



HANDBOOK FOR SPECIALISTS WORKING ON THE EMPOWERMENT OF WOMEN AND GIRLS ASYLUM SEEKERS OR BENEFICIARIES OF INTERNATIONAL PROTECTION, SURVIVORS OF GENDER-BASED VIOLENCE



The handbook was funded by the
European Union's Rights, Equality and Citizenship
Programme (2014-2020)



The content of this handbook represents the views of the authors only and is their sole responsibility. The European Commission or IOM do not accept any responsibility for use that may be made of the information it contains.

IOM is the leading intergovernmental organization operating in the field of migration, dedicated to the principle, that humane and orderly migration benefits both migrants and the host society. The organisation provides services and advise to governments and migrants and works, in coordination with its partners in the international community, to ensure the orderly and humane management of migration, to promote international cooperation on migration issues, to assist in finding practical solutions to migration problems and to provide humanitarian assistance to migrants in need, including refugees and internally displaced persons.

The handbook has been produced as part of the project PROTECT – Preventing sexual and gender-based violence against migrants and strengthening support to victims, funded by the Directorate-General for Justice and Consumers of the European Commission through the Rights, Equality and Citizenship Programme. It addresses prevention of gender-based violence (GBV) against migrants and strengthening support to victims. The overall objective of the project is to strengthen the capacities of existing national GBV support services to coordinate better and make these systems available for refugee, migrant and asylum seeker survivors and potential survivors of GBV, whether they are children or adults, men or women or LGBTI (lesbian, gay, bisexual, transsexual and intersex) persons. The project also aims to raise awareness among and empower these communities.

Twelve IOM missions (Belgium, Bulgaria, Croatia, Greece, Hungary, Ireland, Italy, Malta, the Netherlands, Poland, Slovenia and Spain) and eight NGO partners, Legebitra (Slovenia), Le monde selon les femmes abl (Belgium), Fundación EMET Arco Iris, Asociación Rumiñahui, Movimiento por la Paz (Spain), Arq Psychotrauma Expert Groep, Rutgers, and Pharos (the Netherlands) were involved in the implementation of the PROTECT project.

Publisher: INTERNATIONAL ORGANIZATION FOR MIGRATION (IOM)
MISSION IN BULGARIA

Address: 77, Tzar Asen St., Sofia, Bulgaria
Phone: +359 2 93 94 774
Fax: +359 2 93 94 788
Email: iomsofia@iom.int
Website: www.iom.bg
Facebook: www.facebook.com/IOMBulgaria

First cover photo: © IOM 2020

The photo on the cover is part of the images on the external wall of the State Agency for Refugees' Registration and Reception Center in Harmanli, painted within the framework of the annual graffiti festival organized by IOM Bulgaria. Artist – Tochka Ilieva, 2018.

© 2020 International Organization for Migration (IOM) - Bulgaria

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise without the prior written permission of the publisher.

**HANDBOOK FOR SPECIALISTS
WORKING ON THE EMPOWERMENT OF
WOMEN AND GIRLS ASYLUM SEEKERS
OR BENEFICIARIES OF INTERNATIONAL
PROTECTION, SURVIVORS OF GENDER-
BASED VIOLENCE**

Gender-based violence (GBV) is one of the most important human rights violations that can be found all across the world, including in Europe. GBV can take different forms – physical, psychological/emotional, sexual, social and economic, and includes domestic violence, sexual harassment, harmful traditional practices, exploitation and trafficking in human beings. Women and men, girls and boys, and LGBTI people can all become victims of such violence.

The consequences from GBV go beyond the individual person and often affect entire families and communities. These consequences may become exacerbated in periods of humanitarian crises or other types of instability. If the broader audience, government institutions and specialists working with migrants have a good understanding of the risks associated with such contexts, it may be possible to diminish the negative consequences from GBV. Through its gender equality policy, IOM confirms its commitment to guarantee the integration of such fair principles in all its projects and activities.

GBV leaves invisible wounds. Quite often, this phenomenon is hidden behind traditions and rites that may not be identified as harmful. Part of the helping professionals' responsibility is to be able to see beneath the surface and to identify the scars. The severity of the consequences resulting from this type of violence requires a multidisciplinary approach and long-term support. Achieving positive change is a slow process; however, the results can be rewarding for all parties involved. We believe that the information presented in this handbook will be useful for the professionals working with and providing support to women and girls asylum seekers or beneficiaries of international protection, survivors of GBV, to live in safety and dignity.

This handbook was created within the framework of the project PROTECT – Preventing sexual and gender-based violence against migrants and strengthening support to victims. It is the result of the joint work between external consultants and an IOM Bulgaria team. The handbook summarizes the experiences, good professional practices and standards from years of working with women and girls asylum seekers or beneficiaries of international protection, survivors of GBV. It is addressed to all professionals and stakeholders whose work is related to refugees and migration, to the health providers and the specialists in the fields of psychotherapy, social assistance, the NGO sector and government institutions. The primary objective is to provide additional information on the specifics in the provision of support to this group, as well as the available resources that can contribute to the earlier identification of cases.

The following pages will introduce the reader in more detail with the results from interviews conducted with women and girls, including their personal stories, with who psychologists, therapists, social workers and experts, and legal advisors have worked in the field. Some of the principal characteristics of the customs, rites, traditions, and the everyday cultural practices of migrant communities in Bulgaria will be presented. Information will be provided on the specifics in case management concerning persons survivors of GBV and who are in the process of migration. In this regard, this handbook is meant not only to draw attention to the difficult and sensitive topic of GBV but also to set general professional standards and provide space for further discussion.

ACKNOWLEDGEMENTS

We would hereby like to thank the co-authors **Radostina Belcheva** and **Marieta Gecheva**, experts in the fields of programme and project development, with a focus on the provision of services and support to migrants and refugees. As IOM Bulgaria consultants within the framework of the PROTECT project, Radostina Belcheva and Marieta Gecheva made a notable contribution to the creation of this handbook.

We also thank the co-authors **Annie Raykov** and **Teodora Nikolova** of IOM Bulgaria, who are part of the PROTECT project team, provided guidelines for the preparation of the handbook, and took part in the drafting of questionnaires, interviews and in the revision process.

IOM Bulgaria is grateful to UNICEF for the financial and technical support, in particular to **Daniela Koleva**, **Diana Yovcheva** and **Antoniya Seizova** for their overall contribution during all stages of the process.

We should also highlight the contribution of the migrants and of all the professionals in a number of fields related to migration, refugees, healthcare, psychotherapy, and social assistance, who in one way or another took part in the drafting of this handbook.

We would also like to thank **Mariya Samuilova**, **Milena Nikolova**, **Yavor Lilov**, **Nadia Kashlakeva** and **Anna Bazelkova** of IOM Bulgaria who contributed to the editing and the layout of the handbook.

Last but not least, we are grateful to all the women who took part in the interviews, and to all those survivors of violence who, with our support, managed to overcome it. The trust they placed in us, leads us to believe that change is possible, step by step, when efforts are focused towards achieving it.

The IOM team wishes you professional satisfaction during your journey through other cultures while working with and providing support to migrants!

TABLE OF CONTENTS

FOREWORD	i
ACKNOWLEDGEMENTS	iii
ABBREVIATIONS	vii
INTRODUCTION	ix
CHAPTER I:	1
WHAT IS GOOD TO KNOW AS SPECIALISTS WORKING WITH WOMEN AND GIRLS ASYLUM SEEKERS OR BENEFICIARIES OF INTERNATIONAL PROTECTION?	1
INTRODUCTION TO CHAPTER I	1
1. A BRIEF OVERVIEW OF THE CONTEXT	1
GENERAL INFORMATION ABOUT AS AND BIP IN BULGARIA	1
BASIC CONCEPTS AND ASPECTS RELATED TO THE SITUATION OF WOMEN AND GIRLS AS OR BIP IN BULGARIA	1
2. SPECIFICITIES OF THE COUNTRIES OF ORIGIN OF WOMEN AND GIRLS AS OR BIP IN BULGARIA	3
PERSONAL STORIES OF INTERVIEWED WOMEN AND GIRLS AS OR BIP	3
3. BARRIERS AND DIFFICULTIES THAT WOMEN AND GIRLS SHARE DURING THE INTERVIEWS	6
CHAPTER II:	9
REVIEW OF THE GOOD PRACTICES AND MODELS OF WORK WITH WOMEN AND GIRLS ASYLUM SEEKERS OR BENEFICIARIES OF INTERNATIONAL PROTECTION	9
INTRODUCTION TO CHAPTER II	9
1. MOST PRESSING NEEDS OF WOMEN AND GIRLS, AS AND BIP IN BULGARIA	9
ASSESSMENT OF THE NEEDS OF WOMEN AND GIRLS, AS OR BIP	9
BASIC NEEDS MENTIONED BY THE WOMEN AND GIRLS, AS AND BIP	10
NEEDS RESULTING FROM AND RELATED TO EXPERIENCING TRAUMATIC EVENTS	11
THE EXPERIENCE OF WOMEN AND GIRLS, AS AND BIP WITH THE USE OF SOCIAL SUPPORT IN BULGARIA	12
2. GOOD PRACTICES IN WORKING WITH WOMEN AND GIRLS, AS OR BIP SURVIVORS OF GBV	12
SOCIAL WORK	12

CASE MANAGEMENT	14	SPECIFIC CHALLENGES IN EMPOWERMENT INTERVENTIONS	33
PSYCHOLOGICAL COUNSELLING AND PSYCHOTHERAPY	16	4. POST-TRAUMATIC STRESS DISORDER AND COMPLEX POST-TRAUMATIC STRESS DISORDER AS A RESULT OF GBV	35
PARTICIPATION AS A BASIC ELEMENT OF EMPOWERMENT	16	5. ROLES AND RESPONSIBILITIES OF SPECIALISTS IN THE WORK OF EMPOWERMENT OF WOMEN AND GIRLS AS OR BIP, SURVIVORS OF GBV	37
INTERCULTURAL MEDIATION	20	LEADING SPECIALIST IN EMPOWERMENT INTERVENTIONS AND ROLES OF TEAM MEMBERS	37
GROUP WORK (GROUP ACTIVITIES)	21	THE ROLE OF THE INTERPRETER / CULTURAL MEDIATOR	37
ESTABLISHING AND STRENGTHENING A SUPPORTIVE COMMUNITY INSIDE AND OUTSIDE THE RRC OR WITHIN SPECIALIZED SPACES	22	OTHER PROFESSIONALS WHO HAVE A SUPPORTING ROLE IN THE OVERALL EMPOWERMENT PROCESS	38
CULTURAL AND CIVIC ORIENTATION	23	6. CARE FOR SPECIALISTS AND SUPPORT TO PREVENT PROFESSIONAL BURNOUT	39
LIFE SKILLS TRAINING	23	CONCLUSION	41
CHAPTER III:	25	APPENDIX 1:	43
PSYCHOSOCIAL WORK WITH A FOCUS ON THE EMPOWERMENT OF WOMEN AND GIRLS, AS OR BIP SURVIVORS OF GBV AND SUFFERING OF POSTTRAUMATIC STRESS DISORDER	25	QUESTIONNAIRE - WOMEN AND GIRLS	43
INTRODUCTION TO CHAPTER III	25	APPENDIX 2:	45
1. ADDRESSING THE NEEDS OF WOMEN AND GIRLS, AS OR BIP, SURVIVORS OF GBV IN BULGARIA	25	PROFILE OF THE INTERVIEWED WOMEN AND GIRLS	45
EXISTING SOCIAL SERVICES AND CHALLENGES THEREOF	25	APPENDIX 3:	47
PROFILE OF THE WOMEN AND GIRLS, AS OR BIP, SURVIVORS OF CHRONIC VIOLENCE AND/ OR TRAUMATIC EVENTS, ENDANGERING THEIR PERSONALITY, FREEDOM, AND LIFE	27	QUESTIONNAIRE – SPECIALISTS	47
BUILDING A TRUSTED / CONFIDENTIAL RELATIONSHIP	28	APPENDIX 4:	49
2. STAGES IN THE PROVISION OF SUPPORT TO WOMEN AND GIRLS AS OR BIP, SURVIVORS OF GBV, IN SOCIAL SERVICES	29	METHODOLOGY – INTERVIEWS WITH SPECIALISTS	49
INITIAL STAGE OF PROVISION OF SUPPORT IN SOCIAL SERVICES	29	APPENDIX 5:	51
SECOND STAGE OF PROVISION OF SUPPORT IN SOCIAL SERVICES	30	LIST OF ORGANIZATIONS	51
3. THE PROCESS OF EMPOWERING WOMEN AND GIRLS AS OR BIP	31	APPENDIX 6:	53
CHARACTERISTICS OF THE EMPOWERMENT PROCESS	31	WORK TIPS	53
MAIN APPROACHES AND ACTIVITIES IN PSYCHO-SOCIAL WORK WITH A FOCUS ON THE EMPOWERMENT OF WOMEN AND GIRLS AS OR BIP, SURVIVORS OF GBV	31	APPENDIX 7:	54
		RIGHTS OF WOMEN AND GIRLS AS, BIP OR UNDOCUMENTED MIGRANTS, IN ACCORDANCE WITH BULGARIAN LAW	54
		NOTES:	56

ABBREVIATIONS

AS	Asylum seekers
BIP	Beneficiaries of international protection
CM	Council of Ministers of the Republic of Bulgaria
C-PTSD	Complex post-traumatic stress disorder
GBV	Gender-based violence
IOM	International Organization for Migration / UN Migration Agency
LGBTI	Lesbian, Gay, Bisexual, Transsexual and Intersex
Moi	Ministry of the Interior
NGO	Non-governmental organization
PTSD	Post-traumatic stress disorder
RRC	Registration and Reception Centre
SAR	State Agency for Refugees
SHTAF	Specialized Home for the Temporary Accommodation of Foreigners
TCN	Third country national
UN	United Nations
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund

INTRODUCTION

This handbook was produced in response to the need of more practical information, intended for specialists working with women and girls asylum seekers or beneficiaries of international protection, survivors of gender-based violence (GBV). In particular, the handbook focuses on the work with women and girls, who have arrived in Bulgaria from countries in the Middle East and Africa.

According to the definition of the Inter-agency Standing Committee (IASC), GBV is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private.¹

The building of an independent life in another country with a different culture, different language, different social system and public life is a real challenge for women and girls asylum seekers or beneficiaries of international protection. Yet a greater challenge for them is to bear the scars of traumatic GBV-related experiences. Specialists, in return, often encounter challenges when providing support to these women and girls, such as: absence of information about culture and origin; the need of an additional person to mediate communication (interpreter or mediator); type and length of the traumatic experience; the consequences that this experience may have on the girl or woman; approaches to and interventions for the empowerment of the women and girls, and so on.

The primary objectives of the handbook are to help better understand the reasons for and the consequences of GBV that women and girls asylum seekers or beneficiaries of international protection experience, and to contribute to enhancing the knowledge, developing new skills, building the confidence of specialists who provide support to and empower survivors of GBV that belong to these groups.

The handbook was developed in three stages. The first stage includes interviews with women and girls asylum seekers or beneficiaries of international protection with the objective of becoming acquainted with their attitude towards different social issues, such as public and family life, and experiences in the use of social services in Bulgaria. *(for more information regarding the methodology, see Appendix 1 and 2)* The second stage comprises interviews with specialists in the field of social work – psychologists, social workers and others, focused on their needs related to the work with women and girls asylum seekers or beneficiaries of international protection, survivors of traumatic experiences. *(for more information regarding the methodology, see Appendix 3 and 4)* The third stage includes the development of the handbook based on the interviews, available literature on the topic and on the shared long-term experience of the authors and organizations providing support to migrants and refugees in Bulgaria.

¹ Global Protection Cluster and Inter-agency Standing Committee (2015). Guidelines on Integrating Gender-based Violence Interventions in Humanitarian Action, available online on: https://gbvguidelines.org/wp/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf, last access 25.05.2020.

The handbook is organized as follows: Chapter I acquaints the readers with the results of the interviews with the women and girls, their views, experiences and cultural norms as regards family, marriage, work, male and female social roles, losses and griefs; experience or lack thereof with social services in Bulgaria. Information on the migration context in Bulgaria is also presented, as well as the challenges faced by asylum seekers and beneficiaries of international protection, especially as regards women and girls.

Chapter II presents the good practices and models for working with women and girls asylum seekers or beneficiaries of international protection, namely: social work; case management; psychological work; participation as one of the main elements in empowerment; intercultural mediation; group work (group activities); creation or strengthening of supportive communities within or outside of registration and reception centres (RRCs) or specialized spaces for women; cultural and civic orientation; and, life skills training.

The interviews with the specialists provide information about how they perceive the specifics of the work with women and girls asylum seekers or beneficiaries of international protection and what they need in terms of support in their work with this group. Chapter III is based on excerpts from these interviews. Additionally, an analysis of psychosocial practice outside of Bulgaria is included, interwoven with the presentation of current approaches to the work in social services in Bulgaria. Attention is also drawn to one of the most common challenges when working with an unfamiliar culture – the need of an additional trusted person, an interpreter or mediator, and recommendations to this end.

CHAPTER I:

WHAT IS GOOD TO KNOW AS SPECIALISTS WORKING WITH WOMEN AND GIRLS ASYLUM SEEKERS OR BENEFICIARIES OF INTERNATIONAL PROTECTION?

INTRODUCTION TO CHAPTER I

Chapter 1 describes the context of the increased number of third country nationals (TCNs) that have arrived in Bulgaria since 2014. These are persons – men, women and children – arriving predominantly from countries with humanitarian crises – armed conflicts and natural disasters, and the relevant economic consequences. Statistics provided by the State Agency for Refugees (SAR) under the Council of Ministers are presented. The terms – migrant, asylum seeker, refugee and beneficiary of international protection have been defined for the reader.

In order to acquaint the specialists who read this handbook with the specific needs in terms of support of women and girls AS or BIP in Bulgaria, Chapter I is based on interviews carried out with these groups. (*For more information on the questions asked during the interviews, see Appendix 1*) The interviews were conducted by three experts - psychologists with many years of experience, supported by interpretation by cultural mediators or interpreters, in the period May - August 2019. Twenty-six women and girls AS or BIP, accommodated in the State Agency for Refugees' (SAR) Registration and Reception Centers (RRC) Sofia - Vrazhdebna, Ovcha Kupel and Voenna Ramp, RRC Harmanli, as well as those living at external addresses outside of RRCs, took part in the interviews. Topics included cultural aspects in countries of origin and the status of women and men there; family values, social life, education and professional realization; the difficulties they face in Bulgaria and what kind of support they need. (*For more information on the profile of women and girls interviewed, see Appendix 2*)

It is extremely important for professionals reading this handbook to keep in mind the overall social, political, economic and cultural context of the countries of origin of women and girls AS or BIP. This context, as well as the personal stories of each of these women and girls, have an impact on the work with these groups. The interviews, show, for example that family norms and social and family responsibilities can range from extremely restrictive and defining a person's life, to more liberal and freer. In addition, the perceptions and practices of these norms and obligations differ significantly in larger and smaller demographic areas, as well as depend on levels of education and socio-economic status.

1. A BRIEF OVERVIEW OF THE CONTEXT

General information about AS and BIP in Bulgaria²

Since 2013, Bulgaria has seen a significant increase in the number of applications for international protection (7,144 applications in 2013; 11,081 in 2014; 20,391 in 2015; 19,418 in 2016; 3,700 in 2017; 2,536 in 2018; 2,152 in 2019), mostly from the Syrian Arab Republic, Afghanistan, Iraq and Pakistan. The largest number of asylum seekers in the country was registered in 2015. (20,391 applications submitted).

² SAR statistics shared during multi-sector, monthly coordination meetings.

³ UNHCR (2016). Assessment of the needs of asylum seekers and beneficiaries of international protection in accordance with their age, gender and diversity, available online at: <https://www.unhcr.org/bg/wp-content/uploads/sites/18/2016/12/2016-AGD-PA-Report-Final-BG.pdf>, last accessed on: 05.05.2020

In 2019, the number of applications decreased dramatically (between 1 January and 31 December 2019, 2,152 people sought international protection in the country). Due to its socio-economic profile, the Republic of Bulgaria has never been a major destination for international protection / asylum, as shown in an assessment conducted by the United Nations High Commissioner for Refugees (UNHCR) in 2016³ - only 10% of migrants seeking international protection express a desire to remain in Bulgaria. Many people travel across the country illegally without applying for international protection; others who apply for international protection very often continue their migration path before their applications have been reviewed.

According to the State Agency for Refugees (SAR), the leading three countries in terms of the number of applications submitted for the period 1 January – 31 December 2019 are: Afghanistan - 997; Syrian Arab Republic - 487; Iraq - 303.

The total number of persons accommodated in SAR RRCs at the end of 2019 were 446 (with a total capacity of 5,190). According to the main SAR statistics for 2019, women and children represent 45% of those seeking international protection. 6% of all persons over 14 years of age seeking international protection have higher education, 1% semi-higher education/ associate degrees, 27% primary education, 34% primary education, 15% secondary education, 17% have no education.

As of November 28, 2019, there were 32 vulnerable persons and persons with specific needs, a group that includes persons who have experienced psychological, physical, and / or sexual violence (the statistics do not specify how many of them are women). It is important to note that most cases of violence, abuse and the risk of such violence remain unreported and unregistered.

There are no official statistics on how many beneficiaries of international protection officially live at external addresses, what their profiles, difficulties and needs are.

This handbook is mainly focused on working with women and girls AS or BIPs in Bulgaria. It would, therefore, be difficult to include and consider an analysis of the profile of people, and in particular migrant women and girls, in general.

Basic concepts and aspects related to the situation of women and girls AS or BIP in Bulgaria

i. Migrants

Definition of the International Organization for Migration (IOM): "An umbrella term, not defined under international law, reflecting the common lay understanding of a person who moves away from his or her place of usual residence, whether within a country or across an international border, temporarily or permanently, and for a variety of reasons. The term includes a number of well-defined legal categories such as migrant workers; people

whose specific types of movements are legally defined, such as smuggled migrants; as well as those whose status and means of transportation are not specifically defined in international law, such as international students.⁴

Definition of the Council of Europe's Committee on Migration: *the term „migrants“ is used [...], depending on the context, for emigrants, returning migrants, immigrants, refugees, displaced persons and people with an immigrant background, and / or members of ethnic minorities created through immigration.*⁵

In the case of voluntary migration, people leave their homes because they chose to do so, mainly because of the so-called „pull factors“, while forced migration is usually the result of so-called „push factors“. Very often, however, there is no single factor, but a combination of „factors“ that are interrelated. Many migrants leave their country due to economic reasons, the lack of security or a future for their children, as well as because of human rights violations. Even economic migrants are considered to be forced migrants when they want to escape situations in which their right to work is violated.⁶

Figure 1: Some push and pull Factors

PUSH FACTORS	PULL FACTORS
<ul style="list-style-type: none"> Poverty / unemployment / lack of access to economic opportunities 	<ul style="list-style-type: none"> Employment opportunities / higher standard of living
<ul style="list-style-type: none"> Lack of access to medical help / education 	<ul style="list-style-type: none"> Access to healthcare / education
<ul style="list-style-type: none"> Political instability / war / persecution / natural disasters 	<ul style="list-style-type: none"> Political stability / security Family bonds
<ul style="list-style-type: none"> Inequality / discrimination 	<ul style="list-style-type: none"> Social equality/ justice

ii. Asylum Seekers (AS) or Beneficiaries of International Protection (BIP)

The 1951 Refugee Convention defines „refugee“ as someone who, owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence, is unable or, owing to such fear, is unwilling to return to it.⁷ A beneficiary of international protection is someone who has been granted refugees status or subsidiary protection status.⁸

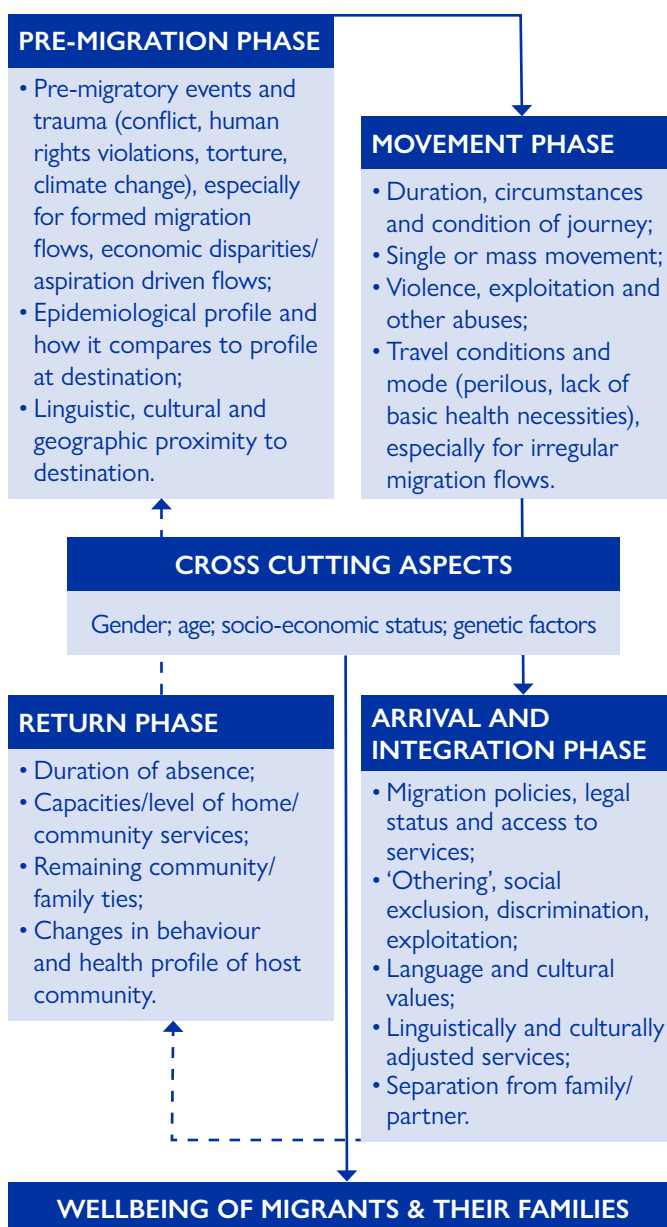
An asylum seeker is someone who's application for international

protection has yet to be processed by the competent authorities.

iii. Women and girls, asylum seekers and beneficiaries of international protection⁹

In their countries of origin and during the migration process (migration phases), women and girls may face different types of GBV, such as forced and / or early marriage, sexual violence, and human trafficking. The risks are especially high for unaccompanied girls, pregnant women, single mothers and do not end even here in our country.

