BRIDGE

Building Relationships through Innovative Development of Gender Based Violence Awareness in Europe

Strengthen the response to gender-based violence affecting children and youth on the move

Data Analysis Report - Belgium

December 2019

DÉFENSE DES ENFANTS INTERNATIONAL BELGIQUE
LE MOUVEMENT MONDIAL POUR LES DROITS DE L'ENFANT

The BRIDGE project is coordinated under the lead of Terre des hommes Regional Office for Europe

In Belgium, the project is implemented by Defence for Children International Belgium, in close partnership with FEDASIL and collaboration with the Belgian Red Cross.

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DÉFENSE DES ENFANTS INTERNATIONAL BELGIQUE
LE MOUVEMENT MONDIAL POUR LES DROITS DE L'ENFANT

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BRIDGE

BUILDING RELATIONSHIPS THROUGH INNOVATIVE
DEVELOPMENT OF GENDER BASED VIOLENCE AWARENESS IN EUROPE

Defense for Children International (DCI) - Belgium launched the BRIDGE project in October 2018 for a two-year period (September 2020).

The main objective is to strengthen the response to gender-based violence (GBV) against migrant children in Europe.

Migrant children are particularly vulnerable to gender-based violence in the country of origin, during their migration journey and in transit or destination countries.

Several reports, including research conducted by the European Union Agency for Fundamental Rights, have shown that these forms of violence are a major issue for women and girls who migrate.

Gender-based violence includes early and forced marriage, sexual violence including rape, prostitution, domestic violence, physical violence and all forms of female genital mutilation or other harmful traditional practices.

The majority of migrant women and girls have suffered some form of violence, including in the country of destination, sometimes as a result of the attitude of host authorities, border control authorities or asylum authorities.

Research also shows that professionals are generally poorly trained in these issues, both in terms of victim identification and care.

This project therefore aims to address this major problem by collecting data, raising awareness among care professionals, strengthening their capacity to respond adequately to victims of gender-based violence and ensuring the participation of children and young people in the fight against this phenomenon

OBJECTIVES

- ✓ Enhance the availability of reliable data on gender-based violence against migrant children.
- ✓ Develop knowledge and skills of aid professionals to raise their awareness and enable them to deal with specific forms of GBV against migrant children and youth.
- ✓ Support and promote multi-agency collaboration and learning about GBV against migrant children and youth through a regional community of practice.
- ✓ Strengthen the capacity of migrant children to establish positive relationships, raise their awareness of GBV and support them in reporting, prevention, mitigation and solutions.

A. Introduction

The main objective of the "Building Relationships through Innovative Development of Gender Based Violence Awareness in Europe (BRIDGE)" project is to strengthen the response to gender based violence (GBV) against children and youth on the move. One of the concrete objectives being to "enhance the availability of reliable data on GBV against migrant children".

Migrant children are particularly vulnerable to gender-based violence in the country of origin, during their migration journey and in transit or destination countries. Several reports, including research conducted by the European Union Agency for Fundamental Rights, have shown that these forms of violence are a major issue for women and girls who migrate.

Gender-based violence includes early and forced marriage, sexual violence including rape, prostitution, domestic violence, physical violence and all forms of female genital mutilation or other harmful traditional practices. The majority of migrant women and girls have suffered some form of violence, including in the country of destination, sometimes as a result of the attitude of host authorities, border control authorities or asylum authorities.

Research also shows that professionals are generally poorly trained on these issues, both in terms of victim identification and care.

This project therefore aims to address this major problem by collecting data, raising awareness among care professionals, strengthening their capacity to respond adequately to victims of gender-based violence and ensuring the participation of children and young people in the fight against this phenomenon.

The project has been designed to ensure complementarity of the results through four key approaches: Data Collection; Capacity Development; Awareness Raising and Regional Community of Practice.

Data collection

To increase the availability of accurate data on GBV affecting children and youth on the move, the project has developed two questionnaires (for care professionals and for children and youth on the move) which have been encoded in a user-friendly Mobile Data Collection (MDC) tool and which has been deployed in the project countries to collect data. The MDC tool uses technology to gather data electronically; this has several advantages: improved data quality allowing for more accurate interpretation; faster data entry; immediate availability of results for analysis; easily replicable; cost effective; available in multiple languages.

The staff of DCI-Belgium has been trained to make the best use of the tool and ensure its proper implementation in data collection activities.

The data collection and its analysis is an important dimension of the project since it aims at providing the baseline for the project, providing more insight for example on instances when GBV occurs, current

knowledge gaps on GBV amongst professionals and levels of awareness amongst children and young people on GBV.

Data are to be gathered and analysed on three occasions during the project: one time between September and November 2019; a second time between January and February 2020; and the last time between April and June 2020. A report will present and analyse the results of each data collection and draw conclusions and recommendations to feed in the other activities of the project. It is planned for the third report in Belgium to consolidate all the data collected and realise a more in depth analysis, crossing several variables.

This is the first report after the data collection realised between September and November 2019.

Both children and young migrants (24) on the one side and professionals (27) on the other have been interviewed and asked to fill in a multiple-choice questionnaire (using the Linert format) presented on a mobile device. The professionals fill it in themselves, with the support of the Belgian team while the data collectors filled in the questionnaire for the children and young migrants. While the sex of the data collector may have had an influence on the answers from the children, every precaution has been taken to put the children at ease and to avoid affecting the way they respond. Of course, everyone had the opportunity to ask to be questioned by a person of either sex.

In some cases (6 out of 24), there was a need to ask for the support of an interpreter. In most of the cases, this was done by a professional translator, experienced and trained. In a few cases (2), this was done by a member of the staff of the accommodation centre or by a friend of the child. Even if we went for the best translation, we know that this may have had some influence on the understanding of some questions, and thus on the responses that were given.

This report highlights the general tendencies on the level of conceptual knowledge about GBV in both of these groups; the perception and attitudes towards GBV; and the main practices towards GBV.

The results of the analysis of the collected data will serve to sensitise professionals working in accommodation centres, reinforce their capacities to answer to the victims of GBV, to guarantee the participation of children and young migrants in the fight against this phenomenon and orient the questions that will be analysed in depth during the next data collections.

B. Results emerged from the research data on children

I. The questionnaire

The children's questionnaire had been specially adapted to each age category (children under 9 years of age, children 9-14 years of age and young people 15-24 years of age). In addition, ethical standards for collecting data from children were scrupulously respected. To this end, a protocol of consent was signed by each child who had freely expressed a willingness to participate in this survey[1]. They were told by the investigators that they could stop their participation at any time. More information was provided according to DCI Belgium ethic guidelines when conducting research with children[2].

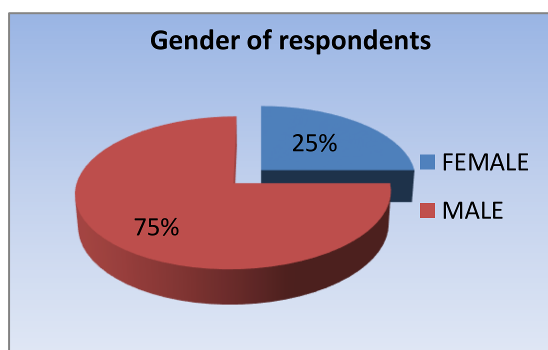
In total, 24 children have agreed to answer to the questions and they all agreed to answer to the cases that were presented to them. This tends to show that they felt at ease and in a trustful relation with the data collectors.

It should be noted that the sample of persons questioned is not intended to be representative. The ratio between boys and girls, age groups, countries of origin, being alone or not, etc. does not correspond to the composition of migrant children in Belgium.

Similarly, the small number of respondents does not in any way allow general conclusions to be drawn, but rather to reveal some trends, to give indications, to help guide the project and to integrate the point of view of the children (and professionals) in the implementation of the project.

II. General respondents' information

i. Gender of respondents

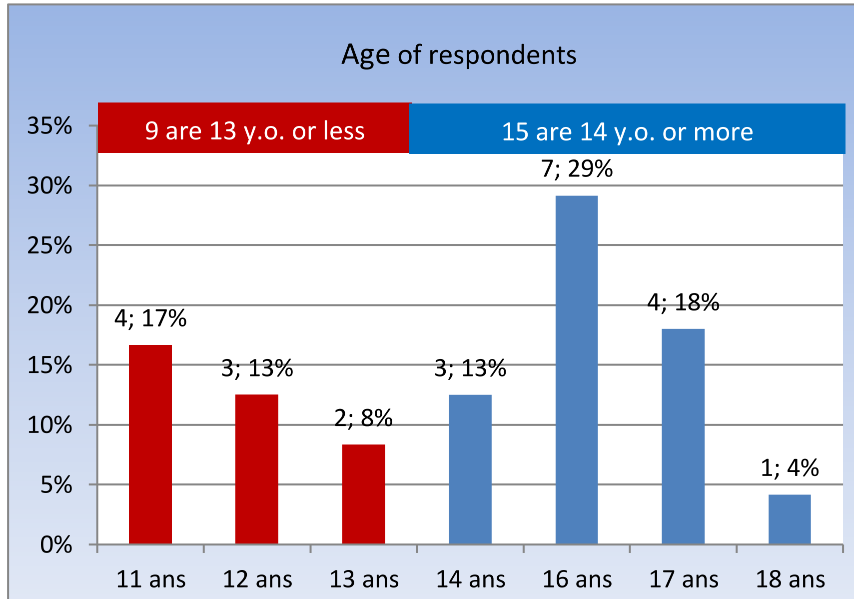


Out of a total of 24 respondents to the questionnaire, 6 (25%) are female and 18 (75%) are male. The high percentage of boys may have an impact on the responses to some sensitive questions.

Although the questionnaire had provided for the "other" option and/or this question was not mandatory either, all children responded by choosing one of the two main "boy/girl" options.

[1] See annex 1: the sample of the consent form that was used; it was presented to all children with all the oral explanations; the data collectors made sure that every child fully understood it and felt at ease, also to refuse to answer in total or to some specific questions.
[2] See annex 2 : the DCI-Belgium's "guide to ethical research involving children" used for this data collection.

ii. Age of respondents



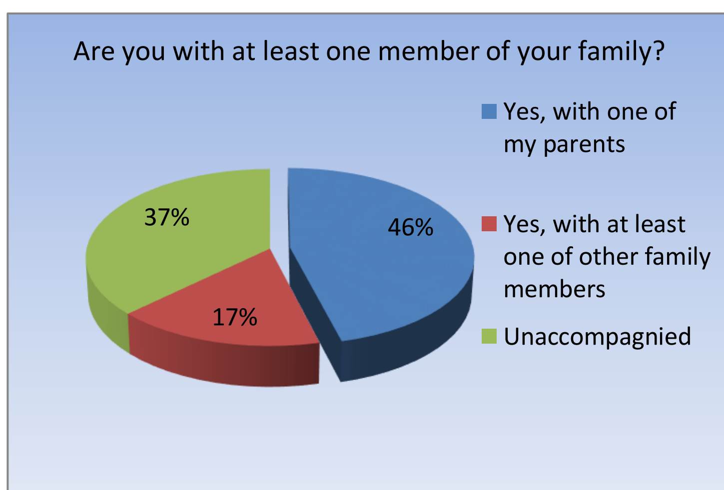
52% of children are between 16 and 18 years old, while 48% are between 11 and 14 years old. These children come from African countries as well as the Middle East and Asia, mainly from Afghanisan, Iran, Morroco and Guatemala.

