



EMPOWERING
CARE

CYPRriot RESEARCH REPORT

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

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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 Cyprus.

The Cyprus Research report is the result of this research activity. It should be noted from the outset that Cyprus is a divided island. Within the Republic of Cyprus there is a population of approximately 800,000 residents and only one state run residential care home for girls of the age relevant to this project. This added some limitations to the fieldwork in the Cyprus arena. Close collaboration with the Social Welfare department which is responsible for the management of state run care homes was necessary in order to execute fieldwork activity.

I. LEGAL AND POLITICAL FRAMEWORK

Cyprus emerged from English colonial rule in 1960, inheriting many legal statutes that dated back to Victorian England. Since then, much of the legislative system has been systematically under review with amendments and updates to reflect the changing times. Following on from accession to the European Union in May 2004, many amendments have included a review of existing EU directives, as is the case with Human rights issues, gender mainstreaming and issues concerning violence in the family.

1. Brief overview of the Cyprus legal framework on violence against women

The current law that addresses domestic violence in Cyprus is Law [119\(I\)/2000 and 212\(I\)/2004](#) on Violence in the Family (Prevention and Protection of Victims). Article 3 of said law defines violence as 'any unlawful act, omission or behaviour which results in the direct infliction of physical, sexual or mental injury to any member of the family by another member of the family and includes violence used for purpose of sexual intercourse without the consent of the victim as well as for the purpose of restricting its liberty'¹. While Article 2 of the same Law defines family members as husband, wife, children and grandparents as well as any person under 18 years of age that lives with them, therefore clearly defining victim and perpetrator within the

¹ Οι περι βίας στην οικογένεια (προληψη Και προστασια θυματων) νομοι του 2000 και του 2004 (N: 119(I)/2000 and 212(I)/2004)

family unit without making any distinction as to the gender of either. However, it is worthy to note that Article 5 of said law ([N: 119\(I\)/2000 and 212\(I\)/2004](#)) specifically makes reference to the fact that rape and attempted rape within marriage are criminal offences and are seen to be committed “by a husband against his wife if the facts of the case would have constituted the offence of rape or of attempted rape had the victim and the perpetrator not been married and shall be punishable as the Criminal Code provides”. Maximum penalties imposed under this law relate to “unnatural offence with violence” and “Defilement of girls under thirteen years of age”, both of which carry a penalty of up to life imprisonment, with “Defilement of idiot or imbecile” carrying a maximum penalty of twelve years². All other penalties are on a sliding scale below these levels reaching to possible monetary fines for common assaults.

The Cyprus law on domestic violence has been widely assessed to be adequate and its broad scope has been cited as an example of best practice. However, the ‘family violence’ framework has been widely criticized by experts on violence against women as this results in public policies that aim to combat domestic violence from a gender blind perspective, without consideration of the gendered power relations at stake in violence against women. Furthermore, it has been argued that not only is gender-neutral legislation subject to manipulation by violent offenders, but it has also served to prioritize the stability of the family over the rights of the (predominantly female) complainant/ survivor, because it does not specifically reflect or address women’s experiences of violence perpetrated against them.³ Thus, gender-neutral legislation fails to recognise the differences and specific needs of women and men, does not acknowledge that women’s and men’s experiences of violence differ, nor does it identify such violence as a manifestation of historically unequal power relations between men and women.⁴

Another recent development was the adoption by the Council of Ministers of a National Action Plan on Prevention and Combating Violence in the Family (2010-2015). The aim of the NAP is to monitor the extent of violence in the family in Cyprus; to raise awareness and sensitize the public as well as relevant professionals using various mediums, including special conferences and seminars and information campaigns and programmes; to promote scientific research on violence in the family; to promote services dealing with all aspects of the problem and specifically for support and protection of victims; and monitor the effectiveness of services and the enforcement of the relevant legislation. Although the NAP is ambitious both in terms of its

² Article 4 Οι περι βίας στην οικογενεια (προληψη και προστασια θυματων) νομοι του 2000 και του 2004 (N: 119(I)/2000 and 212(I)/2004)

³ United Nations, (2008) Good practices in legislation on violence against women, Report of the expert group meeting p.16

⁴ United Nations, (2008) Good practices in legislation on violence against women, Report of the expert group meeting p.15

stated objectives as well as actions foreseen, a number of limitations put the possibility of its effective implementation into serious question.⁵

Another NAP that is worth mentioning is the National Action Plan on Equality between Men and Women (2007-2013) which includes violence against women among its main priorities.⁶ Taking a gender equality approach, it makes reference to all forms of violence against women including domestic violence. Proposed actions include awareness raising campaigns, training of relevant professionals on issues of gender equality and violence against women, the establishment of an electronic observatory for the collection of data on all forms of violence against women, and the conducting of research on all forms of violence against women. Despite this, as with the NAP on family violence, the proposed actions are vague and not specific in terms of their aim, target group, timeline and budget. Furthermore, there are no proposed actions to address the needs of different groups of women, such as migrant women (except in reference to trafficking), women with disabilities, elderly women and so on.

A recent report issued by the Cyprus Office of the Commissioner of Administration and Protection of Human Rights is the most comprehensive review of the legal framework on violence against women in the domestic context⁷. This was a 9-month investigation by the office of the Commissioner on how acts of violence against women and more specifically violence against women within the family are dealt with in Cyprus. The ‘spark’ that instigated this investigation was the highly publicised murder of a young pregnant woman and her 3 year old daughter by her partner, in December 2011. The investigating officers and local Non-Governmental Organizations (NGOs) collaborated to report on how domestic violence cases are currently dealt with in Cyprus, providing recommendations to the Commissioner on possible next steps. The report makes reference to Nils Muižnieks (current Commissioner for Human Rights in the Council of Europe) comment that ‘EU member states should do more to protect women from violence’⁸.

