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# NEEDS ASSESSMENT BULGARIAN COUNTRY REPORT

## “CULTURE OF CARE”

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**Animus Association Foundation**

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## Contents

|                                                                                                                                                                                        |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| I. Country Information.....                                                                                                                                                            | 5  |
| 1. What data do we have?.....                                                                                                                                                          | 5  |
| 2. The child protection system in Bulgaria.....                                                                                                                                        | 6  |
| 3. The National Helpline for Children within the Child protection system in Bulgaria.....                                                                                              | 10 |
| 4. Prevention: some good practices .....                                                                                                                                               | 13 |
| 5. General information about gender sensitive and child-centered approaches in working with male children and adolescents as victims and potential victims of sexualized violence..... | 14 |
| II. Results of the Qualitative Data Analysis .....                                                                                                                                     | 15 |
| 1. Sampling.....                                                                                                                                                                       | 15 |
| 1.1. Description of the focus groups:.....                                                                                                                                             | 15 |
| 2. Method.....                                                                                                                                                                         | 16 |
| 3. Results from the focus groups.....                                                                                                                                                  | 16 |
| 3.1 Defining sexualized violence .....                                                                                                                                                 | 17 |
| 3.1.1. What forms of sexualized violence they thought to be most common?.....                                                                                                          | 17 |
| 3.1.2. Which children are seen as more vulnerable?.....                                                                                                                                | 18 |
| 3.1.3. Experience in working with boys and youths victims of sexualized violence .....                                                                                                 | 19 |
| 3.1.4. Symptoms/signals for possible sexualized violence .....                                                                                                                         | 21 |
| 3.1.5. Influence of gender .....                                                                                                                                                       | 23 |
| 3.1.6. Needs of the boys, supportive factors for disclosure .....                                                                                                                      | 24 |
| 3.1. 7. What are the needs of the professionals? .....                                                                                                                                 | 27 |
| 3.1.8. Challenges to the professionals.....                                                                                                                                            | 28 |
| 4. Conclusions.....                                                                                                                                                                    | 30 |



## I. Country Information

Sexual violence is a problem that has not been thoroughly studied in the Bulgarian society and full statistical data about the numbers of victims or perpetrators is not available. It is associated with stigma and shame, rarely reported or recognized. There is a definite need in the Bulgarian society of more discussions, awareness raising, training of professionals and more resources in the communities. When this problem is addressed it is usually in the general context of violence against children, not through a specific approach or focus.

### 1. What data do we have?

The data on sexualized violence against children is not complete. The State Agency for Child Protection gathers such data from the Child Protection units (CPU) in general for their reports on the National Programme for the Prevention of Violence against Children. According to their data more than 200 children annually become victims of sexual violence – which is about 10 percent of all the cases of violence against children that reach the CPU. For the year 2015 there have been 240 cases of sexual violence opened by the Child Protection Units.

Yet, this data is incomplete; many cases are not reported at all and also there is not enough communication among institutions that deal with these issues –for example some cases may reach the police, but not the Child protection units. Institutions have different methodologies for gathering and keeping data and do not always exchange such information.

The lack of enough data is a serious problem – in many regions no cases or very few cases of sexualized violence are registered by the institutions<sup>1</sup>. And since services in Bulgaria are established on the level of the municipalities when there are so few such cases the municipality does not consider specific measures (like opening new services).

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<sup>1</sup> Something, that was recently addressed even by the ombudsman of Bulgaria, Mrs Maya Manolova at a conference for the prevention of sexual exploitation of children

## 2. The child protection system in Bulgaria

The Bulgarian legislation related to child protection is harmonized with the UN Convention for the rights of the child, ratified in 1994 and is based on the belief that children are more vulnerable and less able to protect themselves than adults and therefore need special protection measures.

Currently the main legislative document guaranteeing the right of the child and the protection measures and principles is the **Child Protection Act**, accepted by the government in 2000. Here is what it stipulates in relation to children at risk:

*Every child has the right to protection of his/her normal physical, mental, moral and social development. A child at risk is a child:*

- whose parents are deceased, missing, unknown, deprived of parental rights or have abandoned the child;*
- who is a victim of abuse, violence, exploitation or other inhumane or humiliating treatment inside or outside the family;*
- who is in danger of harm to his/her physical, emotional, intellectual, moral or social development;*
- who suffers from a serious medical condition or disability which have been diagnosed by a specialist;*
- who is at risk of school drop-out or has dropped out of school.*

According to the Child Protection Act everyone who knows that a child is at risk and needs protection must inform the child protection organs, mainly: the State Agency for Child Protection (SACP), the Directorates of Social Assistance (the social services, which are part of the Agency for Social Assistance), the Ministry of the Interior (the police). Everyone who receives information about risk for a child while executing their professional duties is also obliged to inform the child protection organs, even if the profession is protected by professional secrecy. Professionals who do not report such cases can be sanctioned with a fine.

### **Child protection organs:**

- *State agency for Child Protection*
- *Agency for Social Assistance (the CPU are part of this agency);*
- *Ministry of the Interior;*
- *Ministry of Education;*
- *Ministry of Health;*
- *Ministry of Culture;*
- *The municipalities.*

Though other professionals can work on a case as well, the main responsibility for the assessment and the protection measures belongs to the **Child Protection Units (CPU)**: they are part of the **Directorates of Social Assistance**. There are about 150 such units all over the country – 9 in the capital city of Sofia and one in almost every other city or municipal center. Each unit works with the children on its territory; if the child moves, the cases is referred to another CPU which often leads to loss of information, of follow-up on the case, etc.

When information about a child at risk reaches the local CPU (through citizens, the police, other professionals, the child helpline) they must carry out an assessment which includes meetings with the child and parents, assessing the living conditions of the child, his or her appearance (do they look neglected or do they have any scars, suggesting violence), clothing; they should also gather information from various sources – the extended family, the school or the kindergarten, the GP, neighbors, the mayor if the child lives in a small village where people generally know each other and the mayor is personally involved in helping families in need. In many cases it is necessary to assess the parental capacity.

If there is risk the social workers at the CPU open a case – which means they have to develop a plan for work and take protection measures. Depending on the kind of risk and its severity different measures can be taken, mostly falling into two categories:

- 1) **Measures within the family:** social work, raising parental capacity; referring the family to psychological counseling and social work.
- 2) **Measures outside the family:** if the child is at serious risk within the family it can be taken out of the family. Actually in many cases of sexualized violence this is one of the steps taken by the CPU.

The current child protection strategies in Bulgaria are aimed at prevention of placement of children in institutions, so if a child has to be placed outside the family, other options are considered first: placement with relatives; in a foster family and only if no other option is available – institution. Then usually the goal is for the child to be reintegrated in the family. This may have negative effects in cases of sexualized violence – when after a stay at a crisis center, for example, the child is returned to the parents/caregivers with the very real possibility that the violence starts again.

Work on the more serious cases (such as cases of sexualized violence) requires **cooperation and multidisciplinary approach** with the involvement of the other child protection organs – the police; the school; the municipality, the GP, etc.

#### **Other important state documents:**

Two major coordination mechanisms, related to child protection have been introduced in Bulgaria in the last few years:

A. ***The coordination mechanism for caring and referral of unaccompanied Bulgarian children who return from abroad or are victims of trafficking.*** It explains the responsibilities of different stakeholders who are involved in the protection of such children. The cases are usually taken first by the border police officers, who inform the local Directorate of Social Assistance and the respective CPU. The child is in most cases placed in a crisis center while the social workers assess the family situation; if the parents are lacking in capacities or have put the child in danger in the first place by selling him/her or letting him/her leave the country to be married early, then the child can be sent to relatives or remain in an institution. The child is supported by counseling and social assistance.

