

DOMESTIC AND GENDER-BASED VIOLENCE VICTIMS SUPPORT MODEL

Practical advice for victims and guidelines for work of professionals in the area of domestic and gender-based violence



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Kristina Petkova, Svilen Kolarov and Lora Lalova /PBF/, Miryana Ilcheva, Slavyanka Ivanova, Andrey Nonchev, Ph.D. /CSD/. Lillian Hjorth, Gunn Bjørnsen and Solveig Bergman, Ph.D. /HRA/. The authors would like to extend a special thanks to the Municipalities, the health mediators and the non-governmental organizations in Vratsa, Dupnitsa and Haskovo.

Authors:

Elmira Nesheva
Daniela Kolarova, Ph.D.
Rumen Minkovski

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Sofia
2016



“Partners-Bulgaria” Foundation (PBF) is a Bulgarian independently run non-governmental organization registered in 1998. The mission of PBF is to support the process of democratic development in Bulgaria, by providing assistance to institutions, non-government organizations and experts for the improvement of the policy and the practice in the

area of justice, social care, child protection, education, economic development and environmental protection. The organization works to support the dialog between the civil society, the government and the business sector, and promotion of the participation of different less represented organizations, groups and ethnic communities in the decision-making processes.



The Center for the Study of Democracy is an interdisciplinary institute, which works for the development of democratic values and the market economy. The Center is an independent organization which supports the reform process in Bulgaria by mobilizing civil society and having impact on social policies. The objectives of the Center are: to provide an institutional environment for forming effective public policies for good

management, compliance with the basic rights and freedoms, and an active role for Bulgaria in European integration processes; • to initiate and support the institutional reforms in the country and in the European Union in the field of justice and home affairs; to implement monitoring and evaluating the risk for functioning of the institutions and the principles of democracy and market economy.



The Human Rights Academy, Norway is a non-governmental organization which works for the strengthening of and compliance with the international conventions on human rights in Norway

and globally. The Academy organizes and offers lectures, works groups and trainings on various human rights topics, multicultural differences and understanding, as well as peaceful settlement.

TABLE OF CONTENTS

I. Introduction.....	1
II. Defining the problem	4
1. Types of violence.....	4
2. Dimensions of the issue in Bulgaria: data from the National Study on Domestic and Gender-Based Violence, 2016	7
1) Information about the situation in relation to the prevalence of domestic and gender-based violence among the general public and the Roma communities in Bulgaria.....	7
2) The most widespread types of violence.....	10
3) Information about re-victimization or share of victims with repeated violence.....	11
4) Perpetrators of domestic and gender-based violence	11
5) Causes and factors for the perpetration of domestic violence and gender-based violence	11
6) Reasons and factors for re-victimization in victims of domestic violence and gender-based violence.....	13
3. Identifying the main risk groups in relation to violence in Bulgaria	14
Specifics of the problem in the Roma communities	16
4. Consequences from domestic and gender-based violence.....	16
III. Theoretical framework of a Victims Support Model for victims of domestic and gender-based violence	17
5. Public health and the problem of domestic and gender-based violence	17
6. Identifying risk and protection factors for the occurrence of domestic and gender-based violence	19
Environmental risk assessment model for the risk of occurrence of domestic and gender-based violence.....	20
Evaluation of the risk and protection factors for domestic and gender-based violence in applying the public health approach	21
IV. Supporting the victims of domestic and gender-based violence	22
7. Development of programs and actions for prevention of domestic and gender-based violence.....	22
8. Trends in seeking help and support by victims of violence.....	26
8.1. Seeking medical aid by victims of violence	26
8.2. Protection, provided by the bodies of the Ministry of Interior (MOI) in case of domestic violence.....	28
8.3. The justice system and the cases of domestic and gender-based violence	30
8.4. Social protection in cases of domestic and gender-based violence	35
IV. Guidelines for experts working with cases of domestic and gender-based violence	39
9. The role of medical experts in identifying cases of domestic violence and gender-based violence.....	39
10. Obligations of the employees of the Ministry of Interior, when working with cases of domestic and gender-based violence	41
Support of the work of the police officers	42
11. Providing protection to children victims of violence or children exposed to risk of violence	43
12. Specifics of the social work with victims of domestic and gender-based violence.....	45
V. Conclusion	48
Bibliography	50

I. Introduction

Freedom from violence, regardless of its form, is every human being's fundamental right. The rights to life, liberty and security of person have been regulated in the UN's Universal Declaration of Human Rights¹, as well as in the European Convention on Human Rights².

Domestic violence and gender-based violence violate such human rights as: the right to life, liberty and security of person, the right to freedom from torture or inhumane and degrading treatment, freedom of thought and freedom of expression, right to ownership, right to labor and free choice of work, right to social safety, right to living standards, and right to education. Thus, the high social significance of the issue is made evident, as is the need to create a flexible, multi-institutional strategy for its prevention and resolution.

This Victims Support Model has been created in the course of implementation of the Project "National Study on Domestic and Gender-Based Violence /DGBV/ and Elaboration of a Victims Support Model /VSM/", which is financed within the framework of Program BG 12 „Domestic and Gender-Based Violence“ of the Norwegian Financial Mechanism.

The purpose of this document is to provide information and to present the currently existing activities, services and departments, which operate in the area of domestic and gender-based violence. The proposed Model accepts that the strong prevalence of the phenomena and the consequences thereof necessitate that it is treated as a public health issue. For this reason, an approach is being proposed, which defines and outlines the roots and the consequences of this problem in Bulgaria, identifies the risk and protective factors, and proposes strategies for effective resolution, including activities on prevention, timely reaction, and follow-up.

The contents of this document are directed both to people living in a situation of domestic violence and their close ones, and to professionals, working in law enforcement, social, judiciary and health systems. The regulatory obligations of the various departments and organizations have been detailed, including the areas of healthcare, police custody, the judiciary system, providing social services and psychological support. The general overview of the "path" that a victim would have to embark upon - from the time of alerting to the time of receiving support, protection and services for recovery, separately and independently, free from violence in social functioning, showcases both the strengths and weaknesses in the existing services and regulatory framework. Also, the legislative framework has been used as a foundation to list the opportunities for receiving protection and support for the victims of violence. The description of the types of violence and the

¹ Please refer to the Universal Declaration on Human Rights, adopted by the UN General Assembly on December 10, 1948

² Please refer to the Convention for the Protection of Human Rights and Fundamental Freedoms, Rome, September 4, 1950

follow-up of the services in the field of domestic violence are based on the definition contained in the Law on Protection Against Domestic Violence, which extends the perception of the scope of acts, which are part of said Law, namely: "Domestic violence is every act of physical, sexual, mental, emotional or economic violence, as well as the attempt to perpetrate such violence, compulsory restriction of personal life, personal freedom or personal rights, perpetrated towards people who are in family relationship, who are or have been in a marriage or in factual spousal cohabitation. Psychological and emotional violence perpetrated towards a child include also any domestic violence, perpetrated in the presence of said child.³"

The Model takes into consideration the obtained results and conclusions of the National Study of Domestic and Gender-Based Violence, conducted in 2016. The study has been conducted by „Partners – Bulgaria” Foundation, Center for the Study of Democracy, and Human Rights Academy, Norway.

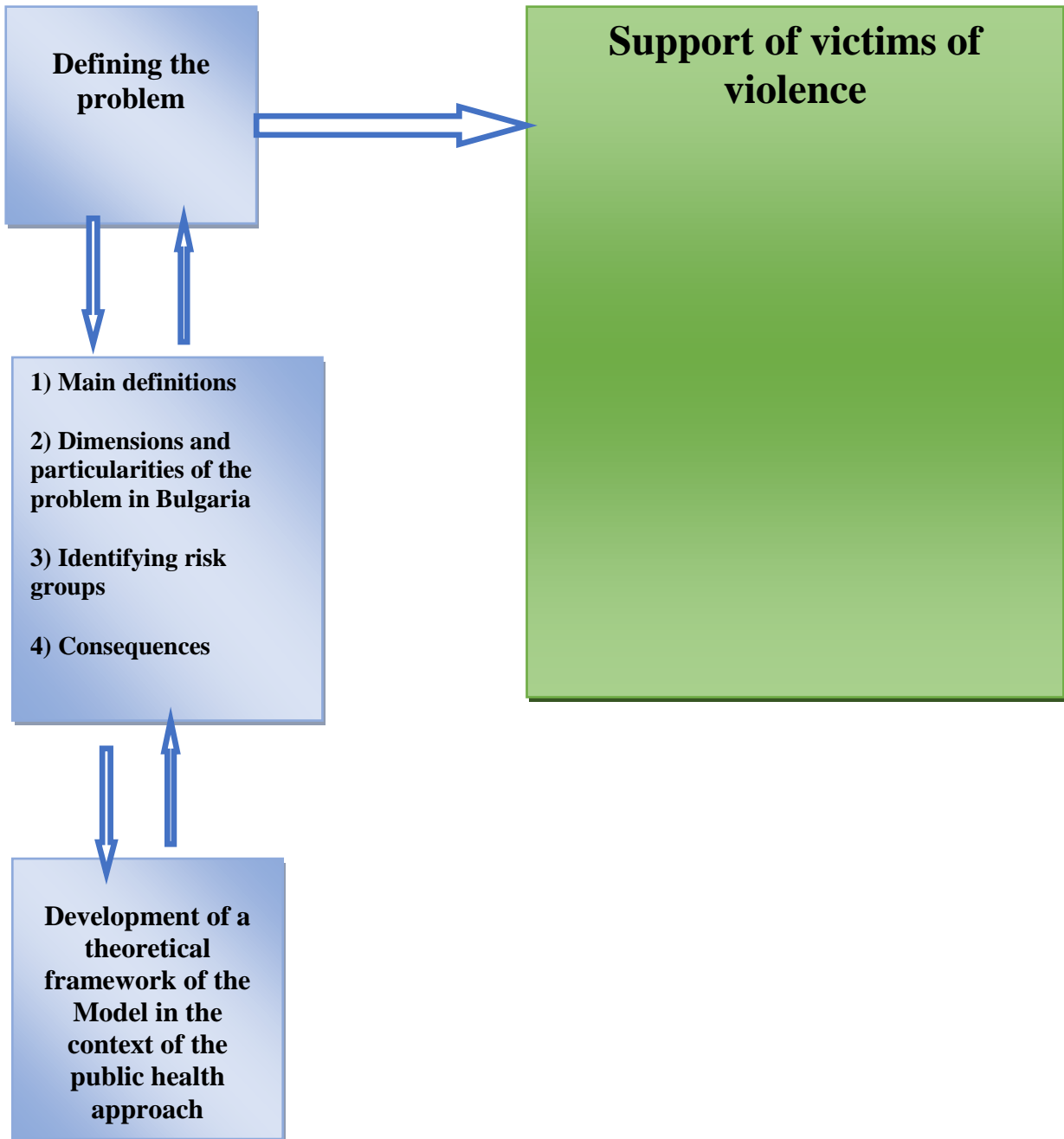
The study among victims of violence has shown that interacting stage-by-stage with the institutions, the offices and the services means that the victim does not receive protection and security in regards to his or her physical safety and psychological well-being. The current protection system does not help the victim in making a decision to leave the situation of violence and to separate from the perpetrator, nor does it support the victim in protecting their rights by legal means. The future of the victim and the future of the victim’s children remain insecure and uncertain if the victim does not have resources and a social network to support them. Escaping a situation of domestic and gender-based violence is characterized with its complexity and dynamics of the processes both in locating services and support on behalf of the victims, but also provision of the respective services by the institutions, organizations and professionals. Therefore, the independent application of separate approaches and methods is a necessary, but insufficient prerequisite to improve policy in the field, and resolving identified issues.

A systematic approach is necessary, including all aspects in this field, and viewing them as an organized complex whole of separate processes and events, both interrelated and related to the environment.

This Model has the objective of supporting both victims and professionals in order to build more comprehensive and better quality services, which shall provide tangible, lasting and stable protection and support to victims of domestic and gender-based violence.

³ Article 2 of the Law on Protection from Domestic Violence, latest amendment and supplement in State Gazette, issue 50 dated July 3, 2015.

Structure of the Victims Support Model



II. Defining the problem

1. Types of violence

What is domestic violence?

Domestic violence is every act of or attempt to cause harm of physical, sexual, psychological and emotional nature; forced restriction of personal life, freedom and rights; neglecting or refusing to help, when these actions refer to a minor, elderly person, ill person, person with disabilities or with dependencies, as well as in the cases in which such actions have been perpetrated by a person from the domestic environment of the victim, regardless of the place of perpetration of the act.

