

# Study on Violence against Children in Bulgaria

Executive summary



©Shutterstock

## CONTENTS

1. Introduction and background .....	3
2. Methods.....	3
3. Child protection architecture.....	4
4. Research findings.....	5
4.1. Physical violence .....	5
4.2. Emotional violence.....	6
4.3. Sexual violence.....	7
4.4. Neglect.....	8
4.5. Co-occurrence of violence .....	9
4.6. Impact of violence.....	10
4.7. Help seeking behaviour .....	10
4.8. VAC response: institutional capacity.....	11
5. Recommendations.....	15

## 1. INTRODUCTION AND BACKGROUND

This national study on violence against children (VAC) in Bulgaria was commissioned by UNICEF, and designed and implemented by Coram International, with data collection carried out by research consultancy ESTAT.

The objectives of the study were:

- 1) to provide a comprehensive and nationally representative picture of the current situation with respect to attitudes, knowledge, beliefs and practices concerning violence against children;
- 2) to estimate the prevalence of VAC in Bulgaria, broken down by different 'types' of violence and the settings in which they occur, and explore the associated risk and protective factors to identify more vulnerable groups of children, and
- 3) to evaluate the current capacity of the institutions responsible for preventing, identifying and responding to VAC in Bulgaria to protect children from all forms of violence and abuse

The full findings from the study are elaborated in two separate reports: the first report deals with objectives 1) and 2) concerning prevalence and patterns of violence, and the second report focuses on findings in relation to objective 3) concerning institutional prevention and response to VAC.

Ending violence against children is an organisation-wide priority for UNICEF across all programme areas.<sup>1</sup> Understanding violence against children better, and collecting reliable data on its occurrence, is the first key step towards its prevention and elimination. Whilst previous research has investigated specific aspects of violence such as sexual violence or bullying, no studies have collected nationally representative data on all forms of violence against children, in all settings, and comprehensively assessed the capacity of services to respond.

## 2. METHODS

This was a mixed methods study, drawing on both quantitative and qualitative strands of evidence.

Quantitative data was collected through four surveys. These comprised three household surveys with children (13-17), "young people" (18-24) and adults (18+) including parents and caregivers, and one survey of professionals working with children across the social work, education, judicial, law enforcement and health sectors.

Respondents for the household surveys were sampled through a multi-stage probability method, involving clustering of households within settlements, and settlements within regions to obtain a nationally representative sample of all three populations. A total sample of 1174 for the 'children's survey', 837 for the 'young person's survey' and 1,411 for the 'adults survey' was obtained across all 28 regions in Bulgaria.

Professionals were sampled through enumerators' networks of contacts and snowball sampling.<sup>2</sup> The survey had 887 respondents, of whom 38 per cent were education professionals (e.g. classroom teachers, school principals and school psychologists / counsellors), 23 per cent were from the justice system (e.g. judges and prosecutors), 14 per cent were from social welfare (e.g. social workers), 13 per cent were health professionals (e.g. GPs, paediatricians and emergency doctors) and 11 per cent were police officials.

Qualitative data was collected through in-depth interviews with national-level stakeholders in the Bulgarian child protection system, including representatives from UNICEF, relevant government ministries, and national agencies. Individual and group interviews were also carried out in Sofia city and in Sofia, Slivo Pole,

1 United Nations Children's Fund, '[A Familiar Face: Violence in the lives of children and adolescents](#)', UNICEF, New York, USA, 2017, p.12

2 Education professionals were deliberately over-represented in the sampling approach to reflect their important role in identifying VAC and preventing VAC and bullying in schools



© UNICEF/UN02/1447/1/Batajanjan VII Photo

Ruse and Vidin provinces with teachers, school counsellors, social workers, NGO staff, doctors, members of the judiciary and police officers working on child protection issues. Due to the COVID-19 outbreak, some of these interviews were carried out using phone and Zoom video conferencing. A total of 32 interviews were conducted with a total of 71 respondents.

Further qualitative research had been planned with children and young people, including those affected by experiences of violence. However, these were unable to take place due to the COVID-19 pandemic. This is a limitation of the study, and an area of consideration for further research.

Quantitative data analysis was carried out in Stata adjusting for the stratified design and clustering. Qualitative transcripts were uploaded into Nvivo software, and coded to identify key themes of relevance to the research objectives.