Figure 2: Phases of migration¹⁰



⁴ This is a working and non-legal definition available in the Key Migration Terms section of IOM's official website: <https://www.iom.int/key-migration-terms>, last accessed on 18.03.2020

⁵ Council of Europe (website) COMPASS: Manual for Human Rights Education with Young people, available online at: <https://www.coe.int/bg/web/compass/migration#2>, last accessed on 18.03.2020

⁶ Ibid.

⁷ UN (1951). Convention and Protocol relating to the status of Refugees, available online on: <https://www.unhcr.org/3b66c2aa10>, last accessed on 29.08.2020

⁸ DIRECTIVE 2011/95/EU OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 13 December 2011, available online on: <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32011L0095&from=EN>, last accessed on 29.08.2020

⁹ For more information on the rights of women and girls AS or BIP in Bulgaria, see Appendix 7.

¹⁰ Migration data portal (website) <https://migrationdataportal.org/infographic/health-and-migration-phases>, last accessed on 02.05.2020

Migration can have both positive and negative effects on women. It can give them a higher degree of economic and personal independence, or it can lead to a situation of legal attachment and / or economic dependence (most often dependence on a spouse, employer, extended family or smuggler). Whether a woman will have a better life through her migration and integration journey depends on the laws governing migration, integration and asylum in the country of transit or destination, and above all on a number of social, cultural, political, economic and psychological factors and access to and the quality of support services.

The individual characteristics of women and girls (socio-economic status, age, education, past traumatic experience, and other life experiences, etc.) also influence their migration journey and situation and how well they adapt in the host country. Women and girls around the world, not just those who migrate, face a number of structural, economic, political and cultural inequalities. These inequalities, and, in particular, the effect they have on families and communities, require an emphasis on empowering women and girls and an individualized approach to providing psychological, social and legal support to them.

2. SPECIFICITIES OF THE COUNTRIES OF ORIGIN OF WOMEN AND GIRLS AS OR BIP IN BULGARIA

In the period from January to the end of October 2019, 272 women and girls sought international protection in Bulgaria. In terms of age, the number of women between 18 and 34 is 109, followed by 73 girls between 0 and 13, 58 women between 35 and 64, 26 girls between 14 and 17 and 6 women over 65. Regarding countries of origin, most women and girls seeking international protection are from the Syrian Arab Republic (135), 81 from Iraq and 18 from the Islamic Republic of Iran.¹¹ This trend regarding the countries of origin is also confirmed by IOM Bulgaria's statistics regarding the number and nationalities of women and children AS or BIP who have received support from IOM's mobile teams from the beginning of 2017 until the end of July 2020 – 186 women from Iraq, 161 from the Syrian Arab Republic, 63 from Afghanistan and 39 from the Islamic Republic of Iran; as well as 745 children from Afghanistan¹², 116 from Iraq, 95 from the Syrian Arab Republic, 32 from Pakistan and 21 from the Islamic Republic of Iran.

This sub-chapter examines some cultural and social specifics of the countries of origin of women and girls AS or BIP in Bulgaria, with a focus on women from Afghanistan, the Islamic Republic of Iran, the Middle East and Africa. The specifics are presented from the point of view of the women and girls interviewed within the framework of the preparation of this handbook.

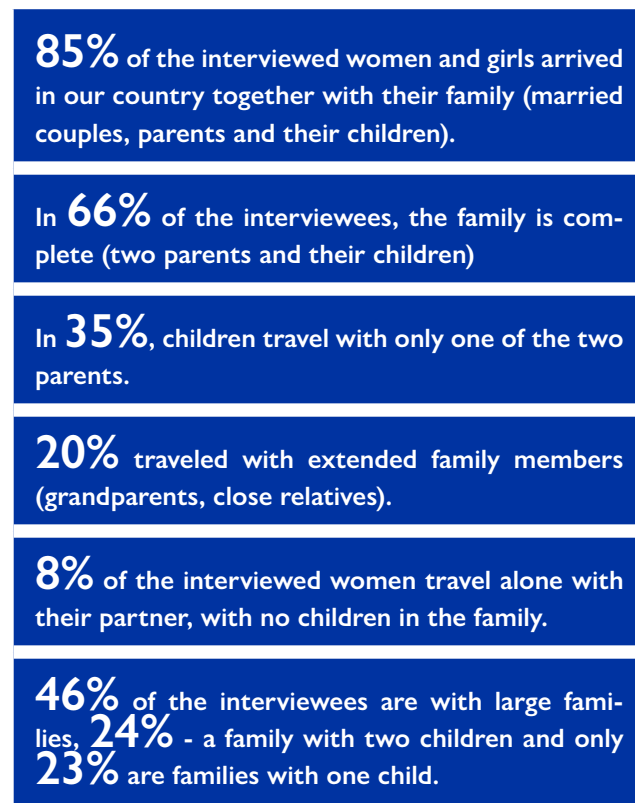
Personal Stories of Interviewed women and girls AS or BIP

Their identity, dreams and opportunities for realization are mainly related to the care of the family and children. This model is not only typical of Eastern cultures, but is also very common in Europe, where it remains invisible in the fast-

paced modern life of the big city. According to many experts on the issue, the lack of equal opportunities for women from poorer and marginalized communities is deepening.¹³

The following three figures present some results from the conducted interviews, focusing on the marital status of women and girls; their education and professional experience; the duration of their stay and their procedure for international protection.

Figure 3: Family status



It is important to note that women who have lost or been separated from their partners and / or families also arrive in Bulgaria. In some respect, the risk factors they face are significantly higher compared to women who arrive with their families.

Figure 4: Education and professional experience



¹¹According to SAR and Mol statistics, available online on: <https://aref.government.bg/bg/node/238> и <https://bit.ly/35ieXmJ>, last accessed on 20.04.2020 r.

¹² The statistics regarding children supported by IOM's mobile protection teams include boys, as well as unaccompanied asylum-seeking children, who are mostly boys from Afghanistan.

¹³ European parliament (2015). Report on cohesion policy and marginalized communities, available online on: https://www.europarl.europa.eu/doceo/document/A-8-2015-0314_BG.html, last accessed on 16.07.2020

The main reasons for educational drop out are: marriage, lack of physical security when going out on the street and going to school; need to stay at home and take care of the household.

Men are responsible for the provision of means of livelihood in the family, while women take care of the children and the household.

These traditional roles are often an obstacle in relation to employment, access to education or the search for additional professional qualifications for women.

The traditional division of roles between the male-dominated public life and the private, personal sphere, which is dominated by women, stands out in the perception of male and female roles.

Figure 5: Duration of stay in Bulgaria and procedure for international protection

Most of the interviewed women and girls arrived in Bulgaria 2 to 5 years ago (80.77%).

Although under Bulgarian law, SAR is required to issue a decision on an application for international protection within 6 months, in the case of most of the interviewed women and girls, it took longer to process the application.

Within 6 months (and in complicated cases up to no more than 21 months), based on the review of the application for international protection, SAR shall issue a positive decision to grant refugee or subsidiary status or reject the application. AS have the right to appeal the decisions of SAR before the court.

AS reserve all the rights they have during the procedure for international protection during the appeal process before the court. The length of appeal procedures depends on the workload of the courts and it may be years before a final decision on the application for international protection is issued. This is one of the moments that creates insecurity and anxiety in the interviewed women and girls. Three of the women point out that the most difficult moment they have experienced in Bulgaria is waiting for status/decision by SAR and/or the court (indefinite period of time), receiving a negative decision and the lack of knowing what the future will bring.

Before arriving in Bulgaria, the interviewees spent various periods of time in other countries, with 46% of the respondents indicating Turkey as the country where they lived prior to arriving in Bulgaria.

Women in the Middle East and Northern Africa occupy a specific role in the structure and size of a strictly patriarchal family, which as a unit functions and is regulated by strict unwritten laws, often under the pressure of a micro-social structure (lineage). In terms of their social and economic presence in the patriarchal family in society, it is most often in the form of informal activities that are not classified as a profession, there are no standards, regulations, official professional code approved by the state. Such activities include craft work in someone's workshop, street trading, home production, sewing, hairdressing, home cosmetic services, small family business services, caring for children in the home or close community, and this work is not always paid.

This involvement of women in the informal world of the patriarchal family is considered by some researchers to be an insufficient use of women's capacity and skills, which in turn has a negative impact on the development of society.¹⁴ However, improving the status of women and moving them from informal activities to formal occupations naturally leads to economic empowerment. This in turn reflects on the microclimate in the family - the economically empowered woman is now more difficult in the subordinate position of the man, and he is not the only one who supports the family and distributes the goods. Such a role of the woman, although economically advantageous for the family, is not well accepted by the man and can lead to the imposition of additional restrictions or escalation of a violent model of relationships. Generic and community expectations of the man in the family are related to defending the position. There is also a certain pressure on men to respect this role, as well as to prevent equalization of the male and female social role. If they both respect their social roles, there is a balance in family dynamics. In a broader sense, women's empowerment will begin with the violation of this balance and going through a series of upheavals.

Elderly women in patriarchal communities

In patriarchal communities, older women are revered and respected, yet they bear the burden of caring for sick extended family members, and they continue to take care of the household and raise children even at an advanced age. These women can be particularly vulnerable due to the isolation they face throughout their lives and the lack of economic independence - their financial

Below are presented parts of the personal stories of the interviewed women and girls that describe the role of women in their countries of origin compared to those in Bulgaria, gender differences and stereotypes, types of violence experienced, and family relationships.

Social and economic gender roles in the countries of origin

The majority of AS and BIP in Bulgaria come from countries (top countries of origin are Afghanistan, Syrian Arab Republic and Iraq) and a social environment, in which gender roles are predominantly traditional and patriarchal. The following topics stand out in the stories of the interviewed women and girls:

¹⁴ Offenauer, P. (2005). "Women in Islamic Societies: A Selected Review of Social Scientific Literature". Federal Research Division, Library of Congress, Washington, D.C.; Chapter IV "Dimensions of Women's Status and Bodies of Research".

support usually depends entirely on the decisions of their children and the extended family. This dependence can limit their access to medicines and treatment, and sometimes food. Life spent within the limits of family norms turns leads women to become their strict guardians and supporters. Very often they insist on the strict observance of certain harmful traditions and rituals. The first lessons of patriarchy are learned within the family. The cycle from a young girl who is oppressed by the norms and the community to a mature woman who becomes a bearer and zealous supporter of these traditions is repeated in all patriarchal communities under the pretext that this is the only right solution to continue the lineage. On the other hand, elderly women, due to their central position in the family and the respect towards them, can become important agents of change of certain traditions and rituals, such as female genital mutilation.

Specifics related to marriage and divorce

According to the women and girls interviewed, the most contested rights of women in their countries of origin are related to marriage. At the heart of this is the traditionally patriarchal backbone, in which parental authority is accepted to dictate what it considers right as the supreme and sometimes sole authority. Eight of the women interviewed said that they did not have the right to choose their partner, who was chosen by their parents or close relatives. Early, arranged marriages is another problem that was named by the interviewees.

„Kadia”, 51, Afghanistan

„I am a Khazar from Afghanistan and they don't like us very much because of our religion. Here, mothers teach their daughters to sew and knit, all wearing burqas or hijabs. For us, the wedding is the most important ritual in a woman's life. There are many cases - they give their daughters very young and without knowing the man. At 13-14 years, sometimes younger. This is very detrimental to their future, but it is linked to war and poverty. The boy's family gives a present when they take the girl and celebrate with sweets. The girl's arms and legs are painted with henna. Then they wash the bride's hands and make small packets of henna, which they give to the girls. The bride is in green clothes - very beautiful”.

According to the stories of the interviewed women and girls, as well as based on the work with AS and BIP in Bulgaria in recent years, marriage between individuals of the same extended family is relatively common in the Middle East and North Africa, as well as Afghanistan and the Islamic Republic of Iran. Out-of-family marriages are often aimed at establishing or consolidating economic and political cooperation and relationships.

Examples of experienced violence among interviewed women and girls

Women and girls AS or BIP, talk about the difficulties and insecurities experienced during all stages of the migration process, starting in the country of origin due to hostilities or acts of warfare; murders; theft; poverty; unstable situation in the country; persecution; arranged and / or early marriages; lack of choice; hunger;

religious violence and persecution; destruction; prohibitions and violations of women's rights; destroyed cities - pictures that are part of the conversations conducted with all interviewees.

„Aamina”15 from Somalia, 42

Interviewer: „What are the biggest problems in Somalia?”

Aamina: „That people are being killed. My sister's son was killed last week. He was 34. Neighbors killed him. There is no government in Somalia, so the problems will not stop. If someone has a gang [armed group], he does whatever he wants. This is the problem! If you go to Somalia for the first time, many things will seem good to you, you will not see murders. But for the people who live there, for example at night, other people come in and rob their homes, or when they are gone, they break down the door and enter. In fact, nothing is ok. There are gangs everywhere. There is no government. People do whatever they want – they become parts of gangs, they kill and flee. So far, many people have fled, large families, they have left their homes... they are the lucky ones. But it is a problem for many people to go out. They always take their phone with them when they go out. If someone calls and I do not answer I could be dead. For example, you go out shopping and a bomb goes off. You can go out sometimes and not come back. Some days life seems to go on as usual, but we know that this is not the case. Sometimes we also see what happens to people in the Syrian Arab Republic, Iraq, Bangladesh, Lybia and so on in social media.”

„Abrisham” from Kabul, Afghanistan, 36

Abrisham: „It was good in Afghanistan. People who live in cities are in a better position to study. And the people who live in the villages are mostly engaged in agriculture. The country is nice, but there is no peace. Murders and assassinations have become more frequent. There is no peace there. There are a lot of people starving right now, and a lot of people are killing other people just for the money. Otherwise, if these things did not exist the country is good.”

Interviewer: “i.e. if one day these things get better, would you go back?”

Abrisham: „I don't think about it. My husband had problems there, so we ran away. We may not be able to return, otherwise I would like to, because my relatives are there - my mother, my father.”

The following topics related to violence emerge from the interviews:

1. Almost half of the interviewed women and girls state that they have been the object and / or witnesses of severe violence: domestic and / or psychological violence; abuses; violence based on nationality and / or religion; forced and early marriages; persecution; restriction of personal freedom, education. This includes both trau-

¹⁵ In order to maintain confidentiality, the real names of women and girls have not been used and some biographical and demographic data have been changed in the text of the handbook.

matic situations in personal history and the personal drama of being a refugee - loss of family, relatives, state, home, difficult and uncertain journey to Bulgaria, isolation and helplessness in places of accommodation (for example, RRCs); at times - self-blame.

2. Ten of the women share problems, specific risk situations and personal concerns related to wearing the hijab and the signs of differences in the host society.
3. Gender differences are a topic in absolutely all interviews. 18 of the interviewed women and girls believe that it is easier for men to live in a foreign country because they have more freedom of choice and life, do not wear a hijab / a mark of difference /, as it is easier for them to blend in with Bulgarian society. According to three of the women, it was equally difficult for them and their husbands.

Aisha's story illustrates the impact of GBV on her way of life and the self-perception of women.

„Aisha“, 38, Iraq

„If my brothers had not left for Europe, I would have left alone. Some men harass their wives so much that they commit suicide. The woman is like a broken tree. We have a saying, „A girl takes her mother's luck.“ My mother struggles, I suffer more than she does; I think my daughter will suffer more than I do. Tradition is followed and each generation turns out to be worse than the others. My brother returned to Iraq voluntarily. He is a man and cannot bear it. One lives in constant risk. They hurt people's honor. They threaten and blackmail women that they will post pictures of them if they do not obey. The girls' fathers are ready to kill them for a photo in a public place. If I post a picture on Facebook, my uncle will come from Kurdistan to kill me. It's very difficult to escape all this.“

Restrictions on the rights and freedoms faced by women and girls

It is not possible to summarize that the situation of gender inequality is the same for all countries of origin, although similar aspects exist. From the stories of the interviewed women and girls it is clear that life for many of them is predestined - graduating from high school (not always), marriage, children. However, it turns out that the fate of many of the interviewees goes far beyond the cliché concerning wives. Sometimes the list of prohibitions is extremely long.

One of the examples he gives in Manal Al-Sharif's book „Daring to Drive“¹⁶ is the story of Starbucks in Riyadh. At the beginning of 2016, the following inscription was hung on the doors of the cafe in Arabic and English: “Please not entry for ladies. Only send your driver to pick up your order. Thank you!” The official position of Starbucks is that the cafe was built without a barrier to divide visitors/ customers according to their gender, which means that only men can enter the establishment.

The following interviews illustrate the restrictions on the rights and freedoms experienced by the women interviewed.

Gulrang, 32, Kabul, Afghanistan

„Men can do whatever they want, and women have no rights. A woman cannot go to work if she wants to, if she is not allowed to. She can't do anything without being allowed [...] It's good here [in Bulgaria]. Both men and women are equal. [Since we have been in Bulgaria, my relationship with my husband has changed, it has changed a lot. I have more freedom. There were a lot of problems while we were there. Although he didn't tell me anything, his relatives made me work for them. There was a lot of housework.“

„Polla“, 36, Bagdad, Iraq

„The woman there [in Iraq] is more modest, the man is the leader, he does everything. It is forbidden for a woman to go out alone in the evening, she must be either with her husband, or with her brother or with another male relative. ... There is no problem for the man. For the woman - it depends on the man. If he lets her out, she will go out. If not - she will stay home. This is in Iraq. Same here. He is afraid for me. I am a foreigner, I do not know the language, I will get lost somewhere. I have to ask him - let me go to the hairdresser, let me go out for a coffee.“

3. BARRIERS AND DIFFICULTIES THAT WOMEN AND GIRLS SHARE DURING THE INTERVIEWS

The social and economic integration of women and girls AS or BIP everywhere depends on their access to health care, housing, education, as well as language courses and other integration programs. Barriers are related to their level of education and, in some cases, illiteracy, no knowledge of their rights, lack of information regarding the organization of health and social services. The barriers, of course, are also external to the individual profile of women. For example, cultural mediators and translators working with migrant women and girls also do not always know their specific needs and how to provide appropriate care, especially for those who have experienced many forms of violence. Moreover, poor knowledge of migrants' rights and / or discrimination due to their status can also significantly impede their access to services, housing, rights, benefits and more.

The following are barriers and difficulties shared by the interviewed women and girls, which are typical for most women and girls, AS or BIP in Bulgaria:

1. Difficulties in communication, seeking information and adaptation due to lack of knowledge in the language.
2. Veiling and wearing a hijab, as well as wearing black clothes and a fully covered body, are a barrier as they emphasize differences.
3. Real and alleged xenophobia and negative attitudes among part of society, forcing women to stay at home and limit their contact with local people.
4. Loss (due to separation or death) of friends and relatives and those accompanied by this feeling of sadness and grief, as well as loneliness and lack of support.
5. Poor understanding of the role of women in the Bul-

¹⁶ Al Sharif, M. (2017). Daring to drive: a Saudi woman's awakening, New York: Simon & Schuster

garian family and the need for both spouses to work to support the household.

6. Difficulty in finding a job.¹⁷ Lack of work experience in the countries of origin, which has a negative impact on their attempts to find jobs in Bulgaria.
7. Insufficient income and insufficient pay in case of finding a job.
8. Inability to pay health insurance due to lack of / insufficient income and not knowing how the system works.
9. Difficulties in finding housing¹⁸ and risk of homelessness. Access to housing is a major and serious problem for LPMZ, as it is a prerequisite for issuing personal documents, access to education for children, social services, access to the labour market and more.
10. Lack of information on the procedure for enrolment in nurseries and kindergartens, when such opportunities exist. Due to personality specifics, cultural peculiarities, social norms, etc. it is possible for parents themselves to avoid using such opportunities.
11. Growing conflicts in the family due to the changing behaviour of some women (who perceived the role of women in their countries of origin as oppressive) and the unwillingness of some husbands to allow their wives to work.

The following stories show the experiences of these aspects in the personal lives of women, both in their home countries and after their arrival in Bulgaria.

„Zaza“, 42, Syrian Arab Republic

„People are very different to me, the way they communicate. They do not communicate here as they do in Syria. You go out there, you talk to everyone, we have a lot of contacts, we care a lot about comfort and to be nice and warm. Here people are cold and closed, they only go to work and their whole time passes like this, with stress, you get up, run to work, go shopping and so on. Only on Saturdays and Sundays can you spend time with your family. And there in Syria, people have small businesses - men, younger women prefer to study and work; the older ones like to sit at home and take care of the family, their house ... The women have meetings with a feast every 15 days. Here their time is not enough for anything and money (talking about women in the refugee community in Sofia) they have no insurance, everything is expensive, language is a problem, their husbands do not make enough money, they do not have savings. If women want to work, it will be difficult to hire them here without diplomas - that's how they left the war, without such things. Uneducated families are mostly Kurds. People who come from cities are educated, they have studied.“

„Fatima“, 49, Syrian Arab Republic

„Yes, I think it's easier for men. When women want to work, they can't. Their husband will disturb her - „where did you go to work, you have children, and you have to take care of me, I do not want you to go and contact men and other women - we are in a foreign country“ - so she says. There are families who do not want the woman to work and when she comes into contact with others, this happens under his supervision. The man is free to go anywhere without the woman asking, he just [must] bring money to support the family. Nowadays in Syria, the educated, they want to work, to do something for themselves. These women give it their all and work. In the villages the women do not work, they are illiterate, [they stay] only at home with the children and the man. In Syria, there were many women teachers in the cities in the cities before the war, because people enrolled their children in school. And educated families make sure that the boy and the girl, when they get married, are on the same level of education.“

Seventeen of the interviewed women share that they feel safe in Bulgaria and they like the feeling that they can go out freely. The aspects that worry them are moving to an external address (outside the RRC), and the difficulty of learning Bulgarian. Seven of them have faced various forms of discrimination by Bulgarian citizens. Two women say they have been verbally abused because they are different.

Eight of the interviewed women say that the rights of women and men in Bulgaria are equal, they have equal access to education and work. As a determinant of gender equality, women point to education and upbringing. The following two stories illustrate the way women experience relationships with men, including their husbands, as different / changed in Bulgaria.

Derifa, 39, Iraq

„For Iraqis, the most important thing is the man. And the woman depends on the man. She has an opinion, but she does not make decisions. The man must make the decision. The woman only gives the opinion, but the choice - the man makes it. There has been a change since we have been here. We go to school alone, we go out, we shop alone, there is freedom. Nobody teases us on the streets and here we have freedom. They wouldn't give it to us there.“

¹⁷ This is the answer given by a woman interviewed in RRC Harmanli. For AS and BIP located in Sofia, finding a part-time job is a problem is more of a problem.

¹⁸ It is important to note that Bulgaria has a very limited social housing fund. Due to the lack of targeted support in the field of accommodation, BIP have to find housing through real estate agencies, compatriots, lawyers and volunteers. Intermediaries often take advantage of the fact that people are unfamiliar with the local context, their lack of knowledge of the Bulgarian language and their desperate need for housing. Thus, intermediaries request high commissions, including for apartments without the most basic amenities. Identifying owners willing to rent an apartment to large families (over four, for example) is also a serious challenge. In addition, access to housing does not guarantee the possibility of address registration at the address in question. As a temporary measure and as an exception, SAR allows BIP to remain in RRCs for a period of time after receiving international protection, taking into account the specific situation and specific needs of persons from a vulnerable group. After this period, the individuals again face the same problems that led to the SAR emergency accommodation measures. The lack of address registration hinders the access of BIP to social assistance. Such assistance depends on a social interview conducted at their permanent address. There is currently no sustainable solution to the housing problem, which leads to a risk of homelessness for the most vulnerable BIP in Bulgaria.

„Simone”, 42, Guinea

„In Guinea, men are always right. Last week a man killed his wife, he was very religious. She agreed to marry him because he had a scar of prayers on his forehead, and that made her think he was a good man. Another 14-year-old girl was forced to marry a very old man and committed suicide. Education is the best solution to deal with these problems. It seems to me that women here are freer and have more rights.“

CHAPTER II:

REVIEW OF THE GOOD PRACTICES AND MODELS OF WORK WITH WOMEN AND GIRLS ASYLUM SEEKERS OR BENEFICIARIES OF INTERNATIONAL PROTECTION

Today, women make up approximately half of the 244 million international migrants and 21 million refugees worldwide. As both migrants and refugees, women – and particularly adolescent girls and young women – have specific needs and face unique vulnerabilities. They are often forced to move by root causes such as conflict, violence, and human rights violations, and may experience psychosocial stress, trauma, and health complications, physical harm and risk of exploitation along the way. As refugees, adolescent girls and young women may become separated from their families or find themselves unexpectedly as the head of their household which in turn may lead to significant barriers to completing their education or participating in the labour force.

The risk of sexual and gender-based violence, an ever-present reality for all women worldwide, significantly increases for refugee women. In addition to gender-based discrimination, adolescent girls and young women refugees are commonly subject to multiple and intersecting forms of discrimination, due to disability status, belonging to a minority group, and many other factors. This discrimination may limit access to basic services and decision-making processes and restrict their ability to fully participate and realize their potential as young leaders.

However, we must also recognize the many ways that adolescent girls and young women refugees contribute to the well-being of their countries of origin, destination and transit and in many cases they exercise leadership and with great resilience they are the drivers to rebuild their homes and communities. Adolescent girl and young women refugees can be a driving force for gender equality, for women's empowerment, and for greater peace and understanding throughout our world.¹⁹

Lakshmi Puri

UN Assistant Secretary-General and Deputy Executive Director of UN Women

INTRODUCTION TO CHAPTER II

Chapter II provides a summary of good practices for the empowerment of women and girls, AS or BIP. Some important aspects of what was learned from the interviews with the women and girls when developing this handbook have to be considered upon their application.

- Women and girls have experiences that people from

Bulgaria, being a host country and not having experienced war for a long time, do not encounter. Apart traumas, these experiences have resulted in 'posttraumatic growth (integration and deriving sense and benefit from the traumas). Accordingly, the women and girls have a high degree of and capacity. It is important to build on this when applying the good practices described herein.

- Another strength of theirs is that women and girls are aware that employment is a principal tool for integration and survival. Contrary to the myths of their cultural attitude stemming from patriarchal norms, a vast majority of them would like to work. When applying the good practices from this Chapter, this fact should be taken into consideration and their employment should be supported.

The most pressing needs of AS and BIP in Bulgaria according to a survey conducted by UNHCR Bulgaria, and the interviews carried out professionals and women and girls, AS or BIP within the framework of the development of this handbook, are presented first.

1. MOST PRESSING NEEDS OF WOMEN AND GIRLS, AS AND BIP IN BULGARIA

Assessment of the needs of women and girls, AS or BIP

When contacting a migrant, an AS or a BIP, the social workers or other experts or cultural mediators (or interpreters) make and initial assessment of the situation of the individual/family, according to the following indices:

- Collecting information about emergency medical needs (chronic diseases, acute symptomatology): many of the migrants and AS are tired or exhausted and sometimes find themselves in difficult or tangled situations when they arrive in Bulgaria. They may also get sick because of the unhygienic conditions during their travel and/or places of accommodation during their journey.
- Assessment of basic needs – warm meals, water, medications, bed, access to sanitation and hygiene materials, clothes, rest, etc.
- Necessity of orientation and information about their exact location, legal status, etc.

