



Data Collection Analysis in Greece

“BRIDGE - Building Relationships through Innovative Development of Gender Based Violence Awareness in Europe” project

Data Collection Analysis - First Round

In the context of the regional project “Building Relationships through Innovative Development of Gender Based Violence Awareness in Europe – BRIDGE”, a survey was conducted during the months **June and July 2019** concerning specific issues of Gender Based Violence. Children and youth on the move, as well as public and private services for social care and for the protection of minors, care professionals, social scientists, psychologists, lawyers, cultural mediators and accommodation centers’ coordinators took part voluntarily at the survey.¹

The research was conducted in the form of questionnaires containing both open-ended and multiple-choice questions. Each questionnaire was completed after an individual meeting of the data collector with the participants.

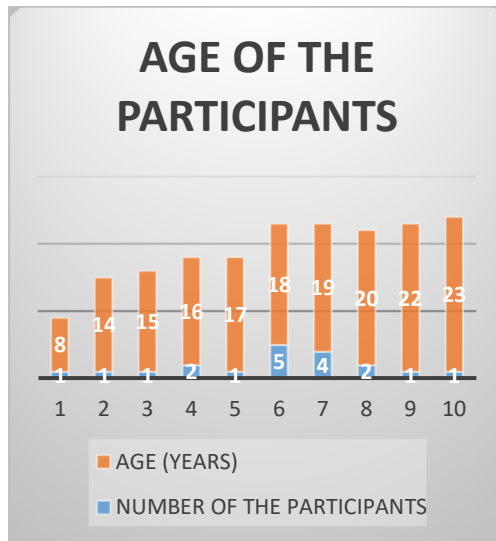
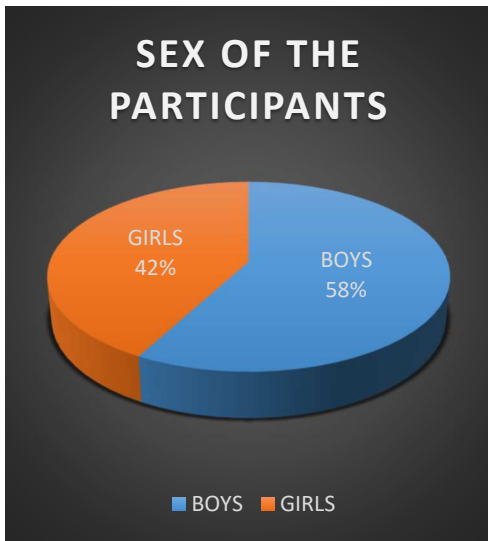
Collected data will provide more insight on causes (what leads to GBV) and instances when GBV occurs, current knowledge gaps on GBV amongst professionals and levels of awareness on GBV amongst children and young people on the move.

A. According to the research data on children, the following data have emerged:

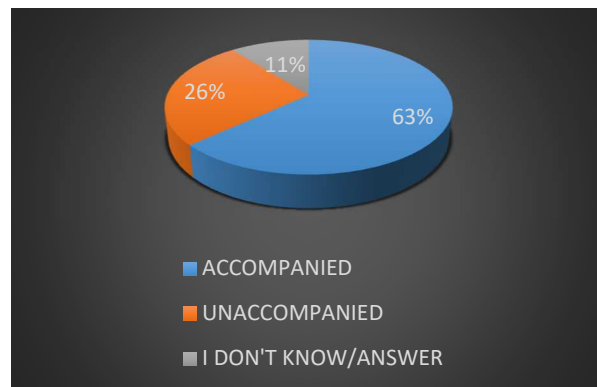
1. The survey involved 19 children, 11 boys and 8 girls, aged from 8 to 23 years, coming from the following countries: Syria, Afghanistan, Mali, Iraq, Lebanon, Bulgaria, Nigeria and Greece.

¹ “Disclaimer: The content of this document represents the views of the author only and is his/her sole responsibility. The European Commission does not accept any responsibility for use that may be made of the information it contains.”





2. Of the above children, 12 stated that they are in the country with at least one member of their family, 5 stated that they are unaccompanied while 2 did not answer the question.



3. Participants were asked about their views on gender-based violence. In particular, we described to them different situations and asked what they believed about them.

One of the examples was:

“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! What do you think about this situation?”

In the above question participants had to choose among 6 possible answers, with the right to choose more than one answer. Of the 19 children, 14 said *“It is ok for a boy to cry in that situation”*, 10 said *“The boy should ask for the teacher’s support in this kind of situation”* and 13 that *“The boy should ask for friend’s support in this kind of situation”*.



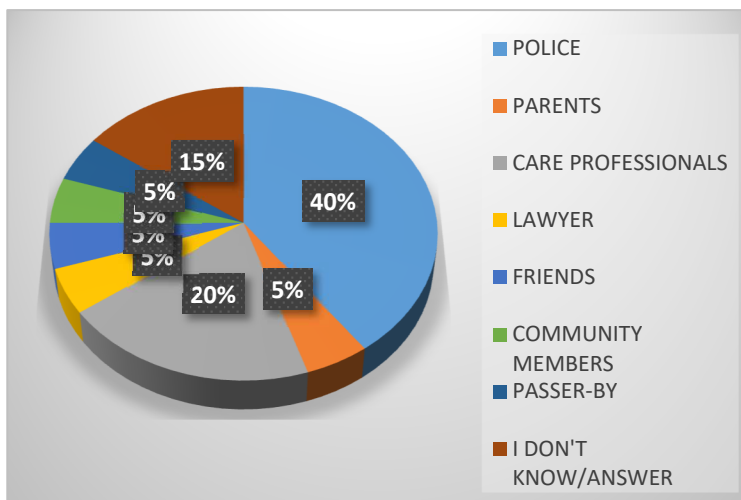
Another example that we have set was the following:

“In the street, you see a husband beating his wife. What do you think about this situation?”

In the above question participants had to choose among 6 possible answers, with the right to choose more than one answer. Of the 19 children, 17 responded that *“It’s a form of violence”*, while 3 said *“It is just a private issue, it has nothing to do with me”*.

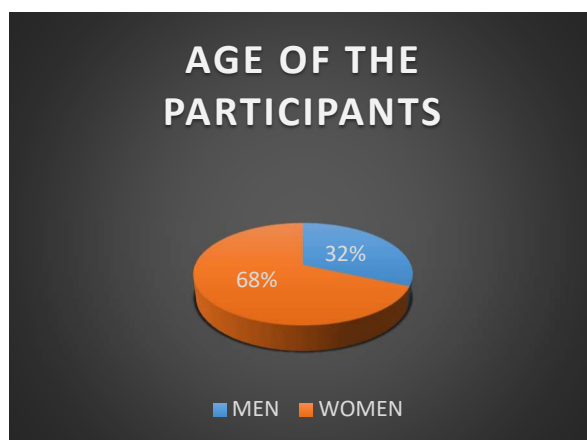
4. Finally, participants were asked about the possibilities for reporting incidents of gender-based violence.

“From whom would you ask for help in case you encountered any form of violence?”
(Open-ended question)

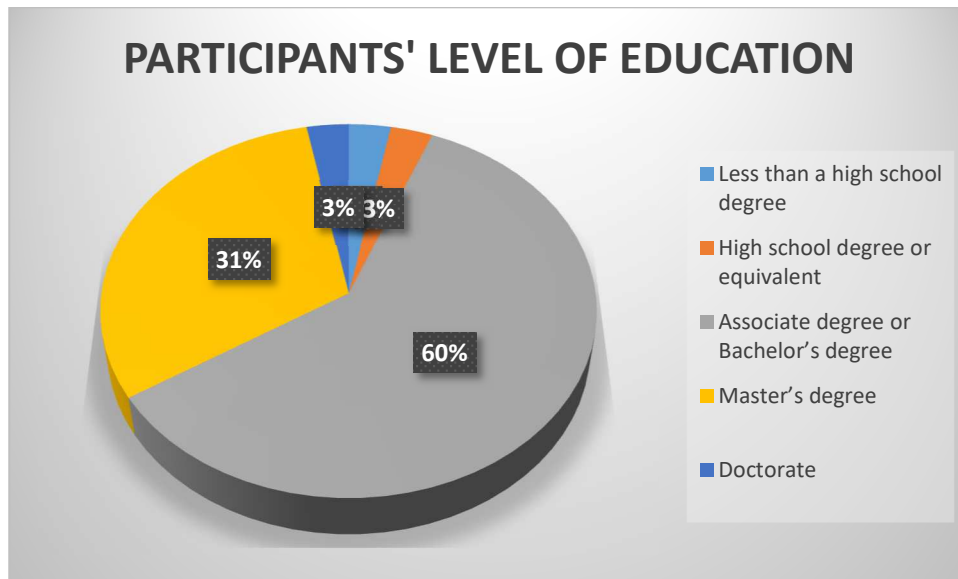


B. According to the research data on care professionals, the following results have emerged:

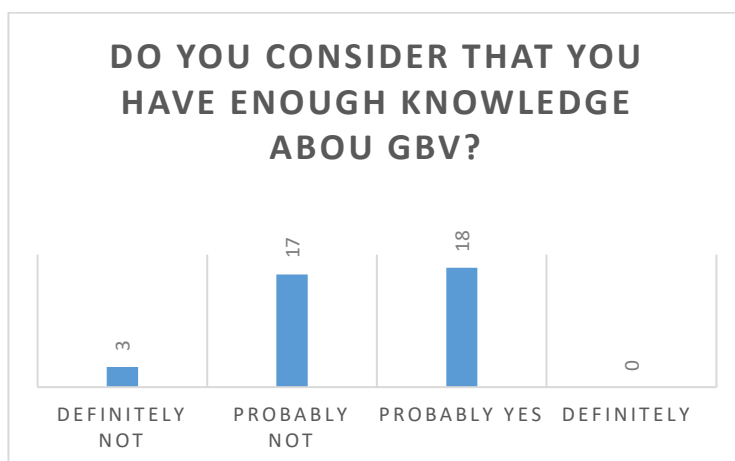
1. 38 professionals took part in the survey.



