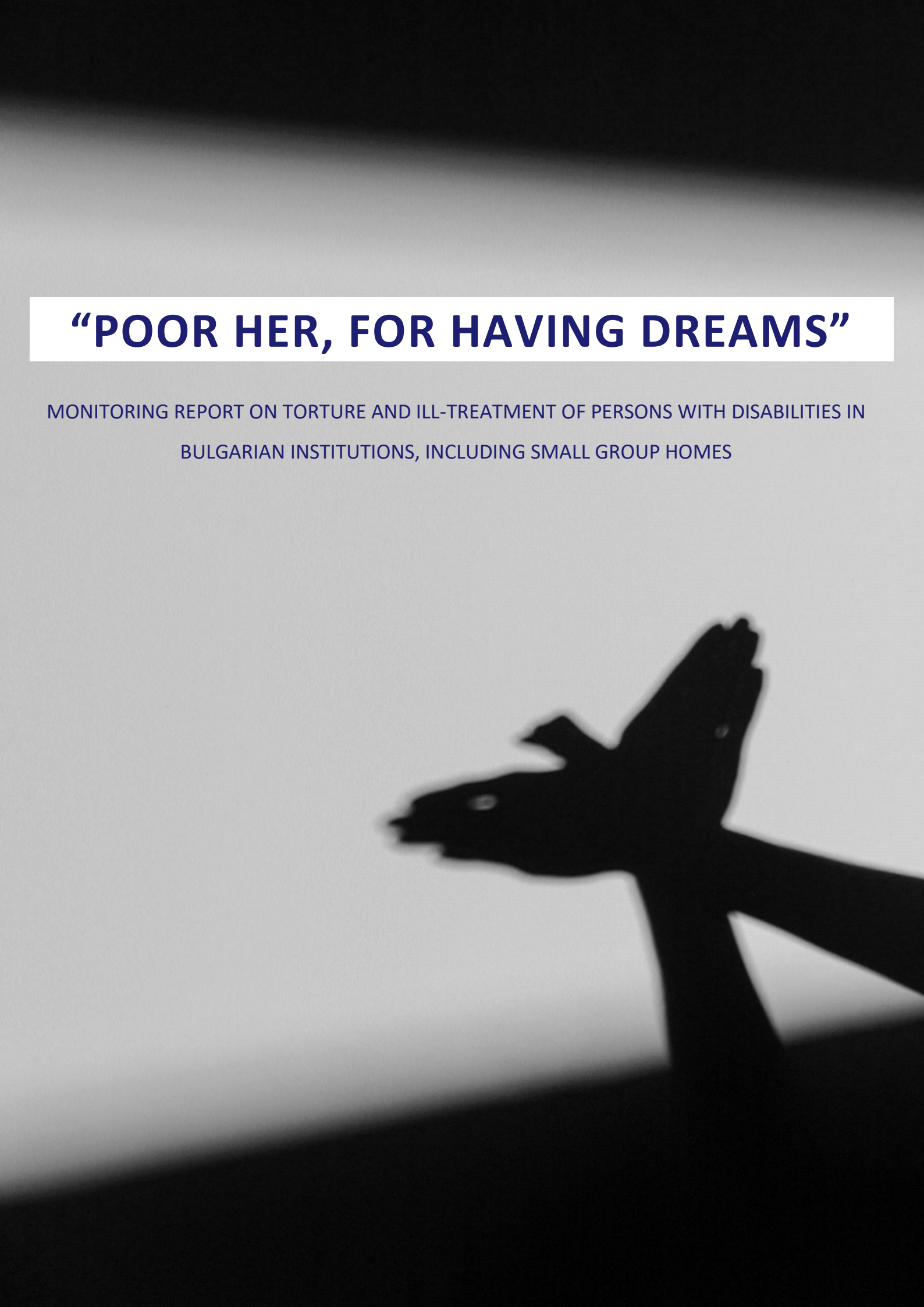
“POOR HER, FOR HAVING DREAMS”

MONITORING REPORT ON TORTURE AND ILL-TREATMENT OF PERSONS WITH DISABILITIES IN BULGARIAN INSTITUTIONS, INCLUDING SMALL GROUP HOMES



Validity Foundation – Mental Disability Advocacy Centre
Network of Independent Experts - NIE

"Poor her, for having dreams"

Monitoring Report on Torture and Ill-treatment of Persons with Disabilities in Bulgarian Institutions, Including Small Group Homes

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The Validity Foundation – Mental Disability Advocacy Centre is an international non-governmental human rights organisation which uses legal strategies to promote, protect and defend the human rights of persons with intellectual disabilities and persons with psychosocial disabilities in Europe and Africa. Validity holds special consultative status with the United Nations' Economic and Social Council (ECOSOC) and participatory status at the Council of Europe. www.validity.ngo

The Network of Independent Experts – NIE is an independent non-governmental organisation, established and operating in Bulgaria. It brings together experts with different backgrounds who advocate for equality, independent living and full inclusion of persons with disabilities. www.nie.expert

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Forewords

"As a result of my stay in this small group home, my condition deteriorated. I was admitted to a psychiatric hospital for treatment. After I was discharged, I went back to my hometown to my parents' house. I went home very upset and with even lower self-esteem. I admit that I blamed myself for having been unable to adapt, to live independently, to learn new skills, and to manage the time and money I had. I was critical of myself for not having become responsible enough for myself and others, for not realising that none of us were given the opportunity to develop our sense of responsibility and independence and to achieve personal growth.

The decision to go there was mine, as I found no other way out of the traumatic environment at my parents' house. But all the while, I felt depressed, controlled, guilty, annoyed, obstructed, intruded upon, and like I should apologise for being there. I didn't dare complain because I had shown a desire to get away from the nightmare at home, and things went from bad to worse. Instead of helping me, being in this 'safe place' actually hurt me a lot."

A Bulgarian survivor of institutionalisation

"We have been living in a 'social service' since we were very young. Life in a social service is not easy at all, although many people think that everything is ready for us.

The reality is that we rely on ourselves, although there is support staff to help us. We have been struggling absolutely on our own for the last 10 years. All we have got from the staff is manipulation - if we ask for help, they run our lives and make decisions for us. This is not helpful.

We are at such a stage now that we are looking for a place where we can live more peacefully and where we can make the rules rather than someone else making them for us. One of the big disadvantages of residential 'social services' is that they want to control you and determine your daily life."

Joint statement of two Bulgarian persons with disabilities placed in a small group home

01

INTRODUCTION

Institutionalisation is a discriminatory practice against persons with disabilities, and it involves *de facto* denial of the legal capacity of persons with disabilities. It constitutes detention and deprivation of liberty based on impairment, and it is a form of violence against persons with disabilities.[1]

Institutions where disability-specific detention takes place include, but are not limited to, social care institutions, psychiatric institutions, long-stay hospitals, nursing homes, secure dementia wards, special boarding schools, rehabilitation centres other than community-based centres, half-way homes, group homes, family-type homes for children, sheltered or protected living homes, forensic psychiatric settings, transit homes…[2]

Based on the definition of torture set out in Article 1(1) of the UN Convention against Torture, at least four elements must be present: (i) severe pain or suffering, (ii) intent, (iii) purpose and (iv) public official involvement.[3] The definition of torture in the Convention against Torture expressly proscribes acts of physical and mental suffering committed against persons for reasons of discrimination of any kind. In the case of persons with disabilities, article 2 of the UN Convention on the rights of persons with disabilities gives the definition of discrimination on the basis of disability.[4] The requirement of intent in article 1 of the Convention against Torture can be effectively implied where a person has been discriminated against on the basis of disability. Purely negligent conduct lacks the intent required under article 1, and may constitute ill-treatment if it leads to severe pain and suffering.[5]

Many of the acts of torture and ill-treatment committed against persons with disabilities in institutions are not recognised as such, according to Manfred Novak, a former UN Special Rapporteur on torture,

> ***"Persons with disabilities are often segregated from society in institutions, including prisons, social care centres, orphanages and mental health institutions. They are deprived of their liberty for long periods of time including what may amount to a lifelong experience, either against their will or without their free and informed consent. Inside these institutions, persons with disabilities are frequently subjected to unspeakable indignities, neglect, severe forms of restraint and seclusion, as well as physical, mental and sexual violence […]. The Special Rapporteur is concerned that in many cases such practices, when perpetrated against persons with disabilities, remain invisible or are being***

[1] CRPD Committee, 'Guidelines on deinstitutionalisation, including in emergencies' CRPD/C/5 (2022) para 6.
[2] Ibid, para 15.
[3] Manfred Nowak, 'Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Manfred Nowak, Addendum. Study on the phenomena of torture, cruel, inhuman or degrading treatment or punishment in the world, including an assessment of conditions of detention' A/HRC/13/39/Add.5 (5 February 2010) para 30.
[4] Manfred Nowak, 'Interim report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Manfred Nowak' A/63/175 (28 July 2008) para 48.
[5] Ibid, para 49.

