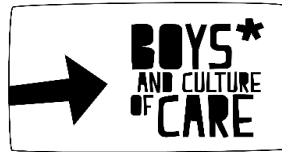


Istituto  
degli  
Innocenti



# Transnational Report

## “Culture of Care”

### Needs Assessment



Asociación de hombres  
por la igualdad de género  
**AHIGE**



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This text has been drafted by Elli Scambor, Francesca Lamedica Anna Kirchengast, and Johanna Stadlbauer on the basis of the national reports drafted by Elli Scambor and Anna Kirchengast (Austria), Donka Petrova (Bulgaria), Malte Täubrich, Ulla Wittenzellner and Lotta Hellberg (Germany), Francesca Lamedica, Mario De Maglie and Donata Bianchi (Italy), and Paco Abril Morales, Rafa Soto and Pedro Unamunzaga (Spain).

Project partners: Institute for Masculinity Research and Gender Studies (Austria), Animus Association Foundation (Bulgaria), Dissens – Institute for Education and Research (Germany), Istituto degli Innocenti (Italy), Asociación de Hombres por la Igualdad de Género – AHIGE (Spain).

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## Introduction

The following report contains the results of research carried out as part of the *Culture of Care* project. The project, which is funded by the European Commission under the Rights Equality Citizenship (REC) programme, spans over two years and will end in January 2019. It is carried out by five organizations, based in five different European countries: Germany, Austria, Bulgaria, Spain and Italy. Dissens, a gender research and training agency based in Berlin, is the leading partner. The other partners are Animus, an association that works to support vulnerable children based in Sofia; the Institute for Masculinity Research and Gender Studies at the Verein für Männer- und Geschlechterthemen (VMG), a center for research, training and psycho-social support on issues related to masculinity based in Graz; AHIGE working on male issues and gender equality, based in Spain; and the Istituto degli Innocenti, which carries out research, documentation, training and provides services for the well-being of children in Italy, based in Florence.

The project aims to create and strengthen an environment able to support boys (potentially) affected by sexualized violence, in order to reduce the risk of such cases, thus addressing both prevention and protection. In particular, the project aims to support these male children and youth (potentially) affected by sexualized violence by identifying and training the "First Points of Contact" (further referred to as 'FPC') with whom these children and young people are in contact. This objective will be achieved by means of a *Capacity Building Programme* (CBP) for professionals in specific contexts, such as schools, residential care facilities, youth organizations and social services. Moreover, within these contexts children and young people will also be beneficiaries of specific support actions aimed at enhancing their knowledge on the issue of sexualized violence and raising awareness on this issue. Finally, a specific awareness campaign and conferences will be organized in the countries involved in the project. The project has a child-centred and gender sensitive approach and seeks to disrupt gender stereotypes across all its activities.

In order to develop an effective capacity building programme, adapted to the needs of the FPC, the project started off with an analysis to detect their needs and their knowledge on sexualized violence against minors, in particular male ones. This research was carried out in the geographical area of each partner through a questionnaire and focus groups, addressed to various professionals working with children and young people, including volunteers in these areas.

The partner organisations have reached various professionals, such as primary and secondary school teachers, social workers, professional caregivers working in residential and non-residential care facilities for minors, representatives of youth associations, etc. These FPC were asked to complete the questionnaire and to participate in focus groups, in order to explore their ideas on various topics, including sexualized violence against children/young people, particularly boys, and on the relevance of gender in general and in cases of sexualized violence. They were also asked to share about their needs in terms of support and training to better prevent, identify, and respond to such cases.

This research led to five national reports drafted by each partner organization, which are compared in this transnational report, in order to give a comparative overview of the results that emerged from the national needs assessment. As the prevention and protection systems vary widely between European countries, the report starts with some basic information on each country. The second chapter will describe the qualitative part of the needs analysis and the results that emerged from the focus groups led in the five countries. Chapter three will detail the results that the quantitative survey. The fourth and final part of this report contains a summary of the most important results

and offers recommendations to be taken into account in the subsequent phases of the project, namely the preparation of the capacity building programme, the awareness raising campaign, and the support actions addressed at boys aiming to prevent and combat cases of sexualized violence.

## 1 Countries Information

In this first chapter we give a short overview about the different national legal frameworks, provisions and mechanisms for protection against sexualized violence of children, together with some examples for prevention and protection services, projects and campaigns addressing violence against children in Austria, Bulgaria, Germany, Italy and Spain. If they exist, practises targeting sexualized violence against boys will be specifically addressed, yet in some of the mentioned countries the gender perspective in the sense of male victims is usually not taken into account in the design and implementation of services and campaigns. Moreover, this chapter will just provide a very brief outline without claiming to give a comprehensive description of all the available services. A comparison between the national contexts will follow.

### 1.1 Austria

In the last years some **law reforms** were adopted to strengthen the position of (potential) victims of sexualized violence<sup>1</sup> and a special law concerning sexual assault and sexual abuse of children was introduced in 2004<sup>2</sup>. Furthermore, specific court assistance support is foreseen for minors, whom are recognised special rights as, for instance, interrogation by persons of the same gender or so-called soft interrogation<sup>3</sup>. As regards the intervention procedure, for the safety of the child it is recommended to first counsel the procedure with experts of a crisis team (e.g. about the right time to contact parents/caregivers). All legal steps, like the duty to report, must be considered in light of the child's welfare to best safeguard the affected child.

General prevention and protection services are provided in Austria by the public **Child Protection Centres** (*Kinderschutzzentren*), which are located in all Austrian provinces, including rural regions. They deal with all different forms of violence, including sexualized violence specifically. Moreover, **Violence Protection Centres** (*Gewaltschutzzentren*) were created in 1997 by the Austrian Federal Ministry of the Interior in all Austrian provinces to support the implementation of the *Law for the Protection against Domestic Violence*<sup>4</sup>. A specialized anonymous 24 hours **hotline for**

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<sup>1</sup> Since the 2016 Criminal Law Reform, violation of sexual self-determination (§205a Strafgesetzbuch, StGB) includes sexualized actions against the will of a person. Sexual harassment (§218 StGB) now includes 'intense touch/contact of an intimate part of the body'.

<sup>2</sup> Viewing, downloading and circulation of "pictures of sexual abused children" are legally forbidden and indictable in Austria (§207a StGB).

<sup>3</sup> Haller and Lanske (2006) list the most relevant laws in this context.

<sup>4</sup> They support people, especially women and children, including boys, who are affected by (sexualized) violence through legal and psychosocial assistance and are funded by the Austrian Federal Ministry of Justice, the Austrian Federal Ministry of Health and Women's Affairs and by the Austrian Federal Ministry of the Interior.  
<http://www.gewaltschutzzentrum-steiermark.at/>

**children** subject to violence and their caregivers and an online service<sup>5</sup> is offered as well.

The Austrian Federal Ministry of Education is also an important actor in the field. It has outlined an **intervention procedure for schools**<sup>6</sup> which includes the recognition and documentation of signals<sup>7</sup>, their evaluation with support of colleagues and/or professional experts, the reporting to the schoolmaster and the creation of a crisis team<sup>8</sup>, alongside prevention activities.

In Austria public awareness of **sexualized violence against boys** in particular increased following a 2016 case of a pedagogue of a youth organisation who had abused a boy<sup>9</sup>. In reaction, the concerned organisation, the Austrian boy scouts, has developed a code of behaviour<sup>10</sup> to protect children and youth against any form of violence.

A novel about sexualized violence by a nanny against a boy (Hall, 2011, *Everything and Nothing*) contributed to increase public awareness on the topic of female perpetrators in Austria, thanks to its German translation (*Kein Sicherer Ort*, 2012).

More specific information material for FPC can be found in the similarly titled brochure **(K)ein sicherer Ort** ("No/a safe place"), published by the Austrian Federal Ministry for Families and Youth in 2016<sup>11</sup>. It includes definitions of sexualized violence, legal provisions and guidelines for FPC as well as prevention tools. It also includes topics like women as perpetrators or male affected children and adolescents, thus taking into account the gender perspective.

On **gewaltinfo.at**, also under the competence of the same Ministry, FPC can find basic knowledge on the topic of sexualized violence on children (e.g. definition of sexualized violence<sup>12</sup>, structural knowledge, support institutions for their Province and for special topics of violence and more)<sup>13</sup>.

Also the Child Protection Centres' latest information and awareness raising campaign includes, as a topic, sexualized violence against children, i.e. its definition and relevant protection services, and also indicates boys as victims<sup>14</sup>.

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<sup>5</sup> <http://www.rataufdraht.at>

<sup>6</sup> See Haller and Lanske (2006).

<sup>7</sup> It is necessary to document signals in written form over a period of approx. four weeks with an "observation protocol" including date/hour, physical and psychosomatic signals, emotional and social signals, school performance indicators, verbal statements of the child. If the person writing this protocol notices that the situation is problematic, he/she should look for help for himself/herself.

<sup>8</sup> It has to be decided when and how parents/caregivers will be involved, if/ when the case is reported to the youth welfare authority and to court, the schools authority has to be generally informed, support actions for the affected child and maybe witnessing children/youth have to be planned and undertaken.

<sup>9</sup> <http://wien.orf.at/news/stories/2753550/> in 2016 a Scouts pedagogue was convicted to four years prison, but in October 2017 he was acquitted. See <http://www.vienna.at/missbrauchsprozess-gegen-wiener-pfadfinder-fuehrer-freispruch/5519398>.

<sup>10</sup> [http://wpp.at/sites/default/files/aktuelles/datei/ppoe\\_resolution\\_sicherheitshalber.pdf](http://wpp.at/sites/default/files/aktuelles/datei/ppoe_resolution_sicherheitshalber.pdf) The scouts world umbrella organisation proposes an online training called Safe from Harm to prevent and address abuse against and among children and adolescents: <http://worldscoutmoot.is/safe-from-harm/>

<sup>11</sup> <https://www.bmfj.gv.at/service/publikationen/familie/kein-sicherer-ort--sexuelle-gewalt-an-kindern.html>

<sup>12</sup> <https://www.gewaltinfo.at/fachwissen/formen/sexualisiert/>

<sup>13</sup> <https://www.gewaltinfo.at/fachwissen/formen/sexualisiert/missbrauch.php>

<sup>14</sup> The leaflet indicates that, according to a 2011 study by the Family Research Institute, 10.6 % of the interviewed women and 4.4% of the interviewed men said to have suffered sexualized violence <http://www.oe->

Results of a current study about disclosure processes of boys were published and disseminated just recently (Rieske et al. 2018; Rieske 2016, Scambor 2017, Scambor et al. 2017) within the *Styrian Network against Sexualized Violence*<sup>15</sup> which encompasses most of the above mentioned Non Governmental Organizations (NGOs). This Network includes different professionals working for male and female adults but also addressing children and youth who were/are (potentially) affected by sexualized violence.

Many associations, projects and initiatives are part of the *Network for the Prevention of Child and Adolescent Sexual Abuse*, promoted by *ECPAT International*<sup>16</sup>, a worldwide network of organizations and people working together to end prostitution, pornography and trafficking of children and adolescents for sexual purposes. The objective of this network is to create a space of synergies that allows fighting effectively against this reality.

Some specific **services** offered to children/youth victims of sexualized are provided by:

- Forensic Medicine Institutes (Graz, Salzburg, Innsbruck, Vienna) which analyse marks of physical sexualized violence of affected people (incl. children) and document these marks on a free-of-charge basis for victims.
- Some Austrian medical hospitals, which have started interdisciplinary child protection groups which support children and youth who are suspected to be affected by (sexualized) violence.<sup>17</sup>
- NGOs working on preventing sexualized violence on minors, by providing to children, youth and FPC **sex education**, as well as information on children's rights, physical self-determination, self-esteem, boundaries, feelings, gender roles and getting help. One of these NGOs is *Liebenslust*<sup>\*18</sup>, the Austrian associate partner in the *Culture of Care* project, which offers sex education for adolescents, young adults and caregivers in the Province of Styria since 2012; the NGO association *Selbstlaut* ('vowel'), based in Vienna, which since twenty-five years provides information and education tools for preventing sexualized violence against children and youth, working directly with children and youth and with FPC<sup>19</sup>; and *Hazissa* based since 2003 in the Province of Styria.<sup>20</sup>
- NGOs specialised in **LGBTQ** youth, like *First love.at*, which offers chat- and e-mail-counselling

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kinderschutzzentren.at/wp-content/uploads/2016/06/BVOEKiSZ\_PT\_Previewing\_Kampagne\_241017\_SexualisierteGewalt.pdf

<sup>15</sup> <http://www.netzwerk-gegen-sexualisierte-gewalt.at>

<sup>16</sup> ECPAT began in 1990 as a campaign to End Child Prostitution in Asian Tourism. It now is a growing network of 102 civil society organisations in 93 countries, see <http://www.ecpat.org/about-ecpat>

<sup>17</sup> <http://kinderchirurgie.uniklinikumgraz.at/Patientenbetreuung/gemeinsameeinrichtungen/spezialbereiche/kinderschutzgruppe/Seiten/default.aspx>

<sup>18</sup> <https://www.liebenslust.at/>

<sup>19</sup> <http://selbstlaut.org/publikationen-und-materialien/unsere-materialien/>

<sup>20</sup> <http://www.hazissa.at/index.php/welcome/>

for youth<sup>21</sup>, and other counselling centres for LGBT, like *COURAGE*<sup>22</sup> or *HOSI*<sup>23</sup>. The project *Es wird besser* supports LGBT adolescents and raises more public awareness, acceptance and support for them, by fighting against bullying and homophobia, e.g. with videos in social media<sup>24</sup>.

- **Counselling Centres for males**, as *Männerberatung Wien*<sup>25</sup> and the *Boys Work Department at the Association for Men and Gender Issues Styria (VMG)*<sup>26</sup>, which offers sex education workshops for boys and male youth focusing on gender, diversity and health.

## 1.2 Bulgaria

In Bulgaria the main **authorities responsible for child protection** are the State Agency for Child Protection and the State Agency for Social Assistance, which supervises the Directorates of Social Assistance (DSA) and subsequently the Child Protection Units (CPU).

According to the 2000 **Child Protection Act** everyone who knows that a child is at risk and needs protection must inform the child protection organs, i.e. the State Agency for Child Protection (the social services) and the police. Everyone who receives information about a risk for a child while executing professional duties is also obliged to inform the child protection organs, even if the profession is protected by professional secrecy.

The main responsibility for the assessment of the child situation and the protection measures belongs to the **Child Protection Units (CPU)**. There are about 150 such units all over the country – nine in the capital city of Sofia and one in almost every other city or municipal center.

In 2010 a **Coordination mechanism** was introduced for cooperation in cases of children who are victims of violence, or at risk of violence and for cooperation in cases of crisis intervention, following some public cases of young children subjected to sexual abuse. Its aim is to guarantee a quick reaction and a multidisciplinary approach, while clarifying the various actors' responsibilities. The document does not have the status of a legal act, but it was accompanied by an agreement for its implementation, signed by the line Ministries and other stakeholders<sup>27</sup>. According to this coordination mechanism:

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<sup>21</sup> [www.firstlove.at](http://www.firstlove.at) (also Vienna, based at the gynaecological ambulance)

<sup>22</sup> COURAGE for example is “an advice centre for individuals and partners as well as families. Counselling topics are sexuality/relationships, same sex ways of life, transgender and transidentity issues, intersexuality, violence and sexual harassment” and runs counselling centres in four capitals of federal provinces (Vienna, Graz, Salzburg and Innsbruck) <http://www.courage-beratung.at/mitarbeiterinnen.graz>

<sup>23</sup> <http://www.hosiwien.at>

<sup>24</sup> *Es wird besser* is the Austrian offshoot of the online project and video *It gets better* which was started by an American homosexual activist as reaction to the suicide of some boys following homophobic bullying, and which spread out also in other countries. The Austrian version is online since 2013. <http://eswirdbesser.at/videos.php>

<sup>25</sup> Main topics are work with perpetrators, victim protection and critical reflections of gender roles. For male children and youth and their parents and caregivers they offer general counselling, psycho-social and legal court assistance, anti-violence therapy in forensic context for male children and youth affected by (sexualized) violence, psycho-therapeutic group therapy with outdoor-pedagogical elements for adolescent boys who display behavioural problems. <http://www.maenner.at/beratung/jugendarbeit>

<sup>26</sup> [www.burschenarbeit.at](http://www.burschenarbeit.at)

<sup>27</sup> The document was signed by the Minister of Labor and Social Policy, the Minister of the Interior, the Minister of Education, the Minister of Justice, the Minister of the Exterior, the Minister of Culture, the Minister of Health, and



- 1) information/signal for a child at risk must be sent to the Directorate of Social Assistance/CPU within an hour; the police and the State Agency for Child Protection must be informed as well.
- 2) Local multidisciplinary teams must be formed, comprising the CPU social worker responsible for the case and representatives of the mayor and of the police. Additional members can be added if necessary (from the Regional Center of Healthcare, the Regional Inspectorate of Education, the judiciary etc.). These different professionals should decide together on the most appropriate measures to be taken in the best interest of the child and also actively participate in those measures. Though the coordination mechanism was introduced more than seven years ago, there are still many problems in its implementation, as the lack of multidisciplinary teams in most cases. Also, one big problem consists in the fact that the mechanism can only be initiated by the CPUs, which are severely underfunded and understaffed, with high levels of staff turnover and burnout. Furthermore, very often the CPU staff is not specifically prepared to work with cases of sexualized violence, to assess and identify such cases.

