ΙΝΣΤΙΤΟΥΤΟ ΥΓΕΙΑΣ ΤΟΥ ΠΑΙΔΙΟΥ
Διεύθυνση Ψυχικής Υγείας και Κοινωνικής Πρόνοιας

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"Programmatic review of services available and accessible to children in the shelters of the Network of the General Secretariat for Demographic and Family Policy and Gender Equality"

Final Report

Institute of Child Health

Department of Mental Health and Social Welfare

November 2021

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1. Introduction

1.1. Children in shelters

For too many children home is far from a safe haven. Every year, hundreds of millions of children are exposed to domestic violence, and this has a powerful and profound impact on their lives and hopes for the future. Children who are exposed to violence at home may suffer a range of severe and lasting effects since they are denied the right to a safe and stable home environment. Since they are suffering silently, and with little support, they need trusted adults to turn to for help and comfort, and services that will help them cope with their experiences.

Most adult domestic violence survivors turn to shelter programs only as a last resort (Grossman & Lundy, 2011). Families residing in domestic violence shelters are there because they are seeking safety from violence in their own homes and relationships, with most of them lacking other social and financial resources for housing and support (Lyon et al. 2008; Øverlien, 2011; Tutty et al., 1999). Within the shelters, there is further diversity regarding levels of social isolation, poverty, and violence exposure. For example, according to reports from the Global Network of Women's Shelters (2012) there is a growing number of migrant and refugee women and children without immigration status who seek help in domestic violence emergency shelters.

The majority of women entering women's shelters bring children with them (Jaffe et al. 1990) and, according to several sources, children aged 0–12 make up the majority of shelter population (McDonald et al., 2006; Shostack, 2001). Children temporarily residing in shelters often have needs related to the impact of witnessing or being targeted by violence, as well as issues with adjustment because they had to leave home (Bennett et al. 1999).'

Many children exposed to domestic violence struggle with social, academic, emotional, and behavioral problems (Grych et al., 2000; Sternberg et al. 2006) and often develop psychological and behavioral difficulties such as anxiety, depression and aggression (for an overview see Holt et al., 2008; Øverlien, 2010-2). Several studies have shown that children who experience domestic violence face an increased risk of developing post-traumatic stress disorder (PTSD) (Jarvis et al., 2005; Rossman, 1998) and are also at risk of becoming victims of physical violence and sexual abuse themselves (Edleson, 1999; McGuigan and Pratt, 2001; Strauss et al., 1980). Moreover, perceptions about the acceptability of controlling and violent behavior in intimate relationships have also been observed among some children and young people exposed to adult domestic violence, and can affect their own future relationships (Ehrensaft et al. 2003).

In conclusion, when children are witnesses or survivors of domestic violence, they often experience adverse effects which are likely to impact their mental health in the short and long term. These children face difficulties adjusting to everyday life; they fear for their own safety and find it difficult to develop a sense of trust in those around them. Thus, it is imperative for shelters to ensure that, when it comes to children, they offer an environment of safety, unconditional acceptance, and physical and mental well-being, while at the same time provide adequate access to services regarding physical and mental health, nutrition, education and psychosocial well-being.

1.2 Situation in Greece – Rationale

The Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence, commonly known as the Istanbul Convention, was adopted by the EU in 2011 and ratified by the Greek State in 2018. It is the first internationally binding set of criteria for the prevention of gender-based violence, the protection of victims and the punishment of perpetrators.

Article 26 of the Istanbul Convention makes special reference to the protection and support of the child witness, emphasizing the need for States Parties to take due account of the rights and needs of child witnesses of all forms of violence covered by the Convention. Article 23 also makes special reference to the necessary legislative or other measures to be taken by the Contracting Parties to provide adequate, easily accessible shelters in sufficient numbers to provide safe accommodation for and to reach out pro-actively to victims, especially women and their children. (Council of Europe, 2012, p. 13).

In Greece, the General Secretariat for Demographic and Family Policy and Gender Equality (GSDFPGE, 2021) is the governmental entity responsible for the planning, implementation, and monitoring of the requirements set by the Istanbul Convention. Through its Network (42 Counseling Centers, 19 Shelters and the 24/7 SOS Helpline 15900) the GSDFPGE is ensuring protection and care for all women survivors or at risk of domestic violence and their children. Within this context, the Network's Shelters are extending support to children of survivors, complementary to the support provided to their mothers, in terms of accommodation for children accompanying their mothers, up to 12 years old for boys and up to 18 years old for girls, as well as other supporting services (see ANNEX XIII for a detailed description of GSFPGE NETWORK). Since 2017 the GSDFPGE has expanded its mandate to include refugee women and their children. Accessibility to its services through interpretation and enhancement of the child friendliness of the Network's Shelters, as well as state efforts to harmonize and regularize collection and analysis of data on women and children supported by the Network, have been supported by UNICEF since 2018.

A large number of survivors of domestic violence with their children are now hosted in shelters. According to the 2nd National Report on Violence Against Women**,** between November 2020 and September 2021, 454 people (216 women and 238 children) have been accommodated at the Network's shelters; of the total number of hosted women and children, 81 are refugee and migrant women and 115 are refugee or migrant children. Gender-based violence against female guests this period of time is predominantly recorded at 74.5% compared to multiple discrimination incidents suffered by women at 25.5%.

The role of shelters is to provide security and create a safe environment for women and their children through provision of specialized services. The ultimate goal of shelters is to help women and children cope with their traumatic experiences, to regain their self-esteem by laying the foundations for an independent life without violence. Children accommodated temporarily in the Shelters of the Network may need different types of support ranging from coverage of basic needs to specialized care and therapeutic assistance services.

It is important to mention that physical and/or sexual violence is also an acute problem in refugee populations, where women, children and other vulnerable groups are at increased risk of gender-based violence (WHO, 2019). Based on the available data, for the period from 06-06-2016 to 30-06-2019, the Counseling Centers of the General

Secretariat for Family Policy and Gender Equality provided services to 595 refugee women (Sexual and gender based violence SGBV survivors)(including asylum seekers). In total, Accommodation Shelters provided services to 219 refugee women and 274 children) . In total, 493 refugee women and children have been hosted in its shelters.

The need for more shelters was documented in a survey conducted by the Women Against Violence Europe Network (WAVE) in 2011, in which experts from 15 EU Member States and 12 candidate countries studied the standards of existing shelters. The survey goal was to investigate how many women could be accommodated in the shelters. The results of the survey concerning Greece for the given period were characterized as "depressing" in proportion to the minimum standards of the Istanbul Convention.

A new survey conducted in 2015 by WAVE found that, out of the 28 EU Member States surveyed, 38% did not provide the minimum number of shelters set by the Istanbul Convention. Four countries exceed the minimum number of shelters (Denmark, Latvia, Luxembourg and Slovenia) and two countries are within 5% of the minimum (Malta and the Netherlands). According to this survey, Greece falls short of the minimum criteria set by the Istanbul Convention, while according to the most recent WAVE survey in 2017 Greece still does not meet the standards missing 612 beds .

Internationally, while a great amount of research has been conducted on the services provided to women living in shelters, only a limited number of surveys assess the situation of children living there. According to the Shelters Operational Framework, support provided to children can include basic assistance, medical care, psychosocial support, education, recreational activities etc. However, shelter personnel may not have the necessary experience, skills, expertise or resources to provide appropriate support for these children.

In view of the above, the Institute of Child Health (ICH) undertook a review of the services provided to children in the context of the Shelters of the Network, paying particular attention to refugee and migrant children that constitute about 50% of children hosted in these shelters (for example, 269 women and 270 children during the period November 2019-October 2020). The review analyzed the current situation highlighting strengths and weaknesses in the existing service provision, and made a set of recommendations to ensure child witnesses or survivors themselves of violence enjoy their rights and are better served through the GDSFPGE Network either directly or through referrals to appropriate services.

2. Methodology

2.1. Desk review and Data collection

The research was conducted during May-October 2021 by a multidisciplinary team with years of experience in Child Protection (see ANNEX XI Biosketches of the Research team).

First, a desk review was performed in order to briefly describe the situation of children residing in shelters for women survivors according to existing international literature and to provide the national context the current research would take place. Based on the information collected through scientific papers and grey literature as well as the team's previous experience working with vulnerable children, a set of tools was developed in order to thoroughly assess the services available and accessible to children in the shelters of the Network of the General Secretariat for Demographic and Family Policy and Gender Equality.

Next, from July 2021-November 2021, data collection was performed via[1]:

1. An online questionnaire addressed all shelter employees, sent to the shelters and completed by 38 employees from July 9 to October 7, 2021 (N=38, response rate: 25%)

2. A questionnaire regarding General Information on the Shelters was sent to 19 Shelters of the Network and was completed by one representative in each one of them for a 6-month period of reference (January 1 to June 30, 2021) (N=19)

3. Case audit questionnaires (checklists for each child living in the shelters during the data collection period) were sent to the shelters and were completed in all of them, during the period July 22-September 8, 2021 (N=69)

4. Focus Groups (FG) discussions with professionals working in shelters were conducted during September-October 2021 (5 FG discussions, with 15 participants with a multidisciplinary background, from 10 shelters)

5. Focus Groups discussions with beneficiaries (mothers of children residing in the shelters) were conducted during September-October 2021 (4 FG discussions, with 7 participants from 4 shelters; all from refugee/migrant backgrounds)

6. Semi-structured interviews with key informants were conducted during August-November 2021 (10 interviews with key-informants from (UNICEF, National Centre of Social Solidarity - EKKA, General Secretariat for demography and family policy and gender equality, KETHI, municipalities/ODE, the police, the Greek Ombudsman and the NGO Melissa).

All participants in FG discussions and interviews were sent invitations with information regarding the research and their participation in it. Before their participation to the FG discussions/interviews the ICH team provided them with a signed consent form. Members of the ICH team were available to provide clarifications and respond to any questions arising during the data collection period, via phone and e-mail. FG discussions were conducted via Zoom

[1] The tools developed together with relevant detailed methodology are available in Chapter 7: ANNEXES.

in order to protect the identity of the participants (in the case of beneficiaries) and for COVID-19 related reasons. Regarding FG discussions with professionals, the online mode made it easier for participants from all over Greece to be available for 5 FGDs during a period of 1 and a half month. Semi-structured interviews were conducted both via Zoom and in person depending on the participants' preference.

2.2 Limitations and steps forward

The main limitation of this Review was that the study design and methodology did not foresee any direct contact of the ICH team with the target population of the Project, namely the children residing in the Network of the General Secretariat for Demographic and Family Policy and Gender Equality. All findings concerning them are derived indirectly from adult respondents; either professionals (staff of shelters and key-stakeholders) or their mothers. Moreover, the data collection period was extended for various reasons pertaining to the limited availability of professionals and key persons, especially during summer. As a result, the composition of the population residing in the shelters changed during the data collection period and quantitative findings presented in the following chapters should be interpreted in this light. Moreover, due to the small sample size of children (which is nonetheless indicative of the number of children residing in shelters at any given time), findings should be interpreted and generalized with caution.

Although there were delays in the initial timeline of the research, FG discussions were conducted successfully; however only 10 out of 19 shelters were represented. At the same time, some of the interviewed key-informants appeared to have little insight on a wide range of issues regarding children living in shelters. Participation of beneficiaries in the FG discussions was very low; only 7 women participated in the discussions, none of them of Greek origin, although all women living in the shelters at the time were invited to participate. The high non-participation rate of beneficiaries could be attributed to reasons related to potential concerns including revealing their identity or the proximity of the shelters to the beneficiaries' original home location, as revealed by the Case Audit Questionnaires. Women residing in a shelter close or within the community where the perpetrator of domestic violence from whom they fled still lives, might be more reluctant to open up to anyone they do not already know and trust.

Despite its limitations, the current research provides the Network of the General Secretariat for Demographic and Family Policy and Gender Equality and other relevant stakeholders with a unique snapshot of the situation of and the services available to children residing in the shelters of the Network. Given the vulnerability of this population and the fact that, until now, it has been rather understudied, the findings provide the Network with valuable information towards an evidence-based policy change and the improvement of current practices. In addition, the current Review and the tools developed for its purposes can serve as the basis for the repetition of similar surveys in the future aiming to the consistent monitoring of the children residing in shelters; not only their numbers and sociodemographic characteristics but also their specific needs and challenges, with the ultimate goal of improving their lives while they are staying in the shelters and, most importantly, after they leave.

3. Results

Results derived by all the methods described in Methodology (2.1), namely Questionnaires, the Case Audit tool, Focus Group discussions with professionals as well as beneficiaries and Interviews with key informants are synthesized and presented below, organized by theme.

3.1 Mapping of shelters

3.1.1 Geographical distribution and Capacity

National shelters' network: Geographic distribution (N=19)

Capacity

There are ~380 beds for hosting mothers and children (20 per shelter). About 200 of them are available for children.

The maximum number of children that can be accommodated per shelter is not fixed. In four shelters it was reported that 8 to 12 out of 20 beds accommodated children, while one shelter was reported to have the capacity to accommodate 10 families, regardless of the family size.[2]

3.1.2 Budget

The rough estimate of the annual budget is based on responses from 15 out of 19 shelters (in 4 cases the information was not available). The mean annual budget is ~193,000€ (ranging from ~110,000€ to ~275,000€, SD=~42,000€) and the total estimated budget is estimated at ~3,650,000€. For ~20% of the shelters the budget is up to 150,000€/year, for ~47% from 150,000€ to 200,000€ and for ~33% over 200,000€.

Budget planning

Representatives of each shelter were asked "*how the annual budget is decided*", and their replies varied considerably. More specifically, it was mentioned that:

a. Budget is based on the "decision of *implementation with own means*" where payroll, property rental, operating and maintenance costs are taken into account (in 2 shelters).

[2] According to the General Secretariat of Demography and Family Policy and Gender Equality the capacity of 20 shelters were about 420 beds for safe accommodation of women along with their minor children.

b. Budget is prepared by the respective Regional Administrative Authority in cooperation with the authorized staff members of the shelters following an estimation of the operational costs and taking into account the shelters' financial needs (in 5 shelters), or by the relevant Municipal Department on the basis of expenses, including salaries, employers' insurance contributions and overtime cost, as well as operating costs, including electricity, telephone and water bills, VAT payments and supplies such as food, consumables, medicines, pharmaceuticals and sanitary supplies for women and their children during their stay in the shelter, property rental, equipment supply, building repairs and maintenance, staff transportation costs and security services (in 3 shelters).

c. Budget is based on previous annual financial reports which include the operational expenditures of the shelters (including all eligible costs as well as outstanding amounts), as calculated by the Project Management Teams and the competent Authorities taking into account the deadline of specific Operational Action Plans (in 4 shelters).

d. Budget planning is based on the actual needs and aims to ensure the sustainability of the shelter's operation (in 1 shelter).

Budget flexibility

Shelters' representatives were asked whether the budget is flexible; for example, if it possible for a shelter to decide to spend a certain amount of money on urgent financial and/or material support to the beneficiaries (while no such category is included in the official budget).

In 16 out of the 17 questionnaires, representatives responded negatively, indicating that the shelters' budget is not flexible. More specifically, for 6 shelters the response was just "No" while for the remaining 10 the elaboration was as following: "*the terms of the Decision for Implementation with Own Means are explicit*", "*the eligible costs are specific and limited*", "*there is no simplified cost*", "*expenses are subject to the single procurement procedure of the Municipality*", "*such expenses are not foreseen by the Government Gazette for the shelters' operation; such expected costs are not registered in the budget, emergency financial and material support of families is not allowed*", "*the shelter is not the competent agency for providing such kind of support*", or "*the budget concerns only costs for the proper operation of the shelter, staff salaries, food for people accommodated there and maintenance of the building*". For 3 shelters it was stated that responsible for covering this type of emergencies are the Municipal Social Services and that, when necessary, shelters cooperate with them or cover these needs through sponsorships.

In only one shelter it was reported that "*the budget can be used in a reasonably flexible way and there is the possibility to provide material support to a family, especially in periods when the shelter is not operating at full capacity. There have been very few such cases in the past, where -after the intervention of the Action Manager- long-lasting food supplies were provided, as well as clothing to people who really needed them for survival reasons.*"

Budget adequacy

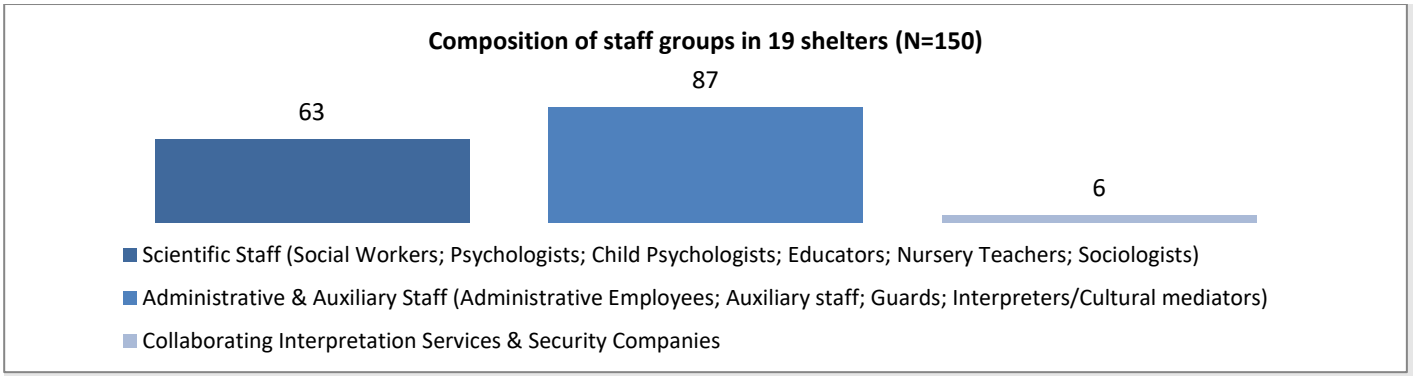
When asked if the shelter's budget is sufficient to deal with the cases of women and children staying there, the representatives of 14 out of 19 shelters responded positively, indicating that their budget is sufficient. In three cases it was reported that the budget was insufficient (two of which from the shelters with the lowest reported budget). Three shelters, for which the approximate annual budget was not provided, gave no response.

Results derived from the questionnaires were to some extent confirmed by the FG discussions and the interviews with key informants. Professionals highlighted that there is no specific budget for the children staying in the shelters and this constitutes a serious issue, given that the majority of the beneficiaries do not have any income themselves. The beneficiaries, especially Greek women, are not entitled to any benefits (e.g. KEA) from the moment they enter a shelter and, as a result, it is quite common for staff members to use their own money to cover a series of expenses that are not budgeted for. The lack of specific budgetary provisions for children is indicative of the shelters' single focus on women.

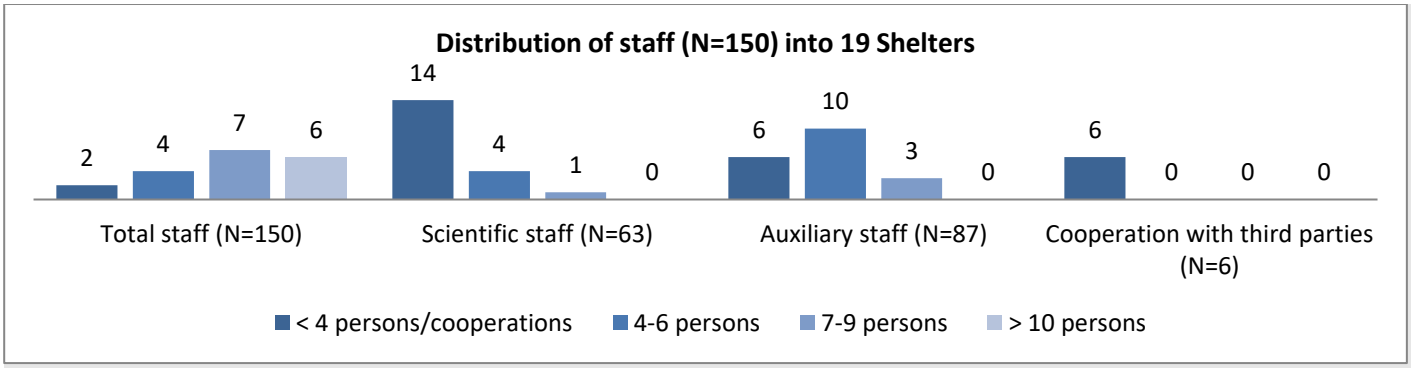
3.1.3 Human Resources

According to Law 4604/2019, Art. 26.2, each shelter should at least employ 1 social worker, 1 sociologist, 1 psychologist, 1 educator or child psychologist, 1 administrative employee, 2 guards and 1 general duties employee. Following this provision, the total staff of the 19 shelters should consist of at least 152 employees, a number very close to the current 150 employees. It is of note, however, that in several shelters the staff composition does not comply with this provision and this usually means fewer psychologists, sociologists, child psychologists/educators and administrative employees. Notably, only 1 out of 19 shelters employed a sociologist even though, according to the aforementioned Art. 26.2, they are considered essential.

A total of 150 employees were found to be occupied in the 19 shelters during the research implementation, while, at the same time, there was a total of 6 collaborations with other agencies (interpretation services) and private companies (security services). The staff composition and distribution among shelters is presented in the figures below.

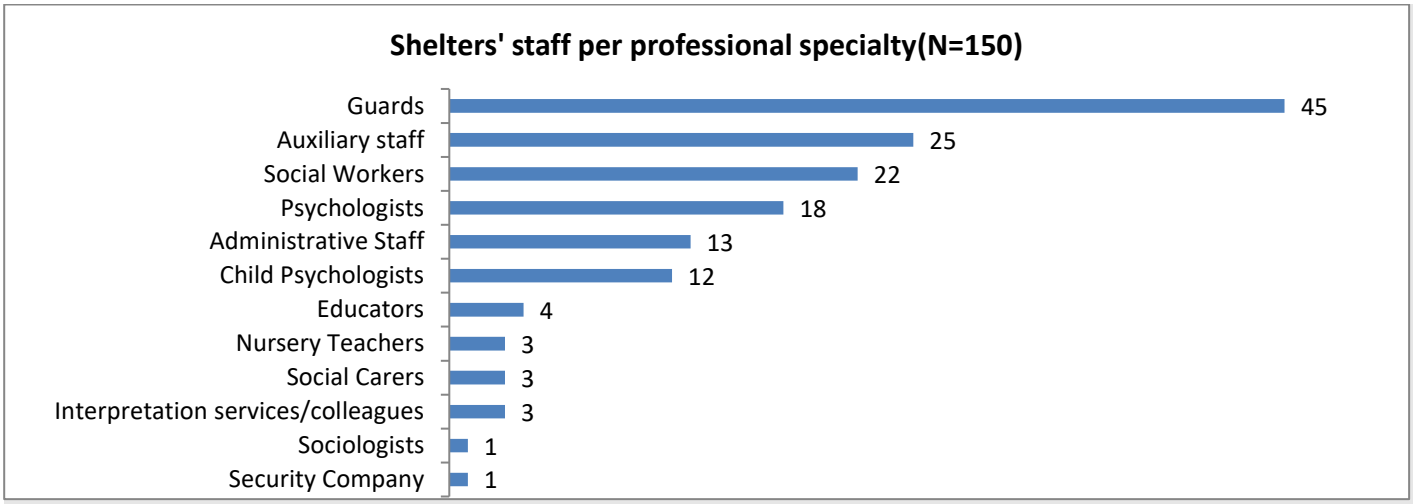


In total, each member of the scientific personnel corresponds to 1.38 other staff members. In relation to the capacity of the shelters (20 beds/shelter), to each person of the scientific personnel corresponds an average of 6.03 beds (ranging from 0.4 to 20 beds) and to each person of the auxiliary personnel correspond an average of 4.37 beds (ranging from 2.5 to 10 beds). An average of 2.53 beds (ranging from 1.54 to 6.67 beds) corresponds to each staff member (scientific and auxiliary) ; it is clear that in shelters with less staff each employee is responsible for a higher number of beds/beneficiaries.



The scientific staff of the 19 shelters at the time consisted of 63 professionals (mean 3.3/shelter, minimum 1 professional and maximum 8 professionals per shelter).

- All 19 shelters employed Social Workers; three of them employed two Social Workers
- 18 out of 19 shelters employed Psychologists
- 12 shelters employed a Child Psychologist, 4 shelters employed educators and in 2 shelters 3 preschool teachers were employed,
- 1 shelter employed 3 social caregivers and 1 shelter employed 1 sociologist.



The administrative/auxiliary staff of the 19 shelters consisted of a total of 87 employees (mean 4.6/shelter, minimum 0 and maximum 9 employees/shelter)

- The largest group of employees are security guards; there are 46 employees while 3 of the shelters hired security agencies and were unable to provide a number
- General auxiliary personnel (cleaning staff etc.) consisted of 25 employees; 14 shelters employed 1 person each, 3 shelters employed 2 persons and 1 shelter employed 5 persons. One shelter reported that they employed no auxiliary personnel.
- 13 out of 19 shelters employed 1 administrative staff member each
- Two out of 19 shelters had regular cooperation with a total of 3 external interpreters/cultural mediators, while 3 shelters reported collaborations with interpretation agencies.

Although all 19 shelters operate under a common statute (see Law 4604/2019), provide the same services and have the same capacity (a total of 20 beds), the number and composition of their staff varies considerably. 6 of the shelters reported a total of 3-5 employees instead of the 8 provided for. Three of the shelters reported 8 employees, as foreseen (however, with no sociologists and, in one case, no administrative staff among them), and 10 shelters reported 9 to 13 employees.

The findings regarding human resources, budget and shelters' capacity concern all beneficiaries accommodated in the network of shelters, namely women without children and women with their children. Women in need of emergency hospitality due to GBV are certainly the main target population of the shelters; the children, however, who are staying in the shelters along with their mothers, may equal and sometimes outnumber the women. In 6 out of 19 shelters, however, it was explicitly stated that there is no provision for any professional to work exclusively with children.

In the remaining 13 shelters it was reported that at least one professional works exclusively with children; in 8 cases this person is a child psychologist, in one case a psychologist, in one case an educator, in another shelter 2 preschool teachers and in 2 shelters the specialty of this professional was not reported. In all of the 13 shelters it was reported that other staff members also spend time working with children.

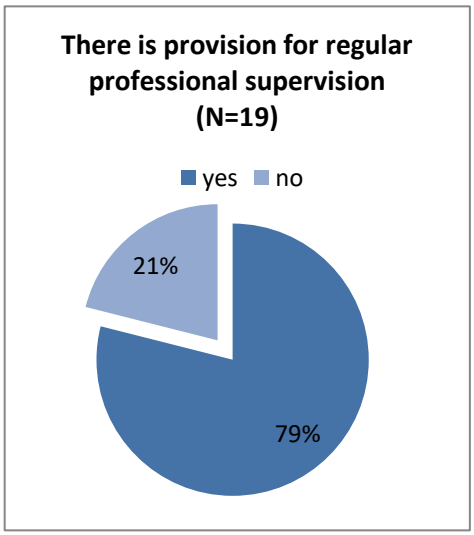
In accordance with previous findings, the professionals participating in the FG discussions stated that the shelters' staff does not suffice to meet the needs of children, especially after the broadening of the shelters' scope and the diversity of their current population (not only women survivors of domestic violence, but also of multiple discrimination). Participants in the FG discussions also acknowledged that when it comes to staffing there is no homogeneity among shelters and this results to challenges and inequalities in their operation and the services they provide. Many participants highlighted the importance of the presence of child psychologists in all the shelters, given that they host children who are multi-traumatized and need psychosocial support on a regular basis, regardless of their nationality and history.

The professionals also expressed some security-related concerns. Cooperation with security agencies troubles them, as they believe it jeopardizes the shelters' secrecy (address, fax, email, phone), as foreseen in the shelters terms of operation They also highlighted that guards from security agencies do not participate in the training along with the rest of the shelters' personnel.

3.1.4 Operation

The following section presents practices currently applied in the shelters regarding professional supervision, human resource development, cooperation with other Institutions and Services, as well as the management of the pandemic.

Professional supervision

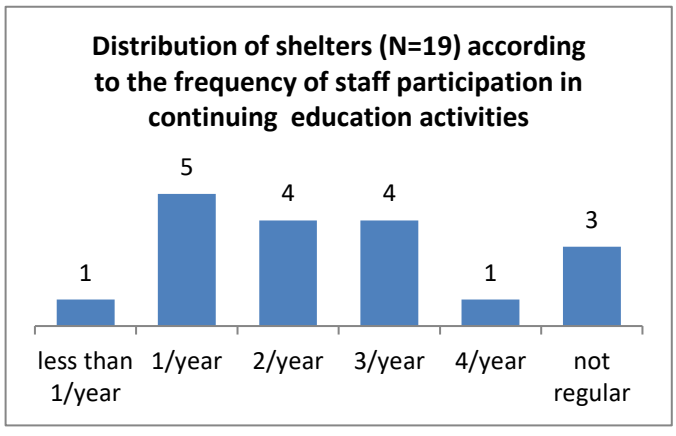


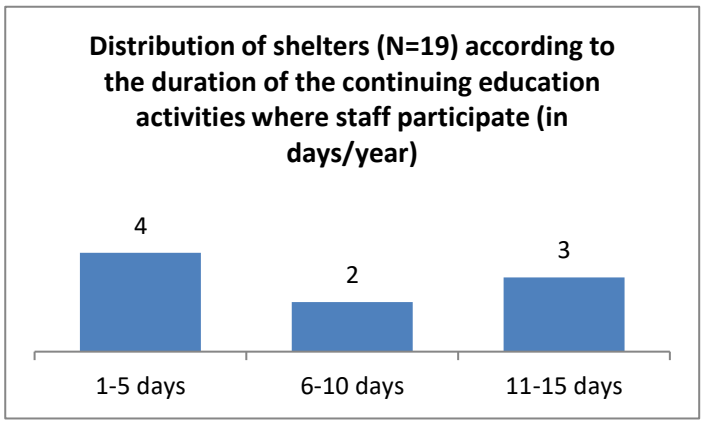
- For 15/19 shelters it was reported that there are regular programs of professional / scientific / clinical / psychological supervision for the staff.
- For 4 of them it was reported that the supervision is carried out on a monthly basis.
- For 5 of them it was mentioned that the supervisors are consultants employed in the Research Center for Gender Equality (KETHI). In one case the supervision was carried out by the KETHI supervisor together with the shelter manager.
- For one shelter it was reported that group supervision sessions take place and in one case that the supervision is addressed only to the shelter's scientific personnel.
- For 2 shelters it was reported that supervision is focused on operational and administrative issues,
- For 4 shelters it was reported that they receive no supervision at all.

Participation of staff in continuing education and lifelong learning activities

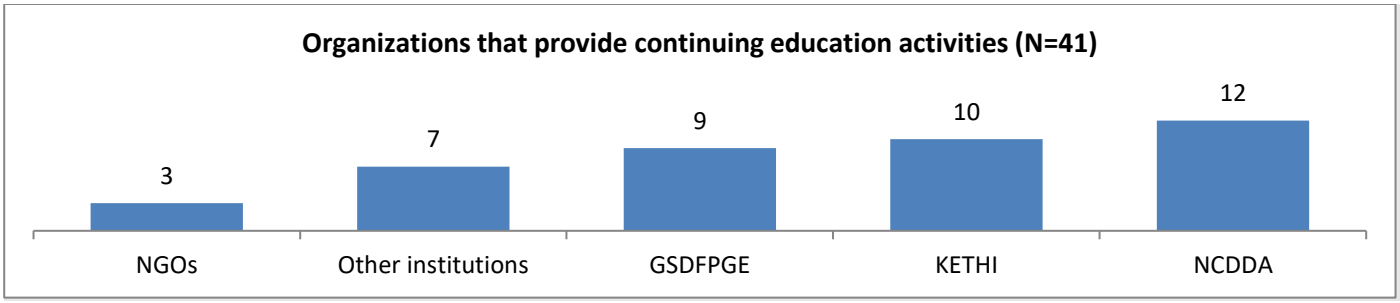
For 18 out of 19 shelters, it was reported that professionals participate in continuing education and lifelong learning activities, although not with the same frequency, nor for the same number of days.

