

SPECIFIC CHALLENGES OF WITNESS SUPPORT ASSOCIATES IN CONTACT WITH WITNESSES AND VICTIMS DURING THE CORONAVIRUS PANDEMIC

Alma Taso DELJKOVIĆ*

ABSTRACT

The pandemic COVID-19 has affected all functioning spheres: family organization, school closures, workplaces, and public places. In Bosnia and Herzegovina, the coronavirus pandemic affected changes in people's everyday life. Epidemiological measures were introduced to spread the infection and prevent the disease. Among other things, the work of judicial institutions was hampered; the testimony of witnesses and victims in criminal cases was difficult too. A better understanding of the specific experiences faced by witness support staff at the Court of Bosnia and Herzegovina during the coronavirus pandemic in communicating with witnesses and victims could be helpful to professionals in dealing with similar situations in a specific context. This study investigates how much the pandemic affected the contacts, motivation, and mental health of persons who, in the period after the outbreak of the pandemic, were called witnesses in the cases processed before the Court of Bosnia and Herzegovina during the 2020 and 2021 year.

Keywords: Coronavirus, Pandemic, Witness, Victim, Support.

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INTRODUCTION

At the end of 2019, a new strain of the virus (COVID-19), highly contagious, was discovered in China, the incidence of which was increasing exponentially. The World Health Organization (WHO) identified its rapid transmission as a pandemic. On the recommendation of the World Health Organization (WHO), epidemiological preventive measures have begun to be taken worldwide to protect the population from disease. Following the development of symptoms, it was established that infection with the coronavirus most often causes symptoms of high temperature, dry cough, and loss of sense of smell and taste, and less often body pain, headache, fatigue and even vomiting. According to its clinical picture, it was very similar to the symptoms of the flu or a cold, however, it quickly became clear that the symptoms can cause such complications in people that, unfortunately, end with a fatal outcome. The pandemic spread very quickly

* Mr.Sc., The Court of Bosnia and Herzegovina, Witness Support Office, Sarajevo – Bosnia and Herzegovina, E-mail: almataso@gmail.com, ORCID Number: 0009-0000-4234-7158

throughout the world, and soon various epidemiological measures were adopted at the state level, to reduce contact between people and thus reduce the possibility of transmission of the virus from person to person, i.e. the intensive spread of the infection.

The first cases of infection with the coronavirus in Bosnia and Herzegovina were recorded at the beginning of March 2020. Soon, the number of infected people began to grow at an extraordinary rate. Health institutions in Bosnia and Herzegovina in cooperation with the World Health Organization (WHO) in a very short period bring a series of measures, different protocols, and guidelines for action to reduce the spread of the infection. Crisis headquarters are being established, and epidemiological surveillance measures are being introduced at different levels, to slow the spread of the COVID-19 virus. The Federation of Bosnia and Herzegovina, during March 2020, enters a period of complete closure, which necessarily affects the work of judicial institutions. The aim of all adopted epidemiological prevention measures is to prevent the spread of the coronavirus, the detection of individuals infected with the coronavirus, those who have been in contact with infected persons, as well as the protection of persons in high-risk groups. Epidemiological measures, which come into effect very soon after the detection of the first infected persons, are mandatory wearing of a protective mask in closed and open spaces, maintaining physical distance between people, regular disinfection of hands, and other instructions in case of sneezing and coughing. Epidemiological measures are adopted and respected at the level of the entire country, and soon the Institutions that work with the parties will adopt regulations on the observance of epidemiological measures.

The pandemic COVID-19 virus has affected all spheres of functioning: family organization, school closures, workplaces, and public places, changes in work routines, and isolation leading to feelings of helplessness and abandonment (Ornell et al. 2020). Previous similar situations, according to Reardon (2015), showed that people with mental health difficulties report more difficulties, suffer more, difficulties last longer, and that the impact on psychosocial and economic functioning is significantly greater compared to people who did not show difficulties in the field of mental health.

Around the world, measures related to the pandemic have begun to be monitored more closely, as well as the indications and impact on public health. In a study conducted in China (Wang et al. 2020), approximately half of the interviewed persons marked the psychological impact of the

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pandemic as moderate or severe, while a third of respondents expressed moderate to severe anxiety. Another study conducted on patients who were infected or suspected of developing the coronavirus reported intense emotional and behavioral reactions, such as fear, boredom, loneliness, anxiety, insomnia, or anger (Shigemura et al. 2020). A particularly sensitive category of people in this sense are certainly people with previous psychological difficulties, such as depression, emotional difficulties, stress, irritability, insomnia, post-traumatic stress symptoms, anger, and emotional exhaustion, and those with psychiatric diagnoses. He estimates that social isolation, or isolation in general, caused by the pandemic, could have such consequences on the mental health of vulnerable categories of people that they will need support and professional monitoring even six months after leaving isolation (Torales et al. 2020). Witnesses/victims of serious crimes, with psychological difficulties because of surviving traumatic events, belong to the most sensitive categories of persons.

The emergency of the pandemic required the reorganization of all existing mechanisms of communication and work with witnesses and victims, considering recommendations related to physical distance, staying in closed spaces with several people, isolation, and a strong sense of psychological and health threats. This certainly contributed to the development of continuous fear of getting sick and not knowing what to do in those situations. The coronavirus pandemic, apart from overwhelming and sensationalist news and images, has brought a significant level of anxiety and fear into people's daily functioning. Infected persons were often the subject of discrimination, stigmatization, and social avoidance (Shigemura et al. 2020).

