

Guidance to collect data on gender-based violence against children and youth on the move



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Glossary proposed within the BRIDGE project

Care professionals	These may include social workers, psychologists, legal representatives, legal guardians, lawyers, medical doctors, community mediators, immigration staff, NGO workers.
Gender	Gender refers to the socially constructed relationship between women and men and the attributes, behavior and activities to which each is expected to adhere. Gender differences are determined and reinforced by cultural, historical, ethnic, religious and economic factors. Gender roles differ over time and between cultures, but may be changed. Gender is often wrongly conflated with “sex”, which refers to the biological differences between women and men.
Power	Power is understood as the capacity to make decisions. All relationships are affected by the exercise of power. When power is used to dominate, it imposes obligations on, restricts, prohibits and makes decisions about the lives of others.
Coercion	Coercion is forcing, or attempting to force, another person to engage in behaviors against her/his will by using threats, verbal insistence, manipulation, deception, cultural expectations or economic power.
Violence against women	Violence against women is defined by the UN Declaration on the Elimination of Violence against Women as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life”. It is a form of gender-based violence and includes sexual violence. The Declaration states that “[Violence against women] is a manifestation of historically unequal power relations between men and women, which have led to domination over and discrimination against women by men and to the prevention of the full advancement of women, and that violence against women is one of the crucial social mechanisms by which women are forced into a subordinate position compared with men”.
Domestic Violence	Domestic violence includes all acts of physical, sexual, psychological or economic violence within the family or between former or current spouses or partners, whether or not the perpetrator shares or has shared the same residence with the victim. Domestic violence is not an isolated, individual event, but rather a pattern of perpetrator behaviors used against a survivor.

Intimate partner violence	Intimate partner violence is a pattern of assaultive and coercive behaviors, including physical, sexual, and psychological attacks, as well as economic coercion, that adults or adolescents use against their intimate partners. It includes a range of sexually, psychologically and physically coercive acts used against adult or adolescent women by a current or former intimate partner, without her consent. Though women can be violent toward men in relationships, and violence exists in same-sex partnerships, the largest burden of intimate partner violence is inflicted by men against their female partners.
Physical violence	Physical violence is the intentional use of physical force that results in bodily injury, pain, or impairment. The severity of injury ranges from minimal tissue damage, broken bones to permanent injury and death. Acts of physical violence include: slapping (with open or closed hand), shoving, pushing, punching, hitting, beating, scratching, hair pulling, strangling, biting, spitting, grabbing, shaking, spitting, kicking, burning, throwing, twisting of a body part, forcing the ingestion of an unwanted substance; restraining a woman to prevent her from seeking medical treatment or other help; and using household objects to hit or stab a woman, using weapons like knives or guns.
Psychological violence	Psychological violence is an action or set of actions that directly impair the woman’s psychological integrity. Acts of psychological violence include: threats of violence and harm against the woman or somebody close to her, through words or actions (e.g. stalking or displaying weapons); harassment at the work place; critical, humiliating and insulting comments meant to undermine the survivor’s sense of self-worth and self-esteem (e.g. repeatedly claiming that survivors are crazy, incompetent, and unable to do anything right; isolation and restrictions on communication (e.g. through locking her up in the house, forcing her to quit her job or prohibiting her from seeing a doctor); and use of children by a violent intimate partner to control or hurt the woman (e.g. through attacking a child, forcing children to watch attacks against their mother, threatening to take children away, or kidnapping the child). These acts constitute both violence against children as well as violence against women.
Economic violence	Perpetrators control survivors by controlling their access to all of the family resources: time, transportation, food, clothing, shelter, property, insurance and money. The perpetrator may actively resist the survivor becoming financially self-sufficient as a way to maintain power and control. Conversely, the perpetrator may refuse to work and insist that the survivor support the family. Survivors are put in the position of having to get “permission” to spend money on basic family needs (such as food, health care, education, housing). When the survivor leaves the violent relationship, the perpetrator may use economics as a way to maintain control or force the survivor to return: refusing to pay bills, instituting legal procedures that are costly to the survivor, or destroying assets in which the survivor has a share. All of these tactics may be used regardless of the economic class of the family.