The term "person from the domestic environment" means relative, guardian, social assistant, nurse, current or former intimate partner or a person, with which the victim is cohabitating, without any kinship.

Types of domestic violence

1) **Physical violence** is the most visible manifestation of violence. There are different types of physical violence which a person may experience, such as: biting, scratching, pushing, shoving, kicking, gagging, choking, throwing objects, forced feeding or depriving of food, physical limitations (bondage), reckless driving, etc. Physical violence may be something which starts slowly and intensifies over time.

2) **Physical violence to a child⁴** is every non-coincidental physical act of violence to a child exercised by a parent or another adult. This category involves: hitting, kicking, pinching, painful shakedown, burning, biting, choking, drowning and other acts of violence to the child, which cause pain, leave a trace, lividity, skin bruises, fractures or cause fear in the child. The category of physical violence includes the extreme forms of parental control and the use of physical force with the purpose of "disciplining" the child. This involves the use of physical force, and it has the objective of causing pain and discomfort to the child. The most frequent forms of physical violence for the purpose of disciplining the child are slapping, basting, whacking, spanking, etc. – both with a hand, or using foreign objects. Physical violence also includes intentional administering of

⁴ This is the definition of UNICEF: published on <http://www.unicef.bg/bg/article/VIOLENCE-AGAINST-CHILDREN/935>

poisonous substances, inappropriate medical products or alcohol to a child. It is possible that there is the use of excess force during feeding, and changing diapers or clothes.

3) **Psychological and emotional violence** is every act, as a result of which negative consequences occur to the mental health of the individual, which are manifested as intensive and extended experiences of fear, anger, guilt, and other negative emotions leading to permanent states, such as depression, low self-esteem, or any other mental issue.

Types of psychological violence:

- Insults, mocking and humiliation in relation to the absence of positive personal qualities, denigration of achievements; disregard and blaming for the perpetration of violence;
- Repeated scandals, threats and shouting;
- Threats and extortion, including extortion using children.
- Threats for self-inflicting injury, suicide, divorce, separation, etc.;
- Forced involvement of children as witnesses to acts of violence, perpetration of acts of violence in their presence, regardless of age.
- Others.

4) **Sexual violence** is every act of coercion for the perpetration of a sexual act or a threat during the sexual act.

The types of sexual violence are:

- Coercion for perpetrating a sexual act with other persons, animals, or inanimate objects;
- Different forms of sexual actions directed toward juveniles or minors (including actions which do not include physical contact, such as seduction, masturbation, showing visual materials with pornographic content, etc.);
- Coercion for perpetration of actions, which are not wanted by the partner during the sexual act, or cause pain, discomfort, feeling of humiliation, shame, etc.;
- Sexual maltreatment, which is expressed in acts, causing sexual arousal, inconvenience or shame during activities, such as medical examination or study, lessons, etc.

5) **Economic violence** is every act which has the objective of placing a person under economic dependency and control, such as prohibiting the exercise of one's occupation, or restriction to certain activities; coercion into working for the family business, deprivation of income and funds, or providing very limited funds which are insufficient to cover basic needs of the victim: forced appropriation of funds, property or

any other material goods; coercion of the victim to provide reports on the funds spent by the victim; accusations of squandering, concealing income not shared with the family or the household; spending funds for gambling and activities, taking loans and credits, which have not been agreed to with the partner; financial frauds in which the relatives have been included without their knowledge, or without them comprehending the meaning of said action, etc.

6) Forced restriction of personal life, freedom and rights is every act, which causes or has the objective of establishing control or restriction of human rights, such as the freedom to free movement, self-expression, freedom of speech and expression of opinion, realization of human potential and abilities.

6

7) Stalking is every act of threatening, directed to another person, which aims to instill fear for that person's own safety. Typical examples of this are: surveying, spying, chasing; following without the knowledge and the permission of the victim; sending unwanted correspondence and gifts; attempts to perform unwanted communication; damaging the property of the victim or harming the victim's relatives; making threats of such damages or harm, or threats of physical violation over the victim, the victim's relatives, pets, etc.

What is gender-based violence?

Gender-based violence is every act that causes or aims to cause harm or negative consequences to the physical, sexual, psychological, emotional and economic status of the individual. Such acts are motivated and provoked by the characteristics of gender or the sexual orientation and identification of the victim.

Types of gender-based violence:

- 1) All sexual crimes, which are prosecuted by the criminal law.
- 2) Physical touch with sexual intent or with sexual subtext.
- 3) Communication or contact with sexual subtext or with sexual purposes (exhibitionism, voyeurism, pornography).
- 4) Making threats of sexual nature.
- 5) Stalking.
- 6) Insult or slander, based on gender characteristics, sexual orientation, identification or appearance.
- 7) Forced state of marriage or cohabitation.

8) Violence perpetrated in medical establishments against pregnant women or women in labor, who have sought medical help in relation to their sexual or reproductive health.

2. Dimensions of the issue in Bulgaria: data from the National Study on Domestic and Gender-Based Violence, 2016

7

1) Information about the situation in relation to the prevalence of domestic and gender-based violence among the general public and the Roma communities in Bulgaria.

The information has been collected in 2016 through a national representative study and telephone interviews with 2,500 people, by interviewing 600 Roma women and more than 200 police officers, social workers and victims of violence, accommodated in crisis centers. The study is measuring the perception of domestic and gender-based violence among the studied individuals.

The conducted National Study of Domestic and Gender-Based Violence in Bulgaria confirms the opinion that women are much more frequently victims to domestic and gender-based violence. Almost 90% of the interviewed police officers and social workers share that in their experience, women become victims of these types of violence "frequently" or "more or less frequently". More than 90% of both groups rarely or never have encountered cases of male victims. This is caused by the fact that women who are victims of violence send reports to the institutions more frequently than men.

- *When surveying them on the issues of domestic violence, the respondents consider the worst forms of physical violence. When asked questions about gender-based violence, respondents perceive only the worst forms of sexual violence.*
- *The forms of mental, economic and other types of violence are not discussed, and are not always realized by the surveyed individuals.*

Age is another characteristic of the victims, which, according to the interviewed experts, may be related to higher risk of violence. Three quarters of police officers think that children and elderly people become victims of domestic violence "rarely" or "never". For more than 90% of the police officers, this also refers to gender-based violence.

Between two thirds and three quarters of the social workers consider that elderly people "rarely" or "never" become victims of domestic or gender-based violence. At the same time, 80% of the surveyed social workers declare that children become victims of domestic violence "frequently" or "very frequently", and 65% think that children also become victims of gender-based violence. It is important to note that

whenever a report comes in regarding a woman victim of violence, her underage children are also registered and treated as victims, regardless of whether violence was directed against them or another person in their presence.

The representatives of the Roma communities think that children are the most vulnerable group in relation to domestic violence.

Discovering an act of violence perpetrated against children is more difficult due to a series of reasons – impossibility of children to report the occasions due to their biological age, or due to obstacles by the parents, guardians, or other adults.

According to surveyed employees of crisis centers in the country, in most cases the victims of violence are young adults (approximately aged between 25 and 45 years). Others share that in most recent years there has been an increase in the number of middle-aged clients (older than 50), and in some of the centers, their share reaches approximately 20% of all accommodated persons.

The data received from the respondents among the general public confirms the observation of professionals that women in the age group 25-44 are more vulnerable to domestic violence, and women aged between 34 and 54 years are particularly vulnerable to gender-based violence.

Data on the perception of the general public shows that the group most affected by violence is the youngest age group (15-24). According to the survey, the level of violence at this age group is increasing. At the same time, for people aged between 25-45 (adulthood) the levels of violence have not changed in recent years, and for those aged 55-65, the levels of violence have been decreasing.

This data indicates the perception of the surveyed persons and does not mean necessarily that the levels of violence among younger people have increased in the last decades.

Physical punishment of children is still perceived as an educational method by older generations.

Regardless of this fact, the hypothesis that the levels of domestic and gender-based violence in society have increased compared to 30, 40 or 50 years ago should not be underestimated, but rather it should be studied. Some of the people working in crisis centers are of the opinion that violence in society has increased and has become the norm, which contributes to increasing the level of domestic violence. Others are of the opinion that the levels of violence are the same, but perceptions and attitudes have changed, and society's sensitivity towards cases of violence has increased. There is a higher rate of coverage of cases of violence, compared to past years. There is less tolerance towards violations of the rights of victims and witnesses, which results in more

registered cases, more instances of provided protection for the victims, and delivered punishment for the perpetrators.

The majority of police officers and social workers who took part in the survey are unanimous in their opinion that victims of domestic violence have increased in number in recent years. Some respondents comment that this increase is due to the increase in the number of victims who seek assistance as well as the improved work of institutions, evident from the larger number of registered cases and instances of timely intervention.

Some forms of violence may be characterized both as domestic and gender-based violence. In order to get a more realistic idea about the prevalence of violence, a common coefficient is also used, in order to account for both types of violence where necessary.

According to this common coefficient, one fourth of women and one third of men aged 15 or above, as well as half of Roma women aged 15 or above, report of having experience with domestic and/or gender-based violence.

Another characteristic of the victims of violence is their **ethnic origin**. Roma women and girls report domestic and gender-based violence more frequently than women and girls among the general population.

In the survey performed among the general public, when asked directly whether they have ever been victims of violence in the course of their lifetime, only a tenth of respondents from the general population answered affirmatively; and one of eighteen report the same about gender-based violence. Falling in line with expectations, female victims from the general population submit reports for violence perpetrated against them twice as frequently as male victims (both in cases of domestic violence and cases of gender-based violence).

Direct reporting of violence levels depends to a large degree on whether the surveyed person is aware that certain events in their life have been in fact acts of violence. When the respondents are asked whether they have experienced one act or another (that can be categorized as violent), the share of people who have had such experience is two-and-a-half times higher in relation to the forms of domestic violence and more than three-and-a-half times higher for the forms of gender-based violence.

One fourth of men, 41% of women and 28% of the representatives of the Roma communities self-identify themselves as victims of domestic violence.

These results indicate that among the general public there is insufficient awareness about the issue's complexity. The different forms of violence are not widely known. About two thirds of people among the general public, which directly declare

having experience as victims with at least one of the forms of domestic violence, respond negatively to the direct question whether they have ever been victims of violence.

The level of awareness for gender-based violence is even lower. Less than one in every ten men and less than a quarter of women (23.5%) among the general population realize that they have been victims of such violence. Among Roma women, this percentage is 25.5%.

About 3% of households with children aged 14 or less state that children have become victims of violence at least once in their life. The share of Roma women and girls who at least once in their life have been victims of violence is 12%. At the same time, 17% of young people aged 15 to 17 who took part in the study respond positively to the question whether they have ever in their life witnessed actions constituting a form of violence.

One in every ten people among the general public states that in the course of the last twelve months they have experienced domestic violence or gender-based violence, and the share of women is about one quarter higher than the share of men. For Roma women and girls, one in six respondents reports experiencing violence in the last year, which is almost 60% higher than among women of the general population.

2) The most widespread types of violence

The interviewed workers in crisis centers respond that the adult clients accommodated in their facilities have experienced at least two types of violence: physical and psychological. Despite the fact that the victims usually are not willing to share this, most cases also involve sexual violence. The share of people, who in addition to that have experienced economic violence or restriction of personal rights and freedoms, amounts to 40%.

The experts' observations are based on cases exhibiting most severe forms of violence, where victims do not possess the necessary resources to resolve the situation, so they turn to crisis centers.

Victims of gender-based violence (children and adults) are in a similar situation: they seek accommodation in crisis centers after cases of severe victimization such as sexual violence, maltreatment and trafficking with the purpose of sexual exploitation.

Survey data from the general population indicates that 50% of people who admit to being victims of domestic violence, and 39% of people who admit to being victims of gender-based violence, have experienced more than one type of violence.

The most widespread forms of domestic violence, shared by the respondents, are psychological violence and forced restriction of personal life, freedom and rights.

Women victims of domestic violence share much more rarely than men that they have been victims of sexual violence. In cases of intimate partners, the frequently enforced perpetration of an undesirable sexual act is perceived as "performance of spousal duties", and not as violence.

Just 8% of Roma women and girls share that they have been forced into an unwanted marriage.

In cases of gender-based violence, the respondents indicate as most frequent forms sexual violence (13% of the general population), and stalking (10% of the general population).