The report notes that domestic violence is the most common form of abuse against women and it happens in all countries and societies, irrelevant of their economic strength, religion or civilization. According to estimates by the Council of Europe, a fifth to onequarter of women in the 47 CoE member states have experienced physical violence at least once in their adult life, and one in 10 have experienced sexual violence. The reports cites various internationally

⁵National Action Plan on Prevention and Combating Violence in the Family (2010-2015), http://www.familyviolence.gov.cy/upload/downloads/actionplan_2010-2013.pdf .

⁶ National Action Plan on Equality between Men and Women (2007-2013), Cyprus Ministry of Justice and Public Order, Nicosia,2008

⁷ Chartas,A and Dionisiou, N (2013) “Position Paper of the Commissioner of Administration and Protection of Human Rights with regard to Domestic violence against Women in Cyprus”

⁸ Comment made 9th October 2012

accepted human rights conventions and definitions of violence against women, including the 1995 United Nations Fourth World Conference on Women which led to the '[Beijing Platform for Action](#)', as well as the it also refers to the European Roadmap for Equality between Women and Men (2006-2010) and the Council Conclusions on Combating Violence against Women, and the Provision of Support Services for Victims of Domestic Violence, issued during the Cyprus Presidency 2012. The report reviews the position of the European Court of Human Rights on how a state is responsible for the physical integrity of a person, incorporating points made in the Council of Europe Convention on Combating all forms of Violence against Women and Domestic Violence, otherwise known as the '[Istanbul Convention](#)'. Cyprus has yet to sign and ratify the Istanbul Convention despite oral commitments by the Minister of Justice and Public Order.

The Commissioner's report levels criticism at current flaws in the law on domestic violence and concludes that Cyprus should sign and adopt the Istanbul Convention at the earliest opportunity, as well as proceeding with an amendment of the Law (119(I)/2000 and 212(I)/2004) so that it stipulates that domestic violence against women should become autonomous offence with specific provisions for specialized treatment and protection to victims. The report notes that the amendment of the law in itself will probably not be enough to protect women victims of domestic violence since there will also need to be a change in the attitude within Cypriot society towards domestic violence and other forms of violence against women. In order therefore, to create a much wider and holistic protection system for the victims, encouraging the reporting of incidents of violence and making it easier for victims to escape the '[cycle of violence](#)', the report also suggests that amendments should also be made to other laws, such as the Public Benefits and Services Law, as well as laws governing policy on immigration and legal aid⁹. With a systemic approach in place, victims of domestic violence would not therefore be faced with the inevitability of having to return to the violent family environment due to no alternative options being made available in terms of living provisions and social and welfare support. Such support and protection programmes, including programmes for re-integration and social inclusion of victims are currently lacking in Cyprus.

2. Brief overview regarding Residential Care: Legislation and description of the Cyprus system of child protection

Child protection policy in Cyprus is governed by several laws that were passed and amended over a number of years. In brief, the laws laws that relate to the family and/or the child are as follows:

- The Parent-Child Relations Laws of 1990 to 1998

⁹ Chartas, A and Dionisiou, N (2013) "Position Paper of the Commissioner of Administration and Protection of Human Rights with regard to Domestic violence against Women in Cyprus"

- [Law 187/1991] - The Children (Relatives and Legal Status)
- [Κ.Δ.Π. 262/2011] - The Children's (Day Care Centres) Order of 2011
- [Law 46(I)/1996] - The Guardianship and other ways of Treatment Law
- [Law 83(I)/1999] - The Children (Amendment) Law
- [Law5(III)/2000] - Convention on the Rights of the Child
- [Law119(I)/2000] - Law which provides for the Prevention of Violence in the Family and Protection of Victim
- [Law 143(I) 2002] - The Children (Amendment) Law
- [Law165(I)/2002] - Law on the provision of free legal aid
- [Law 190(I)2002] - The Parent-Child Relations (Amendment) Law
- [Law 203(I)/2004] - The Parent-Child Relations (Amendment) Law
- [Law 47(I)/2012] - The Parental Leave and Leave on Grounds of Force Majeure Law of 2012
- [Law 87(I)/2007] - Anti-trafficking Law of 2007

Cyprus has signed the [UN Convention on the Rights of the Child](#), which is backed up by the [Law5(III)/2000] - Convention on the Rights of the Child. This convention establishes a universally binding code on the rights which all children should enjoy and includes being treated without any discrimination; enjoying protection; access to services, such as education and health; having opportunities for the development of their personality; skills and talents; to grow up in a happy environment with love and understanding; and to be informed about, and participate in, matters relating to their rights.

The [Commissioner for Children's Rights](#), appointed in 2007, is an independent institution that deals exclusively with the rights of the child and whose competences and obligations are prescribed by law. The Commissioner is appointed by the Council of Ministers pursuant to the Commissioner for the Protection of Children's Rights Law, 2007 (Law 74(I)/2007) which came into force on 22/6/2007. Their mission statement is to protect and promote the rights of the child and their role is to represent children and their interest at all levels, to promote public awareness and sensitivity so that children's rights in the family, at school, in the community are safeguarded and to identify and promote the views of children where they themselves cannot be heard, to monitor legislation relating to children and to submit proposals aiming at their harmonization with the Convention on the Rights of the Child, to carry out public awareness campaigns, to appoint a representative of the child in judicial proceedings affecting him/her and to represent children in procedures affecting them.