Sexual violence	Sexual violence is defined by WHO as any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, acts to traffic, or acts otherwise directed against a person’s sexuality, using coercion, by any person, regardless of their relationship to the victim. The perpetrator of sexual violence may be a date, an acquaintance, a friend, a family member, a current or former intimate partner, or a complete stranger.
Rape	Rape is defined as penetration without the voluntary consent of the individual. Marital rape is defined as sexual intercourse forced on a partner by the spouse against the partner’s will.
Forced marriage	A forced marriage is one that is lacking the free and valid consent of at least one of the parties. In its most extreme form, forced marriage can involve threatening behavior, abduction, imprisonment, physical violence, rape and, in some cases, murder.
Child	A child as defined in Article 1 of the Convention on the Rights of the Child, means every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier. ¹
Children on the move	The term “children on the move” refers to children moving for a variety of reasons, voluntarily or involuntarily, within or between countries, with or without their parents or other primary caregivers. This includes: children displaced by conflict and natural disasters; children who move with their parents or migrate alone (e.g., to pursue better life opportunities, look for work or education or to escape exploitative or abusive situations at home); and children who are trafficked. ²
Detention	Detention is to be understood as any facility where the freedom of movement of a person is restricted, be it in jail-type of condition, or closed immigration retention center excluding criminal justice except when illegal border crossing is considered as a crime.

¹ UNCRC, *General Comment 6 on the Treatment of unaccompanied and separated children outside their country of origin*, 2005.

² *Initiative for Child Rights in the Global Compacts, Recommendations for protecting, promoting and implementing the human rights of children on the move in the proposed global compacts*, 2017.

Gender-based violence (GBV)	<p>Sexual and gender-based violence refers to “any act perpetrated against a person’s will based on gender norms and unequal power relationships. It encompasses threats of violence and coercion. It inflicts harm on women, girls, men and boys.”³</p> <p>Gender-based violence is an umbrella term for any harmful act that is perpetrated against a person’s will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty.</p> <p>The term GBV is most commonly used to underscore how systemic inequality between males and females acts as a unifying and foundational characteristic of most forms of violence perpetrated against women and girls. This term is also increasingly used by some actors to highlight the gendered dimensions of certain forms of violence against men and boys—particularly some forms of sexual violence committed with the explicit purpose of reinforcing gender inequitable norms of masculinity and femininity. Finally, this term is also used by some actors to describe violence perpetrated against lesbian, gay, bisexual, transgender, intersex and questioning (LGBTIQ) persons that is, according to OHCHR, “driven by a desire to punish those seen as defying gender norms”.⁴</p>
Informed consent	<p>It is the voluntary agreement of an individual to give consent. To provide “informed consent” the individual must have the capacity and maturity to know about and understand the services being offered and be legally able to give their consent.</p>
Legal representative	<p>It refers to an independent person who safeguards the child’s best interests and general well-being, and to this effect complements the limited legal capacity of the child, when necessary, in the same way that parents do.⁵</p> <p>They are usually the parents who represent their child in legal procedures because they have the parental authority and the child does not have the legal capacity to act in judicial procedures; if the parents are not present or in case of conflict of interest, the State must appoint another legal representative, who could be but does not have to be a lawyer; he/she is acting as a legal guardian.</p>
Perpetrator	<p>A perpetrator is a person, group, or institution that directly inflicts, supports and condones violence or other abuse against a person or a group of persons. Perpetrators are in a position of real or perceived power, decision-making and/or authority and can thus exert control over their victims.</p>

³ UNHCR, <https://www.unhcr.org/sexual-and-gender-based-violence.html>

⁴ IASC, *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Actions*, 2015.

⁵ <https://fra.europa.eu/en/publication/2015/guardianship-children-deprived-parental-care>

Separated child	The UN Committee on the Rights of the Child defines separated children as “[...] children, as defined in Article 1 of the Convention, who have been separated from both parents, or from their previous legal or customary primary care-giver, but not necessarily from other relatives. These may, therefore, include children accompanied by other adult family members”. ⁶
Survivor/Victim	A survivor is a person who has experienced gender-based violence. The terms ‘victim’ and ‘survivor’ can be used interchangeably. ‘Victim’ is a term often used in the legal and medical sectors. ‘Survivor’ is the term generally preferred in the psychological and social support sectors because it implies resiliency. ⁷
Third country national	The term “third country national” (TCN) from an EU perspective refers to any person who is not a citizen of the European Union within the meaning of Article 20(1) of TFEU ⁸ and who is not a person enjoying the European Union right to free movement, as defined in Article 2(5) of the Regulation (EU) 2016/399 (Schengen Borders Code). ⁹
Unaccompanied child	The UN Committee on the Rights of the Child defines unaccompanied children (also called unaccompanied minors) as “[...] children, as defined in Article 1 of the Convention, who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so.” ¹⁰
Youth on the move	Within the BRIDGE project, the term “youth on the move” refers to young people aged 16-24 moving for a variety of reasons, voluntarily or involuntarily, within or between countries, with or without their parents or other primary caregivers. This includes: youth displaced by conflict and natural disasters; youth who move with their parents or migrate alone (e.g. to pursue better life opportunities, look for work or education or to escape exploitative or abusive situations at home); and youth who are trafficked.