As presented in the figures below, the frequency of training ranges from less than once up to 4 times per year. Some shelters' representatives reported that there is no standard frequency and representatives from three shelters mentioned that, since the beginning of the COVID-19 pandemic, online continuing education activities have increased.





Regarding the organizations that provide staff with continuing education, responses included the Research Center for Gender Equality (KETHI), the General Secretariat for Demography and Family Policy and Gender Equality (GSDFPGE), the National Center of Public Administration and Local Government (ECDDA), NGOs (such as DIOTIMA, MERIMNA, and VAVEL) and other institutions (such as Municipalities, the National School of Public Administration, the Department of Psychology of the Aristotle University of Thessaloniki and other private initiatives).



Regarding the financing of such activities, responses included GSDFPGE (in 5 shelters), KETHI (in 3 shelters), ECDDA (in 2 shelters), National Strategic Reference Framework-NSRF 2014-2020 (in 2 shelters), NGO / UNICEF (in 2 sheters), Municipalities (in 2 shelters), Public Authorities (in 1 shelter), private initiatives (in 1 shelter) while the information was unknown for 2 shelters. For 1 shelter it was reported that "there is no funding, so it falls upon the professionals".

The need and desire for clinical supervision on a regular and more frequent basis was expressed by all participants in the FG discussions; interestingly some of them were not aware of the scientific/clinical supervision available to them. Most participants agreed that administrative supervision takes place regularly while scientific supervision seems to be unavailable for some shelters, especially outside urban areas.

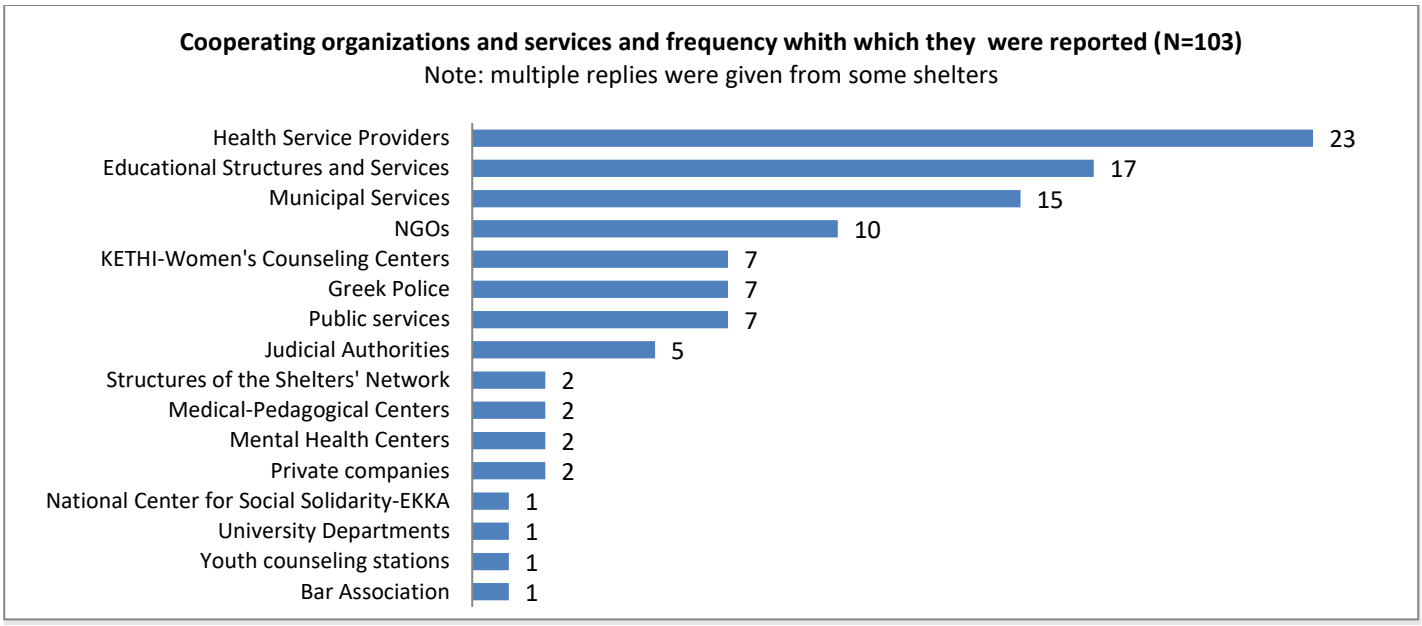
Regarding continuing education and training, participants in the FG discussions highlighted the need for more opporunities and for training focused on child-specific issues; many raised the issue of the existing training being built upon gender-based approaches and tecniques and thus it was perceived as downgrading the fact that children-related issues are a great part of professionals' day to day practice.

Another issue raised was that, sometimes, training is irrelevant to the actual circumstances that staff has to deal with; emphasis was given to the fact that refugee women, in their majority, are not at all interested in getting support on DV/IPV issues, since many of them are actually not victims of DV/IPV and, at the same time, they prioratize practical issues such as housing, financing and employment.

Cooperation with other Organizations and Services

Representatives of almost all shelters (18/19) reported that they do cooperate with one or more organizations and services, presented in the figure below[3]:

- [3]Health Care providers include Hospitals / TOMY / IKA / local Health Centers / Social Services of Hospitals
- Educational Structures and Services include local Directorates of Primary and Secondary Education / KESY / Schools / kindergartens / public nursery schools / elementary schools / high schools and lyceums / special schools / second chance schools / IEK / institutions of lifelong learning
- Municipal Services include Social Services of Municipalities / Directorates of Social Welfare / Departments of Social Protection / Departments of Social Policy / Municipal Departments of Equality Policies / Social Pharmacies / Community Centers
- NGOs include METAdrasi / Arsis / Médecins du Monde / The Smile of the Child / IOM- ESTIA (Home) II Program / UNHCR
- Public Services include Tax Office / National Social Security Fund-EFKA / Labour Employment Office-OAED / Asylum Service, Directorates of Foreigners and Migration
- Hellenic Police (local Police Departments)



Challenges regarding the cooperation of Shelters with other Organizations and Services on children-related issues

When shelters' representatives were asked whether they are faced with challenges during their cooperation with other organizations and services, 10/19 (53%) replied negatively, 6/19 (32%) positively and 3/19 provided no response. The challenges reported by the 6/19 shelters are summarized below:

- Long waiting lists for booking appointments, especially in Health and Mental Health services.
- Difficulties related to language and interpretation issues concerning children from third countries (refugees and/or immigrants), such as difficulty or even inability to find interpreters. For example,
    - Many medical doctors (especially psychiatrists) refuse to conduct psychiatric evaluations and/or remote follow-ups based on interpretation via telephone. They also do not agree to use their organizations' or services' telephones for communication with the interpreters. On the other hand, KETHI only covers telephone interpretation, so this practical obstacle falls upon the shelters' staff to resolve.
    - The local Court of First Instance does not have an interpreter but in cases of refugee and migrant mothers and their children who do not speak Greek it requires only on-site interpretation in order to proceed to any legal action. KETHI, as mentioned above, only provides telephone interpretation which does not include interpretation for legal actions.
- A child cannot be enrolled to the local school, unless a temporary child custody order has been issued to the mother. Moreover, sometimes there are difficulties in finding vacancies in school units.

- KETHI- Women's Counseling Centers
- Judicial Authorities include local Public Prosecutors' Offices / Courts of First Instance
- Other include Mental Health Centers, Medical-Pedagogical Centers, Shelters' Network, Private companies-e.g. Bus companies-KTEL, Youth Counseling Stations, National Center for Social Solidarity-EKKA, Bar Association, and University Departments.

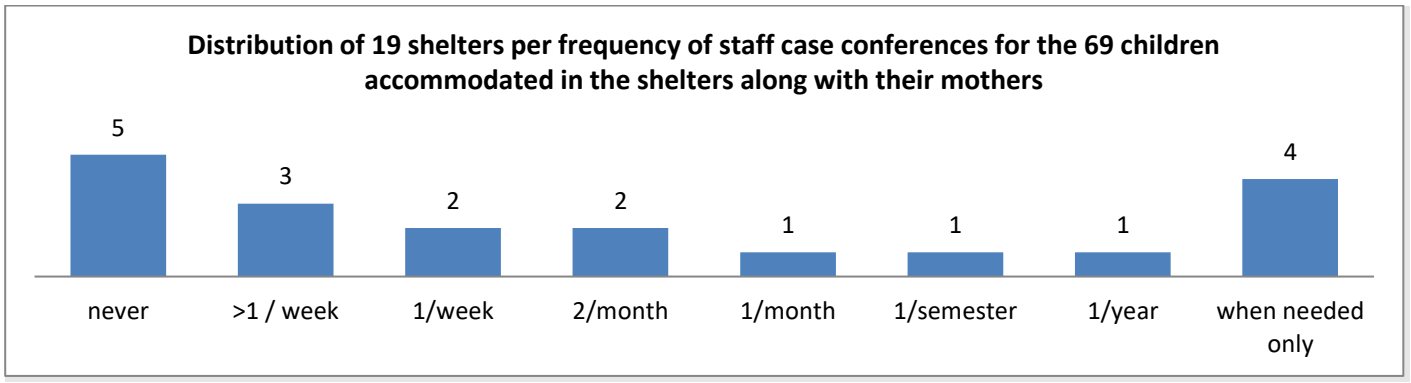
- There are often long delays in the issuing of legal documents (especially for refugee and migrant women and their children).

Interestingly, one respondent, trying to summarize the cooperation between organizations and services in Greece, mentioned that "*During the first years of the shelter's operation the cooperation was more difficult. As the years go by and the personal relationships with the staff of collaborating services get stronger, and our shelter acquires acknowledgement and impact in the community, the cooperation becomes easier*".

As mentioned in both the FG discussions and the interviews with key informants, since 2017, when refugee flows in Greece increased, the need to integrate refugee women has become more acute. For this reason, in 2018 the operating regulations of the shelters were expanded to include not only women victims of gender-based violence but also women victims of multiple discriminations. With this amendment, women do not need to be survivors of gender-based violence to be admitted to a shelter; a high percentage of them are refugee/unemployed/single parents. It appears that in most of the cases shelters are currently hosting refugee women after their stay in refugee shelters/camps. As a result, the target population of the shelters has changed together with the beneficiaries needs that have diversified.

Case conferences for children accommodated in shelters along with their mothers

In the question whether regular meetings of professionals are held for discussing the cases of children living in the shelter, 11/19 (57%) replied positively, 3 (16%) replied positively, but "depending on the case " and 5/19 (26%) replied negatively, namely that such meetings never take place. Regarding the frequency of these meetings, where they take place, is as follows:



In the previous section, specific practices currently applied in the shelters were presented. Regarding the provision of professional supervision for the professionals working in the shelters, it is observed that there is no common practice among the shelters: in some cases, there is no supervision while in others supervision is provided, although not in a uniform manner, involving different frequency of sessions and in some cases with totally different content (for example, administrative vs. clinical supervision).

On the other hand, continuing education appears to be provided in a more uniform way; almost all shelters reported that staff participate in lifelong learning and continuing education programs which are often organized and

implemented by the same agencies (NCDDA, KETHI, GSDFPGE, etc.); in this case, however, frequency and duration of participation in continuing education differ among shelters. The fact that respondents were not aware of the funding in conjunction with the different frequency and duration of training reported, suggests that these activities are rather sporadic and not universal or systematic.

From the collected answers, it appears that the cooperation of the shelters with other organizations and services is adequate and concerns multiple providers from all sectors essentially relevant to the needs of women and their children (e.g. health, welfare, education, police, justice, counseling services, mental health services, NGOs, etc.). The reported difficulties in this cooperation were very specific and included communication difficulties due to language and consequent interpretation issues especially in mental health and justice-related services, difficulties in obtaining services (often mental health) due to long waiting times, bureaucratic delays in issuing legal documents resulting to barriers in registering, for example, children at school. It seems that in some cases the system tends to "self-regulate" through the development of personal relationships among the professionals (of the shelters and the other services), which facilitates the cooperation between them, but also highlights the importance of consistent efforts for better coordination.

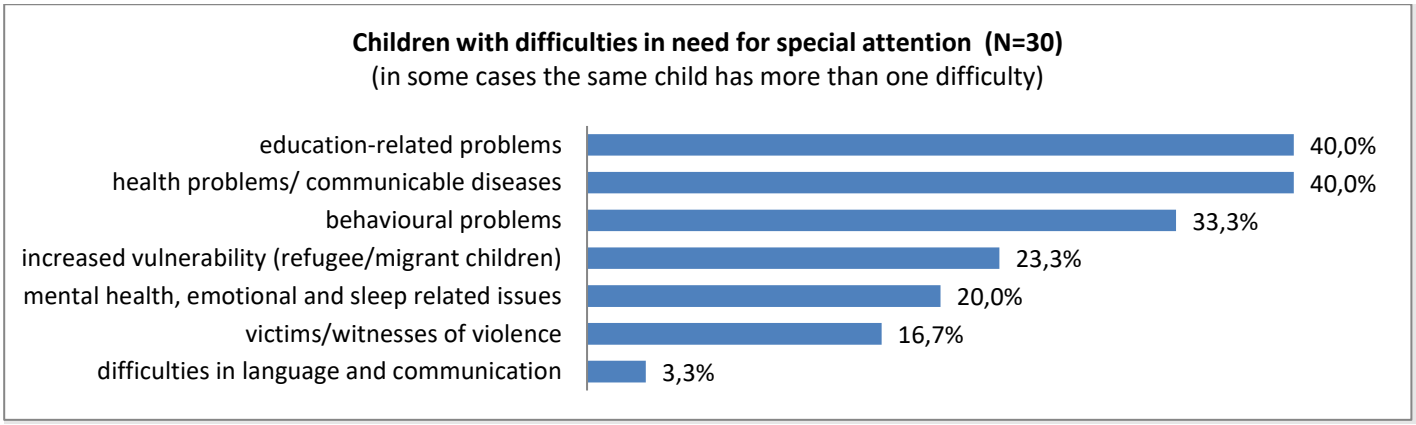
Although women accommodated in the shelters are the main beneficiaries, their children often outnumber them and are certainly equally –if not more- vulnerable. For this reason, the representatives of the shelters were asked about whether case conferences take place, namely multidisciplinary professional meetings where issues regarding children and women staying in the shelter are discussed. From their responses, it appears that there is no common practice among shelters, given that ~1/4 of the answers was negative, 3 out of 19 replied that they act "depending on the case". The remaining 11/19 representatives responded that cases conferences take place in their shelter. For 8 of the shelters where case conferences take place, frequency of these meetings was once a month or more often; for 6 shelters frequency was once a semester or more rarely (or only when necessary). Representatives from 5 shelters reported that case conferences never take place.

3.2 Profile/mapping of children living in shelters

3.2.1 Six-month stock and flow of children in shelters for women

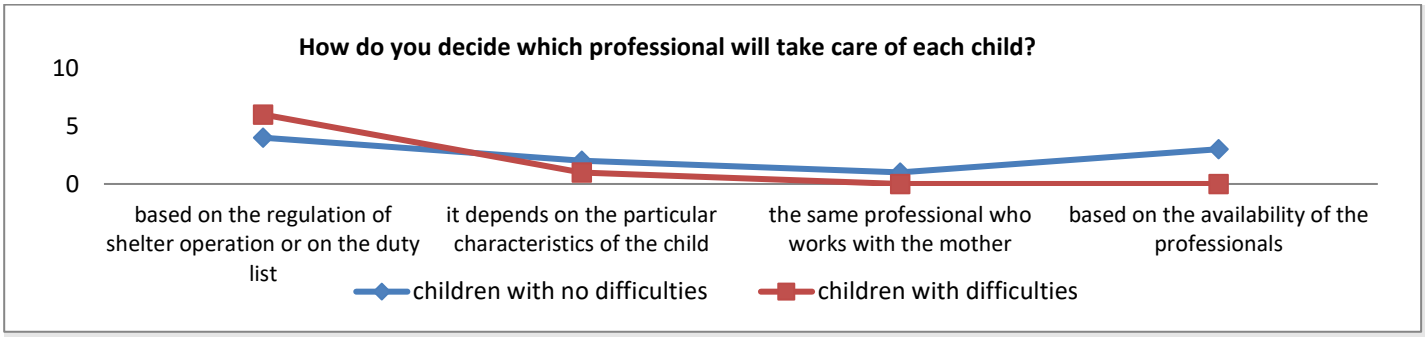
During the first semester of 2021 (from 1/1/2021 to 30/6/2021) a total of 156 children were accommodated in the network of the 19 shelters, 71 boys (45%) and 85 girls (55%). About 55% of them were refugees or immigrants. Given that, because of the COVID-19 pandemic, some shelters reported for the same period a reduced number of beds to avoid overcrowding and keeping a somewhat safe distance between beneficiaries, it seems that shelters' occupancy with children was relatively high.

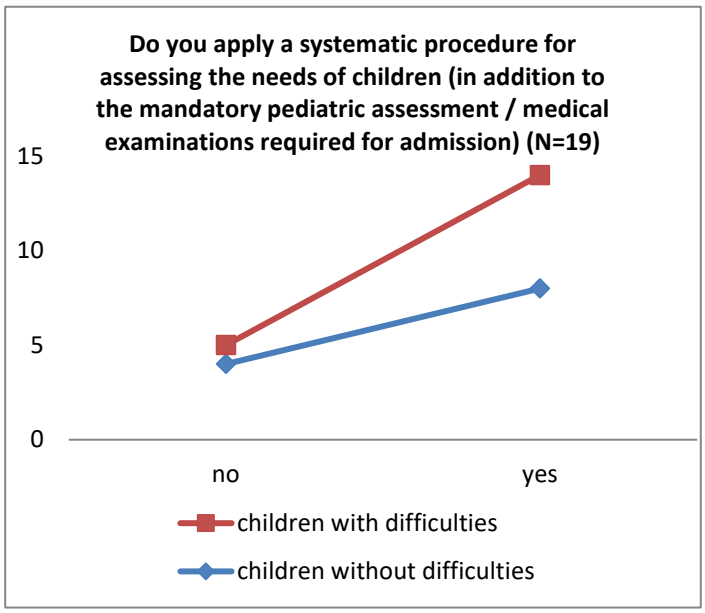
At the time of data collection, 76 out of the 156 children were still staying in the 19 shelters and 80 were discharged along with their mothers. Out of the 76 children 30 (39%) had, according to the responders, some difficulties, that the professionals had to deal with regularly.

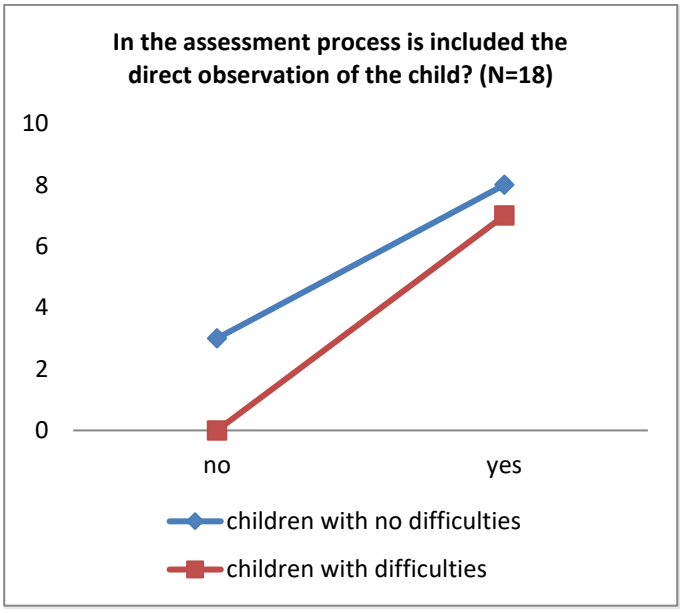


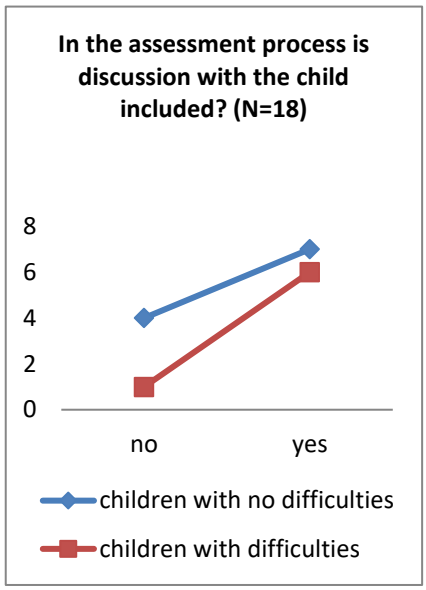
All 30 cases of children with special difficulties were, reportedly, located in 7 out of the 19 shelters which, at that moment, had a total population of 38 children. None of the remaining 12 shelters (also hosting 38 children) reported cases of children with difficulties in need for special attention.

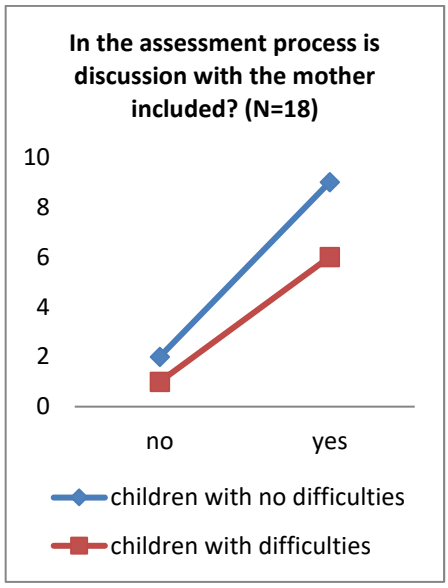
Although this can be a random finding, taking also into account the results of the case audit tool (see 3.2.2) it is likely that these results are related to the sensitivity of the criteria used across shelters to assess the characteristics of children and to the practices that are applied regarding the evaluation of children-including whether there is a standardized assessment procedure applied by specific professionals, if direct observation of children takes place and whether discussion with the child is included.

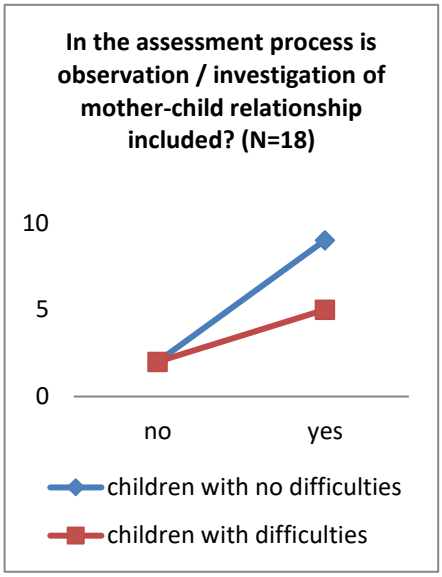












As presented in the figures above, in shelters where there is no systematic procedure for assessing children's needs (apart from the mandatory pediatric assessment/medical examinations for airborne diseases, communicable skin diseases required for admission), there is no differentiation between children with and without particular difficulties. In shelters, however, where such assessments are applied, more children with difficulties are identified This observation is to some extent in line with an initial hypothesis according to which these children are expected - depending on their age and / or other characteristics - to have some difficulties given the situation (before admission to the shelter and during of their stay there).

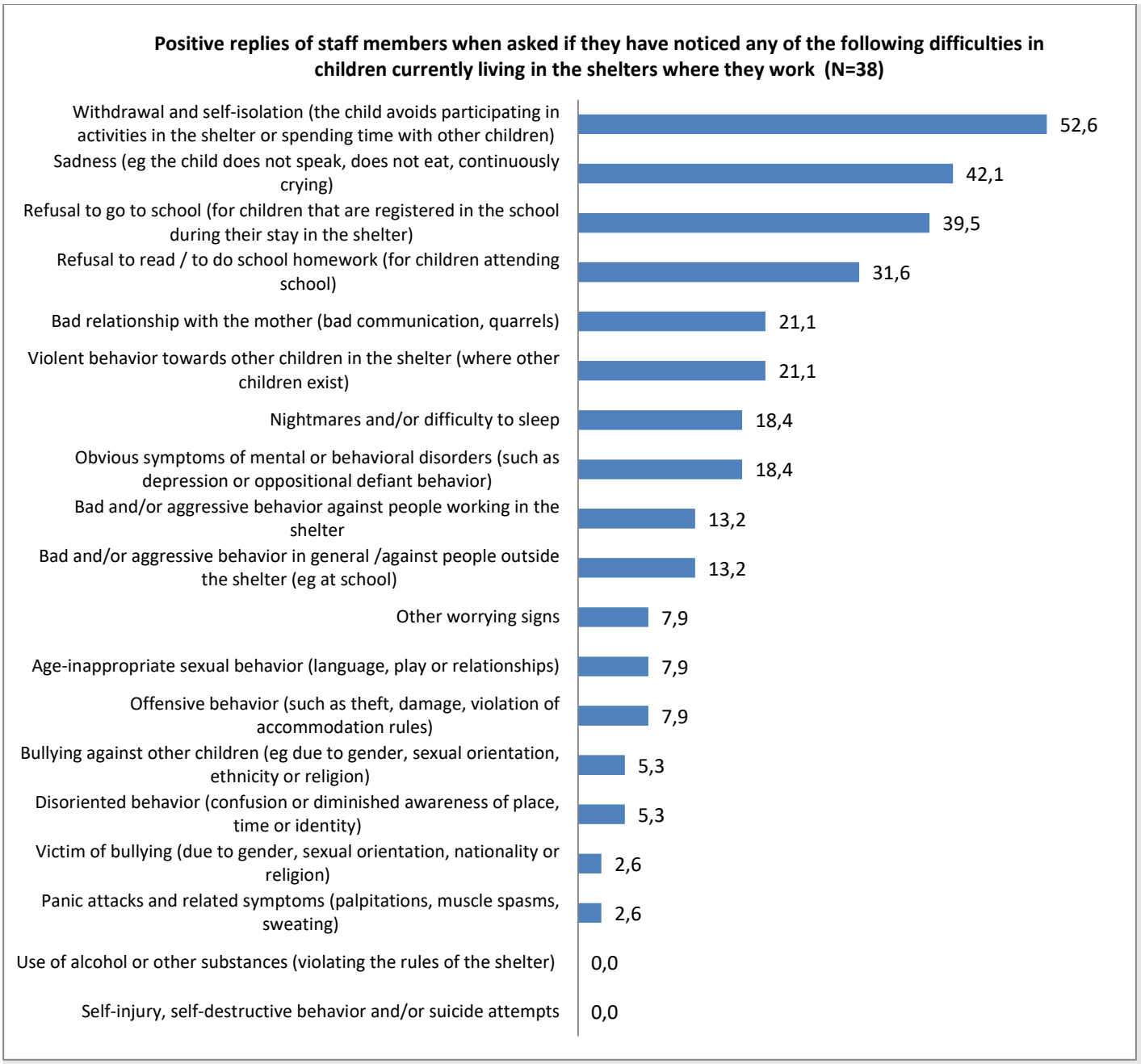
Moreover, when direct observation of children is applied during the assessment process, it seems that the number of children with problems increases. Similar results are derived when the assessment process includes discussions

with children themselves, observations of the mother-child relationship and discussions with mothers. Finally, it seems that when the assessment of the child was undertaken by a professional based on the duty list (e.g. psychologist or child psychologist), children with particular problems are more likely to be identified in comparison with cases that the assessment was conducted either by the professional who works with child's mother or by a professional who was available at the moment.

In addition to the above, shelters' staff (including scientific and administrative personnel) were asked to indicate whether they noticed one or more children that experienced one or more difficulties from a list provided to them. A total of 38 employees from 19 shelters provided replies; 29 scientific personnel and 9 other employees) and their observations concerned 146 children. Their responses indicated that ~61% of the children were admitted in the shelter due to domestic/intimate partner violence, ~77% were eyewitnesses and/or beholders of violence, while about 25% were victims of child abuse and/or neglect. As presented in the figure below, more than 50% of staff observed cases of children having difficulties in sleeping. They also noticed cases of children having bad relationships with their mothers, quarrels or lack of communication (~42%), children refusing to eat, crying constantly and not communicating with other people (~40%), children isolating themselves and avoiding contact with other children (~32%), refusing to go to school (~21%) or behaved badly and aggressively towards other children (~21%), refusing to read or do their homework (~18%) as well as cases of children with obvious symptoms of mental and/or behavioural disorders (~18%). None of the 38 staff members reported cases of alcohol or other substance use among children or cases with self-destructive behaviour, self-harm and/or suicide attempts.

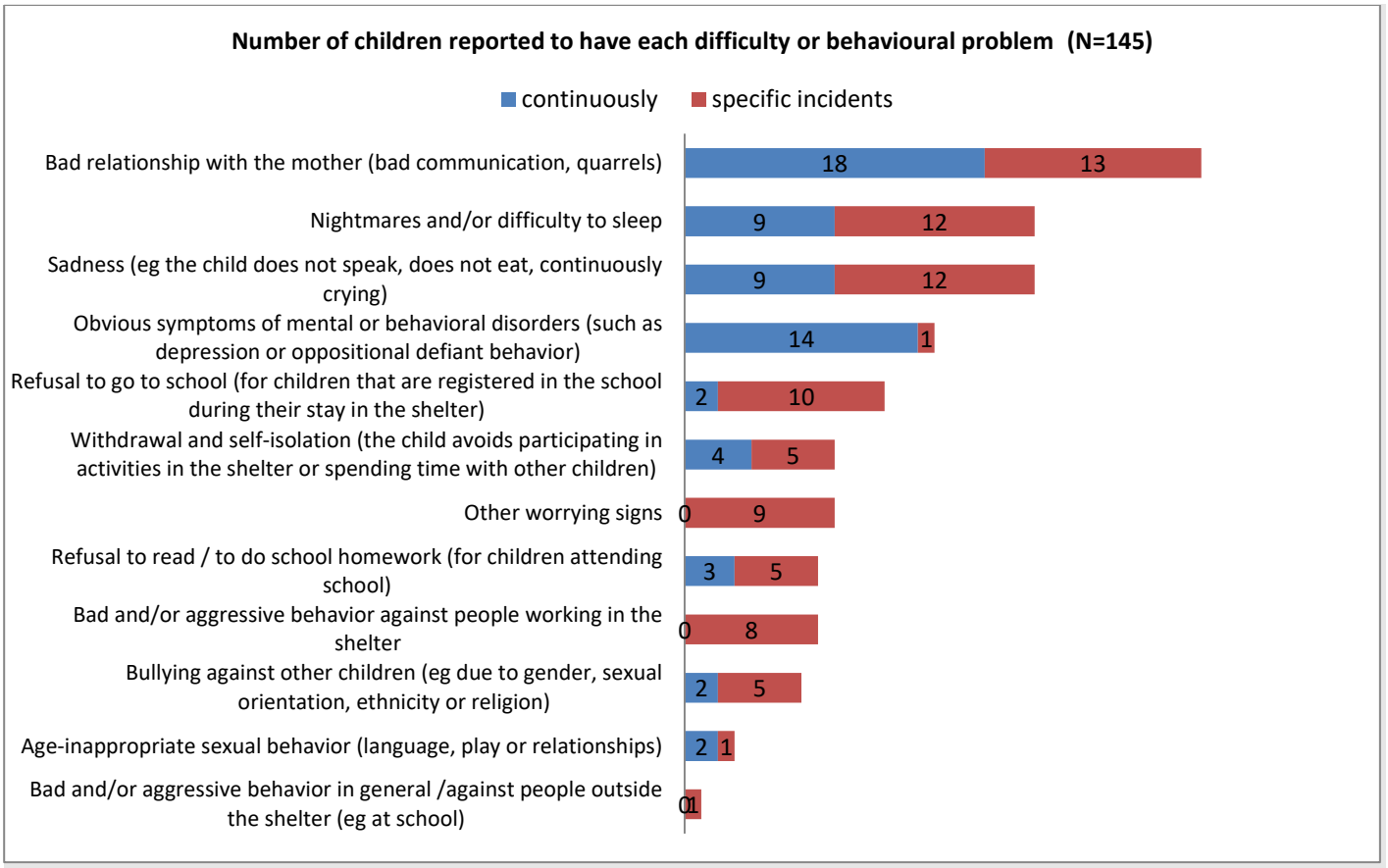
One professional commented that "*The provided replies are about the specific children who are currently accommodated in our shelter. In the past we had children who had some of the signs and difficulties mentioned in the list. In these cases, apart from the discussion with their mothers and/or the children themselves, we had also cooperated with specialized services and professionals and where necessary, the relevant referrals were made.*"

Another comment was that "*in some cases the worrying signs observed in the target group are evident during the first period of their admission to the shelter. In most cases, after children being removed from the abusive environment and having a sense of security and protection in the shelter environment, the signs subside and the children are well adapted to the new living conditions. Important role on this plays the active participation of the mother with the empowerment of the counsellors and her mobilization as well as the support by a child psychologist/pedagogue*".