The majority of the laws mentioned above outline the various rights of children and the acceptable guidelines for the behaviour of parents and/or relatives and/or guardians. The Law which provides for the Prevention of Violence in the Family and Protection of Victim-

[Law 119(I)/2000] defines the meaning of violence and includes a specific clause that addresses the point that an act committed in the presence of a minor shall be considered as an act of violence against the said minor due to the psychological effects on that minor (i.e. the minor as a witness to violence being considered a victim of said violence). Specific aspects of this law which relate to collection of evidence include support processes such as in Article 17 (1), where a minor mentions that they have been ill-treated, the court will accept the evidence by a psychiatrist or psychotherapist and give an exception to the hearsay rule, although a person will not be convicted in court based on this evidence alone, as this evidence must be corroborated with other expert evidence. Article 18 of aforementioned law defines the ways a victim can be protected from intimidation during the adjudication of trials of cases of violence, including the use of protective screens, the use of close circuit television or other means in such a manner so that the witness cannot be identified by the defendant, while Article 19, provides for court discretion in victim protection during cross examination. However, as has been noted in the above section, the report¹⁰ by the Commissioner of Administration and Protection of Human Rights advocates further amendments to said laws, a holistic approach to combating violence and changing social attitudes in order to better achieve prevention, as well as the signing and ratification of treaties and conventions that serve to provide a universally held standard of protection of women and children who face gender based violence of all kinds.

The Anti-trafficking Law of 2007 - [Law 87(I)/2007] was established to protect victims who are trafficked and also describes how it protects children against child pornography and child sexual abuse through prostitution, since it is known that a large number of trafficked persons are minors. This Law dictates that someone convicted of child prostitution can be imprisoned for up to 20 years and anyone who in any way promotes, produces, entices a child into child pornography or has in his/her possession child pornographic data can be either fined up to €43.000 or up to 10 years in prison, or both. Article 36 of said law gives specific guidelines on special treatment for trafficked children and their rights, and ways they and their families can be supported.

Cyprus has not yet ratified the *Convention on the Protection of Children Against Sexual Exploitation and Sexual Abuse* (Lanzarote Convention), which was signed on 25th October 2007 by the Republic of Cyprus. The Lanzarote Convention is the most advanced and comprehensive legally binding instrument at international level on the protection of children against sexual exploitation and sexual abuse.

¹⁰ Chartas, A and Dionisiou, N (2013) "Position Paper of the Commissioner of Administration and Protection of Human Rights with regard to Domestic violence against Women in Cyprus"

On 15 November 2011 the Council of the European Union adopted the Directive 2011/92/EU (presented by the European Commission in 2010), aimed at combating sexual abuse and exploitation of children as well as child pornography, with the aim of replacing the Framework Decision 2004/68/JHA. The new Directive follows the Lanzarote (Spain), October 2007 Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse and covers actions on criminal law, new forms of sexual abuse and exploitation facilitated by the use of the Internet, offences committed in a non-EU member state, protection of victims particularly in relation to easy access to legal remedies, and prevention measures. The Directive was to be transposed into national law within two years from the Council adoption. However, Cyprus has yet to fully transpose the Directive into national legislation.

The Children's (Day Care Centres) Order Law of 2011- [Κ.Δ.Π. 262/2011] mainly outlines rules, and regulations and qualifications of people and specific details that Day Care Centres ought to fulfil in order to be licenced to operate. It does not give specific details regarding the handling of violence against children although it refers to the need to be vigilant and observe unusual behaviour of children in order to obey to the Law of Prevention of Violence in the Family and Protection of Victims.

The Cyprus Social Welfare Services (SWS) is part of the Ministry of Labour and Social Insurance and one of its roles is to provide protection and care to children and other vulnerable groups of people. The Social Welfare Services implement legislation and statutory instruments enacted in the context of their programmes (for example, the [Law which provides for the Prevention of Violence in the Family and Protection of Victims](#), the [Law to Provide for the Adoption 1995](#) and the [Children's Law](#)). In addition, the Social Welfare Services implement the provisions of International Conventions which fall within the sphere of their responsibilities and have been enacted into national legislation.

The Director of the SWS is also responsible for the operation of a number of state institutions. State Institutions provide shelter, protection and care to children, the elderly and the disabled as their permanent home or as a place to stay for few hours during the day. The decision to place a person into such an institution is made by the SWS if other viable alternatives are unavailable. A number of state institutions currently in Cyprus, which include children's homes or foster homes for children whose parents have been deemed unable to care for their children, or orphan children. The SWS are also responsible for the 'Day care nurseries for pre-school age children' and there are currently 11 such nurseries in Cyprus. They are mainly there for children whose parents both work and are available only during working hours.

There are also four 'State Institutions for Children' in the towns of Nicosia, Limassol, Larnaca and Pafos. These are available to children who are under the legal care of the Director of the Social Welfare Services and between the ages of 5-14. There is also the Nicosia Youth Hostel/Residential Care Home (Boys) which accommodates boys between the ages of 13-21 who cannot stay elsewhere and a residential care home for teenage girls between the ages of 14 -18 (established in March 1998). The Special State Institution for Teenagers in Larnaca was refurbished and re-operated in November 1997. In 1977 the State Institution for people suffering from severe mental retardation 'Nea Eleousa' was re-established after it closed down due to the 1974 Turkish invasion and it was the first centre for the care of children with severe mental retardation and houses 32 residents. There are also four State Institutions in the Community that operate in Nicosia and each one houses five adults who were previously resident at the 'Nea Eleousa' State Institution.

II. METHODOLOGICAL FRAMEWORK

1. Where and when the research took place

The research was conducted by the partner organisations in the project between May 2013 and September 2013. Cyprus conducted its main fieldwork activities in November - December 2013.

Following on from the partner meeting held in Barcelona in February 2013, the Cyprus research team of MIGS succeeded in holding its first meeting with representatives¹¹ of the Social Welfare office in Nicosia on April 18th 2013 to discuss potential access and the aims and objectives of the project. The Social Welfare officers were cautious and protective of the girls in their charge and examined the Daphne III project proposal in great detail in order to ensure that their safety, confidentiality and protection protocols were not breached.