The research was carried out to strict ethical standards, with measures in place for obtaining informed consent, maintaining privacy and anonymity, and addressing child protection concerns. The study methodology, tools and research protocol were subject to thorough independent review and approval by the Coram Research Ethics & Governance Advisory Group, and an external agency contracted by UNICEF Bulgaria.

### 3. CHILD PROTECTION ARCHITECTURE

Bulgaria has a well-developed legal and institutional framework for preventing and responding to violence against children, which is largely compliant with international standards. Nevertheless, a number of gaps and challenges have been identified. Whilst the legal framework falls short of explicitly prohibiting all forms of VAC in all settings, the institutional framework is onerously complex, with various different bodies sharing overlapping responsibilities and functions, including in the areas of data collection, enforcement and compliance.

There is an unequal distribution of services available for victims of VAC around the country with many services concentrated in larger cities and no services available to those living in smaller towns or rural areas. In more rural municipalities, child protection cases must be referred to social service providers in regional

towns, which can be a barrier to access for some families.

While services exist for vulnerable groups of children including children with disabilities, children from Roma communities, and migrant and refugee children, professionals appear to have limited experience of working with these groups, and limited awareness of the underlying causes of their vulnerabilities and the best ways to support them. The capacity of professionals to support vulnerable groups appears to be hampered by a lack of awareness and negative societal attitudes, particularly towards Roma communities.

## 4. RESEARCH FINDINGS

### 4.1. Physical violence

#### Prevalence

Almost 1 in 3 children and young people reported experiencing physical violence as a child. Boys (37.2 per cent) were more likely than girls (25.6 per cent) to have been victims of physical violence.

'Home' was the most likely setting in which physical VAC occurred. Parents were the most common perpetrators of home-based physical violence, with fathers more likely than mothers to perpetrate violence causing injury. Around 40 per cent, or 2 in 5 parents and caregivers reported using physical violence as a form of discipline in the last year, and around 1 in 20 had reported use of severe physical punishment. Parents from poorer households and those with less education were more likely to use violent discipline on their children; and parents who were hit or beaten frequently as a child were more than four times as





likely to report using violent punishment on their children in the last year.

Other children were the most likely perpetrators of physical VAC at school and in the community. Physical violence at school was only rarely perpetrated by teachers and other staff members. Boys and children from ethnic minority backgrounds were particularly likely to experience physical violence at school.

Children with disabilities and children from less wealthy backgrounds were at increased risk of physical violence in all settings. Meanwhile, living with at least one parent was found to be a protective factor against physical violence, at home, in school and in the community.

### Knowledge and attitudes

Overall, whilst the majority of respondents recognised the harm caused by VAC, most also expressed some degree of tolerance or acceptance of it. Physical VAC was considered most acceptable when perpetrated in the context of discipline at home: over a quarter, 28.9 per cent, of respondents agreed that “smacking a child is sometimes for their own good”, and a further 18 per cent of respondents said they “neither agreed nor disagreed” with this statement. Only a small minority of respondents, however, felt that it was acceptable for a teacher to hit a child at school.

Adults were more likely than children and young people to consider physical VAC to be acceptable. Men and boys found physical VAC more acceptable than women and girls. Adults who had experienced physical punishment as a child, were significantly more likely to find physical VAC acceptable than those who had not.

## 4.2. Emotional violence

### Prevalence

Emotional violence was the most prevalent form of VAC, with almost half of all children (45,9%) and young people ever experiencing emotional violence as a child. Boys and girls were equally likely to be victims of emotional violence. Unlike physical violence, children were more likely to experience emotional violence at school or in the community than at home. Over 1 in 10 children reported being a victim of online bullying and harassment, especially on social media sites.



Other children were the most common perpetrators of emotional violence in all settings, although known adults were also common perpetrators of violence. Four in five parents reported shouting at, threatening, or using humiliating forms of punishment against their children in the last 12 months. Caregivers who were physically punished as a child were more likely to perpetrate emotional violence against their children.

Children from poorer households and those with disabilities were found to be at particular risk of emotional violence in all settings: children with disabilities were more than twice as likely to report being subject to emotional violence at home than non-disabled children. Girls and ethnic minority children were at particular risk of stalking.

