

# **‘From Street to Home’**

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### **National Report Bulgaria**

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# FROM STREET TO HOME

## NATIONAL RESEARCH REPORT

### ASSOCIATION OF VARNA ORGANIZATIONS FOR DRUG PREVENTION

#### BULGARIA

#### **Overview**

The report gives an overview of existing housing provision and accompanying social support available to women victims of violence/domestic violence and trafficking in human beings - current policy, attitudes towards the subject, and gaps in knowledge, expertise and delivery. The information was collected by desk based research, partner networks and interviews with key stakeholders and women experienced DV and/or victims of human in trafficking.

The report includes conclusions and basic recommendations based on the information collected.

The literature view includes articles and materials from newspapers, magazines, web publications, conference papers and research seminars. The main sources of information were NGOs, while publications on the topic by the official institutions were limited. Seminars and conferences of organizations, providing services to women victims of violence and human trafficking for sexual exploitation, and to those with mental illnesses were attended.

All these groups of women with special needs have similar problems and difficulties, especially with their effective *accommodation, employment and ensuring the continuity and sustainability of services*.

Many of these difficulties are related to deficiencies in the legislation, as well as to lack of sufficient and sustainable funding of this type of social services.

Information, obtained from literature and interviews, overlaps to a certain extent. On the other hand, however, there is not, as a whole, great and comprehensive information regarding the provision of social services and support to women victims of violence, which somewhat suggests that this area is still not meeting sufficient understanding among the general public.

## **1. Model of social housing and types of social services in Bulgaria. Conclusions and recommendations.**

Bulgaria fits into the group of countries within the framework of EU, where the residual welfare concept is being implemented. Social housing refers to the social flats and houses, subsidized by certain public bodies, and reserved exclusively for people on an unequal footing or specifically defined as socially excluded. The rules how to distribute these homes are very strict. This service is most often funded by the municipalities which allocate housing accommodation for special needs individuals. The rent is covered almost entirely by the social assistance system. Social housing is available on special conditions, and is run by non-profit organizations, set up specifically for this purpose. The number of these homes is not great, and people with specific needs cannot benefit from this service.

A report by the EU Fundamental Rights Agency provides evidence that “the Roma in EU are at a disadvantage in respect to private and social housing. This includes discrimination in access to housing, bad living conditions, segregation, and forced evictions.”(<http://amalipe.com/files/file/analizi/oprr.pdf>)

### **Social services in the community**

Changing policies in the social sector and related legislation has its basis in a number of international instruments signed by Bulgaria, namely the UN Convention on the Rights of the Child, the UN Convention on the Rights of Persons with Disabilities, as well as the European anti-discrimination legislation. The basic principles of these international acts and established international quality standards of social services were reflected in changes in the Bulgarian legislation, and the development of strategic policy documents of the Government of the Republic of Bulgaria.

The basic legal framework for community-based services is regulated in the Social Assistance Act and its Implementing Rules (SAA and IRSAA). In SAA the concept of "social service" is formulated, namely that of the "services provided in a family or family-like environment."

When changing the social legislation in 2003, a principle was adopted to provide social services by specialized institutions as a last resort, after exhausting the possibility of providing services in the community. In RSAA distinction was made between the types of social services in the community, and those provided in institutions.

According to RSAA, social services in the community include:

1. Personal assistant;
2. Social assistant;
3. Domestic worker;

4. Home respite care;
5. Day centre;
6. Centre for social rehabilitation and integration;
7. Family-type centre;
8. Centre for temporary accommodation;
9. Centre for public support;
10. Centre for street children;
11. Training and professional centre;
12. Crisis centre;
13. Foster care;
14. Transitional housing;
15. Sheltered housing;
16. Observed housing;
17. Unit "Mother and Baby";
18. Shelters;
19. Soup kitchens.

Community-based services are not exhaustive in IRSAA. Where appropriate and according to the needs of the population of each municipality, other types of social services may be opened.

### **Accommodation for homeless people**

One of the most common forms of accommodation for homeless people and those with special needs are the Centres for temporary accommodation.

### **Nature of the "Centre for Temporary Accommodation"**

1. The centre for temporary accommodation is a service that aims to provide a family-like care for persons temporarily or permanently deprived of home.
2. The social service "Centre for Temporary Accommodation" is performed by the State, the municipalities, individuals registered under the Commercial Law, and legal entities.

### **What is being offered?**

- Complex of social services for homeless people, aimed at meeting their daily needs.
- Encouraging and creating conditions for access to employment places through active joint

meetings, provided by a social worker among people without work, and departments "Bureau of Labour."

The centre for temporary accommodation is headed by a Director. The team, providing social services, includes various specialists. The purpose of operation is a complex effect, leading to improved quality of life for consumers. Resolving social welfare problems, training for job skills.

The team includes a social worker, a psychologist, a nurse, a host.

The team's actions are aimed at building lost social skills and habits, the acquisition of labour skills and skills, needed in everyday life, by engaging users, active in socially positive activities.

The main activities in the centre aim at limiting the social exclusion of the persons.

The activities create conditions for social contacts, household and employment placement.

Some of the activities include:

- Organization of individual or collective legal, social, medical and other consultations and services;
- Assistance in issuance of identity documents;
- Assistance for housing;
- Assistance in finding a job;
- Training for the observing of personal hygiene and maintaining privacy;
- Escort-user to various institutions, related to the protection of his rights;
- Social rehabilitation - creating skills how to lead an independent life;

Where appropriate and according to the needs of the population of each municipality other types of social services may be opened besides those offered in temporary accommodation. Some of the most serious problems encountered in this service (Centre for temporary accommodation) are:

- Difficulties in finding work for clients and / or their training.
- Ensuring effective and sustainable accommodation after customers leave the temporary accommodation centres
- Ensuring the continuity and sustainability of the accompanying social services after leaving the Centre.

The standard of social care in Bulgaria includes:

- Requirements for location and facilities;
- Nutrition requirements;
- Health care requirements;
- Requirements for educational services and information;
- Requirements for the organization of free time and personal contacts of the users;
- Requirements for staff.

## **Conclusions:**

- Social services that develop in the community as an alternative to institutions as the end result do not cover the most deprived target groups due to lack of proper assessment of needs.

In the municipalities there are attitudes to open all new community based services as "delegated state activities" because of secured funding from the state budget. It is not realistic to expect that all social services would be funded centrally by the state budget.

- Along with that there is a trend, common to all types of social services, namely - place a greater emphasis on the functions of social services in order to protect the consumer, rather than the development of preventive patterns in order to avoid institutionalization in general.

- International practice shows that social services in the community are much cheaper than the services provided in institutions, and meet to a greater extent the needs of the target groups. This conclusion is confirmed by the new alternative types of social services in the country after the introduction of legislative changes in 2003.