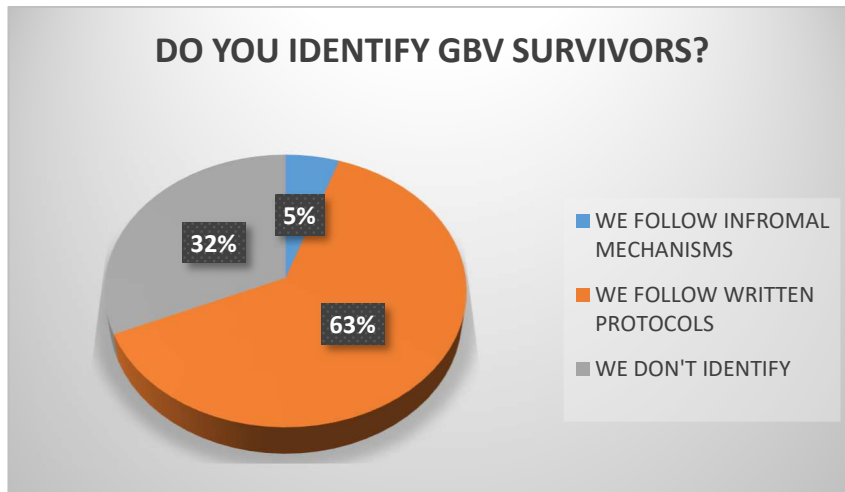
2. 21 of them work in accommodation centers for minors, families or abused women or in safe zones for unaccompanied minors. The rest participants are social workers, psychologists, lawyers, educators and street workers working in private or public institutions for social care and child protection.



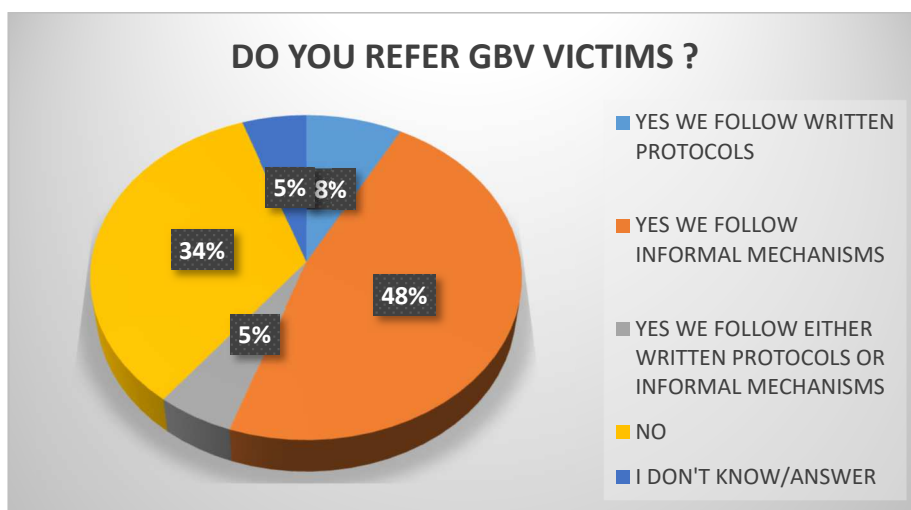
3. Participants have been asked if they consider that they have enough knowledge about GBV for their position. The answers are:



4. Concerning the GBV survivors identification procedures, we asked the professionals if the institution where they work has formal/informal procedures for identifying GBV survivors.



5. The survey developed also the issue of referral procedures for victims / survivors of gender-based violence between minors and young adults. Participants were asked if their center/institution has formal/informal procedures for referring a child or young person identified as a GBV survivor.

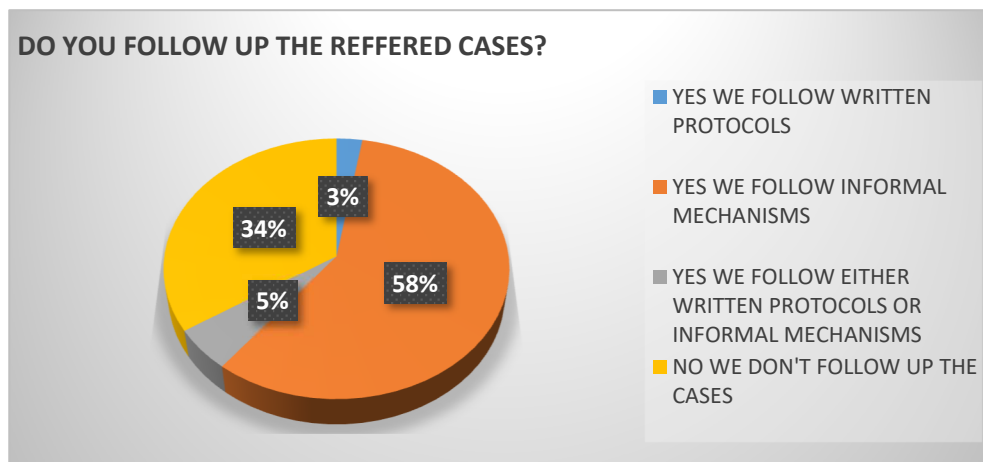


Depending on each incident and the specific assistance that the victim of gender-based violence may need (eg psychosocial support, health care, legal support, child protection program, interpretation service) professionals report the incidents to the following public and private authorities: Police, Public

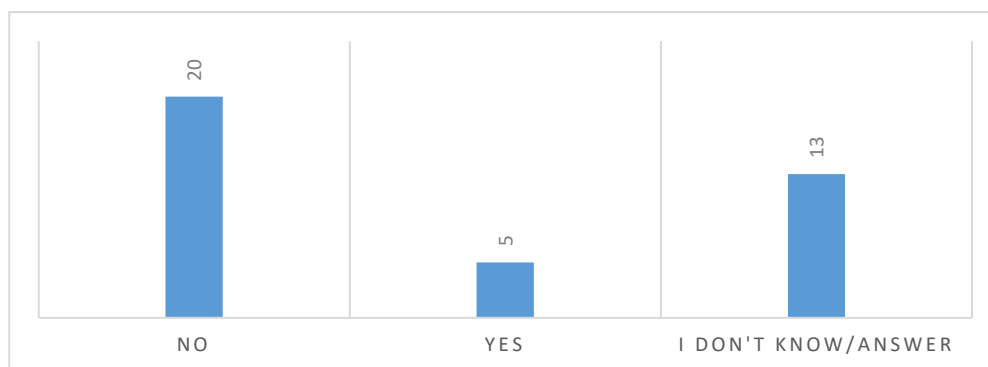


Prosecutor's Office, Minors' Prosecutor's Office, Hospitals, ARSIS, METADRASI, SOLIDARITY NOW, DIOTIMA, GREEK COUNCIL FOR REFUGEES, INTERVOVLVE.

6. The research continued with follow-up procedures on the progress of cases referred by professionals to other authorities. We asked participants whether their center / institution has practices for following up referred GBV cases.



7. Finally, participants were asked whether the institution where they work has specialized tools for managing gender-based violence cases.



Data Collection Analysis – Second Round

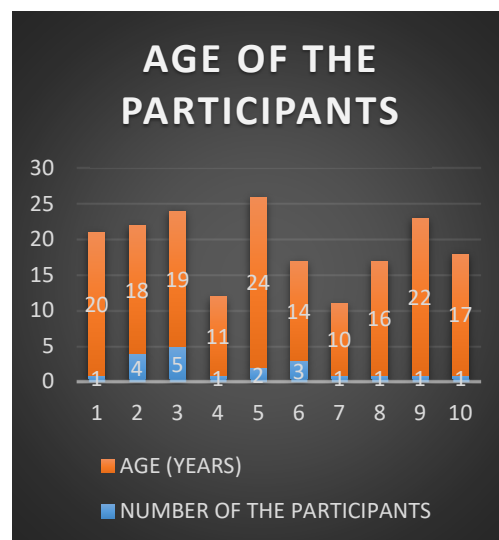
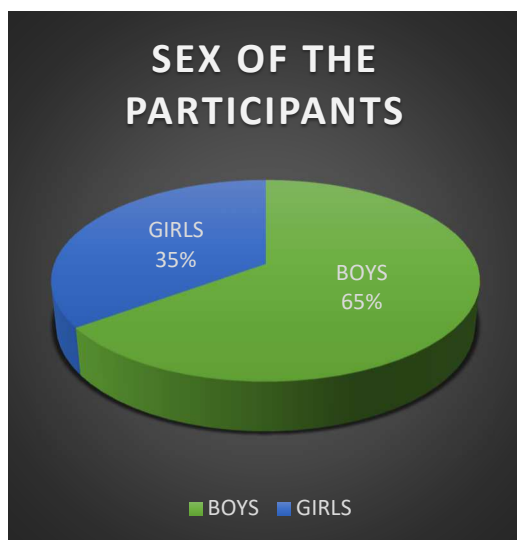
In the context of the European project “Building Relationships through Innovative Development of Gender Based Violence Awareness in Europe – BRIDGE”, the second round of the survey on specific issues of Gender Based Violence was conducted during the months **November 2019 – January 2020** in Thessaloniki, Greece. Children and youth on the move, as well as professionals at public and private services for social care and for the protection of minors took part voluntarily at the survey.²

The research was conducted in the form of questionnaires containing both open-ended and multiple-choice questions. Each questionnaire was completed after an individual meeting of the data collector with the participants.