### Knowledge and attitudes

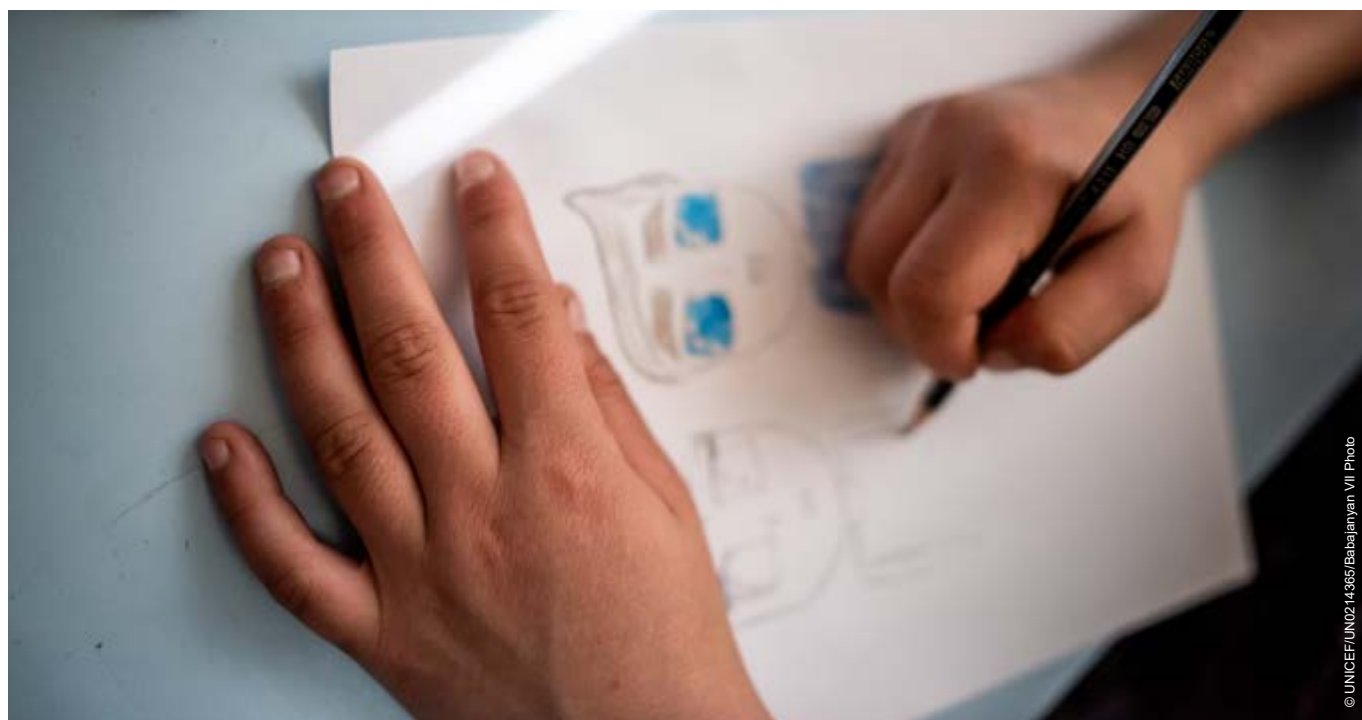
Emotional VAC including shouting, using abusive words and humiliation tactics was considered highly unacceptable by respondents, more so than for other types of VAC including physical violence. More than 9 out of 10 (92.9 per cent) of adults agreed that “verbal humiliation is a form of psychological violence”, and almost the same proportion agreed that “threatening children” (89.9 per cent) and “cursing children” (89.2 per cent) caused “psychological injuries”. The use of this kind of abuse by teachers at school was found to be particularly unacceptable.

As with physical violence, women and girls found emotional VAC less acceptable than men and boys. Emotional violence acceptability was also associated with wealth and disability, indicating a possible link between emotional VAC acceptability and economic and household stress. Adults who had experienced physical abuse as a child were more likely to find emotional abuse of children acceptable, and less likely to possess knowledge of its harms.

## 4.3. Sexual violence

### Prevalence

Around 16 per cent, or almost 1 in 6 children and young people, reported having ever experienced sexual violence as a child. Girls (1 in 5) were significantly more likely than boys (1 in 10) to have been victims of sexual violence. Girls were twice as likely as boys to report being sexually harassed online, three times more likely to report experiences of (offline) sexual harassment and sexual assault, and almost five times



as likely to report being forced into sex. In line with global trends, the most common perpetrators of sexual violence were found to be individuals known to the victim.

As with other types of violence, children with disabilities were at particular risk of sexual violence. Children with disabilities were twice as likely to report being harassed online and as much as eight times more likely to report having been sexually assaulted or raped than non-disabled children.