Judicial institutions communicate with witnesses/victims mainly through invitations to testify, official websites of the institutions, or, where possible, through the Department of Witness Support Service. The basic mission of such departments is to provide witnesses with the necessary information related to the criminal proceedings in which they are summoned, and provide, if there is professional staff trained for this, psychological, emotional, administrative, and other support to witnesses/victims before, during and after testifying. In the Court of Bosnia and Herzegovina, since 2005, the Witness Support Office has been operating, which provides psychological, emotional, administrative, and technical support to witnesses testifying before the Court of Bosnia and Herzegovina in cases of war crimes, organized crime, terrorism, human trafficking, and other acts where the need arises for the involvement of professional staff. Testifying in criminal proceedings,

regardless of the crime involved, is always accompanied by a pronounced expression of emotions, such as anxiety, nervousness, sadness, and anger. If testifying is about an event where the witness is a victim and has suffered emotional or physical torture, it can be expected that the testimony will be more difficult in such a way that it will be accompanied by a more intense expression of emotions. Since testifying is a re-experiences of a traumatic event, the support that the witness has from experts at the Witness Support Office is extremely important. The witness/victim knows that he/she is not alone and that he/she can get professional help during and after the testimony, to understand and understand his/her emotions, and to stabilize himself/her psychologically.

Social isolation or distancing, inability to access the necessary support, be it medical, psychological, or other, can affect the deterioration of the mental health of witnesses/victims. The break in the processing of criminal cases, caused by the suspension of trials due to the coronavirus pandemic, can also be one of the aggravating factors for witnesses. Witnesses, especially victims, are highly motivated to continuously prosecute criminal acts, to find out the truth, and punish the perpetrators. The delay in processing due to the pandemic, prevents them from getting satisfaction through learning the truth and/or learning about the temporal punishment of the perpetrators. Considering that investigations and trials are lengthy processes, especially in cases of war crimes, additional slowing down of the process could certainly have an impact on witnesses and victims.

A better understanding of the specific experiences faced by witness support staff at the Court of Bosnia and Herzegovina during the coronavirus pandemic in communicating with witnesses and victims could be helpful to professionals in dealing with similar situations in a specific context. Accordingly, during this study, we will investigate how much the pandemic affected the contacts, motivation, and mental health of persons who, in the period after the outbreak of the pandemic, were called witnesses in the cases processed before the Court of Bosnia and Herzegovina during 2020 and 2021 year.

Before analyzing the obtained research findings, it was necessary to understand the concept of contacting witnesses in the daily work of the Witness Support Office of the Court of Bosnia and Herzegovina. According to the Rulebook of the Witness Support Office of the Court of Bosnia and Herzegovina, communication with witnesses before testifying is established by telephone. Witnesses are contacted several times before coming to testify, to make an individual assessment of the psychophysical condition of each witness, and to inform them about the rights and

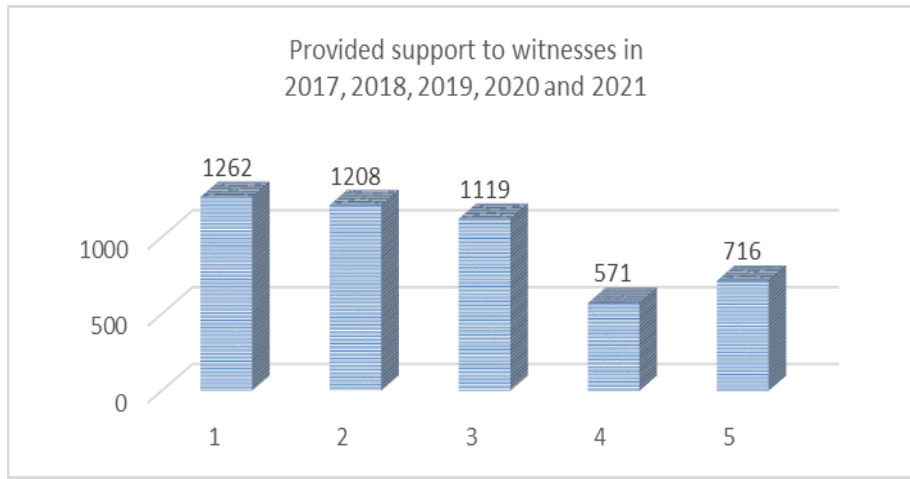
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obligations they have as witnesses in criminal proceedings. Direct communication with witnesses has multiple significance, not only so that the witnesses would receive the necessary information about the criminal processes in which they are participating, but also so that they would have the opportunity to express their fears related to the upcoming testimony. In the period of the pandemic, which affected the whole world, it was expected that one of the central topics in the conversation would be ways of dealing with the newly created situation.

The cancellation of the trial due to the coronavirus pandemic and valid epidemiological measures had a significant impact on the number of witnesses supported by the Witness Support Office of the Court of Bosnia and Herzegovina. The number of witnesses who were provided direct support by witness support officers of the Witness Support Office of the Court of Bosnia and Herzegovina in the mentioned period has significantly decreased. According to the official statistical data of the Witness Support Office of the Court of Bosnia and Herzegovina for the period 2017-2021, significant differences are noticeable¹. Witness support associates on average provide support for around 1200 witnesses on an annual basis (graph 1) who come to testify at the Court of Bosnia and Herzegovina. Due to the coronavirus pandemic and the suspension of trials, the number of witnesses who received support in 2020 and 2021 is significantly lower.

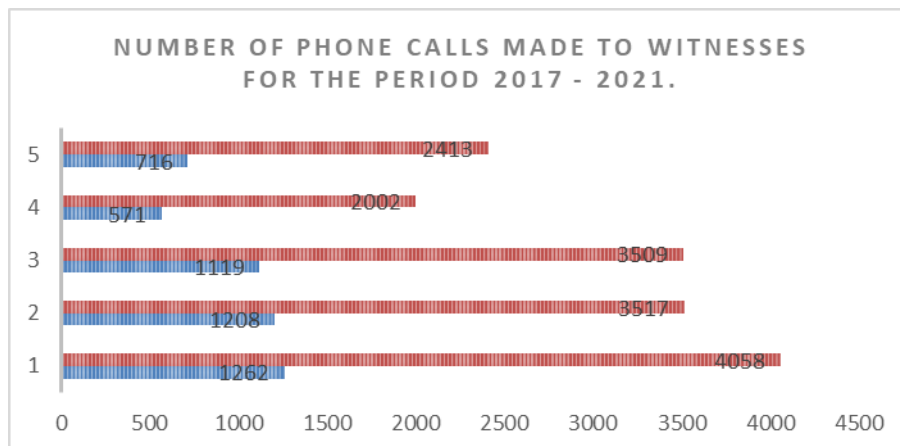
¹ Statistical data obtained from the official records of the Witness Support Office of the Court of Bosnia and Herzegovina