3) Information about re-victimization or share of victims with repeated violence

37% of men, 38% of women among the general public and at least 40% of Roma women state they have experienced certain types of violence more than once. The victims who have experienced systematic violence – repeated more than 10 times – constitute a notably different share from the main surveyed groups. They are one fifth of the general population for men, one third for women and half of Roma women.

4) Perpetrators of domestic and gender-based violence

Less than 3% of respondents among the general public acknowledged that they have perpetrated domestic or gender-based violence in the course of their lifetime.

Women state more frequently than men that in their lifetime they have perpetrated domestic or gender-based violence.

Almost 70% of respondents from the general public, who share about past experience with violence, state that the perpetrator was male; and one third – that the perpetrator was female.

5) Causes and factors for the perpetration of domestic violence and gender-based violence

It is necessary to make a distinction between causes and factors. Causes are the phenomena, which result in the occurrence of violence. The factors are preexisting conditions and arrangements which influence the situation; they can contribute to the occurrence or prevention of violence.

The most frequent factors for occurrence of domestic and gender-based violence, identified through the National Study, are:

- *Gender identity.* Gender matters not just as a biological unit, but also as a social characteristic of human personality. When discussing gender differences, people generally refer to the most violent sexual and physical criminal offences, for which raw physical strength has the defining role. Other forms of violence such as psychological and economic violence, controlling behavior, and stalking are mostly overlooked. This is also

the reason for the prevailing opinion that women are exposed to a higher risk of violence, compared to men.

- *Abuse or dependency on psychoactive substances or gambling.* Due to its specifics, the state of dependency undoubtedly has had an effect on individual behavior and relationships with other people. It is listed as the second most important factor for incidence of violence for representatives of Roma communities.

- *Financial issues and professional failures.* The absence of funds to satisfy the basic demands and needs of the household results in pressure and conflicts between family members. Often this scales up to acts of violence – physical, psychological and economic.

- *Pathological, or "morbid", jealousy of one's partner,* which can escalate to violence, particularly when some of the other risk factors exist. The need to control the behavior of the partner is in most cases caused by misconceptions about the roles in the family.

- *Violence experienced by the perpetrators during childhood.* One third of adult victims of violence share that the perpetrators themselves have experienced violence in their childhood. Thus the experience of violence during childhood, without receiving the respective specialized professional help to overcome it, has turned into one of the main risk factors for replication of violence.

- *Early marriages.* This risk factor is most frequently observed in representatives of the Roma communities, but it refers to all groups. According to the surveyed members of the Roma community, the issue stems from the young age of the spouses and their lack of life skills to deal with the unavoidable misunderstandings, disputes and conflicts.

- *Absence of parental skills and capacity.* This is most typical for cases of domestic violence perpetrated towards children. Failure to recognize the needs of children, neglect and disregard of children, are the most frequent occurrences. The traditional perception of the social roles of women and children put them in the position of family members, who are subjected to the man and the man's will. Some of the factors listed hereinbefore (jealousy, early marriages and insufficient parental capacity) are mainly the outcome of this traditional perception.

Neither of the listed factors could be accepted as a sole cause for violent behavior. Causes for violent incidents may be sought in the combination of several factors, the most significant of which are the existence of conflict, absence of skills for non-violent conflict resolution, and adopted and inherited behavior models for conflict resolution, which involve violence.

6) Reasons and factors for re-victimization in victims of domestic violence and gender-based violence

One of the objectives of the National Study is identifying the causes and factors, which lead individuals or groups to live in a situation of repetitive violent occurrences for an extended period of time.

In addition to factors such as gender, age and ethnic origin, the following circumstances also have an effect:

- *Absence of supportive environment.* Lack of support from family, friends and relatives, and also from the institutions, is detrimental for re-victimization.
- *Economic dependency from the perpetrator.* It is logical that the absence of funds and options for satisfying the daily needs results in impossibility to leave a situation of repeated or escalating violence.
- *Inadequate response from the institutions.* The response of the institutions in cases of violence is critical for victims seeking help. Providing shelter, services and continued support for the victims as well as determining effective penalty for the perpetrator are all of crucial importance.
- *Discrimination and social exclusion.* This factor is typical for the representatives of Roma communities. Leaving the community and establishing independent life is related mostly to finding a job. Securing employment is difficult for Roma people not just due to negative perceptions of the general public towards them, but also because of their generally low level of education and lack of professional qualifications.
- *Psychological aspects in the victim,* such as guilt and feeling of being responsible for the committed violence. This is a factor, which affects the Roma communities and the general public. Traditional understanding of the roles in the family and each partner's responsibilities lead to attributing a feeling of guilt in the victim – the notion of being incapable of performing their family obligations.
- *Traumatic experience in the victim's childhood* and the absence of a developed capacity to resolve situations of violence. Violence suffered during childhood can be a factor for perpetrating violence as an adult individual; similarly, a traumatic event experienced as a young adult may be the reason for not being able to react adequately to violence at a later stage in life. Again, it is evident that children who have witnessed violence or have experienced violence or another type of traumatic event (for example, family member's death) must have easy access to professional support services.

3. Identifying the main risk groups in relation to violence in Bulgaria

When talking about domestic violence and particularly about gender-based violence, the main risk factor is gender. Despite the fact that surveyed professionals perceive women to more frequently become victims of violence, data also indicates that the number of men victims of violence is also significant. Approximately one quarter of men think they have been victims of violence.

Of course not all women are exposed to the same level of risk; factors such as age, financial dependency, poverty, physical or mental disorders, increase the risk of violence.

When discussing the topic of domestic violence, the focus, according to most surveyed persons' perceptions, lies on its physical form. On the topic of gender-based violence, the focus is on violent sexual crimes (rape or trafficking with the purpose of sexual exploitation).

The main problems here are the absence of sufficient awareness of the types of violence and failure to understand the nature of the issue. Most of the respondents are still not informed enough to recognize different forms of violence. Also, respondents among the general public tend to openly share experiences related to violence less frequently than representatives of the Roma communities.

At the same time, the active dissemination of information on this issue in recent years has resulted in higher awareness and better recognition of signs of violence on women's part. Young women today are much more informed of the problem and much more sensitive about their rights. They feel less discomfort talking about it and seeking help from institutions. Unlike younger women, adult women and adults in general are much more reticent when they have to report violence perpetrated against them. Due to the education and the deeply-rooted concept of family values, of the role of women in the family, due to their conviction that what happens in the family should not be public knowledge, this group of the population rarely reports and rarely seeks assistance from support agencies when exposed to one form of violence or another. In most cases, these victims live in a situation of violence for 10 or more years. Because of this the risk of incidents, including permanent disability or death, rates much higher for them.

Adult women and adults in general are implicit victims of domestic and gender-based violence, for the identification of which systematic efforts have to be exerted by institutions and non-governmental organizations.

Children are another large group of the population, which has difficulty identifying and recognizing violence. Despite the fact that according to national legislation children witnessing an act of violence are also classified as victims of violence, professionals still have difficulty implementing adequate measures. Young age, specifically the idea that children cannot reliably report violent acts, as well as restrictions imposed by parents or guardians present obstacles before identification of violence against children. Last but not least, there is the outstanding issue of insufficient provision of adequate services dealing in long-term mental health support and follow-up for children victims of violence.

An important part of the development of policies, activities and services in the area of domestic and gender-based violence is the creation of specialized services for children who are victims of violence. Of crucial importance is the increase in professional capacity for recognizing children who are victims of violence. Improving knowledge and abilities to recognize the signs of violence and react accordingly is an important part of every professional's skillset (teachers, medical workers, trainers, etc.).

The support system for victims of violence in Bulgaria is one aspect which presents a serious challenge. The geographical scope of currently existing crisis centers is insufficient as is the level of diversity of provided care and support. In most cases, these centers accommodate victims of domestic violence or gender-based violence, who have suffered from violent forms of physical or sexual violence and do not have a support environment (relatives, close friends) and resources (including financial means) to resolve the situation.

There are no services developed in Bulgaria for male victims of violence. For example, only two or three crisis centers in the country would accept boys, who are victims of violence.

Regarding available services for the target group, the following needs have been identified:

- Satisfaction of the needs of all victims of violence;
- Providing long-term services, support and follow-up for the victims leaving the centers;
- Specialized long-term services and consultations focusing on mental health of children victims of violence.

Establishing more and more varied services for victims of violence is one of the main challenges to overcome. This will increase the reporting rate of cases of violence by victims, and will also prevent re-victimization and the occurrence of serious incidents and death.

Lack of support programs for perpetrators of domestic and gender-based violence is another issue which needs to be rectified. The work with perpetrators is one of the main approaches in most European countries to deal with the problem and to decrease

re-victimization. The same thing can be said about the need of programs to work with children to overcome the traumatic experience and develop capacity to handle the experienced violence.

Specifics of the problem in the Roma communities

The data from the National Study indicates higher levels of violence among Roma women and girls, compared to women from the general public. This may be caused by the more frequent reporting and open sharing of the problem by this group. Women in Roma communities remain most vulnerable to re-victimization due to difficulties in actually leaving the community, and due to general tendencies in Bulgarian society to socially exclude Roma people. The factors which strengthen the risks of violence among Roma people are the existing traditional understanding of the social roles of women and children, the still widespread patriarchal family values, and early marriages.

The Roma themselves consider that there is a need to create services within communities. The existence of centers where Roma victims of violence may easily seek consultations, advice and support would not only help decrease the cases of violence, but will also increase the capacity of the communities themselves to deal with the problem.

An important place in the system of measures and services for victims of violence in Bulgaria is occupied by the victims themselves. According to the current system, the institutions (the court, the police, and the social departments) do not undertake active measures on protection and providing services until there is an explicit expression of will on behalf of the victim of violence. Thus, the system for providing protection and services turns into a risk factor for the occurrence of violence.

4. Consequences from domestic and gender-based violence

Violence is a complex and complicated phenomenon. It is crucial to have timely identification and adequate reaction by the victims of violence, their relatives and by institutions, as well as take every measure to minimize and cure harmful effects, and aid in re-socializing victims of violence. The consequences of violence affect all aspects of life:

Aspects	Consequences
	Worsening of physical health, including chronic illnesses, infectious diseases, disablement, decrease or loss of capacity to work, death.

Individual	Influence over mental health: anxiety, depression, attention-deficit disorder, post-traumatic stress, abuse of alcohol, drugs, or suicidal tendencies.
	Removal from the employment market.
Family	Divorce or separation of the partners.
	Influence over the physical and mental development of children in the family.
	Neglect for the caring of children.
Community Group	Stigmatization of the victim, isolation and exclusion from the community.
Public	Increasing the unemployment level. Increasing the level of morbidity. Influencing the economic stability and competitiveness on the market.

Physical, emotional and psychological consequences of violence can be serious and result in deterioration of health and development of chronic diseases, which in turn could result in disruption of the normal social functioning of the individual.

III. Theoretical framework of a Victims Support Model for victims of domestic and gender-based violence

5. Public health and the problem of domestic and gender-based violence

The Victims Support Model is based on the understanding that domestic and gender-based violence are public health problems.

According to the World Health Organization (1961), health is "a condition of full physical, mental and social well-being, and not just absence of an illness or ailment. Due to that reason, the health determinants are individual, social, cultural, economic and environmental factors, affecting health of different people and society as a whole. Thus the scope of factors which have an effect on the national health status is extended, and includes: income, employment, education, social support, family well-being, safe environment, etc.