> ***justified, and are not recognized as torture or other cruel, inhuman or degrading treatment or punishment […].”[6]***

These invisible or falsely justified practices against persons with disabilities in institutions, which amount to torture or cruel, inhuman or degrading treatment or punishment include forced sterilisation; forced abortion; forced medication; physical, chemical and mechanical restraint; detention in cells or cages or other forms of deprivation of liberty; electroconvulsive therapy; seclusion and isolation; physical and psychological violence; severe neglect, detention in degrading conditions and failure to provide for basic and emergency needs; trafficking and forced labour; and intersecting forms of abuse, including sexual and gender-based violence.

These practices often take place due to the maintenance of systems of institutionalisation of persons with disabilities, the ongoing practice of some medical professionals to violate the right to informed consent, the failure to pursue national reform programmes to ensure support and services that promote independence and inclusion in the community, and legal barriers such as guardianship systems, access to justice barriers (premised on concepts such as ‘soundness of mind’), widespread discrimination and biases concerning persons with disabilities, limited accountability frameworks, and ongoing national and international investments into coercive, medicalised systems that have a profound effect on people’s lives.

While the Council of Europe’s European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment called on Bulgaria to create “small group home living units, in areas where all the relevant facilities are close at hand”[7] and then hoped that “genuine deinstitutionalisation [creation of small group home living units] would continue, with proper community facilities and care being provided for service users,”[8] this report shows that these new “small” facilities are hotbeds of serious human rights violations of persons with disabilities.

Although the United Nations Subcommittee on Prevention of Torture and other Cruel, Inhuman or Degrading Treatment or Punishment visited Bulgaria in 2021, the Subcommittee did not pay a visit either to big or small institutions for persons with disabilities and on other occasions called for establishing “halfway houses” for persons with psychosocial

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[6] Ibid, paras 38 and 41.

[7] European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, ‘Report to the Bulgarian Government on the periodic visit to Bulgaria carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 1 to 13 October 2021’ CPT/Inf (2022) 20 (2022) para 141.

[8] European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, ‘Report
to the Bulgarian Government on the ad hoc visit to Bulgaria carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 21 to 31 March 2023’ CPT/Inf (2024) 06 (2024) para 78.

disabilities,[9] this report provides evidence that "small group homes", "family-type residential centres", "protected homes" or "transitional homes" are, in fact, mini institutions and places of deprivation of liberty.

Despite the fact that most of the institutions for persons with disabilities have received funding from the European Union for creating small group homes, reconstructing and refurbishing old institutions, etc., this report highlights that European Union money was used for disability-based discrimination and segregation.

Bulgaria's so-called deinstitutionalisation process has resulted in a parallel life for persons with and without disabilities. Persons without disabilities typically live in their own homes or rent apartments, whereas "deinstitutionalised" persons with disabilities have to live in group homes. Although "deinstitutionalised" persons with disabilities are moved out of big institutions, they are still forced to cohabit with other residents and have no choice about where or with whom to live. Their "home" is organised and managed by hired personnel using detailed internal regulations, and their life is guided by strict daily routines.[10]

This report proves that the efforts to improve institutional care, which are actually the result of the deinstitutionalisation process in Bulgaria, do not change the fact that the fundamental rights of persons with disabilities continue to be violated. The institutional care model itself violates these rights. In this regard, it can be said that those involved in the provision of 'social services' in big institutions and in small group homes are deeply misled in the belief that by improving care within the institutional model, they can achieve change in the enjoyment of the rights of persons with disabilities. Unfortunately, the same can be inferred about policy-makers.

The main finding of this report is that all group homes for persons with disabilities Monitors visited are characterised by elements of torture and ill-treatment, including placement under guardianship, neglect, abuse of power, financial abuse, verbal abuse, reproductive abuse, punishment, isolation, use of restraints, uninvestigated death, lack of meaningful complaint mechanisms.

The title of this report is a quote from a staff member of a group home Monitors visited. While the woman was present, the staff member told a member of the monitoring team,

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[9] United Nations Subcommittee on Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, 'Report of the visit of the Subcommittee on Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment to Argentina' CAT/OP/ARG/1 (2013) paras 97-98; United Nations Subcommittee on Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, 'Visit to Argentina undertaken from 19 to 30 April 2022: recommendations and observations addressed to the State party' CAT/OP/ARG/ROSP/1 (2023) para 129.

[10] Cf. Nadezhda Toteva Deneva et al., 'Deinstitutionalisation and Life in the Community in Bulgaria. A Three-Dimensional Illusion' (Validity Foundation, 2021) 27. Available at https://validity.ngo/wp-content/uploads/2021/09/Deinstitutionalisation-and-Life-in-the-Community-in-Bulgaria-FINAL.pdf (Last accessed on 21 March 2024).

> ***"You know, poor her, she has dreams of having a family, a husband and children. Can you imagine? Look at her! You know this can't happen. Poor her, for having dreams!"***

1. The monitoring visits and the report

The Validity Foundation and the Network of Independent Experts-NIE conducted pre-announced visits to 11 Bulgarian institutions for persons with disabilities on 19 October 2022. The monitoring teams visited 8 small group homes for persons with disabilities, 1 big social care institution, 1 psychiatric hospital and 1 daycare centre in several regions of northern Bulgaria.

The monitoring experts were divided into four teams of four to five members each. In total, there were 17 members of the monitoring teams with expertise in the following areas:

- **expertise by experience**
- **law**
- **psychology**
- **social science**
- **social work.**

Two survivors of institutionalisation participated in the monitoring visits as experts by experience. In addition, three persons with disabilities were involved in the preparation of the monitoring visits, who were unable to join the monitoring teams because they were wheelchair users and the places visited were not accessible.

The monitoring visits were carried out by the following experts:

1. **Aneta Genova, lawyer – leader of the Lovech region team**
2. **Miroslav Moravski, lawyer**
3. **Bruno Monteiro, lawyer**
4. **Zsófia Bajnay, social scientist**
5. **István Cservenka, expert by experience**
6. **Nadezhda Deneva,[11] social worker – leader of the Glozhene region team**
7. **Sára Viszló, lawyer**
8. **Georgi Tsenov, expert by experience**
9. **Tanya Tsaneva, social worker**
10. **Sándor Gurbai, lawyer – leader of the Dryanovo region team**
11. **Vladimir Mirchev, lawyer**
12. **Venera Simeonova, psychologist**
13. **Simona Florescu, lawyer**
14. **Steven Allen, lawyer - leader of the Veliko Tarnovo region team**
15. **Mariya Krasteva, lawyer**

[11] **Nadezhda Deneva took part only in the monitoring visit. She did not participate in writing this report.**

16. **Elena Krasteva, lawyer**
17. **Stoyan Madin, lawyer**

List of the institutions visited by the monitoring teams:

Type of Institution	Location of the Institution
Lovech Region institutions	
1. State Psychiatric Hospital	**Lovech**
Glozhene institution	
2. Family Type Residential Centre for adults with mental disabilities (small group home)/ (ЦНСТ**)**	**Glozhene village, Teteven Municipality**
Dryanovo Region institutions	
3. Protected Home (small group home)	**Dryanovo**
4. Daycare Centre	**Dryanovo**
5. Protected Home (small group home)	**Gostilitsa village, Dryanovo Municipality**
Veliko Tarnovo and Gabrovo Region Institutions	
6. Home for persons with intellectual disabilities (big institution / Дом за пълнолетни лица с умствена изостаналост**)**	**Tserova Koriya village, Veliko Tarnovo Region**
7. Family Type Residential Centre for adults with mental disabilities (small group home / ЦНСТ за пълнолетни лица с умствена изостаналост**)**	**Tserova Koriya village, Veliko Tarnovo Region (located on the premises of the big institution)**
8. Protected Home (small group home / Преходно жилище за възрастни хора с умствена изостаналост**)**	**Tserova Koriya village, Veliko Tarnovo Region**
9. Family Type Residential Centre for young adults with disabilities (small group home / ЦНСТ**)**	**Veliko Tarnovo**
10. Protected Home for persons with intellectual disabilities 1 and 2 (small group home / Защитено жилище за лица с умствена изостаналост**)**	**Debelets, Veliko Tarnovo Region**
11. Family Type Residential Centre for children and young adults with disabilities (small group home / ЦНСТ за деца и младежи с увреждания**)**	**Sevlievo**

2. Preparation for the visits, and methodology used

As part of the preparation for the monitoring visits, formal letters requesting access to institutions were sent to municipalities and institutions. The majority of authorities replied in the affirmative. However, several small group homes in Gabrovo, as well as large institutions, such as psychiatric hospitals in Sevlievo and Karlukovo, and a big institution for babies and small children ["Homes for Medico-Social Care for Children" – "Дом за медико-социални грижи за деца" (ДМСГД).] in Pleven, turned us down. These big institutions are managed by the Ministry of Health.

All of the monitoring information was gathered from (1) interviews with the directors and managers of the institutions, (2) conversations with persons with disabilities living in institutions, (3) dialogues with staff members, (4) provided documents, e.g. placement orders, evaluation reports on the needs of the residents, individual support plans, available forms of occupational therapy, feedback board for life in the institution made with pictures, and (5) observations. The ITHACA Toolkit for Monitoring Human Rights and General Health Care in Mental Health and Social Care Institutions[12] was used by Monitors to develop the monitoring methodology and report.