## **What does, however, practice in Varna, and consequently in the country, shows:**

o There is no real estimate of certain types of social services, there is also no real assessment on the needy target groups within the particular municipality. Municipal strategies are prepared in many places formally, without considering the real needs. Due to inadequate needs assessment at local level there is uneven development of social services in the community. Social services are opened that do not stand behind real users.

o At the same time social services users do not have accurate information about existing social services, and which is the most adequate, from which they can benefit.

o Working in social services is often organized so that it does not allow the user to develop their independence, so they become dependent on the care and the service.

o Unfortunately, the social services in the community and the institutions do not comply with the principle that the user should be an active participant in the process of service provision and evaluation of actual needs.

o The successful structuring of social services in the community implies a strong role for civil society in the provision and control of social services. Undoubtedly one of the most serious and competitive providers of social services are non-profit organizations.

- Prerequisite for a successful system of social services is the availability of qualified and motivated staff. Development and training of human resources in this area is an important prerequisite for quality social services. Unfortunately, there is no adequate initial and permanent training of staff.
- Quality social services in the community cannot be delivered without developing measurable quality standards for individual services and efficient control mechanism for the application of standards in practice. Those are still missing. In order to ensure a standard quality of the different services, it is necessary to develop a measurable indicator of the manner in which the services actually affect the quality of life of users. Quantitative quality indicators such as the size of the financial resources , number of staff involved and others should be combined with qualitative indicators that measure what happens objectively "on the way out " of the service.

## **2. Legislation, policies and programs for protection of women against violence in Bulgaria.**

### **Violence against women in Bulgaria-statistical data**

According to the Bulgarian Helsinki Committee

(<http://women.bghelsinki.org/statistika/>) every fourth woman in Bulgaria is a victim of domestic violence, making it one of the most common forms of sexual violence, BTA said.

Many experts estimate that one of the most common forms of violence in the home is rape. In 2011 "Alpha Research" carried out a study on 'Sexual Violence against Women in Bulgaria' (<http://www.aresearch.org>). According to this study 4 percent of adult Bulgarian women admit that they have been subjected to rape.

According to the data from this study, from the way Bulgarian women understand and perceive sexual abuse and violence, two strong and vital relationships emerge:

- *Between personal experience of physical abuse, and the way it is perceived;*
- *Ethno-cultural differences.*

For example, the Roma stand out with emphasis, put on the trafficking of women for sexual exploitation /83% with an average of 67% for the country/, and domestic violence /61% - 57% on average for the country/. Impact on their understanding proved the fact that Roma women are more often victims of violence /11% said they had experienced it – with an average of 4% for the country /. The ethno-cultural influence is clearly seen in women of Turkish origin. They put a strong emphasis on the insults and taunts of a sexual nature, hints about the appearance and display of pornographic materials as a form of sexual abuse.

The study found a substantial difference in the view of women of various ethnic groups on the causes of violence:

- *Roma women strongly highlighted the abuse of alcohol/drugs as the main cause of sexual violence.*
- *Women of Turkish ethnic origin significantly more often indicated poverty and social exclusion as a major cause of sexual abuse.*



Peculiarities in the understanding of sexual violence for women victims outline key trends for the state of the problem in Bulgaria: **physical violence is more common in a home environment, while there is a high degree of verbal and psychological abuse in the public environment.**

The proportion of those, who share a past experience of being raped, allows to outline the socio-demographic profile of the victims. The most frequent victims of physical sexual abuse stand women with lower social and economic status, and living in the largest cities:

- Women aged between 18 and 30 /8% - country average 4% /
- Women engaged in manual labor / 9% /, and unemployed / 9% /
- Women with the lowest income / 7% /
- Living in Sofia / 6%/
- Women of Roma origin /11%/

Accepting NSI data that adult Bulgarian women are about 3 million, this indicates that between 100 000 and 120 000 women were subject to sexual abuse. Between 8 and 10 per cent is the hidden proportion of female victims of sexual violence. More than half, or 54 percent, recognize sexual violence as a very serious problem, according to the "Alpha Research".

For comparison - According to the Eurobarometer survey, over 90 per cent of Europeans define sexual violence as a very serious problem, which means that the *underestimation in Bulgarian conditions is an indirect indicator of the lower commitment and knowledge of Bulgarian citizens about the problem.*

**Women in Bulgaria link sexual violence to the forms of physical assault - physical act of rape or attempted rape (nearly 80 percent), trafficking in women for sexual exploitation - 67 per cent and domestic violence - 57 percent.** Voyeurism, exhibitionism, pornography, hints of their appearance, however, are recognized very little by Bulgarian women as a form of sexual abuse, while in the EU, these forms of encroachment are very accurately defined as violations against the rights of individuals.

The study also shows that 55 percent become subject of sexual abuse at home, 48% - in the workplace, and in a public place – 57%.

The largest share of respondents felt it necessary for **Bulgarian institutions to be more directly involved** with the introduction of more stringent measures against sex offenders - 87 per cent. Extremely low is the trust of Bulgarian women in the judiciary system - 27 per cent, and only half of the respondents have confidence in the police - 48 percent. The vast majority of Bulgarian women - 94 percent, find that the causes of this problem are the insufficient austerity measures and penalties on sex offenders.

Survey of the European Union Agency for Fundamental Rights (FRA), conducted among women aged between 18 and 74 years, showed that 6% of women in Bulgaria were victims of physical or sexual violence by their current or former partner in the last year. The survey results show that 3% of the respondents men and women in Bulgaria know about domestic violence in the family circle, 33% - among friends, and 6% have been informed about similar cases from colleagues and the workplace.

The conclusion of the Agency is that people in Bulgaria hear considerably less about domestic violence from family members and colleagues, but more about this problem - from friends. These results indicate that the topic is considered personal in the family circle and in the workplace, and in Bulgaria the topic of violence against women can be seen as something that is not spoken of in certain circles.

### **Legislation and programmes to combat domestic violence**

The Law on Protection against Domestic Violence was adopted in 2005, and in 2013 the new **National Programme for Prevention and protection from domestic violence** was adopted.

The emphasis in the National Programme for Prevention and Protection against domestic violence is placed on prevention and pooling the efforts of state institutions to counteract violence. For this purpose a national coordination mechanism for assistance and support to victims of domestic violence must be agreed and signed. The ambition of the coordination mechanism is to optimize and streamline the interaction of institutions in support of victims of violent people.

The programme provides a national mobile group for psychological support to work with children - affected or at risk of violence, and to assist school teams in places where there are no psychologists. The Ministry of Education and Science is responsible for the introduction of a mechanism to help schools deal with school bullying. The programme includes training for teachers, magistrates, social workers, employees of the Interior Ministry to provide skilled intervention in domestic violence cases.