Graph 1. The number of witnesses on an annual basis who were supported within the Witness Support Office of the Court of Bosnia and Herzegovina in the period from 2017 to 2021;



Due to the suspension of the trial during the pandemic and the non-calling of witnesses, the number of telephone contacts with witnesses was also reduced. Statistical data of the Witness Support Office of the Court of Bosnia and Herzegovina show a significantly lower number of telephone contacts with witnesses, as well as witnesses who contacted the Department during 2020 and 2021. On average, three or four interviews are conducted with one witness, before the day of testimony. In the period of the coronavirus pandemic, witnesses were contacted much less often, mainly due to the postponement of testimony and the provision of current events related to the criminal case in which they were called.

Graph 2. The number of phone calls made by associates of the Witness Support Office of the Court of Bosnia and Herzegovina to witnesses and the number of witnesses by year for 2017 (1), 2018 (2), 2019 (3), 2020 (4) and 2021 (5);



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In the Republic of Croatia, during the period of the coronavirus pandemic, it was observed that in direct contact with witness support associates through the Witness Support Service, support was provided for twice as many victims and witnesses compared to the same period in previous years, but the total number of telephone calls made was at the same level because most of the work was focused on telephone contact (Hamer Vidmar 2021).

Methodology

Participants

In qualitative research, the selection of research participants is always carefully approached, considering that care should be taken to select people who have a certain connection with the research and who have knowledge about the topic being researched. Often, participants are chosen 'on purpose' with a close connection to the research topic in mind. The key question when selecting participants in qualitative research is often "Are these people who are part of the cause, and with whom I am talking, sufficiently qualified to talk about the topic of this research, that is, do they have enough knowledge about it?" (Cropley 2022). With such a question, the researcher also tests the representativeness of the sample he chose to participate in the research. Both the sample size and the selection of participants depend on the topic of the research, that is, what is the focus of the research. Considering the specificity of not only the research topic but also the context of the emergency of the pandemic, interviews were conducted with employees of the Witness Support Office of the Court of Bosnia and Herzegovina. An open-ended interview method was used to interview six witness support assistants. All participants in the interviews were female, given that there is no male staff employed in the Witness Support Office of the Court of Bosnia and Herzegovina. Of these, four female employees are psychologists by profession, while two are social workers. When we talk about the level of professional education, out of six participants, five participants have master's degrees, while one participant has completed graduate studies. In addition, all participants stated that they attended numerous additional specialist educations in the field of psychology and work with sensitive categories of people. The training was in the field of trauma, stress, violence prevention, communication, etc. All interviewed employees are long-term employees of the Witness Support Office of the Court of Bosnia and Herzegovina; at the time of

conducting the research that range ranged from 3 to 16 years. The mentioned demographic data are also shown graphically in Table 1.

Table 1: Presentation of demographic data of the participants in the interviews

Order no.	Participant	Sex	Age	Degree of education	Profession	Years of service
1	SP1	h	43	Master of Science	Psychologist	16
2	SP2	h	50	Graduate studies	Social worker	16
3	SP3	h	44	Master of Science	Psychologist	13
4	SP4	h	48	Master of Science	Social worker	6
5	SP5	h	35	Master of Science	Psychologist	7
6	SP6	h	36	Master of Science	Psychologist	3

Method and Procedures

The first step in conducting this research was to search for, read and code significant texts, decisions, and procedures related to the functioning of judicial institutions during the coronavirus pandemic. An exhaustive analysis of the available professional texts on the impact of the coronavirus pandemic on the mental health of individuals was also carried out. After the research questions were defined, it was agreed to conduct a pilot study with the aim of informed entry into larger-scale research that would result in recommendations and specially tailored interventions. An open-ended interview protocol was created to obtain broader information related to the research questions. Interviews with the witness support staff at the Court of Bosnia and Herzegovina were conducted in January 2021. They were agreed upon through personal contacts, and six unstructured interviews were conducted with employees of the Witness Support Office at the Court of Bosnia and Herzegovina, with an average duration of about 30 minutes. All interviews were conducted live with the obligation to wear a mask and respect the appropriate distance, and with permission, recorded via an application on the author's mobile phone. The interviews were transcribed. All participants gave written consent for the use of data for scientific research purposes.

For data collection, and following the aim of the research, an open-ended interview protocol was constructed. The protocol contained seven particles that covered three domains previously

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identified and through informal conversations: communication with witnesses during the coronavirus pandemic, the perceived impact of the coronavirus pandemic on the motivation of witnesses to testify, and the perceived impact of the coronavirus pandemic on the mental health of witnesses.

Regarding the communication with witnesses during the coronavirus pandemic, we asked the research participants the following: *How did the witnesses experience the conversation about the coronavirus pandemic? How did they talk about the pandemic? How did they experience the valid epidemiological measures, as well as the epidemiological measures implemented in the Court of Bosnia and Herzegovina?*

Regarding the perceived impact of the coronavirus pandemic on the motivation of witnesses to testify, we asked the research participants: *To what extent do you think the coronavirus pandemic affected the motivation of witnesses to testify, that is, to come to the Court of Bosnia and Herzegovina? Do you think that the postponement of the testimony and the cancellation of the hearing due to the coronavirus pandemic (in some cases several times) affected the degree of motivation of the witness to testify? In situations where the witness refused to testify, to what extent were the reasons for this caused by the coronavirus pandemic?*

Regarding the perceived impact of the coronavirus pandemic on the mental health of witnesses, we asked the research participants: *When contacting witnesses, to what extent did they report or were you able to recognize some of the more intense emotions and mental states associated with the coronavirus pandemic, such as anxiety, depression, frustration, insecurity related to the further development of the pandemic? When contacting witnesses, to what extent did they verbalize the impact of the coronavirus pandemic on their mental state?*

During the interview, we also asked the participants about the general impression they got in the communication with the witnesses about how they are coping with the coronavirus pandemic, and how it affects their everyday life.