According to the data of the State Agency for Child Protection, about 10% of all the cases of violence against children are of sexualized violence. Yet, this data is incomplete as many cases are not reported at all. Moreover, there is not enough communication among institutions that deal with these issues – for example, some cases may reach the police, but not the CPU. In many regions/municipalities no or very few cases of sexualized violence are registered by the institutions<sup>28</sup>. In these situations the municipality could opt to not take any specific measure, and thus forego the opening of new services.

Moreover, the child protection system in Bulgaria shows a rather general approach to all forms of violence and abuse; there are no specific measures, services or mechanisms related to sexualized violence at this point.

Besides the lack of specialised services on sexualized violence, there are also no specialized services for boy-victims of sexualized violence. There is still a lot to be done in regard to working from a **gender perspective** or a **child-centred** perspective. The vast majority of professionals are not trained to work from such a perspective. Also, generally there are no specific services for **LGBT youth**<sup>29</sup>.

Among the existing **services**, a very important one is the **National Helpline for Children**<sup>30</sup>, working non-stop and free of charge. It reports to the competent CPU and in a case of an emergency or a life-threatening situation to the police. Adults too contact the helpline to give information about children at risk.

Other relevant services are:

**Crisis Centers for Children:** there are 17 such residential centers across the country, for victims of violence and human trafficking and underage offenders. Children can stay there up to six months. Placement in a crisis center can be traumatic itself, as it deprives the child of his/her well-known

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by the Chairman of the State Agency for Child Protection, the Executive Director of the Agency for Social Assistance and the Chairman of the Counsel of the National Association of the Municipalities in Bulgaria.

<sup>28</sup> This was recently addressed even by the Ombudsperson of Bulgaria, Ms Maya Manolova, at a conference for the prevention of sexual exploitation of children.

<sup>29</sup> One exception is a new initiative by the Single Step Foundation that has opened a chat service for LGBTQ-teens with the intention to start also a helpline and a community center, but there is still no information about any results from their activities or about referral procedures they will follow in cases of sexualized violence, <https://singlestep.bg/en>

<sup>30</sup> It uses the harmonized European number 116 111 and was established by the State Agency for Child Protection and is run by the Animus Association.

surroundings as in many cases the center is in another town.

**Support Community Centers:** These centers offer counselling and psychological and social work to children and families. They are funded by the municipalities; some of them are run by NGOs and some by the municipalities themselves. In most cases, the CPU refer cases for counseling to these centers.

**Child and Youth Advocacy Centers *ZonaZaKmila*:** In partnership with UNICEF, three such centers were established in Sofia, Shumen and Montana. The one in Sofia is run by the Animus Association, the other ones by other NGOs. They provide psychosocial support, crisis intervention, counseling, legal advice, referral to medical aid preparation for trial. In a nutshell, they manage the coordination of the entire process, although they don't have the right to initiate the coordination mechanism. Only the CPU can do that and therefore the process is dependent completely on the CPU's evaluation and assessment.

**Center for Victims of Sexual Violence *Vselena*:** This centre started as a pilot programme in June 2016 in the Burgas region<sup>31</sup>. It was created in a partnership among an NGO (The Demetra Foundation in Burgas), the municipalities of Burgas and Sozopol, the district attorney's office in Burgas, and the local police and the local general hospital. It is based on a British model (the experience of SARC in Brighton, UK) and the staff was trained in the UK accordingly. The initiative is supported by the British embassy in Bulgaria. The center aims to provide multi-disciplinary care to victims of sexualized violence – medical exams, police assistance, psychological help – as well as it offers training for professionals (mostly in schools) on the topics of violence prevention and identification.

There are also different projects and initiatives working for the **prevention** of sexualized violence, many with a focus on internet risks. Some examples are: the **Center for Safe Internet**<sup>32</sup> and **Loveguide**<sup>33</sup>.

Positive for the prevention of sexualized violence within organizations and institutions working with children and youth is the requirement for **certificates for clear police record** when somebody is expected to work with children (implementing the European Directive 2011/93/EU). These certificates are valid for a period of six months.

Furthermore, organizations and institutions working with children are required to follow an ethical **code of conduct** for professionals working with children (developed by the State Agency for Social Assistance), and currently such organizations are also required to develop their own internal child protection policies.

### 1.3 Germany

In Germany there are different support services responsible for support and help of children and youth who are or could become victims of sexualized violence. The most important public service in this regard are the **Youth Welfare Services**. These services are responsible for checking the situation in suspected or reported cases of sexualized violence against children. If the welfare of the child is

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<sup>31</sup> <http://demetra-bg.org/center-universe/>

<sup>32</sup> It provides information and advice on internet safety for children and parents and a chat service. It also provides an online form to signal illegal or harmful internet content. Much of their work is about addressing and preventing the risk of sexual abuse on children and child pornography. Founded and run by the PIK Foundation in partnership with other NGOs. <https://www.safenet.bg/bg/>

<sup>33</sup> Loveguide is a popular child-friendly internet site with information on sexual issues. It recently developed a mini-guide for children on how to protect themselves against sexualized violence and exploitation (as part of the campaign for the prevention of sexualized violence and exploitation among teenagers "You better don't!", funded by the Ministry of Youth and Sport). [www.loveguide.bg](http://www.loveguide.bg)

endangered, the Youth Welfare Service will develop an intervention-plan, outlining the next steps to be taken. At best this is done with the involvement of the child and of the parents, if they are not the perpetrators. If a child is at risk in a family/living situation the Youth Welfare Services can turn to Family Court to revoke child custody and in severe cases the child might have to be immediately taken out of a family or living situation. This might happen against the will or without permission of the parent(s)/legal guardian. Children and youth will be placed with other relatives, in foster homes or residential care facilities.

Youth Welfare Services also work closely with the **police** and **justice system**.

In some German federated States Youth Services explicitly have a child-centered approach (e.g. in Rheinland-Pfalz). However, an expert report<sup>34</sup> from 2004 concluded that **gender-sensitive approaches are largely missing in Youth Welfare Services**.

**Pedagogical institutions** such as schools and early childcare facilities also play a big role in supporting victims of sexualized violence and in preventing such cases. Some of these facilities have a child-centered and gender-sensitive approach on paper; however, the daily implementation often is difficult due to lack of resources (staff, training etc.).

Professionals working in the field of **healthcare** (doctors, therapists, care-workers...) are obliged to react on (suspected) cases of sexualized violence against minors. Signs need to be documented and if suspicions are substantiated youth welfare services need to be contacted. There is also a telephone-hotline that supports healthcare professionals in (suspected) cases of sexualized violence ([www.kinderschutzh hotline.de](http://www.kinderschutzh hotline.de)).

One very important part of the support system for victims of sexualized violence are **specialized counselling centres**. These counselling centres are usually private organizations that are publicly funded. One problem many of them face is the financial instability as public funds are usually not granted long term. They give psychological support and counselling for victims, their families and other FPC (e.g. teachers, doctors etc.). Counselling centres usually work free of charge, confidentially and, if necessary, anonymously. They have a child-centred and gender-sensitive approach, although some still address mostly women and girls, implicitly or explicitly. Many of them are also active in prevention work: they offer capacity building programmes for professionals working with children and youth but also directly to children and youth. These support services are distributed unevenly in Germany. Especially in rural areas there are few of them, so it is hard for victims of sexualized violence to reach gender-sensitive support.

**Ambulatory therapeutic services** (e.g. psychotherapeutic practices, clinics, outpatient departments) help children, youth and adults in dealing with experiences of sexualized violence. Furthermore there are self-help groups (mostly in cities) for adults who suffered sexualized violence in their childhood or youth.

There is also a national **hotline** where children and youth, parents, pedagogical staff and others can call to get support, called "*Hilfetelefon Sexueller Missbrauch*".<sup>35</sup> Moreover, there are some regional hotlines as well as online forums/chats.

In 2010 the **public awareness** about sexualized violence on children and youth raised greatly, following the disclosure of thousands of cases of sexual abuse especially in pedagogical institutions (often church-owned ones and often boarding schools). Many victims were male, came from very

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<sup>34</sup> Hartwig, Kriener (2004). *Geschlechtergerechte Hilfeplanung*. Münster  
[https://www.dji.de/fileadmin/user\\_upload/bibs/209\\_2255Geschlecht.pdf](https://www.dji.de/fileadmin/user_upload/bibs/209_2255Geschlecht.pdf)

<sup>35</sup> They do not have a separate website but are linked on various site like this one <https://www.hilfeportal-missbrauch.de/startseite.html>

different social and economic backgrounds and/or were victimized at different ages, which altogether contradicted the existing stereotypes on who would be victims of sexualized violence. The German government reacted by establishing a **council** by the name *Round Table 'Sexualized Violence against Children'* (*Runder Tisch 'Sexueller Kindesmissbrauch'*) and appointing an *Independent Commissioner for Child Sexual Abuse* (*'Unabhängiger Beauftragter zur Aufarbeitung des sexuellen Kindesmissbrauchs UBSKM'*). The council consisted of representatives of different state departments, churches, public and private schools and boarding schools, experts and specialists on the topic, such as members of organizations dealing with children's rights and sexualized violence against children, representatives of victims' organizations and support services etc. Commissioner and council were mandated to develop ideas and possible actions to counter-act sexualized violence against children and youth, to prevent it, to support the victims, to facilitate disclosure processes and to better protect children in general.

The final report<sup>36</sup> published by the Round Table in 2011 named several activities in different fields, and offered guidelines for institutions concerning prevention, intervention and disclosure in case of sexualized violence against children and youth. Improvements in criminal investigation proceedings were demanded. Suggestions were also made for improvements in the qualification of professionals working with children and youth. One of the more tangible outcomes was the creation of a grant to support victims of sexualized violence (*'Fond sexueller Missbrauch'*).

A new Independent Commissioner was appointed in 2011 and reappointed in 2014 for five years. The commissioner is responsible for following tasks: raising public awareness, dissemination of knowledge, monitoring the implementation of the Round Table's recommendations, supporting an independent inquiry of sexualized violence against children and youth in institutions as well as families, operation of a telephone helpline, furthering research on the topic<sup>37</sup>.

## 1.4 Italy<sup>38</sup>

In Italy there are very few studies investigating the gender perspective among the victims of violence. As a consequence there have been no policies and projects addressing specifically boys as (potential) victims of sexualized violence to date. Furthermore, there are very few programmes and projects addressing specifically sexualized violence against children, as the majority of them deal with violence and maltreatment in general, thus including all various forms of violence.

After the approval of the Italian Constitutional Law 3/2001 the exclusive competence for social and health services has passed from the central level to the regions, thus leaving the central level only with the competence to define the essential minimum level of these services (which has not been done yet) and with the role of developing policies and guidelines<sup>39</sup>. The line Ministries are

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<sup>36</sup> <https://www.bmfsfj.de/blob/93204/2a2c26eb1dd477abc63a6025bb1b24b9/abschlussbericht-runder-tisch-sexueller-kindesmissbrauch-data.pdf>

<sup>37</sup> A more detailed report on the Independent Commissioner's tasks and actions would go beyond the scope of this report. For more information see <https://beauftragter-missbrauch.de/> (German) and <https://beauftragter-missbrauch.de/en/the-commissioner/the-office/> (English)

<sup>38</sup> The Italian situation on the protection of children victims of violence is well described in the Italian National Technical Report on the "Multi-country Study on the Drivers of Violence Affecting Children", which was carried out by the Istituto degli Innocenti in cooperation with Unicef Office Research and the University of Edinburgh (2016).

<sup>39</sup> At the national level the competences on childhood and adolescence are divided among several Ministries: the Ministry for Social Solidarity, the Ministry for Family Policies, the Ministry for Youth Policies and Sports, the Ministry for Equal Opportunities, the Ministry of Labour and Social Policies, the Ministry of the Interior, the

coordinated by other public bodies that in some cases also ensure cooperation with other stakeholders, such as NGOs, civil society, professional associations, experts, regional and local administrations. One of these coordination bodies is the *Observatory for the Fight against Pedophilia and Child Pornography* that elaborated the 2015-2017 *National Plan to Prevent and Combat the Abuse and Sexual Exploitation of Children*<sup>40</sup>.

Other national important policy documents concerning violence against children include proposals for prevention and fight actions against maltreatment, approved by the *National Coordination Committee for the Protection of Minors from Maltreatment, Sexual Abuse and Exploitation* in 1998<sup>41</sup> as well as the *Guidelines on Sexual Abuse in the Medical Sector* (Sexual Abuse in prepubertal Children. Requirements and Recommendations for an Appropriate Assessment), which were issued by the Ministry of Health and target all health professionals<sup>42</sup>.

Within every region the local municipalities and local health units must implement the regional laws and are responsible for the welfare system for children and families<sup>43</sup>, alongside and in partnership with the schools, NGO and associations, the police and the judicial authorities.

The general functioning of the child protection system is based on four phases:

- 1) **Prevention** is based on a series of social and health interventions addressed to reduce the risk factors, for instance through home visiting projects to support parenting skills<sup>44</sup>. Important prevention work is also done through school activities, including on new media education (including sexting and sexual harassment online)<sup>45</sup> and on gender violence. However, whenever a gender dimension is present, it often reproduces gender stereotypes considering girls as victims and boys as perpetrators<sup>46</sup>. Training and capacity building of professionals are also part of prevention activities.<sup>47</sup>
- 2) In regard to **detection** all those who are public employees (such as teachers, doctors, nurses, police etc.) are obliged to report a case of child abuse or suspected child abuse that they

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Ministry of Foreign Affairs, the Ministry of Justice, the Ministry of Education, the Ministry for Economic Development and the Ministry of Health.

<sup>40</sup> <http://www.pariopportunita.gov.it/media/2869/piano-nazionale-di-contrasto-alla-pedofilia-e-pornografia-minorile-def-111116.pdf>

<sup>41</sup> [https://www.minori.it/sites/default/files/proposte\\_intervento\\_abuso\\_1998\\_.pdf](https://www.minori.it/sites/default/files/proposte_intervento_abuso_1998_.pdf)

<sup>42</sup> [http://www.salute.gov.it/imgs/C\\_17\\_pubblicazioni\\_1522\\_ulterioriallegati\\_ulterioreallegato\\_0\\_alleg.pdf](http://www.salute.gov.it/imgs/C_17_pubblicazioni_1522_ulterioriallegati_ulterioreallegato_0_alleg.pdf)

<sup>43</sup> After the Constitutional reform, Law 328/2000 ('General policy law for the implementation of an integrated system of social services') reshaped the organisation of local and regional services in the above-described sense.

<sup>44</sup> The most significant project in this area is the national programme PIPPI (programme to prevent institutionalization) that since 2011 has included a large number of professionals (including social workers, professional caregivers, psychologists and child psychiatrists), children and parents.

<sup>45</sup> Examples of this kind of projects aimed at preventing and combating violence through the internet and social media can be found in the 'Anti-bullying intervention mapping' published by Istituto degli Innocenti in 2017: [www.istitutodeglinnocenti.it/sites/default/files/anti-bullying\\_interventions\\_mapping\\_italy\\_0\\_0.pdf](http://www.istitutodeglinnocenti.it/sites/default/files/anti-bullying_interventions_mapping_italy_0_0.pdf)

<sup>46</sup> See for instance the 'Observatory "InDifesa" on Gender Violence and Stereotypes' by the NGO Terre des Hommes Italy together with the ScuolaZoo, the largest community of boys and girls of upper secondary schools <https://terredeshommes.it/comunicati/stop-alla-violenza-sulle-donne-scuolazoo-la-parola-alla-generazione-z/>

<sup>47</sup> See for example the guidelines for teachers on sexual abuse against minors, developed by the Ministry of Health in cooperation with multi-disciplinary team on abuse and maltreatment on children of the Turin local health Unit No. 2, Turin local social services, the association Artemisia of Florence and the family counseling centre of the Catholic University of Naples. [http://www.salute.gov.it/imgs/C\\_17\\_opuscoliPoster\\_177\\_allegato.pdf](http://www.salute.gov.it/imgs/C_17_opuscoliPoster_177_allegato.pdf)

encounter during their work. All other citizens are not obliged to, but can report the case to the judicial authorities.

- 3) When a situation of prejudice has been identified the **reporting to the judicial authority** (juvenile tribunal) is necessary.
- 4) The involvement of the judicial authority has the aim to put the child under **protection**, i.e. in a condition of safety. The juvenile tribunal will decide whether the child can remain with his/her family (that will be monitored and supported) or needs to be removed (foster family or residential care facility).

Among the services and governmental initiatives it is important to mention the **toll-free emergency phone number for minors (114)**. This is a public utility service consisting of an emergency telephone line accessible from all over the country, every day, 24 hours a day, free of charge, to anyone who intends to report discomfort or danger to children<sup>48</sup>. The service is publicly funded and run by the association "Telefono azzurro", which also manages another free 24-hour daily telephone service (1.96.96) for children and teenagers who want to talk about their difficulties, and for adults who intend to talk about issues involving minors.

Finally it is important to mention the Legislative Decree No. 39/2014<sup>49</sup> - implementing the European Directive 2011/93/EU - pursuant to those wishing to employ a person to work for professional activities or organized voluntary activities that involve direct and regular contact with minors are required to request a **criminal certificate of the judicial register which certifies the absence of convictions for the crimes of child prostitution, child pornography, possession of pornographic material, and tourist initiatives aimed at exploitation of child prostitution**. The certificate is valid for six months, with renewal obligation upon expiry.