Whilst the aims and objectives of the project were clearly set out, the social welfare department was concerned that the girls in the residential care home remained protected with their identity concealment intact. The chief social welfare officer also expressed repeated concerns as to the need to protect the girls in their charge from over exposure to potentially harmful experimental practices. To this end a number of meetings, assurances and amendments to the original fieldwork activity took place before final agreement was given in November 2013 for the commencement of activities. This was a significant delay with respect

¹¹ Present were : Overall supervisor of the department, representative from Family services; representative from Institutional Care, representatives from the Grants department, Programs overview and Grants officer and two representatives from MIGS. Also at the meeting was a representative from Cyprus Family Planning Association (CFPA), to discuss a parallel project with the same team of representatives.

to partner organisations that had successfully completed the fieldwork with the agreed project deadline. However, the Cypriot team remained confident that even with a delay the contribution would be beneficial.

The project proposal set out a number of focus group and one-on-one interview activities to take place with staff and girls currently in residential care. In Cyprus, due to the capacity and timing, this fieldwork activity was amended to only focus group activities. The sole state-run residential care home is located in the Nicosia district and has a maximum capacity of 12 residents. It operates in an 'open house' style, where the girls have the opportunity of freedom of movement within house rules. At the time of the fieldwork 6 girls were in residence.

One focus group with residents of the care home took place in December 2013 at the premises of the residential care home. At this focus group a representative from the social welfare office remained present throughout. Following on from this activity, one focus group activity took place with 5 professional staff members who work directly with the girls. The focus group took place at the same location two weeks later, while the girls were at school. The fieldwork activity was conducted by the primary author of this report. With more than fifteen years' experience of working with issues of sexual abuse on an individual as well as in a group context, the primary researcher was well placed to ensure sensitivity, confidentiality and protection of individual rights.

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 documented in the European Methodological Framework¹². These criteria were shared and discussed with the Social Welfare Office in depth prior to fieldwork commencement. The criteria for the selection of the girls were:

- 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.

¹² This document is available in the website of the Project: <http://www.empoweringcare.eu/>

Specific personal profiles were not made available to the MIGS research team; therefore, the researcher relied on the social welfare office to fully evaluate the final two points mentioned above. However, during the course of the focus group activity the researcher remained alert to any possible discomfort. In the end, all six residents were present during the focus group activity that took place.

It was clear from discussions with the responsible staff, the involved professionals and the residents themselves that the girls had experienced various forms of violence one or more times prior to their entry into the facility. Some of the girls – at least two – reported to have been in the specific residential care home for more than a year and at having been at the children’s residential care home prior to that. Therefore, it can be assumed that at least one third of the girls present in the focus group were long-term residents with a potential to remain in care until they are discharged due to legal regulations at the age of eighteen.

During the partner meeting in Barcelona in February 2013, some ethical issues were discussed and laid down in order to provide a common platform for working with girls who may be vulnerable or susceptible. In particular, notice was given to the following issues:

- 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.

All of the above points were noted and adhered to during the Cyprus fieldwork activity. Prior to the fieldwork taking place, the girls in residential care as well as the professionals taking part were informed that they had a right to voluntary participation, the right to voluntary opt out, and that full anonymity throughout the process would be ensured. The researcher made of point of repeating these points at the beginning and the end of each focus group activity.

With regard to the professionals taking part in the process, the Social Welfare Office made available access to the residential care staff during one of the morning sessions when the residents were attending school.

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 five professionals participated in the focus group activity. Consent forms were shared with the SWS prior to entry into the care home and the focus group activity.

3. Research techniques used

The Project proposed a combination of individual semi-structured interviews with the girls in residential care and with professionals working with them, as well as a focus group session with each. The intention was to gather data on experiences of violence and perceptions of gender stereotypes. In the Cyprus context the semi-structured individual sessions did not take place due to concerns by the Social Welfare Services that the girls would be at risk for secondary victimization. Despite assurances by the MIGS research team and full transparency in relation to the methodological and ethical guidelines, permission for individual sessions was declined and MIGS agreed that given the specific circumstances of the girls currently living in the care home, that the best way to proceed was with focus group sessions. .

However,

One focus group involved the girls that were resident at the time in the care home and one focus group involved the professionals working with them on a daily basis. Each focus group session was audio recorded, transcribed and translated. The researcher conducting the focus groups had previous experience of working in groups and used the project guidelines to ensure that the agreed topics were covered. However, some changes were made to the discussion guide to be used in the focus group session with the girls and questions on individual experiences of violence were eliminated in accordance with the agreement with the SWS and to safeguard the girls from secondary victimization. More emphasis was given to gender stereotypes but space was given during the discussion for experiences of violence to emerge indirectly.

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 and the concept of violence. The focus group session took place in a setting

familiar and safe for the girls (the communal lounge space of their home). Voluntary participation was explained and the girls were free to participate as much or as little as they felt comfortable. The session was conducted simultaneously in Greek and English in order to accommodate for the language requirements of the girls residing in the care home. The session was audio recorded.

Focus group session with the professionals

The aim of the focus group session with professionals was to gather professionals' perceptions, contributions and experience of working with girls in residential care centres. The topics discussed included: gender roles and perceptions, violent experiences of girls in residential care and professionals' needs. The session was conducted during one of the morning shifts and was held in the care home communal lounge. The session was audio recorded.

4. Main difficulties encountered and how they were overcome

The sole and main difficulty encountered in conducting the fieldwork was in gaining access to the girls in the state run residential care home. There is only one state-run care home with a maximum capacity of 12 residents in Cyprus. With this in mind, officers at the Social Welfare Services were concerned with issues of confidentiality and due care. The Social Welfare Services view their duty of care with regard to the girls under their jurisdiction with great importance. It was pointed out to us on a number of occasions that at no time had the care home been made available for studies, research projects or experimental work in the past. This was the first under consideration and it was due to the level of work and background of the Cyprus organisation (MIGS) as well as the central concept of empowerment, that the project was being considered.