The consequences of violence for each individual victim's health status have also been taken into consideration. The most frequent health consequences for victims of violence are: visible marks of physical injuries, chronic pain, infections, gastroenterology disturbances, cardiac issues (attacks of hypertension, chest pains), gynecology issues,

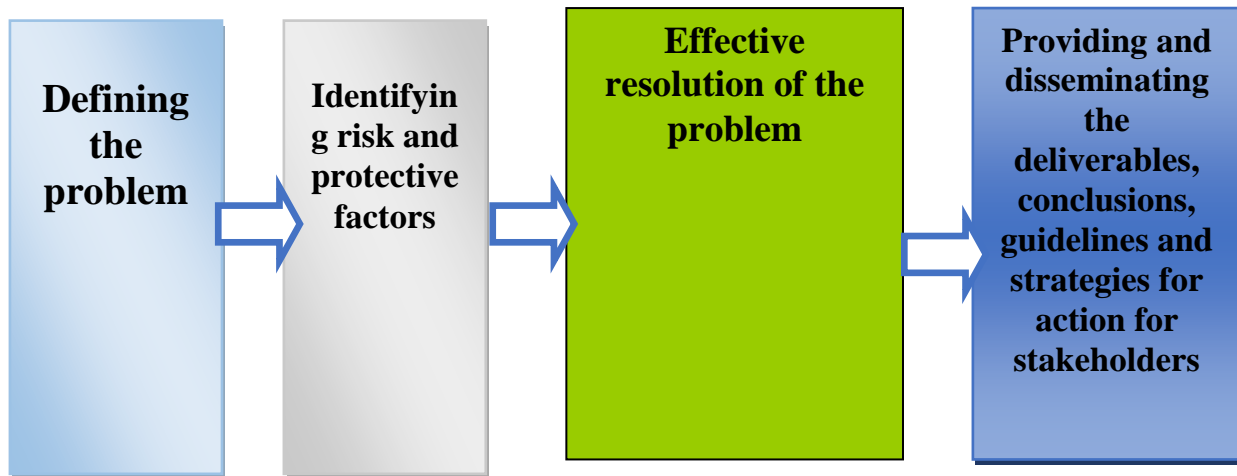
unwanted pregnancy. There are frequently cases of deteriorated general health status of pregnant women, which results in a risk to the life and health of the fetus. In pregnant women victims of domestic violence, the following is observed frequently: abnormally low weight of the newborn, fetal bruises, fractures, hematomas and premature birth. Frequently as the result of violence, victims may resort to abusing alcohol, tobacco smoking, sleeping pills, antidepressants, sedatives, and other prescription or over-the-counter medicinal products. The consequences to mental health are related to symptoms of expression, post-traumatic stress, anxiety, eating disorders, suicidal thoughts and actions, etc.

All of the listed health consequences do not affect just the individual condition and life of the victim. They also affect the health status of the overall population, and hence economic growth of countries. Chronic illnesses and disablement decrease the capacity for active employment, the level of manpower and respectively the gross domestic product of the country. On the other hand, providing adequate health services and healthcare requires the availability of sufficient funds in the public health system, the provision of which depends on the level of the gross domestic product.

As data from the National Study indicates, respondents express the opinion that in recent years the levels of violence in society have increased. The spread of domestic and gender-based violence may be compared to the epidemiologic dissemination of some of the infectious diseases. Even **back in 1996, the World Health Organization (WHO) has published a resolution, in which it defines violence as the fastest growing public health issue.**

The Model uses the public health approach to define, study and outline possible actions to resolve the problem and improve the situation of the victims. That is why the approaches for prevention, identification of the risk and protective factors and the types of interventions, detailed in the materials, have been structured from the point of view of mutual influence and causality relationships.

Layout of the theoretical framework of the Victims Support Model, based on the public health approach



6. Identifying risk and protection factors for the occurrence of domestic and gender-based violence

According to the data from the National Study of Domestic and Gender-Based Violence, the main causes and factors for the occurrence of violence may be summarized as follows:

- Characteristics of the gender of the victim and the perpetrator. In this case the gender matters not only as a biological characteristic of the personality, but in its social aspect, expressed as established gender behavioral stereotypes;
- Economic and financial difficulties in the family, particularly when accompanied by abuse or dependency to psychoactive substances and gambling;
- Traumatic experience related to violence during childhood, both for the perpetrator and the victim;
- Early marriages and absence of parenting skills and capacity to raise and educate children;
- Absence of support environment. This is one of the main factors not just for the occurrence of violence, but also for re-victimization. This includes: lack of relatives or close people to provide assistance to the victim, lack of adequate and accessible services, lack of funds, economic dependency on the perpetrator;
- Morbid jealousy toward the partner.

The causes for violence are complex and they are affected by society, the community (the group), the family, the individual characteristics and personal

experiences of the individual. The violence itself also affects each of these areas: individual, familial, and community and wider environmental. The factors are these events, which may decrease or increase the possibility of occurrence of violence. In other words, violence occurs in a closed system, and dependency on one aspect or another results in change of the remaining ones. Therefore, the environmental approach for evaluation and identification of risk and protective factors is applicable in studying domestic violence and gender-based violence.

Environmental risk assessment model for the risk of occurrence of domestic and gender-based violence⁵

Risk level evaluation model	
Risk level	Risk evaluation factors
<p>Individual:</p> <p>Particular characteristics of the individual, which contribute to particular vulnerability: age, mental and physical capacities, ethnic group, gender.</p>	<ul style="list-style-type: none"> ✓ Age and gender ✓ Race or ethnicity (minority) ✓ Education status ✓ Family status ✓ Level of physical or mental development ✓ History of violence in relationships (family, etc.)
<p>Family and community:</p> <p>Characteristics of the work place, school, community and family life, which result in vulnerability: income, degree of education, perceptions formed in society.</p>	<ul style="list-style-type: none"> ✓ Household income ✓ Number of household or family members ✓ Family status ✓ Occupation (unemployment) ✓ Violence in the family ✓ District (criminality- youth and general) ✓ Persons temporarily residing in other areas of the country or with a refugee status ✓ Behavior models, resulting in increased risk of perpetration of acts of violence ✓ Clients of the social departments
<p>Environment:</p> <p>Characteristics of the economy and the environment, resulting in increasing risk, such as: political and social prerequisites, crime and natural disasters.</p>	<ul style="list-style-type: none"> ✓ Political and economic transition ✓ Economic trends ✓ Discrimination or social isolation ✓ Natural disasters, such as floods and earthquakes ✓ War, political and social disturbances ✓ Political violence and repressions

⁵ Tool Kit for Family Centered Social Work Practice Child Welfare: From Prevention to Protection, Rebecca Davis, Rutgers State University New Jersey, Publ. Save the Children UK, September, 2008

Evaluation of the risk and protection factors for domestic and gender-based violence in applying the public health approach

Evaluation of risk and protection factors		
<i>Field</i>	<i>Risk factors</i>	<i>Protection factors</i>
Individual	Perpetrated violence during childhood, including as a child witness of domestic violence.	Absence of traumatic experiences and events.
	Absent father, absence of a father figure.	Constant care and support for children in the family.
	Neglect by the parents during childhood.	Development of social skills in children, based on the perception of self-worth and respect to the other members of society, the community or the family.
	Existence of physical or mental disorders or deficits.	Creating programs and opportunities to provide specialized services, including also increasing awareness of the target group.
	Use of alcohol or drugs.	Creating prerequisites for development of programs for prevention and mitigating the damage caused by the use of alcohol and drugs.
Family	Authoritarian and controlling parent/s.	Family relationships built on esteem, tolerance and respect of the autonomy of the personality of all of the family members.
	Misunderstanding between the partners or parents.	Creating accessible services for family counseling.
	Strict distribution of the roles and obligations in the family according to the sex of its members.	Creating long-term programs for positive parenthood.
	Social isolation and lack of public support.	Social inclusion and equal participation of all communities in the public area of activity, including when taking political decisions.

Community/ group	Perceiving the role of the man as controlling and sanctioning role.	Improving the well-being and living environment of the groups exposed to risk of social exclusion.
	Tolerance toward acts of violence in the household and perceiving it is a private or personal problem.	Dissemination of information regarding the problem and the opportunities for undertaking actions in relation to its restriction. Educating for an active citizenship position of intolerance toward acts of violence.
Public	Enforcement of stereotypes in regards to the concepts of "femininity" and "masculinity".	Establishing models based on equality and respecting human rights.
	Association of the term "masculinity" with the exercising of physical force, with protection of honor, and behavior of dominating over women.	Creating prerequisites for teaching adolescents positive behavior approaches, based on mutual respect and tolerance.

IV. Supporting the victims of domestic and gender-based violence

In order for the problem to be resolved effectively, it is necessary to be well-acquainted with its dimensions, manifestations and reasons for occurrence. After the risk factors have already been identified, the first step towards resolution is to apply preventive measures.

7. Development of programs and actions for prevention of domestic and gender-based violence

The nature of activities on prevention is increasing the protective factors and decreasing the risk factors. The aspiration is to achieve the desired effect in more than one of the areas of life (individual, familial, communal, and public).

According to the identified reasons and factors for the occurrence of violence, preventive actions may be divided into the following main groups:

1) Improving public sensitivity towards the problem by increasing the awareness of:

- The forms of domestic and gender-based violence and the means for their recognition;
- The institutions, the offices, which provide consultations, help and support for victims of violence;
- The health consequences of violence and the risks which exist in case of domestic violence, which has continued for years, in case of failure of the victim to timely report it and in case of failure to seek help;
- The risks for children, who are victims of violence (including the cases, in which they are witnesses of these acts of violence in the family);

2) Implementation of activities with adolescents, which include one or several of the following topics:

- Development of social skills, abilities for effective communication and non-violent conflict resolution;
- Overcoming behavioral stereotypes based on gender personality characteristics.

3) Development of programs and activities for working with parents, including:

- Positive parenting and increasing parental capacity;
- Effective parenting for children with emotional and behavioral difficulties and challenging behavior.

Programs for working with children may be applied in the school environment. The work with parents may be completed both in school and at the workplace.

4) Development of programs and activities for vulnerable groups, such as adults; Roma communities; victims or witnesses of violence (children and adults).

5) Development of activities for improving the environment

- Change of the cultural values and traditional social norms;
- Increasing public intolerance toward violation of rights.

Model for application of preventive actions in relation to domestic and gender-based violence

Type and scope of activities	Target group	Impact level	Factors with reduced influence	Factors with increased influence

Actions for mental health consultations and long-term support for children, victims of violence.	Children and youth	Individually	Influence of traumatic events over the life of the adult individual	Healthy overcoming of the traumatic experiences and building mental stability.
Activities for development and increasing the parental capacity.	Parents	Individually	Negligence	Improvement of relationships in the family
Activities for development of skills for positive parenting.	Parents	Individually	Negligence	Improvement of relationships in the family
Activities for parents of children with physical or mental disorders, challenging behavior or emotional and behavior difficulties.	Parents and children	Individually Socially	Social isolation	Overcoming social deprivation for children with physical or mental disability deficits.
Activities and programs for peaceful /non-violent/ conflict settlement	Children and youth	Individually Socially	Overcoming aggressive behavior.	Development of social skills, based on self-respect and respect to others.
Development of programs for mastering social skills, such as efficient communication, anger management, etc.	Children and youth	Individually Socially	Overcoming aggressive behavior.	Development of social skills, based on self-respect and respect to others.
Development of programs and activities for civil education and human rights.	Children and youth	Individually Socially	Overcoming aggressive behavior.	Increasing the awareness and sensitivity on the topic of violence in the context of respecting human rights.
Development of programs and activities for family consulting.	Families	Individually Family	Overcoming stereotypical roles in the family and understanding the role of the	Family relationships, built on regard, tolerance and respect towards the autonomy of everyone.

			male as controlling and sanctioning.	
Campaigns and activities for increasing awareness and dissemination of information	General public	Community	Tolerance toward acts of violence in the household and accepting it is private or personal issue.	Increasing sensitivity toward violence, decreasing the level of tolerance to acts of violence.

8. Trends in seeking help and support by victims of violence

This section is designated for women, children and men, victims of domestic violence and gender-based violence. Such information has been selected that provides guidance in the system for protection and directs to sources for immediate protection and to measures which can be undertaken in the long term.

8.1. Seeking medical aid by victims of violence

If you are in need of emergency medical aid, please call 112.

You can seek medical aid at all times when you feel medically indisposed. If you have a health problem, you can visit your general practitioner, and if you think your condition is serious, you can contact ER directly.

In the first case, the doctor will examine you and will assess whether you need hospital treatment. If the doctor thinks you do, the doctor will give you the respective reference, which is valid for 30 calendar days from the date of issuance. The General Practitioner shall have the information about which hospitals provide the medical aid needed and inform you where you can receive treatment.

In case you need emergency medical help and the hospital closest to you does not have the capacity to provide the necessary medical care, the ER team will drive you to the nearest hospital, where the treatment can be performed. If the team considers that your case is not an emergency, you will have to do your own transportation to the hospital, in which you would like to be treated.

Emergencies may be all conditions which endanger people's lives, or could result in significant damages. These might be strokes, aneurisms, poisonings, traumas, burns. If you have contacted ER directly and you do need emergency care, then the team has to provide you with emergency medical care and if needed – drive you to the nearest hospital, where you can receive treatment.