Each year, UNHCR Bulgaria, in cooperation with the State Agency for Refugees (SAR), NGOs and international organizations²⁰ carries out an assessment on the needs of AS and BIP in accordance with their age, gender and diversity.²¹

The most common needs of newly arriving migrants and AS in Bulgaria, identified during the interviews carried out with specialists, and in accordance with the long-term field experi-

¹⁹ Remarks by UN Women Deputy Executive Director Lakshmi Puri at the UN General Assembly side event "Investing in Adolescent Girls and Young Women in Refugee Crisis" on 19 September 2016 in New York, available online at: <https://reliefweb.int/report/world/we-must-support-young-women-refugees-realize-their-full-potential-leaders-all-spheres>, last accessed on 20.05.2020

²⁰ A list of NGOs and international organizations providing support to AS and BIP is provided in Appendix 5.

²¹ UNHCR (2016). Assessment of the needs of asylum seekers and beneficiaries of international protection in accordance with their age, gender and diversity, available online at: <https://www.unhcr.org/bg/wp-content/uploads/sites/18/2016/12/2016-AGD-PA-Report-Final-BG.pdf>, last accessed on: 05.05.2020.

ence of experts in Bulgaria and the needs assessments carried out by UNHCR in recent years, can be summarized as follows:

- 1) Necessity of **orientation** (geographical location for instance)
- 2) Need of **protection and security**: 'Will my family and I be safe here?' (especially when women and girls are concerned)
- 3) Awareness regarding **every-day life issues**.
 - Where can we get warm meals/water from?
 - Where can we find a bathroom/toilet?
 - Where can we get clean clothes from?
 - Where shall we sleep?
- 4) **Healthcare** issues:
 - Where can my family get medical attention if we are sick?
 - Can I take headache / back pain and other medication?
 - Where can I find a doctor who speaks a language I know, or who can accompany me and translate for me during my examination?
- 5) Possible **legal** issues, which AS encounter:
 - How long will the procedure for international protection take?
 - Where can I find more information and legal advice?
 - What are my rights and obligations during the international protection procedure?
 - When shall I be allowed to work legally?
 - Will my qualification be recognized in Bulgaria?
- 6) Need of **regaining self-confidence**: useful activities such as language trainings, orientation towards the culture of the country, sports, art activities, and alike may be helpful both in this regard and for making good use of one's time.
- 7) Need of **social contacts**:
 - Where can I get involved in free or cheap cultural and sports activities?
 - Where can I communicate with local persons?
 - How can I get in touch with people from my country?
- 8) Necessity of **advance planning**:
 - How and where can I receive financial support

while I am unable to work?

- How can I open a bank account?
- Where can I find housing and at what price?
- What expenses does the maintenance of the house require – rent, heating, electricity and so on?
- Where can I buy furniture?
- Where can I find a school/kindergarten for my child?
- What is life at school like? What are children expected to do here and so on?

Quite often these issues are related to the orientation and acquaintance with the roles of each of the employees within the respective RRC, where besides SAR employees, there are also representatives of different NGOs and international organizations such as IOM. Time and information are needed for newcomers to become adapted to their new situation.

Basic needs mentioned by the women and girls, AS and BIP

The following needs may be summarized from the interviews with women and girls AS and BIP:

- Accommodation assistance after leaving the RRC;
- Translation and escort to access medical care, social services, and education;²²
- Information about and acquaintance with the social system in Bulgaria, for e.g. regarding applying for and obtaining social benefits;
- Support, including cultural mediation when enrolling children in kindergartens;
- Assistance in finding a job and empowerment through economic independence;
- Possibilities for career orientation or inclusion in additional qualification courses;
- Language courses in Bulgarian organized on non-working days and/or hours.

At the interviewed women's discretion, the following activities may assist the process of integration of women and girls, AS or BIP in Bulgaria:

- Organization of different group activities and meetings specifically for women in order for them to communicate with each other, to share personal stories and strategies for their integration in Bulgaria;
- Organization of groups for men aimed at awareness, information and advice with respect to the rights and responsibilities of AS and BIP in Bulgaria;
- Encouragement of women's independence and re-

The last research published on the UNHCR is from 2016. The information cited herein, has been collected from the presentations of assessments from subsequent years as well, presented during workshops attended by NGOs, international organizations and Bulgarian institutions.

²² According to the interviews, this is often related to the lack of translation services and medical history of the individual patients, the high mobility and the non-attendance of these persons, the cumbersome administrative interinstitutional procedures, their stereotypes and the stereotype as regards community. According to reports, beneficiaries of international protection seldom pay the obligatory for every patient user charge due at each visit to a medical consulting room. Some cannot afford it, others cannot understand it is payable because of the absence of an interpreter.

spect for their rights by means of language learning and organization of continuous language and vocational training courses, assisting the process of enrolment of children in kindergartens, schools and finding a job, including hourly jobs;

- Providing alternatives to the current routine and everyday life through training courses and activities in various fields;
- Providing support to increase the motivation for change – the interviewed women and girls describe the absence of motivation among the asylum seeking women, resulting on the one hand from the long-awaited decision regarding international protection and the relevant psychological consequences, and on the other hand from some women's expectations that things would happen on their own, without them having to undertake any actions.

Needs resulting from and related to experiencing traumatic events

When people are fleeing, they carry with themselves their rites and traditions. A large part of the interviewed women tell that traditions are kept by the communities in the RCCs. Conversations show that there is inequality and pressure for observing community norms. This raises the question about the influence of the micro-community in the empowerment and emancipation of women. Specific community requirements stand out with respect to men as well (the image and the role of the male figure). This, in turn, underlines the need to work with men as well, for the purpose of women's and girls' empowerment. It is important to understand the risks both for women and girls and their vulnerability to various types of violence, as well as for the communities and, in particular, for men – during wartime in the country of origin, during the migration journey and while crossing international borders. Uncertainty upon arrival in a new country can lead to increased pressure upon individuals, families, and communities that has the potential of creating an environment conducive to domestic violence. Survival with the scarce resources found within and around RRCs, and changes in gender roles may additionally increase the levels of violence and pressure.

The following factors may trigger the occurrence of or increase the frequency of violence in the countries of transit or final destination, especially when associated with attempts to eliminate gender inequalities and to change norms and attitudes that perpetuate violence.²³

- Men may lose their traditional roles in the country of transit or final destination.
- Changes may occur in cultural traditions.
- Poverty and subsequent stress upon families, economic

inequalities and the limited economic opportunities are a significant risk factor.

- Powerlessness due to lack of work, of decent or well-paid labour may result in tensions in relationships.
- Alcohol or drug abuse for coping with the stress and the culture shock.
- Social attitudes and norms, including within the family, that tolerate violence against women.
- Social isolation along with the traumatic experiences in the country of origin are a risk factor both for men and women.
- Absence of respect of human rights and other political and legal inequalities may contribute significantly to the onset of violence.

The interviews with the women and girls, AS and BIP, and the experience of specialists working in the field in recent years reveal that experienced traumatic events affect not only the individual, but the family as a whole:

- Traumatized parents may be too unstable and inconsistent emotionally; they may suffer from the impossibility to offer enough security, protection, and emotional support to their children.
- Family roles may be switched or undergo modifications: children may take on the role of interpreters for the family and at times take over the care of their younger siblings in order to help their parents.
- The traumatic experience may undermine the parents' ability to find a job and gain economic stability.
- The new circumstances and the difficulties in the adaptation in Bulgaria may cause additional pressure upon the family, the relationships therein and the attitude towards the children.
- In many cases, the members of the family have been separated for a long period of time which results in the lack of support by the extended family.²⁴ In many communities the couple's problems are solved by the extended family. When arriving in Bulgaria, the couple must learn to make decisions on their own (spouses may lack confidence in family counselling services, if any).

In general, gender inequality increases the risk of violence against women and girls in migration, in countries of origin, in transit and countries of final destination. The transitory nature of the migration process introduces components of uncertainty and insecurity reducing at the same time existing support resources. During their journey, women and girls, particularly those travelling alone, are exposed to extremely high risk of particular forms of violence, including sexual violence

²³ Some of the family members may be missing and there may be no communication with them. They might have been killed or deceased in the country of origin.

²⁴ Stamatel, Janet & Zhang, Chenghui. (2018). Risk Factors for Violence against Refugee Women, available online at: https://www.researchgate.net/publication/323004247_Risk_Factors_for_Violence_against_Refugee_Women, last accessed on 28/05/2020. .

by criminal groups, smugglers, human traffickers, and others.²⁵

The interviews reveal that sexual abuse may be a key factor in the psychological, physical, behavioural and health problems of women and girls, AS and BIP. The violence survived leaves indelible traces in the form of trauma and physical consequences; sexual violence often results in consequences related to reproductive health. Every human reacts and copes with trauma and the other consequences of violence in a different way. It is often observed, while working directly with women and girls, AS and BIP, that they react to stress not by detecting and identifying it, but by developing various forms of physical symptomatology (three of the interviewed women mentioned such symptoms) – headache, migraine, digestive problems, chronic fatigue, and other similar symptoms. The interviewed professionals recommend that following the respective tests and examinations, the female survivor be referred for a consultation with a psychologist or a therapist. Usually, however, women survivors of GBV, refuse to do so – many of them would rather go from one specialist to another, looking for a particular diagnosis, rather than to face their own experiences.

The experience of women and girls, AS and BIP with the use of social support in Bulgaria

Twenty-three (23) of the interviewed women and girls have received assistance, support and/or counselling by an organisation specialized in the provision of social services.

One of the problems, identified by the interviewed individuals is the unsustainability of the assistance offered (services are funded on a project basis and, therefore, they have a beginning and an end): *“Organizations render assistance for a couple of months and afterwards the money is running out”, ‘last year Caritas helped us in the payment of the rent, but today, they cannot anymore’*. This is indicative of the expectation of women and girls, AS and BP, which are not always realistic and the undue dependence on the availability of support.

Unclear identification and determination of the needs on behalf of the women and girls themselves, is observed. One of the interviewed women mentions that she is not satisfied with the assistance received and will no longer turn for support to any specialized organizations. This may be related to inconsistency between the needs, expectations and the actual services and support that are available. The exorbitant duration of an unsettled situation and uncertainty are often exhaustive. As one of the interviewed women tells: *“What is destined is bound to come! I’m fed up with everything”*. The following revelation from another woman is also important: *“I cannot deny I was given help. There is a big difference between the organizations. We are hungry in the beginning and no one rendered us any assistance. We were starving. There is a difference between*

the mothers and their needs but it was nobody’s concern. I am working for BGN 30.00 now, in order not to ask for anything from anybody. I work for 12 hours a day to gain for my child’s diapers, and money can hardly last for anything else. I did not receive adequate assistance. Not everything is pecuniary. I married a rich man and had everything, and if I was interested in all of this, I would not run away. I needed support to enrol my child in a kindergarten in order that it grows up open to the wider world. I need clothes, diapers and food. When organizations need me, they look for me; no one is looking for me to ask me how I am. I received assistance but I did not receive understanding”.

The interviewed women have benefited from the following forms of support, which may also be indicative of the basic practical needs of women and girls, AS or BIP:

- Food vouchers;
- Means for hostel;
- Bulgarian language courses;
- Assistance at school;
- Food packages and clothes;
- Toys for the children;
- Purchase of public transport cards;
- Purchase of medications;
- Assistance in administrative procedures and documents;
- Assistance for enrolment in the kindergarten;
- Escorting services;
- Translation/cultural mediation;
- Attendance to group activities;
- Psychological consult;
- Provision of diapers and infant formulas;
- Cooperation for providing financial support;
- Assistance in finding a job;
- Legal aid;
- Accommodation.

2. GOOD PRACTICES IN WORKING WITH WOMEN AND GIRLS, AS OR BIP SURVIVORS OF GBV

Social work

Social work with women and girls, AS or BIP, survivors of GBV is necessary because of the complexity of their practical and everyday needs.²⁶ In certain cases, according to the needs and depending on the availability of specialists, it may also involve clinical social work. The basic components of the clinical social work with women and girls, AS or BIP, survivors of GBV, which need to be adjusted to the clients’ culture, are described below^{27 28}: clinical component (work with the emotional aspects), intervention in the community, multidisciplinary and multi-institutional work and advocacy.

²⁵ Stamatel, Janet & Zhang, Chenghui. (2018). Risk Factors for Violence against Refugee Women, accessible online at: https://www.researchgate.net/publication/323004247_Risk_Factors_for_Violence_against_Refugee_Women, last accessed on 28/05/2020.

²⁶ Popescu, M. (2018) “Social Work With Migrants and Refugees”, Advances in Social Work, Vol. 18 No. 3 (2018): Special Issue Immigrants and Refugees

²⁷ Fennig, M. (2020) “Cultural Adaptations of Evidence-Based Mental Health Interventions for Refugees: Implications for Clinical Social Work”, The British Journal of Social Work, bcaa024, available online at: <https://doi.org/10.1093/bjsw/bcaa024>, last accessed on 21/07/2020.

²⁸ Fennig, M. (2020) “Cultural Adaptations of Evidence-Based Mental Health Interventions for Refugees: Implications for Clinical Social Work”, The British Journal of Social Work, bcaa024, available online at: <https://doi.org/10.1093/bjsw/bcaa024>, last accessed on 21/07/2020.

i. Clinical component (work with emotional aspects)

Clinical social work is not only assistance, escort, and intercession for the client, practically. Clinical social work also comprises understanding of the client's emotional world and the dynamics of the supporting, family and community systems, she is in contact with.²⁹ This practice is related to the development of the case formulation approach described above, which stems from psychoanalysis and psychodynamic work. This approach is enhanced, to include real intervention in the community and its structures and units as well, taking into consideration the specific needs of the women and girls, AS or BIP.³⁰

ii. Intervention in the community

Contrary to the traditional social work, the clinical social worker operates on a base level with the emotional, social and psychological needs and experiences.³¹ These may be an obstacle for the woman or girl's ability to act or to be assertive and to stand up for her rights.³² Obstacles are often objective because of the complexity of operation of the ambient systems. Hence, the clinical social worker should understand the mechanisms of work of both administrative and of relationship level of the groups, supporting systems, organizations, and institutions.³³ Basically, this is also applicable to any other specialist and case manager in particular. This is important not only to enable the woman's orientation and navigation within all the structures she needs, but because the specialist has to help those structures to understand the experience of the women and girls, AS or BIP, their needs and adequate ways in supporting them.

iii. Multidisciplinary and interinstitutional work

As the understanding of the complex needs and the consequences of the violence survived increases, the necessity of involving different specialists in the case work arises. As a result of the awareness of the distress caused by the interaction with so many professionals and the consequences for the client's life and probably that of her family as well, a decision was

made that a professional would be both a client's representative and her mediator in her interface with other organizations and institutions. This role requires explicit knowledge about the processes within a group and an organization, and their facilitation (management).³⁴

iv. Social work as advocacy

The social work practice in Bulgaria shows that while working in a case, there is at times controversy about 'who's the case it is', and the contrary – cases that no organization or specialist recognizes as theirs. This may cause in the women's or the girls' dropping off the supporting network. Even if there are identified leading professionals and organizations, these are not always specialists possessing the required sensitiveness, ethic principles, knowledge and understanding, along with skills to work with women and girls, AS or BIP.³⁵ Part of the social worker's job as an advocate, is to inform and support the other specialists within the multidisciplinary and interinstitutional teams, including as regards the ethic code and the set of agreed values and principles that have to be respected and applied.³⁶ The knowing of the client's culture and of its rules, norms and values, respectively, is a significant factor underlying the work with a woman or a girl, AS or BIP;³⁷ that is what in this culture would be considered disrespectful, how respect could be paid to, when a professional intrudes into woman's privacy, what communication manners are regarded as appropriate in the said culture and so on. Therefore, it is important to work with cultural mediators as well, who are not mere translators, but professionals, who are well trained to explain both the host and the native culture.³⁸

The social worker, acting as an advocate, may need to prevent the client's abuse or re-victimization, due to the specificity of the trauma in many girls and women, related to the compulsive repetition of traumatic events particularly typical for survivors of violence.³⁹

Case management

The needs of women and girls, AS or BIP, especially of GBV

²⁹ Social Work License Map (website) "Theoretical Approaches in Social Work: Systems Theory", available online at: <https://socialworklicensemap.com/social-work-resources/theories-and-practice-models/systems-theory/>, last accessed on 21/07/2020.

³⁰ NSW Refugee Health Service and STARTTS (2004), "Working with Refugees: a Guide for Social Workers", available online at: <https://www.startts.org.au/media/Resource-Working-with-Refugees-Social-Worker-Guide.pdf>, last accessed on 21/07/2020.

³¹ Gonzales, M. and Gelman, C. (2015) "Clinical Social Work Practice in the Twenty-First Century: A Changing Landscape", *Clinical Social Work Journal*, available online at: <https://link.springer.com/article/10.1007/s10615-015-0550-5>, last accessed on 21/07/2020.

³² Morrison, T. (2007) "Emotional Intelligence, Emotion and Social Work: Context, Characteristics, Complications and Contribution", *The British Journal of Social Work*, Vol. 37, Issue 2, p. 245–263, available online at: <https://doi.org/10.1093/bjsw/bcl016>, last accessed on 22/07/2020.

³³ Chadron College (website) "Roles of a social worker", available online at: <https://www.csc.edu/socialwork/careers/roles/index.csc#:~:text=Advocate,to%20speak%20up%20for%20themselves>, last accessed on 22/07/2020.

³⁴ Hartford, M. (1967) "The Preparation of Social Workers to Practice with People in Groups", *Journal of Education for Social Work*, Vol. 3, No. 2, p. 49-60

³⁵ Women's Refugee Commission (2016) "No Safety for Refugee Women on the European Route: Report from the Balkans", available online at: <https://reliefweb.int/sites/reliefweb.int/files/resources/Refugee-Women-on-the-European-Route-Balkans.pdf>, last accessed on 22.07.2020.

³⁶ Cox, L., Tice, C., Long, D. (2018) "Advocacy in Social Work", Chapter 4 in „ Introduction to Social Work

An Advocacy-Based Profession", SAGE Publications, available online at: https://us.sagepub.com/sites/default/files/upm-assets/90577_book_item_90577.pdf, last accessed on 22/07/2020.

³⁷ Australian Association of Social Workers (2016) "Scope of Social Work Practice with Refugees and Asylum Seekers", available online at: <https://www.aasw.asn.au/document/item/8529>, last accessed on 22/07/2020.

³⁸ Wang, C. (2017) "Interpreters = Cultural Mediators?", *Translatologica: A Journal of Translation, Language, and Literature*, 1 (2017), p. 93-114, available online at: https://www.researchgate.net/publication/320191250_Interpreters_Cultural_Mediators, last accessed on 22/07/2020.

³⁹ Van der Kolk, B. (1989) "The compulsion to repeat the trauma. Re-enactment, revictimization, and masochism", *Psychiatric Clinics of North America* 12(2), p. 389-411

survivors, are explicitly complex.^{40 41 42} Case management includes the complete set of tasks related to the initial and current assessment and serving client's needs.^{43 44} Usually, this requires teamwork and coordination of this team members' efforts by a single specialist or coordination of the work of professionals from different NGOs, institutions and other structures by the said specialist.⁴⁵ It is important the case manager to be the main person who contacts the client. Thus confusion is avoided and a relation of mutual trust is built.

The American Case Management Association defines this practice as "a collaborative process of assessment, planning, facilitation, care coordination, evaluation and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote patient safety, quality of care, and cost effective outcomes".⁴⁶ The basic case management specifics in the work particularly with clients who are GBV-survivors and who live with subsequent traumas are presented here: case assessment and formulation, setting the personal and professional boundaries and work with the client's supporting system.^{47 48 49}

i. Case assessment and formulation

The case manager begins with the elaboration of the case formulation.^{50 51} That is, to identify and assess the major problems and conflicts (internal and external, individual and system-wide).⁵² These are the factors which prevent the client's recovery, integration and, in the end, her empowerment and realization of her full potential and capacity. The starting point is what the client states as primary difficulty or concern. This is the so called 'statement', wherefrom the study of the past and

recent history, origin and context starts in order to understand complaints, symptoms, difficulties, extent of traumatization, remission or recovery, and the personal resources, strengths, objectives, aspirations and even dreams.⁵³ This sensitive and attentive approach is useful and extremely helpful in understanding the client's emotional needs. Because the approach stems from the clinical practice, it often does not account for the women and girls' ability to run their own lives. This is the ability of taking control of, to make decisions and to strategically direct the results of one's own actions and behaviour.

To a large extent, this ability depends on how this part of the personality is identified, respected, and invigorated by the environment and the possibilities of taking part therein. Therefore, it is pivotal that each action of the case management is carried out by one specialist.⁵⁴ This specialist may be a therapist, a social worker, a psychologist and alike, depending on the principal needs and, certainly, the availability of human resources. This specialist needs to have earned the client's trust and, at the same time to work with her in a partnership. It is important to avoid the expert and edifying tone. The case manager agrees and coordinates each step with the client's demands, needs, requirements and will.⁵⁵ Such collaborating, considerate and respectful attitude should establish the base or the core of the targeted empowerment.

ii. Setting personal boundaries

A key factor to women's and girls' empowerment is the option of a choice at every point of the work.⁵⁶ This includes the setting of a framework of the relationship with the case manager and the other specialists and, particularly, in the development or the

⁴⁰ Beyani C. (1995) "The Needs of Refugee Women: A Human-Rights Perspective", *Gender and Development*, Vol. 3, No. 2, p. 29-35

⁴¹ Deacon, Z. and Sullivan, C. (2009) "Responding to the Complex and Gendered Needs of Refugee Women" *Affilia* 24(3), p. 272-284, available online at: https://www.researchgate.net/publication/249686125_Responding_to_the_Complex_and_Gendered_Needs_of_Refugee_Women, last accessed on 21/07/2020.

⁴² Social Care Institute for Excellence (2015) "Good practice in social care for refugees and asylum seekers", available online at <https://www.scie.org.uk/publications/guides/guide37-good-practice-in-social-care-with-refugees-and-asylum-seekers/background/socialcareneeds.asp>, last accessed on 21/07/2020.

⁴³ UNHCR (date is missing) „Chapter 3: Identification, Prevention and Response to Risks Faced by Women and Girls”, p. 82-91, available online at <https://www.unhcr.org/uk/47cfacd52.pdf>, last accessed on 21/07/2020.

⁴⁴ World Future Council (2016) „PROTECTING REFUGEE WOMEN AND GIRLS FROM VIOLENCE: A collection of good practices”, p. 58, available online at: https://www.worldfuturecouncil.org/wp-content/uploads/2018/10/wfc_protecting-refugee-women_v07_FINAL.pdf, last accessed on 21/07/2020.

⁴⁵ Klimek, B. (2011) "Case Management Manual: The Application of Social Work Principles, Ethics, and the Case Management Approach in Service Delivery to Refugees", available online at: <https://www.ritaresources.org/wp-content/uploads/2018/04/USCCB-RMS-Refugee-Resettlement-Case-Management-Manual.pdf>, last accessed on 21.07.2020.

⁴⁶ CMSA (website) "Definition of Case Management", available online at: <https://www.cmsa.org/who-we-are/what-is-a-case-manager/>, last accessed on 13.04.2020.

⁴⁷ Menscner, C. and Maul, A. (2016) "Key Ingredients for Successful Trauma-Informed Care Implementation", available online at: https://www.samhsa.gov/sites/default/files/programs_campaigns/childrens_mental_health/atc-whitepaper-040616.pdf, last accessed on 21.07.2020.

⁴⁸ Ross, S. Curry, N. and Goodwin, N. (2011) "Case management What it is and how it can best be implemented", available online at: https://www.kingsfund.org.uk/sites/default/files/Case-Management-paper-The-Kings-Fund-Paper-November-2011_0.pdf, last accessed on 21.07.2020.

⁴⁹ Case Management Body of Knowledge (website), available online at: <https://cmbodyofknowledge.com/content/introduction-case-management-body-knowledge>, last accessed on 21.07.2020.

⁵⁰ Klimek (2011) *Ibid*, p. 36-38

⁵¹ Upsdell, T. (2018) "Case formulation: A practical guide for beginners", available online at: <https://psycnet.apa.org/record/2018-00277-003>, last accessed on 21.07.2020.

⁵² Eells, Kendjelic and Lucas (1998) „What's in a Case Formulation?: Development and Use of a Content Coding Manual", *J Psychother Pract Res* 7(2), p. 144-153, available online at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3330487/>, last accessed on 21.07.2020.

⁵³ Minnesota Department of Human Services (2010) "SKILLS FOR CLIENT ENGAGEMENT: Case manager reference guide", available online at: <http://pathlore.dhs.mn.gov/courseware/AdultMentalHealth/TCM/PDFs/CaseManagerReferenceGuide.pdf>, last accessed on 21.07.2020.

⁵⁴ Case Management Body of Knowledge, *Ibid*, Para 5 and 6.

⁵⁵ Minnesota Department of Human Services, *Ibid*, p. 7, 9, 11, 14, 17.

⁵⁶ The choosing options role in empowerment has been studied in a wide range of publications and surveys, summarized in this study of Frase, E. (2010) in response to an inquiry of DFID Equity and Rights Team: <http://gsdrc.org/docs/open/hd705.pdf>, last accessed on 21/07/2020.

implementation of the action plan aimed at restoring the sense of security and at setting healthy boundaries.^{57,58} Healthy boundaries span over a large scale of techniques, attitudes, principles in social work case management, which are specified in details by Reamer (2003).⁵⁹ Such components, identified as being of paramount importance, based on social workers' and case managers' experience in Bulgaria, are presented below.

It is important to keep in mind, while working with women and girls, AS and BIP, that they often alone select the 'leading' specialist. In their own way, they identify those persons who are trustworthy and it is much harder to impose such a choice on them.⁶⁰ Social workers, cultural mediators, and translators in the RRCs share that even when they lack the necessary case management experience, they make women and girls, AS and BIP, rely on them and share with them only their needs and problems. This choice has to be accounted for and such a specialist should be rendered qualitative support by a more experienced colleague in order to enable them meet the client's demands and needs.

When a woman or a girl, AS or BIP, feels assisted, understood and supported, she would share this good experience with other women. A situation, therefore, could possibly occur, where a case manager specialist is often demanded for by potential clients and, consequently becomes overloaded and ineffective. The same tendency could also be observed with respect to cultural mediators and translators. It is significant in this regard to outline boundaries and to develop techniques for their protection, in order to ensure that clients are tactfully and inoffensively referred to other specialists.