All the above replies concern a total of 145 children. It is noted, however, that for some children more than one difficulty or problems were reported, in some cases problems concerned permanent situations and in other cases they were referred only to specific events.

One professional commented that "*Children who are victims of violence either directly or indirectly often suffer from mental health issues, which vary depending on the mental health of their mother and their perception of what consists mental health issue. In the case of children accommodated in the shelters, their mental needs are multiple, as these children are multiply mentally injured* ".



Other practical issues and difficulties mentioned by professionals working in the shelters were the following:

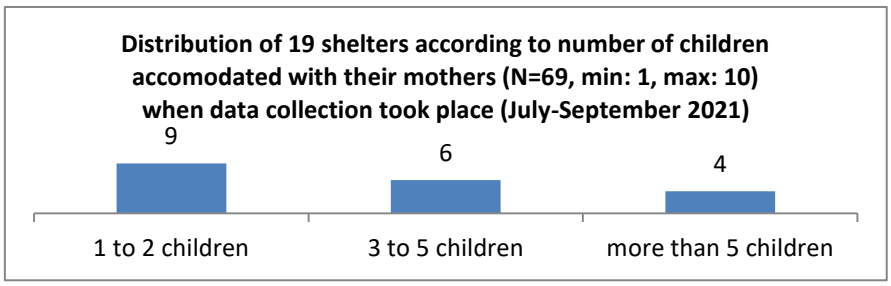
"There is difficulty for the children living in a shelter to communicate among each other due to different language, culture, age and interests. The sudden change of the living environment and the co-existence with people they do not know, can be also an obstacle for them to communicate among each other."

"There is a need for involving children in creative leisure activities; a special educator, for example, who will take care of children's reading, school homework or play a few hours a day / week, will be very useful as many mothers are unable to support their children on such issues, although they are encouraged to try to do it. The lack of such type of activities often causes tensions as children quarrel with their mothers or other children and often seek care and attention from the staff members of the shelter, who do not have such responsibilities."

"Currently in the shelter there are two women with different languages, backgrounds and lifestyles, as the one is a Greek Roma and the other an Afghan refugee; it is difficult for them to communicate and understand each other sufficiently. Nevertheless, the children of the two women are in a good psychological status, cooperating and maintaining good relationships with their mothers, despite all of them have witnessed violence and one of them is itself a victim of violence."

Finally, some more positive messages were expressed such as "*Children who are living in the shelter are easily adapted to the new environment, feel calm, safe and sleep much more peacefully than at their home.*"

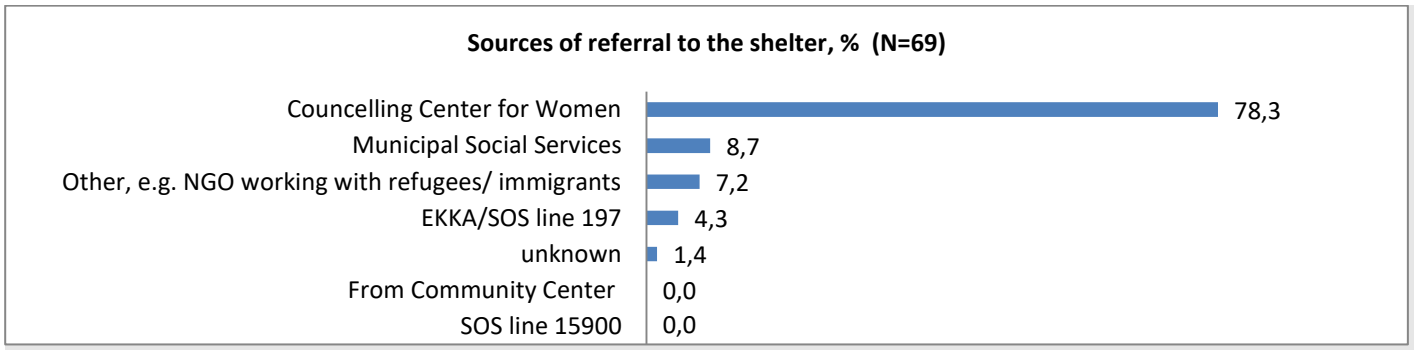
3.2.2 Distribution of children in shelters and sources of referral



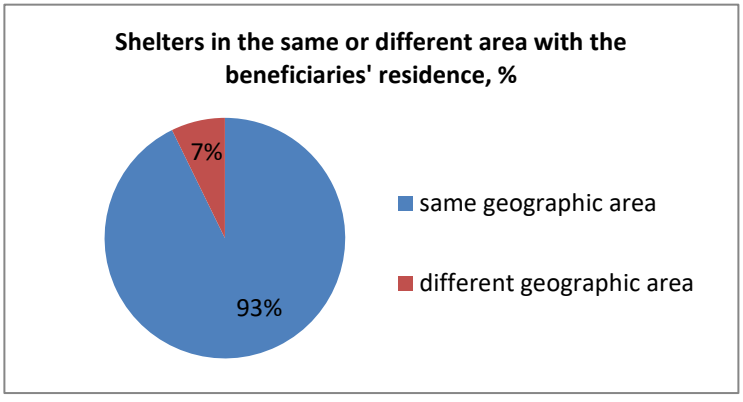
During the period of data collection (July 22-September 8 2021), 9 out of the 19 shelters hosted 1 or 2 children along with their mothers, while the remaining 10 shelters from 3 to 10 children (mean 3.6).

3.2.3 Referrals

In the vast majority of cases (54 out of the 69 children whose cases were audited) the referral of the mother and child to the shelter was made by a Counseling Center for Women. In one case, the source of referral was unknown, while no referral from SOS Line 15900 or a Community Center was reported for any of the specific cases.



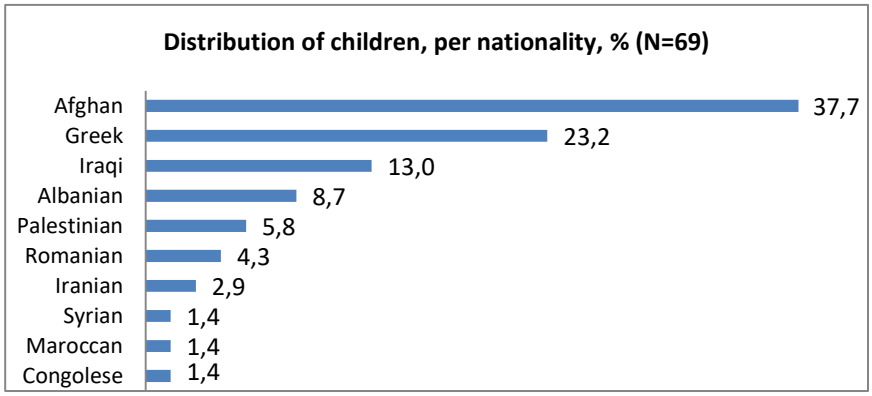
This finding is in accordance with the article 6 of the Regulation for the Operation of Shelters, where it is mentioned that referrals can be made by the Counseling Centers of the Network of General Secretariat for Gender Equality, EKKA and Community Centers, Municipal Social Services, organizations working with refugee and migrant population and only in exceptional cases via the SOS Line 15900.



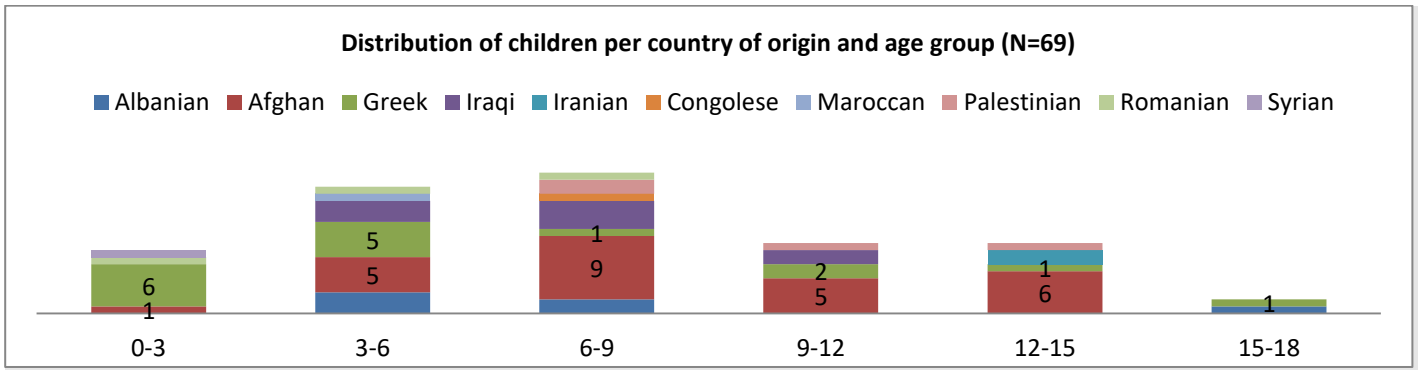
For 64 out of the 69 cases it was reported that the shelter is located in the same geographic area where mothers and children were previously residing. Place of residence, however, probably includes temporary residence, taken into account that in 53 out of the 69 cases (77%) mothers and children are of origin other than Greek (mainly Afghan, Iraqi and Albanian).

3.2.4 Sociodemographic characteristics

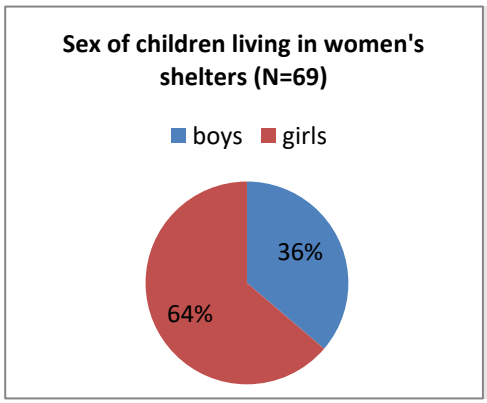
Out of the 69 children in our sample, 37.7% were of Afghan origin, 23.2% of Greek origin and 13.0% of Iraqi origin. Other nationalities were also represented in smaller percentages.

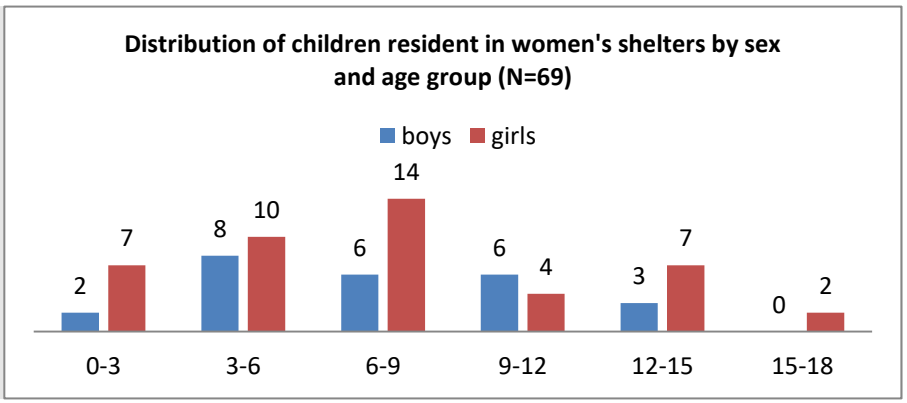


As presented in the figure, almost half of the children of Greek origin are very young (younger than 3 years old) and many of them are toddlers (3-6 years old). On the other hand, children of Afghan origin (which are the majority) are distributed across all age groups except for the very young (0-3 years old) and the older children (15-18 years old).



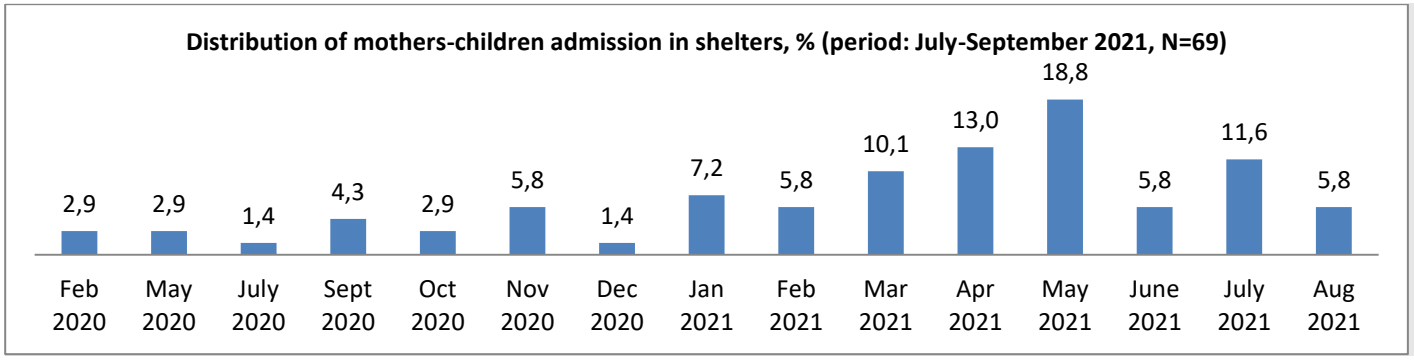
Out of the 69 children accommodated in the 19 shelters during the data collection period, 64% were girls and 36% were boys. In total, most of the children were school-aged (6-12 year-olds) (43.5%), followed by pre-schoolers aged 3-6 years old (26,1%); 17,4% aged 12-18, while 13% were younger, aged 0 to 3 years old. Their mean age was 7,1 years (SD 3.92, min age: 8 months; max age: 17 years). For girls, mean age was 7,2 (SD 4.21, min age: 8 months; max age: 17 years) and for boys 7,1 (SD 3.42, min age: 1 year; max age: 13 years). Although in the Regulation for the Operation of shelters (in the "Aims" section) is mentioned that maximum eligible age for girls is 18 and for boys 12 years, it seems that small deviations are possible.



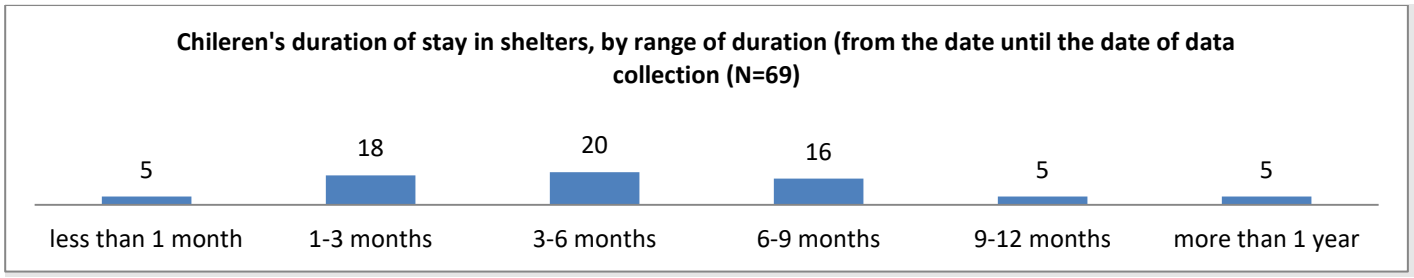


3.2.5 Length of stay in the shelters

All children (and their mothers) living in the 19 shelters during the period of the data collection were admitted to the shelters in February 2020 or later. Almost half of them were admitted during the spring of 2021.



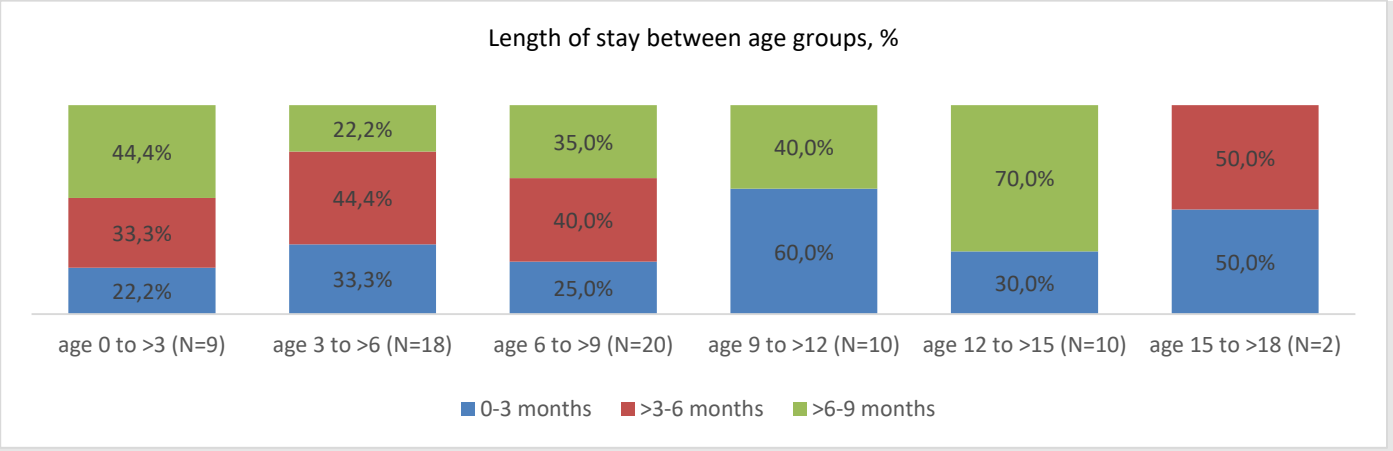
Data collection took place during July-September 2021; the length of stay at that period was calculated by taking into account the date of admission and the date of data collection. The results are presented below:



The Regulation for the Operation of Women's Shelters (article 4.1) states that the duration of accommodation is defined at three (3) months while, in specific cases, the duration can be extended. In the respective article (26.5) of the Law 4604/2019 it is further clarified that the duration of stay in the shelter is set up to three (3) months and that, following a decision of the Project Management Team of the shelter or of the competent Municipal Service after a relevant suggestion of the scientific staff of the shelter, the duration can be extended for another three (3) months (total period of 6 months) given that the accommodation of women victims of GBV and their minor children in the shelters is transitional and temporary and the aim is to support them to return to the community and live independently.

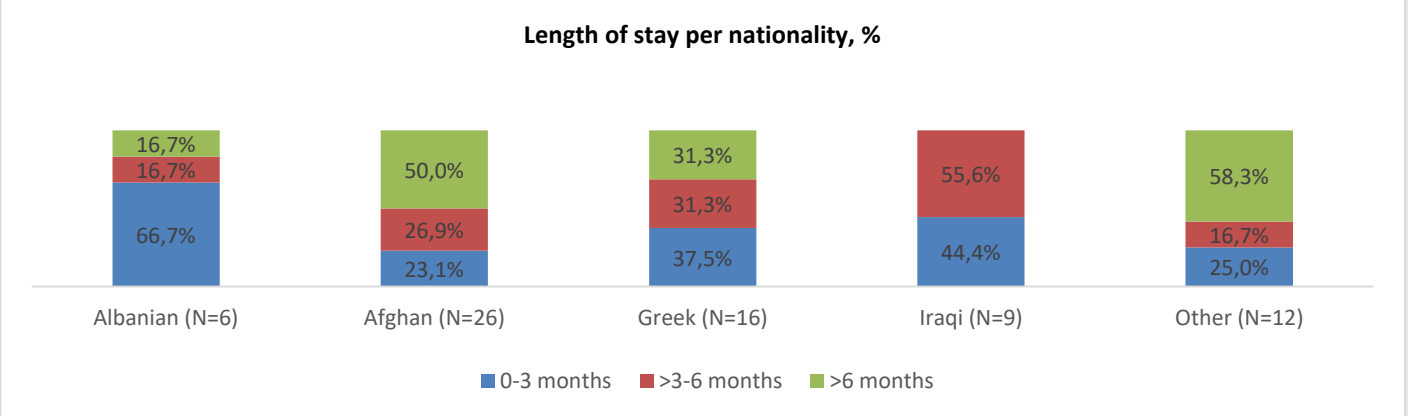
However, findings indicate that, for the specific period of the data collection, only 33% of the children stayed in one of the shelters for a period up to 3 months; moreover, some or all of them extended their stay for a longer period of time, after the date of the data collection. Almost 30% of the children were in the shelters for 3-6 months, while 37% for more than 6 months (namely for longer than the officially set extended duration of stay, with the longer stay of ~19 months). As presented in the figure below, duration of stay seems to increase as the age of the children

is increased (for the ages 3 to 15). It is of note, however, that 4 out of the 9 children aged 0-3 years old stayed in the shelter for more than 6 months.

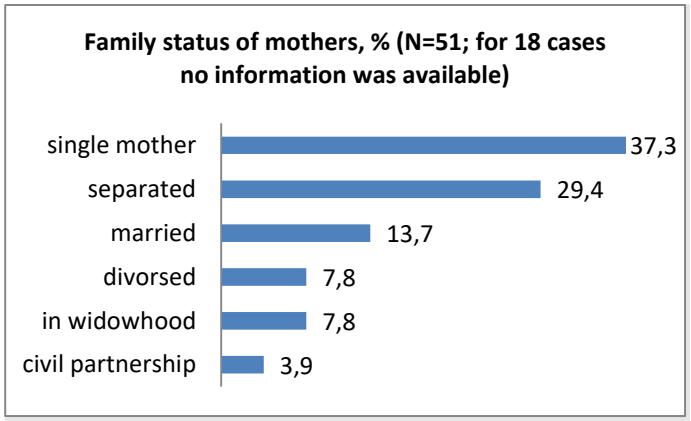


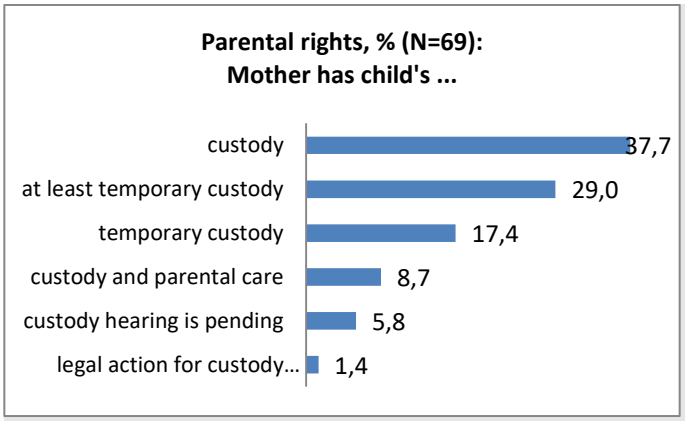
In regards to the nationality of children, half or more of those from Afghanistan and other countries (i.e. Iran, Congo, Morocco, Palestine, Syria and Romania) stay in the shelters for periods longer than 6 months. For children from Greece and Albania, it appears that shelters serve more as transitional, temporary solutions.

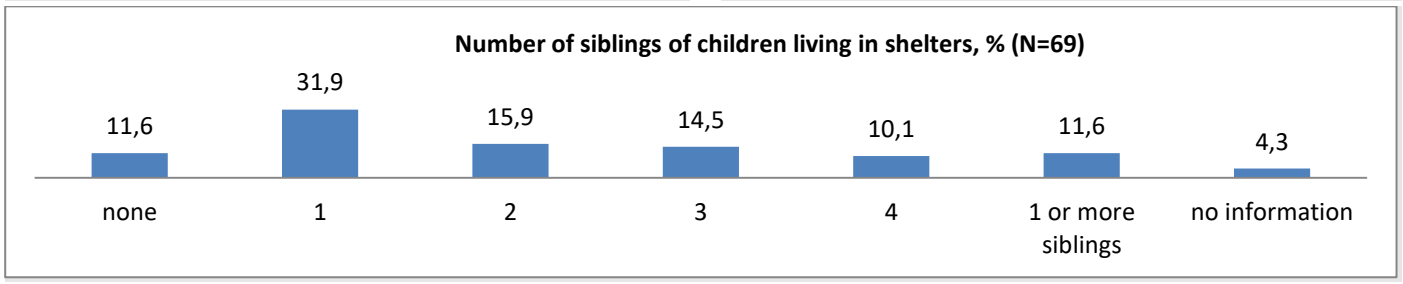
Our results show that length of stay appears to be related to refugee or migrant status due to the fact that these families often have no supportive social network to turn to and face additional practical challenges (e.g. language, job opportunities, long bureaucratic procedures regarding Asylum etc.) compared to women from Greece or migrant women who have been living in Greece for several years. Due to our sample size, as well as the lack of data regarding discharges, these observations should be interpreted with caution. Nevertheless, professionals participating in the FG discussions reported that with the refugee flows of the past decade, the population of refugee women with children in the shelters increased and due to delays in the completion of the procedures (legal documents, asylum application, fingerprinting, etc.) their stay in the shelters is, most of the times, extended. They also mentioned that, for them, it is somewhat unethical to comply with the regulations, since this would mean that they should have to kick out of the shelter vulnerable women and children while, at the same time, they appeared to acknowledge that an extended stay for these families simulates conditions of institutionalization.



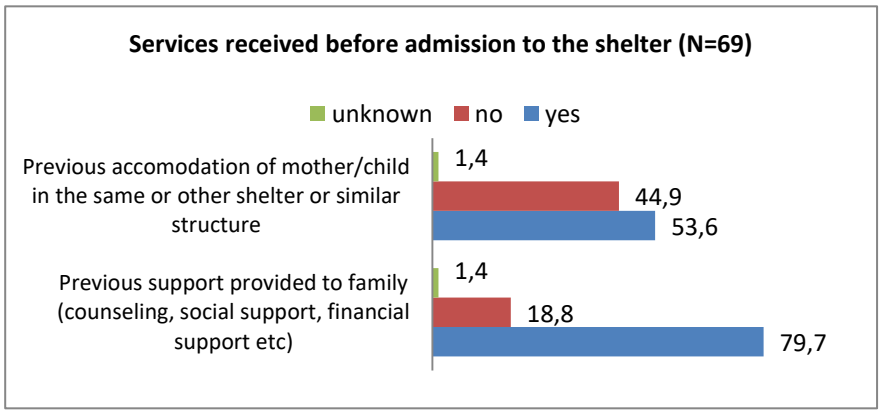
Concerning their family status (marital status of mothers and parental rights), in most of the cases children belonged to single mother families, separated or divorced, while in ~18% of the cases mothers were still married (probably with their abuser). It is of note that for ~26% of the children no information regarding family status was provided. In accordance to the family status, in the vast majority of the cases, mothers had the parental care, the custody or temporary custody of the children, or there were in the process to undertake custody[4]. Moreover, in 83% of the cases children living in the shelters had at least one sibling.







3.2.6 Services received before admission to the shelter

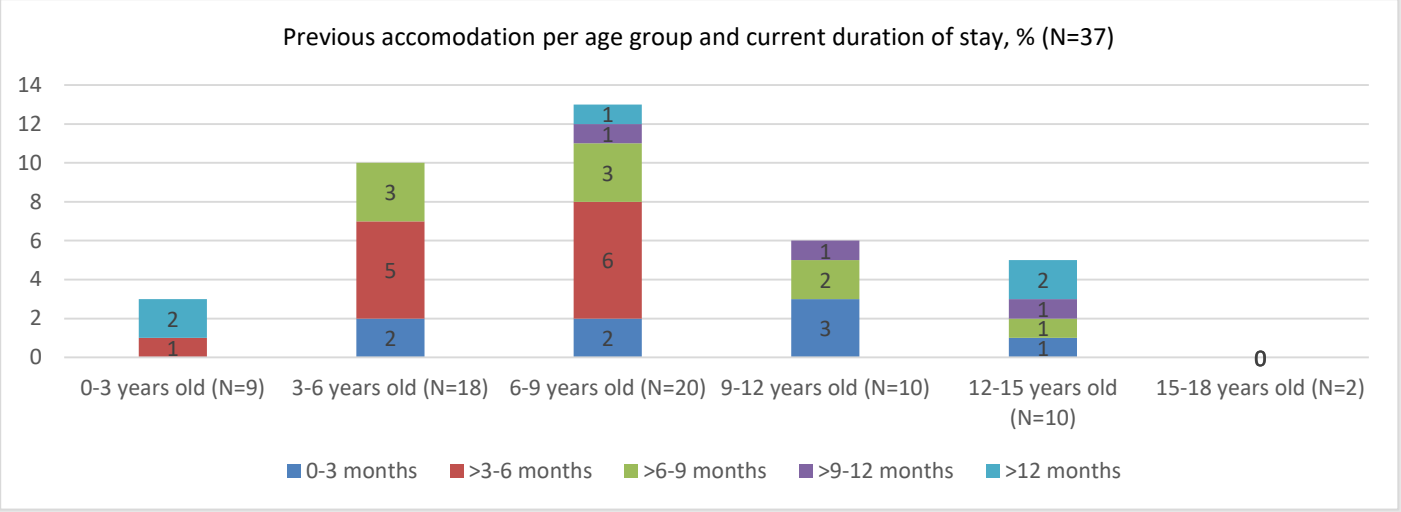


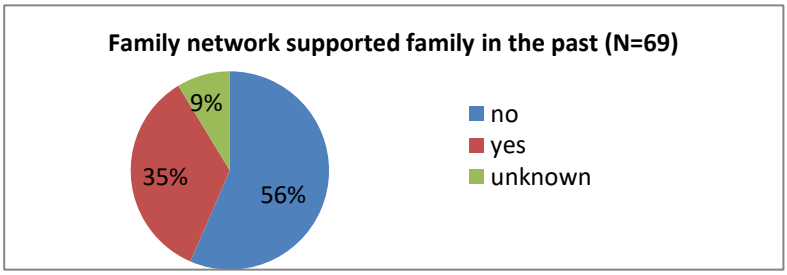
As for the services received by the children's family in the past, for almost 80% of them it was reported that they had received some support including counseling, social support and financial aid or benefit. Moreover, for more than half of them (~54%) it was reported that they were previously accommodated in a shelter for women victims of GBV (same or different to the shelter of their current stay).

[4] Information however was not clear for the 29% for which it was considered that mothers have "at least temporary custody", taking into account that they had their children with them in the shelters and given the article 7.2 "prerequisites for admission" of the Regulation for the Operation of the shelters where it is written that "married women or those with a civil partnership with children must contact the relevant Police Department or the Prosecutor's Office, in order to record the abandonment of the family home due to their abuse" (in order to ensure that it will not be considered as parental abduction).

It seems that, with the exception of older ones (aged 15-18), there are children who had previously stayed in shelters or other similar structures with their mothers; in most of the cases this is valid for children that were currently living in the shelter for more than 3 months.

Two children aged 0-3 years old who, at the time of data collection, had been living in the shelter for more than 1 year were reported to have also previously been in the shelter (for an unknown period of time). For such cases, staying in the shelter should be considered neither transitional nor temporary.





On the other hand, only 35% of the children in the shelter were reported to have had a family support network (e.g. extended family) where they could have possibly been accommodated and supported in the past.

3.3 Health and access to health and mental health & psychosocial support services

3.3.1 Health and health care services

When children enter the shelter, staff members are responsible to support mothers with referrals to doctors on a case-by-case basis and usually to accompany them on the first appointments. This is always done in collaboration with mothers in order for the staff to empower them; from some point onwards, mothers have to schedule the appointments themselves. Also, it was mentioned that when children are admitted to the shelter there is a requirement for a pediatric assessment and specific medical examinations.