## 1.5 Spain

Sexualized violence against minors is a reality that affects between 10% and 20% of the population<sup>50</sup>. It is estimated that 14% of men have been the object of some type of sexualized violence. Although there is no organic Law on the topic, Law 4/2015 has introduced important novelties regarding victims, to whom it has acknowledged a series of rights so to avoid the revictimization of the minors<sup>51</sup>. A notable progress was made in 2016 with the introduction of the **obligation to obtain a Certificate of Crimes of Sexual Nature** to work with minors. However, this certificate does not include the police record of crimes that are still being investigated or are still awaiting the final judgment.

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<sup>48</sup> The service is promoted by the Ministry of Telecommunications, the Ministry of Labour and Social Policies and the Ministry for Equal Opportunities.

<sup>49</sup> Legislative Decree No. 39/2014 implementing the European Directive 2011/93/EU on combating the sexual abuse and sexual exploitation of children and child pornography and replacing Council Framework Decision 2004/68/JHA (<http://www.gazzettaufficiale.it/eli/id/2014/03/22/14G00051/sg>). (The criminal record requirement is foreseen by article 10 of the UE directive.)

<sup>50</sup> Save the children Spain. 2017 Report "Eyes that do not want to see. Sexual abuse of children in Spain" <https://www.savethechildren.es/publicaciones/ojos-que-no-quieren-ver>

<sup>51</sup> For example, it allows to avoid contact between the victim and the perpetrator, preconstituted proof is accepted and it allows the use of the Gessell camera to protect the privacy of the child. Yet in practice these measures are not applied very often. For example, the preconstituted proof has only been carried out in Spain in 13.8% of the judicial cases.

Existing public **services** differ widely, depending on the autonomous community. Here we focus on the three Autonomous Regions where the Culture of Care Project is being implemented, namely Andalusia, The Canary Islands and Catalonia.

Andalusia is one of the five Autonomous Regions having a free and universal service in Spain for victims of abuse. In 2017, the beginning of specialized public services for childrens sexualized violence in the Canary Islands and Catalonia was announced, as until then these Regions only had a general service for minors supervised by the Administration. The Andalusian community has an institutional protocol for referral to a regional programme that deals with the evaluation, diagnosis and treatment of (potential) child victims. This programme is run by different private entities thanks to agreements with the Andalusian Government.

In the Canary Islands, a new specialized service is carried out through an agreement between the Canarian Government and the *Márgenes y Vínculos Foundation* (an entity that also carries out this service in some Andalusian provinces). The collaboration agreement was presented in June 2017 and aims to intervene in a specialized way in cases of suspected cases of sexualized violence against minors, offering integrated therapeutic treatment and legal advice to the victims and their families. In addition, it offers guidance and advice to professionals to support them on how to address such cases, particularly in the detection and intervention phases.

In Catalonia, since May 2017, the local Government has been offering specialized psychological treatment through five teams that cover the entire territory; there is no age limit to access it. Specialized care for minors being victims of abuse was included in the 2010 Law on Children and was one of the priority needs addressed by the 2016 *Report on Child Sexual Abuse in Catalonia* of the *Síndic de Greuges* (Ombudsperson).

Despite the advances in the institutional designs for the fight against child sexualized violence, there is a wide margin of improvement in terms of prevention through sexual affective education, the training of professionals in detection and reporting and in preventing the revictimization by the legal system. 70% of those who were abused in childhood declare that they revealed it to someone and that in most cases nothing happened. Moreover, the above-mentioned services are not as widely present as they are needed and in most cases there are no monitoring and evaluation mechanisms to improve them.

Furthermore these services largely lack a **gender perspective** in working with male children and adolescents who are (potential) victims of sexualized violence.

The same can be said for the **awareness raising campaigns**, as it is very rare that campaigns addressing children victims of sexualized violence have a boy as protagonist. One positive exception is the campaign of the Anar Foundation *ONLY FOR CHILDREN*<sup>52</sup>. An important campaign was the *2010 Campaign for the Prevention of Sexualized Violence against Children One of Every Five*<sup>53</sup>. Among its initiatives there is **The Rule of Kiko**, a simple guide to help parents, educators and explain children where other people should not touch them, how to react and whom to turn to for help<sup>54</sup>.

In addition to the above mentioned public services, a very important resource is represented by

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<sup>52</sup> <https://www.youtube.com/watch?v=THwlz7IxxvHA>

<sup>53</sup> This campaign was initiated by the Council of Europe to promote the signing, ratification and application of the Convention of the Council of Europe for the Protection of Children from Exploitation and Sexual Abuse; and provide children, their families and carers and societies with knowledge and tools to prevent sexual violence against children and adolescents. <http://www.fapmi.es/contenido1.asp?sec=51>

<sup>54</sup> [http://www.laregladekiko.org/Source/Book\\_es.pdf](http://www.laregladekiko.org/Source/Book_es.pdf)

**NGO and associations** that work on sexualized violence against minors, often working in cooperation with public administrations. Their work can consist in:

- **information and sensitisation**, as demonstrated with the organization of the 1<sup>st</sup> Conference on awareness and prevention of child sexual abuse in the sports field, on September 30, 2017 by the Redime Association together with the Andalusian Institute of Sports<sup>55</sup>, or the videos of the ASPASI association that explain sexualized violence a children<sup>56</sup>;
- **policy work**, as for instance done by the Redime Association that contributed to drafting a non-law proposal urging the Government to prepare a protocol for joint action in the process of detection, reporting, protection and rehabilitation of children and youth victims of sexualized violence<sup>57</sup>;
- **training and supporting FPC**, as the training of professionals on sexualized violence developed by Save the Children Spain<sup>58</sup>, and the pedagogical guide for the prevention of sexualized violence and other forms of child abuse *Eh! No te depistes (Hey! Don't get distracted!)*, aimed at children and adolescents, parents, professionals and policy makers<sup>59</sup>; and
- **service provisions and support to victims and their families**: see for instance the work done by The Vicki Bernadet Foundation, which represents an example of how third sector's initiatives can open the way to public administrations. Since 1997, it has devoted its work in Barcelona and Saragoza to comprehensive care, prevention and awareness of sexualized violence on children committed in the family and in the child's environment of trust, including through training activities<sup>60</sup>.

There is also a **helpline** for children and teenagers managed by the Anar Foundation, giving immediate response service to all types of problems: bullying, gender violence, abuse, eating disorders, cyberbullying, etc. Free and confidential, its main objective is to provide children and adolescents with a safe listening and respect space, and to guide them towards existing resources<sup>61</sup>. A few of these associations offer **specialised services targeting boys and men** from a gender perspective. One of these associations is AHIGE (Association of Men for Gender Equality)<sup>62</sup>. Many associations, projects and initiatives are part of the Network for the Prevention of Child and Adolescent Sexual Abuse, promoted by ECPAT International, a worldwide network of organizations and people working together to end prostitution, pornography and trafficking of children and adolescents for sexual purposes with a chapter in Spain<sup>63</sup>.

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<sup>55</sup> <http://www.europapress.es/esandalucia/malaga/noticia-junta-formara-cerca-80-profesionales-prevencion-abuso-sexual-infantil-ambito-deportivo-20170929140434.html>

<sup>56</sup> <https://www.youtube.com/playlist?list=PLA63q05VBXLIIEGeNoG6POOHlUtN8D2km>

<sup>57</sup> <http://redime.net/comparecencia-redime-ante-la-comision-derechos-de-la-infancia/>

<sup>58</sup> [https://www.savethechildren.es/sites/default/files/imce/docs/violencia\\_sexual\\_contra\\_los\\_ninos\\_y\\_las\\_ninas.pdf](https://www.savethechildren.es/sites/default/files/imce/docs/violencia_sexual_contra_los_ninos_y_las_ninas.pdf)

<sup>59</sup> <http://www.alonsovarrea.com/pdfs/Ep%20guia%20pedagogica.pdf>

<sup>60</sup> <http://www.fbernadet.org/es/la-fundacion/quien-somos/>

<sup>61</sup> <https://www.anar.org/necesitas-ayuda-telefono-ninos-adolescentes/>

<sup>62</sup> <http://ahige.org/>

<sup>63</sup> <http://www.ecpat-spain.org/servicios.asp?sec=2>



## 1.6 Comparative summary of the national contexts

Different **studies** in all five concerned countries show that the majority of perpetrators of child abuse are family members and well known trusted people such as teachers, neighbours and family friends (see for example Rieske et al. 2018). Furthermore the majority of the existing studies focus on female victims and in some cases, as in Italy<sup>64</sup>, interviewed only this group. These studies highlight that girls are much more likely to become victims of sexualized violence compared to boys. For instance, in Italy, the 2017 study by the NGO Terre des Hommes Italy estimates the 80% of children victims of sexualized violence (child prostitution, possession of pedopornographic material, child pornography, sexual abuse, sexual acts with a minor, minor corruption, aggravated sexual violence) are girls<sup>65</sup>.

In Austria studies on gender-based violence show a prevalence rate of 27.7% female and 12% male children victims of sexualized violence<sup>66</sup>, which is similar to the Spanish data estimating that 14% of men have been subject to some type of sexualized violence. However, it is important to point out that, due to persisting gender stereotypes, cases of sexualized violence against boys are probably under-reported. Considering hegemonic stereotypes of masculinity in all five societies under consideration, many men, and even more so boys, still may not recognise themselves as victims of sexualized violence and may thus not find a way to disclose their experiences of sexualized violence. We attest a lack of a 'culture of care' across all partner countries that supports young men in their difficult path towards comprehension and elaboration.

In general, national legislations and child protection services have a **child-centered approach** along the lines of the UN Convention on the Rights of the Child. They give priority to the best interest of the child. This means that in all countries there is a duty to report cases of violence on children, even for professions that are protected by professional secrecy.

All five countries present a quite decentralised **welfare system**, in which the child protection and prevention services are provided by local public administrations linked to the municipalities. Their stated aim is usually to work on the basis of multi-disciplinary teams comprising social workers, pedagogues, psychologists and health practitioners, however the implementation of the multi-disciplinary approach is still not systematically implemented, in particular in Italy and Bulgaria. These public services, like the Child Protection Centres in Austria or the Youth welfare services in Germany or the Child Protection Units in Bulgaria, are competent to protect minors from all forms of violence. They are also in charge for prevention actions, like parental support, awareness raising activities etc. Whenever a child is subject to some form of abuse, the office in charge must open a case file, must carry out an evaluation and, usually together with the judiciary, must adopt the necessary protection measures, ranging from counselling and support, to the separation of the child

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<sup>64</sup> See the national survey on child maltreatment carried out by the Children's Ombudsperson of Italy (National Authority for Children and Adolescents), the Italian Network of Agencies against Child Abuse (CISMAI) and Terre des Hommes Italy (2015), in cooperation with Anci (the National Association of Italian Municipalities) and ISTAT (the National Institute for Statistics) [http://garanteinfanzia.s3-eu-west-1.amazonaws.com/s3fs-public/documenti/Indagine\\_maltrattamento\\_TDH\\_Cismai\\_Garante\\_mag15.pdf](http://garanteinfanzia.s3-eu-west-1.amazonaws.com/s3fs-public/documenti/Indagine_maltrattamento_TDH_Cismai_Garante_mag15.pdf)

<sup>65</sup> Terre des Hommes dossier 'InDifesa' [https://terredeshommes.it/indifesa/InDifesaDossier\\_2017.pdf](https://terredeshommes.it/indifesa/InDifesaDossier_2017.pdf)

<sup>66</sup> These comparable high rates of sexualized violence experiences are evident if sexualized violence is defined in a wide sense (e.g. also including verbal sexualized violence). The narrower the definition, the lower the rates of children being affected by sexualized violence. 20.7% female and 8.1% male children have experiences sexualized violence with physical contact while sexual abuse was reported from 9.8% female and 4.2% male respondents (Kapella et al. 2011).

from his/her family and the placement in a foster family or a residential care facility, depending on the severity of the case. Schools and the police are also important actors, and for instance the Austrian Ministry for Education has developed an intervention protocol to be adopted by schools in case of signs of sexualized violence against a child. One big problem is that social services are understaffed and under-funded. Social workers have a major workload which makes it very difficult to effectively respond to (suspected) cases of sexualized violence in due time and with all necessary tools. This applies to all countries under consideration here.

In Italy and in Bulgaria public services usually address all forms of violence and not specifically **sexualized violence** and present a quite weak **gender perspective**, which tends to reproduce the stereotypical gender ideology that victims are female and perpetrators are male (if present at all). The situation is different in Germany, Austria and Spain, where there are specific public services and initiatives on sexualized violence in place, which in some cases also integrate a gender-sensitive approach that considers boys as (potential) victims (and women as perpetrators). In some cases the creation of this kind of specialised services and the integration of a gender-sensitive approach presented an opportunity structure for disclosure. Several severe cases of abuse on boys became public and raised the general awareness and media and political attention on this issue. This was for instance the case in 2010 in Germany and in 2016 in Austria. In Germany the federal government reacted strongly by setting up additional measures and mechanisms to counteract and prevent sexualized violence. In Austria the Child Protection Centres (*Kinderschutzzentren*) and other initiatives by the Federal Ministry for Families and Youth have developed information and sensitisation initiatives integrating gender-sensitive and disaggregated data. These also include data on boys victimised by sexualized violence or the perspective that women can be perpetrators.

In all analysed countries, alongside the public child protection services, there is a variety of services provided by **NGO and associations**, often working in partnership with the public sector and fully or partly publicly funded. However, these funds are usually granted for relatively short periods, hence making these services quite uncertain.

Within this cluster of services there are specific options focusing on sexualized violence against children (and not generally on all forms of violence). In some countries, like Austria and Spain, these also are specifically targeting boys. Germany and Austria are good example for counselling services and awareness raising projects targeting **LGBT** youth, which are largely missing as target group in the other countries.

Many of these services are delivered in the form of sexual education in schools to children and teenagers, as well as to FPC, in order to raise awareness about which behaviours are sexualized violence, dealing with personal boundaries and emotions, and on gender-based violence and stereotypes etc. Other services consist in counselling and psychological and legal support to male victims of sexualized violence, which is quite a novelty compared to the typical anti-violence centres, that are traditionally targeting women and girls only.

However, even in countries like Austria, Germany and Spain, where there are some specific initiatives focused on sexualized violence against boys, gender stereotypes hindering boys' disclosure are persistent. This leads researchers to the assumption of severe under-reporting of cases of sexualized violence against boys.

Among the various services, toll-free anonymous **hotlines** for children and youth subject to violence are present in all five countries, and in Germany there is an additional one just for medical staff to report abuses on minors.

Finally, among the prevention measures, it is important to mention that, thanks to Directive

2011/92/EU<sup>67</sup>, Member States have adopted a legislation requiring anyone wishing to employ an individual for professional or organized voluntary activities that involve direct and regular contact with minors to request **information of the existence of criminal convictions** for crimes involving sexualized violence against a minor. In some countries (as in Italy and Bulgaria) the certificate is valid for six months, with renewal obligation upon expiry. However, it is doubtful if this provision is implemented systematically.

## 2 Qualitative data analysis (focus groups)

### 2.1 Sampling and method

The five project partners carried out the focus groups in compliance with the focus group guidelines (see Annex 1) that were agreed upon. In general the moderators (usually two for each focus group) led the discussion based on the sequence of questions in the focus group guideline. Furthermore, each focus group was able to develop the discussion (flexible and open atmosphere), especially considering the sensitivity of the topic that at times also touched upon personal painful experiences of the participants. The moderators intervened whenever the group went off at a tangent or discussed some issues that, though important, would have risked not leaving enough room for the rest. This needs also to be considered in the comparative analysis of the focus groups' results, as it will focus on the common topics that emerged in all focus groups across all five countries.

In all focus groups the atmosphere was friendly and welcoming, the interactions were respectful and it was possible to open up emotionally about such delicate issues.

Each participant signed a statement of consensus (in the format which had been agreed among the partners) in which they stated that they were informed about the objectives and activities of the project, the purpose, the modalities and the scope of their participation (with the possibility to withdraw at any time without any consequences) and the use of the information. Anonymity was guaranteed and the discussions were audiotaped.

The research design required three mandatory focus groups, two focus groups in the formal education sector - one with primary school teachers and one with secondary school teachers - and a third focus group in an area of informal education. In addition, it was possible to organize optional focus groups with other FPC who for some reason were considered relevant for the purposes of the needs assessment.

However, in Germany, Austria and Bulgaria it was impossible to organize the focus groups with the teachers. This is partly due to time constraint, as the CoC project schedule coincided with the end of the school year, and partly to the so-called 'availability bias': Some of the teachers and school social workers who were asked to participate in the needs assessment said that sexualized violence against male children and boys was no topic in their school in general and for their own work in particular (*"This is not a topic at all in our school"; "I was never confronted with that topic"; "No experience"; "Nothing to talk about", Austria*).

