prescribed conditions; for the purpose of preventive medicine or occupational medicine, for the purpose of assessing the working capacity of employees,

¹¹³ Law on Health Care, Article 54.

¹¹⁴ Law on Patients' Rights ("Official Gazette of RS", No. 45/2013 and 25/2019 - the other law).

¹¹⁵ *Ibid.*, Article 14.

¹¹⁶ *Ibid.*, Article 21.

¹¹⁷ *Ibid.*, Article 22.

¹¹⁸ Law on Personal Data Protection ("Official Gazette of RS", No 87/2018).

medical diagnostics, provision of health or social care services, management of health or social system, on the bases of law or a contract with a health worker, if the processing is done by or under the supervision of a health worker or other person who is obliged to keep professional secrets prescribed by law or other professional rules, and in other cases prescribed by law.¹¹⁹ The processing of data on medical condition for specific purposes includes the cases of preventing, investigating and detecting a criminal act, prosecution of perpetrators of criminal offenses, and execution of criminal sanctions. In cases of processing for specific purposes, the rights prescribed by the Law on Personal Data Protection may be limited if these restrictions do not affect the essence of fundamental human rights and freedom, and if it is a necessary and proportionate measure in a democratic society.¹²⁰

The protection of personal data that can be seen in medical and health documentation is prescribed by the Law on Health Documentation and Records in the Field of Health. These data are processed in accordance with the principles of personal data protection, which presupposes lawful, appropriate, and proportionate personal data processing, which must be accurate, up-to-date, and adequately protected from loss, destruction, or unauthorized access, alteration, publication, and any other misuse.¹²¹ This law, as well as the Law on Patients' Rights defines that data from the patient's medical record are particularly sensitive personal data. Health care institutions, private practice, and other legal entities are obliged to collect and process personal data so that it ensures the exercise of the rights to privacy and confidentiality of patient data in accordance with the law regulating patients' rights and the law on the protection of personal data. It is a competent health worker's duty to keep these data, therefore a health associate or another authorized person may be released only with the written consent of the patient or his legal representative, or on the basis of a court decision.¹²²

In addition to the regulations mentioned above, personal data protection is regulated by the Law on Domestic Violence Prevention, which prescribes the obligation of state authorities and institutions responsible for the application of this law (including health institutions) to protect personal data according to the law regulating personal data protection, provided that the consent of a person is not required for the collection of data contained in the records.¹²³

¹¹⁹ *Ibid.*, Article 17.

¹²⁰ *Ibid.*, Article 40.

¹²¹ Law on Health Documentation and Records in the Field of Health, Article 7.

¹²² *Ibid.*, Article 40.

¹²³ Law on Domestic Violence Prevention, Article 34.

The right to the confidentiality of medical condition data, in the context of medical/professional secrecy, is also regulated by the provisions of the Criminal procedure Code¹²⁴ and Law on Civil Procedure,¹²⁵ therefore professional secret is considered everything that a doctor has found out while doing his job, and in this case he/she is released from a duty to testify in criminal proceedings,¹²⁶ i.e. he/she may refuse to testify in civil proceedings¹²⁷ (including proceedings for protection against violence). The court expert must also keep as a secret all the facts he has found out during the expertise in the criminal proceedings.¹²⁸

In the context of misuse of firearms in cases of gender-based violence and domestic violence, a particularly important provision is the one referring to the exchange of information between the selected general practitioner and the police regarding the change in the medical condition of a person that may affect the health ability to hold and carry a weapon.¹²⁹ On the other hand, **the obligation to exchange information among other doctors who may have information relevant to the assessment of the health ability of a person to hold and carry weapons, especially a psychiatry specialist, has remained beyond the scope of the provision of the law. Bearing in mind that the data on the patient's medical condition is considered as very sensitive personal data, it is reasonable to point out the need to amend the Law on Weapons and Ammunition in order to prescribe the obligation of the chosen general practitioner and other doctors to exchange the data on the patient's health condition that may affect his/her ability to hold and carry weapons.**

¹²⁴ Criminal Procedure Code ("Official Gazette of RS", No. 72/2011, 101/2011, 121/2012, 32/2013, 45/2013, 55/2014, 35/2019, 27/2021 - the decision of CC and 62/2021 - the decision of CC).

¹²⁵ Law on Civil Procedure ("Official Gazette of RS", No. 72/2011, 49/2013 - the decision of CC, 74/2013 - the decision of CC, 55/2014, 87/2018 and 18/2020).

¹²⁶ Criminal Procedure Code, Article 93.

¹²⁷ Law on Civil Procedure, Article 248.

¹²⁸ Criminal Procedure Code, Article 118.

¹²⁹ Law on Weapons and Ammunition, Article 12.

4 Assessing medical fitness to possess and carry a weapon

4.1. The procedure of assessing medical fitness

The procedure of assessing medical fitness is regulated by the Rulebook on determining the medical fitness of a person to possess and carry weapons.¹³⁰ This rulebook prescribes more detailed conditions that the health institution must meet to perform medical examinations, as well as the conditions that must be met by persons in terms of health ability. Medical fitness is determined in medical examinations performed in a health care institution that meets the prescribed conditions and which receives a decision from the ministry responsible for health affairs (authorized health institution). In addition to the occupational health specialist, the authorized health care institution must also have an ophthalmology and psychiatry or neuropsychiatry specialist.¹³¹

Medical examination of persons who possess and carry weapons includes insight into the Report of the selected general practitioner on the medical condition of the person not older than 30 days, collection of anamnestic data on health condition, clinical examination performed by a team of medical workers and associate specialists (occupational health specialist, ophthalmology, psychiatry, or neuropsychiatry specialists), and if necessary, additional diagnostic and other examinations. The clinical examination includes medical examination, laboratory analysis - testing for psychoactive substances (as indicated by occupational health specialist or psychiatrist/neuropsychiatrist), hearing examination (tonal liminal audiometry) and vestibular function (orthostatic and dynamostatic tests), examination by a doctor - specialists in ophthalmology (anamnesis, external examination of the eye and adnexa of the eye and examination of visual acuity at short and long distance), as well as examinations by doctors - specialists in psychiatry and neuropsychiatry (history, mental condition, examination of speech and writing function, psychological interview and personality traits). In order to provide the stated data, the person under examination signs a statement about the accuracy of data (under full moral, material and criminal responsibility), that the consent has been given for the use of medical documentation by the chosen general practitioner and other health care institutions, and that he/she has not used or does not use psychoactive substances (and will undergo testing at the request of a physician). Information about the type of weapon is also recorded: personal, hunting or for sports.

The following diseases and medical conditions are contraindications for possession and carrying of weapons: psychiatric and neurological diseases and conditions, dementia of all etiologies, susceptibility to panic and phobias that affect the safe handling of weapons, acute or chronic psychosis, post-traumatic stress disorder, alcoholism, addiction to psychoactive substances, all forms of epilepsy, diseases and sleep disorders (narcolepsy and catalepsy) if resistant to treatment, affective disorders (mood disorders) that affect the safe handling of weapons, severe cognitive impairment

¹³⁰ Rulebook on Determining the Medical Fitness of Person to Possess and Carry Weapons ("Official Gazette RS", no. 25/2016 and 79/2016).

¹³¹ *Ibid.*, Articles 1 and 2.

(memory, attention, concentration) and other various diseases and conditions.¹³² All members of the commission who participate in the examinations must be acquainted with the diseases and health conditions that are a contraindication to the possession of weapons and must strictly adhere to the obtained data.

When all examinations are performed, the occupational health specialist interprets the results and gives a final assessment of the medical fitness of a person to possess and carry weapons, after which the health care institution gives an assessment of the existence or non-existence of medical fitness to possess and carry weapons. If the authorized health institution evaluates the person as medically incapable of possessing and carrying a weapon, such evaluation shall be submitted to the Ministry of Internal Affairs.¹³³ The health care institution authorized for performing medical examinations to determine the medical fitness of natural persons to possess and carry weapons is obliged to inform the nearest organizational unit of the Ministry of the Interior, no later than eight days from the day of the examination, that the medically examined person does not meet the conditions for weapon permit issuance. If the assessment of the health care institution indicates medical fitness to possess and carry a weapon, the Ministry of the Interior informs the selected general practitioner of the applicant, i.e the holder of the license, after issuing the license for possessing and carrying a weapon. The general practitioner is obliged to make a report on the change in medical condition of that person immediately after learning about the mentioned change.¹³⁴ The certificate is valid for a maximum of 5 years.

4.2. Suggestions for examination procedure improvements

Standardized examinations in all health care institutions with the inclusion of psychologists in the clinical examination team and the introduction of more frequent periodic check-ups

The medical examination conducted for the purpose of issuing a weapon permit must be uniform and standardized in all health care institutions (private and public) throughout the country in order to ensure a realistic insight into the medical condition of the applicants. As prescribed by the regulations, the clinical examination consists of a medical examination, laboratory analysis, hearing examination, ophthalmological examination and psychiatric or neuropsychiatric examination. The team of health care workers and associates who perform the clinical examination consists of an occupational medicine specialist, an ophthalmology specialist, and a psychiatry or neuropsychiatry specialist.

¹³² *Ibid.*, Article 6.

¹³³ *Ibid.*, Articles 4–8.

¹³⁴ *Ibid.*, Article 9.

In some accredited private health institutions, the mentioned package of examinations includes the examination by psychologists (psychological interview, assessment of cognitive abilities, assessment of personality traits with special emphasis on emotional stability, and in some cases the use of reaction meters).

The data obtained for this analysis¹³⁵ show that the examination itself is complex and starts with general data collection, personal medical history (serious chronic diseases, operations, injuries), present medical condition and habits (alcohol and smoking), and determination of the existence of certain diseases in the family. Examination conducted by a neuropsychiatrist includes anamnesis, mental status, examination of the head, neck, cranial nerves, spine, extremities, motor skills, reflexes, sensibilities, speech and writing.