In order to overcome the challenge that denial of access posed, the project manager was able to lobby support from various supportive organisations¹³ and high profile figures¹⁴. With external pressure being applied, the social welfare services brokered a deal with MIGS albeit with some amendments to the fieldwork process. Fieldwork activity was finally able to commence more than six months after the project partners had started. One-on-one interviews with the residents of the care home were dismissed as were individual interviews with care professionals. The focus groups were conducted and audio recorded, however a representative from the Social Welfare Office remained present as an observer throughout the process.

¹³ Ombudswoman for the Rights of the child in Cyprus.

¹⁴ Political figures advocating for the rights of Children.

III. ANALYSIS OF THE FIELDWORK

Focus group activity was undertaken at the premises of the residential care home on both occasions. The researcher employed a semi-structured loose approach using the focus group guidelines provided for each session. As the group was small in both cases, the semi-structured questions were used to guide the discussion and the participants were allowed to engage in dialogue, in the most part, without interruption.

Some points should be noted with regard to the girls that participated in the focus group. Of the six girls resident at the care home at the time of the fieldwork, all chose to be present throughout the discussion. Due to language issues, the session was conducted in English and Greek simultaneously with the researcher holding parallel conversations in order to accommodate those who spoke only Greek (three girls) and those who spoke only English (two girls). One girl spoke neither English nor Greek and her French was minimal. Communication was difficult and while she did not participate fully she chose to remain in the room throughout the focus group session and could be seen nodding on occasion. Also, one of the Greek speaking girls presented the clinical picture of someone with psychiatric issues and her participation was infrequent and random as she freely entered and left the room during the session.

While none of the individual profiles of the girls were made available to the researcher, it became clear through the focus group session that all girls present had a difficult background which included experiences of one or more forms of violence (e.g. physical, psychological, sexual and or neglect), as might be noted from the transcripts¹⁵. Part of the agreement with social welfare services was not to press the girls on individual experiences or to ask direct questions with regard to their past. This was adhered to by the researcher. Three of the girls had been resident at the particular care home for at least a year and may have also come from the children's home into the current care home. They appeared also to expect to be there until they are discharged at the age of 18. The other three girls were there on a short-term basis, having just arrived within the last two months and had no clear indication as to how long they would be staying or what would happen to them.

An interesting aspect to note, which came to light during the interview with the professionals, is that some of the girls had been there for longer than the professionals. It emerged during the focus group session that there had been a recent staff reallocation across the Social

¹⁵ This was later confirmed during the sessions with the professionals.

Welfare Services and all staff at the care home, as well as in other service departments¹⁶. With the exception of the care home manager, who had previous experience of working in the care home, all four of the other staff members had only been appointed to the care home within the four months prior to our focus group session. Therefore, their feedback and reviews are based on their fresh and recent experience of the care home, with only the care home manager able to offer a broader and deeper view of her work due to her years in the service.

Both focus group sessions were informal and semi-structured, conducted in the lounge area of the care home, with refreshments on offer. The researcher was greeted warmly and the sessions appeared to begin without apprehension or concern. Issues of confidentiality and anonymity were discussed and participants in both groups were assured of their right to choose to opt in or out at any time.

1. Perceptions and experiences of the girls

The afternoon session was informal and casual. The researcher introduced herself and got to know the girls by asking questions about their hobbies and favourite things before introducing the project aims and objectives. It was interesting to see that they were surprised to discover that similar residential care homes exist in other countries and that there are girls like them in Italy, Spain, Bulgaria and Finland. Once a connection had been established, and using the focus group guidelines, the researcher questioned girls with regard to their ideas on gender stereotypes, violence, and gender differences.

1.1 Gender perceptions: perceived differences between boys and girls

The girls demonstrated a clear and embedded sense of what is different and what is equal among boys and girls, citing educational study as the only place where they can be equal. With that exception, the group talked about their perceptions and understanding of the differences between boys and girls clearly. When asked by the researcher if boys and girls are the same and if they can do the same things in their lives, this question was met with mocking and laughter by two of the girls who pointed out that:

G1: Miss, the boys are more undisciplined than us...

R: ...because ..

G2: because they are boys and we are girls..... boys are undisciplined

‘Undisciplined’ was used by the girls throughout the session and seemed to be used to refer not just to the freedoms that boys had in relation to girls but also in their movements, their activities and their levels of patience and ability to cope with social and interpersonal

¹⁶ From the explanation given by the professionals, this type of mass reshuffling of staff happens very rarely, usually one or two staff move at a time. This time whole departments, services and personnel changed simultaneously.

situations. In addition to this, some of the girls were categorical in their perception that the difference between boys and girls was clearly set out in religious teaching and was not to be questioned or challenged.

G3: Us? Us? We are religion! We are Muslim. ... we are different [points to the other girls in the room] not the same.. not the same... In the Quran it is not the same... man, boys and girls different. It is separated.....we are human being but it is different, not the same.

In relation to boys, the girls talked about needing to be “more constrained”, “more restrained”, “more normal” and “more closed”, in order to be acceptable to boys. The feeling of being ‘evaluated’ was strongly expressed and the girls talked about how important it is to be “restrained” and “closed” as much as it is important to take care about how they dress and how they speak in order for boys to accept them. So when we talked about swearing, it was clearly seen as boy behaviour and something that boys do, “swear for no reason”. whereas girls would be judged negatively if they did so.