Finally, as with experiences of physical violence, living with at least one parent was found to be a protective factor against becoming a victim of sexual VAC. Living with at least one parent decreased the likelihood of a child reporting sexual assault by 70 per cent, and rape by 80 per cent. There was no association found, however, between living with a parent and experiences of online harassment.

### Knowledge and attitudes

Though parents and caregivers appeared to be aware of their children's experience of physical and emotional VAC, very few reported that their children had experienced sexual violence, indicating a lower awareness of this type of violence. This is likely to be related to the high levels of stigma associated with this form of VAC.

'Victim-blaming' in cases of sexual assault appears to be prevalent in Bulgaria, with just over half of respondents (51.6 per cent) saying that a girl who is a victim of rape is partially to blame for what happened to her, including if she drinks, take drugs, behaves provocatively, has multiple sexual partners or 'goes out late at night'.

Almost 1 in 7 adults (13.5 per cent) agreed that a boy is partially to blame for being raped if he is gay or having relationships with other men. Furthermore almost 1 in 10 agreed that if a boy were to report being sexually assaulted or raped, people would assume that he was gay. Almost a third (30.8 per cent) of adults agreed that a child who has a relationship with their teacher should be expelled from school. These findings are indicative of high levels of shame and stigma surrounding childhood experiences of sexual assault.

## 4.4. Neglect





Reported rates of neglect were lower than for other types of VAC. One in 10 children and young people reported any experience of neglect as a child: 3.5 per cent said that their caregivers sometimes forgot to feed them, 6.8 per cent said their caregivers sometimes forgot to take them to school or to tell them to go to school, and 5.9 per cent said that their caregivers sometimes forgot to take them to the doctor when they were sick.

Fifteen per cent, or roughly 1 in 7, of caregivers reported neglecting their children by occasionally forgetting to feed them. Those who experienced violence as a child were more likely to neglect their children, providing further evidence of the intergenerational transmission of violence. 92 per cent of respondents in the adults' survey agreed that "being careless towards the emotional and spiritual needs of a child" and "being inattentive to possible risks to child safety" are forms of neglect.

Children with disabilities, Roma children, and children not living with a biological parent were all at higher risk of neglect, as were children from less wealthy households. Children from the poorest wealth quintile (measured by the household asset score) were three times more likely to report being neglected than those from the highest wealth quintile.

#### 4.5. Co-occurrence of violence

Children's experiences of one type of violence were found to be highly correlated with experiencing other types of violence. For example, children who experienced physical violence were three times as likely to report experiences of neglect, more than four times as likely to report experiences of sexual violence and six and a half times more likely to report experiencing emotional violence. 13 per cent, or more than 1 in 8 children and young people reported being victims of emotional, physical and sexual violence.



Furthermore, experiencing violence in one setting was closely associated with experiencing it in another. Children who experienced violence at home were four times as likely to report experiencing violence in any other setting including school, the community or online. Six per cent, or 1 in 16 children and young people reported having been victims of VAC at home, at school, in the community and online.

## 4.6. Impact of violence

Children were asked whether there was anyone who “made them feel unsafe” in different settings: at home, at school and in the community. Overall, over 1 in 3 children (34.8 per cent) said that they felt unsafe in at least one of these settings. Feeling unsafe was most common in the community, and least common at home. Girls were more likely than boys to say that they felt unsafe in all settings.

Unsurprisingly children who had experiences of violence were significantly more likely to say that they felt unsafe in the corresponding setting. Children who had experienced violence at home were more than four times more likely to say they felt unsafe at home, those who experienced violence at school were 3.5 times more likely to say they felt unsafe at home, and children were twice as likely to feel unsafe in the community when they had been exposed to violence.

Children and young people were also asked about their wellbeing and mental health. Around half of respondents had felt stressed or worried at some point, with 6 per cent feeling like this every day or most days. Around a third (33 per cent) reported that they had occasionally felt like they couldn't control their anger, with 3 per cent saying this was a frequent occurrence.

Children and young people who had experiences of violence and neglect, and those who did not feel safe, had much lower wellbeing than those who had not. Feeling unsafe at home appears to have a worse impact on wellbeing than feeling unsafe at school or in the community, with 64 per cent of respondents who felt unsafe at home having low wellbeing compared to 51 per cent who feel unsafe at school and 45 per cent who feel unsafe in the community. Physical violence causing injury perpetrated at home were associated with four times the likelihood of expressing low wellbeing. Parental neglect was also associated with lower wellbeing, with as many as 80 per cent of those whose parent has sometimes neglected to feed them reporting low wellbeing.