In the interviews with key informants as well as the FG discussions with shelters' staff, concerns were expressed regarding the adequate coverage of children's medical needs during their stay in the shelters. After years of operation, shelters try to develop regular relationships with health services providers to be served more directly but this is not always sufficient: according to them, in many cases, the needs that arise cannot be addressed by existing partnerships such as local Hospitals, Health Centers and private practitioners (e.g. for specialized dental services, glasses not covered by the shelters' budget, specialized treatment for skin / contagious diseases) and the staff takes it upon themselves to find the appropriate professionals and services, often outside the shelter's district. In the case of a shelter where several cases of scabies were detected, the adequate care of the children affected was nearly impossible due to spatial constraints and inability to quarantine as well as difficulties of noncompliance to medication; this led to an even greater spread and additional problems for the shelter and beneficiaries.

As pointed out by the professionals, although half of the shelter population is made up of children, in most of the cases there is no regular cooperation with a pediatrician or some other health professional that could provide children with regular care. In many cases, this results to delays in addressing time-sensitive needs as well as to expenses that are not budgeted for. Even when medical professionals volunteer to provide services for free, this is not consistent and creates gaps in continuity of children's care. To make matters worse, due to the COVID-19 pandemic, it was almost impossible to provide dental services to children living in the shelter.

Professionals also reported that in case of a child (or a mother) in need of hospitalization, it is unclear who has responsibility of the child(ren) left behind in the shelter; since the shelter cannot be responsible for the child, mothers either give the responsibility to other women living in the shelter via signing a solemn declaration form (for shorter periods of time) or children are temporarily moved to a child protection institution.

During the FG discussions, the mothers-survivors of domestic violence evaluated access to health services for their children as generally satisfactory and always facilitated by the shelters' personnel. They, as well, mentioned that there are no doctors or nurses appointed in the shelters, and there is no routine medical examination for children of any age scheduled by the shelters. Nevertheless, if a mother asks for medical assistance for her child, the shelters' personnel do assist with booking an appointment or directing her to the hospital. In some of the shelters, the Social Worker was reported to accompany the mother and child to Health Services, but in other shelters it was reported they do not.

In some of the shelters the mothers reported delays in the provision of readily available over-the-counter medicines, such as anti-inflammatories, for the children, although this seems to be more an issue regarding the shelters' financial management. In general, the shelters' personnel direct the mothers to addressing to the Social Pharmacies in order to acquire medicines for their children. In case the Social Pharmacy has not the particular medicine stocked, mothers do have to buy them themselves, which raises the issue of the lack of means of the mothers-survivors of domestic violence.

As reported by the mothers-survivors of domestic violence as well as shelters' staff, during the period of the Focus Group Discussions, no children with disabilities were residing in the particular shelters.

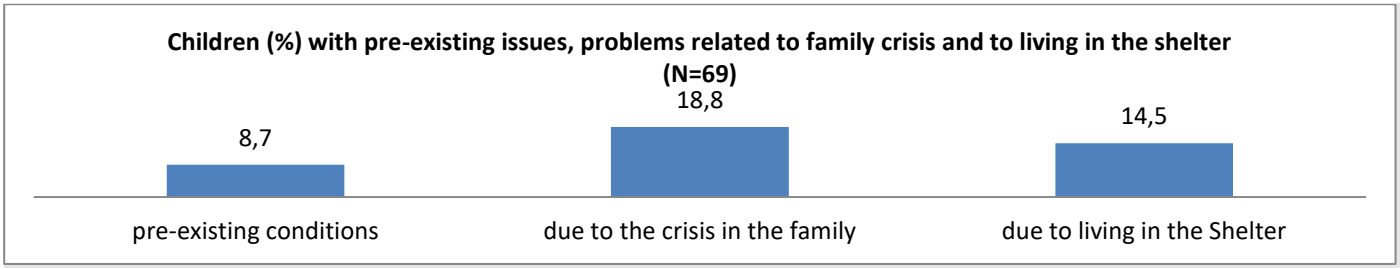
3.3.2 Mental Health and mental health services

As mentioned in the Counseling Guide against Violence (GSGE, 2018) children in violent families are subjected to various types of abuse that have different effects on their development (physical abuse, sexual abuse or exposure to it, neglect such as failure to meet basic needs or lack of supervision and psychological or emotional abuse). Intra-family violence is inherently linked to violence against children and child abuse, while exposure of children to domestic violence should be considered violence against children as children exposed to domestic violence suffer from its negative psychological and/or physical direct and/or chronic consequences. Specifically for children growing up in a violent family environment, the consequences are very negative in terms of their overall development and subsequent behavior as adults, rendering the child vulnerable to victimization or violence as an adult, or to developing behavioral problems, physical and mental illnesses. For these reasons, the issue of children arises very often in the counseling process with women in the Counseling Centers. Professionals must be adequately aware of these issues and be able to support or inform the children of the women accommodated in the shelters. However, in case that children's psychological conditions inspire concern and they need further treatment, it would be good for psychologists working with children to undertake this work, either within the counseling centers, or with a referral outside them. Similarly, children should be appropriately assessed upon their admission in shelters and receive the necessary support.

Professionals in each shelter were asked to provide the following information for each of the children accommodated in the shelter during the period of data collection (Case Audit Questionnaire), regarding pre-existing conditions, difficulties due to DV/IPV and difficulties due to living in the shelter. This information could be derived from previous assessments and/or diagnoses or could be identified by professionals during the assessment of each child or via observation during the child's stay in the shelter[5]. The results according to professionals' replies are presented in the figure below:

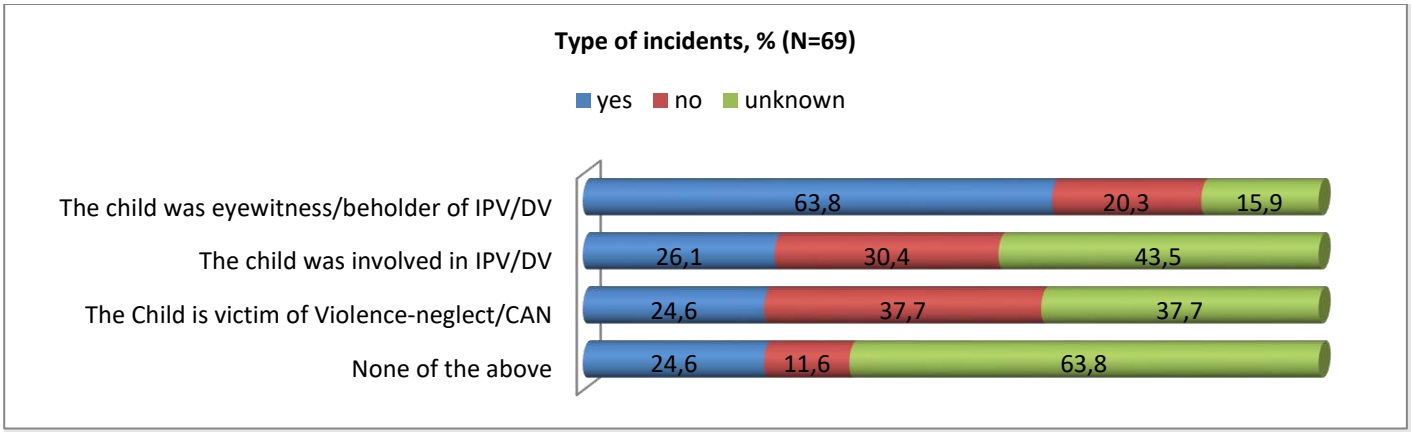
– [5] *Pre-existing issues:* special needs, physical or mental disability, chronic illness, behavioural issues, learning disabilities; if yes, whether the child is taking medication on a permanent basis and whether s/he depends on any medical technology/ device.

– *Issues due to the crisis in the family (DV/IPV/CAN)*: whether each was officially assessed before his/her admission or during his/her stay in the shelter with any anxiety/depressive disorder, PTSD, phobia, eating disorder, behavioral or other mental disorder or showed relevant signs (without diagnosis) *due to experiences s/he lived in the context of IPV/DV/CAN or due to changes in his/her*



At the same time, professionals were asked about the type of incidents the children had suffered in the past, namely whether they were victims of violence (abuse and/or neglect), actively involved in DV/IPV incidents that took place in the home, eyewitnesses/ beholders of IPV/DV incidents, or none of the above. According to the information collected, for one out for four children (~25%) none of these conditions applied. On the other hand, it was reported that ~25% of the children were victims of CAN, ~25% were actively involved in DV/IPV incidents and ~64% were eyewitnesses or beholders of DV/IPV incidents.

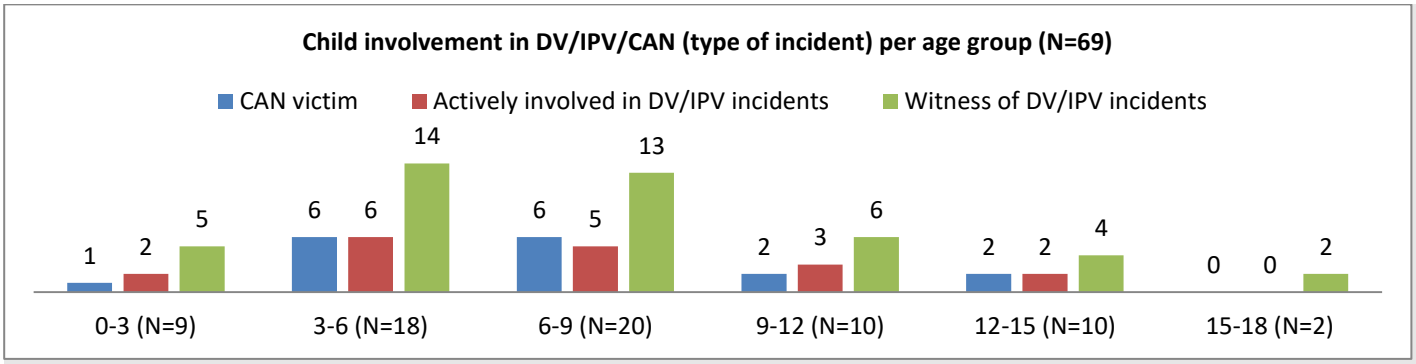
Interestingly, professionals reported that ~38% of the children were not victims of CAN, ~30% were not actively involved in DV/IPV and ~20% were not eyewitnesses or beholders of DV/IPV incidents, which is noteworthy given that the family crisis should be severe in order for the mothers to seek refuge in a shelter for women victims of GBV. In many cases, however, ranging from 16% to 44% neither positive nor negative replies were given ("unknown").



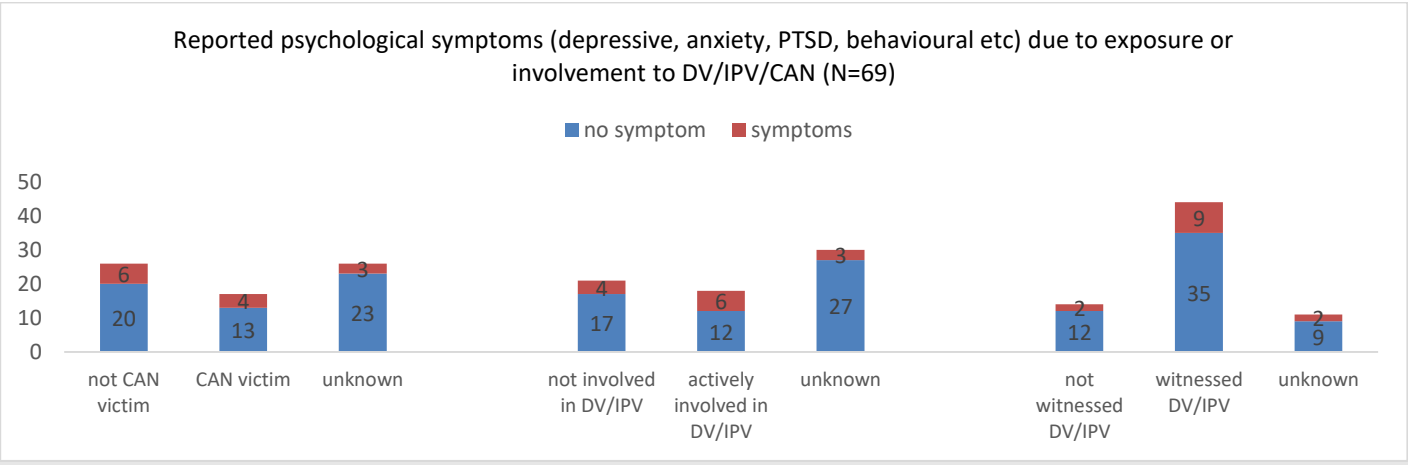
life (such as change of living environment, separation of a loved one such as brother> 12 years old or extended family and friendly environment)

- *Issues due to living in the Shelter:* whether each child showed stress, fear or generally worrying signs of depression, behavioral or others issues *due to living in the Shelter* (e.g., living with strangers, different natural environment, possibly reduced privacy) *or because the Shelter is located in a different area from the place of residence and goes to another school, does not see relatives or because s/he knows that he will soon change his living environment again* (for older children).

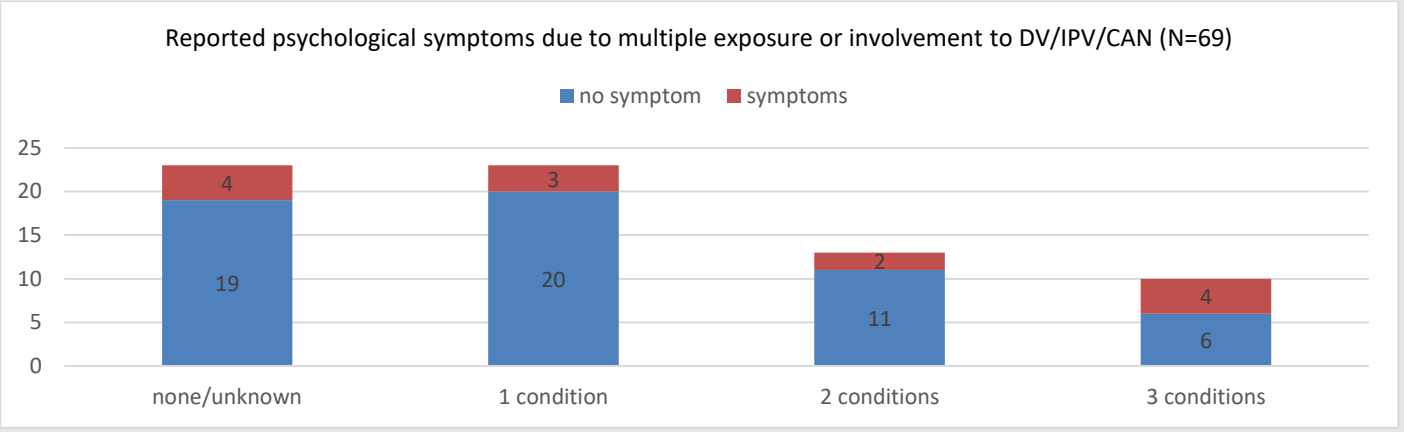
In the figure below, the number of children per age group is presented for each of the adverse experiences in the family environment, as reported in the Case Audit Questionnaire[6]. Half of the children aged 9 to 15 seem to have never witnessed DV/IPV while living with their families (before their admission to shelter). This is probably not accurate, because of the "unknown" cases (most of them regarding children of origin other than Greek).



Another result which is also of interest concerns the number of children who were assessed as having some psychological symptoms due to their exposure in DV/IPV and/or CAN (such as anxiety/depressive disorder, PTSD, phobia, eating disorder, behavioral or other mental disorder or showed relevant signs, without having a diagnosis). From the figures below it seems that only a small proportion of children had some issues, regardless of their exposure to DV/IPV and CAN. This is even more obvious when looking at the cases of children with one or more adverse experiences at the same time; 60% of those who were victims of CAN, witnessing DV/IPV and actively involved in relevant incidents seem to present no signs of psychological issues. The percentages for children with no worrisome signs, with two, one or no conditions were 85%, 87% and 83% respectively.



[6] Positive replies for CAN, DV/IPV witnessing or involvement can refer to the same child (this is why in some cases the total number of positive replies per age group is higher than the number of children).



Taking also into consideration that in their majority these children were refugees, meaning that they had recently experienced a difficult trip and several adversities, this result requires further interpretation; although it is possible that child resilience can justify at an extent this finding, it is also possible that no appropriate child assessments had taken place due to several reasons (e.g. language barriers, focus on the mothers).

Professionals participating in the FG discussions mentioned that when a child enters the shelter, they take their history in an informal, non-standardized way – they mentioned that they have not been given clear instructions or standardized tools. In some cases, it was reported that when a mother with children enters the shelter, mothers are asked whether they think their children have some kind of trauma/traumatic experience and that it is usually left to their own discretion to report this and to consent to an assessment of the child by the psychologist working with children. The need for qualified psychologists who work exclusively with children was emphasized by all participants because, as they acknowledge, children in shelters are abused either directly or "indirectly"; according to them, this is especially evident for refugee boys. In the shelters where such a specialist is employed, individual sessions are usually provided to the child as well as sessions with the mother and child together.

Some professionals mentioned that they collaborate with community Mental Health Centers on a regular or case-by-case basis and others mentioned that when a child with autism needs to be accommodated there are difficulties in managing the case within the shelter in terms of their adaptation, cooperation and development.

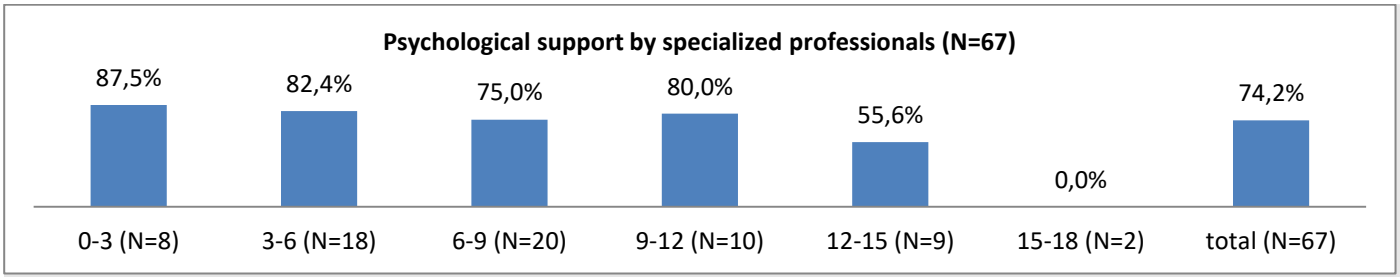
Indeed, all the mothers-survivors of domestic violence described that upon arrival at the shelter their children initially had issues the mothers themselves attribute to the traumatic incidents they had witnessed or suffered, which led them to the shelter anyway. As they mentioned, “their child was scared”, “he wouldn’t go near anyone”, “she was jumpy, aggressive to other children”, “he was afraid at night, used to have nightmares”. It seems that, after the first month in the shelter, the children begin to “calm down”, which some of the mothers related to themselves “calming down”. Approximately one third (1/3) of the children referred to during the Focus Group Discussions were attending weekly sessions with a resident Psychologist especially appointed to deal with children’s needs, which the mothers found extremely helpful and even mentioned as a good practice. Nevertheless, it is true that not all shelters occupy Psychologists specialized in child therapy. In a couple of cases mothers described that their pre-adolescent and

adolescent daughters seek themselves psychological support from either the Psychologist appointed to deal with the mothers' needs or from the Social Worker of the Shelter. Still, no referrals were made to any Mental Health Service, either by the mothers or the shelters' personnel.

Psychological support

According to the Regulation for shelters' operation psychological support is clearly provisioned for the empowerment of the women based on individualized counseling sessions aiming to their motivation and empowerment (para. 4.3 of the GSGE Decision 21919, 2018), while there is no specific provision related to the children of women accommodated in shelters.

From the data collected through the Case Audit questionnaire, psychological support of the child by a specialized professional based on a specific schedule and a predefined number of sessions was available for 75% of children. Psychological support was provided for all 45 children hosted in 12/19 shelters whereas in 5/19 shelters it was not provided to any of the 13 children hosted there. In 2 shelters it was reported that only some of the children received psychological support. In some cases, further information was provided about the number of sessions (e.g. weekly sessions take place since the date of admission), while in other cases is mentioned that "*no psychological support is provided to the child because the child does not need such type of support*".



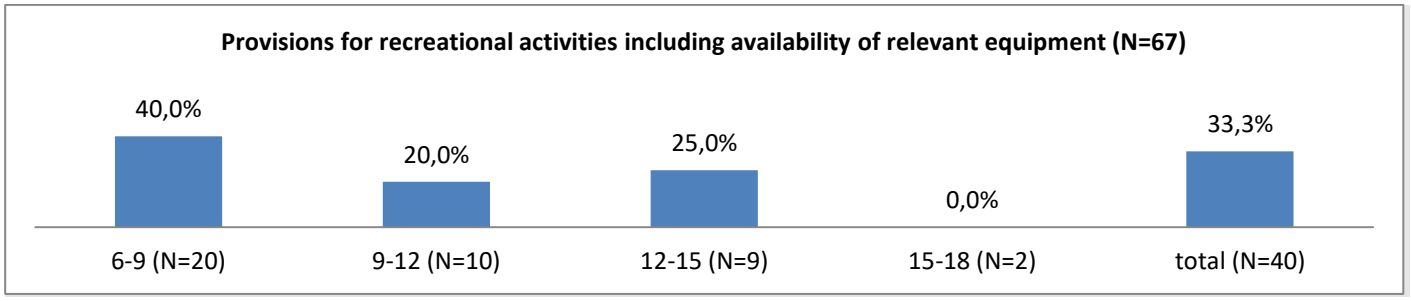
3.3.3 Social support

According to article 4 regarding "Services" of the Regulation for Shelters' operation (GSGE, Decision 21919, 2018), mothers of children accommodated in the shelters are solely responsible for the care of their children. At the same time the shelters' staff provide mothers with social support such as facilitating/supporting mothers to enroll their children in school, booking appointments for medical services and making appropriate referrals to specialized services for children.

Data collected via the Case Audit questionnaire show that social support by specialized professional is provided to all families (100%) in the 19 shelters; however, this support is mainly addressed to mothers and it pertains to information about available social benefits including insurance rights, family relations issues, parental care, issues concerning single-parent families and disadvantaged families (e.g. financial benefits, available public and municipal services, kindergartens, etc.), education, training, health and welfare, employment and other issues, such as family reunification and asylum (for the refugee population), as well as to issues related to referrals to competent authorities and services, when needed. This means that children may benefit from this type of support as indirect beneficiaries, but not directly.

3.4 Education and extracurricular activities

Data derived from the Case Audit Questionnaire show that support to school-aged children (6-18) in relation to their education (such as "reading", tutoring - depending on the age/characteristics of the child) is provided for ~33% of children, mainly younger children, aged 6-9 years old. In 6 out of the 19 shelters it was reported that all 20 children living there receive support regarding their school work, while in 9 shelters none of the children hosted receive such support; and for the remaining 2 shelters the results are mixed.



It seems that the shelters' staff are particularly sensitive towards the educational needs of the children living there, and the smooth integration of children into the school environment is their priority. During the FG discussions with shelters' staff, as well as during interviews with key informants, it was mentioned that shelters have a well-established cooperation with Regions / Municipalities concerning kindergartens and nurseries for young children living in the shelter. For older children, there is usually a collaboration between the child psychologist (where applicable) or other professionals from the shelter with schools: when registration procedures are complete, an introductory meeting is usually arranged with the teacher(s); after that the professionals from the shelters are usually involved only in case there is a problem to be solved in collaboration with the mother. All professionals agreed that mothers are always encouraged to visit their children's school regularly and to be actively involved in school-related issues; mothers who don't speak Greek are usually accompanied and assisted by a shelter professional.

However, it was reported that there are difficulties regarding children's access to extracurricular activities such as sports, language courses, art classes etc.; when such activities are not provided free of charge (i.e. by state providers, donations or volunteers) it is very difficult for the shelters to cover the respective costs, since these types of expenses are not budgeted for. In addition, for shelters outside urban areas, there are extra constraints related to the additional time and cost required to commute to and from the nearest city or town.

The issue of refugee children learning Greek was consistently raised by many participants in the FG discussions and interviews. Schools are mostly responsible for teaching Greek to refugee children but, as the professionals mentioned, children need additional support since the hours of these courses at school do not suffice. It was mentioned that there are occasionally some EU funded programs as well as courses provided by NGOs but they are not always available. The shelters' staff appeared to be unaware of language learning platforms such as the UNICEF Akelius program.

From the FG Discussions with the mothers-survivors of domestic violence it became quite clear that their children's school enrolment is quickly and efficiently taken care of by the shelters' personnel. All the children referred to were

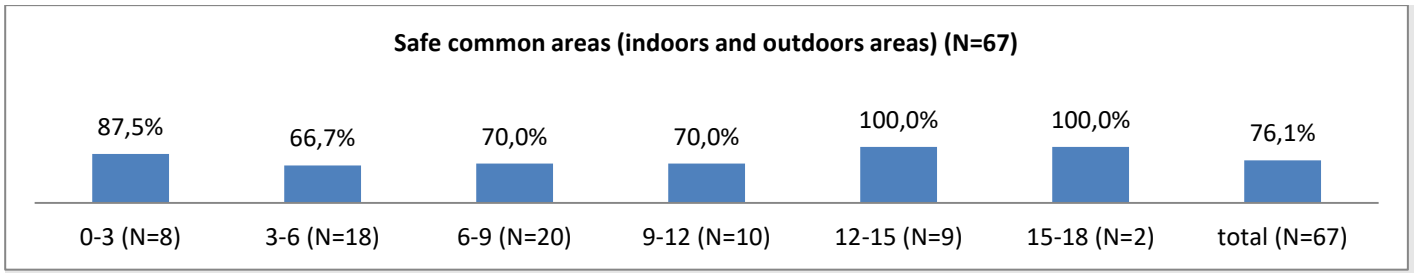
attending age-appropriate school units. Mothers also reported that there is satisfactory monitoring of the children's school attendance and performance by the shelters' Social Workers.

Two education-related issues were raised by the mothers: Their difficulty to raise money for transportation costs in case the school unit or day care center are not in close proximity to the shelter and the lack of language courses for children, especially refugees, who do not have adequate Greek language skills. Lastly, in one case, a girl was reported to have issues with adapting to the new school environment. No special actions were taken in this case and the mother described her daughter was starting to show signs of improvement.

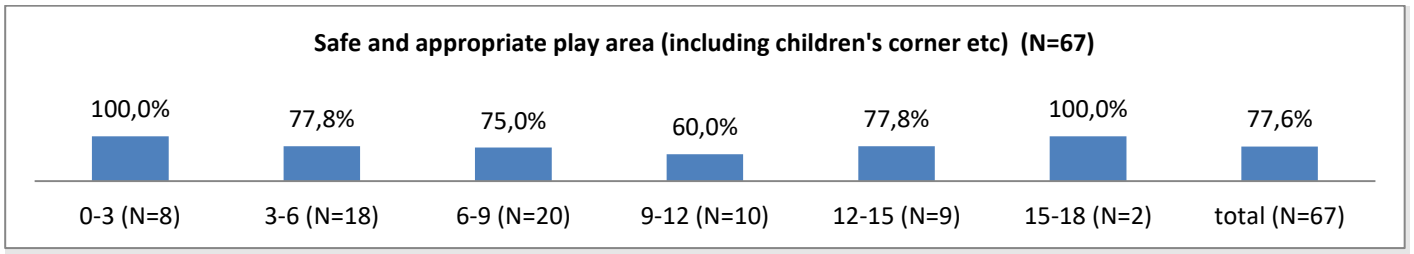
None of the children whose mothers participated in the Focus Group Discussions participated in any extra-curricular activity, although most of them did attend English courses and/or sports practice prior to their admission to the shelters. Only one of the mothers mentioned that the shelter's personnel had informed her about the availability of extra-curricular programs for children provided by the Municipality with no cost, but even so, she hadn't enrolled her children, according to her, due to transportation issues. All the other mothers referred to their inability to face the cost of extra-curricular activities for the children.

3.5 Child-friendly spaces and activities

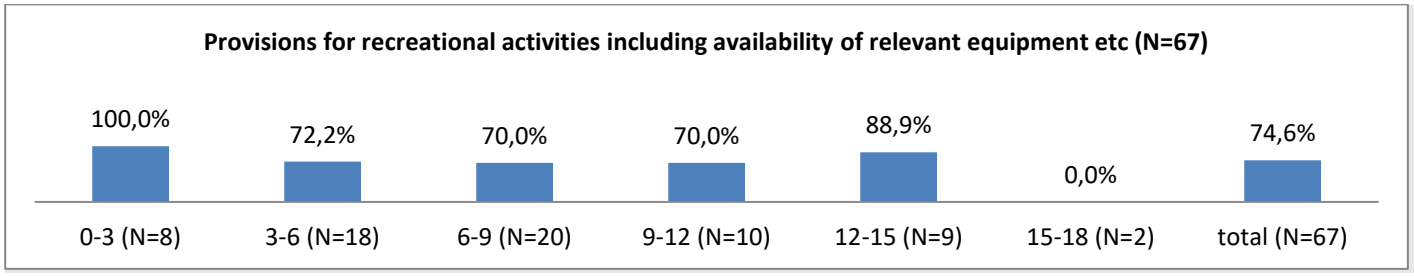
As derived from the Case Audit Questionnaire, more than 75% of the children living in shelters had access to safe and child-appropriate common areas (including open-air areas like gardens or backyards). Especially for older children (>12 years old) this percentage was 100%, while for younger children positive replies ranged from ~67% (3-6 years old) to 70% (6-12 years old). For babies and toddlers (0-3), safe common places were available for almost 9/10 cases. Although this variation might be observed due to different safety standards for common use places according to the children's age (e.g. 3-12 need a more child-proof domestic environment), it is possible that this finding is random and caused by the particularities of different shelters. Specifically, 4/19 shelters provided negative replies for all children hosted there (N=16) while the remaining 15 provided positive replies also for all children hosted there (N=51).



In 16/19 shelters there is safe and appropriate play area for children (78% of cases), while in 3 shelters no such areas are available. This result is in accordance with the replies provided by the shelters' representatives regarding the availability of recreational activities.



Positive replies concerning provisions for recreational activities and relevant equipment for children of different ages were given in 75% of cases; although there were differences among age groups as presented in the figure below, again, one main difference was that 3/19 shelters provided negative replies for all 13 children hosted there, while in three other shelters there were mixed replies depending on the age of the children.



According to the Regulation of shelters' operation regarding premises and equipment, adequate equipment should be available for the accommodation of women and their children, taking into account the children's age. It seems that, for at least 3 shelters, there is ground for improvement concerning children's accommodation in terms of safe play and recreation areas.

During FG discussions, it was repeatedly mentioned that in many shelters there is no space for children (e.g. playroom) and this has a negative effect on their socialization and development. At the same time in some shelters families do not have their own room, which definitely has negative consequences on child demarcation issues.

Indeed, the only recreational activities of children mentioned by mothers-survivors of domestic violence were walks with the mothers and visits to nearby parks. Mothers living in two of the shelters reported that they had available outdoors areas where children could play, which were highlighted as a very positive aspect. Still, it was mentioned that there is no playground or outdoors play equipment (i.e., bicycles) in either of them. Moreover, all but one of the mothers mentioned that the shelters do not have proper indoors areas for children to play and neither always age-appropriate toys and/or books. This seems to result in many children being bored, dissatisfied and restless, creating nuisance for other residents and/or putting themselves in danger.

Most of the mothers-survivors of domestic violence reported that they do not feel their children are safe in the shelter, due to the facilities not being child-proofed, with their main concern being the outside doors not locking or being guarded 24/7.

3.6 Food and Nutrition

According to article 4 "Services" of the Regulation for Shelters' operation (GSGE, Decision 21919, 2018), shelters provide safe accommodation and nutrition to women victims of gender-based violence and their children. They also provide the women psychosocial support and work and legal counseling through counseling centers. Data from the Case Audit questionnaire show that indeed safe accommodation and adequate and proper nutrition (depending on age and nutritional needs) were among the actual services provided to all children (100%) living in the 19 shelters along with mothers.