The emergency of the coronavirus pandemic required changes at all levels of functioning, both individual and organizational. And the procedures related to communication and assessment of the witness's psychophysical state before coming to testify at the Court of Bosnia and Herzegovina had to be adapted to the newly created situation, and to the topics that the witnesses

offered themselves during the interview. In an organizational sense, a set of questions had to be designed and introduced that directly dealt with the impact of the coronavirus on the daily functioning of an individual, as well as the possible impact on the response of witnesses to a court summons. In this sense, a set of questions was created that enabled the exploration of the topic of the coronavirus in contact with witnesses:

Has the witness been ordered to isolate/quarantine in the last month?

Has the witness been in contact with someone who is infected or in isolation in the last 15 days?

Has the witness traveled outside the place of residence in the last month?

To what extent does the witness currently feel healthy and/or does he show any symptoms related to the coronavirus?

Considering the age, does the witness belong to the risky group of witnesses and do some of the introduced banning measures apply to him/her?

We also asked the research participants to what extent the questions related to the coronavirus were important to them in communication with witnesses.

This study was carried out within the framework of the methodology of interpretive phenomenology, which includes both description and interpretation of the observed phenomenon. Descriptive phenomenology should describe the essential structure of experience and perception. The methodology of interpretive phenomenological analysis is based on the belief that understanding the world requires understanding experience (Harper & Thompson 2011). It was created to provide researchers with detailed explanations of individual experience and social cognition. According to leading researchers in the field of phenomenological analysis, Smith, Flowers, and Larkin (2009), interpretive phenomenological analysis is a qualitative research approach that studies how people make sense of their major life experiences. It is a research approach that respects and demonstrates an understanding of the 'lived experiences' of the research participants, and as a method is mainly 'participant-oriented' and their perception of the observed phenomenon. As a qualitative research approach, interpretive phenomenological analysis allows individuals who have had the same or similar experiences to tell their stories without distortion or adaptation. Creswell (2007) points out that phenomenologists focus on describing what all participants have in common when experiencing a specific experience. The most important aspect

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of the analysis is precisely connecting and understanding the 'lived experiences' of the participants in the research, all with the aim of better understanding the phenomenon being investigated.

Looking at different perceptions and experiences of the phenomenon being studied, the research should provide an overview of the perception of different experiences of witnesses during the pandemic period concerning valid social and social restrictions and in the context of a court summons to testify, through contacts of support assistants with witnesses.

The author's theoretical orientation and personal experiences during the pandemic certainly influenced the interpretation of the various phenomena observed in this study. Taking into account many years of experience in working with witnesses and victims in a judicial institution, knowledge of legal procedures and provisions, and the fact that she was personally affected by the pandemic, she paid special attention to the way witnesses, as multiple traumatized persons, experienced the specific context of the pandemic, the extent to which the pandemic had an objective and subjective impact on their decision to respond to the subpoena, and to what extent witness support associates could assess how significant the pandemic was for the already damaged mental health of witnesses and victims.

Data analysis

Following the aim and methodology of the research, the data were analyzed using the interpretive methodological analysis described by Smith and Osborn (2008), Lindseth and Norberg (2004), and Smith, Flowers, and Larkin (2009). Research findings are presented using standards for reporting qualitative research in psychology.

For the purpose of analyzing the material, a transcription was made for all the conducted interviews, followed by a detailed analysis of the text in three readings to identify common themes, words, or phrases that are often repeated, and to observe themes or categorizations in the respondents' answers. The proposed method of the above-mentioned authors, based on a naive reading of the transcripts, includes the following steps: making initial notes (marking interesting parts of the text, initial summaries, observations, preliminary links, and interpretations), coding each interview, developing emerging themes, thematic structural analysis, basic creation of clusters or grouping of codes into meaningful groups (searching for connections between emerging themes through all transcripts), creation of main (superordinate) themes, summarizing and reflection on

superordinate themes and sub-themes about the research question and research context, reduction and selection of superordinate themes, and interpretive analysis. The method of qualitative data analysis in phenomenological research should reflect the phenomenological philosophy of the entire study. In the third round of the reading circle, the dominant themes were transformed into key concepts, which were then subsumed under three categories, which were also observed, namely: communication, motivation, and mental health in the context of the pandemic. The research results are presented below.

Results

The transcripts of the conducted interviews were analyzed in three readings. With each reading, initial descriptive, linguistic, and conceptual comments were noted. Gradually, those comments were transformed into codes that described the basic characteristics and relevant meaning for the research topic. More than 20 codes (eg, fear of infection, fear for health, need to discuss the pandemic, anxiety, uncertainty of the situation, concern about the current situation, loss of support in the community, inability to make contact with close family members, ...) was identified and combined with the author's notes made during the interview and the analysis of the interview transcripts. Furthermore, the codes are grouped according to meaning into 19 subcategories, which are distributed under 3 key observed categories (table 2). It is interesting to note that out of the total number, 12 subcategories were related to the perception of the impact on mental health in terms of fear and vulnerability.

Table 2. Categories and subcategories of the transformed codes from the interviews

CATEGORIES		
Communication	Motivation to testify	Impact on mental health
SUBCATEGORIES		

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Openness	Inability to arrive due to lack of transportation	Fear of infection
Understanding	Inability to come due to fear of infection	Fear for health
The need to talk about one's own experience related to the pandemic	Testifying with a mask as a hindrance, an obstacle	Anxiety
The need to demystify the concept of the corona virus		The uncertainty of the situation
		Frustration
		Concern with the current situation
		Changing life habits
		Change in everyday life
		Chronic patients as a high-risk group
		Oversaturation of personal traumatic experiences
		Loss of community support
		Loss or inability to contact close family members

Category I: perceived impact of the coronavirus pandemic on Communication with Witnesses

By analyzing the interviews on questions related to communication with witnesses during the pandemic, three main characteristics of the results emerged: perceived acceptance of the specific context, perceived motivation to talk about a specific topic, perceived intention to demystify the concept of the coronavirus and all its specificities. The participants in the interviews pointed out that the witnesses were mostly happy to talk about the coronavirus pandemic, especially if they had personal experience of isolation and contracting the coronavirus.