Note that there were three categories of age: under 9, between 9 and 14 and between 15 and 24. The questions that were submitted to each categories were adapted to the age of the respondents (there were more cases for the oldests ones). In this case, there were no children under 9 (the youngests were 11 while the oldest was 18 y.o.); there were 9 children 9-13 y.o. and 15 children in the range 14-24.

It's worthed to notice that all children were sure about their age (while sometimes migrant children don't know their exact age).

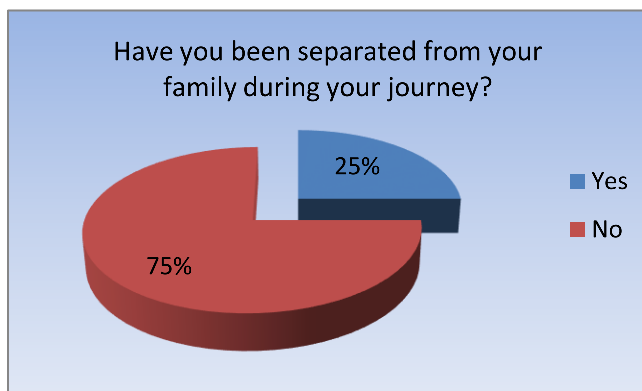
III. Vulnerabilities related to GBV

Question: Are you with at least one member of your family?



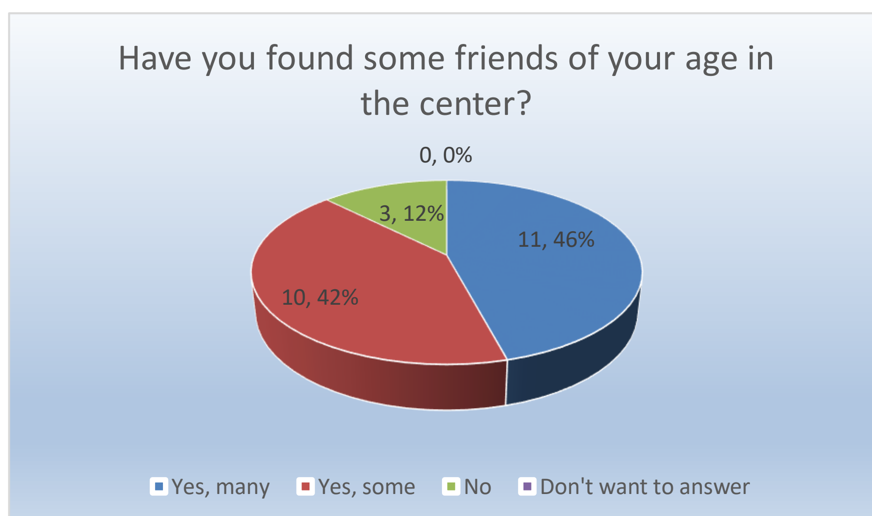
- 46% of children are accompanied by their father and/or mother, 17% of children are accompanied by either an uncle, sister or brother. 37% of children are unaccompanied. This being the case, in Belgium, the support and accompaniment arrangements for unaccompanied children are often considered more inclusive (in terms of appointing a guardian, specialised reception and accompaniment, etc.). The consequence of this is that, in some respects, children accompanied by a family member are treated less favourably than separated children.

Question: Have you been separated from your family during your journey?



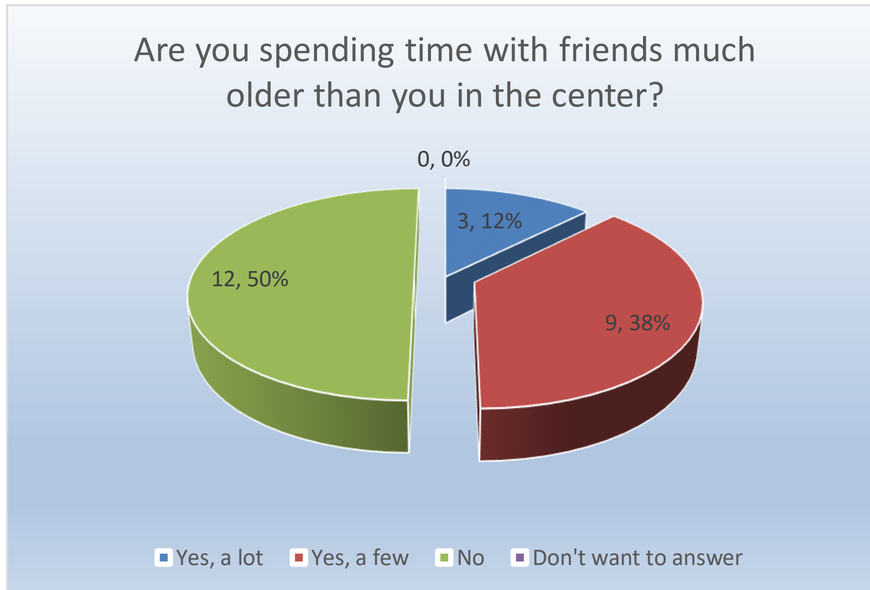
- 25% of children report that they have been separated from family members during their migratory journey. This percentage is lower than that of unaccompanied children. This may mean that a good number of unaccompanied minors left their country of origin alone and did not become unaccompanied during their migration journey (1); however, it is not possible to derive from this how many children were separated temporarily and subsequently reunited with their parents. This may also be linked to the fact that some of the children's parents deceased during the journey, which children do not always conceive has "having been separated".
- Among these children (N=24), there are two boys (8%) who do not attend school.

Question: Have you found some friends of your age in the center?



- The vast majority of the children interviewed (21/24) said they had met either many (11/24) or some (10/24) friends of their own age in the centre. Only three respondents said they had not met any. We know that having friends to whom one can ask for help, to whom one can confide, is very important to feel safe. On the other hand, not having any friends your own age could increase your vulnerability.

Question: Are you spending time with friends much older than you in the center?



- Half of the children surveyed say they spend time with young people older than themselves (over 5 years older than them) either a lot (3) or a little (11), while the other half answer in the negative. Here again, this is an element that can increase vulnerability if it appears that there is an imbalance of power due to the age difference.

Question: How are you spending time with your friends?

As for how they spend time with friends, the answers are quite varied. While many young people cite many activities (sports, drawing, handicrafts, going to the movies or the theatre, walks, visits, etc.), many say they only talk.

This depends of course on age (the youngest cite more fun activities and the oldest cite sporting activities), but also on what is offered by the centre, and even on what is accessible (one of the centres is quite far from the first town, which severely limits the range of activities on offer).

Question: Are you attending school?

Of the 24 children interviewed, 22 confirm that they are attending school. Considering that they are all under 18 years of age and therefore subject to compulsory schooling in Belgium, it is logical that almost all of them attend school, which is also a key element of integration. On the other hand, it is very worrying to note that two of them say that they do not go to school. And these are unaccompanied children. The information was confirmed to us by the centre's staff: unaccompanied minors are not enrolled in school, are often almost 18 years old, and are in a precarious administrative situation. Therefore, the centre does not take any steps (it would even be discouraged to do anything) to try to regularise their schooling situation.

Question: Do you have any specific needs that you want to share with me?

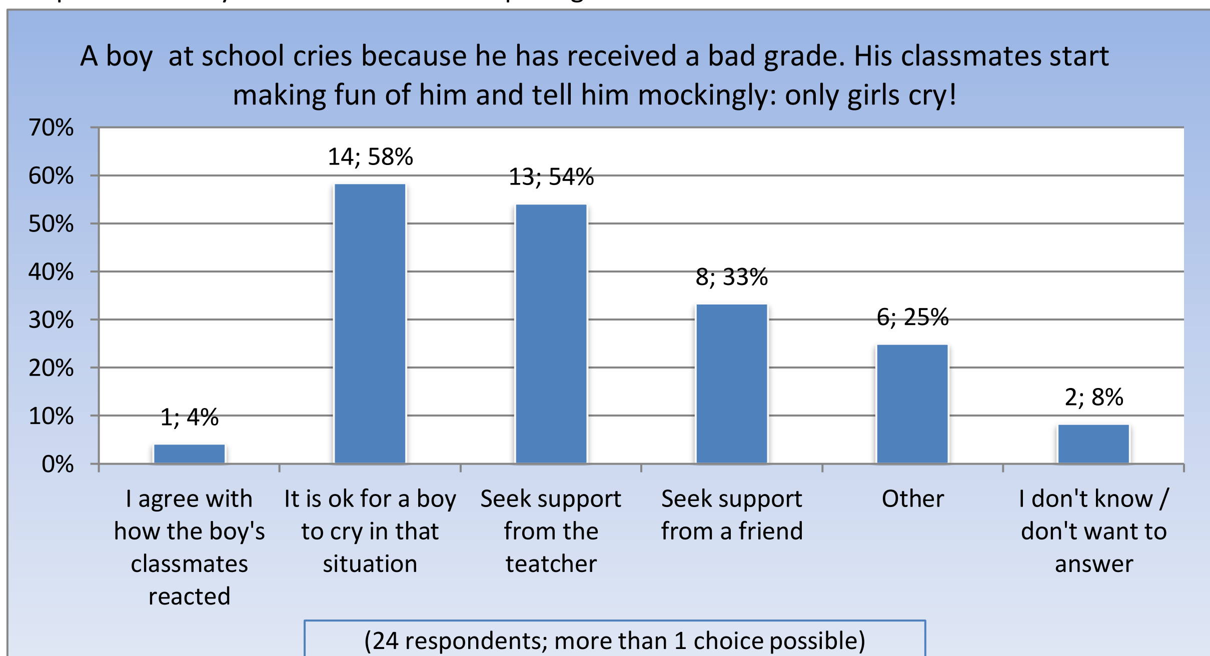
Finally, none of the children interviewed reported any specific needs to be shared (disability, pregnancy, etc.). Only one child answered that he needs help to regularize his papers.

IV. Attitudes toward GBV

In order to assess attitudes towards GBV, three examples of concrete situations are proposed and children indicate their point of view. It should be noted that for this question requiring more than one answer, the results are evaluated in terms of frequency and the percentage corresponds to the observed frequencies over expected frequencies (number of respondents) times 100.