Collected data will provide more insight 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.

A. According to the research data on children and youth, the following data have emerged:

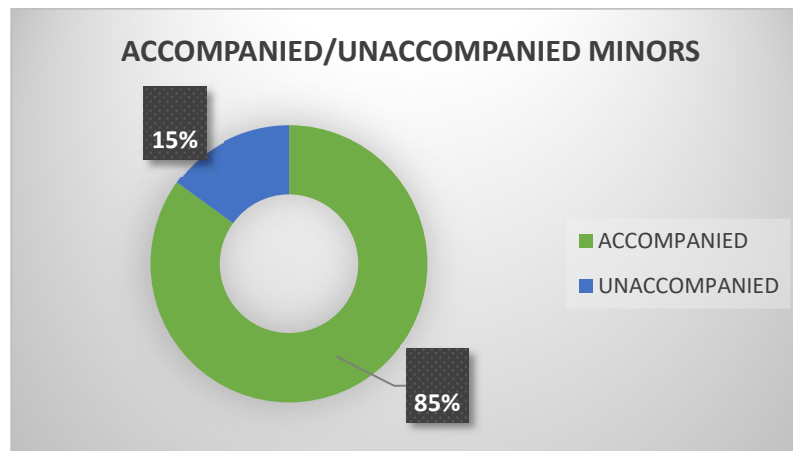
1. The survey involved 20 children and youth, 13 boys and 7 girls, aged from 10 - 24 years, coming from the following countries: Afghanistan, Iraq, Bulgaria, Congo, Albania, Palestine, Iran and Greece.



² “Disclaimer: The content of this document represents the views of the author only and is his/her sole responsibility. The European Commission does not accept any responsibility for use that may be made of the information it contains.”



2. Of the above children and youth, 17 stated that they are in the country with at least one member of their family and 3 stated that they are unaccompanied.

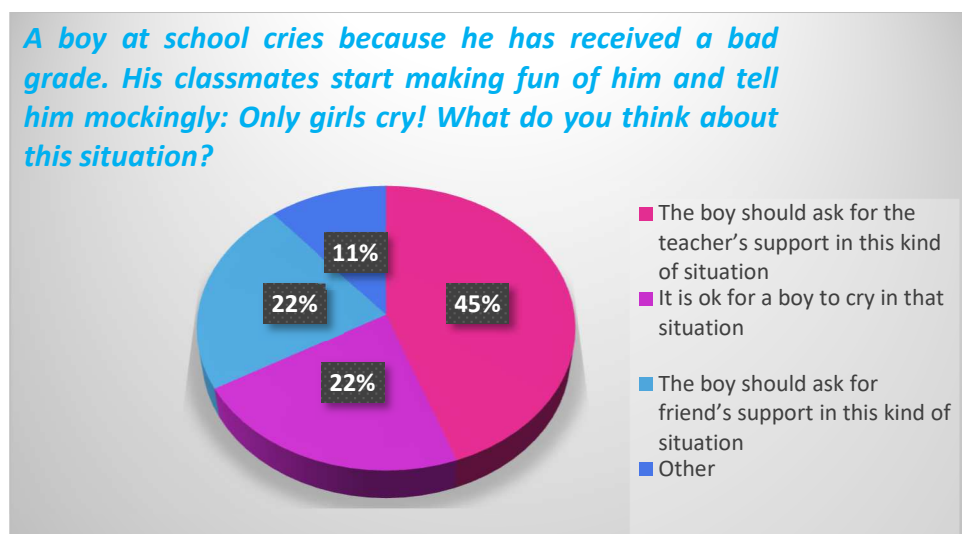


3. Participants were asked about their views on gender-based violence. In particular, we described to them different situations and asked what they believed about them.

→ One of the examples was:

“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! What do you think about this situation?”

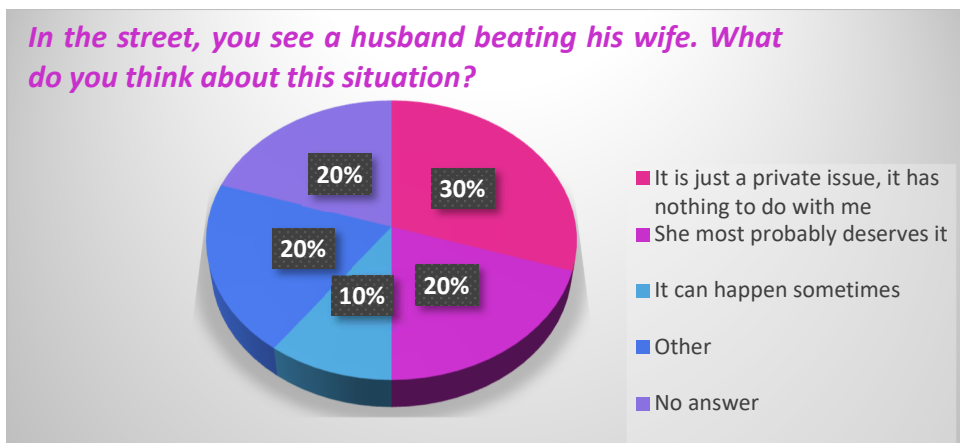
In the above question participants had to choose among 6 possible answers, with the right to choose more than one answer. 8 of the 20 participants answered that *“The boy should ask for the teacher’s support in this kind of situation”*, 4 replied that *“It is ok for a boy to cry in that situation”*, 4 said that *“The boy should ask for friend’s support in this kind of situation”*, 2 participants agreed with how the boy’s colleagues reacted and 2 participants have given other answers.



→ Another example that we have set was the following:

“In the street, you see a husband beating his wife. What do you think about this situation?”

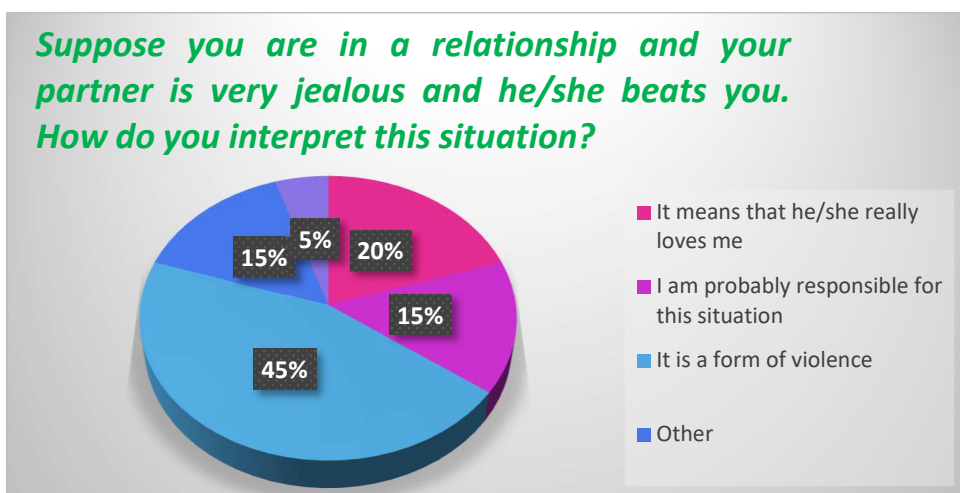
In the above question participants had to choose among 6 possible answers, with the right to choose more than one answer. Of the 20 participants, 9 responded that *“It’s a form of violence”*, 3 said *“It is just a private issue, it has nothing to do with me”*, 2 answered that *“She most probably deserves it”*, 1 said that *“It can happen sometimes”*, 3 participants gave other answers and 2 of them did not want to answer.



→ A third situation was:

“Suppose you are in a relationship and your partner is very jealous and he/she beats you. How do you interpret this situation?”

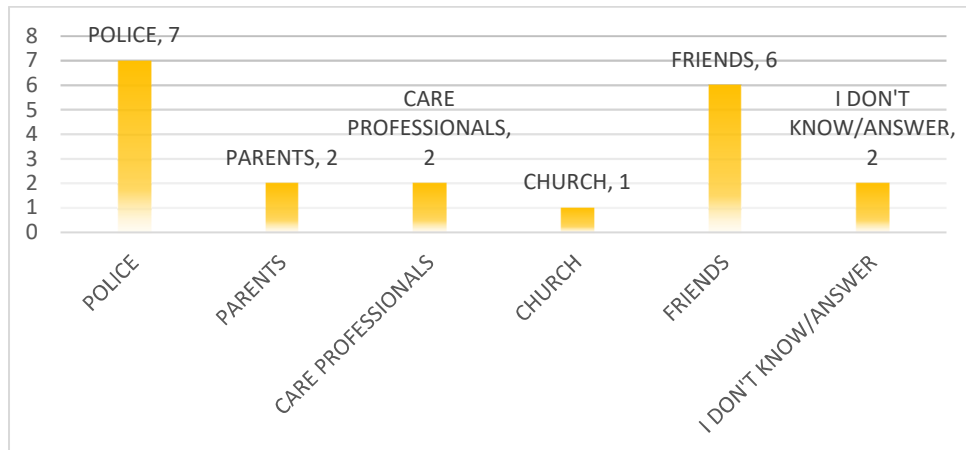
In the above situation: 4 participants answered that *“It means that he/she really loves me”*, 3 of them said that *“I am probably responsible for this situation”*, 9 recognized that *“It is a form of violence”*, 1 of them did not want to reply and 3 participants gave other answers.



