



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

Care Professionals Survey – 1st Data Collection – Key Findings

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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 main purpose of gathering information on the knowledge of care professionals on gender-based violence among children and youth on the move, and the main services available to survivors. Data was gathered through a questionnaire encoded in a mobile data collection tool that was available to be used both during face-to-face meetings and online.

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

12 care professionals from 4 different organisations¹ completed the care professionals survey during the months of August and September 2019, the majority (8) of whom work at the Agency for the Welfare of Asylum Seekers (AWAS)², whether at the open (accommodation) centres or otherwise. Other respondents work with non-governmental organisations (NGOs) working with migrants and

¹ Since multiple respondents from some of the organisations replied to the survey, answers to some questions differed according to the knowledge of the respondent. Hence, for the purpose of this report, the majority (i.e. multiple similar answers) was taken to be the correct version.

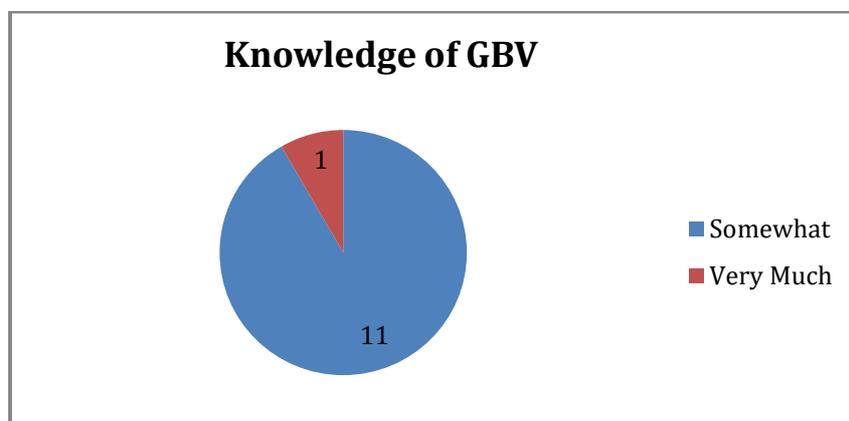
² <https://homeaffairs.gov.mt/en/MHAS-Departments/awas/Pages/AWAS.aspx>



refugees or with children and youth, and the public sexual health clinic. The majority of the respondents (9) are female, and the respondents comprise a mix of heads of entities / coordinators and regular professional staff. Their levels of education range from associate / bachelor's degree (6 respondents) to a doctorate degree (1 respondent).

Training received. While all of the respondents indicated that they have received training on migration, only a little more than half (7) have received training on child protection. The majority (9) of the respondents have received training on gender-based violence (GBV). As can be seen in Figure 1, however, almost all (11) of the respondents feel their knowledge on GBV is only 'somewhat' enough for their position, with only 1 respondent replying that they have a lot of knowledge on the subject.

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



2. Perceptions of GBV

This section looks at the care professionals' perceptions of GBV, through their responses to the various questions on forms of GBV.

The majority (11) of the respondents consider an act of physical violence against a child that is not sexual in nature as GBV; 8 of whom indicated that this is 'definitely' a form of GBV, while 3 replied 'probably'.

Child marriage is considered as GBV by all respondents; with only 1 replying 'probably' and the rest indicating that this is 'definitely' a form of GBV.

Similarly, denying access to education is considered as a form of GBV by all respondents, with the large majority (10) indicating 'definitely'.

Bullying is also considered as a form of GBV by all respondents, with the majority (7) indicating 'definitely'.

3. Information about the Organisation

Types of support for GBV survivors. All the entities except one indicated that professionals at their organisation provide support to GBV survivors, including psychosocial support.



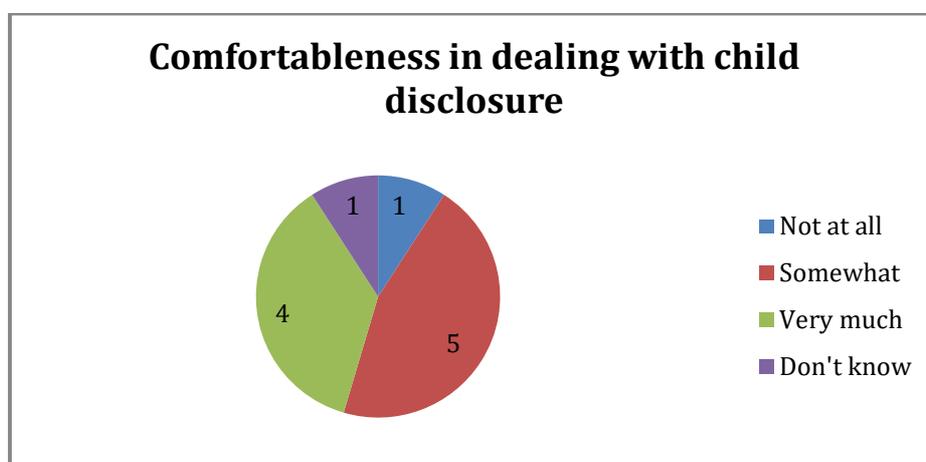
GBV Survivor Identification Procedures. While the sexual health clinic does not identify survivors of GBV, the majority of the other entities follow informal procedures in identifying GBV survivors, with only the NGO working with children and youth following written protocols.

None of the entities responding to the survey seem to have specific procedures to identify children survivors of GBV. However, AWAS follows all children and young residents in open and closed (accommodation) centres by a social worker, who carries out a vulnerability assessment.

All the entities (except the sexual health clinic) indicated that they identify all kinds of GBV listed: sexual, physical and emotional abuse, denial of resources, and discrimination based on gender.