The tables below show the focus groups that took place in each partner country:

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<sup>67</sup> Directive 2011/92/EU of the European Parliament and of the Council of 13 December 2011 on combating the sexual abuse and sexual exploitation of children and child pornography, and replacing Council Framework Decision 2004/68/JHA <http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A32011L0093>

**Table (1) Type of focus groups in five countries**

**AUSTRIA:**

	<b>Focus Groups' profile</b>	<b>Profile Features</b>	<b>Number of participants</b>	<b>Location</b>
<b>1</b>	'Social Service Group': social workers and social pedagogues	One representative of the regional administration, one street-worker, two social workers in different schools in the regional district, two social pedagogues working in child protection centres and youth support centres and one managing director of the umbrella organisation for social service institutions in a regional district of Styria	7	Styria region
<b>2</b>	'Medical Service Group': members of the Styrian Network Against Sexualized Violence working in the health sector.	One lawyer and one medical doctor working with children and youth victims in a medical institute and one psychologist/psychotherapist who works in a child protection centre in a hospital in Graz.	3	Graz
<b>3</b>	'Boys Work Group': professionals at the Boys Work Department.	Social workers, social pedagogues as well as social counsellors	6	Graz

**BULGARIA:**

	<b>Focus Groups' profile</b>	<b>Profile Features</b>	<b>Number of participants</b>	<b>Location</b>
<b>1</b>	Experts on domestic violence	Social workers, police officers, carers and pedagogues, police inspectors working with delinquent minors, psychologists in centers for community support, two regional coordinators from the Agency for Social Assistance, two lawyers from the regional Court	11	Sofia and region
<b>2</b>	Psychologists of the Child and Youth Advocacy Center "ZonaZaKmila"	Specialists who offer counseling and support to families and children who have been subjected to some form of violence or abuse and who are traumatized	5	Sofia
<b>3</b>	National Helpline for	Counselors	7	n/a

	Children			
4	Mixed experts	Psychologists and a social worker from a crisis centre for victims of violence, a legal advisor working at the Animus Association and a psychologist with vast experience with children from institutions for residential care	n/a	n/a

#### GERMANY:

	Focus Groups' profile	Profile Features	Number of participants	Location
1	School social workers	Social workers who work at school.	7	Berlin
2	Youth centers' professionals	A social worker and a youth care worker	2	Berlin
3	Family support and school work	Social workers working for an association focusing on family support and school work; one social workers active in school social work and all others in the area of family support	16	Berlin

#### ITALY:

	Focus Groups' profile	Profile Features	Number of participants	Location
1	Primary school teachers	Teachers from various schools	8	Florence
2	Secondary School teachers	Teachers from various lower and upper secondary schools	6	Florence
3	Social workers	5 social workers and 1 psychologist working for social services of the municipality of Florence	6	Florence
4	Scouts	Scouts' leaders of various groups age 8-18	7	Various locations in Tuscany

#### SPAIN:

	Focus Groups' profile	Profile Features	Number of participants	Location
1	Experts on child sexualized violence	Psychologists, psychotherapists, pediatricians, who work or have worked in child sexualized violence	8	Barcelona
2	Primary school teachers	Teachers from various schools	10	Tarragona
3	Secondary school teachers	Teachers from various schools	7	Gran Canaria

4	Social educators	Social educators from various Youth centers	8	Málaga
5	Sport coaches	Youth and children coaches from various sport clubs	8	Málaga
6	Workers from youth associations	Psychologists, social workers, social educators	7	Gran Canaria

In all focus groups the number of women was higher than that of men, which is not surprising as the occupations represented in the groups were mostly caring ones, which still present a strong gender segregated field of work.

In general we can say that the focus groups' participants in Germany, Austria and Bulgaria were all experts in the medical field, the social work field, if not specifically on sexualized violence and in work with boys. Hence the local CoC project teams expected a high level of knowledge, awareness and experience on the topics addressed in the focus group. Italy and Spain organized focus groups also with FPC who usually do not necessarily have a high level of knowledge and experience about sexualized violence on children and boys based on their roles and professions. This is the case for school teachers and FPC within youth and sport organisations. This experiential difference is the reason why the answers to the focus group questions differentiate, at times significantly, as laid out in the next section of this report.

## **2.2 Results from the focus groups with FPC**

### **2.2.1 What do FPC think is sexualized violence?**

In all five countries professionals involved in some kind of social or psychological work, or working for organisations working on an issue linked to child abuse (like the "Medical Service Group" in Austria) showed a good knowledge of the issue. They agreed on a wide and complex definition of sexualized violence, which can consist of behaviors with or without physical contact, and entails abuse of power and/or trust, which can happen with manipulation, deception, intimidation, pressure. They were able to identify different forms of sexualized violence (verbal, physical, showing pornographic photos or videos, exhibitionism). In Austria and Spain sexualized violence was explicitly discussed as infringement of the intimate individual sphere (a Spanish participant gave the example of a coach entering the changing room and violating the children's privacy just with the gaze, without the need to touch anyone) (see also Enders and Kossatz 2012).

Some professionals acknowledged not having much experience with sexualized violence specifically, as they are mostly working with other forms of violence (physical, neglect, emotional), this was especially the case among Bulgarian and Italian social workers. The latter said to find it difficult to apply the knowledge at an operational level, perhaps due to a resistance in dealing with such traumatic events and to acknowledge the extent among girls and boys regardless of their social contexts.

German professionals seemed to be particularly attentive to all aspects pertaining to sexualized violence, such as: the various settings where it can take place (the family, peer groups, the church, online, in open flats), the perspective of the child/youth, the emotional consequences for the survivor, and the possible motives of perpetrators. The responsibility of sexualized violence was clearly ascribed to the perpetrator, who would abuse the trust and vulnerabilities of children and youth and let them believe that they were compliant, if not even inducing the abuse.

Furthermore, in Austria, the term “victim” was critically reflected, and professionals recommended, in therapeutical settings, to strengthen a resource-oriented perspective and therefore to avoid using that term.

The focus groups also raised the question of **female perpetrators**, acknowledging how rare this case is (*“Often no attention is paid to the fact that women can also be perpetrators of sexual violence as well”*; a Bulgarian helpline counselor). In the German group that works in family contexts, the image of female perpetrators was known and voiced clearly. According to the prevailing heteronormative image of sexualized violence men as perpetrators and female victims were mentioned as a well-known pattern. The male-perpetrator-male-victim constellation also was mentioned as known, especially in the Austrian context, following public cases of abuses that took place in Catholic boarding schools. However, when it came to female perpetrators, this constellation was considered as not imaginable for many people in society, including some FPC. This makes it difficult, if not impossible to detect female perpetrated violence, as signals wouldn’t be read in an adequate way. This was clearly acknowledged by the Italian social workers, who also mentioned that the feminization of the services may lead to a stronger identification with the female figures, thus making it more difficult to imagine a woman as perpetrator. This is particularly the case when it comes to mothers (*“If certain behaviours had been acted out by the father, we would have intervened immediately, I know”*) also considering the thin line between care and abuse.

The discussion was quite different within the focus groups with Italian primary school teachers and the Italian scouts, who showed some difficulties in focusing on sexualized violence. They tended to generalise the discourse towards other forms of abuse that were not necessarily sexualized, hence not highlighting any specific feature of sexualized violence compared to other forms of violence. Only at a later stage and after some focused interventions by the moderator, both groups could focus on the specificity of sexualized violence, but with some differences. While the scouts were able to mention all various possible forms of sexualized violence (physical/psychological) and its other elements (manipulation, abuse of power), primary school teachers defined it just as a physical abuse affecting the victim’s sense of identity, thus showing a lack of knowledge on the non-physical forms of sexualized violence. It was also striking that some teachers’ statements expressed moral judgement and open contempt towards the perpetrators, defined by one teacher as *“individuals to be jailed and castrated”*.

## 2.2.2 What do FPC think of sexualized violence against boys?

Many professionals said that the focus group was the first opportunity they had to focus on a gender perspective linked to being a victim of sexualized violence.

In many focus groups sexualized violence against boys was named as a taboo, partially explained with gender stereotypes according to which men are strong and able to defend themselves (see also Connell 2000, Kimmel 2008, Rieske 2016). This leads to the assumption that men usually are not victims of violence, but perpetrators (*“I think that it is still very shameful for young men to be aware of the fact that it could be sexualized violence. This is always very hidden”*; Austrian psychologist/psychotherapist of the Medical Service Group). All these factors would lead to a greater difficulty for boys and male youth to disclose sexualized violence (see also Bange 2007, Jungnitz et al. 2007, Lenz 2014, Mörchen 2014, Mosser 2009). Furthermore, some participants, like the Italian scouts, expressed the view that an abused boy would be likely to become an abuser later on. This statement confirmed the existing prejudice that also contributes to the particular sense of shame, guilt and solitude that many boys feel after having become victims of sexualized violence, and which prevent them from disclosing it.

The introduction of the gender element in the discussion led to interesting outcomes in the focus groups in Italy, as all participants acknowledged never to have reflected on possible specificities

linked to the male gender of the victim. The discussions of this aspect were quite animated: in the group of secondary school teachers there were a woman and a man who had both been victims of sexualized violence as teenagers and shared their experiences and feelings. At the end of the various discussions of that point, all groups were able to distinguish between: (a) the extent of the damage, which is equal for boys and girls; (b) the victim's reaction, which can be different according to his/her gender; (c) the perception/reaction by the social environment, which might also change according to the victim's gender, with a tendency to minimize the cases in which the victim is a boy.

The focus group with the Italian social workers was particularly interesting, as they discussed the topic quite in depth and showed a high level of awareness about their own prejudices. They said they had never thought of a gender specificity which could lead to a different way of dealing with the cases and to a different traumatic impact on the victim. They acknowledged the absence of different protocols and intervention procedures based on the victim's gender and identified a greater difficulty in the detection phase in such cases as well as underestimation of the severity of the context. With that comes a minimization of the suspicious behaviours, especially if they come from the mother (see above, under 2.2.1).

They added that these issues could partly be caused by the fact that for boys it's generally harder to seek help, due to the above-mentioned cultural factors related to social behavioural patterns proposed to male children ("you don't cry," "you must be tough", "don't be afraid", etc.). This leads to denial of experiences and conditions of vulnerability and fragility; as well as to the persistence of the social stigma of homosexuality in situations involving male perpetrators, which deters male victims from seeking help, as they fear to be labeled homosexual (*"I think sexualized violence against boys is not talked about because of still very widespread homophobic tendencies, as it is mostly the case that perpetrators are men"*, said also an Austrian social worker working in a youth center).

Italian social workers mentioned once again the feminization of the services as possible explanation for the fact of being more inclined in seeing the victim as female, again based on an identification process (*"we all thought at some point in our lives, even as adults, that something dangerous could happen"*; female Italian social worker).

Another obstacle to boys' disclosure, and – as precondition - to their awareness of having experienced sexualized violence, is the confusion which may exist between sexual abuse and sexual initiation, as pointed out by the Spanish experts group.

### **2.2.3 In which ways have FPC been confronted with boy-victims of sexualized violence?**

In general, experts working in the social sector or in specialized services dealing with child abuse showed some experience of sexualized violence against boys. The experience decreased among the groups of teachers and of members of sport/youth associations (in Spain and Italy). However, we see a clear pattern of reluctance to define an experience as sexualized violence among FPC, due to the combination of two intertwined factors: the lack of specialized competences and the psychological burden when confronted with such cases, which leads to the fear of misinterpreting the signals. In fact, very often FPC lack a specific training on sexualized violence – this is even the case for instance for the Bulgarian helpline counselors. The fear of reporting is also due to FPC's uncertainty about the procedures and the consequences, also in light of a frequent weak – if not absent – support by their organization (see more in Rieske et al. 2018 and Scambor et al. 2018). For example some Italian teachers and scouts who were confronted with cases of sexualized violence (on girls and/or boys) said that they felt left alone and recalled their sense of frustration, anger, helplessness and solitude.

This shows that who detects the abuse also needs support and guidance on how to proceed operationally and also on how to cope emotionally. In this sense many participants of the focus



groups said that they had consulted (or would consult) with external experts in such a case, as they have not been sufficiently trained to handle the situation by themselves without external support. But also if FPC are sufficiently trained there is a need for consultation and a supportive network, as experts in Austria and Germany pointed out.

Some professionals, like the members of the Austrian Boys Work Group, said that training-sessions with boys on sexual and/or emotional education were frequently perceived by the boys as safe places where they could open up. The same can be said for counseling centres especially if specifically targeting boys. Disclosure and display of clear signals are more difficult in contexts like schools or youth associations where there is more dependency and the focus of the relationship between the boy and the FPC is focused on educational or recreational activities and goals.

Finally, in Spain and Bulgaria some professionals said that they had encountered numerous cases of sexualized violence among boys placed in residential care facilities. They said children in residential care facilities tend to normalize sexualized violence, do not see it as violence at all, but see it often as a form of attention – something they desperately lack in their life.

Bulgarian professionals also mentioned male minor refugees as particularly vulnerable to sexualized violence. As an example a psychologist working with refugees mentioned the cases of boys coming from Afghanistan who have a tradition called “bacha bazi” (or “boy play”)<sup>68</sup>: a boy entering puberty has to participate in a dancing ritual, dressed up like a girl, in front of older men who will then offer him gifts in exchange of sexual favours. According to the focus group participants, this may be due to the fact that in Afghan culture there is a strict division between men and women and these men have no access to women. It was discussed that many of these refugee boys head towards Western Europe and often take the road of prostitution to make money and support themselves.

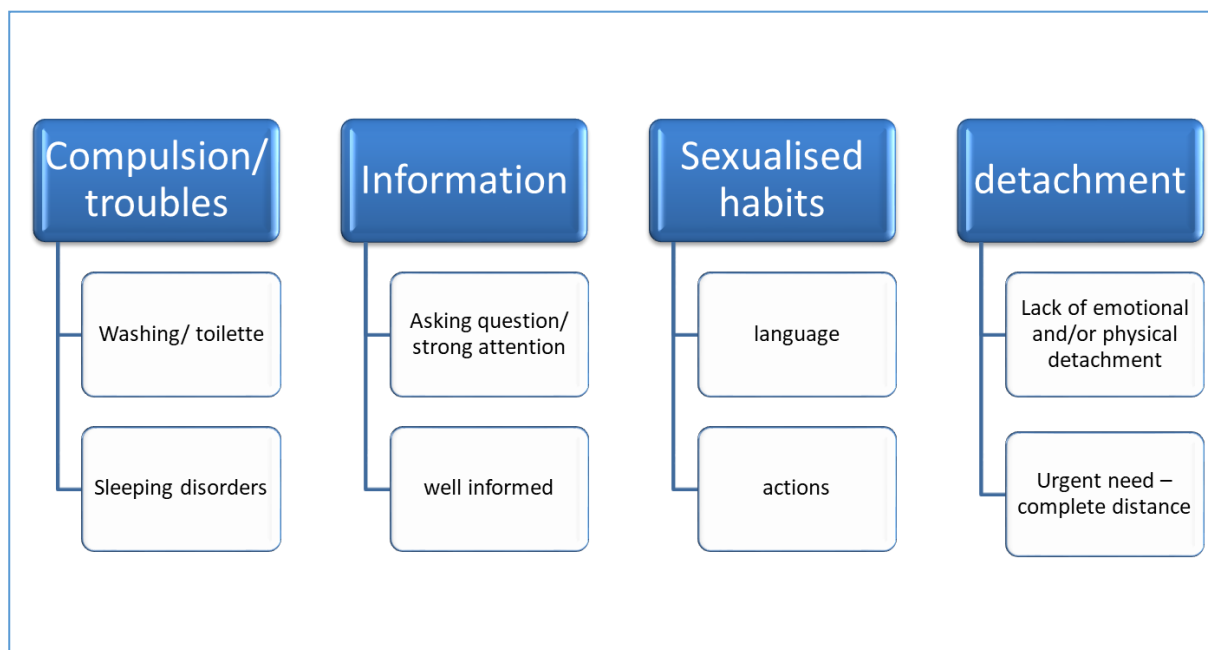
#### **2.2.4 How do professionals recognise sexualized violence in their daily work?**

As already mentioned professionals admitted the difficulty in recognizing a situation as sexualized violence, i.e. in reading the signals. Generally, participants mentioned the following signals, we clustered into four groups:

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<sup>68</sup> [https://en.wikipedia.org/wiki/Bacha\\_bazi](https://en.wikipedia.org/wiki/Bacha_bazi)

**Figure (1) Signals**



Signs, such as behavioral changes as skipping class or training, hypersexualized behaviours not suitable for the child's age, mood swings, emotional problems such as anxiety, stress, aggressiveness, rage, extreme emotional detachment, or physical problems as encopresis or enuresis, eating disorders, or references in drawings or essays can all be signals of the child suffering a problem, possibly violence, and perhaps sexualized violence. In general anger and aggressivity were considered more typical for boys, while girls were seen as more likely to introvert their suffering, possibly also by self-harm.

Some participants expressed clearly the wish for internal protocols and guidelines in form of checklists that could help them in reading the signals. An Italian teacher said that in the absence of such a tool, she went to an anti-violence centre for consultation. Along the same logic participants also wished for specialists that they could consult internally to their organisation, or at least a better cooperation with external services and professionals (social services, psychologists, doctors) they could revert to for consultation.

Another perspective was brought up by the focus group of Spanish experts. In their view signals shouldn't be considered clear indicators of sexualized violence, as they could also stem from some other pathology. Therefore, these experts proposed to base the detection on an informative model of indicators including signals and risk factors, with an attitudinal and emotional model. (*"We must balance the information model [of indicators and risk factors] with a more emotional and attitudinal model. (...). With this hypothesis, what you can do is be more attentive, observe, advise, exchange and listen better ..."*)

Another interesting aspect was brought up in the Bulgarian focus groups whose participants largely agreed that some boys who have suffered sexualized violence tend to seek revenge: instead of sharing what has happened to them (as too shameful) they would try to "repay" for what was done to them, usually with some form of violence as well, as an attempt to regain control. In the case of boys, the feeling of being "in control" is part of the hegemonic masculinity model. It is not uncommon in Bulgaria for many children who have been sexually abused in early childhood to develop problematic behaviors later on in order to cope with what has happened to them. Similarly, Spanish experts expressed the view that among delinquent children/youth under the protection of

the legal system there is a much higher rate of sexual abuse. Therefore, the behaviour of pre-delinquent children can be an indicator of having suffered some type of abuse.