B. ***Coordination mechanism for cooperation in the cases of children, who are victims of violence or at risk of violence and for cooperation in cases of crisis intervention.*** This coordination mechanism was introduced in 2010, following some tensions and upheaval in society caused by the highly publicized cases of young children, subjected to sexual abuse – particularly the cases of a boy toddler stirred much unrest in the society. Its aim is to guarantee quick reaction and multidisciplinary approach in the work on such cases and to assign and regulate the concrete responsibilities of the stakeholders. The document does not have the status of a legal act, but it was accompanied by an agreement for the

implementation of the mechanism, signed by the heads of the main institutions that have the responsibility to protect the children and their rights: the Minister of Labor and Social Policy, the Minister of the Interior, the Minister of Education, the Minister of Justice, the Minister of the Exterior, the Minister of Culture, the Minister of Health, the Chairman of the State Agency for Child Protection, the Executive Director of the Agency for Social Assistance and the Chairman of the Counsel of the National Association of the Municipalities in Bulgaria. The agreement assigns responsibility to participate to all the regional structures of the abovementioned institutions.

According to this coordination mechanism: 1) information/signal for a child at risk must be sent to the Directorate of Social Assistance/CPU within an hour; the police (Ministry of the Interior) and the State Agency for Child Protection must be informed as well. 2) Local multidisciplinary teams must be formed with compulsory members from the DSA/CPU (the social worker, responsible for the case), representative of the mayor/the municipality and representative of the police force. Additional members can be added if necessary – from the other child protection organs (Regional center of healthcare, the GP, the Regional Inspectorate of Education, School principals, a prosecutor, a judge, representative of a social service provider that works with the child, etc.). Different professionals are expected to bring their expertise to the work of the multidisciplinary team and together they should decide on the most appropriate measures to be taken in the best interest of the child and also actively participate in those measures.

Though the Coordination mechanism was introduced more than 7 years ago, there are still many problems in its implementation. For example, in many cases it is not really applied – there are no multidisciplinary teams on the majority of the cases. Also, the mechanism can only be applied by the CPU, not any other stakeholders – so it is completely dependent on their evaluation of a specific case.

### **3. The National Helpline for Children within the Child protection system in Bulgaria**

The National Helpline for Children<sup>2</sup> uses harmonized European number 116 111 and is working non-stop and free of charge. It has an important role in the child protection system, namely:

The initial assessment of the risk is carried out on the helpline and in a case of risk the relevant child protection institutions are signaled – the local CPU (depending on where the child is at the time of the conversation) and in a case of an emergency or a life-threatening situation – the police. The CPUs work weekdays from 9 to 17:30, but for the urgent cases the helpline team has access to mobile numbers of the CPU chiefs, so quick contact can be established.

As a service where children can call at any time and free of charge the helpline can often be the first point of contact, that's why a focus group with helpline counselors was carried out for the purposes of this report. The experience on the helpline shows that in some cases the child calls and directly describes the problems/risks and asks for help. In many cases though the child can contact the helpline and start with some more trivial everyday problem (homework, domestic duties) or a problems in relationships with peers, but in the course of the consultation it becomes clear that the child may be in risk. Many children, especially those who have been subjected to systematic violence normalize that, as they have no other models of family relations and present predominantly other problems on the helpline. Part of the role of the counselor is to recognize even the small indicators of risk and continue to assess them through suitable questioning and techniques that build up trust, rapport and show empathy and respect for the child. If such trust is built the child may disclose more at a later moment (as many children call the helpline regularly).

In many cases adults contact the helpline to give information about children at risk. Most of them call with the specific intent to signal the institutions and are usually collaborative.

*This brief description of the child protection system in Bulgaria shows a rather general approach to all forms of violence and abuse; there are not specific measures or mechanism*

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<sup>2</sup> It was established by the State Agency for Child Protection and is run by the Animus Association after winning contests under the Public Procurement Act.

*related to sexualized violence at this point. So, what resources there are that can be of help to victims of sexualized violence?*

### **Crisis centers for children**

Currently there are 17 such centers on the territory of Bulgaria. They are two types: 1) for victims of violence and human trafficking and 2) for underage perpetrators of antisocial and delinquent acts. The victims of sexualized violence can be placed at such a center (the first type) and there they are supposed to receive accommodation as well as support, psychosocial work and to continue their education. They can stay at such a center up to six months, after that they are usually sent back to their family, to other relatives or to a residential care facility. Placement in a crisis center can be traumatic in itself, as it deprives the child of his or her well-known surroundings, breaks existing ties to family and community (in many cases the center is in another town), creates stress, may lead to school absence or drop-out. Often the children may feel victimized once more – they lose the comfort of their home, for example, while there are (in many cases) no consequences for the perpetrators due to the difficulties in proving such cases and initiating legal actions.

### **Centers for support in the community**

These centers offer psychological and social work to children and families. They are funded by the municipalities; some of them are run by NGOs and some – by the municipalities themselves. In most cases the CPU refer cases for counseling to these centers as their services are free of charge. Specialists in these centers counsel victims of sexualized violence and in some cases carry out evaluations (for example, based on art techniques) if there have been sexualized violence – if the child is small or has difficulties to verbalize their experience. Again, this is not a specialized programme for victims of sexualized violence and typically the staff of these centers is not trained to work specifically with boys or from a gender perspective.

### **Child and Youth Advocacy Centers “ZonaZaKrila”**

In partnership with UNICEF three such centers were established – in three regional centers, Sofia, Shumen and Montana. The one in Sofia is run by the Animus Association<sup>3</sup>, the other

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<sup>3</sup> <http://animusassociation.org/programi-uslugi/zona-zakrila/>

ones – by other NGOs. These centers offer thorough support and advocacy to children victims of violence and their families. The teams include psychologists, social workers who also work in close cooperation with lawyers, they provide psychosocial support, crisis intervention, counseling, legal advice, referral to medical aid preparation for trial – in a nutshell, full coordination of the process. Though the aim is to provide complex care there are many obstacles for that – mainly, the “ZonaZaKmila” teams do not have the right to initiate the coordination mechanism, only the CPU can do that and therefore the process is dependent completely on their evaluation and assessment. And CPU in Bulgaria are severely underfunded and understaffed, with high levels of staff turnover and staff burnout. Very often the staff of the CPU is not specifically prepared to work with cases of sexualized violence, to assess and identify such cases, etc.

### **Center for victims of sexual violence**

A pilot programme aimed particularly at victims of sexual violence started in June 2016 in the Burgas region. Center “Vselena”<sup>4</sup> was founded in a partnership among an NGO (The Demetra Foundation in Burgas), the municipalities of Burgas and Sozopol, the district attorney’s office in Burgas, the local police and the local general hospital. It has been based on a British model (the experience of SARC in Brighton, UK) and the staff have been trained in the UK. The initiative is supported by the British embassy in Bulgaria. The center has the aim to provide complex care to victims of sexualized violence – medical exam, police assistance, psychological help. A short interview was carried out with its director, Mr Angel Simeonov for the purposes of this report. According to him 35 persons have received help at this center from its start in 2016 (until November 2017) and they have also worked with minors, but tend to do less so and to refer such cases to the Child protection units due to administrative difficulties when it comes to such cases. It became also clear that his team carry out trainings for professionals (mostly in schools) on the topics of violence prevention and identification – in his words most of the professionals have serious difficulties in this aspect. We also learned from him that there is interest in the municipality of Silistra to establish another such center following this model.