G2: its different...to be with boys [and swear] ...because they would say..what am I going to do with her.. that’s just how it is

G1: we mustn’t act spoilt

G2: we must be polite

R: what do you mean by polite?

G2: I mean you shouldn’t swear or something..not swear and say things like get out of here boy and such things

There was a clear sense within the group that they understood themselves to be different to boys, and on some occasions responsible for how boys reacted and interacted with them, based on their own behaviour and/or dress. They talked about the need to be restrained and to act in ways that would be favourably evaluated by boys and that to dress immodestly or in a way where “half your ‘stuff’ is hanging out” was not acceptable. When pressed on what was meant by ‘stuff’ the girls laughed and pointed to their central body saying “you know....your tits and stuff”. There did not seem to be a sense of understanding around the responsibility of the boys in their reactions. These responses directly reflect predominant negative gender stereotypes and common myths associated with violence, as well as rigid gender roles of what is supposedly “appropriate” male and female behavior. This seems to hold true for both immigrant and Cypriot participants.

1.2 Gender stereotypes and differences between men and women in the workplace

Even before finishing the question the researcher was stopped as she started to say, “so would you say that there are some jobs that we as girls...”, by G1. Insistently she finished the sentence with “we can’t do them”. There followed a series of jobs that they felt girls could not do such as bodyguard; builder; footballer; general building work; plumbers; mechanics and

even athletics. Overall, when asked to clarify how come girls could not do these jobs, they cited two main reasons. The first being the female body size and physical strength even suggesting that girls have smaller lungs than boys and that is why girls cannot do some jobs. The second reason they talked about was a general mistrust of women. The researcher asked the girls about building work and if a woman builder existed to which the reply was an emphatic “sure ...NO” and when asked how so, the reaction was clear:

G1: peeeeeee.... NO! how would she manage such a thing
G2: she wouldn't have the first idea
G1: the wall would fall on her
R: if someone found out that a woman built this wall would they come here?
G1: He wouldn't come to stay here and live here...well because they don't trust women

When asked about any jobs that men might not be able to do, again, the distinction in their minds was clear as they mentioned jobs such as cleaners; baby sitters; secretaries and such. They felt that the undisciplined and impatient nature of boys meant that they were not suited to this type of work. And without hesitation there were clear answers as to the best suited jobs for a man or a woman. For a man it was clearly as an architect whereas for a woman it was to be a doctor. Again, these attitudes and beliefs are directly linked to traditional gender stereotypes and roles that predominate in Cypriot society and is reflected strongly in the workplace with a wide gender pay gap between women and men (16% in 2013) and rigid gender occupational segregation. The girls expressed views that demonstrate having been socialized in such a way as to feel ‘bound’ to follow the traditional, ‘acceptable’ route expected by society, both in behaviour, aspirations, as well as professional and other development.

1.3 Dealing with Violence:

While the researcher was not able to ask directly about personal experiences of violence, if the conversation went in that direction, and the girls were comfortable to continue talking it was permitted under the agreement made with social welfare services. Therefore, the researcher confined herself to asking questions about negative experiences in general that might, for example, be read in a book or seen on television, and asking the girls to express their opinion on how frequent or realistic such experiences are.

The girls were clear that they felt there is danger all around them and that the way to protect themselves lies in remaining “restrained and closed”, dressing “appropriately” and “staying serious”. In the absence of such restrained behaviour there was consensus that they would be ‘asking for it’. The researcher started off talking about ‘bad experiences’ in general, in an attempt to avoid labelling or framing what kind of violence was under discussion. However, the girls quickly focused, on their own accord, on rape as their idea of what was meant by ‘bad experiences’ and were very clear that rape happens “a lot”. No girl talked about their own

personal experiences but maintained that they had “heard about that stuff all the time”. From the discussion it was clear they felt rape cannot be stopped because those that do it “won’t change”. At the same time they expressed a clear sense there are some girls who want to be raped:

G2: .miss.. there are those girls who want it and it happens to them.
 R: do you think so?
 G2: yep!
 R: so.. how can you tell the difference?
 G1 and G2 together: you can easily tell them apart...if only from the way they dress and their appearance you can tell. . you can see it straight off
 R from their clothes and their appearance...
 G1: from their characters
 R:what exactly do they have in their characters so we can differentiate them ...
 (G1 and G2)... they might see a boy and they go mad!!! As if they have never seen a boy beforeand they start to swear and say stuff and to act spoilt..
 R: and you’ve said before that when they start to swear and act out that the boys don’t like it...they prefer it if you are more restrained and constrained.. when they swear and suchis it because they want it to happen to them....
 G1: of course yes!!!..... [laughs loudly]
 R: how can the other girls that don’t want it protect themselves then?
 G1: basically ...you have to stay serious

The participants’ views on violence, and particularly sexual violence, reveal traditional beliefs that reinforce patriarchal attitudes toward women and sexuality. The sexual behaviour of men seemed to be less or not at all criticized, thus reinforcing the stereotype that sexual aggressiveness is natural, if not admirable, in men. On the other hand, the discussion showed that a general culture of victim blaming prevails - that it is the responsibility of the woman to prevent unwanted sexual experiences by not engaging in behaviour that may create ‘false expectations’. This maintains one of the most powerful myths associated with sexual violence that locates the cause of assault in the victim’s behaviour or choices.

Their understanding and fear of the potential for sexual and other violence emerged again as the conversation turned to talk about baby-sitting. The researcher began to explore the notion of men not being able to work as baby sitters, with the intention of challenging the work/gender stereotype. The intensity of the reaction from the girls was filled with fear and foreboding as they tried to warn the researcher against potential dangers. One of the girls even rose from her seat as she tried to press her point home, while both girls raised their voices. It was clear to the researcher that the reaction was filled with an understanding that ‘bad experiences’ would happen.