Medical aid in case of emergencies is organized and financed by the state. *Emergency* is an acute or sudden change in your health, which requires immediate medical aid. It is important to know, that medical aid in case of emergency is directed towards the prevention of: death; heavy or irreversible morphological and functional damage to vital organs and systems; complications for women in labor, endangering the health and life of the mother or the fetus. Each medical facility has to provide the possible scope of medicinal activities, if you are a patient in a state of emergency, regardless of your citizenship, address or social security status. If it is not possible to provide you with the required scope of activities, if your condition permits it, you should be accommodated in the nearest medical establishment, which has the necessary facilities. In case of relocation from one medical establishment to another, all medical

documents for all completed diagnostics, consultation and medical procedures, summarized in your medical history, shall be provided.

It is important to know that information about the hospitals which work with the Health Insurance Fund can be found at the National Health Insurance Fund (NHIS) hotline 0800 14800.

According to The Health Act⁶, medical aid in case of emergency is free for the patient, and it is not within the scope of mandatory social security of Bulgarian citizens.

Other medical services, which are not paid for by the patient, are:

- Prophylactic inspections and examinations within a given scope and obstetric aid for all women who do not have health insurance, regardless of the means of birth permission, by terms of scope and by order, defined with an ordinance by the Minister of Health;

- Hospital psychiatric help;
- Providing blood and blood products;
- Transplantation of organs, tissues and cells;
- Mandatory treatment and/or mandatory isolation;
- Expertise regarding the type and degree of damaging and permanent disability;
- Medical transportation by a procedure determined by the Minister of Health;
- Assisted reproduction within a certain scope.

Each Bulgarian citizen shall have the right to:

- Vaccination for mandatory immunizations, re-immunizations, vaccines under special indications and in case of unexpected circumstances, specific serums, immunoglobulins, and other bio-products, related to the prophylactics of infectious diseases, as well as technological means of their application;

- Full scope of anti-epidemic activities;
- Access to health activities, included in national, regional and municipal health programs.

Children aged 16 or less have the right to receive medical aid outside of the scope of mandatory health insurance, i.e. they have right to free medical aid, regardless of the degree of severity of their condition and the type of disease.

All children placed in medical institutions under article 5, paragraph 1 of the Medical Institutions Act⁷ have the right to receive free medical and social care.

When you seek medical aid, including aid in relation to domestic or gender-based violence perpetrated against you, you have the right to request from the doctor who is examining you to issue a document to certify your condition. Upon your request, each doctor shall have to issue a document, in which the doctor will certify in writing the damages or traces

⁶ Article 82, paragraph 1-5 of the Health Act, effective as of 01.01.2005, published in the State Gazette, issue 70 dated August 10, 2004, further changed and amended in the State Gazette, issue 27 dated April 5, 2016.

⁷ Article 5, paragraph 1 of the Medical Institutions Act, published in the State Gazette, issue 62 dated July 9, 1999, latest amendment and change in SG, issue 95 dated December 8, 2015: "The emergency medical aid centers, the centers for transfusion hematology, the medical establishments for hospital psychiatric assistance, the homes for medical and social care, where medical observation and specific care for children are provided, the centers for providing complex services to children with disabilities and chronic diseases, as well as medical institutions with the Council of Ministers, the Ministry of Defense, the Ministry of Interior, the Ministry of Justice and the Ministry of Transport, information technologies and communications are created by the state".

of violence⁸, established by this doctor. You do not have to pay for the issuance of this document.

In case of rejection by the doctor to issue the document or to refer to a forensic expert, who will perform the examination against payment of the respective fee, you can claim your rights to the Bulgarian Association for Protection of Patients, tel. 02/981 66 69 (work days from 10,00 to 18,00 o'clock)⁹, as well as in the Regional Health Inspectorate (RHI) in the territory of the municipality, in which medical aid has been sought. List of and contacts for RHI offices can be found on the webpage of the Ministry of Health¹⁰.

8.2. Protection, provided by the bodies of the Ministry of Interior (MOI) in case of domestic violence

When can you seek assistance from the bodies of MOI?

You can contact the Police in cases in which you are subjected to physical, mental or sexual violence and/or there is a risk for your life and health, or the life and health of your children or other family members.

You can call the police in the cases in which the partner you live with or another member of your family is shouting, breaking objects, or is perpetrating actions you think are of danger to you.

You can call the police in cases when the partner you live with or another member of your family is directing to you threats of violence, which endangers your health and your life, or the life and health of your children or of other family members.

You can seek assistance from the police authority, when:

- You are in a crisis situation, which is an incidence of domestic violence, as it is occurring presently;
- In case of violence perpetrated against you, which has already been completed, i.e. the situation is not currently developing;
- If a threat of violence has been directed against you.

Who works on the report for domestic violence?

- This could be an operative unit on duty – the unit which receives the report for domestic violence;
- Ministry of Interior officials, who perform onsite visits and check the signal;

⁸ Article 4, paragraph 3 of the Law on Protection from Domestic Violence, published in the State Gazette, issue 27 dated March 29, 2005, further amended in the State Gazette, issue 50, dated July 3, 2015.

⁹ More information regarding the Bulgarian Association for Protection of Patients can be found on http://www.patient.bg/index_bg.php

¹⁰ List of RHI can be found in <http://www.mh.government.bg/bg/ministerstvo/vtorostepenni-razporediteli/regionalni-zdravni-inspeksii/>.

- Employees on duty for acceptance of citizens in the departments of the Ministry of Interior;
- Investigating police officers.

What actions can be taken by the police toward the person who has perpetrated/is perpetrating violence against you?

- The police can detain the perpetrator for a term not exceeding 24 hours in cases when:

There is information that the person has perpetrated crime, or in case that this person has been duly warned, this person is deliberately obstructing police authorities to perform their official obligations. Police can detain a person, who displays signs of mental disorders and when his behavior violates the public order or exposes their own life or the life of other people to an evident danger. The detainment by the police authorities for 24 hours means restriction of the right of the person to move freely, and other rights of the person are not limited¹¹.

- The police authorities can warn verbally or in writing a person, for whom there is sufficient information and it is presumed that this person will perpetrate a crime, or violation of public order. A protocol shall be prepared for the written warning, and under this protocol the person will be warned about the amenability for the perpetration of the respective crime or in case of violating the public order. The warning protocol shall be prepared in the presence of the person – perpetrator, and one witness, and after making the contents of this document known it shall be signed by the police authority, the perpetrator and the witness. In case the perpetrator has refused to sign the protocol, this shall be certified with the signature of the witness.

If you are a victim of domestic violence, you have the right to receive a copy of the warning protocol, but you have to declare your willingness to do so to the police officers!¹²

How can the police help you, if you are a victim of domestic violence?

If you are a victim of domestic violence, police officers can:

- Take a written explanation regarding the case from you;
- Undertake the necessary measures to secure your safety and to ensure your health and your life, including take you away from the place of the occurrence, to accommodate you in a crisis center in the territory of the municipality in which you live, or to bring you to a medical establishment for providing emergency or paramedical aid;
- Inform you of the legal options for protection of your rights and seeking responsibility and compensation from the perpetrator;

¹¹ Article 72, paragraph 1, items 1-3 and article 73 of MOIA.

¹² Article 65, paragraph 3 of MOIA.

- Present you with information regarding the existing social services in the territory of the municipality or the town in which you live, including regarding the conditions for accommodation in a crisis center.

If you are victim of domestic violence, you can:

- Seek emergency aid by calling 112, both medical and police aid;
- Contact the District Office of the Police and to send an alert regarding the perpetrated violence, in case the event has occurred at a previous moment in time;
- Contact the court for protection;
- In case of heavy forms of domestic violence, to submit an appeal to the prosecutor on duty or in writing, or through the webpage of the Prosecutorial Office in the Republic of Bulgaria www.prb.bg
- Submit an application also to the bodies of MOI to undertake urgent measures against the MOI Act¹³, if you think there is information about hazard to your health or your life¹⁴. Then the person, who has completed the violence, may be taken and detained by the bodies of MOI for a period of 24 hours.

If the victim is a child, the police officer shall take immediate actions to protect the child under the Child Protection Act and Ordinance No. I-51/2001 regarding the terms and conditions for providing police protection to a child.

The police officer shall also inform in writing the director of the Social Assistance Directorate and District Prosecutorial Office, including triggering the Multidisciplinary Mechanism for Interaction in case of sending a signal about a child, who is a victim of violence or is in risk of violence.

8.3. The justice system and the cases of domestic and gender-based violence

If you are a victim of domestic violence or gender-based violence, you can seek your rights by means of a court procedure. Very frequently people who have experienced such traumatic events have failed to submit applications to the court, or revoke their submitted applications, which could lead to continuation of violence in the family.

¹³ Article 72 , paragraph 1 of MOIA.: "Police authorities can detain a person:
1. for whom there is information that said person has perpetrated a crime;
2. whom after being duly warned, is intentionally preventing a police body to perform its official duty;
3. who showcases serious mental deviations and with their behavior disrupts the public order or exposes their life or the life of other persons to a clear risk;
4. if it is not possible to establish its identity in the cases and by the means set forth in article 70;
5. who has deferred from serving the penalty "arrest", or the places in which it has been detained as a defendant in the performance of an injunction as per order of a judiciary body;
6. for whom a search has been declared with the purpose of detainment, as well as per request of another country in relation to its extradition, or in performance of an European arrest order;
7. in other cases, defined by the law.

¹⁴ In order to facilitate the citizens, the Ministry of Interior has prepared a sample of the application to submit to the head of the District Police Department. The sample form can be found online at the following address: http://www.mvr.bg/Prevenia/prevenia_domashno_nasilie.htm, and it is also enclosed herein, in the "Annex" part.

It is important to know that in case your rights have been violated (by the perpetration by acts of violence – domestic or gender-based violence), you shall have the right to seek responsibility for the perpetrator by judiciary means. When you undertake such actions, you are not only protecting your autonomy and human dignity, but you also act as an example for other people in your situation about how to react in such cases. Last, but not least, it is important for the perpetrator to also realize that their act is not only incorrect, but is also subjected to legal sanction, and to undergo the respective penalty, which has been imposed.

In order to go through the court procedures, you can receive free help and assistance by numerous NGOs, working in the area of human rights protection, protection of the rights of victims of crime, and protection of the victims of domestic and gender-based violence.

A list of organizations which provide services and support (social, mental, legal, etc.) for people who have experienced domestic violence or gender-based violence can be found in Annex No. 1 of this document.

Below are possible actions that can be taken on your behalf in relation to demanding legal responsibility from the perpetrator of violence.

What actions can be taken if you are a victim of domestic violence?

- You can submit an application for imposing protection measures under the Law on Protection against Domestic Violence /LPADV/. The application is filed to the district court at the place of residence. In case there is evidence pointing to immediate hazard to your life or your health, you can submit an application to the District Police Department to undertake measures to secure your protection, and you can also request from the court an order for immediate protection within 24 hours of receiving the application.

- When you request protection and undertaking measures against the perpetrator under LPADV, this does not exclude the right and the possibility of also filing civil or criminal lawsuit against the perpetrator.

- If you already have an issued court order for protection on any of the grounds under the Law on Protection Against Domestic Violence and the perpetrator violates or fails to comply with this order, you can seek assistance from and to contact the bodies of MOI. Under these terms and conditions, MOI officers shall establish the breach, shall withhold the perpetrator and shall immediately inform the bodies of the prosecutorial office, because this is a crime under the meaning of the Criminal Code.

Main aspects of filing lawsuits to the courts

- In case of domestic violence perpetrated against you, you can request protection from the court. The application is filed in the District Court at your current address or your permanent address of residence. The court can issue an order for your protection.

When you want to submit an application or a request to the District Court for the issuance of an order for protection, this order shall be in writing. The content of this application can be found in Annex No. 4 of this document.

Along with this application, please also enclose a declaration for the perpetrated violence (article 9, paragraph 3 of LPADV), a sample form of which can be found on the webpage of the Ministry of Interior: http://www.mvr.bg/Prevenция/prevenция_domashno_nasilie.htm, and in this document (Please see Annex No. 2).

The application or the request is filed within one month of the perpetration of the act of domestic violence.

State charges are not owed for submitting this application, but a ruling to pay this charge and the legal expenses can be made by the court, in case of rejecting to issue an order.

The protection measures are applied by The District Court at your permanent or current address of residence.

Who, other than you in your capacity as a victim, can file an application for issuance of protection order?