SP1: “... *The witnesses were happy to talk about the coronavirus pandemic; they needed to tell their experience related to isolation or symptoms if they were sick...*”.

SP6: “... *in telephone contact with witnesses, I did not encounter any resistance to talk about the coronavirus and the epidemiological situation; I had the impression that through the conversation they were channeling their fears and anxiety related to the new situation...*”.

Very often, during the conversation, they openly presented their experiences related to the pandemic and did not express resistance to the topic. Elderly witnesses during the conversation asked for additional clarifications about immunity, quarantine, and in general the new rules that have been introduced in all spheres of life.

SP4: “... *It seemed as if the witnesses were overwhelmed with information about the coronavirus. People from risk groups, especially the elderly, often asked for additional clarifications about immunity, quarantine, and epidemiological measures...*”.

Only one participant in the interview stated that she had several witnesses who did not want to talk about the coronavirus.

SP2: “... *The witnesses were not very happy to talk about the coronavirus; all answers were in short form, with the intention of "quickly going over the topic"*”.

In the similar research conducted in the Republic of Croatia (Hamer Vidmar 2021) related to the experiences of the Witness Support Service in contact with witnesses during the coronavirus pandemic, it was observed that witnesses and victims who did not use modern technologies and social networks had a harder time reaching information about the pandemic, stating that it mainly refers to elderly people in rural areas as well as people with poorer financial conditions.

In analyzing the way of communication during the coronavirus pandemic, authors Back et al. (2020) state that during communication during a pandemic, especially if it is a question of high-risk groups of people, care should be taken to recognize and deal with the emotion that communicates during the conversation is much more important than giving extensive information. They also recommend that even if, for example, during the conversation, he notices fear, sadness, or anxiety, it is necessary to communicate that emotion, and then give the necessary information. In this way, the person will be able to absorb what is being said to him. The most important communication skills that come to the fore in crises are active listening, emphasizing what is important, and empathy, especially in contact with sensitive people. In the Republic of Croatia (Hamer Vidmar 2021) during the pandemic, witness support services provided emotional support,

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information on rights, and practical and technical information over the phone. The same author further states that during the "lockdown," an increased need for emotional support for witnesses and victims was observed due to increased stress caused by fear, longer stay in a closed space, as well as limited movement.

II Category: Perceived impact of the coronavirus pandemic on the motivation and response of witnesses to a court summons to testify

During the suspension of the trial, a certain number of witnesses, who were summoned to testify before the onset of the coronavirus pandemic, were recalled by the staff of the Witness Support Office. After the relaxation of the epidemiological measures and the continuation of certain court proceedings, while observing the epidemiological measures, it still happened that certain hearings were canceled due to illness or contact of the invited parties in the proceedings with an infected person, which caused isolation for that person. As a result of such events, witnesses were sometimes informed about the postponement of the hearing at the last moment before going to testify, and even more than once. In an informal conversation with the associates of the Witness Support Office of the Court of Bosnia and Herzegovina, an attempt was made to find out whether the witnesses verbalized their satisfaction or dissatisfaction with the postponement of the hearing in any way, and whether this had an impact on the motivation to testify. The analysis of answers to questions related to the motivation of witnesses during interviews with witness support officers indicates that the coronavirus pandemic mainly affected witnesses from the high-risk group, i.e., witnesses of older age and witnesses with chronic diseases.

SP4: *"...The pandemic has affected the motivation to testify and respond to court summons among witnesses who fall into risk categories from infection, and who fully comply with epidemiological measures and do not leave the house. Fear was expressed that by coming to the Court, they would endanger their health. So, I communicated on several occasions with the witness, who was called in a case that was postponed several times because someone was either infected or was in contact with an infected person and needed to be isolated. During the first adjournments, the witness showed a great understanding of the adjournments. She was very motivated to testify. However, as the general number of infected people in Bosnia and Herzegovina grew, so did her*

motivation, which ultimately resulted in her clearly expressing her fear of becoming infected when she came to testify. As a result, her testimony was postponed until further notice ...”.

SP5: *“...The pandemic certainly affected the witnesses who avoided testifying anyway, because now they could do more, given that they had an excuse. However, I must point out that those witnesses who are motivated and want to testify and who expressed fear for their health, in the case of being prevented, had the need to justify their inability to come, and that when they came, they looked for the best way to come and to minimize the possibility of infection...”.*

SP1: *“... The pandemic has made it difficult for witnesses who are in high-risk categories, such as the elderly and chronically ill, to respond, mainly due to the fear of infection. I also mention the situation with the witness, who did not move or leave the house due to the pandemic, but responded to the court summons and came to testify...”.*

The interviewed participants stated that during the interview, the witnesses very often expressed their fear that they could get infected on the way to the Court of Bosnia and Herzegovina, regardless of whether they came using public transport or by their vehicle. This way of thinking was most characteristic of the witnesses who stated that they move around their place of residence very little or not at all and that they rarely, except, when necessary, leave the house. Staying at home and isolating yourself from contacts, i.e., possible sources of infection, acting as a protective mechanism to prevent infection and preserve health. For them, coming to the Court of Bosnia and Herzegovina to testify would seem like a step out of the 'safe' zone they created.

SP6: *“... I remember the witness, who was called to testify at the height of the pandemic. City transport did not work during that period. Although the witness was chronically ill, she expressed her desire to respond to her testimony. After several conversations and consideration of possible arrival options, with the approval of the court panel, we managed to organize a taxi to bring the witness and return her home. The witness responded to the testimony, although she felt more fear for her health than for the testimony itself...”.*

Due to the specific situation of the pandemic, it happened that individual hearings were canceled several times because one of the parties to the proceedings was infected or in isolation. Witnesses were regularly informed about this by the witness support officer.