Clinical examination should include neurological examination, psychiatric examination and psychological testing. The need for neurological and psychiatric examination can be justified by the existence of a separate specialization in neurology and psychiatry. The complexity of the task imposes the need to include a psychologist in the assessment of mental status, in addition to neurologists and psychiatrists, who would use personality tests to determine personality characteristics. Neurological examination includes clinical examination, EEG (electroencephalogram) and laboratory analysis with mandatory detection of psychoactive substances. Psychological tools during the assessment of weapon carrying ability inevitably include the MMPI personality test or the computer program HEDONIKA, which includes an intelligence test and personality assessment. The most accurate way to assess mental health would include interviews and tests with standardized questions (listed above). The neurologist, psychiatrist and psychologist should form a special team that will exchange findings on the risk of misuse of weapons and adopt a unified opinion on mental condition in each specific case that is taken into consideration so that the occupational medicine specialist can make a final assessment.

In order to effectively prevent gender-based violence and domestic violence, it is advisable for persons with weapon permit to introduce the obligation of more frequent periodic visits to the doctor, i.e. regular medical examinations by the general practitioner and a psychiatrist at least once a year. It would be advisable to repeat the set of questions related to attitudes towards violence and gender roles or stereotypes during the check-ups. The introduction of more frequent periodic examinations would ensure early detection of changes in health and behavior.

Consideration of all factors significant for the assessment of the risk of violent behavior

¹³⁵Data from the practice of health care centers relevant for this field of research were provided by the health care center in Novi Sad.

Violent behavior in psychiatry is regarded as a non-specific symptom that may or may not reflect the psychiatric illness behind it, so an act of violence may occur in the absence of a defined illness and vice versa – not all psychiatric illnesses have the potential to exhibit violent behavior.¹³⁶ Potential perpetrators of violence using firearms may be in the category of persons with a registered history of violent behavior, persons at risk due to their jobs, and persons with a psychiatric diagnosis. In clinical psychiatry, the following factors are considered to have prognostic value relating to the manifestation of aggression: previous tendencies towards aggression, identified victim, verbal aggression, previous loss of control after minor frustrations. From the aspect of psychiatric and neurological diseases, i.e. character deviations, ie. personality disorders, psychopathological entities with most common aggression are personality disorder (borderline, antisocial, impulsive, including permanent personality changes after a catastrophic experience), use of psychoactive substances (alcohol and drugs), organic mental disorders (tumors, epilepsy, dementia, trauma, retardation) and major psychiatric disorders (schizophrenia, mania, etc.).

Personality disorder implies a wide range of pathologies whose common characteristics are: inappropriate behavior, tension, projecting negative issues onto others, inability to endure discomfort, poor impulse control, problems in interpersonal relationships and lack of insight into a personal contribution to problems. In these cases, there is a more or less persistent behavioral pattern and absence of motivation for treatment, along with a personality structure that can be more or less organized depending on developed social skills (people who are “better organized” often show socially acceptable behavior before authorities or when at risk of being sanctioned, but in uncontrolled situations, they may exhibit violent behavior without inhibition). In order to adequately assess the risk of violence, special attention should be paid to the group of personality disorders with marked impulsiveness, anger, uncontrolled use of alcohol/psychoactive substances, as well as other self-destructive patterns of behavior (gambling, health neglect, etc.) as these cases typically entail an increased risk of aggression. Such patients are relatively easy to recognize by their unstable mood, ambivalence, and behavioral disorders, while antisocial personalities can be distinguished by their direct violation of social rules.

A particularly important factor is psychoactive substance abuse that generally has a disinhibitory effect by freeing a person of moral responsibilities. Reaching for weapons is more likely to happen if it is easily accessible to persons with predispositions for aggressive behavior, and the environment should be considered as well (approval of alcohol or “soft drugs”, approving or marginalizing the importance of violent behavior, the presence of domestic violence while growing up). Exposure to or witnessing domestic violence can lead to aggressive behavior in adulthood, and it should be remembered that an environment where aggressive behavior is acceptable as a way of expressing dissatisfaction or anger increases the risk of aggressive behavior. Finally, indicators of

¹³⁶ Jovanović, S., Assessment and Control in Violent Patients Including Psychiatric and Neurologic Semiology – Experience of Western Countries, UDK: 616.89-008.441-07-08, p.88, ENGRAMI Journal of Clinical Psychiatry, Psychology and Border Disciplines 3-4, Association of Psychiatrists of Serbia and Montenegro and Institute of Psychiatry of the Clinical Center of Serbia, Belgrade, July-December, 2007.

immediate or impending violent behavior in respondents must be taken into account, such as refusal of examinations/medications, tension, sarcastic smile, absence of empathy, sudden changes in behavior, wearing dark sunglasses indoors, anxiety, raised tone, angry expression, staring and verbal threats.

Definition of contents of the psychiatric interview

In clinical examinations, the following contents of psychiatric interview are recommended to make a comprehensive risk assessment of factors that may be relevant to the prevention of firearms misuse:

- basic data from personal anamnesis (*education, occupation, marital/parental status, military service and participation in war conflicts, employment, income, housing, backgrounds, family members, early psychomotor development - developmental problems and diseases in childhood, unfavorable circumstances and experiences during adolescence, past illnesses/operations, need for psychiatric/psychological counseling, experiences of psychiatric treatment or psychological counseling, alcohol and other psychoactive substance abuse, drug use, head injuries, loss of consciousness, surgery, fractures, injuries*)
- psychological problems (*acoustic/visual hallucinations, sleep disorder, appetite, mood, anhedonia, fears, feelings of persecution/shame, self-harm, motivation to work, frequent changes of jobs/environment, imposition of unpleasant thoughts/images, nervousness/feelings of tension, depressing and suicidal thoughts*);
- personal life (*emotional/partner/marital relationships, breakups/divorces, infidelity, jealousy*);
- family history (*psychiatric illnesses in the family, cases of homicide/suicide, alcoholism, epilepsy*);
- attitude about weapons (*keeping weapons in the family of origin and previous personal experiences with weapons, use of weapons at work or outside work, motivation to apply for a permit to possess and carry weapons, weapons and a sense of security*);
- thoughts/attitudes and experiences related to violent behavior (*presence of thoughts about violence - frequency, content, expectations from such behavior, factors leading to aggressive thoughts, presence of violence or participation in violence, the existence of domestic violence, solving problems with violence, the existence of conflicts, attitudes towards violence in media and entertainment content such as video games, etc.*);

- stressors (*migration, refugees, loss of home, relocation, unemployment, financial situation, conflicts*);
- depression, feelings of hopelessness/helplessness (*general mood, expectations, existence of sources of help - close people, institutions, subjective experience of a situation and mood*);
- gender roles and stereotypes (*position of women/men in society in the family*);
- vengeance desires (*existence of recent conflict and feelings of anxiety/anger towards a person, perception of revenge, reaction to injustice or hurt feelings*);
- social support (*existence of support in the family and social environment or school/work, experiences in dealing with problems/anger/aggression, safe place*).

Improvement of information exchange related to assessment of the risk of violence

It is of utmost importance to have accurate data available when needed in order to be able to determine a person's medical fitness to possess and carry firearms, and it includes the availability of information on existing risks of gender-based violence and domestic violence in all relevant areas. It is necessary to have such data as an integral part of an integrated information collection system that receives information from all levels of health care system (medical records from primary health care, data on possible psychiatric hospitalizations in tertiary health care institutions), social work centers, judicial systems and police. Data of this type should contain records on committed violence and type of violence (domestic or intimate partner violence, gender-based violence, etc.), misdemeanor and criminal convictions, participation in war or war conflicts, misuse of weapons, police interventions, applied measures, suffered/inflicted injuries, provided health care, as well as the results of security checks.

The health care system should send following data to the integrated information system: forced psychiatric hospitalizations (psychiatric institutions), assistance from the Ministry of the Interior during the examination, violence (in the past, current, possible), which were all obtained during examination or psychiatric hospitalization, referral to psychiatric assessment by a prosecutor after domestic violence, clearly stated intentions/plans of the patient to perform a violent act (towards family members), substance abuse in persons undergoing psychiatric examination, violent incidents during psychiatric treatment (with staff and other patients), self-initiated abandonment of psychiatric treatment (escape), compliance with recommended drug therapy, implementation of security measures for psychiatric treatment, former

participants in war/war conflicts in psychiatric treatment, risky professions (in contact with weapons) in psychiatric treatment, established diagnosis of personality disorder (borderline, antisocial, impulsive, schizophrenic, organic), diagnosis and therapy given at examination/treatment/discharge, provision of medical care and treatment to the victim or perpetrator after committed or suspected violence.

All adult family members of the applicant for weapon permit should be informed about the submitted request or issued permit, which could be the responsibility of the police, given that police officers have the obligation to make checks of the weapon owners (at home, at work, etc.). It would also be useful for adult family members to receive basic information on how to recognize changes in behavior or circumstances that may pose a risk of weapon misuse, as well as the instructions about how and whom to contact in given situations.