- The director of the Social Assistance Directorate, if you are underage, placed under judicial disability, or if you are a person with special needs.
- Your brother, sister, or another person, which is in direct family relationship with you.

If the application or the request contains data regarding the existence of direct or indirect threat to your life or your health, the District Court, in a closed session, without summoning the parties, has issued an order for immediate protection within 24 hours of sending your application or request.

The order for immediate protection shall have the effect of issuance of the protection order, or until the rejection of the court to issue such an order.

If you have decided to seek penal responsibility from the perpetrator of domestic violence, you should submit written appeal to the prosecutorial office.

If you have filed an application to the prosecutor for initiating a procedure and such a procedure is indeed initiated, it cannot be terminated, even if you make a claim to do so.

Within the legal procedures, you can also submit a civil lawsuit.

- If you decide to submit a civil lawsuit, you will most likely have to pay state charge to amounts defined in the State Charges Act and Tariff No. 1 to Law on the State Charges and Charges Collected by the Courts, the prosecutorial office, the investigation departments and The Ministry of Justice, but you could also be released from it.

What options exist to provide legal aid, if you do not have the necessary funds?

- According to the Legal Aid Act (LAA)¹⁵, in the cases in which you have suffered from domestic or sexual violence and you do not have the necessary funds to provide legal protection under this Act, you can receive legal aid financed by the state, i.e. the services are not payable by you;
- Under the Legal Aid Act, you can utilize the following types of legal aid services, paid for by the state: consultation with the purpose of reaching an agreement prior to the start of the court procedure or filing a lawsuit; preparation of documents for filing a lawsuit¹⁶; procedural representation¹⁷.

In order for you to receive the aid, you need to have a court decision or a document issued by the respective competent authorities, which certifies that you have been a victim of domestic violence, as well as a declaration for family and property status¹⁸;

The application for providing legal aid¹⁹, when referring to consultation and preparation of documents to file the lawsuit, shall be submitted to the National Legal Aid Bureau. A declaration for property and family status²⁰ is enclosed to the document, which certifies that you have been a victim of domestic violence.

In case you would like to file a civil complaint against the perpetrator of violence, or you would like to make the perpetrator criminally responsible, or both, but you do not have the funds to pay a lawyer, you can use the system of legal support and request the use of a lawyer for procedural representation, and the legal services will be paid for by the state²¹.

In case of civil lawsuits, legal aid is provided in cases in which on the grounds of evidence presented to the court from the competent bodies, the court has assessed that you lack funds to pay the legal fees. The court considers the following in its assessment: your employment, your income, your property and health condition, family status, your age, and other circumstances²².

In case you would like to be provided legal aid as regards to the procedural representation, you have to submit an application to the court. This is done in case of the existence of an already started procedure. Other than the declaration for family and property status, the following documents shall also be enclosed to the application – documents certifying family status, age, employment – certificate from the employment offices, health status – a decision of TEMC, order by the Director of the Social Assistance Directorate for receiving benefits for social integration under the People with Disabilities Integration Act, a certificate

¹⁵ Legal Aid Act, effective as of 01.01.2006, most recent amendment and supplement in State Gazette, issue 28 dated March 19, 2013

¹⁶ Article 21, items 1 and 2 of LAA.

¹⁷ Article 21, item 3, LAA

¹⁸ Article 22, paragraph 2 of LAA.

¹⁹ You can find sample of the application-declaration on the webpage of NLAB: <http://www.nbpp.government.bg/>, as well as in Annex No. 5 of this material.

²⁰ A sample form of the application-declaration can be found on the NLAB webpage: <http://www.nbpp.government.bg/>, as well as in Annexes No. 2, No. 5 and No. 7 of this material.

²¹ Article 23, paragraph 2 of LAA.

²² Article 23, paragraph 3, item 1 – 7 of LAA.

from the National Security Institute for the amount of pensions, etc., i.e. – you have to provide documentary proof that you do not have enough funds to authorize a lawyer.

How to choose a lawyer?

- You can choose a lawyer from The National Legal Aid Register /NLAR/ through the webpage of the National Legal Aid Bureau: <http://www.nbpp.government.bg>. A list of lawyers divided into bar associations who provide legal aid has been published there.

It is important to know that prior to and during the lawsuit, you do not have to pay the official lawyer. If you are convicted or if you lose the lawsuit partially or fully, you will have to make payment to the National Legal Aid Bureau the expenses for the retainer of the lawyer, who has defended you.

Legal aid does not include paying taxes and charges for expert opinions and experts in the procedure, unless you are exempt by the court due to the fact that you are indigent.

It is important for you to also know that initial legal aid and information for providing legal aid under lawsuits can be received from the regional centers for consultation with the bar councils, from the National Legal Aid hotline: 0700 18 250, which is maintained by the National Legal Aid Bureau, and from the respective bar associations.

You can ask about the options existing for support and financial compensation according to the Law for Support and Financial Compensation of Victims of Violence.

If you have a protection order issued by the court and the perpetrator is making efforts to thwart or to impede its implementation, you should also inform immediately the bodies of MOI and the Prosecutorial Office, in order to allow them to impose the respective legal sanctions to the perpetrator.²³ This is also valid if you already have an issued European Protection Order in another EU member state, which has been duly recognized by the court.

In case you are residing in, or in case you have the intention of residing in another EU member state, other than The Republic of Bulgaria, it is recommended to seek the issuance of a European Protection Order.

In the Republic of Bulgaria, the competent authority for issuance of a European Protection Order is the court of jurisdiction of the criminal lawsuit, in relation to which you have been awarded the protection measure (i.e. the court where you are conducting the lawsuit, or from which your order has been issued)²⁴.

In the cases in which you have an issued protection order or a court ruling on a criminal proceeding from another EU member state, and you would like for the act to be recognized in the territory of the Republic of Bulgaria, you have to submit an application to the District Court at the place of residence. In case that you cannot specify an address of residence in the country – to Sofia City Court²⁵.

²³ Article 296, paragraph 1 of the Criminal Code: "Anyone who impedes or thwarts in any way the performance of a court ruling, or who fails to comply with a domestic violence protection order or an European protection order, shall be punished with imprisonment up to three years, or a fine up to five thousand Bulgarian leva".

²⁴ Article 12 of the European Protection Order Act.

²⁵ Article 5, paragraphs 1 and 2 of the European Protection Order Act

8.4. Social protection in cases of domestic and gender-based violence

In case you are a victim of domestic violence, you have the right to request your accommodation to a crisis center. You can declare your intent to do so:

- In writing, by submitting an application to the Social Assistance Directorate at this address;
- Orally, before the bodies of MOI, which have responded to the report filed, and which have attended the place of the incident (and in this case the officials of MOI may accompany you and transport you to a crisis center);
- On the phone– by calling in advance in the crisis center;

Information regarding the crisis center, support and directing this service can be found on the victims of violence hotline (02/ 981 76 86).

According to the legislation in force, if you are a victim of domestic violence, accommodation in a crisis center shall be effected immediately²⁶, regardless of your permanent address of residence. In case you are accompanied by a child, to whom you are a parent or a guardian, the child shall be accommodated in the crisis center together with you.

In the crisis center you will be provided accommodation, food, legal consultations and social and psychological help.

You do not owe charges and payments to use the services of the crisis center²⁷

Procedure for accommodation in a crisis center

For your accommodation in the crisis center, you will have an order issued by the director of the Social Assistance Directorate. For the issuance of the order, the following documents shall be requested:

- An application completed as per sample form²⁸ for the use of the social service "crisis center". This application shall be provided to you by social workers in the crisis center, or by the Social Assistance Directorate (if you are not in a crisis situation, and you have decided to submit an application from your current address to the directorate).
- Identity document (for reference);
- A copy of personal ambulatory record (if any);
- A copy of a decision of Medical Consultation Commission, Territorial Expert Medical Commission, National Expert Medical Commission (if any);

²⁶ Article 40, paragraph 5 of the Regulations for Applying the Social Support Act (RASSA), follow-up amendment and supplement in the State Gazette, issue 63 dated August 18, 2015

²⁷ According to article 3, paragraph 1, item 3 of the adopted one with an Ordinance of the Council of Ministers No. 91 dated 21.04.2003, follow-up amendment in the State Gazette, issue 58 dated July 29, 2011 for approval of the Tariff for the Charges for Social Services, Financed by the Republic Budget.

²⁸ The application shall be Annex No. 9 to article 40, paragraph 1, item 1 of the Regulations for Application of the Social Support Act: " article 40, paragraph 1. The persons who would like to issue social services shall file an application at their current address, and respectively to: item 1. The director of Directorate "Social Support" for the social services, which are activities, delegated by the state, according to Annex No. 9;"

- Declaration about family status, income and property status;
- Medical certificate from a general practitioner for overall health condition.

The issuance of the medical certificate is a paid service, regardless of your health insurance status, and regardless of whether you will contact your general practitioner or a Diagnostics and Consultation Center as you find appropriate. The prices for the service as of 01.01.2016 vary between 25 and 32 BGN.

- Medicinal characteristic by a medical expert (a psychiatrist);
- A certificate for declared information from the territorial directorate "Income and Administration of Local Taxes and Fees";
- Two photos (for specialized institutions).

For the accommodation order to be issued, you also need:

- Medical note by your general practitioner, that you have not been in contact with people with contagious diseases;
- Medical note with the result of an examination for intestinal infections²⁹.

If you have children, they will be accommodated in the crisis center with you.³⁰ In relation to their accommodation, a direction for the use of the service by your children will also be enclosed with the order to use the service, issued in your name.

A direction shall also be issued by the Social Assistance Directorate at the current address of the child – this is the address of residence of the child. Accepting the child into the center is accompanied with a protocol, in which information regarding the condition of the child at the time of acceptance is entered.

The team will constantly monitor the condition of your children, and shall inform the Department for Child Protection of the Social Assistance Directorate for each incident related to the child (if any). In case of immediate danger to your life or the life of the children who accompany you, the employees of the crisis center shall inform the bodies of MOI at the domicile of the center³¹.

The application filed by you and the documents enclosed thereto shall be reviewed by employees, social workers, of the Social Assistance Directorate, who will prepare a report-proposal³², on the grounds of which the order³³ for your accommodation in the crisis center shall be issued.

²⁹ The examination for intestinal infectiousness can be performed by a laboratory for medical parasitology in the Regional Health Inspectorate at your place of residence. The examinations shall be paid for according to an Ordinance by the Council of Ministers No. 242/ 16.10.2007 and is defined for the fees for performance of laboratory analyses and activities²⁹. For the obtaining of a sample and the performance of parasitology examination, the price is 11.00 BGN, and for a micro-biological examination: 15.00 BGN. Normally both studies are completed for intestinal infectiousness, and the full amount payable is 26.00 BGN.

³⁰ Article 40, paragraph 6 of the Rules for Application of the Social Support Act.

³¹ Article 40, paragraphs 7 and 8 of the Rules for Application of the Social Support Act.

³² The form of the report-annex, which is Annex No. 8 to article 40, paragraph 4 of the Rules for Application of the Social Support Act, is part of the Annexes to this material.

³³ The blank form of the order, which is Annex No. 11 to article 40a, paragraph 1 of the Rules for Application of the Social Support Act is part of the Annexes in this material.

- A social evaluation³⁴ of your need of providing the service "crisis center" shall also be completed.

You can be accommodated in the crisis center at any time during the day, since the centers operate non-stop.

You can receive information and consultations in relation to the procedure and the documents required for accommodation in a crisis center in the Information and Service Center of the Agency for Social Assistance. In the reception office, at the address: city of Sofia, 2 Triaditsa Str., level 1, you can receive personal consultation by a social worker working for the Agency. The reception office is opened every day from 10:00 to 12:00 and from 14:00 to 16:00, and no preliminary scheduling is required.

You can also receive information on the hotline for questions about the Agency for Social Assistance, with a number 02/935 05 50. The hotline works from 09:00 to 12:30 and from 13:00 to 17:30. You can also contact the experts at the following e-mail: ok@asp.government.bg.

Services provided by the crisis center

- You have the right to be accommodated in the crisis center with a term of up to 6 weeks;
- After the crisis has been overcome, you can remain in the crisis center for 3 additional months, and the initial three-month period shall be extended in case of existence of important circumstances in your case, which necessitate long-term provision of services;
- The total time of maximum stay in the crisis center may not exceed 6 months;
- You have the right to receive detailed information about the services provided in the center, including being introduced to the rules for the internal provisions of the crisis center;
- You will make acquaintance with and be introduced to the personnel and the other people accommodated in the crisis center;
- You will be provided personal effects to use.