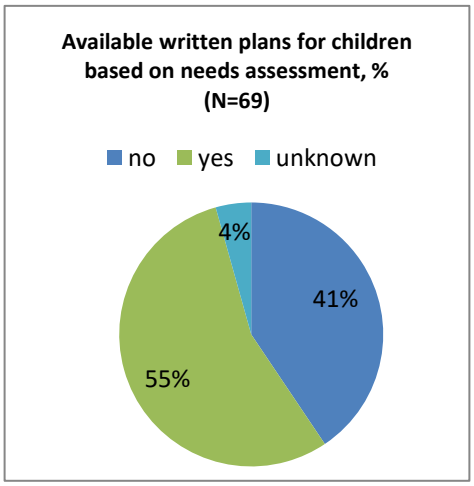
Many participants in the FG discussions with professionals said that, in their opinion, the food provided in shelters is not ideal for children and that it would be better if there were menu options designed for children. When asked to provide more details on the issue, it became apparent that food provision and children's nutrition is not uniform across all shelters: some of them have in-shelter cooks, others have contracts with catering companies and some encourage beneficiaries to cook by themselves either individually or in groups that rotate regularly. While discussing these three options, participants came to a consensus on their strong preference for the latter option, since they believe that this practice contributes to the mother-child bond as well as the bond among beneficiary families who come together while cooking. At the same time, they mentioned that they consider catering to be impersonal and leads mothers being withdrawn and inactive in their day-to-day routines. Some specific challenges were reported: first, that it is common for refugee children to not like the available food options, because of both cultural reasons and the fact that they are not used to the local cuisine available. In these cases, mothers don't have the financial resources to buy different food and children sometimes remain hungry. Second, that in some cases mothers were not aware of age-appropriate nutrition and were quite resistant to staff's recommendations.

The mothers-survivors of domestic violence were in general satisfied with the food and nutrition provided by the shelters for their children. It was mentioned that in the case of lactose-intolerant children special lactose-free milk is provided. The issue that seems to bother them seems to be more related to the fact that the shelters' budget is rather inflexible, so in case there are no health-related problems, the shelters cannot accommodate specific food preferences of the children. In one case, two young children were reported to have major difficulty accepting the food provided, as they had been used to cultural-specific tastes. Approximately half of the mothers mentioned they would like to have the option to prepare themselves some meals for their children.

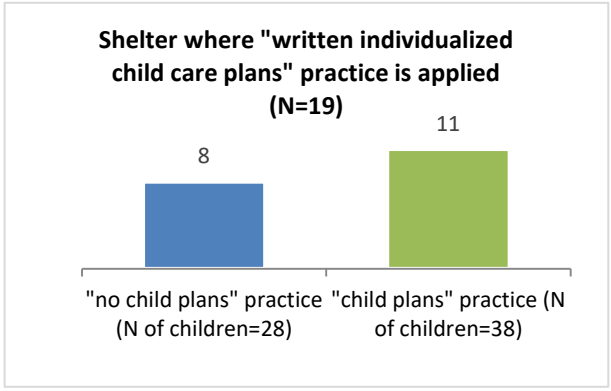
3.7 Child-care plan and children's participation in decision making

Child Care Plan

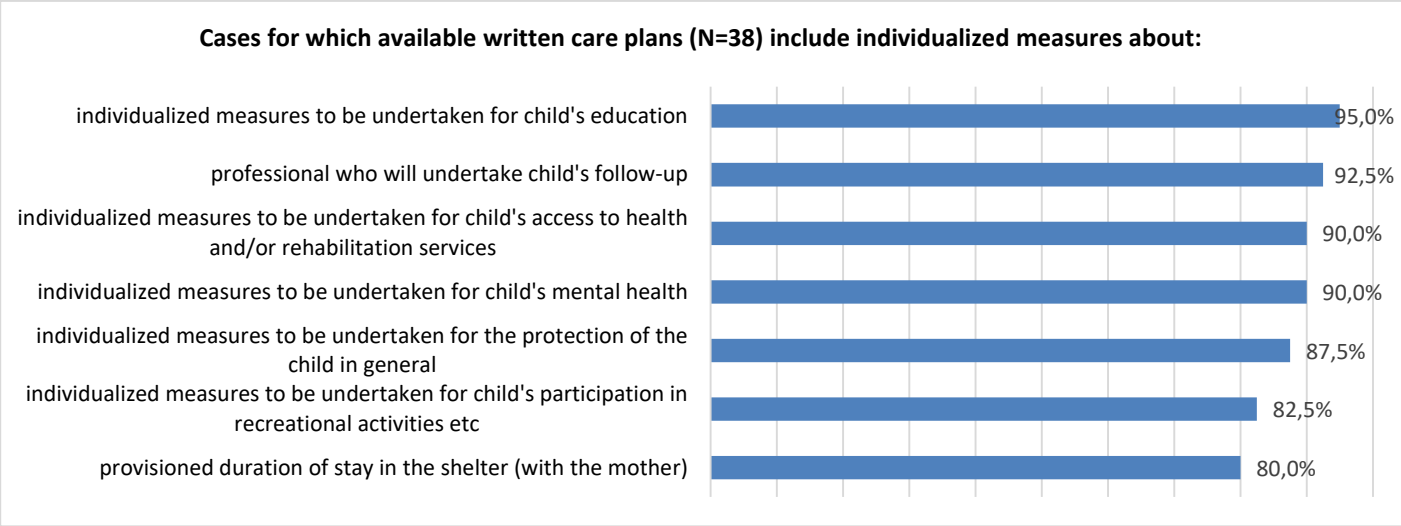
According to the rules for accommodation and co-habitation (art. 8 of the Regulation for the Operation of the shelters), psychological and social support is provided to beneficiaries during their stay in the shelter based on the needs of each woman, and an individualized intervention plan is prepared towards this goal; if the woman agrees, then she must participate in individual and/or group sessions. In the same article it is also mentioned that mothers of children accommodated in the shelters *have the full responsibility for the care of their children*, while at the same time staff members are to facilitate or support mothers to enroll their children in school, to make appointments with medical services and to make appropriate referrals to specialized centers for children. Although it is clear that the target group of the shelters' network are women who have suffered gender-based violence, their minor children (girls up to 18 and boys up to 12 years old) are also included among the beneficiaries. However, in the Regulation there is no official provision for written care plans for children accommodated in the shelters along with their mothers. To explore this issue, the professionals were asked whether there are any written individual care plans for each child's directly foreseeable future (while s/he still lives in the shelter), or with more long-term suggestions, based on an assessment of his/her needs (either standardized or not). Data collected via the Case Audit tool indicate that at the time there were written plans available for the 55% of the children.



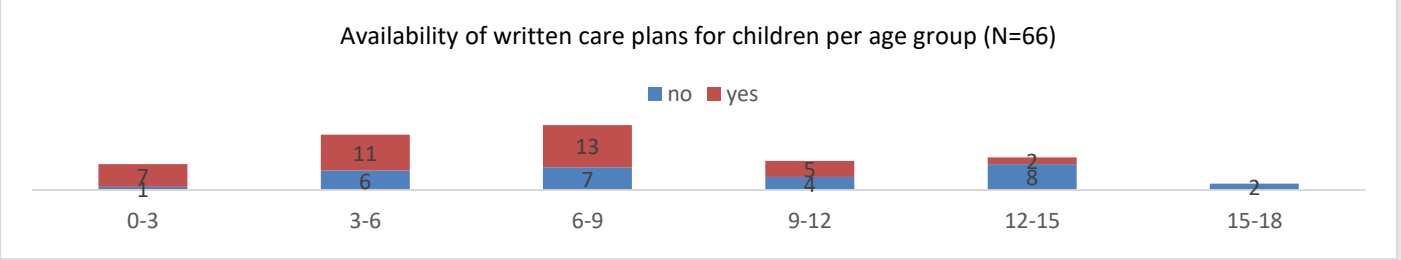
For children with individualized written plans, reference persons from shelters were asked to provide some more information regarding the content and provisions included. Specifically they were asked whether the plan contains information about the child's expected duration of stay (with his/her mother) in the shelter, which staff member was assigned to each child's case and measures needed to be taken for the protection of the child (taking into account his/her particular characteristics); for his/her mental health/ psychological support (sessions with specialized professionals etc.); to ensure child's access to health and/or rehabilitation services (if necessary, depending on the child's health status) and for other issues (e.g., recreational activities, tutoring, etc.)



The shelters network consists of 19 shelters; in regard to the preparation of written care plans for children accommodated along with their mothers, it seems that there are two different practices: in 8 shelters there was no plan available for any of the total of 28 children living there, while in 11 shelters there were written plans for the 38 out of 41 children living there (the information is not available for 3 children). In the figure below is presented the content of available individualized child care plans in the 11 out of the 19 shelters.

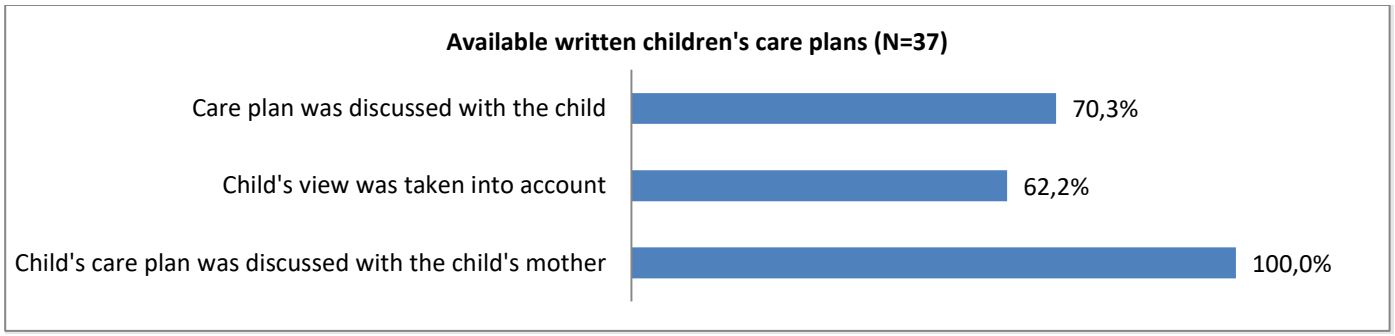


From the replies it seems that where individualized child care plans are available (namely in 55% of cases), they are more or less prepared in a similar way or based on a common methodology; in 93% of the cases there is information about which professional undertakes the child's follow-up, while in 80% of the cases the plan includes an initial provision for the duration of the child's stay in the shelter. Moreover, in 90% of the cases individual plans include measures at a case level focusing in the child's access to health and mental health services as well as general child protection measures. Slightly more than 80% of the plans include provisions about the child's participation in recreational activities, while 95% include measures related to the child's education. Less detailed plans concern mainly younger children, especially those aged 0-3 years old.



Participation of the child and the mother in the decisions concerning the child

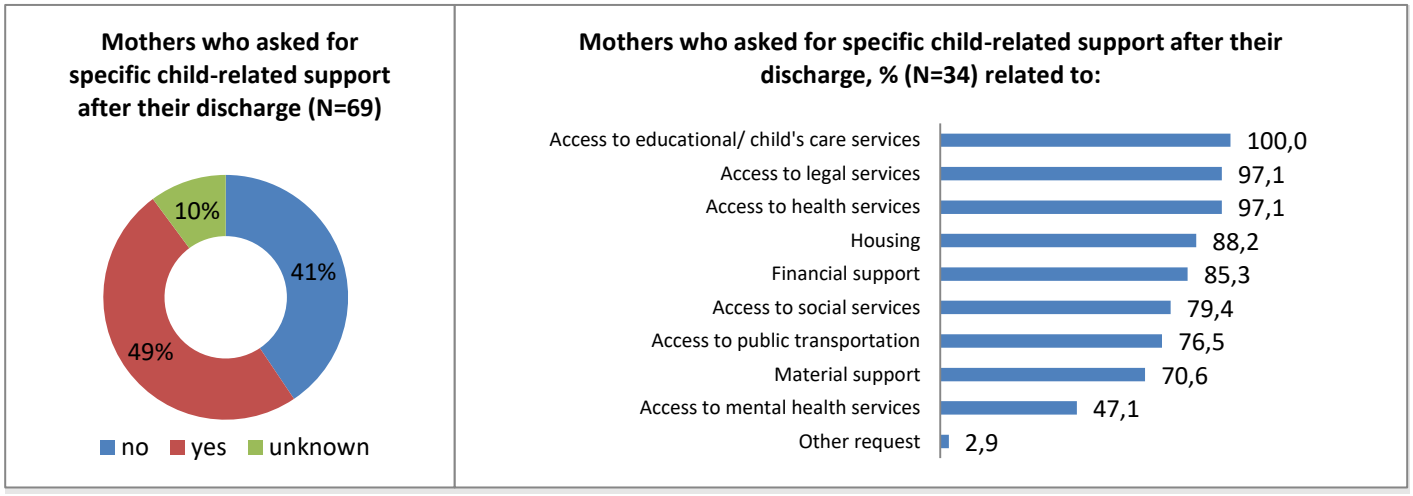
According to the United Nations Convention on the Rights of the Child, Article 12, and the Directive (EU) 2016/800 (Articles 4 and 16), children have the right to express their views on any matter concerning them, including in the context of judicial and administrative proceedings, in a friendly manner, and their views must be duly taken into account in accordance with the age and maturity of the child. In this context, the shelters' representatives were asked whether children participate in the decisions related to their future in the context of individual care plan preparation and, if yes, whether their views taken into account.



From the replies collected via the Case Audit Questionnaire it seems that where children's care plans are prepared, almost 70% of the children participate in the preparation of these plans related to their immediate future –older more than younger children, probably due to practical reasons related to age and language development. It is noted, however, that in only 62% of these cases the children's view was eventually taken into account in the final preparation of the individualized care plan.

On the other hand, in all cases the mothers did participate in the preparation of the children's care plans. Among else, they were able to request some *child-related support after their discharge in the context of preparation of child's care plan*. In this context, over and beyond of the services provided to mothers and children while staying in the shelters, professionals were asked whether mothers requested specific support for their children for the future (after leaving the shelter) when they discussed the children's care plans.

According to the replies to the Case Audit questionnaire, for half of the children's cases (49%) the mothers asked for support regarding one or more of the following:



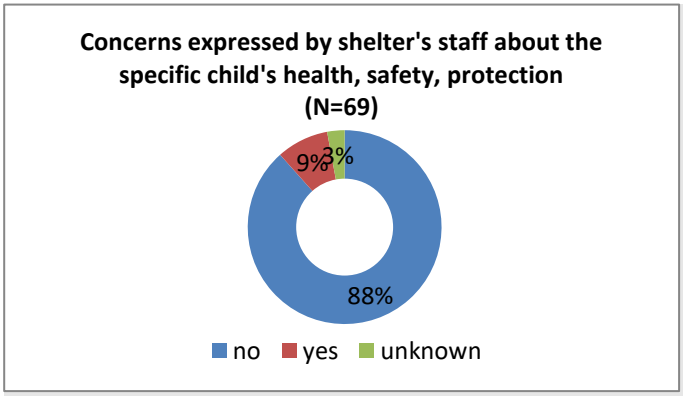
All the above requests are more or less expected; as it is noted in the session "Protection and support" (articles 15-17 of the "The impact of intimate partner violence and custody rights on women and children" P9_TA(2021)0406), apart from the need for appropriate emergency and temporary accommodation solutions for women victims of IPV and their children, the European Parliament also points out that an adequate income and economic independence are key factors in enabling women to leave abusive and violent relationships. To this end, it is suggested to Member

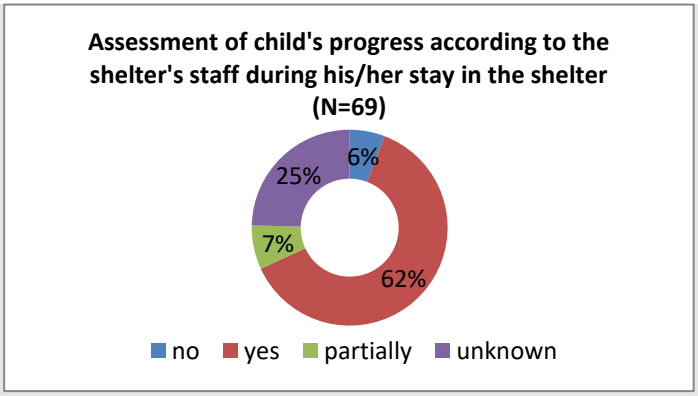
States to implement specific measures to ensure empowerment, financial safety and economic independence of women victims of IPV, allowing them to take control over their lives. Specifically, the European Parliament calls on the Member States to guarantee support for mothers and their children who are victims of domestic violence by means of community, educational and financial support, such as victim funds for women victims of domestic violence, in order to ensure these mothers have the necessary means to care for their children.

Current Situation

Lastly, shelters' representatives were asked about the current (at the time of data collection) situation regarding the case of each of the children. They were asked whether any member of their staff expressed particular concerns about the safety, protection and health of the child and to what extent they were satisfied with the progress of the child during their stay in the shelter. Their replies indicated that shelters' staff had some concerns about 9% of the cases (5 children). In one case the concern was about the child being obese and the attention needed regarding their diet, while in 3 other cases the concerns were about the mother having severe personal problems and whether she would be able to adequately fulfil her parenting role.

As for the progress of the children while staying in the shelter, in 13% of the cases staff wasn't satisfied or was merely satisfied mainly because mothers weren't cooperating with the professionals and decided to leave the shelter earlier than scheduled.





Regarding the decisions taken for the child and the process followed to ensure the child's participation in them, the professionals of the focus-groups stated that the child's opinion on matters concerning him or her is always taken into account. Each shelter follows specific procedures, and the way in which the participatory process in these procedures is managed depends on the age and developmental stage of the child. It is important to note, however, that decisions taken for the child always require the consent of the mother, who is responsible for him or her, and not of the shelter' s staff, and they distinguish which issues to discuss with the mother and which with the child and choose the right time to do so.

According to professionals, the procedure is usually as follows: when the mother and the child are admitted to the shelter, they are first welcomed into a first session by the Social Worker. This is followed by a second session, in which the psychologist meets with the mother and child -the child's participation is optional and depends on his/her wish. At this meeting both are informed first of all about the regulations of the shelter and then about issues concerning the children as well, such as their school attendance. This meeting is participatory and the children are

not just listeners to the announcements/decisions from the staff side. Once the child has understood what has been discussed, the shelter staff make sure that they take action to help the child to further comprehend, in practice if possible. Following on from the example concerning school attendance, it was mentioned that a staff member accompanies the child to school to start getting to know and familiarizing with his/her new environment.

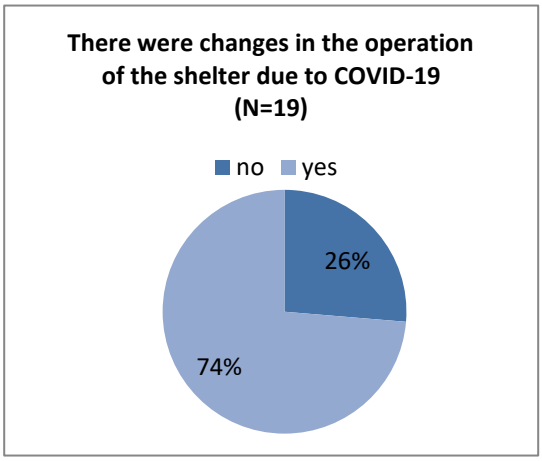
On individual issues that may arise concerning the child, such as specialized support or activities, they first discuss the alternatives with the mother, as her consent is needed for decisions concerning the child, as mentioned above, and then they also discuss them with the child, to ensure that the child agrees with the decisions to be taken for him/her.

Participants in the focus group discussions have observed that in some cases there is a role reversal between mother and child, with the child supporting the mother psychologically and making decisions for her. In these cases, the scientific staff focuses on the psychological empowerment of the mother to restore balance in the relationship.

Nevertheless, none of the mothers who participated in the focus group discussions was aware of any mechanisms or actions taken by the shelters' personnel specially to ensure that the opinion of children is taken into consideration. Most of them described that the children themselves offer their opinions to the mothers and, in some cases, to the shelters' personnel, but it seems that they are not actually asked or encouraged to do so.

3.8 The COVID-19 pandemic

Changes in the shelters' operation due to COVID-19



Data collected through the General Information questionnaire indicate that in 5 out of 19 shelters no changes were reported due to the COVID-19 pandemic.

There was at least one case of COVID-19 in 6 out of 19 shelters. In all 6 cases at least one case concerned a staff member, while in two shelters there were COVID-19 cases among the beneficiaries.

The 2 out of the 6 shelters with a COVID-19 case were among the 5/19 (26%) in which no changes were made in the operation due to the pandemic, while the other 4/6 with a COVID-19 case were among the 14 (74%) where one or more changes in the shelter's operation were reported.

Changes in the operation of the shelters, where any took place, are summarized as follows (frequency of replies is included at the end):

- changes in emergency admission procedures (prerequisite: rapid test within 24 hours or molecular test within 72 hours) (4 shelters);
- mandatory self and/or rapid test on a weekly basis for staff members and beneficiaries for the entire duration of their stay in the shelter or rapid test every 15 days for staff and beneficiaries, conducted by Health Visitors of the Municipality, and weekly self-test for all employees (4 shelters);
- measures for the prevention of overcrowding / reduced interpersonal contact of staff with mothers and children (especially during the first phase of the pandemic) / suspension of group meetings (3 shelters);
- staff rotation shifts (during the pandemic or for specific intervals such as March-May 2020 & March-April 2021) (3 shelters);
- measures were taken in compliance with the EODY protocol and the relevant circulars (2 shelters);
- reduction (according to National Public Health Organization-EODY instructions) by about 50% of the available beds in order to create available isolation spaces in case of a COVID-19 case but also to preserve the necessary distance between the beds (2 shelters);
- limitation of beneficiaries' mobility/ temporary departure from the shelter (2 shelters);
- disinfection of all shelter areas (2 shelters);
- mandatory use of masks (1 shelter);
- compliance with personal hygiene rules (1 shelter);
- remote work of staff with weekly in situ presence (1 shelter);
- preparation of a quarantine room (for cases' isolation) (1 shelter);

- instructions to beneficiaries to remain in their rooms in occurrence of a COVID-19 case (1 shelter);
- recruitment of seasonal staff to support the shelter's operation (1 shelter).

In cases of infection of staff members, measures were taken according to the EODY protocol: immediate quarantine of 2 weeks (6 shelters), tracking of close contacts of patients (1 shelter), application of remote work measures (1 shelter), disinfection of shelter (1 shelter) and mandatory use of masks (1 shelter). All staff and beneficiaries, along with their children underwent rapid / PCR tests or both (2 shelters) and for two weeks there were no regular professionals' sessions with women or children (crowding avoidance) (2 shelters). As for the women and their children, after the COVID-19 cases were identified, they were quarantined and their contacts tracked and checked. In one of the two cases concerning a child and identified in a random check via test, the whole family was quarantined according to the EODY protocol.

Professionals participating in the FG discussions as well as key informants reported that the COVID-19 pandemic period has been a very difficult period for the operation of the shelters, for the staff and the beneficiaries (women and children) accommodated in the shelters, while it also affected the internal operations and the cooperation with external agencies.

The flow of admission requests received by each shelter varied throughout the pandemic period, as mentioned. Shelters receiving emergency admissions of beneficiaries expressed the difficulty they faced as the beneficiaries had not been assessed beforehand by the staff of Counselling Centers, thus disrupting the functioning of the shelter. Also, not all the shelters were suitable for emergency accommodation of beneficiaries, and compliance with protection measures could not be ensured. However, the creation of the safe accommodation shelters by the GSFPGE during this period was important in order to accommodate urgent cases, as women with children could temporarily reside in these shelters without the requirement of prior medical examinations.

In an effort to take all necessary measures for the protection of both staff and beneficiaries, the work schedule of the staff was modified for a period of time, mostly due to special purpose leaves, while the services provided within the shelter to women and children remained mostly unchanged, taking all precautionary measures. However, there were often difficulties in implementing the measures due to inability to demarcate the beneficiaries in a specific area and to lack or secluded areas in many of the shelters. All beneficiaries were informed about the extra hygiene rules due to the pandemic and exits were restricted especially during the first period of the pandemic.

During the first period of the pandemic, sessions with children were temporarily interrupted and resumed after a period of time, observing all the necessary protection measures. Difficulties were encountered in all the Shelters with the children's online education due to lack of equipment (laptops, tablets), which could not be overcome immediately due to bureaucratic issues that arose in the effort to secure the necessary funds. Also, in some cases mothers were uncooperative, and children could not join in remote classes despite the fact that e.g. it was possible for children to attend courses using their mothers' mobile phones. In some cases, the children's education was completely interrupted; however, a great effort was made by the staff to assist the children who were keen to participate in the educational process.

The confinement of mothers and their children in shelters due to the pandemic has also had a negative impact on their psychology. Services were under-functioning, NGOs provided their services through teleworking, and third parties (e.g. teachers) were not allowed to enter the shelters, thus reducing the children's opportunities for extracurricular activities, recreational activities and remedial teaching. A great emphasis was placed by the staff to cover these needs with activities implemented within the shelters, while mothers were encouraged to take their children on short walks to parks or in the shelters' outdoor areas, if available. Many shelters mentioned the very good cooperation with the municipalities and the school community for the administration of self-tests to children and beneficiaries.

All of the above contributed to great burden for the staff, who were called upon to deal with a situation that was unprecedented and which posed many risks to both their physical health and psychological well-being. They themselves seem to feel that they have not been given the empowerment and care they need to cope with the difficult circumstances, and point to the mobility of staff in the shelters as an indicator of how they are experiencing the situation.

The mothers-survivors of domestic violence who participated in the Focus Group Discussions did not mention any real challenges related to the Covid-19 pandemic, as they reported that there are adequate measures taken by the shelters' personnel. They are provided with antiseptics and, in some cases, masks.

3.9 Good practices/examples identified

During the focus groups discussions with professionals working in shelters and beneficiaries staying there, as well as semi-structured interviews with key informants, some good practices already implemented were mentioned; these practices appeared to have a positive impact on the operation of the shelters and their larger scale implementation was proposed.

Professionals reported that they had a positive experience with…

- *Common meetings with all child protection stakeholders (private and public), where there is room to discuss problems and challenges*
- *Regular meetings between shelters and counselling centers of the area*
- *Recruitment of permanent staff with a background in teaching (kindergarten/school)*
- *Scheduling shifts in a way that ensures that social workers and psychologists are available to the beneficiaries 24/7*
- *Cooperation and interconnection with "bridge programs" such as the Housing and Labor of the Ministry of Labor and Social Affairs, for beneficiaries to be supported after they leave the shelter*
- *Shelters following a participatory approach; avoiding restrictions as much as possible*
- *Organizing extracurricular activities in the shelters, such as groups for cooking and exercising*
- *Staff offering providing support refugee children in learning Greek and in their homework*

Beneficiaries reported that they had a positive experience with…

- *Receiving regular psychological support for them and their children*
- *Setting up of common meetings of the residents and personnel in order to resolve relationship and cohabitation issues*

4. Conclusion

Trying to summarize the findings mentioned above, one starting point should have to be the apparent discrepancy between the initial scope of the shelters of the GSFPGE and the actual needs and goals they are required to meet at the present. The shelters and their functions were designed to accommodate the needs of women-survivors of domestic violence for a very short period of three months, exceptionally extended to six months if necessary. The fact that women would need to be with their children seems to have been overlooked. Moreover, the target population has changed, including today not only survivors of domestic violence, but also women-victims of multiple discrimination, whose needs are much more complex and cannot be possibly accommodated in such a short time.

This has led to a series of impediments to the adequate provision of services to the children who have to accompany their mothers to one of the shelters.

First of all, the physical characteristics of the shelters as buildings are not always child-friendly. They have been designed based on different criteria set by the respective Managing Authority (Municipality, NCSS), and so there are major differences among them. In some shelters, more than one woman with her children have to share the same room. In many, there is no indoor or outdoor area appropriate for children to play or hang out. In addition, some buildings were reported by professionals as not meeting safety standards for children. The mothers themselves stated they do not feel their children are safe in the shelters due to security issues.

Another major issue is the lack of provision for babysitting services when mothers need to leave the premises, either to deal with bureaucratic issues, with health issues, or even to look for a job -not to mention getting one. Most of the mothers expressed the wish to get a job to be able to provide for their children and gradually manage to leave the shelter and live independently, but when a woman, living isolated from any family or social support system, needs to get out daily for her job, it becomes very hard to find anyone willing to take responsibility for her child or children.

According to the Operational Regulation of the shelters, no staff member is responsible for the children. Most of the times, mothers have to entrust the temporary custody and care of their children to another beneficiary of the shelter through the procedure of signing an affidavit or, in cases of prolonged absence (e.g. if they need to be hospitalized or give birth to another child), to seek temporary accommodation in a child protection structure. Even if there are staff members willing to step in to help, this does not have any legal standing, so, should anything happen to the child, both the individual and the shelter might find themselves in trouble, so staff involvement seems to be discouraged.

Equally important seems to be the lack of specific funds/budget line for the needs of children and mothers regarding various issues such as travel for bureaucratic issues, within and outside the city of residence, expenses for myopia glasses, etc., forcing most of the time the staff to seek sponsorships, a procedure that may take quite some time. As was also noted by the key informants, even in the Shelters where specific funds have been earmarked, either the funds are not sufficient or the approval procedures by the shelters management are too complex and/or time-consuming.

On an everyday life level, all the mothers who participated in the research referred to their dire financial situation. Most of them have no access to cash, and are thus unable to cover their children's daily needs and wishes. They acknowledge that this contributes to their own psychological burden but also creates discomfort and behavioral issues to their children.
As far as the children's overall well-being is concerned, it is well established that all children admitted to a shelter with their mother can be considered traumatized by the mere fact they had to leave their home and seek refuge. Moreover, children-survivors or witnesses of domestic violence are also victims. Yet, no acknowledgment of this fact is reflected in the setup or the operation of the shelters.

It is also rather clear from findings of the current research that while fundamental needs of children (e.g. education, health) are in general been taken into account and addressed, other needs such as extracurricular activities, additional health aid, recreation, dietary preferences, privacy etc. are rather hard to be sufficiently satisfied in the current framework of the shelters. It is also documented that systematic screening and consequent support of children who had been victimized through their previous living experiences does not take place. Moreover, the necessity for extended stay of children in the shelters seems to inflict these children additional burden as documented by the increased number of children reported as exhibiting "internalizing" symptoms such as withdrawal, nightmares etc. having to live for a considerable period of time in a space not attending to their needs, with limited extracurricular and recreational activities (pace their previous experiences in their past life) is definitely a negative condition not facilitating those children's resilience to overcome psychological traumas they have lived through.

Another important issue raised is the age limit for boys 12 years and above. As it was mentioned, "it is tragic that families are being separated". Perhaps another way should be found to accommodate these children as well, for example, apartments exclusively for these children and their beneficiary mothers.

There is also a high staff turnover, often with delays in the new placements which results to lack of stability and additional difficulties in the cooperation between the shelters' staff and the beneficiaries and their children, an issue pinpointed by both the shelters' staff members and the key informants. Although the shelters operate under a common Operational Regulation, they are not all staffed with the same number or specialties of employees. This clearly results to inequalities in the shelters' operation and the services they can provide the children. On top of that, the staff members themselves reported that any training they have had so far has been exclusively focused on women survivors of domestic violence and what concerns them (women's psychology, work counselling, refugee issues), while none of them is focused on children. This leads to a random approach to each child's needs, relying on the individual training and good will of each professional. No regular inter-disciplinary meetings are provisioned. In some of the shelters there are regular clinical supervision sessions, but in others it is either discontinued or does not occur on a regular basis.

This brings into focus the second apparent source of dysfunction in the GSFPGE network of shelters: the lack of components that would make it qualify as a network. The key informants stressed that, regarding the legal status, the shelters are under the auspices of the municipalities, and that involves the social services of the municipalities. It

is not clear who is responsible for many issues and boundaries are blurred, when everything should be detailed in the operating regulations.

Among others, diversity in modus operandi of the shelters is reflected also in their standard ways of identifying and addressing children's needs – for which differences in assessment and management of such needs is quite evident. This seems to result in differentiated identification of children's particular needs and consequent actions to address them, while such gaps and discrepancies in homogeneity of services provided might be covered only and to some extent by personnel's individual voluntary interventions.