Experiencing multiple forms of violence was particularly associated with lower levels of wellbeing. Children and young people who had experienced all types of violence (physical, emotional, sexual and neglect) were more than five and a half times more likely to express low levels of wellbeing compared to those who experienced no violence, even when controlling for a range of other factors including gender, disability, household asset score, ethnicity and type of respondent.<sup>3</sup>

Children who had experienced any type of violence were more likely to say that they smoke, drink alcohol and use drugs and more likely to perpetrate violence against other children.

## 4.7. Help seeking behaviour

Children and young people were asked if they would know where to seek help if they were a victim of violence at home, in their community or at school. While most children and young people said they knew where to seek help if they were to experience violence or abuse, only a small minority were aware of specific resources such as school counsellors and the national child helpline.

More vulnerable children, and those from disadvantaged backgrounds, such as Roma and Turkish children, those with disabilities, and children from poorer households, were relatively less knowledgeable about help seeking in cases of violence, than more privileged children. There were no differences between boys' and girls' knowledge of where to seek help.

The findings also indicate a lack of trust in child protection authorities, with less than half of all children and young people expressing trust in “authorities responsible for protecting children from violence”, which is likely to be a barrier to reporting. Many adults were not confident about where to report child protection concerns and many reported fears of retribution or reprisal if they were to report an incident. There appears to be a high threshold for reporting concerns, with many adults saying they would only report serious or repeated incidents of violence. This suggests a need to raise public awareness about the issue of violence and to empower people to safely report their concerns.

<sup>3</sup> Type of respondent refers to whether respondent was part of the children's survey or the young people's survey.

## 4.8. VAC response: institutional capacity

### Capacity of social services

Social workers were generally aware of VAC as a serious issue in Bulgaria and showed good knowledge of the markers of violence or abuse. Just over half of social workers reported in the survey that they had identified a suspected case of violence, abuse or neglect in the past six months. Social workers were less likely to identify cases of sexual abuse and may be less able to recognise these cases. Furthermore, social workers were less likely to initiate a child protection response for certain types of cases, including neglect and emotional abuse, compared to others, like school bullying.

Social workers appeared to be particularly reluctant to report cases involving a child's parents unless violence was serious (e.g. punching or causing injury). This possibly reflects the climate of hostility towards social workers and the growing anti-child rights narrative. Social workers highlighted working with hostile or unreceptive parents as a particular challenge. The relationship between parents and social services appears to have become particularly strained in the context of recent public debate around children's rights and child protection. In interviews, many social workers mentioned domestic violence cases as being particularly challenging, suggesting a need to examine the processes involved in responding to domestic violence and perhaps to offer further training on this issue.

It is clear from interviews that there are serious capacity issues in the social service sector, both a lack of skilled professionals such as social workers, psychologists, and child psychiatrists, and a lack of skills and qualifications among existing social workers. Study findings indicate that training sessions for social workers are generally short and ad hoc (provided through EU-funded or NGO projects) rather than part of a formal system of training. Social workers face a high workload, with no clear prioritisation of cases and a lack of resources, leading to high levels of stress. Compounded by low salaries and a lack of supervision, this has led to high levels of staff turnover. Social worker workload is worsened by the large volume of paperwork related to monitoring and inspections and the inefficiencies in the information management system. There is a need to improve the Integrated Information System to make it more effective as a tool for detailed and disaggregated monitoring, reporting and evaluation and to improve linkages both between different CPDs and between different sectors.

Finally, the study findings indicate that social services face challenges in securing multidisciplinary engagement and support for responding to child protection cases. Whilst social workers were positive about cooperation between social workers, municipal authorities, and police authorities, participation from justice, education and health professionals was reported to be difficult to secure. The lack of cooperation of health professionals was particularly evident in the relatively low rates of child protection referrals from the health sector, which is particularly concerning given the high proportion of physical violence seen (46 per cent of referrals). At a local level, the multidisciplinary teams provide an opportunity for professionals to build relationships and to learn more about child protection issues in their municipality, despite a lack of formal training, but this reliance on informal networks can be unsustainable in maintaining cooperation in the long-term.

