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

Care Professionals Survey – 3rd Data Collection – Survey Analysis Report

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This data collection took place within the framework of the regional project "Building Relationships through Innovative Development of Gender-Based Violence Awareness in Europe - BRIDGE" with the purpose of gathering information on the level of awareness among children and youth on the move on gender-based violence. Data was gathered through a questionnaire encoded in a mobile data collection tool that was used during face to face meetings.

The BRIDGE project is **supported by the European Union's Rights, Equality and Citizenship Programme (2014-2020)** and is implemented under the lead of Terre des hommes Regional Office for Europe in Hungary, in partnership with Defence for Children International Belgium (DCI Belgium) and FEDASIL (Belgium), Association for the Social Support of Youth – ARSIS (Greece), Kopin (Malta) and Terre des hommes Romania. The aim of the project is to strengthen the response to gender-based violence (GBV) affecting children and youth on the move in European Union countries as well as to empower children and youth on the move to better protect themselves.

1. General

Six respondents[1] (5 female, 1 male) filled in the care professionals' survey during the month of November 2020. Three respondents work with organisations working solely with migrants [2 with IOM Malta (International Organisation for Migration[2]) and 1 with the Agency for the Welfare of Asylum Seekers (AWAS)[3]]; two work with families in need and survivors of domestic violence (including through community intervention) with a church-owned foundation; and one works with a children/adolescent helpline provided by an NGO. Half of the respondents identify themselves as

[1] Heavy workloads and extreme (pandemic-related) circumstances that care professionals working in this field encountered during the time of this round of data collection rendered it very difficult for care professionals to participate.

[2] https://malta.iom.int

[3] https://homeaffairs.gov.mt/en/MHAS-Departments/awas/Pages/AWAS.aspx

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professionals while the other three identify themselves as project manager, operation assistant (both working within a assisted voluntary return and reintegration programme within their organisation) and community social worker. Half of the respondents possess a Master's degree while the other half have a Bachelor's / Associate degree.

Training received. All respondents have received GBV training[4] and the majority (4) have received training on migration; while half have received training on child protection. Notably, the respondent from AWAS has neither received training on migration nor child protection, confirming the need – as emphasised in other reports drawn up as part of the BRIDGE project[5] - for further training on relevant issues for the staff employed by the national agency working with migrants.

Knowledge of GBV. The **majority** (4) of the respondents consider that they possess **'somewhat' enough knowledge of GBV for their position** (see Figure 1). Meanwhile, the other two respondents feel that their knowledge is enough ('very much'). Thus, unlike the respondents participating in the second round of data collection[6] – where the majority felt that their knowledge was enough – here the majority are less certain that their GBV knowledge is sufficient for their position.

2. Perceptions of GBV

This section looks at the care professionals' perceptions of GBV, through their responses to the various questions on forms of gender-based violence:

- **All** the respondents **consider an act of physical violence against a child that is not sexual in nature as GBV** (with 4 indicating that this is 'definitely' a form of GBV and 2 replying 'probably').
- **Child marriage is considered as being 'definitely' a form of GBV by all respondents**.
- **All respondents** also **consider denial of access to education as a form of GBV**, with five indicating that it 'definitely' is GBV and one replying 'probably'.
- Finally, **all respondents also consider bullying as a form of GBV**: however, only two indicate that this is 'definitely' so, while the other four reply 'probably'.

[4] Received as part of the BRIDGE project.

[5] Kopin. 2019 (October). *Building Relationships through Innovative Development of Gender-Based Violence Awareness in Europe (Bridge Project). Care Professionals Survey – 1st Data Collection – Key Findings. Malta*. Available: https://childhub.org/en/child-protection-online-library/data-collection-analysis-malta-bridge-project

[6] See: Kopin.2020 (October). Building Relationships through Innovative Development of Gender-Based Violence Awareness in Europe – BRIDGE. Care Professionals Survey – 2nd Data Collection – Survey Analysis Report. Malta.