Among the challenges, some Spanish teachers raised the issue of confidentiality. They pointed out that when a case of sexualized violence occurs, it is usually carried out with a lot of discretion and it is not usually reported to the teaching staff. They propose that teachers should be informed, as this could help to detect future cases of sexual abuse, besides supporting the affected child. Nevertheless it should be mentioned that survivors should be able to keep in control of the disclosure process. That means that they can decide when and with whom in what form the FPC talks about violent victimization. It means that the victim takes influence on what happens with their story, who will learn about it, and who will not. It also means being able to decide if and in what form a confrontation with the offender should take place, and which steps are being taken in the disclosure process (see also Alaggia 2004, Kavemann et al. 2016, Scambor 2017).

### **2.2.5 Supportive factors for disclosure: who and what helps?**

The following supportive conditions for disclosure were identified:

- Knowledge and information in respect to sexuality, personal boundaries and violence, gender, emotions and children's rights: this factor was particularly highlighted by German and Austrian social workers as a protective and preventive measure. Knowledge was considered an irremissible precondition for disclosure of sexualized violence, as the lack of knowledge contributes to the fact that sexualized violence is often not recognized as such. Therefore, children need a specific knowledge about sexualized violence in all its different forms, which, in the view of many implies sex education. Survivors will also need to know the consequence of their disclosure and/or about professional agencies of help (e.g. counseling setting) before deciding whether to disclose or not.
- Supportive and trustworthy people: this condition was mentioned by all participants. Boys (and children in general) would need to be able to rely on trusting relationships, within they could feel safe and accepted, to overcome their fear of being judged, in light of the feelings of guilt and shame that usually overwhelm boys. In this regard the Austrian 'teachers of trust', school social workers and mentors (15-18 year old pupils from secondary school taking care for younger pupils) were indicated as very useful resources on school level. German social workers mentioned to work simultaneously with family support or school settings; then they decide within this team who might have the best relationship with the child to talk with them. The gender of the reference person was also controversial: some participants stated that it might not be relevant within a strong relationship. On the other hand Italian secondary teachers said that younger children are more likely to relate to female adults (representing the maternal), while teenagers might be keener to look for a male person to trust with whom they could identify.
- Safe places: many participants also mentioned special places that could guarantee confidentiality, if not anonymity. In that sense they suggested that helplines and counseling centres can fit the goal, while schools are rarely such environments due to lack of confidentiality (*"I can hardly imagine how this (disclosure) can happen for example in a school environment ...often it is a place with not much confidentiality and safety that what you say will be kept private"*; Bulgarian psychologist).
- Building supportive networks around the child: this was mentioned as an important protective factor, also with the aim to encourage the boy towards disclosure. Ideally this network should include all relevant actors: a pediatrician or family doctor, school, social services, youth and sport organisations attended by the boy etc. The idea to bring in family

members was voiced by various participants; however this was also controversial due to the fact that sexualized violence very often happens within the family. The discussion on this point showed different levels of knowledge and analysis amongst the same group of professionals.

- Gender homogeneous groups: The usefulness of these groups, e.g. within hospitals or sex education sessions, was seen as controversial as well. On the one hand, some participants considered them useful for disclosure processes, as safe space for talking about intimate gender topics (sexuality, contraception strategies etc). On the other hand, boys would have more problems to talk about the issue of sexualized violence in gender homogeneous boys' groups (*"My experience is, that the issues is treated on the surface or with bad sexualized jokes and half-knowledge ... that has to do with: how male-like do I feel?"*, Austrian social worker).

Finally, to avoid a re-victimisation of the child, long and repetitive procedures that often put in doubt the credibility of the minor should be avoided and replaced by other types of measures, such as videotaped interviews.

## **2.2.6 What do FPC need in order to deal with these situations?**

As already mentioned, also FPC need to be supported when confronted with cases of sexualized violence, both emotionally as well as "technically", referring to specific knowledge, trainings and measures. In general participants mentioned the following needs:

- Knowledge and training on sexualized violence against children and against boys in particular, thus including the gender perspective (gender roles, gender socialization, the influence of gender on the experience of violence). Such a training would also be an opportunity to work on FPC own prejudices and conceptions of sexualized violence, as well as gender-related topics and their own masculinity concept. Social workers, who are already familiar with child sex abuse, expressed the wish to get trainings on gender-sensitive analysis of the short and long term effects of sexualized violence, also in relation to the age of the male victim. They also expressed the need for greater knowledge of grooming strategies (i.e. the courting of the victim that often precedes the abuse) in situations of extra-familial sexualized violence. Judicial procedures have also been identified as area in which FPC would like to get training. German professionals working in youth centers also mentioned the need for a training on counseling techniques. Trainings could also be an opportunity to share information and good practices among professionals.
- A need for practical resources was named by German school social workers and youth center professionals; they would like to distribute informational material to the children and youth they work with.
- Dialogue, intervision and professional exchanges inside their organisations were requested generally by all involved FPC, in order to consult about suspicious cases of sexualized violence. Dialogue is needed in particular about the signals displayed by the boy, about how to respond - towards the boy as well towards other relevant actors, and about reporting the case to other authorities.
- Austrian professionals pointed towards the necessity of a well-developed work-flow, which should be a guarantee in the social work context. Professionals shared the perspective that especially work with children and youth needs certain exchange standards, e.g. all staff members should have the opportunity to share knowledge and support each other (incl. informal talk settings). Important decisions need to be made in the whole team. In some

- settings shared responsibilities protect professionals from attacks (e.g. from parents).
- Supervision by experts (e.g. a psychologist) – inside the organisation or through external consultants - was also required, because the topic of sexualized violence was considered very specific and as such requiring specialised interventions. Dialogue with colleagues was also mentioned in order to receive emotional support and to be able to cope with such heavy situations and the sense of helplessness that might overcome the concerned FPC. The experts identified as biggest risk and fear that they may be left alone dealing with such situations.
  - Protocols as guideposts to detect signals and for reporting procedures. Teachers and FPC of youth and sport organisations seemed to be particularly concerned about this point, as they stated that either there are no protocols (Italian teachers and scouts) or that they are not known (Spanish teachers). Protocols should support FPC in the detection and reporting of possible cases of sexualized violence. They should ensure that the FPC does not act individually but as representative of an institution, thus the protocol should involve the internal staff and management, as well as specialised internal professionals (e.g. school psychologist).
  - More multidisciplinary work is needed, engaging a support network in dealing with the case, in cooperation with pediatricians, school, social and health services, youth organisations, and families if appropriate. This element was mentioned as supportive factor for boys as well as for FPC, who will feel more confident in dealing with cases of sexualized violence, on the basis of shared responsibilities. Italian social workers, in particular, expressed the need for stronger cooperation between the local social services and the various healthcare services for adults (drug and alcohol-services, psychiatry, etc.) and with the judicial authority to speed up the timing of the proceedings. Austrian experts pointed out that it is necessary to cooperate with other professionals in a way that is helpful for the child, who should not become overwhelmed by too many different people.
  - Spanish participants also mentioned that the organizations and institutions working with children should have a code of conduct that specifies the behaviours that are acceptable and unacceptable in relation to the children. This code of conduct can also be a good tool for raising awareness of sexualized violence within organizations.

## 2.3 Conclusions and recommendations

As already anticipated (see under 2.1) the majority of participants to the focus groups belonged to professional groups/organisations accustomed to the issue of sexualized violence against children, if not specifically against boys. This was the case for social workers, boys' workers, social pedagogues, youth workers, psychologists and doctors working with boys in different settings, at protection centres or at helplines. These participants generally showed a high level of knowledge and experience of the topic. Different was the situation for teachers and people working (or volunteering) in youth and sport organisations, who generally showed a lower level of knowledge, awareness and experience and more needs in terms of training and support.

Beyond these differences, some common conclusions can be drawn, that will feed into the capacity building programme targeting FPC.

FPC generally feel the need for greater knowledge and training on sexualized violence against children in general, and in particular against boys. Particular attention should be given to the gender perspective, which is able to disrupt existing myths, such as e.g. that victims are more often girls and perpetrators are male, or that a male victim of sexualized violence might become homosexual or a perpetrator himself later on. Trainings on the topic would invite participants to a reflection

about their own prejudices on gender and thus enable them to then better support boys (potential) victims of sexualized violence.

All participants asked for more cooperation with other relevant actors (families if appropriate, schools, social and health services, experts, pediatricians, judicial authorities), both for a better childcare and for their own support.

All participants stated the importance of adopting internal organizational mechanisms, such as a code of conduct on how to behave with children. They also requested more specific internal protocols for the detection of signals and the reporting/treatment of cases. In organizations that have protocols in place, these should be publicized and adapted along the lines of a gender-sensitive approach, if not yet applied.

Hence trainings should also cover the two above mentioned aspects: the different roles and responsibilities of all relevant actors and existing organization protocols. In addition, they should also deal with the legal obligations and procedures, especially in regard to reporting.

Finally, FPC also asked for support to better cope with the emotions triggered by being confronted with such cases. Ideally this means that mechanisms are being set up in organizations, such as the introduction of an internal counselor or supervisor, or team structures allowing the FPC to consult and get support. A training in this contexts could also include personal resources and strategies that the FPC could activate, e.g. a better comprehension and management of his/her own emotions.

In respect to the awareness raising campaign and the specific actions that will both target boys and professionals, the results of needs assessment clearly demonstrate the need to focus on gender roles and stereotypes. In particular taboos and social expectations connected to masculinity need to be addressed (What means being male? Can a boy become victim of violence?), as well as boundaries (Where are my limits?) and what sexualized violence is (Is sexualized violence only happening through physical contact? Is sexting sexualized violence?). Awareness raising material should include a 'safe space for disclosure', such as a hotline number or counseling services boys could refer to.

### **3 Results of the quantitative data analysis**

#### ***3.1 Sampling and Method***

In addition to the results of the qualitative focus group discussions we presented in the previous chapter, we have collected quantitative data with a survey analysed in this chapter and based on the national reports. The basic English questionnaire (see Annex) was developed by the transnational project team and translated into Bulgarian, German, Italian and Spanish. The English basic version had 37 questions, open and closed, focused on the issue of sexualized violence against male minors. The survey was conducted via e-mail, print or with online-survey-tools. The total transnational sample was 319 (Austria 27, Bulgaria 67, Spain 113<sup>69</sup>, Germany 38, Italy 74). Some respondents did not fill in the whole questionnaire, especially the last questions were answered by fewer respondents, e.g. in Spain the last questions were answered by approx. 70% of all respondents.

The survey was answered by professionals who work with children and youth and who could be first points of contact for male children and youth affected by sexualized violence. Some of the respondents of this survey also took part in the qualitative focus group discussions. The aim of both

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<sup>69</sup> 3 more respondents answered after finalizing the Spanish CoC national report (2017), in which answers of 110 respondents were analysed. Due to this some results may slightly differ from the Spanish national report.

analyses was to determine what knowledge and skills and needs professionals have in dealing with male children and youth as survivors of sexualized violence.

The invitation to fill in the survey was distributed via e-mail with an attached survey link, leading to a survey document. It was sent directly to participants of the focus group discussions and in a snowball system those participants shared this invitation within their institutions. Because of this approach we cannot track how many professionals and how many institutions were invited to take part in the survey. Therefore, a response rate cannot be estimated exactly, and the survey has an explorative character. Only two of the five countries could estimate their response rates: Austria (approx. 30%,) and Italy (approx. 22.5%).

The main criterion was that they were people who worked with children and adolescents between 6 and 18 years of age. It should be highlighted that the quantitative survey and qualitative focus group discussions had an impact and already raised awareness of potential FPC. The results of the quantitative survey, frequencies and summarised answers to open questions, can be regarded as a valuable explorative part of the needs assessment.

### **Structure of the survey**

The survey was structured in three different sections:

- **General information** about the gender, age, occupations and the target groups professionals work with; this first section also included questions about the relevance of gender for the work of the professionals and their opinion on how to reach gender equality in a society.
- **Knowledge on sexualized violence against male children and youth**; here definitions of sexualized violence were examined, as well as what connections exist between gender and the experience, impact and disclosure of sexualized violence. Moreover, this section focused on professionals' knowledge of legal provisions and mechanisms to protect children and youth against sexualized violence.
- **Experiences of professionals** with sexualized violence against male children and youth; what challenges professionals see when confronted with the topic and if they had training on the topic and would see (further) training needs (on what specific issues). Moreover, this section focused on the way their organisation supports children and youth who experienced sexualized violence.

### **3.2 Demographic information and work situation of professionals**

In all five countries 319 professionals answered the quantitative survey. In Bulgaria the size of the respondent's **community** was not asked, but in the other four countries most respondents' communities have more than 20.000 inhabitants (Question 1, average 77% - Germany 95%, Spain 77%, Italy 72%, Austria 67%). It can be assumed that there are less and/or different FPC services in rural settings , and that there is a need to adapt further training to non-urban settings as well.

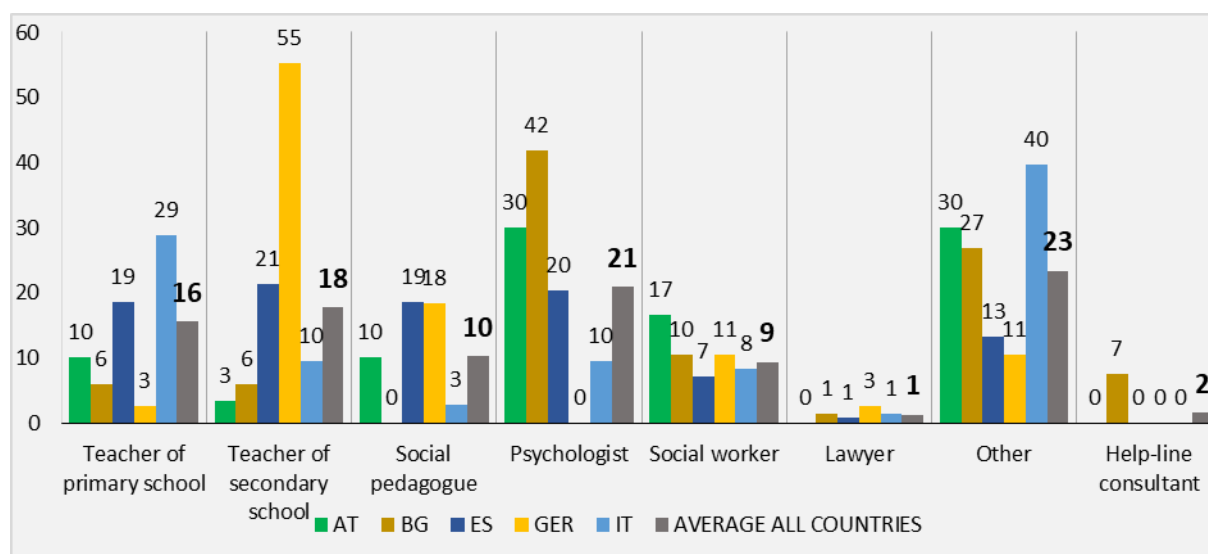
**Gender and age of professionals:** 74% of the respondents were female, 25% male, 1% had another gender. Only in Germany the percentages of female and male professionals were similar (53% female, 42% male, 5% other gender). Concerning the age of respondents, approximately one third were 30-39, 40-49 or 50-59 years old, only 4% were under 25 and 7% 60 years or older. The youngest population was in Bulgaria, where 61% of the responding professionals were under 40, whereas 41% of the Austrian, each 37% of the German and Italian and 31% of the Spanish respondents were under 40.

**Professions:** Their most frequent profession was psychologist (21%), with the exception of Italy where respondents were mainly primary and secondary school teachers (38%), 18% were teachers in secondary schools, 16% in primary schools – see Figure 2. Many of the social workers and “others” correspond to free-time and leisure-educators. The category “help-line consultant” was only asked in Bulgaria. In Austria “other professions” were pedagogues (theatre and sex), medical doctors (e.g. for pediatric psychiatry), scientists, school social workers and psychotherapists. In Bulgaria “other professions” included teacher at a kindergarten, kindergarten principal, medical doctor and IT specialist. In Spain and Italy respondents of the “other” category corresponded mainly to professional educators working in residential or daytime services, free-time and leisure educators like youth club monitors, boys’ / girls’ scouts, etc.

In the survey there seemed to be some availability biases to respondents’ groups. For example, in Austria it was a challenge to get in contact with FPC in schools, especially with teachers in primary and secondary school. Reasons were the end of the school year and the *availability bias* (including ‘blind spots’ in relation to gender and sexualized violence). Therefore, some groups like teachers, social workers in schools, or officials and trainers of sport clubs could be underrepresented in this survey. Professionals in youth counselling centres and violence protection centres were well represented.

In summarizing and interpreting the sample we conclude that there is a wide range of different professions who could be FPC. Maybe there are specific needs for these different professions – this should be considered when developing trainings on this topic.

**Figure (2) Profession of respondents (in %, 5 countries, N=319)**



All classes sum up to 100 % per country.

**Education:** The level of education of the respondents is high, people with university degree predominated in all countries. 36% of the respondents of all countries held a university degree (39% a masters’ degree).