4. Finally, participants were asked about their attitudes in regards to the GBV referral pathways

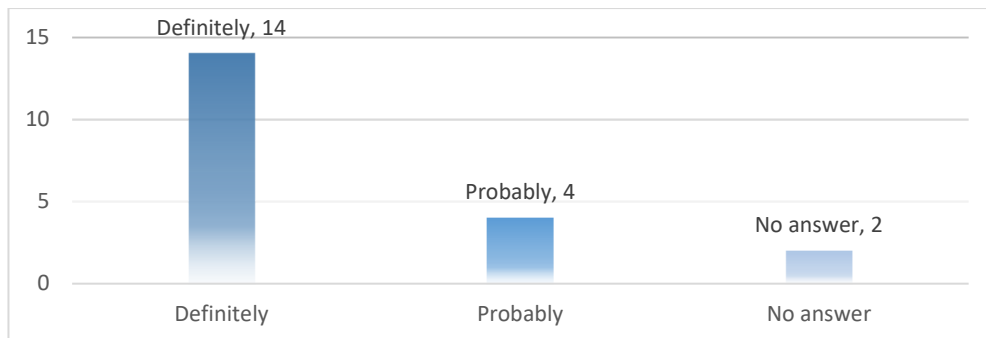
→ At the question:

“From whom would you ask for help in case you encountered any form of violence?” (Open-ended question), participants answered:



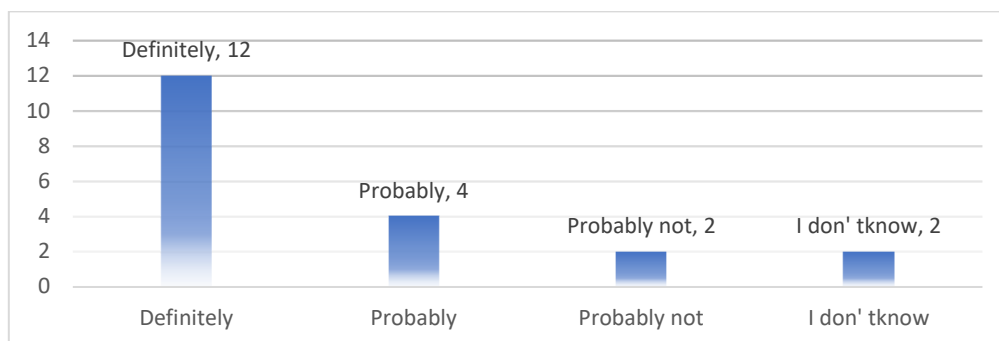
→ At the question:

“Is there medical support if someone needs it” participants answered:



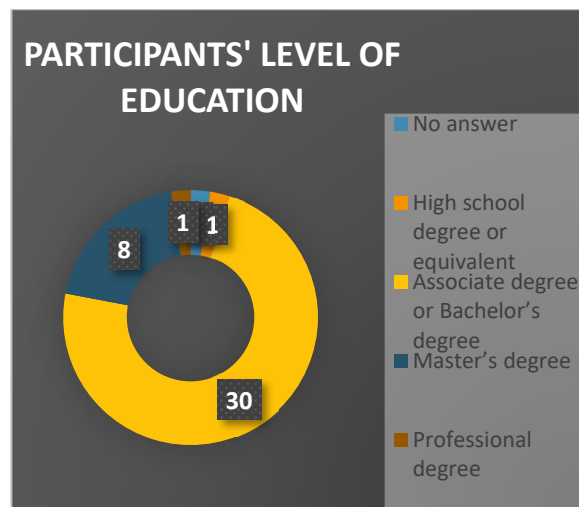
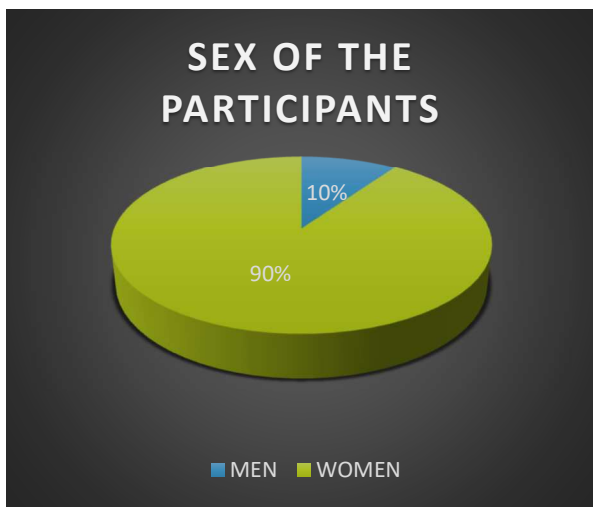
→ At the question:

“Is there legal assistance if someone needs it” participants answered:

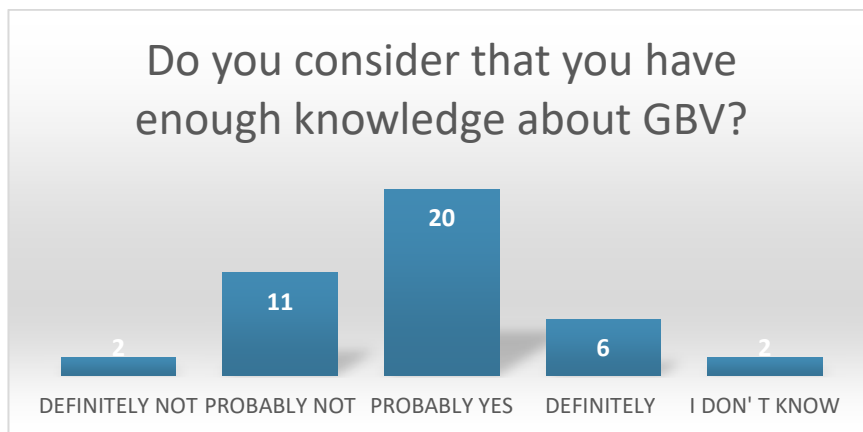


B. According to the research data on care professionals, the following results have emerged:

- 41 professionals took part in the survey. They were coming from different services and scientific backgrounds. Some of them work at the public sector (e.g. police, municipalities, social services, hospitals and schools) and others are employees of private services (e.g. NGOs, asylum reception facilities, social associations, self-employed professionals). Among the participants were psychologists, social workers, educators, kindergarten teachers and policemen.



- Participants have been asked if they consider that they have enough knowledge about GBV for their position. Their answers are:

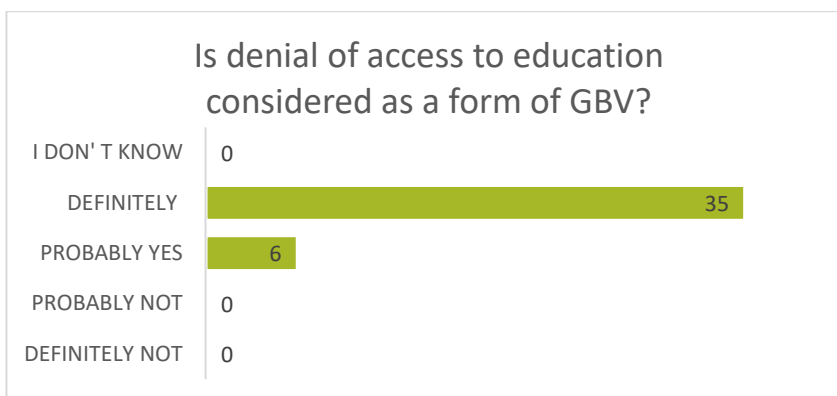
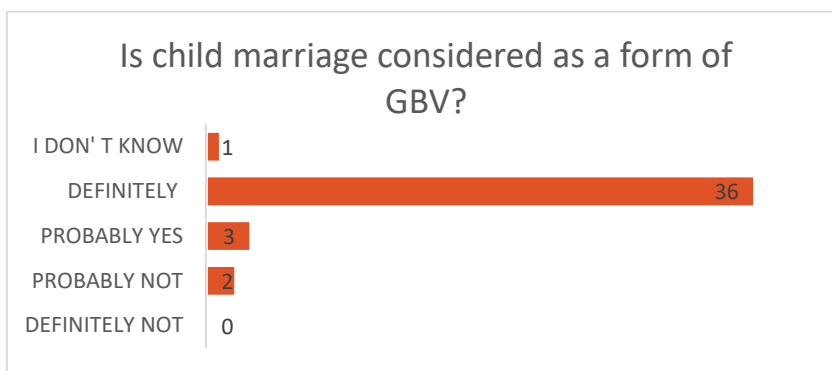


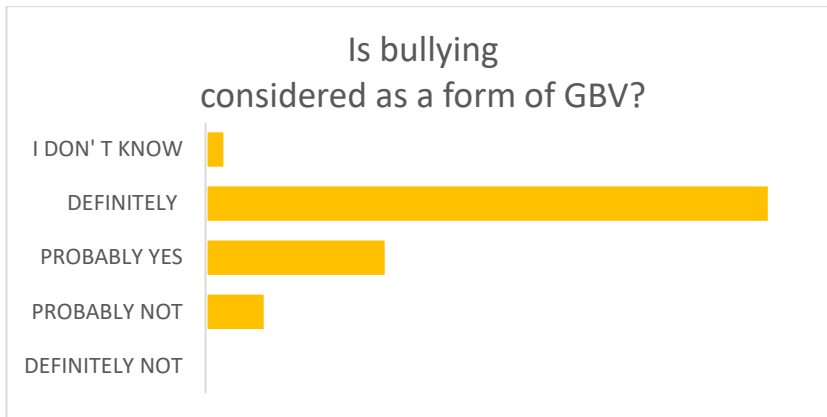
- Subsequently, we asked the participants if they have ever taken trainings on the topics of migration, child protection and gender-based violence. Their answers are:



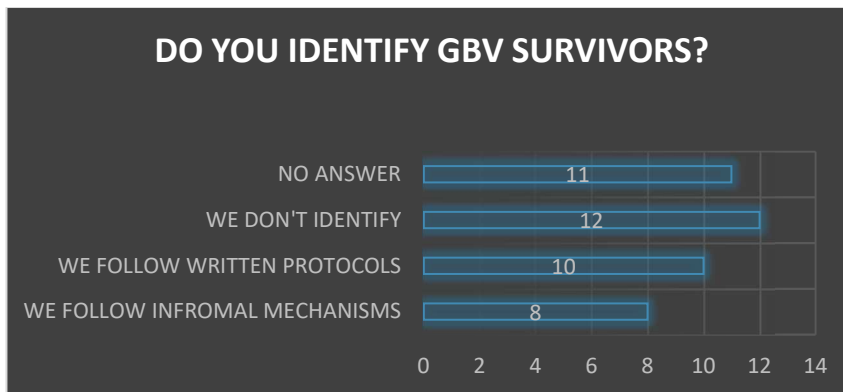


4. Having clarified to the participants the definition of GBV as *"any act perpetrated against person's will based on gender norms and unequal power relationships"*, we asked for their perceptions on some cases. For example, we asked them if they consider child marriage, denial of access to education and bullying as forms of gender-based violence.