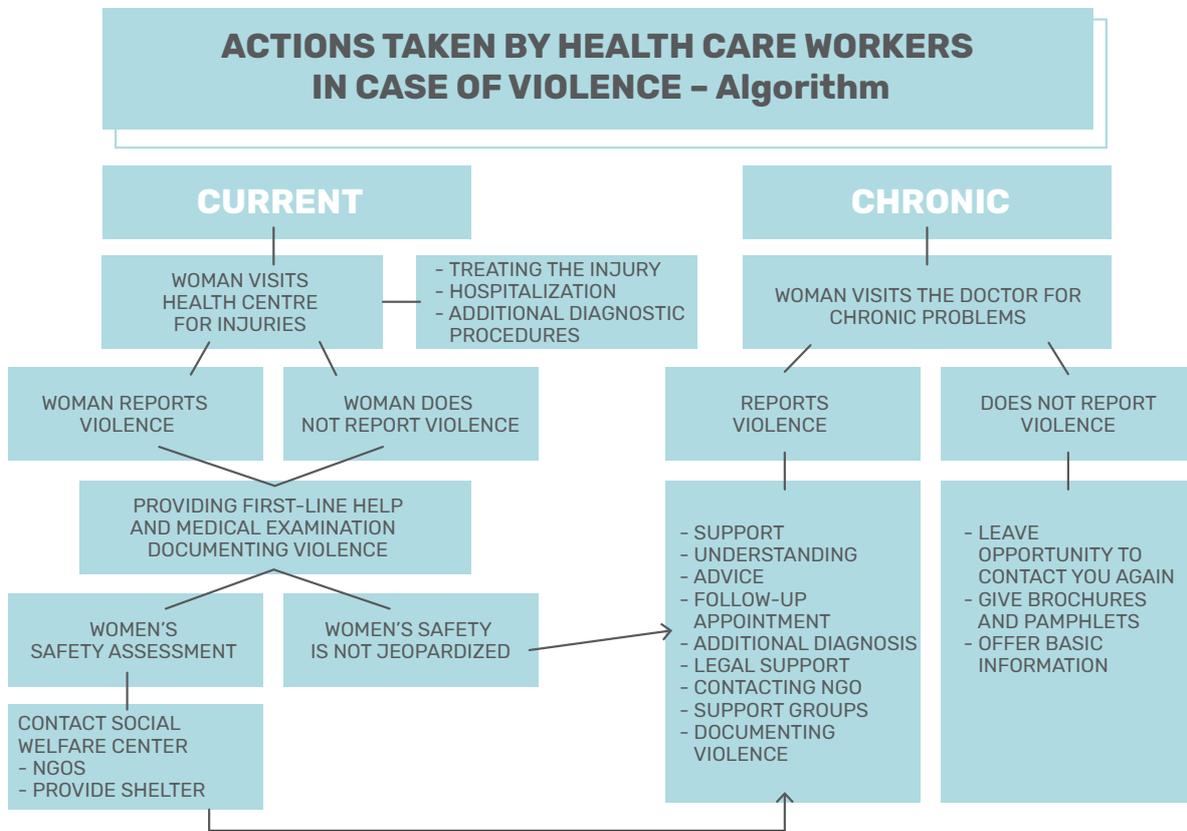
IV RECOMMENDATIONS FOR LEGAL FRAMEWORK IMPROVEMENT AND ROLES OF THE HEALTH CARE SYSTEM



1. Prevention of gender-based and domestic violence

According to the existing legal framework and standards regarding protection against domestic violence, the actions of the health system are directed towards the victims of violence. The treatment protocol of health care workers in cases of violence is presented in Graph 5 - procedure of treatment, treatment in acute situations (when the victim of violence reports to the health center due to injuries) and in chronic situations (when the victim reports violence to a doctor due to chronic problems).

Graph 5: Algorithm of procedures of health care workers in cases of violence



Source: UNFPA (2015). Center for the Promotion of Women's Health. Health Center Response to Gender-based Violence - A Guidebook for Health Care Workers¹³⁷

The efficiency of the health care system in this area requires certain improvements to the existing legal and strategic framework that regulates the role of the health system in the prevention of gender-based and domestic violence.

¹³⁷Otašević, S., Savić, S., Health Center Response to Gender-based Violence - A Guidebook for Health Care Workers, Center for the Promotion of Women's Health, UNFPA, 2015. Available in Serbian at: <https://serbia.unfpa.org/sites/default/files/pub-pdf/UNFPA%20CPZZ%20Vodic%20za%20zdravstvene%20radnike.pdf>.

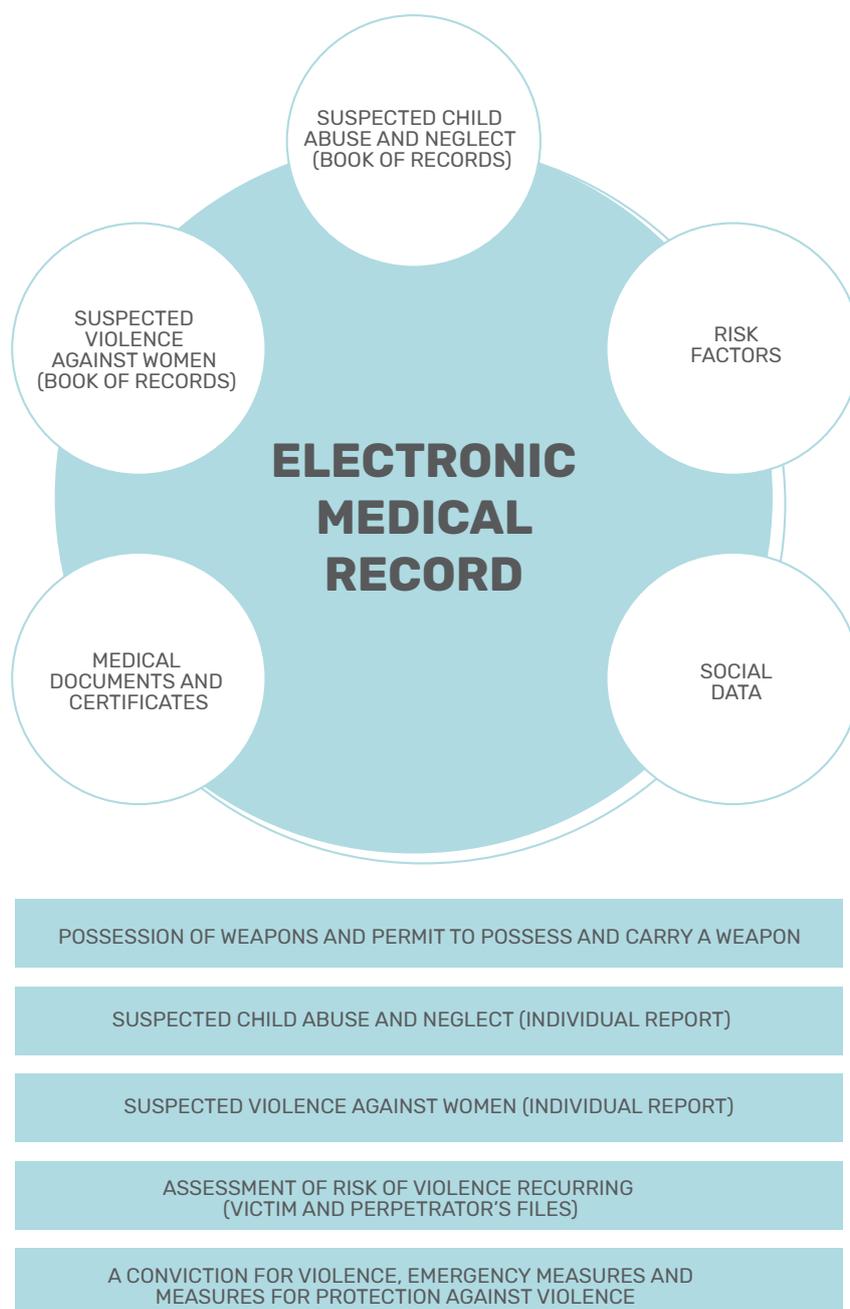
In order to make the role of the health care system as comprehensive as possible, it is necessary not only to have the focus of protection given to the victim of violence but also to implement an approach that would recognize the importance of information from the health care institutions about the perpetrator of violence. In that sense, it is important to use relevant medical information and data on the perpetrator of violence (health condition, medical measures) when deciding on the actions of health care institutions, also, all the information of vital importance for risk assessment and safety of victims of violence, for planning and implementation of the protection measures.

Present legal framework governing the conduct of the health care system in this area lacks rules, guidelines and standards in certain segments of treatment, especially in assessing the risk and safety of potential victims of violence, which especially refers **to the conduct of health care workers regarding the information about conducted or repeated violence, or intentions of a perpetrator obtained from the perpetrator, acting in a situation where health services are provided to both the victim and the perpetrator, and information disclosure about the health condition of the perpetrator and the applied medical measures. These situations are important to be regulated from the perspective of privacy, doctor-patient confidentiality, obligation to report and inform in accordance with regulations governing the prevention of domestic violence, especially if it is information important for assessing the risk of perpetration/recurrence of violence, safety of victims of violence, planning and implementation of violence prevention measures and interventions in case of violence that is taking place or has already occurred.**¹³⁸

Currently available legal solutions do not offer adequate documentation of all key information within the health system that is important for the prevention of gender-based violence and domestic violence. The health care information system could be improved in such a way to enable access of health workers to all necessary information. In this way, the observed shortcomings could be overcome by eliminating the possibility to find information in the electronic medical file of the victim (suspected violence), but not in the electronic file of the perpetrator, which calls into question the adequacy of the health worker to assess the safety risks of the victim. Furthermore, the present records are not a guarantee that the data on suspected violence will be found in the electronic medical file, given that the documentation containing such data is not part of the main medical documentation (Individual Report), so the data on suspected violence does not necessarily have to be found in an electronic medical file. Therefore, the electronic medical file does not contain data on suspicion of violence from the individual report, risk assessment, data on possession of weapons and/or permit to possess and carry weapons, or data on convictions of the patient for domestic violence, urgent measures imposed under the Law on Domestic Violence Prevention, or measures for protection against violence according to the Family Law (shown in Graph 6).

¹³⁸ For example, health assessments of psychological condition of the perpetrator of violence, i.e. readiness to commit/repeat violence, planned release from hospitalization of the perpetrator of violence (in order to assess the risk of the victim), etc.

Graph 6: Electronic medical file – insufficient data



Another significant obstacle to the effective implementation of the legal framework in this area is the inconsistency of key regulations governing the protection of patient's privacy and data confidentiality, protection of personal data, doctor-patient confidentiality, and prevention of domestic violence. The Law on Personal Data Protection and the Law on Domestic Violence Prevention guarantee the protection of personal data, but they also prescribe restrictions in cases of priority interests and rights - such as prevention and punishment of criminal offenses, i.e. prevention of domestic violence and other criminal offenses prescribed by the Law on Domestic Violence Prevention. On the other hand, regulations about the health care system prescribe an almost absolute right to privacy, confidentiality and protection of personal data with only two exceptions - the consent of the person whose data are the subject, and the court decision (shown in Graph 7).