**Employment status:** More than two third of the respondents had a permanent employment status, 15% of the respondents of all countries had a fixed term contract, 8% were freelancer, 2% had an insignificant work contract, 6% had another employment status. 70% have been working for more



than 5 years in their actual role. Most of the professionals who answered this survey have a long work experience. In Austria and Bulgaria more than 50% work in NGOs, in Spain, Germany and Italy public organizations are the main type of organization respondents work in. Sizes of organizations were not asked in all countries and were not conclusive, because not every respondent was able to point out the specific number of people working at the same place (e.g. in Bulgaria on average 55-60 people work at the same place, in Austria each 42% work in small organizations up to 10 or in large organizations with more than 25 employees/ colleagues).

**Gender and age of children and youth:** Most of the respondents work with both female and male children (56%), 21% mainly work with girls, 23% mainly with boys. The age groups of children and youth professionals work with can't be compared directly because in Austria, Bulgaria and Italy most of the respondents care for different age groups, and therefore they gave multiple answers. In Austria 70% or more of the respondents care for children/youth older than 5 years. In Germany and Bulgaria most respondents work with children older than 10, in Italy most respondents care for children aged 6 to 14. In Spain and Germany only 5% of all respondents work with children under 6 years.

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

To the open question, if the gender of children/ youth influences their work, professionals gave different answers:

- **Different offers:** Some professionals pointed to different offers for male or female children and youth and/or work in "gender- and age-homogenous groups". Some respondents mentioned that they decide for each person whether a male or female therapist fits better. Others referred to different communication styles of girls and boys, language and behaviour or they saw different personal interests. According to this they saw a difference in behaviour, needs and relationships to professionals by gender. Some respondents mainly worked with male clients.
- Some pointed towards gender differentiation **on structural level** (separate sleeping rooms for boys and girls).
- **Gender as social construct – doing gender:** some professionals regarded gender as a social construct that was omnipresent at their workplace, and that they are trying to develop a sensitivity for doing gender processes and support alternative ways of thinking and actions.
- **Gender neutrality:** some professionals stated they are trying to work gender neutral by putting the individual more into focus, no matter of gender.
- **No significance:** some professionals replied that the gender of children and youth doesn't have any significance for their work (one third in Germany, 21% in Austria, more than 75% in Bulgaria).

In Italy differences between professionals working in different settings were seen. 46% of primary school teachers, 29% of secondary school teachers, 25% of social workers, 33% of educators, and 40% of scouts thought that the **child's gender does not influence their work**. Generally, in Italy gender was considered more relevant the older the child is. This explains the higher number of primary school teachers, compared to other groups, considering gender as not relevant.

#### **Professionals' gender attitudes**

Professionals had different ideas about how a society can reach gender equality.

**Table (2) Professionals' gender attitudes (in %, N=323)**

%	How can a society reach gender equality?
24	Men and women are mainly similar and must be treated equally to reach gender equality.
12	Men and women are completely different and must be treated differently to reach gender equality.
33	The dichotomous gender concept (men - women) must be replaced by a concept, which includes the diversity of gender. This should be the basic ground for measures directed towards gender equality.
31	Gender must be considered in intersection with divers social marker (gender, sexual orientation, ethnicity ...) to reach gender equality.

In Austria and Spain most of the respondents said that the dichotomous gender concept should be replaced by a concept, which includes the diversity of gender. Also, most Bulgarian professionals said that gender must be considered in intersection with other social markers like sexual orientation or ethnicity to reach gender equality.

None of the Bulgarian professionals agreed upon the statement that the dichotomous concept of gender needs to be replaced, which was regarded as a signal that aspects of gender fluidity or LGBTQ-identities, or -rights were not widely considered or taught in formal or informal education. In Germany the statement "Men and women are completely different and have to be treated differently to reach gender equality" had the highest acceptance – with differences between groups of professionals – teachers rather tended to accentuate similarities between women and men while social works focused on differences.

### **3.3 Sexualized violence against boys**

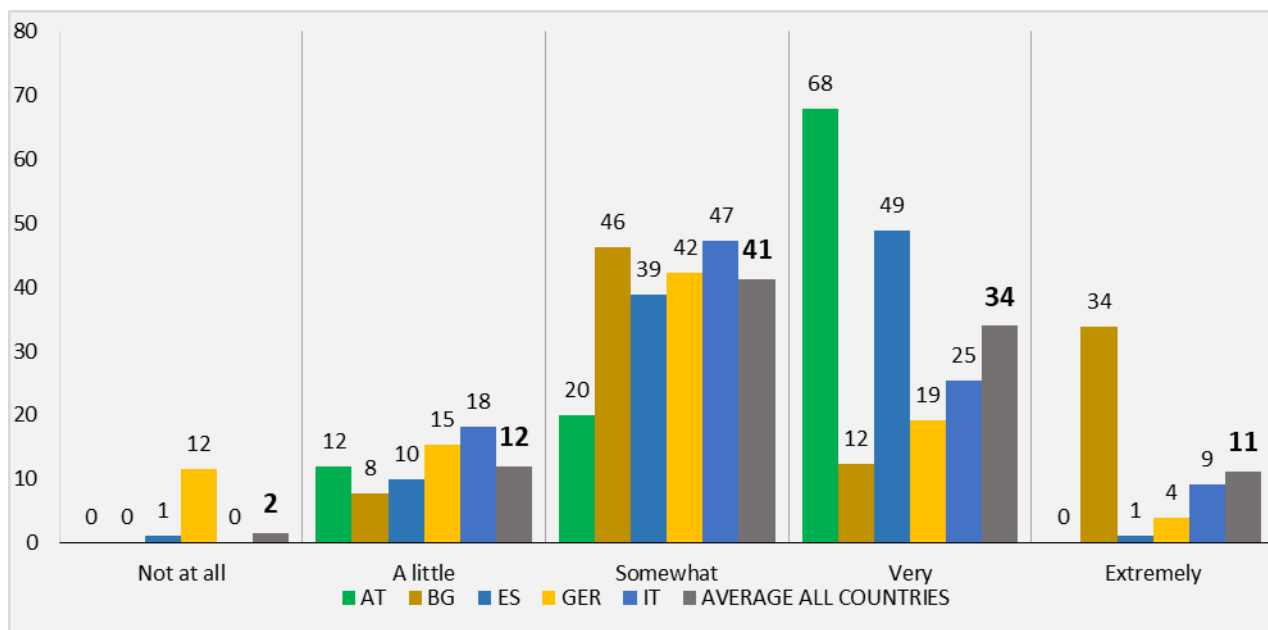
#### **Definition of sexualized violence against children**

The answers to this open question were different in their wording. In Austria half of the respondents defined sexualized violence in a heterogeneous way, including sexual abuse, sexual assault and sexualized cross-border violations. In Italy, 36% of the respondents mainly characterized it as constriction, physical and psychological abuse, enormous and permanent damage. Social workers showed the most sensitized and exact definition. In Italy many primary school teachers, scouts and caregivers did not respond, which in itself is a significant data that could indicate a lack of reflection on the issue and therefore little awareness and preparation. In addition, among these three groups, many responded by expressing an extremely negative moral judgment that replaced a descriptive answer. Also in Bulgaria the answers to this question showed huge differences in the level of preparation and training among different professionals on these topics.

#### **How likely do you think is sexualized violence against boys?**

Respondents were asked about the presumption that boys experience sexualized violence – and here most of the respondents said that it is very likely. In all countries only 2% of the respondents said it is not likely at all. The category with the highest percentage of professionals across all countries indicated that it is "somewhat" likely (41%) or very likely (34%), with differences between the five countries (see Fig. 3). This question shows the tendency respondents think on, as there was no quantitative definition for the answer categories.

**Figure (3) How likely is sexualized violence against boys? (in %, 5 countries, N=261)**



55% of the professionals in all countries thought that the gender of children/youth influences the **experience** of sexualized violence. Here great differences between the countries became visible as Table (3) shows:

**Table (3) Do you think that gender of children/youth influences the EXPERIENCE of sexualized violence? (in %, 5 countries, N=245)**

Do you think that gender of children/youth influences EXPERIENCE of sexualised violence?						
	AT	BG	ES	GER	IT	AVERAGE ALL COUNTRIES
Yes	75	53	75	38	25	55
No	25	47	25	63	75	45
Total	100	100	100	100	100	100
N	24	58	84	24	55	245

Some respondents believed that affected male children/ youth think that being a victim does not conform to societal norms of masculinity and this would lead to a silencing on the part of male children and youth. Because these societal norms affect male children and youth, they might not perceive violence as such and might thus trivialize it. These respondents think that **sexualized violence clashes with traditional and hegemonic models of masculinity** and often leads to guilt and shame and even to the fear of “‘loss’ of masculinity”.

Those who said that gender does not influence the experience of violence emphasized that there were similar aspects of experience for all genders: the feeling of powerlessness and of shame, and that it would be a traumatic experience for all genders. Others pointed to the importance of other factors such as age, family situation or support network.

In regard to the question “**Do you think that the gender of children/youth influences the main effects of sexualized violence?**”, an average of 56% thought that gender influences these effects

(Austria, Spain and Bulgaria about 60% or more, Germany 50%, Italy 30%). Reasons for different main effects were mentioned, such as male identity-stereotypes, that girls get more credibility and concern, the fear of boys of becoming a perpetrator, stereotype psychological reactions of girls (internalized symptoms) and boys (externalized symptoms) and a different recognition through society. Institutional obstacles were addressed as well, e.g. lack of training of educators, lack of adequate spaces and time to create situations of trust and to address these issues.

**Main needs of children affected by sexualized violence were mentioned from professionals in all five countries. These needs could be summarized in the following categories:**

1. *Safety – physical safety, to be out of the situation, for the perpetrator to be detained.*
2. *Supportive environment – mobilization of the resources of the family or significant others, acceptance, talking about what has happened not making the child feel ashamed, dirty – or denying the situation or its severity.*
3. *Validation of their worth and dignity, taken seriously and being appreciated by a stable trusted person.*
4. *Psychological help – both, short-term and long-term; emotional support.*
5. *Medical help if needed.*
6. *Justice – legal actions against the perpetrator.*

In total about two third of respondents believed that the **gender of the child/youth influences the willingness to disclose sexualized violence**, while one third believed that gender has no influence in this regard. Approximately one third of the German and Italian professionals did not answer this question. From those who answered this question half of the German and 40% of the Italian professionals thought that gender has an influence on the willingness to disclose. Those who believed that gender is relevant, justified it by saying that for boys it is more difficult to talk about sexualized violence because of the existing stereotypes about the idea of masculinity and a limited awareness of the society about the phenomenon. Those who believed that gender was of no relevance wrote that disclosure depends on the quality of the relationship between the child and the person with whom he shares his experience, the boy's personality and the surrounding context.

### **Organizational barriers for boys to report sexualized violence**

57% of the respondents of all five countries recognised potential barriers for boys to report sexualized violence in their organisation. In Austria, Bulgaria and Spain this percentage was higher than the average - about two third recognised potential barriers. In Germany and Italy about two third of the professionals recognised no barriers for boys reporting sexualized violence.

The mentioned possible obstacles were: lack of training, problems of professionals listening to the affected child, avoidance of the problem, lack of information and emotional resources. Additionally, general barriers like gender-stereotypes and low public awareness were mentioned. Here a disaggregation of answers gave a differentiated picture. For example, in Germany and in Italy teachers saw less barriers in their organisation than social workers. Answers of the social workers showed that they were more sensitized to the topic and more aware of potential barriers, whereas other professionals may have responded more based on a projection than on direct experience, without having ever actually faced a case of sexualized violence.

In Spain 75% of the respondents who worked in schools indicated that they had not received any type of training on sexualized violence. Among institutional obstacles the lack of adequate spaces and time to create situations of trust and to address these issues were pointed out. In particular, people who work in schools recognised that the school context was regarded not adequate for these problems to emerge. The professionals who work in juvenile care centres or in juvenile justice

facilities mentioned the bureaucracy, the amount of reports that they must fill in to carry out their work and that this situation prevents them from being agile and quick in the treatment of a minor victim of sexualized violence.

**Table (4) To what extent are you aware of the legal provisions and mechanisms for protection against sexualized violence of a child? (in %, 5 countries, N=256)**

	AT	BG	ES	GER	IT	AVERAGE ALL COUNTRIES
Not aware at all	7	8	9	8	13	9
Generally aware but don't know details	15	34	47	71	43	42
Aware of some details but not sure	33	17	22	21	26	23
Aware with all details	44	41	22	0	19	26
Total	100	100	100	100	100	100
N	27	64	87	24	54	256

About half of the professionals in all countries said that they were **aware of the legal provisions and protection mechanisms concerning sexualized violence against minors**: 23% of the respondents said that they were aware of some details but not sure, 26% said that they were very aware with all details. The other half of professionals said that they were generally aware but didn't know details (42%), or that they were not aware at all (9%). Austrian and Bulgarian professionals felt better aware than Spanish, German and Italian professionals (see Table 4). Differences between professional groups were detected, e.g. in Italy social workers and caregivers said that they have high knowledge; while teachers and scouts replied more frequently that they were not aware at all. Most German teachers and social workers were generally aware but did not know details. Thus, it seems that the topic is known to professionals, but technical and specialized knowledge is missing and a need for further education and training on this topic became obvious.

### **3.4 Knowledge and needs of FPC**

#### **Experiences as FPC and knowledge**

41% received **training on sexualized violence** against children, while 59% did not receive it. There were big differences between countries as shown in Tab. 5:

**Table (5) Did you receive training on the issue of sexualized violence against children? (in %, 5 countries, N=245)**

	AT	BG	ES	GER	IT	AVERAGE ALL COUNTRIES
Yes	70	36	43	29	35	41
No	30	64	57	71	65	59
Total	100	100	100	100	100	100
N	27	64	84	21	49	245

Analyses of different groups of professionals showed that some groups have a higher need for training – because they did not receive training on this issue by now: primary school teachers, secondary school teachers and scouts received training more seldom than social workers and

caregivers (Italy, Spain and Germany).

Almost 60% of the respondents of all five countries have been **confronted with a case of sexualized violence against children** (response rate 76%). About half of them have been confronted with a case of sexualized violence **against a boy** (response rate 57%). Highest percentage of professionals confronted with a case of sexualized violence against children was seen in Austria (89%) and Germany (76%), in Bulgaria, Spain and Italy about half of the professionals have been confronted with a case of sexualized violence against children. In Austria and Spain, the percentage of confrontation with sexualized violence against a boy was highest (approx. 80%). In Germany and Italy it was approximately 30%, and in Bulgaria 40% were confronted with sexualized violence against a boy. Differences between professional groups became obvious: e.g. in Germany only one of 11 teachers answered with yes, whereas five of nine social workers reported of such an experience. Here it is likely that at school it is more difficult for male children and youth affected by sexualized violence to find FPC, because of a lower awareness for this topic. Again, this might be due to a lack of training, leading to a lack of sensitization and knowledge in the education system.

**Main worries of professionals dealing with a case of sexualized violence against a boy** concerned knowledge of support structure, of the process as well as of signals and strategies. Worries also concerned on how professionals could give the boy safety and prevent further violence. Another topic was effective networks, the support system for kids, and the relation with families and caregivers. Special needs concerning the support system for boys under 14 and concerning institutions like residential care facilities were mentioned.

Institutional obstacles were mentioned as well (see organizational barriers above). The lack of training and preparation of educators was addressed. The scarcity of adequate resources or the lack of coordination between the various systems involved. This is particularly true for coordination between health and justice systems. Respondents were concerned that along with a certain bureaucracy and slowness in the processes, this can cause a second victimization.

**To be able to deal with a case of sexualized violence against a boy, professionals said that they needed ...**

- a guideline, ethical codes of conduct and other protocols, knowledge on procedures (*"What I have to do when, whom I have to inform etc."*, German professional), helpful practices to support affected male children and youth (to disclose and for further support)
- specific models for schools with steps and procedures
- knowledge of symptoms of sexualized violence
- knowledge of gender-centred and of child-centred approaches
- knowledge about different approaches depending on age and gender of the child
- knowledge on how to work with parents and with the child in order to prepare them e.g. for legal proceedings, how to work regarding shock and trauma. More multidisciplinary work was demanded and better cooperation among stakeholders.

Further demanded support was specific and project-based **training** on these topics. Additionally, professionals regarded shared responsibilities, a trustful **network and professional support** as helpful for their work with affected boys: supervision and intervision, support given by a network where responsibilities could be shared with other qualified professionals (like a psychologist). FPC wanted more available professional institutions, especially in rural areas and in schools. Awareness raising campaigns for children and youth, for parents (e.g. in parents' evenings), work with parents

and structural support (like separation of perpetrators) was demanded as well.

### **Cooperation**

Respondents of all countries and professional groups indicated a strong readiness to **cooperate with other institutions/services** (95% of respondents of all five countries), including social and health services, schools, associations, hospitals, police, juvenile court. Social services and health services were the most mentioned institutions professionals would like to cooperate with.

### **Standardized protocol**

42% of all respondents said that within their institution there is a standardized protocol concerning sexualized violence against boys, 37% said there is no standardized protocol, 21% didn't know it. Only about two third of all respondents answered this question. Whereas 67% of all Austrian respondents said that their institution has such a protocol, only 50% of the Bulgarian, 45% of the German, 39% of the Spanish and 20% of the Italian professionals mentioned the existence of such standardized protocols. There were differences between organisation types: in Spain and Italy schools seldom had standardized protocols and many Italian teachers and scouts answered that they did not know if a protocol existed.