The referral to colleagues has to be done in such a way, that the individual work values are identified as work values of all members of the team or the partnering organization's network. A major characteristic of the consequences of the experienced violence is the destruction of personal boundaries, and those of the mind, behaviour and relationships.⁶¹ That is why, the setting of clear limits and healthy boundaries is of crucial importance for the case management of women and girls, AS and BIP, survivors of violence.

It is a good practice, especially when field work in RRCs is concerned, is to inform the women and the girls of the particular timeframe when they can seek support or make an appointment with the respective specialist. It is important for these rules to be

respected by the clients, as well as the specialists. Otherwise, many case managers are constantly assailed by requests at all times of the day. Another important aspect is the polite refusal to give a personal phone number or personal social networks profiles.

Chapter III presents group and individual supervision as a mandatory minimum standard of care for the specialists. Not only does supervision help to prevent professional burnout and secondary trauma, but also helps to set boundaries while working with clients. The social workers' training and supervision in Bulgaria shows that professionals' ability to 'dose' the rendered support is of utmost importance. The empathy and solidarity displayed in contrast to the role of a 'friend' and the entanglement in meeting the needs of a client 'with connections' require a very subtle balance on behalf of the case manager. Making friends is not only emotional aspiration of women but also a cultural practice typical for patriarchal societies.⁶² It presumes that friendship is a guarantee for better implementation of work – an aspect that needs to be replaced by professionalism. Being involved in such a relationship, professionals should not forget that the physical boundaries of the violence survivors have been trespassed. Intrusion in the client's privacy, such as touching, embracing, kissing, even extending arms or handshaking may cause associations with the survived violence or even traumatic repeated experience (flashback).⁶³ It would be more appropriate to work towards realistic regaining confidence in organizations, groups and institutions rather than satisfying the willingness for friendship and personal relations.

However, these boundaries should not always be rigid. Depending on the case and the situation, they may be reconsidered, provided that this does not cause any harm to either the client or the specialist.

iii. Work with the client's support system

The case manager has to keep in mind the needs of the entire family as well, as part of the client's supporting system.^{64,65} It is very important, for instance, to provide care for the children in time intervals when the mother is expected to work on her case and has appointments. It is very useful that the case manager interfaces with the formal and informal male leaders in the family and the community, as they may often be engaged to help and support the woman. Contrary to the concept that the man is a woman's enemy in patriarchal culture, he may also

⁵⁷ Najavits, L. (2002). *Seeking safety*. The Guilford Press: New York, NY

⁵⁸ Whitfield, C. (2010). *Boundaries and relationships: Knowing, protecting, and enjoying the self*. Health Communications, Inc.: Deerfield Beach.

⁵⁹ Reamer, F. (2003) "Boundary issues in social work: managing dual relationships", National Association of Social Workers, available online at: <https://worldreliefdurham.org/establishing-boundaries-and-avoiding-burnout>, last accessed on 21/07/2020.

⁶⁰ Hynes, P. (2003) "The issue of 'trust' or 'mistrust' in research with refugees: choices, caveats and considerations for researchers", Middlesex University, available online at: <https://www.unhcr.org/3fcb5cee1.pdf>, last accessed on 21/07/2020.

⁶¹ Herman, J. (1997) "Trauma and recovery: the aftermath of violence from domestic abuse to political terror", New York: Basic Books.

⁶² Transparency International (2019) explains: „In many Arab countries the use of personal connections, or "wasta" in Arabic, is a common practice and a social norm. People use their family or social contacts to skip the line and gain quicker and better access to services", available online at: <https://www.transparency.org/en/news/wasta-how-personal-connections-are-denying-citizens-opportunities-services#>, last accessed on 21/07/2020.

⁶³ PTSD UK "Understanding PTSD Flashbacks and Triggers", available online at: <https://www.ptsduk.org/what-is-ptsd/understanding-ptsd-flashbacks-and-triggers/>, last accessed on 21/07/2020.

⁶⁴ Pejic et al. (2017) "Community-Based Interventions with Refugee Families Using a Family Systems Approach", *The Family Journal*, Volume: 25 issue: 1, p. 101-108.

⁶⁵ Kelley, P. (2008) "The Application of Family Systems Theory to Mental Health Services for Southeast Asian Refugees", *Journal of Multicultural Social Work*, available online at: https://doi.org/10.1300/J285v02n01_01, last accessed on 21/07/2020.

be her mainstay. This includes both training of men for techniques of psychological empowerment and purely practical help on their behalf by giving a lift to the place of the meetings, help in shopping, care for children, housework and so on.

Psychological counselling and psychotherapy

Persons survivors of GBV, including women and girls, AS or BIP, require support in treating the psychological consequences of the experienced violence.⁶⁶ Chapter III presents in detail the specific aspects of psychological counselling in coping with post-traumatic stress disorder. This section outlines the basic components of psychological counselling of such a group of clients: types of psychological counselling, basic techniques that may be applied by non-professionals as well, and the specific barriers when working with women and girls, AS or BIP.

Psychological counselling and psychotherapy are of primary importance particularly where women and girls, AS or BIP, survivors of GBV are concerned. Such practices are all the more significant when these women and girls are experiencing an emotional and /or existential crisis.⁶⁷ This requires the application of a specific approach, called crisis intervention.⁶⁸ The crisis may be caused by the migration process itself, whether voluntary or not, as well as by a particular incident of violence. It is of utmost importance these approaches be compliant with the culture specifics of the women and girls, AS or BIP, and with the specificity of the trauma survived and the migration-related processes.⁶⁹ The basic techniques in the process of psychological counselling and psychotherapy that are used are focused on naming, validation, reformulation, normalization, withdrawal of guilt, etc.⁷⁰ One of the most suitable approaches for working with AS or BIP experiencing trauma is the psychodynamic approach, combined with other techniques and methodologies.⁷¹ The framework of this approach includes:⁷²

- regularity and rhythm of the sessions: once per week, on the same day and time;
- protected space: space where the client will have the undistracted counsellor's attention, possibility of confidentiality and anonymity of the service, and assurance that the conversation would in no case be interrupted;

- physical space designed in a way as to ensure that the woman or girl feels equally treated and that no barriers exist between her and the counsellor;
- distance between the client and the counsellor respecting her need for privacy, especially given the fact, that it may differ from the European and other cultures.

Specific barriers in the psychological counselling of women and girls, AS and BIP

Apart from the existing cultural, system, structural and other practical barriers, the psychological work itself is explicitly impeded, as successful interventions require excellent knowing of the language and the culture of the woman or the girl.⁷³ Another option is that the client has at least command of an advanced level of a language, known by the psychological counselling or psychotherapy service provider. The use of translators or cultural mediators is problematic and requires preliminary work. The reason for this is mostly with respect to confidentiality, the quality of the translation and the awareness as regards the psychological work. To be effective, psychological counselling operates on an in-depth level and with sensitive topics and areas such as traumatic experiences and reactions, identity, sexuality, attitude, humiliating experiences and alike. Furthermore, therapy/counselling in the presence of third persons requires explicitly specific skills of both the therapist/psychologist and the interpreter. There is no information of, or no conditions providing for their development in Bulgaria.

Another challenge is the length of the woman's or the girl's stay in Bulgaria. As the psychological counselling and psychotherapy require comprehensive work, the client's untimely departure may put her at additional risks and traumas in the event, the specialist has begun working on particular traumatic experiences but was unable to complete the process. In such a case the woman or the girl departs with 'open wounds'.

Participation as a basic element of empowerment

Psychological counselling and social work with clients, AS or BIP are broadly used in Bulgaria, basically by specialists working in the NGOs, social service providers, and international orga-

⁶⁶ Ley, K. and Garcia, M. (2003) "Psychological and Moral Support Work with Refugee Women", Agenda: Empowering Women for Gender Equity, No. 55, Women. The Invisible Refugees, p. 53-59

⁶⁷ Silove, D., Ventovegel, P. and Rees, S. (2017) "The contemporary refugee crisis: an overview of mental health challenges", World Psychiatry, 16(2), ctp.130–139, available online at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5428192/pdf/WPS-16-130.pdf>, last accessed on 22/07/2020.

⁶⁸ Stevens, B. and Ellerbrock, L. (1995) "Crisis Intervention: An Opportunity to Change", available online at: <https://www.counseling.org/Resources/Library/ERIC%20Digests/95-034.pdf>, last accessed on 22/07/2020.

⁶⁹ Murray, K. Davidson, G. and Schweitzer, R. (2010) "Review of Refugee Mental Health Interventions Following Resettlement: Best Practices and Recommendations", American Journal of Orthopsychiatry, 80(4), p. 576–585, available online at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3727171/>, last accessed on 22/07/2020.

⁷⁰ Knapp, H. (2015) "Emotional communication", Chapter 4 or "Therapeutic Communication: Developing Professional Skills", SAGE Publications, available online at: https://us.sagepub.com/sites/default/files/upm-assets/61121_book_item_61121.pdf, Last accessed on 22/07/2020.

⁷¹ Kristal-Andersson, B. (2000). Psychology of the refugee, the immigrant and their children: Development of a conceptual framework and application to psychotherapeutic and related support work. Binnie Kristal-Andersson, Office of Psychotherapy and Psychology in Stockholm South, Drakenbergsgatan 63, 117 41 Stockholm, available online at: <https://portal.research.lu.se/portal/files/5586045/1002081.pdf>, last accessed on 22/07/2020.

⁷² Cabaniss, D., Cherry, S., Douglas, C. and Schwartz, A. (2011) "Psychodynamic Psychotherapy: A Clinical Manual", John Wiley & Sons Ltd.

⁷³ Nikolai Kiselev, Monique Pfaltz, Florence Haas, Matthis Schick, Marie Kappen, Marit Sijbrandij, Anne M. De Graaff, Martha Bird, Pernille Hansen, Peter Ventevogel, Daniela C Fuhr, Ulrich Schnyder & Naser Morina (2020) Structural and socio-cultural barriers to accessing mental healthcare among Syrian refugees and asylum seekers in Switzerland, European Journal of Psychotraumatology, 11:1, 1717825, available online at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7034440/>, last accessed on 22/07/2020.

nizations. These activities give therapeutic results and higher levels of social inclusion on the condition that language and cultural barriers have been overcome or at least addressed. Such a support is not empowering in itself, unless to the extent that the relief of suffering and certain levels of integration in the host society may be regarded as inevitably 'empowering'.

Empowerment requires the client's real participation in the entire process, including decision making, planning and performing activities and interventions. Empowerment as intervention in the community, the degrees of the client's participation and inclusion and some of the basic techniques and approaches for empowerment through participation are reviewed here, illustrated by exemplary projects, together with the empowerment benefits.

i. Empowerment as intervention in the community

Empowerment is 'the process of gaining freedom and power to do what you want or to control what happens to you'⁷⁴ and 'the granting of the power, right, or authority to perform various acts or duties' and the 'state of being empowered to do something: the power, right, or authority to do something'⁷⁵. The process of empowerment of women and girls, AS or BIP, survivors of GBV, requires work in this direction with the very clients, but in order to be successful, the process requires intervention in the host community. The purpose of this intervention is a real experience of as close equality as possible between the women and girls, AS or BIP and women and girls of the host community. It is important this experience to be achieved with respect to understanding and tolerance to the culture of both the country of origin and the host country.

Such interventions may involve artistic, practical and visual projects, which give publicity to the women and girls, AS and BIP, which support their experiences, and which eliminate differences with the wider ambience. The goal of these approaches is to provide the women and girls with alternate tools to examine their situation and to represent themselves and their group before the host community. This results in a change in the real circumstances to the extent that these women and girls become more capable of expressing themselves and their needs, and the wider community can understand them and regard them as less different.

ii. Levels of participation and inclusion

It is important to specify, that empowerment, that is real redistribution of power, requires a certain level of participation and inclusion of clients, comprising: participation in decision making, in the management and in performing activities and interventions, and in the dissemination of their outcomes. Var-

ious typologies of the types and levels of participation have been developed. One of them was created by the psychologist Sarah White (1996) and includes the following four forms of participation – nominal, instrumental, representative and transformative (changing) participation. Nominal participation usually does not lead to any change or empowerment, while transformative participation ensures the greatest level of empowerment, participation in all decision-making processes and change of the initial situation.⁷⁶

iii. Examples of empowerment techniques

The empowerment model may include the development of artistic, culinary and other projects/activities and requires the inclusion of a number of particular techniques, including therapeutic ones, aimed at the personal and professional development and emancipation of the woman or the girl, AS or BIP, survivor of GBV. This is achieved mostly in terms of the woman's or girl's participation in the organization and implementation of activities and projects. Techniques should cover aspects of the woman's personality and behaviour all the way through her trauma recovery and posttraumatic growth until gaining leadership capacity and skills. This is significant not only for the ability to benefit from the existing services and assistance, but to enhance the opportunity for a meaningful and sense-making participation in the host society. To some extent, as regards the survivors of violence and discrimination, the essence of this approach is to ensure access to the tools they need in order to go through all the empowerment stages – from 'victim', through 'who has suffered violence', 'survivor', and 'migrant', 'equal member of the community' (and, subsequently, of the host society), and why not a 'leader' and 'organizer' of their own community?

Art as an empowerment approach

The approach of empowerment through artistic activities and giving a voice is illustrated by the following projects:⁷⁷

The Za'atari Project. Empowering refugees through extraordinary public murals and educational art workshops. In partnership with aptART, ACTED, UNICEF, Directorate-General for European Civil Protection and Humanitarian Aid Operations and Mercy Corps, artist Joel Artista has travelled to Za'atari refugee camp for the past three years to work with a team of refugees from the Syrian Arab Republic. The project features workshops with young children currently living in that camp that focus not only on art but educational topics. Refugee children are given the opportunity to learn about topics such as hygiene and sanitation issues in the camp and a variety of artistic techniques. The young refugees participate in the creation of murals across the camp, paint wheelbarrows

⁷⁴ Cambridge dictionary (website), definition of „empowerment“, available online at: <https://dictionary.cambridge.org/dictionary/english/empowerment>. Last accessed on 16/06/2020.

⁷⁵ Merriam-Webster dictionary (website), definition for 'empowerment', available online at: <https://www.merriam-webster.com/dictionary/empowerment>. Last accessed on 15/04/2020.

⁷⁶ Cornwall, Andrea (2008), Unpacking 'Participation': models, meanings and practices, Oxford University Press. Available online at: https://www.researchgate.net/publication/31091334_Unpacking_'Participation'_Models_meanings_and_practices, last accessed on 29/05/2020.

⁷⁷ UNHCR (website) "7 art initiatives that are transforming the lives of refugees", available online at: <https://www.unhcr.org/innovation/7-art-initiatives-that-are-transforming-the-lives-of-refugees/> Last accessed on 15.04.2020.

and tents and create kites. The Za'atari project's website explains that the project also explores "conflict resolution; their hopes and dreams for the future of their country and themselves; their nostalgia for everything and everyone that they've lost in the war; and the importance of building".

Exile Voices. Training students in Kawergosk Refugee Camp through art photography. In December 2013, world renowned artist Reza travelled to a camp of Syrian refugees located in Iraqi Kurdistan and established a photography workshop for the children of the camp aged from 11 – 15. This trip was the birth of the Exile Voices project, which has now grown into a five-year joint project with the UNHCR, within the frames of which Reza has been organizing workshops with young people in refugee camps all over the world.

Castle Art. Bringing colour, energy, and hope to the walls of the refugee camp in Akré, Dohuk, Iraqi Kurdistan. The project was spearheaded by a small humanitarian organization called Rise Foundation. Once a week, the foundation has helped the children of Akré by providing them with spray cans and rollers – in order to "express the emotions and creativity they might otherwise have to repress". "Castle Art was established in order to enhance the sense of community within the imposing and uninspiring structure that is now home to hundreds of families," explains Rise director Tom Robinson. "It provides a unique creative outlet for these young, aspiring artists".

Skoun Project – supporting refugees through therapeutic art. Skoun Association's prevention programme targets the youth in an open and non-judgmental way, involving parents, educators and health care providers in their work. One way they aim to help refugee youth is through art therapy within schools. "We are offering them the opportunity to express themselves freely, without judgment, without evaluation of their work". says Anita Toutikian, a Psychosocial Counsellor based in Beirut.

A project funded by UNHCR in Jordan initiated the transforming of shelters into vibrant works of art. Around two hundred refugees, young and old, male and female, were involved in painting UNHCR tents, with each one taking around three full days to paint. Refugees were encouraged to express their feelings through their painting, or to write poetry, or whatever artistic medium came to them. They were being given broad themes of 'Hope', 'Memories' and 'The Impact of War on Families'. The results have been so powerful, that the tents are invited to be exhibited in a number of locations across the world.

Paint Outside the Lines. Providing a platform for refugee children's voices. To encourage children to express themselves and provide a public platform for their voices this regional street art project was implemented across the Kurdistan re-

gion of Iraq in camps for both refugees from the Syrian Arab Republic and internally displaced Iraqis. The project empowers young people with a creative outlet in their own communities, while also providing a platform for their voices in the international community through exhibitions of their original works in Brussels and Paris.

Artists for Refugees. Giving refugees new connections and a source for livelihood. The Artists for Refugees project was funded by UNHCR and implemented by Film Aid and includes training of artists both in Kakauma and Dadaab refugee camps. The premise of the project was to help change the perception of refugees as people who are actively and positively contributing towards the economy and host community. Artists for Refugees provides an opportunity for refugees to collaborate and express themselves using art as a source of livelihood and also a form of therapy. "There are so many artists in the camp, but rarely are they encouraged to or get a chance to interact with artists from the host country," says Emmanuel Nyabera, the UNHCR spokesman in Kenya.

Graffiti Fest in Bulgaria. Since 2017, every autumn IOM Mission for Bulgaria⁷⁸ organizes a graffiti festival where graffiti artists, painters and children from schools of Harmanli paint on the outer side of the walls of the Harmanli RRC their messages for peace and tolerance. On the inside of the centre the children accommodated in the RRC draw their superheroes, favourite animals and write in their mother tongue, assisted by the IOM team, what they wish to become when they grow up.⁷⁹ The purpose of the graffiti fest is to encourage openness, acceptance, esteem and respect to the variety by gathering AS and representatives of the host community to draw together and share their stories.

Shared Rhythm – Community Drum Circle. Creators Association with the financial support of IOM Mission for Bulgaria⁸⁰ organizes Drum Circle sessions with migrants accommodated in Busmantsi detention centre (Special home for temporary accommodation of foreigners) and unaccompanied children, asylum seekers, in the Safety Zone for Unaccompanied Children in Voenna Rampa RRC (Sofia). The Drum Circle is a method of spontaneous group music-making, in terms of which people share the joy and pleasure of playing percussion instruments, singing and dancing together. The host helps the group to interweave the improvised rhythms in a dynamic musical experience. Through a nonverbal interaction participants create a common sounding where everyone's voice can be heard. This gives them the sense of community acceptance and belonging.

Individual and Family Portraits. In collaboration with Help-Portrait, IOM Mission for Bulgaria organizes⁸¹ photo events. Within these events, the asylum seekers accommodated in the RRCs in Harmanli and Voenna Rampa, Sofia

⁷⁸ Within the framework of the Protection of Vulnerable Migrants and Assisted Voluntary Return and Reintegration Support Project funded by the European Commission's Directorate General for Migration and Home Affairs through the Emergency Measures under the Asylum, Migration and Integration Fund 2014-2020.

⁷⁹ Graffiti Fest 2019, available online at <https://www.facebook.com/IOMBulgaria/posts/2839692552732106/> и <https://www.facebook.com/IOMBulgaria/posts/2841611342540227>, last accessed on 02.07.2020.

⁸⁰ Within the framework of the Protection of Vulnerable Migrants and Assisted Voluntary Return and Reintegration Support Project funded by the European Commission's Directorate General for Migration and Home Affairs through the Emergency Measures under the Asylum, Migration and Integration Fund 2014-2020.

⁸¹ Within the framework of the Protection of Vulnerable Migrants and Assisted Voluntary Return and Reintegration Support Project funded by the European Commission's Directorate General for Migration and Home Affairs through the Emergency Measures under the Asylum, Migration and Integration Fund 2014-2020.

were specially made up and dressed and individual or family portraits were then taken by professional photographers and given as a souvenir to the migrants. Photos capture the most precious memories of our personal history. Family albums are the archives of our identity. When migrants embark on their journey, they do not have the chance to take those albums with them. The purpose of the entire process – the preparation, dressing, makeup, combing the children's hair and the ironing of clothes, hugging and posing before camera – is to help each of the participants feel complete, whole and be themselves. The portraits brought smiles, gathered families, helped people like each other and feel beautiful.⁸²

There are many other projects involving art for empowerment and giving voice to AS and BIP. The empowerment projects and activities would not necessarily be only art-oriented. They may involve various activities such as cookery, horticulture, storytelling and mixing approaches. Some projects realized in Bulgaria and Latvia are described below:

Cooking and gardening as empowerment approaches

Breads of the East – Initiative of the Council of Refugee Women in Bulgaria.⁸³ Women and girls of the Bulgarian community are given the opportunity to communicate with refugee women from the Syrian Arab Republic, Iraq, Palestinian Territories and other countries and knead traditional pastries, cakes and breads talking about the role of the bread in the homes, family and community in the different cultures. Thus women and girls, AS and BIP are able to demonstrate their strengths and skills intervening meanwhile in the host culture by enabling girls and women of Bulgarian origin to assess these strengths and to find the common with the representatives of less known or unfamiliar cultures and traditions and their purports. IOM Mission for Bulgaria funds⁸⁴ the organization and the conduction of 20 activities for group bread kneading, cakes and dough figures making for women and girls, AS and BIP in Sofia. Activities were themed and kneading was accompanied by discussions through translation on different topics, for instance 'The sweet in my life', 'The salty in my life', 'Bulgarian ritual breads', and alike. Women were able to attend these activities with their children, for whom an entertainer was provided. During the kneading activities for the kids, their mothers took part in informational sessions and lectures.

Multi Kulti Urban Garden.⁸⁵ The garden is an open space where Bulgarians and foreigners can meet, supporting a two-way integration process through shared cultivation of edible and decorative plants, hosting community events and pro-

moting cultural exchange. The garden empowers migrants, refugees and the local community through involving them in a project to jointly create a multicultural urban garden. There, all of them are free to express their ideas and views and to grow spices, herbs and vegetables from their countries of origin. Studies have shown that working with soil and plants has a beneficial effect and reduces stress and anxiety. In many European countries, gardening is being used as therapy for refugees and migrants who are getting used to their new country, and for anyone experiencing stress as well.

Storytelling and theatre as empowerment approaches

Another constructive and topical empowerment approach which has a therapeutic effect is telling stories in various forms. This is a tool by means of which people, including violence survivors, could make sense of their experiences and lay the foundations of their existence or upgrade the tradition, which treasures the collective memory of the entire community. Modern social studies regard narrations and personal stories as a legitimate empowerment tool and therapeutic means for individuals, groups, organizations, communities and societies.

Human Library: Vibrant Stories⁸⁶, a project implemented by CVS-Bulgaria, UNHCR and Mo-tif is an illustration of such an approach. The aim of this project is through Human Books – people who tell their personal stories and experiences – to show the positive side of migration. Human books, among which BIP, social workers, NGO-sector representatives and others, share their adventures with readers, bringing bridges between different cultures and positive attitudes and eliminating stereotypes and prejudice.

Your Story Theatre – Playback Theatre. Group psychosocial activities with women and girls, boys and men, AS and BIP, held by Creators Association / Here and Now Playbac. Theatrical Company with the financial support of IOM Mission for Bulgaria⁸⁷. This type of improvisation theatre gives spectators the chance to see their own feeling and stories staged. This theatre features the edge between psychology and art. Though a scenic art form, this kind of theatre has a therapeutic effect for both the individual and the community. Persons accommodated in Voenna Rampa and Ovcha Kupel RRCs in Sofia took part in the activities and were able to share their stories and see them played on stage by a professional theatrical company, creating a powerful atmosphere of sharing and support.

Drama and Art Therapy. Our World Association with the financial support of IOM Mission for Bulgaria⁸⁸ organizes drama and art therapy sessions for women and girls, AS accommodated in Vrazhdebna and Ovcha Kupel RRCs in Sofia and

⁸² Photo events with Help-Portrait Bulgaria, available online at <https://www.facebook.com/IOMBulgaria/posts/1932300910137946> and <https://www.facebook.com/IOMBulgaria/posts/1933448250023212>, last accessed on 02.07.2020.

⁸³ "Breads of the East", available online at: <http://crw-bg.org/blogs/vtoro-izdanie-na-khlyabovete-na-iztoka> Last accessed on 20.04.2020.

⁸⁴ Within the framework of the Protection of Vulnerable Migrants and Assisted Voluntary Return and Reintegration Support Project funded by the European Commission's Directorate General for Migration and Home Affairs through the Emergency Measures under the Asylum, Migration and Integration Fund 2014-2020.

⁸⁵ "Multi Kulti Urban Garden", available online at: <https://multikulti.bg/project/garden> Last accessed on 02.07.2020.

⁸⁶ "Human Library: Vibrant Stories", available online at <https://www.facebook.com/events/223186458270539/>, Last accessed on 02/07/2020.

⁸⁷ Within the framework of the Protection of Vulnerable Migrants and Assisted Voluntary Return and Reintegration Support Project funded by the European Commission's Directorate General for Migration and Home Affairs through the Emergency Measures under the Asylum, Migration and Integration Fund 2014-2020.

⁸⁸ Ibid.

with girls and boys AS in the RRC in Harmanli. The activities with the young people in Harmanli included the holding of seminars on the development, writing, shooting and realization of a short movie. The women and girls in Sofia realized a version of a drama therapeutic screenplay/performance, 'The Choice of Love', based on a popular Kurdish legend. During those activities, the costumes, the music, the songs which were part of the performance, the decors and the multimedia shots were prepared and selected. The participation in all these components of the performance realization helped women to develop a positive sense of a well-done job and integrity in the present environment. Women, who did not take part with roles, participated in the screenplay writing. Women changed the content of the legend by themselves so that the main female character would have the right to choose and not be forced to follow restrictive tradition patterns. The conduction of the performance was the material realization of their work and efforts during the sessions, which contributed for their emotional stability, ability to accomplish the goals set and improving of their communication skills.

Mixed empowerment approaches

Cultural initiatives to support diversity and inclusion in Latvia.⁸⁹ These initiatives, which are 100% funded by the municipality of Brocēni, include art projects, sports, centres for youth and the elderly, multicultural festival, targeted events, mainly focused on families and the establishment of inclusive work environment.

