



NATIONAL STUDY ON DOMESTIC AND GENDER-BASED VIOLENCE IN BULGARIA

Analytical Report



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Sofia

2016

To all children, women and men who shared their stories and bitter experiences with us; to all professionals who sacrificed their time to help us go further and deeper; to all members of the team who worked tirelessly to make this study come true, with profound gratitude.

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Slavyanka Ivanova, author

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ABBREVIATION LIST

ASP	Agency for Social Protection
CATI	Computer-Assisted Telephone Interview
CC	Crisis centre
CPD	Child Protection Directorates
DGBV	Domestic and Gender Based Violence
DV	Domestic Violence
FRA	European Union Agency for Fundamental Rights
GBV	Gender-Based Violence
GP	General Practitioner
LGBTIQ	Lesbian, Gay, Bisexual, Transgender, Inter-Gender and Queer
Mol	Ministry of Interior
N	Number of respondents
NCS	National Crime Survey
NGOs	Non-Government Organisations
PAPI	Paper-Assisted Personal Interview
RPD	Regional Police Department
VSM	Victims Support Model

BACKGROUND

Bulgaria is among those half of EU-member states where statistical information about victim-offender relationship is not gathered, hereby making impossible the assessment of the share of domestic violence among crimes against the person. Domestic violence is not qualified as a criminal offence and is still not included in the Criminal Code – and respectively, in statistical data provided by the Police and by the National Statistical Institute. Information about numbers of complaints for domestic violence registered in the police and numbers of cases of domestic violence submitted to the courts are not present in the publicly available statistics either.

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Based on several nation- and EU- wide sociological surveys conducted since 2000, the share of women victims of domestic and gender-based violence is estimated on a quarter of the female adult population. However, on the one hand, no one of the surveys encompasses all main types of DGBV, focusing on specific types, or on women only, leaving children, elderly people, men and LGBTIQ generally out of the scope; and on the other hand, some suspicions for misinterpretation of data exist regarding definitions, formulations and analysis of refusals and non-response. Furthermore, due to the low level of awareness, shame and general unacceptability to share similar facts of personal and family life in our society, the figures represented by the surveys measure rather the shares of those who managed to overcome the mass public attitudes among the victims, than the real shares of the victims.

One of the positive roles of the media in Bulgaria regarding DGBV issues is the attraction of public attention and the increase of public sensitivity. By shedding light on the hundreds of cases of brutal violence within the family environment, especially when victims are young children and babies, the media contribute to the change of the attitude that domestic violence is a family matter. Although the traditional attitudes to gender issues and general tolerance in respect to domestic violence remain strong and predominant, the increased publicity and discussions provoke bigger and bigger parts of the public to reflect on gender and inter-generation relations in the society in general and their own families in particular.

Like the process of change of public perceptions, the process of legal and institutional transformations, aiming at proper and more efficient counteracting of DGBV and support of victims is also visible, but still slow, ambiguous, and not satisfactory from the point of view of victims' needs. A small part of victims seeks consultation and help at NGO facilities, and insignificant share of those turn to the police and bring a suit to the court. While the FRA Violence against Women Survey conducted in 2012 sets the share of Bulgarian women aged 18-74 who yearly suffer from physical or sexual violence by an intimate partner at 6%, or about 170 000 persons, the number of cases of domestic violence in the courts vary about 3000-3400 per year between 2010 and 2012. Analysis made by the Center for the Study of Democracy in 2013 showed clear connection between the numbers of cases brought to the court, activity of institutions and NGOs and the general level of awareness of the population. For this reason, victims from marginalised, closed and low-informed communities, as Roma ones, presumably have very limited access to effective support.

In the described country context, the need of systematic study on the prevalence, forms, vulnerable groups, unmet needs of the victims, and possibilities for further stable improvement of their situation, is beyond any doubt.

The current report is part of DGBV project - National Study on Domestic and Gender Based Violence (DGBV) and Elaboration of Victims Support Model (VSM), developed under Programme Area 29, BG12:

Domestic and Gender Based Violence, Measure 3: Research and data collection of the Norwegian Financial Mechanism, in response to their aims: research and collection of data regarding the prevalence and measures to prevent and combat DGBV.

The general objective of the project is to contribute to the prevention of DGBV and to improve the situation of DGBV victims in Bulgaria, with specific focus on Roma women and girls. The specific objective is to develop knowledge and expertise regarding the situation of domestic and gender-based violence to ensure that all stakeholders including the Bulgarian government can access strong independent analysis in order to facilitate better informed and evidence-based policy decisions. This objective is achieved by conducting quantitative and qualitative study in Bulgaria which provides data regarding the prevalence and measures to prevent and combat DGBV among the general and Roma population. Additional objective is to develop and pilot a Victims Support Model (VSM), which aimed to involve local community in the assistance and protection of DGBV victims and engage the key local stakeholders (police departments, service providers, local authorities, Roma organizations).

METHODOLOGICAL FRAMEWORK

OBJECTIVES OF THE NATIONAL STUDY

The main focus of DGBV project is a multidimensional study of Domestic Violence (DV) and Gender-Based Violence (GBV) through variety of research activities. Eight surveys in total have been conducted with different methods and different target groups, in order to gather reliable data about as many aspects of the problem as possible. The subject of the study is DGBV phenomena in Bulgaria today, from the perspective of victims' protection: scales and incidence of cases of DV and GBV, profiles of victims and most vulnerable groups, unmet needs of victims and supporting authorities and professionals and potential gaps in the national legislation and institutional frameworks.

More precisely, the study aims to:

- Gather reliable and recent data on the prevalence of the different forms of DGBV in Bulgaria as a whole and in Roma communities in particular;
- Outline some trends through comparison with the existing data;
- Measure the extent in which the different forms of DGBV are recognised by victims among the general population and among Roma communities;
- Examine Roma-specific causes for DGBV;
- Identify possible resources of Roma communities to counteract DGBV;
- Gather victims' experiences and extract the main problematic points for which they need more or more effective support;
- Gather and summarise experiences of professionals counteracting DGBV and extract their suggestions for improvement of regulations, procedures and conditions for support of the victims;
- Analyse the factors, possibly limiting access of Roma women and girls to support mechanisms and check whether Roma-specific support needs exist.

FORMS OF DGBV

The two main types of the studied phenomena – domestic violence, on the one hand, and gender-based violence, on the other, are distinguished through characteristics of the perpetrator and the victim.

In cases of domestic violence, the gender characteristics of victims could matter, and could not; but perpetrators have always some kind of domestic relation with the victims. This relation is not obligatory based on the kinship. Perpetrators could be relatives, intimate or ex-intimate partners of victims or of their relatives, or just cohabitating persons.

In the case of gender-based violence, perpetrators could have, and could have not any relations with the victims; but the base of the violent act is always the gender, the perceived gender, or some gender characteristics of the victims. The most frequent victims of gender-based violence are female, and for this reason, in some cases gender-based violence is wrongly considered as a synonym of violence against women. Both women and men, however, and also LGBTIQ could fall victims of GBV. There are no age limits as well: affected are all generations, from new-born babies to elderly people.

Although different in nature, the two major types have very similar forms that are traditionally divided in three or four main groups: physical violence, sexual violence, psychological and emotional violence. Because the last two forms are difficult to be differentiated, in some cases they are considered as one group. In the recent decade, however, several new types of actions are recognised as violence: stalking, that could be both domestic and gender-based; economic violence that unlike economic discrimination could be exerted only within someone's household; and coercive limitation of personal life, freedom and rights that also is committed in domestic environment.

Each of these forms of DGBV has numerous manifestations, part of which is presented further in the Main Definitions. It should be also noted that in majority of the cases, domestic violence is multiple (not limited to the one form only); while gender-based violence out of domestic environment has most frequently a single form. Based on the review of Bulgarian and international literature, and according to the objectives of the project, the current Methodology proposes the following definitions to be used for the purposes of the national study:

MAIN DEFINITIONS

DOMESTIC VIOLENCE: Any act causing or attempting to cause physical, sexual, psychological/emotional, or economic harm; coercive limitation of personal life, personal freedom and rights; neglect or refusal of help, when they are committed against an under-aged, elder, ill, disabled or dependent person; committed by a person from domestic environment of the victim, despite of the location of occurrence.

PERSON FROM DOMESTIC ENVIRONMENT: Any relative, guardian, caregiver, current or ex-intimate partner or (ex-)intimate partner of a relative, or co-habitant without family or intimate relation.

Psychological/ emotional violence/harm: Act that aims or results in negative changes in the mental health of the individual, fear, depression, low self-esteem and any psychic disorder. Examples of this type of violence are:

- 1) Insult, mockery, suggestion for lack of positive personal characteristics and achievements, blame, including for being guilty for violence, disregard;
- 2) Repeated shouting, scandals;
- 3) Threats and extortion, including extortion using the children, through threats of self-injury, suicide, divorce/separation, etc.;
- 4) Commitment of violence in the presence of children, regardless the age of the victim.

Sexual violence/harm: Coercion for or during sexual intercourse and any form of usage of under-aged persons for sexual purpose or sexual mistreatment of under-aged. It could include:

- 1) Coercion for unwanted sexual intercourse, including with third persons, animals or objects;
- 2) Coercion during wanted sexual intercourse for acts that make the victim to feel pain, shame or discomfort;
- 3) Any sexual intercourse with a person under 14 years of age, disregarding the receipt of their consent, committed by an adult person;
- 4) Any sexual abuse of under-aged person with or without physical contact, including seduction, masturbation, showing or involvement of children in photography or video recording in nudity or in sexual context;
- 5) Sexual mistreatment: acts not aiming sexual use but causing sexual excitement, inconvenience or shame, during activities like medical treatment or examination, lessons, or other.

Economic violence/harm: Any act aiming at or resulting in economic subordination, dependency and/or control of the victim. This includes, but is not limited to: prevention of the victim to work; coercion to choose only specific types of work; coercion to work for a family business; deprivation of the victim's income and/or money; intentional granting of very limited amount of money; extortion for money, property or expensive goods; requiring precise reporting of spending; blames in wastefulness; keeping own incomes without contribution to the budget; keeping home budget details in secret; arbitrary economic decision-making aggravating financial status of the household, as gambling, excessive credits, etc.

Coercive limitation of personal life, freedom and rights: Any act causing or attempting to cause control or limitation of personal human rights, as the right of movement; self-expression; speech; personal and social life through verbal, psychological, economic or physical coercion or power abuse. It could be a form of both domestic and of gender-based violence.

Stalking: Threatening conduct directed at another person, causing her or him to fear for her or his safety. It could be also domestic or gender-based. Some typical examples of stalking are following or spying, incl. by hiring a private investigator; repeated unwanted communication in person, by telephone or online; repeated sending of unwanted gifts; intentional showing-up in places connected with the victim's everyday life; intentional damage of property of victims and their families or attempts to do so; threats to the victims, their relatives, property, pets or other persons or things they are concerned of; revealing or searching information about the victims.

GENDER-BASED VIOLENCE: Any act causing or attempting to cause physical, sexual, psychological/emotional or economic harm motivated by or using the gender characteristics, the sex orientation, sex identification, or alleged sex orientation or sex identification, despite of the victim-offender relation and location of occurrence.

The types of gender-based violence to be explored by the national study are:

- 1) All sexual offences according to the Criminal Code, as well as the use of under-aged persons for sexual gratification regardless their consent;
- 2) Physical touch with unwanted sexual intention or context;
- 3) Contact or communication with unwanted sexual attention, including showing of pornography, voyeurism and exhibitionism;
- 4) Harassment and threat of a sexual nature;
- 5) Stalking;
- 6) Insult and defamation based on gender, sexual features or appearance, actual or alleged sexual orientation or sexual self-identification;
- 7) Forced marriage/ cohabitation;
- 8) Violence in healthcare institutions against pregnant or birth-giving women or persons searching medical consultation and care connected with their sexual and reproductive health. This includes deprivation of the rights of proper information and choice, unnecessary or forced manipulation or treatment, insult, physical or verbal mistreatment.

UNDER-AGED: Every person below the age of 18.

VICTIM OF DGBV: Person reported experience of at least one form of DGBV, at least once in a lifetime, disregarding the self-perception of victimisation.

Although gender-based violence and gender-based discrimination have the gender in common, they still represent different social phenomena; and therefore, gender-based discrimination will not be included in the scope of the national study.

RESEARCH METHODS

The methodology of the study encompasses totally 8 surveys and studies using the following methods:

1. **Preliminary desk research**, including:
 - Literature review of academic and “grey” literature on the issue of DGBV;
 - Statistical data, incl. international comparisons, if available;
 - Existing survey data.

The results of the preliminary desk research are incorporated and served as a base for the development of the Methodology of the study.

2. **National representative survey**, Computer Assisted Telephone Interview (CATI) at respondents' home, N=2500 to collect detailed, reliable and nationally representative data on incidence rates of different forms of domestic and gender-based violence, reports to the Police, strategies of victims to cope with the situation;
3. **Face-to-face quantitative survey among Roma girls and women** (Roma booster), N=400. It was conducted in randomly selected settlements with shares of Roma population equal or greater than the average in the country. This survey allows comparing situation of this target group with the general situation in Bulgaria.

The methodology of these two quantitative surveys allows some comparisons with existing data and outlining some trends in the scales and incidence, respectively. It is built on methodology of the National Crime Survey (NCS) conducted by the Center for the Study of Democracy since 2001. Simultaneously, the newly developed methodology would allow in greater extent to describe DGBV as a complex phenomenon and will create sound methodological base for its tracking in the future.

4. **Self-completion of semi-structured questionnaires among police officers** dealing with cases of domestic and gender-based violence, N=118. Regional Police Departments from all 28 administrative regions of the country and in all types of settlements have been included in the sample; however, the RPDs from the Pazardzhik region have not responded.
5. **Self-completion of semi-structured questionnaires among social workers at Social Protection Directorates** dealing with cases of domestic and gender-based violence and with officials in Divisions for Protection of the Child, N=86. Due to the refusal of the ASP to collaborate to this survey it does not have a representative character.

Both types of self-completed questionnaires gather observations of respondents regarding trends in domestic and gender-based violence; typology of cases; effectiveness of protection; incidence of re-victimisation; major challenges; strengths and weaknesses of legal and institutional frameworks; and suggestions for further improvements.

6. **Focus-group discussions with Roma community representatives**, N=2, to capture general attitudes of the community, roots of problems, and possible internal resources within communities to counteract domestic and gender-based violence. One of the groups has been

conducted with Roma women, and the other with Roma men, and both groups have been compound of 8 participants.

7. **In-depth interviews with social workers at Crisis Centres** for children and adults, N=12. The respondents shared their observations regarding typology of cases; trends in the last few years; major needs of victims and of supporting specialists; re-victimisation and possible secondary victimisation within the protection and the justice system, major strengths and weaknesses of legal and institutional frameworks; and suggestions for further improvements.
8. **In-depth interviews with victims**, N=19 (11 adults and 8 children). The respondents have been asked to share their personal experience with DGBV; situations of victimisation, persons involved, experience in communication with the police and support bodies; any other persons or agents that had provided/ could provide help; how they feel their situation; future projections; basic needs and help deficiencies.

FINDINGS OF THE STUDY

FACTORS AND CAUSES: ARE THERE ROMA SPECIFICS?

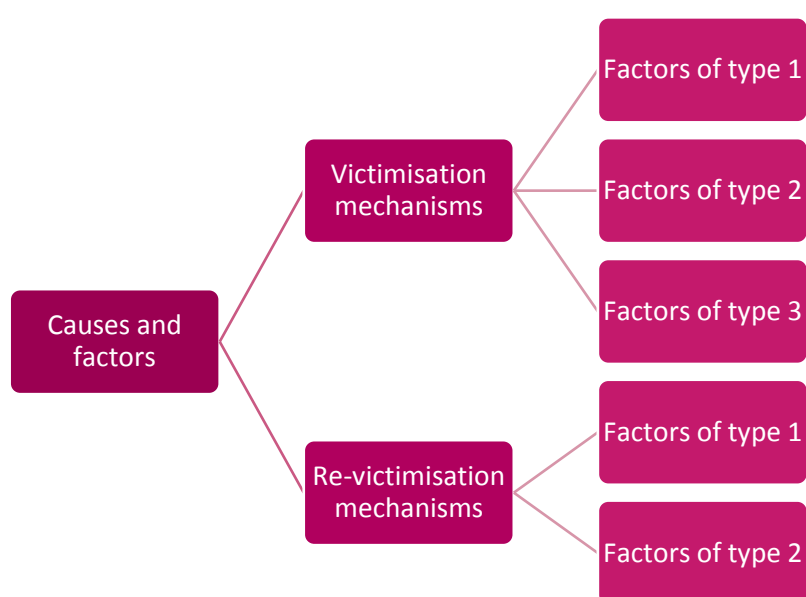
Within the topic of **causes and factors** of DGBV, the National study concentrates on the **most typical general factors and causes** and **possible Roma-specific factors and causes** through exploration of the direct experience of victims and representatives of Roma communities.

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The causes for DGBV should be clearly distinguished from the factors influencing it, although respondents, in general, haven't made this difference during our conversations with them. While the causes make, produce violence as an effect of their existence or action, the factors are phenomena that could help, contribute violence to emerge in specific situations, and could not.

Furthermore, the results from the qualitative part of the study showed that factors and causes of DGBV could be conditionally divided in two groups: factors and causes for victimisation (perpetrators to commit violence against victims), and factors and causes for re-victimisation (victims to suffer violence repeatedly). Or, in other words, the study found that the types of causes and factors for victims to face violence might be different from those, violence against them to persist in the time. The first ones reflect predominantly the environment, characteristics and behaviour of perpetrators; while the second ones concern mainly the environment, characteristics and behaviour of victims. However, this conditional division does not mean that the same factors and causes could not fall into both groups.

Although the study could shed light and generate some hypotheses about the mechanisms through which the different types of causes and factors interact concerning DGBV, any categorical conclusions would be premature, as they require more precise socio-psychological study of the motivation of perpetrators that was not among the objectives of the current analysis.



Factors and causes for victimisation

Socio-demographic characteristics of the victims

Although it is indisputable that no characteristic of a victim could be a cause for violence, some socio-demographic groups, according to the professionals participating in the study (police officers, social workers and workers at crisis centres), are connected with higher probability to become victims of DGBV than others; and hence, it is necessary to discuss the possible role of some of their characteristics as factors for victimisation. Simultaneously, some socio-demographic characteristics are also perceived by the interviewees as helping violence to persist over time, and therefore, as re-victimisation factors (to be commented further).

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At first place, it is a common opinion that women become victims far more frequently than men, not only of GBV but also of DV. Almost 90% of the interviewed police officers and social workers share that according their experience women frequently or rather frequently become victims of DV and GBV; while over 90 % of both groups rarely or never had met cases of male victims. The workers at crisis centres also assert that there are significant disproportions between women and men, although are not able to provide quantitative estimations. Without aiming to contest this statement we would like to remind and in all discussions on this issue to keep in mind two main circumstances lying behind it. On the one hand, usually when speaking about gender differences in DGBV, it is equalised to its most heavy sexual and physical forms, and the disproportion between women and men is explained with the differences in the physical strength. The "soft" forms of psychological violence, economic violence, controlling behaviour and stalking are not discussed and "put aside". However, DGBV has many forms, the gender is not only natural but also social phenomena, and violence is not always committed by those who have more physical power. On the other hand, the only evidence for the disproportions between women and men is the self-reporting of victims to the authorities, to organisations providing consultation and support and in surveys similar to the current one; and there are sound reasons to claim that men are generally less willing to disclose that they had become victims – due to the same perceptions of men as "the powerful gender". Further, in terms of crisis centre service, the men in Bulgaria are still discriminated against, as no one place exists at crisis centres for men, and only two or three of the crisis centres for children provide single places for boys.

"For victims of domestic violence, I would say that there are a not small percentage of men because the fact is that we women are psychic abusers - proven better and able to do so."

*"By gender, we have gaps here because we defend basically only women, but still there are men who very difficultly acquire the courage to say it, to seek help and support. There are such cases and maybe if you give space to these people and tell them that there are such services the percentage of men might be bigger."
(Workers at crisis centres)*

Another characteristic of victims that, according to the interviewed professionals, might be connected with higher risk of DGBV is their age. The different groups of respondents have different observations on this issue. According the experiences of three quarters of the police officers, children and elderly people become victims of DV rarely or never; and in terms of GBV, over 90 % of this group of respondents shared this opinion. The social workers have similar experiences regarding elderly people (two thirds and three quarters respectively state that rarely or never elderly people become victims of DV and GBV) and just the opposite regarding children. Four out of five social workers state

that children become victims of DV frequently or very frequently, and almost two thirds state so about children becoming victims of GBV. The observations of the workers at crisis centres are also quite divergent. On the one hand, the respondents tend to depict typical victims of DGBV as people of young and mature age, and some even put the age limits of the most vulnerable between 25 and 45 years. On the other hand, they put attention on the fact that detection of violence committed against children is very difficult due to a number of reasons (inability of children to report, impediments from the caregivers, etc.). They remind that practically in all cases when a woman is a victim of DV, it is also valid for her underage children as well, either as direct victims or as witnesses. The representatives of Roma communities state that children are the most vulnerable age group in terms of domestic violence. And also, some of the crisis centres account an increase of the elderly clients in the recent years who in some cases reach about 20 %. Actually, as it could be seen further, both the prevalence and incidence DV and GBV rates drop after the age of 54-59. However, it is not granted that this is a "real" fact or just "reporting" phenomenon.

And the third characteristic discussed as important factor for a person to face DGBV is their ethnicity. The statements and opinions regarding this factor are contradictory again. As demonstrated further, Roma women and girls report DV and GBV victimisation more frequently than women and girls among the general population. The representatives of Roma communities, both women and men, state that the higher levels of violence among their communities are facts of the past, valid for the period of ten or twenty years ago; but nowadays, they see DGBV cases as far more rare. According some workers at crisis centres, Roma women and girls used to represent a disproportional share of about 30 to 60 % of their clients, but in recent years they see an increase of the share of clients with Bulgarian self-identification. Nevertheless, the higher level of reporting and seeking of help and support, still do not necessarily mean higher level of vulnerability.

"People from the Roma community are open - they are not afraid to talk about what happens to them. While Bulgarians are ashamed of that: they suppress, they bear - bear exclusively much. Not to be humiliated in front of the public, even in the school of their child not to be understood what is happening in the family, that the mother, for example, has sought help from somewhere." (Worker at crisis centre)

Substances and gambling abuse and addictions

The most frequently observed factors, connected both with **domestic violence and gender-based violence** are the different types of addictions: mainly alcohol abuse, but also drugs and gambling addictions. The representatives of the Roma communities also pay attention to abuse with alcohol and drugs, and some of the workers at crisis centres mention alcohol abuse among the factors for domestic violence as well. In one of the crisis centres a close relation is observed between the season, and cases of placements of new victims. Usually, about the Christmas and New Year holidays, when alcohol consumption is high, one or few new placements are registered.

The influence of different addictions of perpetrators could be observed in three quarters of cases of adult victims and in the half of cases of child victims, but only in the half of cases of adult victims the start of violence coincides with the start, or with the visible deterioration, of alcohol/ drugs/ gambling abuse. The observations of victims are also contradictory: some of them consider the addiction of perpetrators as a cause, some perceived it as a deteriorating factor, and some don't really perceive it as a factor for what they have experienced.

"And I told them that they use pills, and with rakia from this year, and it is very scary." (Adult victim)

"In principle he becomes aggressive when he uses alcohol; but the last time...he has not used alcohol and ventured to encroach in front of the child..." (Adult victim)

"He drank but did not encroach, to beat me, but how do you explain it - by staying without job, and then problems started." (Adult victim)

"Started drinking every night, getting drunk beat me and I am sick to tolerate it and I gave a signal." (Child victim)

"Is looking for me, but I did not want to go with him because he constantly beats me while he is drunk." (Child victim)

"And get drunk and not get drunk again encroaches on me." (Child victim)

Within discussions with representatives of Roma communities, the abuse and addictions of alcohol and drugs took second important place as DGBV factor after the financial issues (described below). They also were the more discussed topic in connection with cases of heavy physical and sexual violence that ended with serious corporal injuries and deaths. However, it is clearly visible that not the abuse and dependences themselves, but the fact that their satisfaction requires money that perpetrators do not dispose with, is the real factor discussed:

"And when the child is violating his grandmother, wants her to find money. This is the problem. They use methamphetamine."

"Maybe not only drinks, and when he returns, whether it is against the woman, whether it is against the children, whether it is over the grandmother, there is still violence ... If it is not physical, it is mental - harassment for money, or will nag that they did not give him enough." (Representatives of Roma communities)

Financial Issues

According to statements of crisis centre workers, the abuse with substances in general and with alcohol in particular is important but rather secondary factor for domestic violence among adults. They pay attention to the increased level of violence in the society as a whole ("normalisation" of violence), as well as to economic factors: unemployment, career failures, low level of incomes. Very similar was also the way in which the representatives of Roma communities – both women and men, discussed the causes for domestic violence.

"So naturally in our neighbourhood it happens very often and one reason is unemployment. Very often because of lack, and that is the biggest problem to have quarrels in a family."

"They often quarrel, always quarrel when there are no finances to meet their needs and thence come all the problems, of the young and of the old." (Representatives of Roma communities)

However, only few victims placed in crisis centres connect the start of violence with similar factors. In few cases the severity and/or the frequency of cases of violence increased in periods connected with

financial instability; and in the half of these cases victims account reverse causality: their partners were not been willing to contribute to the family budget and economic violence increased into psychological and physical violence.

"I did not follow him, but I did not feel that he brings money and helps the family; but I endured - nothing, nothing, go on, such moments happen. Then over the time I began to realise more and more that I saddle, but he cheats. I looked at the side - my girlfriends' men trying their best to do something, and started to compare."

"He would take my full salary. He took and salary and advance, they gave him vouchers, transferred him money for vouchers to go shopping; he took my child benefits - nothing stayed, the credit card was with him, he disposed with it... If there is money, 15-20 days he is very good, very caring. Once he runs out of money, becomes horrible, hideous man becomes." (Adult victims)

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Hence, behind the financial issues of the families, we could see tries of violators to defend or to prevent questioning of their position: position of people who extort the financial resources of the family.

"Jealousy"

The majority of **adult** victims also reported so called "morbid jealousy" of their partners that sometimes had been connected with alcohol abuse, but sometimes not. A third of adult victims also remembered that this "jealousy" increased into violence in **periods connected with children**: when they were pregnant, after they gave birth, or when children had grown up. Actually, this was the distorted perception of perpetrators of the role models within the family presented in a morbid will to control their partners, already realised by part of these victims.

"Did not tell me directly "You are not going to the woman," but said that when I go to the woman I date with another man. This means to stop going to the woman and to stay home closed." (Adult victim)

Furthermore, the aggressive "morbid jealousy" also appears a method of some cheating partners to disguise or to prevent accuses for their own behaviour.

"Then I realised how many meetings with a woman; with this, with the other, lover beloved, dear to outrage and when he returns home, I am closed there. And if, God forbid, I am in the garden and one passes: any woman, whether young people, because older than us are not there, and the scandals start."

"He began hitting and reaching to break to strike and any harsh words. He began to engage in Facebook with a girl chatting in front of me, talking in front of me, grinning at me." (Adult victims)

This is recognised as a cause for domestic violence also by the representatives of Roma communities, and not only women are pointed as victims.

"He commits cheating, but harasses my mother." (Woman, representative of Roma community)

"However, there are women who will pardon me, but ... a lot of them are of easy virtue; cannot sit down and get home late and the man jumped up, and she starts with the tile - and here eleven stitches; the woman over the man!" (Man, representative of Roma community)

Although the "morbid jealousy" syndrome has been identified in cases of adult victims, they testify that it causes violence against **children** as well: both as witnesses and as direct victims.

Violence in the perpetrator's childhood

A third of adult victims knew and shared with us about violence against perpetrators in their childhood. Along with the group of factors connected with the lack of supportive environment, the presence of traumatic experience in the childhood of perpetrator plays the main role in cases of long-term violence of ten years or more, therefore it should be also considered as a factor for re-victimisation. In some of these cases perpetrators had been direct victims, and in other cases witnessed long-year violence in their families.

"He said he has not lived well, he had been beaten ... I do not know, do not understand because of what - the genes if I can say; from the atmosphere in which he lived - he was 24 years old when he married, we are now already 70, we will be in August and things are growing."