### Capacity of the justice system

Professionals in the justice system, such as judges and prosecutors, appeared to have a good awareness of VAC as an issue and could identify markers of violence, abuse or neglect, although there was a lack of knowledge about online abuse and its incidence. Key messages around VAC prevention, however, were not endorsed by all members of the judiciary, with around 1 in 10 agreeing that smacking or hitting children to discipline them is acceptable and around a quarter agreeing that shouting at them is acceptable.

The lack of child-friendly courts and procedures is a key barrier to effective child protection response in the justice system; in particular the practice of interviewing a child more than once may re-traumatise a child victim and impede their rehabilitation. A lack of specialised training for judges and prosecutors also appears to make them reluctant to use the child-friendly measures that are in place, such as 'blue rooms' and



child-friendly interview techniques. These received mixed reviews during interviews, with some members of the judiciary viewing them as unnecessary.

While awareness of laws related to child protection is very high, members of the judiciary are less likely to receive training on appropriate child protection reporting standards and procedures. This appears to be reflected in lower confidence in identifying and responding to VAC cases among judges and prosecutors, and a reluctance to cooperate in multidisciplinary teams. Interviews suggest a need for targeted training that is relevant to the day-to-day work of judges and prosecutors and that provides evidence for the benefits of child-friendly justice procedures.

### **Capacity of police authorities**

Police officers showed high confidence in identifying and responding to VAC and police institutions appear to have good policies around reporting VAC, protecting children and promoting their rights. Police officers were the most likely professionals to report encountering cases of physical violence, sexual abuse and on-line abuse compared to other professionals. They were also among the professionals most likely to have received training on violence against children, child abuse or neglect, with 86 per cent having received training.

The majority of police viewed VAC as a serious issue and had good awareness of the markers of VAC. While awareness of verbal and emotional abuse was very high among police officers, there is evidence that some still view physical punishment as acceptable and may therefore not fully support goals around fully eliminating VAC. As with other professionals, police officers were least sure of reporting situations involving neglect, self-harm, smacking, and emotional abuse.

Cooperation with police authorities was rated very highly by all other professionals, with only 9 per cent rating it fair or poor, and over half giving the highest ranking: “very good”.



### Capacity of the education system

Despite the key role that educators play in identifying and responding to cases of VAC, education professionals were less likely than other professionals (with the exception of health professionals) to say that they would definitely report situations involving children at risk of violence, abuse or neglect. Only 17 per cent of education professionals had identified a child at risk of violence, abuse or neglect during the past six months. Education professionals were least able to identify markers of VAC and generally viewed VAC, particularly sexual abuse of children, as a less serious issue than other professionals. While the majority of educational professionals viewed physical punishment as unacceptable, around one in six thought smacking or children is an acceptable form of discipline, indicating a need for greater awareness of the negative consequences of physical punishment and greater support for teachers to model positive discipline measures and to communicate these to parents. The low reporting of VAC by schools was expressed as a concern by other child protection professionals. Low reporting may be linked to lower awareness and confidence in identifying and responding to VAC. It may also arise from the challenges of working with parents, with teachers perceiving that parents do not trust schools and will not cooperate in cases of violence or bullying.



Though the majority of education institutions had policies and procedures regarding child protection and VAC reporting, the main barrier highlighted by teachers was a lack of training and guidance for teachers and counsellors. (Kindergarten and secondary school teachers were particularly unlikely to have received training on VAC). While a mechanism to report bullying and violence does exist, many teachers expressed concern that this is not used in practice and so is not effective in preventing and responding to bullying.

### Capacity of the health system

Health professionals were the least likely of any group to consider VAC a serious issue, with 13 per cent saying it is not a problem in Bulgaria. Health professionals were less likely to correctly identify markers of abuse, and were more likely than other professionals to consider shouting and smacking to be acceptable ways of disciplining a child.

Only 8 per cent of health workers had identified a child protection case in the past six months. Health pro-



professionals were the least likely to say they would report different situations involving children at risk of violence, abuse or neglect, and a high proportion said they would not report these situations at all, suggesting that health professionals may not be aware of their child protection responsibilities. This is concerning due to their role as frontline professionals with an important role in identifying early signs of neglect and abuse.

Doctors had the lowest rates of training on VAC of all professionals, with only 52 per cent having received any training, which may explain their low awareness and reporting of VAC. In interviews doctors spoke of the need for VAC to be included in medical training and for guidelines on identifying and responding to VAC to be developed and distributed to all medical professionals. Many health institutions lacked appropriate policies and procedures with regards to child protection and reporting VAC and were less willing to cooperate with other agencies on these matters.