Co-Athens.⁹⁰ An initiative to unite refugee participants in the Curing the Limbo programme with the active citizens of Athens for the mutual creation of activities having positive impact on the city and its neighbourhoods. As a leading activity revealing the philosophy of the Curing the Limbo programme participation, co-Athens pilots the intercultural collaboration model. In terms of creating new and transforming existing communities, this initiative involves BIP, residing in Athens, together with local communities and takes actions which meet the local neighbourhoods' needs.

iv. Benefits from empowerment approaches and techniques

There is tremendous benefit from empowering women and girls, AS and BIP, including GBV survivors. Their participation in project activities, professional trainings or employment may reduce their social isolation which is often a result of their being in a foreign country and lack the support of the extended family or community; they have survived violence in their country of origin, along their journey or in the host country. According to the Migration Policy Institute, women, AS and

BIP encounter different barriers for their participation in integration programmes, which are aimed at their empowerment and contribute to their isolation: structural and related to asylum policy; lack of time and resources, including professional experience and education; cultural barriers related to the culture of both the country of origin and of the host country; life-cycle barriers such as new-born infants or well advanced in years, and social and emotional barriers.⁹¹

Organizations and institutions working with women and girls, AS and BIP need to apply innovative approaches and activities such as those described in the previous section, in order to help reduce their social isolation. Such approaches and activities work with processes beneath the surface and supplement psychological interventions, should the woman or the girl take part in them. Furthermore, they help those women and girls to develop new skills and knowledge or to upgrade existing ones. Interventions, which gather women and girls, AS or BIP together with women and girls in the host communities assist in building an intercultural bridge, provide the feeling of belonging to the women and girls, AS and BIP and benefit local cities, neighbourhoods and societies (for example, the Co-Athens initiative described above).

Intercultural mediation

Intercultural mediation is of paramount importance for the work with AS or BIP, including women and girls, AS or BIP survivors of GBV. According to the Council of Europe, linguistic and cultural mediation serve to 'to assist people to communicate effectively with one another when they speak different languages, do not understand certain terms or concepts, or when they are dealing with situations or ideas that are new to them'.⁹² Intercultural mediation goes beyond translation and word explanation, as far as it also includes education regarding the respective culture and its practices, social norms, rules, conventions, and so on of the country of origin and of the host country. The best practices comprise empowerment and education of community representatives in performing such a role, when they are sufficiently acquainted in both (or in more) cultures and countries. Quite often, their role also includes work with formal and informal respective migrant community leaders.

"TIME – Training of intercultural mediators for a multicultural Europe" project

The European project Train Intercultural Mediators for a Multicultural Europe (TIME), funded by the Erasmus+ Programme, studies the training and employment of intercultural mediator in the entire EU for the purpose of assisting the integration of migrants (thus including AS and BIP) and promotes the ex-

⁸⁹ Initiatives for cultural diversity and inclusion in Latvia, available online at: <https://ec.europa.eu/migrant-integration/goodpractice/cultural-initiatives-to-support-diversity-and-inclusion>, Last accessed on 20.04.2020.

⁹⁰ Co-Athens, available online at: <https://www.uia-initiative.eu/en/news/empowering-refugees-and-locals-develop-collaborative-initiatives-improve-athenian>, last accessed on 16.07.2020.

⁹¹ Banulescu-Bogdan, Natalia. 2020. Beyond Work: Reducing Social Isolation for Refugee Women and Other Marginalized Newcomers. Washington: Migration Policy Institute, available online at: <https://www.migrationpolicy.org/research/reducing-social-isolation-refugee-women-newcomers>, last accessed on 16.07.2020

⁹² Council of Europe (website) "Linguistic and Cultural Mediation", available online at: <https://www.coe.int/en/web/lang-migrants/linguistic-and-cultural-mediation> Last accessed on 20/04/ 2020.

change of good practices in the field of intercultural mediation by offering model training programmes to both intercultural mediators, and their trainers. TIME also analyses existing structures in the partner countries and proposes recommendations for the validation of intercultural mediator training.⁹³ The project outcomes include the guide *Intercultural Mediator Profile and Related Learning Outcomes* and materials for a training course for intercultural mediators in the EU. The project partners use the following definition of intercultural mediator: "Intercultural mediator is someone who is able to accompany relations between migrants and the specific social context, fostering the removal of linguistic and cultural barriers and the access to services. Moreover, the intercultural mediator assists organisations in the process of making services offered to migrant users appropriate". The project also presents 10 good practices in Member-States such as training intercultural mediators to work with AS and BIP, recruiting female intercultural mediators, mediation in different work fields, intercultural mediators certificates and a public register of intercultural mediators.

In Bulgaria, IOM and other organizations engage social and/or cultural mediators to assist the work with AS and BIP, though so far this practice and the profession have not been officially recognized by the state. In the events where support and counselling of women and girls, AS or BIP survivors of GBV are provided, practice shows that the intermediation of a female intercultural mediator, who is well acquainted with the client's language and the cultural and social norms is explicitly important. It is thus ensured that the client feels understood, and more comfortable when sharing what she has gone through and for gaining as much benefit as possible from the rendered services.

Intercultural mediation in Belgian hospitals

Following recommendations of health and academic experts, in 1991 the Belgian government launched the first intercultural mediation project for hospitals with a 3-year training programme for mediators. During the second half of the 1990s the project was largely integrated within the healthcare system structures in the country. In 2015 there were about 100 intercultural mediators employed in 52 hospitals who were paid by the hospital budget and their work was coordinated by a specialized department in the Belgian Health Ministry. This practice is considered to be both good and effective and sustainable, as multiple evaluations of the mediators' work and of the training program, and interviews with clients who benefited from this service show that the medical care level and quality have been significantly improved since its introduction.⁹⁴

Group work (group activities)

Not necessarily all activities should pertain to any of the above approaches with clearly expressed therapeutic and educatory

purposes. It is even useful when women are given the opportunity simply to gather together and communicate without a particular agenda, programme or production purpose. Such group activities may be related to cooking together, making artworks or other items or merely discussing topics which are currently important for women. Such activities may also include gatherings and parties at which every woman may boast of her own culture and skills, draw closer to women sharing common doom and their cultures, rites, coping mechanisms and adaptation and so on. Similar activities may be joint initiatives like cleaning and decorating the spaces within the RPCs or even helping one another in housekeeping or care for the children.

The IOM mobile teams in Bulgaria performing field work at the RRCs organize various psychosocial activities for the accommodated women and their children – workshops for making dolls and masks on models drawn by children, workshops for preparing traditional food where women of different communities exchange recipes, workshops for drawing and painting, tailoring and sewing and traditional carpets making. Workshops for homemade cosmetics and exchange of different beauty secrets were carried out. Activities also included planting of spring flowers for celebrating Mother's Day; groups in support of parenthood and increasing parenting capacity, where women can share and talk on other family life topics, celebration of Nowruz, the Persian New Year for the communities of Afghanistan, the Islamic Republic of Iran and the Kurdish communities of different countries. IOM Bulgaria also organizes cleaning of the common and personal premises within the RRCs by providing the necessary supplies where participants are scored and have the possibility to receive foodstuffs against the score gained.

Unstructured group activities require serious background, imagination and tools on behalf of the managers to assist the belonging and community experience. This is essential as the social isolation is a major problem for the women and girls, AS or BIP. The module *Cultural and Civic Orientation of asylum seekers and beneficiaries of international protection* developed in Bulgaria and referred to above, contains detailed information and guidelines for group work with fundamental techniques for group dynamics management. An essential fact to be kept in mind is, that it is useful and important for the people accommodated in the State Agency for Refugees' centres to initiate and to be free to initiate group activities. Difficulty stems from the intracultural differences between the accommodated persons, especially women and girls, which may result in tension. Therefore, field workers should develop confidential relationship with the accommodated persons who could entrust them with the organization and mediation of informal gatherings.

⁹³ Website of the project TIME, available online at: http://mediation-time.eu/index.php?option=com_content&view=article&id=1&Itemid=101&lang=en, Last accessed on 21/07/2020.

⁹⁴ 10 good practices in intercultural mediation for migrants throughout Europe, available online at: http://mediation-time.eu/images/TIME_O2_Good_practices_and_transfer_recommendations.pdf, last accessed on 23.07.2020.

Establishing and strengthening a supportive community inside and outside the RRC or within specialized spaces

Work with AS and community in RRCs

The environment in the RRCs, where women are accepted immediately after their arrival in Bulgaria, is of primary importance. It should provide an ambience which lends colour to their existence, and create the experience of acceptance, belonging and community. This includes, among other things, the opportunity of meaningful commitment and contribution to the RRC, so that women could gain the feeling of ownership and authorship. This requires overall organization of the space and options for entertainment, mutual aid and learning. The possibilities of communication with the services and the organizations on the centre territory must be well structured to reduce the feeling of institutionalization. The possibility to contact the outer world and the host society is crucial – visits to employers, labour exchanges, possibilities of making friends with representatives of the local community and so on. The good rest is of utmost importance especially for women and girls, asylum seekers and beneficiaries of international protection. A protected space for the children, sports and going out are good options in this regard.

Work with AS, BIP and community outside RRCs

By going outside the RRCs, in an out-centre address, women, asylum seekers and beneficiaries of international protection are at higher risk of isolation. The tendency of creating 'neighbourhoods', housing lots of refugee and migrant families, is useful. However, it may also result in risks of 'encapsulation' and associated to difficulties in adaptation to the local society. It is important that organizations and institutions they interacted with while in centres, keep contacting and working with them, and to adjust their support in such a manner, so that women and girls gradually proceed to autonomy, independence and self-reliance, build their own supportive network and healthy lifestyle after they go outside the centre. Alongside the development of their social and life skills, it is practical to expand their knowledge of the circle of organizations and institutions which might further facilitate those women's everyday life, adaptation and integration.

There is a number of good practices in Bulgaria⁹⁵, such as the Integration Centre run by Bulgarian Red Cross under a project funded by UNHCR Bulgaria, offering Bulgarian language training courses, assistance in finding a job, support for accommodation and other services. In Australia there are social groups who

help beneficiaries of international protection feel accepted and adjust to the life in a new country.⁹⁶ The inclusion approaches referred to above, based on sports, art and others, may be efficiently applied for assisting the integration into the host society and the development of mixed communities where AS and BIP, especially women and girls are concentrated.

According to a report of the European Economic and Social Committee of 2019⁹⁷, establishing cosy, comfortable and efficient centres or homes for the accommodation of AS or BIP of the RRC type, shared housing or temporary, transitional housing is of key importance. Main principles, according to the report are: building experience of a home, social inclusion; relation to the local community, inclusion in local initiatives, and inclusion in the urban planning. Shared homes play a key role along with finding a job and the well-meaning welcome of small and large communities of AS or BIP in a broader host society. The report highlights the importance of financing, monitoring and sustainability of the overall activity.

The establishment of 'safe spaces' especially for women and girls, AS and BIP, is possible, where they can devote to different activities, to feel comfortable, and to be free to express themselves without being afraid of being judged or subject to violence.⁹⁸ Another possibility for women and girls, AS or BIP survivors of GBV as well, is the establishment of specialized centres.

Safe spaces for women in the Syrian Arab Republic⁹⁹

The United Nations Population Fund (UNPF) works with partnership organizations in the Syrian Arab Republic for the establishment of safe spaces in reproductive health clinics. Such integration of these spaces within medical establishments allows greater access of a larger number of women. Women, for instance, may go to the safe space without needing to tell that they go to a place particularly intended for women and may be given simultaneous access to health and reproduction services. Not only does this approach predispose to greater confidentiality and less stigmatization, but it also addresses security-related issues in the Syrian Arab Republic, which restrict movement.

Safe spaces for women in Bangladesh¹⁰⁰

The UNPF established women-friendly spaces in the Rohingya refugee camps in Bangladesh where in collaboration with partnership organizations they take care of hundreds of thousands of women and girls, providing them health care and consults as well professional case management of women and girls, survivors of violence. These spaces which in most cases are little more than huts of bamboo sticks and plastic sheeting for walls,

⁹⁵ Bulgarian Council on Refugees and Migrants (2017), Good Practices for Refugee Integration, available online at: <https://ec.europa.eu/migrant-integration/librarydoc/best-practices-for-refugee-integration>. Last accessed on 20/04/2020.

⁹⁶ RoadsToRefuge (website) "Supporting refugees", available online at: <http://www.roads-to-refuge.com.au/refugees-australia/supporting-community.html> Last accessed on 20/04/2020.

⁹⁷ European Economic and Social Committee (2019) Social Innovation for Refugee Inclusion, available online at: https://www.eesc.europa.eu/sites/default/files/files/si4ri_pre-conference_compendium_paper.pdf Last accessed on 20/04/2020.

⁹⁸ UNFPA (2019). "Women & Girls Safe Spaces: A guidance note based on lessons learned from the Syrian crisis", available online at: <https://www.unfpa.org/resources/women-girls-safe-spaces-guidance-note-based-lessons-learned-syrian-crisis>, last accessed on 05.08.2020.

⁹⁹ Ibid.

¹⁰⁰ UN (website). Women-Friendly Spaces for Rohingya refugees: A place for protection and care, available online at: <https://news.un.org/en/story/2018/07/1013892>. Last accessed on 20.04.2020.

are serving a very important purpose for Rohingya women and girls forced to flee their homes in Myanmar to the vast refugee camps of Bangladesh. Many of the women and girls in need of most care, shared to be survivors of brutal crimes of sexual violence, often committed by the army in their country of origin.

The organizations working in the safe spaces for Rohingya women and girls in the refugee camps in Bangladesh offer support and care for the children and separate rooms where women and girls may breast-feed. Furthermore, they include safe places for bathing and toilets for women and girls only. Due to concerns about their safety, women and girls often avoid using the common bathrooms and toilets in the refugee camps.¹⁰¹

Community centre for women – Melissa, Greece¹⁰²

The Greek organization Melissa, founded by migrant women, is running a community centre for migrant women, AS and BIP in Athens. Spread over two floors decorated with art and drawings, the centre offers a safe haven for women who are trying to make a new life in a foreign place. The organization provides workshops and courses for its clients. Their main goal is to empower them to take control over their own lives. The centre offers adaptation and integration support, including literacy courses, psychosocial assistance, information and art and creativity activities among other things. Everything is based on the idea of building trust and community. Most of the women visiting the centre live in refugee camps.

Cultural and civic orientation

Cultural and civic orientation is an approach, which comprises basic training and awareness of newly arrived migrants, AS and BIP.^{103 104} The aim is to acquaint them with the underlying features of the host country's society and culture. This also covers any aspects necessary for the basic functioning and survival in the new environment. Usually, these are interactive group meetings, which include history -and culture-related lectures, comprehensive visual materials, combined with other activities for increasing awareness, and sense of acceptance and, gradually, of belonging. A significant part in this approach is the real going out of the registration and reception centres and acquaintance with the environment.

Each of the organizations performing cultural and civic orientation in Bulgaria has its own developed programmes which are currently not unified. Foreign sources offer a wide range of

materials in English, which refer to the required partnerships, structures, teams, materials and alike, including such in different languages aimed to provide easier access to information for AS or BIP. In 2019, the Centre for the Study of Democracy developed a training module, 'Cultural and Civic Orientation of Asylum Seekers and Beneficiaries of International Protection' in Bulgarian and English within the frames of a regional project co-funded by the EU Asylum, Migration and Integration Fund.¹⁰⁵ The objective of this training module is to assist the work of trainers in the implementation of cultural and civic orientation of AS and BIP in Bulgaria and provides organized information on key topics relating to the cultural and civic orientation as well as a package of training methods and techniques. The training programme proposed aims to facilitate the adaptation and integration of AS and BIP, based on an integrated acquaintance with the host society and active interaction with the country's living civic, social and cultural milieu.¹⁰⁶

The Bulgarian Red Cross (BRC) has also developed a manual for facilitating the adaptation and integration of BIP after the signing of an integration agreement by BIP and municipalities on the territory of Bulgaria. The handbook, prepared with the financial support of UNHCR, includes a set of documents, a list of organizations and institutions and other useful information.¹⁰⁷

Life skills training

Life skills courses, trainings or information sessions may be extremely useful for the empowerment of AS and BIP, including women and girls. Such activities and the skills obtained help increase assertion, socialization, understanding of the social dimensions of gender, parenting capacity and alike. It is important to provide employment information sessions or training, job finding and vocational skills training courses as an option and if possible. The primary point as regards these activities is, to use techniques that are specific for the training of adults AS and BIP, such as studying while working, active learning, teaching by peers, joint problem solving, visualization, design thinking, individual study and self-tuition, and so on.¹⁰⁸ An important goal of these activities would be that they result in further inclusion in formal education and enable qualification, re-qualification and full career development. Many countries have positive experience in the establishment of social undertakings and the development of entrepreneurship skills through special administrative, engineering and legal education, mentorship and grants or interest-free and interest-reduced

¹⁰¹ UNWOMEN (website). Safe spaces for women, by women, bring smart infrastructure for all, available online at: <https://www.unwomen.org/en/news/stories/2019/3/feature-story-building-safe-spaces>, last accessed on 05.08.2020.

¹⁰² Refugee info – Greece (website), available online at: <https://www.refugee.info/greece/services/562?language=en>, last accessed on 05.08.2020.

¹⁰³ Cultural orientation (website), available online at: <http://www.culturalorientation.net/providing-orientation/tools/training-of-trainers-guide>, last accessed on 20.04.2020.

¹⁰⁴ Moving to Finland (website), available online at: <http://mof.fi/welcome>, last accessed on 04.08.2020.

¹⁰⁵ Mancheva, M. And Stateva, M. (2019) Cultural and Civic Orientation of Asylum Seekers and Beneficiaries of International Protection", Sofia: Centre for the Study of Democracy, available online at: https://csd.bg/fileadmin/user_upload/publications_library/files/2019_04/MODULE_REFUGEES_WEB.pdf, last accessed on 04.08.2020.

¹⁰⁶ Ibid.

¹⁰⁷ BRC (2017). Handbook for the integration of BIP, available online at: https://www.redcross.bg/files/914-BRC_Narachnik_Integration_last.pdf, last accessed on 06.08.2020.

¹⁰⁸ Diversity Development Group – Medbalt project (2016). Adult Migrant Education Methodology, available online at: <https://globalaccess.bowvalleycollege.ca/sites/default/files/Strategies-for-Teaching-Adult-Refugees-in-the-ELL-Classroom-6517.pdf>, last accessed on 06.08.2020.

credits¹⁰⁹, and different start-up support initiatives and incubators for migrant entrepreneurs.¹¹⁰

Employment information sessions

In 2018 and 2019 Concordia Bulgaria Foundation with the financial support of IOM Mission for Bulgaria, organized information sessions for assistance in finding a job, in registering in online job advertising platforms, support in preparing a professional resume and EU-format CV, interview behaviour, and labour legislation in Bulgaria.¹¹¹ Women and men, AS or BIP aged between 16 and 55 years, took part in the sessions, held at the Concordia Bulgaria Foundation office and in the RRC in Sofia.

Lotus Flower Programme¹¹²

Since 2018, the Dutch organization She Matters has been conducting activities for the empowerment of migrant women, AS or BIP in order to integrate them on the labour market. *She Matters* provides a holistic approach for economic empowerment and social inclusion of women and mothers based on their specific needs and the challenges they encounter.

Lotus Flower programme comprises 12-week traineeships during which women acquire new soft and hard skills, information and abilities in communication technologies, financial management through the Dutch banking system and cultural workplace cultural norms. In addition, every woman and her partner attend a gender equality workshop. Each candidate is matched with a female mentor who can provide both emotional and practical support. Upon successful completion of the programme, the candidates receive a certificate and employers can hire the candidate or provide a job reference. The programme also assists Dutch language learning and improvement, the establishment or the expansion of supporting networks and most importantly, is a valuable tool to regain self-confidence.

Life-changing skills for refugee women in Malawi¹¹³

In this project, Feed the Minds together with AFECOPAD held literacy and vocational skills training courses for women, AS or BIP in Dzaleka refugee camp, Malawi. The purpose of the project was to empower women to earn sustainable incomes and participate in daily community life. A chosen group of women, trained to be themselves trainers, taught other women functional literacy skills, so that all women were trained and obtained vocational skills in bread making and tailoring through intensive workshops and apprenticeships in their respective trades. Owing to this already completed project, all women AS or BIP, who participated in it, managed to increase their income by £20 a month.

¹⁰⁹ The Guardian (website) "Refugees turned entrepreneurs: 'I needed to think about the future'", available online at: <https://www.theguardian.com/small-business-network/2017/feb/28/refugees-turned-entrepreneurs-future-business-perserverance> Last accessed on 20.04.2020.

¹¹⁰ Startups without borders (website). 11 Brilliant Startup Accelerators and Incubators for Migrant Entrepreneurs to Kick-Start, available online at: <https://startupswb.com/11-brilliant-startup-accelerators-and-incubators-for-migrant-entrepreneurs.html>, last accessed on 06.08.2020.

¹¹¹ Within the framework of the Protection of Vulnerable Migrants and Assisted Voluntary Return and Reintegration Support Project funded by the European Commission's Directorate General for Migration and Home Affairs through the Emergency Measures under the Asylum, Migration and Integration Fund 2014-2020.

¹¹² She Matters (2018). Lotus Flower, available online at: <https://rm.coe.int/shematters/-16808d6326>, last accessed on 06.08.2020

¹¹³ Feed the Minds (website), Life-changing skills for women refugees in Malawi, available online at: <https://www.feedtheminds.org/project/afecopad/> Last accessed on 20.04.2020.

CHAPTER III:

PSYCHOSOCIAL WORK WITH A FOCUS ON THE EMPOWERMENT OF WOMEN AND GIRLS, AS OR BIP SURVIVORS OF GBV AND SUFFERING OF POSTTRAUMATIC STRESS DISORDER

INTRODUCTION TO CHAPTER III

This chapter is intended for specialists directly working with women and girls, AS or BIP in Bulgaria. The topics reviewed herein, also contain specialists' opinions – psychologists, social workers, social servants, who have been interviewed for the purposes of this handbook's development.

The contents of Chapter III comprise the basic components of psychosocial work with respect to the empowerment of women and girls, survivors of different forms of GBV, and from the point of view of both the mandatory elements of the work process and of the specific differences in the process of working with women and girls of different cultures.

Empowerment is a process through which women gain power and control over their own lives and acquire the ability to make strategic choices.¹¹⁴ The empowerment process has five basic components:

- women's sense of self-worth;
- their right to have and to determine choices;
- their right to have access to opportunities and resources;
- their right to have power to control their own lives, both within and outside the home;
- their ability to influence the direction of social change to create a more just social and economic order, nationally and internationally.

In this context, education, training, awareness raising, building self-confidence, expansion of choices, increased access to and control over resources, and actions to transform the structures and institutions that reinforce and perpetuate gender discrimination and inequality are important tools for empowering women and girls to claim their rights.¹¹⁵

For the migrant women and girls this process is related to additional difficulties, originating from the differences in host country's culture, the language barrier and difficulties related to labour market access, to the organization of an independent everyday life, but it also encourages them by promoting gender equality and paying regard to the right of personal choice.

1. ADDRESSING THE NEEDS OF WOMEN AND GIRLS, AS OR BIP, SURVIVORS OF GBV IN BULGARIA

In Bulgaria, care for women survivors of violence, whether AS, BIP, migrants or Bulgarians, is carried out by social services managed by nongovernmental organizations with local (municipal), state or international (by means of European programmes and international organizations) funding.

Existing social services and challenges thereof

The shortage of social services is a great problem not only for women and girls, AS or BIP in Bulgaria. When emergency accommodation is required and the woman has no children, or they are over 3 years of age, the support on behalf of Mother and Baby Unit (MBU), which is amongst the best adjusted social service for women survivors of violence, is not impossible. The referral network for victims of violence in this group is often completely informal, leading to a number of difficulties. There is a demand for the establishment of a formal referral mechanism, compliant with the cultural and legal specifics of this group of women and girls.

Sometimes, specialist from helping professions manage cases pertaining to women with children whose application for international protection procedure has been rejected and they have been accommodated in detention centres (Special Home for the Temporary Accommodation of Foreigners /SHTAF/) with the Migration Directorate of the Ministry of the Interior. Following expiry of their stay there, they are released and have no documents, no means for subsistence and no support at all. This requires emergency accommodation that is usually accomplished through the identification of their children as children at risk. The lack of health insurance because of the change in the legal status (no longer in a procedure for international protection and with no legal identity documents) requires health consultations to be paid and the most pressing needs are usually covered by nongovernmental and international organizations working in the field. Support for this group is usually provided as part various projects and is quite often short-term and only within the implementation of the particular project.

The use of emergency and monthly allowances for prevention of child abandonment and reintegration and other types of monthly allowances provided by the state, is difficult to access due to the prerequisite for a permanent address of residence, something is not impossible when women and girls, AS and BIP are concerned. In such cases, the social service may provide their address in order to access this type of support. The accommodation of a woman who is in a procedure for international protection, is accompanied by notification and coordination with SAR regarding the service and the period of her stay there. Should the social service fail to notify and coordinate SAR, the woman's international protection procedure and the possibilities of her legal stay in the country may be compromised. Accommodation usually takes place for a period of 3 to 6 months, which is most often insufficient, but excessive stay is not recommended either as it can lead to institutionalization.

¹¹⁴ European Institute for Gender Equality (website). Definition of Empowerment, available online at: <https://eige.europa.eu/thesaurus/terms/1102>, last accessed on 16.05.2020

¹¹⁵ Ibid

It is important to mention, that regardless of the understandings, which at times differ from the European ones, and of the education styles typical for the culture, most women AS or BIP have built a strong relationship with their children and have good parental capacity. The change in the parenting style has to take place gradually and in compliance with the identity and the cultural and family norms of the community, to prevent further communication collapse and crises. Quite often, women are not entirely autonomous in decision-making, even if they are alone. This fact, together with the different sense of time and space, must be taken into consideration. Seeking and using the resources of the community, if it does not threaten the client's health and life, is a good option.

Stand-alone specialized services for migrant women and girls is not needed at this stage, as this could impede their adaptation and integration. Furthermore, migration flows towards Bulgaria are very low and do not justify the establishment of a specialized service.

Social services for accommodation of and/or support to women and girls, survivors of GBV in Bulgaria include:

Crisis centre/crisis unit/shelter for women, victims of different forms of violence, such as domestic violence, sexual violence, trafficking. These centres accept self-claimed clients, clients referred from another social service, state institution, nongovernmental or international organization, or specialists referring women and girls victims of different forms of violence. Accommodation is accomplished with an order of the Social Assistance Directorate and/or Child Protection Department if a minor girl is concerned. Clients are accommodated in view of providing safe environment for them and their children. Work is carried out in an individual crisis consultation, social consultation and empowerment format. It is often worked in a multidisciplinary team; referrals are made for external specialists (psychotherapist, legal counselor, etc.) as well. This is a twenty-four-hour service.