Example: A boy at school cries because he has received a bad grade. His classmates start making fun of him and tell him mockingly: Only girls cry!

The results show that many children (14 out of 24) find it 'normal' for the boy to cry in this situation. This result contradicts stereotypes that suggest that society prevents boys from crying. The views of the predominantly male children are compelling.

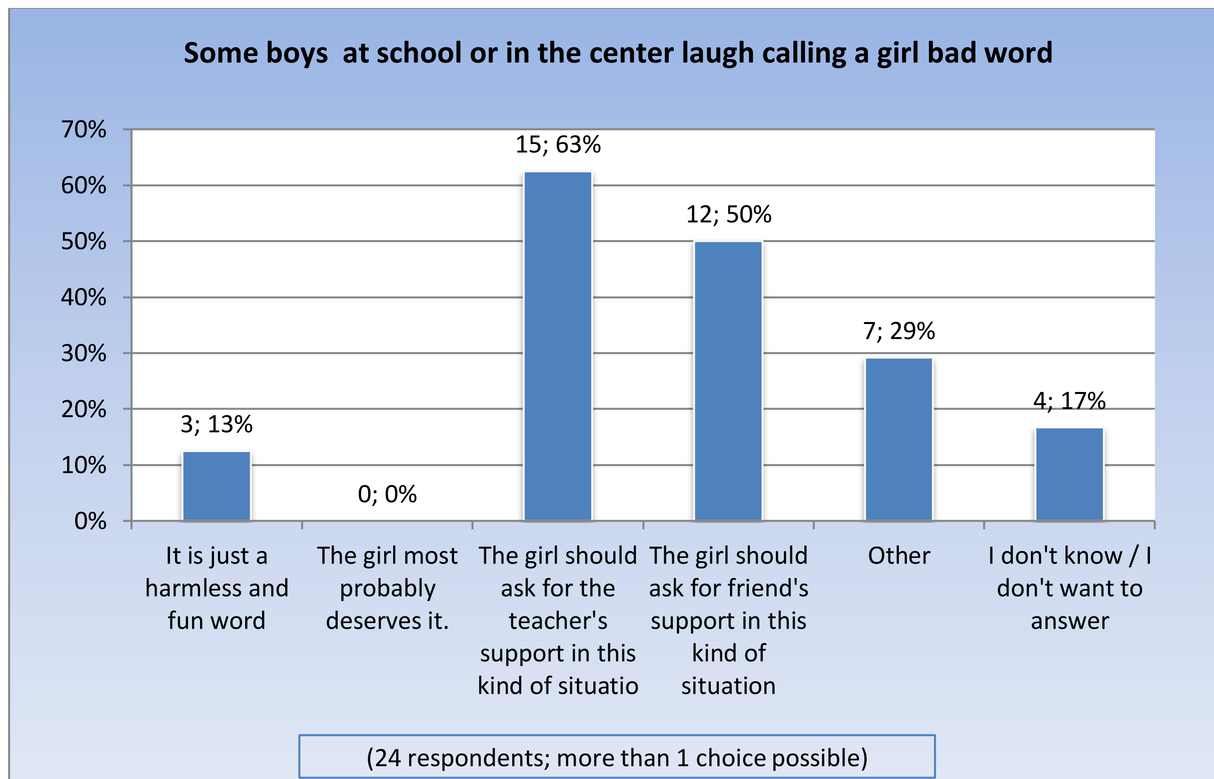


- Quite a large number (13 out of 24) agree with the act of asking the teacher for support. This may be a sign of a desire to get out of the situation on the one hand, and a sign of attachment on the other. A lower number suggest to seek support from a friend (6 out of 24). The friends appear here less able to provide support.

- Other strategies for action were indicated by the children. For example, changing schools or classes, intervening to ask the moking children to stop or suggesting that the child who is crying should make efforts. Only one case of indifference was noted through the answer 'I don't care'.

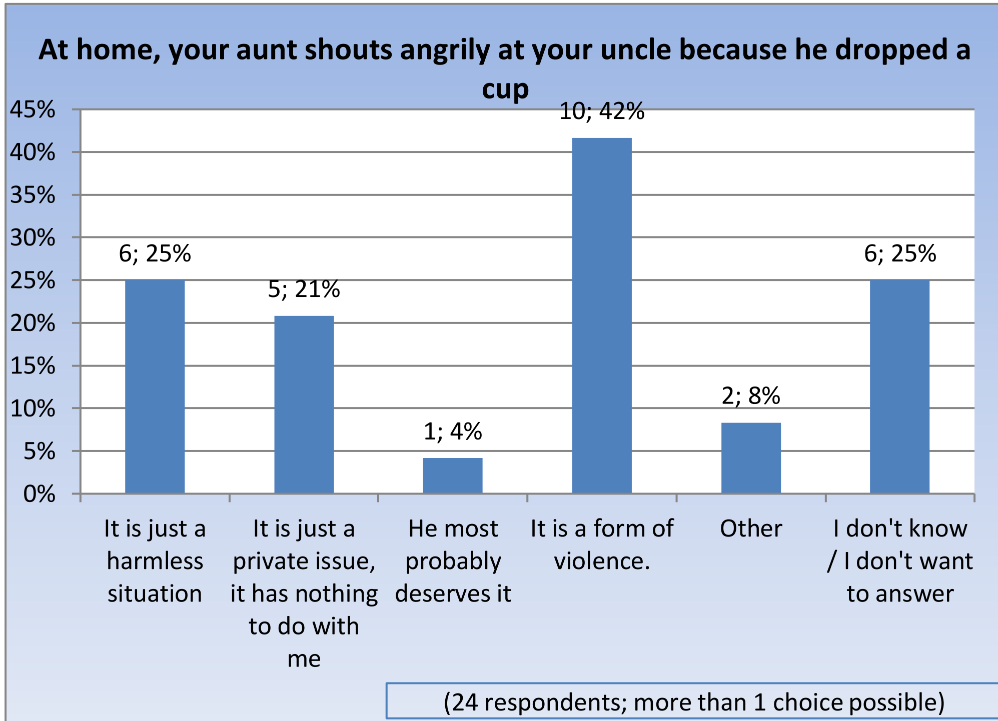
- Only two children answered that they don't know or don't want to answer.

Example: Some boys at school or in the center laugh calling a girl bad word



- The results show overwhelming support for the use of teacher assistance (15), which would be the point of attachment attachment and shows that teachers may be perceived as trustable and reliable. Support from friends (12) is a possibility in one example involving a girl, whereas no one mentioned it in the previous example involving a boy. This could mean that the gender of the subjects in the examples may influence the answers. Further analysis in this respect will be carried out in the 3rd report.
- New strategies were suggested by the children (7). These included calling the police or the family, asking parents for help or talking to 'people at the centre'. A few statements were given like: "I help the girl if I can; it's not just she can talk to the people at the centre. All these strategies indicate a desire for protection".
- It is very encouraging to notice that none of the children interviewed consider that the girl deserves what is happening to her.
- One child answered 'don't feel'. To the previous proposal he showed the same tendency (don't care).

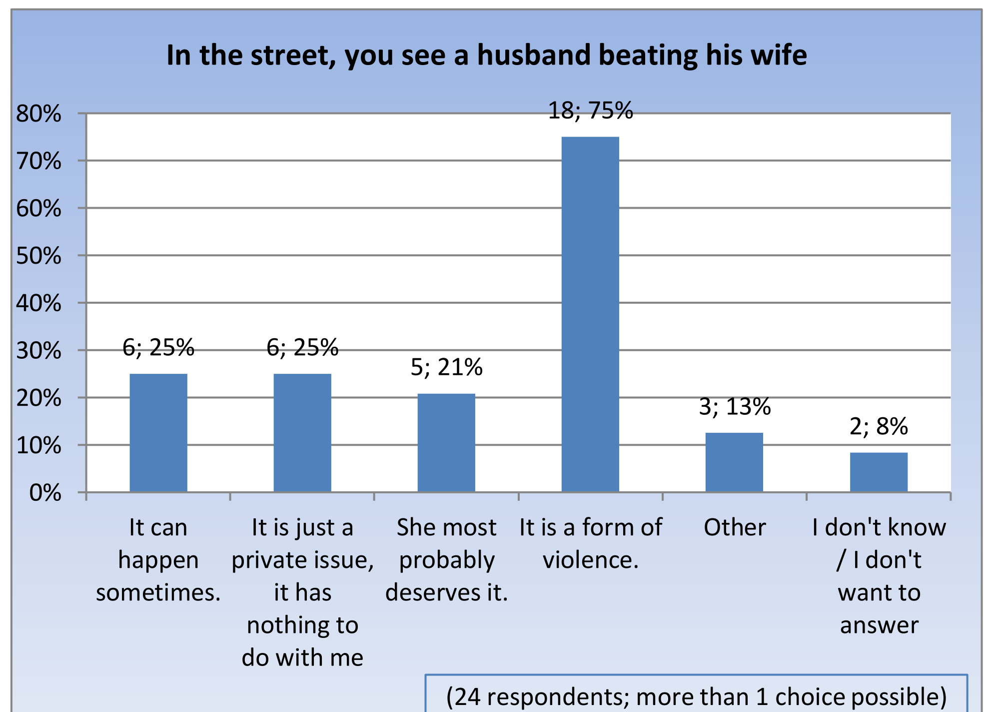
Example: At home, your aunt shouts angrily at your uncle because he dropped a cup



- 6 children consider the situation harmless. This could likely be an expression of guilt (children do not interfere in adult matters). The 5 endorsements of the next option 'private issue' confirms this suspicion.
- 10 children acknowledge that this is violence.
- There are 6 people who don't know. Several hypotheses can be put forward including hesitation or non-interference.
- Among the "other" (2), children think that the aunt should not cry.

Example: In the street, you see a husband beating his wife.