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<sup>4</sup> <http://demetra-bg.org/center-universe/>

#### **4. Prevention: some good practices**

There are also different projects and initiatives working for the prevention of sexualized violence – many with focus on Internet risks. Here are some examples:

**Center for safe internet**<sup>5</sup> (<https://www.safenet.bg/bg/>) – provides information on Internet safety for children and parents; advices; a chat service. They also have an online form for signals about illegal or harmful Internet content (<https://www.safenet.bg/bg/podai-signal-za-nezakonno-sudurjanie>). Much of their concerns and signals are related to risk of sexual abuse of children and child pornography. According to Mr Georgi Apostolov, coordinator of the center for safe internet, many of the risks for sexualized violence against children are Internet-related or exacerbated by the Internet. In a conference in November dedicated to the prevention of sexual exploitation of children he pointed out that children start visiting Internet sites at the age of 4 nowadays – and if they enter the Internet, they get exposed to highly sexualized content. He warned about parents not being prepared to talk with children about sex and the general lack of sexual education in Bulgaria which can be a factor contributing to the vulnerability of children to sexualized violence – the lack of information given in a mature way, the lack of discussion with children of the risks, online and offline make them more susceptible to such risks and less able to identify risks. According to Mr Apostolov the prevention must start with parents and teachers – the adults that have the most contact with children and to prepare them how to prepare children to recognize and deal with risks. As core factors for sexualized violence he pointed out poverty, family break-up, domestic violence, marginalization of certain groups in society.

**Loveguide**<sup>6</sup> – an popular Internet site with information on sexual issues created in a child-friendly way. The team behind it has recently developed a mini-guide for children on how to protect themselves against sexual violence and exploitation (as a part of a project called “You’d better don’t! campaign for the prevention of sexual violence and exploitation among teenagers” funded by the Ministry of youth and sport).

#### **Clear police record certificates and organizational policies for child safety**

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<sup>5</sup> Founded and run by the PIK Foundation in partnership with other NGOs.

<sup>6</sup> [www.loveguide.bg](http://www.loveguide.bg)

Positive for the prevention of sexualized violence within organizations and institutions working with children are the requirements for certificates for clear police record when somebody is expected to work with children. These certificates are valid for a period of six months. As in other countries, though, they only reflect effective convictions, not ongoing investigations. Yet, there is also the possibility for employers to ask for a certificate that there are no ongoing investigations if this is considered important.

Also, the organizations and institutions working with children are required to follow an ethical code of conduct for professionals working with children (developed by SACP), but currently such organizations are required to develop also their own inner policies related to child safety – code of conduct and procedures in cases of abuse or suspected abuse. This is a step forward in the process of regulation and referral of possible misconduct to the relevant institutions.

#### **5. General information about gender sensitive and child-centered approaches in working with male children and adolescents as victims and potential victims of sexualized violence**

All the examples given highlight once more the lack of specialized services for boys victims of sexualized violence. Also, there is still a lot to be done in Bulgaria in regard to working from a gendered perspective or a child-centered perspective. The vast majority of professionals are not trained to work from such a perspective, it is not part of the curriculum in higher education, for example, so it only happens as part of some specific projects and trainings.

Also, generally there are no specific services for LGBTQ-youths. A new initiative just started – the Single step foundation<sup>7</sup> has opened a chat service for LGBTQ-teens with the intentions to start also a helpline and a community center, but they are very new and there is still no information about any results from their activities – or about referral procedures they will follow in cases of sexualized violence.

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<sup>7</sup> <https://singlestep.bg/en/>

## II. Results of the Qualitative Data Analysis

### 1. Sampling

For the purposes of the qualitative data research three focus groups were carried out in August. It was decided to approach the staff of a few different programmes and services that work with children and with survivors of violence and who have experience with cases of sexualized violence and also may often be first points of contact. The groups consisted of professionals with whom we had well established contacts and cooperation, so they were highly motivated to participate and did so with enthusiasm.

All of the focus groups were carried out in the office of the Animus Association where the participants were invited to in order to have a discussion away from their places of work and possible distractions. Each focus group met for about an hour and a half.

#### 1.1. *Description of the focus groups:*

- o The first group was comprised of psychologist working as part of the Child and Youth Advocacy Center “ZonaZaKmila” – a programme realized by the Animus Association in partnership with UNICEF. There were all specialists who offer counseling and support to families and children who have been subjected to some form of violence or abuse and traumatized. The center offers complete work on cases – psychological and social work, referral to medical services and to legal aid. But the participants in the group all work directly with children and families, some of them on cases of sexualized violence and they can be the ones to first hear about sexualized violence – or to suspect such in the course of their work.
- o The second focus group consisted of counselors at the National Helpline for Children 116 111. The helpline works non-stop and is free of charge; it receives calls from children all over the country with various problems, that's why it is one of the most well recognized first points of contact. Each month about 900-1000 consultations take place and 50-60 cases of violence against children are referred from the helpline to the Child Protection Units. Some of them are related to sexualized violence – about 5-6 %, which comes as a

confirmation of the general observation that cases of sexualized violence are rarely disclosed or reported.

- o The third group was a mixed one – it included psychologists and a social worker from a Crisis centre for victims of violence, a legal advisor working at the Animus Association and a psychologist who is currently working with refugees and used to work on international adoptions; she is a professional with vast experience with children from institutions for residential care. The Crisis centre accommodates survivors of different kind of violence, mostly domestic violence and trafficking in humans. They can accommodate women and girls, as well as accompanied boys up to the age of 14. The staff also provides crisis intervention to persons who are not accommodated at the centre. Many women stay there with their children, girls and boys, who often also are victims of abuse – including sexual abuse. They may share about such abuse to the Crisis centre staff – or they can notice some tale-tell signs of unacknowledged sexual abuse.

## **2. Method**

The same method was used in all three groups. First, the participants received some information about the project, its goals and the way it has developed. Then the purposes of the focus groups were discussed with them. The participants were asked to discuss freely their ideas, associations, experience, to give examples, if they wish. They were informed that the focus is sexualized violence against children, but especially boys and were asked to think about such cases they have worked with or know about. The discussed was recorded with their knowledge and agreement.

## **3. Results from the focus groups**

Here we present the results from these three focus groups – with many examples and quotes from the recordings. The aim is to analyze how the professionals define sexualized violence, how they believe it affects boys, how can the professionals be made more efficient, how can boys be helped to disclose more about such incidents and how they can be helped. The effects of gender were also discussed, both in regard to the affected children and in regard to the professionals working with them.

### 3.1 Defining sexualized violence

*“I think a boy would find it more difficult to share about sexualized violence than a girl” – a psychologist at the Child and Youth Advocacy Center*

The professionals we interviewed had much knowledge about violence against children, though they did explain that their experience is mostly with other forms of violence (physical, neglect, emotional), not so much with sexualized violence and also, more often with girl victims than with boys. When first asked about violence and sexual abuse their first associations were related to girls. With the broadening of the discussion they started to feel more comfortable in the topic and to give their impressions, examples, suggestions.

#### **3.1.1. What forms of sexualized violence they thought to be most common?**

Different forms of grooming, sexualized games, touching, petting of the child, oral sex, pornography (showing such images or taking such images of the child), exhibitionism, cyberbullying – for example, with nude pictures used for blackmail (like blackmailing the child to participate in sexualized games by older men).

