

PRACTICE OF WORKING WITH CHILD VICTIMS OR WITNESSES OF DOMESTIC VIOLENCE

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Introduction

This Practice Guide has been created within the framework of a project “BODROZI – National Response to Domestic Violence against Children”. The main objective of the project is to optimize the response of the child protection authorities in Bulgaria in cases of domestic violence in which children are children involved, whether as victims or as witnesses.

In the Republic of Bulgaria there is an established practice for work in cases of children victims of violence – so called Coordination mechanism, which describes the work of different institutions. However, cases of domestic violence against children remain outside the scope of the Coordination Mechanism and therefore no cross-sectoral response is always observed in such situations. At the same time, in different settlements there are practices of working together on such cases, which remain local.

Therefore, BODROZI unites the support of a number of institutions already at the application stage - Ministry of Interior, Ministry of Justice, Agency for Social Assistance, UNICEF-Bulgaria and the municipalities of Shumen, Montana and Sofia. It envisages active work with the institutions for consulting and approval of a number of training materials on the project and further training of more than 1000 specialists throughout the country. It is also envisaged to consolidate national experience and good practice in dealing with cases of child victims / witnesses of domestic violence - such as the Centers for Advocacy and Protection for Child Victims of Violence "Zona ZaKrila", to be incorporated into the training materials and disseminated across the country. As a result, the practice of working with child victims or witnesses of domestic violence will be improved.

The practices presented here are gathered after three seminars which took place in November and December 2019 in the cities of Sofia, Shumen and Montana, where various social services and stakeholders were invited to present their practice.

The identification of services was based on: geographic location; services that prioritize domestic violence and children, victims of domestic violence; and a stated willingness to



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participate. Each organization was asked to describe its practice in a template. It should be noted that this set of practices does not aim at a comprehensive coverage of all existing practices in the country, but to a large extent reflects the current situation. We will start by describing the case work from the perspective of the child protection departments that have actively participated in all the seminars and will continue with a description of the practices of different social services, which differ significantly in their way of working.

Child Protection Department, Directorate for Social Assistance – summary presentation by 15 Child Protection Departments which took part in the seminars. Work on cases of child witnesses and victims of domestic violence by Child Protection Department

Child Protection Department is the principal child protection authority in the country. Presented is the aggregate practice of Child Protection Departments across the country.

The goals of the units are: ensuring the safety and protection of child witnesses or victims of domestic violence; ending the domestic violence, they have been exposed to; recovery from the domestic violence experienced (witnessed).

The units' target group is all child victims and witnesses of domestic violence referred anyhow to the Child Protection Department, as per the child's current address registration.

The work on cases of domestic violence is organised in such a way as to ensure avoidance of inappropriate meetings between the child victim and the perpetrator of the domestic violence. When visiting on site in response to an emergency domestic violence report, the staff ensures that the child and the abuser are kept in separate rooms for interview.



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The main components of the work are embedded in the Child Protection Act and its Implementing Regulations. The components involve receiving a report of a child being a victim of domestic violence by the child themselves or the report is received from another adult. Depending on the type of the signal, either immediate actions are undertaken in terms of conducting an assessment (under the Coordination Mechanism¹) or a routine assessment is performed within a ten-day period. In the case of an immediate assessment, some Child Protection Departments mandatorily adhere to a practice of convening a Coordination Mechanism immediately or on the next day. Other Departments consider whether to convene it at all and they do not always do so. The child is heard with no delay in order to make an assessment of the case. Normally, the hearing is conducted by a social worker or the psychologist of the Department. The parent victim is also heard and, in some cases, CPD may have a conversation with the abusive parent. It is important to point out that if there is no police officer present, CPD do not always talk to the abusive parent even if the case is urgent.

Domestic violence cases require immediate medical examination if there are indications of physical abuse. There are various options to act depending on whether there is also a parent victim or the child is abused by a single parent. In case of a parent victim involved, they are supported in both making arrangements for the medical examination and for securing their safety and security in the future. If the child is abused by a single parent, the steps undertaken most often and almost always involve placement in a Crisis Centre or emergency placement. The options of placing the child with family and relatives are also considered, however, the relatives are generally afraid of the abuser or live abroad and the child still ends up in a Crisis Centre.

If the conclusion of the urgent assessment or of the 10-day one is that the child is at risk, then a case is opened. If a case is opened, the protection measures may vary under the CPA and they may be implemented one by one. Measures implemented in the family environment are always the first choice.

¹ Coordination mechanism for interaction and tackling cases of children victims, or at risk of violence and for crisis intervention



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CPD/DSA rarely resort to the provisions of the Protection against Domestic Violence Act as they are authorised to under Art. 8 Para 42 of PADVA. It is an extremely rare occasion CPD/ DSA initiating a claim for immediate and permanent protection of a child under PADVA and very rarely there are individual cases of measures undertaken in compliance with Art. 5, items 2,3,53 at the initiative of CPD, namely, the abusive parent to be required to leave the family home, to be forbidden to come close to the child and to attend a domestic violence perpetrators programme. It is also a rare exception when a 14-old child⁴ is encouraged by CPD to submit an application under PADVA requesting protection measures to be imposed (as they have the right to do) and then CPD/DSA countersigning the application at the court's request. Generally, CPD either encourage the parents, including the abusive parent to file an application for referral to a social service or, in case the latter does not realise they have a problem with aggression, they are

² Art. 8 The procedure for issuing the order may be initiated at the request of:

1. the injured person, if he or she is 14 years of age or is placed under restricted restriction;
2. a brother, sister or a person who is closely related to the victim;
3. the guardian or guardian of the injured person;
4. the director of the Directorate for Social Assistance when the victim is a minor, is placed under a ban or is disabled.

³ Art. 5. (1) (Amended, SG No. 102/2009, effective 22.12.2009) The measures for protection against domestic violence shall be:

1. an obligation on the offender to refrain from committing domestic violence;
2. removal of the offender from the jointly occupied dwelling for the term determined by the court;
3. (suppl. - SG 102/09, in force from 22.12.2009) prohibition of the perpetrator to approach the injured person, the dwelling, places of work and places for social contacts and rest of the injured person under conditions and term determined by the court;
4. provisional determination of the place of residence of the child with the injured parent or with the parent who did not commit the violence, under conditions and time limit set by the court, if this does not contradict the interests of the child;
5. obliging the perpetrator of the violence to attend specialized programs;
6. referring victims to recovery programs.

⁴ According to the Law on Persons and the Family, until the age of 14, the child is a minor and after the age of 14 he is juvenile, ie. there is already a statutory option to act without a parent / guardian



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issued with an order to use a social service. Most of the abusers neither comply with the order nor appeal against it.

It is possible that a report of domestic violence against a child is considered unjustified and that there is no risk to the child. Then there is no case opened but for prevention purposes parents are encouraged by CPD to file an application to use social services at the community support centre. As for the “blue room”, it is very rarely used in cases of domestic violence if such room is available at all.

The working methods are fully compliant with the legislation: the Child Protection Act, its Implementing Regulations, the Social Assistance Act and its Implementing Regulations. The Protection against Domestic Violence Act is rarely resorted to.

It should be noted that according to the supplements of the Child Protection Act § 1, para. 11 “a child at risk is a child: (a) whose parents have died, are unknown, deprived of parental rights or whose parental rights are restricted or the child is left without their care; (b) who is a victim of abuse, violence, exploitation or any other inhuman or degrading treatment or punishment within or outside his family; (c) there is a risk of damage to his physical, mental, moral, intellectual and social development; ...”, and the Law on Protection against Domestic Violence stipulates that a child witness of domestic violence is also a victim of violence (Art. 2, Para. 2):” Any domestic violence committed in his presence is considered to be mental and emotional abuse against a child.”

The cases of child victims and witnesses of domestic violence are the cases of children at risk and the casework practice is adhered to: assessment and provision of protection measures, incl. social services.

