

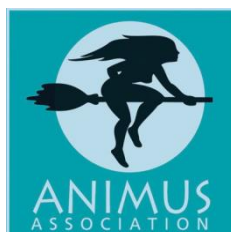


EMPOWERING
CARE

BULGARIAN RESEARCH REPORT

EMPOWERING CARE. Empowering girls in residential care
against violence against women.

July 2013





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INTRODUCTION

Empowering Care project aims to increase knowledge on the prevalence and characteristics of experiences of violence and abuse against girls aged 14-18 in residential care and under the legal responsibility of public authorities in the EU in order to empower them to protect and prevent themselves and their peers from violence against women. In order to reach these aims, the first activity of the project has been the development of a documentary and fieldwork research on the experiences of violence and abuse, perceptions of gender roles and intimate relationships of adolescent girls living in residential care centres in each partner country and, thus, in Bulgaria.

The Bulgarian Research report is the result of this research activity.

I. LEGAL AND POLITICAL FRAMEWORK

1. Brief overview regarding violence against women: legal framework

The Bulgarian accession to the [European Union](#) on 1 January 2007 required important changes to existing Bulgarian legislation and new legislation with a view toward equal treatment of women and men and the protection of women's rights in general. In this respect, significant laws aimed at improving women's rights in the country have been adopted in recent years. Examples of these include the [Law on Protection against Discrimination](#) (2004), the [Law on Countering Trafficking in Human Beings](#) (2004), the [Law on the Ombudsman](#) (2004), and the [Law on Protection against Domestic Violence](#) (2005). At the same time, the Bill on Equal Opportunities for Women and Men was twice rejected by the National Assembly in 2002 and 2003. Although a new draft of this Bill was adopted by the Council of Ministers in 2006, it has not passed through the National Assembly.

On 1 January 2004, the [Law on the Protection against Discrimination](#) (LPD) (unofficial translation), which prohibits all forms of discrimination based on age, gender, ethnic group, national origin, education, family status, and property status, came into force. The [Commission for the Protection against Discrimination](#) is charged with ensuring the principle of equal opportunity is applied in practice. The Commission is also charged with enforcing the LPD by investigating complaints, issuing rulings and imposing sanctions. Although there have been some cases regarding gender discrimination brought under the LPD, individuals generally are not well informed of the right to bring complaints to the Commission or to court.

Although statistics are difficult to come by due to underreporting by victims and a lack of accurate statistics from police, prosecutors, judges or other service providers, the U.S.

Department of State reported that one in four women have been victims of domestic violence in Bulgaria.

On 16 March 2005, the National Assembly adopted the [Law on Protection against Domestic Violence](#) (LPADV). The LPADV came into force on 29 March 2005 and is successfully being used in courtrooms across the country. According to Article 2 of the LPADV, domestic violence is: “any act of physical, mental or sexual violence, and any attempted such violence, as well as the forcible restriction of individual freedom and of privacy, carried out against individuals who have or have had family or kinship ties or cohabit or dwell in the same home.” The LPADV provides that the State is responsible for ensuring the implementation of programs aimed at the prevention of and protection against domestic violence, as well as providing assistance to the victims. In furtherance of this mandate, on 19 October 2006 the Council of Ministers adopted the Protection from Domestic Violence Program. The Program sought to address the problem of protection order enforceability, to toughen sanctions for repeat offenders, and to open a 24-hour telephone hotline and provide shelters for victims. NGOs in Bulgaria are providing essential legal, social and psychological services to victims. In addition, they play an important role in coordinating the community response, carrying out public education, and conducting trainings for the relevant principals. Animus Association Foundation (FAA) was set up in 1994 as an NGO working to support survivors of violence. At present, the organisation is one of the major NGOs with developed programs and services for survivors of violence. Animus works in accordance with the state programs and provides the following programs:

- “St. Petka” Crisis Unit for survivors of violence;
- National Helpline for Children (116 111);
- Helpline for Survivors of Violence (02/981 76 86);
- Center for rehabilitation, counseling and psychotherapy;
- Social Services Center for Children and Families;
- Unit for prevention, lobbying and networking;
- Training Center

In early 2007, a domestic violence guidance for police officers was published, national and regional coordinators were chosen, and a case database was created. However, the services envisioned by the Program continue to be provided by non-governmental organizations only, and the Penal Code has not been amended to penalize non-compliance with protection orders.

Overall, Police are responsive to domestic violence problems. Police training has improved, but a coherent data collection system is lacking. For this reason, police response to domestic violence incidents varies widely. The Ministry of the Interior created guidelines in March 2007 that will hopefully help the police coordinate efforts and standardize their responses to domestic violence. Notably, the police are also assisting victims file emergency orders for

protection, although some advocates state that most of these orders are filed not with police assistance, but through the work of NGOs or lawyers.

The police are also responsible, under the LPADV, to enforce orders for protection. Overall, they are fulfilling that role adequately. But, when violations occur, police officers are not equipped to deal with the problem. Bulgarian law does not expressly criminalize the violation of an order, so police often do not know what to do when such incidents occur.

An undisputed success in the field of violence against women is the recent adoption in June 2010 of the *Regulation on the Enforcement of the Protection against Domestic Violence Act*. It specifies the application of measures for protection against domestic violence, the interaction between the state bodies and non-governmental organisations working in the field of protection against domestic violence, as well as the annual funding from the budget of the Ministry of Justice for NGO programs for prevention and protection against domestic violence and for assistance to victims. Yet, the crucial state body on gender equality, which will coordinate the activities of other state bodies in this field, is still to be established.

Currently domestic violence is still a serious issue in Bulgarian society. The victims are mostly women and children. In March 2012 the Council of Ministers adopted the National Program for Prevention and Protection from Domestic Violence for 2012. The program covers the following aspects: access to social services for the victims of domestic violence; improving the coordination between stakeholders; education on domestic violence issues in schools, training of teachers, legal and social workers and the police. According to the report by the Bulgarian Helsinki Committee /Independent non-governmental organisation for the protection of human rights/ these aspects should have been developed by the end of 2012, but at the present moment /July 2013/ they are still being finalised.