It was the belief of most of the professionals that forms of sexualized violence involving penetration were much more rare when it came to boy victims. They also stressed out that some other vulnerabilities may make some youngsters more susceptible to sexualized violence as well. One professional gave an example of a teenager who was addicted to heroin and his addiction was used at some point by others to make him perform sexual acts on them, so that he can sustain his heroin habit.

*“I believe the rape of a boy is something more brutal and with more severe consequences...maybe because of the stereotypes that it is more natural for girls to be the receiving side in sexual intercourse”. – a psychologist at the Child and Youth Advocacy Center*

Other forms were connected to the family context – like early sexualization if there are no boundaries in the ways the family communicates (like the child is exposed to the sexual behavior of parents or other family members), or deliberate sexualization by the parents

(most for girls), letting the child watch pornography, etc. boundary transgressions were easily identified in all three groups as common forms of sexualized violence – and often unrecognized ones.

When it came to discussing boys who have been subjected to sexualized violence, it was easier for the participants to talk through some examples and stories they could share – many of them involved children in residential care. Both the professionals working directly and on the phone had many examples of teenager who are living in residential facilities and have many current problems and a history of severe sexual abuse.

One of the goals of the focus groups was to assess which children are seen as more vulnerable by the professionals and why.

### **3.1.2. Which children are seen as more vulnerable?**

***Who was seen as most vulnerable?** First of all, children (boys and girls) living in residential care (in Bulgaria there are still many residential institutions, some youngsters spend most of their lives up to 18 years in them). Also, boys who are neglected, left to fend for themselves, lonely, homeless.*

The problem with institutions for residential care was mentioned again and again and much of the experience of participants was with boys from such places. A participant who is working currently with refugees but has worked on international adoptions before – with frequent contact with children in residential care facilities. She shared her experience from such residential centers and gave the example of a boy of 11 who looked rather feminized, with thin eyebrows and dyed hair; she got information that taxi drivers in the town take him every weekend on “trips” and the staff has no information what happens on these trips. It was her suspicion about this boy and many other that they offer sexual services to these men and get money or gifts in return.

*“When I asked the staff what happens on weekends, when there are few of them (staff members) in the facility, they said it is not a closed facility and what the children do is their own business” – a psychologist*

The children in residential care normalize sexualized violence , do not see it as violence at all, but see it often as a form of attention – something they desperately lack in their life. And as a way to get some benefits like nice things, money – or even as little as coffee and chocolate.

A specific and new for Bulgaria example of vulnerable youngsters are refugees. Another example was given by the psychologist working with refugees about refugee seekers from Afghanistan who have a tradition called “bacha bazi” (or “boy play”)<sup>8</sup> – when a boy enters puberty he participates in this ritual where he dances in front of older men dressed like a girls. Afterwards they offer the boy gifts in exchange for some sexual favors – according to the group participants, due to the fact that in afghan culture there is a strict division between men and women and these men have no access to women. It was pointed out that 99 % of the unaccompanied children are boys and there are serious difficulties for the social workers who do not know how to address this phenomenon as in Bulgaria this cannot be seen as a part of tradition, but as a crime against a child. It was discussed that many of these refugee boys do not want to stay in Bulgaria at all, but head towards western Europe and often take the road of prostitution to make money and support themselves.

Neglect was identified as another very serious risk factor – boys who spend a lot of time alone and need attention. If it is not provided by parents who are busy or missing they become likely to welcome such attention from strangers who tend to them, flatter them, groom them.

This situation is compounded in small towns and villages where there is much poverty and parents spend a lot of their time in the fields or looking for work and not at home.

***In general, poverty, other form of violence, lack of boundaries, life in residential care and marginalized status were discussed as typical risk factors for sexualized violence .***

### **3.1.3. Experience in working with boys and youths victims of sexualized violence**

The experience of the professionals varied. Some had such cases in direct work, other – in telephone consultations and others shared about suspicions in some cases. Some had the

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<sup>8</sup> <https://renegadeinc.com/bacha-bazi/>

experience of encountering cases of sexualized violence in the format of trainings and seminars with young people – when disclosure is not expected, but some topic provokes a reaction in a child or they show symptomatic behavior.

The counselors at the National Helpline for Children 116 111 are regularly confronted with such cases in their work – directly or in team discussions which are a regular part of the work. A helpline counselor told about a person she knows, a male survivor of sexualized violence and how he has been abused as a child by an older man. She explained that he had been suppressing this and took him years to start talking about it – after mental breakdowns, stays at mental health institutions and finally, long-term therapy. Many examples were of cases where not the child, but another person – usually a relative – shares information about such violence. These cases are typically related to younger boys or girls and the perpetrators were usually older children, family members or teachers/carers in some institutions. Also, if information about sexualized violence against a child is received at the Emergency number 112, they refer this information to the Helpline for children. A case from the helpline where a boy of 9 shared about sexualized violence from a step-father and it became clear that the mother does not believe the child and blames him.

Again much of the experiences mentioned were with children in residential care facilities. Many of the participants had been confronted with such cases during their work experience or during some internships. A helpline counselor told the story of a young boy who had been attacked by a group of both men and women who molested him and raped him with objects. The boy was so deeply traumatized that he didn't speak at all.

*“He had been at an institution for a year and had not uttered a word. Of course, there had not been punishment for these people, only he had been placed in this institution”. – a helpline counselor*

Another example given was with international adoptions. After the child goes to the family abroad in some cases they reveal there, in the safe environment of their new home, about incidents of sexualized violence or rape while at an institution. It was explained that most of these cases were of boys.<sup>9</sup>

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<sup>9</sup> Some such cases have reached the Bulgarian media through the years.

Something else that was touched upon with regard to children in residential care was that they become perpetrators in some cases – and such examples were given. Usually they have been abused in early age and at some point sexually abuse much younger and weaker children, some times with physical disabilities.

One of the participants, a psychologist at the Crisis centre said at one point that while listening to the others she realized how many such cases she has suppressed herself in her memory and is starting to remember now and gave some more examples of sexual abuse in the family.

#### **3.1.4. Symptoms/signals for possible sexualized violence**

*“Their drawings or behavior as a whole can show” - a psychologist at the Child and Youth Advocacy Center*

All professionals agreed that in many cases sexualized violence can be suspected on the basis of different symptoms displayed by the child. What are the most common symptoms in their experience, especially typical for boys?

- Acting out;
- Antisocial behavior;
- Running from home or the institution;
- Withdrawal;
- Avoidance of people with whom they have been close before;
- Loss of speech (in younger children);
- Developmental regress, behaving like a much younger kid;
- Changes in moods;
- Sleep disorders;
- Aggressiveness;
- Angry outbursts;
- Avoidance of certain places;
- Promiscuity;
- Traumatic sexual identity;
- Lack of interest in sex, withdrawal from sexual activities;

- Problems with sexual identity;
- Much focus on sport, attempts to become physically stronger;
- Sexualized language at an early age;
- Untypical knowledge on sexual topics at an early age;
- Plays or drawings with sexualized content;
- Attempts to involve the therapist/psychologist in games that imitate sexual behavior;
- Constant attempts to prove own masculinity, often in dysfunctional ways – aggression in personal relations, dominance;
- Suicide attempts, suicide – often even much later, for example in teen age if the violence had happened in early life.