Normally, there are two institutions involved: CPD and the police authorities as a partner. The rest of the parties to the CM are increasingly passive. Most of the CPD staff consider it a trend that the municipality representatives in the CM have become increasingly passive over the years and have stopped assisting. In practice, the cases of domestic violence against children are handled by CPD and the police. Services behaviour varies depending on their management and type. If there is an NGO⁵ in the town, specialised in addressing violence and they run their own service, then they are very active. Otherwise, CSCs do not always work on domestic violence

⁵ Report on “Violence in Bulgaria”, p. 50
<https://mlsp.government.bg/ckfinder/userfiles/files/ReportViolenceFinal.pdf>

cases or if they do, they do not act differently on such cases. The Crisis Centre is a very useful and even key service. If there is such a centre, CPD operate in a much more efficient and stress-free manner. If this is not the case, things become more complicated and very often children remain living in a violent environment because there is nowhere to place them urgently.

Information gathering is conducted based on questionnaire surveys and the statistics approved by ASA and SACP.

Child Advocacy and Support Centre – Zona ZaKmila

Two organizations in Bulgaria provide specialized service for children victims of crime “Zona ZaKmila”. These are Social Activities and Practice Institute who run such services in Shumen and Montana and “Association Animus” Foundation who work in Sofia.



The Social Activities and Practice Institute (SAPI)⁶ is a dynamically developing organisation, with their activities combining theory and practice, knowledge and real support for children and families at risk. The Social Activities and Practice Institute specialises in the development of scientific research, delivery of training and provision of professional support to the professionals in the helping professions. The Institute provide social services at a number of centres across the country. Part of the piloted services are innovative and are integrated for the first time in the Bulgarian practice, e.g. Child Advocacy and Support Centres *Zona ZaKmila* (*Protection Zone*) for child victims or witnesses of violence/crime and for their families in

⁶ <https://sapibg.org/en>



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Montana and Shumen Municipalities. The project is implemented based on a Memorandum of Co-operation between UNICEF, the Social Activities and Practice Institute and Montana and Shumen Municipalities. The project is launched in August 2015.

At the same time, since 2 October 2015 Animus Association Foundation, in partnership with UNICEF and the Social Activities and Practice Institute Association, has also been piloting the innovative social service Child Advocacy and Support Centre *Zona ZaKrila* in Sofia.



Animus Association Foundation (AAF)⁷ is established in 1994. It is a public benefit non-governmental organisation. Their staff comprises professionals from the helping professions: psychologists, therapists, social workers. The mission of Animus AF is to encourage healthy communication between people and gender equality in Bulgarian society; to support the victims of violence and trafficking and to contribute to the protection of child victims of violence or abuse. Animus AF develops accessible therapeutic and psychoanalytic services and programmes, offering professional and competent assistance to children and adults. Animus AF works actively for building a culture of social tolerance to difference, respect for those suffering and rejection of violence, enhancing the sensitivity of society and the professional community to identify and react to all forms of violence and abuse. Animus AF works actively on the development of policies on protection of victims of violence and it works in partnership with various state and non-governmental organisations both in Bulgaria and internationally for the development and improvement of the legislative and legal framework, development of good practices.

Child Advocacy and Support Centre (CASC) *Zona ZaKrila – Everything under one roof* is a pilot service comprising an integrated approach and co-operation among institutions, based on the

⁷ <http://animusassociation.org/en/>



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child-centred Barnahus model⁸. Its primary goal is to secure security, impartiality, approaches and practices where the **child's best interest is in the focus of each intervention undertaken**. The support provided **is meant for child victims of all forms of violence (past or present occurrences) and for their families**. The model improves the implementation of the existing Co-ordination Mechanism for inter-agency interaction in tackling cases of child victims or at risk of violence and for interaction in crisis intervention. The engagement of the multi-discipline professionals in all interventions ensures that the children's complex and unique needs will be identified and met. This means that informed and justified decisions are made at all stages of the casework, and also that the children and families receive maximum benefit of the good co-ordination. CASC introduces a specialised approach to the provision of services to child victims of violence by bringing together good legal, medical, psychological and social practices, combined with child-friendly procedures and environment. Zona ZaKрила works with child victims or at risk of all forms of violence, while addressing not only current cases but also cases of children who were exposed to violence in the past as well as their families.

Target group – The Child Advocacy and Support Centre *Zona ZaKрила* work with child victims of all forms of violence or crime regardless of whether committed in the past or currently. The target group comprises also child witnesses of domestic violence or children who have been exposed to school bullying. The service is available to children aged 0-18 years, to non-abusive and abusive parents. The focus on this target group is consistent with the necessity to meet the child victims' specific needs of security, physical and psychological recovery, of processing the trauma and safeguarding their rights when involved in legal proceedings through provision of information, advocacy and child-friendly justice. The service is mobile and is available at regional level.

When working with child witnesses of domestic violence, *Zona ZaKрила* supports the parent victim of violence in the process of ending the violence, recovery and enhancement of their capability to look after the child, with the focus being on the child's security and their best

⁸ <https://www.childrenatrisk.eu/promise/standards/>

interest. *Zona ZaKrila* offers also legal accompanying of the parent victim in order to secure violence free family environment for the child.

The Centres offer suitable environment to the children: premises equipped with the necessary facilities for counselling work and consistent with the needs of the various age groups. As far as children's participation in legal proceedings is concerned, adherence to the international standards on the rights of child victims of violence is ensured: a specialised hearing room, called "blue room", is used for interviewing / hearing, enabling more limited contacts of the child with various and numerous professionals, reduced number of interviews / only one, if possible/, audio-visual recording of the hearing with an option to be used at the later stages of the legal proceedings, avoidance of visual contact with the abuser and at the same time, possibility for them to be present during the interview with their lawyer and ask questions.

Main components of casework on child cases:

Generally, casework starts with a meeting under the CM. The reports are often received directly in the *Zone*, which requires notifying the respective institutions immediately and co-ordinating the subsequent actions. One of the first actions undertaken at the Centres, which is extremely important for the clients and the subsequent interventions, is provision of information. It remains a key component of the work at each of the stages to follow. ***Zona ZaKrila* supports and coordinates the carrying out of the individual assessment of the child victim.** The assessment is a professional conclusion based on information, observations, hypotheses and facts related to the child's health, psycho-emotional and social status, the resources and risks associated with the environment where the child is raised. The purpose of the assessment is to identify the child's needs, the necessity and type of protection measures, the need and sequence of interventions and the undertaking of special measures to avoid repeat victimisation and intimidation on the part of the perpetrator, as well as to determine whether and when the child will be heard in a specialised room. The assessment is conducted by a multidisciplinary and interagency team. It has to provide an answer to the following questions:



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- Is there an option for the child to remain in the family or to be taken care of by the extended family;
- Which interventions are to be undertaken first: the interview or the support activities;
- Is there a risk of intimidation or continued violence;
- What special protection and safeguarding measures are to be undertaken.

Assessment is a process and it is to be updated whenever there is a change in the circumstances.

Depending on the case, the child is accompanied for a medical examination, crisis intervention, legal counselling, support and accompanying to submit a declaration under PADVA and receiving an order for immediate protection, assistance for a child-friendly interview in the specialised room, advocacy at various levels. Each activity is agreed with the child and the family / the non-abusive parent/ and their opinion is taken into consideration, with the focus being the child's best interest. Counselling by a psychologist or a therapist is provided depending on the needs. The Centres' resources include lawyers and therapists, who join the team at each stage of the case development. The child receives continued support till the completion of the legal proceedings and his/her recovery.

When working on cases of domestic violence, it is particularly important to complete the work with the perpetrator before finalising the case in order to ensure the child's security.

Methods used in the course of the individual counselling: interview, observation, tests, projective techniques, conversation, diagnostics, assessment, etc., based on theories such as resilience approach, systematic approach, Trauma-focused Cognitive Behavioural Therapy, etc. When assisting the interviewing of the child, the methodology used is one associated with the Interview Protocol of the National Institute of Child Health and Human Development.

The service team comprises social workers and psychologists as well as part-time lawyers and therapists. The Centres' core team has attended a basic modules training, ensuring they have acquired the specifics of working with child victims. Both organizations: SAPI and AAF have



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their internal standards for annual advanced trainings. The teams receive support by way of regular supervisions and intervision meetings. Part of the CASC team are trainers and supervisors and run trainings in various fields and conduct supervisions.