Graph 7: Incompatibility of regulations



Therefore, in practice, it often happens that health institutions, i.e. health care workers, do not share key information about the medical condition of perpetrators of violence with the authorities (except at the request of the court), which can significantly jeopardize adequate protection of the victims of gender-based violence. The experience of the Protector of Citizens also testifies that the health care institutions referred to the Law on Patients' Rights and the Law on Personal Data Protection and refused to share medical data on patients who were perpetrators or victims of domestic violence with other relevant institutions. There were also cases of health care institutions refusing to share data with social protection institutions (centers for social issues) and police.¹³⁹ When information that is vital for the actions of the institutions that provide protection against domestic violence is not exchanged, it is impossible to fully understand the situation of the victim and make an adequate risk assessment, which is an important element for taking adequate measures in situations of violence, and thus adequate prevention of violence and repeated violence.

¹³⁹ Protector of Citizens' Act with Recommendations, ref. no. 38077 dated 30. 11. 2018, Available in Serbian at: <https://www.rodnaravnopravnost.rs/attachments/article/302/preporuka%20final-poslata.doc>.

2. Medical fitness to possess and carry a weapon

The Law on Weapons and Ammunition prescribes exchange of information between the bodies of internal affairs and health care institutions, so the obligation of the Ministry of the Interior to submit a notification on the issued permit for possession and carrying weapons exists, and so does the obligation of the general practitioner to inform the Ministry of the Interior about changed medical condition of a weapon permit holder. The Law on Domestic Violence Prevention also stipulates the obligation to exchange information and cooperate with all relevant bodies and institutions in the prevention of domestic violence, including the health care institutions. Nevertheless, there is still a need to connect these segments by establishing an obligation to exchange and cross-reference data related to the acquisition, possession and carrying of weapons and domestic violence,¹⁴⁰ as well as the need to improve the legal framework on other important issues.

Thus, the Law on Weapons and Ammunition does not prescribe any rules of conduct of other health workers/associates (who are not selected general practitioners or participants in the assessment of medical fitness to possess and carry weapons) regarding their knowledge of changes in the patient's health that may affect the medical ability to possess and carry weapons. This shortcoming is observed both in relation to the general practitioner and the police, and elimination of this legal gap is especially important with respect to the specialists in areas that are directly related to the limitations for possession and carrying of weapons (neuropsychiatrists, psychiatrists, ophthalmologists, internists or otorhinolaryngologists, etc.) so that they could forward the information to the chosen doctor.

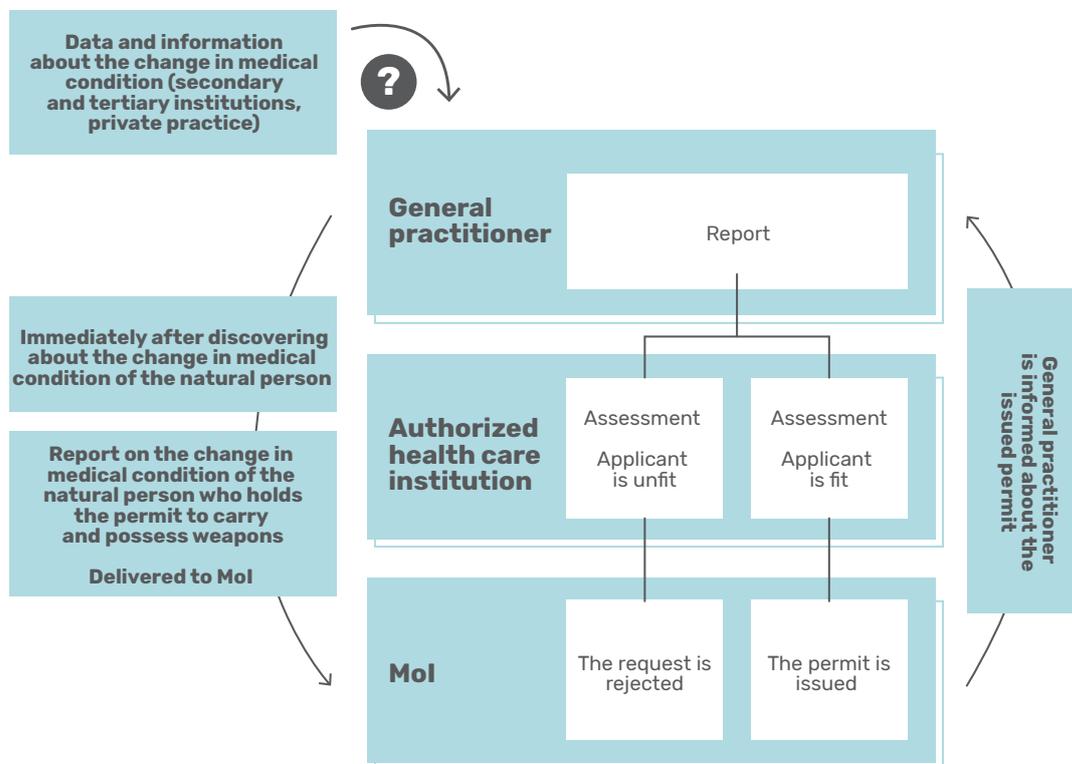
Regulation of cooperation between health care institutions, but with private health care institutions as well, is necessary for the timely exchange of information and especially for informing the general practitioner. The data on the permit for possession and carrying weapons (about which, according to the Law on Weapons and Ammunition, the Ministry of the Interior informs the competent health care institution) should become part of the basic medical documentation and the electronic medical file. Moreover, the electronic medical file should also include every medical measure and medical document relating to the areas that are important for the assessment of the medical fitness to possess and carry weapons, which would then make it available to the general practitioner and other doctors as well. Otherwise, the question may be asked how secondary and tertiary health care institutions and private health care institutions will inform the chosen physician about changes in the patient's health condition with a permit to hold and carry a weapon if the information is not provided by the patient. entered in the electronic medical record.

The monitoring of patients with a weapon permit by their general practitioner is questionable as this information is not an element of basic medical documentation. There is also unresolved issue of exchanging information about the patient and his/her weapon permit with specialist doctors, more importantly, those who are the specialists in areas of interest for determining the person's medical fitness to possess and carry

¹⁴⁰ Stevanović Govedarica, G., *Small Arms and Light Weapons, Gender-based and Domestic Violence – Analysis of Normative Framework ad Practice*, UNDP, 2021, p. 77.

a weapon. In practice, this can cause a problem in which the general practitioner has the information about the patient's permit to possess and carry a weapon, but not the information about the changed medical condition that was recorded by a doctor from another health care institution or private practice, or that the doctor from a health care institution/private practice notices the change but does not have information about the patient's weapon permit (as shown in Graph 8). Furthermore, the legal framework does not regulate the obligations of doctors who are not chosen general practitioners, because the obligation to inform about changes in medical condition refers only to the patient's selected general practitioner. These legal loop holes are further complicated by the issues of confidentiality, protection of personal data and privacy prescribed by the relevant laws.

Graph 8: Weaknesses of the information exchange about changed medical condition



Special attention should be drawn to the fact that more rigorous rules of the Law on Weapons and Ammunition regarding medical fitness, established protocols and actions in case of changes of medical conditions that might have a serious impact on the possession and carrying of weapons do not apply to certain categories of officials because the laws on medical fitness, convictions and other conditions are directed to the general conditions prescribed by the laws governing work in state bodies (e.g. the Law on Execution of Criminal Sanctions). However, there is an extensive number of regulations governing the conditions for performing activities or jobs that involve carrying weapons, which either indicate the application of the Law on Weapons and Ammunition or set a high scale for a medical condition, such as Law on Police and laws referring to the Law on Police (Law on Detective Activity, Law on Game and Hunting, Law on Forests, Law on Private Security or, for example, the Law on Customs Service, which sets stricter requirements than the Law on Weapons and ammunition because it prescribes that regular health checks must be performed at least once a year.

3. Recommendations

1.

Revision of the General Protocol for Action and Cooperation of Institutions, Bodies and Organizations in Situations of Violence Against Women within the Family and in Intimate Partner Relationship, and the Special Protocol of the Ministry of Health of the Republic of Serbia for Protection and Treatment of Women Exposed to Violence, i.e. regulation of health system actions and procedures on the level of a by-law (with bases in the Law on Health Care, the Law on Patients' Rights, and the Law on Domestic Violence Prevention)

Based on the observed need to recognize the health care system as one of the main actors in preventing gender-based violence and domestic violence, and bearing in mind the provisions of the Law on Domestic Violence Prevention, the changes to the protocol should contribute to the strengthening of the role of the health care system by:

- defining the health care system as an active participant in the prevention of gender-based violence and domestic violence, without limiting its role to health care and support to victims;
- providing guidelines for the conduct of the health care workers/associates that the patient informs about his/her crime commitment or intention to commit violence, or who discovers or learns that the patient intends to commit or has committed violence, including the procedure for reporting this to the police, social work center and prosecutor's office, the procedure for documenting and recording, as well as informing the selected general practitioner (if the information was received by a doctor who is not the selected general practitioner);
- resolving the existing incompatibility of regulations governing confidentiality and privacy and the protection of personal data in relation to the collection and exchange of data;
- regulating the way health workers/associates treat the victims of gender-based violence and domestic violence when collecting the information on firearms possession and access to firearms by perpetrators, actions in case the perpetrator possesses or has access to weapons, as well as the procedure of informing the chosen general practitioner, police, prosecutor's office and center for social work and the procedure of filing and record keeping;

- regulating the exchange of information, which is relevant to the prevention of domestic violence, with coordination and cooperation groups and persons responsible for the connection in accordance with Law on Domestic Violence Prevention, including relevant medical information on the victim, perpetrator and applied medical measures (data from medical records) to the extent necessary for assessing risk and planning and implementation of measures for prevention and protection against violence; the obligation should apply to all health care institutions and workers/associates (general practitioner, attending physician, specialist examinations, private practice, expertise, etc.);
- envisaging an efficient system of exchange of medical information on the victim and perpetrator between all bodies and institutions responsible for the prevention of domestic violence.