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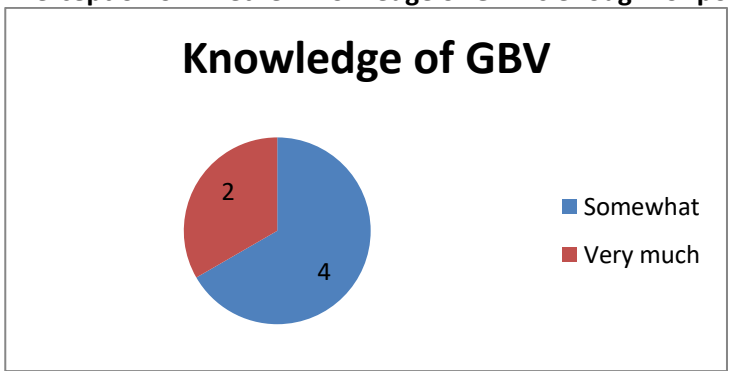
Figure 1 – Perception of whether knowledge of GBV is enough for position held

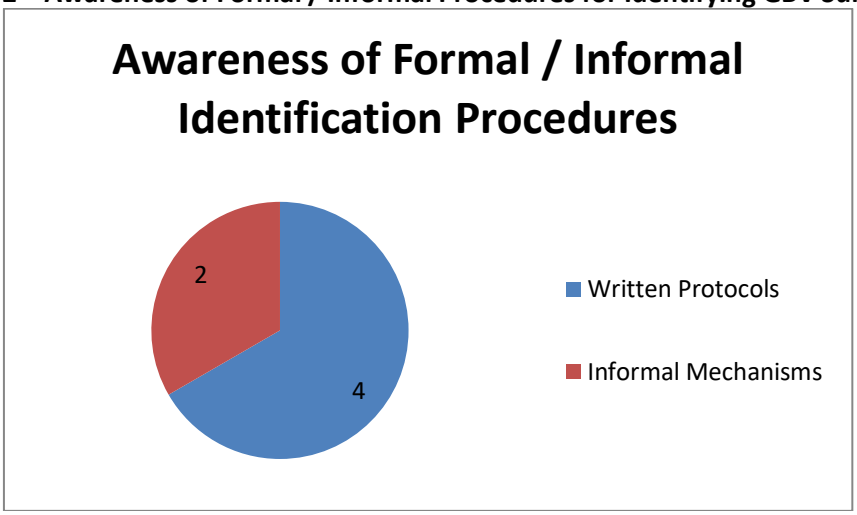


3. Information about the Organisation

Types of support for GBV survivors. Only one respondent (from AWAS) replied to this part of the survey. The respondent indicates that their agency works with migrant children and young people, both under 18 and older. There are 30 female and 15 male professionals working in the centre / institution, which provides psychosocial support, legal assistance, child protection program and translation services to GBV survivors. Such observations stand in stark contrast to the findings emerging from the first and third data collections with migrant youth[7][8] residing at an open centre managed by AWAS, whose majority are not aware of such services.

GBV Survivor Identification Procedures. The **majority (4) of the respondents indicate that their organisation follows written protocols for identifying GBV survivors**; while two indicate that they follow informal mechanisms (see Figure 2).

Figure 2 – Awareness of Formal / Informal Procedures for Identifying GBV Survivors



[7] Kopin. 2019. *Building Relationships through Innovative Development of Gender-Based Violence Awareness in Europe – BRIDGE Project. Children and Youth Survey 1st Data Collection Survey. Key Findings. Malta.* Available: https://childhub.org/en/child-protection-online-library/data-collection-analysis-malta-bridge-project

[8] See: Kopin.2020. Building Relationships through Innovative Development of Gender-Based Violence Awareness in Europe –BRIDGE Project. Children and Youth Survey – 3rd Data Collection – Survey Analysis Report. Malta

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When it comes to specific procedures **identifying *children* survivors of GBV, only half of the respondents (those working with migrant organisations) respond that their organisations have such procedures**, with the other half replying in the negative.