Along with carrying out casework, the Centres perform also prevention activities on the territory of the region. Meetings in the community are held by various municipalities, engaging partners and representatives of all relevant institutions working in the field of child welfare: CPD, local authority offices in small settlements, police, court, prosecutors' office, schools, child facilities and other social services. The purpose is to set up a professional network and improve the co-ordination and interaction among them at local level. Other prevention activities carried out by the *Zona* team comprise Laboratory, training, Open Doors days, organising and engaging in various campaigns and initiatives such as *Father's Week*, *The Pink T-shirt*, *Violence Free Childhood*, etc.

The Centres work in close and continuous co-operation with partners such as CPD, Municipality, local authority offices in small settlements, police, court, prosecutors' Office, schools, child facilities and other social services, medical practitioners and sometimes LCFABMU. In November 2017, a Plan for the implementation of CM for child victims or at risk of violence was signed at regional level. An agreement was also concluded with the Regional Prosecutors' Office in Targovishte and Shumen on conducting child-friendly hearings in the "blue room".

Information on the case development and the effect of the service provided is made available at regular inter-agency and multidisciplinary working meetings and also through feedback by the child, the family and partners at the end of the casework.

We can measure the efficiency of the service in terms of the impact on the clients: child-friendly hearing ensured, in some cases the children are interviewed only once, which results in prevention of secondary victimisation; children and parents informed about their rights; psychological and therapeutic support provided to assist victims' recovery; integrated assessments conducted with a view to ensuring social protection and justice – representatives of the court, prosecutors' office and police state their satisfaction with the latter since those benefit



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their work on the cases.

A case from CASC Zona ZaKrila Montana

A boy B. enters the Child Advocacy and Support Centre *Zona ZaKrila* with a CPD referral for risk prevention due to lack of respect of boundaries in communication and hyperactivity. The referral is issued at the mother's request who shares that B. is abusive to his younger sister. The father is absent from the family and the mother raises the children on her own. The individual sessions with the boy are held by a therapist and a social worker /male/ once a week over a period of 12 months. The mother joins in the beginning and at the end of the session, however, no individual work with her is done – she is not ready yet.

At the very first meetings, the staff notice that the boy's appearance is untidy, he has scars and wounds on the body. **A hypothesis about the nature of the problem is built** in the course of the work, namely:

Early age traumatic experience: physical abuse and systematic neglect, mostly emotional one.

Having examined the hypothesis, the professionals establish that the child is a victim of violence on the part of the mother. The mechanism of violence is also established – the child tries to attract the mother's attention, the mother does not respond, she is busy with other things, then the child moves to action – starts throwing, breaking things. In order to stop him, the mother starts slapping and punishing him.

The risks of the continued violence **have been identified.** The mother is prone to depression, she is tired of the hard work she does, she hardly finds time to spend with the boy and finds it hard to control her emotions.

The resources have been identified:

- The boy attends folk dance classes and the instructor thinks he is talented.
- The mother does not want the child to be removed from the family environment and makes efforts to change the situation in the family.
- The boy observes the school regulations; he has friendly relations with his classmates.

The work with the boy is focused on:



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- Trauma integration /supporting the child to make sense of what happened, to overcome it and move away from repeated behavioural models/;
- Acquiring and developing skills and habits, which have deteriorated because of the neglect;
- Ensuring the boy lives in a secure environment since this is a key condition for therapeutic work.
- Making sense of the relations with the mother and changing the way B. seeks her attention.
- Working on the boy's idea of himself by seeking to identify and develop his inner resources.
- B. thinking over his place in the family, the group, at school, relations with the others and social roles.
- Working with B. on the values, the concept of good due to the model of upbringing applied by the mother.

As a result of the professionals' work in the process of recovering the child's normal operation, the boy admits and talks about the violence, the weak parental control on the part of the mother. The physical abuse has been reduced to a minimum. The child begins to build an image of the male figure, of what is right and what is not, he starts being critical about the missing father figure in the family – something which the mother also talks about. At the end of the sessions, B. has no fear of being abandoned.

The work with the child was finalised with three consecutive concluding sessions, where all the changes achieved by the boy and for him were discussed.

Despite the achievement, the future progress is doubtful. The single parent family model where the parent seeks to form a coalition with one of their children, making them compete for the vacant parental role, still exists. The boy will feel strongly the absence of a father figure during puberty. The mother needs regular support in the parenting, for which she is not yet ready.



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A case form CASC Zona ZaKrila Shumen

The case involves a 12-year old girl raised by both parents in a family environment, however, following a family row the parents separate. There are other children in the family, living with their grandparents in another settlement without any legal arrangement.

The case is assigned to the Child Advocacy and Support Centre *Zona ZaKrila* after the mother has been referred to the Centre by RC to receive support from the professionals there because of domestic violence by the man she lives with and the father of the children. According to the initial information received, the child has witnessed systematic domestic violence against the mother. After receiving the report, the Centre notifies CPD immediately and holds a meeting of the multidisciplinary team under the Co-ordination Mechanism for interaction in tackling cases of child victims or at risk of violence. A decision is made at the meeting that CPD will issue a referral to the girl and her mother to use social services provided by *Zona ZaKrila*. The *Zona ZaKrila* professionals provide advocacy and accompanying of the mother to the Emergency Ward of the General Hospital, Forensic Medicine Unit and RPD because of the abuse she has been exposed to. The woman is also accompanied during the court proceedings related to the civil case under PADVA. A social report is drafted at the request of the panel of judges. As a result of the co-ordination between *Zona ZaKrila* Child Centre and CPD, the perpetrator of the abuse against the mother is also engaged in providing support. Thus the work with the child is assigned to a social worker who prepares an individual assessment of the girl. The parents have also been assigned with professionals who prepare individual assessments. CPD is informed also by the other municipality in order to assess the situation on site and safeguard the interests and security of the children living on their territory. Upon the issuance of referrals, a contact is made and a working meeting is held and a local CSC starts working with the two children. Information has been exchanged and activities with the family have been agreed. The whole family system has been engaged. The school has also been also involved in the work with the child, with regular working meetings held with the pedagogical advisor and the class teacher with a view to co-ordinating the actions undertaken and exchanging information on the case. Due to problems identified in the relations between the mother and the children who do not live with her, a mediated meeting of them all has been agreed and held at the *Zona*. The parties involved are



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encouraged to share their feelings and experiences related to the changed family situation and to express their expectations of each other, as well as to raise issues that concern them but have not been commented so far. The meeting has a positive impact – it results in an improved communication, more frequent meetings between the mother and the children, meaningful time spent together and reduced tension for all of them.

Following a nine-month support, the case is closed with a positive outcome and achieved goals reported as set in the plan for the provision of the social service. No information has been received at the Centre or CPD so far of any further issues with the family.

A case of from CASC Zona ZaKrila, Sofia

C. is referred to the Child Advocacy and Support Centre *Zona ZaKrila* with Animus Association Foundation by a Child Protection Department because she was sexually molested by her biological father. Her 11-year old brother, N., witnessed the sexual abuse.

The assessment of the case establishes that the molestation act took place on an April evening in 2017, following physical abuse against the mother on the part of the father.

C. seeks help from the police immediately after the incident that same evening with regards to the molestation by her father. After C. shares the information, a report of a child at risk is submitted both by the police and the court to a Child Protection Department. Right after this, the mother and the two children are placed in a Crisis Centre for children and women victims of domestic violence with a CPD order.

The girl is included in a 3-month psychological counselling programme at the Child Advocacy and Support Centre *Zona ZaKrila*, and a legal programme until the case completion.

It transpires from the meetings with the psychologist that C. has been a victim of serious and long-time emotional and physical abuse on the part of her father. C. often protects also her



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mother when she is physically abused. According to C., her brother has not been physically abused by his father because he is the father's favourite. This causes serious tension between the two children and leads to conflicts between them. Based on the information gathered in the course of the work with the mother, it is established that the father used to have a firearm, he has been permanently unemployed and has an alcohol abuse problem.

The psychological assessment reveals that C. has grown up in a domestic violence environment. She has been sexually abused by the father on more than one occasion. This causes a serious trauma to the girl and as a result C. displays provocative and sexualised behaviour. She tends to get involved with marginalised groups and to become friends with boys and girls displaying anti-social behaviour. There has been a risk of her being involved in trafficking for sexual exploitation. As a result of the violence in the family she has been exposed to, C. is emotionally unstable, she often exposes herself to risk without considering the consequences.