As seen in Figure 2, the majority (9) of respondents (11) replying to the relevant question indicated that they feel 'somewhat' to 'very' comfortable dealing with a child disclosure. Only one indicated that they do not feel comfortable at all with this.

Figure 2 – Comfortableness in dealing with child disclosure-number of professionals



GBV Survivor Referral Procedures.

AWAS follows informal mechanisms in referring a child or young person identified as a GBV survivor. AWAS refers children and young GBV survivors to organisations which provide psychosocial support (including Jesuit Refugee Services (JRS) Malta³, *Agenzija Appoġġ*, and the AWAS services themselves); health care (including Ministry for Health⁴, public health centres and the sexual health clinic in case of sexual violence); legal assistance (including JRS, UNHCR Malta⁵, Aditus Foundation⁶, and internal AWAS legal services); child protection support (including *Agenzija Appoġġ* and the police force); and translation services (including UNHCR Malta, JRS, International Organization for Migration (IOM) Malta, and internal AWAS translation services).

³ <http://www.jrsmalta.org>

⁴ <https://deputyprimeminister.gov.mt/en/Pages/health.aspx>

⁵ <https://www.unhcr.org/mt>

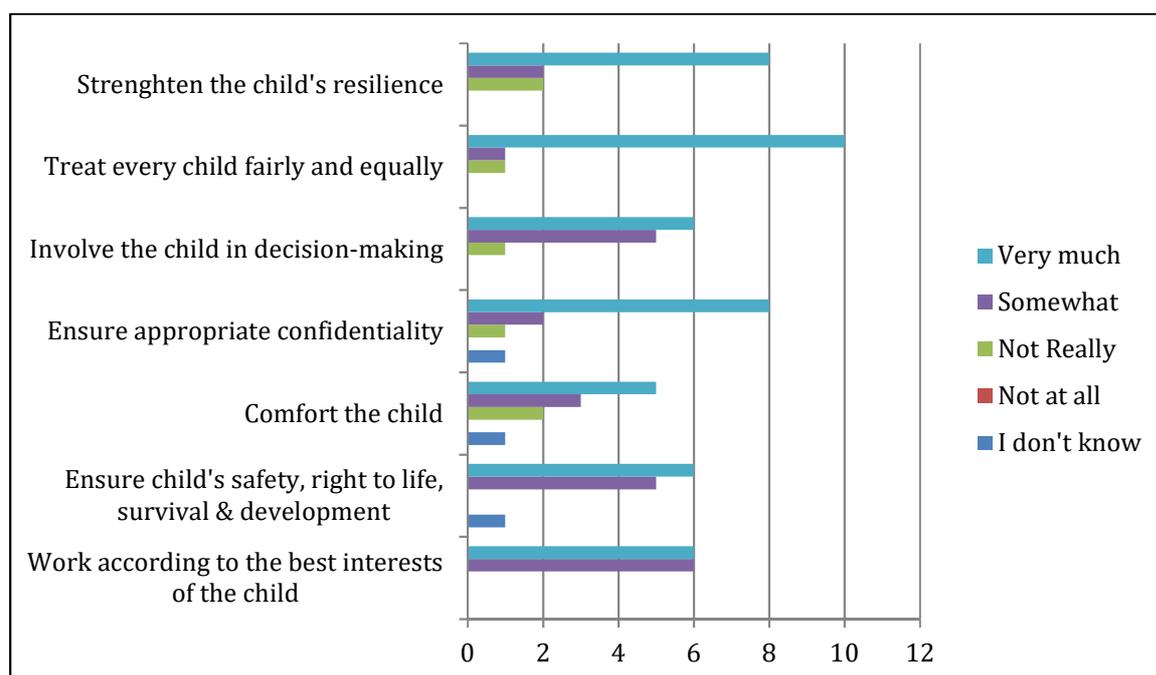
⁶ <https://aditus.org.mt>



None of the entities indicated that they have specific tools for GBV case management, or if there are, the respondents are not aware of them.

Guiding Principles of Caring for GBV Survivors. As can be seen in Figure 3, all (12) respondents feel that they are ‘somewhat’ to ‘very’ knowledgeable with the principle of working according to the best interests of the child. The majority of respondents also feel somewhat / very knowledgeable regarding the principles of: ensuring the child’s right to safety, right to life, survival and development (11); involving the child in decision-making (11); treating every child fairly and equally (11); ensuring appropriate confidentiality (10); strengthening the child’s resilience (10); and comforting the child (8).

Figure 3 – Guiding Principles of Caring for GBV Survivors: Respondents’ Level of Knowledgeability



4. Conclusions and Recommendations

The results discussed above indicate that care professionals are rather confident in following the guiding principles of caring for young GBV survivors. However, it is evident that staff working in these organisations need more training on child protection and GBV, as indicated by their responses on training and their level of knowledge on these topics, where the majority do not feel their knowledge of GBV is adequate for their position.

There is also evidence that while these organisations *do* identify and refer young GBV survivors to the relevant entities and provide the necessary support, there is a need for more formal procedures for identification and referral, since these seem to currently be rather informal. There is also a need for more specific tools for GBV case management as well as training staff on these tools.

Finally, it is worthwhile noting that the fact that AWAS provides the services mentioned (psychosocial support, health care, legal assistance, child protection and translation services) but



very few residents that we spoke to know about them⁷ indicates the need for information dissemination among migrants / asylum seekers about the types of support available and how to access them.

Disclaimer:

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⁷ See: Bezzina, L. 2019. *Bridge: Children and Youth Survey – 1st Data Collection. Survey Analysis Report*. Unpublished.