All interviews Monitors conducted were strictly confidential. Monitoring findings are deliberately not usually associated with specific group homes in order to maintain the anonymity of persons with disabilities.

The draft monitoring report was shared with the heads of the institutions, and their feedback was sought. Responses were assessed, and any clear inaccuracies identified were corrected. The observations of the Monitors on the institutions' feedback have been included in Chapter III of the report.

3. Location and funding of the institutions

3.1 Location

Many of the institutions visited are located in either segregated neighbourhoods or small villages, and in some of these places, the residents are locked away in buildings behind high fences.

Two of the facilities visited can be found in a neighbourhood with old blocks of flats located at the very edge of the city. During communism, blind people were accommodated there, and their homes were adapted for this purpose. There was also a small manufacturing cooperative there where blind people worked. Monitors did not see any bus stop in the vicinity.

[12] ITHACA Study Group, 'The ITHACA toolkit for monitoring human rights and general health care in mental health and social care institutions' (London: King's College London, 2011). Available at https://www.mdac.org/sites/mdac.info/files/ithaca_toolkit_english.pdf (Last accessed on 21 March 2024).

Some of the institutions can be reached by using public transportation, but buses run infrequently.

Monitors observed half a dozen small group homes on the premises of big institutions, just meters away from each other, sometimes even at the same building and floor of a big institution. In the Veliko Tarnovo Region, for example, Monitors found that at the end of the first-floor corridor of the big institution, there were several rooms which were newly renovated and looked nicer than the remainder of the living space. This wing of the floor was administratively separated and existed as a small group home (officially called a 'transitional home') inside of the building of the big institution.

In the same region, a group home was apparently part of a residential service complex on the outskirts of the town of Veliko Tarnovo. On one land plot surrounded by a fence, there was a 'home' for older persons with dementia, a small group home for young persons with intellectual disabilities and a group home for children without disabilities.

At the institutional complex of Tzerova Koria, there is a big institution for persons with intellectual disabilities, a small group home for adults with intellectual disabilities and another group home called 'protected home.' Monitors observed that more institutions were being built[13] in the village, which has a population of only 453 people.[14]

3.2 Funding of the institutions

Most of the institutions have received funding from the European Union through local municipalities. These funds were used by institutions for reconstructing buildings, buying furniture, providing training, organising transportation, etc. Municipalities have received so-called "delegated budgets" from the state budget to manage and ensure the operation of these facilities. For example, the Lovech Psychiatric Hospital receives funding from the Ministry of Health's budget.
In the Dryanovo region, one of the group homes visited by Monitors, received EU money for renovations twice. One of the fundings was received under PHAR BG 2004/016-711.01.02-2.1.39;[15] the institution used European Union funding between 01 April 2007 and 31 July 2008 as well. They received EUR 53,993,94.

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[13] In her letter of 6 March 2024, the head of the institution let Monitors know that, as for them, "[i]t should be borne in mind that 4 new services are indeed under construction in the locality as of 19 October 2022, but they are not institutions, they are care centres (Family Type Residential Centers for adults with mental disabilities)."
[14] Wikipedia, 'Tzerova Koria'. Available at https://tinyurl.com/27tncwv6 (Last accessed on 21 March 2024).
[15] Projects PHARE 2004 (Contract 2004/016-711.01.02) 'De-institutionalization through community-based services for risk groups'.
Regional Resource Center for Community Support „Open door"- Veliko Tarnovo and „Development of the Center for Social Services for Children and Families "Home for our children" – Dryanovo.
In both projects ISS-Bulgaria was a partner of the leading organizations – European Information Center - V. Tarnovo and Community Center "Development" and was responsible for the development and implementation of (1) the training programs for the personnel, (2) the service methodology and (3) the consultation and supervision of the staff. Available at https://www.iss-bg.org/en/projects-phare-2004-

In the same region, a daycare centre visited by Monitors received European Union funding under the call BG05M9OP001-2.082-0010.[16] They received BGN 391,165.99 (cca EUR 200,000), out of which BGN 332,491.09 (cca EUR 170,000) was from the Europen Union, and BGN 58 674.90 (cca EUR 30,000) was national funding. The project started on 21 May 2020 and ended on 21 May 2023.

Some institutions are managed by Non-Governmental Organisations that provide social services by using state-delegated budgets. That was the case in group homes in the Dryanovo region. The maintainer organisation here runs a daycare centre, works with older persons, and provides counselling, therapy and rehabilitation.

Monitors visited group homes which were established as part of a project to relocate children from Mogilino institution.[17] A collaboration among the United Nations Children's Fund (UNICEF), the Social Assistance Agency, and Teteven Municipality resulted in the creation of several small group homes under this project. For example, UNICEF and a Bulgarian television channel raised funds for the repair of a small group home. The building, which was previously a healthcare facility, was provided by Teteven municipality. The municipality established the group home, and the management is under the direct supervision of the Social Assistance Agency.

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contract-2004016-7110102-de-institutionalization-through-community-based-services-for-risk-groups/ (Last accessed on 21 March 2024). The Ministry of Labor and Social Policy Phare Program BG 2004 / 016-711.01.02 Deinstitutionalization through the presentation of services in the community for risk groups COMMUNICATION TECHNIQUES February 2008 Seminar Project: 2004016-7101.02-2.1.39 "A new chance - creating a protected housing for adults with physical disabilities" - Municipality of Dryanovo Contractor: Municipality of Dryanovo Partner: Association "Social Assistance Society" – Dryanovo. Available at https://slideplayer.com/slide/1878357/ (Last accessed on 21 March 2024).

[16] BG05M9OP001-2.082 - Personal development of persons with mental disorders and intellectual disabilities (Ended). The overall objective of the operation is to contribute to the fuller support and social inclusion of persons with mental disorders and intellectual disabilities receiving residential care, including those persons in specialised institutions, through the implementation of measures for social inclusion through the development of skills for independence, personal development and others. The implementation of the activities under the procedure also aims at expanding the possibilities for improving the quality of life of persons with mental disorders and intellectual disabilities placed in residential services. The provision of affordable, high quality and sustainable services is one of the effective tools for improving their quality of life and for their full inclusion in society. Available at https://eumis2020.government.bg/en/s/Procedure/InfoEnded/fa50cc4a-109e-49a4-a704-5f825ac755a5 (Last accessed on 21 March 2024).

[17] The 2007 BBC documentary *Bulgaria's Abandoned Children* presented the everyday life of children housed in an institution in the village of Mogilino. The international scandal and national pressure from non-governmental organisations in Bulgaria placed the problems with the DI process on the public and political agenda. Eventually, the State was forced to accept that all large institutions for children must be closed. The video is available at https://www.dailymotion.com/video/x75orop (Last accessed on 21 March 2024).

02

FACTS FOUND DURING THE VISIT

1. Psychiatric hospital Lovech

1.1 Physical environment

The Lovech Psychiatric Hospital is one of the oldest psychiatric hospitals in Bulgaria, and it has the only forensic ward in the country for the treatment of 'patients' who have committed socially dangerous acts in a 'state of insanity'. The Lovech Psychiatric Hospital is a public, state-owned healthcare facility. The hospital has 245 beds, of which 240 are inpatient beds and 5 are daycare beds.[18]

The monitoring team visited three male and two female wards in the psychiatric hospital. The institution's facilities and surrounding area are extremely old and in poor condition; some of the buildings of the institution were recently repainted. The walls felt wet and generally gave the impression of a prison. The metal furniture and bars were rusty.

Each floor had, on average, 4-5 rooms, about 10-12 square meters in size, with 4-5 beds in each. The beds in the rooms were fixed to the ground with screws. There was no personal space between the beds, nor did it look like there were any personal belongings.

Each ward had several rooms with doors without locks, including toilets. Handles were tucked away by staff in their pockets. The hygiene was poor everywhere, and everything was badly neglected and in a poor state of repair. Most rooms, including toilets and nurses' rooms, one per floor, were not ventilated and heavy, stale air drifted everywhere.

There was a common room on each floor of these wards where patients gathered for meals and watching TV. However, there were also televisions outside these rooms, placed in the corridor, more than 2,5 meters high, with a small screen and in an extremely awkward viewing position.

1.2 Residents and their treatment

The psychiatric hospital has six wards with about 40 persons with disabilities each. The institution has around 240 patients in total. According to the deputy director of the hospital, about 10% of the patients in the psychiatric hospital are categorised as "untreatable".

Monitors were told by a psychologist that patients are often placed under guardianship when they have psychotic episodes, and depending on their recovery, placement under full guardianship might be replaced by partial guardianship.

Monitors were informed that the regimes of different wards vary according to the severity of the conditions of the "patients". If somebody is treated in a ward for 'severe'

[18] For more information, visit https://www.dpb-lovech.eu/?option=com_content&view=article&id=14&Itemid=16 (Last accessed on 21 March 2024).

cases, and there is improvement in their conditions, they will be moved to a ward for 'milder' cases. Again, if there is improvement in the conditions of the person, they will be moved to one of the protected home units and can attend the daycare centre.