You will be provided the following services stage-by-stage in the crisis center:

- 24-hour protected environment, i.e. shelter, emergency mental and social help, and consultation. For the period of the stay, you will have a temporary shelter, mental and social; support and medical aid. All of this is provided by the program for "Accommodation and Humanitarian Help", which is provided by every center.

- In the beginning of your stay, the team will make an effort to provide emergency measures, activities and interventions, which shall alleviate the symptoms you are experiencing, to improve the factors of the environment you live in, in order to allow your emotional state to become more stable.

³⁴ The form of the social evaluation, which is Annex No. 10 to article 40, paragraph 4 of the Rules for Application of the Social Support Act is part of the Annexes in this material.

- After overcoming the crisis, the center's team will work with you and will support you by accompanying you to institutions and facilitate the communication with them in relation to: finding a job, change in the address registration, selection of a general practitioner, receiving legal services, submission of documents to court authorities and the prosecutorial office, etc. If necessary, you can also receive help to improve communication with members of your immediate family, who could provide support to you.

The activities and services listed shall be provided to you for a period of 1 to 6 weeks, and they are focused on the current problems related to overcoming your crisis.

As follow-up in the process of your recovery, the center will continue to provide you with protection and professional help for a period of 3 months, with an option for extension in cases in which there are important circumstances, which necessitate this, but not exceeding 6 months. The work of the team shall be directed mainly toward your recovery from the trauma, providing you with your social and legal protection and prevention of reoccurring violence.

In case you are accommodated together with your children, the team of the crisis center shall provide them with access to an appropriate establishment for preschool education, or school education, and shall provide support in the education process.

When the end of your stay in the crisis center draws near, you and the team will work together in preparing you for leaving the service and successful return to the social environment.

After you leave the crisis center, social workers from the Social Assistance Directorate (from the address you have declared before you leave) will continue to support and provide assistance to you for another 3 months.

Specifics of the services provided in the crisis center for people under 18 years of age

- In order for you to be accommodated in a crisis center, you are required to have an order issued by the Director of the Social Assistance Directorate, with attached social report and an action plan. The issued order for your accommodation shall be performed immediately!

In case you are not accommodated with a parent in the crisis center, within one month after the issuance of the order for your accommodation, the Social Assistance Directorate shall file a claim to the District Court with a request that you are accommodated according to the court procedures.

After leaving the crisis center, social workers from the Department of Child Protection of the Social Assistance Directorate shall continue to monitor the development of your case.

In case there is a protection measure for you in the family environment, social workers will continue to monitor your case for at least 6 months.

What are the services and types of support you will receive after leaving the crisis center

When the term of your accommodation in the crisis center expires, you can resubmit the application to the Social Assistance Directorate at a current address of residence in order to use the service "Center for Social Rehabilitation and Integration" (CSRI). The procedure, documents and the blank forms to complete are the same as the ones for your accommodation in a crisis center.

Social workers from the directorate shall perform social evaluation and according to their conclusions, you will receive an answer to your application or you will be referred to another type of social service, which is appropriate for you.

Unlike the service "crisis center", which according to article 3, paragraph 1, item 3 of the Tariff for Charges for Social Services Financed by the Republican Budget, adopted with an Ordinance of the Council of Ministers No. 91 dated 21.04.2003., which is free for you, for the use of the service "CSRI", a monthly fee shall be paid. This is only the case if you are of full legal age and you have personal income, because the service is an activity delegated by the state.³⁵ The fee is to the amount of 5 percent of your monthly income³⁶.

IV. Guidelines for experts working with cases of domestic and gender-based violence

9. The role of medical experts in identifying cases of domestic violence and gender-based violence.

The medical expert is considered by the patient to be a neutral figure to take care of solving the immediate health issue. Such an expert should be able to ease the patient into sharing about their problem and help them evaluate the situation in a realistic and practical manner, including any potential risks involved.

³⁵ Personal income under the meaning of article 1 of the additional provisions of the Tariff for Charges for Social Services, Financed by the Republic Budget, adopted with an Ordinance of the Council of Ministers No. 91 dated 21.04.2003, and in compliance with the requirements of article 17, paragraph 2 of the Social Support Act:

§ 1. "Income" under the meaning of the tariff shall be all income of the person, with the exception of:

1. the addition under article 103 of the Social Security Code;
2. the lump-sum additional payments to the pensions with an Ordinance of the Council of Ministers;
3. lump-sum compensations to the pensions or the extraordinary pensions;
4. the supplements to the pension of the veterans, volunteers and injured veterans from the Patriotic War, and the veterans injured in the performance of missions in military contingents of the United Nations;
5. The additional monthly compensation to the pensions of people aged 75 or 80;
6. The additions to the pensions under article 9 of the Political and Civil Rehabilitation of Repressed Individuals Act;
7. The sums which the persons accommodated in homes for social services, such as remuneration in a labor and therapeutic process;
8. the monthly supplements and targeted aid, received under the Disabled People Integration Act;
9. scholarships and funds for pocket expenses, received under the provisions of Ordinance No. 207 of the Council of Ministers for 1994 for the conditions for students receiving scholarship after completing their secondary education;
10. The aid granted on the grounds of articles 6, 7, 8, 8e and 10a of the Family Aid for Children Act.

³⁶ Article 2, paragraph 1, item 16 of the Tariff for charges for social services, financed by the Republican budget, adopted with an Ordinance of the Council of Ministers No. 91 dated 21.04.2003.

The medical expert can easily collect information for the general health condition of the patient and identify the complaints, symptoms or diseases, which may be the result of exercised violence.

The medical expert can recommend and provide long-term treatment for the patient, thus ensuring that the patient is taken out from the risk environment in which the patient is currently living.

Information posters, brochures and flyers may be placed in visible locations in medical establishments and departments which provide aid and support for the victims of violence.

Medical experts may keep the necessary documents in relation to the injuries, harms and scars caused as a result of the violence perpetrated against the patient (including injuries being included in the medical record and the medical history of the patient) and upon request of the patient, to provide a medical certificate for the caused trauma³⁷. A good practice is also including the respective reasons for the condition of the patient, regardless of whether this has been requested by the patient. This provides the opportunity of following up on the case and the health condition of the patients, thus also increasing the efficiency of future medical interventions in similar conditions.

It is not necessary for medical experts to be experts on violence. At the time of admission in the medical establishment, it is only necessary to interview the patient, ask the patient clarifying questions in relation to the patient's health condition, including the means of receiving the trauma and injuries. The patient may also be supported in the situation of a crisis or when making a decision to undertake the respective steps to receive specialized help.

Usually victims of domestic and gender-based violence first seek a solution to a health issue, which has occurred as the result of perpetrated violence. In practice, the health system is the first to encounter the victims and in many cases for a long time it remains the only system of services used by people who live in a situation of violence. Because of many reasons, among which fear, shame, indecisiveness, lack of knowledge or insufficient awareness, victims of violence contact other service systems (legal, social, psychological) at a later stage after the occurrence of violence.

Due to this reason, an emphasis shall be placed on the importance of the health system in identifying cases of domestic and gender-based violence and the importance of medical experts referring the victims to other institutions in order to receive complete care. Furthermore, from a medical perspective, ignoring the fact that a patient is probably a victim of domestic or gender-based violence may cause incorrect diagnosis and consequently treatment which may cause permanent health damage.

Main problems which medical experts are faced with:

³⁷ According to article 4, paragraph 3 of the Domestic Violence Protection Act "After a request of the victim, each doctor shall issue a document, in which the injuries or traces of violence are certified in writing".

- They do not identify the existing relation between the health status of the patient and the act of violence that the patient has experienced, and they do not consider violence to be a factor which affects human health;
- they consider that domestic violence is a personal, private problem and is not within the scope of their professional commitments;
- Frequently professionals are not prepared to handle such problems, because the public health system does not recognize domestic and gender-based violence as a problem, which causes the respective health consequences.

In actuality, medical organizations (branch and professional) are in a key position to disrupt this model in healthcare and to stop the public tolerance toward domestic and gender-based violence. These are also organizations which have a major role in isolated and marginalized communities due to the fact that in most cases it is exactly medical experts who have access to them.

Doctors are the first experts that victims of violence come in contact with. These are the professionals who command significant amount of public trust and they work successfully both toward decreasing the health issues caused by violence and for changing the public perception toward the issue.

Medical experts shall receive the support also of the remaining professionals working in the field, in order for them to gain the confidence that sending a signal for a perpetrated act of violence is not a breach of doctor-patient confidentiality and does not put the patient in a risk situation.

10. Obligations of the employees of the Ministry of Interior, when working with cases of domestic and gender-based violence

The police shall accept submitted reports for perpetrated domestic violence. The reports can be submitted by the victim, a close person, a relative, or a neighbor.

When receiving a signal, the police authorities shall examine the case, and if they found that domestic violence has been perpetrated, they are authorized to prepare a warning protocol – the person perpetrating the violence is warned of the amenability under the law in case of perpetration of the respective criminal offence, or violation of public order. The warning protocol shall be prepared in the presence of the perpetrator and one witness. After informing the perpetrator of the contents of the protocol, the document shall be signed by the police officer, the person warned, and the witness. If the person whom the protocol is meant for refuses to sign it, this rejection is certified with a signature of the witness³⁸.

³⁸ Article 65 of the Ministry of Interior Act (MOIA).

The victim of violence shall have the right to receive a copy of the warning protocol, but has to immediately declare this request³⁹.

The purpose of the actions set forth hereinabove is stopping aggressive actions by the perpetrator and the prevention of perpetration of more serious crime.

In cases in which there is information about a real threat for the life or the health of the victim of domestic violence, that person can also submit an application to the bodies of the Ministry of Interior for undertaking measures under the Ministry of Interior Act (MOIA).⁴⁰ As the result of the submitted application, the police authorities can detain the perpetrator and bring them to the District Police Department in compliance with the provisions of MOIA.

The bodies of the Ministry of Interior have the responsibilities also for following up on the compliance of the performance of the implementation of measures for protection against domestic violence, imposed by the District Court, which include: forcing the perpetrator to withhold from perpetration of domestic violence, removal of the perpetrator from co-inhabited residence, restrict the perpetrator in approaching the victim⁴¹.

Support of the work of the police officers

For work with cases of domestic violence it is of great importance to provide an overall approach, coordination and cooperation by and between any and all of the stakeholder institutions and departments. In relation to this, the work of the police has to be supported and performed in partnership with the social and medical departments and professionals.

The police are usually the first authority that citizens contact in case of any problem which has occurred, and this is also true in the cases of domestic violence. In these incidents, the police officers have to deal with crisis situations, involving one or several perpetrators, youths and minors, aggression by both co-habitation partners, and last but not least, perpetrated acts of violence, which are a hazardous to both the health and security of children as victims or witnesses of violence.

According to Instruction No. Iз-2673 dated 10.11.2010 for the regulations for performance of the interaction between the bodies of the Ministry of Interior and the Ministry of Labor and Social Policy in the protection from domestic violence⁴², the bodies of the police have the obligation of informing the director of Social Assistance Directorate when they receive a signal for perpetrated domestic violence over: a child, a person placed under judicial disability, or a disabled person. In case a report has been received by the police for violence perpetrated against a child, the police and the social departments, represented by the Social Assistance Directorate, work together for child protection against domestic violence.

³⁹ Article 65, paragraph 3 of the Ministry of Interior Act.

⁴⁰ Article 4, paragraph 2 of the Law on Protection from Domestic Violence

⁴¹ The measures have been listed according to article 5, paragraph 1, items 1-3 of LPDV.

⁴² Instruction No. Iз-2673 dated 10.11.2010 regarding the procedures for exercising the interaction between the bodies of the Ministry of Interior and the Ministry of Labor and Social Policy in protecting against domestic violence, issued by the Minister of Interior and the Minister of Labor and Social Policy, published in SG, issue 94, dated 30.11.2010.

According to the Child Protection Act, the police officers have to report every case in which, when answering a report for domestic violence, they have established that a child is also present at the location.

In such cases it is useful to document the following: the location of the child, the availability or the absence of visible injuries, visible neglect and failure to take care for and raise the child, living conditions and an environment which poses a risk to the health and the normal development of the child.