Domestic violence is a problem that requires complex and well-coordinated action by institutions and NGOs, whose functions and powers are set out in the Law on Protection from Domestic Violence / LPDA /, in the regulations for its implementation, as well as other laws and regulations. Effective intervention and long-term results require urgent response and good coordination between the Ministry of the Interior, the territorial structures of Social Agencies, the competent courts, prosecutors and the NGO providers of social services for victims. Timely identification and prevention of domestic violence requires the intervention of competent professionals in the field of health and education.

*Despite six years of accumulated practice in implementing and operation of LPDA, and activities of interested state institutions and NGOs active, difficulties in coordination and allowing significant gaps are currently a fact. This, in turn, leads to ineffective protection and assistance to victims, and violates basic human rights guaranteed in both Bulgarian and international law. Victims of domestic violence often become subject of re-victimization and multifaceted interventions by various institutions. The cases where the lack of timely intervention and coordinated approach leads to severe recurrence of violence are no exception. This, in turn, puts victims at high risk for their health and life (from "Alliance for protection against domestic violence").*

Combating domestic violence is part of the fight against violence in society in general. Guided by this principle, the main organizations in the country working for the protection and prevention of domestic violence came together in September 2008, and created "Alliance against Domestic Violence". The main tasks of the Alliance are coordinating and ensuring the sustainability of activities to implement the Law on Protection from Domestic Violence, development and implementation of

standards for social services, cooperation between NGOs and institutions, monitoring, research and development of programmes and strategies for prevention and protection against domestic violence, promotion of educational activities and youth work, international cooperation and exchange.

**Regarding the responsibilities of the state, the Bulgarian Helsinki Committee published a number of key recommendations for the government on the implementation of laws and programmes for domestic violence (report of the BHC)**

***In the field of law-making and implementation:***

- The government is to tighten the control over the implementation of all laws adopted in the field of violence against women - particularly the Law Against Trafficking in Persons, Law on Protection against Domestic Violence and the Protection of Witnesses in Criminal Trials, as well as the adopted strategic documents - national plans and programmes.

- The Council of Ministers is to establish uniform mechanisms for monitoring and evaluation to ensure the application of the relevant laws in the field of violence against women. Women's NGOs should be involved in this process of monitoring and evaluation, and the results should be publicly available for Bulgarian citizens.

- Specific mandatory guidelines for dealing with cases of violence against women must be developed for magistrates, psychologists and therapists, and medical staff.

- Various departments that provide services to victims of violence (shelters, crisis centres, hotlines), have to adopt statutes, and a manual.

- There should be more efficient implementation of the law requirement for coordinated work on executive level and collaboration of the various authorities and stakeholders - executive authorities, NGOs, social workers, etc.

***Funding:***

- The state budget should provide special funds for the problems of violence against women, so that the public authorities and institutions can fulfill their obligations according to the adopted programs and plans.

***In the field of training and raising awareness of the problem:***

- Organize compulsory courses on violence against women and its various forms, and gender discrimination for future and practicing professionals, including police officers, prosecutors and judges, health and social workers, for employees working on children's issues and the family, as well as teachers.
- Organize training seminars to raise the awareness of the media about various forms of violence against women, and increase their ability to analyze and present the problem adequately.

***In the field of research and statistics:***

- Police, courts, prosecutors, social services departments, child protection and health care workers should collect statistical information, divided by gender, on violence against women which should be publicly accessible.
- It is necessary to prepare an annual national report of the various bodies and institutions to collect the statistics on cases of violence against women. All information in this report should be compiled in a database prepared for the purpose. National statistics on violence against women should be publicly accessible.
- The National Assembly should regularly fund national research on violence against women, to be carried out by the National Centre for the study of public opinion.

**3. Social services for women victims of violence in Bulgaria - programs, funding and problems.**

Women victims of violence are a specific group with multiple needs. These are women, who after having gone through a trauma, suffer from depression, anxiety, for some of them drug abuse is also typical. This requires a comprehensive and holistic approach to effectively help the process of rehabilitation and reintegration of women in the community. In order to achieve this it is necessary to secure *protection, support and effective housing* for the women. But no service itself could have a lasting and sustainable success if the woman is not taken out of the environment of violence, settle down, lead a fulfilling life and use a wide range of social services.

**Access to Social Services for women victims of violence**

A major problem in terms of access to programs for the protection and recovery from violence is the lack of adequate social services in many towns and villages of this country. This problem is especially

valid for the smaller municipalities and the villages, where services, as well as structures of key institutions, are missing. What is more, even when an adequate social service in a district centre is available, it cannot be accessed because of its remoteness.

*A problem in this respect remains the lack of a service, providing continuous care for domestic violence victims through the possibility of a long-term effective housing – that is, after leaving the crisis centre.*

There are difficulties, related to the access to protection and reintegration programs, even when a social service is available. This refers to the lengthy and bureaucratic procedure of crisis centre accommodation. This procedure is not consistent with the victims' situation, and is practically inaccessible to them because it requires a lot of time and funds.

A very severe problem is *finding work and housing* for women victims of violence – a serious obstacle to the effective reintegration of the clients.

In the practice of service providers there are cases when managers of 'Social Assistance' departments refuse to issue accommodation orders for victims in crisis centers.

### **Crisis centre**

*A significant part of the problems in dealing with cases of domestic violence against women is related to guidance and accommodation of the victims in crisis centers.*

The structure of the "Social Assistance" department lacks specialized units and trained personnel, involved in counseling, guidance and accommodation in places, providing social services to victims of domestic violence.

Many employees do not accommodate people in crisis centres in accordance with Art. 40, paragraph 5: "A person affected by domestic violence, making the request for accommodation in a crisis centre", is placed immediately, regardless of his permanent address. When the person is accompanied by a child (is a parent or guardian), the child stays with her. Despite this regulation, the procedure for placement in a crisis centre in many places is still cumbersome and sometimes discourages the victim, and returns them to a highly risky environment. In most cases, faced with bureaucratic requirements, the victims have no alternative but return to the family home where they will be at risk of violence with even greater intensity. In many cases of domestic violence emergency accommodation in crisis centres is the only option, and the most adequate measure of protection. In this connection it is necessary when there is high risk of violence, to carry out emergency accommodation 24 hours a day, including weekends and holidays, and this should become uniform practice.

*Another problem associated with placement in crisis centers is the procurement of documentation. A medical certificate, verifying that the individual is clinically healthy, including a psychiatrist's conclusion and intestinal study, is a document, required at the majority of crisis centers in the country. Most of the affected people have no funds, and no GPs, thus extremely complicating the*

situation. This poses a serious obstacle to the intention of protecting people through placing them in a crisis centre, as these documents cannot be supplied in a critical situation. *A possibility to admit clients immediately, followed by obtaining the documentation afterwards, is crucial in this case.*

Many of the difficulties in providing crisis accommodation result from the current legislation in the sphere of social assistance and social services. Still a lot of places do not distinguish between emergency accommodation in incidents of domestic violence, because of the risk to health and life - and the social service aimed at satisfying needs, such as shelter, food, specialized medical care, social inclusion and reintegration. Putting crisis centers in the category "social residential care services" shifts their purpose in a way. Priority in dealing with violence victims are safety, protection, recovery and social inclusion, and not just daily needs like housing, food and social integration. Accommodation in residential care centers is rather bureaucratic, while the providers of this social service share identical requirements with the specialized institutions that are supposed to offer a longer stay.