⁶ UNCRRC, *General Comment 6 on the Treatment of unaccompanied and separated children outside their country of origin*, 2005.

⁷ UNFPA. 2012. *Managing Gender-Based Violence Programmes in Emergencies: E-Learning companion guide*

⁸ Treaty on the Functioning of the European Union

⁹ https://ec.europa.eu/home-affairs/content/third-country-national_en

¹⁰ *idem*

Introduction

The present document has been developed as part of the regional project "Building Relationships through Innovative Development of Gender Based Violence Awareness in Europe - BRIDGE". The BRIDGE project has the overall objective to strengthen the statutory response to gender-based violence (GBV) affecting children and youth on the move in EU countries. Responding to an unmet need to gather important data on GBV affecting children and youth on the move as well as to enhance the capacities of care professionals working with this target group, the project utilizes mobile data collection tools and a blended learning approach.

The BRIDGE project is supported by the European Union's Rights, Equality and Citizenship Programme (2014-2020) and is carried out in a consortium of partners in five countries: **Belgium** (under the coordination of Defence for Children International – DCI Belgium and Fedasil); **Greece** (under the coordination of Arsis – Association for the Social Support of Youth); **Hungary** (under the coordination of Terre des hommes Regional Office for Europe as project lead); **Malta** (under the coordination of Kopin Malta); **Romania** (under the coordination of Terre des hommes Romania).

This document is envisaged to guide and inform the development of questionnaires which are encoded in a mobile data collection tool and which will help the project to have access to important information related to GBV affecting children and youth on the move.

Objectives

The data collection on GBV against children and youth on the move aims at filling in a gap in information and evidence that child rights advocates, particularly those working in the field of international migration, have identified. Collected data will provide more insight for project staff on causes (what leads to GBV) and instances when GBV occurs, current knowledge gaps on GBV amongst professionals and levels of awareness on GBV amongst children and young people on the move, be they unaccompanied or travelling with their parents or other family members. It will equally allow those in charge of its implementation to measure the compliance of authorities, particularly those in charge of the identification and immediate provision of care of children survivors on the move.

Periodicity of data collection and sampling

All data will be gathered on three separate occasions during the project. Data will provide the baseline for the project and may also inform the implementation of other activities in the project.

As detailed in the BRIDGE project description, data will be collected in up to five centers per country per occasion (allowing that authorization can be obtained). The number of care professionals and children targeted by the data collection will directly depend on the size of the targeted accommodation centers. It cannot be defined ex-ante.

Means of verification

All data will be collected through two questionnaires encoded in a Mobile Data Collection (MDC) tool:

- One questionnaire for children and youth used to collect data directly from children and youth on the move (up to 24 years old) through face-to-face encounters
- One questionnaire used to collect data directly from care professionals through face-to-face encounters or through on-line questionnaires

The face-to-face encounters should be realized in a cozy space ensuring confidential interviews. They should be run by a data collector external to the reception structure and a translator if necessary.

Child protection considerations, data management and safeguarding guidance

The questionnaire for children and youth is destined to every child and youth on the move (victim or not of GBV). This questionnaire cannot be used to identify GBV victims or to assess identified GBV victims. We remind that only trained professionals should assess GBV victims. No direct question should be realized on personal traumatic experiences through the BRIDGE questionnaire. If an interviewed child discloses GBV during the data collection, the data collector should stop the data collection and follow the center protocol in case of GBV (normally referring to the GBV focal point). If the center does not possess a specific reporting framework for GBV cases, the data collector should apply the Child Safeguarding Policy of Terre des Hommes¹¹ (see chapter 2.1 Reporting Concerns and Child Protection Incidents).