R:if I wanted to go to the cinema tonight and a man came to baby sit my children would it be ok for me to go?
 (G1 and G2) NO NO NO..... it wouldn’t be ok for you to go.! You HAVE to stay . you MUST stay .. no no ..no
 R: so I should stay home then?... because

G1: miss...if a man came to look after your child would you trust them? How would you know if they won't hit your child or touch them or something

G2: yeah... how would you know ?

The girls were also quick to come up with a solution to how the researcher might be able to go out and still keep the children safe.

G2: well. .. leave it with someone else... like with their grandma...with your sister..

G1: with a relative ...

R: so... I see.. it's ok with a relative ...nothing will happen because it's a relative .. it will be ok.

G1: no ... it's not always ok ... because you don't always know your relative's intention.

R:... oh... I thought you said it was ok to leave it with a relative ..

(G1 and G2) NO missI meant someone REALLY close to you .

There was a clear sense of understanding violence in the home and in particular sexual violence. Also, when pressed, the girls maintained that physical violence came easier to men "because men don't have the patience we have", although they also mentioned that girls have the capacity to act violently and do so when they need to protect others such as their brothers or sisters. When talking about acts of physical violence it was clear that the girls saw violence as something unavoidable and part of life, due to the matter of fact way they talked about seeing boys fight, seeing girls fight and their own behaviour. . For the participants physical violence was something to steer clear of but if it came their way they would get involved, saying "who would hit me? If they tried to, I would slam them to the floor"(G2). The concept of breaking the cycle of violence did not enter into the discussion.

On a final note, there was a sense that some of the girls had resigned themselves to the status quo that violence existed. They felt that it could not be stopped and that the best way to protect themselves was to remain "reserved" and "restrained". Some of the girls were quite clear that their safety was in God's hands:

G3: me ??? I cannot be safe.. I cannot make safe.. God safe.. so I pray today and I will be safe

R: so if God wills it you will be safe?

G3: Yes, exactly yes..... I don't have the power.. God has the power

2. Perceptions and experiences of the professionals

P5: ... we are working with human souls ... you have to be flexible...its very different each day and their ages are such that ...you know...it not something fixed.. and so you have to be on alert and flexible in the way you work

2.1 Working in the Care Home:

The five staff members taking part in the focus group discussion were all women. Although the care home manager had worked within the facility before, for some of the other staff members it was their first time. With only four months experience working in the facility, they had fresh ideas about how they were settling in, how they had connected with the girls and bridged the initial mistrust, as well as ideas about how to improve the work environment and services offered to the girls. The staff works on a three shift basis. During the morning shift one person is at the care home, and there are two staff members on duty during the afternoon and evening shifts. Even so, all the staff mentioned that they do call in, even during their off hours, to check progress on a particular girl if there is an incident. While they have a monthly meeting scheduled in order to formally discuss each case profile, the plan of action and next steps, in reality, they admitted to exchanging notes and feedback on an almost daily basis, keeping each other informed on actions and interactions with each girl.

The residential care home has a maximum capacity of 12 and is run as an open facility in an attempt to emulate a 'family' environment. The property itself is situated within a residential community and both inwardly and outwardly presents itself as a large family home.

2.2 Interactions with the Girls:

From the outset all the participants agreed that it was very difficult to profile the girls at the care home since each is unique and comes with her own story, experiences, and needs. Some of the girls that live in the care home lived for a time in the mixed children's facility previously and are expected to stay the four year duration until they turn 18 when due to regulations they are discharged and enter society. Other girls are referred to the care home for either a temporary period or until they reach their 18th birthday. Having said that, all the girls at the care home have had an abusive past which brought them there and the staff were able to confirm that, in the majority of cases, sexual abuse was prevalent with physical abuse (either as a direct victim or as a witness ,) being close behind.

Each girl is assigned a psychologist and is in regular contact with them. The staff that participated in the focus group do not work directly with the abusive past and allow the girls to make choices as to whether they want to talk about their past or not. Indeed, in their experience, the girls are often very protective of their past and more frequently prefer not to discuss it.

P1:..... they don't want to talk about it... the majority of times even if they suspect or they realise that we know about their history from their private files because we have right to know...ehmm.....they become defensive

The participants claimed that the girls often react in a way that leads them to believe that they are creating more pain in bringing up the issue of experiences of violence with them.

P4: you are talking about the experiences of violence that they are bringing with them before they come here its not so much that they have outbursts...they prefer to keep it private... they don't want to talk about it even between them. ... I believe. .. for sure their experiences they don't talk about them

P5 they just wont talk about it even with us

S: their choice?

P2; yes they don't want to talk

...

P1:...and they say...that is something private of mine and I don't want you in it.....in other words stay out of it...something like that ...

P2: ...even we don't try to enter into a dialogue on these issues ... if they want to themselves because of a particular relationship they might have created and they want to talk...then ok we will let them express themselves...otherwise we don't go there..

On this note, the researcher opened up a discussion with the group on how they deal with relationships the girls have with boys, and how they then deal with the possible or actual event of a sexual relationship, considering that the legal age of consent to sexual intercourse in Cyprus is 17. This led to an admission that the care home history includes at least four unplanned pregnancies¹⁷, which would suggest that, before leaving the care home at the age of 18, some girls are sexually active. The participants Staff highlighted that although they provide the basic information they would generally provide to their own children regarding sex and sexual relationships, they did not feel they have adequate training or access to some of the specialist knowledge in relation to sex education that might be better suited to the girls in this case. Indeed, the fact that there have been unplanned pregnancies among girls resident in the care home, strongly suggests that these girls lack sexuality education and experience difficulty in protecting themselves from risks related to sexual activity such pregnancies and STI's.