#### *Duration of stay*

Some crisis centers and shelters have limits on how long a woman can stay, some do not. Usually women can stay up to six months but sometimes they stay for longer. Results however show that the longer the women stay, the fewer women who can be housed in times of crisis.

#### **Financing of the social service "crisis centre".**

"Crisis Centre" is a 24-hour service, generating a large amount of costs associated on the one hand with satisfying the daily needs of the customers, and on the other hand – with the necessity of providing highly trained personnel for care and case work.

A Cost Standard is one person accommodated on annual basis. These funds include expenses for food, transportation, overheads, wages, purchase of supplies and medications, medical examinations and treatment – when necessary, maintenance of equipment, cost of security, payment of external specialists and ensuring the minimum full-time staff.

In many places it is established practice to pay the supplier the money due for the number of clients accommodated during the month. Accordingly, when the capacity is not fully occupied, the sum is reduced, although with a few exceptions (some food and consumables) all costs remain the same. The main components remain unchanged - overhead costs, rent for the premises (if any), wages and insurance of staff, security, technical support, 24 hour service, and more. Thus, the financial support varies depending on the capacity being filled or not. However, the NCC service is too dynamic, which distinguishes it significantly from other social services – those of residential type, where the residents live for a long time, a "waiting list" is formed for housing, and planning is possible – a thing, inapplicable for the target group of the refugees. For this reason, despite the urgent need for the service and the frequent lack of vacant accommodation, it is not possible to have it functioning at full capacity at all times. In this respect, a more flexible and adequate funding system should be applied for crisis centres, ensuring the maintenance of the activity and the best quality of services provided.

For optimal functioning of the "crisis centre" and the provision of quality social services it is necessary to increase the uniform cost standard in order to accumulate a larger annual budget without compromising the capacity of the social service.

In addition to the financial problems faced by service providers, there is the delayed transfer of funds for maintenance by the municipalities. A similar situation affects the quality of service, violates the optimal rhythm of work and leads to demotivation of staff and the associated personnel fluctuation.

### **Problem areas in services provision**

The problems that exist in the provision of effective services to women victims of violence are of various kinds. One serious problem is that these services are not adequately funded and sustainable. Because of this, the existing programs encounter various difficulties in financing and organizing their activities and services.

In this regard, in the report of the "Open Society" Institute - *"Violence Against Women: Does the Government of Bulgaria care?"* In the part *"Does the state support women victims of violence,"* it is written:

"The Act for Assistance and Compensation to crime victims (including victims of rape and human trafficking) was discussed by the Council of Ministers, and was proposed for adoption by Parliament. Services for women victims of violence are primarily provided by non-governmental organizations and their number is insufficient.

*Establishment of state sponsored hotlines and social services for victims of violence rely heavily on external sources of funding.*

*The number of protected houses is not enough. It is the obligation of the state to provide shelter and other services for the rehabilitation of victims as defined in the Act on Combating Trafficking in Human Beings and the Law on Protection against Domestic Violence. According to the Programme for Prevention and Protection against Domestic Violence, each regional centre will have rooms to house victims of domestic violence, the state will fund the work of these shelters. It is still too early to say whether these shelters will open.'*

In a report of 2012 of the Association "Alliance for protection of women against domestic violence", "Problem areas in the provision of social services for victims of violence" a number of problem areas are identified that require urgent measures.

In this regard, summarizing: *"Despite the accumulated six-year practice in implementing the Domestic Violence Act and the activities of the concerned state institutions and NGOs active, difficulties in coordination and allowing significant deficiencies are a fact at present. This in turn leads to ineffective protection and assistance to victims and violates basic human rights guaranteed in both Bulgarian and international law. Victims of domestic violence often become subject of re-victimization and multifaceted interventions by various institutions. No exception are the cases where the lack of timely intervention and coordinated approach leads to severe recurrence of violence, which in turn puts victims at high risk for their health and life."*

### **3. Interviews**

While preparing the interviews, the interviewers did not encounter serious difficulties regarding the access to respondents. In cases where some of the program's clients were embarrassed to speak with strangers, the interview was conducted by an expert, working in the specific program.

In connection with the programmes for women victims of violence and/or trafficking in human beings different parts of Bulgaria were covered and visited - Eastern, Northern, Southern and Western. In this way some regional differences were recorded in the provision of services for women victims of violence / human trafficking /, which helped for the more relevant and thorough understanding of the nature of the service and the types of problems faced by providers of this type of service. It also helped to get more comprehensive view of existing services and related problems.

Before the interviews, the respondents had it explained to them what the purpose of the interview and the research as a whole were. It was expressly pointed out that the confidentiality of any sensitive information was guaranteed, and anything that they do not want, would not be published or disclosed/shared with other people. It was also pointed out that the conversations and interviews do not imply that the interviewer could help clients with all issues disclosed.



The method of the “snowball” was used to recruit respondents – those who had already been interviewed at their own will, offered to their acquaintances, meeting the inclusion criteria, to be interviewed as well. In this way respondents were interviewed – women, who have been, and are currently clients of crisis centers and programs for women victims of violence and/or human in trafficking.

### **The view of stakeholders**

Interviews were conducted with 21 experts working primarily in programs providing services to women victims of violence and human trafficking. These were:

- 12 Social workers;
- 3 Counselors;
- 6 Managers.

### **Findings**

Experts generally agree that social services for women victims of violence are still developing and do not correspond to the real needs of customers, and the difficulties service providers are facing at this stage being of a various nature but **removal from risky environment, housing, and finding work are the greatest difficulties and problems, experienced by experts, providing services to women victims of violence or human trafficking for sexual exploitation.**

*Other serious problems are related to the issues of **sustainable finance, the lack of support / commitment from the state, the lack of effective cooperation and coordination between the different institutions involved.** Problem for experts is having to collect a large volume of documentation required when accommodating women in crisis centres but often this documentation is unnecessary and further complicates the process of reception and accommodation of clients.*

Key points and issues that were identified by the experts are:

#### **-Lack of effective social housing and accompanying social support;**

A social worker said: “Actually, social housing does not exist. Women can have some services during their stay in crisis centers but after leaving there is no effective housing and social support for them...Clients have to manage on their own.”

- **The prevailing view among experts is that effective housing means long-term accommodation and accompanying social support by considering the age, cultural background and parenting;**

A social worker said: "Pregnant and parenting women have one kind of needs, those who are alone do have completely different needs".