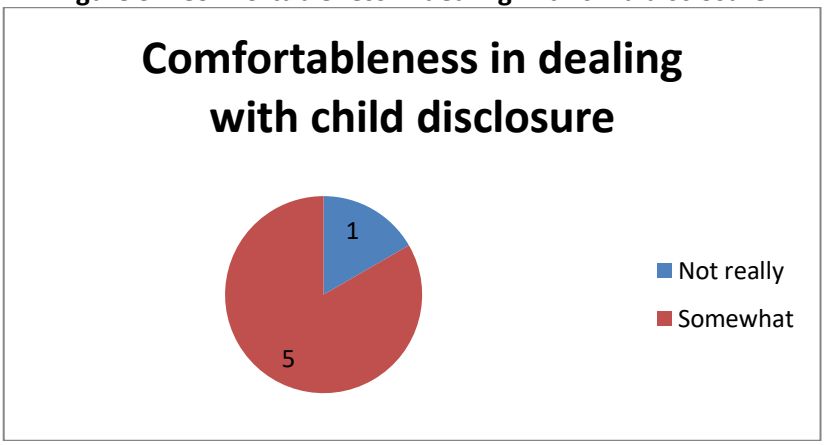
The procedures indicated vary. Those outlined by IOM staff are evidently more elaborate and include a vulnerability framework, guiding legal principles, booklet for survivors, specific tools and guidance notes provided by their global network, thematic specialists for children and youth and for GBV-related themes, and a focal point for child protection. Meanwhile, the employees of the NGO working with vulnerable families indicate that they have pre-admission & risk assessments, as well as regular one-to-one and family sessions; and that while they do not have specific procedures for identifying survivors of GBV in their line of work, they follow child protection guidelines. Notably, the respondent from AWAS does not elaborate on what their organisation's procedures are.

Notably, when asked who specifically identifies GBV in their organisation, half the respondents indicate that everyone does so (with one indicating that they would do so with advice from the support team). Meanwhile, two respondents indicate that GBV would be identified by care professionals, social workers and / or management and one respondent does not indicate who, from their organisation, identifies GBV.

The **most common type of GBV identified is physical abuse** (all respondents), **followed by gender-based discrimination, and sexual and emotional abuse** (5 respondents each). Denial of resources is also identified by the majority of respondents (4) as a type of GBV which is identified.

As seen in Figure 3, **the majority (5) of the respondents feel** only 'somewhat' comfortable dealing with a child disclosure; while one respondent does not really feel comfortable.

Figure 3 – Comfortableness in dealing with child disclosure



When a GBV case is identified among children or youth, the first step, according to the respondents (all of whom replied apart from the AWAS one), would be:

- Inform / refer / report to experts / migrant protection focal point (3 respondents)
- Listen (non-judgmentally) to the child (2 respondents)
- Conduct a safety assessment (1 respondent)
- Follow protocol (1 respondent).

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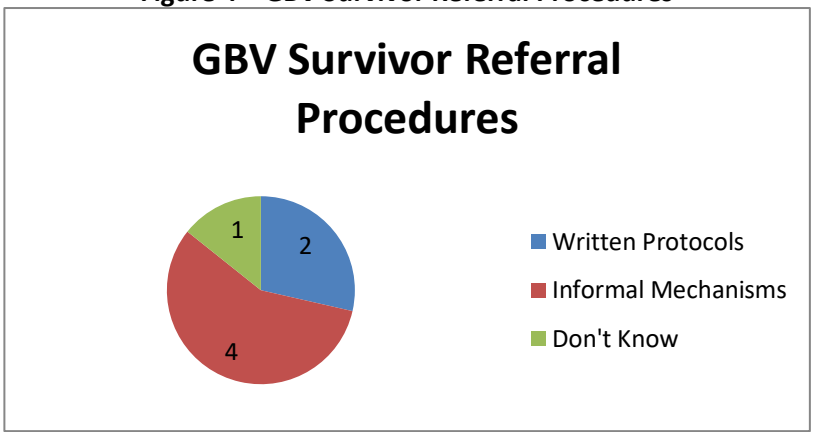
One respondent emphasises the importance of never promising secrecy to the child and of finding an adult whom the child can trust.

GBV Survivor Referral Procedures. As seen in Figure 4, **the majority (4) of respondents** observe that their organisations **follow informal mechanisms for referring a child / young person identified as a GBV survivor**. Meanwhile, two respondents (including 1 from the former group) indicate that they follow written protocols; while one respondent replies that they do not know.