The Child Advocacy and Support Centre *Zona ZaKrila* provides also additional support to the family by offering legal support, preparation and accompanying to an interview in a child-friendly "blue room", getting in contact with the school to assess the resources of the school environment for rendering support and working to eliminate the risk of the girl's dropping out of school, accompanying and transportation to the relevant institutions for a complex forensic psychiatric and psychological assessment.

Outcomes:

The psychological work with the girl focuses on recovering from the trauma inflicted by the violence experienced. C. is assisted in being able to identify the risks of sexual exploitation and trafficking and the risks of drug use.

The work with the mother focuses on coping with the consequences of the violence experienced and provision of support and development of her parenting capacity.



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The mother is advised of the steps she can undertake and is motivated to file an application with the court for an emergency protection order to be issued for herself and her two children.

In the course of the court proceedings, at the first instance court, the underage C. is interviewed in a “blue room” of MoI Metropolitan Directorate, Sofia, accompanied and supported by a psychologist from the Child Advocacy and Support Centre *Zona ZaKrila*.

The girl’s case goes through two-instance criminal proceedings: first instance – Sofia Regional Court and appeal – Sofia City Court.

The court pronounces a custodial sentence against the father.

During the whole trial, C.’s father is remanded in custody, and the measure is not replaced by a lighter one despite the numerous requests made by the father’s defence lawyer.

The trial is completed within a reasonable timeframe.

The case can be considered an example of good practice, with the people affected seeking timely protection, the lawyers engaged undertaking adequate legal actions and the Crisis Centre carrying out active psycho-social work along with the Child Advocacy and Support Centre *Zona ZaKrila*, the school and medical services.

Community Support Centre



Ever since its establishment in 1999, **Centre Maria Association**⁹, Gorna Oryahovitsa is the only non-governmental organisation on the territory of Veliko Tarnovo region providing services to domestic violence victims. The team of psychologists, social workers, a social pedagogue and lawyer provide professional assistance for empowering the victims, children and women, as well

⁹ <http://centermaria.org/>

as the vulnerable groups: children and families at risk of poverty, social isolation and institutionalisation, people with intellectual disabilities.

The organisation is a social services provider and runs: Centre for Social Rehabilitation and Integration of Domestic Violence Victims over the age of 18; Community Support Centre; Protected Home for People with Intellectual Disabilities.

Support and protection of child witnesses or victims of domestic violence within the Community Support Centre social service.

The goals of the practice are as follows:

1. Prevention: pooling the community resources to protect children and women from domestic violence, abuse and deprivation of family environment;
2. Intervention: ending the domestic violence in accordance with the options available under PADVA and CPA, legal assistance, emotional recovery and coping with the trauma of the violence experienced, social rehabilitation and integration of the victims – children and women.

The team of *Maria* Centre works with children who have experienced all forms of abuse: physical, sexual, psychological, including neglect as a result of poverty and social isolation. Interventions take into account the child's age – we have experience with both families with newborn babies and children under 3 years, with families and children at pre-school and school age, with teenagers and adolescents.

The Centre has a children's counselling room, providing a comfortable and safe environment. It is equipped appropriately, creating conditions for talk and play therapy. The accompanying adults work or wait in another area of the Centre – a counselling room or corridor. *Maria* Centre is locked up and there is access control in place. Abusers are not allowed to the children's counselling room.

When working on a case of a child victim or witness of domestic violence, the professionals at *Maria* Centre aspire to offer an in-depth and complex approach to the issue, partnership with the client: a child, parents, family at risk; engaging all stakeholders and institutions.



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The professionals work with the child based on the parent's consent, most often the request is made by the mother. The child needs to be motivated to work together by explaining openly while taking into account their age, what assistance *Maria* Centre can offer.

Crisis intervention is both an “emergency” aid for the emotions of the child who has experienced violence and a risk assessment to meet their basic needs: basic physiological ones, need of security and safety. The initial protection of the child victim or witness of violence involves being active and persistent in reporting the case and pooling the resources of the community and the family, of the relevant institutions: CPD, police, court, schools, municipality as well as of the partner non-governmental organisations. The professionals of the Centre are actively engaged in Coordination Mechanisms, they take on responsibilities when the decisions are made on the undertaking of urgent and required protection actions. The Centre engages in this process with all the resources they dispose of: ranging from provision of emotional and psychological support, legal counselling, preparation and submission of the documents in the Court related to cases under PADVA, subsequent representation during the court proceedings until the entry into force of a restraining order under PADVA, assistance in resolving social problems such as housing, shelter, finding a job, including securing the necessary financial and material resources at the initial stage as well as logistic support: related to medical assistance, accommodating the victims in a secure place or a social service in case further risk in the family environment has been identified.

Ending the domestic violence is a prerequisite for continued work with the child to help them overcome the trauma and the impact of violence on the child's personality.

Psychological counselling aim to restore the normal functioning of the child, with the activities, interests, topics typical of their age. A trusted relationship with the child is developed on the basis of patience, unconditional acceptance and emotional support, which enables the child to feel secure, be spontaneous, open and to express their emotions. Child victims or witnesses of violence enter the therapeutic process with a sense of fear, shame, guilt, helplessness, disappointment, they develop a loyalty conflict, identify themselves with the abuser or the



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victim, become emotionally withdrawn from the abusive parent, prone to alienation from the parent victim of domestic violence. This hard experience, not meant for a child, triggers a response in the child's body, behaviour, communication with adults and the other children, it is also destructive for the child's self-esteem. The child is given space and time to talk through /act out/ draw the experience, make sense of relationships, reactions, models, to "put in order" the mixed-up situations and values.

Often, children enter the service upon request /by parents, with a referral from CPD or by advice of the school/ with somatic symptoms, behavioural problems, aggressive behaviour, hyperactivity, poor concentration, hindered intellectual development. For most of these cases, domestic violence is identified as the reason for the above problems and the efforts are inevitably focused on this issue.

The process of "healing", recovery and development of the child's personality runs along with working with the child's significant adults. Individual, parent and family social-psychological counselling are conducted with them by psychologists and social workers, trained in psychodynamic work, giving space to the client to express their emotions, to associate them with attitudes, behaviours, reactions, values in order to make sense of the family models and relations as well as their impact on the development of the child's personality, to empower them to help and overcome the difficulties faced by the child.

Empowering the family and the child's most immediate environment, following an assessment and agreement with the child and the parents, is exactly what motivated *Maria* Centre to introduce a Family Group Conference, which engages the whole family environment in resolving a given issue related to the difficulty experienced by the child. Those present at the conference, chosen and invited by the child, develop an action plan, with responsibilities assigned to the family members and the close social circle. A meeting is held a month later to report on the results and review the plan.

The next stage involves a follow-up: it is focused on the outcome and aims to support the change, measuring the indicators of the risk overcome and the goals achieved. At this stage, the individual psychological counselling of the children and parents are conducted at longer



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intervals /e.g. twice a month/, unlike the beginning, with the client being given an opportunity to be active, independent, to “experiment” with change.

The child psychologist of *Maria* Centre is trained to conduct interviews in a “blue room”. Upon identifying a certain need, the social work involves organising a medical examination and if necessary accompanying the child and the mother to the doctor.

The Centre’s psychologists are trained and provide psycho-therapeutic assistance by implementing the method of the psychodynamic and transcultural psychotherapy. The therapeutic process of working with children relies on fairy tales, parables, characters from children’s movies, familiar and unfamiliar to the children, which the young clients identify themselves with, compare with, they use the experience and the model for coping. The children themselves draw, shape or create their tales and characters. They use projective methods, play with dolls and a projective house. When in the children’s counselling room, it is the children who have the initiative and take lead in the choice of the topics for discussion and play activities. They are encouraged to be spontaneous, creative, inquisitive. And all of this is part of a structured psychotherapeutic process, with agreed rules, respected boundaries and roles.

Maria Centre ensures the continued professional development and training of the team. All the professionals have done trainings in working with domestic violence survivors, people who have experienced trafficking in human beings for sexual and labour exploitation, parental alienation, essence and practice of the Family Group Conference. The Centre have organised and held numerous domestic violence related trainings – with either visiting professionals or experts of the Centre – designed for social workers, police officers, pedagogical professionals, medical practitioners, health mediators. During the trainings held, the Co-ordination Mechanism for child victims of violence is developed and launched. The trainings, inter-team discussions and case supervisions are at the basis of good inter-agency interaction in Veliko Tarnovo region.