The ward for "mild cases" was an open one, and people could go out for a walk in the courtyard. People on the second floor were on a special regime, including a one-hour daily walk. Regarding those people placed on the third floor, the so-called "severe cases", Monitors could not find out the exact regime of letting people out for a walk, as there were conflicting reports. Some said that residents from this ward could walk only inside the building, while others reported being able to go for a one-hour walk in a specially designated yard. However, during our visit, lasting until after 5:00 pm, Monitors did not see any "patients" from these wards walking around. Those who went out to the yard were from the protected homes or the light regime wards.

Information gathered from the residents of the institution was very much at odds with the information received from hospital staff. People said that they were always afraid of being moved to a ward with a heavier regime, and had no prospect of getting out and living in the community. Even if they have relatives outside of the institution, they are not able to move out. Lack of support and acceptance in society make them opt for staying at protected housing.

The male wards are divided as follows: a ward for "mild cases", a ward for compulsory treatment cases, and a forensic ward for persons with acute psychosis, where people with criminal behaviour were accommodated.

"Patients" had little personal space and almost no belongings. To reach the third floor, one has to step over a small gap in the staircase; it seemed that the "patients" of the forensic ward were not meant to leave the floor.

A woman said,

> ***"I stay in the hospital for some time, and then I leave, but because of a lack of support in the community in my home town, soon after, I get back again at the hospital, sometimes voluntarily, sometimes involuntarily."***

A psychologist explained this vicious circle with a story.

> ***"Yesterday, there was a group session, and a man told a story from which it became clear that the signs of getting worse were not recognised [in the community], the psychological support was missing."***

According to a staff member,

> ***"…they are not sentenced because they are sick, they are placed here for compulsory treatment."***

The hospital conducts involuntary treatment for persons with psychosocial disabilities for which free and informed consent is not needed from the person concerned. Involuntary treatment usually lasts for up to 6 months, which can be extended periodically for another 6 months upon court decision.

The director said that they use restraints for a maximum of 2 hours. The director and staff members were proud of their so-called "soft" or "white" room, in which the wall was covered with soft linings, foam wrapped in leather, with a bed and a radiator with the same soft lining.

Each floor had an isolation room. A medical staff member said that these isolation rooms were not in use. One of the Monitors described them with these words,

> ***"The isolator was in the same corridor as the patients' rooms. There was a large, beige-painted metal door with a narrow hatch on it, with padlocks and latches. Inside, there were 3 beds welded to a common frame of metal vinyl so that they could not be separated and moved and could not be used for breaking and crumbling. The two end beds had the dirty, tattered remains of mattresses, and the middle bed had only a rusty box spring with a hole drilled through the middle. The room had a tightly barred window and a camera trained on the beds. The room looked relatively new."***

A staff member told Monitors that the isolation room is often used when patients would need to use the bathroom; they must pee in a bucket.

UPDATE

On 2 October 2023, a young man died in a fire in the Lovech State Psychiatric Hospital's "soft room" while immobilised. According to the Ombudsman's report,[19] on 2 October 2023, the man was subjected to "isolation" in a "soft room" from 10.30 a.m. to 12.30 p.m., and from 1.30 p.m. to 7.30 p.m., and "immobilisation" from 10.30 a.m. to 12.30 p.m., from 1.30 p.m. to 3.30 p.m., and from 6:00 p.m. to 8:00 p.m.
The fire started around 7:30 p.m.
There was no nurse present in the room during the last immobilisation. The Ombudsman's report points out that it is likely that not all of the required fire safety precautions were taken when equipping the soft room.

Monitors noticed that the staff and the deputy director did not adhere to any privacy towards the patients in all wards. At any given time, a staff member would enter any room, whether it is a common or private room, without knocking, warning, or apologising for the disturbance.

[19] The Ombudsman report can be accessed in Bulgarian at http://tinyurl.com/3nuhs6cn (Last accessed on 21 March 2024).

The distribution of lunch was shocking and humiliating. Dining rooms were too small to fit all residents at once, so some persons with disabilities had their food standing or in the main hallway. The food was carried in large, old metal buckets, typically used for cleaning or thrash, and staff members poured it with their hands into the bowls of each resident. "Patients" get good meals only on Wednesdays; on other days, the meal consists only of one ingredient, for example, beans or potatoes. The cost of food per person for the day is approximately BGN 2 (cca EUR 1).

Monitors noted that staff members' attitudes towards persons with disabilities reflected a power imbalance and described it with the words of discrimination, dislike and irritation. Many "patients", when Monitors tried to communicate with them, turned and looked at the staff members. One of the Monitors added,

"It is, at best, treatment to cattle, not human beings."

2. The big institution for people with intellectual disabilities in Tserova Koriya

2.1 Physical environment

The big institution for people with intellectual disabilities in Tserova Koriya was built in the 1960s. The institution's building looked fully renovated from the outside. However, it was not renewed inside, except for the director's office. Entering the place, one could feel the lack of fresh air. The smell was heavy with urine and faeces; the windows were closed, although the weather outside was warm and sunny.

The building has two floors for the residents' rooms, a ground floor for the dining room, and two smaller rooms. The latter rooms give space for program activities. There is also a basement where they do the laundry. Every room on the two residential floors has two beds, a bathroom, and one small wardrobe or dresser. No personal belongings or personalisation of the room space could be seen. Each room looked relatively the same.

The doors of the rooms looked flimsy with no keys or lockers; many stayed half-open, and some had holes on the front side.

One TV set was on each floor in the corridor, but none were in the rooms. The staff explained that it was made this way for the residents' safety because, in this case, they could not break them in their rooms.

At the end of the first-floor corridor, there were several rooms that were newly renovated and looked nicer than the remainder of the living space. This wing of the floor was administratively separated and existed as a small group home, officially called a 'transitional home'. This mini-institution was created inside of the big one. Although newer, persons placed there still seemed to lack privacy. The staff consider those selected to move to this 'transitional home' to be the most capable of living independently.

2.2 Residents and their treatment

At the time of the monitoring visit, there were 49 residents in the institution, and there was a waiting list of 100 people. The institution was not included in the current National Deinstitutionalisation Plan that will end in 2025, but it is expected to be closed during the next Deinstitutionalisation period lasting until 2031.

Many residents are diagnosed with severe intellectual disabilities and have been placed in the institution for over 20-30 years. 33 residents are under guardianship, out of whom only 1 is under partial guardianship,[20] and 32 are under full guardianship.[21]

The institution's social worker is the guardian for most of the residents, while the special educator serves as the deputy guardian. The director informed Monitors that they had filed applications with the court to change the legal capacity status of two residents from being placed under full guardianship to partial guardianship, but both applications had been denied.

The director explained that the majority of the residents grew up in institutions for persons with disabilities and came to this institution with almost no skills. An older woman told Monitors that she used to live in Sofia but was institutionalised after being evicted from her apartment for failing to pay heating bills.

According to Monitors' observations, most of the residents communicate non-verbally, and the staff employs alternative communication methods such as pictograms and pointing at objects.

The director informed Monitors that each resident has an individual support plan, which is updated once a year or earlier if necessary. The institution has a policy document that governs daily activities, including meals.

Residents maintain the institution's garden, where they grow fruits. The director pointed out that residents from all three facilities – the big institution, the transitional home, and the small group home – work in the garden. The products are consumed by the residents.

One of the rooms had an older man lying in a bed with a tubed urine bag on the floor. He was not communicating verbally. The man was moaning and making repetitive, uncoordinated movements with his hands and head. The staff explained that something had happened to him after a COVID-19 infection and that he had been in that condition for over a year and had not left his room since. His daughter is also a resident of the institution and frequently visits and cares for him.

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[20] According to Bulgarian law, partial guardianship means a partial deprivation of legal capacity. The person's status is similar to that of a child aged 14 to 18; the person can only make decisions with the guardian's approval. There are no rules governing disagreements between the person under partial guardianship and their guardian.

[21] According to Bulgarian law, full guardianship means full deprivation of legal capacity. The person under this type of guardianship cannot make any decision for themselves. All decisions are made by the guardian.

3. Small group homes and daycare centres

3.1 Physical environment

Small group homes are smaller institutions in size and designed to look homier. Monitors visited ten small group homes for persons with disabilities situated in different regions and municipalities of northern Bulgaria. They looked similar to each other. Some are newly built and furnished, and some are refurbished and repaired old buildings in the courtyards of big institutions, for example, in Lovech and Tserova Koria. In the latter case, residents were moved a few meters away from the old institution into a new, smaller one.

For example, in a group home that previously received European Union funding, only the windows appeared to be new; the rest of the building was in a very bad state.

The different types of group homes and daycare centres are close to each other and are often managed by the same manager and maintained by the same service provider (civil society organisation or municipality). These complex facilities are called "Complex(es) for providing social services" („Комплекс от социални услуги**").**

Many of the facilities Monitors visited were surrounded by fences and were locked with metal doors. In most of these settings, residents do not have keys or the freedom to leave their "home" as they want. There are signs for the exit on the wall, numbers on bedroom doors, and arrows pointing to the way out in case of emergency.