"Yesterday was the birthday of my child, his grandfather called, began to quarrel over the phone why we have not come to see them in the "Child Protection" directorate ... He started to quarrel, ask me what I do today, tomorrow and behaved very aggressively on the phone. This is the way in their family ..." (Adult victims)

Early marriages

As a specific factor, not mentioned by other groups of respondents, the representatives of Roma communities, both women and men, point out early marriages. According their explanations, on the one hand, when spouses marry too young, they (and their parents who usually arrange the marriage) do not account specifics of their characters and don't have skills to manage differences; and on the other hand, they miss the skills how to behave that according our respondents, are learnt at school.

"When they marry young, it cannot develop. And hence low level of culture in the family misunderstanding within the family, no development." (Man, representative of Roma community)

"His name I did not know, of my husband, when married. Yes, they come, push into the car, and this is the end. And I haven't returned back anymore - although I was 11 years and a half." (Woman, representative of Roma community)

Although early marriages and their role regarding domestic violence is most frequently encountered in Roma communities, they could be observed also in the case of one of adult victims placed in crisis centre who originates from a traditional Turkish community. Although she was not as young as Roma

girls usually are when married, she was still very young; and was also raised with strict restriction in the communication with boys and men.

"Did not know him very well, but hurried to marry him. We do not get along, he wants everything from a woman she has to do, and when you do not know, you do not have experience as a girl..." (Adult victim)

This case explains what "Roma specific factor" actually means: it is most characteristic for some Roma communities, but could also be valid in cases similar to their situation.

Insufficient parental skills

As a main cause for domestic violence **against children**, professionals at crisis centres define insufficient parental capacity with two main forms and types of factors: low socio-economic, educational and cultural status of the family/ parents, on the one hand, and lack of proper educational skills to deal with behavioural problems, especially in the teenage period.

According to the experiences of professionals working at crisis centres for children, and those of children victims, the first type is connected with cases of systematic neglect, labour or sexual exploitation of the child, heavy and long-term physical violence, and also with cases of incest.

"Very often children, let's say that they are not victims of violence, but are severely neglected, i.e. wandering children, children with behavioural problems, children from families in which the crisis is chronic; so function these families and outside the system of social services they cannot function. Unfortunately there are such families and if the idea was originally the child to be placed at this place temporary and family to stabilise, so to recover from the crisis and to take over the childcare again, in most cases this is impossible, especially in such cases of severe neglect, families with many children, children beggars wandering the streets." (Worker at crisis centre)

" - What had her father done?"

- Slept with her... He slept with me as well..." (Child victim)

The second type – lack or shortage of educational skills, may be connected with quite varying forms: from actions which violent nature is quite disputable, as stop of the computer and Internet usage, through single cases of screaming or slaps, to heavy systematic violence. The latter cases usually result from mixture of insufficient parental capacity of type 1 and type 2, and also in cases when the "caregivers" abuse alcohol or other substances.

"I started to run away, because my parents would not let me, I like that I die out, just being outside. They would not let me; the most they would let me in front of the building, like that for a while, for five minutes to feel the air and the sun. And I started to run away - both to hop up, to be with my best friend, to earn money, to be independent, self-contained."

"When he is drunk, because when he was a boy he trained wrestling; and wants to show me tricks that I do not want to know. And when I tell him to stop he does not, he continues." (Child victims)

Traditional perceptions of women and children

Some of the enumerated factors, as "morbid jealousy", early marriages and insufficient parental skills, are in fact manifestations of one main factor for DGBV: the traditional perceptions of women and children that are in conflict with the contemporary ones, with the perceptions of victims themselves, and/ or with the current laws and human rights standards. Although it is usual to perceive Roma communities as the ones of the most "traditional" parts of the society, this collision of perceptions is most clearly seen inside these communities, as people witness these transformations over the course of their own lives; and the perceptions had less time to put the masque of "jealousy" or some other phenomena.

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"Once upon a time the woman was in the family, with an apology, "rag" ... Because the woman herself was without authority; it was a tradition of fathers and mothers. This dates back from the Islam and more this thing goes for Muslims. So it is transmitted to us. So we lived, that the woman herself should do everything in the house and the man is the master..."(Man, representative of Roma community)

"Not like once when it was massive. Drunk, there were many pubs. When they were drunk, you are all "cheerful" at home. Music until late, the kids standing, naked, barefoot, hungry stand in one corner. Out of fear, a word cannot be uttered." (Woman, representative of Roma community)

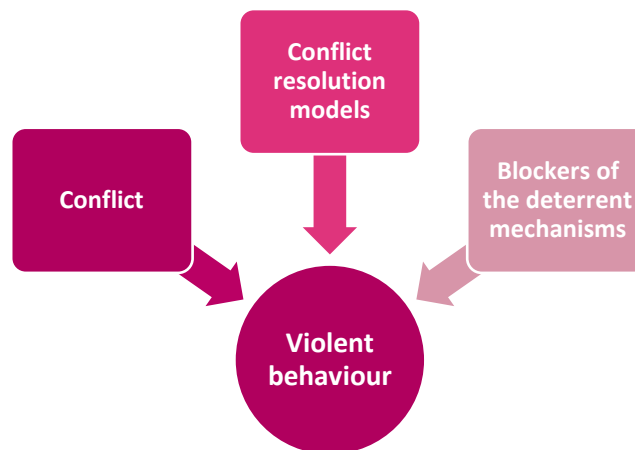
What is valid for the change of the gender roles in the "big" society in comparison with the "small" community, the same could be observed in the "big" society itself: perceptions of women started to change in Bulgarian community more than fifty years ago, while perceptions of children remain almost unchanged, despite the changes in the public policies in the last two decades. That is why violence is mixed with education even in the perceptions of some child-care professionals, and the lack of proper educational means makes the majority of parents to ramble between violence, inactivity and neglect. And also, that is the probable reason why child-protection experts could see and verbalise it clearly.

"These are fragile things and dynamic ones, every family, the family of a teenager is completely different family, isn't it? Quite new tasks are in front of a family with a teenager and people have to be flexible in a different way; but how to be flexible as what they received as a model of family relations is not, it is not adequate for our time." (Worker at crisis centre)

Causal mechanisms

The cautious analysis of opinions and experiences of different groups of respondents leads to the conclusion that no one of the described phenomena could be defined as a cause for DGBV, as is not able to cause a violent behaviour by itself, but only to enhance the probability for violent behaviour. For this reason, all of them should be defined as factors. We believe that DGBV is produced (caused) by a specific combination of three types of factors: factors representing some type of conflict, conflict resolution models that perpetrators follow, and factors that could block/neutralise the internal deterrent mechanisms of potential violators.

The factors connected with a conflict could be defined as the core ones, or the more important ones. They could be of different nature, but perpetrators and victims always represent opposite sides in the conflict. It could be a conflict between different perceptions of gender that could serve as a base for sexual violence and hate crimes against LGBTQ; could be a conflict between different perceptions of roles in the family; between contradictory economic interests; between economic needs and economic resources within the family; between the family status of perpetrators and their actual relationships within and outside the family, etc. that could light up a variety of types of domestic violence.



Although the conflict is significant prerequisite for violence, violence would not occur, if the individuals have abilities to manage the conflict in a non-violent way. If they lack conflict-resolution skills that could be a result from early marriages or from lack of proper education, or result of the influence of models of violence from the childhood or from the social environment, the individuals could step back, reacting with fear, or could react with aggression. And aggression increases into violence when internal deterrent mechanisms of the person are blocked for one or another reason, under the effect of alcohol and drugs, for instance, or just had never been built due to the socio-cultural background of extremely low level.

Factors and causes for re-victimisation

Socio-demographic characteristics of the victims

Similarly to the risk of victimisation, the risk of re-victimisation in cases of DGBV is also connected with some socio-demographic characteristics of the victims. However, when we try to find the reasons why the probability for some groups to suffer DGBV longer than others is higher, we could see that in fact other factors could be observed behind the socio-demographic characteristics.

It was already mentioned above that violence against children and especially domestic violence is hardly detected, and for this reason, children are unfortunately very vulnerable to repetitive and long-term violence. With very similar reasons, the elderly people are perceived from the interviewed professionals as vulnerable too: they do not only lose physical strength in the time, but also become dependent from their younger inheritors (who are in the same time the usual perpetrators) because of deteriorated health condition and worse social orientation. In cases of the both groups: children and elderly people, the real factor for re-victimisation is the lacking supportive environment.

In terms of gender, women are pointed again as more vulnerable than men and the main reason is their economic dependency during periods of pregnancy, birth giving and raising of young children.

By ethnicity, the situation of Roma and especially female Roma is brightly distinguished from those of other ethnic groups due to a combination of factors: outdated perceptions of family role models, poverty, extreme closeness of their communities plus significant discrimination and social exclusion they face. However, other communities with similar situations, like some Turkish communities, put their women and girls in the same circumstances. This combination of factors actually prevents victims to receive support and to build new independent live, and hence, is not due to the ethnicity itself.

Beside the age, gender and ethnicity identified by the interviewed professionals as important in terms of probability for victimisation, in terms of re-victimisation, the workers at crisis centres and the experiences shared by the interviewed victims pay attention also to the size of settlement where victims live; but again, this characteristic represents in fact other factors: lack of supportive environment and inadequacy of the institutional response.

Economic dependency

This factor is most frequently observed in cases of DV, when the perpetrator and the victim are in a partnership relations, but is detected also in cases when the relationships are of different type (between parents and their adult children, for instance), and also could be valid in cases of human trafficking and sexual exploitation. In these cases, victims bear violence within long periods of time, sometimes for years, because of actual or perceived lack of material resources to ensure the living-making of their own and their dependent relatives (and in the most cases these are their children). Among these resources, the most important are basically two: dwelling and a job, well-paid enough to sustain victims and dependent relatives; but they could be also connected with additional resources, as education and qualification, child care services, etc.

"Yes, but then a thought began that I will not manage alone with two children and then he found me and started: "Please, I love you, come back, it will not happen again" and such things, and I went back." (Adult victim)

Lack of supportive environment

The potential supportive environment for everyone is formed from the circles of people who are the most close to the person: close relatives, friends, colleagues, etc. and it could lack in three different manners. This environment could lack literally, when the person is raised in institutions, or when moved to live in another country or settlement. In almost all cases of this type encountered during the interviews with victims, perpetrators deliberately used or provoked these circumstances.

"Since we are in (the city) my husband dares to encroach, to insult me. Before, when we lived in (another city) there was no such thing." (Adult victim)

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The supportive environment could lack in fact, when the closest persons to victims are not able or not willing to provide support, or just are not aware of the need of support.

And the most dramatic lack that puts victims in the most vulnerable situation is the case when violators are just those people who are supposed to be part of the supportive environment: parents or other caregivers of children, or closest relatives or caregivers of dependent persons.

"From the small practice that I have here, those children who have been exploited, have been exploited by their own families. Here is a major obstacle - not to betray their parents: the way of thinking that is enshrined in their heads." (Worker at crisis centre)

Not only children but also adults could suffer from this type of lacking supporting environment. Two of the interviewed adult victims experienced some mental disorder or dysfunction that required attention and care from close relatives; but instead of care they "received" physical violence and economic abuse, and have been deprived of their children. For one of these two persons, economic abuse of her relatives exposed her to traffic for sexual exploitation.

Discrimination and social exclusion

The mentioned solidarity of victims with their families and their communities is assessed by the workers at crisis centres as essential for victims from Roma communities to suffer violence for years; but simultaneously, both workers at crisis centres and representatives of Roma communities stress the "other side of the coin": the discriminative attitudes towards Roma of the "big society" that additionally hamper the possibilities for them to build a new independent life. Added to the generally low levels of education and qualification, especially among Roma women, these attitudes do not leave chances for Roma victims.

"The daughter in law recently started at the Labour Bureau; then her colleague says: "There are jobs... Roma come, I give them a note and tell them to go to begin work at a respective factory. They take the note and say; well, the jobs are occupied, and return the note. I am tired of sending them and just when they see them as they are Roma, to return them, much discrimination. And you know, there are 100 vacant jobs, I sent 50 people and 50 were returned." (Woman, representative of Roma community)

Hypertrophied responsibility

As already described by numerous experts working with DGBV victims, many of them bear long-term violence because they feel responsibility for distorted relationships with perpetrators, and have the false perception that they are able to "restore things". This is very typical in cases when violence is committed within a partnership and partially the reason is that violators themselves make victims to perceive violence in this manner. This however is not the only reason. On the one hand, victims believe that everybody takes the responsibility for the choice of a partner. Furthermore, it is not accepted in the society to reveal partnership conflicts in front of others: "everything should remain within the family", "you must not show the dirty shirts out", etc. This point was especially accentuated during the discussion with women representatives of Roma communities. And when concealing of domestic violence is the norm, victims could easily believe that they are "a bad exception".

"The problems began as I think about it immediately, but because I lived in such a family, there was no such quarrels, I told myself that it cannot exist, cannot be such thing to be and still hoped it to end in some point because we still lived with my parents." (Adult victim)

On the other hand, victims who have children feel that they bear the whole responsibility of children's future and experience an insoluble moral dilemma: to keep the integrity of the family but allowing the children to grow up in the atmosphere of violence, or to leave the violent environment at the expense of a broken family. In fact, they could hardly realise that the family is already broken and they could not bear the responsibility for this situation.

"For four years I became guilty of everything - whether for the cards, whether for the weather, whether for the money, you do not know what else I should not do because I'd been the most stupid. For the whole life I figured out that I had not noticed it; he offended me before, but I was always telling my children that the family is at the first place - mother, father, this is fullness."

I'm afraid, one day the child to accuse me that I made a wrong decision, whatever it is. I mean if I divorce, to say "why you separated me from my father," for example, and if I stay to live with him and this violence continues, to tell me 'why have not you taken measures". (Adult victims)

Inadequate institutional response

The evidences both of children and adult victims, as well as the experiences of workers at crisis centres show that in almost all cases of repetitive or long-term violence victims have tried to alarm one or another public authority, but unfortunately, this brave action from their side was not able to prevent further violence. In the most of cases of adult victims they alarmed the police, but also other authorities as health carers, social workers, local authorities etc.; while in cases of children they most frequently alarmed school authorities, but also social workers and local authorities. In some of the cases the representatives of the given authority haven't taken any steps to prevent further violence: to inform other authorities, to inform or advice the victim where to seek help or to take measures they are obliged to take by law. In other cases, the respective officials followed their obligations, but

the provisions of law turned out as insufficient to prevent violence. After this negative experience, some victims continued to search for help and support although in single cases; but many of them just believed that it is impossible to stand against violence. The role of the institutional response will be analysed further in a separate chapter, but here we are giving just few examples to illustrate its importance for victims' destiny.

*"- Well, when you've gone to school before and had bruises, have someone paid attention?
- Well, yes, they asked me what had happened and how I feel and I told them everything, almost the whole school knows.
- For the teachers I speak, not so much for the children.
- Well, yes, and teachers, even the doctor at the school, the nurse know.
- But they have not previously filed any signals?
- No." (Child victim)*

"Once I was home in the village alone, two policemen came from the municipality to ask something for my papers because I am a foreigner and had something to register or for a passport. They came and because there was no one I told them that I have problems, but they said that I should come to the municipality. The village is small but there is a bigger city, municipal centre and I had to go there by bus and give some evidence for them to have a protocol to keep track. They said if I come there and all this is recorded, they would help me, but I never found a way to get there." (Adult victim)

Traumatic experience

Traumatic experience in the childhood (violence, death of relatives, accidents) could be connected with cases of two thirds of adult victims, and half of the child victims shared similar experiences preceding violence or abuse they suffered.

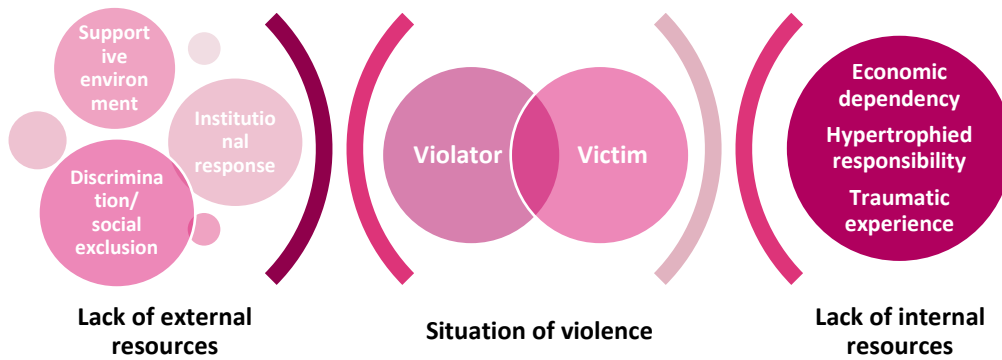
The traumatic experience in the childhood, expectedly, plays an important role as a factor of violence in the life of adult victims. The stories of the interviewed victims show that they do not simply comply with violent role models, but are not able to stand up against violence because lacked mechanisms of psychological resistance; they become somehow psychologically fragile. After experiencing some trauma the persons tend to perceive violence as the new inevitable occurrence they should survive in, something like a natural disaster; and not as something they are able to stand against. This is also valid for victims who had some traumatic experiences as very young adults: 19 or 20 years of age. Out of the 11 interviewed adult victims, one was raised in institution and has good memories of her childhood, but when experienced violence just after her turned 18, she lacked relatives and close persons to seek support from, and this was the main factor for her to experience violence for the next 15 years. Three victims suffered physical violence from parents as children. One of them perceives it as a normal "punishment" for her mischievous behaviour; one experienced violence in single cases, and one experienced it on a regular basis for few years in her teenage period. Two of adult victims have witnessed scandals between parents, and one witnessed physical violence. One of adult interviewees has not a subjective feeling of trauma, but remembers her childhood with the atmosphere of submission, when she, unlike her mates, was obliged to strictly follow all orders of her father. The traumatic experience is not always connected with violence. One adult victim experienced the deaths of her mother and grandmother between the age of 16 and 19, followed by second marriage of her father and actual loss of all close relatives. Only four of the eleven adult victims haven't shared any traumatic experiences in their childhoods.

Similar mechanisms could be observed in cases of child victims as well: half of the interviewed children shared one or another type of traumatic experience that preceded violence or abuse they suffered before being placed in the crisis centres: death of parents or other close relatives, vanished siblings, or violence of different types.

Re-victimisation mechanism

All re-victimisation factors described above actually represent either lack of internal or of external resources that victims might use to break violence. When both types of resources lack, the victim is practically not able to unlock violence trap.

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SCALES AND PREVALENCE: THE MOST AFFECTED OR THE MOST OPEN?

Within the problematic circle of **DGBV forms**, the study paid attention to the **prevalence** (what parts of the different social groups it affects) **and scales** (how frequently and how seriously it affects the lives of the victims) through the information gathered from the general population, the evidence of Roma women and girls, and the evaluations of experts directly involved in counteraction of DGBV.

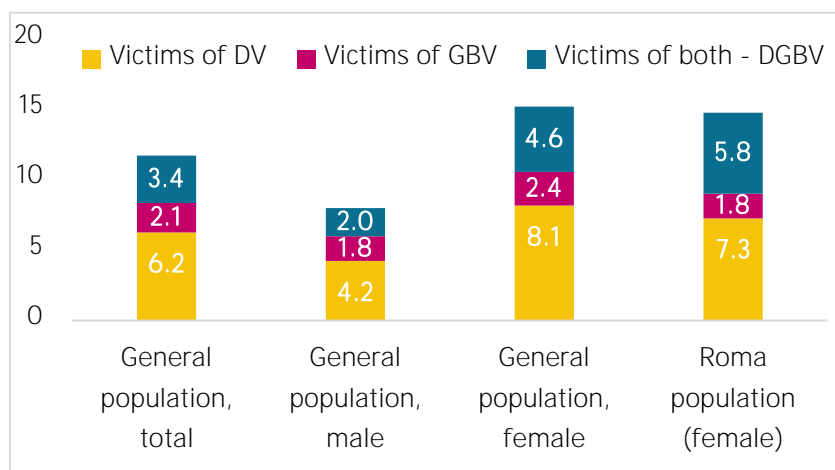
The current study confirms the hypothesis that DV and GBV are phenomena with higher levels of concealing and unawareness, not only by the side of perpetrators but also by victims, and some evidences supporting this hypothesis will be given further. For this reason, all figures provided below do not represent real shares of victims and of perpetrators, but only of those people who at first place have recognised themselves in these roles, and at the second place, were willing to share these facts. Or in other words, what the study measured in fact is the understanding of DGBV of the contemporary Bulgarian society and its readiness to verbalise these issues.

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General prevalence and incidence rates

Asked directly if they ever had become victims in their lifetimes, only one of ten people among the general population states that he or she went through domestic violence, and one of eighteen stated that they have experienced gender-based violence. As expected, women among the general population twice more frequently self-report themselves as victims than men, both in terms of DV and GBV.

Figure 1 Lifetime DGBV victims: direct self-reporting, %

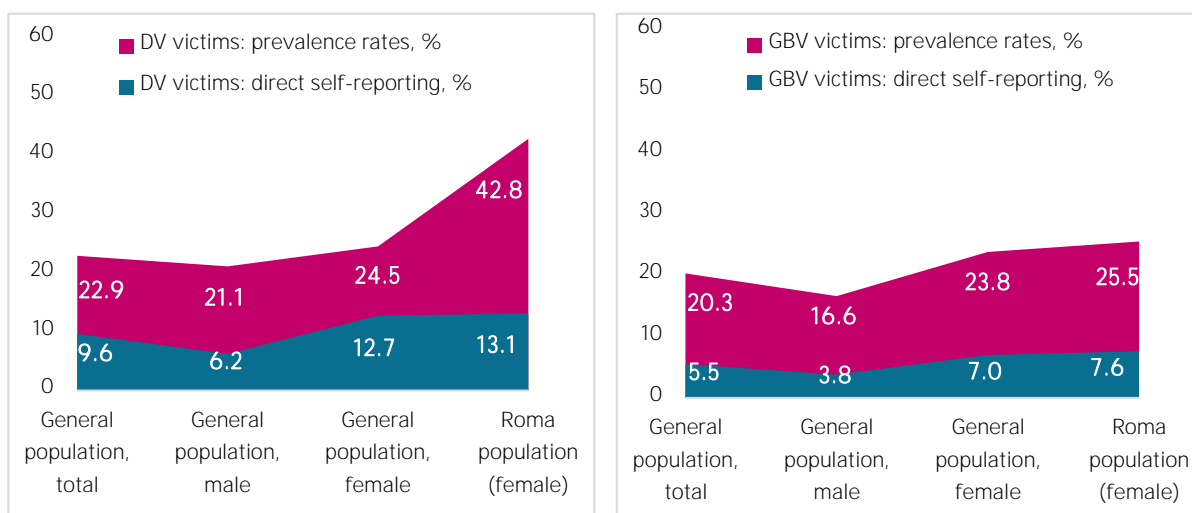


Base: General population aged 15+, N=2503 (male N=1209 and female=1294); Roma females aged 15+, N=400.

Direct self-reporting, however, is very much dependent on whether the person is aware that some events actually represent violent acts; and this is well demonstrated through the comparison between direct self-reporting and reporting of different types of experiences representing DV and/or GBV (prevalence rates). According the comparison of these two types of reporting (Figure 2), the

population in Bulgaria is in a great extent unaware of the complexity of DV and GBV and the variety of forms they could have. In many cases, DV is equalised to physical violence, and GBV – to sexual violence. In average, among the general population, the victimisation in DV is directly reported nearly two times and a half less frequently than are reported the experiences representing DV; and the victimisation in GBV is more than three and a half times less frequently directly reported.

Figure 2 Reporting gap in DGBV victimisation by gender and ethnicity

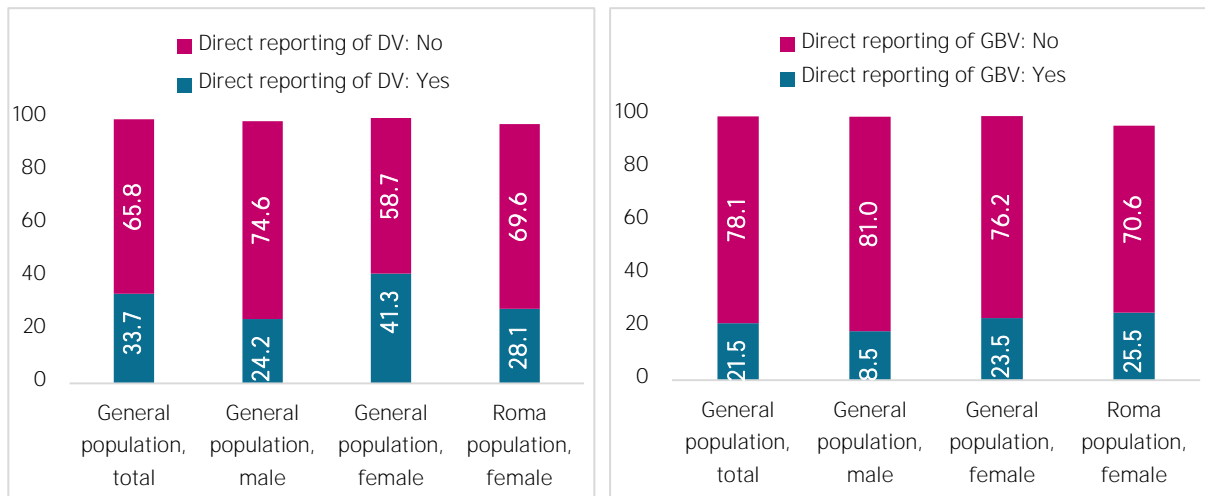


Base: General population aged 15+, N=2503 (male N=1209 and female=1294); Roma females aged 15+, N=400.

The levels of awareness illustrated by the reporting gap vary by gender and ethnicity. Among the general population, men demonstrate higher gap (and lower awareness, respectively) than women. While direct reporting of men is about three and a half times lower than the prevalence rate in terms of DV and four and a half times lower in terms of GBV, the difference among women is two times and three and a half times respectively. By ethnicity, difference is observed only in reporting of DV victimisation. Although direct reporting of DV victimisation among Roma women and girls is very close to those of women and girls among the general population, their prevalence rate is higher with 18 percentage points. It also worth noting that unlike the situation with the DV rates the GBV prevalence rates are almost equal for Roma women and girls and those among the general population. As demonstrated further in this chapter, this is due to the fact that some types of GBV are less widespread in close communities as Roma ones.

When the two indicators are crossed, it is clearly seen that people generally are not aware that what they have experienced is actually DV or GBV. However, there are some significant differences by gender and ethnicity, on the one hand, and in terms of the two types of violence (DV or GBV), on other. Generally, awareness of GBV victimisation is lower than awareness of DV victimisation, and among the general population this trend is more clearly manifested than among Roma females. About two thirds of people among the general population who reported experiences as victims in at least one DV form, respond negatively to the direct question whether they have ever become victims of DGBV. However, the awareness/unawareness is very different among male and female victims.

Figure 3 Awareness of DV and GBV victimisation: % of respondents reported DV/GBV experience



Base: General population aged 15+, N=2503 (male N=1209 and female=1294); Roma females aged 15+, N=400.

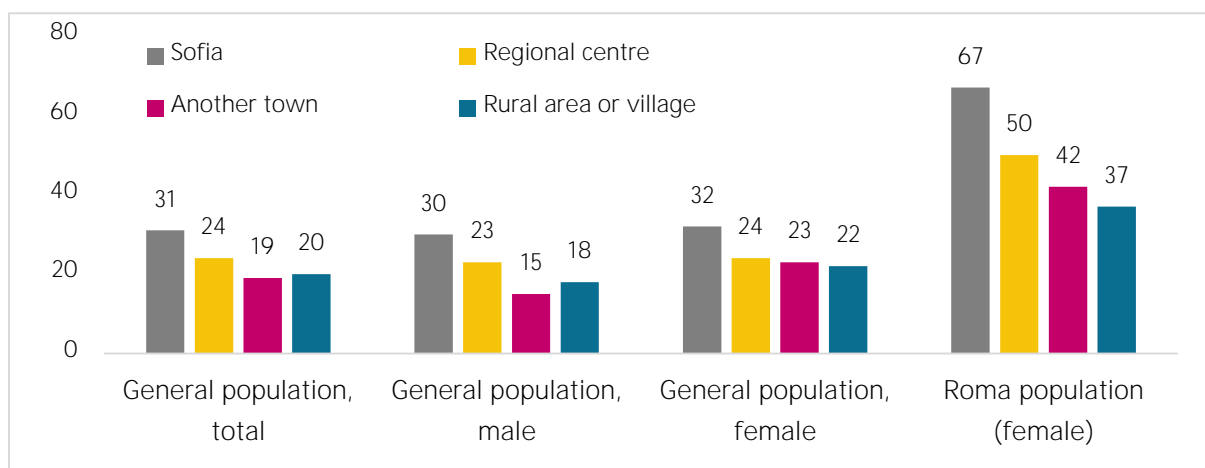
If only a quarter of male DV victims realise their situation, among female DV victims this share is 41 %. Simultaneously, the level of awareness of Roma DV victims is closer to those of men among the general population: about 28 %. This pattern is also observed by workers at crisis centres:

"In Roma ethnicity I would say that there is another problem - for them domestic violence does not exist ... According to them it is normal - that they beat each other that quarrel that married children of a childhood of them, is culture." (Worker at crisis centre)

The awareness levels of GBV victimisation are even lower. Less than one of every 10 male victims realised that they actually suffered GBV, and less than a quarter of female victims among the general population. However, among Roma females, the awareness of GBV victimisation is even slightly higher than those among females in general population: 25.5 % compared to 23.5 %.