The staff of *Maria* Centre conduct regular trainings for students at the schools in the municipality and the region, focused on the issues of domestic violence and trafficking in human beings.



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BODROZI

Maria Centre work closely with *Social Activities* students at the Veliko Tarnovo University *St Cyril and Methodius*. The trainings and student practice contribute to the development of understanding about the significance of prevention, ability to identify and counter domestic violence, to provide support, assistance and referral of the victims.

The Centre's staff receive regular external supervisions on the cases, an important element of the psychological support rendered to them and a factor for their professional development.

The team of *Maria* Centre work on cases of child victims or witnesses of abuse, in compliance with the policy of child protection and making use of the options provided by the Protection against Domestic Violence Act. The goal of the professional assistance rendered is ending domestic violence, empowerment for violence free life, supporting and developing the resources of the family and social environment to ensure a stable and safe family environment enabling the raising, development and mental health of the children.

Maria Centre have developed and put in place a well-established way of communication, co-operation and interaction with municipal, regional, state and non-governmental bodies and institutions, the most significant achievement being the Co-ordination Mechanism for children who have experienced domestic violence. The Centre engage actively in civil campaigns against violence, aiming to influence attitudes and values, pool the resources of the community for prevention and protection of children and women from domestic violence, abuse and deprivation of family environment. The Centre take part in the development of strategies and policies at regional level aiming at a comprehensive impact and empowerment of the families for a life free from risk of domestic violence.

Working systematically and in a focused manner, by establishing real co-operation and interaction in resolving concrete cases, through joint trainings and supervisions, the Centre has built a relationship enabling the reporting of cases, exchange of information, distribution of tasks, taking up of responsibilities and undertaking of actions at operational level by the relevant institutions or organisations.



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BODROZI

Maria Centre has established a working partnership with the Child Protection Departments in Veliko Tarnovo region, with the police officers at the regional police stations, including Juvenile Delinquency Unit (JDU), with the prosecutors' office, other non-governmental organisations providing social services on the territory of Veliko Tarnovo region and beyond. *Maria* Centre has signed co-operation agreements with the Gorna Oryahovitsa Municipality, DSA and Regional Department of the Ministry of Interior (RDMoI).

The results are measurable against the change indicators we have set: number of children we have helped to live in a domestic violence free environment, number of empowered victims of abuse, who have changed their lives and relationships, number of protection orders under PADVA, including applications withdrawn from the court, number of Co-ordination Mechanisms and participants – representatives of which institutions and structures, number of children removed from the family environment, placed in a Crisis Centre, FTPC or a foster family. The analysis of the outcomes outlines the trends in public attitudes and the fight against domestic violence, and determines the focus of work during the next project period.

The effect of the practice described is oriented to change and an improved quality of life of the particular client: a child, parent, family; safe and secure environment for raising and developing a child; changed attitudes, enhanced sensitivity and no tolerance to any kind of violence, competent and interacting institutions.



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Centre for individual and family psychological counselling and Child Contact Centre

ЦЕНТЪР ОТВОРЕНА ВРАТА

ПЛЕВЕН



The practice described is an innovative social service, licensed by the State Agency for Child Protection. It is provided by a non-governmental organisation and is funded as a project activity. The service provider is Open Door Centre Foundation established in 2018 following a decision of the General Assembly of Open Door Centre Association¹⁰, which has been operational since 2000, with a focus on development of social services in support of victims of violence – women and children. As a result of this decision, the Foundation adopts the practical experience and expertise of Open Door Centre Association, Pleven in the field of protection of victims of gender-based violence. The Association has long experience in the area of gender equality and ending gender-based violence: domestic violence, trafficking in human beings, sexual abuse.

The name of the practice presented is ***Centre for Individual and Family Psychological Counselling and Child Contact Centre***.

Main components:

- Provision of rehabilitation programmes to families at risk or with a domestic violence history.
- Implementation of a specialised programme for domestic violence perpetrators, who have been issued with a court ruling under PADVA

¹⁰ <http://www.opendoorcentre.free.bg/galeria.html>



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The goals of the practice are as follows:

The Contact Centre aims to secure an appropriate and safe environment, where children of separated families in conflict or families with a domestic violence history can keep in touch with the parent who they do not live with. The Contact Centre professionals work in close co-operation with the children and both parents to ensure that the meeting is an enjoyable and useful experience for the children and to regulate the conflict between the parents. Using the services of the Contact Centre is a temporary measure and the Centre's professionals work with the parents in order to plan an appropriate and independent contact in the future. A specific goal of the Centre is to secure a safe contact for the children and the victim in serious cases of domestic violence.

The target group covered by the practice comprises children aged 0 – 18 years, victims or witnesses of domestic violence.

Main components of the activity performed:

- Preliminary interviews with both parents are conducted prior to entry into the respective programme.
- Applications are filled in to answer specific questions enabling assessment of the family history and the history of violence.
- Familiarisation with the working rules.
- Family and group therapy is provided.
- The team attend regular trainings related to counselling and implementation of legislation. We work under supervision.
- The staff implementing the programme deliver training to teams of professionals and government officials and magistrates.
- Prevention activities are also included.
- Rules for the meetings between the child and the abusive parent are developed to ensure the child's safety.

The main methods of work involve:



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BODROZI

- Social counselling to support women and children in restoring contacts after the violence experienced, returning to work and school. Restoring relationships and contacts with the extended family. Identifying resources for physical and psychological recovery and survival.
- Counselling work – specialised interviews, tests to assess the current state and the personality.
- Drafting of documents – positions, reports, child assessments for the institutions
- systemic model of counselling is applied.

There is no local interaction protocol or mechanism in place. Good partnership relations established with the court, social authorities, social services and police.

On the basis of the work done, we try to act as mediators in the process of parents renegotiating to find a new way of parenting without involving the children in the conflict between them. The programmes designed for the victims and perpetrators combine models and practices of families which have coped and managed to change their relationships model. At the end of the programme, the same tool is used to measure the achievement, as the one used to enter the programme. This is how the tangible result is measured.



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Programme for working with victims of domestic violence



Naia Association¹¹ is the only licensed provider of social services for victims of domestic violence in the whole of Targovishte region.

Naia Association set up a Counselling Centre for Domestic Violence Victims in 2006. A Programme for working with perpetrators of domestic violence was developed in 2014. Naia Association is a member of the European Network for the Work with Perpetrators of Domestic Violence.

Since April 2018, the Centre is a state delegated activity with Targovishte Municipality after more than 10 years of hard work.

The Centre implements a specialised **Programme for work with victims of domestic violence**, pursuing the following goals:

- Legal protection of the rights of domestic violence victims and their families;
- Support for the psychological and emotional recovery after the violence experienced and personality enhancement of the victims of domestic violence;
- Social integration and prevention of the social exclusion of the victims of domestic violence through development of social skills, which have been impaired or lost;
- Ensuring the victims' security and prevention of new acts of violence through changes in the behaviour of the perpetrators of domestic violence;
- Securing supportive environment for the victims of domestic violence through sensitising the society and building a culture of no tolerance to violence;
- Prevention of domestic violence through training of children and youth.

¹¹ <http://www.naia-tg.com/>



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- Developing and strengthening inter-agency co-operation for prevention of domestic violence.
- Target group: children and people victims of domestic violence; perpetrators of domestic violence; and the families and relations of the victims of domestic violence

Main components of the work performed:

Social counselling and social mediation

- Counselling for the service users on social issues.
- Provision of a staff member to accompany the victims to their general practitioner, to a forensic doctor if required or a psychiatrist.
- Building the capacity of the service users in relation to social assistance matters

Psychological counselling

- Provision of psychological counselling with the victims of domestic violence.
- Assessing the level of anxiety, the risk of consequences for the health of domestic violence survivors.
- Undertaking protection measures, reporting the cases of domestic violence against children to CPD.
- Performing psychological tests and other methodologies to identify cases of violence.
- Drafting a report on a particular case.
- Representation during court proceedings.
- Therapeutic work with the victims of domestic violence to encourage independent decision making, adequate participation in social life.