Social Services Centre (SSC), which includes Community Support Centre (CSC) and Mother and Baby Unit (MBU). A CSC is a community-based centre providing support to women, victims of violence, with or without an accommodation service of the above described type. The support includes psychological counselling, social work and empowerment programme. The CSC is a place where clients are referred to by other organizations and specialists through the Social Assistance Directorate and/or Child Protection Department upon identifying women and girls who have been in a violent situation. Clients may also self-refer, be referred by the court or by the police. The work format is individual, depending on the situation and enables the initiation of multidisciplinary meetings and other type of work (a support group, for instance).

Mother and Baby Unit (MBU) is a social service within the community, which provides temporary accommodation up to 6 months of pregnant women and mothers of children of up to three years old, who are at the risk of abandoning their children; encourages parental attachment, assists young mothers in terms of social, psychological and legal consulting and support. Clients use the service following referral by the Child Protection Department. Complex cases, including domestic violence, are referred to this service. These may be women who have been referred and accommodated immediately following an incident of violence. The risk for the woman – absence of supportive environment, hostile attitude of the closest persons, related to a threat to her life and health, constitutes risk for the child's or children's wellbeing. The working approach may be either individual or group. Minor girls, victims of sexual exploitation or survivors of other types of GBV, who have become pregnant or have already delivered as a result of the survived violence, may also be accommodated at the Mother and Baby Unit.

Resilience Transitional Home – currently, such a service is available in Silistra only. This is a residential type of service, ensuring support for GBV survivors in coping with the long-term trauma effect, and contrary to the crisis centre and shelter services, provides a long-term support. The service is a transition service following the crisis accommodation stage and includes work with the clients with respect to continuing education, finding a job, finding independent housing and establishing appropriate living conditions for raising children.

In the course of the interviews conducted, the following difficulties were mentioned as regards the accommodation of female clients – migrants, AS or BIP.

“There have been clients, refugees from Syria, migrants from Ukraine and Russia. Accommodation in a crisis unit is, generally, a short-term service and in such a case the woman should continue to be either under therapy or under a form of psychosocial support after she leaves the service. We can expect that if a posttraumatic stress disorder symptomatology is present, the process of taking control over her life will be more complicated and will take more time”.

Head of a crisis centre with more than twenty-year experience in direct work with women, victims of violence.

“When we received our first request to accommodate an Iraqi woman with two children, my first task was to empower the team, who, though having undergone various trainings, have not worked with such clients, they felt uncertain because they were not familiar to the culture, and were worried how the communication with the client will take place”.

Head of Social Services Complex (more than twenty-year experience) in the Mother and Baby Unit service.

Social services professionals, who have worked with women and girls, AS or BIP share that the most frequent difficulties they encounter are related to:

- Lack of funds for interpretation services
- Unforeseen medical expenses
- Absence of health insurances for women and girls, who are outside of a procedure for international protection, or are BIPs who are unable to pay for health insurance
- Unfamiliarity with the specifics related to the procedure for international protection or types of legal status for foreigners in the country
- Necessity to coordinate the support with a legal guardian or a representative, when the accommodation of clients who are minors is concerned
- Cultural differences and social norms
- Lack of sufficient information for the types of assistance and support that the client is entitled to
- Lack of or poorly developed work habits and skills
- Difficulties related to finding housing
- Lack of replacement care or care for raising young children
- Financial dependence on the partner or the extended family

"In all cases, working with women of another origin is much more complicated. Firstly, the basic difficulty to cope with is the language barrier. Then come the religious and traditional beliefs. There is great diversity in the clients, I have worked with. If something is unacceptable for us, for them it is quite usual. There was a client who, as we noticed, was 'slapping' her kids. We explained her that this is not accepted here, that there are other ways, that is to explain to the child, and not to apply physical violence. She was explicit, that in her country things go this way. It is hard to work with such models".

Furthermore, when the term of benefiting from the service expires: "We have come across more than a few cases of third-country clients, with whom we work in a particular direction, reach a certain level, achieve some results, and all of a sudden, everything stops because no one is aware what comes next or no one gives an answer what happens afterwards. We do our job and make every endeavour, but in a single moment everything loses its point". (clients under an international protection granting procedure with SAR, which lasts for quite a long time with consecutive refusal appeals).

Social worker having more than five years' experience, Mother and Baby Unit

Profile of the women and girls, AS or BIP, survivors of chronic violence and/or traumatic events, endangering their personality, freedom, and life

Domestic violence, sexual violence, economic and social isolation, forced marriages and pregnancies, persecution for 'laws of honour', exploitation destroy and ravage personality. Such aggravated forms of abuse leave a scar in survivors' lives with

symptoms of posttraumatic disorder, helplessness, reduced capacity for social adaptation and independence, impaired psychiatric status, affected ability of forming strong relations and relationships. However, not a few of the women and girls, survivors of gender-based violence hold a typical spirit and ability to fight and purposefulness towards freedom and self-expression and have the resource to take control over their own lives.

The following three examples of the field-work specialists' practice illustrate the typical hardships women and girls go through.

'Nazira', 22 years, Iraq

'Nazira' was born and grew up in a traditional patriarchal culture. The male dominance in the society, and of the father in the family are regarded as a norm. Whoever tries to criticize or contest such a norm is considered criminal, affecting the family honour. The punishment for this 'crime' is taken by the head of family and by the eldest man in the family. Nazira didn't want to accept this norm a law. She rebelled against the forced marriage, imposed by her father, and considered the choice of a husband was made to humiliate and additionally punish her and subordinate her. Nazira's disobedience and active resistance against the manner her family treated her, resulted in assaults, bodily injuries, and threats for murder on behalf of her relatives. Unfortunately, she goes back to relationships of control and abuse in her country of origin.

'Samira', 20 years, Iraq

'Samira' was subjected to threats by Islamic militants in her country, whereas the latest years of her life there were related to restrictions to leave her home and to move freely. This situation raised constant anxiety and fear. This disrupted her rhythm of life, typical for her teen age at that time. Samira and her family changes two countries after fleeing from her country of origin, which was associated with uncertainty and recall of traumatic moments of the experienced in her country of origin. More than a year afterwards, she continues to fear and to avoid moving freely. Samira has developed depressive symptomatology because of the threats and duress she had been exposed to. This has a negative impact on her teenage process and led to closing off, isolation, maladaptive responses. Currently, she studies in a Bulgarian school and deeply believes she would continue her education, regardless of the hardships she encountered.

'Tamy', 24 years, Nigeria

'Tamy' is alone in Bulgaria. Both in her country of origin and here she has no supportive environment; she is not married and has no children. Her parents separated when she was eight. Her mother's family was against the marriage for religious differences between them and Tamy's father. Tamy grew up in an atmosphere of uncertainty and instability – she and her mother were often

forced to change their residence because of threats and pressure from Islamist groups. Her mother died when Tamy turned 22 and she has some reason to believe that her mother did not die of natural death, but from traces of poisoning. After her mother's death, Tamy goes through a severe emotional crisis, feeling confused and disorientated – she is constant fear that her life is jeopardized, that she would be killed and would look like an incident. Tamy lives in isolation and keeps minimum contact with the surrounding environment. She has difficulty in speaking to other people about herself and about her own experiences. She tells she has been feeling strange since childhood and detached, different from the others. She complains of painful and intrusive memories, which she wants to forget. She describes to experience dissociative conditions; she feels ashamed and in such moments she is scared of being in the presence of other people. Also, she has sleep disorders. Regardless of the serious symptoms and marked traumatism, Tamy is now working, she is seeking a way to make her own living and does not rely on anyone's help.

Women and girls, survivors of gender-based violence and suffering from chronic psychological disorders have specific needs of follow up and psychotherapy. Accommodation in a social service for a period of three or six months is often insufficient to achieve stabilization and independence.¹¹⁶ It takes more time in view of the woman's recovery and the achievement of independence in meeting her needs. Within the period of the stay at a service, it would be better if the woman studied Bulgarian or received support in seeking and keeping a job. The necessity of information and access to different types of services as an element of empowerment is closely related to the language barrier, and the encouragement for proactivity, meeting material demands and overcoming social isolation is often encounters discriminative attitude by the host society. Practical skills, such as the use of the public transport, healthcare services, care for the children and education system are crucial for achieving empowerment.

The hardships, which women and girls, AS or BIP survivors of GBV go through, unfortunately assist for their remaining in a passive position. They are often identified or self-identifies as violence survivors only when they become part of the various programmes in support to AS and BIP, developed in organizations working with this targeted group. In such cases, these organizations inform, refer the woman to supportive services and they alone remain at call as a support resource. It should be mentioned, that at times the seeking of resources and support to women, survivors of GBV in their communities could result in placing this woman at risk. Quite often the extended family disapproves of the woman's desire to be separated from an abusing husband and the community would in no way support the woman. This superimposition of a multiple of elements of social and economic nature, impeding the woman's overcoming a violent situation or her coping with a previous trauma, plac-

es the women AS or BIP, survivors of gender-based violence amongst an especially vulnerable groups and renders it very difficult for them to establish independence for themselves and a stable and safe environment for raising their children.

Building a trusted / confidential relationship

Experience shows that the identification of GBV survivors is very difficult and takes a lot of time. Women and girls have difficulty in telling and seeking aid, and often express this by means of other requests for social and psychological support. In doing this they examine the extent to which their demands will be heard, and what the response will be, to get to know professionals and subsequently begin to trust them, at which point they may feel more comfortable to go deeper in their personal stories and share painful details of their experience. It may take more than six months of thorough work to develop trust between the psychologist/social worker and the client and the theme of violence may be freely discussed. Women and girls often normalize their experience because of the specifics of their culture and family norms.

Building a strong confidential relationship requires more time because of the language, religious and cultural differences. Sometimes even the nonverbal language is different and may be erroneously understood. The experienced violence is often part of the initiation rituals in the community and is normalized by all participants. The female genital mutilation (FGM), for example, in some Kurdish women from Iraqi villages is a compulsory ritual and without it marriage is impossible. This is an element of the understanding of the woman's honour. Women and girls are not familiar to any other reality, but the one they come from and going through the long way of adjustment to the new culture is slow and must be done very attentively. Trust is built each and every day, step by step. It is important that messages are clear and we must make sure they are also correctly understood. Providing information and explaining the steps to be offered in our work, and the expected consequences will shrink this barrier. It is very painful to realize that things, so typical for your culture, are regarded as cruelty and do not happen to women in other societies. This keeps recalling the trauma of the experience. Helping professions specialists, who support women and girls in such moments, need to be very sensitive to this deep internal identity-related conflict. Patience and profound understanding of and respect to the differences may gradually develop an invisible bridge of trust through which professionals' messages for change and support may reach without hurting and lead to a positive development.

2. STAGES IN THE PROVISION OF SUPPORT TO WOMEN AND GIRLS AS OR BIP, SURVIVORS OF GBV, IN SOCIAL SERVICES

At the time of the registration and accommodation of a woman or a girl AS or BIP in a social service, it is essential to form a multidisciplinary team and collect the necessary practical information in a timely manner in order to organize and plan all resources: information on country of origin, language / languages, culture,

¹¹⁶ The reasoning below is based on observations of specialists, social workers, cultural mediators, psychologists (including the authors of this handbook), directly working with women and girls, AS or BIP. These are the most observed challenges in when working with women, accommodation in social services such as Crisis centres and Mother and Baby unit.

demographics and marital status, health status and whether there is a need for medical care at the time of admission; other available resources and specialists from partners organizations.

To better organize the work and support for women and girls AS or BIP, survivors of GBV, in social services, **we often consider two stages. The first is the stage of basic and unconditional support**, or in other words, emergency measures for survivors of GBV, regardless of whether it is a current situation of violence or a previous one. The second stage includes **interventions aimed at empowerment**.

Initial stage of provision of support in social services

In the initial stage, a risk, security, and available resources assessment is conducted. In case the client has a resource for accommodation in the community, it is better to utilize it if there is no risk of harassment or threats from the abuser: Assessing whether there is a direct danger to the victim: whether she is suicidal or whether her life is jeopardized. Following the risk and security assessment, in case of a current violence situation, a security plan is developed. This plan may include crisis accommodation - finding an appropriate solution, which depending on the situation may be a shelter, crisis center, place for long-term accommodation or the possibility of a rented apartment; providing services such as accompaniment and translation if needed.

The first thing to do in a situation of violence is to provide a safe and secure environment where the basic needs can be met. Creating a so-called security plan with a girl or a woman is an especially important step. This plan needs to be carefully and thoroughly designed and all the important details of the girl's or woman's story to be discussed and considered to truly provide security and safety. Unfortunately, the sad statistics show that a large proportion of women survivors of violence have lost their lives as a result of beatings, asserting their rights and desire to leave the abuser. For this reason, the removal of the girl or woman must ensure that she or her relatives will not be harmed. In an extended family, it is possible for the female relatives to be seriously harmed because of the removal of a woman or a girl, and this risk needs to be assessed and considered when making decisions. The circle of relatives, neighbors and friends most often supports cultural and family norms which could also jeopardize the decision of the girl or the woman not to obey and not to permit the abuse.

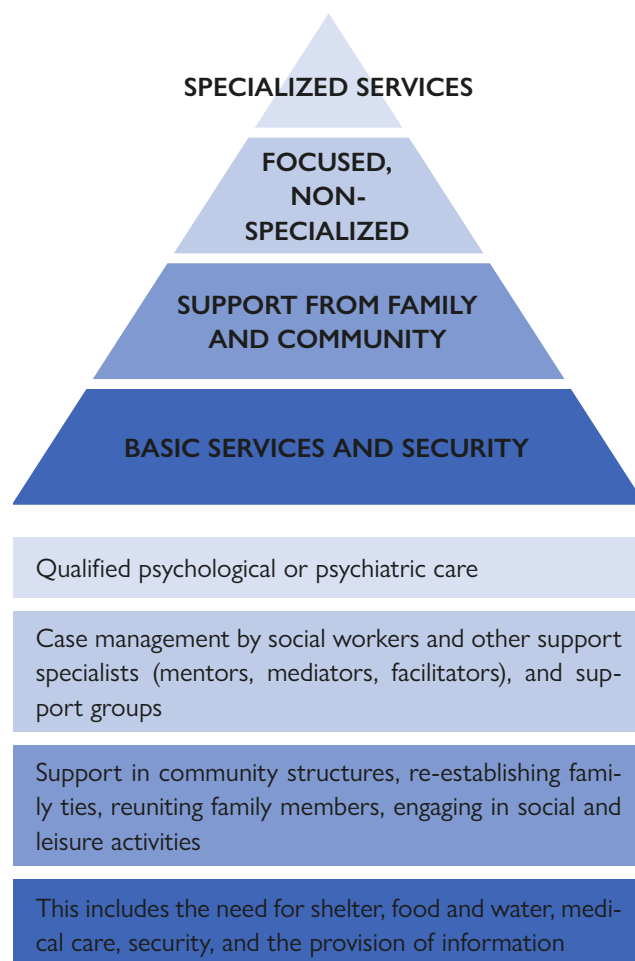
Information about the services and support available is provided in an accessible mother tongue and in an age-appropriate manner (in the case of an underage minor). When using a person without experience to interpret in such situations, it is better he or she to be familiarized and prepared in advance for translation in cases of gender-based violence. Ideally, the best interpreter is a female professional or a cultural mediator, well acquainted with the culture and background of the victim.

Health care of the client may include emergency medical care or so-called primary prevention: obtaining a GP, examinations and

tests (accompanied and translated by an interpreter and sometimes a social worker) depending on the physical consequences as a result of the violence. This may require urgent treatment or prevention for sexually transmitted diseases, unwanted pregnancies, specialized medical consultation for previous traumatic injuries in cases of severe physical violence or harmful practices (FGM).

The psychological and emotional support aims to provide space for the victim to internalize and name her experience, to share more about her history, to make a connection between the violence experienced and its consequences, to come out of a state of crisis, severe depression and anxiety, sometimes a state of anger, irritability and self-blame and to achieve a state of relative calm. This is an unconditional and non-judgmental approach, according to the principles followed in cases of gender-based violence. Work is also being done to prevent re-victimization and return to previous maladaptive coping methods. This support work should develop at the pace of the client - from the basic stage of meeting the needs to the actual work of empowerment in the long run.

The scheme below the **Pyramid of interventions for mental health and psycho-social support**¹¹⁷



Before the developing of a **joint work plan** the woman should be informed of what this plan is and what will be expected of her, giving her a „reflection time“ in order to avoid agreeing to take a step for which she is not emotionally ready. This often leads to the

¹¹⁷ IOM (2019). IOM Handbook on Protection and Assistance for Migrants Vulnerable to Violence, Exploitation and Abuse, available online at: https://www.iom.int/sites/default/files/our_work/DMM/MPA/the_avm_handbook.pdf, last accessed on 05.05.2020 r.

withdrawal of women from the work plan and their return to the previous situation of violence. The work plan can be effective only if the woman is actually ready for the next steps and the initiative comes from herself and not from the desire of the case specialist.

Second stage of provision of support in social services

After collaborating and agreeing on a joint work plan for changing the client's situation, comes **the second stage, or the stage of the actual empowerment work**. This includes long-term psychological support, social counseling and accompaniment, children education, language courses, vocational courses - it can range from providing information to counseling and practical help when applying for a job, looking for a home, training in budget skills, social and cultural skills in different environment, etc. Providing information and advice on the legal framework under Bulgarian law, including divorce cases, parental rights cases, domestic violence cases, identity documents, legal status; legal representation in police interviews, etc. This is also a part of the active phase of the empowerment work.

The challenges women face are often so great that the capacity of the service and the reception manner is essential for the change process. The greatest potential for success in an empowerment process have services in organizations with stability in terms of work and activities, flexibility and proactivity, sometimes redefining traditional models of social work according to the specific needs of their clients.

Such a service must be able to anticipate the specific needs of the clients, and not just respond to them. This is especially important for women or girls who suffer from social exclusion. Flexible activities such as social accompaniment and cultural mediation have an irreplaceable benefit.

Social accompaniment on one hand is part of the social work and consist of introduction of the client to social, health, municipal institutions, etc. On the other hand, it is a kind of a „training“ for the client - what and how to do in these places, how to „advocate“ for themselves. The fact that this type of social work also builds trust between the client and the social worker should not be overlooked. This is especially important given the fact that the client is in a foreign country and it takes time for her to feel the support provided and to build a bond of trust.

Cultural mediation is indispensable part in the direct work with women and girls, refugee or of migrant origin. Very often social workers and psychologists have information about foreign cultures and social norms, but have no knowledge of the nuances of these cultures and the subtle messages in the communication between a professional and a client. In these cases, it is better to mediate the communication not only through the technical translation of the languages, but also through a comprehensive interpretation of the context, which only a cultural mediator can do for both parties.

After the client has left the service or has completed the active part of the work, a **home visit** can be a good tool for ongoing support, providing practical information in the field, helping with budgeting, mediating contacts with landlords, neighbors and others members of the community.

For some clients, the fact that several (two or three) **organizations or social services providers cooperate** working with them is very important. It should be paramount for organizations to choose one which will be the lead organization in the case, with which the others should coordinate the steps in the process of work and the exchange of information. This way of working together also has the effect of an „extended family“ for the client, who due to the circumstances in her life has lost this type of the most valuable support. This work design also creates preconditions for a successful empowerment process through organized support and breaking the social isolation.

The work on empowering women and girls AS or BIP, survivors of GBV is lengthy and with great intensity for the leading social worker. The use of the listed approaches leads to a noticeable change in the women 'social situation. This type of social support work should be provided especially to women and girls who have difficulties with the legal procedure for international protection and exercising their rights and building prospects for their future.

3. THE PROCESS OF EMPOWERING WOMEN AND GIRLS AS OR BIP

Characteristics of the empowerment process

The process of empowerment is generally a period of time during which the disadvantaged person increases her access to knowledge and information, resources, has the opportunity to make decisions, to take a proactive stand, in order to achieve control over her own life and environment. The unequal position in which some of the women and girls AS or BIP „survivors of GBV, find themselves is related on the one hand to the cultural and social norms where the woman is placed in a subordinate position to the man and is limited in self-expression, the right to choose and equally communicate with men and women. On the other hand, the unequal position is a direct consequence of experienced violence and discrimination based on gender; a negative impact on the quality of life due to physical, psychological, and emotional trauma (post-traumatic stress disorder).

Any empowerment program or set of activities selected for work with women, survivors of gender-based violence must also take into account the likelihood that these women or some of them will emerge behavior opposite of empowered (such as learned helplessness), resignation, passivity, beliefs that they do not have the ability to cope because they are women, etc. In a broader sense, the empowerment process will go through the awareness and change of the beliefs and views of their communities about women's rights and opportunities.

Another important characteristic and task in the process of empowerment is the dissecting of the external conditions and the experienced traumas for the purpose of empowerment - the personal experiences of failure, helplessness, deficit, lack of standing, aspirations, etc. which are also mechanisms of survival in a situation of oppression and abuse. In order for a woman living in a forced marriage with a husband who deprives her of social contacts, physically abuses her, manipulates her children, to be empowered, she must understand the context and the dynamics she was in, as well as to validate her efforts for change.

Main approaches and activities in psycho-social work with a focus on the empowerment of women and girls AS or BIP, survivors of GBV

There may be different activities and approaches in psychosocial empowerment work¹¹⁸, depending on the needs of the clients, the resources of the service and the creativity of the team of specialists. The main course of work, however, should lead to awareness about the circumstances that have negatively affected the woman's life and the fact that she has the opportunity and the support to reshape her views and the way she makes her life decisions.

i. Approaches in the process of social and psychological counseling with a focus on empowerment

Keeping the dialogue

One of the main lines of work is the establishment **of a dialogical relationship**, in which the specialist initiates communication on an equal footing, instead of taking a position to give advice, instruct and prescribe - in a sense to tell his client what to do. In practice, this means that the social worker shares the information he has, as well as explains the way he will work (what approaches will be used) in a language understandable to his client: what he will do, why, how, when. The goal is not to remain in a hierarchical position in relation to the client, keeping information from and advising. Shortening the distance means showing empathy and genuine concern, explaining the work steps: what, how and why, home visits, using everyday easy-to-understand expressions instead of professional jargon; giving clear messages about the level of support provided and its limits, explaining the work and functions of the organization / institution where the empowerment service is taking place. Through the dialogic the clients have control over the decisions: which services to choose from, when and how to use them. They can also have access to their files, participate in team meetings to discuss the case work, so the efforts of specialists can be recognized. The essence of the dialogic relationship is that the participants are equal, and they can learn from each other. Of course, the social worker has skills and knowledge that the client does not, but she has her own experience. The social worker must realistically explain when necessary, that there are no magical solutions and that any change comes as a result of a conscious effort.

Processing the traumatic experience

Another important approach to empowering survivors of gender-based violence and preventing a return to violence and dependence is **developing self-awareness and the capacity to process the traumatic experience**. This means striving for change by provoking critical thinking about the circumstances and their participants. Women and girls who have experienced violence and trauma sometimes avoid participating in their recovery process because they lack understanding about the meaning of this process, skills, and confidence. Awareness of the circumstances and preconditions associated with the trauma experienced will help alleviate individual suffering and will positively affect internalized guilt

(self-blame). Understanding that it is not their fault, but the specific circumstances, are to blame, will remove to some extent the false belief that women themselves have contributed to the violence or the abuse by their behaviour and actions. Increasing the ability to reflect and self-reflect. Viewing the way the client actions provoke reactions in others and how to change that. There are two main elements when working to increase the awareness of the traumatic experience. On the one hand you have to work for **understanding the social constructs that underlie inequality and the legitimation of malicious actions** towards women, and at the same time to promote actions and behaviours that will change the perception of the social circumstances for the particular woman we work with. The two things go hand in hand: analysis - action - analysis. For this approach to work, the relationship between the social worker, the client, and the interpreter (cultural mediator) must be very stable. The three of them must become a team.

Redefining

Redefining is a technique in which problems and difficulties are given a new interpretation and explanation. It is used so that clients can look at their situation from a different angle. The social worker must reformulate the problem so that the woman he/she works with sees a solution: for example, "I do not speak Bulgarian and I will not be hired anywhere" is reformulated as follows: "I am going to study Bulgarian, attend a language course and after that look for a job." Redefining should also carry a message from the social worker that changing the situation is possible, using a variety of techniques, including even light humor, metaphors and storytelling, brainstorming, persuasion, etc.

ii. Activities part of the process of social and psychological consultations with an empowerment focus

Empowerment activities for girls AS or BIP, survivors of GBV, including unaccompanied minors¹¹⁹, are one of the most complex to develop and implement. In essence, psychosocial support for girls survivors of gender-based violence is severely limited by the fact that they are still unable to make autonomous decisions about their lives. Working on such a case includes crisis intervention if necessary, psychological counseling or psychotherapy. Empowerment is related to the acquisition of critical thinking, which will allow the girl to improve her being in a specific situation. The finding of **internal capacity and resilience factors** also goes through building a relationship with a significant adult who can be a member of the extended family, if the girl has one, a teacher, mentor, cultural mediator or looking for a significant adult in the past to structure the relationship and lead to more adaptive ways of thinking and behaving.

Providing basic support

Providing basic support (health-medical and psychological support) continuing after the crisis is over, is a fundamental set of activities which help adding to the process of empowerment. These may include housing or financial support; **social**

¹¹⁸ Hossen, M.A. (2016) Empowerment-Based Social Work Practice: Issues and Challenges, Indian Journal of Social Work, available online at: <https://www.semanticscholar.org/paper/Empowerment-Based-Social-Work-Practice%3A-issues-and-Abul/de1bbcd4234ce3fb4d430b8e4e4f9faac6664d37>, last accessed on 20.04.2020

¹¹⁹ UNICEF (2018). My Safety and Resilience Girls Pocket-Guide, available online at: <https://www.unicef.org/bulgaria/en/reports/my-safety-and-resilience-girls-pocket-guide>, last accessed on 20.04.2020

counseling and training in social skills (critical thinking and assessment of the situation; social caution; information and orientation in social services / support and prioritization of needs). Basic support must be unconditional.

Development and implementation of programs for evolution of applied skills

Development and implementation of programs for evolution of applied skills: budget skills training, health care planning and prevention for oneself and children; job search support (presentation skills, job interview skills, registration with a labour office), referral to language courses. Unfortunately, a woman's parental skills and maintaining a household do not make her competitive in the labour market. The requirements are for the performance of specific work tasks in a specific environment in which the woman must comply with set policy and procedures, formal hierarchical relationships and informal contacts and communication with colleagues. Understanding these conditions will help a woman to have a realistic attitude towards the job search. Vocational courses can also be included in this set of activities.

Social accompaniment and advocacy

Social accompaniment is a specific form of support by performing certain activities together with the client: accompanying to a doctor's appointment, other specific social service or accompaniment for the purpose of empowerment through learning and directly showing how, where and in what way our client can perform social, household, daily commitments, for her and for her children. This may include **legal aid** on rights and obligations, depending on the individual situation. Advocacy is a key point in the involvement in the social and government services during the empowerment process. **Advocacy is also a major part of the social work.** It is essentially taking a stand and defending the rights of a person or a group of disadvantaged people and achieving fair treatment and access to social services. In social work, advocacy is defined as the representation, determination, and / or direct intervention and support / recommendation of a particular course of action on behalf of the client, with the goal of ensuring a fair share of publicly available social services and rights. In these activities, the social worker gives an example to his client for constructive communication with representatives of state institutions, health, and educational services, develops the skill of assertiveness in social interactions.