The questionnaire will include a consent form to inform the respondent on the objectives of the data collection and how we will use the information ensuring the confidentiality of the respondent. In particular, the respondents must be informed that their participation is a choice and that they can opt out at any time during data collection. Depending on the age of the child, permission to proceed with data collection will be sought from both the child and their legal representative by obtaining informed consent and/or informed assent.

Age	Child	Legal representative	If no legal representative or not in the child's best interest	Means
0-4	-	Informed Consent	Other trusted adult's or caseworker's informed consent	Written consent part of the questionnaire
5-9	Informed assent	Informed Consent	Other trusted adult's or caseworker's informed consent	Oral assent + Written consent part of the questionnaire
10-14	Informed assent	Informed Consent	Other trusted adult's or caseworker's informed consent.	Written assent + Written consent both part of the questionnaire

¹¹ <https://www.terredeshommes.org/wp-content/uploads/2017/08/TDH-Child-Safeguarding-Policy.pdf>

Age	Child	Legal representative	If no legal representative or not in the child's best interest	Means
15-18	Informed consent	Informed consent with child's permission	Child's informed consent and sufficient level of maturity takes due weight	Written consent part of the questionnaire
19-24	Informed consent	-	-	Written consent part of the questionnaire

Data collected through the questionnaire will be saved on an online platform (to be determined by project partnership) that is in line with the General Data Protection Regulation (GDPR) principles of the EU. Data analysis and result presentation will ensure the total confidentiality of the respondents.

Classification of Gender-Based Violence against children and youth

The UN Population Fund (UNFPA), the International Rescue Committee (IRC), and the UN High Commissioner for Refugees (UNHCR) have developed a GBV classification tool for the purposes of standardizing GBV data collection across GBV service providers. This classification is in part adapted to child and youth survivors for the purpose of our methodology.

The core types of GBV against children are the following:

1. Child Sexual Abuse

It involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

2. Physical Abuse or Harm

An act of physical violence that is not sexual in nature. It is a form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or caregiver fabricates the symptoms of, or deliberately induces, illness in a child.

3. Child/Early/Forced Marriage

Formal or informal union between two people in which one or both parties are below the age of 18. Even though some countries permit marriage before age 18, international human rights standards classify these as child marriages, reasoning that those under age 18 are unable to give informed consent. Therefore, child marriage is a form of forced marriage as children are not legally competent to agree to such unions.

4. Denial of Resources, Opportunities or Services

Denial of rightful access to economic resources/assets or livelihood opportunities, education, health or other social services. Examples include earnings forcibly taken by an intimate partner or family member, confiscation of identity papers, a girl prevented from attending school, etc. Reports of general poverty should not be recorded.

5. Emotional Abuse

Infliction of mental or emotional pain or injury.

The persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

6. Neglect

The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Data collection methodology framework

Part I: Data collected from care professionals

	Indicator	Data disaggregation	Calculation	Indicator explanation
1	Percentage of children and young people identified as GBV survivors during a 12-month period	by age (up to 24) // by gender // by nationality by status (accompanied/UASC) // by type of GBV by center // by country	$\frac{\# \text{ of child survivors identified}}{\# \text{ of children registered}} \times 100$ Answers provided to questions 5h/4a + 4b, 5i, 5j, 5k to complete the analysis (from the questionnaire for the care professionals and the directors of centers/institutions)	To monitor how many child victims are identified among the children registered in the targeted centers during a 12-month period (5 centers/country)
2	Percentage of survivors among children and young people, referred to GBV referral pathway during a 12-month period	by age (up to 24) // by gender // by nationality by status (accompanied/UASC) // by type of GBV by service provided (psychosocial support, health care, legal assistance, translation, child protection) by center // by country	$\frac{\# \text{ of child survivors referred}}{\# \text{ of children identified}} \times 100$ Answers provided to questions 6i or 6j/5h + 6k + 6l (from the questionnaire for the care professionals and the directors of centers/institutions)	To assess and monitor if identified child victims are using GBV referral services among the children identified in the targeted centers during a 12-month period (5 centers/country)
3	# of institutions (including NGOs) providing services for GBV survivors among children and young people	by service provided (psychosocial support, health care, legal assistance, translation, child protection) by center // by country	No calculation required Answers provided to questions 6e (from the questionnaire for the care professionals and the directors of centers/institutions)	To monitor if GBV referral services are available for children and youth To create a database of GBV services that are available for children and youth
4	# of referral institutions for GBV survivors who provide services tailored to the needs of people on the move	by service provided (psychosocial support, health care, legal assistance, translation, child protection) by center // by country	No calculation required Answers provided to questions 3d, 3e and 6h (from the questionnaire for the care professionals and the directors of centers/institutions)	To monitor if GBV referral services are tailored to the needs of migrant children
5	# of professionals providing services for children GBV survivors (including psychosocial support, health care, legal assistance, translation and child protection)	by gender by institution // by center // by country	No calculation required Answers provided to question 3b (from the questionnaire for the care professionals and the directors of centers/institutions)	To monitor if professionals (in particular female) are available and trained / accredited / qualified to provide GBV referral (referral take out) services