2.

Improved collection, filing and recording of data related to the prevention of domestic violence, gender-based violence and violence against children

The existing regulations governing health care and medical records in the health care system require:

- introduction of the obligation to record in the patient's medical records that the patient is a victim of violence, or that there are circumstances indicating that the patient is a victim or that there is a suspicion that the patient is a victim, or that the patient is a perpetrator or convicted person prescribed by the Law on of Domestic Violence, or that the patient has been imposed urgent measures under the Law on Domestic Violence Prevention or protection measures under the Family Law;
- new provision by which basic documentation would also include all certificates and certificates documenting gender-based violence, domestic violence and violence, child abuse and neglect, and other medical documents relevant to the prevention of gender-based violence and domestic violence;
- introduction of the obligation that the electronic medical file must contain the above listed information
- Introduction of mandatory general and specialized training that would include education about domestic violence, skills in conducting interviews with the victims (especially when violence is suspected), risk assessment, and legal procedures.

Also, it is necessary to ensure consistent application of the provisions of the Law on Domestic Violence Prevention through mandatory reporting from the health institution or more frequent involvement of health institutions in the meetings.

3.

Amendments to health regulations in order to set the balance between patients' rights to confidentiality, privacy and protection of personal data and obligations to prevent and protect against violence

Better performance of the health care system in this field can be ensured if conflict situations between regulations and practice are eliminated, which is why the following changes of health care regulations are recommended for the Law on Health Care, the Law on Patients' Rights and the Law on Health Documentation and Records:

- harmonization with the provisions of the Law on Personal Data Protection in order to limit the patient's right to confidentiality and privacy when there is a higher interest (prevention, investigation, prosecution and sanctioning of criminal offenses);
- prescribing the obligation of the health care institution and health worker/associate in the prevention of domestic violence to inform the competent authorities in accordance with the Law on Domestic Violence Prevention about committed domestic violence and other criminal offenses covered by the Law on Domestic Violence Prevention, or about intended or planned criminal offenses, i.e. about the suspicion of their committing, regardless of the manner in which they acquired this information;
- prescribing the obligation to exchange health and medical data on the victim and the perpetrator of violence with the police, public prosecutor's office, and social work centers in order to assess the risk of committing or repeating an act of violence, as well as the planning of protection measures;
- as regards the actions of the health care institutions in case of possession and carrying of firearms, the health care workers/associates should be obliged to exchange information and data on the patient's medical condition important for the ability to possess and carry firearms;
- strengthening of cooperation and involvement of private health care institutions, especially when it comes to medical examinations related to the possession and carrying of weapons, recognition of gender-based violence, and propensity for aggressive behavior, as well as the information exchange and inclusion of private health care institutions in the system of coordination and cooperation in the prevention domestic violence.

4.

Improved filing and record keeping of medical fitness to possess and carry weapons

Existing regulations governing health care and health system records should be improved to include:

- the obligation to record data in the medical records about the patient who is a weapon permit holder
- provision by which all medical documents on patient's condition in areas important for health ability to hold and carry weapons would be considered basic documentation, at least in areas prescribed by the Rulebook on Determining Medical Fitness of Natural Persons to Possess and Carry Weapons;
- the provision that the electronic medical file must contain the above information.

5.

Shortening the period defined for a review of condition fulfillment for possession and carrying of weapons, including medical fitness, to a period not longer than one year

Such a shorter period between two check-ups has been already prescribed by the regulations governing the health ability to perform tasks that involve holding and carrying weapons, so the recommended change will, among other things, make equal conditions for possession and carrying of weapons for civilians and officials. It will also contribute to a higher level of security because the one-year-long period is adequate for the timely recognition of changes in medical condition that can negatively affect the medical fitness to possess and carry weapons.

6.

Analysis of legal solutions related to medical conditions for performing activities that involve holding and carrying of weapons with the aim of harmonizing sectoral regulations with the conditions prescribed by the Law on Weapons and Ammunition and the Rulebook on Determining Medical Fitness of Individuals to Possess and Carry Weapons

The related regulations have references to the provisions of the Law on Weapons and Ammunition or prescribe similar or more restrictive conditions for performing activities that include holding and carrying weapons. For some professions, specific conditions in terms of medical fitness are not clearly defined, in addition to the general ones required for employment in public institutions, which are necessary for a person to be admitted to a job that includes the obligation to carry and hold weapons.

V EXPERIENCES AND CONCLUSIONS FROM THE PRACTICE OF RELEVANT STAKEHOLDERS



During the analysis, the collection of data and information about experiences from practice in this field of activity was accompanied by the consultations held with relevant participants involved in the prevention of gender-based violence and domestic violence with firearms, as well as with interested representatives of organizations of civil society (associations that provide specialized support to victims of domestic violence and associations of firearms users). The consultations were held in order to identify the main trends in practice and obstacles that the participants face, as well as recommendations for improving the situation in this area.

Consultations with representatives of public and private health care institutions were held in Novi Sad and Niš, with the participation of general practitioners and occupational medicine specialists of the Novi Sad Medical Center and the Health and Sports Medicine Institute in Novi Sad, as well as the Medical Center in Niš. Consultations were also held with the representatives of the Public Prosecutor's Office, and a representative of the Basic Public Prosecutor's Office in Niš participated in the consultations with the associations that provide specialized support to the victims of violence. Consultations were held in Niš with the social protection institution Safe House Niš, the Association of Roma Women "Osvit" (SOS hotline in Romani and Serbian for female victims of violence), with the participation of units of the Health care Center Niš for Prevention of Domestic Violence and the Basic Public Prosecutor's Office in Niš. Representatives of the Association of Weapons Users, namely the Hunting Association of Serbia, the Shooting Association of Serbia and the National Weapons Association of Serbia, participated in the consultations in Belgrade.

1. Health care institutions

The role of health care institutions in the procedure of determining the fitness of natural persons to possess and carry weapons, i.e. closer conditions that these institutions must meet, and the conditions regarding medical fitness are regulated by the Rulebook on Determining Medical Fitness of a Person to Possess and Carry Weapons. Medical examinations to determine person's fitness are performed by both state and private health care institutions that meet the prescribed conditions. The Law on Domestic Violence Prevention prescribes the obligation of state bodies and institutions responsible for the enforcement of this law to quickly, effectively, and in a coordinated manner prevent domestic violence and criminal offenses determined by this law.

Data relevant for this area of research, obtained from the Health Care Center Novi Sad, revealed that, since 2016, this health care institution has issued 1 300 medical certificates on the fitness to possess and carry weapons, with 99% of the total number of applicants declared as physically fit to possess and carry weapons. This health care institution keeps records on the number of performed examinations that are sorted by gender and age. The applicants are most commonly hunters who wish to extend

their weapon permits, people who are employed as the security, people who have been declared heirs of weapon in the probate proceeding, and the smallest number make people who apply for a weapon permit for the first time. About 95% of applicants are male, predominantly between the age of 30 and 50.

The conclusion from the practice of health care institutions is unanimous suggesting that the role of the general practitioner is extremely important in the prevention of gender-based and domestic violence committed with the use of firearms. First and foremost, the chosen doctor, as a rule, has the best insight into the patient's health condition and changes that can be important. The chosen general practitioner initially issues a report on the medical fitness of the person to possess and carry weapons, and this report is an integral part of the medical examination when person's ability to possess and carry weapons is determined. In addition, the chosen general practitioner is obliged to submit a report to the organizational unit of the Ministry of Internal Affairs on the change of the health condition of a person holding a weapon permit, immediately after learning about the said change. This obligation is not always implemented in practice, and the representatives of health care institutions emphasize the work overload of doctors as the main reason, although the Ministry of the Interior periodically draws the attention of health institutions to the obligation to monitor the health of patients with firearms. An observation in practice suggests that the reports of changes in the patient's health condition are submitted more often in relation to the driving licenses than weapon permits.

The doctors' overload with work has led to inconsistent compliance with the obligation to report domestic violence and monitor the connection between violence and the use of firearms in domestic violence. The report of domestic violence is immediately registered in the health care system when filing a form is obligatory as well as the risk assessment and informing of the Ministry of the Interior to check if the person possesses weapons, in case the use of weapons or threat of weapons has been reported. Having in mind the fact that the women who are victims of violence rarely report the perpetrator's weapon possession due to fear of the perpetrator and possible escalation of violence, it is then justified to draw attention to the issue of overburdened doctors and the need to increase the capacities of health care facilities.

Determination of medical condition and recognition of possible disorders, as well as regular monitoring of changes in patient's health condition, are hindered with certain obstacles in practice. Records of the patients treated in private health care facilities are generally not available to the chosen general practitioner in a public health care institution. Thus, a possible personality disorder that has not been identified at all can pose threat in cases of emergency interventions (emergency ambulance teams), when the police assistance is necessary, especially during home visits to persons who possess weapons. Additional problems are the prejudices of the patients or people in their surroundings regarding mental health issues, so stigmatization or a feeling of shame for visiting a psychiatrist or psychologist is often an obstacle to seeking help, which in turn leads to a failure in making records on such health problems in the health

care system. In such situations, only pronounced health problems can make the patient ask for help. There is also a recommendation for all doctors having contact with patients to be obliged to report a health condition that could be important regarding weapon possession.

Some observations from practice have also indicated the need to re-include a psychologist in the commission that determines the health fitness of persons who wish to possess and carry weapons. A psychologist has an important role in conducting tests and interviews with the candidates as these might help form the opinion about the candidate's attitudes, which is of great importance for the prevention of gender-based and domestic violence (attitudes about gender equality, roles in society, family and violence against women and in the family).