The Concluding observations of Committee on the Elimination of Discrimination against Women (CEDAW) about Bulgaria were published in July 2012.

Many of the conclusions in the Report were troubling and require fast intervention of the state organs, as well as an improvement in the cooperation between the state and the non-governmental sector. The Committee expressed its concern over the constant reinforcement of stereotypical models in the country, especially ones that over-expose the traditional role of women as mothers and wives and continue to influence women's educational and professional choices. The Committee noted that media and the advertising sector systematically force a sexual and commercial image on women.

The National Plan for the Prevention of Child Abuse 2012-2014 was adopted on 23 May 2012. The plan is in agreement with the National Strategy for the Child 2008-2018, which provides for improving the effectiveness in cases of child abuse signals, for implementation of procedures and operating principles among partnering institution in cases of child abuse, and for the adoption of standardized methods for gathering information. The plan deals with the problems of abuse, the necessary measures to fight it, and the general framework for the prevention of abuse through the provision of information, support and services.

The lack of implementation of the state program is compounded by a lack of adequate funding allocated to achieving the legislation's goals and implementing the legislation's programs. Although the laws state that funding is to be designated for the creation of certain programs, they do not designate the amount of the state's or municipalities' budget to be allocated to these programs. It is therefore left to the different bodies of the state to determine how much, if any, of their budgets will be allocated. In addition, there are shelters and crisis centers that have closed or are about to close due to the lack of funding after international organizations that supported them began to withdraw. A lack of funding is also apparent in the State's efforts to provide psychological and legal assistance for survivors of violence, operating hot-lines for victims of violence, and conducting training programs for law enforcement professionals to implement the adopted legislation. All such activities remain initiatives of the non-governmental sector in Bulgaria and rely mainly on external sources of funding.

2. Brief overview regarding Residential Care: legislation and description of the Bulgarian system of child protection

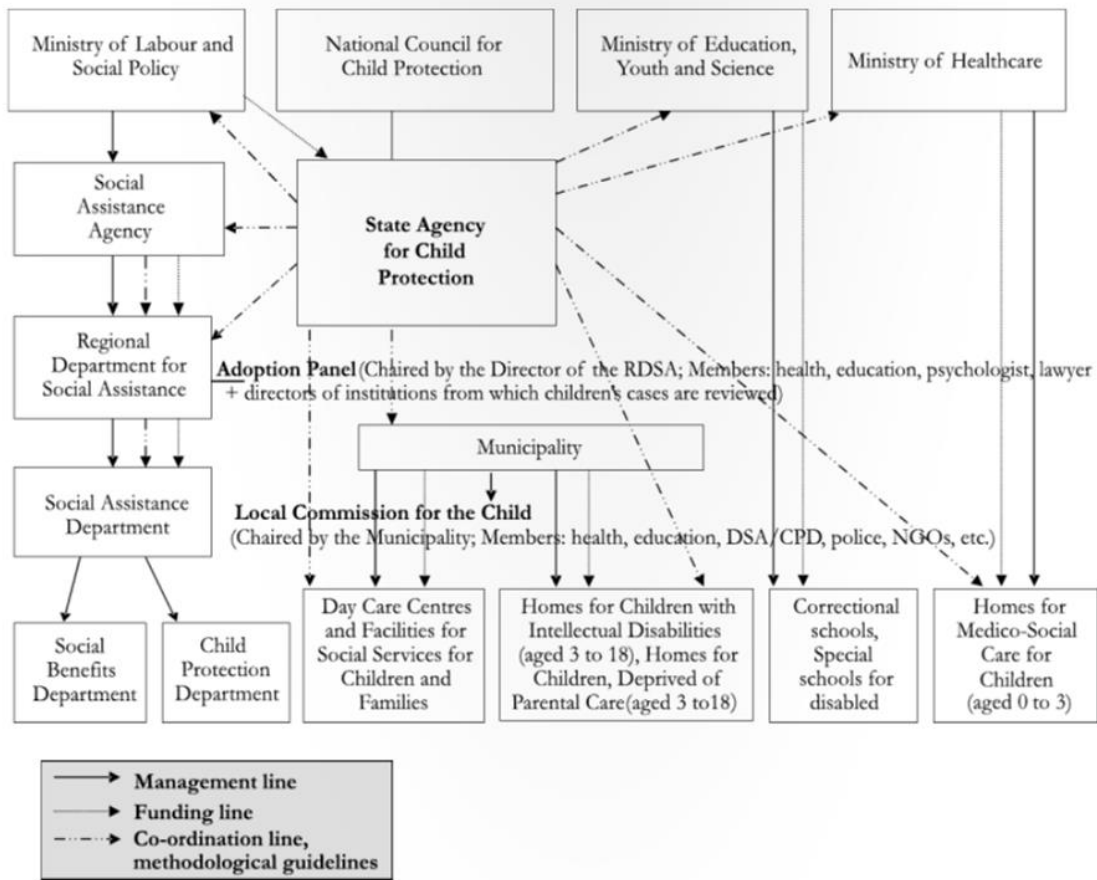
Legislation

The regulation of the social relations concerning the child protection in Bulgaria is based on the principles as set out by the Bulgarian Constitution. The Child Protection Act adopted in 2000 sets child protection at the focus of the state's policy and

- regulates the rights, principles and measures for child protection;
 - defines the role of the central and local authorities and how they interact when implementing child protection measures,
 - regulates the participation of non-profit organisations and individuals in such activities.
- A new philosophy is underlying this Act, namely the consideration of the child as a holder of rights and not as a passive subject of state and society care. With the adoption of this Act a new system of child protection starts developing in Bulgaria, covering all legal fields concerned with minors.