*“It is important to assess the boundaries, the level of closeness to the counselor – if there is too much of a distance or the child tries to be too close” - a psychologist at the Child and Youth Advocacy Center*

With the helpline counselors was discussed what signals they can notice – as they do not see the children and as children often do not disclose directly of sexualized violence . They identified the following:

- Fixation and extensive talking on sexual topics, unwillingness to discuss other matters;
- Staying “on the surface”, unwillingness to discuss family situation (if the sexualized violence is there);
- In some cases – emotional stupor, lack of emotional expression;
- Inconsistencies in their personal story, omitting some period in life or giving very vague information about it;
- Referring to something awful but unwilling to name it;
- Information about promiscuity;

- If the incident has been recent – emotional crisis, difficulties in verbalizing what has happened;
- Information about sudden negative changes in the life of the child, without obvious explanation – like worst performance at school, withdrawal, loss of confidence, of social contacts;
- Presenting on the helpline stories of other victims of sexualized violence and deep engagement in them.

*“There is a piece missing in the personal story” – a helpline counselor*

### **3.1.5. Influence of gender**

*“Often it is not paid attention to the fact that women can also be perpetrators of sexual violence as well” – a helpline counselor*

Again most of the professionals shared their view that probably it is more difficult for boys to disclose sexualized violence – the comparative rarity of such cases that reach the institutions or services in the community is a telling sign in that aspect.

Also, it was pointed out that many of the signals – like some forms of acting out, of more aggressive or harsh behavior are seen as typical for teen boys, as forms of “childishness” and or “boys being boys”, therefore it would be much more difficult – and rare – to be recognized as signals for something wrong.

*“Most cases known in society are of female victims of sexualized violence. So if a boy becomes a victim he may not be able to think of himself as such...from all films or other media there is the message as if “you cannot be a victim”. This makes it difficult to admit it even before himself” – a helpline counselor*

This lack of willingness to admit even before himself, according to the helpline counselors, might be a self-protective measure in the short-term, but with very negative long-term effects.

The participants discussed the cases of women perpetrators and how societal expectations and stereotypes might be an obstacle to actually naming and acknowledging this kind of violence – still it is a common belief that a male cannot be sexually abused in any way by a female, he can only be a willing participant.

### **3.1.6. Needs of the boys, supportive factors for disclosure**

*“Boys feel very crushed by what has happened...the experience of guilt is scary” – a psychologist at the Crisis centre*

The professionals commented that there is a lot of fear and trepidation in boys when it comes to disclosing sexualized violence. Some of them suggested that **anonymity** may help – like when the children call a helpline and can remain unseen and anonymous.

Another important supportive factor was **trust** – an existing trusting relationship – with a friend, a teacher, a counselor, a school psychologist.

But in regard to the trusting relationship some professionals commented on the gender aspect sharing their view that this may be an obstacle as boys may have fewer close trusting relationships that allow for the sharing of emotions and experiences. It is still part of sexual roles and expectations that men and boys do not talk too much and do not disclose much about their inner experiences and pains in order to keep the image of strength.

A general need in society identified in the focus groups was of **talking about boundaries** with children in early life. According to the participants there is a lack of culture of talking in families about these things – about the body of the child, what kind of touch and closeness is ok, what is not, who may touch the child and who should not. This lack of clear boundaries of their own body is one reason why some children do not recognize some forms of violence as such. So, even at a later point a talk about boundaries may help a youngster to protect themselves – or provoke them to realize that they have been subjected to boundary transgression and they do not need to normalize this.

When asked what their approach would be if a child shares about sexualized violence in therapy/counseling and whether it would be different in cases of boys and girls, most of the professionals said that it would depend more on the age of the child, not on the gender. Yet

they commented that they ask themselves if indeed there needs to be a different approach and if they need some additional training in this aspect.

*“Younger children share more easily, while older ones have more censure” - a psychologist*

*“In the case that I mentioned the boy had disclosed about the sexual violence. But the mother did not believe him and sided with the partner” – a helpline counselor*

**How do certain characteristics of the professional influence the chance of disclosure?** Most of the professionals agreed that what is most important is the quality of the relationship between a child and a professional, not so much his or her age, sex or other characteristics. Yet they commented on how the gender of the perpetrator may influence disclosure or therapeutic work – they suggested that in some cases a child may prefer to work with a specialist from the opposite gender of that of the perpetrator.

*“There was this behavior of rejection ...in one of my cases on the helpline, the violence was perpetrated by a man, so the child was rejecting all male figures” - a psychologist, former helpline counselor*

Something else that was described as important was the quality of communication between the professional and the parents as this relationship is also carefully scrutinized by the child and whether he or she would trust the professional also depends on how he/she communicates with each parent.

**In what environment the child would be more likely to talk about sexualized violence ?** At first it was difficult for the professionals to define such an environment and some of them described what environment would be counterproductive. Most of them described that disclosure is more likely in a very safe space, with guaranteed confidentiality, if not

anonymity. Some place that is separate from school or the other typical places where the child goes – like a contact center or information center. Most of them suggested that schools are rarely such environment due to lack of confidentiality and serious risk of disclosing such information to other parties – other students, principals, teachers.

*“I can hardly imagine how this (disclosure) can happen for example in a school environment ...often it is a place with not much confidentiality and safety that what you say will be kept private” - a psychologist*

#### **Summary: what are the needs of the child?**

- To be trusted;
- To be taken seriously, his or her experience not to be underplayed;
- To see justice and punishment for perpetrators;
- If the sexualized violence is in the family – taking out the perpetrator, not the child;
- Start of legal proceedings;
- Not to be lied to – sometimes professionals in order to make the child disclose more promise that they will keep it a secret, but they do not and should not. Or say that the perpetrator will be in prison, to calm down the child, but this is not known and depends on other people;
- To have access to child friendly interviewing facilities (a.k.a “blue room”) and not be made to tell the story again and again.

*“I can think of institutions where children share about sexualized violence and very often this is underplayed”  
– a helpline counselor*

*“Often the adults in order to find out more give this promise – that this will remain between us – but it is not so” – a psychologist*

### 3.1. 7. What are the needs of the professionals?

Some of the needs that the professionals identified in order to be better equipped to work with boys survivors of sexualized violence as summarized as follows:

- More specific information about symptoms of sexualized violence and about different approaches depending on age and gender of the child;
- How to work with the parents and the child himself in order to prepare them for legal proceedings;
- How to work with the shock and very possible denial of the parents whose reaction and support were identified as very important for the recovery process;
- Collected data and information about cases – on national level – both successful and unsuccessful, good and bad practices, and how they developed from the moment of disclosure to the end;
- Better preparation for school staff – who may often be the first points of contact – so that they can better identify such cases and know what to do if they have information or suspicions. Also – a specific model for schools, with steps and procedures.
- Ethical codes of conduct and other protocols to be established and followed in all places working with children. The professionals affirmed that their organizations/programmes have such protocols but not all schools or programmes/services do. They stressed the importance of all professionals following similar procedures.
- Visible cases when justice have been given – proper sanctions and legal punishments.
- More multidisciplinary work, better cooperation among stakeholders so that trust can be built.
- Information about the next steps that will be taken if a case is referred to the child protection services or the police. The feeling that you have acted on information or suspicion and followed the law and procedures but nothing was done afterwards was described to be extremely disappointing and disheartening to both professionals and other persons.

Something else that was not specifically identified but was implied when the professionals had questions about their own stereotypes about gender or their approaches to children of different sexes but is clear is the need for education and training on the topics of gender-centered and child-centered approaches as this is not part of the preparation of professionals at any point, unless it is some specific training, usually project-based and with limited reach.

*“First of all, the attitude ...when your attitude is to be supportive, then things happen ...you give signals that you are ready to listen what is about to be told. And you need to sit and just listen for some time, not immediately jumping to start calling the police or seek punishment, but just be there for the child to speak, and verbalize and be in the moment as long as he needs” – a psychologist*

### 3.1.8. Challenges to the professionals

The challenges identified by the professionals when working with survivors of sexualized violence are many and on many levels.