3.2 Residents and their treatment

Most of the small group homes are designed to accommodate up to 14 residents, and most of the people who move to these institutions are those coming from big institutions for persons with disabilities.

There are exceptions. A staff member said that one of the residents of a group home used to live with his parents and had some property, but after his parents passed away, his relatives sold out the property and placed him in the institution.

There is a small group home (officially called 'transitional home') inside the building of the big institution of Tserova Koriya in the Veliko Tarnovo region. It is situated at the end of the first-floor corridor of the big institution. Most of the residents are older people, seemingly above 60.

In Dryanovo's group homes for *people with physical disabilities*, everyone has *full legal capacity*, and no one is placed under guardianship. On the contrary, in the majority of the group homes Monitors visited, *residents with psychosocial or intellectual disabilities* are under the guardianship of their close relatives. If residents do not have relatives, one of the staff members is appointed as guardian.

3.2.1 Placement under guardianship

A group home, for example, had eight residents aged 35 to 63 living together at the time of the monitoring visit. Five of the eight residents are under full guardianship. They are placed under the guardianship of the small group home's occupational therapist.

Another small group home houses 12 persons with disabilities. All of them are adults and were present when Monitors visited the facility. Seven of them were survivors of the Mogilino Institution. Everyone is under full guardianship, with two having relatives as their guardians and the rest having staff members as guardians. Eleven of the twelve residents are diagnosed with severe mental disabilities, and roughly half of them have "serious physical disabilities" ("locomotor disorders", severe visual impairments, blindness). Most residents do not communicate verbally.

3.2.2 Neglect, as passive abuse

In many of the group homes, Monitors detected a strong, distinct urine odour as well as cleaning products/bleach. The smell became more noticeable in the bedrooms.

Monitors found a survivor of Mogilino in an embryonic pose in the group home in Glozhene. At the time of the visit, she was 34 years old. She was blind and almost deaf. She was bone and skin and was wearing a diaper. She was placed in a wheelchair next to a window in direct sunlight for hours.

In every group home, Monitors found a *lack of meaningful activities*, which Monitors consider a form of neglect.

The surroundings of one of the group homes were well-kept and appeared cosy. However, residents are not permitted to use the garden; sports and other outdoor activities were unavailable.

Every small group home Monitors visited had a common area for eating and socialising, a kitchen, and a TV room with a couch. Monitors found that in many places, the residents either did not use the common spaces at all or were forced to stay there. One of these sitting rooms had a television that was turned on. There was a wooden frame around the television. The managers explained that they needed to put the frame on the TV because one of the residents constantly turned it on and off. According to others, the frame was made to prevent the resident from accessing the cables and sockets since he was constantly unplugging the cable.

Residents of one of the group homes go to a daycare centre from Monday to Wednesday. On the other days, they stay at the small group home. Although the small group home has a garden, residents are not working there; staff members are taking care of it.

Residents of group homes are taken by bus to the daycare centre and then back to the group home. Persons with disabilities never go outside of institutional settings. When

Monitors asked a person with disabilities what he liked to do in the daycare centre, he replied,

"Nothing, I'm just waiting for the bus to take me back."

In a group home, Monitors found most of the residents sitting rather tightly in the two little activity rooms, with personnel of two caregivers and one psychologist. They were supposed to have a drawing class, but only two residents were actually drawing things on a piece of paper. The weather was fine, but the staff explained that they were allowed to go out after the class. The residents looked rather uninterested in what was going on.

Every institution visited had a daily, weekly, or even monthly order of their activities. A typical Monday order consists of the following activities:

- **Maintaining internal order through daily routines;**
- **Introducing weekly programs to residents through group meetings;**
- **Cleaning and disinfecting common and private areas daily;**
- **Maintaining personal hygiene;**
- **Preparing meals on schedule;**
- **Occupational therapy;**
- **Educational games such as drawing, reading, and crosswords;**
- **Traveling to and spending time in the daycare centre;**
- **Daily discussions about anti-epidemic measures.**

Orders are an essential part of life in the institution, and every activity, including free time, is scheduled for the residents.

Cooking and gardening are often considered occupational therapy in those group homes Monitors visited. Listening to music and singing songs was described as "music therapy." Colouring pictures is presented as "art therapy". Participation in these therapy sessions is mandatory.

When Monitors asked persons with disabilities in one of the group homes about their best activities during weekends, when there is no strict agenda for them, a staff member replied instead of the residents,

"They take turns at showering."

Based on conversations Monitors had with people living in this group home, it seemed that none of them had ever been really occupied with anything else other than the activities arranged by the institution.

In every group home, Monitors found *environmental deprivation aka failure to meet persons with disabilities' basic physical needs*, which is considered by Monitors a form of neglect.

The basic unmet needs Monitors observed include the following:

- **Missing lampshades; only bulbs were hanging from the ceiling;**
- **No personal items in the rooms;**
- **Sofas are old and dirty;**
- **Mould on the wall;**
- **No soap, shampoo, towels, toothpaste, toothbrushes in bathrooms;**
- **No shower curtain;**
- **Broken toilet;**
- **No toilet seat.**

In a group home, there was a partially transparent plastic bag with bloody paper towels hanging on the bathroom's radiator. Monitors asked staff members whether they bathed the residents in the tub, and they said yes. They also said,

> ***"Sometimes, if one of the residents is using the toilet and another one wants to use it, the second one uses the bathtub as a toilet."***

Monitors' findings include *a lack of preparation of residents for living independently and moving to the community*, which is again considered a form of neglect.

Staff at many group homes are sceptical about the ability of the residents to live independently. In other group homes where staff are interested in proper deinstitutionalisation processes, they do not know what and how to do.

One of the residents said,

> ***"I was told I cannot live alone because I cannot do many things on my own and I need help, but I really think I have learned a lot, and I am doing well on my own."***

Other residents shared their fears concerning leaving group homes. Monitors found that residents' fear is rooted in the attitude of staff, who are telling them that they have everything they need in the small group home and that no one would take care of them outside of the institution. In none of the places visited, staff members told residents about personal assistants and support.

To the question of Monitors whether people leave the "transitional home" in the Tserova Korya institution, a staff member replied,

> ***„In practice, it never happens. Moving out is not an option. Residents cannot work outside of the institution... Atrocities happened when residents were spending some time outside."***

In one of the group homes, a young man expressed his desire to live independently, but he lacked money and support. There is no one to help him, and he does require assistance. He stated with sadness that he would spend the rest of his life here.

Monitors in another group home were informed that when people's conditions deteriorated, they were transferred to another institution, a home for older persons with intellectual disabilities.

The director of one of the institutions explained that the 'home for children without disabilities' was previously used for children with disabilities. Now, they are considering transforming this institution into a 'home' for adults with intellectual disabilities. Children with and without disabilities and adults with disabilities are often transferred to another institution because they are getting older and also as a result of legislative changes.

In every institution, residents had documents titled 'individual needs assessment' and 'support plan'. These documents should provide opportunities for residents to improve their skills and should promote their independent living. However, Monitors noticed that all of these documents appeared to be very similar and were built on the monthly schedules residents had in their small group homes. Individual plans were seemingly created by using templates, and some of them were identical except for the names of the residents. Individual assessment documents are similar not only among residents of a single institution but across all institutions, indicating a systemic problem.

3.2.3 Abuse of power – Paternalistic approach

Monitors experienced a paternalistic approach toward persons with disabilities, and very often when a question was asked to a resident, someone from the staff answered. Monitors observed that the residents did not feel comfortable sharing information about themselves in front of staff members and tried to communicate with the Monitors in private.

Monitors also observed that the staff lacks the necessary tools to treat residents with respect and to provide any support and therapy if they want it. Monitors' view is that the staff took on the roles of mothers to the residents, which has resulted in a paternalistic approach.

In most places Monitors visited, the staff were addressed by persons with disabilities by using the formal title of Miss/Misses/Mister, indicating an unequal relationship between residents and staff. Staff are viewed as the ones in charge of establishing the rules, while residents are the ones who follow them. This reinforces the dynamics of subordination.

This is further evidenced by the following attitude Monitors observed:

- Staff members are speaking on behalf and instead of the residents;
- When residents were asked questions by Monitors, they either looked at someone from the staff for approval to answer or waited for them to answer;
- Every place visited has a director's office, staff room and sometimes a staff toilet and residents are not allowed in these rooms.

One of the Monitors shared,

> On the first floor, I was shown another bathroom. The woman who was showing me around told me, *"This is the staff's bathroom that I have to clean every day."* A staff member heard this and very impolitely told her *"You showed them enough"*, then started laughing and said to the woman: *"Can't you see, you are scaring the girl."*

3.2.4 Financial abuse

In a small group home where 11 residents out of 12 were diagnosed with severe mental disabilities, only the one without this diagnosis had personal belongings in her bedroom. She had a personal corner next to her bed with pictures, plush animals, and combs.