A manager said: "Planning the services we should take into consideration everything - age, ethnicity, family status, parenting, age of children...No universal support fit for all of them."

**-The prevailing view among experts is that residential, counselling and education services must be available specifically to young women who are pregnant or parenting;**

As a social worker said: "We should work intensively and support pregnant and parenting women - they are a specific sub-group with specific needs."

A counselor said: "We perceive them as (pregnant and parenting young women) clients with priority because their situation is very complicated - pregnant or parenting, very young, confused, scared..."

**- Sustainable funding is a problem for centers, supporting women with special needs;**

A Manager of a program said: "Financing is done mostly for specific projects, and after they are over, we are at a loss how to find the means to go on...This is a very serious problem, especially for successful and time-proven programs..."

**-Lack of effective coordination and links between agencies;**

A Social worker said: "You should have an effective referral tool but we do not have...if we do not work in partnership we cannot deliver effective services for those with multiple needs - we provide one type of services, others provide different ones, we should complement each other"

A Manager said: "We still have problems coordinating with other agencies...Everyone does something without considering the work of others ..."

**-Provision of social support for homeless and clients with mental problems is not effective;**

A counselor said: "The homeless and those with mental illnesses can use certain services, but mainly in winter when we accommodate them in shelters. During the rest of the time nobody cares about them. And a large part of the homeless suffer from mental illnesses. "

A Manager said: "The homeless and those with mental problems are most vulnerable...After leaving the shelter or hospital they are on the street, they are out of the system..."

**-The prevailing view is that for women victims of DV priority should be given to:**

- housing,
- counseling,
- provision of safety environment,

➤ **education and training to find a job ;**

**- The prevailing view among experts is that women experience serious problems with reintegration;**

“The problems start after they leave...We do not have effective tools to monitor and support them after they leave...It is a long process. Here, they are in a protected environment but they go back to the real life where they “clash” with real problems but the women are not ready for this...Many of them are without job and effective housing - it is an obstacle to reintegrate them effectively..”

**-The lack of effective social housing makes many women (victims of DV and/or human trafficking) return to their old environment due to the lack of other options, and thus loses the progress they have achieved. This is a serious problem, especially for women victims of domestic violence;**

A social worker said: “Because they have nowhere to go, and there is not effective social housing, after leaving the crisis centre, the women most often return to their old family environment, and this is harmful to them in cases of domestic violence...”

**-The prevailing opinion among experts is that the state should play a key role in providing housing and social support, by delegating some of the activities to NGOs, and securing a sustainable funding to the successful and time-proven programs;**

**-Vague criteria in evaluating the programs, leading to suspension of financing for successful programs;**

A manager said: “Financing of successful and effective programs is often terminated...We need to introduce a uniform standard of evaluation. This, in part, will secure sustainable funding in cases of positive evaluation. By all means subjectivity in assessing programs must be avoided – something that now seems to be quite common...”

**- The prevailing opinion among experts is that the crisis centers with delegated state budget do not encounter understanding by the state institutions as to the nature of their work. The housing procedures are too bureaucratic, and inconsistent with the requirement for emergency accommodation regardless of the domicile of the victim;**

A social worker said: “We busy ourselves with too many bureaucratic procedures, wasting our time and worsening the service quality...documents are required, they could be provided after the woman is accommodated at the centre but at present these documents are required prior to lodging...”

**-In the experts’ opinion one serious problem, associated with the crisis centers for women victims of DV, is the shift in focus as to their function. They are regarded as a long-term residence to**

**secure the clients' shelter and daily needs because of the institutions' helplessness and inability to settle their residence in a suitable environment once they overcome the crisis – that is, effective and sustainable accommodation.**

A social worker said: "Our aim is to take them out of the institution but since social housing is not effective, then women reside in the centers for a longer period of time than normal.

***Are there any correlation between a particular social group and risk of DV?***

According to the experts, interviewed in the survey *"it cannot be said that there is a correlation between a particular social group and the risk of domestic violence."* Experts unanimously stated that *"all women can be affected, regardless of educational level or ethnic origin."*

**The women's view**

25 interviews were conducted with women victims of violence and / or trafficking in human beings (mainly for sexual exploitation).

The centers, where the interviews were held:

- Save woman;
- Open eyes;
- Crisis centre for victims of domestic violence;
- Centre for housing of women victims of human trafficking;
- SOS-persons in risk;
- Better mental health.

During the study 25 women were interviewed, who were mainly victims of domestic and / or sexual violence, and some who were victims of trafficking in human beings for sexual exploitation. 56% / n = 14 / women were of Bulgarian origin, and 44% (n = 11) of them were from the Roma community.

Victims of domestic violence were 60% (n = 15) of the respondents, and 40%

(n = 10) of them were victims of human trafficking with the main objective of sexual exploitation but some of them also experienced DV in some part of their life.

**Key Data from Interviews with women**

**Country: Bulgaria**

<i>Name of respondent</i>	<i>Experience of DV/abuse</i>	<i>Mental Health Problems</i>	<i>Experience of CJS</i>	<i>Drug and or alcohol addiction</i>	<i>Number of children</i>	<i>Benefits On welfare</i>	<i>Ethnicity</i>	<i>Age</i>
<b>1. K.</b>	Experience of DV/sexual abuse	Not identified	None	Not identified	1	No	Romman	27
<b>2. L.</b>	Victim of human in trafficking/ Sexual abuse	Depression	None	Antidepressants	1	No	Bulgarian	32
<b>3. T.</b>	DV from husband	Not identified	None	Not identified	3	No	Romman	34
<b>4. B.</b>	DV from husband	Not identified	None	Not identified	2	No	Bulgarian	28
<b>5. T.</b>	Victim of human in trafficking and sexual abuse	Not identified	None	Not identified	1	Yes	Romman	26
<b>6. D.</b>	DV	Not identified	None	Antidepressants	2	No	Bulgarian	45
<b>7. K.</b>	Experience of DV and sexual abuse	Depression	None	Not identified	1	Yes	Bulgarian	37
<b>8. M.</b>	Victim of human in trafficking/ sexual exploitation	Not identified	None	Not identified	2	No	Romman	24
<b>9. S.</b>	DV from husband	Depression	None	Not identified	1	No	Romman	31