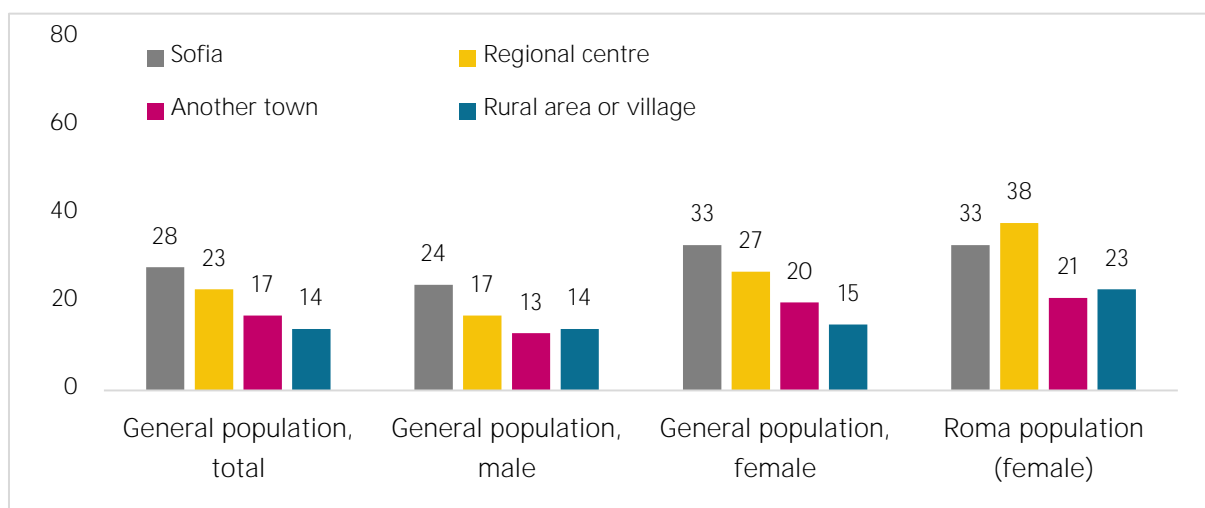
However, not only the (un)awareness could be a cause for non-reporting of DGBV victimisation. As described in the previous chapter, many people, for instance, could feel discomfort or shame to share what they have suffered. In fact, three main factors influence the reporting: real occurrence, awareness of the occurrence as violence, and willingness to share it with the researchers. The prevalence DGBV rates by type of settlement provide a good illustration of this idea. Both DV and GBV prevalence rates are higher in the big cities in comparison with the smaller settlements, but not because the occurrence of DGBV cases is higher. The abundance of information through different channels and campaigns that is present in the big cities could hardly reach the remaining parts of the country, and hence, the levels of awareness are very different. Also, the great majority of organisations providing consultation and support are based in regional centres as well; and their activity helps many people to overcome the reluctance for sharing.

Figure 4 DV victims by settlement type: prevalence, %



Base: General population aged 15+, N=2503 (male N=1209 and female=1294); Roma females aged 15+, N=400.

Figure 5 GBV victims by settlement type: prevalence, %



Base: General population aged 15+, N=2503 (male N=1209 and female=1294); Roma females aged 15+, N=400.

Figure 4 and Figure 5 also show higher rates for Roma women and girls in comparison with females among the general population, especially in respect of DV. According the experiences of some workers at the crisis centres, the disproportional presence of Roma in their facilities is due to the simultaneous action of two factors: higher occurrence of DGBV in Roma communities and lack of deterrence to share with helping institutions and organisations (see also pp.15-23).

"They say "with us, it is so." (Worker at crisis centre)

Other workers at crisis centres however claim that Roma are more closed than Bulgarian women in respect of domestic violence. This statement is also confirmed by Roma women during the discussion with them.

"Roma would not come and complain - they are united, endure violence and do not share." (Worker at crisis centre)

"- ... But if you go back then what is the situation? Again the same or may be worse. So they stay and are silent.

- Either silent, or divorced. There are two options.

- Well here, I tell this now to you, but never told the people. For the first time I say this thing now." (Women representatives of Roma communities)

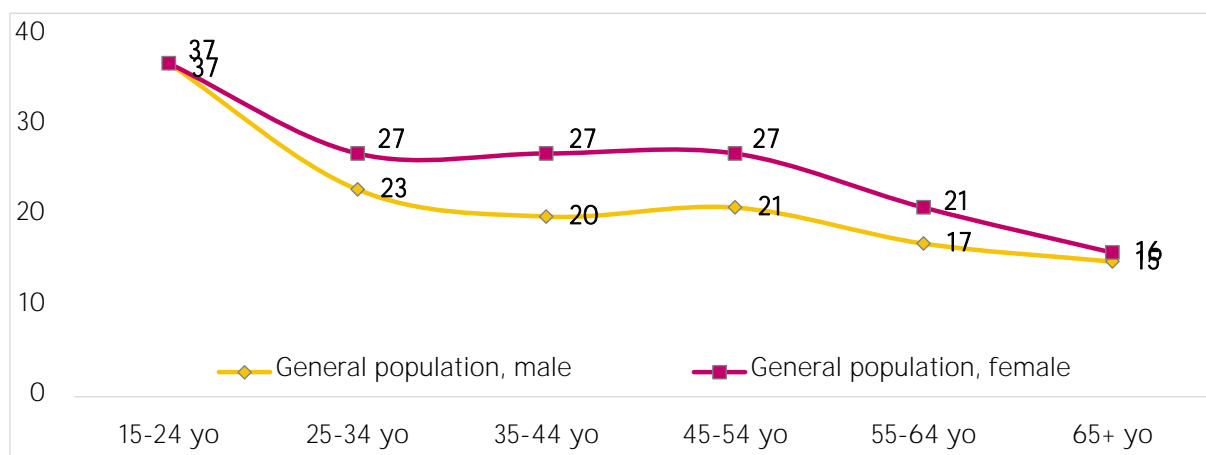
The comparison of DV and GBV prevalence rates between different generations also puts at question whether the reporting of violence represents the "real picture". In principle, it is expected that as older the person is, the higher is the probability for them to have faced violence during their lifetime. However, the results for the general population show, both for women and for men, that prevalence rates are the highest in the youngest age group, then drop and remain stable among the generations from the mature age, and then again decrease between 55 and 65 years of age (Figure 6 and Figure 7). The only significant difference between the DV and the GBV prevalence rates is that the "gap" between women and men in the case of GBV is bigger. Again, men could be in fact less victimised than women in comparison with DV, but could also be less willing to share that have become victims of gender violence.

This trend does not obligatory mean that levels of DGBV in our society have increased in the last decades. On the one hand, memories of experienced violence, especially in cases when it did not cause serious consequences for the victims, could fade in time; elderly people could feel greater discomfort to discuss these issues; and their perceptions of violence are probably different than those of the young people nowadays. It was already mentioned that physical punishment of children is still perceived as an "educational" method, but for sure it is valid in greater extent for the oldest generations. In opposite, young people are nowadays more sensitive when it comes to their rights and hence, could be more sensitive if had experienced wrong "education" in their childhood and less inclined to perceive it as their own fault.

Nevertheless, the hypothesis that levels of DGBV in society increased in comparison with 30, 40 or 50 years ago, should not be underestimated. As discussed before, some workers at crisis centres state that violence in the society increases, becomes a norm, and contributes to the increase of violence at home. Other part of this group of respondents oppose that violence is the same, just the perceptions and the reactions of violence change. And a third part are not sure, but still remain pessimistic:

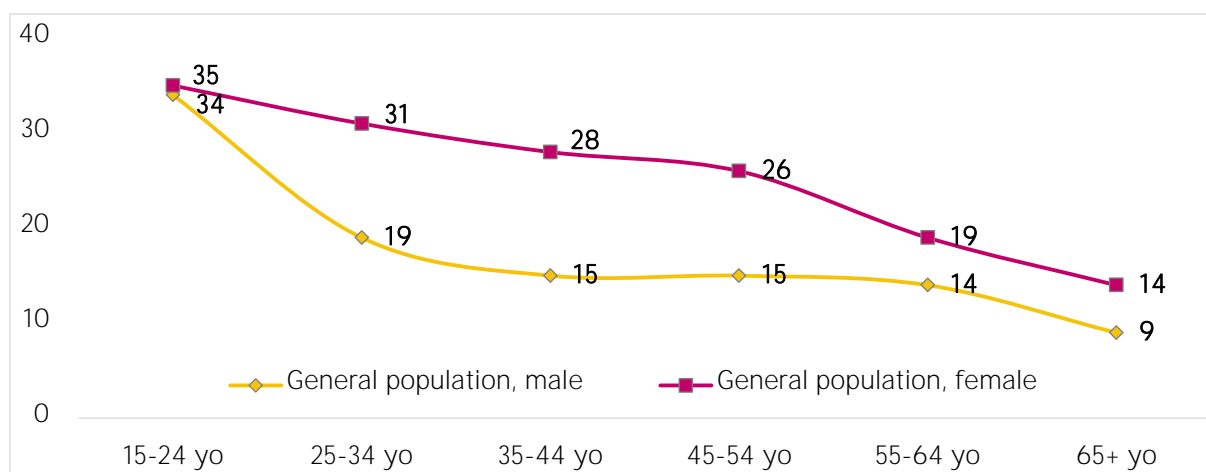
"My impression is that violence does not decrease." (Worker at crisis centre)

Figure 6 Age profile of DV victims by gender: prevalence, %



Base: General population aged 15+, N=2503 (male N=1209 and female=1294).

Figure 7 Age profile of GBV victims by gender: prevalence, %



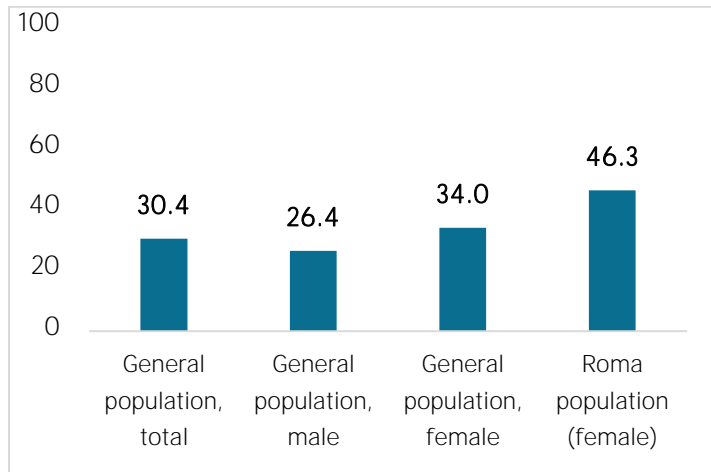
Base: General population aged 15+, N=2503 (male N=1209 and female=1294).

The majority of police officers and social workers participated in the survey (67 and 72 % respectively) are unanimous that the number of those who suffered from domestic violence increased in recent years. In terms of gender-based violence, these two groups are divided in their opinions, just like the workers at crisis centres. However, some respondents provided additional comments that the increased number is not due to the increased share of victims in society, but to the improved work of the institutions resulting in better recording and higher share of victims who seek the authorities.

Furthermore, some types of violence could be simultaneously domestic and gender-based. In order to get as realistic picture of DGBV prevalence as possible we combined both types of violence in one total coefficient. According to this combined self-reporting, a quarter of the males and a third of the females aged 15 years or more, but near a half of the Roma females aged 15 and over reported some experience as victims of DGBV (Figure 8). These figures are in parallel with the estimations of the workers at crisis centres:

"Every second or third family is affected." (Worker at crisis centre)

Figure 8 Victims of DGBV: combined prevalence rates, %



Base: General population aged 15+, N=2503 (male N=1209 and female=1294); Roma females aged 15+, N=400.

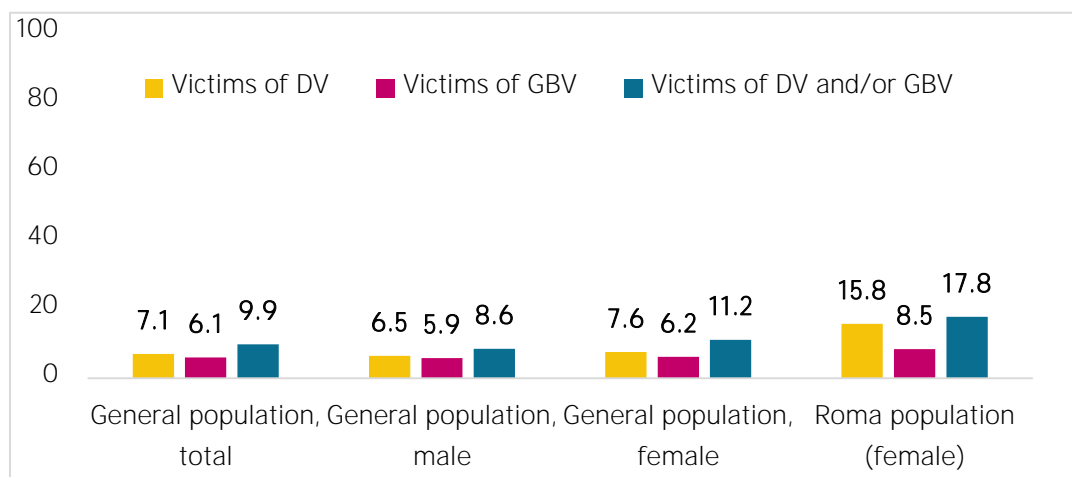
Unfortunately, it could be hardly estimated what the scale of underestimation of the real DGBV prevalence among the general population is. The differences in reporting of DV among Roma women and girls from the different types of settlements, however, and the prevalence rate in the capital in particular (Figure 4), give a notion that the real average prevalence rate could be underestimated by one third or more.

The study also made an attempt to explore the prevalence of DGBV among children. The respondents in whose households live children below the age 15 years were asked whether one or more of them ever witnessed or directly experienced actions connected with all main types of violence. According to the statements of the respondents from the general population, in about 3 % of the households with children up to 14 years of age some of them became victims at least once in their lifetimes. Simultaneously, the respective share based on the answers of Roma women and girls is nearly 12 %. But does it mean that the difference in victimisation of Roma children compared to children as a whole is several times greater than for adults? Or, in other words, does it mean that Roma children are victimised several times more frequently than Roma women and girls? Other indirect data from the study gives rather negative answer to this question. Prevalence rates for both DV and GBV among the youngest age group of Roma females: 15-19 years of age, that includes children and also is most close in the time to the experiences in the childhood, are lower than the average for Roma females. On the other hand, young people between 15 and 17 years who participated in the survey have been asked whether they have ever witnessed actions representing the main types of domestic violence, and about 17 % of them gave a positive answer. This could only mean that the share of households with children up to 15 years who either witnessed or directly suffered violence is largely underreported.

If prevalence rates give an idea how many people have ever become victims of DGBV, or at least how many report it, incidence rates do so for a specific period of time. Figure 9 represents DGBV

incidence rates for the last 12 months preceding the survey based on the shared experiences of the most recent cases. According to these experiences, DGBV affects at least one out of ten people among the general population annually, with share of women of about a quarter higher than those of men. Simultaneously, each one out of six Roma women and girls reported DGBV victimisation in the last 12 months that is nearly 60 % more than among females from the general population.

Figure 9 Victims of DGBV: past year incidence rates, %

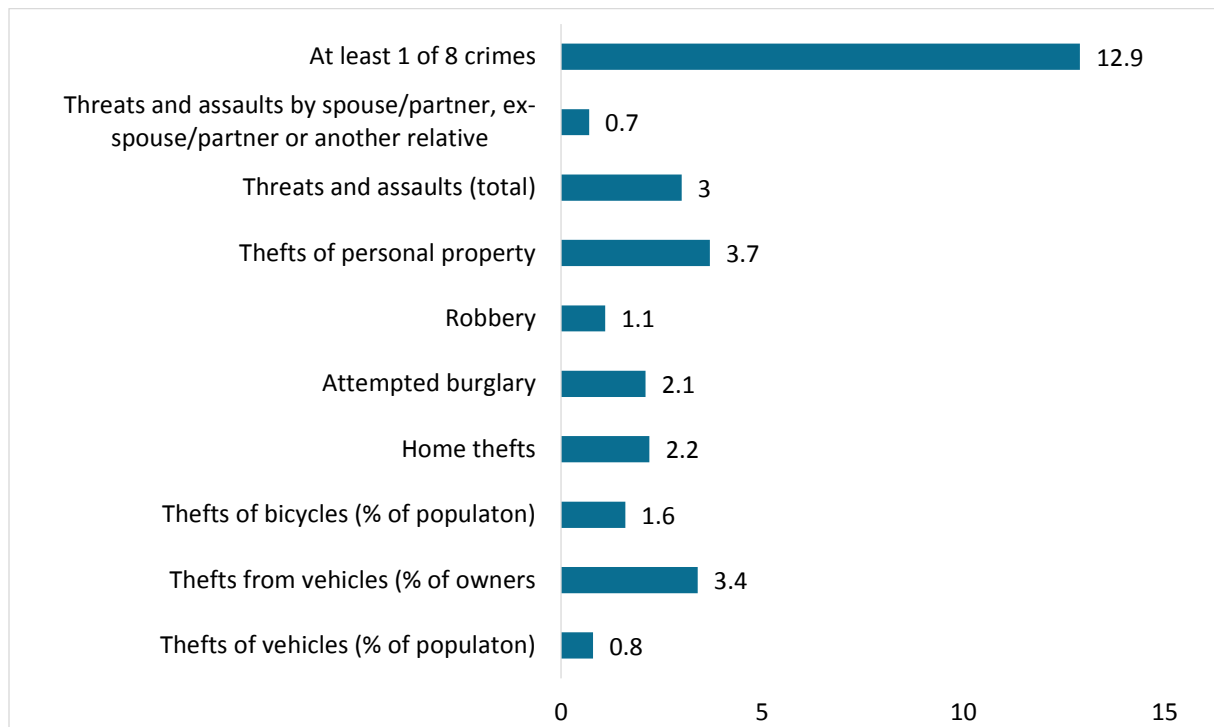


Base: General population aged 15+, N=2503 (male N=1209 and female=1294); Roma females aged 15+, N=400.

In order to assess whether these figures are big or not, or in other words, to assess the social importance of the DV and GBV phenomena, the study made a parallel between DGBV incidence rates and incidence rates for the eight most widespread crimes against the person and against the property. As Figure 10 shows, nearly 13 % of the population aged 15 years and above suffered at least one of the most widespread crimes in 2015.

Although, similarly to DGBV cases, these types of crimes are not always reported to authorities, the gap between those who reported in surveys and those who actually suffered is not expected to be significant (unlike DGBV cases); and the reason is the far more sensitive nature of DGBV phenomena. That is why the incidence DGBV rates of one and the same scale with the incidence crime rates mean that we should expect bigger parts of society to be affected in fact.

Figure 10 Victims of some types of crimes: past year incidence rates (2015), %

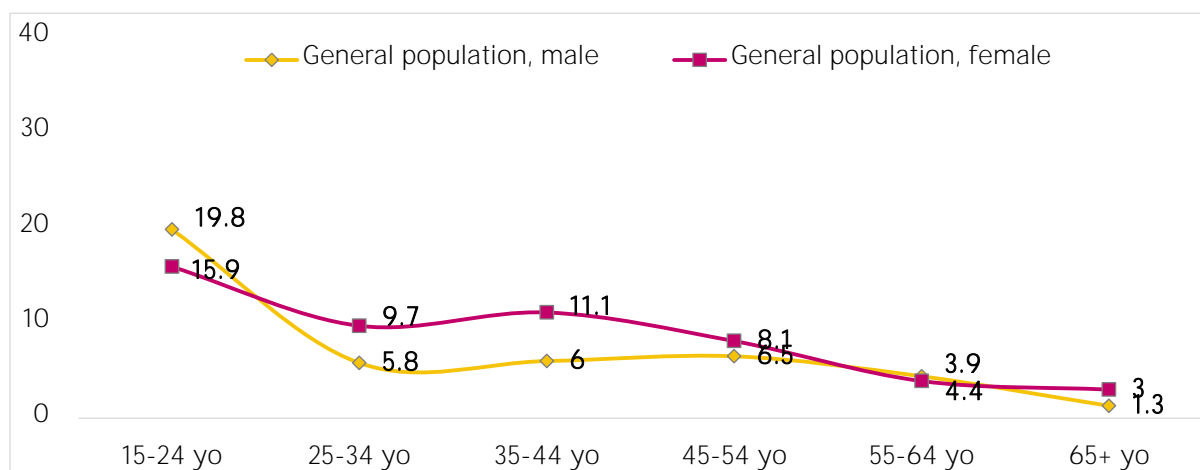


Base: General population aged 15+, N=2503.

The comparison of incidence rates by age and gender generally show smaller differences between women and men; and this could be again a demonstration of how perceptions of DGBV acts and the willingness to share DGBV experience could influence the results. Among those who already agreed to share their DGBV experiences, women are more vulnerable than men in their mature age: between 25 and 44 years in cases of domestic violence, just like some workers at crisis centres estimate (see p. 15), and between 35 and 54 years, in cases of gender-based violence (Figure 11 and Figure 12). The smaller differences between women and men in comparison with prevalence rates are indirect indicator that among men, the proportion of hidden DGBV victims could be higher than those among women; or in other words, that men are more inclined to conceal their victimisation. This means that the real difference between the shares of male and female victims could be smaller than prevalence rates show.

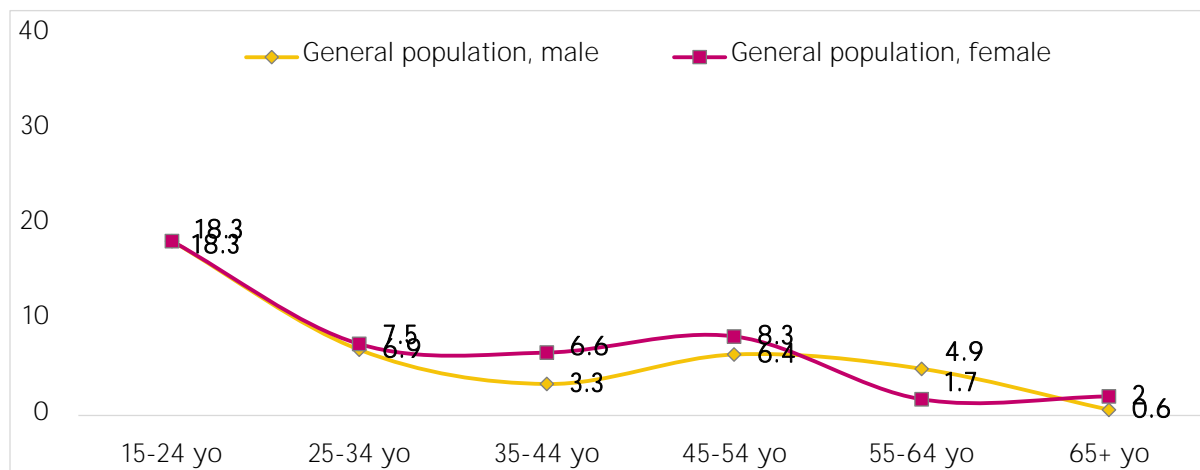
The vulnerability is however measured not only through the fact whether the person had become a victim or not (in their lifetime or within a specific period). It is also very important what the scales of violence are. This could be measured through the extent of multiplicity of violence: how many forms and types of violence the victim has suffered; as well as through the level of re-victimisation: how many times the victim experienced violence.

Figure 11 Age profile of DV victims by gender: incidence rates, past year, %



Base: General population aged 15+, N=2503 (male N=1209 and female=1294).

Figure 12 Age profile of GBV victims by gender: incidence rates, past year, %



Base: General population aged 15+, N=2503 (male N=1209 and female=1294).

The interviewed workers at crisis centres state that practically all adult victims of DV placed in their facilities have experienced at least two types: physical and psychological violence. Although victims usually avoid comments on this issue, sexual violence is also suspected in the great majority of cases. And the share of those who in addition suffered economic violence and/or controlling behaviour is estimated at 40 % and above. The same applies for adult and child victims of gender violence, as usually those of them placed in crisis centres suffered the most aggravated forms: sexual violence, abuse or trafficking for sexual exploitation. Some workers at facilities for children suspect that even when the child is a victim of neglect, he or she had actually suffered other forms of violence as well.

"There are psychological in each, in each physical violence always has a psychological as well, with which we have worked."

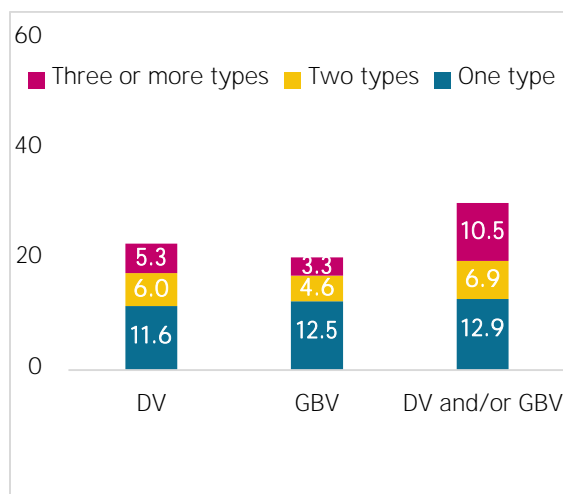
"Most often this is it: neglect or negligence, but it is usually coupled with physical violence, i.e. assuming that such a child is wandering the streets, we recently had such a case, is wandering the streets, but in the family something happens to wander child on the streets, something happens, yes, there is violence in the family, except severe neglect, there is beating, as they say, there is beating in combination."

(Workers at crisis centres)

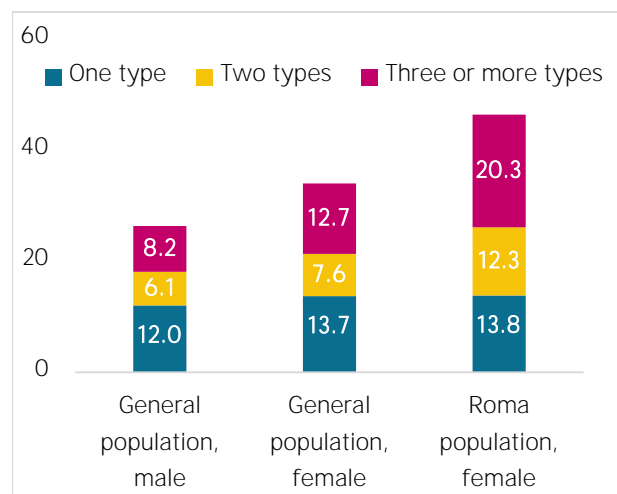
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However, only cases of the most complex and heavy forms of violence, when victims could not manage the situation with their own resources reach the crisis centres; and the observations of professionals working there are connected namely with this type of cases. More complete picture of the multiplicity of experienced violence is provided by the results of the surveys among the general population and among Roma women and girls. Nearly half of the DV victims and 39 % of the GBV victims among the general population reported experience in more than one type of the respective violence; and generally among all DGBV victims in the general population, 57 % reported experience in more than one type of DV and/or GBV (Figure 13). Also, the multiplicity of violence does not equally affect all socio-demographic groups. Among the general population, women are slightly more affected than men (60 % compared to 54 % respectively); and Roma women and girls are more affected than those among the general population (70 %).