In situations in which the child was a witness of domestic violence, before interviewing the child, it is preferable to consider the following:

- The physical, emotional and mental capacity of the child to give a statement;
- The age of the child and the age-related capacity to understand the questions and to give a statement;
- The existence of a possibility for negative consequences to the child in case the child gives a statement;

11. Providing protection to children victims of violence or children exposed to risk of violence

According to the developed Coordination Mechanism for interaction for working in cases of children victims of or exposed to risk of violence and for mutual interaction in case of crisis intervention⁴³, a developed procedure exists for interaction between the institutions in case of a report filed for a child, victim of or exposed to risk of violence. The mutual interaction procedure involves all of the responsible institutions, and it expressly lists the participants in the multidisciplinary team. The multidisciplinary team prepares a joint action plan with a uniform strategic goal, specific tasks, and completion deadline. Each of the experts taking part in the team marks and offers specific tasks to complete in compliance with the powers of said expert, and consistent with the regulatory framework, and the deliverable from the actions undertaken shall be guaranteeing to the highest extent possible the protection of the interest of the affected child. The definition of the term "violence perpetrated against a child" in the Coordination Mechanism refers to each and every act of physical, psychological or sexual violence, negligence, commercial or other type of exploitation, resulting in actual or potential harm to the health, life, development or the dignity of the child, which may be perpetrated in a family, school and social environment⁴⁴.

⁴³ The coordination mechanism is adopted with an Agreement for Cooperation, signed March 15, 2010, by and between the Minister of Labor and Social Policy, the Minister of Interior, the Minister of Education, Youth and Science, the Minister of Justice, the Minister of Exterior, the Minister of Culture, the Minister of Health, the Chair of the State Child Protection Commission, the Executive Director of the Social Support Agency, the chair of the managing board of the National Association of Municipalities in the Republic of Bulgaria.

⁴⁴ According to article 2 of the Law on Domestic Violence: Domestic violence is every act of physical, sexual, mental, emotional or economic violence, as well as the attempt to perpetrate such violence, compulsory restriction of personal life, personal freedom or personal rights, perpetrated towards people, who are in family relationship, who are or have

According to the Child Protection Act, each citizen who becomes aware that a child needs protection, shall immediately report and inform one of the following institutions: the State Child Protection Agency, the Ministry of Interior, or Department of Child Protection of the Social Assistance Directorate at the current address of the child (the address in which the child resides)⁴⁵.

The coordination mechanism sets forth the procedure of interaction between the institutions, committed to Child Protection. The report filed shall in all cases be sent to the Department for Child Protection of the respective Social Assistance Directorate, and in each of the departments there is a social worker, who is responsible for performing the inspection as a result of the report within 24 hours of receiving it. For the purpose of more efficient performance of obligations, the Agency for Social Assistance has developed a Method for management protection cases involving children exposed to risk; the procedure is carried out by the Department for Child Protection, which involves risk evaluation for the child, examining the child's needs and the parental capacity, the family environment and the community resources. Each department for Child Protection has the right to undertake emergency measures for any child whose health and life are at risk, including issuing an administrative order for immediate protection.

In case the child is a victim of violence in the family and there is a serious danger of harm being done to his or her physical, mental, moral, intellectual and social development, the child is taken away from the family and accommodated by the court with relatives, close ones, foster family, social service, or a specialized institution⁴⁶. The accommodation of a child outside of the family is necessitated as a measure for protection after exhausting all opportunities for protection in the family, except for the cases, in which urgent removal⁴⁷ is necessary. The accommodation request shall be filed by the Social Assistance Directorate, the prosecutor or the parent of the child. Until the ruling of the court, the Social Assistance Directorate at the current address of the child shall organize the temporary accommodation of the child according to administrative procedures⁴⁸. The request to accommodate a child in a family of relatives or close ones, in a foster family, in social services of residential type and in specialized institutions shall be sent to the District Court at the current address of the child.

been in a marriage or in factual spousal cohabitation. Mental and emotional violence perpetrated towards a child is also any domestic violence, perpetrated in the presence of said child".

⁴⁵ According to article 6, items 1-3 of the Child Protection Act (CPA), child protection is performed through: the Chair of the State Child Support Agency and the administration supporting the Chair in the performance of the duties of said Chair; Directorates "Social Support"; the Minister of Labor and Social Policy, the Minister of Interior, the Minister of Education and Science, the Minister of Justice, the Minister of Exterior, the Minister of Culture, the Minister of Health, and mayors of municipalities.

According to article 7, paragraphs 1 – 3 of CPA: A person to whom it becomes known that a child is in need of protection shall immediately inform the directorate "Social Support", the State Child Protection Agency, or the Ministry of Interior. The same obligation is valid for any other person, to whom it has become known in relation to the profession or activity exercised by them, even it is bound with professional confidentiality. In case a report is received in the State Child Protection Agency that a child is in need of protection, the chair shall refer this immediately to the department "Child Protection" in Directorate "Social Support" at the current address of residence of the child.

⁴⁶ Article 25, paragraph 1, item 4 of CPA.

⁴⁷ Article 25, paragraph 2 of CPA.

⁴⁸ Article 26, paragraph 1 of CPA.

In relation to the recommendations of Directive 2012/29/EU, when the victim of violence is a child and the action perpetrated is a composition of a crime, it is recommended for the member states to provide the following possibilities for ensuring the Child Protection in the course of the penal procedure:

- The interviews with the child may be recorded audio-visually and these recordings may be used as evidence in the penal procedure.
- Appointing a special representative of the child victim in the course of the investigation and the penal procedure; according to the national laws, persons exercising parental responsibility are not allowed to represent the child victim due to a conflict of interests between them and the child, or in case the child is not accompanied by or has been separated from the child's family.
- If the child has the right to a lawyer, then the child has the right to receive legal counsel and be represented in the child's own name in the procedure, in case there may or may not be a conflict of interests between the child victim and the persons exercising parental responsibility.

Currently in Bulgaria changes are prepared to be introduced to the Criminal Procedure Code, which shall reflect the possibilities listed in the Directive for providing protection to children, who are victims or witnesses of crime, including in case of violent forms of domestic violence. In cases of a child witnessing a crime, the purpose is to introduce a hearing in the presence of the judge directly after establishing the perpetrated act, or after establishing the victim of the perpetrated act. The number of interviews with the child shall be reduced to a minimum. An expert prepared to work with children is stipulated to conduct the interviews and any additional questions by a judge, prosecutor, investigating policeman or lawyers by being asked using audio equipment. The planned legislative changes stipulate the conditions to which the premise shall correspond (the so-called "Blue Rooms"), for the performance of the interview of the child, as well as the requirements the expert leading the interview must fulfill, to be defined with an Ordinance by the Council of Ministers.

12. Specifics of the social work with victims of domestic and gender-based violence

Talking to victims of violence requires understanding of the problem, special skills and preparation of experts due to difficulties which occur when working with the victims:

- **Frequent distraction and impossibility of the client to focus on the topic.** When talking to victims of violence, it is noticeable that it is difficult for them to focus on the topic discussed, they are easily distracted, and do not remember what you have just discussed. The task of the expert is to help the person focus their attention on the topic in order to get the

most pressing needs in the current situation. This can be achieved by asking detailed open questions and frequently returning the focus of the client to the discussed problem.

- **Ambivalence and hesitation to take a decision for separation from the perpetrator.** Usually the most difficult decision to make is separation from the perpetrator of violence. Clients are usually worried about how their life will be set up, how separation from the known situation will take place and exhibit fear of potential retaliatory actions by the perpetrator of violence. The fear of the victim of escalation of violence in case the victim leaves the perpetrator should not be underestimated. If the client has such concerns, they have to be understood, because they are essential for referring the client to the respective departments and institutions, including for assistance in seeking protection. If the expert provides to the client clear and **genuine** information about the means used to protect the victim from further acts of violence by the perpetrator, it will support and motivate them into making the decision to leave. It is important to take into account the interests of the children, if there are children, and explain in what way the protection of the children shall be achieved.

Providing genuine information is of key importance for the health, life and safety of the client and the client's children. Possible solutions should not be proposed, and particularly when the expert is lacking sufficient information about the procedures and the offices, which could be committed to the specific case. The client knows the situation in which they are in the best, and it is only him/her, who can make the decision to act.

- **The client has not sought the assistance of the offices and organizations to which the client has been referred to during the first meeting.** After being provided sufficient information and the client has decided to take steps to separate from the perpetrator, the client should not just be referred to with a telephone number to an organization or just be told which reception room for citizens this person should go to and submit an application. In such cases it is almost assured that the client will not call or visit the office to receive the respective services.

The effective referral of the client toward salvation from a situation of domestic violence involves an explanation of all steps and procedures that the client needs to complete, and the approximate duration each of those steps and procedures will take. The client also has to find time and advise the client about how to communicate effectively with the different departments and organizations, how to present their case, how to clearly state what their needs are, and what are the rights and obligations when using the respective services.

The expert may request permission by the client for the expert to make the first phone call to the respective organization in order to present the case briefly and to provide coordinates for the client to connect with the expert. The expert may also propose to the client to call the organization in relation to the client's attendance.

You can also accompany the client to the respective office and help the client to fill in and submit the documents necessary.

- **Mistrust towards the information provided and to the offices that they have been referred to.** The social worker frequently encounters distrust by the clients, which is

directed toward the means of providing social services by the system in general. Clients have their justification for this attitude, and should not be blamed for it. They have to be asked to share their negative experience in using social services, so that the reason for the mistrust is known. Again, the procedures, the documents required and the deadlines for receiving the respective services have to be clarified. It is important that the client does not get the wrong impression that the procedures are simplified and faster than they really are. Such misunderstandings in general create a negative perception by society towards the social system.

- **Mistrust in the professional competency of the expert.** It is possible that the victim of violence does not want to trust in or be skeptical about the professional abilities of the expert. The expert has to explain exactly what his professional role is, how they can provide support and help, and what the expert could not do. The mistrust by the client is normal, and we should always remember that the client is the one who is aware of the living conditions that they are in, and about what they have experienced and what they are experiencing now. Therefore the experts should be careful in what they say and should not make generalized conclusions and inferences from the information shared.

V. Conclusion

Providing services for support of the victims of violence is a professional sphere of activity, which requires the existence of knowledge, experience and resources. The use of an integrated approach for solving the problem presents a significant challenge to institutions responsible for the policies in this field. These are:

- Inclusion of the health system in the network of services provided;
- Improving the access to services for the victims;
- Establishing specialized long-term services for mental counseling for children victims of violence;
- Increasing the awareness regarding this problem in society in general and in the risk groups in particular;
- Establishing services for mutual help within the community;
- Creating sustainable prevention programs;
- Development of services for re-socialization and tracking the condition of the victims;
- Providing constant state financing of the suppliers of services.

The model currently existing in Bulgaria to meet the needs of the victims is structured in such a way that it does not provide networking and involvement of a wide scope of experts. Each of the offices and institutions provides specialized services only within the frameworks of their competencies.

The absence of a "one-stop-shop" is a major omission in the development of policy in this field. Frequently, due to the long way that they have to go through, victims either do not seek or refuse to use services which have already been provided, and they go back to the perpetrators. Also, the Ministry of Health, which should play a major role in the prevention, identification and provision of care for victims, does not recognize violence as part of its main scope of activity. Despite the good global practices and the recommendations of the World Health Organization, the Bulgarian healthcare system is still not involved in this problem. Healthcare should take prevention of violence as one of its main activities.

From the services described in the document it is evident that the country is missing practices and programs for support and protection of the rights of male victims of violence. Such services also do not exist for LGBTIQ people.

The absence of specialized and sustainable programs to work with perpetrators does not allow the development of effective work in decreasing risks, improving the level of protection of the victims and the wellbeing of families.

It is also important to constantly work for increasing the public awareness and sensitivity towards the problem using campaigns and education programs and seminars. It is necessary for the policy to be directed toward active commitment and inclusion of men in these roles, including more professionals who are male (social workers, psychologists, lawyers, etc.) in the work on providing services for prevention and working with victims of violence.

The work in the field of domestic and gender-based violence should be all-encompassing and the professionals and organizations working in it should unite their efforts to increase the public perception of the problem. Collecting information about the scale of the phenomenon and the way it has changed over time, sharing methods of work (successful and unsuccessful), good practices and difficulties, is crucial for the development and upgrading the expertise of the professional community.

The problem with violence in general, in all of its forms, becomes more and more topical for the society, which has started to notice the consequences of this phenomenon. Consequences that affect adolescents and that have an impact on the education, economic and social fields. Consequences that impede the regular functioning of society and result in poverty, social exclusion, and loss of human and social capital.

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