In describing such referral procedures, three respondents mention that they would refer to, or consult with, other agencies, namely the government social work agency, which provides Child Protection Services.[9] One of the same respondents observes that there are a number of forms to be filled in in such cases – including those describing the details of the case – which are then passed on to the relevant organisation. One respondent from IOM observes that there is no clear referral pathway (there being different entry points) and that procedures depend on initial need. Thus they would use the referral tool that was developed in the PROTECT project.[10]

Figure 4 – GBV Survivor Referral Procedures



Areas of Need of GBV Survivors. The main areas of need for children and youth (in relation to GBV) are indicated by the respondents as follows: psychosocial support (all respondents); child protection program and healthcare (5 respondents each); and legal assistance and translation (4 respondents each). Two respondents also add the need for: safe spaces, awareness raising, materials for those who are not literate, and inclusivity for different ages, genders and cultural backgrounds.

When asked **when a case of GBV should be reported to the police**, the five respondents who answer (the respondent from AWAS did not answer) indicate the following situations:

- When in danger of serious harm to self and others (2 respondents)
- After consultation with internal team/experts (1 respondent)
- After consultation with Child Protection Services - and report if necessary /advised (1 respondent)
- When survivor insists on involving the police - on a case by case basis (1 respondent).

[9] https://fsws.gov.mt/en/appogg/Pages/Intake-and-Protection-Services/Child-Protection-Services.aspx

[10] https://malta.iom.int/protect

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Two respondents also emphasise that the **best interest of the child needs to be guaranteed** on all occasions. Finally, with regard to GBV survivor referral among children and young people, one respondent observes that the **child should be an active part of the process**, that is, be involved and – as far as possible – aware of what is happening.

GBV survivor Follow-up. The majority of respondents (4) indicate that their organisation follows informal mechanisms in following up referred GBV cases (case management); while three indicate that their organisation follows written protocols. One of the former group of respondents also indicates they do not know / do not have this information. However, **when asked if their organisation has specific procedures to follow up children and young people survivors of GBV, the large majority (5) of respondents indicate that they do**; only one respondents replies in the negative.
When asked to elaborate on the follow-up procedures, the following observations are made:

- The organisation would follow up with referral organisation until the situation is OK. The GBV survivor can go back to the original organisation if needed, until the case is closed: child protection is always top priority.
- An effort would be made to follow up with stakeholders, but this (i.e. if they reply or not) would depend on them.
- Follow up procedures are general ones, not necessarily related to children. The organisation offers a programme of support for women survivors of GBV and their children. They also offer a six month after care programme for when they move into the community. After this, follow up takes place as necessary, as survivors are then referred to more general services.

Meanwhile, upon being asked if their organisation has specific tools for GBV case management, half the respondents reply in the positive; two in the negative and one that they do not know. With regard to case management tools, the IOM staff indicate the PROTECT referral tool, while another respondent mentions case records, care plans and regular case reviews which are in place in their organisation, also observing that these are currently being updated following an evaluation of the service, which now also more specifically include children's needs.

With regard to **collaborating with other services to follow-up on the referred GBV cases during the preceding 12 months**, the frequency with which such collaborations have occurred are detailed below (the brackets detailing the number of respondents):

- Psychosocial support: frequently (3); (almost) always (2)
- Health care: rarely (2); frequently (2); (almost) always (1)
- Legal assistance: rarely (1); (almost) always (2)
- Child protection program: rarely (1); frequently (4); (almost) always (1)
- Translation service: never (1); rarely (1); (almost) always (1)
- Other types of services: don't know (1); never (1); frequently (1)

One respondent further observes that trust is key.

Guiding Principles of Caring for Child GBV Survivors. As can be seen in Figure 5:
All respondents indicate that they are 'very' knowledgeable in dealing with the following principles:

- working according to the best interests of the child
- ensuring the safety of the child and their right to life, survival and development
- ensuring appropriate confidentiality

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- involving the child in decision-making
- treating every child fairly and equally.