Figure 13 Multiplicity of the experienced DGBV: prevalence, %



Base: General population aged 15+, N=2503.

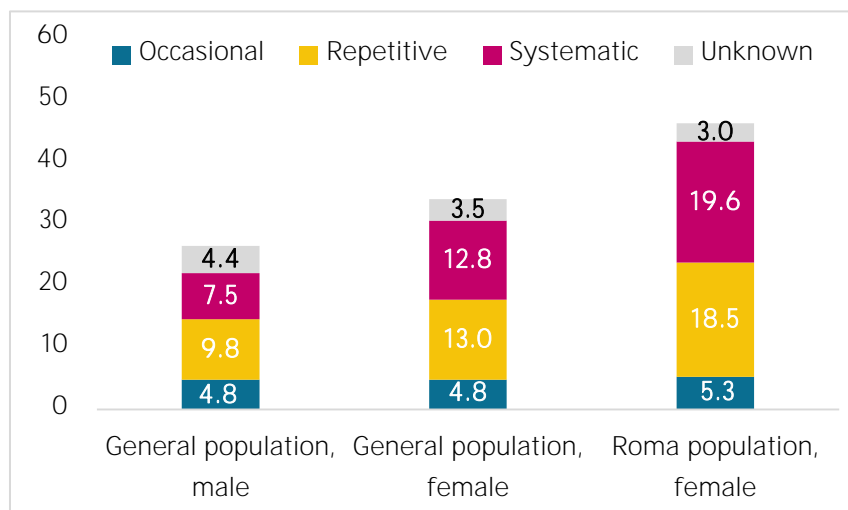


Base: General population aged 15+, N=2503 (male N=1209 and female=1294); Roma females aged 15+, N=400.

Similar differences are observed in terms of re-victimisation level; however, re-victimisation is far more widespread than the multiplicity of experienced violence. Victims who experienced repetitive violence – e.g. experienced one and the same subtype of violence at least two and not more than 10 times, do not vary substantially by gender and ethnicity. They compound at least 37 % of males among the general population, at least 38 % of females among the general population, and at least

40 % of Roma females (Figure 14). Victims who suffered systematic violence, however: those who experienced one and the same subtype more than 10 times – represent very different shares among the main observed groups. If they compound a fifth of the male victims among the general population, the respective share of females among the general population is one third, and among Roma females it reaches a half.

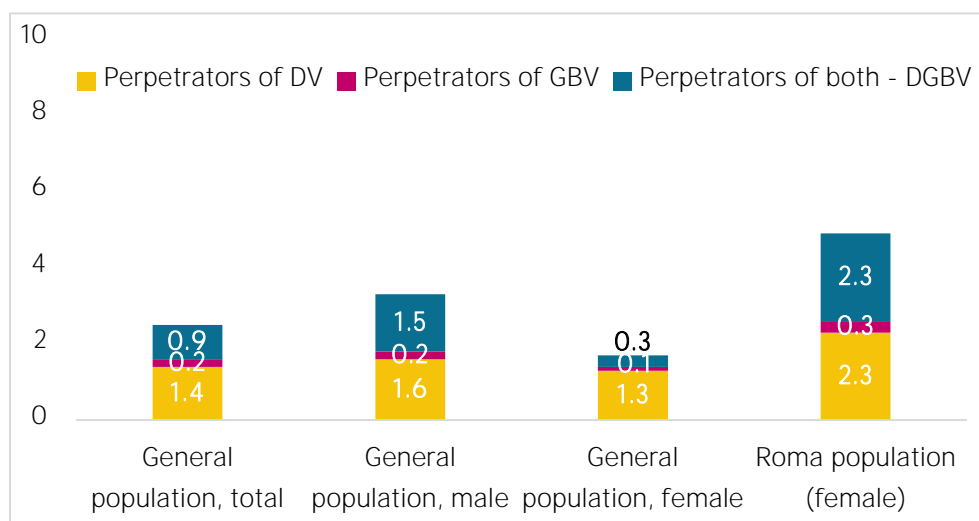
Figure 14 DGBV re-victimisation level: prevalence, %



Base: General population aged 15+, N=2503 (male N=1209 and female=1294); Roma females aged 15+, N=400.

Generally, the commitment of DGBV is a far more socially unacceptable action than the experience of DGBV as a victim. Simultaneously, all considerations regarding the awareness of the nature of DGBV acts remain valid. For this reason, the data of self-reporting as a DGBV perpetrator should be treated with even more caution than the data of self-reported victimisation.

Figure 15 Lifetime DGBV perpetrators: direct self-reporting, %



Base: General population aged 15+, N=2503 (male N=1209 and female=1294); Roma females aged 15+, N=400.

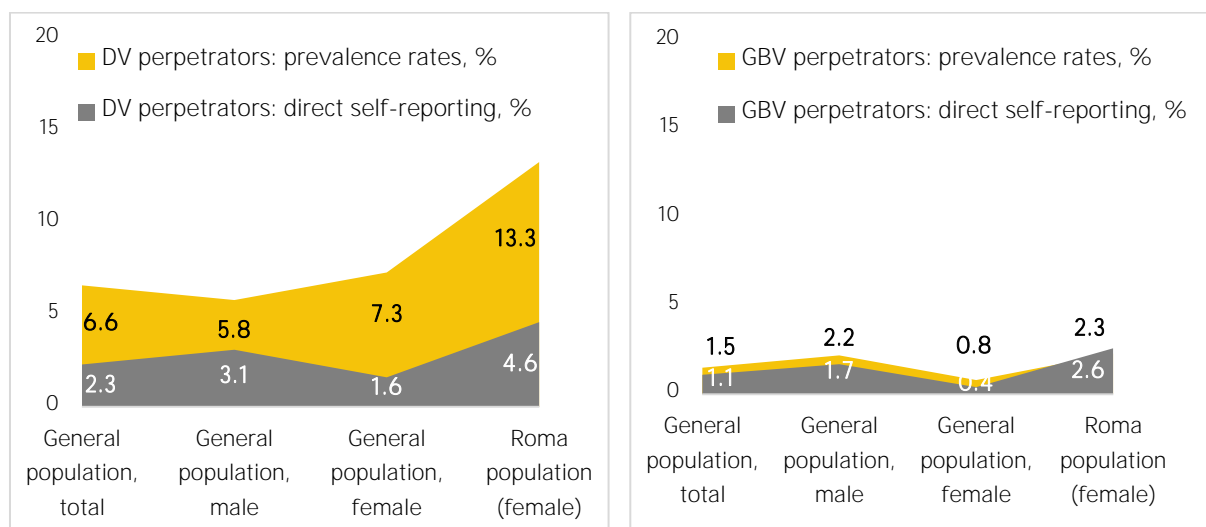
With this background, it is not unexpected that less than 3 % of the general population directly admit that they committed DV and/or GBV during their lifetime (Figure 15). It is also expected that women among the general population directly self-report perpetration less frequently than men, and the gender difference is most substantial among perpetrators of both DV and GBV. What was not preliminary expected, but is fully in line with the statements of the representatives of Roma communities, is the fact that the share of Roma females who directly admitted DV/ GBV perpetration is even higher than those of men among the general population. This is especially valid for the perpetration of domestic violence, as well as perpetrators of both types: of DV and GBV.

During the discussion with Roma women, they talked about cases of women beating their spouses with a bit high spirits and laughter, and even with concealed approval. It seemed like they perceive these cases as revenge, as a deserved punishment for all suffering of women, and as a kind of empowerment and retrieving of women's dignity.

"So she was a very strong woman, my mother in law. God bless her, my mother in law was strong, and as a child as a tomboy. Wrong sex, as people say. When he sort of jiggle at times, cheated, and she was hitting him, hitting strongly." (Woman, representatives of Roma community)

The reporting gap in terms of perpetration (the difference between direct self-reporting and prevalence rates – the reporting of specific experiences) is not as big as those in terms of victimisation; and the reason is just the social unacceptability: regardless whether some actions are aware as representing DGBV or not, they still remain morally reprehensible and hence, undesired for sharing. It is especially valid for the self-reporting of GBV perpetration where reporting gap does almost not exist (Figure 16). In terms of DV, there are some interesting and definitely not expected results. The prevalence perpetration rate for women among the general population is higher than those for men, but the reporting gap for women is almost double in comparison with those for men. This could mean that among women the level of awareness of the variety of DV forms is lower. However, simultaneously, the reporting gap for Roma women is smaller than for women in the general population (with prevalence rate 2.9 bigger than the direct self-reporting, compared to prevalence rate for women in the general population 4.5 times bigger). One possible explanation could be the fact that Roma women have fewer barriers to admit DGBV perpetration, and it is very realistic in the light of the attitude demonstrated during the group discussion with Roma women. Another explanation could be the widespread wrong perception in society that only men could be perpetrators of DGBV, and women could be only victims.

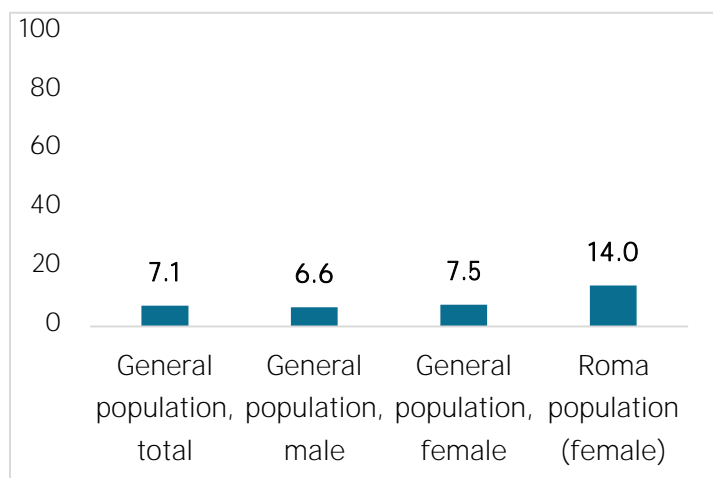
Figure 16 Reporting gap in DGBV perpetration by gender and ethnicity



Base: General population aged 15+, N=2503 (male N=1209 and female=1294); Roma females aged 15+, N=400.

When both types of violence: DV and GBV are combined, it could be observed that the share of self-reported perpetrators among Roma women is more than double of those for women in the general population. We believe that this is a combined effect of the environment: the higher level of violence in Roma communities, and the above-discussed difference in barriers to share this type of experiences. The fact that the share of women among the general population who admitted experience as DGBV perpetrators is even a bit higher than those of men (7.5 % compared to 6.6 % respectively - Figure 17) also deserves a special attention. In the light of the information from different sources and groups of respondents, that women are generally more vulnerable to DGBV than men, these figures represent in fact the more significant inclination of men to conceal their experience as perpetrators.

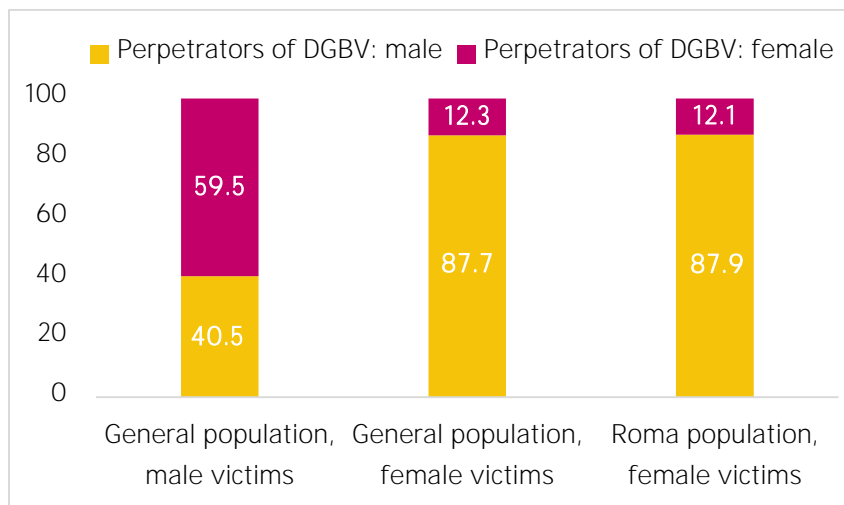
Figure 17 Perpetrators of DGBV: combined prevalence rates, %



Base: General population aged 15+, N=2503 (male N=1209 and female=1294); Roma females aged 15+, N=400.

In this situation, when social unacceptance of DGBV perpetration significantly distorts the information from potential perpetrators, the information coming from victims is more reliable. When experiences of victims for the last incidents of every type of DGBV that they reported are summarised, it could be clearly seen that both Roma women and women in the general population had suffered mainly from male perpetrators (by 88 % from both groups - Figure 18). Nevertheless, the share of cases when women suffered from women should not be disparaged. Male victims among the general population also suffered predominantly from representatives of the other gender; but the share of cases with the same-gender perpetrators is three and a half times higher than in the cases with women victims.

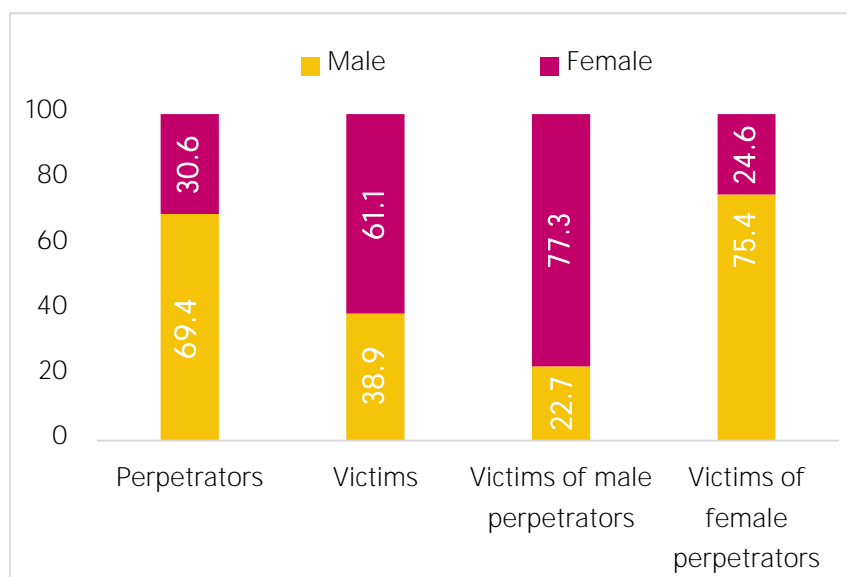
Figure 18 Victimization in the last DGBV incidents by gender of perpetrators: % of cases



Base: 1105 DGBV incidents with general population male victims, 1738 DGBV incidents with general population female victims, 867 DGBV incidents with Roma population female victims

Still, this data does not give enough information about the gender ratio of perpetrators. In order to get it, we calculated shares of victims and of perpetrators of all most recent cases reported by the respondents (Figure 19). Based on the evidence of people who admitted experience in at least one subtype of DGBV among the general population, nearly 70 % of perpetrators are men, and almost a third are women. Among victims the gender ratio is reverse: about 61 % are women, and 39 % are men. This data provide more solid proof of the hypothesis that women are more vulnerable than men in terms of DGBV, despite of the probability the share of the real victims who concealed their experiences to be higher among men. Simultaneously, the share of male victims is quite substantial: it practically means that four out of ten DGBV victims aged 15 years or over are male. Focusing on the female vulnerability only, would mean that we more and more move away from understanding of DGBV phenomena.

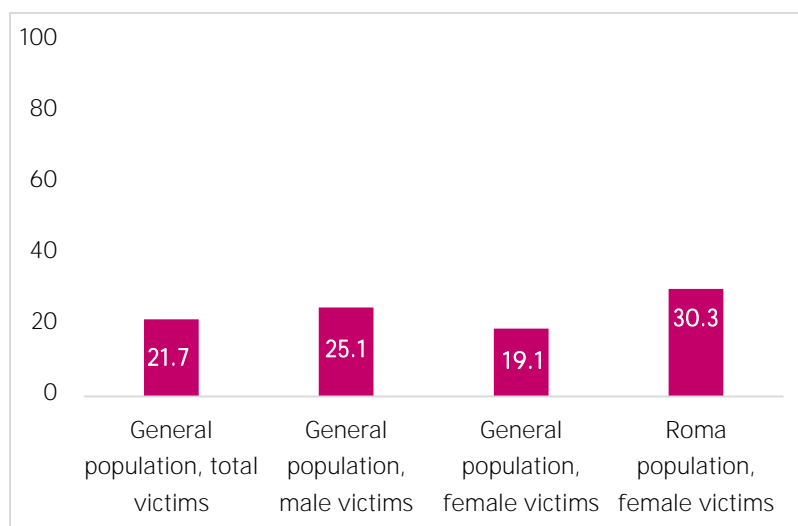
Figure 19 Perpetration of the last DGBV incidents: % of cases



Base: 1105 DGBV incidents with general population male victims, 1738 DGBV incidents with general population female victims, 867 DGBV incidents with Roma population female victims

The analysis of the information for the most recent cases of DGBV also shows that three quarters of both female and of male perpetrators direct their actions towards the other gender. This could mean that gender conflicts, or conflicts between different perceptions of gender could be the reason not only for GBV but also for a substantial share of DV.

Figure 20 Share of perpetrators among the victims, %



Base: General population aged 15+, N=2503 (male N=1209 and female=1294); Roma females aged 15+, N=400.

DGBV obviously is not a one-side process. It is already a long time since the analysts of violence state that violence creates violence. This is also confirmed by the current study and the confirmation comes from several different sources. On the one hand, 82 % of perpetrators among the general population

have experienced at least one subtype of DGBV in their lifetimes. One out of five female victims among the general population, one out of four male victims and almost one out of three Roma female victims admitted perpetration of DGBV (Figure 20).

During discussions with representatives of Roma communities, participants also shared their belief that children of violent parents repeat their behaviour as adults. And last, but not least, part of the interviewed adult victims see the reason for violence against them in the childhood of perpetrators:

"Old people still complain to anyone, while children harbour all and then grow as they become ferocious, aggressive." (Woman, representative of Roma community)

"- Why do you think he did that?"

- In my personal opinion, because he had been abused by his sister as a child." (Adult victim)

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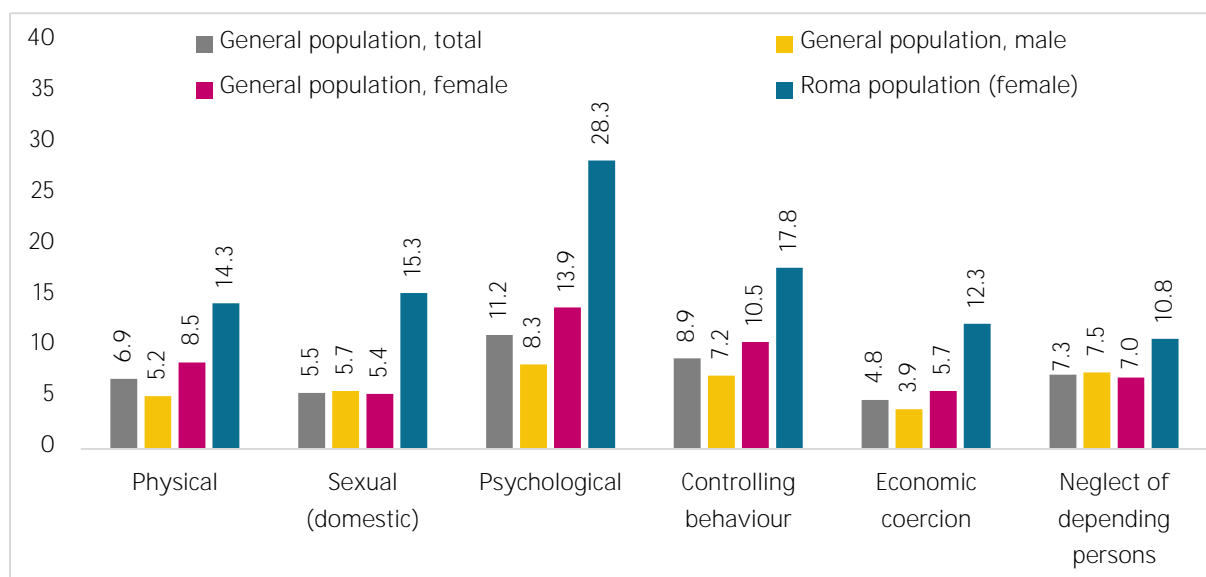
Types of domestic violence

As it was described in MAIN DEFINITIONS, the scope of the current study exceeds the provisions of the Law for Protection of Domestic Violence, and specifically, its art. 2. Unlike the law, the study does not put limits on the level of kinship of perpetrators, and also includes violence committed by cohabitants and caregivers, like workers at residence facilities for children, without a kinship relation to the victim. Also, except the forms of domestic violence according art.1: physical, sexual, psychological, economic violence and controlling behaviour/limitation of personal rights, we also include within the circle of the types of DV also neglect and refusal to help to dependent persons to whom perpetrators are obliged to provide help and support: children, elderly, physically or mentally ill or disabled people. As the actions of the latter type passively cause physical, psychological, economic or other harms, we perceive this as in a synchrony with the spirit of the law, although not to its letter.

Generally, psychological violence and controlling behaviour are the most frequently shared forms of DV (Figure 21). They are reported by about one of ten people among the general population and 28 % and 18 % respectively among Roma females. The less frequently shared forms are economic coercion and sexual violence and abuse in domestic environment, reported by about 5 % of the general population and 12 %/ 15 % respectively of Roma females.

As a whole, what has been observed regarding gender and ethnic differences in general rates is also valid for the separate types of DV. Among the general population, women report experience as victims more frequently than men and the differences vary from 45 % to 70 % (Figure 21). On the other hand, Roma females report far more frequently than females among the general population experiences as victims of DV, and the differences are measured in times.

Figure 21 Victims of different types of DV: prevalence rates, %



Base: General population aged 15+, N=2503 (male N=1209 and female=1294); Roma females aged 15+, N=400.

There are, however, some exceptions and special cases that need to be thoroughly commented. Among the general population, women report domestic sexual violence and abuse less frequently than men. The difference is not very substantial but still visible, and more importantly, not logical. The only reasonable explanation is that the level of reporting is unrealistically low because of the lack of awareness that some actions represent violence or abuse, and lack of willingness to share this type of "shameful" experience. It was already discussed in the previous chapter that in many cases victims feel hypertrophied responsibility for relations with perpetrator. During the conversations with adult victims placed in crisis centres it became clear that the majority of them had perceived unwanted sexual relations with their partners as something that they decided to bear, and not as coercion or abuse by perpetrators. However, the reasons for this "choice" had always been fear of more brutal violence; or belief that they, being in formal or informal relationship, are "obliged" to accept sexual intercourse.

"There were cases it was unpleasant for me, but I was telling myself: "that is what we are man and wife for" - to be satisfied in order to continue forward."

"I cannot answer exactly, I do not know - not to be angry, not to have a conflict again - why I do not want him, what I do, is there someone else and from that perspective might have thought that since I do not want with him maybe I have something else, another man, which is not true of course, but how do you convince a person in this matter, given that ... When was after scandals, some bickering and stuff, I had not want, and normally every person." (Adult victims)

Although three times higher (15 %), the share of Roma females who shared that they suffered domestic sexual violence also seems significantly lower than the real share of victims. The statements of participants in the group discussion with Roma were that this type of violence is quite widespread among families in the community. Besides of other sub-types of sexual violence and abuse, the respondents have been asked also to share if they had been forced to marry or cohabitate

against their will, and only about 8 % of Roma women and girls positively answered (Annex 2, Figure 50). Simultaneously, Roma women – participants in the group discussion stated that only ten or twenty years ago it was a massive phenomenon in their communities and hence, substantial part of women aged 35 and more should have experienced it in their lives.

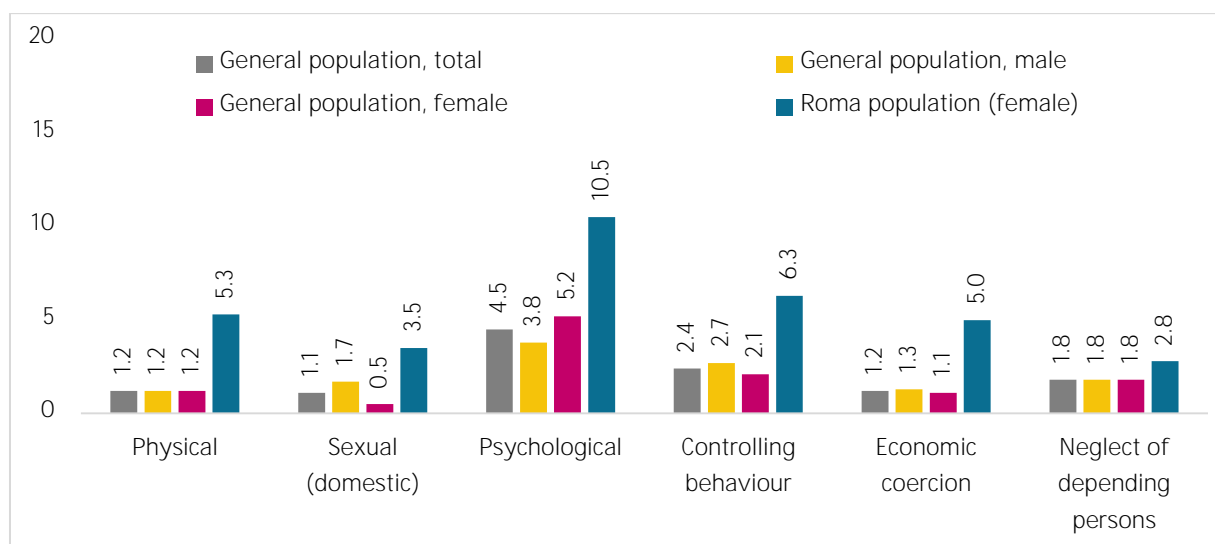
Another type of DV that is more frequently reported by men than by women (7.5 % compared to 7 %) is neglect or refusal of help for dependent persons: children, elderly, ill or disabled for short or long terms. Although the difference is not substantial, it shows that in some cases women are still perceived as those who provide care and rarely need it. This gender perception is also the cause for the observed unusually small difference between prevalence rates of Roma females and females among the general population. Neglect in periods of dependency is the third most reported form among the general population, but it is the less shared type of experienced DV by Roma females. According workers at crisis centres for children, cases of neglect or of insufficient parental capacity that led to behavioural problems is the most frequent cause children to be placed in their facilities.

Except domestic sexual violence, psychological violence and economic coercion are the other two types of DV where prevalence rates among Roma women exceed so significantly prevalence rates of women among the general population. In both cases, the difference between those two groups is double. As described in the previous chapter, the extortion of money is identified by representatives of Roma communities as one of the most important factors for DV.

"- But harassment can be the most simple for cigarettes, for coffee ...

- No cigarettes, no coffee, he can pick up the house in the air." (Women, representatives of Roma communities)

Figure 22 Victims of different types of DV: incidence rates, past year, %



Base: General population aged 15+, N=2503 (male N=1209 and female=1294); Roma females aged 15+, N=400.

Incidence rates for the main types of domestic violence (the shares of victims who suffered in the last 12 months) show trends similar to prevalence rates (Figure 22).

Again, the most widespread types of DV are psychological violence and controlling behaviour. Also, the shares of female Roma victims suffered in the last twelve months significantly exceed the shares of women among the general population.

The differences are however even more substantial in comparison to those demonstrated by the prevalence rates, especially in terms of physical and sexual violence, as well as in terms of controlling behaviour and economic coercion. This could mean that prevalence rates for these types of DV underestimate the real occurrence in a higher extent than for the females among the general population; and could just demonstrate the higher level of re-victimisation for Roma women discussed above.

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Another trend that needs to be commented are higher incidence rates for men in terms of physical violence, controlling behaviour and economic coercion (unlike gender ratios manifested by prevalence rates), besides the deepened difference in terms of sexual violence and abuse. However, re-victimisation levels as a whole are lower for men in comparison to women and hence the only possible explanation of the inconsistency between the prevalence and incidence rates for these types of DV is the probable greater extent of latency among men.