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SP4: “... *During the pandemic period, I had a lot of cancellations and rescheduling of hearings due to the pandemic. I had the feeling that the witness's frustration was growing between the two appointments. At one point, I had a lot of witnesses who were hospitalized because of the corona, and no one could respond ...*”.

However, the interviewees state that the witnesses generally expressed an understanding of the postponement of court hearings.

SP3: “... *The witnesses I communicated with, did not express anger because of the postponement of the hearing, but rather understanding. I had the feeling that they were even happy that they didn't have to come because they were afraid for their health and the possibility of infection...*”.

SP5: “... *The witnesses generally expressed understanding of the postponement of the hearing. However, during the conversation, I always somehow left room for the possibility of delay due to the specific situation we were in ...*”.

Although at the very beginning of the coronavirus pandemic, the situation seemed unfamiliar, confused, and expansive, over time people began to accept it and get used to the 'new normal'. In research conducted by Serafin et al. (2020), resistance, social support, subjective well-being, and quality of life appear as protective factors in situations of mass pandemics, which help individuals to change their daily lifestyle and re-adapt their defense mechanisms. The general attitude of representatives of health institutions and authorities during a pandemic is such that it promotes effective communication, provides adequate support, reduces the level of anxiety, frustration, and negative emotions regarding the pandemic situation or any of its aspects, and enhances individual resilience and a person's ability to cope with the new, unknown situation (Serafini et al. 2020). The specific conditions of the pandemic also required certain adjustments in communication with witnesses. It was important to express the understanding of the witness support associates for the fears verbalized by the witnesses during the interview, but from the witness's side to the frequent changes in the dynamics of the hearing. The analysis of the answers indicates that the coronavirus pandemic did not affect the real motivation of the witnesses to testify and ultimately find out the truth, but to a significant extent, it caused fear of an increased possibility of contracting the coronavirus by going to court, i.e., leaving the 'safe zone' that they had created

in their environment. The perception of testimony was less observed in the light of a stressful event, compared to possible sources of infection and illness on the way to court, and during the stay in court.

III Category: Perceived impact of the coronavirus pandemic on the mental health of witnesses

The coronavirus pandemic certainly accelerated psychological consequences on an individual level, but also caused new ones. Common psychological reactions to the mass isolation that was imposed on people to prevent the rapid spread of the infection, on the psychological level, caused generalized fear and a general state of anxiety at the level of the entire community, which are otherwise characteristic of the sudden appearance of mass diseases, with the rapid escalation of new cases. (Serafini et al. 2020) Considering that witnesses in criminal proceedings are often also victims, with the possible consequences of surviving traumatic events on their mental and health conditions, and in addition to their older age, they can certainly be classified in the category of high-risk groups people for developing complex symptoms of coronavirus infection. In contact with witnesses during the pandemic period of 2020 and 2021, which were carried out by the associates of the Witness Support Office of the Court of Bosnia and Herzegovina, the witnesses reported on the present fear for their health, especially those persons who were either alone in a high-risk group or had close family members from the high-risk group.

SP1: *“... I remember a witness, an elderly woman, who the whole time she was waiting to be called to the courtroom to testify talked about how the coronavirus pandemic accelerated people's illness, citing examples of people she knew who were in the past period, she had serious health problems...”*

SP6: *“... A greater number of witnesses verbalized fear for their health. Some mentioned that they had scheduled surgeries due to their impaired health, but they are currently on hold due to the new epidemiological situation, and they are afraid of whether they will be okay, what will happen to them, whether they will be able to complete the surgery on time...”*

In a study conducted by Serafin et al. (2020) on the psychological impact of the coronavirus pandemic on mental health in the general population, they pointed out that psychological reactions to the coronavirus pandemic can vary from panic behavior or collective hysteria to strong feelings of helplessness and despair that are associated with negative outcomes including suicidal

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behaviors. Studying different research related to people's psychological response to the pandemic, Serafin et al. (2020) singled out some of the most common psychological reactions to the pandemic: non-specific and uncontrollable fear related to infection, strong anxiety, frustration, loneliness, previous psychiatric and psychological difficulties, and significant changes in the way of life in terms of imposed situations that repeatedly required adaptation. The participants in the interviews reported similar psychological reactions to the coronavirus pandemic among the witnesses.

SP4: “... *I had the feeling that the witnesses were oversaturated with everything. They were overwhelmed by their traumatic experiences anyway; the pandemic seems to have only intensified that feeling even more...*”.

SP4: “... *Witnesses stated that the pandemic completely changed their lives. They declared that now it is much more difficult for them to cope with everyday life...*”.

Due to the threat of epidemic contagion, there are specific emotional and behavioral responses to the threat of contagion both at the individual level and at the community level. (Muslić 2020). Not only does the fear of infection increase, but psychosomatic symptoms and/or difficulties in functioning that the person already had also increased because those reactions are governed by the perception of danger together with other factors that further increase that subjective feeling of threat and stress levels: fear of infecting yourself and your loved ones, concern about whether there will be enough food products, concern about the type and availability of medical care, and etc.

SP3: “... *In the case of witnesses who stated in the conversation that they doubted that they would get symptoms of infection because their close family members were already infected, I felt concerned, anxious, which they verbalized...*”.

As one of the significant stressors during isolation, the lack of information from authorities in the field of medicine, caused by weak coordination between health and government services, an insufficient summoning of matters, and the like, is mentioned. (CSTS, 2020). People's tendency to hear bad information rather than reassuring information, in any case, increases the sense of threat. Due to being overwhelmed by fear, which to a certain extent is understandable and expected during the pandemic period, overestimating the real risk can lead to even more intense fear and even reckless behavior (Muslić 2020).

SP6: “...*Witnesses very often verbalized their fear of uncertainty when everything will be over and what will happen. Sometimes they even expressed frustration with the whole situation, wondering when it would finally end...*”.

Perceived importance of questions for interviews with witnesses in the assessment of risk factors for the development of the coronavirus

The emergency required the adjustment of the questions used in the assessment of the psychophysical state of witnesses before coming to testify. In this sense, an additional set of questions was introduced that only dealt with the topic of the coronavirus pandemic. We asked the witness support assistants to what extent they found the additional set of questions useful.