**Duty to refer the case to child protection organs** – according to the Child Protection Act every professional has this duty if they receive such information. Yet, the specific procedures are not always clear and the information is not always taken into consideration. Also, many professionals do not feel they are protected enough – an example was given of a school psychologist who referred a case with suspicions of sexualized violence in the family and was later sued by one of the parents.

*“I have heard from teacher that often they do not know what to include in a referral to the Child Protection Unit in terms of information and then they were disappointed because the Unit did not accept the referral due to lack of some information or due to the fact it was not in a written form” - a psychologist at the Child and Youth Advocacy Center*

**Lack of common definitions and partnership among stakeholders.** Professionals in different services/institutions/programmes have very different levels of preparation and capacity to assess cases, also – varying definitions about what is violence in general and sexualized violence in particular. For example, it is not required to be a trained social worker to work in the Child Protection Units, it is not even required to have higher education. Lack of common criteria for selection, the concentration of trained professionals in the larger cities, the high levels of turnover in the child protection services and the high levels of burnout mean that there is also the risk of denial in cases of sexualized violence – when the professional is overwhelmed with work but underprepared and not supported by supervision or mentoring it becomes easier to deny that something “like this” has happened and not open a case.

**Lack of preparedness for multidisciplinary work.** Many professionals are not ready to work in partnership with others due to different reasons – mistrust, suspicion, need to control the process, lack of information, lack of resources. Examples were given of situations when professionals tried to take things into their own hands, without contacting other stakeholders, because they became too involved emotionally - like the case of a coach at a sports club who got information about sexualized violence in the family of a boy (perpetrator was a stepfather) and decided to confront the stepfather himself.

*“There is not enough trust in the system – both because there is a lack of information and because people get emotionally involved” - a psychologist at the Child and Youth Advocacy Center*

But such tendencies to emotional involvement are again a sign that regular trainings and supervision are required so that professionals know how to deal with their own reactions and emotions and possible projections, etc.

The situation in institutions for residential care was once again discussed through the prism of a sense of helplessness among the staff. Larger institutions are now closed and replaced by smaller residential centers – in small towns with no perspectives and opportunities, so many children, both boys and girls, find it easier to receive money and gift from older men in the town than to study or think about an uncertain future.

#### 4. Conclusions

The vast majority of the respondents were female – 62 or 93 % - and 5 were male (7 %).

Most of the fell in the age group 30 to 39 years, followed by the group 40 to 49 years old.

There were three respondents below the age of 25 (4 %), 8 between 26 and 29 (or 12 %) and also 8 in the age group 50 to 59 (12 %). None was older than 60. We can draw the conclusion that most of them have quite a long work experience.

As of their professions, most of the respondents were psychologists – 42 %, teachers in primary or secondary school – 12 % and social workers – 10 %. Among the respondents were also helpline counselors – 5 people (7 %) and a lawyer (1,49 %). Other professions that were represented included: teacher at a kindergarten, kindergarten principal, medical doctor, IT specialist.

Almost 80 % of the respondents had finished a master's degree; 6 % had a PhD and 13 % had a Bachelor degree. Just one respondent had finished only secondary school at the time. Also about 80 % were working on a permanent contract, 10 % defined themselves a freelance and the others – as working on non-permanent contracts. When it comes to how long they have been working on a certain position, the distribution is as follows:

##### How long have you worked in your current position?

| # | Answer              | %      | Count |
|---|---------------------|--------|-------|
| 1 | It is my first year | 2.99%  | 2     |
| 2 | 1 - 2 years         | 10.45% | 7     |
| 3 | 3 - 5 years         | 26.87% | 18    |
| 4 | 6 - 10 years        | 29.85% | 20    |
| 5 | 11 - 15 years       | 14.93% | 10    |
| 6 | 16 - 20 years       | 1.49%  | 1     |
| 7 | More than 20 years  | 13.43% | 9     |
|   | Total               | 100%   | 67    |

The table shows that the majority do indeed have quite a long experience.

The NGO sector is the most represented when analyzing where they work – more than half of the respondents work at an NGO (55 %), 28 % - in public institutions and the others – in the private sector or something else. The respondents have pointed out different kinds of NGOs and institutions as their work places such as: Centers for Community Support, foster care, daily center for persons with disabilities, kindergarten, high school primary school, the Bulgarian Red Cross, crisis center, language school, lawyer's firm, Sofia University, Medical University, the municipality.

According to the respondents on average 55-60 people work at the same place, with 8 respondents pointing out numbers of above 100. The results are not conclusive, though, as not everyone was able to point out a specific number and some of them did not know for sure. So the numbers are approximate.

What kind is their work with children? The majority answered that they work with children at -risk who need protection or are referred to a service (35 %) or work in residential care (20%). About 20 % have answered that they are involved in formal and non-formal educational activities with children. The others have answered that they work in a refugee camp, on projects related to child welfare, kindergartens, as freelance psychotherapists. Most of them have said they work predominantly with girls – 48 %, while 30 % said they work predominantly with boys. The others have described that they work with children of all genders, without of them being predominant.

As expected, most of the professionals work with children in different age groups and gave multiple answers. About 10 % work with very young children – in the age group 3 to 5, 23 % work with children under 10 (6 to 10 years old). But the majority work with children above 10 and teenagers.

## **RESULTS**

**Does gender of the children/youth influence your work?**

60 respondents answered this question. 44 of the respondents answered that gender did not influence their work and 2 answered that they cannot tell – that is more than 75 % who do not define any influence of gender.

*“I don’t think that the gender of the child influences my work. Age differences – yes, specific characteristics/needs of some children – yes, but not gender – I don’t think so”*

The other respondents have given some specific answers on how they think gender might influence their work:

- *It generally does not play a role, but girls are more obedient;*
- *In some cases teenage boys say that they would rather have the chance to talk to a man (female respondent);*
- *Boys are naughtier;*
- *Girls are easier to work with;*
- *Different issues are central to teenage girls and boys, therefore training work needs to be planned according to this;*
- *It depends on the activity;*
- *Different kinds of vulnerabilities;*
- *Work with boys takes more effort;*
- *Different reactions to trauma, different expectations based on gender roles, different attitudes to sharing and disclosure;*
- *Makes the professional more cautious to age differences;*
- *Influences the choice of method of work.*

As can be seen from this summary, when the gender is perceived as playing a role, it is mostly in the direction that it makes work with boys more difficult. Here we see a reflection of some of the gender stereotypes and roles – that boys are more naughty, disobedient. Also, the fact that most professionals in NGOs, Schools, etc, are female is seen as a possible problem – the lack of male counselors, teachers.

How can society reach gender equality?