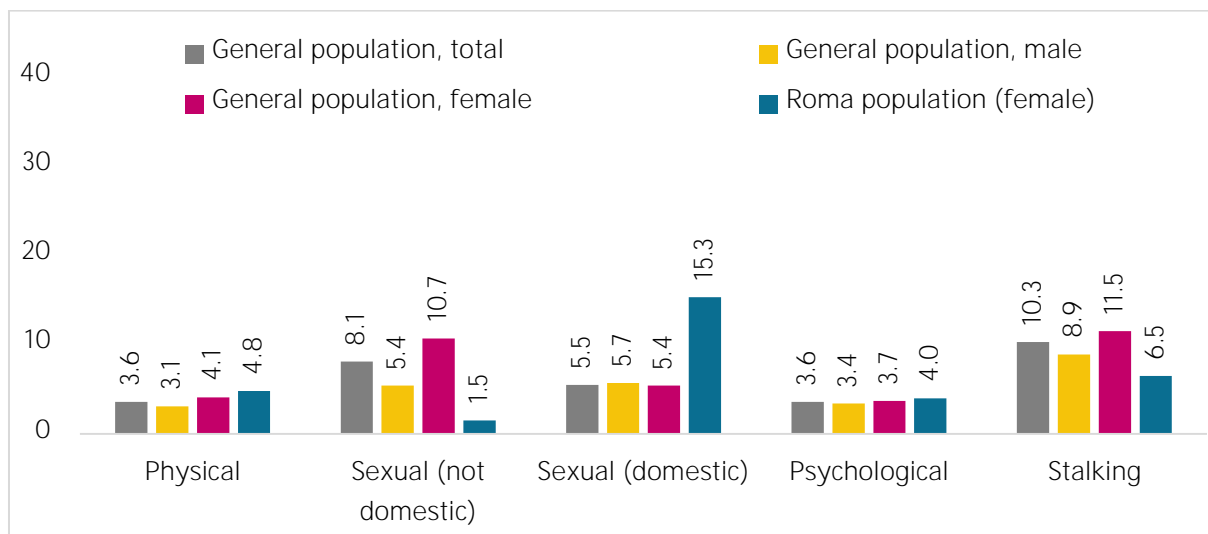
Types of gender-based violence

Sexual violence and abuse is generally the most frequently reported type of GBV, followed by stalking. The first type affects at least 13 % of the general population and the second type – at least 10 % (Figure 23). Unlike domestic sexual violence and abuse, those committed by perpetrators outside domestic environment are twice more frequently reported by women among the general population (both in comparison with men and in comparison with domestic form). This means that domestic sexual violence and abuse is generally aware, although not shared in all cases. The share of Roma females, however, who admitted victimisation in this form, is extremely low at the background of females in general population. Possible reasons could be the closeness of Roma communities and the general situation of Roma women in which they rarely go outside their neighbourhoods. This could also explain the relatively low prevalence rate of stalking for Roma women. In fact, the most usual case when Roma women and girls are victims of sexual violence is if they are involved in forceful marriage or sexual exploitation and trafficking by their own families. This issue was largely discussed within the focus-groups with representatives of Roma communities.

"I heard how a mother forced her daughter even to prostitute." (Man, representative of Roma community)

And when the father says: "Tonight I will marry you to so-and-a-whom", she goes the girl from fear. (Woman, representative of Roma community)

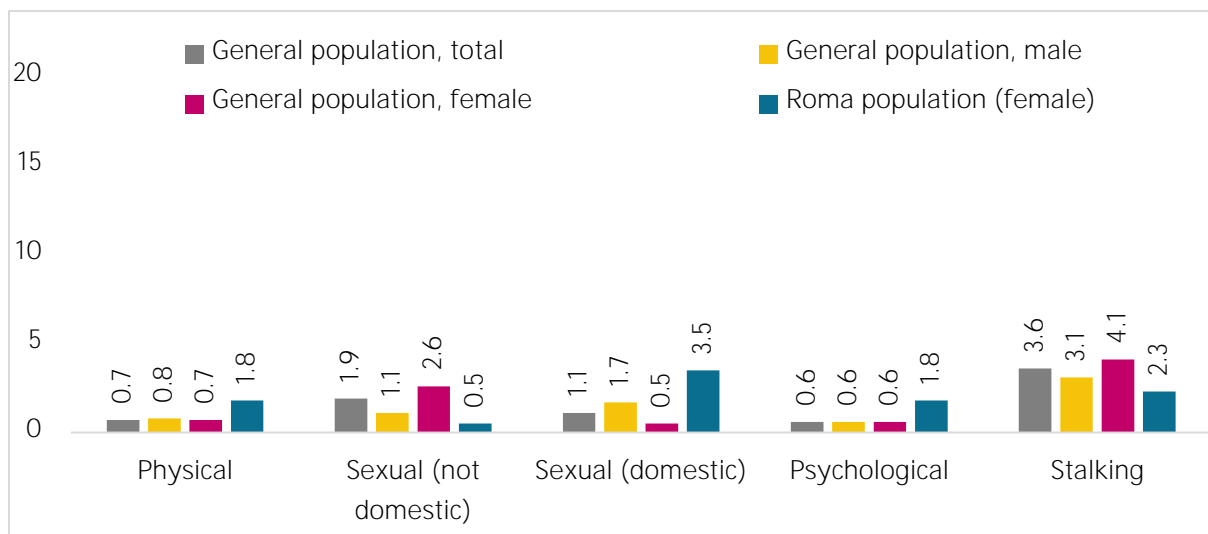
Figure 23 Victims of different types of GBV: prevalence rates, %



Base: General population aged 15+, N=2503 (male N=1209 and female=1294); Roma females aged 15+, N=400.

The other two main types: physical and psychological gender violence, are reported by 4 % of the population, with relatively small differences by gender and ethnicity. Partially, it could be due the difficulties for people to define whether the respective actions had been motivated by circumstances connected with gender or with perceptions of gender, or not. The comparison of incidence rates rather confirms this hypothesis. Incidence rates for Roma females differ visibly more substantially from those of females among the general population, than in the case of prevalence rates. This means that Roma women and girls who have already realised the gender nature of the actions they suffered report them more frequently (Figure 24).

Figure 24 Victims of different types of DV: incidence rates, past year, %



Base: General population aged 15+, N=2503 (male N=1209 and female=1294); Roma females aged 15+, N=400.

The study also explored cases when gender-based violence or abuse had been committed by representatives of health institutions. These are cases when victims received improper treatment while seeking medical consultation and help because of problems with their sexual and reproductive health. Among the general population, women more frequently report lifetime experience with similar cases than men: 3.1 % compared to 1.2 %, and this difference is reasonable as women seek medical help for their sexual and reproductive health far more frequently than men. Among those who sought such help, the difference is insignificant: 15.5 % among men and 15.3 % among women. It could be due to the fact that when men visit medical specialists because of their sexual and reproductive health, it is most usually connected with some serious conditions, while significant shares of the visits of the women are preventive.

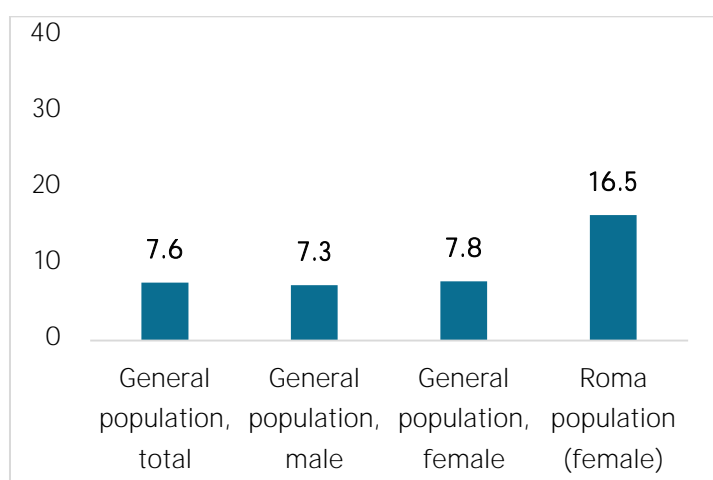
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Simultaneously, the prevalence rate of Roma females is smaller than those of females among the general population (12.7 %), and this is generally consistent with some other types of gender violence as stalking and non-domestic sexual violence. One possible reason could be higher health literacy among the general population that makes people more exacting towards information and treatment they receive.

Domestic gender-based violence

When experienced violence is gender-based, and the perpetrator is part of domestic environment of the victim, there is a cross-section of cases both of domestic and gender-based violence. According experiences shared by respondents, at least 7-8 % of men and women among the general population have ever fall victims of similar violence, and double share of Roma women and girls (Figure 25). This difference between the two female groups is similar to those in respect of the most types of domestic violence; but the difference between women and men among the general population is far smaller.

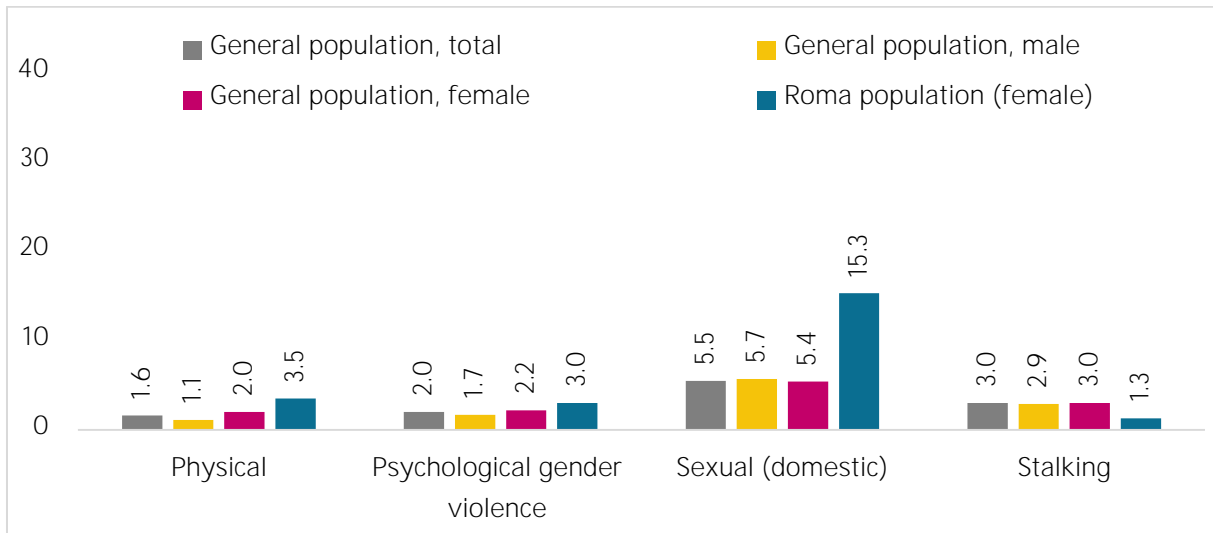
Figure 25 Victims of domestic gender violence: prevalence, %



Base: General population aged 15+, N=2503 (male N=1209 and female=1294); Roma females aged 15+, N=400.

By types of domestic GBV, however, the results are closer to those valid for GBV in general. The most frequently reported type is domestic sexual violence followed by domestic stalking, and the differences by gender and ethnicity are in parallel with those already described (Figure 26). In fact, only sexual violence and abuse is reported with different patterns depending on what the cases have been: cases of domestic or of non-domestic perpetrators.

Figure 26 Victims of domestic gender violence by types: prevalence, %



Base: General population aged 15+, N=2503 (male N=1209 and female=1294); Roma females aged 15+, N=400.

CONSEQUENCES OF DGBV IN TERMS OF THEIR SOCIAL IMPLICATIONS

The problematic circle of **consequences** of DGBV that the current report focuses on is concentrated rather on the social implications of harms and damages than to the examination of their variety. According to the objective of the National study to extract the main problematic points for which victims need more or more effective support, we explored the perceptions of victims of violence they have experienced: how seriously they perceive these cases and how they define them, perceptions of the future of victims placed in crisis centres and attitudes of Roma communities.

It should be underlined that the consequences for victims placed in crisis centres differ from those of victims identified through surveys among the general population and Roma women and girls, and this is completely natural difference. Victims placed in crisis centres usually suffered heavy forms of repetitive or systematic violence, and had no their own resources to stand against it; while among the population personal situations vary, and heavy systematic violence represent minority of cases.

The relatively more tolerant attitudes towards experienced violence demonstrated by Roma victims (discussed in the next chapter) do not mean that Roma people are unable to see harmful consequences of DGBV on their families and communities. The representatives of Roma communities evidence that DGBV frequently had very serious physical consequences on victims including long-term disabilities and deaths.

"His nephews, because of his money, to hit him on the stairs with a big stake and brought him down to take his money and he died."

"- She lived two years afterwards, has not died from the stab. It was not so much since, a little, but her psychic does not last.

- It is enough; this is it that violence destroys you." (Women, representatives of Roma communities)

The participants in the group discussions put a stress on unfavourable consequences that violence between parents could have on children and on the mechanism of enhancement and "transfer" of violence. On the one hand, after systematic violence, families frequently broke and children are actually deprived of one of their parents. On the other hand, they become victims of violence as well: as witnesses or as direct victims, once before separation of parents; and second time after separation, when the parent they remained to live with has another partner who starts to abuse them again. And as a result, children victims become violators in their turn, when grow up.

"My mother is married, and is not even married but has a second husband, Turkish. And since I am not his child, to the 12th anniversary I was systematically harassed in any way - mentally, physically, in any way. So definitely the quarrels of the parents influence children."

"The one who is a perpetrator of this violence, I will tell you by my life experience, I talk about me, who has experienced violence, transfers violence." (Representatives of Roma communities)

Further, both women and men representatives of Roma communities confirm that DGBV provokes feuds between kinships which last several generations and multiply violence at alarming scales, and destroys the integrity of the communities.

"I am originally from there, but I'm here now for 30 years since I married. And these feuds that existed still in that time when I was 20 years old, I remember beatings, murders, as a child, before going to school ... And yet, here shortly before New Year's Eve there were still murders of these families."

"Begin to confront, not to accept each other, hatred begins, begin yet to be unable to be together in proximity." (Representatives of Roma communities)

Violence could cause not only physical and mental, but also long-term economic harms to Roma victims, and especially to Roma women and girls. For the young girls married as children and prevented to go to school due to other reasons, this means low level of education, poor job opportunities and all additional consequences of unfavourable position in the labour market. For women prevented to work this means poverty in their current situation, struggle to sustain their children, but also bigger poverty in the future due to the lack of length of service and social insurance, respectively, as well as lack of access to medical care, due to inability to pay health insurances. Actually, DGBV contributes to poverty and social exclusion of Roma communities.

"- One day her husband asked my husband: "Oh, your wife is already retired. And my wife does not have 21 working days." ...

- And then she does not have pension, does not have anything?

- What pension? She cannot go to the hospital." (Woman, representative of Roma community)

The analysis of situations of victims placed in crisis centres, based on their own statements, information from the workers at the same centres and research observation, leads to the conclusion that the consequences of violence experienced could be divided in four main groups: security-related, economic, health and social for adults; and security-related, educational, health and social for child victims. However, as far as educational consequences are also economic in a long turn in fact the categories of consequences are the same. The different harms victims suffered could lead to different types of consequences, and the observed subordination between harms and consequences are illustrated by Figure 27 and Figure 28.

The security-related consequences should be considered as the most dangerous ones, although for the part of victims they could be only potential. On the one hand, all of the adult victims and half of the children placed in crisis centres experienced re-victimisation. Not only they suffered systematic violence (that lasted from 2 years, even in cases of children, to 45 years), but also suffered violence again after they sought help from institutions. On the other hand, the risk of re-victimisation and fear of it still exists for almost all of the adult victims and for at least a quarter of child victims, after they leave the crisis centres (and even during their stay, for adult victims). This is so because some of the adults tend to reunite with perpetrators again after the limitation periods, and for the others, they do not feel sufficient guarantees for their security after these periods. Hence, the first urgent and

constant need of victims is of guaranteed security, and for the time being, the taken measures are either inadequate or insufficient.

"Well plans, do not know. Plans to get home, get out of here to go home and everything to be normal, what I want." (Adult victim)

"He will come and will just not leave me alive and no effect of all this operation according to my attitude." (Adult victim)

"First, that one if shark me up of somewhere guarantee that he will kill me, that is - security." (Child victim)

Although not concerning all of the interviewed victims, next by urgency come health sequences of violence. During our field study we encountered a number of health harms of victims. Each type is not very widespread but the different types affect very substantial part of victims. The most dangerous case is when violence had provoked auto-immune disease or life-treating physical trauma that in the best case causes short-term or long-term disability. In other type of cases, victims adopt life-long chronic conditions and specific sub-type of these cases when violence triggered or deteriorated heavy mental disorders requiring constant medication. Observed are also depressive, panic and sleep disorders that could last in shorter time but also need adequate professional treatment. And last, but not least, in cases of sexual or physical violence there are risks of potential future health problems. According to our observations, the crisis centres actively work for the improvement of the health status of their clients; however, they face a number of barriers (commented further) and do this only within the several months of stay in their facilities; while victims might need health support in a longer period depending on the seriousness of their condition and economic independency they manage to achieve. And for sure, they need longer psychotherapeutic help than their stay in the crisis centres.

The economic/ educational consequences are also of big importance for the victims' lives, and when it comes to adult victims they occur immediately. At first, practically all interviewed adult victims and their children have lost their homes and had to find and pay for a new dwelling, or to get back to domestic perpetrators or to the risky environment that made them victims of GBV. According to interviewed workers at crisis centres there are some cases when victims won the dwellings they lived before in lawsuits, but among the interviewed adult victims we have not encountered such cases: the suit either had been lost, or forthcoming. And in fact, the accommodation issue comes first among the worries of the great majority of adult victims and is number one in their plans in cases in which this issue is not resolved yet.

Not only the shame, also is prevented by the lack of funds, as it is very difficult to start her life over. This stops most victims to seek help as they need to cope financially, to have a dwelling. Crisis centres provide shelter six months, thereafter the victim must continue alone, if has a child is also very difficult and it becomes harder and harder for her. Therefore, most victims return to abusers. (Worker at crisis centre)

And of course every adult victim who was in maternity, unemployed, or just forced to change the settlement of residence is concerned of the employment. As the majority of adult victims have underage children, the employment issue is usually accompanied with issues connected with children,

as change of their GP, school enrolment and enrolment in kindergartens. In many cases the employment issue is deteriorated by unfavourable chances of victims in the labour market: general unemployment in the regions they live in, insufficient education and qualification due to early marriages (even if they happened after coming of age), and loss of qualification and work skills after maternity or long-year limitations to work. Child victims in their turn, regardless direct victims or children of adult victims suffer lapses or drop-outs of school, as well as change of school due to their experiences. Often they lose educational chances because are forced to move to settlements where there are no schools with educational profiles as those of the schools they had to leave, or because of educational problems, have been excluded from schools where used to study. All of the interviewed child victims have one or another type of educational consequence, and all have changed their schools at least once, when been placed in the crisis centres. For some of them, it was irretrievable loss. In the great share of the cases victims changed their residence or intend to do so due to security issues, or due to the specific of the network of supporting residential facilities. Although these figures are dynamic, there are less than 20 centres for adult victims in our country and those for children are of the same scale. There are many big regional centres with no one facility and many facilities are placed in small settlements where employment and educational possibilities are poor. In the light of the shares of population affected by DGBV commented in the previous chapter, although they are lower than the real ones as discussed, it is more than clear that the current number of facilities and places in them is extremely insufficient. Furthermore, it should be repeated as many times as needed that as long as our state does not provide even a single place for male victims it commits gender-based discrimination.

As a continuation of the discussed insofar, there are different social consequences of suffered violence. The majority of both groups of victims: children and adults, experienced deprivation of their usual environment: colleagues, friends, classmates and relatives because of their placement in crisis centres. Even when the crisis centre is located in the same settlement where they lived, which is rather an exception victims are restricted in their social contacts again because of security issues. This consequence is subjectively more acutely felt by children who place first the reunification with their close people in the list of their dreams. This consequence is not only an emotional issue. Victims need to build their new independent lives without violence after they left crisis centres, and they would vitally need the support of their close social environment. This goal is additionally hampered by the fact that as a result of the psychic trauma some victims are not able and/or willing to create new friendships and relationships. Part of child victims also suffer social deficiencies resulting of neglect: communicational, behavioural, verbal, logopedic, etc. And both for children witnessed violence and children direct victims exists the risk of adopting wrong behavioural, family and gender models. This means again that victims in general and children in particular need far longer psychotherapeutic help than currently provided, more facilities to cover bigger number of settlements and more secure guarantees for their personal security.

Figure 27 Harms and consequences on adult victims

Consequences	Harms	Economic restrictions or harms	Psychological torment on regular basis	Deep psychological trauma: heavy restrictions of movement, threats for murder, harm on children, deprivation of children	Sexual abuse or exploitation	Minor but repetitive or constant injuries like swelling and bruises	Moderate or severe injuries
Deprivation of the usual social environment							
Deprivation of dwelling or property							
Unemployment, unfavourable economic positions, economic dependences							
Difficulties or unwillingness for new relationships/ friendships							
Frequent mental disorders: depressive, panic or sleep disorders							
Heavy mental disorders							
Potential health risks							
Acute or chronic disease							
Life-threatening conditions and risks of disablement							
Re-victimisation							

Figure 28 Harms and consequences on child victims

	Harms	Neglect	Witnessing violence	Psychological torment on regular basis	Deep psychological trauma: heavy restrictions of movement, threats for murder, harm on close people	Sexual abuse or exploitation	Minor but repetitive or constant injuries like swelling and bruises
Consequences							
Deprivation of the usual social environment							
Substance dependences							
Laps and drop-outs of education, deteriorated educational opportunities							
Difficulties or unwillingness for new relationships/ friendships							
Frequent mental disorders: depressive, panic or sleep disorders							
Social deficits							
Potential health risks							
Re-victimisation							

PUBLIC RESPONSE

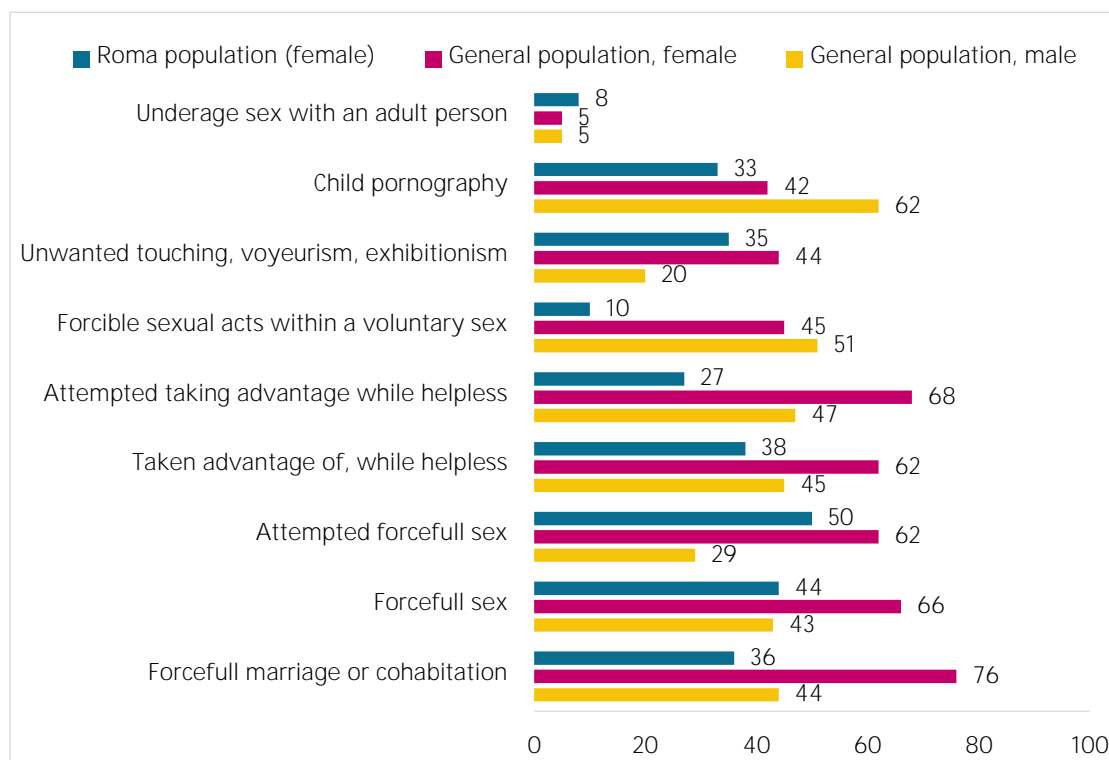
The problematic circle of **public response** to the studied phenomena could be defined as a central one. It is developed to meet the biggest number of objectives of the National study of DGBV: to measure the extent in which the different forms of DGBV are recognised by victims among the general population and among Roma communities; to identify possible resources of Roma communities to counteract DGBV; to gather and summarise experiences of professionals counteracting DGBV and extract their suggestions for improvement of regulations, procedures and conditions for support of victims; and to analyse factors, possibly limiting access of Roma women and girls to support mechanisms and check whether Roma-specific support needs exist. The topics within this circle are structured according different agents mentioned in the objectives and their reactions to DGBV phenomena: victims themselves, close circle of Roma victims – their communities, and representatives of institutions working directly with DGBV victims.

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Personal reaction to violence

Victims identified among the general population and Roma women and girls have been asked to define the last cases of each subtype of violence they reported in four categories: criminal offence, breaking of the law but no criminal offence, bad behaviour but not breaking of the law, or just normal behaviour.

Figure 29 Perceptions of sexual violence as criminal offence or breaking of the law: % of victims



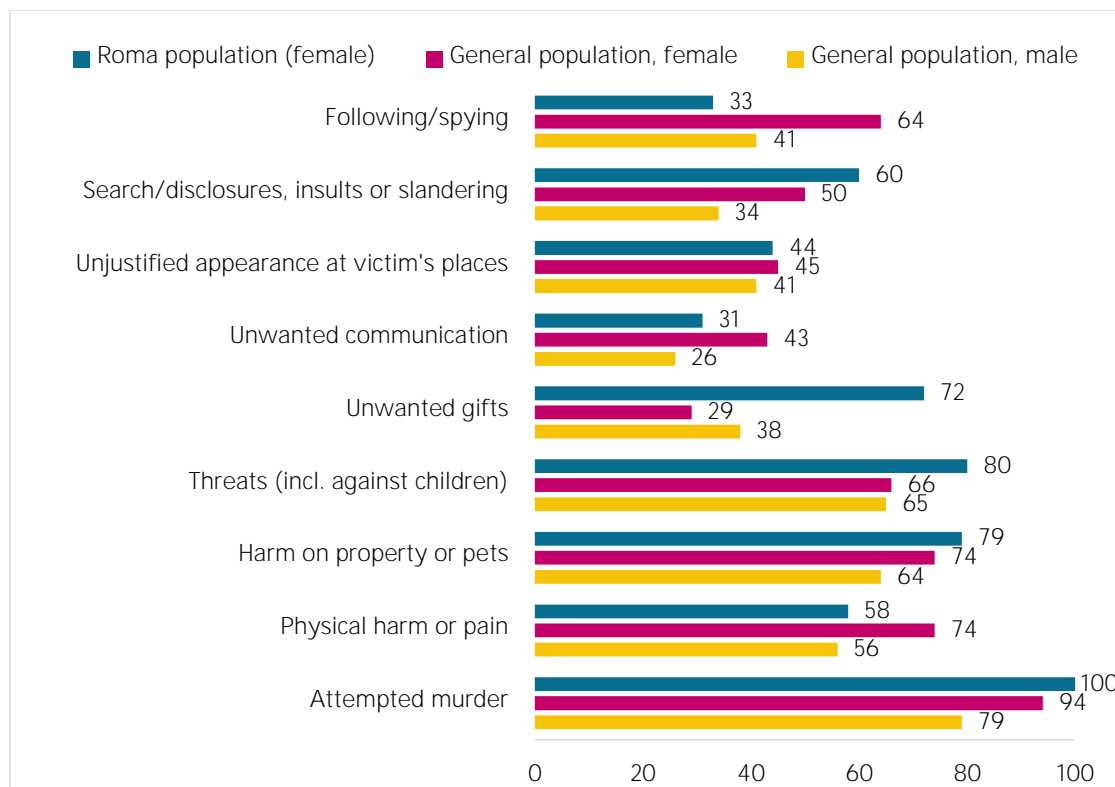
Base: Victims of respective sub-types of violence

With few exceptions, men among the general population are more inclined to tolerate acts of DGBV they have experienced than women. They less frequently define those actions as criminal offence or breaking of the law than women. The same is valid in terms of comparison between Roma women and women among the general population, but the number of exceptions is bigger.