The shelters are not in communication with each other in any way. Professionals from one shelter do not interact with professionals from other shelters in any way, either to share their issues or exchange good practices.

Communication is not lacking only at the horizontal level. The focus-group discussions with professionals revealed that the information regarding the operation, actions and partnerships of the GSFPGE Network is not provided simultaneously and to all the shelters as there is no central coordinator who undertakes this role. As a result, both staff members and beneficiaries are not aware of all the services they have to provide or may receive respectively. A typical example of the above is when reference was made to the clinical and administrative supervision provided by KETHI and, while all professionals knew about the latter, some had never heard of the former one.

Another field that also seems to cause problems is the inter-service cooperation. In terms of meeting the needs of children, the staff of the shelters need to cooperate with many services, public and private. The cooperation sometimes seems problematic due to delays, long waiting lists and the lack of specialized treatment centers, especially in remote areas. The key informants described that the admission process is also quite delayed and beneficiaries who are at risk or homeless give up trying. Also, there is no uniform regulation for the medical examinations and who is responsible for conducting them. Some shelters accept consultations from different specialists for the same type of assessment and this disorients the beneficiaries. However, it is worth mentioning that professionals are satisfied from the cooperation as well as from the services' quality.

Specific challenges concerning immigrant/refugee children living in shelters for survivors of domestic violence

Regarding the hosting of refugee/migrant women and children, the participants in focus group discussions reported that with the beginning of the refugee crisis and the increase in refugee flows, the number of refugee women beneficiaries with their children increased. These are not always women survivors of domestic violence during their stay in Greece, but they may have been subjected to violence during their stay in their country of origin. This is a population that faces many challenges due to their burdened history and the difficulty due to the lack of a supportive environment in Greece. The prolongation of their stay in shelters is mainly due to the delay in dealing with bureaucratic issues that arise with the competent services concerning legal documents and procedures for their stay in the country. It has been observed that women who had already begun the asylum application process upon their admission to a shelter are easier to integrate socially, unlike those who are at the primary stage and have not taken any action.

Moreover, the difficulties faced by refugee/migrant women and children living in the shelters are great due to the different language and mainly concern the communication of the beneficiaries with the staff of the shelters, with the other beneficiaries staying in the shelters and the communication when they need to cooperate with external agencies. Availability of interpretation and cultural mediation service is considered "critical", in accordance with the shelters' Operational Regulation. However, there are no interpreters or intercultural mediators among the permanent staff of the shelters; additionally, shelters' personnel seem to believe that there is neither any regular cooperation with a network of external interpreters and / or intercultural mediators to make use of, implying that in practice this function is not operational as it should. This evokes great difficulties in the communication of refugee women and children with the staff but also with the other beneficiaries as well as in the communications that need to be carried out with various services for issues concerning mothers and their children and concerning the integration of children in the school community, health and bureaucratic issues, etc.

The key informants also highlighted as a major issue the fact that interpreters are not stable partners, and interpretation is often conducted over the phone or online. Also, in order for women to have access to work and health care, it is necessary to have an interpreter who is very difficult to find in an emergency. There are few shelters that work consistently with an interpreter and most of them are located in urban centers. The KETHI operates an interpretation model in which they maintain a list of available interpreters and METADRASI also assists, but it appears that there are difficulties in that mode of work's operation. According to their state of trauma, the women and children residing in the shelters might need to deal with interpreters they feel they know and trust, even selected based on gender-specific criteria.

In everyday practice, communication is often carried out with the help of children who speak Greek or English, which is a burden on their psychology as they take on an adult role that is not appropriate to their age and position as minors, not to mention them being re-victimized when they have to interpret in discussions about the abuse they have suffered or witnessed.

Finally, for the children, a great difficulty was highlighted in terms of integration into the school community due to language issues but also largely to shortcomings in the networking with other services (legal assistance, support for asylum issues, domestic violence issues). The need for legal assistance if their case has progressed to criminal proceedings also applies to the other children staying in the shelters, regardless of their nationality.

As far as the mothers of immigrant and/or refugee children living in the shelters are concerned, they did not pinpoint any specific issues, apart from their own poor knowledge of the Greek language, which of course affects their ability to take care of their children's needs. Two of them attend language courses, but most are not aware of any available programs, while two others mentioned they wished to learn Greek, but could not, because the other residents are unwilling to babysit their children, which takes the discussion full circle back to the point regarding the discrepancy between the initial scope of the shelters and the actual needs of their beneficiaries in the present.

5. Recommendations

From FG discussions

1. Central coordination of all the Structures of the GSFPGE Network that are part of it (Shelters, counseling centers, Line), in order to ensure the unified operation of all the structures and the acquisition of a common line and operation as well as the horizontal and vertical awareness of the staff on all issues.

2. Redesigning shelters operation, not only in terms of financial and human resources, but also by redefining their philosophy, which should be child-centered. As part of this redesign, it is very important to take into account the opinion and experience of professionals working in the field who are familiar with the problems and difficulties of the target population.

3. Revision of the Operational Regulation of Shelters with a child friendly perspective in mind.

4. Reconsideration, expansion and modification of the existing cooperation networks of the shelters and the Network in general, and focus on partnerships with public bodies, Local Authorities and Civil Society that provide services to children. More specifically, establishment of stable and permanent partnerships with bodies related to education (e.g. schools), health, (with a pediatrician from municipal clinics), extracurricular activities (Creative Activity Centres) for children, etc.

5. Establishment of links between shelters and "bridge programs" with the aim of reintegrating women and children into society, employment and housing after they leave the shelter.

6. . Homogeneity in the number and specialties of the staff of the shelters, in order to achieve universal homogeneity in the provided services.7. . Recruitment of staff exclusively dedicated to meeting specifically the needs of children in all shelters.

8. Staffing of shelters with psychologists who work exclusively with children. There should be a job description for all specialties, in which the responsibilities of professionals are clearly and specifically defined.9. . Addressing the issue of sufficient availability of interpretation/cultural mediation service in shelters in a way that will be functional and usable in practice (

10.Conducting meetings on a regular basis among the staff of all Shelters nationwide, in order to give them the opportunity to discuss cases, difficulties and good practices they face and to exchange their daily experiences

11 Redesign the clinical supervision provided by the Research Center for Gender Equality (KETHI), which should be provided on a regular basis to all Shelters / increase the frequency of supervision.

12. Redesigning the training/education of staff (scientific and general duties), which should be targeted also to child-related issues (up to now all training is under the perspective of gender).

13.. Access by all professionals to training and educational materials (e.g. emotional / cognitive assessment tools, etc.), in order to make appropriate referrals and to use standardized procedures and tools, e.g. for social history intake, for drawing up an individual plan, for follow ups etc.

14. Increase staff's awareness (scientific and general duties staff) on a regular basis regarding all Network's actions and cooperation with external bodies.

15.. Provision and assurance of specific funds exclusively to meet the needs mothers with children instead of staff constantly looking for sponsorships, donations, external collaborations, volunteering, etc.

16. Registration of the number of children in the electronic database, in order to record their needs and, therefore, the human and financial resources necessary to meet them.

17. Establishment of cooperation protocols between the GSFPGE and Health and Mental Health agencies, to facilitate access to services for beneficiary mothers and their children.

18. Establishment of cooperation protocols between the GSFPGE and public and private vendors (KTEL) in order to ensure the transport of women and their children

19. Establishment of a Protocol of Cooperation between the GSFPGE and the Hellenic Police, in order to have an institutionalized procedure for the management of cases of women survivors of domestic violence and their children, in order to avoid delays in the required actions and to ensure the procedures are followed in a timely and precise manner. Also, provision of education and awareness to stakeholders such as the Hellenic Police / Prosecutor's Office on issues of gender-based violence against women and children.

20. Creation of temporary shelters, where women and their children can be accommodated before their admission to the Shelters, so that professionals from the Counselling Centers can have a first meeting and confirm their suitability before their accommodation.

21 . Implementation of further awareness actions for the general public, regarding the services of the GSFPGE Network in order more women survivors of domestic violence to be addressed to the shelters.

22. Organization of Greek language courses for refugee women and their children, when they enter the Shelters, in order to facilitate their integration.

23. Change the provisions in the operating regulation regarding the prohibition of the accommodation of boys >12 years old, in order to prevent the child from being separated from the mother at this age. Search for solutions such as e.g. to designate a specific shelter that has the spatial possibility for each family to have its own space, so as not to create problems corresponding to the age of the children (e.g. adolescence) or other beneficiaries staying in them.

24. Administrative and financial integration of the Shelters in the State Mechanism, in order to ensure their sustainability and the staff not to experience job insecurity.

25. Establishment of an internal and regular evaluation system for the staff of the GSFPGE network structures, in order to assess the suitability of the human resources staffing the structures.

From Interviews

1. *General operation of the shelters:*

Regarding the operation of the shelters, it is proposed that there should be a central coordination and regular meetings of all stakeholders involved in the Network (representatives of the shelters, of KETHI, the counseling centers and the GSFPGE), in order to discuss any difficulties but also to exchange good practices that each shelter can use to solve problems.

In addition, it is proposed to evaluate the staff of the shelters and other units of the network so that there is a common approach to the operation of the shelters and not to leave it to the personal involvement of each stakeholder. In this context, according to the interviewees, it is necessary to redesign the training/education of all staff on issues that are exclusively related to children. Finally, it is proposed sufficiency of staff of all specialties in different shifts.

Although the shelters were not designed with children in mind, they can adapt their services in this direction. As mentioned by the interviewees, adaptation to current conditions and according the current population is necessary and essential.

2. *Interagency Cooperation:*

- Cooperation with civil society organizations as they could be of considerable benefit to the shelters in different areas of care.
- The networks of cooperation of each shelter should be expanded/modified again. The shelters are no longer addressed only to women but mainly to women-mothers. Thus, the partnership/networking of the shelters should be revised to also focus on children (e.g. education, mental health, spaces designed for children in all shelters and not in some of them).
- Permanent cooperation was proposed:
- with pediatricians (not only when an emergency arises), (support perhaps through the municipal clinics)
- with schools for education and for extracurricular activities (perhaps through the creative activity centers of the municipalities, KDAP, sports programs, etc.).
- After mother's exit from the shelter:
- after the mother leaves the shelter, it was also mentioned that there should be provision for their accommodation and care. Ideally there should be apartments and continuity of care for mothers and children.

Overall:

Shelters, if to address sufficiently the perplexed needs of children victims, witnesses or bystanders of domestic violence and their mothers, but also other potential beneficiaries, should be redesigned in all their aspects. Their administrative coherence should be strengthened by making them more of a consistent service rather than a mere network of differentiated situations operating differently across the country. Their financing should be secured, allowing for more personnel specifically dedicated to address the needs of children that reside in them, securing more permanent personnel, but also making room for more flexibility in spending, depending on needs of the beneficiary-children. The shelters budget should include a separate line for the coverage of the needs of children. Their standard procedures for identifying specific needs of children should be revised and reinforced taking into account the perplexities of dealing with poly-traumatized children (as their current beneficiaries' population, and despite the fact that a considerable amount of such traumatized children residing in the shelters is currently going undetected). Personnel should be more aware of particularities in methods of working with such children's vulnerable populations, should receive appropriately targeted training and continuous supervision and support. It is strongly recommended to include a relevant provision in the revised Operational Regulation of the shelters. A new mixture of autonomy to mothers with children and the shelters' personnel should be identified giving more room for individualized expression to whole-families residing in such shelters (e.g. in cooking the meals of their own preference, in using available space in regards to their children's needs) but with more professional/scientific support (as opposed to a regulated model of providing just residence in a well-secured place). Alternative models of providing accommodation (e.g. supported apartments) could also be explored. Given also the fact that a good

proportion of the beneficiaries' population is constituted by migrant mothers with children, additional appropriately adjusted support should be provided including services of interpretation where necessary, Greek language learning courses, social assistance for securing income as well as pocket money for the time of stay in the shelters. In overall, the entire network of shelters should (a) proceed in its own maturation to be transformed from a project-like service to a permanent, comprehensive, homogeneous and harmonized service of social support, and (b) adapt to fulfill its newly expanded role by developing services addressing also children's needs and specific vulnerabilities in a way enhancing their resilience and copying mechanisms.

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7. ANNEXES

ANNEX I Desk review methodology

The desk review will be performed by identifying, collecting, organizing and synthesizing information regarding child care in settings providing care for adult survivors of violence/abuse in Greece. This information, available mainly in articles, reports, journal articles and other grey literature, will cover aspects of the issue such as relevant legislation and the existing situation in Greece. After scanning for relevant information, a reference list and an electronic folder will be created and made available for all members of the research team to consult throughout the implementation of the Project.

All relevant sources will be reviewed in regard to the main objective of the current project, namely the investigation of the services available and accessible to children in the shelters of the Network of the General Secretariat for Demographic and Family Policy and Gender Equality.

The findings of the desk research will serve as the foundation upon which the subsequent steps of the project will be built (i.e., the development of the research tools to be used during data collection) and will be summarized in the Final Report of the Project, complementing the findings of the field research.

ANNEX II Online questionnaire for shelter employees

This questionnaire will be addressed to all the shelters in the Network.

To be accessible online via KoboToolbox (https://kobo.humanitarianresponse.info/) in the following link: https://ee.humanitarianresponse.info/x/Is3bYCdr [in GREEK]

ASSESSMENT OF CONCERNING SIGNS REGARDING THE MENTAL HEALTH OF CHILDREN LIVING IN SHELTERS WITH THEIR MOTHERS

A. THE QUESTIONNAIRE WAS COMPLETED BY [SPECIALTY]

Please, write down the specialty, without any personal information

B. TARGET POPULATION PROFILE

B.1 Number of children living in the shelter, with their mothers.

How many children (<18 years old) are currently living in the shelter? :

B.2. To your knowledge, which are the main reasons for which these children are living in the shelter with their mothers? *[Please, choose all that apply]*

	No	Yes	If yes, for approximately how many children
Due to intimate partner or domestic violence			
Due to being eye or ear witnesses of violence			
Due to having suffered violence themselves			
For other reasons (please, specify and add rows if needed)			

C. CONCERNING SIGNS REGARDING THE MENTAL HEALTH OF CHILDREN LIVING IN SHELTERS, WITH THEIR MOTHERS

Have you noticed any of the following signs/behaviours, for one or more children living in the shelter with their mothers, during the time that they have been living in the shelter?

[please, choose all that apply]

	No	Yes	If yes, for approximately how many children **at least once**	If yes, for approximately how many children **regularly**
Nightmares or/not being able to sleep				
Sadness (manifested, for example, with continuous crying, refusal to eat and / or communicate with other people, etc.)				
Withdrawal, isolating themselves (avoiding taking part in activities within the shelter or spending time with other children				
Panic attacks and related symptoms (palpitations, muscle spasms, sweating)				
Disoriented behavior (confusion or reduced awareness regarding the place, time or ID, regarding how long they have been in the shelters)				
Manifestation of symptoms of mental or behavioral disorders (such as depression or oppositional behavior)				
Self-injury, self-destructive behavior and / or suicide attempts				
Victims of bullying (e.g. due to gender, sexual orientation, ethnicity or religion)				
Bullying against other children (e.g. for their gender, sexual orientation, ethnicity or religion)				
Bad relationship with mother (manifested, for examples, by poor communication and quarrels)				
Bad or/and violent behavior towards people working in the shelter				

Bad or/and violent behavior towards people outside the shelter (e.g. at school)				
Violent behavior towards other children in the shelter				
Inappropriate, for their age, sexual behavior (during talking, playing or in their relationships)				
Refusal to study/do schoolwork (for children who attend school)				
Refusal to attend school regularly (for children that are able to attend school regularly while they live in the shelter)				
Delinquent behavior (such as stealing, damaging things etc)				
Alcohol consumption and use of other substances (violating shelter's rules)				
Other signs (please, specify)				

Notes:

Please use this space to write down any comments on either the questions above or on any other information you feel can help to better understand the psychosocial needs and mental health problems of children staying in shelters with their mothers.

ANNEX III General Information on Shelter Questionnaire

Methodology

Note: In each one of the shelters, a representative who knows the characteristics of the shelter and details about the accommodation of the children will be appointed, in order to explore the general context in which the children are accommodated together with their mothers.

This questionnaire will be addressed to all the shelters in the Network.

Staffing / Capacity	
How many professionals are there in your team?	
What are their specialties? (write down a number next to each specialty)	
Social Workers Psychologist Pedagogues Child Psychologists Administrative Support Officers Security Guards General support staff Collaborating interpreters & intercultural mediators Other specialty (specify)	
Are there any professionals who work exclusively with children accommodated in the Shelter?	
Turnover from January to June 2021:	
How many children were living with their mothers in the shelters? Boys girls	
Approximately what proportion concerned the refugee/ immigrant population?	
How many children (with their mothers) can the shelter accommodate at the same time?	

Accommodation of children (with their mothers) in the Shelter (to be completed only in shelters currently accommodating children)	
How many children are accommodated in the Shelter today?	
Approximately how many of the children (percentage) who are accommodated today have particular difficulties that you deal with systematically?	
What type of difficulties are these? (health / mental health problems, behavioral issues, difficulties related to education, etc.)	
In case siblings are separated, do they keep in touch? Who is responsible for this? (shelter's staff, mother…?)	
Do you follow a different process for refugee/migrant children? If yes, what does it comprise?	
Did the COVID-19 pandemic affect the services children receive? If so in what ways?	
Working with children	
Do you apply a standardized procedure for assessing the needs of children staying in the Shelter with their mothers (in addition to the mandatory pediatric assessment / medical examinations for airborne diseases, communicable skin diseases required for admission)? If "yes":	
Do you follow a standard procedure or on a case-by-case basis? (if yes, ask for more information / material - if available)	
At what stage is the assessment conducted? (before or after the start of hosting at the Shelter)	
Are any of the following included in the assessment process? - Direct observation of the child? - Discussion with the child him/herself? - Observation / investigation of mother-child relationship? - Interview with the mother? Is there a provision for revaluation and, if so, after how long?	
How do you decide which professional will take care of each child? (e.g., Is it the same person who works with the mother? Does it depend on the particular characteristics of the child? Other?)	

The operating regulations of the Shelters state that "The mothers of the children who are accommodated in the Shelter have the full and exclusive responsibility for their care and protection". How do you handle situations where the mother for any reason is not able to take care of the child? (e.g., If she has to leave the shelter and is not able to take the child with her? Or if she has been recently injured and / or her psychological condition is such that she is temporarily unable to take care of the child?)	
Approximately what percentage of work time is spent on average by each Shelter professional inside the Shelter with the children?	
What percentage of the work time does each Shelter professional devote to the children on average outside of the shelter (e.g., for escorting them to health services, consultations with schools, etc.)?	
Do Shelter's employees ever use their own resources while working with a mother / child case?	
If yes, how often:	
Do they have to use their own means of transport / fuel?	
Do they have to use their own phone?	
Do they have to use their own money?	
Other functions/operations of the Shelter	
Is there a regular professional supervision service available for Shelter professionals?	
Do Shelter professionals receive other forms of professional support, such as continuing education?	
If yes,	
How often are continuing education activities implemented? (approximately how many times and how many days a year)	
Who provides this training?	
Which body/sector finances it?	
What other services does your department work with on a regular basis?	
Are there, on a regular basis, service meetings for cooperation on incidents involving children?	
If yes, how often do these meetings take place?	
During the COVID-19 pandemic, were there any changes in the operation of the shelter? If so, please specify.	

Were there any COVID-19 cases in your shelter? If so, what type of measures did you take?	
In case of an employee	
In case of a beneficiary	
Are there barriers to working with other services? If yes, please specify.	
Financing - Resources for the operation of the Shelter	
What is your annual budget?	
Is this budget enough to deal with all the cases reported in your service?	
How is your budget decided upon?	
Can you use your budget in a flexible way? (e.g., to provide emergency financial or material support to a family?)	
Evaluation of provided services at the Shelter & Follow-up	
The rules of operation of the Shelters state that "The mothers of the children who are accommodate in the Shelter have the full and exclusive responsibility for their care and protection". How do you handle situations where the mother for any reason is not able to take care of the child? If, ex. has to leave the shelter and cannot take the child with her? Or if she has recently been injured and / or her psychological condition is such that she is temporarily unable to take care of it?	
The operating regulations of the Shelters state that the course/development of the served women is monitored 1, 3 and 6 months after leaving the Shelter. Among the questions, however, the relevant annex does not include any provisions for children. Are there any?	
Is there anything else that you would like to add regarding the services offered to children?	

We would like to thank you for your collaboration. *If you have any questions, please do not hesitate to contact us:*

Psarrakou Maria, (psychologist), from the Department of Mental Health and Social Welfare, ICH

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Email address: mpsarrakou@ich-mhsw.gr

ANNEX IV Case audit tool

*(To be completed **only** in shelters currently accommodating children)*

Methodology

(To be completed for each child living in the shelter, by a professional who knows details about the specific child's life)

Gender	
Age	
Marital Status and Parental Rights	
Siblings	
Date of entrance (month/year)	
Shelter's area/ Area where the mother lives with the child (same or different)	
Ethnicity (specify whether ethnic or other minority or refugee-immigrant population applies)	
Special conditions & characteristics of the Child	
Pre-existing: Is the child with special needs, disability and / or chronic illness (e.g., sensory disability, motor disability, chronic illness, mental disability, behavioral problems / disorders), learning disabilities? Is he/she taking medication on a permanent basis? Does it depend on any medical technology / device?	No/ Yes (If so, please specify)
Due to the crisis in the family: was it assessed with any anxiety / depressive disorder / PTSD / phobia / eating disorder? reactive behavior, self-injury? or shows similar signs (without diagnosis) due to e.g., of the experiences he/she lived in the context of IPV/DV or due to changes in his/her life (such as change of environment, separation of a loved one such as brother> 12 years old or extended family / friendly environment)	No/ Yes (If so, please specify)
Due to living in the Shelter: shows stress, fear or generally worrying signs of depression, reactive behavior or others due to living in the Shelter (e.g., strangers, different natural environment, possibly reduced privacy) or because the Shelter is located in another area	No/ Yes (If so, please specify)

and goes to another school, does not see relatives or (for older children) because he knows that he will soon change his living environment again	
Type of incidents (select all that apply)	
The Child is victim of Violence-neglect/CAN	No/ Yes/Unknown
The child was involved in IPV/DV	No/ Yes/Unknown
The child was witness/beholder of IPV/DV	No/ Yes/Unknown
Unknown	Yes
None of the above	Yes
Referral (How mother and child addressed/appealed to the shelter)	
From Counselling Center	No/Yes
From Helpline SOS 15900	No/Yes
From NCSS/ Helpline 197	No/Yes
From the Social Service of the Municipality	No/Yes
From Community Center	No/Yes
From a government agency	No/Yes
From NGO working with refugees/immigrants	No/Yes
Other, please specify	
History of receiving services	
Has the family received service support in the past? (such as counseling, social support, financial aid, etc.)	No/ Yes/Unknown
Has the family (mother / child) received accommodation service in the same and / or other shelter or structure in the past?	No/ Yes/Unknown

Does the family have a supportive family environment (extended family) in which they have been accommodated/ assisted in the past (as far as you know)?	No/ Yes/Unknown
Child Care Plan	
After any type of assessment of the child's needs (standardized or not) was there a written individual care plan for the near future (while the child will be in the shelter) or with suggestions for the distant future?	No/Yes
If yes, this plan contains information about	No/Yes
the expected duration of its stay (and that of his mother) in the Shelter	No/Yes
which of the staff member undertake child's monitoring	No/Yes
what measures will be taken to protect the child as a whole (taking into account its particular characteristics)	No/Yes
What measures will be taken for the mental health of the child (sessions with specialized staff etc.)	No/Yes
what measures will be taken to ensure the child's access to health and / or rehabilitation services (if necessary, depending on the child's health status)	No/Yes
Other (e.g., for recreational activities, tutoring, etc.)	No/Yes
Provision of services related to the child	
Safe accommodation	No/Yes
Adequate & proper nutrition (depending on age and nutritional needs)	No/Yes
Safe and suitable play area (children's corner etc.)	No/Yes
Safe communal areas (including outdoor, such as garden)	No/Yes
Support to the child in relation to school ("reading", tutoring - if needed and depending on the age / characteristics of the child)	No/Yes
Psychological support of the child by a specialized professional (program / number of counseling support sessions and their type, involved specialties, etc.)	No/Yes
Social support from a specialist (informing the mother about insurance rights, family relations issues, parental care, issues for heads of single-parent families, issues of families in poverty (e.g., benefits, public and municipal services, kindergartens, etc.), education,	No/Yes

training, health and welfare, employment and other issues, such as family reunification and asylum for the refugee population served)	
Recreational activities of the child (activities, tutoring etc.)	No/Yes
Participation of the child and the mother in the decisions concerning the child	
Was the care plan (if any) discussed with the child?	No/Yes
If yes, were his/her views taken into account in the final plan?	No/Yes
Was the care plan (if any) discussed with the child's mother?	No/Yes
Did the mother ask for specific support in relation to the child for the future (after leaving the shelter) for one or more of the following?	No/Yes
Accommodation	No/Yes
Material support	No/Yes
Financial support	No/Yes
For access to public transportation	No/Yes
For access to health services	No/Yes
For access to mental health services	No/Yes
For access to education / childcare facilities (depending on age and characteristics)	No/Yes
For access to social support services	No/Yes
For access to legal aid services	No/Yes
Other (please specify)	Specify
Current Situation	
What is the current situation regarding the case of this child? (active-the child and the mother are accommodated in the shelter and receive the above services, inactive-the child and the mother either have not yet arrived at the shelter or are close to leaving, so they do not receive relevant services, other-specify)	Active/ inactive/ other
Has any member of staff expressed particular concerns about the safety, security, health etc. of the child	No/ Yes (If yes, specify)

Are the staff satisfied with the condition / progress of the child while in the shelter?	No/ Yes / partially

ANNEX V Guide for Focus Groups with professionals

Focus Groups Protocol & Discussion Guide: Professionals working at the shelters of GSDFPGE

Methodology for conducting Focus Groups

Background: Focus group discussions under output 2 of the project are going to be conducted as a way to gain more in-depth information to assess needs concerning access to services of children who live with their mother to shelters for survivors of domestic violence. In this protocol are included the questions to be used in focus group discussions with professionals who are expected to have in-depth knowledge of the subject in question and work in the shelters for survivors of domestic violence.

OUTPUT 2: Conducting research on functional characteristics of child care in shelters for adult survivors of abuse/violence

AIM: to analyze children's access to services concerning health, education, psychosocial well-being and nutrition. Moreover, to outline shelter staff capacity to identify child protection concerns and respond to the needs of child survivors of abuse.

5 focus groups meetings* 5-7 professionals from different shelters for survivors of domestic violence all over Greece in order to identify if there are different ways to respond to the needs of children as regards their access to services.

Planning of the focus groups:

Preparation of invitation letters* including a brief description of the objectives of the discussion and of the procedure

Scheduling of the dates more suitable for a zoom connection - Send invitations to participants via the key person that the GSDFPGE will define for collaboration with ICH staff.

Preparation of informed consent forms (to be signed electronically by participants before the discussion)

Focus group results

- Outcome of FGs' discussion

Assess the needs of children living in shelters for along survivors of domestic violence with their mothers with a focus to their access to services in the following categories:

Health/mental health

Education

Access to services for children with disabilities

Food and nutrition of children

Access to activities of children

Child participation

And identify the practices currently applied by shelters to respond to these needs.

*Invitation for participation to the Focus Groups Discussions

Invitation letter including

a brief description of the objectives of discussion group and of the procedure including their preparation along with the consent form to be signed in advance.

Overview of Focus Groups

	Suggested Process & Organization
Method	Group session
Group size	5-7 participants per session + 2 moderators
Session duration	90 min
Time	July 2021 - specific day and time and link to be completed (when available)
Place	Via zoom respectful the COVID-19 restriction of the pandemic

Participants	Professionals working in the shelters of female survivors of domestic violence.
Recruitment of participants	Communication with the reference persons of each shelter that GSDFPGE will define for our collaboration.
Participants preparation	Signing in advance the inform consent form.
Eligible participants	First line practitioners and professionals, if opted so, who are working in shelters for female survivors of domestic violence and have contact with the children hosted in the shelters along with their mothers. Due to privacy concerns, sampling and recruitment of staff and beneficiaries is not possible to be performed by the ICH research team. Participants will be recruited by the GSDFPGE.
Number of Groups & participants	5 focus groups* 5-7 professionals from different shelters for survivors of domestic violence all over Greece. In each session we will discuss the different topics concerning the services provided in children: from the shelters in collaboration with municipal and regional services in collaboration with NGOs general information And the good practices that have helped the personnel to better respond to the needs of the children.
Mod erator(s)	ICH staff: psychologist/ sociologist/social worker Moderator: coordinate the discussion Co-moderator: administrative tasks (including minutes recording, administering and gathering back the consent forms)
Data to be collected	Qualitative
Data collection	Written minutes/ electronic records/ audio, not videos (consent to be asked also for this)

Data storage and security	Audio files will be kept safely through the platform where the meeting will take place; and copied to a password-protected external device and password will be assigned to them. Access in the files will be given only to the researchers involved in the Project and will be responsible for drafting the FG results
Analysis of data	Descriptive analysis of repeated issues, comments and suggestions Presentation of selected quotations (words, sentences, expressions)
Reporting	Brief description of aim and method of FGs Presentation of results and references for any specific suggestion or proposed recommendation made by participants

DISCUSSION GUIDE for FOCUS GROUP with professionals working in the shelters for female survivors of domestic violence.

[120 MIN PER GROUP]

Introduction of participants:

Introductory note (subject of the discussion):

Dear participants, a few days ago, along with the invitation, you received also information for the research that ICH in collaboration with UNICEF and GSDFPGE will conduct in order to analyze children's access to services concerning health, education, psychosocial well-being and nutrition. This project aims to shed light in the living conditions of children residing with their mothers in the shelters of the GSDFPGE. The purpose of this discussion is to help better understanding of the role of each sector that may have come in contact with these children. Before we start the discussion, we would like to provide you why we consider important to review the services that women and their children receive during their stay in the shelters.

For too many children, home is far from a safe haven. Every year, hundreds of millions of children are exposed to domestic violence at home, and this has a powerful and profound impact on their lives and hopes for the future. Children who are exposed to violence in the home may suffer a range of severe and lasting effects. Children who are exposed to violence in the home are denied their right to a safe and stable home environment; many are suffering silently, and with little support. Children who are exposed to domestic violence need trusted adults to turn to for help and comfort, and services that will help them to cope with their experiences.

The Council of Europe Convention on preventing and combating violence against women and domestic violence, widely known as the Istanbul Convention was ratified by the Greek State in 2018. In article 26 of the Istanbul

Convention, special reference is made on the Protection and Support for Child Witnesses, emphasizing the need for States parties to take due account of the rights and needs of child witnesses of all forms of violence covered by the scope of the Convention.

Note: We are not expecting that the discussion will be exhaustive for each of the items to be analyzed but it would be really of help for us to hear your opinions for the services that children received during their stay to the shelters.

Opening of the Discussion	
TOPIC 1: OVERALL FRAMEWORK OF DISCUSSION	[1st session]
Rules of the discussion: 'You can take time to think before answering a question'. 'Respect each other and do not interrupt the other participants. Everyone will get a chance to speak, speak one at a time, you do not have to raise your hand to talk'. 'We can disagree, but we should not make fun of others' opinions' Demographic survey: How many boys and girls live in the time of our discussion to your shelter? Please specify ages, nationality and gender. For how long time did the boys and girls live in the shelter?	
TOPIC 2: SERVICES PROVIDED TO CHILDREN (BOYS AND GIRLS) WITHIN THE SHELTERS	[1st session]
In general, is there a reference person responsible for the child (girl and/or boy) that entered in the shelter? The operating regulations of the Shelters state that women have to be informed about the rules of the shelter. Are there specific rules for boys and girls? Who is responsible to inform them? What care do the shelters undertake for meeting the children's (boys and girls) needs regarding their: Education (along with special education needs and extra-curricular activities and classes) Health	

Mental Health

Special needs of children with disabilities

Are boys and girls in the shelter provided with appropriate food? What do you think about the food that is given by the shelter? Is there any concern for the boys and girls with food allergies?