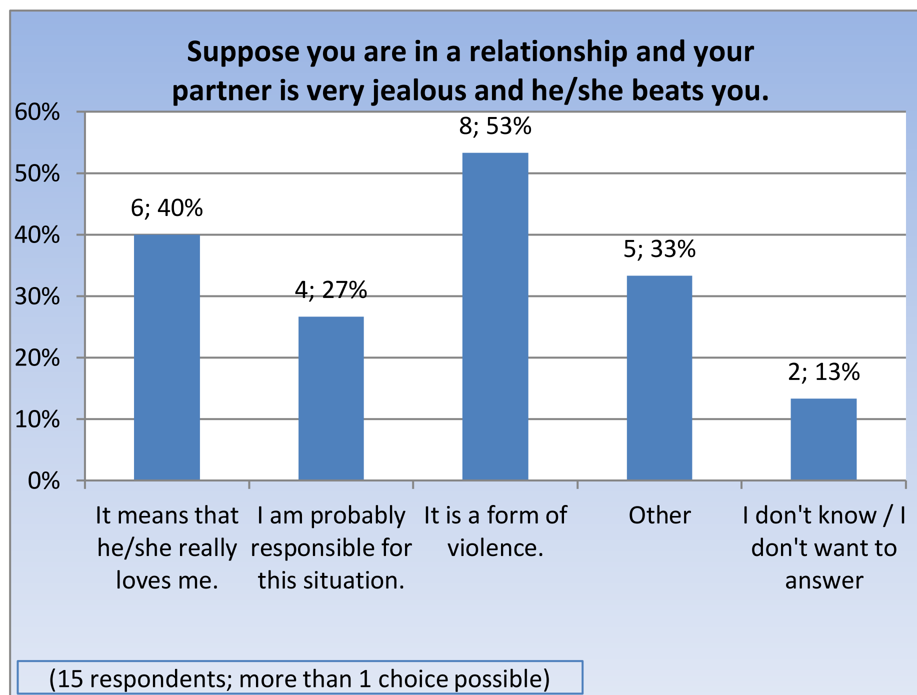
- 6 children see it as something that can happen, a bit like a fatality; the same number (but largely other young people) see it as a private matter.
- While the vast majority (18) agree that it is a form of violence, surprisingly, there are 6 who do not share this point of view (although we are talking about a husband who beats his wife).



- 5 respondents feel that she certainly deserves it (one will go so far as to say that she may have done something wrong); however, most agree that it is violence.
- In the "other" responses, note that one person stresses that it is not normal, that it should not happen, and another suggests that she hits him back.
- 2 do not wish to respond.

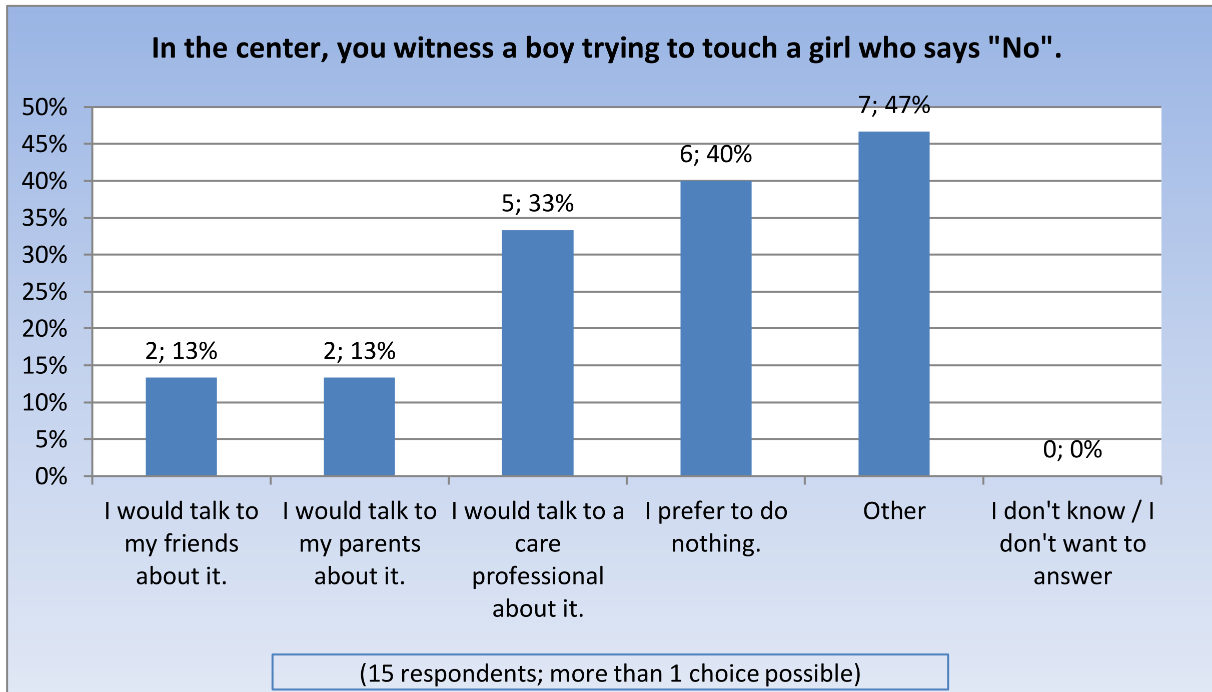
Example: Suppose you are in a relationship and your partner is very jealous and he/she beats you.

From now on, there are only 15 respondents; the following questions only concern children aged 14 and over.



- Just over half of the children surveyed consider this to be a form of violence, whereas the title does refer to "he/she beats you";
- 4 children integrated that they may be responsible for this situation, which seems to show that they find it justified to beat someone in this situation.
- 6 go so far as to consider that it is a way of showing their love!
- And in the "other" answers, we find several interesting statements:
  - *If I haven't done anything to deserve it, I'll hit her back...*
  - *I don't care because it's smaller...*
  - *She wasn't educated, that girl.*
  - *It reminds me of my family*
  - *I can't hit him back. It's the law in Belgium.*

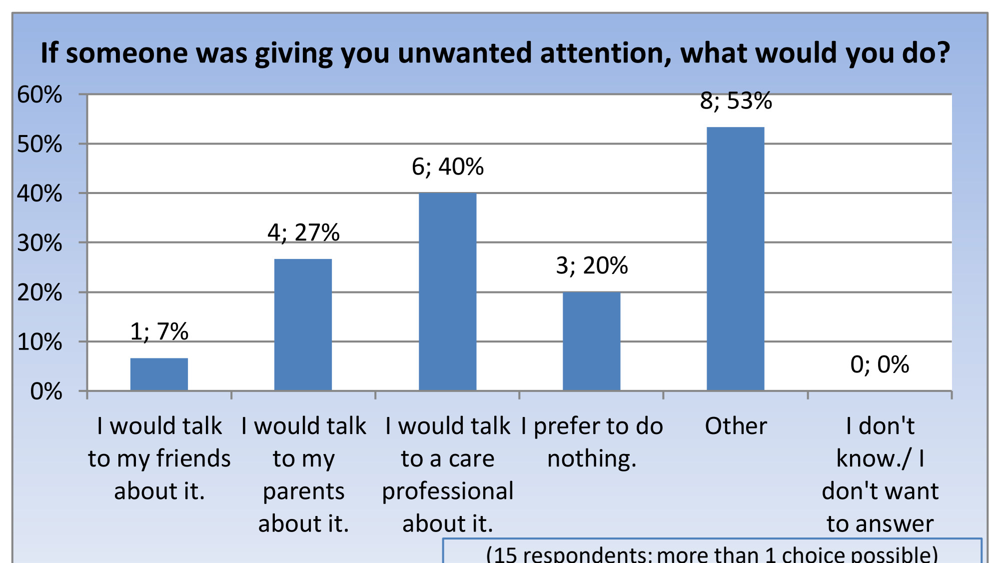
Example: In the center, you witness a boy trying to touch a girl who says "No".



- We can see that in this situation, slightly more than half of the children interviewed said they would do something, either to talk about it with their friends (2) or their parents (2), or to talk about it with a professional at the centre (6). But 6 of them say they would not do anything (including one who says it depends on whether the boy is his friend or not!).In the "other" answers, three point out that they talk about it with the boy, two specify that they intervene, including one who specifies that it is in case the girl asks for help. Finally, one respondent said he would call the police.

Example: If someone was giving you unwanted attention, what would you do?

- In the hypothesis that the young person questioned is himself/herself the object of inappropriate gestures, 3 out of the 15 do nothing, 6 speak about it to an educator and 4 to their parents; only one speaks about it to a friend. It should be noted that the educators are cited more than the parents.

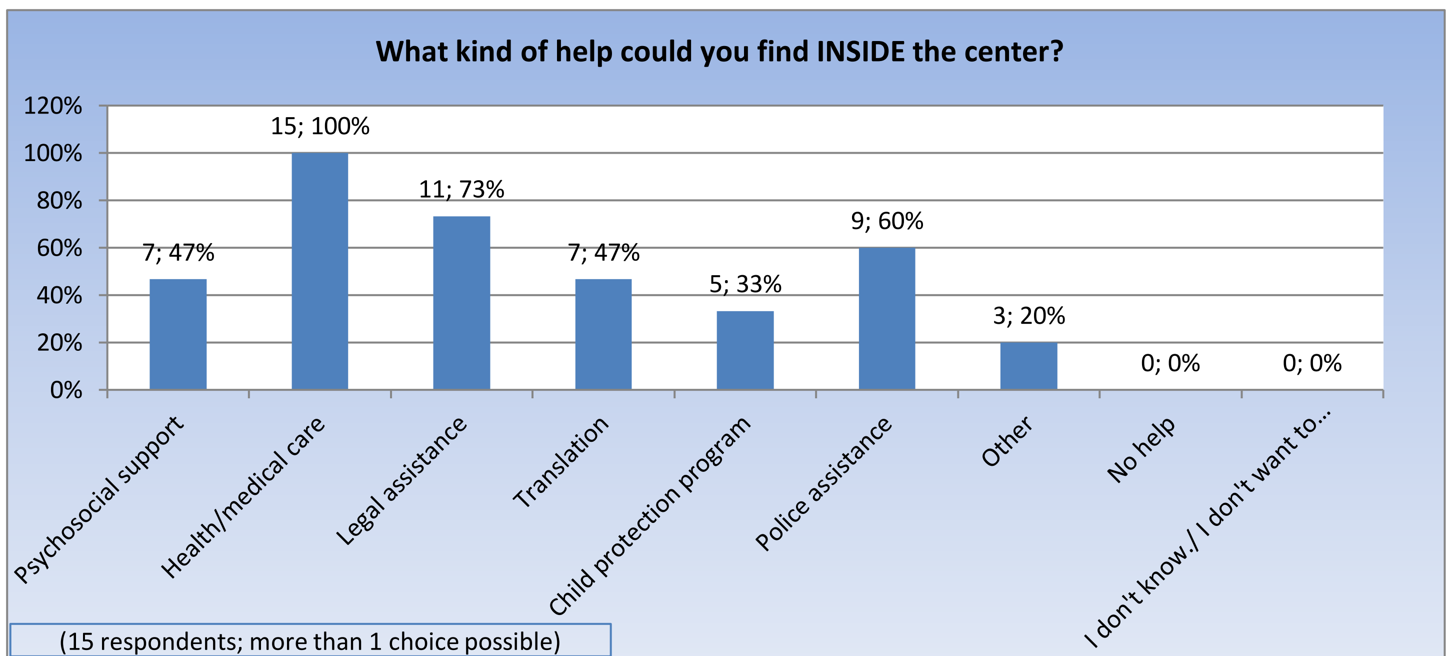


More than half (8 out of 15) offer another option: try to solve the problem alone by talking with the person who committed the inappropriate acts, by chasing them away, by defending themselves or by leaving the centre.