When it comes to the rudest acts of sexual violence and abuse: attempted or actual forcible sex and taking advantage in a helpless condition, as well as forced marriage and cohabitation, two thirds to three quarters of women victims among the general population qualify these acts as unlawful (Figure 29). Simultaneously, less than a half of men and Roma victims do so. However, if the reasons in cases of male victims could be that they felt these actions as forms of "courtesy" and perceived the situation as liable to their control, the most probable cause for the relatively tolerant attitude of Roma females could be the mass character of these types of actions.

The only two exceptions when acts of sexual violence are more tolerated by women are cases of forcible actions during a voluntary sex, and child pornography (taken pictures in nudity etc. of underage persons). In both cases, the reason for women to give milder qualifications is the already mentioned wrong sense of responsibility, when the initial consent has been given: to marry or to have relations with the respective partner, or to agree to some acts of sexual nature. In the same time, these are types of cases when men could feel really misused.

Figure 30 Perceptions of other types of gender violence as criminal offence or breaking of the law: % of victims

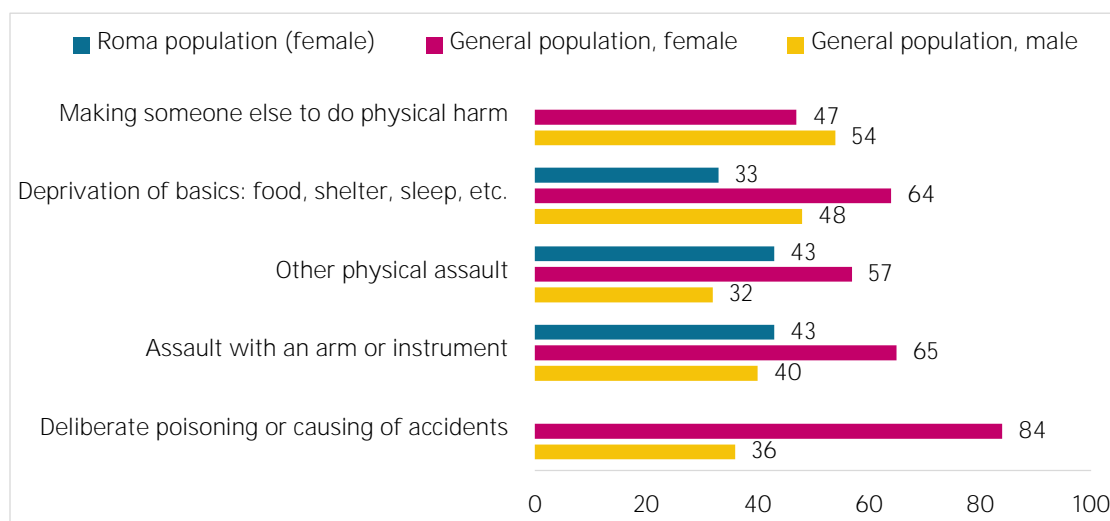


Base: Victims of respective sub-types of violence

Unlike cases of sexual violence and abuse, when Roma women had become victims of other types of gender violence, they usually give more or equally rigorous qualifications as women among the general population (Figure 30). The exceptions are the majority of sub-types of stalking, which in general is less reported by Roma women.

It is quite alarming that all types of physical violence with the exception of the attempted murder are not defined as unlawful by the majority of Roma victims (Figure 30 and Figure 31). The sub-types of domestic physical violence receive qualifications as unlawful by shares of Roma victims twice smaller than in cases of such actions as harm on property and pets and unwanted gifts. The same goes for the sub-types of sexual violence. This could only illustrate the relatively low importance of the corporal suffering for Roma women, compared to the material harms, wellbeing of the close persons and the honour of the person before the community. In the light of the fact that in the majority of cases the corporal harms are caused by partners or other family members it is not surprising that the family solidarity would make victims to underestimate the seriousness of the deed; and if perpetrators are men, when they are prosecuted, arrested or imprisoned, and being the main breadwinners for their families, their families might be put in extremely vulnerable situation.

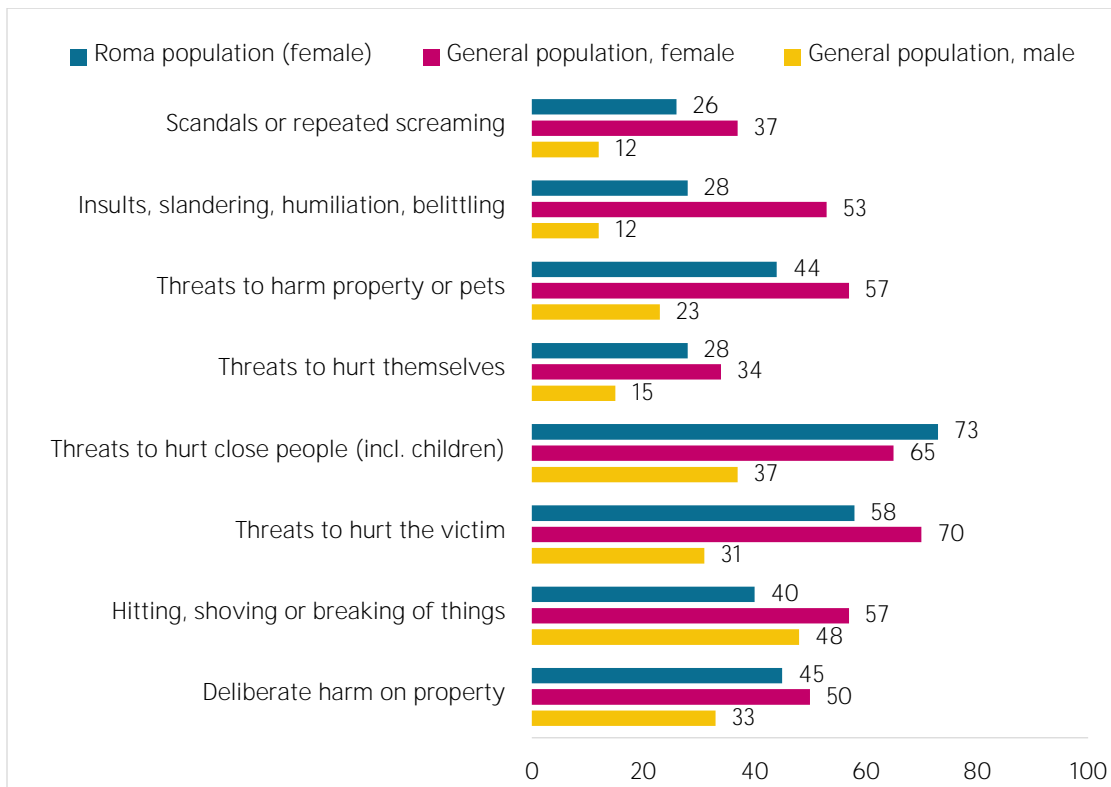
Figure 31 Perceptions of physical domestic violence as criminal offence or breaking of the law: % of victims



Base: Victims of respective sub-types of violence

Generally, perceptions of psychological violence of the two groups of female victims are closer to each other than in cases of other types of violence (Figure 32). Simultaneously, perceptions of male victims are more tolerant than those of female ones among the general population. The exceptions are the two sub-types in which real material harm is taking place: in those cases, perceptions of the three groups of victims are similar. But why do women take verbal aggression more seriously than men? The answer is probably in the finding that in three quarter of cases of violence it is directed against the other gender, and women might feel less powerful in potential situation when verbal aggression increases in physical one.

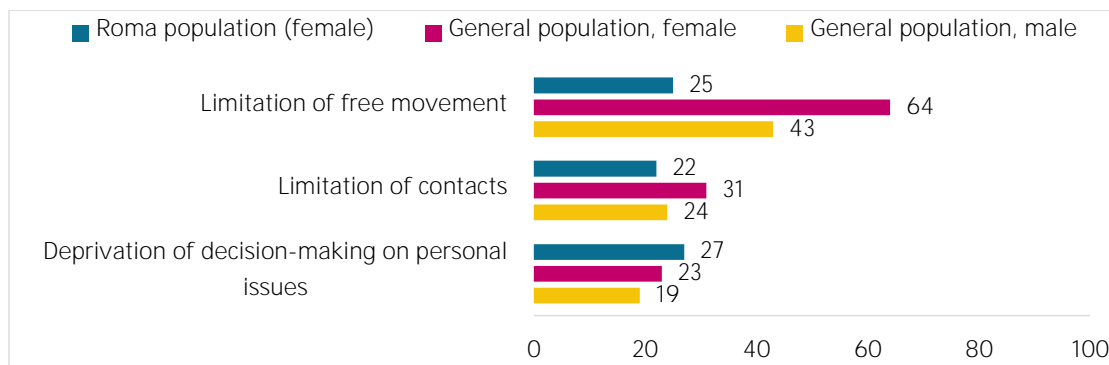
Figure 32 Perceptions of psychological domestic violence as criminal offence or breaking of the law: % of victims



Base: Victims of respective sub-types of violence

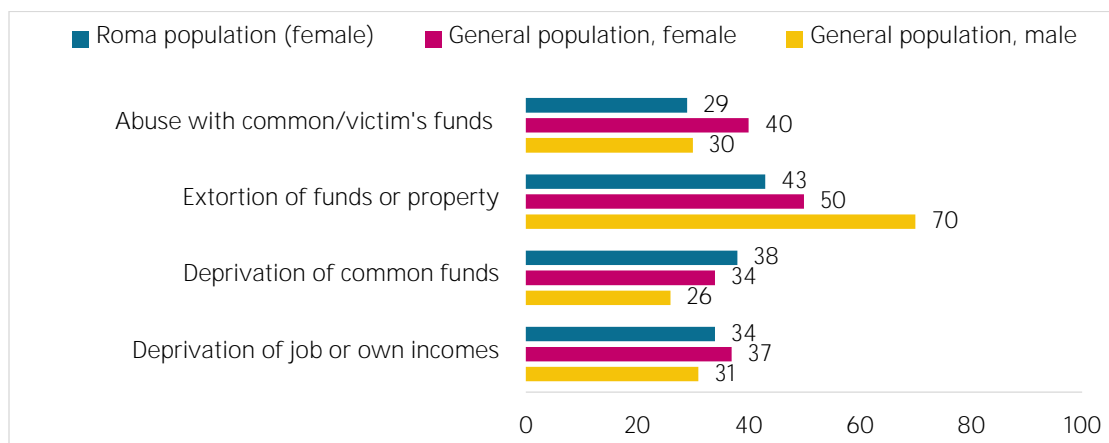
The perceptions of victims from the three observed groups of economic coercion and controlling behaviour they have experienced are similar, with two exceptions. Women victims among the general population are far more inclined to qualify limitation of free movement they suffered as unlawful act; and the same is valid for men victims who experienced extortion of funds or property (Figure 33 and Figure 34). Most probably, in both cases the respective groups suffered more severe forms of these sub-types of violence, and the reason is that usually women are economically dependent by their partners, and men dispose with more serious funds and property to be extorted. The more important fact is that generally, the majority of victims do not recognise these two types of domestic violence as a violation of their rights that is prosecuted by law.

Figure 33 Perceptions of controlling behaviour as criminal offence or breaking of the law: % of victims



Base: Victims of respective sub-types of violence

Figure 34 Perceptions of economic coercion as criminal offence or breaking of the law: % of victims



Base: Victims of respective sub-types of violence

Although the situation of adult victims of DV placed in crisis centres was more serious as a whole than those of victims identified through the quantitative surveys among the general population and Roma women and girls, the majority of them tended to underestimate the nature of violence at its starting period and to perceive it as "normal" family conflicts.

"For many of the women who are victims a slap is not physical violence - "So what I earned it" or "I challenged him". (Worker at crisis centre)

They believed that they should and could manage these conflicts even when they deepened, and believed that their partners will "get better". One of the most shattering cases we faced during our fieldwork was of a woman who believed this for 45 years until recently, when the last case of brutal violence convinced her that the next time she might lose her life. And in fact, the longer victims bear violence, the more brutal it becomes.

"Yes, the aggression was increasing in the time... I made a great mistake that I bore so many years." (Adult victim)

For this reason, the most typical reaction of adult victims in cases of violence they suffered was to behave in a way that they believe is not "provoking" to perpetrators, or at least could minimise their aggression: to do what perpetrators want, to stay silent, not to argue, even not to respond to offences, in order to "prevent" more brutal violence. This "strategy", although the reasons are not exactly the same, is also used by child victims. Some of them just not had the idea of other way of life and perceived what they experience as normal, for instance in cases when children have been exploited to pickpocket or for similar activities; others not had any supporting figures around them to help; some just waited for suitable moment to escape; and significant part didn't want to "betray" perpetrators who are usually from their family environment.

However, this type of behaviour is not able to prevent violence, because the behaviour of victims is not among its roots. Based on interviews with victims placed in crisis centres and with workers at these centres three types of situations could make victims to abandon the "strategy of silence". These are when victims get known that somebody could help them effectively: receiving support from their environment, or being informed about supporting organisations and services that they provide; when their close people (children, siblings) that they feel responsibility for are also threatened or suffered; and when violence exceeded their own levels of tolerance, which are usually in case of serious injuries but also in other type of cases, as systematic psychological violence or if perpetrators themselves expel victims from home..

"The difference between the two groups is usually the supportive environment. If they have a circle of people to encourage them, help them financially - they are much more willing to break away." (Worker at crisis centre)

"To tell you he was assaulted many times, but I had nowhere to go, again I say there was nowhere to go, if I had where to go long ago would do so and could not stand a day with him. But this friend she helped me and why I'm here at the crisis centre." (Adult victim)

"Then to me it seemed a lot and I think the peak was when he hit her slaps, to the little one..." (Adult victim)

"That could also happen to my sister, and I already did not want at home. I wanted to be somewhere in the nice place, not to stay miserable, not so irregular go to school, I wanted to go regularly and to be literate." (Child victim)

"I do not know, something just shouted "Enough, it cannot be", and I do have been beaten a lot, I went to work and at my very workplace I felt bad - perforated eardrums, I was with a concussion ..." (Adult victim)

Once victims realise that "being silent" is not reliable in terms of prevention of violence, they try several main strategies.

Adult victims share with close people: relatives and friends, and search help from healthcare specialists or local authorities, when are not in immediate situation of violence or it was recent. If are in acute situation of violence adult victims call the police or the 112 emergency number, or try to escape from home and to seek shelter at relatives, friends and neighbours. Those who are already

informed about and decisive to "punish" the violator, directly call crisis centres if such exist near their place of living, or call the National help line for victims of domestic violence. These types of strategies have different effectiveness. In the most cases when victims called the police in the past they have not received the expected support. In the most recent cases (connected with amendments in the legislation) police officers provided the support expected: gave warning protocol to the perpetrator, arrested him if the case was brutal, or accompanied victims to places they pointed for temporary stay. However, in the majority of these cases the effectiveness was only temporary, just like the cases in which victims independently rescued with relatives or friends. And the reason is that this type of support is ad hoc, it is partial and designated to resolve crisis situations, and could not counteract the main reason for victims to stay with the perpetrator: economic and psychological dependency. This is also the reason why the placement in crisis centres is not always successful. According to statements of victims, local authorities have not always helped as well despite of the demonstrated visible understanding.

The strategies of child victims who perceive themselves as victims are very similar; however, no one of the interviewed victims has been able to do something in acute situation of violence. Child victims of GBV committed by perpetrators out of domestic environment tried to survive and to distract the attention of the violators when escaped or searched help (called 112, used accidental meetings with acquaintances, etc.). Child victims of DV and of behavioural problems provoked by wrong "educational methods" or neglect most frequently seek shelter with friends, or share with friends and their parents what have experienced. They also seek help from school: the institution most close to them, by contacting teachers, psychologists or medical specialists at school. There are also cases in which parents of other children alarm the school authorities, and unfortunately, there are cases when this indirect warning (through other adults) was more effective for the child than in cases when the child personally alarmed school authorities.

According representatives of Roma communities, Roma children would never directly complain to any person outside the family. They would share with those persons within the family who they trust the most: grandmother and grandfather usually, but it could also be another relative who might have influence on the perpetrator, as their older brothers or cousins, for instance. Some workers at crisis centres also confirm this information with specific examples of their practice. However, some Roma children among our interviewees had made a real revolution against their communities' traditions when the alarming of family members turned ineffective.

"- I told her many times about my things, my mother took no action.

- She does not take measures but when you tell her she does what?

- Nothing - will go to the police to say, will go to the "protection" and will say ... Now I go and I say." (Child victim)

As it was demonstrated in the previous chapters, the evidences regarding reactions of adult Roma victims are contradictory. One and the same group of respondents made adverse statements and this is valid both for representatives of Roma communities and for workers at crisis centres. At the same time, representatives of these groups claim that Roma victims complain to close relatives and friends/ seek help from institutions and crisis centres, and simultaneously, that they do not tell anybody/ suffer but do not seek help. Most probably, the truth could be somewhere in the middle.

Sharing and complaining of violence still happens, but it could be done in extreme cases, when violence is very brutal or both brutal and systematic.

"A very small proportion of minorities benefit from this service, because is much more complicated with them, i.e. the alternative is to be excluded from the community, which is very scary for them and not happening. They have rather used it to break away for some period of time to rest, their men to start to look for them to miss them, as some of them say and then return, i.e. to secure some time in which to be more kind to them, whatever that means." (Worker at crisis centre)

Reactions of Roma communities

Both women and men representatives of Roma communities participated in the group discussions recognise all main forms of domestic violence: physical, psychological, sexual, controlling behaviour and economic coercion. All types of violence discussed are presented in Figure 35.

Figure 35 Forms of DGBV discussed by the representatives of Roma communities

Types of DGBV/Examples	Spontaneous	Prompted
DV-physical	Murders, beating, usage of instruments or weapons; deprivation of shelter and food; locking in small spaces	Kinship feuds
DV-psychological	Scandals, screaming, quarrels for money, accuses for cheating/ being late, offences, coercion of children to beg or pick-pocket, neglect of children	
DV-sexual	Forced sex, sex at presence of children, forced marriage, sale for prostitution of girls and boys, forced prostitution	
DV-controlling behaviour	Limitations on movement and on social contacts (with friends, relatives), limitation on speech, deprivation of pocket money	
DV-economic coercion	Extortion of money, restraint from school	Limitation to work
GBV-not domestic		Rapes, stalking, harassment, violence on LGBTIQ

It should be noted that both women and men stated that DGBV cases are rather facts of the past, and that nowadays they concern insignificant parts of their communities, mainly of those who live "in the end points" of the neighbourhood: the most marginalised parts of the community. Further, no type of non-domestic GBV was spontaneously mentioned. The participants tended somehow to "keep the dignity" of their communities by not speaking about "shameful things" or by tending to underestimate them which is indicative about the general unacceptability of these types of

discussions and hence, the barriers for victims and witnesses to bring cases of violence out: out of families and out of communities. Still, participants shared many recent cases of violence they knew about.

During the discussions it became clear that in some cases, violence could be quite tolerated. Those are cases in which women commit physical violence against their partners, and cases when violence is committed against LGBTIQ, especially those who were born male and have women's appearance (transgender and transvestites). The first type of violence is almost openly justified, especially by women participants, because, as commented in the first chapter, is accepted as revenge and restoration of dignity. The second type is not openly justified but is still sympathised, especially in the group of men. The focus of the discussion is replaced from the acts of violence to the behaviour of victims which is commented as unnatural and obscene.

"- Some young people, I have seen at least, a boy pretending to be a girl and some boys hang out with him and want to beat him because they think they discredit the male dignity. And they go and beat them. This I have seen it before my eyes.

- Jump goose bumps when I think that ...

- But they have their own lives, guys.

- Especially older people, cannot accept them. Man to grow long hair, to graft boobs, to dress as the most genuine girl. Especially elderly cannot accept these things.

- I first I cannot even assimilate it." (Men, representatives of Roma communities)

Unfortunately, these attitudes are not unexpected, because are not specifically Roma. Although probably more hidden, they are also widespread among all ethnic groups in the Bulgarian society.

Because of the general unacceptability of actions in which problems of families and communities are brought out, sharing and support-seeking in cases of DGBV in Roma communities is rather rare, at the background of the total number of cases. In cases of women victims, they rarely but still could share with close relatives and friends, and seek help from them even more rare. Usually these are their parents, but also parents of the partner, if they have good relationships. According to Roma women those who never complain are child victims; and according Roma men, men victims.

"It would be a shame, out of fear of ridicule at him will not say." (Man, representative of Roma community)

Roma women and Roma men are unanimous that in case of domestic violence, perpetrators usually regret what they have committed and promise to stop, but they never do. And the reason, according to them is the fact that factors that make them to commit violence remain at place: experienced violence in the childhood, drinking of alcohol or abuse with drugs, jealousy and lack of money. Roma men and women also agree that witnesses of violence usually do not intervene, if are not members of the family or kinship. This is especially valid when violence is committed in someone's home.

No, no. He cannot enter someone else's house to stop a fight. (Woman, representative of Roma community)

They describe several types of situations when intervention of witnesses is possible, and these are to try to stop a fight in public place if there are no arms used; to intervene if somebody from the family alarmed them; to go help in the house of neighbours if the neighbours respect each other very much; and to call the police if they hear that in someone's home people could be seriously injured or murdered. Again we could say that these reactions are not specific for Roma only. Unfortunately, the attitude that it is inadmissible to intervene in someone else's home is very widespread in the Bulgarian society. In addition, people afraid that they also could suffer if try to intervene; and this fear is not groundless.

"I just pointed out, we went with my pastor to a family and the child came and said that they force her, beat her, harass her to prostitute. And we went and people jumped you know jumped on us and thank God that my nephew is a senior officer ... And if he was not there they would have murdered us!" (Man, representative of Roma community)

Furthermore, intervention of third parties, according representatives of Roma communities, could only have effect in the given moment, to prevent serious consequences but cannot prevent violence at all or even for a long period. In their opinion, those who have used to quarrel and to fight would do this again in the next days or even in the next hours.

From this point onward, Roma women and Roma men present different ideas who and how could help in decreasing DGBV cases in their communities. The women mainly think of cases when violence is committed in a partnership relation and propose activities as informational lectures both for men and women; groups for sharing and mutual support of victims; therapeutic clubs for violators, similar to the "anonymous alcoholics"; and mediation courses for both partners. According the participants, the latter could be feasible only if perpetrators are threatened by something serious like the threat for divorce. The men think more generally about cases of violence and propose measures in two directions: "power" direction and "social" direction. The first one includes more decisive steps of the state authorities to prosecute and punish violators and the main suggestion is to create paid voluntary patrols of local people who should have the rights to intervene and arrest perpetrators and all rights of regular policemen. And the second one includes activities aimed at better education and jobs for Roma; treatment of the drug dependences; to appoint Roma mediators to the institutions; and to develop culture and free time activities for Roma youth.

Response of institutions from the point of view of the victims

Concerning the topic of the **institutional response** to DGBV, it could be examined both from the point of view of victims and the point of view of representatives of institutions.

From the point of view of victims, the study explored experiences of those placed in crisis centres with representatives of law enforcement bodies and other institutions they might have contacted, as well as with health carers, representatives of crisis centres they are placed in and other similar supporting organisations.

The experiences of victims with medical specialists, where these happened in connection with violence suffered, are subjectively positive in general, as far as in the majority of cases they responded to the expectations and to direct health needs of victims. The interviewees, however, provide information revealing some serious problems in the medical specialists' response.

Among adult victims, half of them have never sought medical help for violence they have experienced, and only in one case the reason was that the victim has not been physically injured. The group of adult victims who have sought medical specialists is also divided in two: victims, who needed urgent help, and victims, who only wanted a document that a physical violence has been committed against them, or cooperation or advice how to prevent further violence. All from the first group are very satisfied with the received attention and care for their health; however, it becomes clear for two of three cases that the health carers did not alarmed the police or did not alarmed them on time. And in the third case it was not needed because victims had been brought to the emergency by the police.

"... I have asked them what is the next institution and they told me this is the police and from there I went to the police and filed a complaint."

"They saw it because I told you these were three consecutive days and in the second day I sought help because I bled out of my ears and I had to seek help. They understood there what is about and told me to come again if I don't feel good. On the next day I suffered again even more badly and came from work, they drove me with an ambulance." (Adult victims)

Of the second group, in one case the victim was brought to a medical specialist by representatives of the crisis centre, so no additional support was needed, except the document. In two cases the doctors issued the document but victims haven't been referred to any other institutions or support organisations. And in one case, the doctor not only refused any cooperation but caused additional harms to the victim.

"- She, the doctor delayed immunisation two, three months, I missed child allowances, while I go they stop them for other children as well.

- Why did she slow them down?

- Because she is a family friend. Because I gave up on her and switched to Dr. X., I have not transferred to her...

- She refused reference about immunisation.

- Yes, reference, horror was really, horror. I very hardly managed these months, but I did, I did." (Adult victim)

Among child victims, half of them didn't needed or stated that didn't needed medical care because the type of violence was not connected with physical consequences or because lack of injuries. Another half needed to visit a doctor because of pains or because of bruises that had to be documented; but unfortunately violence was committed namely by persons who were responsible for the access to healthcare and they prevented this access. Only in one case a girl was ashamed to

share with her parents what happened to her and haven't realised that should immediately visit a doctor.

The attitudes of adult and of child victims to the supporting organisations and facilities for temporary stay are quite divergent, and the main reason is that, in the case of children, the placement in one or another facility is not their decision or choice; while adult victims usually go to similar places as a final rescue when needed or when decided to leave perpetrators despite of the lack of alternative accommodation. That is why the general perception of adult victims is positive. The first and the very basic support they are grateful for is the shelter they received, and sometimes both shelter and safety, if have experienced health-threatening or life-threatening violence.

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"It is good, that there are just such centres that give you support precisely at those times when there is no support, because there are people who really have not whom to turn to. As in my case there is no mother to call, no father to rely on, you do not have anybody; just have to deal with it alone. If there were not such a centre like this what would I do? Beaten with a little child, where would I go if there was not something like that, I do not think I could manage." (Adult victim)

For adult victims who come to crisis centres with their children, especially those who suffered economic dependency or coercion, is also of first priority the fact that they receive support to meet all basic needs of children, besides of basic needs for themselves, as this is typically a very significant barrier to break relations with perpetrators. Although cases of mothers with underage children are the most typical, it is also valid for all victims who were deprived of own means for making a living, incl. elderly people deprived of their homes and pensions.

"Always had what I needed - diapers, water for the child, they enrolled him in a milk kitchen because there is milk kitchen here and just in the next day there was food for children ready, especially for him. I have no complaints, I am exclusively satisfied, the attention still ongoing. They constantly ask me how I feel, if I was well, if I needed something. They make a lot of compromises because I am with a little kid." (Adult victim)

Although not immediately vital, adult received also financial and organisational help to find a job, to receive medical documents certifying the physical violence against them, to start and proceed lawsuits against perpetrators (that is beyond the financial powers and legal capacities of victims themselves), to enrol children in schools or kindergartens, which is an especially hard task in cases when the crisis centre is not in the settlement where victims lived, and the schoolyear has already began. Also vital for victims is the psychological support they receive constantly during their entire stay in the centres, as without overcoming of the psychological traumas, they are not able to build their further independent lives, and are exposed at high risk of re-victimisation. Some of the interviewed victims pay attention just to the described complexity of the received support. And last, but not least, those who have been exposed to long-year systematic psychological violence pay attention even to the simple fact that finally they are receiving human treatment and respect.

"I am so much grateful to the director that feels great respect for us the women here; he always treats us with respect; and to the social workers - nice people." (Adult victim)

The main issues connected with organisations providing help and support do not concern the quality, the scope and the satisfaction of services provided, but with their relatively short term. The current period in which victims receive support could only be enough for those of them who suffered relatively short period of time and/ or have enough internal resources to continue their lives without professional support. However, relatively small share of those who reach crisis centres are of this type of victims; if they had enough resources they would probably not be urged to seek help of public services. The most crucial points here are psychological support that in some cases should last several years, and the basic economic needs already mentioned in the previous chapter: dwelling and living-making.

- Of course I am satisfied, but I say - yes, I am satisfied, there are days when I calm down, but again I say this cannot be forever. People are not obliged forever, it is not only me. I start to think again what will happen in the future, but I still cannot decide.

- Cannot decide what to do?