RECOMMENDATIONS

| | |
|----|---|
| 1. | Improving the cooperation of groups for coordination and cooperation with public and private health care institutions, as well as the cooperation of all competent institutions |
| 2. | Intensified reminding of directors of health care institutions by the Ministry of Health about their obligation to report changes in the health status of patients that may affect the fitness to possess and carry weapons |
| 3. | Improving the capacity of health care institutions to reduce the workload of general practitioners |
| 4. | Continuous training of general practitioners in the field of gender-based violence and domestic violence, misuse of firearms, obligations of doctors in the prevention of violence and reporting changes in the medical condition of patients in relation to possession and carrying of weapons |
| 5. | Involvement of psychologists in the team to assess the health condition to possess and carry weapons |
| 6. | Organizing a public campaign on the importance of reporting and preventing gender-based and domestic violence committed with the use of firearms |
| 7. | Educating the victims of domestic violence about the possibilities of reporting the violence (especially via materials available in the premises of health care institutions) |
| 8. | Organizing a public campaign on responsible gun ownership for gun owners and especially parents, as well as a campaign on the importance of mental health |
| 9. | Education of children and young people about gender-based violence and domestic violence, and especially violence committed with the use of firearms |

2. Public Prosecutor's Office

The Public Prosecutor's Office plays a significant role in preventing domestic and gender-based violence, as well as in providing protection and support to the victims of crime in accordance with the Law on Domestic Violence Prevention and the Code of Criminal Procedure. One very important segment in addressing the problem of the use of firearms related to the committing of criminal acts is the action of the Ministry of the Interior on the order of the public prosecutor's office in terms of temporary confiscation of weapons, the search of apartments and other premises. The Public Prosecutor's Office assesses risk when proposing extensions of emergency measures and has a leading role in coordination and cooperation groups. The role of the public prosecutor's office is especially important when it comes to informing and protecting victims.

The group for coordination and cooperation has a very important role in the practice as it is formed on the basis of the Law on Domestic Violence Prevention in the area of every public prosecutor's office to reconsider the cases of domestic violence that have not got final judgment in civil or criminal proceedings, the cases when protection and support are necessary for the victims of domestic violence and victims of criminal offenses, to develop an individual plan of protection and support to victims, and to propose to the competent public prosecutor's office measures to close the court proceedings. The participants in the consultations pointed out that the coordination and cooperation groups consider reported cases of misuse or threat of weapons with special care. The prosecution issues a warrant of dispossession to the police to temporarily confiscate weapons from the perpetrator, and during the search of the apartment and other premises, it is determined whether, in addition to the legal one, the perpetrator also possesses illegal weapons and ammunition. As a rule, weapons are confiscated immediately during the police intervention, but there is no obligation to inform the victim of violence about it.

It was concluded that victims of domestic violence involving the use of firearms are often reluctant to report the violence to competent institutions for fear that firearms will be used, i.e. that the violence will escalate. This is especially noticeable when the perpetrator of violence is a member of the police, army or other similar services that provide access to the firearms. This situation could be significantly improved by encouraging victims to report violence along with informing them about their rights and the obligations of competent bodies and institutions, not only through the media but also by the institutions themselves (police, prosecutor's office, courts). It would also be important to introduce the obligation of informing the victim of violence about the possible confiscation of weapons from the perpetrator.

Although the Law on Weapons and Ammunition prescribes more rigorous conditions for the acquisition and possession of weapons, it can be concluded that there is still a need to improve existing legal solutions given the steady increase in the number of

perpetrators of domestic violence. Conditions for the issuance of a permit to possess and carry weapon should be more stringent by introducing a ban on issuing the permit to persons who have already been convicted of crimes that involved violence (and not only to persons sentenced to effective imprisonment but also persons sentenced with probation) and persons who have been imposed urgent measures or measures of family legal protection against domestic violence. More frequent checking of medical condition of persons who possess weapons is advisable as well. Although a conviction for domestic violence or instigated criminal proceedings for domestic violence are obstacles to obtaining a permit to possess and carry weapons based on the Law on Weapons and Ammunition, one of the expressed views was also that the list of cases should be expanded, including particularly the postponement of prosecutions, in which case, if the suspect fulfills the prescribed obligation, the criminal complaint is rejected and the person is not denied weapon permit on that grounds, even though the person could be subject to that ban based on the assessment of security checks by the police.

Statistical data on urgent measures imposed in accordance with the Law on Domestic Violence Prevention and on specific information important for understanding the phenomenon of gender-based violence are not publicly available, which is an obstacle to determination of significant circumstances: in which cases legal possession of weapons was a risk factor, the relationship between weapon possession and other factors, the actions of the police (whether urgent measures were imposed and which ones, whether weapons were confiscated), the relationship between the reported person and the person who reports domestic violence, the basis for possession of weapons, etc. The Law on Domestic Violence Prevention prescribes the establishment of a central record of cases of domestic violence kept by the Public Prosecutor's Office. As such a central record has not yet been established, it is important that each of these institutions has its own databases. The law does not prevent institutions from collecting other information providing that would facilitate their work. The goal of each database is to monitor the occurrence, specific cases, analysis of the work and actions of the competent institutions and the effects of regulations. It is recommended that other institutions that can participate in protection and support, such as health care institutions, create their databases that will be comparable to the databases of other services.¹⁴¹

A recommendation could be given for the police administrations to conduct quarterly or six-month data analyses and to publish them. In practice, the cooperation of some prosecutor's offices with the police and social service is very important as it ensures the exchange of data related to previous reports, imposed urgent measures and risk assessment, and it also provided conditions for record-keeping, which has significantly contributed to more efficient prosecution.

¹⁴¹ *Domestic violence – what the data show. A review of available data on domestic violence and misuse of firearms, UNDP, 2022.* Available in Serbian at: https://www.rs.undp.org/content/serbia/sr/home/library/womens_empowerment/Nasilje_u_porodici_sta_govore_podaci.html.

As regards the informing aspect, victims must first be informed about their rights and the competent institutions that they can turn to for help and report violence, and get safety advice for situations when they are exposed to violence with the use of firearms. Additionally, guides for internal use would be useful for the purpose of good practice in the prevention of firearms misuse in domestic violence for all persons involved in order to harmonize treatment and implement more effectively violence prevention.

| RECOMMENDATIONS | |
|------------------------|---|
| 1. | Stricter conditions for the acquisition and possession of weapons for persons convicted of crimes with elements of violence regardless of the type of punishment, for crimes with firearms, and persons sentenced to urgent or family protection measures against domestic violence |
| 2. | Shortening of the validity period of medical fitness certificate in order to introduce more frequent checks of medical condition of persons who possess weapons |
| 3. | The Law on Domestic Violence Prevention should regulate the classification of data based on risk factors and implemented measures |
| 4. | Informing victims about their rights and protection measures in cases of domestic violence, about institutions they can report violence to, about their rights in court proceedings, and about safety advice if they are exposed to violence with the use of firearms |
| 5. | Forming internal guides to good practice in the prevention of gender-based and domestic violence committed with the use of firearms for all relevant institutions and facilities in order to harmonize the treatment and implement the prevention of violence more effectively |
| 6. | Conduct a public campaign to raise awareness of weapon misuse in the context of gender-based and domestic violence |

3. Providers of specialized support to victims of domestic violence

The experiences of providers of specialized support to victims of domestic violence can significantly contribute to more effective prevention of gender-based and domestic violence. The support of such associations to victims of domestic violence is recognized in the of Law on Domestic Violence Prevention, as well as the possibility for representatives of associations and individuals providing protection and support to victims to attend the meetings of coordination and cooperation groups.

A general consideration of barriers to reporting domestic violence that occurs in practice, including violence committed with firearms, leads to the conclusion that women, who are the most common victims of domestic violence, are reluctant to report perpetrators

primarily for fear of further violence and mistrust in the protection provided by the competent institutions. This is particularly evident in cases of violence committed with firearms or with the threat of the use of firearms, although there has been a recorded increase in the number of reports. According to the regional safe house in Niš and the SOS line for female victims of violence at the Association of Roma Women "Osvit" show that there has been a small number of registered cases of victims claiming that the firearms were used or that they were at threat of its use. The reports about a family member committing violence and the possession of a firearm mainly referred to cases involving members of the army or police.

Based on what interviewed people in Niš said, the providers of specialized services to victims of domestic violence have good cooperation with institutions responsible for the prevention of domestic violence, such as health institutions, police and judicial authorities. Such examples are rarely found in Serbia, despite the fact that multisectoral cooperation is crucial for strengthening the confidence of victims of violence in institutional support and protection. Certain progress has been made by the state in recognizing the role of civil society organizations; however, there is still room for improvement, both in terms of state funding of specialized support services and in terms of involvement of such organizations in the work of coordination and cooperation groups. The emphasis is on the fact that the individual protection plan ought to take into account the circumstances of individual cases, particularly vulnerable groups, which is something that the providers of specialized services to victims of domestic violence have valuable information about obtained from direct contact with users of their support services. Urgent protection measures often do not meet their intended purpose, especially for victims of the Roma national minority who live in extended family communities. An additional problem may be the subsequent contact of representatives of institutions with victims who have developed distrust in institutions and have had poor experience in contact with government services. In such situations, participation of associations that have direct contact with victims and rely on the principle of confidentiality may prove to be particularly important for gathering the information necessary in the process of defining victim support plans.

It is generally agreed that stricter conditions for possession and carrying firearms are necessary, as well as the shorter period between regular medical checks, more rigorous controls of weapon owners, and a restriction on possession of firearms by certain individuals. This especially refers to persons convicted of the crime of domestic violence, but also of other criminal acts committed with the use of firearms. Illegal weapons are also a significant problem, which is why victims of violence should be continuously encouraged to report such cases. There is also a strong need for renewed and stronger multisectoral cooperation and teams that would work on prevention and educational activities.