V. Attitudes in regards to the GBV referral pathways

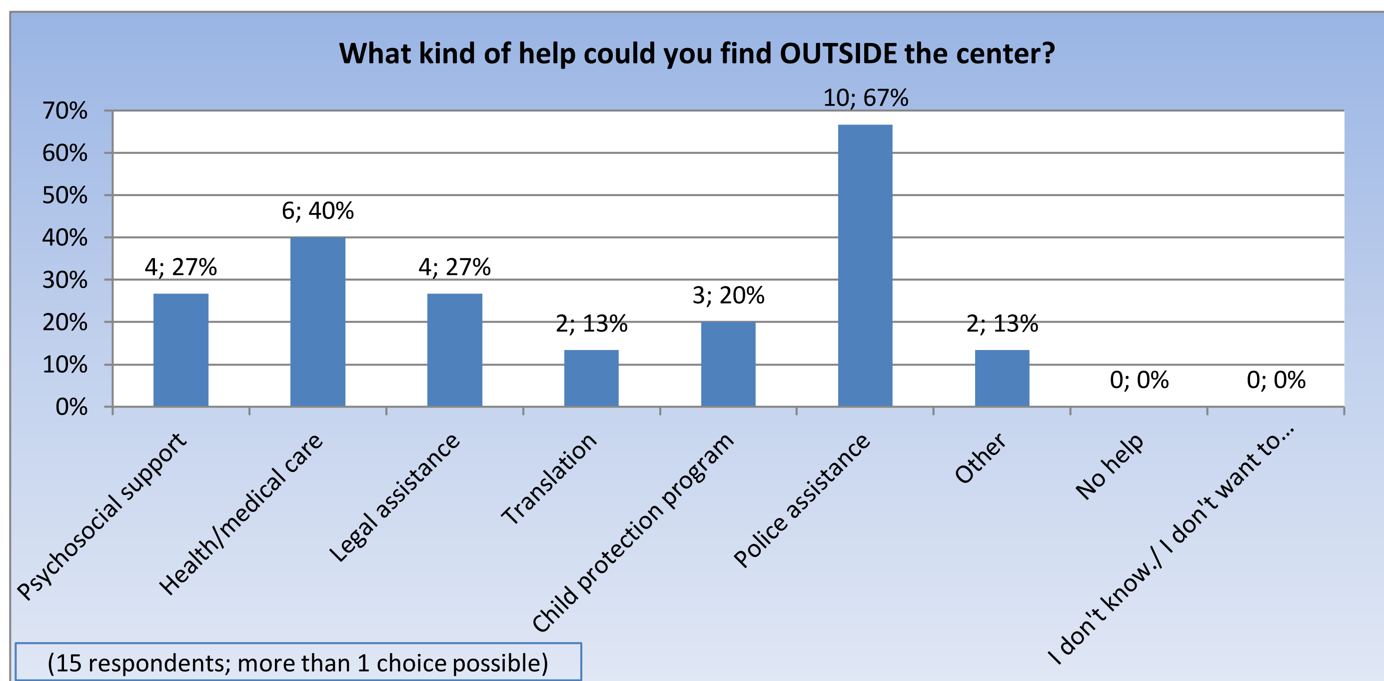
This leads to different questions about the help available in the centre and outside, the people to whom children can ask for help and knowledge about the availability and modalities of providing help.

Question: From whom would you ask for help in case you encountered any form of violence?



- All children know that they can get help in the centre and mainly medical help, which is cited by all respondents. Then, legal aid, police assistance, psycho-social support and interpretation are cited.
- Child welfare is cited by only one-third of respondents; at the very least, this means that they cannot identify this form of assistance.
- However, in most centres, all of these types of assistance are present. However, for children accompanied by their parents, it is easy to imagine that it is the parents themselves who seek help (e.g., legal) if necessary.
- Among the other aids mentioned, one child mentions "his or her supervisor" (probably a referring educator) and another mentions meals, which are therefore identified as a form of aid.

When questioned about what they know about the help available, in the end few children answer, mainly by specifying that they know where the social worker's office is.



The question about the help available outside the centre shows a significant lack of knowledge on the part of most of the young people interviewed. While two thirds of them know that they can call on the polite in case of problems, less than half cite medical help and less than one third cite other forms of help. There is undoubtedly a lot of work to be done in terms of information!

When asked how they obtained this information, some say that they are benefiting from it, that they have already heard about it, or that their guardian or lawyer has told them about it.

One of the youths said that he had found out about it himself or that he had heard about it at the centre.

With regard to the accessibility and free availability of medical and legal assistance, the replies received indicate that :

- the majority know that medical help is available and think it is free, but a few think they will have to pay;
- all are aware that legal aid is accessible, for the majority free of charge, but a few respondents (4) think they probably or definitely should pay.

Finally, on the issue of privacy and confidentiality, 4 think it will not be or probably will not be respected, while all others think it will probably or definitely be.

VI. Conclusions

i. Synthesis of results

Respondents

The survey saw the participation of 18 boys and 6 girls between the ages of 11 and 18. 83% of these children were accompanied while 17% were not. In addition, 25% of the children indicated that they had been separated from family members during their migratory journey.

Attitudes towards GBV

Four different attitudes emerged from children's responses to GBV situations. These attitudes vary according to the sex of the abused person in the story and the place (school, centre, family).

Adherence to violence out of ignorance

Subjects adhered through responses such as I agree with how the boy's classmates reacted (1 adherence to emotional violence), It is just a harmless and fun word (3 adherences to harassment) and It is just a harmless situation (6 adherences to domestic violence). The adherence could be explained namely by the children's ignorance, social and cultural environment, traumatic experience in the home country or during the journey,...

Opposition to violence

It is expressed through the following responses: It is ok for a boy to cry in that situation (13 adhesions to emotional abuse), It's not fair (harassment), I help the girl if I can (harassment), I talk with the person who is abusing me, I will defend myself, I tell the person abusing me to stop.

Reporting and calling for help

It is expressed through the following responses: The boy should ask for the teacher's support in this kind of situation (12 endorsements), The girl should ask for the teacher's support (13 cases), The girl should ask for friend's support (9 endorsements), It's not just she can talk to people in the center, It is a form of violence (1 endorsement), I leave the center if nobody helps me.

Non-interference attitude

It is expressed through the following responses: It is just a private issue, it has nothing to do with me (5 cases).

ii. Avenues to consider and explore

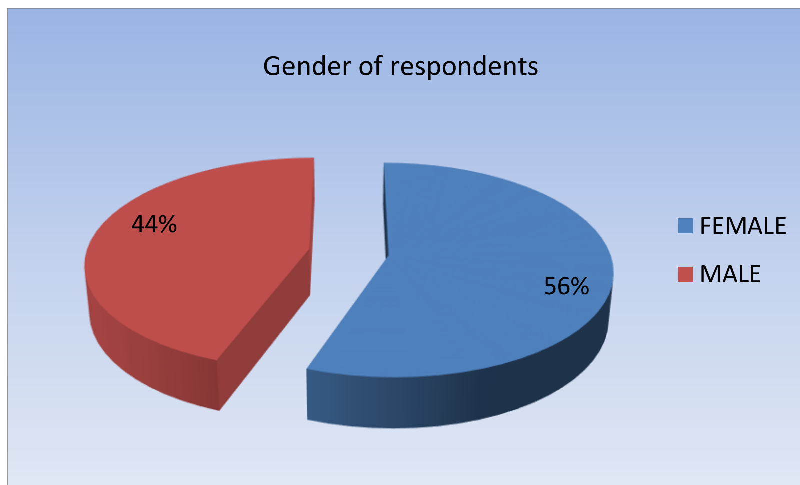
- Children X and Y: Among the children (N=24), there are two boys (8%) who are the only ones who do not go to school. This is the first fact that caught the attention. In addition, they are of the same origin, aged 16 and unaccompanied. X has experienced separation from family members while Y has not. In the example1 of the attitude towards the crying boy, subject Y refuses to give the answer (don't want) while subject X adheres to the first position (supports the stereotype). In the second example concerning boys harassing the girl, their positions are reversed. X refuses (don't want) while Y takes the first position (it is just a harmless and fun word). In the third proposal concerning domestic violence, Y keeps the same position while X considers it a form of violence (position 3). An in-depth analysis of these two cases would be indicated.
- It would be interesting to assess the relationship between children's vulnerability and their attitudes toward GBV. These attitudes could vary according to the age and sex of the victims.
- It would also be advisable to raise children's awareness about GBV in order to foster attitudes of commitment to combating such violence.

C. Results emerged from the research data on care professionals

I. General respondents' information

The current survey is based on a sample of 27 subjects.

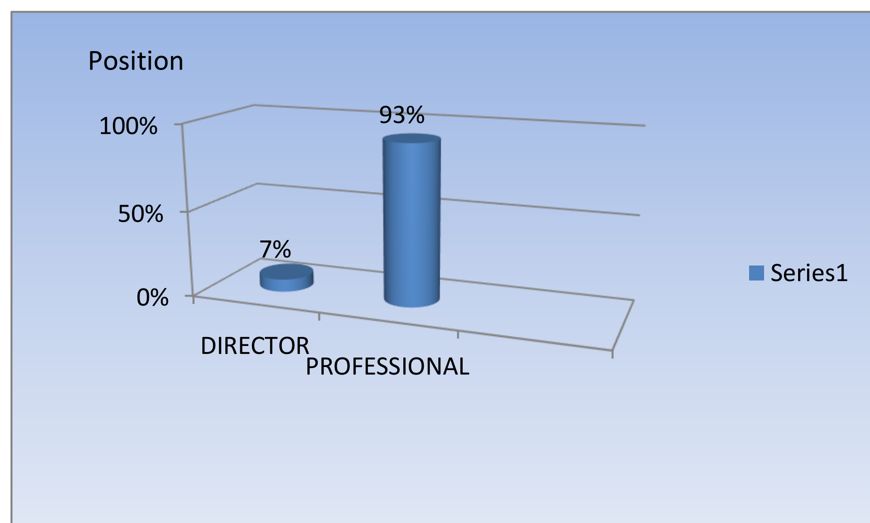
i. Gender of respondents



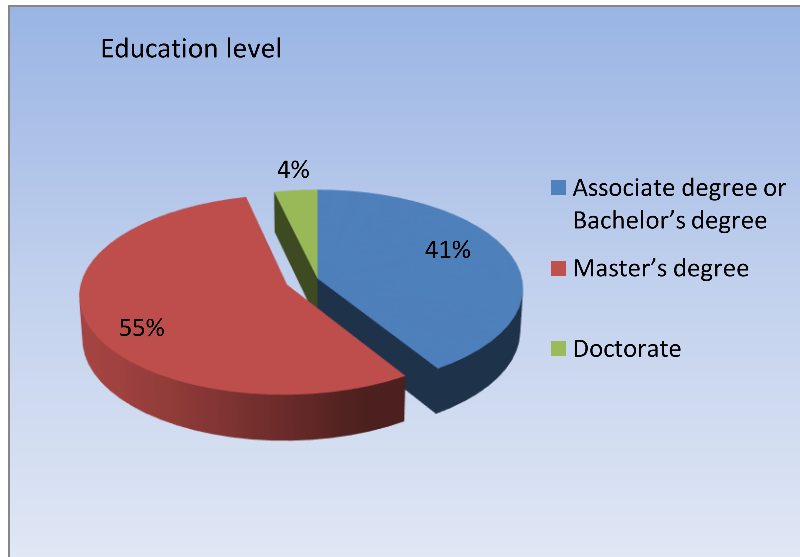
- Out of a total of 27 people who responded to the questionnaire, 15 people (56%) are male and 12 people are female (44%).
- The respondents work in migrant reception centres. Some of these centres take in children with their families. Others are specialised for unaccompanied minors and others cater for all categories.