In a conversation with witness support assistants, they stated that they used a set of questions mainly as guidelines for a conversation on the topic of the coronavirus.

SP6: “...*In the conversation with the witnesses, I used a set of questions that additionally helped me to see whether the witness is a risk group, whether he was in contact with someone who was infected, and whether he had or is currently suffering from the coronavirus. They have expanded the range of diseases that witnesses might not have talked about otherwise if it were not for this epidemiological situation, which makes them feel additional fear for their health...*”.

SP2: “...*I used questions in communication with witnesses, and I used answers in the sense of assessing the needs and possibilities of witnesses coming to testify...*”.

The questions mainly served to open the conversation not only on the topic of the coronavirus and on other specific situations in the environment, which the witness needed to share.

SP3: “...*After the question, the witness often presented his own or some specific situation in the environment, which was incomprehensible to him, and he often had a lot of questions and doubts that he needed to discuss...*”.

The system of psychological interventions that can be used in psychology is very broad. However, in specific situations, such as a pandemic, when clinical symptoms are more severe and psychological problems occur to a greater extent, psychological interventions should be adapted to the new situation and directed (Duan & Zhu 2020). Adapted procedures for the psycho-physical assessment of witnesses had a dual role, not only to open topics during communication but also to act as a psychological intervention in contact with witnesses, opening the possibility of expressing

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one's own experience, perception, doubts, and questions regarding the specific situation that everyone is in were affected.

Discussion

Being subpoenaed and testifying about often difficult and disturbing life experiences are very specific experiences for each person. In the context of the coronavirus pandemic, situations where daily functioning is determined by various epidemiological measures aimed at protecting personal health and the health of loved ones and where the fear of infection prevails, testifying and being subpoenaed seem like a less stressful experience than someone could have. To the witness support officers at the Court of Bosnia and Herzegovina in contact with witnesses during 2020 and 2021, that is, during the coronavirus pandemic, witnesses mostly verbalized their fears, such as fear for personal health and the health of loved ones, fear of infection, as well as the need to demystify concepts related to the coronavirus. In the communication with the witnesses, especially with the elderly and chronically ill, topics related to corona symptoms, concerns, and personal experience of the disease prevailed. The most vulnerable population to develop mental health problems due to the Covid-19 pandemic are those with pre-existing psychological problems such as depression or even elderly people who live alone and in isolation. Imposed isolation and quarantine make normal social life impossible and create psychological fear and a feeling of being trapped for an indefinite time (Thakur & Jain 2020). In communication with witnesses, fear was defined as a dominant emotion or perhaps even as a reaction to a constant threat to health or a threat that a person could assume or expect based on their assessment and/or perception of overall events in their environment and beyond. An emergency causes problems in the mental health of individuals such as stress, anxiety, depressive symptoms, insomnia, denial, anger, and fear (Jones et al. 2017). The aforementioned problems not only affect the attention, understanding, and decision-making of persons who are exposed to a high risk of developing the coronavirus, such as medical workers but also leave long-term consequences on the overall functioning of individuals (Kang et al. 2020). In the communication with the witnesses, the need to communicate about everything related to the current threat was emphasized, and with the need to better understand the sources of the threat and the concerns related to it. Communication is only one part, albeit of great importance, used by professionals in the helping business, to better face the challenges of the job. Experience from various educations has shown that by communicating we better face inequality, suffering, and even

death (Back et al. 2020). Witnesses were guided by the same principle in their communication with witness support associates, seeking additional information not only about current court procedures but also about everything related to the coronavirus pandemic. What the pandemic has certainly affected is the possibility of providing witness support services, their quality, and timeliness, given that all court proceedings were difficult to conduct or suspended during 2020 and partially in 2021 due to epidemiological measures related to the pandemic. Research conducted during some other pandemics showed that the level of adoption of preventive measures was associated with a higher level of anxiety and fear of infection (Muslić 2020). In the communication with the witnesses, it is noticed that the more epidemiological measures and restrictions were introduced, the more intense fear and anxiety the witnesses verbalized. Excessive fear, and sometimes even panic, can do more harm than good. For this reason, consistency, and continuity in communication with witnesses are ensured, as well as emphasizing the fact of availability of professional support by phone, in situations when they feel they need it. One of the preventive strategies that proved to be important in the era of the pandemic is precisely effective communication and providing adequate psychological support (Serafini et al. 2020).

The response of witnesses to court summons during the pandemic period mainly depended on their perception of the possibility of coronavirus infection during the time they spend on the way to the Court, i.e., outside their homes. The perception of witness support officers in the conversation with witnesses regarding responding to court summons is that the decision about the possibility of the risk of illness, that is expressed fear for personal health and the health of close people, was crucial here. The same was verbalized to a greater extent by older people, as well as by people with chronic diseases. Mostly, the witnesses expressed understanding for the postponement of the hearing due to the coronavirus pandemic, considering the specificity of the whole situation as well as the personal intensity of fear for health. Data obtained from a study conducted in Croatia regarding the postponement of court hearings and the response of witnesses during the pandemic showed that the postponement of court hearings nevertheless caused a certain level of stress and discomfort for victims and witnesses, and that repeated summons to court and renewed preparations for testimony were a source of additional stress (Hamer Vidmar 2021). Research by Torales et al. (2020) related to the impact of the coronavirus pandemic on people's mental health shows that the first response to the pandemic in an emotional sense was most often extreme fear and insecurity, and some negative social behaviors were driven by fear and a distorted

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perception of risk, which mostly refers to sensitive groups of people, such as infected and sick people, their families and colleagues, people with pre-existing health problems (both psychologically and in terms of health), health workers and other personnel who come into direct contact with infected people or to people in isolation.