<b>10. K</b>	DV/sexual abuse from partner	Not identified	None	Not identified	1	No	Bulgaria n	33
<b>11. G.</b>	DV from partner	Not identified	None	Not identified	0	No	Romma	24
<b>12. V.</b>	Victim of human in trafficking/sexual exploitation	Not identified	None	Not identified	2	No	Bulgaria n	29
<b>13. N.</b>	DV from husband	Depression	None	Alcohol	1	No	Bulgaria n	42
<b>14. R.</b>	DV from partner	Not identified	None	Not identified	2	No	Romma	35
<b>15. J.</b>	Victim of Human in trafficking/ Sexual abuse	Anxiety	None	Not identified	0	No	Bulgaria n	31
<b>16. D.</b>	DV from partner/boy friend	Not identified	None	Not identified	0	No	Bulgaria n	32
<b>17. F.</b>	DV from husband	Depression	None	Not identified	1	No	Bulgaria n	37
<b>18. K.</b>	Sexual abuse/victim of human in trafficking	Not identified	None	Not identified	1	No	Romma	29
<b>19. N.</b>	DV from husband	Not identified	None	Alcohol	2	No	Romma	26
<b>20. R.</b>	Human in trafficking	Anxiety	None	Alcohol	3	No	Bulgaria n	34
<b>21. J.</b>	Victim of human in trafficking/sexual	Not identified	None	Not identified	0	No	Bulgaria n	26

	abuse							
<b>22. S.</b>	DV from partner	Not identified	None	Not identified	2	No	Romma	36
<b>23. R.</b>	Human in trafficking/sexual abuse	Depression	None	Antidepressants	1	No	Romma	31
<b>24.</b>	DV from partner	Not identified	None	Not identified	No	No	Bulgarian	29
<b>25.</b>	Human in trafficking	Not identified	None	Alcohol	2	No	Bulgarian	32

### Findings

The women who were interviewed had similar problems and difficulties. In the case ethnicity was the factor to outline (to some extent) some differences in the perception of the ***nature and essence of violence / domestic violence, the specific needs and problems, and hence some differences in view of the necessary interventions and actions to address***. It could be said that, to a certain extent, the way in which some women perceive domestic violence (in terms of how far and in what form it could be acceptable for them) determines whether these women will seek any help/advice. During the interviews, some of the women who belonged to the Roma minority said that to some extent the beating, the hitting by their husbands/ partners was acceptable to them, because, as one woman said: "sometimes men have to hit a woman to put her in the right way and/or when they drink a little, then they are forgiven ..." That is, perhaps there is a certain form / threshold of "reasonable and acceptable violence" among some groups of women, which is determined by various socio-cultural factors..

Of course, this hypothesis needs further in-depth study, but it can be said that *to some extent there are some cultural (ethnic) differences about the way domestic violence is perceived, and more specifically, its acceptability and admissibility (when and in what context )*.

The interviews with women started with neutral questions about their personal perceptions of health, happiness and the specific reasons / things that caused or prevented them from feeling happy and fulfilled individuals.

**-The prevailing view among women is that *family problems, unemployment , and low income (if any)*, are the most serious problems, preventing them from feeling better/happy;**

'It is difficult to say what the problem is...There are too many things - no money, no home, and no job...everything is wrong in my life...'

Another respondent said: "How to have my own home without having job and money...I cannot pay for rent, electricity...whatever."

**-Women associate their well-being with stable social and family relationships, "good place to live", and permanent income;**

One woman said: "What makes me feel happy? I do not have some "fantastic dreams", just my own home, some money..."

Another respondent said: "I do not have too any expectations - a small apartment, job with acceptable salary..."

**-Women victims of DV/sexual abuse and human trafficking are often concerned about looking for support because of fear of being stigmatized and abandoned;**

"We have different problems in comparison with others...I am concerned with my going back home. My family and relatives do not approve I am looking for help...It is a shame for them..."

Another woman said: "My parents have old beliefs - for them similar things are unacceptable - to share with other people or whoever...It is not normal for them for a woman to complain of her partner or husband."

Another respondent said: "I feel ashamed of the children and the relatives...People will point at them and comment..."

**-Many of the women do not believe that official services and organizations meet their real needs;**

A respondent said: *"I do not think they will give me what I really need...It is simple-I need stable/permanent job and accessible place to live."*

Another said: "The staff of the Social Agency is only counseling me...But I need a job, a home, not meetings and advice how to behave and communicate..."

**-Due to lack of continuity and consistency of the services most of the women are concerned about their life after leaving the programmes;**

"I know there will be problems for me after leaving the programme. I do not know how to manage when I should leave...If I cannot find a job, a place to live-I will "fall into the hole" again..."

Other clients said: "I feel safe here but I cannot stop thinking about going back-it is awful for me. I do not have my own home, job - I should live on the street and beg."

"No one tells me what will happen when I leave here...I am worried about my future..."



**- Many women worry they do not have sufficient education (if any) and qualification in order to find a stable and relatively well-paid job;**

One of the respondents said: "I am afraid I won't be able to find work because I haven't studied anything and cannot do anything specific..."

Another of the respondents said: "With the salary of a cleaner I cannot take care of my two children...I need something better."

**-The women, who have children, and look after them, worry that the lack of affordable housing will have a negative effect on the development and socialization of their children;**

A woman said: 'How will my children grow up to be normal if we have nowhere to live...shelters, or shack up with other people, selling and taking drugs...'

Another respondent shared: "If we have nowhere to live, we will have to go back home to my husband. But he beats us both...My daughter has become fearful, and is already drinking...We have to be somewhere peaceful, I need a job to be able to look after her, so she is a successful person..."

**-Negative experience with the services in the past correlates with current negative expectations of effective targeting of their needs;**

"I do not believe that someone can really help me. I visited program before but nothing happened...I went back to my "old life..."

Another said: "I was "in their hands" and finally went to have sex for money abroad...They did not help me...I am expecting nothing now."

**-Most women from the Roma minority share that they would go back to their old environment and way of life for lack of alternatives;**

- One of the respondents, who had experienced DV/sexual abuse, said: " I will go back to my husband and home because I do not have another option...nowhere to live, no money..."

Another said: "Can you tell me what to do? No place to go and live, no education, no job...The Agencies? Forget it! I will go back to my neighborhood- I will find some options there..."

"If it is necessary I will have sex for money-why not? I have to take care of my children and I need money..."

### **3. Conclusions:**

During the study certain regional differences were recorded on the provision of social services for women victims of domestic violence, and this is largely due to the *developed network of services and institutions (if any exists and if it is effective), access to resources, training of the local experts and the level of awareness of the community as a whole*. Resources and expertise are concentrated in

places with larger urban populations, thus places with high unemployment and cases of domestic violence and human trafficking remain without access to affordable and effective social services.

These regional differences often cause women with special needs to travel long distances to go to places that have relatively better developed services. This further complicates the overall process and significantly increases the cost of the service. That is, the social and economic marginalization of some regions leads to a greater risk among women living there to become victims of violence and / or trafficking for sexual exploitation. On the other hand the lack of developed social services in these areas leads to further marginalization of these women.