Other public acts referring to child and family also define the basis for child protection:

- in the first place these are the regulations defining the social assistance system in Bulgaria. In this regard, the core law is the Social Assistance Act adopted in 1998 and its implementing regulations. Social assistance and services are granted in accordance with the Implementing Regulations of the Social Assistance Act. These Regulations set out the registration requirements and rules for social service providers, including services for children. The registration with the Agency for Social Assistance requires a license for children social services' provision by the State Child Protection Agency. The Regulations also provide for public control over the social assistance system, as well as over the quality of all social services, in accordance with the approved criteria and standards, except for specialised institutions for children.



Care provisions and services for children

Accommodating a child outside of its birth family, be it in a specialised institution, boarding house, residency-type social service, a foster family, etc., for a given period of time and for various reasons, is broadly defined as care for bringing up outside the family, or public care.

Places for accommodating children who need care outside the family:

A: Residential services provided in the community

According to the Implementing Regulations of the Social Assistance Act, the residency type social services provided in the community are, as follows:

- a) **Family-type Accommodation Centres (FAC)**; FAC is a social service that provides an environment similar to a family one, and allows for the possibility of reaching a regular and balanced development of the child through work with the child and its family. It also provides an increase in the child's prospects of living with its birth, foster or adoptive family.
- b) **Centres for temporary care**; This social service is provided temporarily to users until the options for settling their cases are cleared out.
- c) **Crisis Centre**; This social service provides institutional protection and defence of children who are survivors of abuse in or outside the family, who are victims of

trafficking, etc. The service is temporary and offers a special program for overcoming the psychological trauma alongside the secure environment.

d) **Transition house;** A dwelling where a small group of youths (ages 16 to 18) get ready for leaving the social care system and for living on their own in the community.

e) **Protected housing facilities;** A dwelling where a group of people lead independent lives aided by professionals (these facilities are provided to youths with disabilities over the age of 18).

f) **Monitored housing facilities;** A social service that provides lodging as well as support and consultations for persons over the age of 18, who are leaving a specialised institution and imminently have to lead independent lives.

g) **Shelters for homeless children;** The shelters for homeless children are social service facilities where homeless children can be temporarily and free of charge housed until they are taken back by their parents or guardians, or are accommodated in a suitable health, social or educational facility.

The following units operate, mainly state-funded /most of them are run by NGO's/:

- Mother and Baby Units – they function as a preventative service to prevent the abandonment of newborns and children up to 3. There are 10 such Units in Bulgaria which are state-funded
- 5 Shelters for homeless children;
- 15 Transitional housing facilities;
- 110 Protected housing facilities;
- 71 Small Group Homes or Family Type Placement Centres;
- 11 Crisis Centres for children victims of abuse and trafficking;
- 11 Centres for temporary care.

The following types of Centres operate in the country with a wide range of social services for children:

- 69 Community Support Centres providing a wide range of support services;
- 11 Centres for working with street children;
- 57 Centres for Social Rehabilitation and Integration (21 of them are for children);
- 68 Day Centres for children with disabilities.

B: Institutions

Institutions for children are a part of the difficult heritage left from the former political system, which was dominated by the policy principle that “the state is capable of taking better care of children than their families are”. This policy lasted for more than 40 years and has left persistent marks over public expectations and thinking. Twenty years after the start of the political changes, the institutionalisation of childcare in Bulgaria continues to be an unsolved problem, which cannot be explained solely through the legacy of the past. The lack of clear

political will for closing these institutions led to their “reform” and “restructuring”, which are often understood as a building refurbishment and do not lead to a significant change in the way children live and are taken care of. Economic, political and social changes of the transition period led to new challenges and deepened the existing problems. Among the main factors, which influence the institutionalisation, are:

- Insufficient number of needs-oriented services for children and families, combined with uneven distribution of services on the territory of the country,
- Insufficient family financial resources, which often results in social exclusion of the families and placement of children in institutions,
- Overwhelming medical model concerning cases of child disability, according to which the institution offers the best care for disabled children,
- Lack of an adequate supportive social and architectural infrastructure,
- Changed models of family behaviour which lead to out of wedlock births and single parents.
- Funding mechanisms for services and measures for social inclusion, which are oftentimes proven inadequate tools towards reduction of the inflow of children in institutions and prevention of family breakdown.

Specialised institutions for providing social services for children – the following residential facilities for children are in place:

- a) Residential facility for children deprived of parental care**
- 6) Residential facility for children with physical disabilities**
- b) Residential facility for children with intellectual disabilities**

Social services in specialised institutions are provided after the capabilities of providing services in the community have run out.

Accommodation in a specialised institution is treated as a last resort after the exhaustion of all other possibilities – family support, housing with relatives, foster care, residency services in the community, and finally institutional care. The logic is that institutions are the least suitable place in the protection system for raising children. It is expected for this measure to be temporary and in place until the most important decision is reached – whether to reintegrate the child in its family or to enrol it in the adoption registry. It is also expected that this happen with the briefest possible stay in the system outside of family care, and improvement of the relations with the birth family when that is possible.

Another type of forced accommodation outside the family are the so-called Social-pedagogical boarding schools and correctional schools, which are connected with the acting system for fighting the anti-social behaviour of minors and under-aged.

Social-pedagogical boarding schools (SPBS) are state-run schools where minors over 8 years old are housed after committing anti-social acts. **Correctional schools (CS)** are for housing minors over 8 years old who have committed anti-social acts, and towards whom corrective

measures are not enough and their normal upbringing is impossible due to the lack of a suitable social environment.

SPBS and CS are in small towns with the purpose of taking the children away from the criminal environment, with a maximum stay of 3 years, but offer the possibility of a longer stay until the student finishes his studies, if he or she so requires.

Some services operate with funding from alternative sources, such as international donors, the corporate sector and various others. Bulgaria has done a lot on improving its legislation, ensuring clear bodies and authorities responsible for the protection of children rights and providing possibilities for developing services so that children live in a secure family environment conducive to the development of their full potential. Still a lot has to be done in order for the child protection system in Bulgaria to demonstrate decisive measures to stop the placement of children, especially those under 3 years of age, in institutions and to develop family strengthening measures, as well as to provide quality alternatives to those children now living in institutions and the ones leaving them.