## RECOMMENDATIONS

### *Raising awareness amongst professionals and the public on all forms of violence against children*

- Roll out a public campaign on eliminating all forms of violence against children;
- Pre-service and in-service training on the identification of and response to VAC should be offered to all professionals;
- Awareness-raising and training should focus particularly on lesser known and more hidden forms of VAC including sexual violence and online abuse.

### *Professionalising social work*

- Advertisements for new social workers should include a requirement for a degree or vocational qualification in social work, or relevant work experience;
- Establish incentives for social workers to obtain degrees in social work, take vocational courses or obtain relevant work experience before applying for social work posts;
- Establish a requirement for training in child protection and experience of social work prior to working in child protection;
- Collaboration between the government and universities to increase the quality and attractiveness of the available university programmes in social work;
- Financial or other incentives for students who take a social work course and are willing to commit to working in a government social work role for at least three years following completion of the course;
- Introduce a clear career structure for government social workers;
- Review the management structure to ensure that all social workers with clients are adequately supported and are provided with regular professional supervision;
- Introduce opportunities for further training and further qualifications.

### *Strengthening capacity within health services to identify and respond to VAC*

#### **The Ministry of Health should:**

- Develop procedures for the referral of VAC cases by health professionals
- Raise awareness amongst health staff of the statutory duty to report suspected child abuse and neglect cases;
- Develop regulations on the recognition and referral of child protection cases for health professionals, together with implementing guidelines;
- Develop and deliver training on the regulations and guidelines.

### *Strengthening capacity within education to identify and respond to VAC*

#### **The Ministry of Education and Science should:**

- Ensure that each school appoints a child protection focal point who is responsible for referrals to the SAD and able to provide support to teachers on suspected cases of violence or abuse;
- Develop and deliver an ongoing programme of training for child protection focal points.

### *Strengthening child protection capacity within justice and law enforcement*

- Review pre-service and in-service training modules for judges to ensure that they are both relevant and up-to-date, and that they include training on family dynamics, child developing and child-friendly justice practices and procedures, especially in the criminal courts when child victims and witnesses give evidence

- Develop common standards and guidelines for the use of 'blue rooms' for child-friendly interviewing;
- Awareness-raising and training to ensure that all child victims and witnesses involved in violence and abuse cases are interviewed in blue rooms using child-friendly interviewing techniques;
- Specialised training for police officers and social workers on interviewing children before undertaking interviews with child victims and witnesses to violence and abuse.

### **Improving multidisciplinary coordination of child protection cases**

- Review the current model for delivery of child protection services to determine its effectiveness and identify any changes needed, in particular:
  - ✓ Whether further investigation should be undertaken by social workers before the case is brought before the multidisciplinary team;
  - ✓ Whether the period for investigation should be lengthened;
  - ✓ Whether cases should have to reach a particular threshold before they are brought before the multidisciplinary team.
- The State Agency for Child Protection should develop regulations or clear guidance on the roles of each of the members of the multidisciplinary team;
- Hold regular joint training programmes for all members of multidisciplinary teams in each CPD to encourage greater knowledge of the role of each member;
- Review the source and nature of referrals no less than twice a year to determine trends and the effectiveness of procedures.

### **Strengthening protection of disadvantaged children**

- Conduct further qualitative research into the factors that make particular children more vulnerable to forms of VAC, and identify entry points for strengthening protection and response services for the most at-risk groups of children;
- Develop more secondary child protection services to specifically target groups of children who are "at risk" (e.g. children with disabilities, Roma children, children from poorer households etc; children not living with biological parents, etc.)
- Review programmes provided by NGOs to minority communities and explore ways to fund those which have robust evidence of good outcomes for children.

### **Improving data collection and information management systems**

- Conduct a multi-sectoral assessment of existing administrative data sources and data on VAC;
- Establish an inter-agency committee or working group to develop an action plan for strengthening administrative data collection and data disaggregation on key indicators of VAC that builds on existing data sources and systems;
- It is recommended that the existing mechanisms and protocols for information sharing between the different agencies and stakeholders be reviewed in order to optimise multidisciplinary cooperation and information sharing. In particular, concerned professionals should be able to discover whether a child has been the subject of a child protection referral either in their own or another area.

unicef  | за всяко дете