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Legal counselling

- Consulting the victims of domestic violence on the Family Code, the Protection against Domestic Violence Act, the Child Protection Act.
- Preparation of applications and correspondence of the clients with the Police, Prosecutors' Office, Court.
- Representation during court proceedings under the Protection against Domestic Violence Act
- Domestic violence hotline for victims
- Provision of initial consultation to the victims of domestic violence, information about the activities available at the Centre, referral for protection measures.

Psycho-social rehabilitation

Planning of psycho-social rehabilitation in the course of the casework.

Discussing the case at a team meeting by a multidisciplinary team of the Centre for Social Rehabilitation and Integration – the case is considered from the perspective of each of the professionals. Outlining of rehabilitation measures. Monitoring of the case development in the course of work. Registering changes.

Designed for pre-school, school-age children and professionals: teachers, pedagogues, school psychologists, pedagogical advisors, social workers, police officers and journalists.

The goals include: identifying violence from an early childhood age; cultivating mutual respect and tolerance between the genders; providing information about the nature of “domestic violence, sexual abuse and trafficking in human beings”; development of skills to identify the signs of violence and abuse; information and referral to specialised services providing support to children and their families.

Programme for working with the perpetrators

The main goal is to ensure greater safety of the domestic violence victims. Apart from this, the programme aims to bring about a change in the perpetrators' behaviour, mostly men, who are violent and abusive to their partners, children and other people. The Programme for working



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with perpetrators of domestic violence is also aimed at prevention of further violent actions. This programme is designed for domestic violence perpetrators who:

- have a protection measure issued against them under Art. 5, Para 1, item 5 of the Protection against Domestic Violence Act – “the perpetrator of violence shall be obliged to attend specialised programs”; and a court ruling;
- have a referral from the Directorate for Social Assistance / Child Protection Department;
- voluntary clients.

The service is free of charge and is available at the RPD, with the assistance and partnership of police inspectors.

The main working methods used are: Social counselling and social mediation, psycho-social rehabilitation, psychological counselling, therapeutic work in the psychodynamic paradigm

Mobile work in the small towns and villages – the people living in small towns and villages and remote areas have a very limited access to social services due to lack of financial resources, to poor infrastructure, cultural and social restrictions;

Work with domestic violence victims of ethnic background from small towns and villages – domestic violence occurs across all ethnic and social groups, in small and major settlements. However, there are certain specifics about the victims from the small towns and villages – it is good to be aware of them and take them into consideration;

Work with the victim's family and relatives – it is good to study the capacity of the people from the close circle: what are the attitudes to the victim (supportive or blaming), existing resources for material and emotional support;

Family group conferences – it is about faith in the family; investing in the child's informal, supportive environment, which is the most important and competent one to tackle the problem. It can be used in cases of domestic violence of lonely elderly people, etc.

Child-friendly hearing of witnesses and victims of violence engaged in court proceedings in the so called “blue room”;

Use of art therapy, play therapy and fairy tales therapy when working with children.



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Inter-sectoral co-operation is the institutional response to domestic violence and violence against women and children.

It is necessary to set uniform and comprehensive national rules, regulating the co-operation among the national and local authorities, institutions and non-governmental organisations, enabling them to join efforts in cases of domestic violence and domestic violence against women and by the intimate partner.

Good inter-sectoral partnership strengthens victims' trust and faith in the institutions and results in increased level of reporting of domestic violence cases. It is a prerequisite for undertaking swift, adequate and effective actions in a crisis situation when the victims' health and life are at risk.

Co-operation has to be based on transparency, active engagement, possibility to exchange information, the "casework" approach, joint risk assessments, monitoring the efficiency of the support provided, sharing and pooling of resources, which would facilitate the work of everyone involved. At the same time, the joint work has to guarantee high level of confidentiality of the victims' data.

Sexual Assault Referral Centre Vselena, Burgas



Demetra Association¹² operates predominantly in Burgas Region and for a few years now also in Sofia. In the course of its existence, the Association is actively engaged in the lobbying for and the adoption of the Protection against Domestic Violence Act and in its implementation; it delivers training programmes for professionals working in this field /police officers, prosecutors, judges, social workers, etc./; it offers a range of services to victims and a programme for working with abusers.

¹² <https://demetra-bg.org/en/>



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The organisation is actively involved in countering trafficking in human beings, sexual exploitation and gender-based violence.

Demetra Association is part of the Alliance for Protection against Gender-based Violence.

- In 2008, a Crisis Centre for Child and Adult Victims of Violence is set up in Burgas under the PHARE Programme.
- In 2009, based on a tripartite agreement among Burgas Municipality, MoI RD Burgas and Demetra Association, a Centre for Prevention of Violence and Crime is set up and launched.
- In 2012, following a competition procedure an agreement is signed with Burgas Municipality for the management of a community-based service – state delegated activity Centre for Social Rehabilitation and Integration of violence survivors in Burgas Municipality. This activity is combined with the operation of the Centre for Prevention of Violence and Crime in Burgas.
- In 2014, having participated in a competition procedure and concluded an agreement with Sredets Municipality, the organisation takes up the management of state delegated activity Crisis Centre for Child Victims of Violence, Sredets.

Demetra Association set up **Sexual Assault Referral Centre Vselena, Burgas** to the initiative of the British Embassy to Bulgaria, based on a British model and on the experience of SARC Brighton, West Sussex, UK.

The goals of the practice are as follows:

Provision of medical assistance, crisis counselling and assistance to the investigation into cases of sexual abuse;

- Prevention of sexual abuse on the territory of Burgas Municipality and provision of information about the assistance available;
- Co-ordinated actions and joint work with MoI RD and Burgas General Hospital
- Referral and placement of sexual abuse victims in crisis centres if required



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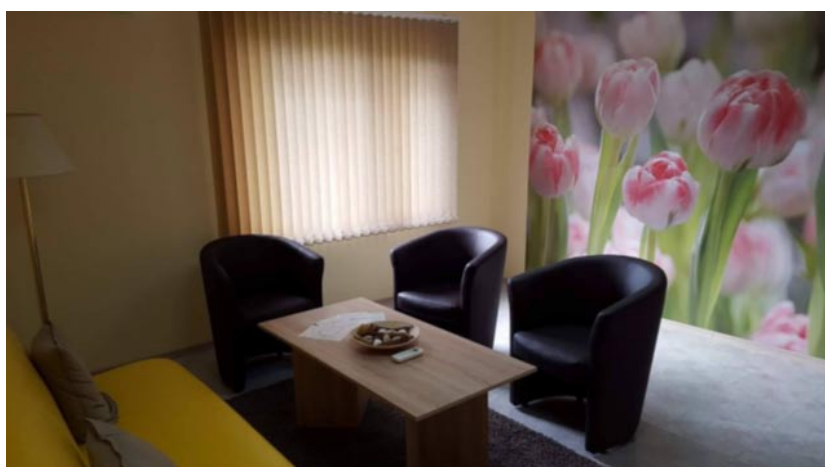


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The Centre works with victims of sexual abuse, including children

The Centre is located in the building of Burgas General Hospital and provides 24-hour free emergency support to help victims recover from the sexual assault trauma.

The service offered is available to both women and men in a pleasant environment, with a private area for the victims, a special room for counselling and a room for meetings with the investigating officers; they are all suitably furnished to provide maximum comfort and friendly and cosy ambiance. There is also an equipped medical room in the Centre where the victim can be examined in a quiet environment, away from the stressful hospital setting.



Main component of the work performed:

- Prevention activities
- Specially-trained staff help victims take an informed decision about what to do next in order to feel safe.
- 24-hour free hotline for contact and professional support
- Option to choose a same-sex doctor
- Crisis intervention by a trained psychologist
- Assistance in contacts with Burgas MoI RD and General Hospital
- Access to a forensic doctor
- Placement in a crisis centre if required

In case of domestic violence, counselling by the professionals of the Centre for Prevention of Violence and Crime (CPVC) either at Vselenia Centre itself or if the victim so desires – at CPVC, where they can receive legal assistance as well.

- The victims are provided with other useful information they may need
- Apart from crisis intervention, sexual abuse prevention is also offered
- Case development is monitored, secondary and further counselling are held with the victims in order to prevent future crisis situations.