The process of Deinstitutionalisation

In February 2008, the Bulgarian Parliament adopted a new National Strategy for the Child for the period 2008-2018 and on 24 February 2010, the Council of Ministers accepted a strategy entitled “Vision for the Deinstitutionalisation of the Children in the Republic of Bulgaria”. This document is presenting significant political will to substitute the inherited system of child care with new types of care ensuring best quality and protection of the child’s rights. This strategic document includes the following definition and understanding of deinstitutionalization in Bulgaria:

“The deinstitutionalization is a process of replacement of the institutional childcare with community-based family or close to family environment care, which is not limited only to taking children out of institutions. This is a process of preventing the placement of children in institutions and of creation of new opportunities for children and families to receive support in the community and is done on many levels:

- Work with families and professionals from the social sector and other close areas on prevention of abandonment and institutionalization of children in order to decrease and gradually stop the entering of children in institutions as well as to support reintegration of children in their biological families;
- Reform and work in the social assistance system for implementation of programs for social support and protection of the biological and the wider family towards prevention of abandonment and promotion of upbringing children in a (their) family environment
- Establishing alternative services and forms of care in order to create opportunities for taking children out of institutions or preventing their placement;
- Encouraging the development of adoption and foster care, focusing on developing services for children from 0-3 years of age;

- Involvement of the civil society in support to the social inclusion of children that are leaving institutions;
- Putting children and families in the centre of the work of all professionals working with children.

An improvement was reported in the process of deinstitutionalisation of children at risk in 2012. In comparison, at the end of 2009, 6730 children were being raised in 137 specialised institutions, while 4122 children were looked for in 122 specialised institutions in 2012. There is an increase in the number of children in foster care – in 2009 there are 112 of them, and in 2011 – 391 children. The deadline for completing the Deinstitutionalisation Strategy is 2025.

The reform in child care institutions is facing many difficulties of various origins. The more important ones at present are:

- A lack of a developed social services network, which can provide an alternative to institutional care, and a lack of services that deal with the children after they leave the institutions.
- The local teams formed to plan and conduct the reform face serious difficulties in preparing an overall analysis of the environment, risk groups, available resources and the strengths and weaknesses, so they cannot develop a complete, long-term vision for the future social services in the municipality.
- A low level or a lack of effective cooperation among institutions.
- Difficulties in team work and defining the tasks for all participants in the process.
- Most state and NGO projects are temporary, leading to a lack of continuity and therefore impossibility to achieve permanent results; there is no legally-defined mechanism to implement at the state level child social services that have proven their effectiveness.
- Another serious difficulty is the considerable workload of the people involved in the sector – child protection services employees, caregivers and social workers in child institutions.
- There is a tendency to invest more in the facilities, rather than the creation of a sufficient number of positions for professionals to answer the municipality's (institution's) real needs, and there are not enough funds going towards the financial motivation of people involved in the sector.
- One of the main challenges in the process of deinstitutionalisation - very characteristic for Bulgaria - is the process of redirection of resources from the old institutional care system to the range of community based services under the principle "resources following the child". In all reform processes this has turned out to be a crucial drive to the gradual closure of institutions and resourcing of the alternatives thus ensuring maximum impact for the child.

In this context the strategy “Vision for the Deinstitutionalisation of Children in the Republic of Bulgaria” and its Action plan are clearly setting a major objective: Introducing a new approach for financing child services, in which resources are targeted to services for meeting specific needs of children and families and their effectiveness and not towards the buildings in which they are provided.

II. METHODOLOGICAL FRAMEWORK

1. Where and when the research took place

The research was carried out between **26 May and 28 June 2013**.

Girls aged between 14 and 18 years old were interviewed on location at the Residential facility for children deprived of parental care in Doganovo village, Sofia region, Bulgaria.

The Residential facility for children deprived of parental care in Doganovo has a capacity of 60 children. It is a facility for children aged 7-18, whose mission is to care for and protect children in its care. It provides shelter and access to educational and vocational programmes, promoting the child’s full integration into society as an adult.

Before the research started a **cooperation contract** was signed with **the Director of the institution**. The contract describes the project, the aims and procedures involved in the study, what the data will be used for, some ethical issues and so on. The participation of the girls in the project (both in the research phase and in the empowering program) will be noted in their individual dossiers.

The interviews with the girls took place in the large hall at the facility and in an additional small room. During our first visit to the facility the caregiver on duty was present in the room without participating or interjecting in our interactions with the girls.

The FAA team consisted of the coordinator, a researcher and two Child Experts. To ensure a unified interview technique and approach to asking the questions, our team had two preliminary meetings to get trained in the methodology. After each interview the team would gather and discuss how the conversation with each girl went. This helped us standardize and adapt our approach.

2. Selection of the sample, final number and profile of the girls and professionals involved

The criteria for selecting the girls to be interviewed were discussed and agreed among the partnership and written down in the European Methodological Framework¹. The criteria for the selection of the girls were:

¹ This document is available in the website of the Project: <http://www.empoweringcare.eu/>

- To be a minor girl from 14 to 18
- To be living in a residential care institution
- Not to be under a stressful or delicate life situation. In this sense, the professionals working in the residential care institution would accompany the selection process with the researchers
- For the girls participating in the individual interviews, to have suffered violence in their life-time

The ethical issues being taken into account were the following ones:

- Participation was voluntary and based on informed consent of the girls and their legal guardians
- Prior to giving consent, girls and guardians were informed about: the project and its scope, the voluntary nature of their participation, the possibility to leave the project at any time, and the use of data
- In interviews and focus group an atmosphere of trust and safety would be created
- The safety, rights and wellbeing of girls would always be guaranteed
- Research interviews and focus groups would be recorded. Records were confidential and anonymous

A beneficial premise for the study was the fact that we have worked with this facility in previous years and the girls knew us from past activities and trainings. This facilitated the creation of an environment of trust and the interviews were carried out in a relaxed setting.