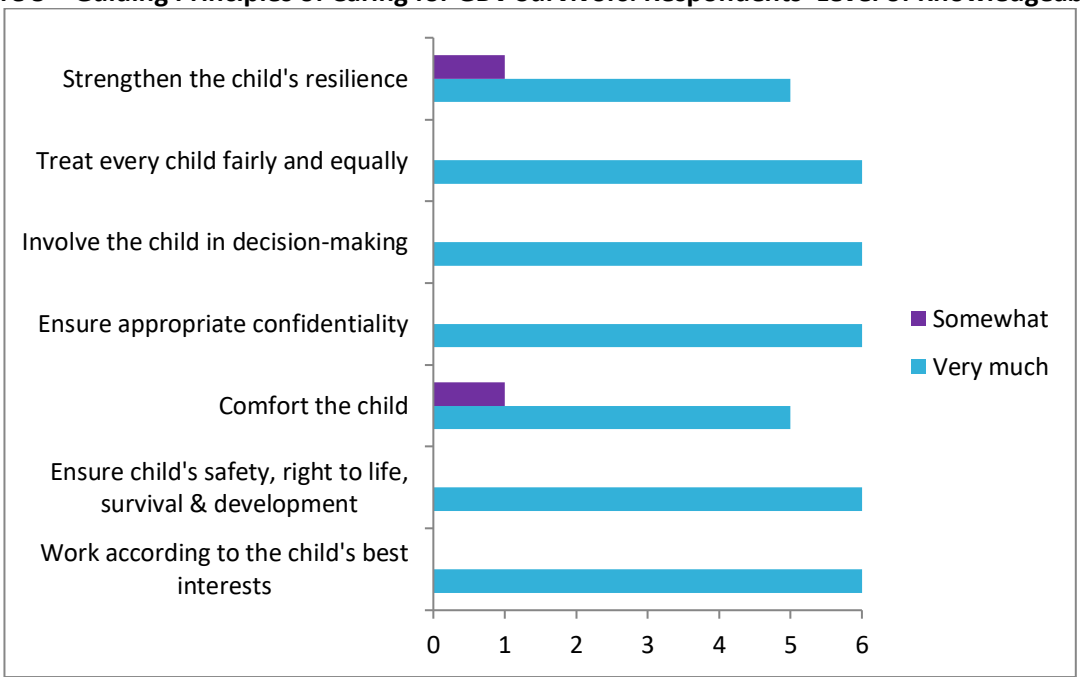
The large majority (5) of respondents feel 'very', and one feels 'somewhat', knowledgeable in dealing with the following principles:

- comforting the child
- strengthening the child's resiliencies.

4. Conclusions and Recommendations

The findings emerging from this round of data collection with care professionals are largely positive. The fact that the majority of respondents feel that they only possess 'somewhat' enough knowledge of GBV for their position may lead to their further interest in the subject and thus lead them to pursue further knowledge and training on GBV. The responses also demonstrate a certain caution on the respondents' behalf, a caution which is desirable when dealing with children and young migrant survivors of GBV, whose background is often unclear and whose situation is so vulnerable. It is to be hoped that the survey and training provided through the BRIDGE project serve as a launchpad for further reflection and professional development on GBV in relation to migrant youth and children. This is also of importance when considering the fact that the majority of respondents feel only 'somewhat' comfortable in dealing with a child disclosure. Positively, however, all the respondents feel very knowledgeable with most of the guiding principles of caring for child GBV survivors.

Figure 5 – Guiding Principles of Caring for GBV Survivors: Respondents' Level of Knowledgeability



Of note is the relatively high (half) number of respondents indicating their organisations do not have specific procedures identifying children survivors of GBV; as well as the majority of respondents indicating their organisations only have informal mechanisms for referring children/young persons identified as GBV survivors. Such findings suggest the need for developing and formalising

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identification and referral procedures across all organisations working – or coming in contact with – children and young migrant survivors of GBV.

5. General Conclusions

The findings emerging from this round of data collection with regard to the lack of formal mechanisms in identifying and referring children and youth migrant survivors of GBV are similar to those found in the first two rounds of data collection. Responses of care professionals working with migrant youth bring to light the absence of well-defined procedures in GBV survivor case management (including identification, referral and follow-up), both within and across organisations. Even where some mechanisms do exist, these are not known to all professionals, as is evidenced by the lack of consistency in the responses on such mechanisms among different professionals within the same organisation(s); as well as by respondents conflating the different stages of GBV case management.

Such findings emphasise the urgent need for specific formal procedures within and across organisations and their clear demarcation for all professionals and care workers involved at every stage of child and youth migrant GBV survivor case management, thus ensuring the correct identification, referral, service provision and follow-up of youth on the move experiencing such violence. This would also ensure synchronicity of the multiple organisations working with child and youth migrants in Malta who have experienced GBV, and thus ultimately safeguarding the same children's interests and wellbeing.

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