ii. Function (position)

- The graph shows that only two respondents (7%) are in the executive direction. 25 people (37%) hold the positions of psychologist, nurse, assistant, coordinator, school referent).



iii. Education level

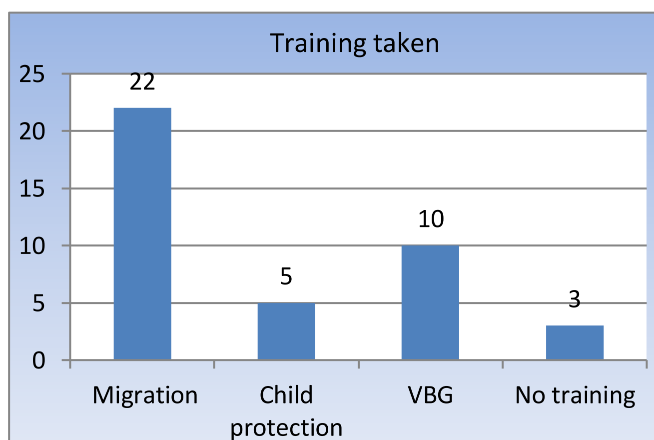


The participants are distributed as follows with regard to their level of education: 11 people (41%) have an Associate degree or Bachelor's degree, 15 people (55%) have a Master's degree and one person (4%) has a PhD; it should be noted that none of the respondents have a level lower than a Bachelor's degree.

iv. Training taken

Here the professionals have chosen from the list the training(s) from which they have already benefited.

Options	frequency	%
1. Migration	22	81%
2. Child protection	5	12%
3. GBV	10	37%
4. No training	3	11%
Number of respondents (N)	27	

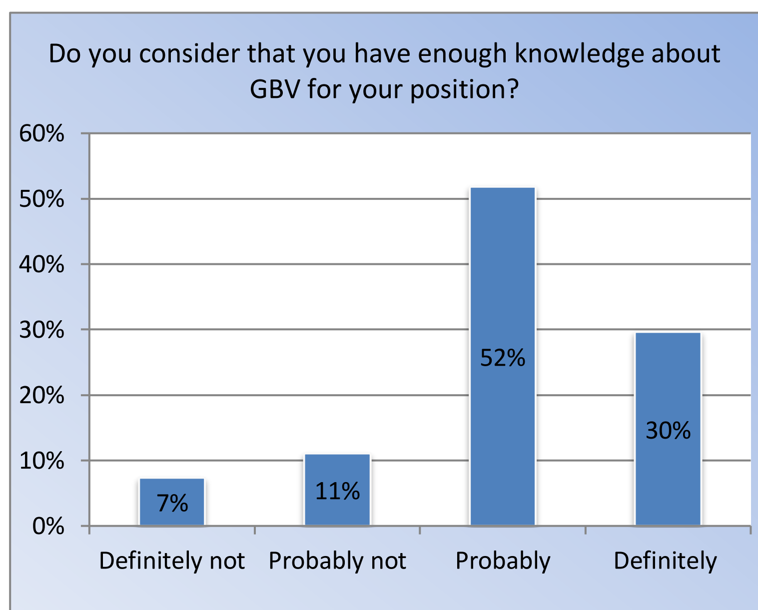


➢ Regarding training, 22 out of 27 subjects responded that they had already received training on migration. 5 out of 27 have already received training on child protection. 10 out of 27 have received training on GBV and 3 subjects have not received any training at all. It should be noted that very few subjects have received child protection training. It apparently represents the most disadvantaged area in terms of training for professionals after GBV. Also, there is no definition of a training in terms of length and content. This is to be noted in order to keep in mind that such trainings may have been very short.

II. Gender-based violence

Question: Do you consider that you have enough knowledge about GBV for your position?

The question here is whether the people in this study consider that they have sufficient knowledge about GBV. Their answers are presented in the following graph:



- It is a bit surprising that the vast majority of people say they probably (52%) or certainly (30%) know enough about GBV, whereas only a much smaller number of people receive training on the topic. The apparent contradiction could reveal that their knowledge about GBV is more related to general culture and initial training than to professional training. It is also true that when you have not been trained about a topic, you may only have a vague idea of its definition, making it harder to know what the notion truly encompasses.

Perception of GBV

On the basis of the different definitions of GBV, the subjects choose an answer on the Likert scale.

	Definitely not	Probably not	Probably	Definitely	I don't know
Is an act of physical violence against a child that is not sexual in nature considered as a form of GBV?	7%	15%	33%	45%	0%
Is child marriage considered as a form of GBV?	7%	0%	19%	70%	4%
Is the denial of access to education considered as a form of GBV?	7%	4%	48%	37%	4%
Is bullying considered as a form of GBV?	11%	11%	26%	45%	7%

- While 82% of the people consider that they know enough about GBV, when concrete actions are proposed to them, it follows that some people are unaware (either by affirming it or by being rather convinced of it) that physical violence (22%), denial of access to education (11%) and child marriage (7%) are forms of GBV.

III. General institution/center information

The information in the table below was provided by the directors.

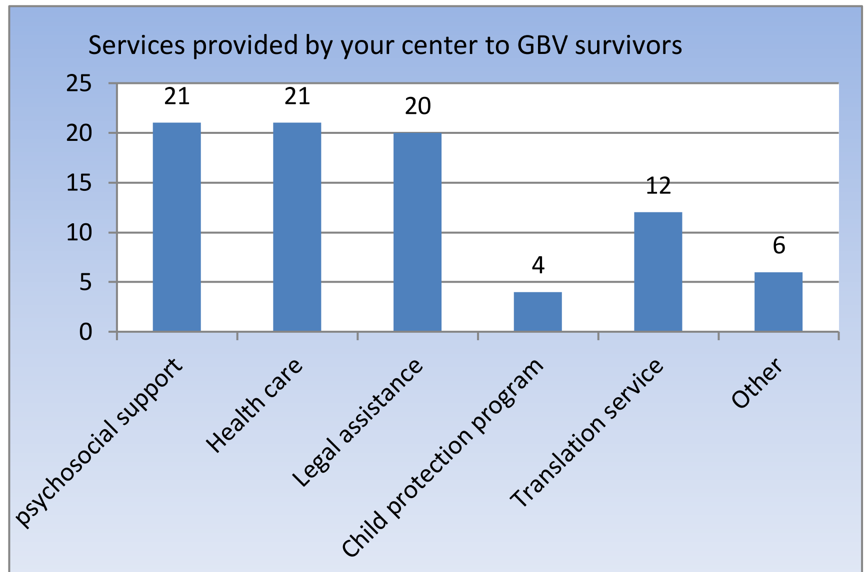
	Professionals working in your center/institution?		Professionals from your center/ institution providing support to GBV survivors?		services provided by your center/institution to GBV survivors	Features provided
	Male	Female	Male	Female		
Director X	8	8	6	6	Psychosocial support, Health care, Child protection program, Legal assistance and Translation service	toilets separated by gender, showers separated by gender, girl- and boy-friendly spaces for social and recreational activities
Director Y	30	30	-	-	Psychosocial support, Health care and legal assistance	toilets separated by gender, showers separated by gender, girl- and boy-friendly spaces for social and recreational activities, children not mixed with non-family related adults

- In addition to the services mentioned by the directors in the table above, the professionals for their part mentioned additional services such as accompaniment, reinforcement, nutrition, prevention, sensitization, coordination and animation.

Question: What are the services provided by your center/institution to GBV survivors?

Options	frequency	%
1. Psychosocial support	21	84%
2. Health care	21	84%
3. Legal assistance	10	40%
4. Child protection program	4	16%
5. Translation service	11	44%
6. Other	6	24%
Number of respondents (N)	25	

- With regard to the services offered to children, 21 out of 25 subjects mentioned psychosocial service and health care. 10 subjects out of 25 acknowledged that their centre helps with legal assistance. 12 and 4 subjects out of 25 reported that their centres offer the translation service and child protection respectively. 6 out of 25 subjects noted other services: accompaniment, reinforcement, nutrition, prevention, awareness-raising, coordination and animation. It is rather curious that only 4 subjects indicated that their different centres offer the child protection service. This may be linked to the very notion of child protection service.



IV. Survivors identification procedures

Question: Do you identify GBV victims?

Options	frequency	%
1. Don't know	7	27%
2. No, don't	8	31%
3. Written protocols	2	8%
4. informal mechanism	9	35%
N	26	

- 8 out of 26 people do not identify victims and 9 out of 26 follow informal procedures and only 2 use formal procedures. This reveals a real need for formalisation of procedures and for training and awareness-raising of staff in their use.

- Only 4 people are aware of specific procedures. For example, these procedures include: interviews with social workers and nurses; Observation, sharing,

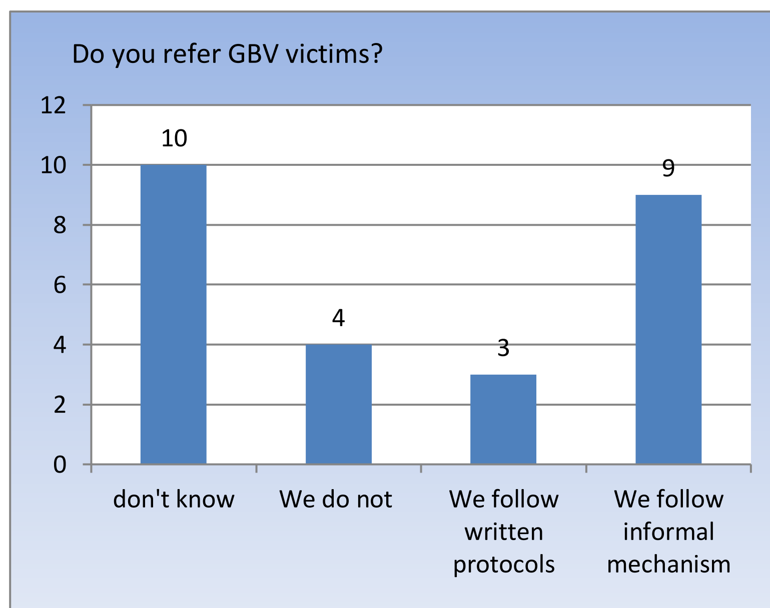
empirical approach and support from referents in the field; Indications provided, then relayed to the medical and social office with partnerships and with specialized associations dealing with migrant GBV.