- We initially gathered all girls together and presented the project to ensure their informed consent for participation in the research. The girls asked questions mostly in relation to confidentiality, why they would be recorded and where their answers would be published. After we answered in detail, 14 girls expressed willingness to participate in the research, and another two wanted to join in on the following activities – the empowering program.
- We created a schedule for the interviews by date and time. Right before the interview we would talk to every girl and she would sign a “Research informed consent” form.
- A total of 14 girls were interviewed and 9 girls participated in the focus group discussion.
- Regarding the **profile of the girls:**
There are 9 girls aged 14 years, one is 15, two are 17 and two are 18 years old. Most of them are housed in the home since the age of 7, following a transfer from another care facility. More than half of the girls (9 girls) are from Sofia, which is due to the closeness of Doganovo to Sofia. Almost all girls have living parents, but most of the girls do not keep in contact with them for the following reasons:
 - ▶ Lack of desire on the side of the girl

- ▶ Lack of interest or neglect by the parent
- ▶ Mental disability
- ▶ Extreme poverty
- ▶ The girl is housed in the facility as a measure of protection – in case of the family having a history of violence or another problem that results in restriction or removal of parental rights
- ▶ Lack of up-to-date information on the parents

“I don’t care about them – they abandoned me, I am not going to search for them!”

ElenajError! No se le ha dado un nombre al marcador.

“There is no point of going to [my parents], there is no place for me there. They don’t come here and I don’t want to see them anymore.”

“Since I moved I don’t receive updates on them, I don’t know where they are, whether they are alive or dead... and I don’t care.”

We noticed that almost all girls claimed they have no friends where they come from or where their home is. Twelve girls know they have brothers and sisters, but 5 of them know nothing of them. *“I’ve heard I have some brothers, but I haven’t seen them.”*

Three of the girls claimed they remember nothing of their childhood before coming to the facility.

It is an interesting observation that when we ask about friends, the girls mention visitors who come to the facility from Sofia. These are usually volunteers who work with them for a few hours, either individually or in groups, they would talk, paint and so on. Besides volunteers, the facility is often visited by guests from various NGOs who participate in projects, different financing organizations who bring presents to the children and so on. Younger children mythicise and idealise these guests and eagerly wait for them.

- The same research procedure was used towards the team of specialists working at the facility. We asked for additional information on the girls that were interviewed to be able to match the data we received from the girls and the one from the caregivers.

The selection criteria to participate in the research were:

- To be a professional working with minor girls living in residential care institutions
- To have experience working with minor girls living in residential care institutions

The ethical issues regarding their participation were the following:

- Participation was voluntary
- The professional could leave the project at any time
- Prior to giving consent, the professionals were informed about the project and its scope, the voluntary nature of their participation, the use of the data and the fact that the use of the data was going to be confidential.

A total of 4 professionals participated in the research via individual interviews.

3. Research techniques used

The research techniques used were the following:

Individual semi-structured interviews with the girls

The aim of the individual interviews was to gather information about personal life stories of violence of girls living in residential care institutions. The topics discussed in the interview were: residential care experiences, social and intimate relations and violence experiences.

Focus groups with the girls

The aim of the focus groups with minor girls was to discuss and share issues around gender roles and stereotypes as well as patterns of behaviour in intimate relationships. The topics of the focus group were: gender roles and stereotypes, close relationships and intimate relationships.

Individual semi-structured interviews with the professionals

The aim of the interviews with professionals was to gather professionals' perceptions, contributions and experience of working with girls in residential care centres. The topics discussed in the interviews with professionals were: gender roles and perceptions, violence experiences of girls in residential care and professionals' situation and needs.

4. Main difficulties encountered and how they were overcome

The main difficulties we encountered with carrying out the research were connected with the need to rephrase the questions from the semi-structured interview. We had to develop an individual approach and phrasing of the questions, because the girls often would not understand what we were asking or would not know what to answer. This way of conducting the research let us gain data on the various themes, but there was no option of preserving the original wording of the questions. There were a few clarifications added to the semi-structured interview. For example: in the *Gender roles and stereotypes* section we had to add a few clarifying questions on the differences between boys and girls raised in care facilities and those from the village, on request by the girls. Another example: to the questions on hidden violence we added clarifications that cover clinical symptoms – has the girl had nightmares, has she had fears, has she experienced bedwetting and so on.

Another difficulty we noticed is that the girls would get easily confused while answering – they tie-in consecutive questions, they are influenced by the previous question. To overcome this we gave the girls more space to answer, we waited for them, we would repeat the question with other words, we would clarify the meaning and so on.

III. ANALYSIS OF THE FIELDWORK

Before we get into detailed data from the research, we will share a few observations that are common for the girls.

None of the interviewed girls were asked about their opinion and desire of place or people to be housed with, none were told what will happen to them and where they would be accommodated. This is an ethical issue that we have encountered in other Animus Association Foundation studies on children who are victims of violence and have been placed under protection of the state. We think that when insufficient time and attention are given to the child to prepare it for what is going to happen to it, the consequences are quite serious and have a re-traumatising effect. This can be considered to be a general problem of the child care system in Bulgaria.

The majority of the girls could not clearly formulate the reason why they are placed in a child care facility. The abandonment trauma strongly influenced the overall development of the children, especially when there is no explanation what happened and what was the cause for the separation from their mothers.

The resident care supposes an organised and routine daily life structure for the children, without an element of personal attitude (e.g. all children sleep, eat and shower at the same time), and the relations between the children and the caregivers are professional rather than parental. The relationships between the caregivers and the children are not personal and personified and there is a deficit of identity-building conditions. Life in care facilities is aimed towards the activities of large groups so there is no place left for individual growth.