Group work and support

The small group (6-8 people) is considered an ideal environment when empowerment interventions are applied, as it allows individual success to be passed on to others. The small support group facilitates and strengthens the empowerment process by providing a base for social support from people with similar difficulties, conditions, and experiences, which immediately reduces the burden of social exclusion. It is also a format in which you receive concrete and specific support, the opportunity to learn and experiment with new roles and behaviors in a safe envi-

ronment. Social skills training programs, including topics such as recognizing emotions, ways of responding to conflicts, increasing sensitivity to risky situations, developing a security plan, and others can be especially useful. It is imperative for the group leader to be very well prepared to manage group processes, especially for women or girls with serious traumatic experiences.

Creative activities

Structuring this type of activities will allow a breath of fresh air from the stress and effort that clients experience, restructuring their way of thinking, behaving, and making decisions. They can be space for „rest“ and non-binding behavior, a kind of „reward“ for the work done, again strengthening the impact of the group as a host social environment and a place for socialization and contacts.

Specific challenges in empowerment interventions

So far, the opportunities for social support have been presented so that the client can develop and strengthen the capacity of their personality, the ability to cope and initiate change. In some circumstances, support and care could, instead of encouraging, reduce personal potential and limit the client's involvement in the empowerment process. Below are presented challenges that specialists implementing empowerment interventions could be faces with.

i. The difference between independent and dependent help seeking

Within their work, **each specialist must be able to distinguish the independent from the dependent help seeking.** This is related to the personal traits, and in some cases seeking external help may be an indicator of an active coping strategy, and in others - abdicating and transferring responsibility entirely to the social worker. In the latter case, seeking help would mean accepting a passive position of dependence and a lack of effort for change. This type of dependent, pseudo-seeking of support is associated with the relinquishment of personal control and handing of the decisions about one's own destiny to the helping professionals.

This requires professionals to thoroughly assess the personal resources and **resilience¹²⁰ of the client** so that the support provided does not take away from initiative. It is important also to reassess the situation or the needs. Sometimes the greater the need for empowerment in a given case, the greater the risk of placing this process only into the hands of the social worker, and the relationship with him and the client will turn from dialogical to hierarchical.

ii. Secondary trauma

Secondary trauma to women (Re-traumatization), survivors of violence is another important part in the work of professionals that is often overlooked.

Re-traumatization is a conscious or unconscious recollection of the trauma that results in a re-experiencing of the traumatic

¹²⁰ **Resilience** - the concept includes qualities and abilities of the person, thanks to which he/she can overcome traumatic events. Social work often examines the resilience abilities of clients who manage to cope, to develop and offer similar ways to clients who find it more difficult to overcome trauma or risk not overcoming it. The social worker should keep in mind that the ability and capacity of people to cope is often greater than we think and helping includes supporting people to mobilize and use their resources.

situation or stage in the woman's life. Such a reminder can be triggered by a situation of social counseling, for example, when the specialist in his efforts to gather comprehensive information in a short time, persistently continues to ask questions and explore the emotions of the women. It can be triggered by someone's attitude, situation resembling of the violence. It manifests as loss of control over the body and what is happening, an experience of lack of safety, security, and confidentiality.

Avoiding such side effects at work is achieved by using an approach that considers the trauma experienced, creating a safe environment in which interventions that could trigger traumatic experiences are minimized. As a rule, talking about the trauma should take place in a protected therapeutic environment and in front of a specialist who can provide the necessary therapeutic assistance. This needs to be done by a psychologist or a psychotherapist. The early experience of trauma or abuse (beginning in childhood) is often a source of chronic feelings of anxiety and distrust of authoritative figures and the perception of relationships with people as insecure, threatening, frustrating. If the client seems to have lost confidence in the specialist, if there is a tendency to take actions that can clearly harm her, or there is a refusal of participation in the process of working with her, if she reports or a return of memories of the trauma or worsening of psychosomatic symptoms, including deterioration of psychiatric status, the cause may be related to re-traumatization and it is better to revise the working process.

iii. Re-traumatization by institutions

Re-traumatization by institutions is possible during their routine activities and is therefore, unfortunately, common. An interrogation or interview by the police, where the victim is obliged to tell again and again her story, could be an occasion for her to relive the memory of what happened. Interrogation in a presence of a prosecutor or in a courtroom before a judge and a court panel again puts the victim in a situation where she has to testify in detail about what happened, and often has to hear the defense of the abuser. Going through medical examinations after experiencing sexual violence is the most common form of re-traumatizing - considered routine medical procedures can be as intrusive to the client as the violence experienced and could bring back the emotions felt during the incident.

Specialized training on re-traumatizing survivors of violence is a way to overcome this negative effect. Raising awareness to professionals such as police officers, judges, prosecutors, doctors, social workers, and others is essential, as the risk of re-traumatizing is the highest in their line of work. Another good practice includes providing a protected and confidential environment in the process of interventions, professional attitude, respecting the personal boundaries of the client, support, reciprocity and cooperation - explanations of the procedures and actions, the need for them, respect for cultural differences.

iv. Intercultural differences as a challenge for specialists

Intercultural differences can sometimes be a serious challenge when working on seeking change. Here are some excerpts from interviews with social service professionals with experience

working with women and girls AS or BIP, survivors of GBV:

*„Religious and traditional beliefs are a challenge.“ Says a **social worker from the Mother and Baby Unit**. „There are big differences from the clients I have worked with. If something is not acceptable for us, it seems quite normal for them.“*

„I think that the cases of refugees and migrants related to violence, stress and PTSD are more complicated than the cases of Bulgarian women we are working on. The place of origin determines the current situation. It is much harder to work with someone who has not lived in this country. As well as the different cultural features and attitudes associated with male-female relationships in the family. They are quite different from ours. This is something you must „keep in mind“ when working - that women are not equal and have no control over their lives and decisions.

Head of a crisis center

What is needed for the specialists is „...to have general information about the woman's history, if she has been helped before -and to what extent. Intercultural differences should be included in the information about a woman's history. „ „For every woman we accommodate, we look for this information because it is important for us to prepare the service. With different backgrounds, the interpreter is especially important, staff training for the type of food and communication, cultural specifics. Information about family history, current needs, and the legal procedure. That is, cultural specifics and the legal situation are especially important. What matters is the residence status, humanitarian, or refugee status, what are the prospects, support from other organizations.

Psychologist, 10 years of experience, crisis center for women victims of domestic violence

Information is also needed, „Related to a social aspect: when did she arrive; where did she come from; legally / illegally; facts chronology. The information is fragmentary, lost and not transmitted quickly enough - what has been done so far with this woman; what is its status; what are her needs; are there any chronic diseases. What happens to the children, if any: where were they born, are there any documents, what are their illnesses. These are especially important things - the documentation of the current physical and mental status, the things that have been agreed upon that will take place. What does she know: does she know where she is going, how she was sent? What are her plans: does she want to stay or is she temporarily here, headed to another destination?“

Psychologist, over 6 years of experience in the Mother and Baby Unit

„It's especially important to know something about this woman's culture, such as nutrition. There may be some special attitude toward food, she may have some special skills. Purely practical things. In addition to demographics data, this woman has a culture characterized by „this and that“, the food in this culture, the interaction, the social customs. These are especially important things because it will help you adapt faster. The team will be prepared, and the client will feel important, valued... if there is time for the little things that will warm the soul of this woman who goes to a place such as a crisis center, for example if the team meets her and says: „We know that for you couscous is a staple food, We got this couscous for you, do you want to cook? „, it means“ I understand you, I see you, you are important, I hear you, I accept you, I know what happened to you and I am ready to cooperate, I work with you, I accompany you, I partner with you in what is ahead of you “.

Psychologist, over 6 years of experience in the Mother and Baby Unit

v. Recommendations for overcoming difficulties that specialists encounter in their work with women and girls, AS or BIP, survivors of GBV

Language barrier

The first objective difficulty faced by specialists is in the direct contact because of the language barrier. Sometimes, not just an interpreter is needed, but a person who can give information and feedback on the culture and origins, and if necessary, advice how to facilitate the communication between the social worker and the client. The role of this specialist- mediator is as essential to establishing an effective process as that of the social worker or the psychologist. In the application you can find a list of non-governmental and international organizations that can assist you with interpreters and cultural mediators.

Unclear legal status

Sometimes the difficulties come from ambiguities about the status of the women: whether they are applicants for international protection, whether they have been granted refugee or humanitarian status, whether they are migrants with the right to long-term or other residence, whether they are in the intermediate stage of appeals or a new procedure. Whichever group a client falls into, she has the right to access social services. Legal work in these cases is particularly important, as is multidisciplinary work to provide comprehensive support. In the application you can find a list of non-governmental and international organizations that provide legal advice and legal support.

Extra-budgetary expenditures

In some cases, it is necessary to incur additional financial costs

that are not budgeted in the social service such as: health insurance, paid medical intervention or examination, translation. The empowerment work is further complicated by the difficulties in enrolling children in kindergarten, finding work, lack of relatives and social support network. In the application you can find a list of non-governmental and international organizations that implement various support projects.

Negative attitudes

Often, negative attitudes towards refugees and migrants and those who have experienced chronic violence and abuse, who's capacity to manage their lives is greatly affected, lead to the traumatization of clients, and social workers in the process of advocacy. In such situations, their personal experience of empowerment determines the quality of work and progress in the case.

4. POST-TRAUMATIC STRESS DISORDER AND COMPLEX POST-TRAUMATIC STRESS DISORDER AS A RESULT OF GBV

Post-traumatic stress disorder (PTSD) is well known and described in modern international classification handbooks such as ¹²¹ DSM -V. Complex post-traumatic stress disorder (C-PTSD), however, has no separate entity yet. It belongs to a group of disorders caused by severe stress, not otherwise specified according to the DSM-V.

PTSD is a mental health disorder that is triggered by a terrifying event like combat, a natural disaster, a car accident, or sexual assault— either experienced or witnessed. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event.¹²² In such incidents, which are outside the usual routines in life and predictable situations, a person falls into a state of stress, usually from 3 to 6 months, during which the mind processes what happened. If a person fails to go through this process successfully - to think, speak and internalize the event until the effects of fear, anxiety, strong emotions due to memories and psychophysiological reactions (palpitations, sweating, sleep disorders, hair loss) fade, then his condition becomes chronic, forming a relatively stable complex of psychological problems or painful behavioral disorders. Of course, not everyone would develop PTSD, many people cope with the experience up to 6 months after the event, and the memories of this do not negatively affect the overall quality of life.

In short, PTSD involves recurring memories of the event that invade unexpectedly in the form of nightmares or flashbacks, a change in behavior in which a person begins to avoid specific situations, places, or activities that somehow remind him/her of the traumatic event. It also includes behavior in which a person fixates on an activity to avoid recollection. There is also a change in relationships with others – avoidance of contact with people and deep relationships, distrust of others and assumption that something bad will happen. This leads to in-

¹²¹ Diagnostic and Statistical Manual (DSM, version V), translated as Diagnostic and Statistical Manual of Mental Disorders is a publication of the American Psychiatric Association, which examines and systematizes criteria for mental illness and their compliance with the diagnosis of a type of mental illness. The International Classification of Diseases (ICD) is the equivalent issued by the World Health Organization in its section on mental illness. When it comes to mental health diagnosis, comparisons of diagnostic criteria and diagnoses with ICD and DSM are often made.

¹²² Luxenberg T. and others (2001). Complex Trauma and Disorders of Extreme Stress (DESNOS) Diagnosis, Part One: Assessment, Directions in Psychiatry: Volume I, Lessons 24, available online at: https://www.researchgate.net/publication/228902824_Complex_trauma_and_disorders_of_extreme_stress_DESNOS_diagnosis_part_one_Assessment, last accessed on 05.05.2020

creased anxiety and volatility, as if a person is always alert and restless, which affects the ability to concentrate. Sometimes loud noises can cause fright and startle; physical symptoms such as dizziness and nausea are also observed.

Complex post-traumatic stress disorder

In C-PTSD, the differences come from the quantitative dimension of the trauma. The accumulation of events that put a person in a situation of chronic threat - physical or emotional, for a long period of time, a person's own worth perception, the right to exist, the right to protection, the right to one's body and life, the right to make decisions and make choices about one's life, the right to experience one's own emotions and have them matter - all or part of these things pose a threat to one's mental and emotional integrity. The longer the person is exposed to such threat, the more severe and complex the symptoms. Typical situations that can cause C-PTSD are also among the most common forms of gender-based violence and violence against women. These include all forms of domestic violence, including rape, physical assault, insults and humiliation, threats, surveillance; trafficking of human beings for sexual, labor, etc. exploitation, prostitution; psychological and emotional manipulation; coercion to various actions under threat to life or that of close people (children, parents); kidnapping and persecution, threats to kill in the family, damaging cultural practices and customs, inequality and deprivation of rights, detention, forced marriage.

The general characteristic of these situations is that the woman finds herself in a position of helplessness and powerlessness for a long period of time - months, years, and often such situations are transgenerational. As a result, survivors of this type of chronic violence suffer from a distorted image (identity) and integrity, and if the victim was a child, there may be no formed image of overall personal integrity and personal boundaries. In C-PTSD, the symptoms give the impression of personality deficits and stable negative changes, as if a person simply has such personal traits. This is because the trauma can be far back in time in the form of an event or lifestyle. When working with this type of women, personal and family history must be studied very carefully and patiently.

There may be significantly low self-esteem and feelings of insignificance, feelings of helplessness and / or uselessness, shame, guilt, feelings of being different and misunderstood. In more in-depth conversations or during counseling, a severe and inexplicable sadness, sometimes apathy, despair, suppressed anger and suicidal thoughts can be detected. Sometimes maladaptive and self-destructive behavior is observed - substances or alcohol abuse or dependence, entering situations with increased risk to life and health, self-harm, repressed sexuality or propensity to seduction and promiscuity.

People experienced such severe and prolonged forms of violence and abuse not always have a clear recollection of the event or understanding of the duration they were exposed to the abuse, as if they do not remember. Some of them share dissociative experiences, as if they are not inside themselves or vice versa, their minds are constantly repeating the same traumatic situation. In their interpersonal relationships they feel distrustful and often isolate themselves or vice versa, constantly looking for someone to attach to or someone to save them. With regard to the abuser or perpetrators, they perceive them as omnipotent and untouchable, but they of-

ten have fantasies of revenge, or that they emerge entirely under the abuser's power. Emotions and the ability to contain them are disturbed, there are periods of unexpected anger or sadness.

All these symptoms vary from person to person, with individual intensity, and change over time. The initial assessment of women who have experienced chronic gender-based violence is a serious challenge for the specialist, as the woman may avoid talking or thinking about topics related to traumatic events. Often the feelings it evokes are unbearable for her, connecting can be difficult due to manifested emergencies such as self-harm, suicide threats, involvement in a risky situation with a potential abuser or return to the abuser.

„Some women refuse to talk. We had a case of a woman with many psychosomatic crises, with pain all over her body. She could not get to a doctor because of the language barrier. She didn't trust anyone. She had made a „little Afghanistan“ in her room - listening to the radio, refusing to learn the language or to communicate with us.“

Social worker in a crisis center for women survivors of domestic violence

The interviewed specialists tell us how the above theory looks like in practice in their professional daily life. Experts also share how they cope.

„In case of indications for PTSD, it is better for the woman to participate in psychotherapy throughout the empowerment process. Having such symptoms, we can expect the process of taking control of one's life to be more complicated and to take more time. In a service, such as crisis accommodation, which is generally a short-term service, the woman will have to stay in therapy after leaving the service.“

Head of a crisis center, with over 20 years of experience

„With regard to identified post-traumatic stress, dealing with it will depend on the specific state of the person with PTSD and the levels of functioning before the occurrence of PTSD. If the person is in crisis upon arrival, the crisis is managed first - what is happening, what are the symptoms. Women who have experienced trafficking or sexual abuse always show PTSD symptoms. A psychiatrist should always be consulted when there is post-traumatic stress to diagnose and determine possible need of medication treatment to manage the symptoms. If the girl is a minor, things get overly complicated, because the policy is not to prescribe medications, which increases the suffering. The severity of post-traumatic symptoms depends on the severity of the trauma experienced - or what the person perceives as a burden. The more severe the perception of the experience, the more severe the symptoms of PTSD.“

Social worker and psychologist, over 15 years of experience

„In most cases, victims of constant, intense, prolonged violence feel guilt which is difficult to overcome. A good approach is to take another look at guilt and the overall experience. Going back to the trauma is not a good idea. Yes, this is something that has happened, but here and now we can deal with it so from now on you can accept it as part of your life, but you can continue to live in another way. Because there is another way. Very often people with PTSD sink into the trauma, sink into the emotion of this intense guilt, which further crushes, collapses, destroys them. It is exceedingly difficult to work with the guilt, but if you work well, it can be successful.“

Psychologist, over 6 years of experience

The empowerment of women and girls survivors of gender-based violence and who developed long-lasting post-traumatic symptoms is a difficult and complex process of transformation and as such it differs in intensity, number of periods of progress and regression and vary from person to person.

Here is what one of the experts with the longest experience said:

„Sometimes women and girls have different ideas about coping. We try to ground them to define the steps - what I will do, how I will cope. And we accompany them depending on the need for support. Some are very active; others are absolutely stagnating. We have women we fail to empower. For example, they come back to us again and again after the next beatings. Then they return to the abuser, give birth to another child, and again returns to us, because she will become more and more vulnerable after each child. She needs a lot more support, and she has a lot less tools...“

Social and cultural norms, the type and duration of the traumatic experience, personal traits and, last but not least, the structure and the duration of the support define the uniqueness of the empowerment process for every woman survivor of gender-based violence and the mark it has left on her life. Any support is important, whether empowerment is achieved within the case work, because the woman or the girl will be able to survive and gain experience in receiving support that she has not had before.

5. ROLES AND RESPONSIBILITIES OF SPECIALISTS IN THE WORK OF EMPOWERMENT OF WOMEN AND GIRLS AS OR BIP, SURVIVORS OF GBV¹²³

Leading specialist in empowerment interventions and roles of team members

The **social worker** is the specialist with the most appropriate characteristics and functions to work on the empowerment process. The administrative management of the case and the social work can be divided between different specialists. The

empowerment work should be incorporated in the care team, of which only one specialist is the reference person for the client, regardless of the fact that there will be another person (interpreter or cultural mediator) for women and girls of refugee origin. The leading person would be the specialist who performs the broader framework with the client, namely the social worker, while the psychologist will provide psychological counseling. The social worker is the specialist who will develop the intervention strategy to promote change. This requires an in-depth assessment of the client's needs and resources for work. Discussing and deliberating at this preliminary stage of the work is mandatory, and it must be attended by other professionals working with the client - psychologist, cultural mediator, etc.

In the ideal case the leading specialist is well acquainted with types of resources and services suitable for the woman and has in-depth knowledge of violence against women and its effects, has accumulated experience and enhanced skills for working with women survivors of violence. This knowledge will allow the social worker to be one step behind or alongside the client in the decision-making process, and never ahead of her to avoid a dependent relationship.

The clear distinguish of the roles in the team and the adherence of each specialist in his role and functions will prompt the client who is who in the upcoming process. The cultural mediator or interpreter could translate the introduction of the specialists and their roles and participation so that they can be recognized as useful and helpful.

The role of the interpreter / cultural mediator

The **interpreter** is a person who only mediates the contact, transmitting information from one language to another. He can attend the meeting but can also translate by phone or remotely through an online-based communication application. He has a neutral position and this feature is typical of formal institutions such as the State Agency for Refugees, the police, the courts, and others that provide administrative rather than social services. It is almost impossible to convey complete information in language translation if cultural differences and peculiarities are ignored. In the social and humanitarian sectors, the roles of interpreter and cultural mediator are differentiated, but this does not mean that both types of professionals cannot collaborate.¹²⁴ The cultural mediator is a person who mediates the mutual understanding and acquaintance between the specialists, the social worker, and the client, paying attention to the cultural elements in the translation process. The mediator can provide feedback and advice to both parties in the communication to achieve maximum understanding and start building a trusted relationship.

Not every translator can take on the role of a cultural mediator, and not every mediator can maintain the neutrality of the translator or have professional translation skills. When choosing one of the two specialists, the social worker or the

¹²³ This section reflects the observations and good work practices implemented by the authors of this handbook in working together on mutual cases in different organizations with AS and BIP. The theoretical basis steps on a modern perspective and analysis of social work, presented in „Social work on the case - reconceptualization of traditional understandings in a modern applied perspective“, Ginka Mehandzhyska, E-magazine SOCIAL WORK 2013 (1) issue 1, 4– 29, www.swjournal-bg.com

¹²⁴ Archibald J., and Garzone G. (2014). Conceptualizing Linguistic and Cultural Mediation, Languages Cultures Mediation Magazine, Vol 1, No 1-2, available online at: <https://www.ledonline.it/index.php/LCM-Journal/article/view/775>, last accessed on 25.05.2020

psychologist, they should be aware of what type of assistance and degree of involvement they are looking for.

Good connection, understanding and quality interaction between the specialists in the multidisciplinary team are crucial for the successful empowerment of women and girls survivors of gender-based violence.

The cultural mediator SHOULD: ¹²⁵

- Do interpret all that is said accurately and in full. “I’m telling you this but please don’t translate” is not acceptable.
- Translate the words and the hidden meaning behind them, their symbolic meaning, explaining cultural differences if necessary.
- Do give additional support aside from conveying information if requested. For example, you can help filling out forms.
- Do correct yourself if you make a mistake and ask for clarification if there is something you don’t understand.
- Do respond to racist or abusive language by highlighting its offensiveness with the speaker and checking that is what they want to say before interpreting it. Report this behavior to their supervisor afterwards.
- Do use all resources available, like glossaries or reference material, to improve your understanding and knowledge.
- Do ensure that your appearance is appropriate and adapted to the context (decent and neutral).

The cultural mediator SHOULD NOT: ¹²⁶

- Do not accept assignments for which you know you are unqualified or not prepared.
- Do not take assignments if you risk being biased or in case of conflict of interest (e.g. a family member or a close friend is involved).
- Do not repeat what you have heard to friends, relatives, or anyone else.
- Do not use your position to exercise power or pressure over any speaker or listener.
- Do not comment on what you interpret or answer a question on behalf of one of the speakers.
- When translating a conversation, do not show your own feelings and do not insert your opinion between the two parties - it is important to remain neutral.
- Do not engage in a separate conversation with one of the parties without explaining to the other what it is about.

Useful work guidelines for the social worker in his/her work with the cultural mediator: ¹²⁷

- Beware of the dynamics of the overall relationship, especially in working with people who have survived serious forms of violence and abuse - if something is challenging and laden with very intense emotions and experiences, surely the mediator or interpreter feels it too. Ask if the mediator needs support with this to talk it through.
- Technically, in a long conversation or consultation, the mediator or interpreter often gets tired and needs a break in order to stay focused.
- If you are working with a new mediator, make sure that he follows the internal rules of work that you have built in your organization or service. If necessary, brief the mediator before the meeting with the client.
- Keep in mind the way you position in the room and who sits where, especially during a social or psychological consultation - it should be clear that the conversation is with the leading specialist (social worker, psychologist or other) and not with the cultural mediator or interpreter. Talk to your client, keeping eye contact with her, not with the mediator or interpreter. Wait for the mediator to finish the translation before continuing, and do not hesitate to ask in advance what volume of sentences to speak so that the statement is conveyed as clearly as possible.
- Do not use jargon, terminology, or abbreviations. Explain the meaning of the words or the meaning of the expression if the mediator or translator signals that is needed. Ask the mediator about cultural differences and nuances in the nonverbal communication.
- Do not allow the mediator or interpreter to answer questions that are not his responsibility. Ask if the translation seems too long or too short.
- Ask the mediator or interpreter for feedback after the meeting.

Other professionals who have a supporting role in the overall empowerment process ¹²⁸

At its core, GBV is an extremely complex problem that takes many forms and requires a broad but flexible response and appropriate services for the survivors. In social work, bringing in additional specialists is directly linked to empowerment interventions.

i. Multidisciplinary work

The multidisciplinary team that takes on such a case often consists of a social worker, a police representative, a prosecutor, a lawyer, a health professional, working on behalf of their institutions, exchanging information and seeking solutions in an

¹²⁵ Translators without borders (2015). Field Guide to Humanitarian Interpreting and Cultural Mediation, available online at: <https://translatorswithoutborders.org/wp-content/uploads/2017/04/Guide-to-Humanitarian-Interpreting-and-Cultural-Mediation-English-1.pdf>, last accessed on 25.05.2020

¹²⁶ Ibid

¹²⁷ Ibid

¹²⁸ The content of this segment is based on the authors’ experience, observations and interaction with other specialists in the social field, working with refugee and migrant origin cases. Often due to the specifics of the cases and the different needs of the people, the individual support plan is made thanks to the creativity and innovation of the specialists in terms of requests and needs that they have not previously encountered.

interdisciplinary approach. In case of reports of gender-based violence, identified as a form of domestic violence, measures are taken in accordance with the Law on Protection from Domestic Violence. A Coordination Mechanism shall be convened for collaboration on cases of children, victims or at risk of violence and for interaction in crisis intervention in the case of a minor.

ii. Additional specialists

Another approach for forming a team of additional specialists is based on the client's profile (single, with children, pregnant; pregnant girl, etc.), her needs and the work plan to be followed. The difference with the multidisciplinary team is that these are professionals who, with their personal qualities and professional roles, form a substitute social support network, without necessarily being institutionally and formally involved in the case. Such professionals may be a GP, OBGYN specialist, schoolteachers if the client has children, or if it is a girl; Bulgarian language teacher. Last but not least, a mentor can be involved at a certain stage of the work, to assist the client with a specific goal - learning the urban environment, practicing the language, socializing, etc.

Another specialist is the so-called a family nurse who has a medical education, sometimes with an additional qualification in social work or psychology. She works with pregnant women or mothers with young children (up to 2 or 3 years of age) on issues related to maternal health and development and early childhood care. Such a practitioner could very well accompany and care for women with young children leaving a situation of violence or pregnant women, while educating, being sensitive to the mother-child relationship, and relieving the symptoms of anxiety and depression with her presence and caring.

Creating such a social environment for support based on professionalism is especially important and allows to adequately meet the needs, not only reflecting the trauma, but also addressing the capacity to cope and build new interpersonal relationship. The quality of supportive interpersonal contacts and their satisfaction maintain self-esteem, which is stabilized by the positive attitudes of others, expressed in social and community support.