How would you evaluate the sufficiency and competence of health services that are offered to the boys and girls in the shelters?

How are the relationships between people who have arrived recently, with those who have lived here for more time? Are there any difficulties experienced? What solutions do you see? Are the services provided to the boys and girls may be affected?

How are the relationships between beneficiaries from different nationalities? Are there any difficulties experienced? What solutions do you find? May the services provided to the boys and girls be affected?

What about cases where the mother is unable to care for her child/children? What solutions can you provide?

What about cases where one of the children (boys/girls) lives in another place (institutional care, with relatives, etc.). Is there provision for communication between all children and the mother? For instance, can children (boys/girls) placed in some other form of care -outside of the shelter- visit the mother and their siblings and if so, how often does this happen?

In your opinion are there enough resources offered to the boys and girls in the shelters?

Was the care plan or any other decision taken affecting the boy/girl discussed with the child?

What about services provided to the boys/girls during the COVID-19pandemic? Have the services provided to the boys/girls during the pandemic been affected? Is there a specific protocol that all have to follow?

TOPIC 3: COLLABORATION WITH MUNICIPAL AND REGIONAL SERVICES	[2nd session]

What kind of services are offered to the boys/girls from municipal and regional services regarding:

Education, (special education needs)

Health

Mental health

Sports, extra-curricular activities and classes

Clothes, food, other, etc.

Special needs of children with disabilities

According to your personal experience how would you evaluate your collaboration with the municipal social services?

According to your personal experience in roughly in what percentage of cases did were social services eventually involved?

In your opinion are there enough resources offered to the children (boys and girls) from the municipal and regional services?

If boys/girls had a problem in the community, where could the children go for help?

In general, how would you evaluate the services offered to the child (boy/girl) n collaboration with municipal and regional services?

During the COVID-19 pandemic were the services provided to the children (boys/girls) from municipal and regional authorities affected? In what way? What solutions did you find?

TOPIC 5: GENERAL [4th session]

Do you think the number of staff members of the shelters is adequate to provide the services needed by the boys/girls and their mothers?

Do you think the personnel of the shelters dealing with boys/girls is adequately trained to address their needs?

How would you evaluate the awareness and competence of personnel in –house concerning the services provided to the children (boys and girls)?

What might be your main suggestions or recommendations in order to improve the services offered by the shelters to the child/children (boys/girls)?

What other sector or service do you consider as mostly relevant to the current state of services offered to the children (boys/girls) by the shelter?

When seeking services, what would have helped you out the most?

For special groups: Did you have any specific language/cultural needs or other difficulties when seeking services for this/these child/children? If so, how did that go? Were the services available?

What about the child participation in the action plan that the personnel may propose? Are the boys/girls allowed to mention/refer their opinion? Is the personnel allowed to discuss with the boy/girl about the life in the shelter and the decisions taken for him/her? In which ways, is the participation of children (boys/girls) ensured/secured?

What would you suggest for improving the service delivery to the boys/girls who lived in the shelters regarding:

Education (along with special education needs and extra-curricular activities and classes)

Health

Mental Health

Special needs of boys/girls with disabilities

TOPIC 6: Closing session] [5th

Discussion on the good practices that the different professionals have used in order to provide adequate services to the boys/girls.

What about good practices? Can you provide an example concerning services provided to the boys/girls regarding:

Education (along with special education needs and extra-curricular activities and classes)

Health

Mental Health

Special needs of children with disabilities

Child participation

Is there anything that you would like to add?

Is there anything that you would like to ask?

Thank you very much for your time.

ANNEX VI Guide for semi-structured interviews with key informants

Methodology for conducting Semi-Structured Interviews

~10 key-informants to be invited for the SSIs which will be conducted via zoom (or in person in case of special circumstances)

Note: Lists of specific key-informants to be invited will be finalized in collaboration with GSDFPGE and UNICEF.

Planning the Semi-Structured Interviews

Preparation of invitation letters including a brief description of the objectives of the discussion and of the procedure

Scheduling of the date and time

Send invitations to participants (and confirmation of participation via phone)

Preparation of informed consent forms (to be signed by participants in advance and to be sent to ICH via email)

Semi-Structured Interviews results

Outcome of each SSI and grouping them in the case of participants from the same or similar service(s)

Overview of SSIs

	Suggested Process & Organization
Method	Interviews via Zoom
Group size	1 participant per session + 1 or 2 moderator(s)
Session duration	60 min
Time	July-August 2021
Place	Online
Recruitment of participants	Written invitations (e-mail) and further communication via phone where needed

	Identification and recruitment of participants will be done in collaboration with UNICEF and GSFPGE.
Participant's preparation	Short description of the SSI discussion subject & topics
Eligible participants	- Key informants from organizations such as UNICEF, GSDFPGE, National Centre for Social Solidarity, the Police, NGOs related to the survivors of domestic violence, Public Prosecutor's Office -Experts initially invited to FG discussions but were not able to attend due to conflicting responsibilities/scheduling issues
Number of Interviews	~10, depending on their availability
Moderator(s)	Moderator: coordinate the discussion Co-moderator (if needed): administrative tasks (including minutes recording)
Other material	Invitation letters
Data to be collected	Qualitative
Data collection	Electronically recorded and written minutes
Data storage and security	Audio/video files will be copied to a password-protected external device and password will be assigned to them. Access will be given only to the researchers involved in the Project.
Analysis of data	Descriptive analysis of repeated issues, comments and suggestions Presentation of selected quotations (words, sentences, expressions)
Reporting	Brief description of aim and method of SSIs

	Presentation of results and references for any specific suggestion or proposed recommendation made by participants in the context of the final report of the rapid assessment.

DISCUSSION GUIDE for SEMI-STRUCTURED INTERVIEWS with KEY-INFORMANTS

Introduction

First of all, I would like to thank you for agreeing to participate in this interview. My name is (name of Interviewer) and I am here as member of the research team of the project titled Programmatic Review of Services Available and Accessible to Children in the Shelters of the Network of the General Secretariat for Demographic and Family Policy and Gender Equality, implemented by the Institute of Child Health with the support of UNICEF. This project aims to shed light in the living conditions of children residing with their mothers in the shelters of the GSDFPGE. The purpose of this interview is to help better understanding of the role of each sector that may have come in contact with these children.

In this context, we invited you for this interview because you have probably had experience in the management of such cases as part of your role in the (organization of the Interviewee).

In order to ensure you are fully aware of the terms of this discussion, you have already been sent a consent form to read and undersign.

Could you please provide me with a short description of your professional role and your connection to the network of shelters of the GSDFPGE?

SERVICES PROVIDED TO CHILDREN (boys and girls) WITHIN THE SHELTERS:

Which do you consider are the specific needs of children (boys and girls) entering a shelter for women?

Are you aware whether the shelters carry legal responsibility for meeting those needs?

More specifically, what care do you think the shelters undertake for meeting the children's needs regarding their:

Education (along with special education needs and extra-curricular activities and classes)

Health

Mental Health

Special needs of children (boys and girls) with disabilities

What about cases where the mother is unable to care for her child/children?

How do you handle cases where the mother has children including a boy> 12 years old?

Who is responsible to search for the housing of the child (boy>12 years old)?

What about the communication along with the mother and the children that live in the shelter? Which do you consider are the specific or additional needs of refugee and migrant children (boys and girls) living in the shelters?

In your experience, are these needs taken care of?

If not, which are the impediments to that?

In what way/ways do you think the pandemic has affected the operation of the shelter regarding the services provided to the children?

INTER-SERVICES AND INTER-SECTORAL COOPERATION_

Is your agency in active communication with the GSDFPGE regarding the possibility to cooperate for the benefit of boys and girls living in the shelters?

Have you been contacted for cooperation in the past?

Have you had issues regarding your agency's cooperation/communication with the network of shelters?

SERVICES PROVIDED BY NGOs_

What is your opinion on the possible cooperation of the shelters with NGOs?

What are the areas of concern an NGO could be of help to the boys and girls living in a shelter? Issues of:

Education?

Health?

Psychosocial support?

Extra-curricular activities?

Have you had issues in the past regarding your agency's cooperation/communication with any NGOs regarding boys and girls living in a shelter with their mother?

GENERAL

Do you think the number of staff members of the shelters is adequate to provide the services needed by the children (boys and girls) and their mothers?

Do you think the personnel of the shelters dealing with children is adequately trained to address their needs?

Could you identify any specific weaknesses concerning the provision of services to the children (boys and girls) living in the shelters?

What about good practices? Can you provide an example?

Is there anything else you would like to add?

Thank you for your time.

ANNEX VII Guide for Focus Groups with beneficiaries

Focus Groups Protocol & Discussion Guide: Adult beneficiaries of the shelters

Suggested Methodology for conducting FGs

Background: Focus group discussions are going to be conducted as a way to gain more in-depth information for assessing the available services for children and how the system functions in the shelter.

In this protocol the questions to be used in focus group discussions with key-informants, mainly beneficiaries – women hosted in the shelters who are expected to have in-depth knowledge of the services that are offered to their children in the shelters.

OUTPUT 2: Conducting research on functional characteristics of child care in shelters for adult victims of abuse/violence

AIM: to examine the child care system components' functioning in everyday practice through the assessment of actual and/or perceived functioning of the system in the shelters through specified questions; This assessment will also explore how the system currently interacts with the specific target group (children that have suffered domestic violence), what are the currently applied procedures and how these may affect the utilization of children care services taking into account the points of view of participants in the target group

3 focus groups meetings*5-7 participants in each group (among which at least in one participants would be Greek native speakers and in at least one non Greek native speakers viz. refugee/immigrants; with the third focus group to be decided in regards to its composition depending on availability and collaboration between involved parties).

Planning of the focus groups:

Preparation of invitation letters* including a brief description of the objectives of the discussion and of the procedure

Scheduling of the dates more suitable for a zoom connection - Send invitations to participants via the key person that the GSDFPGE will define for collaboration with ICH staff.

Preparation of informed consent forms (to be signed electronically by participants before the discussion)

Focus group results

- Outcome of FGs' discussion

Assess the needs of children living in shelters for survivors of domestic violence along with their mothers with a focus to their access to services in the following categories:

Health/mental health

Education

Access to services for children with disabilities

Food and nutrition of children

Access to activities of children

Child participation

And identify the practices currently applied by shelters to respond to these needs.

*Invitation for participation to the Focus Groups Discussions

Invitation letter including

a brief description of the objectives of discussion group and of the procedure including their preparation

Overview of Focus Groups

	Suggested Process & Organization
Method	Group session
Group size	5-7 participants per session + 2 moderators
Session duration	120 min
Time	July 2021 specific day and time and link to be completed (when available)
Place	Via zoom respectful the COVID-19 restriction of the pandemic
Eligible Participants	Beneficiaries – women who live with their children in the shelters of GSDFPGE. No more than one beneficiary per shelter. Eligible beneficiaries to participate are all beneficiaries with children living in the shelter during the period of the data collection.
Sampling and recruitment of participants	Written invitations will be sent to all shelters and a contact person per shelter will be appointed by the GSDFPGE for further communications with the ICH In order to avoid selection biases. Shelters will be instructed to firstly select the beneficiary living in the shelter the longest, followed by the one living in the shelter the second longest etc.
Participants preparation	Signing in advance the inform consent form.
Eligible participants	Women that live in the shelters for survivors of domestic violence with their children.
Number of Groups & participants	3 focus groups meetings*5-7 participants in each group.
Moderator(s)	ICH staff: psychologist/ sociologist/social worker

	Moderator: coordinate the discussion Co-moderator: administrative tasks (including minutes recording, administering and gathering back the consent forms)
Other material	Invitation letters and consent forms
Data to be collected	Qualitative
Data collection	Written minutes/ electronic records/ audio, not videos (consent to be asked also for this)
Data storage and security	Audio files will be kept safely through the platform where the meeting will take place; and copied to a password-protected external device and password will be assigned to them. Access in the files will be given only to the researchers involved in the Project and will be responsible for drafting the FG results.
Analysis of data	Descriptive analysis of repeated issues, comments and suggestions Presentation of selected quotations (words, sentences, expressions)
Reporting	Brief description of aim and method of FGs Presentation of results and references for any specific suggestion or proposed recommendation made by participants

DISCUSSION GUIDE for FOCUS GROUPS with women that live with their children in the shelters.

[120 MIN PER GROUP]

Introduction of participants:

Introductory note (subject of the discussion):

Thank you for participating in our Focus Group. We appreciate your input and your willingness to share your experiences with us. In addition to our conversation, we would like to ask you some questions about yourself and your child/children to better understand the experiences of women and their children that participating in our discussion.

Confidentiality:

All answers and anything you say are confidential, which means that your names will not be shared with anyone else, and not put in the report. If someone wants to look back at them to know who said this or that, he/she will not manage to find out, because the names will not be recorded. Everything that is being said should stay within the group. Participation in these consultations is free and there is no obligation to respond, you can stop at any point. No personal data will be shared with others and the information provided will be analyzed anonymously and used confidentially. Your views are valuable and important and will contribute to ensuring our services and the information we share meets your needs.

Opening of the Discussion	
TOPIC 1: OVERALL FRAMEWORK OF DISCUSSION	[10min]
Rules of the discussion: You can pass on any question that you do not want to answer.' 'You can take time to think before answering a question'. "Let me know if I do not understand you, or you do not understand what I mean' 'You can use any word that would express the best what you want to say, and not what you think that I want to hear. There is no right or wrong answer'. 'Respect each other and do not interrupt the other participants. Everyone will get a chance to speak, speak one at a time, you do not have to put up your hand to talk'. 'We can disagree, but we should not make fun of others' opinions' "You can feel free to stop at any time". Demographic survey: Women Where are you from; What is your age; What is your level of education achieved? A. Graduated from High School	

B. Received and Associates degree or attended some years of college

C. Graduated with a 4 year college degree

D. Currently in school

E. Obtained or had some years of school for higher education (masters, PhD)

F. Other_____

How long do you live in the shelter?

Demographic survey: Children

A. Do you have children?

i. Yes

ii. No

If yes, do your children currently live with you?

a. Yes

b. No

c. If No define where they live now

i. With their father

ii. With their relatives

iii. Other_____

B. What is the gender of your child/children?

C. What is the age of your child/children?

D. Do the child/children go to school?

a. Yes

b. No

c. If no please explain: _____

TOPIC 2: SERVICES PROVIDED TO CHILDREN (GIRLS AND BOYS) WITHIN THE SHELTERS	[30 min]

In general, how would you evaluate the services offered to your child within the shelters?

How were things different before in children's lives compared with today? (school, education, sports, leisure time)

Before you came to live here, what did your children do? (extra-curricular activities and classes/ school).

Are children in the shelter provided with appropriate food? Do you get it? [If yes] What do you think about the food that is given by the shelter?

In general, how would you evaluate the sufficiency and competence of health services that are offered to your child/children in –house?

In your opinion are there enough resources offered to your child/children in – house?

In general, how would you evaluate the effectiveness of administrative (viz. excluding legal; i.e., collaboration and referrals between services when required etc.) provisos in-house offered in your children when needed?

How are the relationships between people who have arrived recently, with those who have lived here for more time? Are there any difficulties experienced? What solutions do you see? Are the services provided to your children have been affected? In what way? Please explain.

Is your child asked for his/her opinion about the decisions taken for him/her?

What about services provided to the children (boys and girls) during the COVID-19pandemic? Have the services provided to your children been affected? In what way? Please explain.

TOPIC 3: COLLABORATION WITH MUNICIPAL AND REGIONAL SERVICES	[30 min]

In general, how would you evaluate the services offered to your child in collaboration with municipal and regional services?

According to your personal experience how would you evaluate the collaboration of the personnel in the shelter with the municipal social services?

According to your personal experience in roughly what percentage of cases were social services eventually involved?

If children had a problem in the community (I.e.) outside the shelter, where could you and your children go for help?

TOPIC 4: Services provided by NGOs [30 min]

In general, how would you evaluate the services provided to your child by NGOs? Regarding education, sports, health, activities for children?

What type of services are offered to your child from NGOs? (education, sports, clothes, food, other, etc.)

According to your personal experience how would you evaluate the collaboration of the personnel in the shelter with the NGOs?

TOPIC 5: General [10 min]

How would you evaluate the awareness and competence of personnel in –house concerning the services provided to your children?

What might be your main suggestions or recommendations in order to improve the services offered by the shelters to you child/children?

What other sector or service do you consider as mostly relevant as is the current state of services offered in your child by the shelter?

When seeking services, what would have helped you out the most until now?

For special groups: Did you have any specific language/cultural needs or difficulties when seeking services for your child/children? If so, how did that go? Were the relevant services available?

What about good practices? Can you provide an example concerning services provided to the children regarding:

Education (along with special education needs and extra-curricular activities and classes)

Health

Mental Health

Special needs of children with disabilities

Child participation

What would you suggest for improving the service delivery for your children while living in the shelter regarding:

The education

The health system

The nutrition

the collaboration with municipal and regional authorities

the collaboration with NGOs

Other

Do you feel that the shelter offers a safe environment for your child/children (boys and girls)?

a. Yes

b. No. Please can you share with us your concerns?

TOPIC 6: Closing [10min]

Is there anything that you would like to add?

Is there anything that you would like to ask?

Thank you very much for your time.

ANNEX VIII Ethical and Safety issues

During the field research, and although the subject of the current project is not a sensitive one, it is possible that some sensitive issues will arise. The research team will ensure the protection of the beneficiaries participating in the focus group discussions by

Entrusting only skilled and experienced researchers and interpreters (where needed) will ensure the smooth conduct of focus group discussions

Informed consent and assent forms for all participants are of critical importance in order to ensure that the participants fully understand the purpose of the study and what their own involvement will be.

Avoiding stigma, discrimination and re-traumatization

Consultation with the authorized professionals (i.e. social workers, field experts etc.) and provision of information in writing and in a language they understand in order to ascertain that women living in shelters will be appropriately approached and provided adequate information before they are invited to participate

Inclusiveness and equitable representation concerning the participants will be explored especially for persons belonging to some of the most vulnerable and under-represented groups (e.g., immigrant/refugees, ethnic minorities)

Coordination with the staff members of the shelter so that a member of the psychosocial team of the shelter is available to support women, in case it proves necessary, during or after the conduct of FGDs.

Ensuring confidentiality, anonymity

Participants will be encouraged to turn-off zoom cameras during FG discussions

Participants will be encouraged to use pseudonyms during FG discussions

Access to the participants' data will be strictly limited to the researchers immediately involved

All reports resulting within the context of this study will contain no identifying information

Ensuring free expression of opinion

Informed consent forms for all participants are of critical importance in order to protect the participants' right to dissent or withdraw at any point

Entrusting only skilled and experienced researchers ensures the smooth conduct of focus group discussions

Respecting the dignity and welfare of all participants

A clear step-by-step protocol will be drawn up and followed in order to anticipate and minimize the possibility of problems arising during implementation of the present study

Providing participants with post-study feedback

Report findings will be made available for the beneficiaries, following the completion of the project.

Privacy and confidentiality

Measures will be undertaken in order to safeguard the private character of semi structured interviews and group discussions as well as maintaining confidentiality of data and information obtained by participants during the above processes and afterwards (e.g., participants' names or other identifiers will not be written down; private interviews will take place without the presence of any irrelevant persons). Limits to confidentiality that are inherent to this study are clearly mentioned in the consent and assent forms for adults and children respectively in order to not violate participants' rights.

Setting for conducting focus group discussions and semi-structured interviews

All focus group discussions and semi-structured interviews will be conducted online unless special circumstances require otherwise.

Storage of Data and Security via restricted access

Even though the audio and/or video records (of FG discussions and interviews) will not contain any names or other identifiers of the participants, ICH-MHSW will be responsible to keep the files securely stored at a safe computer located at the ICH offices and restrict the access only to the group of the researchers in order to ensure data confidentiality. Transcription will be done by the responsible researchers and files will be kept until the end of the project (raw data will be deleted 6 months after the end of the project or unless otherwise co-decided with UNICEF and GDSFPGE.

No photos will be taken.

The original documents containing participants' identifying information and signatures (IC forms) will be stored in the offices of the ICH-MHSW inside a locked file cabinet under the responsibility of the Project Leader, and will be destroyed use of an electric shredder 6 months after completion of the project, also under the responsibility of the Project Leader.

Right to decline participation and to withdraw

Participants will be informed that they have the right to refuse to participate; to refuse to answer to specific questions that they don't want to; to withdraw at any time they wish, and without having to explain the reasons for that.

Debriefing

Participants will be provided with the contact details of the Institute of Child Health, Department of Mental Health and Social Welfare in order to be able to contact and ask for further information.

Researchers' obligations and preparation

Even though each researcher is responsible for the ethical conduct of the survey, the Key-Expert is also responsible. For practical, methodological, ethical and safety reasons, the researchers will always work in pairs (having their mobile phones activated in silent mode in case they need to use it). Contact data of members of the research team will be provided to the subjects of research.

Researchers' Qualifications

The role of the researchers' team in the context of any study is central; in regards to the specific study where the main research components are based on group discussions and interviews, researchers are requested to be adequately prepared to deal with sensitive issues that may be brought into discussion about the target population, namely women survivors of domestic violence; some issues related to use of services for children can be considered as "*private*" or "*family matters*" in a more strict sense for the some beneficiaries (due to cultural beliefs); moreover, increased psychosocial and mental health problems may be prevalent due to migration status. Participants may not feel comfortable participating in a discussion or opening up and talking about their personal experiences with the research staff. They might not feel comfortable talking about some specific issues in front of a third person (interpreter) or in language they have no fluency in.

Because of the small number of participants, a group of four researchers is considered as adequate to undertake all SSIs and the facilitation of FGDs. Specifically, one pair of researchers will undertake the respective role for groups with professionals and other key-informants and the second one the groups/discussions with beneficiaries.

Concerning groups of professionals and key-informants, the researchers will be a social scientist or psychologist with social scientists as co-facilitators. Concerning beneficiaries, the researcher will be a psychologist (facilitator) with a social scientist as co-facilitator (both female). The project coordinator (psychiatrist) can be involved in all the above settings.

All researchers believe in the importance of the study; are familiarized to the research tools and the study procedures and able –based on their previous experience- to remain neutral and non-judgmental. In regards to the discussions with key-informants and professionals, researchers are well informed about legislation and careful in order to follow the process, provide reliable reports about the content and maintain strict confidentiality. On the other hand, in regards to the discussions with beneficiaries, researchers have adequate previous experience allowing them to feel comfortable with the subject and not be easily shocked from potential cases, are aware on

their obligation for reporting a case of child (at risk of) maltreatment and about the available sources of help; they are able be able to empathize with different types of people (different educational, socio-economic status, personality).

Familiarization with research tools

All researchers are adequately familiarized with the process to be followed for conducting the focus group discussions and the semi-structured interviews as well as with the respective guides and protocols per target group.

Crisis intervention and Supervision meetings

During the data collection (group discussion and interviews) supervision meetings will take place if and when one or more of the researchers consider this as necessary with the participation of the key-expert. In the context of such meetings any suspicions or disclosures of child abuse and/or neglect will be discussed as well as what action should be taken (according to reporting obligations and rules governing professionals' confidentiality, as they mentioned below); moreover, difficulties or unforeseen practical problems can be discussed in order to find way to avoid or overcome them in the future.

Reporting of cases of child abuse and neglect

Legislation, policies and mandates for reporting of CAN cases in different professional fields relevant to the current study. Providing that abuse and neglect constitute a criminal offense, the following general provisions of the law are applying:

According to the Code of Criminal Procedure, Article 36.1, the Investigators who have been informed about an offense prosecuted ex officio (i.e., including CAN case) should immediately announce it to the Public Prosecutor. In accordance with the Article 36.2, all civil servants, including those in which assigned temporary public service, have the same obligation in regards to the offenses they were informed during the performance of their duties. In the Article 40.1, even civilians who perceived themselves an offense prosecuted ex officio are obliged to announce it to the Public Prosecutor or any other Investigator. In the same context, according to the Penal Code, Article 232.1, criminal offence also constitutes the concealment of a felony that someone was informed about that already happened or is planned (such as serious injury of a minor, intended bodily harm, rape, incest, child abuse in lasciviousness, child seduction, pimping, lewdness with a minor fee). Lastly, as expressly provided in the law (Code of Criminal Procedure, Article 42.1) everyone has the right to complain for offenses prosecuted ex officio and not only the person who was wronged.

Anonymous complaint: According to the CPC, Article 43, is stated that any complaint or petition that has been submitted anonymously by whatever manner or using a nonexistent name, is immediately placed on file by the public prosecutor. The Prosecution Authority, however, is obliged to receive the report. Receipt of the report

means that the Prosecutor becomes aware of the acts described in the report and in case these acts relate to an offense prosecuted ex officio, it is necessary to proceed in prosecution. It should be noted that in Greece allegations of abuse and / or neglect may be made anonymously. The anonymity would preclude involvement of the person submitting complain in the subsequent process of investigation and evaluation of the case. However, personal information of professional who submit the report provide the possibility of obtaining additional information, if needed. In case that the name of the child is not known, the address of the child is necessary in order for the competent authorities to identify the child.

Information necessary for reporting CAN: Reporting of a CAN case should necessarily include the name of the child, its age and home address. Additional useful information includes information on the family, the parents and the perpetrator, other children or family members who may be at risk, history of abuse, other persons who may have information about the child or are witnesses of abuse and/or neglect.

Legal rules governing professional confidentiality

A breach of professional confidentiality is punishable (Penal Code, Article 371.1). However, it is NOT unlawful and goes unpunished if the professional intended to fulfill his/her duty or safeguard legitimate interests could not otherwise preserve (Penal Code, Article 371.4). Life, physical and mental integrity, personal freedom, sexual freedom and dignity, childhood and youth are legal rights –and therefore legitimate interests- protected by the Constitution, laws and international treaties that our country has ratified a law.

Practicing of the Profession of Psychologists (Law 991/1979). In regards to the professional confidentiality, it is stated that Article 371 of the Penal Code, applies; therefore, if the psychologist intended to fulfill his/her duty or to safeguard legitimate interests could not otherwise preserve, the breach of the professional confidentiality is legal.

Code of Medical Ethics (Law 3418/2005, Article 13). In the Code is stated that the breach of medical confidentiality is allowed; additionally, there is obligation to report to the authorities in cases that the medical doctor is indented to perform legal duties arising from a special law (such as the diagnosis of infectious diseases), by a general law (such as the obligation to report a felony for which is informed), and when he/she seeks to preserve a legitimate interest which cannot be preserved otherwise.

Practicing of the Profession of Social Work (Presidential Decree 23/1992). It is explicitly stated that any disclosure of information or events with the intention to safeguard human life or to protect physical and mental integrity of minors is not a breach of professional confidentiality.

Finally, it is noted that in accordance to the Convention of the Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse (Lanzarote) (Article 12), Greece has been committed to ensure that the confidentiality rules imposed on specific professions do not preclude the possibility for professionals to report to the authorities any situation that have reasonable suspicion that a child is victim of sexual abuse or exploitation.

Procedure to be followed if a CAN case is disclosed

If a CAN disclosure takes place, one researcher will keep preliminary information and the second will communicate with the key-expert; a decision will be made as soon as possible on the next steps that could include

calling of local authorities or agencies–if considered as necessary

avoiding breach of confidentiality to irrelevant persons close to the space where group discussion or interview take place

maintaining the involvement of the researchers at a minimum level, after local authorities or agencies undertake the case; providing any support that would be requested avoiding, however, promise supporting that is not feasible.

ANNEX IX Consent forms

INSTITUTE OF CHILD HEALTH
DEPARTMENT OF MENTAL HEALTH & SOCIAL WELFARE
Centre for the Study and Prevention of Child Abuse and Neglect
URL: www.ich-mhsw.gr

unicef
για κάθε παιδί

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Informed Consent Form (FGs with mothers)

Dear Madam,

The Institute of Child Health, Department of Mental Health and Social Welfare, supported by UNICEF, aims to identify the particular needs and support provided to children living with their mothers in the Shelters of the General Secretariat for Demographic and Family Policy and Gender Equality (GSDFPGE). In this discussion we will ask your opinion about the services in the shelter you live in, based on what you have experienced. Our aim is to collect information that will help ameliorate these services. The results from this discussion, as well as those from similar discussions, will be presented to the authorized parties for planning better support services for children.

You should be informed that:

- *Your participation is voluntary*
- *The discussion is expected to last for about 120'*
- *The discussion will be recorded for the facilitation of the process.*
- *In the final presentation of the results, information will be aggregated and anonymized and thus individual responses will not be identifiable.*
- *Only the facilitator and the co-facilitator will have access to today's responses in order to elaborate them.*
- *According to Greek legislation, the only case to reveal any information is if we find out, or if you tell us, that someone's life is in danger or a child is at risk of abuse.*
- *Participation in the discussion does not imply any individual benefit for the participants (financial or other).*
- *You can withdraw from the discussion at any time.*
- *You are free not to respond to any of the questions.*

You agree not to discuss the content of today's conversation, beyond its completion.

Having knowledge of the above-mentioned conditions you are free to decide whether you will take part or not.

Would you like to participate in the group discussion?

1. Yes

2. No

Name

Age and Sex of child/children living with you in shelter

Date

Do not hesitate to contact us in case you need more information: Psarrakou Maria, (psychologist), from the Department of Mental Health and Social Welfare, ICH

Phone number: 2107715791

Email address: mpsarrakou@ich-mhsw.gr

Informed Consent Form (FGs with professionals of the shelter)

Program: PROGRAMMATIC REVIEW OF SERVICES AVAILABLE AND ACCESSIBLE TO CHILDREN IN THE SHELTERS OF THE NETWORK OF THE GENERAL SECRETARIAT FOR DEMOGRAPHIC AND FAMILY POLICY AND GENDER EQUALITY

Dear Participant,

The Institute of Child Health, Department of Mental Health and Social Welfare supported by UNICEF's aims at identifying the particular needs and support provided to children living with their mothers in the Shelters of the General Secretariat for Demographic and Family Policy and Gender Equality (GSDFPGE). In this group discussion, we are going to ask your opinion according to your knowledge and experience in the field. Specifically, we will discuss on the children's specific needs, and the availability of adequate support in the context of the Shelters in general and with a special emphasis in service provision to refugee and migrants' population. The aim of this study is to identify strong aspects and weaknesses and provide this information to authorized parties in order to further ameliorate the support provided.

You should be aware that:

- *Your participation is voluntary*
- *The discussion, which will have a duration of ~90 minutes, will be recorded for the facilitation of the process;*
- *In the final presentation of the results, information will be aggregated and anonymized and thus individual responses will not be identifiable.*
- *Any information is going to be collected following ethics rules; the content of the discussion will be kept non-identifiable and anonymous except for the cases that researcher(s) will be informed or identify by themselves that someone's life is in danger or a child is at risk for abuse.*
- *Only the facilitator and the co-facilitator will have access to today's responses in order to elaborate them.*
- *Participation in the discussion does not imply any individual benefit for the participants (financial or other).*
- *You can withdraw from the discussion at any time.*
- *You are free not to respond to any of the questions.*

You agree not to discuss the content of today's conversation, beyond its completion.

Having knowledge of the above-mentioned conditions you are free to decide whether you will take part or not.

Would you like to participate in the group discussion?

1. Yes

2. No

Name and Specialty: _____

Date: _____

If you have any questions, please do not hesitate to contact us: Psarrakou Maria, (psychologist), from the Department of Mental Health and Social Welfare, ICH

Phone number: 2107715791

Email address: mpsarrakou@ich-mhsw.gr

Informed Consent Form (key-informants)

Program: PROGRAMMATIC REVIEW OF SERVICES AVAILABLE AND ACCESSIBLE TO CHILDREN IN THE SHELTERS OF THE NETWORK OF THE GENERAL SECRETARIAT FOR DEMOGRAPHIC AND FAMILY POLICY AND GENDER EQUALITY

Dear Participant,

The Institute of Child Health, Department of Mental Health and Social Welfare, supported by UNICEF aims at identifying the particular needs and support provided to children living with their mothers in the Shelters of the General Secretariat for Demographic and Family Policy and Gender Equality (GSDFPGE). In this interview we are going to ask your opinion according to your knowledge and experience in the field. Specifically, we will discuss on the children's specific needs, and the availability of adequate support in the context of the Shelters in general and with a special emphasis in service provision to refugee and migrants' population. The aim of this study is to identify strong aspects and weaknesses and provide this information to authorized parties in order to further ameliorate the support provided.