Something interesting we would like to note is the reiterating answers the girls provided to our questions. That can be due to group discussions or rules that are in place in the facility. The answers sound like tags repeated without rationalization and without any personal interjections. Upon asking additional or clarifying questions, the girls would repeat the statement and not add anything additional, or would get confused and answer with “I don’t know”. We noticed such answers in the section **Gender roles and gender stereotypes - What main features are linked to being a girl?**

1. Perceptions and experiences of the girls

Gender roles and perceptions: perceived differences between women and men in terms of autonomy, spaces, activities, etc.

As we already wrote, the girls raised in an institution have difficulties in differentiation and setting limits. Five girls answered with *“I don’t know”* to the question *“What does it mean to be a girl/ young woman?”* Another 6 answered that girls are clean and have to maintain their personal hygiene (one of the reiterating statements – as a norm set from outside, from the caregivers, and not as a personal opinion). The others complemented this answer with *“they should be pretty, they should dress nicely”* Desislava² 14 years, *“they should be liked”*, Tania, 14 years, *“they should coordinate the colours of their clothes”* Nely, 14 years. As a certain difference they pointed out liking different music styles – *“Boys listen mostly to rap and chalgá³, I like r&b and pop”* Maria, 18 years. As a whole the notion of what it is to be a girl covers mostly the outside appearance and visible characteristics and behaviours rather than personality, emotional and character traits. This also holds true for their concept and perception of boys.

With regards to autonomy, the girls think that boys have more independence, but could not say why. In the facility where we carried out the research there were no separate activities for boys and girls – the only thing that set them apart was football (soccer), as the physical education teacher had set up only a male football team. All children can freely join any type of activity – painting, music, dancing, singing, sports and so on.

Regarding personal space the home offers the same conditions to both boys and girls – lockers and wardrobes are the same in all rooms.

There is no space designated for “typically female” activities that would aid in forming certain stereotypes.

We noticed that answers contained statements such as *“I can choose what to wear and I can do whatever I want, and so can the boys”* said Milena, 14 years

Gender stereotypes and differences between men and women, experiences of gender norms/restrictions in daily lives.

Telling us about their life in the home, the girls had difficulty thinking of the different activities that they enjoy or can participate in, and needed additional, assisting questions to provoke them to think in that direction. The first things that usually came up were the feelings of loneliness, of monotonousness, and conflicts with other children from the home.

The rules in the facility are the same for everyone and there are no gender differences in the requirements or punishments.

The interesting fact here is that the girls interpreted many of the questions as linked to sexuality and sexual conduct.

The following statements marked a man/boy stereotype: *“they are physically stronger than us”* said Stefka, 17 years *“they are rougher, more aggressive and pushy”* according Katya, 17 years

² The names of the girls are different from their real names for ethical reasons .

³ A type of Bulgarian music, pop-folk.

“boys have to work and be the bread-earners” said Desislava, 14 years, while girls are “kinder, cleaner and good” according to Todorka, 14 years.

Regarding clothes and personal items, the girls think they have an option to choose their clothes *“as long as they are not revealing”* said Diana, 15 years, which once again links to sexuality and observing norms, as well as avoiding provocative behaviour.

Social and intimate relationships: types of relations, balance/unbalance of power, gender differences, satisfaction towards them. Special focus on intimate relationships and on the gender roles within them.

As we noted above, the children cannot build a personal attitude towards themselves. They have inhibitions in the development of individuality and emotional closeness with people, so they feel anxiety regarding differences, and the questions covering differences, even such basic differences such as gender, makes them uneasy.

This difficulty manifested in their answers on questions on close and friendly relationships – the girls would use the same words to describe relatives and friends, intimate friends and acquaintances. This is due to some extent to their poor literacy, but as a whole demonstrates difficulties in differentiation.

The girls were extremely hampered by the questions: *“How would you describe how you have been treated? What feelings do you link to different relationships?”* Here are a few answers: *„I have the same feelings, I don’t hate any one”* said Maria, 18 years, *„... rebelliousness. When I think I am misunderstood and I feel abandoned and betrayed. The aggressiveness in me wins over”* said Todorka, 14 years.

The girls see a difference in how the boys from the home treat them compared to the girls. They think the boys are ruder and insult them; they do not understand them and are constantly in conflict (they quarrel more often).

We noticed that most of the questions on gender differences cause various emotional reactions such as over-excitement, shame, embarrassment, suspicion or closing in. When the questions were directed towards gender differences the girls felt “suspected of sin”, as one girl put it – *“the fact that I know what underwear the boys wear does not mean I have watched them”* said Todorka, 14 years. The questions brought forward defensive behaviour as the girls thought they would be caught at not following the rules. Possibly the facility has special attitude towards matters of sexuality, because 8 girls stated with belief that *“I don’t do such things and I will not do them until I am certain in the boy”* said Diana, 15 years.

The statement of one of the caregivers on this issue is worth mentioning: *“Girls here are not sexually active until a late age, but once they start they are unstoppable”*.

The majority of the girls claim they do not have close intimate relationships.

Their friendships are usually limited to one or two girlfriends they trust. Outside the narrow friend circle they think the other children from the home can betray them and hurt them, so

they do not share personal matters with them. Another fact we noticed is that in the aspiration to have personal and trusting relationships, some girls turn to certain caregivers in the home or to the “guests” and volunteers who visit them, and claim they are their best friends. This shows their strong desire and need of trusting, secure relations. They treat the other girls in the home with fear of competition and possible betrayal. When discussing this topic the girls had difficulty imagining closeness with another person, confidential relations, devotion, a sense of security. Despite this some of the girls described having relations with their peers with whom they spend most of their time and with whom they talk on the same topics. Rarely one of them would share the fact that she has a boy as a friend. The boys’ world seems to be something of interest to the girls, mostly due to the beginning of their maturing and the desires appearing in them, but not as something that is close or known to them and they can share as friends.

The majority of the girls do not feel pressured by their close friends to do something they do not want to do. They have the possibility to express their opinion freely in front of their friends.

Residential care experiences: feelings, positive and negative aspects.