RECOMMENDATION

| | |
|----|--|
| 1. | Involvement of providers of specialized support to victims of domestic violence in the work of coordination and cooperation groups |
| 2. | More rigorous controls of persons who apply for possession and carrying of firearms and persons who already hold such permits |
| 3. | Stricter conditions for weapon permit issuance |
| 4. | Renewing and strengthening multisectoral cooperation as well as the teams for the prevention of gender-based and domestic violence, education and support to victims |
| 5. | Provide in plain sight in health care institutions and social service centers the promotional material (such as posters, newsletters, etc.) about the use of firearms in gender-based and domestic violence and available institutional and extra-institutional support for victims. |
| 6. | Educational activities at national and local level, with continuous campaigns on the use of firearms in the context of gender-based violence and domestic violence |

4. Associations of firearms users

The representatives of the associations of firearms users were consulted in order to fully understand the situation regarding the prevention of domestic violence committed with the use of firearms and determination of person's medical fitness to possess and carry firearms. The presented observations and experiences of the representatives of these associations proved their deep awareness and responsibility of their members for weapon and their use.

The Hunting Association of Serbia points out that the lack of data on the use of hunting weapons in cases of gender-based and domestic violence is a problem that requires additional analysis to better understand the problem and plan the measures to prevent the misuse of firearms. The National Weapon Association of Serbia also emphasizes the importance of keeping records and data on the use of legal and illegal weapons in cases of domestic violence.

In practice, these associations have discovered that in order to achieve compliance with the prescribed procedures and rules, it is very important to cooperate with institutions, especially with health care institutions that check the health fitness of applicants to possess and carry weapons. They point out that in some countries, medical examinations are performed only when submitting the first application for a permit, and after that,

the doctors have the obligation to monitor the medical condition of weapon users and inform the competent state authorities about possible changes. A comparison of the countries in the region revealed that the Republic of Serbia has only 8% of citizens who possess weapons legally, which means that our country is penultimate in the number of legally registered weapons in relation to other countries of the former Yugoslavia.

A much more efficient informing of citizens, as well as the provision of education and public campaigns about the legalization of weapons are necessary to resolve the issue of illegal weapons. So far, the campaigns have proved to be mostly short and unsuccessful, and in that regard, the National Weapons Association has proposed that illegal weapons be bought from citizens at a symbolic price. According to the experience of these associations, high fees and taxes, along with inspections and submitting weapons for checking often lead to the transition from legal to illegal possession of firearms, which is why the number of legal weapons has been reduced from 1.5 million to 900 thousand. Associations provide training to members on the use and safe handling of weapons and cooperate with state institutions, but it is still necessary to broaden the knowledge and awareness about the use of firearms, safe handling of weapons, their storage, and reasons for increased caution and concern for community safety.

RECOMMENDATIONS

| | |
|----|---|
| 1. | Collection, analysis and availability of data on the share of hunting weapons and weapons for personal protection, as well as legal and illegal weapons in cases of gender-based violence and domestic violence |
| 2. | Conducting a campaign for the legalization of weapons, with more intensive activities of the competent authorities to prevent the supply of illegal weapons |
| 3. | Improving the cooperation of firearms users' associations with institutions, primarily with the police and the judiciary |
| 4. | Increased awareness and training of members of the Association of firearms users to minimize the misuse of weapons and reduce the number of illegal weapons in the possession of citizens |

VI CONCLUDING REMARKS AND RECOMMENDATIONS



The effective system of protection against gender-based violence and domestic violence requires a coordinated reaction from all relevant institutions with special attention paid to significant risk factors, such as access to firearms. Given the presented data in this analysis, it is indisputable that the misuse of firearms has a significant share in gender-based violence and domestic violence, whether it is the case of murder or the use of firearms in the context of intimidation, threats or other types of violence. Therefore, a preventive measure to combat gender-based and domestic violence committed with the use of firearms must involve a comprehensive and gender-based approach and harmonization of normative and strategic frameworks and practices.

In addition to its main role of providing health care services and implementing medical measures in relation to the victims of violence, the health care system also plays a significant role in the prevention and protection against gender-based and domestic violence. The role of the health care system is important not only from the aspect of participation in the process of recognizing, reporting and documenting violence but also in terms of assessing the fulfillment of conditions for possession and carrying of weapons, and monitoring the medical condition of persons who possess weapons. Despite evident improvements in the legal framework in these areas, it can be concluded that there are still challenges to face when regulating and fulfilling the role of the health care system to prevent and combat gender-based violence and domestic violence, i.e. to follow existing regulations and policies and offer a coordinated response of the relevant institutions. Furthermore, fields of interest for future improvement include recognition of particularly dangerous risks of recurrence or escalation of violence, failure to define the role of the health care system and degree of its involvement, as well as the need for proper record keeping and exchange of information between relevant participants in the prevention of gender-based violence and domestic violence.

A prerequisite for improved efficiency of health institutions is the recognition of the important role of the health care system, and this requires some improvements of the existing legal framework governing the role of the health system in preventing gender-based violence and domestic violence. The aspect of determining person's health fitness to possess and carry weapons needs some improvements of the system in terms of record-keeping and exchanging of data between institutions; also, there is a need to harmonize key regulations governing the confidentiality and privacy of patients, protection of personal data and prevention of domestic violence.

In addition, there is a need to regulate in more detail the health care system's risk and safety assessment of potential victims of violence, especially with regard to information about committed or repeated violence or intentions obtained from the perpetrator and the exchange of information on the perpetrator's medical condition.

Further efforts are necessary to achieve standardized reaction of the institutions in the health care system regarding firearms possession and carrying, and to eliminate the discovered obstacles in practice, particularly regarding the formation and conduct of the clinical examination team and the exchange of information. Data exchange is

a particularly important segment when other health professionals/associates, other than selected general practitioners, are involved in the areas directly related to the limitations of the possession and carrying of weapons. Also, cooperation between state and private health institutions should be established in the exchange of information related to gender-based violence and domestic violence and possession of firearms.

The analysis suggests the following consolidated recommendations for improvement of the role of the health care system in an effective prevention of gender-based and domestic violence:

- revision of the General Protocol on Conduct and Cooperation of Institutions, Bodies and Organizations in Cases of Domestic and Intimate Partner Violence Against Women, and the Special Protocol of the Ministry of Health which purpose is to harmonize with the Law on Domestic Violence PRevention and to define more precisely the role of the health care system in preventing domestic violence;
- amendments to the Law on Weapons and Ammunition which would shorten the time required for checking the fulfillment of conditions for possessing and carrying weapons, including medical fitness, and which would prescribe the obligation to exchange information on the health status of persons relating to their ability to carry weapons;
- imposing strict conditions for the acquisition and possession of weapons in respect of persons convicted of crimes with elements of violence, regardless of the type of punishment, for crimes with firearms, and for persons sentenced to urgent measures or family protection measures against domestic violence
- harmonization of the normative framework in order to establish a balance between the right of patients to confidentiality, privacy and protection of personal data and the obligation to prevent domestic violence;
- analysis of legal decisions on health conditions for performing activities involving the possession and carrying of weapons in order to harmonize the regulations of different sectors with the conditions prescribed by the Law on Weapons and Ammunition and the Rulebook on Determining Health Conditions of Natural Persons to Hold and Carry Weapons;
- improved methods of collection, filing and recording of information and data related to the prevention of gender-based and domestic violence, physical and mental ability to possess and carry weapons, and factors relevant to risk assessment;
- standardization of examinations in authorized health institutions to determine the ability of a person to hold and carry weapons as well as the inclusion of psychologists in the team performing clinical examinations;

- active involvement of the health sector in fulfilling its obligation to report/inform the Ministry of the Interior about changes in the health status of patients that may affect the patient's ability to possess and carry a weapon;
- increasing the capacity of health care institutions to reduce the workload of doctors;
- improving the work of coordination and cooperation groups through active involvement of health care institutions and associations that provide specialist support to victims of violence;
- improving cooperation of all competent institutions, as well as the cooperation with relevant social organizations;
- strengthening of the violence prevention teams in health care institutions and inclusion of the health committee members who issue medical certificates for firearms licenses in these teams;
- creating a guide to good practice in the prevention of gender-based and domestic violence for all competent institutions in order to harmonize the treatment and ensure more effective prevention of violence;
- more effective education of victims on their rights and protection in the event of domestic violence, on reporting and on competent institutions, including some security advice in the event of violence involving the use of firearms;
- permanent education of the general practitioners on the prevention of gender-based and domestic violence and the role of the health care system especially in the context of firearms misuse;
- education of children and youth about gender-based and domestic violence, especially the violence committed with the use of firearms;
- education of members of the association of firearms users in order to reduce the misuse of weapons and the number of illegal weapons owned by the citizens;
- organizing a public campaign on the importance of reporting, preventing and stopping gender-based and domestic violence, and on the misuse of firearms in gender-based and domestic violence;
- organizing a public campaign on responsible possession of weapons intended for weapon owners and especially parents, as well as continuous campaigns relating to the legalization of weapons;
- organizing a public campaign on the importance of and ways to look after mental health.

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APPENDIX



A review of forms from health care institutions (translated into English and original in Serbian)

1. Medical certificate of fitness of a natural person to possess and carry a weapon¹⁴²
2. Medical record of natural person's medical fitness to possess and carry a weapon¹⁴³
3. A report by the general practitioner on the health condition of a natural person to possess and carry a weapon¹⁴⁴
4. A report on the changes of health condition of a natural person who holds the license to possess and carry the weapon¹⁴⁵

¹⁴² Available in Serbian at: https://www.paragraf.rs/obrasci/5063_ID.pdf.

¹⁴³ Available in Serbian at: https://www.paragraf.rs/obrasci/5062_ID.pdf.

¹⁴⁴ Available in Serbian at: https://www.paragraf.rs/obrasci/4785_ID.pdf.

¹⁴⁵ Available in Serbian at: https://www.paragraf.rs/obrasci/4788_ID.pdf.

1.