- No, because - I do not know. I decided that I cannot hold out of it anymore, or to decide as I decide that there is no use of me now for anything, or to see how I disappear, to become so - I imagine me as a bud, bud, bud, a speck of dust and to disappear and over. There is no other way to be, it just cannot happen. (Adult victim)

Another aspect is the work with perpetrators that according some victims is partial and insufficient to prevent violence against them or against other persons that perpetrators could meet in the course of their life. Currently, very limited number of organisations works with perpetrators; the obligation for perpetrators to attend psychologists is not always ordered by courts, the order is frequently not implemented or is formally implemented, and usually does not change the self-perception of the perpetrator. And according to victims, this is so because the causes for somebody to become a systematic violator require not psychologic but psychiatric treatment.

"For those people who commit they need also some treatment, only talking does not work." (Adult victim)

The perceptions of supporting organisations of child victims are not as positive as those of adult victims, and depend mainly on the reasons for placement of children in respective facilities. Generally, children who suffered non-domestic GBV have positive attitudes as they realise and perceive their placement as a rescue, with the exception of cases when the sense of exploitation had already put the masque of a personal choice. There are also cases in which children fall victims of both domestic violence and of non-domestic GBV and have experience with several different facilities. In these cases, their attitudes mainly depend on the professional skills of the workers at these facilities to build trust of the child; but also on other factors connected with the personal story of the child.

"And in this home I did not want to be, because all ladies are nasty, nasty environment was also, I did not like it, and I ran away from this home the first day, when I was there and I went to this man ... And I was there before, as I was younger." (Child victim)

The attitudes of children who suffered neglect and behavioural problems are mixed; but at least in the beginning, they perceive the placement in crisis centres as limitation of their freedom and deprivation of their environment of friends. The psychological work is crucial for these children, and the success very much depends also on whether it was feasible to achieve success in the work with the child's family and to reconcile the two parties.

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When children suffered violence at home, their initial attitudes could be different. On the one hand, they might feel relief that are not exposed to what experienced anymore; but on the other, they have the perception that they are the punished ones, and not perpetrators; and also, could still miss family environment and especially those close people who suffered as well or were not guilty for violence. That is why reunification with close people and especially siblings is number one in the projections of future of those children, and hence should be placed first among all considerations in the decision-making about the child's future. Another problematic point is the fact that when a child is violated at home it feels not only betrayed; the basics of its integrity are destroyed. During the stay in a crisis centre the professional psychologists and social workers just start to rebuild this integrity by building personal connection with every child and actually becoming the new most important adults in its life. With the end of the term of stay only few months later, the child experiences actually new trauma of separation, and could feel groundless again.

"- You were missing home.

- Yes. I have never divided from home, I've never been in such a place and I hope never to go.

....

- And who do you want to see?

- Those social, because I am used to them and do not want to go." (Child victim)

The most complicated cases which unfortunately usually remain unsuccessful are those of children who have been exploited by their families without subjective feeling of abuse (for instance of exploitation for begging and pick-pocketing), and also in cases when underage girls started to cohabit with their boyfriends, on their own will, as they feel it. During all their lives, these children have been raised in environment that they love, but that lives with values and relations contradictory to those that are acceptable in society. The harms for children are too deep to be cured in several months; and deprivation of beloved people and comfortable way of life look like undesired and incomprehensible punishment.

"We got along with him very much; everything that happened I share it to him. And he understands me, and I support him with some things and so. We have never been at odds, 3 months I was with him, but I had such a cool time, it cannot be. Constantly went out, we went to the seaside, it was very cool." (Child victim)

The experiences of DGBV victims with representatives of institutions are very diverse, and generally more problematic than those with helping organisations.

Because the majority of victims placed in crisis centres experienced critical situations, almost all of adults among them have contacted the police, and in majority of cases more than once. The police is also sent when victims call emergency number 112. For this reason, victims have richest experience exactly with this institution, and this is also why the diversity of cases, attitudes and opinions is the biggest too.

Half of those adult victims who communicated with the police testify that in all cases they followed the procedures envisaged in the law: to give the perpetrator a protocol, to arrest them in more brutal cases, to accompany victims to get their personal belongings from home or to get to the place victims pointed as temporary shelter. Although the subjective perceptions of acts of the police are positive in almost all of these cases, it is observed that warning protocols actually could be issued in many repetitive times during a period of several years without further consequences for the perpetrator and more serious measures are not implemented. In other words, even when the police officers strictly follow the letter of the law, it does not mean that victims are effectively protected. Further, even when the law is followed, some victims felt improper attitudes from the police officers.

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"- With the police, I would say that I did not face what had to face ... they just followed what they had to do. Let's say two words to finish things quickly.

- To write the protocol.

- Yes, if we can write what we have and get this over with quickly. Somehow it seemed I was wasting their time, so I felt." (Adult victim)

The perceptions of this victim are confirmed by a number of cases when police officers implemented their formal obligations but not tried to help victims; for instance, to ask whether they have a place to go when they were urged to abandon their home, or to refer them to organisations providing urgent help. Actually, police referred victims to support organisations only if the latter have a special reference agreement with them. This is a very good practice, out of any doubt, but is not a sustainable mechanism able to guarantee equal treatment and effective protection for all victims. It should be well underlined that not in all cases of similar nature the reason was lack of empathy or formal attitude of the police officers; one very significant reason is that police officers themselves were not informed about how could effectively help victim and where to refer them.

"And hence I filed a complaint as I expected, that immediately something would be done that sort of thing, right, they explained to me that the district inspector will summon him, offered me money for tea and I refused, because I was scrupulous, how policemen would give me..." (Adult victim)

In the other half of cases, the statements of victims show some deficiencies in the police response in at least one of the cases when they communicated with police officers. There were cases in which victims have been negotiated to postpone the filing of complaint; have filed a complaint without any subsequence for perpetrators; shifted on the police departments in the bigger settlements; told to

"calm down", "not to challenge" the perpetrator, etc. Protocols have not been given to perpetrators many times because they had relatives or friends in the local police department. However, there are also signals from victims that recently the response from the police improved, and at least, they follow their obligations more strictly.

"So before in my life at 30 years of marriage when I had such problems, I was just furious to the policemen. When you go there - "yes, yes, yes" and when I came home with them, always took the side of my husband. Always, immediately - what I approached them for. After their departure, he even more screaming becomes and "what you achieved" and the police - "they the women do not obey" and everything becomes so. The last time I noticed that there is a change in the police. Given that everybody knows us, though small town, and the father of my husband was a policeman. My husband always emphasized this thing, "he my father was a policeman, a colleague of you" - "oh, colleague" and everything becomes quite wonderful for him. And this time I told the chief he is a son of a policeman, and he said, "and what". And he said he was a colleague - "and you what" and when they came the colleagues, surely they were warned, because the reaction was another reaction. Not allowed him to be a star, so nothing to happen." (Adult victim)

Among child victims, only a half had contacts with the police, and half of this half report good treatment by the side of the police officers. The stories of the other half, however, are very alarming. They evidence not only for inhumane treatment and full neglect of the rights of the child; they also reveal corruption and participation of police officers in organised criminal groups.

"But I went hungry at one time and he made this thing - takes a slice of dry bread and makes so like for dogs - "Do you want it" - "Well, sure when I've asked." He spits on it most disgusting and inferior and throws it to me like a dog and shouting "Here, eat." Just before closing I threw him the slice and told him "you eat it as you are so smart."

I take the phone, run to the bathroom, calling centre 112, just the latest battery last drop of hope was this phone. Came the policemen four hours later and say "what's happening" - just stay and watch - "nothing", he was stretched out on the bed - "nothing, I'm just lying here"; they say "we take this little one cause we seek her" and he - "well". They take me, lead me to the station and half an hour later he comes, how do you explain it - not like to enter into a role, but if someone enters the palace, directly to enter. The police behind him, he enters, stands in front of the grille and pulls out his pocketknife. Sticking your hand and just do that and shout "I'll head out, wherever you are; at any time I will find you and kill you." The policemen behind him and lol, ha-ha, you would say that they have seen something. He was very close with them, he issued identity cards with them, fake identity cards are issued with them." (Child victims)

The contacts of victims with courts are much rarer than with the police. Only a half of adult victims have brought a case for violence they suffered and one victim only brought a case for divorce. And among child victims, the majority still expect their cases to be heard.

The claims of victims to the decisions of courts are also rare, and more precisely, single. In one case of child victim, she was asked in the court to whom of their partners she prefers to stay, and the both partners, including those who committed violence, were present in the room. Among adult victims, only one woman claimed that decision of the court not to expel the perpetrator from the common dwelling even for a limitation period was unjustified. However, namely the coercion of victims to leave the common dwelling is the main legal failure in terms of protection of victims. Actually, in the

majority of cases perpetrators are expelled for the limitation period only which currently cannot exceed 18 months; and the courts' reasoning is that usually the common dwelling is the only dwelling of the perpetrator. Isn't it the only dwelling of victims and their children too, though? This issue is even more complicated in cases of co-habitation when the partners have no official marriage registered. But even if they do, staying in the dwelling after the limitation period puts victims at serious risk of re-victimisation in which violence is expected to be more brutal. So again, the inadequate institutional response is far more frequently connected with the legislation itself than with subjective behaviour of representatives of institutions.

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"There was something that had to be taken out of the family home, but I was afraid of this issue, because his rage, fury I say it would become much greater. It was for a period of 6 months to take him away and then come back. Even to comply with these 6 months, when he comes back would be worse, much more angry, more vindictive, would have to take revenge for this and I would experience much worse things and when I got to the court I gave up from the expel." (Adult victim)

Another absurd situation is created by the fact that perpetrators keep full parental rights, whatever harm they caused to their partners and their children. The simplest fact that perpetrators have the right to see their children after the limitation period (if stipulated at all) puts both children and not-guilty parents at risk.

Response of institutions from the point of view of their representatives

Effectiveness of protection

In order to get at least general idea of how our society handles with the protection of DGBV victims, we asked professionals working with DGBV cases to assess the approximate share of victims who are exposed at re-victimisation.

The opinions of the three groups of respondents: police officers, social workers at ASP and workers at crisis centres, differ significantly. While only one out of ten policemen estimates the share of GBV victims who suffer constant or periodical violence at more than 50 %, and one out of four does so for the DV victims, shares among social workers are about a third and about a half respectively. Simultaneously, more than a half of the workers at crisis centres state that 50% or more of victims experience repetitive or systematic violence. This difference in the opinions is not surprising, as respondents base their observations on different groups of victims. The police officers could judge only based on people who gave signals, through the emergency number 112 or directly to the police. Some of them made additional comments that DV victims often refrain from warning the police, or that during their service no one case of GBV was reported. The social workers have their observations from their entire work with vulnerable groups and get information not only directly from victims but also from relatives, neighbours and witnesses. However, some part of the systematic DV victims would never fall in the scope of their attention because originate from high- or middle-income families, without any visible symptoms of what happens behind the door. And the workers at the crisis centres have as clients people both from vulnerable and not vulnerable groups, who, however, lacked enough resources to deal with violence independently.

Despite of these circumstances, however, relatively small shares of police officers and social workers see a decrease in repetitive and systematic violence in the recent years. Regarding DV and GBV victims, only about 15 % of policemen and 4 % of social workers could see a decrease of those who experienced it multiple times. Among police officers, the predominant opinion is that a change is not observed; while the majority of social workers rather see increases in these shares, and this is more clearly visible in regards to DV victims. The workers at crisis centres, on their turn, usually do not engage with similar estimations. However, some of them made important remarks concerning clients of crisis centres, and they could be defined as rather positive. Some shared that the number of repetitive placements in their centres of one and the same victims has decreased, and others observe a positive change of the situations of repetitively placed victims.

"Yes, the same in already a smaller form of violence, mental for example, begin to take steps to stop it. I think there is a trend towards improvement, recognize it earlier and thus to escape ... Although they return, I think these women return stronger, more capable, more empowered, able to protect themselves, to protect their children and to try to keep their lives together with that person." (Worker at crisis centre)

Despite the lack of positive changes encountered in re-victimisation trends, the great majorities among both police officers and social workers assess the activities of their institutions aimed at protection of DGBV victims as effective. Almost nine out of ten policemen state that the work of Mol in their region and in this direction is effective, while among social workers, the respective ratio is about six out of ten. Among this group, every third respondent shared the opinion that the general effectiveness of the activities of ASP in their region is mixed (both effective and ineffective). Moreover, the majorities of these two groups of respondents see positive changes in the levels of effectiveness in recent years. Among social workers, seven out of ten respondents estimate the effectiveness of protection as increased, both for DV and GBV victims. Among police officers, seven out of ten see positive development for GBV victims and nine out of ten – for DV victims.

Figure 36 Aspects of the work of Mol pointed as effective

	DV	GBV
Good knowledge of the legal framework, trainings		
Fast reactions to signals		
Fast elaboration of warning protocols/arrests		
Fast identification of perpetrators		
Shorter period for proceeding of documents to the court/prosecution		
Informing citizens		
Informing victims about their rights and possible procedures		
Informing perpetrators about legal sequences		
Referring victims to helping organisations and institutions		
Coordination and cooperation with NGOs		
Coordination and cooperation with the courts and other bodies		
Preventive activities - warning, monitoring and conversations with perpetrators and victims, as well as with potential perpetrators and victims		
Maintained register of perpetrators		
Immediate implementations of the measures stipulated by the court		
Control over the obeying of stipulated measures		
Building trust with victims and obeying of privacy, more adequate attitude		

Figure 37 Aspects of the work of ASP pointed as effective

	DV	GBV
Bringing out of the violent environment, placement in residential facilities		
Coordination with other institutions, warning of law-enforcement bodies, exchange of information		
Coordination and cooperation with NGOs		
Consulting victims about protection measures		
Psychotherapeutic programmes, empowerment of victims		
Legal consulting		
Referring victims to social services		
Referring victims to issue medical certificates		
Work with perpetrators		
Preventive activities - brochures, campaigns, hot lines		

Figure 38 Aspects of the work of Mol pointed as ineffective

	DV	GBV
Lack of special trainings and dedicated specialised officers, psychologists		
Slow reactions to signals, postponed protection measures		
Heavy procedures with many unclear documents for people		
Inadequate procedures - checks instead of fast police procedures		
Lack of information campaigns/campaigns aimed at change of attitudes		
Public distrust		
Ineffective prevention		
Ineffective coordination and cooperation with other institutions		
Lack of sufficient officers for preventive monitoring of regions of risk		
Lack of database in Mol about sued perpetrators		
Weak control on the obeying of stipulated measures		
Underestimation/ neglect of the problem, inadequate attitude		

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Figure 39 Aspects of the work of ASP pointed as ineffective

	DV	GBV
Insufficient/lacking possibilities for placement out of the risky environment		
Lack of information exchange between different social services		
Insufficient direct work with victims		
Ineffective therapeutic work		
Weak monitoring and analysis		
Slow procedures, untimely measures		
Lack of information campaigns		
Ineffective prevention		
Ineffective communication with the victims		
Ineffective communication with perpetrators		

When analysed the most effective aspects of the protection of victims in their regions, both the police officers and social workers pointed almost equal aspects for DV and GBV victims (Figure 36 and Figure 37). However, this is not valid when they discuss the aspects with relatively low effectiveness (

Figure 38 and Figure 39). It seems that both groups of respondents have relatively richer experience with DV, as generally the number of answers and different aspects discussed is bigger for this type of cases. Furthermore, one and the same aspects are pointed as effective and ineffective simultaneously (given in Bold text), and this is more visible in the answers of the police officers, as they generally pointed bigger variety of aspects out. This fact indicates significant differences of the situations in the different regions of the country.

The workers at crisis centres are closer to social workers in their assessments of the effectiveness of their work. Approximately a half of them define it as effective or rather effective, and generally increasing over time. The majority of the other half state that effectiveness is partial, or "50:50", because depends on the case, on the mutual work with other agents, on the willingness of victims to change their lives, etc. And in single cases only the activities are defined as ineffective, because the level of re-victimisation of the former clients were very high.

The aspects of the activity of crisis centres that the workers there point as relatively effective almost completely coincide with those pointed by victims, and these are the very basic things that crisis centres are actually created to provide: safety, shelter, food and psychotherapeutic help. The respondents also see high effectiveness of free services that would cost much to a victim not placed in a centre: medical certification, and legal consultation and services. As less effective or ineffective are defined those services in which the cooperation of other institutions and organisations is needed, or in which final success depends predominantly of external factors. The most cited examples are the successful finding of affordable dwellings for the period after the term of placement, as well as finding of suitable jobs. The coordination with the police in terms of referral of victims to crisis centres is also mentioned. And last, but not least, as not always successful are pointed the efforts to build independent skills for decision-making and independent life. According to the interviewees, the balance in the persuasion of this task is fragile; victims who stay in the crisis centres for too shorter period are still too dependent by perpetrators and very inclined to get back to them; and for those who stay longer there is a risk of "transferring" this dependency from perpetrators to the workers in the crisis centres.

"Relatively ineffective happens... again this accommodation, for which I speak that they get used to this, expect and believe that we have to do things for them and instead of them that ... I do not know and is derived from a long stay, because we seizure part of their duties in relation to this issue, to support them - there is something we not always manage to weigh exactly to whom and how much." (Worker at crisis centre)

Unmet needs of victims and recommendations of responsible actors

Although the assessments of the effectiveness provided by representatives of law-enforcement bodies and helping organisations are high, they list a significant number of unmet needs of DGBV victims and respectively, deficiencies in their protection (Figure 40). The needs/deficiencies they list could be summarised in four main groups.

The most numerous group is consisted of direct needs for overcoming of trauma and economic and psychological dependence from perpetrators. At first place, despite of the fact that the existence of crisis centres is pointed as important achievement, their number is defined as insufficient to cover the needs of victims not only as the total number of places in the centres but as number and location of

centres themselves. This issue is extremely sharp especially for regions where there is no one centre or place for urgent accommodation, as well as for the small and remote settlements. But the accommodation issue is not finished with the crisis centres only. After the term of stay at crisis centres victims need a long-term solution for their accommodation and those of children and other dependent persons. One possible solution is the availability of protected homes after the crisis centres which however are rather an exotic artefact in our country than a regular practice.

Figure 40 Unmet needs and suggestions for improvement of protection activities

	Policemen	Social workers	CC workers
Enough CCs, facilities for urgent accommodation			
Enough consultative centres/hot lines			
Protected homes/ alternative accommodation			
Effective services for social reintegration			
Enough psychological support			
Medical help			
Legal help			
State financial support			
Free and immediate childcare			
Jobs			
Criminal procedures/criminalisation of DV			
Elimination of legislative gaps			
Effective/sufficient/long-term/immediate sanctions			
Removal of the perpetrator from the dwelling/family environment			
Powers for authorities to intervene without complaint from the victim			
More powers for the police			
Registration of all complaints / cases at the police			
Fast/easy procedures/fast jurisdiction			
Special/sparing procedures for children victims and witnesses			
Better cooperation/ distribution of tasks/ active participation			
Enough human resources			
Decent remuneration			
Properly trained human resources			
Adequate attitude/fast reaction/non-formal implementation			
Effective prevention			
Mediation services / groups of mutual support with perpetrators			
Awareness-raising of the victims			
Change of the attitudes/ awareness-raising of society/ community			

Since crisis centres are not enough and not evenly spread over the territory of the country, many victims placed there come from other settlements, municipalities and regions. In this manner, they are unable to use a number of services there: medical care, municipal accommodation, subsidised public transportation, enrolment of children at schools and especially kindergartens. That is why representatives of helping organisations and social workers suggest these preferences to be automatically given to DGBV victims.

Another direct need is financial: even when the victim was not dependent financially by the perpetrator (as in case of non-domestic GBV, for instance) they still usually come from low- or middle-income environment and are unable to meet the cost of their situation independently. Besides the already mentioned need for accommodation (that is financial actually), there are lots of costs for legal and medical procedures victims should undergo, as fees, attorney honoraria, etc. Currently, only if the victim is placed in crisis centre the service covers these needs, and not always all of them. What the respondents claim for is a guaranteed state support for all victims wherever they stay that majority of them imagine as targeted ones for legal, medical and psychological help.

Another big group of needs/ deficiencies identified is called from the highest level of re-victimisation, and from massive refusals of victims to cooperate against perpetrators. The fear to cooperate is the best indicator of the reliability of protection. For improvement of this situation, a great number of respondents insist on more serious sanctions for perpetrators than the currently envisaged, including imprisonment. They also claim that the proceedings against perpetrators should not be dependent on the victims' will or capability to resist, and for this reason significant number of respondents stand behind criminalisation of DV and all forms of GBV (as currently only sexual violence and abuse are criminalised). Some respondents, however, claim that criminalisation could have other negative consequences.

"Well I would say that lately, perhaps because only the violation of the order under art. 296 is criminalised, which does not protect the victim of domestic violence, because there is no way without witnesses, violating the order that he be detained, and that happens very often." (Worker at crisis centre)

For similar reasons, many respondents think that would be better just to strictly obey and use better the options yet provided by the current legislative framework, with no radical but very important improvements, as fast procedures, stipulation of measures and responsible bodies when the court orders are not observed, etc. Part of respondents pays specific attention to the need of registration of all cases of violence, perpetrators, claims of victims and court orders in a common information system (sometimes suggested being common with courts). Thereby, wherever perpetrators and victims could go every police officer would be able to get informed about the limitation measures and to monitor their implementation.

"The control of the measures imposed by court is implemented at residence of the perpetrator but is most probable to happen at the residence of the victim." (Police officer)

Although still representing a minority, there are respondents, especially among social workers according to whom the philosophy of the Law is wrong, because not victims but perpetrators should

be removed from the family/community environment in general and from the common dwelling specifically. They are part of a larger group of professionals who maintain the opinion that the real problem is perpetration and hence the main focus should be put at monitoring and analyses of the causes, measures against perpetrators, as well as measures to help perpetrators to overcome the causes to commit violence. Aimed at this direction are all identified deficiencies and made suggestions of the third group for improved prevention activities; awareness-raising and attitude-changing campaigns; psychological and psychiatric treatment of aggression and dependences; groups for mediation and mutual support for perpetrator or common for victims and perpetrators; and last, but not least, alternative accommodation not for victims but for perpetrators who are removed from the common environment (if they are not imprisoned).

And the last group consists of unmet needs of professionals to meet the needs of victims. This includes more resources: more and better trained human resources; regular supervisions and professional support; more material resources for implementation of tasks (for instance, transportation means, consumables etc.), as well as better cooperation with and more active contribution from other state and municipal institutions. Currently, such cooperation and participation could be only observed in specific regions between specific actors who managed to build it due to personal skills and good interpersonal relations.

"- And in terms of assignment the responsibilities of the various institutions because it is also part of the legal framework.

- Well there is not such.

- No assignment of responsibilities?

- Well, there is what - a national programme. Do you think it is working?

- I am asking now.

- Well I will not answer this question. They are existent on paper." (Worker at crisis centre)

Let's wish the needed changes to start from there. It would be a good start.

SUMMARY OF FINDINGS

FACTORS AND CAUSES

The study defines two main groups of factors and causes for DGBV that may partially overlap but still differ significantly: factors and causes for victimisation, predominantly connected with the environment, characteristics and behaviour of perpetrators; and factors and causes for re-victimisation, connected predominantly with the environment, characteristics and behaviour of the victims.

The victimisation is produced, or caused, by a combination of three types of factors:

- **Factors representing some type of conflict.** It could be a conflict between different perceptions of gender that could serve as a base for sexual violence and hate crimes against LGBTIQ; could be a conflict between different perceptions of roles in the family; between contradictory economic interests; between economic needs and economic resources within the family; between the family status of perpetrators and their actual relationships within and outside the family, etc. that could light up a variety of types of domestic violence.
- **Conflict resolution models that perpetrators follow.** If they lack conflict-resolution skills that could be a result from early marriages or from lack of proper education, or result of the influence of models of violence from the childhood or from the social environment, the individuals could step back, reacting with fear, or could react with aggression.
- **Factors that could block/neutralise the internal deterrent mechanisms** of the potential violators. These could be alcohol and drugs dependences or abuse, or lack of deterrent mechanisms built due to the socio-cultural background of extremely low level.

Re-victimisation is produced or resulting when both of the two types of resources for managing the situation of violence are lacking:

- **Lack of internal resources** that happens, for instance, when victims are economically dependent from the perpetrator; or when they feel hypertrophied responsibility for the situation of violence; or when have lost psychological resilience after traumatic experiences.
- **Lack of external resources** that could be lack of supportive environment of relatives, friends, colleagues, etc.; could be inadequate institutional response to their needs of protection and support; and could be a result of discrimination and social exclusion.

SCALES AND PREVALENCE

The current study confirms the hypothesis that DV and GBV are phenomena with higher levels of concealing and unawareness, not only by the side of perpetrators but also by victims. For this reason the figures do not represent the shares of those really affected by different forms of DGBV and this is valid for all surveys held in this context. Three main factors influence the reporting: real occurrence, awareness of the occurrence as violence, and willingness to share it. Although a quarter of men and a third of women among the general population, as well as nearly half of Roma women and girls shared that they have experienced some type of DGBV in their lifetimes, the shares of those who aware that have become DGBV victims are several times smaller.

Men among the general population and Roma women and girls show significantly lower awareness than women among the general population, and hence, the scale of underestimation of actual shares of victims is expected to be bigger for these two groups. The awareness levels of GBV victimisation are even lower than those of DV one, and the difference is far bigger among men.

The real occurrence of DGBV is also hidden by the reluctance of sharing of part of victims. Some socio-demographic differences in the reporting, as the differences by age and type of settlement where the respondents live, prove that the scales of underestimation of DGBV prevalence rates are significant. It could vary from several tens of percent points, to several times, and is probably different for different socio-demographic groups. The groups with highest scales of underestimation are the minor children (under 14 years of age), the elderly people, people from the small settlements, and men.

Although shares of men victims of different DGBV forms seem significant and higher than expected, women are still more vulnerable, as they more frequently suffer from multiple, repeated and systematic violence. Also, Roma women and girls are more vulnerable than those among the general population. Furthermore, the gender analysis of most recent cases of DGBV that respondents reported shows that nearly two thirds of perpetrators are men and women clearly predominate among victims. Still, four of ten victims of DGBV are men.

The analysis of the information for the most recent cases of DGBV also shows that three quarters of both female and male perpetrators direct their actions towards the other gender. This could mean that the gender conflicts, or the conflicts between different perceptions of gender, could be the reason not only for GBV but also for a substantial share of DV.

CONSEQUENCES

The consequences of DGBV for victims could be summarised in four main groups:

- **Safety-related**, as the fear of re-victimisation, real occurrence of re-victimisation in substantial share of the cases, increased brutality of violence and life threats;
- **Health** consequences as provoked auto-immune disease or life-treating physical trauma, short-term or long-term disability, life-long chronic conditions, triggered or deteriorated heavy mental disorders, depressive, panic and sleep disorders;
- **Economic or educational** as loss of dwelling (usually the only one), long-or sort-term inability to work, loss of employment, loss of qualification or of educational opportunities, all of them connected with deteriorated current and future labour market opportunities;
- **Social**, as deprivation of the usual environment, inability or reluctance for new relationships and friendships, and regarding the children, a risk of interiorisation of wrong behavioural, family and gender models as well as a number of social deficiencies: communicational, behavioural, verbal, etc.

Representatives of Roma communities identify several very serious consequences of DGBV that not concern direct victims only, but the whole families and communities. These are cases of deaths and life-long disabilities; kinship feuds that disintegrate the communities; harms on children due to destruction of families and adoption of violent behavioural models; and loss of health- and social-insurance rights that contribute to the poverty and social exclusion of Roma.

PUBLIC RESPONSE

Personal reaction

With few exceptions, men among the general population are more inclined to tolerate acts of DGBV that they have experienced than women. This trend is seen best in the majority of sub-forms of sexual violence and abuse, stalking and psychological violence. The most probable reason is that they felt these actions as forms of "courtesy" and perceived the situation as liable to their control.

Roma women and girls also demonstrate more tolerant attitudes to acts of DGBV they have experienced than women and girls among the general population. However, the most probable cause for the relatively tolerant attitude of Roma females could be the mass character of these types of actions. It is quite alarming that all types of physical and sexual violence with the exception of the attempted murder are not defined as unlawful by the majority of Roma victims. This could only illustrate the relatively low importance of corporal suffering for Roma women, compared to material harms, wellbeing of the close persons and the honour of the person before the community.

Generally, the majority of victims do not recognise economic coercion and controlling behaviour they have experienced as a violation of their rights that is prosecuted by law.