The girls’ attitude towards life in the home is complex – on the one hand they feel well and secure in the structure, on the other it restricts them. All answers featured both aspects. The most painful understanding stems from the fact that they are in a home because they are abandoned and rejected. *“It is bad because we are abandoned, and when some [people] come to the home they make promises and then don’t keep them”*, Nely, 14 years, *“I feel like a prisoner here, they don’t let us outside much, they don’t let us be free”*, said Diana, 15 years, *“I don’t like it, there are many jealous people here”*, Ani, 14 years, *“it is better here, because they provide us with food, shelter, clothes, they take us on excursions, there are interesting things that otherwise I wouldn’t have”*, Tania, 14 years.

On the other hand when asked *“Do you feel accepted as the way you are?”* 12 girls answer with “yes”.

The girls notice the largest differences in the way their peers from outside the home, from the village, treat them. They are often mocked that they don’t have parents, that they are “boarders”.

Eleven girls from the interviewed 14 have had negative thoughts of themselves and have wanted to hurt themselves in moments of desperation or as punishment (both for themselves and for someone who caused them pain). A large part of the girls have committed a suicide attempt or at the least have thoughts of self-hurting and suicide.

Violence experiences: forms of violence, spheres where violence takes place, perpetrators of violence and effects on women's lives.

According to the majority of the girls, violence is *“when they make you do something you don't want to”*, Nely, 14 years, *“to be raped and bullied”*, Milena, 14 years, *“to make you have sex against your will”* Diana, 15 years, *“to beat you or to fight with them”*, Stefka, 17 years,.

Most girls denied experiencing violence in the sense of *“beating and rape – no”*. Most understand violence in its extreme forms and claimed they have not been in such situations. One girl shared that when she was younger she experienced violence from the older children in the previous facility where she was housed. Others said *“yes, but I was only beaten, I don't remember precisely. It wasn't exactly violence, but just, you know, a beating”*, Desislava, 14 years, *“I've been beaten more outside the facility, my father used to beat me up”*, Stefka, 17 years. At the same time the girls said they have experienced violence and denied it or belittled it immediately, which shows they are uncertain in defining what is violence and where the boundary line is for them. To the question *“What happened after the experience?”*, most girls answered *“nothing”*, *“I don't remember”*, Sonia, 18 years, *“I wanted to tell him everything, but I didn't dare because then he would beat me more”*, Todorka, 14 years, *“I wanted to get away, to vanish”*, Stefka, 17 years, *“even if I had said something, nobody would have done anything”*, Diana, 15 years.

All girls answered positively to the question *“Has someone offended you?”*, but they treat it as a normal part of interactions – *“it happens to everyone”*, Desislava, 14 years. A part of the girls perceive being yelled at as something normal. Most of them were nevertheless critical of the behaviour and know it is bad and oversteps boundaries, despite it being a daily occurrence at the home. All girls denied sexual violence or pressure and threats towards them and said they are best aware of how to protect themselves from this type of violence. They very often feel ashamed by someone, but have in turn shamed other people.

The girls answer more freely to questions regarding violence from an active position. They share that they have taunted other people, they have screamed, broken things and so on. Apparently in this role they feel stronger through the *“identification with the aggressor”* mechanism.

Most often the girls say that they have a desire to take revenge, that they would beat other people if they could, but are prone to belittling these statements afterwards. Some manage to use their fantasy to fulfil these impulses in their minds rather than in reality. Nearly all girls say that they feel jealous and envious both of friends and caregivers, and that they feel powerless in such situations.

All girls think that violence strongly influences the person's entire life – *“the person could get sick, someone can be mutilated, children become aggressive and hurtful. And they can destroy everything”*, Katya, 17 years, *“it increases the malice among people”*, Maria, 18 years, *“trust disappears”*, Ani, 14 years.

The information gathered from the **focus groups with the girls** confirmed the data from the individual interviews. Collecting the data from people discussing in groups makes the data richer. In Empowering Care research the main purpose of the focus groups is to gain knowledge from the shared patterns of behaviour in order to analyse common perceptions and gender roles and stereotypes. During the focus groups the girls would spontaneously share their opinion on topics we suggested. We will only describe our observations during the process:

Each of the girls shared that she has had real experiences with violence. Our impression is that this experience is unprocessed work through, sometimes hard to recognize by the girls but always causing strong emotions during the conversations when the topic was touched upon. The behaviour of the girls in the facility varied from quite provocative to very timid and nervous, but most exhibited a lack of trust towards those around them and weariness for the questions. This shows the topic is important to them.

Regarding the relations between the girls we noticed that they are not united, they rarely form even small groups, but were trying to get us to like them and behaved in ways they had heard are “correct”. When most of them got used to us and did not perceive us to be threatening, their behaviour became more ordinary and mundane, and then the criticisms and dislike for difference that they use to manage their own sense of rejection, difference and non-acceptance became apparent. It was obvious that some girls were trying to win our approval by talking in a shaming or discrediting way about another one who was also present. Others, more timid, felt they have the right and can express their opinion during the focus groups and it will be important for us, even though the others would typically laugh at them for it. In reality that happened quite a lot, but we tried to introduce the rule that every opinion or position should be heard and discussed. Sometimes after such comments on our side, the more aggressive girls seemed ashamed, but the feeling they would try to hurt the other children later, in a situation without outside people, was present at all times. It was apparent that some more aggressive children had difficulty following the rules and were trying to demonstrate opposition in a circumspect way, which on occasion became an aggressive and forcible attitude towards the others.

2. Perceptions and experiences of the professionals

Interviewing the professional caregivers at the home in Doganovo allowed us to improve our understanding of the circumstances under which children are raised at the home. The conversations were very useful, because:

- they allowed us to double check the data we received from the girls
- they helped us describe the situation and the working conditions at the home from the point of view of the caregivers
- they let us gather opinions and ideas to help us in creating the empowerment program for the girls.