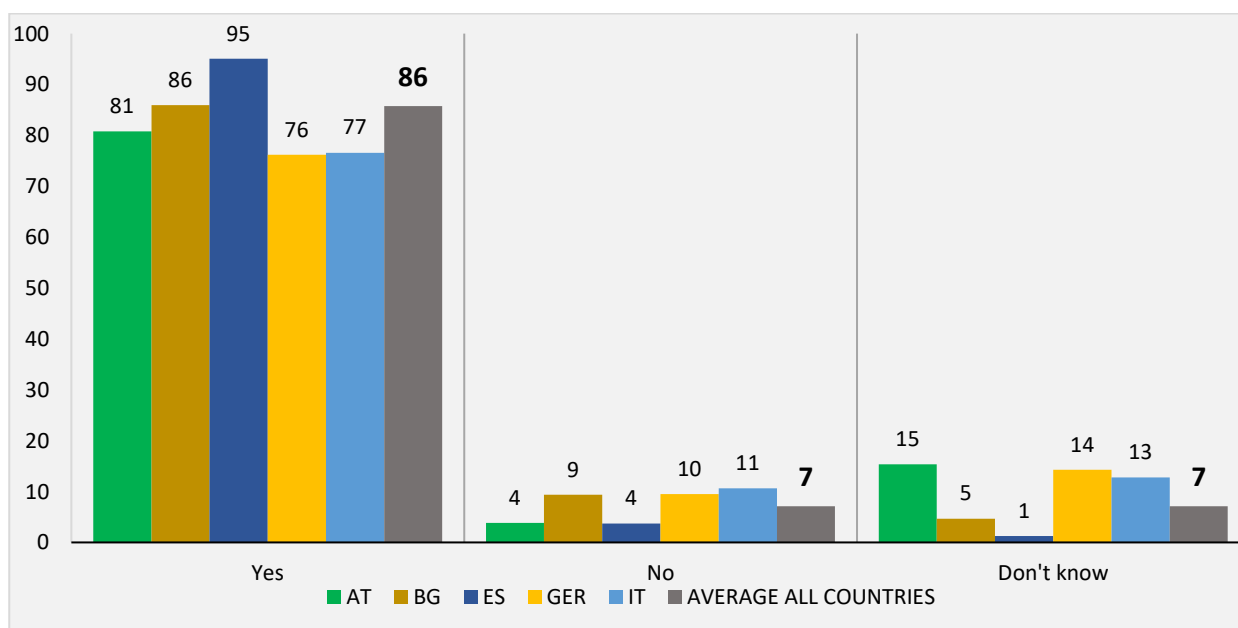
The content of the protocols that exist in organizations were usually focused on the description of the physical and psychological behavioural signs that may give rise to a suspicion of sexualized violence, on main effects and what to do for reporting a case. The percentage of professionals who answered this question was quite low (max. 50%), maybe because contents were not known well.

**Professional obstacles to intervene and detect cases of male children affected by sexualized violence** were identified in the lack, inadequacy or inaccessibility of specialized professional figures, of an institutional and family support network and of training and in the low public awareness.

### **Need for Training**

86% of professionals in all countries said that they **need training on the issue of sexualized violence**, and 7% didn't know. The answers were similar in all countries. This shows a high demand of professionals for further training on the topic. The response rate to this question was 75%, but this may be due to the approx. 25 minutes-length of the survey where the last questions of the survey had a lower response rate (see Fig. 4).

**Figure (4) Do you need training on the issue of sexualized violence against boys?**  
(in %, 5 countries, N=239)



In Germany all social workers answered with “yes”, but only 80% of teachers. This again leads to the assumption that social workers, because of more exposure to the topic, were more sensitized to the topic and thus saw a greater need for further training. In Italy about one quarter of caregivers stated not to need training thus representing the group with the highest number of “no” which was striking considering the needs that became obvious in analyzing their answers to this survey.

The highest training interest among Austrian professionals were coping strategies and how to behave with male affected children. In Germany most professionals wanted to learn how to detect cases of sexualized violence (by learning about signals survivors send). Bulgarian professionals were most interested in ways to interact with male affected children. In Italy responses on the **topics on which they would need training** were equally divided among the various topics that were indicated in the questionnaire.

### 3.5 Summary

A wide range of different professions who could be FPC answered the survey: psychologists, teachers in primary and secondary schools, social workers and other professions working as free-time- or leisure-educators to children, youth and medical doctors. Almost no volunteer leisure-time pedagogues participated the survey (with the exception of scouts in Italy), and almost no trainers of sport clubs. The level of education of the respondents was high, people with university degree predominated in all countries. Most of the respondents worked with both female and male children and youth aged 6 to 18. Less participating professionals came from small communities and it can be assumed that there are less or at least other FPC offers in rural areas than in cities , and that there is a need to adapt further training to these different settings as well.

Respondents were asked about the presumption that boys experience sexualized violence – and here most of the respondents said that it is very likely. More than 50% of the professionals in all countries thought that the gender of children/youth influences the experience of sexualized violence, main effects of sexualized violence, the willingness to disclosure and they saw potential



barriers for boys to report sexualized violence in their own organization.

Great differences in these opinions were observed between the five participating countries (each highest in Austria and Spain and lowest in Italy). Respondents often referred to gender stereotypes as having great influence on the recognition of sexualized violence, on effects and coping strategies, and on the disclosure process (incl. the willingness to disclose).

A high demand for public awareness raising on this topic was seen as a very important aspect to encourage boys to ask for support. More than 50% of all respondents were not sure, or know very little, about legal provisions and mechanisms for protection against sexualized violence. Here further education for FPC was regarded necessary. Almost 60% of the respondents of all five countries have been confronted with a case of sexualized violence against children, and about half of them have been confronted with a case of sexualized violence against a boy. Differences between professionals might be due to lack of training, leading to a lack of sensitization and knowledge.

To be able to deal with a case of sexualized violence against a boy, professionals said that they needed more knowledge, guidelines and standardized protocol, ethical codes and a network of professional support. Respondents of all countries and professional groups indicated a strong readiness to cooperate with other institutions/services (95% of respondents of all countries).

More than 50% never have received training on sexualized violence against children with big differences between the five countries (in Bulgaria, Germany and Italy only approx. one third received training by now) and between professional groups: primary school teachers, secondary school teachers and scouts received training more seldom than social workers and caregivers. 86% of professionals in all countries said that they needed training on the issue of sexualized violence.

## 4 Conclusions and recommendations

This transnational report has presented the findings of the *Culture of Care* needs analysis regarding persons who work closely with children and youth and who are likely to be the first people affected boys could turn to for support and help. The aim was to examine knowledge and skill levels of so-called first points of contact (FPC) in order to support boys affected by sexualized violence. The goal was also to find out what they need in order to be supportive and create a caring and protective environment.

The outcome of this needs analysis will be the basis for training programs for FPC to be developed. In this chapter, the findings are summarized with a focus on how the needs can be addressed through the capacity-building program (CBP), the support actions and the awareness raising campaign which will be implemented within *Culture of Care*.

For the needs analysis, focus group discussions and surveys were conducted in five European regions: Catalunya, Canary Islands and Andalusia (Spain), Styria (Austria), Berlin (Germany), Tuscany and Liguria Regions (Italy) and Sofia (Bulgaria). While the methods that were applied mostly do not allow for generalizing the results, particularly not in terms of cross-country differences, many helpful and important insights could be gathered by means of these small and diverse samples.

### ***Common and country-specific issues***

The cross-country analysis of the regional needs analyses brought to light many shared issues, concerning existence and hidden nature (invisibility) of sexualized violence towards boys, the harmful influence of masculinity concepts, misconceptions and specialized knowledge about this

topic, the lack of standardized protocols for working against sexualized violence, the emotions of FPC, and the factors of re-traumatization and trust during the disclosure process. These common issues are explained in a summarized form below, followed by issues that were especially emphasized by specific partner countries.

**Existence:** Sexualized violence is an issue

Sexualized violence directed towards boys is not a theoretical phenomenon for the FPC who took part in the surveys and focus groups. They have been involved in, confronted with, or have heard of cases of sexualized violence towards boys.

**Hidden nature (invisibility):** Sexualized violence towards boys is a hidden issue and therefore invisible in societies

Survey and focus group participants stated that sexualized violence directed towards boys is largely not part of public discourse – except in some countries, like Austria and Germany where the issue became visible in the media, in society and at political level due to some scandals – especially not in the form of prominent cases where justice was successfully granted. As a result, boys generally have a limited or no access to actions concerning prevention, detection, reporting, intervention and protection specifically designed for them. Most participants have never taken part in initiatives aimed, for example, at awareness raising about boys as targets or at improving the various services in this regard.

**Masculinity:** Restrictive gender stereotypes are a problem

All country reports emphasize the connection between violence and negative influence of restrictive gender stereotypes. These stereotypes can hinder self-awareness as a target of sexualized violence, can hinder successful disclosure, maintain harmful patriarchal power relations, might make boys and men less empowered to give space to their emotions, form trusting relationships or seek help. Influential societal concepts are mainly concerning:

- hegemonic masculinity (e.g. appearing strong and not being seen as vulnerable), and the subsequent difficulties male victims encounter in acknowledging and disclosing their experiences of sexualised violence,
- the stigma of homosexuality,
- and a tendency to downplay the impact of female perpetrators.

**Misconceptions:** Prejudices and wrong information exist

The national reports emphasized the existence of wrong information, misconceptions and myths regarding sexualized violence in general and boys and young men as targets of sexualized violence in particular. Some examples where:

- the image of perpetrators who are strangers to the boys (e.g. not family members),
- the uncertainty if female perpetrators exist and the resistances to acknowledge that when confronted with suspected cases,
- the idea that sexualized violence from women is 'sexual initiation',
- the idea that sexualized violence is the cause or the consequence of homosexuality,
- the idea that sexualised violence is the cause for becoming later on a perpetrator and that it is the unconscious source of future violence on others,
- the claim that male survivors definitely need male FCP,
- and the suggestion that it might be good to bring in the family into proving or disproving suspicions.

**Expertise:** Specialized knowledge is distributed unequally

Focus groups and survey in all countries clearly showed the need for more knowledge among FPC regarding prevention and intervention. While countries such as Germany and Austria emphasized the existing skills and knowledge of professionals, they still stated that there are varying levels of expertise and knowledge concerning sexualized violence among the different professions, institutions or within teams. Also, there can be a problem with applying theoretical knowledge in some cases: the knowledge is there but professionals remain unclear on how to apply it in everyday actions.

**Standardized Protocols:** No awareness of guidelines and processes

According to the study, there seems to be a widespread lack of clear-cut protocols regarding procedures of intervention in cases of sexualized violence in institutions which work with children. In some countries there is almost a total lack of these guidelines, in some countries they exist but not all institutions and organizations working with children have them. Also, often the existence of protocols is not communicated well, is not part of curricula in professional education, so that the professionals are not aware of them or don't know them in details. In some cases, there are child protection acts and mechanisms, but they cannot be efficiently applied because there is not even the basic skill for recognizing the violence. Also, often the protocols lack a gender perspective (e.g. they don't distinguish signals and interventions according to the child's gender). Furthermore, there is often not enough knowledge among FPC about the multidisciplinary support systems on local and national levels, about responsibilities and the legal framework, as well as the judicial procedures and about how intervention processes are organized.

**Definitions:** Lack of standardized terminology and assessment criteria

According to the study, definitions of sexualized violence are unclear and manifold. The analysis found an obvious need for a clear definition of sexualized violence, e.g. with respect to a distinction within forms of discrimination, such as heterosexism or homophobia and phenomena such as mobbing. Also, the various forms it can take with respect to language, touch, online-communication, etc. need to be addressed. A clear definition and standards for assessment enable FPC and boys themselves to better recognize sexualized violence.

**Trust:** Good relationships make disclosure possible

The analysis found that good relationships of FPC with children and supportive attitudes of FPC make disclosure possible. The need for spaces where trusting relationships can be established, where speaking in earnest is practiced, and where relationships that are not based on dependency, was emphasized. In many cases, it was reported that there is a lack of these spaces.

**Emotions of FPC:** Little or no support in stressful situations

The analysis also emphasized the stress for the FPC when they are confronted with sexualized violence. The emotions generated by cases of sexualized violence can be overwhelming: e.g. fear of making mistakes, not acting properly or generating more problems, discomfort about facing ambivalences (e.g. between offering a safe space and not taking them out of family, being honest about anonymity and the obligation to report) or being emotionally too involved to act properly, or the personal fear of legal or other consequences. Fear can prevent awareness of sexualized violence, cast doubts on the child's credibility, and mean a barrier to action. The reports emphasized the need to offer support also to the FPC.

**Re-Traumatization:** Boys are crushed by the system

The partners reported the possibility of re-traumatization in the process of disclosing and seeking

justice. There are instances where children are being 'crushed by the system', re-victimized, re-traumatized. This can be due to not being believed, long and repetitive procedures, contact with many people untrained in dealing with children affected by sexualized violence, lack of specialized professionals in all steps of the way to justice and healing, having to repeat and re-live the violence, and so on.

In Bulgaria, there are problems in the legal system concerning sexualized violence and extreme difficulties in proving and processing cases, as well as slow proceedings. As a result, there can be a lack of trust in the system and the process puts additional harm on the children, parents and FPC.

There were a number of important issues specifically emphasized in national reports: the lack of a gender perspective, the lack of codes of conduct, high-risk groups, the problem of staff turnover, problems in the legal systems and dead-end disclosure processes. While they were not present in all national reports, this does not necessarily mean that they do not exist in other countries.

They are explained below.

**Gender Perspective:** Not part of training

In Bulgaria and Italy especially, there seems to be little societal acknowledgement of how gender influences all relationships and especially sexualized violence as of yet. Also, LGBTQ-teens are usually in many cases still not perceived at all, or considered as a part of a pathology spectrum. They are not visible as a group which might have specific needs in terms of empowerment, prevention and intervention.

**Codes of Conduct:** No guidelines of appropriate and inappropriate behaviour

Partners in Bulgaria and Spain especially talked of a lack of detailed code of conduct that specifies the behaviours that are acceptable and those that are not in the relationship with minors. That they are lacking in organizations and institutions that work with children is a problem according to the reports.

**Institutionalized children and migrant children as high risk groups:** Bulgaria, Spain and Austria emphasized that there are high-risk groups to whom special attention should be paid. Namely, children and youth placed in residential care facilities or those in the juvenile prison system. In this subgroup the rate of sexualized violence is much higher than in the rest of the population. The behaviour of pre-delinquent children and youth could also be an indicator that they have suffered some type of sexualized violence. Bulgarian FPC also indicated migrant children as particularly vulnerable to sexualized violence, partly in forms of trafficking and prostitution, especially during their journey to other European countries, and partly because of their own national traditions.

**Burnout:** Overworked and under-informed Staff

Bulgaria and Italy reported high levels of staff turnover and burnout in some services, which may lead to ignoring cases or underplaying some risks and information received. The reasons for this are often a lack of resources in terms of funds, staff, trainings and supervision.

**Dead-Ends:** disclosure processes fizzle out

All countries reported that disclosure processes can fizzle out at different stages (e.g. someone talks about sexualized violence experiences, the FPC informs relevant actors, but no support is given for the affected child). This is a problem. Italy especially emphasised the need for action when confronted with sexualized violence, stating that non-intervention or bad intervention is a second form of abuse of the child.

## **Recommendations on a structural level**

The reports produced a number of recommendations aimed at a structural level, meaning measures that could be put into place by national governments and (professional) education bodies, as well as recommendations aimed at institutions and organisations.

### **Prevention through Socialisation and Education**

The reports emphasised the preventative effect of additions to the formal education curricula and efforts to socialize children with respect to certain issues. The areas identified by the reports are

- education on emotions (recognizing them, managing them, expressing them),
- education on relationships and sexuality with regards to personal boundaries,
- sexual education: this should ideally happen through external experts in school (due to their independency these settings allow more security and safety for children) and should include learning age-appropriate but clear and understandable terms for body parts (‘vulva’, ‘penis’)
- education on gender perspectives: include the gender perspective and gender sensitization in formal and informal education, pursue efforts to de-construct the harmful model of hegemonic masculinity

### **Promote Knowledge about Detection Models and Common Terminology**

There need to be common definitions, terminology and indicators regarding sexualized violence and specifically in respect to boys as targets. Existing detection models should be critically assessed in terms of inclusion of gender dimensions and emotional models. Also, a widespread awareness of these should be a defined goal. They should be included in professional training for child-related professions, and should also be made accessible for people who are in other capacities present in the environment of children (sports, school, leisure...). Education on prevention, protection and detection should also be accessible for volunteers.

### **Accessibility and Visibility of FPC**

The reports stated the need to provide low threshold settings where FPC are in fact accessible. This could be the presence of specifically trained social workers or psychologists in schools and leisure time, it could happen through activities that are not “*two people sit in an office*” (e.g. climbing together, cycling, jogging...). In schools there could be a ‘teacher of trust’-system. Regarding the visibility of FPC it is very important to make children and parents aware of whom they can turn to.

### **Spaces for Expression**

Of importance is also a space for children and young adults in which they can talk with others about troubling experiences. Schools and after school facilities should provide more spaces where emotions can be safely expressed and where children and adolescents can practice confidence.