Working methodology

When there is a case, most often the information is received from the Police, with their officers bringing the victim to Vselenia Centre any time of the day.

Sometimes, the victims call themselves. Information is received also from other institutions. In such cases the police are notified immediately. The victim is consulted by a psychologist to establish their condition, find out what has happened to them and calm them down as far as is possible.

The staff establish whether the victim needs urgent medical aid and in case such is needed, they are taken to the emergency ward of the General Hospital on the territory of the residential area where the centre is located.

Then a gynaecologist on duty or a forensic doctor carry out an examination in case the assault has taken place in the first half of the day. The next step is an interview by the police officers, attended also by the Centre's psychologist. The interview takes place in a specially dedicated room to save the victim the time and stress of visiting various institutions.

There is a medical room which is used only by a forensic doctor.

Vselenia Centre was launched in the beginning of June 2016 in partnership with Burgas Municipality, Sozopol Municipality, Burgas Regional Prosecutors' Office, MoI RD Burgas, Regional Administration – Burgas Region and Burgas General Hospital. In 2018, the initiative is joined by 4 more municipalities: Nessebar, Primorsko, Pomorie and Karnobat and Regional Prosecution Burgas. A co-operation agreement is signed.



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The Centre is managed by a Management Board comprising senior officials from the institutions parties to the Agreement and authorised to take decisions. The Board determines the policies and strategies of the Centre. Sitzings of the Management Board are convened at the proposal of each of the parties to the Agreement, at least once every quarter.

Operational interaction between the parties is performed by particular officials assigned by the managers of all parties to the Agreement, directly engaged in the Centre's activities. The operational team meets monthly.

The interaction among the officials is discussed for each case along with any issues that might have arisen, the cases development and other working matters.

As a result of the work carried out in 2016, following the opening of the Centre, 74 cases are addressed there, with a breakdown by years as follows:

☐ 58 involving adult people

☐ 10 involving underage persons (aged 14 – 18 years)

☐ 6 involving minors (under 14)

18 of these are foreign nationals.

A presentation on sexual assault prevention is developed and delivered during visits at schools. Since the opening of the Centre, 25 000 brochures have been printed out in Bulgarian and 7000 in English, 450 posters; 1250 brochures and 20 posters are provided to Sozopol Municipality to be distributed in the settlements across the municipality and the hotels. Most of the remaining brochures are provided to the MoI structures for distribution in public structures (municipalities, hospitals, hotels, other accommodation facilities, social services). Brochures in English are distributed on the territory of the seaside resorts.

A video has been produced:

https://www.youtube.com/watch?time_continue=13&v=oS9i91Abq7Q&feature=emb_logo



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POSITIVE PERSONAL SKILLS IN SOCIETY – PULS FOUNDATION¹³ is a Bulgarian non-governmental organisation, registered on 7 July 1999. The organisation is registered under the Non-Profit Legal Entities Act as an organisation performing an activity to the benefit of society, oriented to the development and establishment of spiritual values in the civil society, contributing to social integration and personal fulfilment as well as safeguarding human rights. The mission of PULS Foundation: to work for a violence-free world by providing support to violence survivors and enhancing the sensitivity of society to the problem with a view to eliminating the forms of violence from human relations.

The main purpose of the services provided by PULS Foundation to people and children at risk, survivors of violence or victims of trafficking, is reducing violence in the family and society as well as developing and building upon programmes offering care to various risk groups. The care available to children and families living in a violent environment / or victim of violence and trafficking as well as to other risk groups can be improved by providing easy-access services in the community as an alternative to the institutional approach to these cases.

The organisation provides services to children of all ages, victims of various forms of violence.

CSRI is accommodated in a building of PULS Foundation in Pernik and it provides services at local, regional and national level. There is a mobile option for the provision of the services included in the Programmes for *Rehabilitation and integration of people victims of violence and/or at risk*, *Rehabilitation and integration of people victims of trafficking and/or at risk*, *Abusers Counselling Programme* and a Health programme.

¹³ <https://pulsfoundation.org/>



The purpose of MOBILE WORK is to enable a more comprehensive coverage of the target groups and to prevent the process of social exclusion by using the resources of CSRI. Mobile work is offered when there are objective reasons preventing the user from visiting the Centre.

The intervention methods applied in the clinical social work are based on the biopsychosocial model.

1. The Centre offers complex services, as a core element of recovery programmes, aimed at assistance and support of people and children at risk, survivors of violence, trafficking and other groups at risk:

1. Programme *Rehabilitation and integration of survivors of violence and/or at risk*. The main focus of the programme for working with victims is on secondary and tertiary prevention; prevention of secondary victimisation; protection; recovery and reintegration of the victims of violence.

2. Programme *Rehabilitation and integration of victims of trafficking and/or at risk*. The main focus of the programme for working with victims is on secondary and tertiary prevention; prevention of secondary victimisation; protection; recovery and reintegration of the victims of violence.

3. Abusers Counselling Programme – the goal of this individual programme is to offer a range of care measures for making sense of and processing the maladaptive behaviour.

4. Health programme for harm reduction of socially significant diseases.

5. Round-the-clock helpline for victims of violence: 076/ 60 10 10 and 60 33 60 – telephone counselling

The programmes provide complex services involving psychological, social, legal and health aid and support; coping with the consequences of the violence experienced and pooling resources to



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overcome the situation of dependence; developing an attitude and skills for communication on an equal footing.

The main working method is based on the person-centred approach, where the user personality and needs are placed in the centre of all the activities. CSRI team encourage and support the social, emotional, educational and cultural development of each user as a proof that every person can develop their potential and be a valuable member of the community.

The services offered by the CSRI are organised in compliance with the principles of case management and in accordance with the CSRI methodology.

PROFESSIONALS: the therapeutic, consultative and rehabilitation activities are performed by professionals who assist and support the users and their relatives through individual and/or group sessions.

CSRI operates on the basis of the principles of mutual respect and understanding between the users and the service providers, regulated by a Code of Ethics for working with users.

All professionals working with PULS Foundation sign a Declaration of Confidentiality concerning the information obtained in the course of work.

Programme Prevention of violence and trafficking in human beings

The programme is designed for a wide audience as well as for individual social groups: students, parents, teachers, headmasters, institutions and professionals, marginalised groups; media.

- 1.1. Professionals training
- 1.2. Parent training
- 1.3. Child and young people training
- 1.4. Campaigns
- 1.5. *Let us be Friends* Youth Club

PULS Foundation works in close co-operation with all institutions and organisations operating in the field of protection of child/person victims of violence. Regular team meetings are held:



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administrative and clinical – once a week. Depending on the case, case conferences are initiated if required.

PULS Foundation keeps record of the number of people who sought support in the programmes offered by the organisation, type and number of counselling, etc.

Clinical team meetings are held once a week to discuss casework. Regular supervisions are carried out by leading professionals. The organisation's team constantly improve their knowledge and qualifications.

CFCSS with SAPI – Vidin



The services offered by CFCSS Vidin¹⁴ include support for the children and their families. This enables us to work both with the victims of domestic violence and with the abusive parent.

The Centre provides 4 services.