Name of the health care institution
Place

Number: _____

Date: _____

Pursuant to provisions from Article 9, Paragraph 1 of the Rulebook on Determining Physical Fitness of an Individual for Possessing and Carrying Firearms ("Official Gazette RS", No. ...)

The following is issued

**CERTIFICATE OF MEDICAL FITNESS OF A NATURAL PERSON TO POSSESS AND
CARRY WEAPONS**

Name, parent's name and surname: _____

Date and place of birth: _____; in _____

Place of residence and address: _____ No. _____
(postal code, place, street and number)

PERSONAL IDENTIFICATION NUMBER: _____

ID No.: _____

After revising the available documentation and anamnestic data, specialist examination and objective medical findings, the person examined:

Is fit

Is unfit _____

to carry or possess a weapon

Note:

(A certificate is issued with a validity period of _____)

Medical doctor, occupational health specialist

(signature and signature stamp)

L.S.

Образац 3.

 назив здравствене установе

место

Број:

Датум:

На основу одредбе члана 9. став 1. Правилника о здравственој способности физичких лица за држање и ношење оружја („Службени гласник РС“, број

издаје се

**УВЕРЕЊЕ О ЗДРАВСТВЕНОЈ СПОСОБНОСТИ ФИЗИЧКОГ ЛИЦА ЗА ДРЖАЊЕ
И НОШЕЊЕ ОРУЖЈА**

име, име једног од родитеља, презиме:

датум и место рођења: год. у.....

 место и адреса становања:бр.
 (поштански број, место, улица и број)

ЈМБГ

лична карта број:

На основу расположиве документације, анамнестичких података, специјалистичких прегледа, објективног налаза оцењено је да је прегледан/а:

-
- способан/на**
- неспособан/на**

за држање и ношење оружја

Напомена:

(Уверење се издаје са роком важења од _____)

доктор медицине, специјалиста медицине рада

 (потпис и факсимил)

М. П.

Образац 2.

Назив здравствене установе:

Бр. протокола _____

Датум _____

Место: _____

**ЗДРАВСТВЕНИ КАРТОН О ЗДРАВСТВЕНОЈ СПОСОБНОСТИ ФИЗИЧКОГ
 ЛИЦА ЗА ДРЖАЊЕ И НОШЕЊЕ ОРУЖЈА**

| | | |
|------|--|---|
| 1.0 | ОПШТИ ПОДАЦИ* | |
| 1.1 | Име, име једног од родитеља, презиме | |
| 1.2 | Дан, месец и година рођења | |
| 1.3 | Место рођења (општина) | |
| 1.4 | Место пребивалишта, односно боравишта и адреса | |
| 1.5 | Пол 1. Мушки 2. Женски | |
| 1.6 | Брачно стање | |
| 1.7 | Школска спрема | |
| 1.8 | Посао, занимање које обавља и где | |
| 1.9 | ЈМБГ _____ Број личне карте и од кога је издата _____ | |
| 1.10 | Регулисана војна обавеза | 1. Да <input type="radio"/> 2. Не <input type="radio"/> |

| | | | |
|-----|--|--|--|
| 2.1 | Преглед је | | |
| | 1. Први <input type="radio"/> 2. Поновни <input type="radio"/> 3. Ванредни <input type="radio"/> | | |
| 2.2 | Долази на преглед | | |
| | <input type="radio"/> 1. По личној жељи | | |
| | <input type="radio"/> 2. По упућу послодавца | | |
| | <input type="radio"/> 3. По упућу органа унутрашњих послова | | |
| 2.3 | Колико година поседује дозволу за држање или ношење оружја? | | |
| | 1. До једне године <input type="radio"/> 2. Од 1 до 5 година <input type="radio"/> 3. Више од 5 година <input type="radio"/> | | |
| 2.4 | Коју врсту оружја држи или носи? | | |
| | 1. Лично <input type="radio"/> 2. Ловачко <input type="radio"/> 3. Спортско <input type="radio"/> | | |

3.

Name of the health care institution

Place

Primary care physician
(Name and surname, ID)

Number of medical record: _____

PIN: _____

GENERAL PRACTITIONER'S REPORT ON MEDICAL FITNESS OF THE NATURAL PERSON TO POSSESS AND CARRY WEAPONS

Name, parent's name, surname

Date and place of birth: _____;

Address and place of residence: _____ No. _____;
Street and number, postal code

ID card No. _____ issued by _____

After checking the medical record and available medical documentation, it can be stated that the patient has suffered from the following illnesses and health problems:

Year _____ diagnosis (ICD 10) _____ duration of sick leave or treatment: _____

The patient takes medicines: _____;

The patient was treated in a stationary medical care institution:

Yes, no _____ (year), for _____ diagnosis (ICD 10) _____

I have been a family doctor for the person mentioned since _____.

L.S. _____
Doctor's signature and signature stamp

Date:

Образац 1.

 назив здравствене установе

----- место

 изабрани лекар
 (име и презиме, ИД број)

Број здравственог картона: -----

ЈМБГ -----

**ИЗВЕШТАЈ ИЗАБРАНОГ ЛЕКАРА О ЗДРАВСТВЕНОМ СТАЊУ ФИЗИЧКОГ ЛИЦА
 ЗА ДРЖАЊЕ И НОШЕЊЕ ОРУЖЈА**

/...../
 име, име једног од родитеља, презиме

датум и место рођења: г. у

 место и адреса становања: бр.....
 улица и број, поштански број

ЛК бр. издата од

Увидом у здравствени картон и расположиву медицинску документацију, особа је боловала од следећих болести и здравствених проблема:

година..... дијагноза (МКБ 10)..... дужина боловања или лечења.....

узимање лекова.....;

Лечио се у стационарној здравственој установи

 да,године, због дијагноза (МКБ 10)
 не

Наведеној особи изабрани сам лекар одгодине.

МП

потпис и факсимил изабраног лекара

Датум:

4.

Name of the health care institution

Place

Number: _____

Date:

For the **MOI OF THE REPUBLIC OF SERBIA**
Organizational Unit

REPORT ON THE CHANGE IN MEDICAL CONDITION OF THE PERSON WHO HOLDS THE PERMIT TO POSSESS AND CARRY WEAPONS

After conducting medical check-up _____

Name, parent's name and surname: _____

Date and place of birth: _____ in _____

Place and address: _____ No. _____
(Postal code, place, street and number)

Personal identification number: _____

ID card No. _____, issued by _____

It was determined that there was a change in the medical condition of the person that affects his/her medical fitness to possess and carry a weapon.

L.S.

General practitioner

(signature, signature stamp and doctor's ID)



Образац 4.

.....
назив здравствене установе

место

Број:

Датум:

за МУП РЕПУБЛИКЕ СРБИЈЕ
организациона јединица

**ИЗВЕШТАЈ О ПРОМЕНИ ЗДРАВСТВЕНОГ СТАЊА ЛИЦА КОЈЕ ПОСЕДУЈЕ
ДОЗВОЛУ ЗА ДРЖАЊЕ И НОШЕЊЕ ОРУЖЈА**

Лекарским прегледом

име, име једног од родитеља, презиме:

датум и место рођења: Г. У

место и адреса становања:бр.
(поштански број, место, улица и број)

ЈМБГ

лична карта број:, издата од

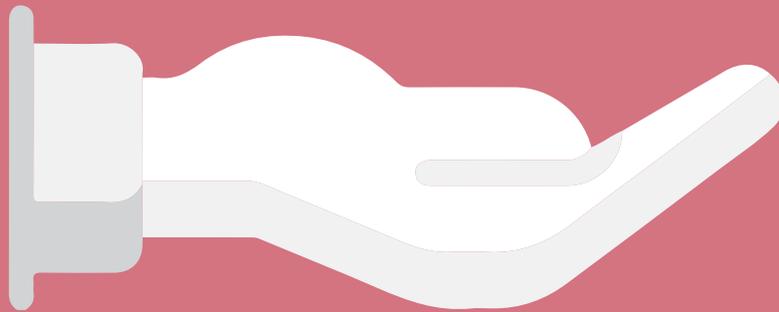
Утврђена је промена здравственог стања која утиче на здравствену способност физичког лица за држање и ношење оружја:

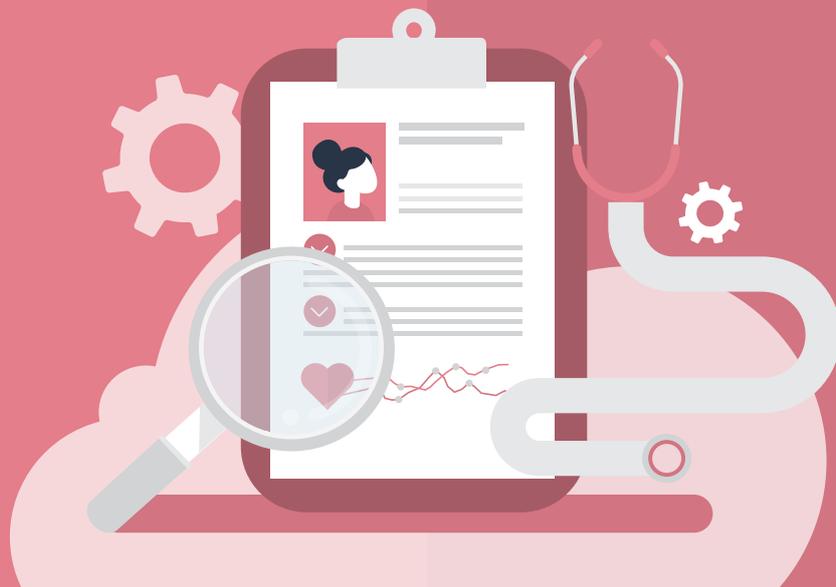
МП

изабрани лекар

.....

(потпис, факсимил и ИД број изабраног лекара)





ROADMAP
FOR A SUSTAINABLE SOLUTION TO THE ILLEGAL POSSESSION,
MISUSE AND TRAFFICKING OF SALW AND THEIR AMMUNITION
IN THE WESTERN BALKANS BY 2024