	Indicator	Data disaggregation	Calculation	Indicator explanation
6	Level of knowledge and skills of care professionals in identifying and dealing with GBV against children and youth on the move	by gender // by educational background by service provided (psychosocial support, health care, legal assistance, translation, child protection) by institution // by center // by country	Composite measure summing up the points gained in the responses to a set of questions on a scale of 1 to 4 (Likert scale) Answers provided to questions 2h to 2m, 5f, 8a (from the questionnaire for the care professionals and the directors of centers/institutions)	To identify knowledge and skills gaps and assets (what works) in international standards and procedures, children's rights, data protection protocol, mandatory reporting policies. To identify if care professionals are sensitive to all types of GBV (in particular denial of resources or emotional abuse).
7	Percentage of centers' specific tools for GBV case management	by country	$\frac{\# \text{ of centers using specific tools}}{\# \text{ of visited centers}} \times 100$ Answers provided to questions 7d (from the questionnaire for the care professionals and the directors of centers/institutions)	To identify if centers develop specific tools (mobile app or paper format)
8	Percentage of centers with internal procedures for GBV prevention and response	by type of mechanisms (written or informal) by procedure (disclosure procedures, referral procedures, case management, data management protocols) // by country	$\frac{\# \text{ of centers with procedures}}{\# \text{ of visited centers}} \times 100$ Answers provided to questions 5a, 5b, 6a, 6b, 7a and 7b (from the questionnaire for the care professionals and the directors of centers/institutions)	To monitor if mainstream centers (reception centers, social protection centers) know what do if GBV happens and how to prevent GBV
9	Percentage of centers providing a GBV-related Child Protection Environment	by feature (WASH facilities separated by gender, girl- and boy-friendly spaces for social and recreational activities, children not mixed with non-family related adults) by country	$\frac{\# \text{ of centers with adequate features}}{\# \text{ of visited centers}} \times 100$ Answers provided to question 3f (from the questionnaire for the care professionals and the directors of centers/institutions)	To create a database on how many centers develop GBV prevention mechanisms

Part II: Data collected from children and youth on the move

	Indicator	Data disaggregation	Calculation	Indicator explanation
10	Level of vulnerability of children and youth in front of GBV situations	by age (up to 24) // by gender // by nationality by center // by country	Composite measure summing up the points gained in the responses to a set of questions on a scale of 1 to 5 (to be defined in the questionnaire)	To identify underlying vulnerability factors that can make young people more exposed to potential abuses.
11	Level of awareness of children and youth on GBV	by age (up to 24) // by gender // by nationality by status (accompanied/UASC) by center // by country	Composite measure summing up the points gained in the responses to a set of	To identify awareness gaps in identifying signs of GBV

	Indicator	Data disaggregation	Calculation	Indicator explanation
			questions on a scale of 1 to 5 (to be defined in the questionnaire)	
12	Level of knowledge of children and youth about what to do in case of GBV	by age (up to 24) // by gender // by nationality by status (accompanied/UASC) by center // by country	Composite measure summing up the points gained in the responses to a set of questions on a scale of 1 to 5 (to be defined in the questionnaire)	To identify knowledge gaps about what to do in cases of GBV (victim or witness) and how to report cases of GBV
13	Levels of knowledge of children and youth about the GBV referral pathways and their rights	by age (up to 24) // by gender // by nationality by status (accompanied/UASC) by center // by country	Composite measure summing up the points gained in the responses to a set of questions on a scale of 1 to 5 (to be defined in the questionnaire)	To identify knowledge gaps about GBV referral services and survivor rights (confidentiality, no need of a police report to receive medical care, etc.)