As can be seen in the table, the majority of the respondents have answered that gender needs to be considered in intersection with other factors. Another large section – about 30 %

of the respondents believe that men and women are mainly similar. Only three people have answered that men and women are completely different. No one has answered that the dichotomous concept of gender needs to be replaced. This can be viewed again in the light of current gender perceptions and gender education (or lack of) in Bulgaria – such concepts as gender fluidity or LGBTQ-identities or rights are not widely considered or taught in formal or informal education.

| # | Answer                                                                                                                                                                                               | %      | Count |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------|
| 1 | Men and women are mainly similar and have to be treated equally in order to reach gender equality.                                                                                                   | 27.27% | 18    |
| 2 | Men and women are completely different and have to be treated differently in order to reach gender equality.                                                                                         | 4.55%  | 3     |
| 3 | The dichotomous gender concept (men - women) has to be replaced by a concept, which includes the diversity of gender. This should be the basic ground for measures directed towards gender equality. | 0.00%  | 0     |
| 4 | Gender has to be considered in intersection with diverse social markers (gender, sexual orientation, ethnicity, ...) to reach gender equality.                                                       | 68.18% | 45    |
|   | Total                                                                                                                                                                                                | 100%   | 66    |

### Defining sexualized violence

The most common answers were as follows:

- Sexualized actions against the will of the child;
- Exposure to pornographic materials or sexualized content of the child (initiated by adults and made possible by lack of parental supervision);
- May take different forms – verbal, physical (touching), penetration;
- May happen online as well as in real life;

- Using the child for the sexual gratification of an adult;
- Crossing of personal borders;
- Abuse of the lack of knowledge, understanding or independence/assertiveness of the child;
- Incest;
- A disease, a crime.

The answers were very different in their wording, perhaps a common definition is lacking, some of the respondents wrote that they cannot or would not even talk about such a thing. Probable there are huge differences in the level of preparation/training among different professionals on these topics.

**How likely do you think is sexualised violence against boys?**

65 persons answered this question and the vast majority think that sexualized violence against boys is quite likely to happen – with almost 34 % saying it is extremely likely to occur. It is not clear though how exactly each respondent understood the question – the likeliness for a particular boy to become a victim of sexualized violence or the general likeliness of such things happening in society and being disclosed.

| # | Answer           | %      | Count |
|---|------------------|--------|-------|
| 1 | Not at all       | 0.00%  | 0     |
| 2 | A little         | 7.69%  | 5     |
| 3 | Somewhat         | 46.15% | 30    |
| 4 | Very likely      | 12.31% | 8     |
| 5 | Extremely likely | 33.85% | 22    |
|   | Total            | 100%   | 65    |

Does gender influence the experience of sexualized violence ?

58 people answered this question with 31 saying it does and 27 saying it does not. 26 of them gave additional explanations to their answers. Many respondents have stated that children react in a similar way to sexualized violence regardless of their gender. Others point out (again) the importance of other factors such as age, family situation, support network,

*“Very delicate question. I believe that individual characteristic are a more important factor in the experience of sexualized violence , as I suppose there are boys who perceive their masculinity to be more undermined in omparison to others. Maybe such boys are raised in a more patriarchical model and experience a rape from a man in a different way. But I still think this to be more an individual characteristic than a gendered one.”*

*“Each case is unique”*

*“Boys may feel more shame and girls more guilt, especially if they do not know the perpetrator”*

- Quotes from the questionnaire

Suggested explanations how gender can influence the experience of sexualized violence :

- sexualized violence against boys is not yet well recognized;
- It is associated with more shame to disclose;
- sexualized violence against boys may deprive them of their feeling of masculinity;
- The social environment and its attitudes towards such cruel acts;
- Different social norms and expectations.

### **Does gender influence main effects of sexualised violence?**

All 67 respondents answered this question and more than half said yes, it does influence the effects. 39 said yes (58%) and 28 answered with no (42 %). 12 people have given further explanations of their replies.

How does gender influence the effects according to the respondents?

- Boys would be less likely to disclose, girls would share easier with a friend;
- Boys are more likely to seek revenge;
- Society might perceive rape of a boy as a more severe act;
- It could be easier to hide a sexual crime against a boy (because they are less likely to disclose);
- More suppression of the trauma in the male survivors;
- May influence sexual identity and self-determination.

*"I think the consequences of experienced sexual violence are similar in all children"*

*"...there are parent who mock their children and can make the experience even harder. But again I think it depend on individual characteristics of the child and the family, not gender."*

*"Boys keep it in secret and this "secret" affects their behavior as s whole"*

- Quotes from the questionnaire

## **What are the main needs of affected children?**

The following main needs were identified by the respondents:

- A safe place;
- Medical examination;
- A trusting relationship;
- A chance to share;
- Psychological help for overcoming trauma;
- The abuse to stop (if systematic);
- To be assured that what happened is not his fault;
- Respect;
- Validating of their worth and dignity;
- Sanctions for the perpetrator;
- The support and acceptance of the relatives (especially the father);
- To regain control over his life.

*“What is most important is – the boy to have at least one significant adult – parent, relative, friend – in whom he has complete trust! Secondly – to know his right and where he can get help from”*

***So, the needs can be summarized in a few main categories:***

- a) Safety – physical safety, to be out of the situation, the perpetrator to be detained.***
- b) Supportive environment – mobilization of the resources of the family or other significant others, acceptance, talking about what has happened not making the child feel ashamed, dirty – or denying the situation or its severity.***
- c) Validation of their worth, dignity and assurance that blame only lays with the perpetrator;***
- d) Psychological help – both short-term and long-term; emotional support.***
- e) Medical help if needed.***
- f) Justice – legal actions against the perpetrator.***

### **Does gender of the child/ youth has an influence on the willingness to disclose sexualised violence?**

According to most of the respondents the gender does have an influence. 58 people have answered this question and 69 % of them have answered affirmatively. 26 have given further details on their views.

Again as in the previous questions many people answer that things are quite the same for boys and girls – and that children in general have difficulties sharing such information, all genders.

The ones that have elaborated on their view that there is an influence have stressed that boys are less likely to disclose of sexualized violence – because of more shame; because of patriarchal societal model; because of stigma and taboo, related to homosexuality, because of gender stereotypes, because boys are generally less likely to share inner emotions and trauma.

*“Among boys it is more difficult to talk and there is more stigma over these topics, because gender stereotypes do not allow for the “stronger sex” to be subjected to this kind of violence”*

So, the professionals who do recognize the influence of gender identify gender roles and expectations as an obstacle for boys to share, to disclose of such violence.

### **To what extent are you aware of the legal provisions and mechanisms for protection against sexualised violence of children and youth?**

| # | Answer                                 | %      | Count |
|---|----------------------------------------|--------|-------|
| 1 | not at all                             | 7.81%  | 5     |
| 2 | generally aware but don't know details | 34.38% | 22    |
| 3 | aware of some details but not sure     | 17.19% | 11    |
| 4 | am very aware with all details         | 40.63% | 26    |
|   | Total                                  | 100%   | 64    |

It is a good sign that the majority of respondents are quite aware of the legal mechanisms and provisions. Only 8 % have said they are not aware at all and 34 % are only generally aware. But 41 % said they are very well aware. Yet, the percent of people who are not really aware should drop even lower or be eliminated as all professionals working with children should be informed about the necessary steps in case a child falls victim to abuse and to follow similar professional standards.

**Concerning your organisation/work: do you recognise potential barriers for boys to report sexualised violence?**

64 people answered this question and 41 of them said they did recognize these barriers (65%).

What are these barriers? 20 respondents elaborated on their answers. Here is a summary of their replies:

- sexualized violence against boys is a taboo topic;
- Most professionals are of the opposite sex (female);
- Shame and discomfort;
- Lack of information about their rights;
- Lack of understanding and support from the parents;
- Lack of clarity who can provide help;
- Boys can be subjected to bullying by peers and classmates if the sexualized violence is disclosed;
- Feelings of inadequacy because he has "let this happen to him";
- Lack of sanctions for the perpetrators;
- Lack of trust in the institutions;
- Worries about lack of confidentiality, especially in small towns.