According to preliminary information, the caregivers at the home are mostly female, with security and physical education teacher positions held by men. We only had the chance to speak with women – caregivers and the director of the institution, who is also a woman.

We started by asking questions about their daily duties, working conditions and available resources. We found out that the basic material needs of the girls at the home are met, and there is additional aid provided by private donors and non-governmental organizations. The professionals at the home welcome the visits from volunteers and outside specialists who organize various activities for the children's spare time. The caregivers are responsible for the children's activities on a daily basis, but in order to manage this task they run group activities with more children. This method of work does not encourage the development of individuality in the children and there is no option for a larger range of activities to meet the children's interests. The activities at the home mostly cover dancing, music and sport (football, basketball), the home owns a few bicycles, and so on.

All caregivers shared their need for additional training to be able to adequately meet the needs of the children. For example, one caregiver told us they had problems with the fact that they cannot limit the children's access to risky Internet sites. Two girls chatted online over a long period of time with strangers and were thus at risk of abuse or trafficking. To deal with this issue the home had to find a computer specialist to regularly restrict the access to certain sites, but this proved to be ineffective. The caregiver's opinion is that the children have to be taught to know the risks and how to oppose them. This is a task that the caregivers cannot handle as they themselves are not qualified in such specialized topics or do not have the possibility to run such trainings due to their heavy workloads. The lack of financing for the staff at the home does not let them participate in enough trainings and seminars, and if one of them wants to improve their qualifications they have to do it on their own expenses. This is not motivating for the employees and they maintain the optimum minimal qualifications standard for the moment.

All caregivers expressed the need for an outside supervisor for their work with particular children they call "the hard cases". Hard cases for them are children with a high suicide risk, those who have run away from the home, who have committed multiple thefts, children surviving heavy abuse or those who are very aggressive, children with highly sexual conduct, those with developmental delays, with problem behaviour and so on.

As a whole the personnel's capacity for dealing with cases of violence is very limited. The home employs one psychologist who deals with crisis intervention and consults the children, but for all cases needing a long-term therapeutic commitment they have to turn to an outside expert. The problem with this scenario is that long-term therapy requires a lot of resources on the part of the home – travelling to the expert (usually in the nearby city, in this case Sofia), providing an escort, etc. This means that some cases are postponed or neglected, leading to more serious consequences for the children.

In their daily work the caregivers face many challenges by the children and their need for a stable structure and an environment to contain their emotions. Usually the boys are more unruly during adolescence and test how far they can get through aggressive behaviour. A large part of the children experienced abuse in their early childhood or have been institutionalised at an early age. The caregivers understand that this is grounds for their current aggressive and provocative behaviour. Sometimes they cannot set limits without using punishment or using more forceful methods (screaming, detention in the child's room, depriving the child of something he or she likes or wants) and feel powerless. This increases the tension the caregivers feel and makes the children feel powerless as well.

We noticed that all four caregivers talked about “the children” as a group, which once again points to the low differentiation of the children and young adults who are raised in institutions.

The caregivers are women who have many functions – providing care, upbringing, running activities, dealing with administrative tasks and so on. They often have to work in an undefined framework and to take on various responsibilities that require them to branch out even further. There are no typically male or female traits and characteristics and that impedes the children's gender identification. The boys and girls cannot identify the usual functions and gender roles as they have partial information, limited access to a wider variety of people and a lack of positive relationships and experiences similar to the ones in a family setting. The strict subordination structure among the employees in the institutions also reinforces the children's feelings of dependency and obedience and they cannot develop the feelings of cooperation and partnership among themselves. When we were asking the caregivers about gender roles and gender differences, they were answering with difficulty (which is why the girls were having difficulty answering). They usually describe basic functions – women care about the living environment (order and food at the house, hygiene), and men bring home money and do the hard physical work. There is a lack of symbolism of the functions and the answers were specific and concrete, connected with daily life.

As a whole the caregivers find it easier to work with the girls who they consider to be easier to manage.

The caregivers' observations on the relationships among the children shows a chaotic structure marked by suspicion and a lack of trust, and relations that vary from isolation to provocation to close physical contacts. The teenagers are prone to acting out rather than mentalizing their experiences. The behaviour of the boys and girls is motivated by the typical for this stage of development needs for studying their own abilities, creating a clearer and more unified view of oneself, defining their sexual identity, setting more stable boundaries and relationships with other people, forming an attitude towards the world, transitioning from dependency to a

larger degree of independence, cognitive and physical development and so on. This is a summary of the caregivers' statements, who understand these needs to a large extent and try to meet them as well as possible. In a closed environment such as the home, these processes run with more difficulties, violence is present more in the relationships among the children – between younger and older, between the children at the home and those in the village, and to a lesser extent between boys and girls of the same age. When a child from the home feels threatened or provoked by a child or adult from outside the home, the other children try to unite and to support that child even though they may not be close friends. In such cases their common fate bands them together. In other cases, usually involving older children and teenagers, the caregivers observed the reverse process – in a similar scenario the child under attack may fall into isolation and even have the other children from the home attack him or her. The home is grounds for complex relationships among the children that are hard to be summarized and require a more thorough analysis.

The professionals shared that sometimes they experience strong feelings of guilt for not being there for the children on an emotional level, that they feel helpless and unable to support the children in a suitable way, that they cannot alleviate the children's pain. Sometimes these feelings of guilt make them distance themselves emotionally from the children and avoid establishing deeper connections, because they cannot set beneficial and stable limits. They think the children attack them and are aggressive and ungrateful, and it is therefore not worth investing emotionally in them. One of the caregivers told us about a 10-year old girl from the home: *"... I am trying to calm her down and to hug her, and she turns and bites me! Well, how can you love such a child!" A.Petrova.* The caregivers are often groping around, trying to set their own limits so they can be certain of their functions, responsibilities and the role they have in the life of the children in the institution. These limits can be distinct if there are clearer work standards and rules that define the child protection system as state policy on the one hand, and as internal rules to be honoured and followed in the institution on the other.