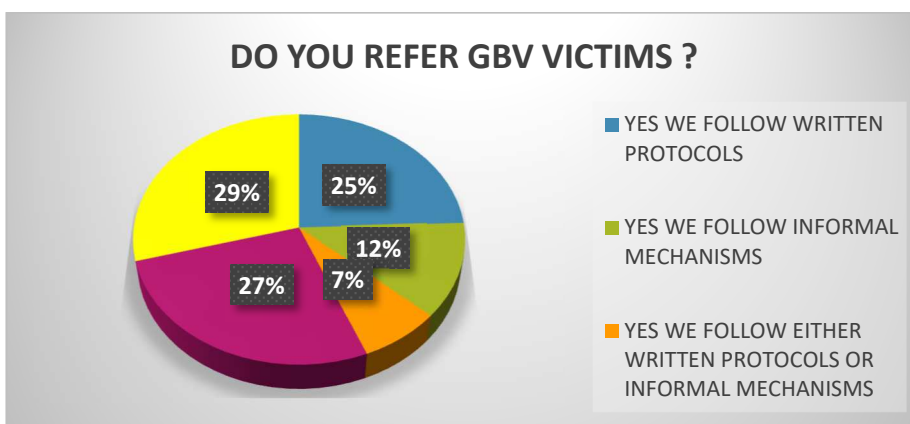




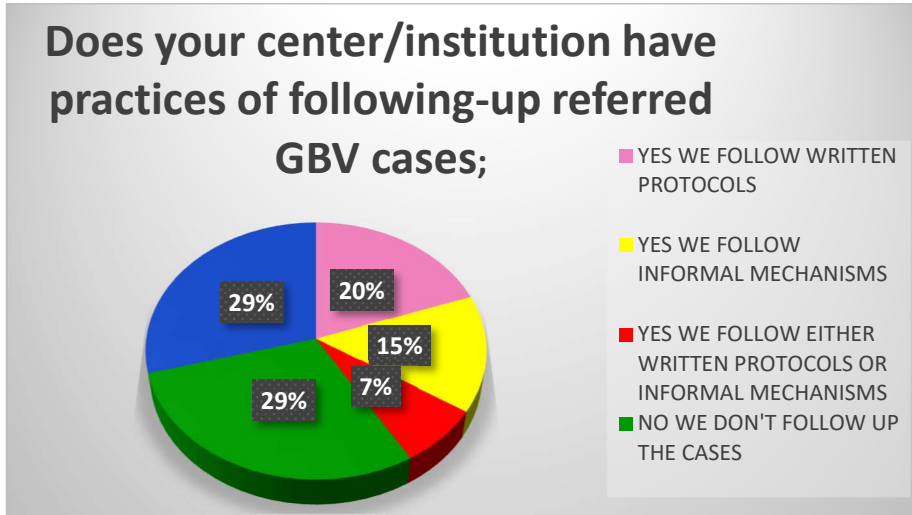
5. Concerning the GBV survivors identification procedures, we asked the professionals if the institution where they work has formal/informal procedures for identifying GBV survivors.



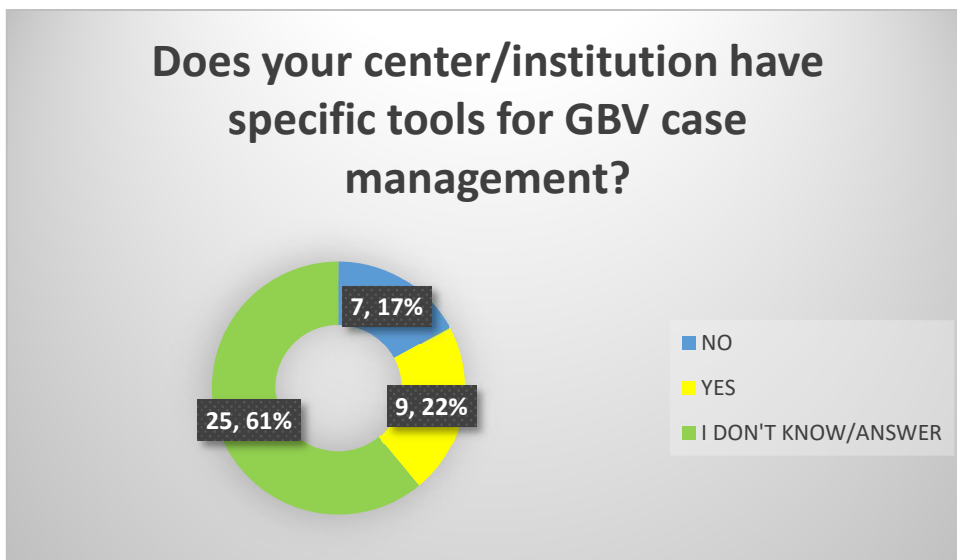
6. The survey developed also the issue of referral procedures for victims / survivors of gender-based violence between minors and young adults. Participants were asked if their center/institution has formal/informal procedures for referring a child or young person identified as a GBV survivor.



7. The research continued with follow-up procedures on the progress of cases referred by professionals to other authorities. We asked participants whether their center / institution has practices for following up referred GBV cases.



8. Finally, participants were asked whether the institution where they work has specialized tools for managing gender-based violence cases. It seems to be weird but the majority of the participants did not know/want to answer the question



Data Collection Analysis – Third Round

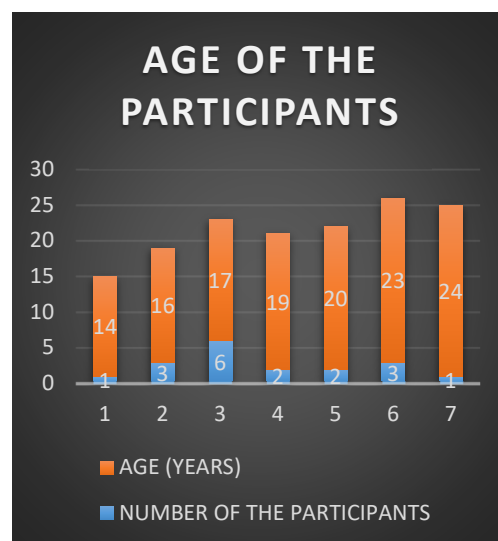
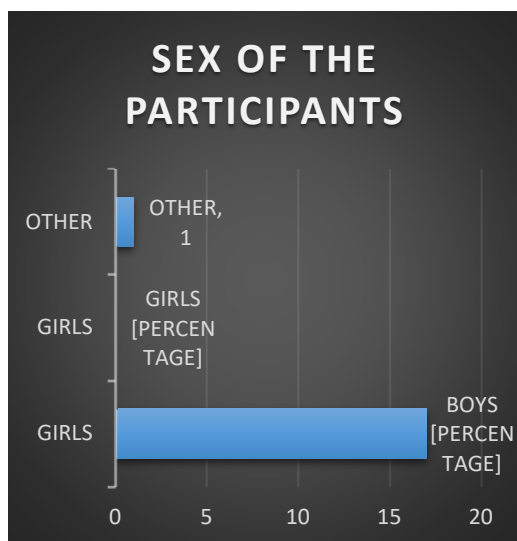
In the context of the European project “Building Relationships through Innovative Development of Gender Based Violence Awareness in Europe – BRIDGE”, the third round of the survey on specific issues of Gender Based Violence was conducted during the months **April - May 2020** in Thessaloniki, Greece. Children and youth on the move, as well as professionals at public and private services for social care and for the protection of minors took part voluntarily at the survey.³

The research was conducted in the form of questionnaires containing both open-ended and multiple-choice questions. Each questionnaire was completed after an individual meeting of the data collector with the participants.

Collected data will provide more insight 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.

A. According to the research data on children and youth, the following data have emerged:

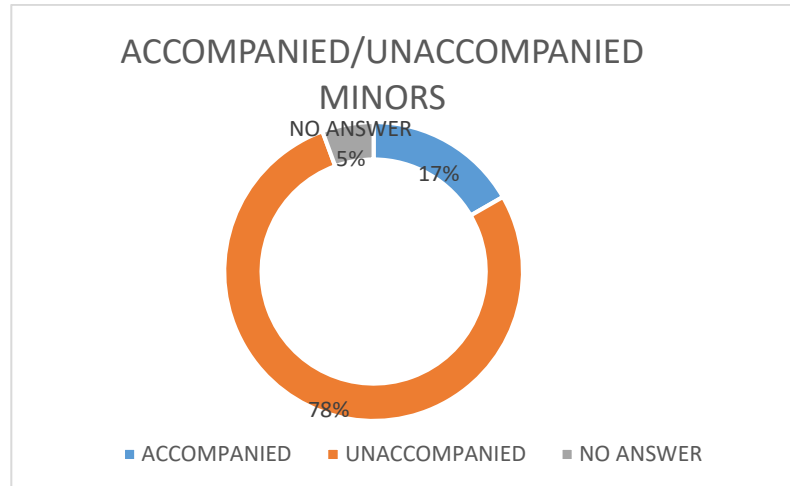
1. The survey involved 18 children and youth, aged from 14 - 24 years, coming from the following countries: Afghanistan, Palestine, Iran and Pakistan. The 17 of them were boys and the last one did not want to declare his/her gender.