### **Intervention Processes: Establish Protocols and Enable Cooperation and Support**

The reports stated the need to establish protocols for intervention processes and make them accessible and known to professionals and all other people working with children and young adults. Additionally, the need for cooperation and multidisciplinary work was emphasized. The individual FPC should not be left alone in responding to cases of sexualized violence, the response should be organisational and institutional. Information flow and cooperation among different support systems should be provided and maintained. Also, the need for more knowledge about the procedures of other institutions with whom the FPC often already work together was stated, e.g. the child welfare services, schools, social and health services, judicial authorities etc. There should be a low threshold support (like a hotline) for FPC where they have access to experts.

### **Better Support for Children/Adolescents during the Legal Process**

The judicial procedures within the intervention processes should be accompanied by protection and support services for the affected person in order to make it less invasive and traumatizing. Specific recommendations are videotaping interviews to prevent having to repeat the story and having a central place where professionals meet the child, instead of child travelling to many places.

### ***Findings about the needs of children for disclosure and healing***

*Culture of Care* aims at activating all the valuable resources that adults who, professionally or voluntarily, work with children and young people; the resources of women and men who try to take care of boys and educate them to take care of themselves and those around them, creating a 'culture of care'. This culture of care revolves around the needs of children and young adults. The national analyses brought important findings regarding these needs, especially with respect to disclosure and healing. They are detailed in bullet-point format below.

- trusting relationships are a requirement for disclosure
- safe spaces tend to be those which are apart from the regular environment of child, also often outdoors
- children disclose more easily to people with whom there is no relationship of dependence (e.g. rather to the school cook than the teacher)
- offers to communicate and help are necessary and these offers have to be made repeatedly
- confidentiality and anonymity play an important role but are sometimes hard to guarantee
- honest communication with children/young adults about the process is important: do not promise anything that will not be fulfilled
- healing needs certain conditions, such as feeling safe, being taken seriously and seeing justice is done
- a good relationship of professionals with the family (if they are not the perpetrators) is important: children scrutinize these relationships closely when deciding if they can trust the FPC
- information about support processes such as therapy, counselling, social workers etc. should be provided in easy language and made visible in children's environments

These factors should be communicated in the capacity building program (CBP) and influence the campaign and support actions targeting boys.

### ***Recommendations regarding CBP, campaign and support actions***

Regarding the project's next steps, the reports produced a number of recommendations. Data show that focusing on creating a 'culture of care' means giving FPC the information and training needed to be able to feel more capable and adequate when facing a possible case of sexualised violence in their environment. This will happen through the capacity building program (CBP). The support actions will be implemented by the FPC together with boys, and the awareness raising campaign will target primarily minors. The recommendations for CBP, campaign and support actions are as follows. It should include information on:

- children's rights
- the issue of dominance relations, group dynamics and exclusion and how these characteristics are related to different positioning and social markers (age, gender, migration,...)

- methods and strategies to employ in work with children which de-normalise gender stereotypes which often legitimise violent relationships and/or are enforced through violence
- the specific impacts that masculinity has or can have on boys and young men as survivors of sexualized violence
- methods and attitudes to act preventatively in everyday work, strengthen children and youth in order to foster their resilience and empower them
- how to become and remain aware of the issue and recognize signals of sexualized violence at an early stage, e.g. through checklists for individual institutions
- the many distinctions and forms of sexualized violence (among them physical violence, penetration; but also manipulation, coercion or lies, inappropriate looks in a changing room, inappropriate sexual comments for the child's age, new forms of aggression, extortion and sexualized violence that occur with the use of information and communication technologies)
- how to carry out secondary prevention (e.g. prevention of reproducing violent behaviour and non-healthy behaviour)
- knowledge about dynamics of dependency that can lead to a loyalty of children and youth with perpetrators
- knowledge about supportive factors for disclosure of survivors
- different responsibilities and competences of the various actors, so that FPC can recognize their roles and boundaries and know when to involve other colleagues or external support
- the knowledge of the existing legal framework, legal obligations applying to them (as the duty to report), reporting and intervention mechanisms, the existence of guidelines and protocols on detection and reporting
- how to manage the active involvement of boys after disclosing, how to give them a feeling of control and knowledge about the coming steps
- how to manage personal emotions when confronted with cases (fear, anger, helplessness, frustration, feeling left alone) and how to self-care
- which local and national support services/networks exist

The CBP should have the following characteristics:

- it should recognize prior knowledge and expertise of the participants and build on existing knowledge
- it should have a participatory approach, taking into account the specific needs of the FCPs and involve them, e.g. in the process of designing the materials for the campaign, in formulation of clear-cut protocols for the institutions where they work
- it should include working on a clear and common terminology, definition, distinctions between forms of violence and discrimination
- it should address common myths, prejudices and misconceptions about boys and sexualized violence in order to dismantle them (myths are transmitted to children and prevent detection and disclosure and appropriate action)
- it should emphasise the child-centered-approach: needs and wishes of the children and youth are the main priority in interventions, harm is to be prevented
- it should include working on relationships and attitude towards (potential) male survivors of sexualized violence (e.g. via self-reflection, biographical work)

- it should provide guidelines on how to talk to survivors and what to do in cases of disclosure and include exercises in which personal reactions and attitudes can be reflected on
- it should offer help in bridging knowledge and action: practical guidelines on how to apply the knowledge they had gained into their everyday activities and where to implement them
- it should include interdisciplinary and inter-sectoral sessions, to have moments of dialogue and exchange with representatives of other organisations and services, valuing the role of every profession within the training
- it should offer materials which FPC can distribute among children



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## ANNEX 1: Guidelines for focus groups

### CoC Methodological framework: Focus Groups with FPC

Method:

3-5 groups with 6-8 professionals each (per country)

Duration: ~2h

#### Information about the Institution

After selecting the institution (primary school, secondary school, youth work outside school), we may have a first meeting with e.g. the head and/or representatives of the institution, in which we clarify different aspects of the **institution** such as:

- Focus of our institution (objectives, activities)
- Organizational history and background
- Target and target group of the institution
- Professionals (education, occupation, gender,...)
- Work concept (scientific background, paradigm, ...)
- Contact person for children/youth in case of troubles (FPC)
- Violence protection concept, if it exists
- Potential participants of focus group discussion with professionals (organigram?)
- Timeframe (setting)
- Feedback of results/benefit (CoC country report/ CBP)

*Make notes and write minutes!*

After this first meeting, we select members for the focus group discussion and make an appointment

#### Frame conditions for the focus group discussion

- **Statement of consent.** The interview should be audiotaped, there needs to be a statement of consent by the group participants proving that they were informed about the project goals and activities, the purpose, characteristics and scope of their participation, the voluntary character of their participation (and the possibility of refusing to participate at any time with no consequences) and the use of the data obtained. Their anonymity should be guaranteed. The interview should be audiotaped.
- **Age** of boys these professionals work with: Age 5 – 18.
- **Participation and Knowledge.** Professionals, who take part in the focus group discussion should have certain knowledge and experience in the field of interest (social workers, educators, gender experts, children's rights experts, ...). Get in contact with potential participants and ask them whether they want to participate. Focus group consist of professionals of one facility, but we can also do focus group discussions with representatives of more than one facility/ organization/ institution. Mixed groups might show a broader range of potentially FPC.
- **Setting.** We suggest to carry out the focus group in a setting that happens on a regular basis (such as a regular group meeting). This might make it easier for the professionals to take part.
- **Interviewer:** The focus groups should be facilitated by two interviewers: 1 moderator and 1 other person taking notes (atmosphere, problems within the discussion, etc.).

- **Post-protocol:** Please write a post-protocol after each focus group that includes information on how the group was organized, who took part in the discussion, the interviewer's impression of the interview atmosphere and other information that might be relevant and might not appear on the audio record.

## Guideline

**Intro and common understanding.** The focus group will start with a short **introduction to the project** and its aims. Give a short introduction on the main topic of the project, its objectives and activities (includes the child-centred and gender sensitive approach). The more the participants know about the aim of our project, the better they are able to answer our questions!

We should also explain **how the group is going to be organised**. We will have to explain them that we will not ask specific question, but that we will rather ask general questions and that then they are free to discuss them.

We ask them to think about their **work context**, to give us **examples** and concentrate on the situation of **boys**.

**1. OPEN THE FIELD WITH A BRAINSTORMING METHOD (HELP THEM TO ENGAGE).** There should be an initial question that aims to prompt the group discussion. Start with a brainstorming method, use the flipchart. We suggest to start with two brainstorming question (Write the answers on the flipchart):

- First: *What do you think is sexualized violence?*
- Second: *What do you have in mind when you hear sexualised violence against boys?*

**2. FOLLOW WITH AN EXPLORATION QUESTION.** *If you think about your work experience: In which ways are you confronted with boys victims of sexual violence? Have you ever been a person first contacted by a boy who was affected by sexualised violence?*

**3. SIGNALS.** *Could you tell us which signals did/do you recognize in the behaviour of a boy you work(ed) with as possibly or clearly indicating him being a victim or at risk of sexual violence?*

**4. RESPONDING STRATEGIES.** *How do you react when you think a behavior could be connected with sexual violence, a boy has experienced/is experiencing /might experience? Which methods do you use to help him disclosing it? How do you think, professionals can support the child/ youth to overt their experienced sexual violence? Differences between certain FPC (e.g. social worker vs. teacher in one school)?*

**5. GENDER.** *What does a boy who experienced sexual violence need for disclosure? What role does GENDER play in these processes? Does the gender and age of FPC play a role? In what ways are support-strategies oriented on the situation of boys?*

**6. STRUCTURAL SETTING.** *Which STRUCTURAL SETTINGS help a boy to disclose sexual violence? What does your institution offer? Is there any standardised protocol within your institution to deal with a stated or suspected violence of male children? Different responsibilities (e.g. teacher, social worker, management)?*

**7. NEEDS / KNOWLEDGE.** *Are there SITUATIONS IN WHICH YOU DON'T KNOW how to deal with boys victims of sexual violence? Do you think you need a certain knowledge or competence in order to deal with these challenging situations? What supportive instruments should be offered and developed? Which knowledge, experience, attitude and language should a FPC have? And how could a FPC gain them? Which tools could be offered (trainings, supervision, support groups...)?*

**8. SOLUTIONS.** *What are solutions or strategies when working with boys victims of sexual violence? What do you propose? What should be done? In specific cases: What would have helped?*

**9. ADD.** *Do you want to add anything to the topic?*

**THANK YOU FOR THE FOCUS GROUP DISCUSSION!**

## ANNEX 2: Questionnaire

### Questionnaire Culture of Care

Conducted by (include partner institution)

June 2017

Dear Sir or Madam,

The project *Culture of Care* focuses on the protection and support of male children and adolescent affected and potentially affected by sexualised violence in close relationships, institutions, public space, and other environments, from a child-centred and gender sensitive approach. The project aims to raise awareness about male children and adolescents affected and potentially affected by sexualised violence and to improve the support boys receive from First Point of Contacts (professionals in schools, youth welfare services, port centres, etc.). *Culture of Care* is supported by the European commission and involves five countries: Germany, Austria, Spain, Italy and Bulgaria. The XXX is partner institution in XXX (enter country), which conducts this survey as part of the needs assessment. The objective of the survey is to collect data for determining and analyzing what knowledge and skills professionals working with children already have to support boys being potentially affected or are affected by sexualised violence and what they lack in terms of training and information, in order to be supportive and create a caring and protective environment for potentially affected and affected persons.

The questionnaire is anonymous. Completing the questionnaire will last approximately 20 minutes. If you have any questions, do not hesitate to contact us:  
Contact: include e-mail

**We thank you in advance for your time and for sharing with us your experience, ideas and thoughts on this issue!**

## About you and your professional environment

1. How many inhabitants has your town/ your community?

- ☐ up to 10.000  
☐ 10.001 – 20.000  
☐ more

2. What is your gender?

- ☐ female    ☐ male    ☐ other \_\_\_\_\_

3. What is your age?

- ☐ under 25    ☐ 26-29    ☐ 30-39    ☐ 40-49    ☐ 50-59  
☐ 60 or older

4. What is your profession?

- ☐ Teacher of primary school  
☐ Teacher of secondary school  
☐ Social pedagogue  
☐ Psychologist  
☐ Pediatrician  
☐ Social worker  
☐ Judge  
☐ Lawyer  
☐ other: \_\_\_\_\_

5. What is the highest level of formal education that you have completed? Please mark one choice.

- ☐ Secondary school  
☐ University degree  
☐ Masters degree  
☐ PhD  
☐ other: \_\_\_\_\_

6. What is your employment status?

- ☐ permanent employment (an ongoing contract with no fixed end-point)  
☐ fixed term contract  
☐ freelancer  
☐ insignificant work contract  
☐ other: \_\_\_\_\_

7. How long have you been working in your actual role?

- ☐ this is my first year  
☐ 1 – 2 years  
☐ 3 – 5 years  
☐ 6 – 10 years  
☐ 11 – 15 years  
☐ 16 – 20 years  
☐ more than 20 years



8. In which type of organization do you work?

- ☐public  
☐private  
☐association  
☐I am autonomous professional  
☐other: \_\_\_\_\_

9. Please specify the organization you work for (e.g. youth center, secondary school, other):

\_\_\_\_\_

10. How many persons work in your organization?

\_\_\_\_\_

11. What kind of work do you do with children?

- ☐teaching regular courses (e.g. Maths)  
☐work in the school as teacher for children with disabilities  
☐work with children in informal setting (e.g. recreational centres, street work, etc.)  
☐work with children in residential care facilities  
☐work with children in sport centres  
☐work with children in protection services/ health services / phone consultation  
☐other: \_\_\_\_\_

12. What is the prevalent gender of the children you work with ?

- ☐female      ☐male      ☐other: \_\_\_\_\_

13. What is the prevalent age group of the children/youth you work with?

- ☐3 - 5      ☐6 - 10      ☐11 - 14      ☐15 - 18

14. In which way does the gender of the children/ youth influence your work?

15. How can a society reach gender equality?

- ☐Men and women are mainly similar and have to be treated equally in order to reach gender equality.  
☐Men and women are completely different and have to be treated differently in order to reach gender equality.  
☐The dichotom gender concept (men - women) has to be replaced by a concept, which includes the diversity of gender. This should be the basic ground for measures directed towards gender equality.  
☐Gender has to be taken into account in intersection with divers social marker (gender, sexual orientation, ethnicity, ...) in order to reach gender equality.

## Sexualised violence against boys

16. What do you define as sexualised violence against children? Please give examples.

17. How likely do you think is sexualised violence against boys?

☐not at all      ☐a little      ☐somewhat      ☐very      ☐extremely

18. Do you think that the gender of children/ youth influences the **experience** of sexualised violence?

☐yes      ☐no

Please explain your answer.

19. Do you think that the gender of children/ youth influences the **main effects** of sexualised violence?

☐yes      ☐no

Please explain your answer.

20. What do you recognize as **main needs** of the male child victim?

21. Do you think that the gender of the child/youth has an influence on the **willingness to disclose** sexual violence?

☐yes      ☐no

Please explain your answer.

22. To what extent are you aware of the legal provisions and mechanisms for protection against sexualised violence of a child?

- ☐ I am not aware at all.
- ☐ I am generally aware but don't know details.
- ☐ I am aware of some details but I am not sure.
- ☐ I am very aware with all details.

23. Concerning your organization/work, do you recognise potential barriers for boys to report sexualized violence?

- ☐ yes                      ☐ no

Please explain your answer.

### **Experience**

24. Did you receive training on the issue of sexualisend violence against children?

- ☐ yes                      ☐ no

25. Have you ever been confronted with a case of sexualised violence against children?

- ☐ yes                      ☐ no

26. If yes, in particular, have you ever been confronted with a case of sexualised violence against a boy?

- ☐ yes                      ☐ no

27. If you have to deal with a case of sexualised violence against a boy:

-  
... what are your main worries?

28. If you have to deal with a case of sexualised violence against a boy:

**... what could support the situation for you?**

29. In such a case, would you cooperate with other institutions?

☐yes                      ☐no                      ☐I don't know

30. If yes, with which type of institutions?

☐Health services

☐Social services

☐School

☐Associations

☐Hospital

☐Police

☐Juvenile Court

☐Other: \_\_\_\_\_

31. Is there any standardised protocol within your institution, which you would have to implement in order to deal with a stated or suspected sexualised violence of boys?

☐yes                      ☐no                      ☐I don't know

32. If yes, which are the main contents of the protocol?

☐description of the behavioural, physical and psychological signs which may lead to a suspicion of sexualized violence

☐how to behave with the child victim

☐what to do for reporting case

☐description of the main effects of sexualised violence

☐description of the role of the various actors intervening for protection

☐Other: \_\_\_\_\_

33. On the professional side, which are the main obstacles to intervene and detect cases of male children affected by sexualized violence?

34. Do you need training on the issue of sexualised violence against boys?

☐yes                      ☐no                      ☐I don't know

35. If yes, on which of the following topics do you need training?

4= to a very large extend; 3= to some extend; 2= to a small extend; 1= not at all

	4	3	2	1
how to detect the cases (read signals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
coping strategies of male affected children/ youth				
the short-term and long term effects of sexualised violence on child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
the short-term and long term effects of sexualised violence against boys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
how to behave with male affected children/ youth				
what to do for reporting a case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
description of the role of the various actors intervening for protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

36. In your opinion, what should your organization do for the prevention on this phenomenon?

37. Is there anything else you want to add?

If you want to receive information about the results of culture of cure, please write your email here:

.....

**THANK YOU very much for answering and for returning the filled in questionnaire!**