You should be aware that:

- *Your participation is voluntary*
- *The interview, which will have a duration of ~60 minutes, will be recorded for the facilitation of the process;*
- *In the final presentation of the results, information will be aggregated with the results of other interviews and Focus Group discussions and anonymized and thus individual responses will not be identifiable.*
- *Any information is going to be collected following ethics rules; the content of the discussion will be kept non-identifiable and anonymous except for the cases that interviewer(s) will be informed by you or identify by themselves that someone's life is in danger or a child is at risk for abuse.*
- *Only the interviewer will have access to today's responses in order to elaborate them.*
- *Participation in the interview does not imply any individual benefit for the participants (financial or other).*
- *You can withdraw from the interview at any time.*
- *You are free not to respond to any of the questions.*

You agree not to discuss the content of today's conversation, beyond its completion.

Having knowledge of the above-mentioned conditions you are free to decide whether you will take part or not.

Would you like to be interviewed?

1. Yes

2. No

Name and Specialty: _____

Date: _____

If you have any questions, please do not hesitate to contact us: ***Psarrakou Maria, (psychologist), from the Department of Mental Health and Social Welfare, ICH***

Phone number: 2107715791

Email address: mpsarrakou@ich-mhsw.gr

INSTITUTE OF CHILD HEALTH
DEPARTMENT OF MENTAL HEALTH & SOCIAL WELFARE
Centre for the Study and Prevention of Child Abuse and Neglect
URL: www.ich-mhsw.gr

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Invitation to Participate

In the Activities of the Project:

«Programmatic Review of Services available and accessible to Children in the shelters of the Network of the General Secretariat for Demographic and Family Policy and Gender Equality»

Dear Expert,

By the present letter we invite you to participate in the activities of the project "***Programmatic Review of Services available and accessible to Children in the shelters of the Network of the General Secretariat for Demographic and Family Policy and Gender Equality***", targeted actions that aim to map the services available to children in the context of the shelters of the General Secretariat for Demographic and Family Policy and Gender Equality, which will be implemented by **the Department of Mental Health and Social Welfare of the Institute of Child Health** with the support of the UNICEF Country Office in Greece as the funding authority.

Short Description of the Project

The Institute of Child Health is a non-profit Legal Entity governed by Private Law, belonging in the wider public sector, under the aegis and supervision of the Ministry of Health. The Department of Mental Health and Social Welfare of the Institute of Child Health operates as a Research Center for the Prevention of Child Abuse and Neglect, its main priority being child protection policies for children who are subject to violent behavior in their family environment, focused on the primary, secondary and tertiary prevention.

The Institute of Child Health, in cooperation with the UNICEF Country Office in Greece, in the context of the project "***Programmatic Review of Services available and accessible to Children in the shelters of the Network of the General Secretariat for Demographic and Family Policy and Gender Equality***", plan the implementation of targeted actions that aim to map the services available to children in the context of the shelters of the General Secretariat for Demographic and Family Policy and Gender Equality, focused on migrant and refugee children who, according to recent data, constitute approximately 50% of the children residing in the particular Hospitality Shelters.

The project aims to analyze the advantages and possible gaps in the services available by the network today and develop guidelines for reform, in order to ensure that the rights of the children and the domestic violence survivors themselves are respected and that they have better access to services via the network of the General Secretariat for Demographic and Family Policy and Gender Equality, either directly or through interconnection with the relevant agents. This way the GSDFPGE will have the chance to review policies and actions in order to better serve the needs of children residing in the shelters.

The research field will include an analysis of the ease of access of children to services regarding health, education, psychosocial well-being and nutrition. The review will start by examining the type of information the shelters collect regarding the children, in order to assess and respond to the children's needs. There will also be a review of the existing referral mechanisms and their efficiency, as well as of the need for personnel skill development, in order for them to be able to identify and respond to the children-victims of domestic violence who reside in the shelters.

More specifically, the project will include the following activities:

1. Mapping of the information/data collected on children, including migrant and refugee children, residing in the shelters of the GSDFPGE: birth gender, age, legal status, legal custody, vulnerability etc., as well as of the characteristics of their residence (duration, conditions, etc.).
2. Assessment of the ease of access of children to services (health, education, welfare etc.) under three categories: services provided within the shelters, interconnection with municipal and regional services, and services provided by the civil society.
3. Personnel characteristics and qualifications for supporting the children.

The review will also assess the skills of the hostels personnel to identify possible abusive behaviors by parents/guardians and respond to the needs of children-survivors of abuse.

Based on the above, the final report will develop paradigms that will be presented and reproduced across the network, as well as recommendations on any issues that may be identified.

Your participation in the Program

You having received this invitation means that you are among the professionals to whom the project "***Programmatic Review of Services available and accessible to Children in the shelters of the Network of the General Secretariat for Demographic and Family Policy and Gender Equality***" is addressed. If you acknowledge the pressing need of continuous updating of services available to the children residing in the shelters of the GSDFPGE network, **we will be glad to receive your positive response, to move on to the implementation of the project with your important participation. For your information, the steps to be taken are as following:**

- Completion of an anonymous questionnaire by all members of the shelter personnel who wish to. Please find the link below and note **that the time required is just 10 minutes.** It can be answered by any professional currently occupied in the shelter: https://ec.humanitarianresponse.info/x/Is3bYCdr,
- Completion by you, or other person occupied in the shelter, of a questionnaire of general information about the shelter and **the time required is just 10 minutes** (Document titled: GENERAL QUESTIONNAIRE OF SHELTER CHARACTERISTICS),
- Recording of anonymous information for each one of the children currently residing in the shelter (Document titled: CHILD AUDIT), (Time required for each case audit is about 10 minutes)
- Participation of some of the shelter professionals who wish to in focused group discussions,
- Participation of some of the mothers residing currently in the shelter and wish to in focused group discussions.

Moreover, you should be aware that:

- Your participation is voluntary
- In the final presentation of the results, information will be aggregated and anonymized and thus individual responses will not be identifiable.
- Any information is going to be collected following ethics rules; all data will be kept non-identifiable and anonymous except for the cases that interviewer(s) will be informed by you or identify by themselves that someone's life is in danger or a child is at risk for abuse.
- Only the facilitator and the co-facilitator will have access to the questionnaire's responses in order to elaborate them.
- In the final presentation of the results, information will be aggregated with the results of other interviews and Focus Group discussions and anonymized and thus individual responses will not be identifiable.
- Participation in the discussion does not imply any individual benefit for the participants (financial or other).
- You can withdraw from the discussion at any time.
- You are free not to respond to any of the questions.

In order to ensure the protection and respect of human rights and children right during the procedure of data collection, analysis and assessment, the Institute of Child Health and UNICEF will follow all the guidelines of the Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis. In this context, the Institute of Child Health and UNICEF **guarantee the absolute confidentiality** of the total of information and data that will come to their knowledge during the particular research, as well as the fact that no personal data or other means of identification will be made public, just **syntehsized and anonymized data.**

As far as the public health measures regarding COVID-19, the ICH will propose special measures for the mitigation of possible risks of any psychological effects for the participants during the collection of data.

For any additional information regarding the project or on any other questions you may have, please contact Ms Maria Psarrakou, at the phone numbers 2107715791 and 2107793648 and the e-mail address mpsarrakou@ich-mhsw.gr. You can send all the questionnaires required in this email.

We are at your disposal for any further clarification.

Sincerely,

G. Nikolaidis, Director of the Department of Mental Health and Social Welfare of the ICH

INSTITUTE OF CHILD HEALTH
DEPARTMENT OF MENTAL HEALTH & SOCIAL WELFARE
Centre for the Study and Prevention of Child Abuse and Neglect
URL: www.ich-mhsw.gr

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Invitation to Participate

In the Activities of the Project:

«Programmatic Review of Services available and accessible to Children in the shelters of the Network of the General Secretariat for Demographic and Family Policy and Gender Equality»

Dear Beneficiary,

By the present letter we invite you to participate in the activities of the project "***Programmatic Review of Services available and accessible to Children in the shelters of the Network of the General Secretariat for Demographic and Family Policy and Gender Equality***", targeted actions that aim to map the services available to children in the context of the shelters of the General Secretariat for Demographic and Family Policy and Gender Equality, which will be implemented by **the Department of Mental Health and Social Welfare of the Institute of Child Health** with the support of the UNICEF Country Office in Greece as the funding authority.

Short Description of the Project

The Institute of Child Health, in cooperation with the UNICEF Country Office in Greece, in the context of the project "***Programmatic Review of Services available and accessible to Children in the shelters of the Network of the General Secretariat for Demographic and Family Policy and Gender Equality***", plan the implementation of targeted actions that aim to map the services available to children in the context of the shelters of the General Secretariat for Demographic and Family Policy and Gender Equality, focused on migrant and refugee children who, according to recent data, constitute approximately 50% of the children residing in the particular Hospitality Shelters.

The project aims to analyze the advantages and possible gaps in the services available by the network today and develop guidelines for reform, in order to ensure that the rights of the children and the domestic violence survivors themselves are respected and that they have better access to services via the network of the General Secretariat for Demographic and Family Policy and Gender Equality, either directly or through interconnection with the relevant agents. This way the GSDFPGE will have the chance to review policies and actions in order to better serve the needs of children residing in the shelters.

The research field will include an analysis of the ease of access of children to services regarding health, education, psychosocial well-being and nutrition. The review will start by examining the type of information the shelters collect regarding the children, in order to assess and respond to the children's needs. There will also be a review of the existing referral mechanisms and their efficiency, as well as of the need for personnel skill development, in order for them to be able to identify and respond to the children-victims of domestic violence who reside in the shelters.

Your participation in the Program

You having received this invitation means that you are among the beneficiaries to whom the project "***Programmatic Review of Services available and accessible to Children in the shelters of the Network of the General Secretariat for Demographic and Family Policy and Gender Equality***" is addressed. If you acknowledge the pressing need of continuous updating of services available to the children residing in the shelters of the GSDFPGE network, **we will be glad to receive your positive response, to move on to the implementation of the project with your important participation, your important participation in the focus group discussions, as sharing your perspective will make a significant contribution to this research.** In case you would like to participate to this one focus group discussion, we will be informed by the shelter's staff.

For your information:

- The duration of the discussion will be about 2 hours
- The discussion will take place via the platform zoom
- You will be informed about the exact dates by the shelter's staff
- You can participate by using pseudonyms in case you do not want to provide your personal data.
- You can turn off your computer's camera during the discussion

In order to ensure the protection and respect of human rights and children right during the procedure of data collection, analysis and assessment, the Institute of Child Health and UNICEF will follow all the guidelines of the Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis. In this context, the Institute of Child Health and UNICEF **guarantee the absolute confidentiality** of the total of information and data that will come to their knowledge during the particular research, as well as the fact that no personal data or other means of identification will be made public, just **syntehsized and anonymized data.**

As far as the public health measures regarding COVID-19, the ICH will propose special measures for the mitigation of possible risks of any psychological effects for the participants during the collection of data.

For any additional information regarding the project or on any other questions you may have, please contact Ms Maria Psarrakou, at the phone numbers 2107715791 and 2107793648 and the e-mail address mpsarrakou@ich-mhsw.gr.

We are at your disposal for any further clarification.

Sincerely,

G. Nikolaidis, Director of the Department of Mental Health and Social Welfare of the ICH

ANNEX XI Biosketches of the Research team

George Nikolaidis, studied Medicine and Psychiatry. He was awarded with a PhD on "Epidemiology", an MSc in "Philosophy of Mental Disorder" from KCL-UoL and an MA in "Psychoanalytic Studies" from UoSheffield. His scientific interests include a range of issues involving Child Abuse and Neglect, Child Protection, Public Health Sciences and Epidemiology. He was involved as Scientific Coordinator or as Main Researcher in research, training and clinical projects related with child protection, violence and epidemiology. Since 09/2005 he is the Head of Department of Mental Health and Social Welfare of Institute of Child Health; from 11/2014 up to 03/2020 he had been Scientific Coordinator of the Day Center "The House of the Child" providing treatment to children victims of abuse/neglect of the NGO "The Smile of the Child"; from 11/2014 until 03/2019 was Advocacy and Networking Consultant of Lumos project in Greece also coordinating the Deinstitutionalization program for Greece and an emergency intervention project institution for children with disability. He is national representative of Greece to WHO for CAN-related issues and CoE's Lanzarote Committee for more than a decade. In Council of Europe's Lanzarote Committee, he has been elected Member of its Bureau (2014-2016), Vice-Chair (2016-2018) and Chairperson (2018-2020).

Ntinapogias Athanasios, MSc, earned a BSc in Psychology from University of Crete School of Social Sciences; Department of Psychology in 1995, followed by a MSc in Health Services Administration specialized in Economic Evaluation from the National School of Public Health in 2014. He has 25 years of research experience on issues mainly related to prevention of intentional and unintentional injuries, especially child maltreatment and intimate partner violence. Since 1996 he worked as researcher, research coordinator, consultant, external evaluator and/or trainer for various University Research Committees (Crete, Patras, Thessalonikis, Panteion), in the Pedagogical Institute of the Ministry of Education, in NGOs such as the European Antiviolence Network where he is founding and BoD member and the Smile of the Child, in the Kapodistrian University of Athens, Medical School, Department of Hygiene, Epidemiology & Medical Statistics, Center for Research and Prevention of Injuries (CE.RE.PR.I), for the Lumos Foundation USA Inc. in DI related research and for the UNICEF Refugee and Migrant Response in Greece. Since Nov 2009 he is working in the Institute of Child Health, Dept Mental Health & Social Welfare as project coordinator, researcher and trainer. His special interests include epidemiological study and prevention of violence.

Anthi Vasilakopoulou, Msc., earned a Bsc in Social Work from the Department of Social Work, Technological Educational Institute of Athens, Greece, in 2009, followed by a M.Sc. in Social services management from the National School of public health in 2015. She has 10 years of work experience to development of trainings programs for social workers in the training of child abuse and neglect, and who social workers can assess the needs of children at risk. She was also responsible for the development of Greek assessment framework for children in needs. She has collaborated in a number of research programs as researcher, field expert and adult educator in the Institute of Child Health. Her special interests include institutional care and Deinstitutionalisation.

Myrto Stavrou, M.Sc., earned a BSc in Sociology from Panteion University of Social and Political Sciences (Athens, Greece) in 2006 followed by a M.Sc. in Social Policy and Social Interventions from Utrecht University in 2008. She has also received post-graduate training in research in Child and Adolescent Development and Socialization. She has collaborated with several organizations as a scientific associate including the National School of Public Health, the Institute of Child Health, UNICEF Regional Office for Central and Eastern Europe, the Hellenic Center for Disease Control & Prevention and the Panteion University in Greece as well as UK-based Lumos Foundation. Her research interests include risk and protective factors in adolescent well-being with a focus in adolescent risk behaviors. Through her work in numerous research projects and by collaborating with multidisciplinary teams both in Greece and abroad, she has gained significant experience in research, reviewing information from different sources and report writing.

Anastasia Mantesi, MSc, earned a BSc in Psychology from University of Crete School of Social Sciences, Department of Psychology in 1995, followed by a MSc in School Psychology from University of Athens, Faculty of Philosophy, Pedagogy and Psychology, Department of Psychology in 2000 and subsequently trained for 8 years as a family therapist. She has 24 years of clinical experience with children, adolescents and families. She has attended various training programs by the Institute of Child Health and collaborated in a number of research programs as a researcher, field expert and adult educator along with UNICEF Regional Office for Central and Eastern Europe, Lumos Foundation and other agencies. Her special interests include excluded and vulnerable populations.

Kakaroumpa Athanasia, earned a BSc in Social Work from the University of Applied Sciences (TEI of Western Greece), School of Health and Welfare Services in 2005. She has 15 years of work experience in the field as social worker providing services to vulnerable groups of the population (e.g., adults/adolescents with mental health problems, children victims of child abuse and/or neglect, missing children, children in migration) and coordinating 3 hot/helplines for the protection of children. She has worked in national and international Organizations (e.g., Municipality, The Smile of the Child, International Organization for Migration - IOM). She has also significant experience in the development and implementation of European Projects addressing abused, neglected and missing children as well children in migration and she has trained professionals of different disciplines (pubic stakeholders, civil servants etc.) on related issues and she has collaborated with national and international institutions and authorities (Ministries, Municipalities, NGOs, etc.) in order to build networks, establish specific collaborations and procedures via MOUs for defending children's rights .

Psarrakou Maria, Msc. earned a BSc in Psychology from Panteion University of Social and Political Sciences (Athens, Greece) in 2004 followed by a M.Sc. in Criminology (specialized to Child Abuse and Neglect and domestic violence) from Universite Catholique de Louvain in Belgium in 2007 and subsequently trained for 7 years as a family therapist. She has 10 years' experience with children, adolescents and families. She has also significant experience in the implementation of European Projects (Becan, Prochild, Sasca, Lumos) addressing abused and neglected children and she has trained professionals of different sectors in related issues. She has collaborated in a number of research programs as researcher, field expert and adult educator along with Lumos Foundation, General Confederation of Greek Workers (GSEE) and other agencies. Her special interests include institutional care and Deinstitutionalisation.

Georgia Panagopoulou, Msc, is a clinical psychologist gratuaded from the University of Athens and she also possesses a Master's degree in Cliinical Psychology and Psychopathology from Paris V Descartes University. She has clinical and research experience in child protection and mental health services.

Aggeliki Skoubourdi, has Graduated from the School of Social Work, of the Association for the Children's Protection of Athens (ACPA). She has professional experience, from 1988 to 1989 as Social Worker at the Institute for Social Psychiatry Adults' Department in Athens. From 1989 until today work as Social worker at the Department of Mental Health and Social Welfare of the Institute of Child Health in Athens. In her duties are included: Family consultation, professionals' consultation and training on prevention and therapy strategies on children's physical abuse and neglect as well as sexual abuse, research on the field of Family Violence with child's victimization.

Metaxia Stavrianaki, has graduated from the College of Social Work in Athens. Since 1989 she is full time researcher and member of scientific staff at the Department of Mental Health and Social welfare (former Dept. of Family Relations) at the Institute of Child Health. Her work includes research projects, specialist service provision, education for the treatment and prevention of family violence, especially against children. Her special interests in the field of child protection include alternative forms of care,

such as fostering, adoption, and institutional care, intervention work in institutions, de-institutionalization program, community development and health promotion.

ANNEX XII Budget

Programme Cooperation Agreement Title:	Supporting children to transition from residential to family- or community-based care
Period:	April 1 2021 - September 30 2021
Partner:	Institute of Child Health

Items	Unit	Qty	Unit cost (EUR)	Total	
				EUR	
Staffing and Human Resources				43,377	
George Nikolaidis, Psychiatrist - Project Leader (Representation)	Month	2	1,420	2,839	
Metaxia Stavrianaki, Social Worker - Researcher/ Trainer	Month	2	1,334	2,669	
Aggeliki Skoumbourdi, Social Worker - Researcher/ Trainer	Month	2	1,286	2,573	
Alexandros Rekleitis, Economist - Financial coordination	Month	2	557	836	
Anthi Vasilakopoulou, Social Worker - Researcher/Trainer	Month	3	1,700	5,100	
Maria Psarrakou, Psychologist - Researcher/Trainer	Month	3	1,820	5,460	
Athanasia Kakaroumba Social Worker - Researcher	Month	4	1,250	5,000	
Anastasia Mantesi, Psychologist - Researcher	Month	4	1,250	5,000	
Christos XIrokostas, Administrator - Technical Assistant	Month	3	745	2,235	

Helen Michalopoulou, Philologist - Administrator	Month	2	1,110	1,665	
Georgia Panagopoulou, Psychologist - Researcher	Month	4	1,250	5,000	
Myrto Stavrou, Sociologist - Researcher	Month	4	1,250	5,000	
Equipment, supplies				522	
Electronic equipment	Unit	1	522	522	
Training				-	
Contractual services				1,300	
Ethical Review and QA			1,300	1,300	
Travel and transport				-	
Running cost				-	
Overheads (7% of the total budget)	lumpsum	-	2,832	-	
Item Description	Month			-	

Total Programme Costs				45,199	

ANNEX XIII GSFPGE NETWORK AND NATIONAL LEGISLATION

GSFPGE NETWORK

The GSFPGE is the main entity responsible for preventing and combating violence against women. It has developed and continues to implement the "National Programme on Preventing and Combating Violence against Women" since 2010. A comprehensive Network of Structures for preventing and tackling all forms of violence against women has been created for the first time.

The Network of Structures includes:

The national SOS 15900 24-hour helpline. The nationwide helpline operates 24/7, 365 days a year, with local charges, and provides counseling services in both Greek and English. The helpline also employs two interpreters to support the needs of Farsi and Arab speaking women. Women are informed via a pre-recorded message about the specific hours and days during which interpretation support is available. This helpline also includes an email address: sos15900@isotita.gr. Since September 2018, Vodafone has been offering free calls to the SOS 15900 helpline, while calls to the SOS 15900 helpline have also been free for Wind subscribers since 17.09.2020. The OTE group has reduced call charges to the SOS 15900 helpline for Cosmote mobile telephony subscribers, making them equal to OTE local landline charge of 0.138€.

42 Counseling Centres throughout the country, 14 of which are located at the capitals of the regional units and operate under KETHI, while the remaining 27 operate under the respective Municipalities. Anyone interested can find more information about the addresses and working hours of the Counseling Centres at www.womensos.gr.

Victims of gender-based violence can receive the following services at the counseling centres:

Updates and Information on gender equality, combating violence and multiple discriminations against women,

Social, psychological, legal and employability support (using a gender lens),

Referral or accompaniment services – when necessary – to Women's Shelters, police and prosecution authorities, courts, hospitals, health and mental health centres, social services for welfare or other benefits, to structures for the promotion of employment and entrepreneurship and to structures for the protection and support of children, etc.

Legal aid, in cooperation with bar associations.

At the same time, they implement actions for the prevention, information provision and sensitization of the local community.

20 women's shelters: 18 of which operate under the auspices of their respective municipality, two under the NCSS. The shelters provide accommodation and food to women victims of gender-based violence and their children. They

also provide psychosocial support, occupation and legal counseling services via the Counseling Centres, they facilitate access to health services, and school enrolment. The provision of services at the network's structures is based on the principle of victim's informed consent, the principle of confidentiality, and, particularly at the Women's Shelters, the address' confidentiality. The empowerment of women victims of gender-based violence, so that they can regain their self-esteem, take on the responsibilities of their professional, private, and family life and make the best possible decisions for their future

The strategic priority of the National Plan of Action for Gender Equality (NPAGE) 2016–2020 was the social integration and equal treatment of women enduring multiple discriminations (migrant and refugee women, women asylum seekers, Roma women, women with disabilities or women with chronic diseases, incarcerated women or women recently released from jail, long-term unemployed women, etc.). The goals of the policies and actions foreseen in the NPAGE 2016-2020 were: a) the adoption of gender mainstreaming in policies of other Ministries targeting vulnerable groups of different ministries, b) the reinforcement policies targeting women facing multiple discrimination and c) the safeguarding of gender equality and the elimination of discrimination against women subjected to multiple discrimination.

Keeping with the values and fundamental human rights, the GSFPGE has designed a number of specialised interventions for women refugees and their children and has been coordinating the actions of the other agencies which share the responsibility for the provision of services to vulnerable groups of the refugee/migrant population, through the help of interpreters. These women are citizens of third countries or stateless—applicants for international protection or not—and beneficiaries of international protection (recognised refugees and beneficiaries of subsidiary protection) who are survivors of gender-based violence or potential victims of violence, or the heads of single-parent families, including their children. To achieve this, the Protocol of Cooperation10 was signed, aiming at the cooperation and agreement of all members following a common framework for the identification, referral and shelter provision to refugee women victims of gender-based violence and their children, its dissemination to all professionals working on the refugee crisis, either as part of the public administration, regional and local administration, or non-governmental organisations (NGO's).

At the same time, the GSFPGE is collaborating with a multitude of public agencies, NGOs and international organisations on the protection of refugee women. Special reference should be made to the collaboration between the GSFPGE, UNHCR, UNICEF and the International Organisation for Migration (IOM).

National Mechanism:

The General Secretariat for Family Policy and Gender Equality (GSFPGE) the governmental body for the planning, execution, and monitoring of the implementations of policies for equality between women and men at all levels of social, civil, and economic life. It is the principal entity for preventing and combating violence against women. With Law 4606/2019, on "Promoting Substantive Gender Equality, Preventing and Combating Gender-Based Violence," the GSFPGE is responsible for the supervision of the 62 structures of the National Network for preventing and combating violence against women and women who are subject to multiple discriminations.

The Research Centre for Gender Equality (KETHI) a Legal Entity under Private Law of the Ministry of Labour and Social Affairs and is supervised by the GSFPGE. It is actively involved in the promotion of gender equality in all areas of social, civil, and economic life, with its primary goal being the elimination of gender-based discrimination and inequality. KETHI is responsible for the operation of the 14 Counseling Centres of the National Network for preventing and combating violence against women and women who are subjected to multiple discriminations, with headquarters in the 13 regions of the country.

The National Centre for Social Solidarity (NCSS) was introduced with Article 6 of Law 3106/2003. Based on the law which established it, the goal of the NCSS is to coordinate the network of social support services provided to individuals, families, and population groups that find themselves in a state of emergency. NCSS is responsible for the operation of 2 Women's Shelters in Athens and Thessaloniki. NCSS also runs therapeutic programmes for perpetrators of gender-based violence.

The Department of Combating Domestic Violence of the Greek Police established by Presidential Decree (PD) 37/2019. It has 73 stations throughout the country staffed by two members. This department is responsible for monitoring cases of domestic violence as described by Law 3500/2006, the study of measures to prevent and combat domestic violence crimes, the guidance, supervision and coordination of the regional Agencies for their implementation, as well as the monitoring of the results of the aforementioned measures.9

The Department of Equal Treatment of the Greek Ombudsman responsible for monitoring and promoting the implementation, in private and public sectors, of the principle of equal opportunity and equal treatment regardless of gender, race, skin colour, national or ethnic origin, descent, religious or other beliefs, disabilities or chronic illnesses, sexual orientation, identity, or gender characteristics.

The National Board of Gender Equality (NBGE) a collective advisory board. It falls under the auspices of the GSFPGE and responsible for holding consultations with women's organisations and organisations that promote gender equality, public and private social entities, representatives of the local governments and representatives of the First and Second level of independent entities with the purpose of submitting proposals to the GSFPGE for the adoption of policies and action to promote gender equality. It also evaluates and assesses existing equality policies.

At a regional level, it includes:

The Regional Equality Committees of the Regions,

The Independent Office of Equality for each region,

The Equality Sector of the Association of Greek Regions, and

The Office of Gender Equality of the Association of Greek Regions (ENPE), which are set up according to Article 282(9) of Law 3852/2010.

At a local level, it includes:

The regional units for the practice of social policies and gender equality policies, according to Article 97 of Law 3852/2010,

The Municipal Equality Committees,

The Equality Committee of the Central Union of Municipalities in Greece (KEDE), and

The Office of Home Equality of the Central Union of Municipalities, which are set up according to Article 282(9) of Law 3852/2010.

National Legislation

In Greece, a National Legislative Framework has been established regarding the operation of Shelters for abused women and their children.

1. Law 4604/2019 on "Promoting Substantive Gender Equality, Preventing and Combating Gender-Based Violence." Law 4604/2019 (Official Gazette Issue A' 50/26.03.2019) provides the first stand-alone legal framework on gender equality and the elimination of discrimination against women, governed by a comprehensive overview of gender relations without addressing women as a "special category."

With regards to violence against women, the law stipulates that:

The GSFPGE is responsible for coordinating, implementing, monitoring, and evaluating the policies and measures taken to prevent and fight all forms of violence covered by the Istanbul Convention (Article 3).

Municipal equality committees will cooperate with the network of the GSFPGE's structures to prevent and combat violence against women, as well as with civil society institutions (Article 6).

Regional gender equality committees will cooperate with the GSFPGE's network of structures to prevent and combat violence against women in the respective regional units, as well as with civil society institutions (Article 7).

The GSFPGE awards the "Badge of Equality" to public and private businesses that are distinguished, inter alia, for their implementation of policies for the promotion of products and services in a manner that supports the prevention of gender-based violence and discourages violence against women and sexism (Article 21).

Articles 25 through 30 stipulate the operation of the Network of Structures for preventing and combating violence and multiple discrimination against women.

2. Law 4531/2018 I) Ratification of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence and adaptation of the Greek law

6With the Law 4531/2018 (Official Gazette Issue A' 62/05.04.2018), the Greek parliament ratified the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention), which brought amendments to Law 3500/2006 on domestic violence, the Penal Code (PC), and other provisions.

The regulations that were introduced for the implementation of the Istanbul Convention include:

The reinforcement of the penal legislation for dealing with crimes against women (female genital mutilation, Article 315B PC; stalking, Article 333(1) PC).

The dated clause of Article 339(3) PC is repealed.

Law 3500/2006 on domestic violence is amended with the aim of a broader and more effective implementation. (See below for more information.)

Law 3811/2009 on the Hellenic Compensation Authority is amended with the aim of easier access to compensation as foreseen by the law for victims.

Law 2168/1993 on guns is amended so that gun permits are not issued to persons who are prosecuted or convicted for domestic violence crimes.

Foreign nationals who are victims of domestic violence and present themselves before public authorities to submit a complaint are protected from repatriation.

The General Secretariat for Gender Equality is designated as the authority monitoring the Convention.

3. Law 3500/2006 "On combating domestic violence and other provisions."

By ratifying the Istanbul Convention with Law 4531/2018, the following amendments were made to Law 3500/2006, as outlined below:

Regarding Article 1(2)(a) of Law 3500/2006, "or persons registered under a civil partnership" has been added after

the word "spouses."

Article 1(2)(c) of Law 3500/2006 is replaced with: "C. The provisions of this law also apply to permanent partners and offspring, whether common or of one of the partners, to former spouses, to parts of a civil partnership that has been dissolved, as well as to former permanent partners."

Regarding Article 11(2)(b) of Law 3500/2006, a final subparagraph is inserted, the text of which is as follows: "In the

case of non-completion of attendance of the programme, Article 13(3) is to be implemented."

Article 16 of Law 3500/2006 is replaced with:

"If the acts of Articles 6, 7, and 9 are directed against minors, the beginning of the statute of limitations is suspended until the coming of age of the victim and for one year after that, if this relates to a misdemeanour, and for three years after that, if it relates to a crime."

Article 18(1) of Law 3500/2006 is replaced with:

"1. In the case of a domestic crime, it is possible, under the specific circumstances, when deemed necessary for the protection of the physical and psychological wellbeing of the victim, to impose restrictive measures on the defendant by the competent penal court, competent judge, judicial board, or district attorney handling the case, by reasoned order which allows for appeal before the first-instance judicial council, for as long as deemed necessary. These measures include the removal of the defendant from the family home, their relocation, or a restraining order barring them from approaching the residence or place of work of the victim, as well as the residence of close relatives, the schools of their children, or shelters. Violation of the restrictive measures is punishable by imprisonment."

Article 18(2) of Law 3500/2006 is replaced with:

"2. Restrictive measures enforced according to the provisions of the previous paragraph can be revoked, replaced, or amended by the judicial board imposing it, by request of the defendant or the victim, stating the reasons for which the revocation, replacement, or amendment is necessary, or ex officio, if the reasons for the enforcement cease to exist or there is reason to replace the term. The judicial body may rule after hearing the victim and the defendant on which the restrictive measures were imposed."

The national mechanism for gender equality includes all the services and bodies that are responsible, at central, regional, and local level, for planning and implementing policies, measures, and actions for the promotion of gender equality and the equal treatment of women and men, as well as for monitoring and addressing discriminations due to gender, gender identity and sexual orientation.