*"Even though the boy is a victim of sexual violence, he could be subjected to mocking and his classmates would isolate him"*

*"There is a lack of punishment for perpetrators. Without this there could be no motivation to report"*

### Did you receive training on the issue of sexualised violence against children?

| # | Answer | %      | Count |
|---|--------|--------|-------|
| 1 | Yes    | 35.94% | 23    |
| 2 | No     | 64.06% | 41    |
|   | Total  | 100%   | 64    |

Here it becomes clear the majority of professionals have not been trained on the topic of sexualized violence . From 64 people who have answered only 23 have been trained. This is a deficit that needs to be addressed, especially since the majority have said that they have encountered a case of sexualized violence against children – 59 %. More than half of these professionals have added that they have been confronted by a case of a boy survivor of sexualized violence (25 people answered yes). Obviously it is not uncommon in their practice to encounter such cases as well.

| ... main worries ?                                                                                  | ... what can help you?                      |
|-----------------------------------------------------------------------------------------------------|---------------------------------------------|
| Possible reactions of isolation, apathy, suicide                                                    | Knowledge and training – with role plays    |
| Building of trust and long-term support                                                             | Team work                                   |
| Uncertainty about own knowledge and preparation –<br>About child sexuality, violence, abuse, incest | Regular seminar activities                  |
| Lack of immediate support                                                                           | Work on case studies                        |
| Difficulty in understanding their perspective                                                       | Communication skills, trust building skills |
| The reactions of other institutions                                                                 | Work with an expert on the matter           |
| What approach to follow                                                                             | Supervision by trained experts              |

|                                                                    |                                                                                               |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| Getting to shocked, scared                                         | Regular communication with other professionals working on the case – doctors, policemen, etc. |
| Barriers to disclosure                                             | Professional discussions, debriefing                                                          |
| Patriarchal family models of communication                         | More information on the specific effects of sexualized violence on boys                       |
| Not knowing how to open the conversation about sexualized violence | Patience                                                                                      |
| Lack of clarity about legal matters                                | Empathy                                                                                       |
| Lack of specialized services                                       | Training in different counseling and therapeutic approaches                                   |
| Disbelief and denial in the environment                            | Effective legal system                                                                        |
| Lack of preparation                                                | A male translator (for refugee camp)                                                          |
| Lack of training                                                   | Professional of the same gender as the child/the boy                                          |

### **Cooperation with other institutions**

Almost all respondents (97 % of 64) answered that they would, with only 2 answering that they do not know. No one has answered with “no”. cooperation and team work are seen as important resources, as it becomes clear from the previous question as well – and the lack of support system for the professional is seen as an obstacle.

The respondents would most cooperate with 1) the social services; 2) the police; 3) medical services; 4) NGOs; 5) hospitals. 6) schools; 7) the court. They have given multiple replies on this question. Some of them have given further clarifications on their answers:

*“I don’t trust in institutions as a whole – but I do trust in particular persons/specilists!”*

*“I would cooperate only with the agreement of the boy!”*

### **Is there a standardized protocol in the organization**

50 % of the 64 respondents have answered with “yes”, 34 % - with “no” and 16 % - with “I don’t know”. This shows definitely a deficit, all institutions and organization must have such protocols – and they need to be well know among the staff, as some institutions do have them, but they are not really applied and new staff members are not really made aware of them. Surely they also need to be accompanied by instructions and manuals on how to apply them, discussions, etc.

***Main components of the existing protocols:***

- ***Description of behavioral, physical and psychological signs that may lead to suspicions of sexualized violence ;***
- ***Description of the roles of different stakeholder in the process of protection;***
- ***Description of the main effects of sexual violence;***
- ***How to treat the victim.***

The first two were the most commonly referred in the answers of the respondents. The next two were much less common – only 11 respondents included them in their replies. We can guess most protocols are focused on the symptoms and the responsibilities of stakeholders, but not so much on how to approach the victim and the effects of such violence.

**Main obstacles to intervene or detect cases of male children affected by sexualised violence**

Here is a summary of the main obstacles as identified by the respondents ( 46):

- Shame and anger in the boys;
- Denial in parents;
- Unwillingness in parent or boy to seek help because of lack of trust in institutions;
- Cases are very difficult to prove in court;
- Lack of professional trainings for people working with children (on how to recognize signs of sexualized violence , ho to respond to disclosure);
- Lack of trust in the child and his story, disbelief;
- Risk of secondary victimization by professionals;
- The tendency to keep it secret;

- Problems in the legal system;
- Lack of sexual education or discussion on the topic of sexualized violence in schools;
- Lack of sanctions for perpetrators;
- Lack of detectable symptoms;
- Lack of quick reaction, slow work on cases;
- Lack of well-developed professional networks.

### Need of training

Almost all respondents have stated that they do need such training – 86 %. 9 % have said they do not need such training and 5 % - that they don't know.

What are their specific needs? They are listed below in descending order – from the highest rated need to the lowest:

|                                              | % answered with "to a large extent" (N =14) |
|----------------------------------------------|---------------------------------------------|
| How to treat the affected boys               | 20 %                                        |
| Coping strategies                            | 16 %                                        |
| Effects of sexualized violence on boys       | 15 %                                        |
| The roles of various stakeholders            | 15 %                                        |
| How to report a case                         | 13 %                                        |
| Short-term and long-term affects on children | 13 %                                        |
| How to identify cases/notice signals         | 10 %                                        |

*Other needs that were stated: how to work with the family of the affected boy; national legislation; psychological factors for sexualized violence.*

### Role of the organisation for prevention of sexualised violence against boys

- **Awareness raising** – among children, families and professional on how to identify Sv and risks, how to react, whom to approach for help;
- **Secondary prevention** – work with at-risk children or groups in the form of trainings, seminars, role plays to make them less vulnerable;

- **Psychological and social work with survivors** – in order to make them less vulnerable to re-victimization.
- **Better preparation and training of professional** – specialized trainings to make them more able to detect early signs and take urgent measures in cases of sexualized violence ;
- **Selection and promotion of good practices in working with survivor of sexualized violence ;**
- **Lobbying** – for better child-centered policies and services;
- **Building of effective networks and multidisciplinary teams.**

*“In my current position I work with young men with physical and mental disabilities. We talk with them about their lack of caution with strangers, about their feelings and experiences. The idea is to avoid possible sexual abuse or exploitation against them”*

*“Campaigns and seminars for raising the awareness on the topic, opening space for deconstruction myths and taboos in such cases, training in specific practical knowledge”*

## Summary

### 31 - Искате ли да добавите нещо?

Цялостната система за работа, насочена към деца в конфликт със закона е погрешно конструирана и като резултат - неефективна. Това подкопава доверието в релевантните държавни институции, води до липса на мотивация за работа на служителите в такива институции, деморализира обществото и води до повишена агресия сред подрастващите. Създаването и развиването на нови социални услуги е контрапродуктивно, тъй като те би следвало да надгражда съществуваща ясна и ефективна система за младежко правораздаване. Единствено УНИЦЕФ има някаква идея за действие в тази посока, макар в същината си тя да е погрешна. Защо е погрешна може да се напише отделен труд. В частност случаите на сексуално насилие (и въобще осъзнаването на такова деяние) зависят от страшно много фактори - както биологични, така и на обкръжаващата среда. Поставянето на акцент само в една от тия две парадигми на поведение води до резистентност на спорещите страни. Ако няма разбиране по този основен въпрос, никога и нищо няма да бъде договорено по начин, който да гарантира балансирания интерес на децата, родителите им и въобще на социалния кръг около тях. Ако искате да навлезете по-дълбоко в тази проблематика, организирайте качествен анализ. Без това, цялото упражнение е ненужно. Успех!