Stress and fear of infection together with other accompanying factors could cause moderate to severe behavioral and psychological difficulties. The overall impact of infection on an individual's mental health is usually related to infection and mortality rates. The most common difficulties caused by a sudden pandemic are anxiety, panic behaviors, difficulty sleeping, disturbed daily biological rhythm, anger, and disappointment (Kahn et al. 2020). In the conversation with the witnesses, this is exactly what was perceived: increased fear, anxiety, frustration, and concern. According to Ornell et al. (2020), during the pandemic period, fear increases the level of anxiety and stress in healthy people and intensifies symptoms in those people who already have previously diagnosed with psychiatric disorders. Past emergencies show that mental health problems can last longer and be more significant than the epidemic itself. A study by Shigemura et al. (2020) related to the consequences of the coronavirus pandemic on the mental health of people in Japan showed that people infected with the coronavirus or those who were suspected of being infected (persons in isolation) felt more intense emotional and behavioral reactions, such as fear, loneliness, anxiety, insomnia, or anger compared to similar situations in the past. Such conditions, if they last longer, can further lead to the development of more complex psychological problems such as depression, anxiety, and psychotic or paranoid disorders, and can also lead to suicide (Xiang et al. 2020). In the conversation with witness support officers, the witnesses had the opportunity not only to express their fears and complaints but also to receive emotional and professional support to better understand the specificity of the situation that has affected the whole world. It is important to note that the prevention of stress and difficulties in the mental health of the general population implies building resilience in general. A variety of strategies including biological, social, and psychological are associated with increased resilience (Khan et al 2020) As there was no structured monitoring of special characteristics related to the possible impact on the mental health of the witness, nothing significant was recorded in this sense apart from the above.

Directed and adapted psychological interventions are of great importance in the recovery and building of resistance in both healthy and infected persons. Using a customized set of questions in communication with witnesses, witness support officers opened the possibility for witnesses to tell their experiences and share their fears and thoughts with a professional person, who had the competence to listen to them and help them. As a result of the newly created situation, in addition to the dominant fear for the health of themselves and their loved ones, the quality of life of some witnesses also worsened, and they needed professional help to understand and adapt to it. Although the contact of the witness support assistant was not primarily for that purpose, the witnesses' needs were such that during the conversation they also brought up current problems that burdened them. Authors Duan and Zhu (2020) emphasize the need for continuous monitoring of organizational procedures and the use of psychological interventions in periods of major pandemics, and their adaptation to the psychological difficulties that arise.

During the period of the pandemic, the primary focus was not placed on the psychological consequences of either the infected persons or the general population. The mental health difficulties that emerged during the pandemic could cause long-term health problems, isolation, and stigma. Global measures in the field of health should also consider psychosocial stressors, especially those related to isolation, fear, and vulnerability (Torales et al. 2020). Xiang et al. (2020) suggest three important steps in public interventions in the field of mental health in emergencies: the creation of multidisciplinary teams in the field of mental health, timely communication, and the establishment of secure services to provide psychological support through telecommunications (eg, through electronic devices, applications or some other online mental health services), with enhanced access for people with disabilities such as the elderly or psychiatric patients. Special attention should be given to precisely sensitive people with targeted psychological interventions.

Strengths and Limitations of The Study

In the territory of Bosnia and Herzegovina, and according to the author's knowledge, a similar study has not been done so far, especially considering the specific context of the coronavirus pandemic. Certain studies deal with the analysis of legal procedures and regulations related to the actions of judicial institutions in Bosnia and Herzegovina during the pandemic, but no one has studied the experiences and perceptions of witness support staff in contact with witnesses during the pandemic. This study also has its limitations. The convenient small sample and the limitations

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of conducting the study itself due to current epidemiological measures in the period of conducting the study (2020 and 2021) largely limited the contact and shaped the way the interview was conducted.

CONCLUSION

Given the methodological limitations of the research, i.e., a small convenience sample of service providers, and the non-participation of users for whom the services are intended, whose number varied significantly in the first months of the pandemic, it is not possible to draw concrete conclusions and recommendations that would serve as a basis for future interventions. However, the preliminary findings from this pilot research represent the basis for conducting more extensive research with a mixed methodology were now, in addition to a larger number of employees of the witness support department, the participants would also be the users themselves. There is a significant possibility that the coronavirus pandemic left consequences for the mental health of the population, as well as witnesses and victims, so it would be necessary to obtain valid data that would represent the basis for the introduction of specially tailored interventions in the work of this sensitive population during the pandemic or similar emergencies.

Nevertheless, based on the specific experience of witness support staff in contacts with witnesses during the corona virus pandemic, some basic recommendations related to communication and work with witnesses and victims in a specific environment and specific conditions can be highlighted:

The situation of a real threat to life caused by an unknown virus, self-isolation, isolation, and other preventive measures still represent stress for most people to a certain extent.

It should be remembered that each person reacts to stress in his own way. However, the most common reactions observed by the witness support staff in contact with witnesses during this period are concern, fear, anger, anger, sadness, helplessness, and frustration. The most common causes of such reactions were fear for the health of both personal and close persons, family members, financial problems, etc. However, all the listed reactions are part of a wide spectrum of normal reactions to uncertainty. In this sense, it was important to explain it to the witnesses, so that they would understand and thus better accept the situation.

Furthermore, although mostly people needed to find out as much information as possible about the virus, its causes, and consequences, through a conversation with the expert staff of the Witness Support Office, it was indicated to try to limit the amount of information, and to give trust to reliable sources of information. In relation to the course and maintenance of court proceedings in which they themselves were called as witnesses, the witnesses were presented with timely information about every change related to the scheduling/cancellation of court hearings and the general operation of the court in specific conditions.

In relation to the preservation of mental health, it was important to point out that both in relation to the pandemic and in relation to the upcoming testimony, as well as the possible stress associated with it, one should monitor one's own body, listen to changes and take care of oneself. If they are not able to face the situation with individual capacities, they were advised to seek the support of professional persons in the nearest infection control center. Also, the staff of the Witness Support Office was at their disposal for support and crisis intervention over the phone, about the possibility of which they were informed.

In general, the recommendations that were given during the pandemic in terms of mental health protection related to strengthening self-care, maintaining a routine, and seeking support from close people, friends, and even professional support if necessary.

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