In a group home, Monitors were told that persons with disabilities do not have their own money; the staff controls finances and buys whatever is needed by the residents.

3.2.5 Emotional abuse

One of the residents of a group home told the Monitors that we were coming, and they were instructed on what to talk about. She said,

> *"They make me crazy here. They sent me to the psychiatric hospital, and they gave me a lot of medicine and injections because sometimes I get excited. The last time I was in the hospital was because I got into an argument with another resident, but I apologised."*

Residents of the same group home share a personal physician. They see a psychiatrist with a referral from their GP at least once a year but at different times. According to the staff, seasonal aggression increases in the spring. Everyone, or almost everyone, must spend at least one month in a psychiatric hospital each year, even if they do not want to. According to the staff, when they leave, they are "as light as a feather."

Monitors asked some of the residents in a group home whether they wanted to show their rooms. They panicked and said,

> *"No, they are going to get angry if we go into the rooms."*

The staff members heard the conversation and said, "Let them inside if they want to." There were group homes where residents were not allowed to put pictures on the wall even in their rooms.

Concerning using phones, the Internet and computers, residents said,

> ***"There is one phone in the office, they let us make calls from there. I am not sure about the internet, but there is a computer in the office."***

When Monitors asked the residents whether they would like to have TV and telephones, they said,

> ***"No, if the staff thinks it's better this way, they are right."***

Often, the staff refer to persons with disabilities with derogatory, childish names. In one of the group homes, a resident was called "the pretty one".

3.2.6 Verbal abuse

One of the staff members was escorting a woman with her wheelchair from a group home and told a member of the monitoring team,

> ***"You know, poor her, she has dreams of having a family; a husband and children. Can you imagine? Look at her! You know this can't happen. Poor her, for having dreams!"***

3.2.7 Reproductive abuse

In a group home, staff members said that there was only one couple there. Concerning sexual relationships and pregnancy, staff members mentioned that no one was making or thinking of sex and that female residents were too old anyway, apart from one woman whose family already took care of that, and she came to the institution with a birth intrauterine device (IUD), controlling pregnancy.

According to the National Health Service (NHS) in the United Kingdom, "an IUD lasts for 5 to 10 years, depending on the type", and "it can be taken out at any time by a specially trained doctor or nurse. It's then possible to get pregnant straight away.[22]

3.2.8 Punishment

Several types of punishments are in place in group homes, including the following:

- **Locking cupboards as a punishment for disobedience since there was a conflict between two residents;**
- **Taking persons with disabilities to the psychiatrist for check-ups for not behaving "in the right way";**
- **Forcing residents to take more medication if they do not behave well.**

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[22] National Health Service, 'Getting an IUD (intrauterine device) or copper coil fitted or removed'. Available at https://www.nhs.uk/contraception/methods-of-contraception/iud-coil/getting-it-fitted-or-removed/ (Last accessed on 21 March 2024).

A member of the Monitoring team shared,

> *"Upon entering the group home, we saw one of the residents in the kitchen, helping to prepare the food. We also saw another female resident dancing with a member of the staff. Another staff member explained that residents who spill something on the kitchen floor have to clean it up and do this dance."*

In one of the group homes, there were no televisions in the rooms. Staff members informed Monitors that there is one in the living room for everyone, but at the time of the visit, residents were punished because someone "got excited" and the remote control was locked in the office.

Other forms of punishment include barring residents from participating in the games they are playing together and denying residents to go out of the small group home. If they are under punishment, they can step out of the institution only with the permission of their guardian, who is the group home's occupational therapist.

3.2.9 Isolation

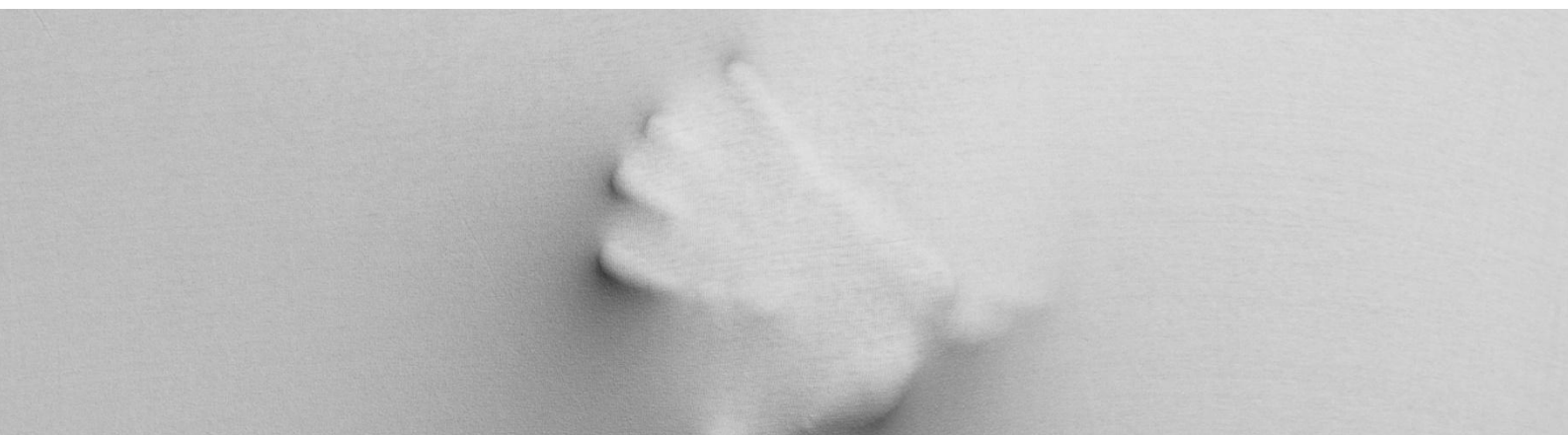
In the small group home in Glozhene, residents, being considered "dangerous", were locked up in a room which is divided by metal bars from the ceiling to the floor in order "to protect the rest of the residents and the staff." At the time of the visit, two of the residents were considered dangerous, so they were locked up in this room, which looked like a cage.

Behind the rusty bar, there was a mattress placed directly on the ground with a plastic cover that was taped to the mattress with duct tape. The director mentioned that the resident who is placed there cannot stand beds, mattresses and bedsheets.

Monitors observed that the walls inside the cage were covered with thick wooden panels. The director explained that they were installed because the person would otherwise make holes in the wall. Such panels cover half of the walls in the common room.

The director said that the resident is extremely strong, very dangerous and violent, so they keep him there most of the day and night. He attacked one of the male residents and poked his eye, requiring eye surgery. The director pointed out,

> *"He doesn't belong here, but there is no other place for him."*



The director explained that the reason for this treatment was that their requests to transfer these residents to another institution were rejected.

Monitors observed that this "extremely strong, very dangerous and violent" man was moving slowly; there were no signs of aggression. He was presumably sedated.

UPDATE

On 5 March 2024, the director of the small group home in Glozhene informed Monitors that these two residents were still placed in the caged room.

Concerning the man who does not tolerate mattresses, Monitors were informed that 'his problems still exist' and 'the facility is in constant contact with the psychiatrist treating him. He is on therapy controlling his aggressive behaviour.' The director also informed us that as for the Territorial Medical Expert Committee (Териториални експертни лекарски комисия **– ТЕЛК), this person 'should be accommodated in a specialised facility for persons with mental disorders.' However, 'due to a lack of capacity of specialised facilities, he is still in the Family Type Residential Centre [small group home].' As for the director, 'despite his aggressive behaviour, he is not socially isolated. He spends the day with everyone else; he eats with them and is taken to the yard whenever possible, where he enjoys swinging and running after balls that are thrown. But employees are always keeping an eye on him.'**

The other person, who is also placed in the caged room, is 'aggressive towards both staff and other residents. He hits residents and staff on a daily basis. He is on special therapy, which helps to control his aggression. Many attempts have been made to move him to another room to be with other residents, but unsuccessfully. He attacks them, screams constantly and does not allow them to sleep. When the weather is good, he goes outside of the building because he likes walking around the yard, but he is also under the supervision of the staff.'

Monitors point out that information received about the isolation period of these residents in the caged room is contradictory. Monitors also want to highlight that the plan of trans-institutionalisation, further isolation, and the use of other forms of restraints and ill-treatment are not acceptable solutions under the UN Convention on the Rights of Persons with Disabilities.

Monitors consider a *lack of contact with the outside world to be a special form of isolation.*

The residents of Dryanovo's group homes for persons with physical disabilities were allowed to go out into the community; however, they were not permitted to invite guests freely. One of the residents said that when relatives visited them, they had to wait outside

for them to come out. There is a sign in the building that reads, "No outsiders are allowed in the building."

In another group home, when someone wants to step out, usually everyone leaves together, including the staff. Generally, they go for a walk in the village, go shopping, or go to the stadium. They have limited connections to the outside world; sometimes, they communicate with their neighbours through the fence.

In another facility, when family members visit the group home, they are not permitted to enter the institution, except with the written permission of the group home's manager. Residents are forbidden to invite friends or any other people outside of the institution to visit them. This policy widens the gap between the 'inside' and the 'outside' world and makes persons with disabilities even more isolated.