**Conclusions on existing services:**

**-Lack of effective approach for social housing and accompanying social support for women with multiple needs;**

**-The services available do not address the real needs of women with multiple needs;**

**-Lack of effective cooperation and links between the agencies;**

**-Social housing is usually funded by a Social Agency and the municipalities, and each individual municipality has its own rules and regulations to accommodate people with multiple needs;**

**-The lack of effective social housing and services/support for women victims of violence is one of the main reasons for interrupting the progress, achieved with them during their stay at the crisis centre;**

**-The programs for reintegration and housing of women victims of domestic and sexual violence lack financial security.** These activities are initiated and maintained solely by the non-governmental sector on a project basis, and the state assumes no obligations nor does it promote the sustainability of already developed, approved and effective practices.

**-Educational institutions, health authorities, the Bureau of Labor do not provide the necessary assistance to centers, accommodating clients in need of recovery and reintegration.**

Violence victims within the protection, support and accommodation system are deprived of priority assistance regulations. This fact greatly hinders their social inclusion and reintegration, and drives them to the decision to return to the environment of violence due to lack of alternatives.

**-Social services for domestic violence victims are insufficient, and this is particularly relevant for smaller populated areas.**

Counseling centers are not recognized as a resource to support the victims, and although they exist and have many years of experience, they are not present in the legislation, dealing with social services.

**-The accommodation centers with delegated state budget do not encounter understanding by the state institutions. Accommodation procedures are too bureaucratic, and are not consistent with the requirement for emergency accommodation regardless of the victim's permanent address, explicitly stipulated in the Rules for implementation of the Social Assistance Act.**

An additional problem is shifting the focus of their purpose. They are perceived as a service, granting a long-term stay in order to ensure their shelter and daily needs because of the state institutions' helplessness and inability to arrange adequate conditions after addressing the crisis. It is unclear why this social service falls into the category of residential accommodation – such as the temporary housing homes, the family-type accommodation centers etc.

**-The existing accommodation centers for women victims of domestic/sexual violence are maintained by NGOs, and the funding is entirely project-based. This puts the services' sustainability at risk, and providers face the daunting task of supporting programs with minimal funding.**

**-The lack of feedback and coordination of work in cases of domestic/sexual violence results in taking controversial moves of the various institutions that are applied to for protection and housing of victims under the law.**

**-NGOs, providing social services do not find support from the state institutions, competent to carry out actions to protect, support and accommodate people with special needs.**

Their views on the subject often do not coincide, and this leads to tension, affecting adversely the work on specific cases.

**-Difficult access of domestic/sexual violence victims to health services. This problem is particularly serious for adults without health insurance, in need of medical help and hospitalization.** Doctors en masse are not familiar with their obligation to issue a document, indicating physical injuries sustained through violence, under the Domestic Violence Act.

**-The ability of women to find alternate accommodations may be limited by the shortage of available housing, and the short duration of stay that existing programs provide;**

**-Organizations experience problems to develop and deliver effective social housing for their clients because of:**

- **lack of sustainable funding,**
- **lack of buildings and lands (it is difficult to organizations (NGO's) to get a building/premise)**
- **buildings are provided for a limited period of time (2,3 years)**

**General conclusions about the needs, problems and expectations of women:**

**-Women victims of violence and human trafficking have limited access to education and labor markets and have great difficulties with finding long-term accommodation;**

**-Women, who have experienced domestic violence, are more likely to stay in unsafe and violent environments because of their inability to find other, safe housing;**

**-The constant struggle to find safe and affordable housing is disruptive for women and their children. This has a serious effect on children's education, socialization;**

**-After leaving the temporary accommodation (with a maximum duration of usually up to 6 months), the clients, in fact, have nowhere to lodge/live.**

Thus, a major problem for women victims of domestic/sexual violence is the ongoing lack of a service to ensure sustainability of care through the option of a long-term effective housing;

**-In the absence of effective accommodation for women victims of domestic violence, their children are at risk to repeat/ reproduce their risky behavior and victimization (of the mother) in future.**

**-The insufficient financial support to women victims of violence, as well as the limited municipal housing, and the lack of preferential social housing *is a serious obstacle to their reintegration;***

**-Women with mental problems who are not provided with effective and long-term housing are at a great risk of becoming victims of human trafficking for sexual exploitation or/and sexual violence;**

-For fear of being stigmatized, many women are afraid to complain about cases of domestic violence, turning this topic into a taboo. Thus a 'hidden population' is formed of violence victims, who do not seek help because of certain stereotypes and prejudices. This can lead to even more serious marginalization of this group of women.

-Most women after leaving the crisis centers experience problems mainly with:

- Housing,
- Funds to meet basic expenses;
- Finding a job.

#### 4. Recommendations:

Based on the obtained information, a number of recommendations can be made that correspond to the current situation, concerning the provision of social services for women victims of violence and / or trafficking.

First, a common but very important and fundamental recommendation – that briefly but precisely corresponds to the current situation in Bulgaria, could be formulated as follows: ***Long-term accommodation and accompanying services for women victims of DV/human trafficking must be developed, adequately supported and resourced.*** This is where one should start - if adequately addressed, this will create the necessary conditions and prerequisites for the development of adequate and effective services.

On the other hand the development of efficient services requires an approach that is fully in line with the real needs of women, making customers (when possible) active participants in the planning and provision of necessary services. In this regard, during the interviews, many experts working in known effective programmes shared that one of the main prerequisites for the development of an effective service could be the use, in certain cases, of a ***participatory approach***. That's how the following recommendation can be formulated: **Under certain circumstances the Participatory approach could be incorporated. Long-term housing and accompanying social support for women victims of DV/human trafficking could be successfully developed with feedback from women themselves.** In this connection, it is also desirable to:

**1. Housing policies and programs should use a "gender and cultural oriented approach" and take into account the ways in which social services and housing policies respond to women's real needs.**

**2. Other gender-specific considerations in housing should address such issues as safety from violence and access to children.**

**Specific recommendations:**

- Raising the level of qualification and education, mediation in finding work, removal of hazardous environment, and accommodation – these should be some of the main priorities for special needs women, residing in housing centers and programs. Residential, counselling and education services must be available especially to young women who are pregnant or parenting;

-Financing the accommodation of vulnerable groups must be realized on a long-term basis (rather than project based), prioritizing the sustainability of time-tested and approved programs;

- Social reports and recommendations regarding women victims of domestic and sexual violence should focus on the risks and consequences of staying in an environment of domestic violence, rather than standard reports with a predominant content about the living conditions and financial security of victims/perpetrators;

-Documentation, accompanying the work on a case should be brought down to bare essentials, to avoid delay in taking action by the institutions while awaiting the official correspondence or a full set of required documents. Some of these documents could be provided later, especially when accommodating victims of domestic and sexual violence;

-Victims of domestic and sexual violence, accommodated in a crisis centre, should be able to use health services regardless of the lack of health insurance. The change of GP should be made possible at a time other than the nationally scheduled time in order to use the social service.