- Types of GBV identified, mentioned by the respondents: sexual abuse, physical and emotional abuse, denial of resources, gender-based discrimination, forced marriage, trafficking, prostitution, genital mutilation, homosexuality (which should not be listed as GBV, except if one speak about discrimination against sexual orientation), forced marriage, prostitution, excision and domestic violence.

V. GBV survivor referral

Question: Does your center/institution have formal/informal procedures for referring a child or young person identified as a GBV survivors?

Options	frequency	%
1. Don't know	10	38%
2. No, don't	4	15%
3. Written protocols	3	11%
4. informal mechanism	9	35%
N	26	



- Depending on the situation and the type of help required by GBV victims (psychosocial support, health care, child protection program, translation-interpretation), professionals refer victims to the following services: focal point, ASNL exile, medical office, Exil, Ulysse, mental health service, Chapelle aux Champs, Woman Do, Gams, Hospitals, family planning, Series, Bruxelles Accueil. Professionals refer to the police when the person is in danger and on the advice of the person themselves or their parents.

- The number of people who say they follow formal procedures for referral (3) is higher than the number of people who say they follow formal procedures for identification (2). One hypothesis would be that centres may have protocols for referral and lack protocols for identification. Another explanation would be the contradictions sometimes inherent in reporting.

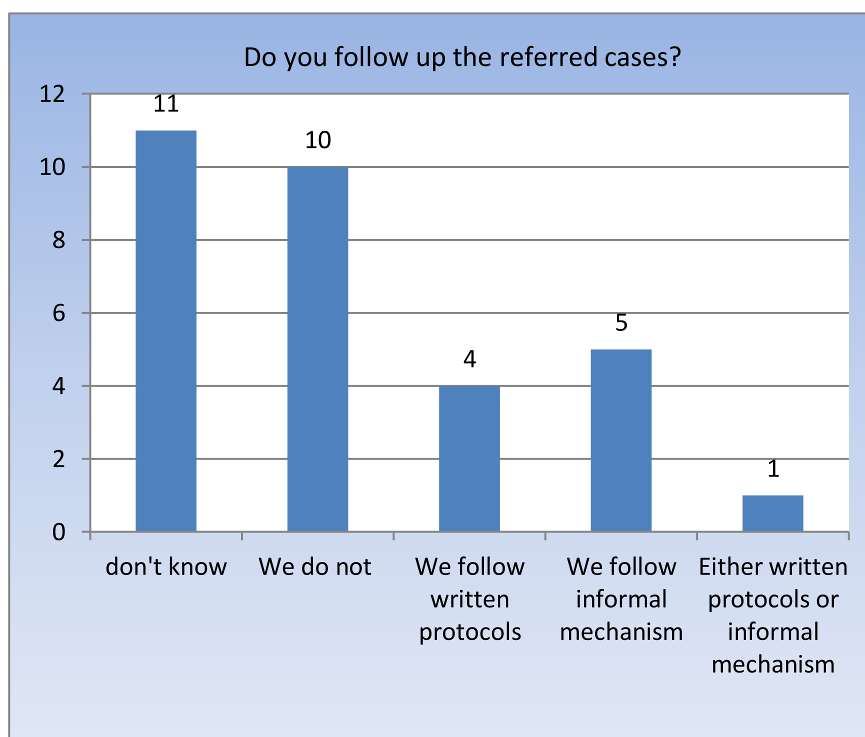
- 12 is the total number of responses relating to the professionals who refer victims. The monitoring of informal procedures (9 responses) and the lack of referrals (4 responses) would be indicators of the difficulties related to identification upstream.

VI. Follow up of victims

Question: Do you follow up the referred cases?

The question here is whether those working in the centers have strategies for following up on cases after they have been referred.

Options	frequency	%
1. Don't know	11	42%
2. No, don't	10	38%
3. Written protocols	4	15%
4. Informal mechanism	5	19%
5.Either written protocols or informal mechanism	1	4%
N	26	



- Two people mentioned two specific follow-up procedures: medical office and follow-up file.

- Only one observation concerning the follow-up of referred cases: 'We do not have a project covering the follow-up of referred survivors in Belgium. In the framework of voluntary return a follow-up of the case is done in close collaboration with IOM in the country of origin'.

- A total of 10 out of 26 subjects follow up on referrals while 21 out of 26 do not. These results are in line with two previous results. In addition, 11 out of 26 said they did not know. This number is particularly compelling and suggests that it is likely that nothing is being done in a significant number of situations.

VII. Guiding principles to care for child survivors of GBV

Question: Do you know how to deal with the guiding principles to care for child survivors of GBV?

The issue here is knowledge of the guiding principles for the care of victims.

	Definitely not	Probably not	Definitely	Probably	I don't know
Work according to the best interests of the child	4%	17%	31%	48%	0%
Ensure the safety of the child, and their right to life, survival and development	0%	14%	38%	48%	0%
Comfort the child	4%	0%	57%	39%	0%
Ensure appropriate confidentiality	0%	0%	14%	86%	0%
Involve the child in decision-making	0%	9%	39%	39%	13%
Treat every child fairly and equally	0%	0%	5%	90%	5%
Strengthen children's resiliencies	4%	17%	33%	38%	8%

- 21% of professionals are unaware of the best interests principle (principle 1) and the principle of strengthening resilience (principle 7), 14% are unaware of the principle of security (principle 2). These figures are very interesting and call for more knowledge. This is a prerequisite for any application of the principles.
- The % of 'I don't know' responses in the last three lines raise the question: is it a question of indecision or ignorance of the principle mentioned? Again, the highest rate is for the "probably" box, which leads to thinking that there is uncertainty regarding this issue.
- The results reveal that some of the principles guiding care work are known to some professionals. But are they applied? An observation should be considered to answer this question.

D. Conclusions

I. Summary of results

i. Respondents

The survey covered 27 subjects (44% female and 56% male) working in centres for migrant children. Two professionals hold the position of director of the centre (7%). While all respondents have a minimum level of bachelor's degree, their continuing professional training is not as comprehensive. Indeed, only one person has already received training in the areas covered by this survey (migration, child protection, GBV). In addition, three people have not received any such training at all. Nevertheless, migration is the main area of training (22 topics). GBV (10 topics) as a training area deserves more attention after child protection (5).

ii. Conceptualization of GBV

- Non-sexual physical violence: 78% of the subjects agree while 22% do not know.

- Child marriage: 89% agree against 11% who do not know.

- Denial of access to education: 85% agree against 15% who do not know.

- Intimidation: 71% agree versus 29% who do not know

Training should be considered to further reduce ignorance among some professionals.

iii. Identification, referral and follow-up of GBV victims

As regards identification, 11 out of 26 subjects identify victims, 8 do not identify them and 7 report not being able to identify. 12 out of 26 professionals refer victims, 4 do not do so and 10 say they do not know. As for the follow-up of referred cases, the results showed that in addition to 10 subjects out of 26 who do not follow up on referred cases, 11 subjects do not know that they are referred.

iv. Knowledge of the guidelines for the management of victims of GBV

Only the principle of confidentiality is known by all respondents (100%). 29% of the subjects are unaware of the principle of resilience, 22% are unaware of the principle of involving the child in decision-making, 21% are unaware of the best interests of the child, 14% are unaware of the child's safety, 5% are unaware of the principle of equality and justice, 4% of the professionals are unaware of the principle of comfort. These cases of ignorance call for capacity building of professionals.

II. Avenues to consider and explore

- Procedures for the identification, referral and follow-up of victims should be formalised. All cases of ignorance call for more adequate training.

- At the end of this work, we believe it is important to carry out cross-checks in order to analyse the relationships between the variables. These include the relationship between personal characteristics (training, education level, function) and knowledge of GBV (perception of GBV and knowledge of the guiding principles of victim management). In addition, it would also be interesting to analyse the extent to which the training of professionals, knowledge and perception of GBV and knowledge of victim management guidelines are related to the identification, referral and follow-up of victims. In other words, it is a question of providing answers to the following questions, for example: Is the conceptualization of GBV based on the professional training received? Would trained staff who are familiar with the principles better identify victims and better monitor their care? In the long term, an observation tool should be provided in addition to the questionnaire in order to assess actual practices and not only those reported (limit of the questionnaire).

- The focus should be on the characteristics of particular groups such as those who claim not to know the answers (don't know). The assertions that contain the greatest number of topics also needed to be investigated further.

- These results can support the development of training modules.

DÉFENSE DES ENFANTS INTERNATIONAL BELGIQUE
LE MOUVEMENT MONDIAL POUR LES DROITS DE L'ENFANT

ANNEX 1

CONSENT FORM – BRIDGE PROJECT - BELGIUM

Date:

Name and first name of the child/pseudonym:

Name and first name of the researcher:

Hello,

Today, I would like you to answer a few questions. These questions will be asked as part of a project called Bridge. The aim of this project is to better protect migrant children (those who have left their country of origin to live in another country) from a particular type of violence, called gender-based violence. Gender-based violence is defined as any violent act that is related to gender (boy, girl, other) and its perception.

I am here today to try to find out if migrant children know how to recognize gender-based violence and, if they witness or suffer from it, know how to react. I am going to ask you several questions to try to understand your point of view. For instance, I will describe several situations to you and ask you what you think about them and how you would react. As you can see, you are not the only one I will be asking questions to: my project is aimed at all migrant children and young people under 24 who are hosted in Belgium.

You are free to accept or not to take part in this survey. There is no obligation to do so. If you do not want to participate, it won't change anything, and no one will be angry or disappointed. Also, if you change your mind later, it doesn't matter and it won't bother me.

If you have questions, requests or things you don't understand, at any time during the discussion, you can interrupt me and ask me for explanations. Our discussion will last between 30 and 40 minutes. If there are any questions you don't like, that you don't want to answer, you can tell me and we'll move on to another question. You have the right not to want to answer all the questions.

All we are going to discuss will remain between you, me and the people I work with in the project. What you will tell me will not be shared with anyone else.

This project is supported by the European Union's Rights, Equality, and Citizenship Programme. (2014-2020).