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2. Of the above children and youth, 3 stated that they are in the country with at least one member of their family, 1 child did not want to answer the question and 14 stated that they are unaccompanied.

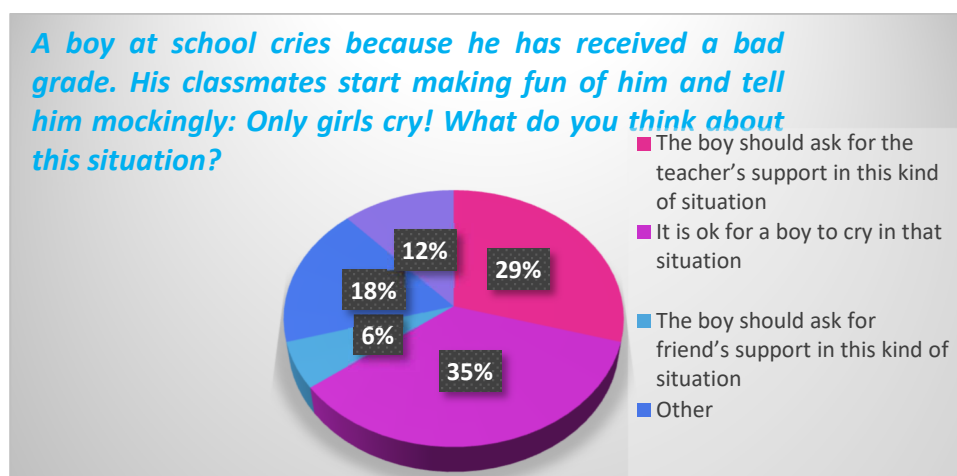


3. Participants were asked about their views on gender-based violence. In particular, we described to them different situations and asked what they believed about them.

→ One of the examples was:

“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! What do you think about this situation?”

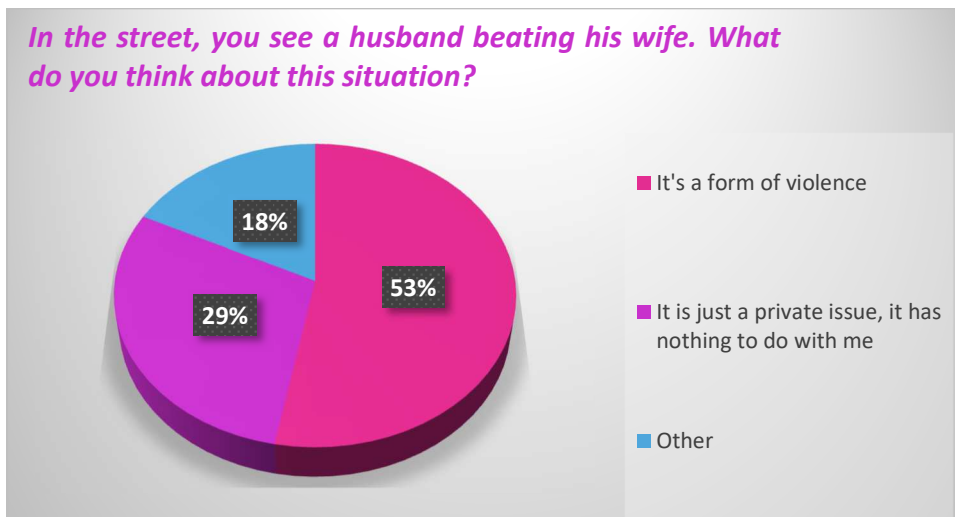
In the above question participants had to choose among 6 possible answers, with the right to choose more than one answer. 5 of the 18 participants answered that *“The boy should ask for the teacher’s support in this kind of situation”*, 6 replied that *“It is ok for a boy to cry in that situation”*, 1 said that *“The boy should ask for friend’s support in this kind of situation”*, 1 participant agreed with how the boy’s colleagues reacted 3 participants have given other answers.



→ Another example that we have set was the following:

“In the street, you see a husband beating his wife. What do you think about this situation?”

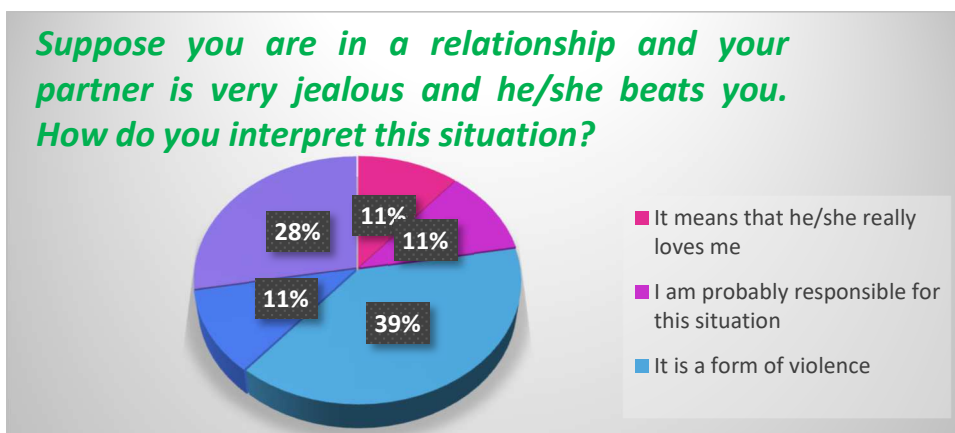
In the above question participants had to choose among 6 possible answers, with the right to choose more than one answer. Of the 20 participants, 9 responded that *“It’s a form of violence”*, 5 said *“It is just a private issue, it has nothing to do with me”* and 4 participants gave other answers.



→ A third situation was:

“Suppose you are in a relationship and your partner is very jealous and he/she beats you. How do you interpret this situation?”

In the above situation: 2 participants answered that *“It means that he/she really loves me”*, 2 of them said that *“I am probably responsible for this situation”*, 7 recognized that *“It is a form of violence”*, 5 of them did not want to reply and 2 participants gave other answers.

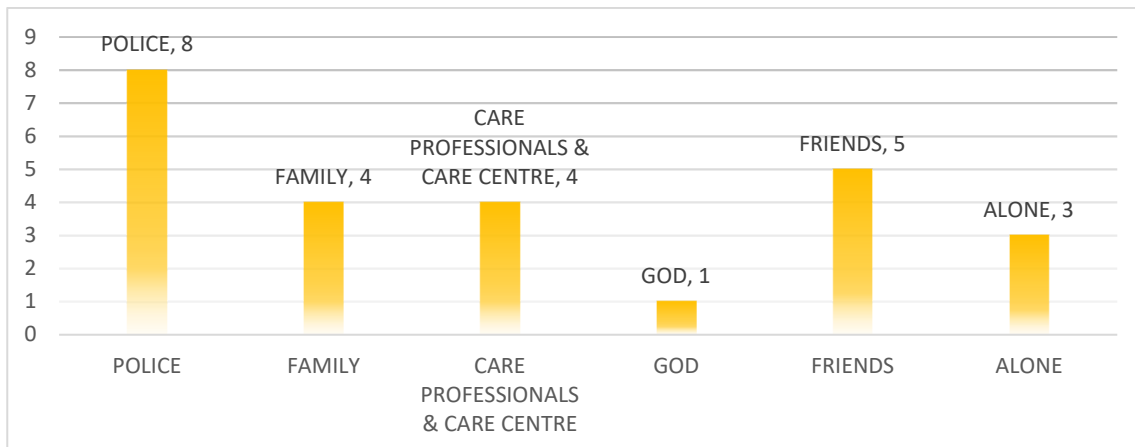


4. Finally, participants were asked about their attitudes in regards to the GBV referral pathways

→ At the question:

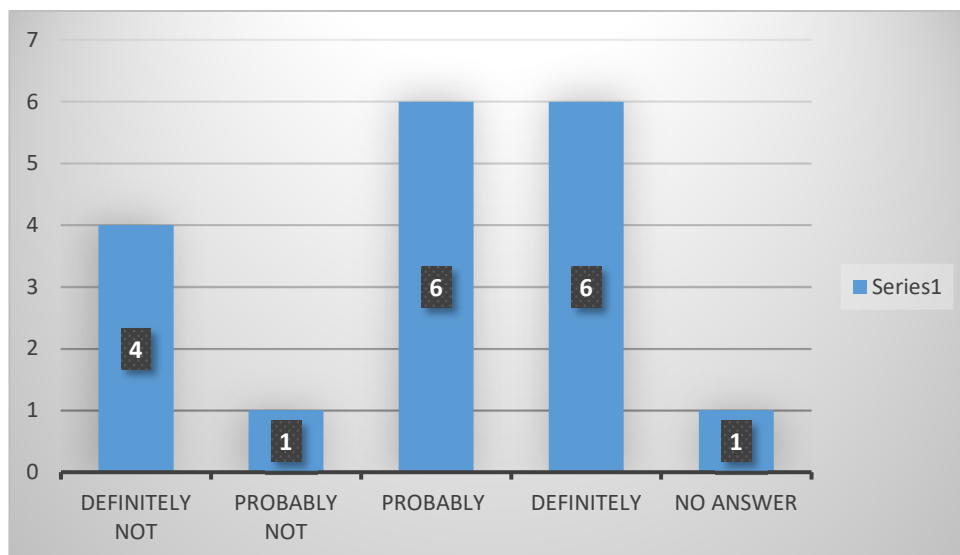
“From whom would you ask for help in case you encountered any form of violence?”