Reactions of Roma communities

As a whole, the representatives of Roma communities enumerated numerous negative effects of DGBV and hence, showed negative attitudes. However, the cases when women are violators against men were rather positively commented, as signs of strength of the character and even some kind of revenge because of the behaviour of men towards women.

They shared that as a rule, people avoid to intervene if they witness cases of violence because they could suffer as well. The exceptions are cases when somebody could be killed, and when the relatives of the witnesses are involved. In cases when victims are women, they could share only with closest friends because are afraid that if the perpetrator learned will commit even more severe violence. When victims are children, they would share and seek help from grandmothers and fathers, or other close relatives they love and trust.

Generally, the Roma representatives see rather external than internal solutions for limitation of DGBV: employment measures (incl. anti-discrimination ones), local security patrols, youth clubs for free time activities, etc.

Response of institutions from the point of view of the victims

Although the majority of interviewed child victims needed medical help or certification for violence they suffered, most of them didn't reached it, mainly because of parental neglect or ban to get out of home/to be late after school. Regarding adult victims, only a third of them haven't sought medical help or certification: half of them didn't need it and another half ashamed. The experience of those who reached medical help is mixed. Besides medical care, victims have been referred to the police only in exceptional cases; and in no one case they have been referred to organisations providing help

and assistance. There is also a case when the GP of the victim refused to issue a certification and further hampered the issue of needed documents for her child for enrolment in another kindergarten.

While all adult victims have voluntarily connected with crisis centres and other supporting organisations, some of the children are placed there against their will; and this is the main reason for the different attitudes and levels of satisfaction with the helping organisations of the two groups. This is especially valid for children, who wander, have been involved in begging or pick-pocketing by their families, or perceive cohabitation with intimate partners, engagement in prostitution or distribution of drugs as their own choice. In addition, in all cases children are restricted in their movement and contact and sometimes perceive their stay in crisis centres and other residential facilities like a punishment.

The experience of victims with law enforcement bodies: the police and courts, is ambivalent, including within the story of one and the same person. On the one hand, some victims related that they could observe positive change in the way the police acted when they called them: from behaviour rather empathic to violators, to strict implementation of the law. On the other hand, the evidence of both victims and crisis centres representatives show substantial differences in the way the police acts in different settlements, and even in different police directorates within one and the same settlement.

The satisfaction of acts of courts is generally bigger than of those of police. The main reason for this difference is the phase when victims contact these institutions. The contacts with courts are usually made with the active cooperation of crisis centres that provide legal advice, logistic and financial support. Nevertheless, some contradictory practices are reported by victims. For instance, the perpetrator is not expelled from the common dwelling even for a certain limitation period, but is just given a warning to abstain from violence. Also, as a principle, in the majority of cases perpetrators are allowed to live in the common dwelling after or even during the limitation period and keep the property on it, so basically victims and their children have two choices: to remain homeless or to fall victims again.

Response of institutions from the point of view of their representatives

The majority of police officers, social workers and workers at CCs participated in the study give positive assessments of the effectiveness of the work for protection and help of victims, although relatively small shares of them see a decrease of the repetitive and systematic violence in the recent years. Moreover, majorities of policemen and of social workers see positive changes in the levels of effectiveness in recent years. These two groups of respondents outline as effective all main aspects of their activities for protection and help. However, many of the aspects pointed as effective are identified as ineffective as well. This fact indicates significant differences of the situations in different regions of the country.

The aspects of the activity of crisis centres that workers there point as relatively effective almost completely coincide with those pointed by the victims, and these are the very basic things that crisis centres are actually created to provide: safety, shelter, food and psychotherapeutic help. The respondents also see high effectiveness of the free services that would cost much to a victim not placed in a centre: medical certification, and legal consultation and services.

Although the assessments of the effectiveness provided by representatives of law-enforcement bodies and helping organisations are high, they list a significant number of unmet needs of DGBV victims and respectively, deficiencies in their protection and recommendations for improvement. They could be grouped in several main types:

- **Direct needs** for overcoming trauma and economic and psychological dependence, as crisis and subsequent accommodation, extended psychological treatment and consultation and financial support;
- **Protection-related needs** of overcoming re-victimisation and the feel of unpunishment of perpetrators, including claims for criminalisation of all DGBV forms, more powers for law-enforcement bodies to intervene when victims are unable or unwilling to accuse perpetrators, and more serious sanctions;
- **Perpetration-oriented** needs/recommendations for more and more effective prevention activities, monitoring and analyses of causes, measures against perpetrators, as well as measures to help perpetrators to overcome the causes to commit violence;
- **Needs of professionals** to meet needs of victims that include more and better trained human resources; regular supervisions and professional support; more material resources for implementation of tasks, as well as better cooperation with and more active contribution from other state and municipal institutions.

ANNEX 1: METHODOLOGICAL SUMMARY

The different types of surveys included in the study are using different indicators, corresponding to the competence of the different types of respondents.

THEMATIC AREA	INDICATOR	METHODS	TYPE OF RESPONDENTS
Most typical general factors and causes	Background of victims among the general population <ul style="list-style-type: none"> • Age • Gender • Ethnicity • Sexual orientation • Type of settlement • Educational level • Income level 	CATI, PAPI	General population, Roma women and girls
	Background of victims placed in crisis centres <ul style="list-style-type: none"> • Family environment, possible experience with violence in the childhood, personal or as a witness • Family situation as an adult, history of relations with the perpetrator 	In-depth interviews	Victims placed in crisis centres
	Changes in the situation of violence preceding the placement of victims at crisis centres	In-depth interviews	Victims placed in crisis centres
Possible Roma-specific factors and causes	Types of situations DV and GBV appear in most frequently, and why, according Roma communities	Focus-group discussions	Representatives of Roma communities
	Perceptions of perpetrators in Roma communities	Focus-group discussions	Representatives of Roma communities
Scales and prevalence of different DGBV forms	Self-reported lifetime experience of in: <ul style="list-style-type: none"> • Domestic violence as a victim • Gender-based violence as a victim • Domestic violence as a perpetrator • Gender-based violence as a perpetrator 	CATI, PAPI	General population, Roma women and girls
	Experience in the lifetime of: <ul style="list-style-type: none"> • Repeated scandals, shouting by person from domestic environment 	CATI, PAPI	General population, Roma women and girls

THEMATIC AREA	INDICATOR	METHODS	TYPE OF RESPONDENTS
	<ul style="list-style-type: none"> • Insult, defamation, humiliation, or belittling of personal worth by person from domestic environment • Neglect or refusal of help by a parent, partner or caregiver under 18 years of age, in older age, in illness or in condition of helplessness or disability • Extortion or threats for the person, their property, people or things they are concerned of by person from domestic environment • Damage or destruction of property by person from domestic environment • Controlling behaviour (taking or trying to interfere personal decisions) in the adulthood by person from domestic environment • Limitation of social contacts and social life in the adulthood, posed by person from domestic environment • Limitations to work and type of work, posed by person from domestic environment • Economic harassment, deprivation or extortion for money/property in the adulthood by person from domestic environment • Following or spying, incl. by hiring a private investigator; • Revealing or searching information about the person • Repeated unwanted communication without sexual context; • Repeated sending of unwanted gifts; • Intentional showing-up in places connected with the victim's everyday life; • GB extortion, threats or assaults for the person, their property, people or things they are concerned of • Gender-based damage or destruction of property • Gender-based insult and defamation • Physical injury by person from domestic environment • Physical touch with unwanted sexual intention or context • Non-physical contact or communication with unwanted sexual attention • Coercive seeing or acting in pictures/video-recordings in nude or in sexual context • Sexual intercourse before age of 18 • Unwanted marriage or co-habitation with intimate partner against the person's will 		

THEMATIC AREA	INDICATOR	METHODS	TYPE OF RESPONDENTS
	<ul style="list-style-type: none"> • Coercion for painful or causing inconvenience acts during sexual intercourse • Rape • Other coercive sexual act • Experience in the lifetime and in the last 12 months in each type of violence: psychological, controlling behaviour, economic, stalking, physical and sexual 		
	<p>For each of the above-mentioned, if experienced as a victim:</p> <ul style="list-style-type: none"> • Total number of cases • Periods of the last and of the first case (years ago) • First case experienced in the age of: below 14/ 14 to 17/18-24/25-64/65 and over • Perpetrator in the last case ((ex-) partner, incl. boy(girl)friend or dating person/ parent, foster parent or caregiver in institution/ child or grandchild/ other relative/ (ex-) partner of a relative/ co-habitant/ other acquaintance/ stranger) • Gender of the perpetrator in the last case • Age category of perpetrator in the last case (adult or under-aged) 	CATI, PAPI	General population, Roma women and girls
	<p>Lifetime experience of deprivation of the rights of proper information and choice, unnecessary or forced manipulation or treatment, insult, physical or verbal mistreatment by healthcare personnel in situation of assisted reproduction, pregnancy, giving birth, or seeking of help or consultation for the sexual or reproductive health:</p> <ul style="list-style-type: none"> • Total number of cases • Periods of the last and of the first case (years ago) 	CATI, PAPI	General population, Roma women and girls
	<p>For respondents aged 15-17, lifetime experience in witnessing of:</p> <ul style="list-style-type: none"> • Scandals, shouting persons from domestic environment; • Insults, threats, extortion, damage or destruction of property between those; • Physical violence between those; • Sexual violence between those; 	CATI, PAPI	General population, Roma women and girls
	<p>For respondents who have children – total number of children under 15 and numbers and gender of them who ever experienced:</p>	CATI, PAPI	General population, Roma women and girls

THEMATIC AREA	INDICATOR	METHODS	TYPE OF RESPONDENTS
	<ul style="list-style-type: none"> Lack of attention to their hygiene, nutrition, health or educational needs due to non-economic reasons, by parents or other caregivers Witnessing of scandals, shouting between persons from domestic environment; Insults, threats, extortion, damage or destruction of property between those; Witnessing of physical violence between those; Witnessing of sexual violence between those; Insult, neglect, humiliation, belittling or neglect of personal worth and achievements by persons from domestic environment; Scandals, shouting by those; Insults, threats by those; Physical punishment or violence by those; Sexual abuse or violence by those. 		
	Victimisation rates for the main types of crimes against the person: Threats and Assaults and Sexual offences in the last 5 years and in the previous year;	CATI, PAPI	General population, Roma women and girls
	For each of the above-mentioned, if experienced: number of cases for each crime type for the previous year;	CATI, PAPI	General population, Roma women and girls
	Experience with DGBV of victims placed in crisis centres <ul style="list-style-type: none"> Types of violence experienced Periodicity/cyclic recurrence of violence Length of DGBV experience Tendencies – increase/decrease, new forms, severity 	In-depth interviews	Victims placed in crisis centres
	Observations of Roma communities: <ul style="list-style-type: none"> On the vulnerable groups: who are the victims, what is the profile of the typical victim On the trends: are the scales of DV and GBV increase or decrease, are their new forms and manifestations 	Focus-group discussions	Representatives of Roma communities
	Professional experience of representatives of responsible institutions with DGBV cases <ul style="list-style-type: none"> Types of cases of violence: DV and/or GBV; physical/sexual/psychological 	Self-completed questionnaire	Police officers, social workers at CPD and social workers at crisis centres

THEMATIC AREA	INDICATOR	METHODS	TYPE OF RESPONDENTS
	<ul style="list-style-type: none"> • Approximate ratio between the different forms • Approximate ratio between vulnerable groups: children/ women/ men/ LGBTIQ people/ elderly people • Share of repetitive victimisation (after the victim had reached the authority, after left it, or during the stay) 	es, In-depth interviews	
	<p>Assessment of representatives of responsible institutions of recent trends</p> <ul style="list-style-type: none"> • Increase/decrease of cases overall and by type of violence • Changes in the severity of violence, if registered • Possible changes in the forms and models of violence: yes/no, plus written description • Possible changes in the share of victims who seek protection and help from their authorities: yes/no, decrease/increase, significant/insignificant • Possible changes in the share of repetitive victimisation: yes/no, decrease/increase, significant/insignificant 	Self-completed questionnaires, In-depth interviews	Police officers, social workers at CPD and social workers at crisis centres
Consequences of DGBV in terms of their social implications	Perceived seriousness of the last case of violence experienced by victims (crime/ legal offence but not crime/ bad or immoral conduct but not legal offence/ normal, natural behaviour)	CATI, PAPI	General population, Roma women and girls
	<p>Perceptions of the future of victims placed in crisis centres</p> <ul style="list-style-type: none"> • Optimistic or pessimistic attitudes • Presence or lack of plans for the future • Perceptions of the relations with the perpetrator: dependence overcame or not • Major concerns of the future: types and ranking • Additional comments and questions 	In-depth interviews	Victims placed in crisis centres
	<p>Attitudes of Roma communities:</p> <ul style="list-style-type: none"> • What is the seriousness of the different forms of DV and GBV, how they reflect on particular families and on the community as a whole • Are there negative consequences on the families and community, what they could be, incl. expanding of violence into feud among families and kinships 	Focus-group discussions	Representatives of Roma communities
Public response - personal reaction to violence	<p>For each of violence types, if experienced:</p> <ul style="list-style-type: none"> • Reporting the last case of the respective crime type to the police; • Number of cases reported to the police in the previous year; 	CATI, PAPI	General population, Roma women and girls

THEMATIC AREA	INDICATOR	METHODS	TYPE OF RESPONDENTS
	<ul style="list-style-type: none"> Help sought /agents informed in the last case (family or relatives, friends, colleagues, other acquaintances, support organisations, medical specialists, police, other authorities) 		
	Situation of victims preceding the placement at the crisis centre <ul style="list-style-type: none"> Changes in victim's perception of her own situation Possible influence of advisors/helping actors 	In-depth interviews	Victims placed in crisis centres
	Reaction of Roma victims, according the evidence of community members.	Focus-group discussions	Representatives of Roma communities
Public response - reactions of Roma communities	Perceptions for DV and GBV, recognition of the different forms of DGBV among Roma communities	Focus-group discussions	Representatives of Roma communities
	Response of Roma communities to DGBV: <ul style="list-style-type: none"> How people react to DV and GBV; how react perpetrators and the witnesses; men and women; young and old people; adult and children Is somebody trying to help in these cases and how, if yes; why; is this rare or frequent; what is usually the result Do victims seek help and from whom; why; is it rare or frequent; what is usually the result 	Focus-group discussions	Representatives of Roma communities
	Alternatives suggested by Roma communities <ul style="list-style-type: none"> Who might help in preventing DV and GBV How, what could be done Are there unmentioned important things in these topics 	Focus-group discussions	Representatives of Roma communities
Response of institutions from the point of view of the victims	Experience of victims placed in crisis centres in communication with helping professionals <ul style="list-style-type: none"> Positive/negative experience with healthcare professionals - responsiveness, helpfulness, direction to other agents (police, social assistance, shelters, etc.) Positive/negative experience with supporting organisations - responsiveness, helpfulness, direction to other agents, effectiveness of psychological work/advice Possible experience of victims placed in crisis centres with legal experts - usefulness of their advice 	In-depth interviews	Victims placed in crisis centres
	Experience of victims placed in crisis centres in communication with law enforcement bodies <ul style="list-style-type: none"> Positive/negative experience with the Police - adequacy of their attitude, responsiveness, helpfulness, 	In-depth interviews	Victims placed in crisis centres

THEMATIC AREA	INDICATOR	METHODS	TYPE OF RESPONDENTS
	direction to other agents (hotlines, social assistance, shelters, court, etc.) <ul style="list-style-type: none"> • Positive/negative experience with the Court – adequacy of their attitude and final judgement, speed and easiness of procedures 		
	General perceptions of victims placed in crisis centres of the mechanisms for protection and support <ul style="list-style-type: none"> • Effectiveness/ineffectiveness of protection measures • Effectiveness/ineffectiveness of support measures (psychological, financial, legal, etc.) • Main problem areas, help deficiencies and unmet needs identified in the process of communication with protection and support agents 	In-depth interviews	Victims placed in crisis centres
Response of institutions from the point of view of their representatives	Professional experience - years of service at current position: less than 1/1-2/3-5/6-10/more than 10	Self-completion of semi-structured questionnaires, In-depth interviews	Police officers, social workers at CPD and social workers at crisis centres
	Assessment of overall effectiveness of their activity (protection/support of the victims) <ul style="list-style-type: none"> • Overall effectiveness: very efficient/ rather efficient/ rather inefficient/ very inefficient • Aspects of the work with relatively bigger effectiveness/ineffectiveness: written description • Positive/negative changes/lack of changes in the levels of efficiency, overall and by different aspects 	Self-completion of semi-structured questionnaires, In-depth interviews	Police officers, social workers at CPD and social workers at crisis centres
	Assessment of the legal and institutional frameworks <ul style="list-style-type: none"> • Major deficiencies in the protection/support of the victims: what they need the most to be changed/improved/ensured – all relevant answers, written description • Major deficiencies in the work with perpetrators: what needs the most to be changed/improved/ensured – all relevant answers, written description • Main strengths and weaknesses of the legal framework, including distribution of responsibilities between institutions 	Self-completion of semi-structured questionnaires, In-depth interviews	Police officers, social workers at CPD and social workers at crisis centres

THEMATIC AREA	INDICATOR	METHODS	TYPE OF RESPONDENTS
	<ul style="list-style-type: none"> • Main strengths and weaknesses of the coordination between institutions • Assessment of police officers and social workers on the most problematic and second problematic areas among: laws and regulations/ coordination of institutions/ coordination within institutions/ coordination between institutions and NGOs/ availability of financial resources/ availability of human resources/ public attitudes and perceptions/ other • Assessment of professionals at crisis centres on the most problematic and second problematic areas among: prevention of perpetrators to violate again/ psychological work with perpetrators/ prevention of the victim to return back to the violator/ convincing the victim to report to the police/ making the police to register all reports/ convincing the victim to bring a suit to the court/ tools to influence the court to enact adequate protection measures/ speeding up the litigation/ simplifying the procedures for the victims/ speeding up the procedures protecting victims and their children and limitation of perpetrators / helping the victim in the psychological recovery/ helping the victim to build independent future life/ other (show-card recommended, plus explanation of the choices) • Observation of professionals at crisis centres on the effective models of breaking violence / empowerment of the victims • Suggestions for improvement in the most problematic and second problematic areas • Other suggestions and comments 		

ANNEX 2: DETAILED DATA – RATES FOR SPECIFIC FORMS OF VIOLENCE

Figure 41 Victims of different sub-types of sexual violence (domestic and not domestic): prevalence rates, %

	General population, total	General population, male	General population, female	Roma population (female)
To force you to marry or to cohabit with somebody?	1.9%	2.6%	1.3%	7.8%
To force you to have sex or other acts of a sexual nature, no matter what	3.6%	3.0%	4.1%	4.5%
Making an unsuccessful attempt to force you to have sex?	3.8%	3.2%	4.3%	5.0%
Apart from the above, has somebody taken advantage of times when you were helpless (e.g., sick, tired, unconscious)	2.3%	2.4%	2.2%	2.0%
And did it happen somebody to make a failed attempt to take advantage when you were helpless?	1.8%	1.8%	1.9%	2.8%
Apart from the above, did it happen to have sex with your consent, but your partner made you forcibly do things against your will?	2.5%	2.2%	2.8%	5.0%
Apart from the above, did it happen somebody to touch you with sexual intent or make other improper things against your will?	9.1%	6.1%	11.9%	5.0%
Apart from the above, have you before the age of 18 shown or taken pictures of yourself in nude or in sexual scenes by request of an adult?	1.5%	1.6%	1.3%	1.5%

Figure 42 Victims of different sub-types of physical domestic violence: prevalence rates, %

	General population, total	General population, male	General population, female	Roma population (female)
Deliberately tried to poison your food or medicines, cause a crash or an accident in order to physically harm or kill you	0.7%	1.0%	0.4%	0.3%
Throw at you or hit you with an object, use against you a weapon or an object that can be used as a weapon	2.7%	2.9%	2.6%	7.5%
Push you with hands or throw you into a wall or an object, rook you, kick, slap, tie, beat, or drown you in water or cause you pain or injury in any other way	5.2%	3.0%	7.2%	11.8%
Deliberately deprive you of vital necessities such as food and shelter, chased you away from home to keep you in the cold, not allow you to sleep	2.2%	1.8%	2.6%	4.5%
Paid or got someone else to do something similar to these?	0.7%	0.9%	0.5%	0.0%

Figure 43 Victims of different sub-types of psychological domestic violence: prevalence rates, %

	General population, total	General population, male	General population, female	Roma population (female)
Deliberately damage or destroy your belongings or property?	2.7%	2.4%	3.0%	10.5%
Hit, shove and break things to scare you?	4.0%	2.8%	5.1%	12.0%
Blackmail or threaten to hurt you personally?	2.9%	2.4%	3.3%	8.3%
Blackmail or threaten to hurt your children or other close ones or to take away your children?	2.5%	2.0%	2.9%	4.8%
Blackmail or threaten to hurt themselves?	2.2%	2.3%	2.0%	3.5%
Blackmail or threaten to damage your property or hurt your pets?	1.8%	1.9%	1.7%	4.5%
Insult you, slander, humiliate, belittle you as a person?	5.4%	3.0%	7.8%	14.5%
Made scandals, screamed at you repeatedly?	7.7%	5.0%	10.2%	21.8%

Figure 44 Victims of different sub-types of controlling behaviour at home: prevalence rates, %

	General population, total	General population, male	General population, female	Roma population (female)
Make decisions instead of you or rudely intervene in decisions that are supposed be all yours?	6.8%	5.6%	8.1%	15.5%
When you were adult limited your social contacts and your social life, e.g. meetings with family or friends?	4.2%	3.5%	4.9%	7.6%
When you were adult limited your freedom of movement, lock you or not allow you to leave	1.5%	1.4%	1.6%	6.5%

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Figure 45 Victims of different sub-types of economic coercion at home: prevalence rates, %

	General population, total	General population, male	General population, female	Roma population (female)
When you were adult imposed on you whether and what you should work, or deprived you of the opportunity to have your own income	1.5%	1.3%	1.6%	7.1%
When you were adult kept in secret your family budget, didn't give you money for general expenses, required accurate records of the funds you are allowed or deprived you of funds for basic needs	2.8%	1.7%	3.8%	6.5%
Blackmailed you for money, material possessions or property	1.3%	1.5%	1.1%	5.3%
Willfully made decisions related to money or property that harmed you, like taking a lot or large loans, or spend a large part of mutual funds for gambling, alcohol or other personal expenses	2.5%	2.3%	2.7%	7.8%

Figure 46 Victims of different sub-types of physical gender violence: prevalence rates, %

	General population, total	General population, male	General population, female	Roma population (female)
Has attempted to murder you for reasons related to your gender?	1.3%	1.5%	1.1%	0.8%
Has attempted or actually physically harmed you or caused you pain for reasons related to your gender?	3.4%	2.8%	3.9%	4.8%

Figure 47 Victims of different sub-types of psychological gender violence: prevalence rates, %

	General population, total	General population, male	General population, female	Roma population (female)
Has damaged or destroyed yours or family property	1.8%	1.6%	2.0%	3.5%
Has threatened or said and done things that scare you, including threats against children and relatives for reasons related to your gender	3.2%	3.1%	3.2%	2.5%

Figure 48 Victims of different sub-types of stalking: prevalence rates, %

	General population, total	General population, male	General population, female	Roma population (female)
Has sent you several times unwanted gifts, items, postal letters or postcards for reasons related to your gender?	2.9%	2.8%	3.0%	1.8%
Has tried several times to contact you by phone, email or electronic communication means contrary to your will for reasons related to your gender?	6.7%	5.8%	7.5%	3.3%
Has shown up several times without good reason at places related to your everyday life?	3.9%	3.0%	4.7%	4.0%
Has sought or publicly disclosed information about you, insulted or slandered for reasons related to your gender incl. via Internet?	3.6%	3.2%	4.0%	1.3%
Has monitored or stalked you personally or through others, incl. private investigator for reasons related to your gender?	2.7%	1.8%	3.5%	2.3%

Figure 49 Victims of different sub-types of abuse with sexual or reproductive health problems: prevalence rates, %

	General population, total	General population, male	General population, female	Roma population (female)
Did not tell you everything about your condition, what can happen and how you can be treated so that you can understand?	12.3%	14.2%	11.7%	9.6%
Did not give you the right to choose an approach to your problem?	8.6%	10.7%	7.8%	2.6%
Insulted, humiliated or bullied you?	5.7%	8.5%	4.6%	4.4%
Physically hurt you, e.g. hit you, pulled or pushed you, or refused to help you when you needed it?	2.5%	7.2%	0.8%	1.3%
Gave medication or applied a treatment or surgery without asking or telling you?	4.7%	7.2%	3.8%	6.6%

Figure 50 Victims of different sub-types of domestic gender violence: prevalence rates, %

Physical:	General population, total	General population, male	General population, female	Roma population (female)
(Domestic) Has attempted to murder you for reasons related to your gender?	0.6%	0.6%	0.6%	0.5%
(Domestic) Has attempted or actually physically harmed you or caused you pain for reasons related to your gender?	1.5%	0.9%	2.0%	3.5%
Sexual:	General population, total	General population, male	General population, female	Roma population (female)
(Domestic) To force you to marry or to cohabit with somebody?	1.9%	2.6%	1.3%	7.8%
(Domestic) To force you to have sex or other acts of a sexual nature, no matter what	1.5%	1.6%	1.4%	2.8%
(Domestic) Making an unsuccessful attempt to force you to have sex?	1.4%	1.8%	1.0%	2.8%
(Domestic) Apart from the above, has somebody taken advantage of times when you were helpless (eg, sick, tired, unconscious)	1.2%	1.3%	1.1%	1.3%
(Domestic) And did it happen somebody to make a failed attempt to take advantage when you were helpless?	0.8%	1.0%	0.6%	1.8%
(Domestic) Did it happen to have sex with your consent, but your partner made you forcibly do things against your will?	2.5%	2.2%	2.8%	5.0%
(Domestic) Apart from the above, did it happen somebody to touch you with sexual intent or make other improper things against your will?	0.8%	0.8%	0.8%	1.8%
(Domestic) Apart from the above, have you before the age of 18 shown or taken pictures of yourself in nude or in sexual scenes by request of an adult?	0.5%	0.9%	0.2%	1.0%
(Domestic) Have there been cases before you reach 18 to have sexual contact with an adult partner by mutual consent? How old were you in the first case? (<14)	0.4%	0.7%	0.1%	1.3%
Psychological:	General population, total	General population, male	General population, female	Roma population (female)
(Domestic) Has damaged or destroyed yours or family property?	0.8%	0.6%	1.0%	2.5%
(Domestic) Has threatened or said and done things that scare you, including threats against children and relatives for reasons related to your gender?	1.6%	1.4%	1.9%	1.8%

Stalking:

	General population, total	General population, male	General population, female	Roma population (female)
(Domestic) Has sent you several times unwanted gifts, items, postal letters or postcards for reasons related to your gender?	0.6%	0.8%	0.4%	0.0%
(Domestic) Has tried several times to contact you by phone, email or electronic communication means contrary to your will for reasons related to your gender?	1.2%	1.1%	1.3%	0.3%
(Domestic) Has shown up several times without good reason at places related to your everyday life?	1.0%	0.8%	1.2%	0.5%
(Domestic) Has sought or publicly disclosed information about you, insulted or slandered for reasons related to your gender incl. via Internet?	1.0%	0.9%	1.1%	0.5%
(Domestic) Has monitored or stalked you personally or through others, incl. private investigator for reasons related to your gender?	1.1%	1.0%	1.1%	0.8%

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Figure 51 Perpetrators of different sub-types of domestic violence: prevalence rates, %

	General population, total	General population, male	General population, female	Roma population (female)
Have you ever done anything similar to the things listed to a person from home? (physical violence)	1.2%	1.3%	1.0%	3.3%
Have you ever done similar to the listed things to someone from your home? (psychological violence)	4.4%	4.2%	4.7%	7.3%
Have you ever tried to control a person from your home in a similar way?	2.4%	2.7%	2.2%	7.5%
Have you ever tried to put economic pressure on a person from home in a similar way?	1.4%	1.5%	1.3%	4.3%

Figure 52 Perpetrators of different sub-types of gender violence: prevalence rates, %

	General population, total	General population, male	General population, female	Roma population (female)
Have you ever done something similar against someone else? (sexual violence)	1.1%	1.8%	0.3%	0.8%
Have you ever done something similar against someone else based on their gender? (other types)	0.9%	1.3%	0.5%	1.5%

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