Check the following boxes if you believe they are true for you:

I understood:

- ☐ Why the researcher want to question me
- ☐ That I will be asked several questions and asked to give my opinion
- ☐ That I have the right to refuse to participate without any negative consequences
- ☐ That I can change my mind even after I said yes
- ☐ That I can ask questions at any time during the discussion
- ☐ That the discussion with the researcher will last between 30 and 40 minutes
- ☐ That I have the right not to answer all questions
- ☐ That what I'm about to say will remain between the investigator, his project colleagues and me

- ☐ I agree to participate in the study

Signature:

In case of illiteracy or lack of understanding of the language, a literate/language understanding witness must sign.
I witnessed the child reading the consent form. He/she had the opportunity to ask questions. I confirm that the child has given his or her free consent.

Name of the witness:
Signature:
A parent/tutor has signed an informed consent form (delete as appropriate): yes no

Declaration by the data collector and, where applicable, the interpreter

I made sure that the participant understood what I was asking him/her and how I was going to collect the data. I confirm that the child had the opportunity to ask questions about the study, and that all the questions asked were answered to the best of my ability. I confirm that the child was not compelled to give his or her consent and that this consent was given freely and voluntarily.

Signature of data collector   Signature of interpreter

This project is supported by the European Union's Rights, Equality, and Citizenship Programme. (2014-2020).

ANNEX 2

GUIDE POUR UNE RECHERCHE ETHIQUE IMPLIQUANT DES ENFANTS

DEFENSE DES ENFANTS INTERNATIONAL - BELGIQUE

CADRE GLOBAL

La recherche impliquant les enfants doit, comme son nom l'indique, réellement les impliquer. Cela signifie qu'ils ne doivent pas seulement être objets de recherche mais en devenir des sujets et pouvoir y prendre une part active.

Cela permet, non seulement d'assurer le respect de leur droit à l'expression et à la participation, mais cela permet également une production de données qualitative. Lorsqu'une équipe d'enquêteurs s'engage dans une recherche impliquant des enfants, elle doit, qu'elle que soit la forme de la recherche, avoir pris connaissance du présent guide éthique.

PRINCIPE DE PRECAUTION

S'il existe, d'après le chercheur et/ou d'après les éléments objectifs de l'environnement de l'enfant, un risque que la recherche cause un dommage, même léger, à celui-ci, le principe de précaution s'applique. Cela signifie que l'entretien, la collecte de données ou toute autre étape de la recherche ne doit pas être entrepris s'il peut en résulter un dommage pour l'enfant, à court ou à long terme. Avant toute recherche, il est donc essentiel de s'interroger sur les risques pour l'enfant et d'identifier les options envisageables pour mitiger ces risques, le cas échéant. Parfois, les risques peuvent uniquement être identifiés par l'enfant lui-même. C'est pourquoi la marque d'un consentement éclairé doit permettre d'écarter les dernières sources de dommage potentiel.

PREPARATION

Il se peut qu'un projet de recherche devienne, pour l'enfant, une occasion d'exprimer une question, un souhait, un besoin… L'équipe d'enquêteurs doit être préparée à répondre du mieux possible à la requête de l'enfant, soit en l'orientant vers les personne susceptibles de l'aider, soit en apportant elle-même des réponses. Il peut même, dans certains cas, s'avérer utile de préparer des documents contenant toutes les informations utiles en cas de question ou besoin, à donner à l'enfant à la fin de la recherche.

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CONSENTEMENT ECLAIRE

On nomme consentement éclairé le consentement qui est donné lorsque l'enfant a la connaissance et la compréhension de ce qui lui est demandé. L'enfant doit donc recevoir des informations adaptées à son âge, ses spécificités, et qui tiennent compte de son contexte de vie. Si nécessaire, les informations peuvent être transmises par des supports interactifs (photographies, illustrations, vidéos…). La compréhension implique également que lui soit clairement expliqués les risques et bénéfices potentiels de sa participation à la recherche.

Dans certains cas, il est possible de demander à un adulte (parent, tuteur…) de consentir pour un enfant. Si cela est parfois nécessaire pour inclure l'enfant dans la recherche (ex. enfant handicapé), l'utilisation d'un adulte mandaté pour le consentement doit, tant que faire se peut, être évitée. Donner à l'enfant le droit de consentir est le reconnaître en tant que personne à part entière, ce qui est une nécessité manifeste pour construire une recherche portant sur les droits de l'enfant.

Un enfant doit donc être en mesure, le plus possible, de fournir lui-même un consentement libre et éclairé à l'engagement dans la recherche. Le consentement donné n'est pas figé. Il peut être retiré à n'importe quel moment de la recherche : l'enfant doit être en mesure de se désengager sans contraintes s'il le désire.

Un document contenant des informations adaptées à l'enfant doit être préparé en amont afin qu'il puisse en prendre connaissance librement, sans précipitation. Il est utile d'y inclure :

- une déclaration claire quant au sujet et à l'objectif de la recherche, ainsi que sur la façon dont les réponses de l'enfant seront utilisées ;
- une mention explicite du droit de l'enfant de refuser librement de prendre part à la recherche, ainsi que de la possibilité de renoncer à y participer à tout moment ;
- une énonciation des risques et bénéfices potentiels ;
- une explication concernant la confidentialité (ou non) des réponses données. A ce sujet, il est essentiel de préciser à l'enfant, si nécessaire plusieurs fois, que les adultes ont le devoir de le protéger, et que le fait que les informations données soient confidentielles peut parfois subir quelques exceptions s'il s'agit d'une situation préoccupante (ex. maltraitance). Si l'enfant s'avère en situation de danger, le chercheur doit clairement discuter de la situation avec l'enfant et engager le dialogue avec précaution avant toute prise de décision ;
- une indication quant à la durée de l'entretien et au lieu, qui vérifie que ceux-ci conviennent bien à l'enfant. Il est également essentiel de repréciser que l'enfant peut à tout moment poser des questions, demander des précisions.

Obtenir la signature d'un enfant peut présenter des avantages et des inconvénients. Notamment, si l'enfant présente des signes d'analphabétisme ou ne comprend pas la langue, demander une signature peut s'avérer être inadapté. Ainsi, et à condition que l'enfant soit manifestement apte, un consentement verbal peut s'avérer suffisant pour signifier que l'enfant a été informé de manière adéquate quant au projet de recherche, et que son consentement a été donné librement. Lorsqu'on ne peut obtenir le consentement écrit d'un enfant, il est important qu'un adulte alphabète/comprenant la langue puisse témoigner du consentement donné.

This project is supported by the European Union's Rights, Equality, and Citizenship Programme. (2014-2020).

CONSENTEMENT LIBRE

Afin que le consentement soit donné librement, il est nécessaire de s'assurer que le lieu où se déroule la collecte de données est calme et approprié. Il est préférable, si cela est possible, de laisser l'enfant choisir lui-même ce lieu. De même, le chercheur devra toujours faire attention à ce que le consentement ne soit pas donné dans un cadre promettant (explicitement ou implicitement) quelque chose à l'enfant qui ne pourra finalement pas être garanti.

CONFIDENTIALITE

Protéger la confidentialité des réponses et des données de l'enfant participant à une recherche est essentiel afin de garantir sa sécurité et la qualité des informations fournies. Il est préférable, si possible, de collecter les données personnelles de l'enfant (noms, lieu et date de naissance, nationalité…) indépendamment de ses réponses ou des notes issues d'un entretien, voire si possible de les coder/dissimuler (usage de pseudo, de codes chiffrés…). Dans tous les cas, les données doivent être conservées dans des lieux/réseaux sécurisés. Il est important d'informer l'enfant des précautions prises pour protéger son identité. Dans ce sens, le contenu de la recherche, s'il est personnel ou nominatif, ne peut être discuté qu'avec des personnes ayant pris un engagement similaire de confidentialité.

SUIVI

Il est important, tant que faire se peut, d'essayer d'apporter à l'enfant un retour quant aux résultats de la recherche. Cela valorise à nouveau sa participation et lui permet de se rendre compte concrètement de l'utilité qu'elle a eu dans le processus global de recherche.

Pour plus d'informations : Graham, A., Powell, M., Taylor, N., Anderson, D. et Fitzgerald, R. (2013) Recherche éthique impliquant des enfants, Florence, Centre de recherche de l'UNICEF – Innocenti, lien : https://childethics.com/wp-content/uploads/2015/04/ERIC-compendium-FR_LR.pdf

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CHECK LIST

J'ai vérifié, au préalable de ma recherche, qu'elle ne risquait pas de causer de dommages aux enfants impliqués.	
J'ai préparé, en amont de ma recherche, des outils pour répondre aux questions, souhaits ou besoin des enfants impliqués.	
J'ai clairement expliqué à l'enfant le sujet de la recherche, son objectif, et la façon dont sa contribution sera ou pourra être utilisée.	
Je fournis des formulaires de consentement adaptés à l'enfant, son âge, ses capacités et son contexte de vie. Ces formulaires mentionnent chacune des étapes indiquées dans le guide de recherche éthique.	
J'ai prévu d'adapter la méthode de consentement aux capacités de l'enfant (alphabétisme, langue, âge…).	
J'ai été honnête quant au sens de ma recherche et n'ai pas généré d'attentes non fondées chez l'enfant (argent, assistance, rétribution autre…)	
J'ai choisi, pour mener ma recherche, un endroit approprié, calme, ou l'enfant peut être à l'aise. Je lui ai laissé la possibilité de choisir le lieu/un autre lieu qui lui conviendrait davantage.	
J'ai laissé la possibilité à l'enfant de m'indiquer sa préférence quant à la façon dont l'entretien serait mené (seul, dans une pièce avec d'autres enfants, avec un chercheur/une chercheuse…)	
J'ai pris le temps de créer un environnement décontracté, de faire connaissance avec l'enfant et d'établir une forme de confiance mutuelle avant le début de notre entretien.	
J'ai prévu suffisamment de temps pour que chaque enfant participant à la recherche puisse le faire à son rythme et ait suffisamment de latitude pour me parler de la façon qui lui convient le mieux.	
Je suis capable de mener ma recherche de manière empathique, sans jugements, discriminations ou stéréotypes.	
Les questions de ma recherche n'orientent pas la réponse de l'enfant (questions trop fermées/orientées, sans possibilité de donner un avis divergent). Je laisse également une marge à l'enfant pour suggérer certaines choses vis-à-vis de ma recherche.	

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Je suis attentif au comportement de l’enfant (verbal, non-verbal) et suis disponible pour proposer à l’enfant de changer de sujet, de faire des pauses, d’arrêter, ou le rassurer.	
Je suis attentif aux sensibilités particulières de chaque enfant et à son contexte de vie lorsque je mène ma recherche.	
Je valorise la participation de l’enfant et l’en remercie. Je laisse une place, à la fin de chaque entretien, pour rappeler brièvement le rôle des informations données et laisser une place à des dernières questions/remarques.	
J’ai établi des règles claires quant à la confidentialité des données issues de ma recherche et les respecte pleinement.	

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