P4: but... wouldn't it be better if in such institutions where we have teenagers if there was a sexologist or something ...not permanently but say who could come two or three times a year in order to discuss with them and to tell them about the various... isn't it essential?

¹⁷ This was not during the time of the current staff and they were referring to girls who are no longer wards of the State.

R: my humble opinion is that I agree with you ..yes... It would be a nice offering.

P4...you see...yes we offer some stuff to them but we are not expert and so we can't tell them all the right things

P5: yep that's right

P4; and for things like the sicknesses and the types of ways of protection .. and for all those things in this area..

The discussion above reflects the deficits that exist more generally within the educational system in relation to sexuality education that would include modules on gender relations, sexual and reproductive rights, relationships, and intimate partner violence among others. Sexuality education is neither legally mandated, nor implemented on a regular basis. Special modules on sex education, gender relations, and health education, have been implemented sporadically on a pilot basis over the last decade but are not formally part of the curriculum at any level. Some aspects of sex education have been covered within a more broad biology class, health class, and home economics class. A missed opportunity for integrating comprehensive sexuality education at all levels in primary and secondary education was the recent education reform that took place in Cyprus, where all primary and secondary school curricula were extensively revised and restructured. Although NGOs lobbied hard to include sex education as a distinct educational module within the health education curricula in all education levels, this unfortunately did not become a reality.

Indeed, in Cyprus, little research exists on adolescents' and youth's knowledge and attitudes regarding gender relations and sexuality, and perceptions of messages they receive regarding sexuality education, but existing evidence so far documents low levels and serious gaps in knowledge around sexuality and sexual and reproductive health^{18 19}.

Despite the above, it was clear from the discussion that the participants work hard to create a family environment, even with the absence of a male role model, and for the most part described a daily setting built to emulate routine, family centred interactions. The group described activities from movie nights to excursions as well as house rules, squabbles amongst the girls and dealing with inherent manipulative behaviour that often comes as part of the victim profile. Working as a team, being in constant communication about the girls, the incidents and the plan of action, ensured that they were able to deal in a timely, uniform way, that they felt gave the girls a message of stability and a sense of security in knowing where the boundaries are.

P5: that is so correct ...so they know the boundaries.. they know that my boundaries are the same as [p4] and say [p2] therefore they know that ...that's it..up to there....

¹⁸ Kapsou, M., (2006). Country Report, Cyprus, in Chruściel, E., Youth's Voice: Report on Sexual and Reproductive Health and Rights in Central and Eastern Europe and Balkan countries. Astra Network, Warsaw, Poland.

¹⁹ Kouta, C., Tolma, E.L. (2008). Sexuality, sexual and reproductive health: an exploration of the knowledge, attitudes and beliefs of the Greek-Cypriot adolescents. Promotion & Education, Vol. 15, No. 4, pp. 24-31.

All the staff demonstrated an affection for the girls in the care home and stated that they would not hesitate to offer tactile affection if it was needed, indeed they were open to offering hugs to the girls in order to show that touch does not always mean sex

P5: we give it openly and spontaneously...

R: that's what I wanted to know.

All: they ask for it..they want it... they really ask..

P3 ... I'm big bodied so you can imagine.. they love it when I hug them.

R: so you do offer this also...

P5: yes we want to give them the tenderness

R: so you give an antidote to it...

P3: they say ...things like squeeze me tight.. show me you love me and they hold on....

2.3 Challenges faced by the professionals:

The focus group wanted to be able to create an environment within the care home that would emulate a family unit with role models that would offer contrasts to the difficult or challenging perceptions that they had experienced in their original family homes. This appears to be exasperated by the lack of a male colleague as part of the team. It was agreed that the majority of the girls had experienced some form of sexual and/or physical abuse and that the perpetrator was more often than not a male member of the family. As one professional pointed out:

P1:its best that a correct male role model is created in a secure and safe place like this place here , rather than that teenager to search for it when she turns 18 and leaves this place, this protected place and she will be in essence by herself out thereehhh out there in contact with male role models which if she hasn't got some correct messages and some correct interaction so that she can rebuild maybe some trust in a correct patriarchal or to say male role model ...whatever that might be, maybe it would be better for them .

The professional here makes reference to the protocol which is currently in place that foresees the discharge of the girls from social welfare care once she reaches adulthood at the age of 18 years of age. For many of the girls who have lived in state residential care for most, if not all, of their childhood and have the prospect of staying in care until adulthood, the creation of healthy role models remains within the confines of the institutionalised care that they are living in. Prior to entry into the care home for 14-18 years, some of the girls may have been resident in the children's care home. This state run facility is executed as a mixed facility and is managed by male and female staff. This shift from a mixed facility to a single gender facility further embeds the notion of man being a 'bad thing' since from a certain point onwards men are removed from their daily home life.

P3; as [P4] said... it would be a good thing if we had male staff here.... Because why this change... this sudden change... this ...as soon as they become teenagers....

P4: immediately the man becomes forbidden

P3: they come to a place with no men

R: so this sends a message...

P5: yes it sends a message... exactly....

Another challenge the group mentioned quite clearly was the need to have professionals in specific fields come in periodically –to support the work that they do with the girls on a daily basis, in order to provide in-depth, accurate and timely information. Specifically the group talked about experts in the field of sexual and reproductive health including sexually transmitted diseases and protection against pregnancy, access to the internet and social networking sites and the risks involved, as well as training and support in social interaction tools that will help the girls once they are discharged from the facility and no longer wards of the state. In some cases references were made to experts (e.g a sexologist) or non-governmental organisations that could offer voluntary support in specific informational areas. In other cases, reference was made to skill sets and life learnings (e.g empowerment, social skills, self-protection, awareness). Indeed, the staff expressed uniformly that their biggest concern was not how to deal with the girls while they were residing in the residential care home, but how to better prepare them for exiting the care home.