3.2.10 Use of restraints

Residents are taking medication and are often unaware of what they are taking and why they need to take them. One woman said,

> *"I do not know what medications I am taking, but I take a lot. I am often given injections but I do not know for what."*

Several forms of restraints are mentioned under different forms of ill-treatment listed above; for example, residents happen to be forced to take more medication if they do not behave well, or they are isolated in barred isolation rooms when they are considered "dangerous".

3.2.11 Uninvestigated death

In one of the small group homes, managers reported one death. According to the staff members, this person had a lung infection and stayed in the hospital for around a month before he died. According to a resource person, a *little while before* he died, he fell from the window on the second floor. Monitors were told contradictory statements concerning the date of this accident. The director of the group home informed us that the resident died almost *6 years after* the accident. The managers said that he was an 'epileptic' and probably had an epileptic seizure, and that is why he fell.

One of the managers was there at the time and thought that the man had died and was crying out loud, but the man opened his eyes and said he wanted to eat. He could use a few words to communicate. As for the manager, "he was always hungry." After the accident, the doctor came to see the man, and when he saw the manager crying, he asked, "Why are you crying?" The manager replied: "What if he had died?" The manager shared that the doctor answered: "Eh, what do you care?!"

Monitors had the impression that the staff considered the resident's illness and poor physical state as the cause of his death.

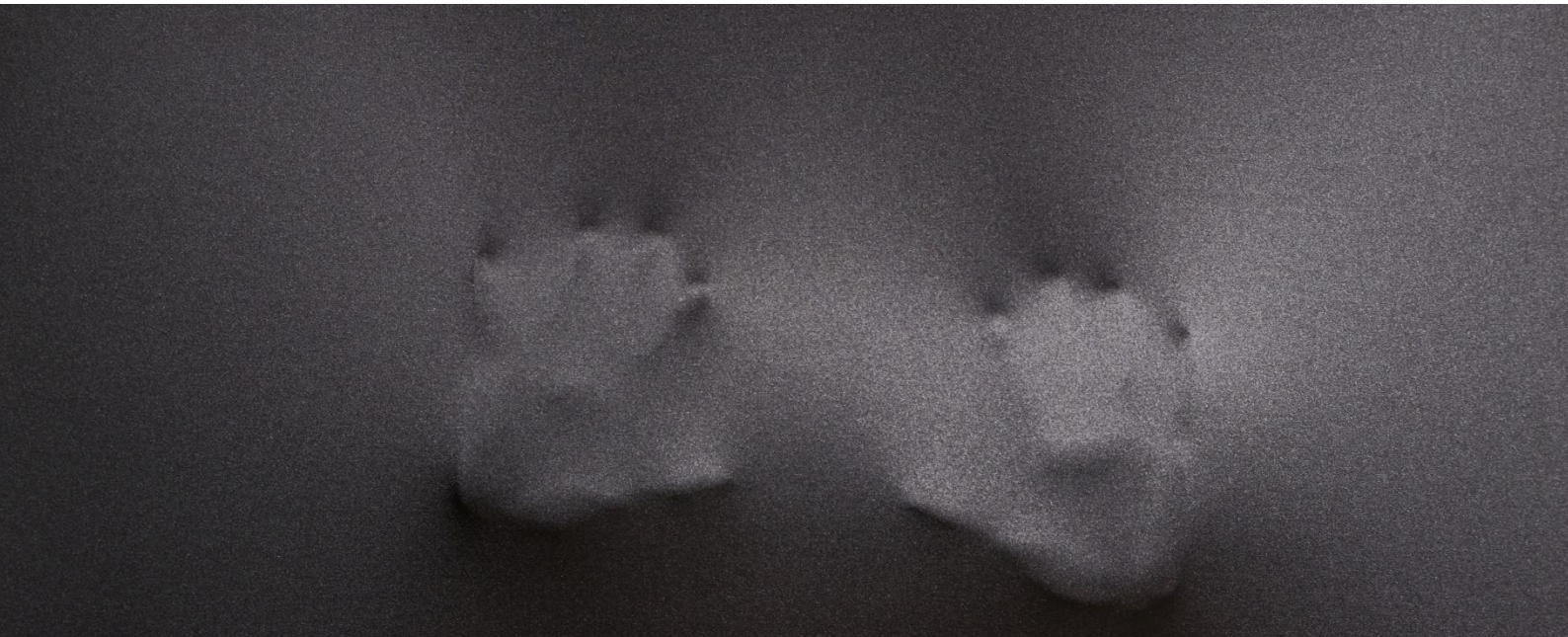
Monitors were informed by a close relative of one of the residents that, as for her, there was a close link between the death of that person and the accident.

To the best knowledge of the Monitors, this death has never been investigated. However, the windows on the second floor do not have handles now, and they cannot be opened.

3.2.12 Lack of meaningful complaint mechanisms

In many of the institutions, residents are not informed where and how they can complain. Displaying a complaint box or setting up a complaints committee, as many institutions have done so, does not provide a meaningful opportunity for persons with disabilities to voice the grievances they face.

Without a clear and effective complaint mechanism system, the institution could not be held accountable for torture and different forms of ill-treatment. Secondly, a missing or ineffective complaint mechanism system increases the risk of abuse and neglect and can result in both physical and emotional harm.



03

OBSERVATIONS OF THE MONITORS ON THE INSTITUTIONS' FEEDBACK

In March 2024, after a draft of the report outlining key observations was shared with the institutions visited, Monitors received their official responses in the form of comments and appeals.[23] The responses exhibit a consistent pattern, addressing recurring topics in a strictly formal manner. These topics include the physical environment, the generalising nature of the report, ill-treatment, guardianship, the lack of meaningful activities, paternalistic approach and isolation.

The feedback received reveals the administrative burden imposed by the State on the institutions and the expectation of the State to ensure a standardised functioning of the institutions, including small group homes. The responses of the institutions describe the systematic dynamics at work within Bulgarian institutions.

Small group homes highlight in their responses that they are situated in populated areas, yet segregation is evident at first glance. Institutions claim that they have 'individual needs assessment reports', but they appear too similar. Responses do not perceive guardianship as a violation of basic human rights because it is part of the legal system.

All the received responses are similar in the sense that they point out that specific findings of the report are not relevant in their case. This pattern is characterised by focusing on the image of the institution rather than respecting the rights of persons with disabilities living in it. The uniformity in actions, responses, and objections to specific issues raised in the report leaves the impression that institutions in Bulgaria operate as a unified, collective organism guided by an administrative approach.

The patterns and strictly formal dynamics within institutions are indicative of the systematic problem of institutionalisation, which is one of the unidentified barriers to the right to independent living of persons with disabilities.

The findings of the report seem to be seen by the institutions as an attack which they must defend themselves against by stressing how much effort they put into assisting their residents. The responses received give the impression of a system that seeks to preserve itself rather than acknowledge that its very existence violates the rights of persons with disabilities.

[23] At the time of writing, Monitors have not received responses from the Psychiatric Hospital in Lovech and the institutions in the Dryanovo district.

04

1. Conclusions

The findings of this report show that although Bulgarian institutional settings vary in size and name, institutional culture prevails in all types of institutions, including small group homes, which are indeed considered by the Committee on the Rights of Persons with Disabilities (CRPD Committee) as institutions.[24]

Many of the acts of torture and ill-treatment committed against persons with disabilities in institutions are not recognised as such, as was mentioned in the Introduction.[25]

This report serves as evidence to point out that not only big social care and psychiatric institutions are characterised by practices of torture and ill-treatment but small group homes as well. Monitors visited 10 small group homes for persons with disabilities, 1 big social care institution, 1 psychiatric hospital and 2 daycare centres. The unrevealed elements of torture and ill-treatment are the following:

- **Placement under guardianship;**
- **Neglect as passive abuse (covering, inter alia, lack of meaningful activities, failure to meet persons with disabilities' basic physical needs, a lack of preparation of residents for living independently and moving to the community);**
- **Abuse of power (paternalistic approach of staff members towards persons with disabilities);**
- **Financial abuse;**
- **Emotional abuse;**
- **Verbal abuse;**
- **Reproductive abuse;**
- **Punishment;**
- **Isolation;**
- **Use of restraints;**
- **Uninvestigated death;**
- **Lack of meaningful complaint mechanisms.**

[24] See, for example, CRPD Committee, 'General comment No. 5 on living independently and being included in the community' CRPD/C/GC/5 (2017) para 16 (c); CRPD Committee, 'Guidelines on deinstitutionalisation, including in emergencies' CRPD/C/5 (2022) paras 15 and 43.
[25] See Chapter I of this report.