In social work, attracting and engaging external professionals as a helping resource is directly related to interventions in the empowerment process. It is good for the external specialists, in cases where the client does not have a supportive environment from the family or community, to be prepared in advance for the roles they will take. To know their meaning, function, how and to whom to signal if something about the behavior of the client concerns them. In this sense, they must possess basic skills for providing support in everyday life, which does not take away and limit the client's own activity, decision-making, making choices, forming a new social experience and self-expression.

6. CARE FOR SPECIALISTS AND SUPPORT TO PREVENT PROFESSIONAL BURNOUT

Caring for professionals is an integral part of the professional context and work environment. It should not be sporadic or

in the form of measures taken in case of urgent need, but a regular activity.

First, creating a **supportive environment** within the team is essential. From the physical space and the organization of comfortable conditions for work and rest, to the good management of the dynamics between the team members and their roles.

Training activities should also be an integral part of the work of the specialists. It is beneficial for each small team in every social service provider to have regular internal upgrading trainings, workshops on specific topics and issues identified in the work process. Participation in external or international trainings for the team / organization is also a good option to increase knowledge, along with practical skills, and to establish useful professional contacts, as well as a sense of belonging to a certain group of professionals.

As we know, the team **supervision in social work**¹²⁹ is mandatory and, together with individual supervision, is a binding minimum standard of care for professionals.

Professional burnout in specialists from helping professions is an extreme form of reaching mental and emotional exhaustion. Emphasis should be placed on prevention, which consists of regular supervision and care of the team at the micro-organizational level - regulated breaks, observation, timely interventions, monitoring the number and complexity of cases. Specialists in the helping professions working with survivors of serious forms of violence must have the skills to recognize burnout and be self-aware of the symptoms.

The term „**professional burnout**“ describes the way in which these professionals gradually become exhausted as a result of a prolonged work, as well as the accumulation of physical, emotional and psychological stress. Exposure to the trauma experienced by the women or girls they work with also contributes greatly to this. Additional factors may be the burden of the numbers or the severity of the cases, ambiguities in the roles and responsibilities of the team. Often, as a result of the sometimes unpredictable and partial funding of Bulgarian non-governmental organizations that provide social services, meeting the requirements of the donor organizations for the purpose and scope of project activities cease to correspond to the specific needs of the clients. This leads to confusion in the team which in turn creates a precondition for turnover, loss of trained human resources, loss of meaning and motivation to work, frequent conflicts in the team. At the specialist level, burnout manifests itself as anxiety, fears that are not typical for the person in general, a sense of insecurity and difficulty in making decisions in the process of working with a client.

Reaching a state of burnout usually goes through four stages: a stage of **initial enthusiasm**, investing in work and experiencing satisfaction; **stage of stagnation**, or the appearance of blockage and experience of hopelessness, lack of purpose; a **stage of frustration** in which the specialist feels helplessness and lack of desire, blaming others, feelings of anger and guilt.

¹²⁹ Петрова-Димитрова, Н. (2011) Супервизия в социалната работа с деца, жертви на насилие, ИСАП, available online at: <https://sapibg.org/bg/book/supervizia-v-socialnata-rabota-s-deca-jertvi-na-nasilie>, last accessed on 20.04.2020

The last stage is associated with the experience of apathy and professional dissatisfaction, in stark contrast to the first stage.

Secondary traumatic stress is a condition that occurs in people exposed to very intense contact with people who have experienced violence. Mental health professionals, social workers, doctors, emergency medical teams, and oncologists, are among the people who encounter trauma and the consequences it leaves on people. The symptoms of this condition are reminiscent of those of post-traumatic stress, although the specialist affected has not experienced any trauma or situation involving violence. It is considered more likely to affect professionals who have already developed symptoms of burnout, and that psychologists, psychotherapists and social workers who work directly and systematically with survivors of violence are among the most at-risk professionals. The affected specialist experiences an emotional imbalance, an influx of memories from conversations with his clients, in which details of the trauma are described, avoids thinking about things similar to the violence experienced by clients, and begins to experience physiological symptoms such as palpitations, dreams related to clients. Regarding the professional contact with the clients, there is a rigidity and emptiness of the reactions. The capacity of the specialist to help in a professional role is greatly reduced. Secondary traumatic stress is also known as specific compassion fatigue.

Vicarious trauma is a condition similar to secondary traumatic stress, in which the empathic attitude towards the client strongly influences the emotions of the helping specialist and he begins to demonstrate negative changes in his values and beliefs. The spectrum of change includes difficulties in talking about these emotions; irritation or anger, which are easily directed at random people, tension, difficulty falling asleep and dreams about clients; feeling that they are not doing well enough in their work; increased or decreased appetite (compared to normal); lack of job satisfaction, specific experience, as if they were „trapped“ in their work; obsessive thoughts about clients, victims of particularly severe forms of violence, etc.

The opportunities for addressing and preventing these conditions are again in the various forms of professional support for specialists - supervision, in this case the individual supervision, crisis intervention or debriefing for the whole team when dealing with a specific severe case. It would be beneficial for professionals working with survivors of violence to be informed about this condition as part of the training and as part of a well-planned care for the team.

Examples of methods for managing over-involvement and stress¹³⁰

- Prevention of „over-involvement of the specialist“ can be undertaken by introducing another specialist to take over part of the work or to redistribute part of the tasks of the „over-involved“ colleague. It is important to study the dynamics and the cause of such a situation, whether

the work of everyone is optimized, whether the over-involvement of the leading specialist is related to specific processes in the client that have not been analyzed and identified. The last resort is to replace the lead specialist if the process has become irreversible.

- Regular trainings and seminars, mentoring from a more experienced colleague are also techniques that aim to simultaneously improve skills and screen for symptoms of burnout. Such are the regular weekly team meetings to discuss the current work.
- Socializing with colleagues outside the work environment is a preferred method for some organizations. Also planned team meetings outside the settlement with entertainment and recreation activities („staff retreats“). Specialists can discuss their work in an informal, but also collegial and confidential environment, and „ventilate“ their emotions. Often, good cohesion in the team has a beneficial effect on its members and creates a good environment for emotional containment of the more complex and traumatic cases. The team in this case plays the role of a „safety net“.

In a broader sense, the creation of a calm and caring environment, with clear roles in the team and goals of working with each client, is a prerequisite for the timely detection of problems related to burnout in any member of the team. Conversely, there are teams in which specialists seem to be left to fend for themselves, without methodological support and without clearly defined roles and case allocations.

The overall care for the team directly working with survivors of severe forms of violence and abuse is an absolute prerequisite for any service and program designed for such types of clients.

¹³⁰ Cross-Regional Learning Visit to Jordan; „Professional help and support for front line specialists working with survivors of violence“, Marieta Gecheva, learning briefs, July 2018; within „The Adolescent Girls Safety and Resilience Mentorship Program“, facilitated by UNICEF Serbia

CONCLUSION

In conclusion, specialists working with women and girls AS or BIP, should keep in mind that the latter come from a background that is often very different from that of women born and living in Bulgaria. The change from a way of life involving strict patriarchal norms to a life, in which they must recognize themselves in a different social role, free to make their own choices, is a transformation that can lead to fear and anxiety for someone who has not experienced this before.

Approaches to providing support to these women and girls must be adapted to each individual woman or girl who will benefit from it, to their personalities, their origins and previous life experiences.

Furthermore, the process of overcoming trauma and the process of empowerment do not occur in a cycle with a beginning and an end. These are processes that continue over time, with different intensity and dynamics depending on the experiences (past and current) of the concrete individual. During the process, the professionals providing support to the women and girls also go through different stages together with their client - stages of progress, but also moments of stagnation, return to old ways of coping, fear, and anxiety.

The process of empowering women and girls AS or BIP, survivors of GBV is based on the good relationship between the client and the helping specialist – the partnership and respect for the pace of the client are the two key aspects that must be present in psychosocial work with women and girls AS and BIP.

In broader terms, working in a network of professionals is the basis for developing an individualized model of support appropriate to the needs of each client. The involvement of health professionals, improving access to social services, language and vocational courses, cultural mediators, information and prevention work, and effective referral of survivors are essential for the provision of quality services that will have a positive impact on the situation of the women and girls we work with.

APPENDIX 1:

QUESTIONNAIRE - WOMEN AND GIRLS

Questionnaire on the experience of women and girls AS or BIP, who use/have used social services within the community and the social attitudes towards women's status – level of equality, independence, social and family life.

The following information is recorded at the beginning of the interview:

- Country of origin
- Age
- Date of arrival in Bulgaria
- Has she arrived alone or with a partner/children – listed by gender and age/other relatives
- Have they lived in other countries except the country of origin?

1. Tell us something about yourself – where are you from, what is typical for the place you come from, how do people live there, what is the main occupation, what are the traditions, what is handed down, for instance, from mother to daughter?
2. What was your main occupation in the country you come from? (level of education, family – early marriage, arranged marriage or not, work or care for the children and the household)
3. What are the most unusual things for you in Bulgaria, compared to the place you have grown up?
 - Clothing
 - Communications
 - Family, relationships
 - Infrastructure, use of services
4. What was or is the most complex or difficult thing for you in Bulgaria? (communication with the people, language barrier, use of transport, information about culture and relationships, information about kindergartens, schools, healthcare, childcare, work, and so on)
5. Who do you turn to in a difficult situation and whom do you expect support from? (what is different when being in another country and how does a woman seek help – within the family, if any, among friends, on the Internet, or she does not seek any help, is she inclined to address organizations about her needs)
6. Do you seek / have you sought help from organizations that assist AS and BIP? With respect to what? Would you share your experience, the assistance you received, was it useful, do you think anything can be improved?
7. Is there anything you are embarrassed about or fear as a woman in a foreign country? (examine the origin of women's fears – their community, their experiences when in a different environment, specific experiences in the different environment)

8. Are there equal opportunities for men and women in your community? Are they equal in another country? (examine the effect of traditional social norms in other countries, other than the country of origin)
9. Do you think that living in another country is easier for men? Why?
10. Keeping in mind other women from your community, what do you think they need to become more independent and to have confidence?

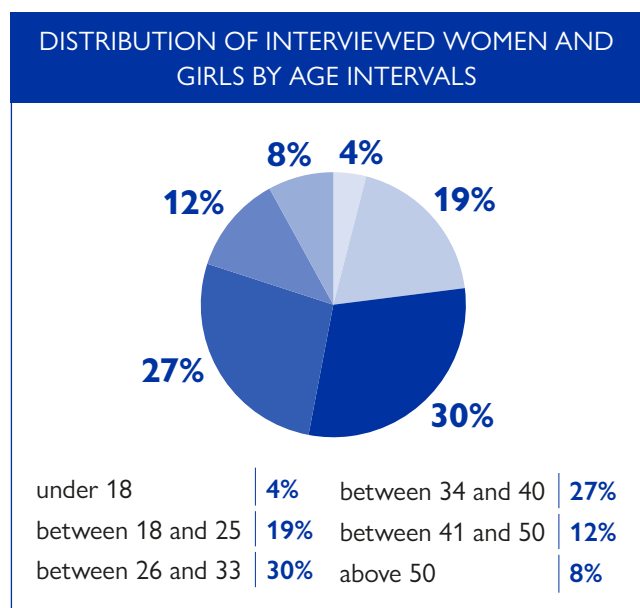
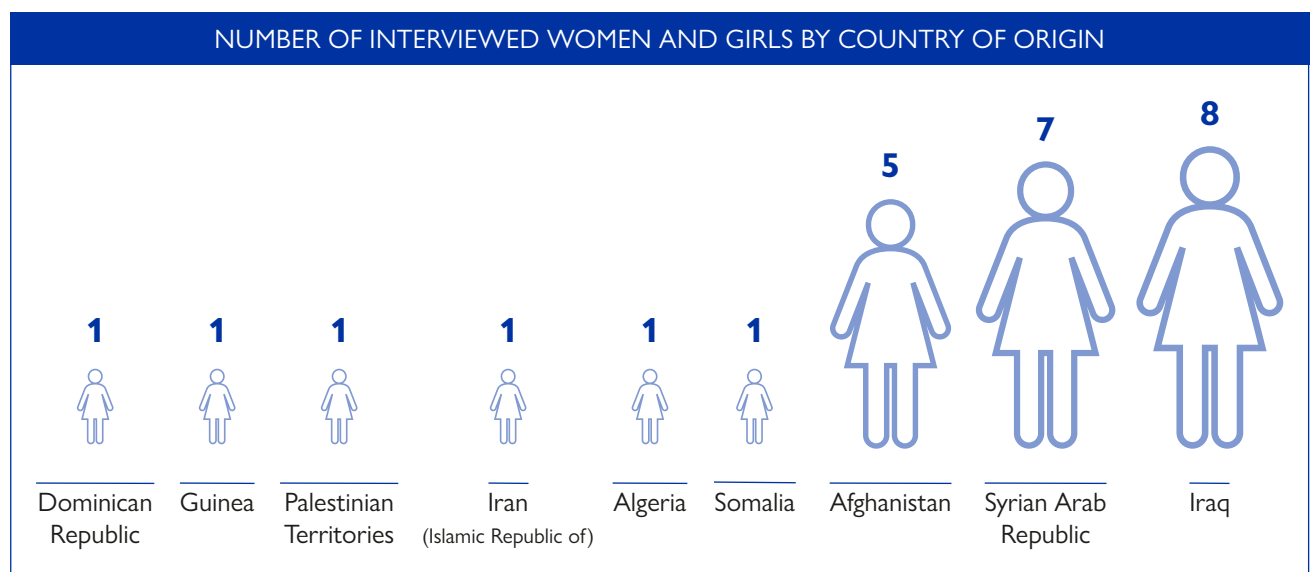
Additional questions at the interviewer's discretion.

APPENDIX 2:

PROFILE OF THE INTERVIEWED WOMEN AND GIRLS

The women and the girls that took part in the interviews, are of various origin, different family status, level of education and profession – they are not a homogeneous group. The purpose of the interviews was to gather information about women and girls from different countries, with no preliminary selection based on diagnostic criteria for posttraumatic stress disorder (PTSD), on experienced form of violence, or whether they have benefited from programmes and social services for an extended period of time.

Figure 1: Distribution of interviewed women and girls (26) by country of origin



According to the country of origin the interviewed women and girls are divided in the following groups: Iraq – 8 (including one woman of Kurdish origin); Syrian Arab Republic – 7 (incl. one woman of Kurdish origin); Afghanistan – 5; Somalia – 1; Algeria – 1; Islamic Republic of Iran – 1; Palestinian Territories – 1; Guinea – 1; the Dominican Republic – 1.

The demographic data from the interviews coincide with SAR¹³¹ data, according to which the three top countries of origin of asylum seekers in the Bulgaria for 2019 were –Afghanistan, the Syrian Arab Republic, and Iraq¹³². These are also the leading nationalities of asylum seekers and migrants accommodated in SAR RRCs and the SHTAF managed by the Migration Directorate at the Mol.

Figure 2: Distribution of interviewed women and girls by age intervals

According to data from the conducted interviews, the majority of respondents were between the ages of 26 and 40 (57.69%). There were 2 interviewees below the age of 18.

¹³¹ SAR (website). Top 5 countries of origin of asylum seekers in 2019, available online at: https://aref.government.bg/sites/default/files/uploads/docs/2020-03/1%20-%20Top%205-bulg_12.pdf, last accessed on 18.03.2020

¹³² UNHCR (website). Refugee statistics, available online at: <https://www.unrefugees.org/refugee-facts/statistics/>, last accessed on 18.03.2020

APPENDIX 3:

QUESTIONNAIRE – SPECIALISTS

This questionnaire aimed to examine the needs of specialists (psychologists, social workers, and other professionals) who work in social services and provide support to, including activities to empower women and girls survivors of GBV, including AS and BIP.

The following information is recorded at the beginning of the interview:

- Experience working in social services: type and length
 - Actual place of work
1. Describe the approach to working with and accommodation of female clients in the service; categories of female clients that the service provides support to; format of the support being provided: group, individual, combined, or other.
 2. How are children's needs met if the client has children? How does this effect the course of work with the client?
 3. Do you work with minor girls and what is specific/different in your work with them?
 4. The development of symptoms of posttraumatic stress disorder is common among survivors of gender-based violence, sexual abuse, and domestic violence – how do you assess such cases and how do you work with client who has developed such symptoms?
 5. Describe the empowerment components in your work? (how is the client's capacity examined, how is an action plan developed, how is it coordinated with the client)
 6. Describe specific elements in empowerment interventions, what is the most important in such processes?
 7. Do you have any experience working with female clients asylum seekers or beneficiaries of international protection? How many cases like this have you encountered?
 8. What is specific about your work with such a client compared to the usual clients of the service? What was the challenge – communication with the client, relations with institutions, interpreters, cultural peculiarities, specifics of the experienced traumas?
 9. From today's point of view, what would you have liked to know before working a female client asylum seeker or beneficiary of international protection? What kind of information do you need?

In addition, the interviewed specialist is invited to name other important findings from their work perspective and that have not been mentioned during the interview.

APPENDIX 4:

METHODOLOGY – INTERVIEWS WITH SPECIALISTS

The interviews with specialists (psychologists, social workers and other professionals) were conducted in the period May - August 2019 with the intention that the topics included in the interviews be as practical as possible, as well as related to the current situation faced by specialists working in the field. Twelve specialists with an average of 7 years of experience in the field of social work took part in the interviews - social workers, psychologists, as well as specialists who have transferred from working directly with clients to the management of social services for women and girls. Most of the interviewed specialists have gained professional experience in social services in the city of Sofia, as well as in the cities of Stara Zagora and Pernik.

The social services where the interviewed specialists work currently (or have worked) include: Crisis centres / crisis units / shelters for women, victims of various forms of violence such as domestic violence, sexual violence, human trafficking; Complexes for social services (SSC) that include a Center for Public Support (CPC) and a Mother and Baby Unit (MBU). Some of the interviewed specialists have also acquired some of their professional experience as social workers in the departments of the Agency for Social Assistance at the Ministry of Labour and Social Policy, while others have experience as trainers for social workers and psychologists working with women and girls, survivors of sexual violence, domestic violence and human trafficking.

The questionnaire consists of 9 questions and is intended for conducting an interview, during which the specialist has the possibility to share their observations and experience gained as regards the key elements in the process of working with women and girls, survivors of GBV. The full questionnaire is presented in Appendix 3.

APPENDIX 5:

LIST OF ORGANIZATIONS

List of organizations that provide services and support to AS or BIP in Bulgaria.

Bulgarian Helsinki Committee (BHC)

- Address: Sofia 1, Uzundjovska St. 3rd floor
- Telephones: +359 2 981 33 18/ +359 2 980 20 49
- Website: <https://www.bghelsinki.org/bg/>

Bulgarian Red Cross (BRC)/Refugee-Migrant Service

- Address – exchange: Sofia 76, James Bourchier Blvd.
- Integration-Information Centre for Refugees with BRC: 165, Evlogui and Hristo Georgievs Blvd.
- Telephone: +359 2 816 48 21/ +359 2 816 48 22
- Website: <https://www.redcross.bg/>

United Nations High Commissioner for Refugees (UNHCR)

- Address: Sofia 2, Positano Sq.
- Telephone: +359 2 980 2453
- Website: <https://www.unhcr.org/bg/>

United Nations Children’s Fund (UNICEF)

- Address: 1504 Sofia 87, Knyaz Alexander Dondukov Blvd.
- Telephone: +359 2 969 6208
- Website: <https://www.unicef.org/bulgaria/>

Caritas Sofia

- Address: St. Anna Centre for Refugee and Migrant Integration, Sofia 1, Struma St.
- Telephone: +359 2 869 63 35
- Website: <http://www.caritas-sofia.org/bg>

International Organization for Migration (IOM)

- Address: 1463 Sofia 77, Tsar Asen St.
- Telephone: +359 2 939 47 74
- Website: <https://www.iom.bg/>

Council of Bulgarian Refugee Women in Bulgaria

- Address: Sofia 95, Exarch Iosif St.
- Telephone: +359 8 78 136 231
- Website: <https://crw-bg.org/home>

Foundation for Access to Rights – FAR

- Address: Sofia
- Telephone: +359 2 879 32 80
- Website: <http://www.farbg.eu/bg/who-we-are-bg/>
-

Nadja Centre Foundation

- Address: 1202 Sofia 166, Knyaz Boris I St.
- Telephone: +359 2 981 93 00
- Website: <http://www.centrenadja.com/about-us>
-

Voice in Bulgaria Centre for Legal Aid

- Address: 1000 Sofia 5, Triaditsa St. B, office 226
- Telephone: +359 2 981 07 79
- Website: <http://www.centerforlegalaid.com/>

WORK TIPS

Some general guidelines, specific for working with women and girls AS or BIP

Basic guidelines, based on the long-term experience of specialists in Bulgaria, to ensure effective work with and accessibility to empowerment interventions specifically focused on women and girls AS or BIP:

- Agreement on the time and duration of meetings with the women and girls.
- Ensuring care for the children for the duration of the meetings.
- Providing a comfortable and safe environment for meetings with women and girls.
- In RRCs: provision of institutional support, cooperation, and coordination with the institutions and other organizations working in the field.
- For women who would like to continue their journey to Western Europe – provision of trainings that could be applied in the entire western culture (civic education, life skills, health care and healthy lifestyle, and others).
- Mixed female and male group sessions especially on topics linked to gender roles.
- Extensive work with male partners/husbands and other men in the community and the family to increase sensitivity towards and identify negative / positive norms and models regarding gender roles and rights.
- Engaging male partners / husbands and other men of the community and the family in housework and taking an active role in raising children, or in taking care of elderly or sick persons in the family.
- Extensive work with the elderly women in the community and the family, who are carriers of the traditional family models with the objective of increasing sensitivity and encouraging dialogue.
- Establishing a connection with community leaders (men or women) for them to become agents of change in attitudes.
- Focus on the creation of groups and the establishment of a community, including for mutual aid.
- Non-judgmental approach as regards absences from the meetings, or the intention of the women and girls not to stay in Bulgaria.
- Focus on the capacity for empathy of the service providers – skills may always be developed and improved.
- Elaboration of information materials (printed and audio-visual) in various languages aimed at raising awareness and sensitivity and changing attitudes.

APPENDIX 7:

RIGHTS OF WOMEN AND GIRLS AS, BIP OR UNDOCUMENTED MIGRANTS, IN ACCORDANCE WITH BULGARIAN LAW

Rights and access to services for women and girls AS, BIP or undocumented migrants, according to the Law on Asylum and Refugees and the Foreigners in the R. of Bulgaria Act.

TARGET GROUP	ID DOCUMENTS	ACCESS TO HEALTH CARE	HEALTH INSURANCE
Asylum-Seeking Women	Registration cards issued by SAR. The cards do NOT serve as ID docs. Asylum seekers are obliged to hand over all ID documents to SAR until the end of the procedure. They can request the temporary return of their ID documents for a specified period and purpose.	Health insurance Free medical care Psychological support	Health insurance payments are covered by SAR.
Asylum-Seeking Girls (<18)	SAR issues registration cards to: all children aged 14 and older, as well as UASC under the age of 14	Health insurance Free medical care Psychological support	Health insurance payments are covered by SAR.
Women Beneficiaries of International Protection (IP)	ID card and travel document	Under the same conditions as Bulgarian citizens.	Under the same conditions as Bulgarian citizens. Certain groups are exempt from health insurance contributions (full-time high school and university students, people who struggle financially, etc.).
Girls (<18) Beneficiaries of International Protection (IP)	ID card and travel document	Under the same conditions as Bulgarian citizens.	Children beneficiaries of IP are exempt from paying health insurance contributions: until they turn 18, if they are aged 18 to 22 and are enrolled in full-time secondary education, or if they are students enrolled in work-based learning.
Women out of Procedure and Without ID Documents	Not entitled to registration cards. If the person has been issued a reg. card, it shall be retained by SAR after the termination of the procedure. If the person is placed in an immigration detention facility, she will receive a badge. The badge does NOT serve as an ID document.	Must pay for any medical care provided to them. They are obliged to take out a health insurance cover.	Not entitled to health insurance.
Girls (<18) out of Procedure and Without ID Documents	Not entitled to registration cards. If the person has been issued a reg. card, it shall be retained by SAR after the termination of the procedure. If the person is placed in an immigration detention facility, she will receive a badge. The badge does NOT serve as an ID document.	No specific provisions exist, but the best interests of the child are always a primary consideration.	No specific provisions exist, but the best interests of the child are always a primary consideration.

RIGHT TO SOCIAL SERVICES & WELFARE BENEFITS	RIGHT TO SOCIAL HOUSING & RESIDENTIAL SOCIAL SERVICES	RIGHT TO WORK	RIGHT TO EDUCATION
Shelter and food Social assistance	Have the right to accommodation in social housing.	Have the right to work within 3 months from the submission of their application for asylum	Have the right to free training provided by SAR, NGOs, and other organisations, such as: - Bulgarian language courses; - vocational training .
Shelter and food Social assistance	Until they turn 18, unaccompanied children are placed with: - relatives or family members - a foster family - residential social services	Have the right to work. They need: permit from the Labour Inspectorate and the written consent of a parent, guardian, or trustee.	Primary and secondary education, vocational education and training, and additional Bulgarian language training.
Under the same conditions as Bulgarian citizens. They may receive financial assistance from SAR for housing for a period of up to 6 months from the entry into force of the decision granting them IP.	Under the same conditions as Bulgarian citizens.	Under the same conditions as Bulgarian citizens.	Primary, secondary, and higher education, vocational education and training, and Bulgarian language courses
Under the same conditions as Bulgarian citizens.	Until they turn 18, unaccompanied children are placed with: - relatives or family members - a foster family - residential social services	Have the right to work. They need: permit from the Labour Inspectorate and the written consent of a parent, guardian, or trustee	Primary and secondary education, vocational education and training, and additional Bulgarian language training.
Not entitled to access to social services and welfare benefits.	Not entitled to access to residential social services. In certain limited cases, vulnerable persons and/or persons with specific needs may be placed temporarily and informally in residential social services.	Do not have the right to work.	Do not have the right to education. They might be able to take part in Bulgarian language courses and other informal trainings provided by NGOs and other organisations.
No specific provisions exist, but the best interests of the child are always a primary consideration.	No specific provisions exist, but the best interests of the child are always a primary consideration.	No specific provisions exist, but the best interests of the child are always a primary consideration.	No specific provisions exist, but the best interests of the child are always a primary consideration.



INTERNATIONAL ORGANIZATION FOR MIGRATION (IOM)
MISSION IN BULGARIA

Address: 77, Tzar Asen St., Sofia
Phone: +359 2 93 94 774 | Fax: +359 2 93 94 788
E-mail: iomsofia@iom.int | www.iom.bg
Facebook: www.facebook.com/IOMBulgaria