- Introducing a practice that exempts the people in crisis centers or other social services of state and administrative fees (to issue personal documents, medical certificates etc.) Such practice will facilitate the timely and quality delivery of social and other services for special needs women, and for victims of domestic and sexual violence;

-Directorate 'Labor' (Social Agency) should provide assistance in finding employment for women victims, using the crisis centre service, and this should be included in the legislation;

-The structure of crisis centers or at least some of them need to have units for emergency reception. Thus, at full capacity, the centre would be able to respond in an emergency, and provide a short stay in a protected environment, until measures are taken for the protection and long-term accommodation of the victims;

**-Given the need for the implementation of many activities in a short time, and in order to reduce bureaucracy, social service providers should have greater autonomy in the *placement procedure and risk assessment*;**

**-Crisis centers should be removed from the category 'social services of residential type' because priority in working with women victims of violence are the needs for security, protection and recovery. Given the main purpose of the service, the stay in the centre should be short, and then steps must be undertaken for an effective long-term housing of the clients according to their needs;**

**-More effective involvement and partnership with church organizations should be developed-they have houses and land, and can provide housing;**

**-Introduction of a uniform standard and effective mechanisms for the evaluation of programs, providing housing and social support for women with multiple needs;;**

**-It is important to give a clear definition of social housing, and to regulate the funding of programs for social housing; to ensure access to housing of an adequate standard;**

**-Raising the awareness of the public, and women in particular, that domestic violence in any form is not something shameful and reprehensible, a taboo subject. This may be one way to encourage representatives of the so-called "Hidden population" victims of violence to seek help. Raising the awareness of society and lobbying could be also an effective tool for development of adequate response to women's real needs.**

*"Enforcement of housing determines the exercise of other fundamental rights, such as the right to human dignity, protection of privacy and the home, of the family; right to water, health service, energy etc. Availability of decent housing is essential to the development of an individual and their integration into society."*

## **Example of best practices**

### Example of best practice1

#### ***Crisis centre for women victims of domestic violence "Ekaterina Karavelova"***

Women's association "Ekaterina Karavelova" has been working on the problems of women and victims of domestic violence since 1997. Funding followed - by Phare "Access" of the European Commission, to build a Shelter at the Centre / Home for temporary accommodation for abused women /. Such a home was open in Silistra, 4 "Ceres" street. A building with an area of 150m<sup>2</sup> for setting up the centre was provided by the Municipality of Silistra with decision № 732 of 29.11.2001 for a duration of 10 years.

The shelter at Centre "Etta" was opened in December 2001. Once reconstructed, the building achieved good functionality – with premises for a playground, a dormitory /can accommodate 20 people/, a kitchen, storage units, and a room for an employee of the Centre.

At the end of 2002 - 2003. the activities of Women's association "Ekaterina Karavelova" expanded towards assisting women victims of violence and indictable offenses by realizing the project " Unite in support of victims of violence", financed by the "Open Society" Foundation .

The team works on the following schedule:

The initial reception and interview of the clients, seeking assistance, is held in the Counseling centre. After meeting with specialists working at the Centre, information about the progress of the case is written in the registration card. The Counseling Centre also conducts meetings of women and their children with a therapist, lawyer, social and health workers. Here are held weekly team meetings to work on specific cases. The team meetings are attended by:

The experts - psychotherapist, lawyer, social worker and health worker

- The women, working at the shelter and the Centre hotline

Women and their children are accommodated at the Centre after analyzing the case, and a decision is taken at a team meeting. The length of stay at the Centre for Temporary Accommodation is 3 months. This is the optimal period of time for active work on behalf of the team to form the clients' decision for resocialization. Specialized assistance and food are provided.

Since the beginning of 2006 the activities have been financed by the state budget, as delegated by the state to the Municipality of Silistra. On 03.05.2006 a competition procedure was held for the transfer of the social service from the Municipality of Silistra to an external service provider. JS "E.Karavelova" prepared their tender proposal to participate and won the competition.

From 01.01.2008 the Home for Temporary Accommodation was transformed into a Centre for temporary accommodation by the Minister of Labour and Social Policy, and since 30.05.2008 it has been known as the Crisis centre.

The organization works in cooperation with the Municipality of Silistra, the Department for Child Protection at the Social Assistance Directorate, the Police Department, representatives



of the prosecution, investigation and judiciary, in creating a regional strategy for child protection. Possibilities are discussed for the use of the existing facilities at the shelter for at-risk children and other social groups in need of temporary accommodation.

### Example of best practice 2

#### ***Crisis centre for women and children victims of domestic violence "St. Petka"***

The Crisis Centre "St. Petka" is a complex of social services for women victims of domestic violence, which are provided for up to six months, and are aimed at providing individual support to meet their daily needs and legal counseling or social and psychological help when immediate intervention is required in case of risk and urgency.

**Entrance:** Currently the Crisis Centre has a **nonstop access**. Customers who need emergency accommodation initially dial the nonstop hotline, which directs them to the address of the Crisis Centre. Another way to access it is by the Police - when there is an incident of violence, clients are taken directly from the patrol car to the address of the Crisis Centre, by O 'IC' to D "SP" or through referral from partner organizations and medical offices or clients, who had used the services of the Centre. **Accommodation** is an administrative act, done by the "Social Assistance" Department.

The Crisis Centre provides the following programs, catering for victims:

#### **Program for crisis intervention**

Crisis intervention is provided within 10 sessions, which include:

- work to overcome the current situation of violence and coping the crisis;
- identification of needs and available resources to address the customer;
- informing the client about the possibilities for protection, provided by the legislation, referral to appropriate services and institutions to initiate proceedings;
- support to meet urgent physical and emotional needs of the client;
- risk assessment for the health and life of the client;
- building a security plan;
- advising the relatives of victims;
- support to overcome the isolation.

#### **Programme for accommodation and humanitarian aid**

- Accommodation is provided within 6 months
- The capacity of CC is 10 people
- Providing 24-hour secure environment to prevent recurrence of violence.
- The Crisis Centre has accommodation for mothers and their children. Equipment is provided, allowing the accommodation of babies from 0 to 3 years.
- Provision of food during their stay, including food for infants and young children when needed;
- Purchase of medicines;
- Provision of clothing and diapers for the duration of stay..

### **Agenda for Social Work**

- Advocacy and support in initiating procedures for protection;
- Includes social advocacy and mediation: accompaniment to institutions, change of domicile, choice of GP, help with finding jobs, improving contact and communication with relatives / family members, etc.

### **The empowerment program**

- Empowerment promotion - stimulating activity, initiative, the adequate assessment of the individual's own potential to search for professional development. It is targeted to victims of domestic violence. The programme includes individual counseling, individual support in the process of job search and social reintegration, development of skills for good personal presentation and guidance in the situation of the labour market.

### **The team of the crisis Centre includes:**

- Manager;
- Five clinical social workers.

The service is a delegated state activity, and is funded by the state budget.

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