- Community Support Centre;
- Crisis Centre;
- Centre for Working with Children on the Street (CWCS);
- Monitored home;

A “blue room” service is launched at the Community Support Centre, offering child friendly environment for hearing of child victims or witnesses of a crime. CFCSS Vidin operates on the basis of a mechanism for coordination and communication among the institutions and the bodies engaged in the field of protection of child victims of violence and is focused on the implementation of the necessary measures for prevention of all forms of violence against

¹⁴ <https://sapibg.org/en/center/presentation-ksuds-vidin>



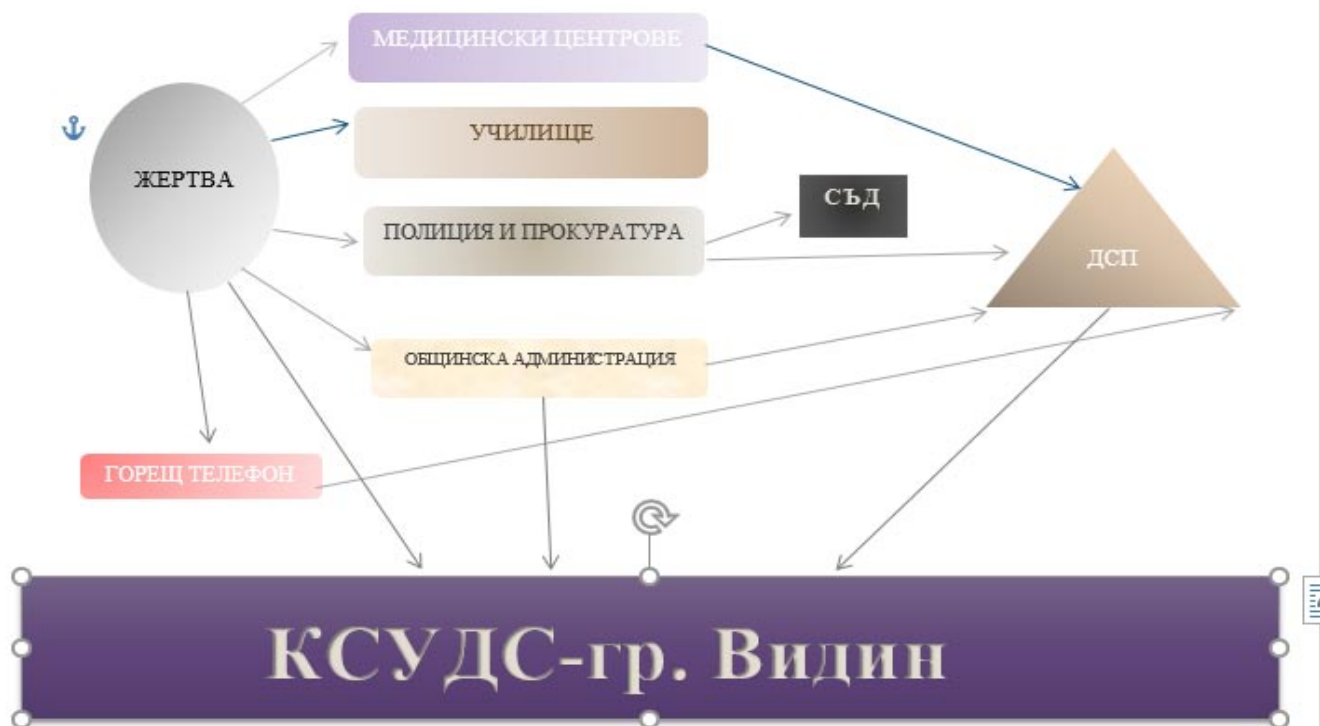
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children as well as choosing maximum child-friendly and beneficial measures for the child victim and their family.

The scheme presents graphically the local level inter-institutional coordination in handling a case of child victim of violence.



Graph 1

Жертва	Victim
Медицински центрове	Medical centres
Училище	School
Полиция и прокуратура	Police and Prosecutors' Office
Общинска администрация	Municipal administration
Горещ телефон	Hotline

BODROZI

Съд	Court
ДСП	DSA
КСУДС Видин	CFCSS Vidin

With a view to legitimising the implementation of the Coordination Mechanism for securing the protection of a child at risk or exposed to violence or exploitation, a member of CFCSS Vidin team participates in a multidisciplinary team led by a key social worker from the CPD. The team members, comprising representatives of the Regional MoI Department, the District Prosecutors' office, municipality and other professionals as considered appropriate by the team leader, work together until the case completion, developing an action plan for the child's protection or prevention of violence. Often after the Coordination Mechanism, the multidisciplinary team take a decision for the child victim to use the service provided by CFCSS Vidin – "blue room" where the child can be heard in a child-friendly environment by a professional trained to hear child victims of violence.

Based on the information gathered during the hearing of the child, a child protection authority may place the child victim in the Crisis Centre service where they will be in a safe and protected environment and a team of professionals will work to assist them cope with the trauma and recover their psycho-emotional wellbeing. If considered necessary, the domestic violence victim and/or the family may be referred to another service provided by CFCSS Vidin (CSC, CWCS), where they can receive support by a psychologist and / or a social worker to cope with the trauma from the violence.

When providing a service to child victims of violence, the efforts are focused on providing support by meeting the basic needs initially and at a later stage on gaining back control over their lives. When working with a child victim of domestic violence, the professionals handling the case assist the processes of resolving personal level conflicts, personality and social changes, adaptation and integration in social environment, facilitation of subsequent social interactions.



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The main effort in supporting child victims of violence are focused on:

- Carrying out a specialised individual assessment identifying the needs, resources and the level of risk;
- Developing a support plan;
- Securing a child-friendly environment and secure space where the child will receive the support needed to cope with the trauma caused by the violence experienced;
- Safeguarding the child's rights depending on the particular situation – provision of information, advocacy with institutions and psycho-social accompanying;
- Securing access to health care and education;
- Preserving the emotional bond with the family as long as this is in the child's interest;
- Providing information and accompanying when participating in child-friendly legal proceedings;
- Investing in the child's dreams in order to encourage the fulfilment of their potential;
- Encouraging the child to project themselves in future life situations and offering support to develop commitment to the carrying out of various activities aimed at achieving a clearly defined and desired outcome;
- Offering support in developing and setting boundaries required in the child's interaction with the social environment;

Main principles CFCSS Vidin professionals adhere to in their work on cases of child victims of domestic violence:

- **ACCEPTANCE:** It is of key importance that the service user is accepted and respected as a personality. No discrimination is allowed and human rights are observed. The focus is on impartial and non-judgmental behaviour.



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- **CONFIDENTIALITY AND INFORMED CONSENT:** Strict confidentiality is observed with regards to the information provided and its distribution.
- **INDIVIDUAL APPROACH:** Opting for approaches consistent with the personality of each individual.
- **NON-JUDGEMENTAL ATTITUDE:** Having in mind that the victim of violence often feels guilty, it is of key importance that the professionals are non-judgmental about their behaviour and decisions.
- **CONTROLLED EMOTIONAL ENGAGEMENT:** Maintaining professional emotional distance in the course of the casework.
- **PRINCIPLE OF INTEGRATED AND COORDINATED APPROACH:** the professional handling the case of a child victim of domestic violence co-operates actively with all the institutions which are directly involved in the management of the processes related to the provision of support and the implementation of protection measures. The approaches applied and the level of co-ordination of activities take into account the distinctions and the specifics of each individual case. The approaches may involve co-ordination of activities with the police authorities, medical facilities, prosecutors' offices, educational facilities, municipal administrations.

Main phases and stages of work on a case of a child victim of violence:

1. The initial stage has to do with a report received in the form of a request, order or referral to a CFCSS service for working with a child victim of violence. This stage involves gathering of the necessary data through exchange of information among the institutions and the potential user (often through a guardian and/or members of the close circle).
2. Proper casework phase – performing an assessment, plan and subsequent work. When the victim is placed in a CC, they are often in a crisis, which requires immediate crisis intervention. The trauma as a result of violence may cause the victim to be in a constant state of anxiety, frustration, fear, insomnia. The focus during this phase is on creating a safe, stable life



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for the victim, where the physical and mental symptoms subside and her/his capability to recover is more stabilised.

3. The third phase involves the victim's removal from the service, if they are placed in a CC or ending the counselling process, if they are a user of the CSC service. The significance of this phase is to support the victim of violence in acquiring new, successful mechanisms of self-defence and functionality aimed at easier adaptation and building of an independent life, safety and stability in the everyday life. Assistance is consistent with the individual needs.



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Abbreviations

DSA	Directorate for Social Assistance
CASC	Child Advocacy and Support Centre
CPA	Child Protection Act
PADVA	Protection against Domestic Violence Act
CC	Crisis center
CM	Co-ordination Mechanism
CFCSS	Complex for Family and Child Social Services
GH	General Hospital
LCFABMU	Local Commission for Fight against the Anti-social Behaviour of Minors and Underaged
CPD	Child Protection Department
IRCPA	Implementing Regulations of the Child Protection Act
FTPC	Family-type Placement Centre
CSC	Community Support Centre



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MoI	Ministry of Interior
DPO	District Prosecutors' Office
RC	Regional Court
RPD	Regional Police Department



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