(Open-ended question), participants gave many different answers and some of them gave more than one alternatives:



→ At the question:

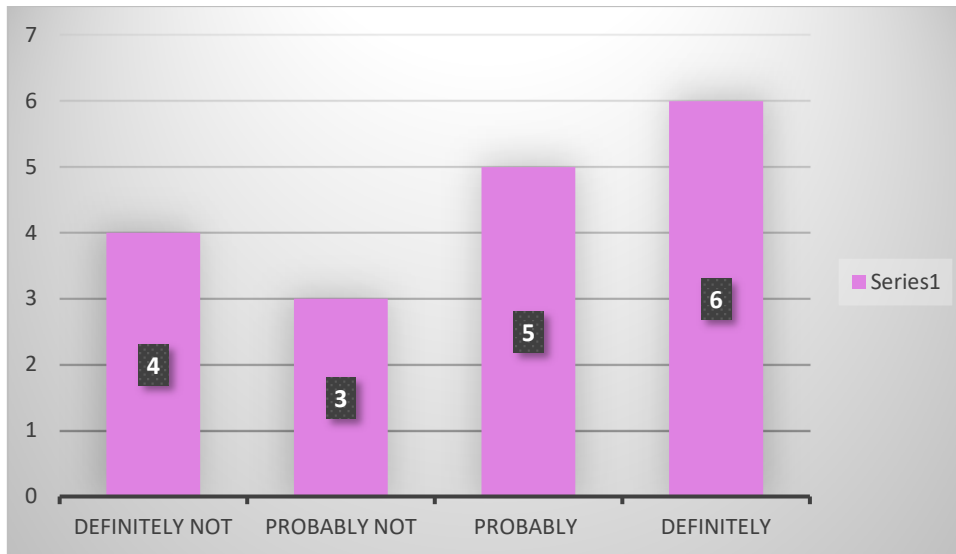
“Is there medical support if someone needs it” participants answered:



→ At the question:

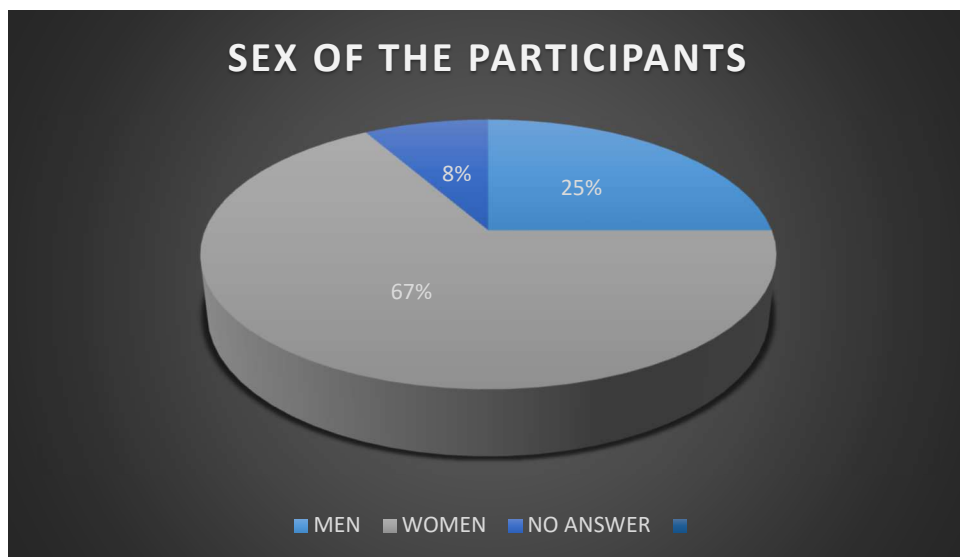
“Is there legal assistance if someone needs it” participants answered:



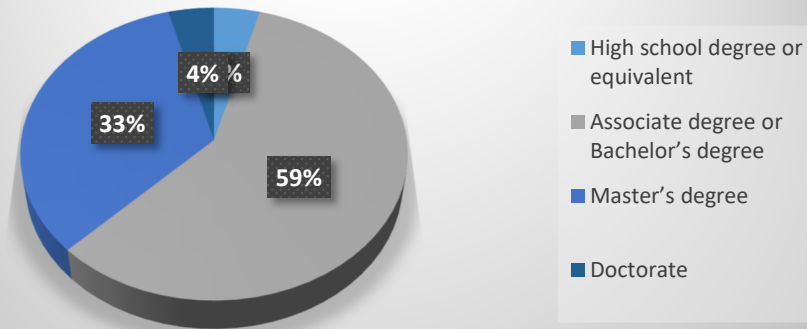


B. According to the research data on care professionals, the following results have emerged:

1. 24 professionals took part in the survey. They were coming from different services and scientific backgrounds. Some of them work at the public sector (e.g. social services and hospitals) and others are employees of private services (e.g. NGOs, social associations, self-employed professionals). Among the participants were psychologists, social workers and educators.

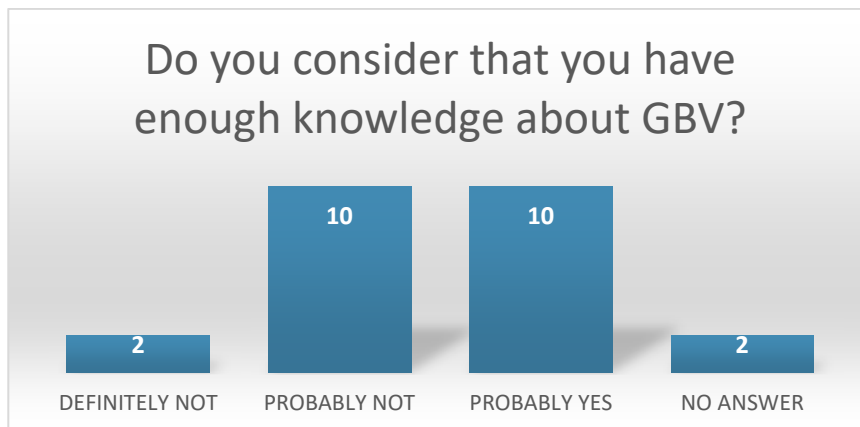


PARTICIPANTS' LEVEL OF EDUCATION

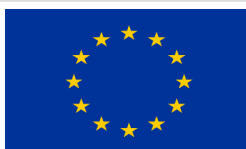


2. Participants have been asked if they consider that they have enough knowledge about GBV for their position.

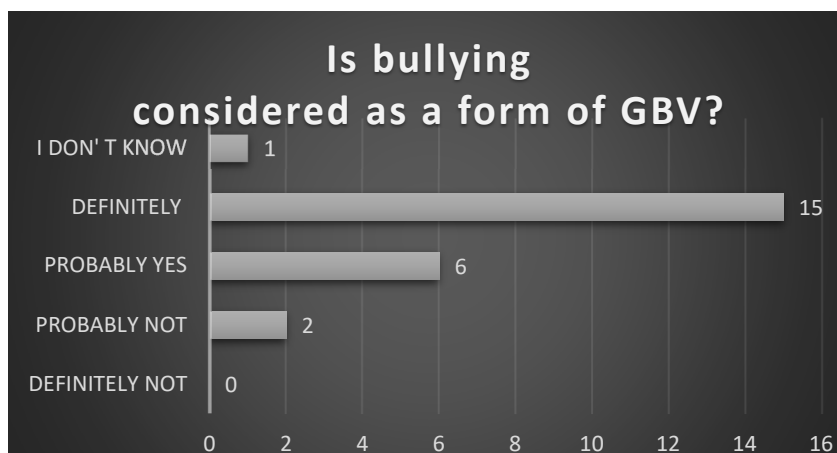
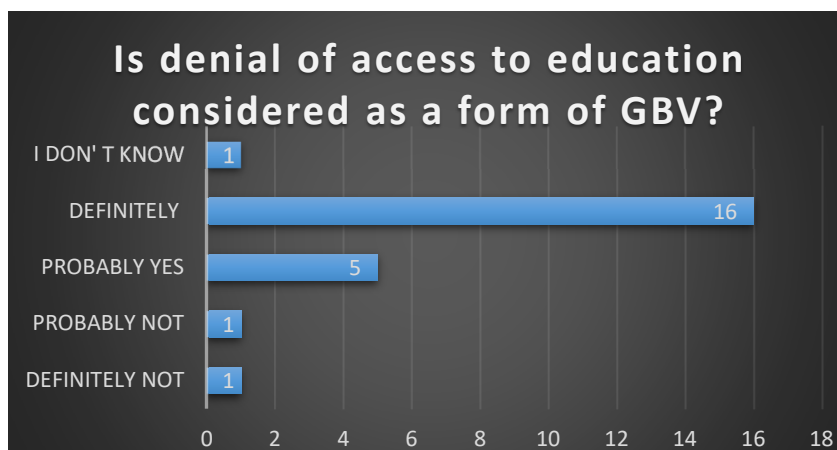
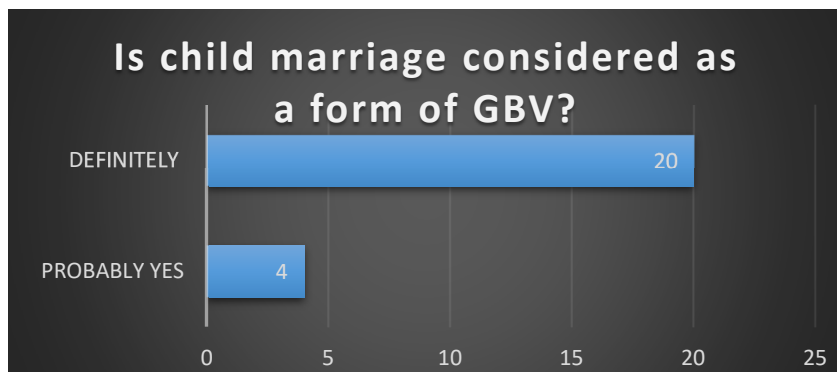
Their answers are:



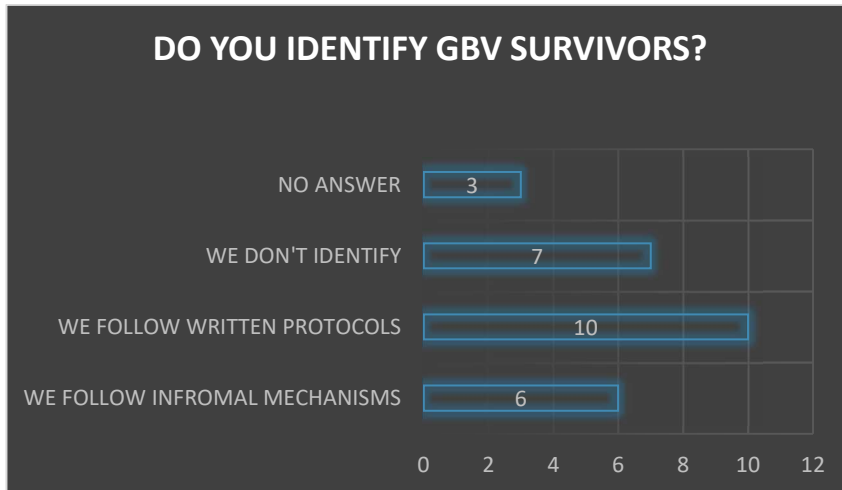
3. Subsequently, we asked the participants if they have ever taken trainings on the topics of migration, child protection and gender-based violence. Their answers are:



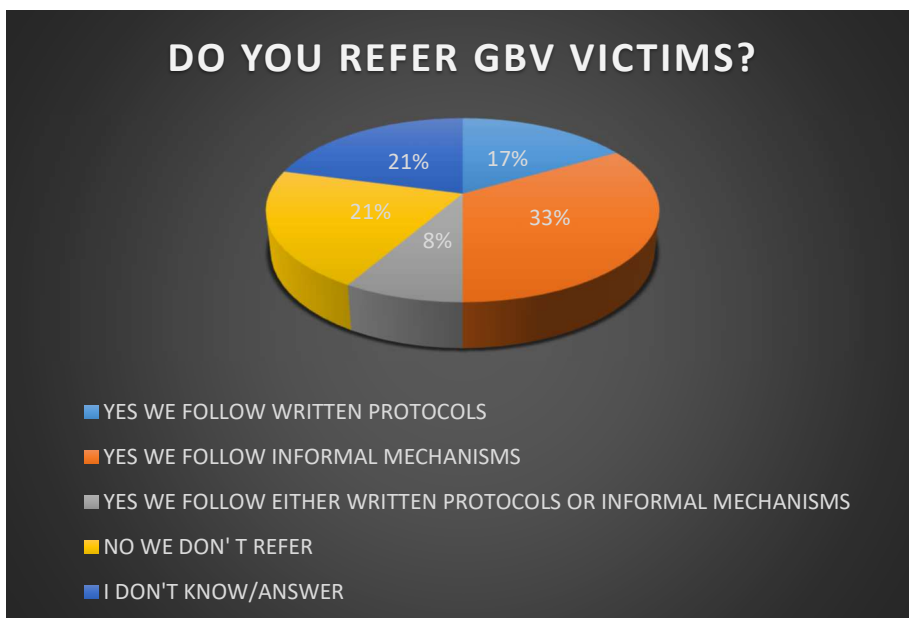
4. Having clarified to the participants the definition of GBV as *"any act perpetrated against person's will based on gender norms and unequal power relationships"*, we asked for their perceptions on some cases. For example, we asked them If they consider child marriage, denial of access to education and bullying as forms of gender-based violence.



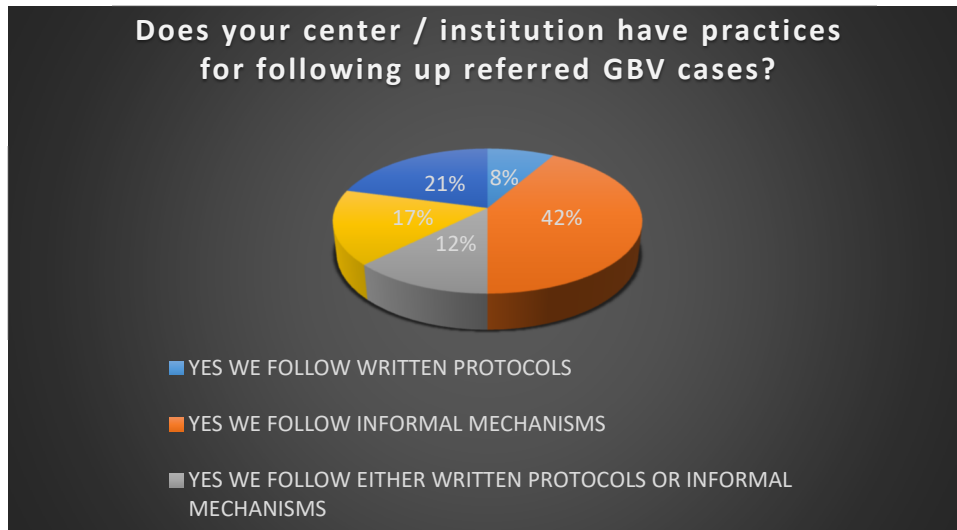
5. Concerning the GBV survivors identification procedures, we asked the professionals if the institution where they work has formal/informal procedures for identifying GBV survivors.



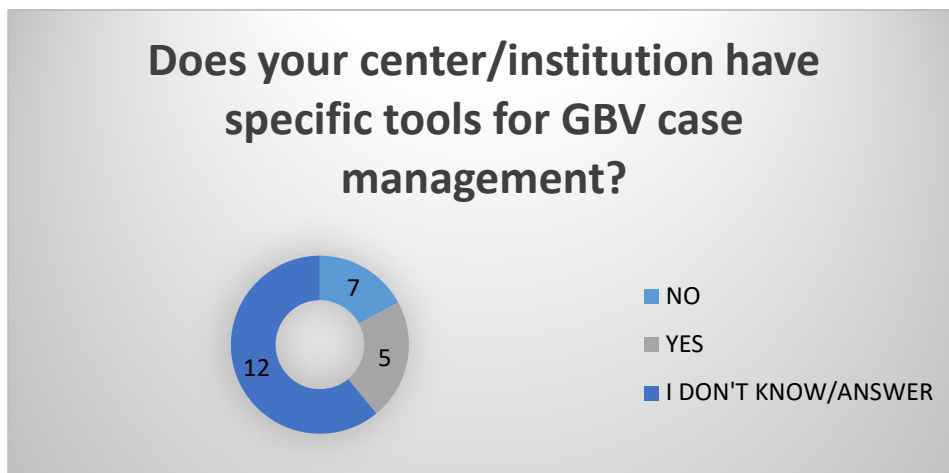
6. The survey developed also the issue of referral procedures for victims / survivors of gender-based violence between minors and young adults. Participants were asked if their center/institution has formal/informal procedures for referring a child or young person identified as a GBV survivor.



7. The research continued with follow-up procedures on the progress of cases referred by professionals to other authorities. We asked participants whether their center / institution has practices for following up referred GBV cases.



8. Finally, participants were asked whether the institution where they work has specialized tools for managing gender-based violence cases. It seems to be weird but the majority of the participants did not know/want to answer the question



Recommendations

Taking into consideration the above data we could realize that there are different gaps of knowledge both among the care professionals and children/youth on the move. For example, it is crucial to notice that almost the half of the participant professionals consider that their knowledge on GBV issues is not adequate. Such a perception probably creates severe problems to the professional reality of the care givers and also could create bigger problems to children who decide to disclose a GBV fact. In order to combat such barriers and problems we could suggest the following recommendations

- Employees working with children and youth on the move **should have become acquainted with the right methods of preventing and following up on GBV facts** in order to provide the appropriate care to the survivors. For that reason, it is recommended to the professionals **to attend ongoing trainings before their recruitment and during their employment.**
- **Employers should set out and budget training programs** for their employees to guarantee that they operate according to the indicative methods.
- Care professionals need to be in a fit mental and physical state to work with GBV survivors, so **access to proper psychological support** need to be foreseen when staff is debriefed on a GBV situation.
- One of the current gaps concerns the referral procedure, so it would be important to create a **common referral system** that will be binding and implemented by the whole child protection system, authorities, civil society and the accommodation institutions.
- Children and youth on the move need **specific psychosocial support, tailored to the special needs of the GBV**, in order to feel safe and ready to disclose a GBV fact that they have experienced.
- Children and youth on the move need **clear information** about the professionals and the authorities, to whom they can reveal a GBV fact. They also need to be well informed about the procedures that will follow after their disclosure.
- Into the residential centers, the care professionals could organize **thematic group sessions** on a regular basis, in order to inform children about the special aspects of GBV.
- **Peer to peer education** at schools will be helpful to the pupils and teachers in order to deal effectively with the GBV issues.