The monitoring report reveals that the Bulgarian government has spent a significant amount of European Union funding on building or repairing segregated settings, including big and small institutions and daycare centres.[26]

Group homes, despite being described by the Bulgarian government as "community-based" and offering "family-type services," are still institutions. The report reveals numerous signs of total institutions:

- **No choice of where to live,**
- **No choice of who to live with,**
- **No or strictly controlled contact with the outside world,**
- **Physical signs of segregation, for example, location in remote areas, placement behind high fences and/or locked gates and doors,**
- **Strict daily routine,**
- **Identical activities,**
- **Lack of control over day-to-day decisions,**
- **Obligatory sharing of assistants with others,**
- **Total control and paternalistic approach by the staff.**

The above-mentioned elements of torture and ill-treatment and the signs of total institutions lead persons with disabilities confined to big institutions and small group homes to be

- **lonely,**
- **stigmatised,**
- **excluded,**
- **marginalised,**
- **isolated,**
- **discriminated against,**
- **ununderstood,**
- **unheard,**
- **controlled,**
- **humiliated,**
- **threatened,**
- **punished,**
- **traumatised,**
- **degraded,**
- **unvalued.**

The CRPD Committee knowingly claim that

> **"Institutionalization is a discriminatory practice against persons with disabilities (…). States parties should recognize institutionalization as a form of violence against persons with disabilities…"[27]**

[26] See also: Nadezhda Toteva Deneva et al., 'Deinstitutionalisation and Life in the Community in Bulgaria. A Three-Dimensional Illusion' (Validity Foundation, 2021) 6.
[27] CRPD Committee, 'Guidelines on deinstitutionalisation, including in emergencies' CRPD/C/5 (2022) para 6.

This report gives examples of torture and ill-treatment of those women with disabilities and older persons with disabilities who certainly face these harmful practices on an intersectional basis since "the personal identities of persons with disabilities are multifaceted, and disability is only one characteristic."[28] Other characteristics include, for example, age, sex and gender. Although this report does not have a specific focus on children with disabilities in institutions, including group homes, they are also experiencing

various forms of torture and ill-treatment.[29]

It is important to stress that torture and ill-treatment experienced by persons with disabilities in institutions shall be remedied by applying the redress framework, which must be used to expand the often limited scope of reparations by going beyond compensation orders and applying broader forms of reparation, including

- **formal apologies to survivors of institutionalisation;**
- **automatic compensation to survivors of institutionalisation;**
- **restitution;**
- **habilitation and rehabilitation;**
- **legal and social services;**
- **health services and healing modalities;**
- **guarantees of non-repetition.[30]**

2. Recommendations

To the United Nations Subcommittee on Prevention of Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (SPT):

- **Visit social care institutions, including group homes, for persons with intellectual and psychosocial disabilities when conducting country visits and country follow-up visits and monitoring the situation of persons deprived of their liberty.**
- **Stop calling on State parties to establish "halfway houses" to ensure that "patients" [persons with psychosocial disabilities] do not remain in psychiatric hospitals for socioeconomic reasons,[31] and adopt a view based on the standards required by the CRPD, in particular, Article 19, the CRPD Committee's General Comment No. 5 (2017), Guidelines on the right to liberty and security of persons**

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[28] Ibid, para 39.

[29] See, for example, Eric Rosenthal, Dragana Ciric Milovanovic, Laurie Ahern et al., 'A Dead End for Children: Bulgaria's Group Homes' (Disability Rights International, 2019). Available at https://www.driadvocacy.org/sites/default/files/2023-10/DRI%20A%20Dead%20End%20for%20Children-Bulgaria.docx (Last accessed on 21 March 2024).

[30] CRPD Committee, 'Guidelines on deinstitutionalisation, including in emergencies' CRPD/C/5 (2022) paras 15-123.

[31] See for example SPT, 'Report of the visit of the Subcommittee on Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment to Argentina' CAT/OP/ARG/1 (2013) paras 97-98; SPT, 'Visit to Argentina undertaken from 19 to 30 April 2022: recommendations and observations addressed to the State party' CAT/OP/ARG/ROSP/1 (2023) para 129.

with disabilities (article 14) (2015), and the Guidelines on deinstitutionalization, including in emergencies (2022).

- Ensure that the upcoming general comment on article 4 of the Optional Protocol to the Convention against Torture explicitly relies on the CRPD and the relevant instruments of the CRPD Committee, including general comment No. 5 (2017) on living independently and being included in the community (art. 19), the CRPD Committee's guidelines on the right to liberty and security of persons with disabilities (art. 14) (2015) and the Guidelines on deinstitutionalization, including in emergencies (2022).
- Ensure that the upcoming general comment on article 4 of the Optional Protocol to the Convention against Torture incorporates the CRPD Committee's useful approach to the definition of places of deprivation of liberty, which includes institutions such as half-way homes, group homes, and family-type homes for children.[32]

To the European Commission:

- Prevent European Union funds from being used for creating, reforming, improving etc. institutions including group homes for persons with disabilities.
- Investigate how European Union funds have been spent on moving adults and children with disabilities from big institutions to small group homes (trans-institutionalisation) drawing on the standards required by the Convention on the Rights of Persons with Disabilities (CRPD), in particular Article 19, the CRPD Committee's General Comment No. 5 (2017) and Guidelines on deinstitutionalization, including in emergencies (2022).
- Allocate funds for the development of new support systems that are based on the CRPD Committee's Guidelines on deinstitutionalization, including in emergencies (2022).

To the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT):

- Stop calling on Bulgaria and other Member States of the Council of Europe to create and maintain "small group home living units"[33] and adopt a view based on the standards required by the CRPD, in particular Article 19, the CRPD Committee's General Comment No. 5 (2017) and the Guidelines on deinstitutionalization, including in emergencies (2022).

[32] Cf. CRPD Committee, 'Guidelines on deinstitutionalisation, including in emergencies' CRPD/C/5 (2022) para 15.

[33] See, for example, European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, 'Report to the Bulgarian Government on the periodic visit to Bulgaria carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 1 to 13 October 2021' CPT/Inf (2022) 20 (2022) para 141.

- **Ensure that whenever calling on Member States of the Council of Europe, including Bulgaria, to change their legislation on legal guardianship, it does not only target the "independence and impartiality of guardians",[34] but explicitly reflects the standards required by the CRPD, in particular, Article 12 and the CRPD Committee's General Comment No. 1 (2014) as well.**
- **Make sure that when calling on Member States of the Council of Europe, including Bulgaria, to improve the situation of "involuntary patients and patients placed in a forensic psychiatric institution",[35] rely on the standards required by the CRPD, in particular Articles 14, 15, 17 and 25, and the CRPD Committee's Guidelines on the right to liberty and security of persons with disabilities (article 14) (2015).**
- **Call on Member States of the Council of Europe, including Bulgaria, to provide survivors of institutionalisation and persons confined to institutions with redress and reparations, as it is required by Chapter IX of the CRPD Committee's Guidelines on deinstitutionalization, including in emergencies (2022).**

To the Government:

- **Prevent new placements of persons with disabilities in institutional settings, including in group homes, by immediately adopting a no-admissions policy.**
- **Halt investing funds in the renovation, reconstruction and reformation of existing institutions and in the creation of new institutional settings, including any type of congregate settings and any type of group home.**
- **Ensure that deinstitutionalisation processes are in line with the CRPD, in particular Article 19, the CRPD Committee's General Comment No. 5 (2017) and Guidelines on deinstitutionalization, including in emergencies (2022).**
- **Adopt an intersectional approach to tackling discrimination, segregation, isolation and other forms of ill-treatment of persons with disabilities living in and leaving institutions.**
- **Apply the redress framework and (1) create the legal basis for and provide automatic compensation to survivors of institutionalisation at levels that redress the pain, suffering and consequential damages experienced as a result of institutionalisation; (2) create the legal basis for and provide individualised, accessible, effective, prompt and participatory pathways to access to justice for persons with disabilities living in institutions and survivors of institutionalisation who wish to seek redress, reparations, restorative justice, and other forms of accountability.**
- **Ensure the full and effective participation of persons with disabilities living in institutions, survivors of institutionalisation and those at a higher risk of institutionalisation in deinstitutionalisation processes by providing them with support and information in accessible formats.**

[34] Ibid, para 156.
[35] Ibid, paras 99-102, 120-122.

To the Ombudsman:

- **Apply provisions of the CRPD and guidance given in the CRPD Committee's General Comment No. 5 (2017) and Guidelines on deinstitutionalization, including in emergencies (2022) when conducting investigations in relation to persons with disabilities living in institutions, survivors of institutionalisation and those at risk of being institutionalised.**

To the Chief Prosecutor:

- **Provide prosecutors with training on how to recognise cases of abuse, neglect, violence and violation of the human rights of persons with disabilities, and how to approach and interview persons with disabilities who have been subject to abuse, neglect, violence and other violations of human rights, with a special focus on their institutionalisation.**

To the Maintainers, Managers and staff members of institutions, including small group homes:

- **Use all your efforts and financial resources to assist persons with disabilities to leave the institution and live in the community by (1) providing persons with disabilities with the support they want to receive, (2) organising meaningful and diverse activities to assist persons with disabilities in improving their skills, and (3) letting persons with disabilities lead the creation/review and evaluation of their individual support plan.**

Annex

The pictures are illustrations of the monitoring visits.


EXIT


ИЗХОД