

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

Key Findings from the Children and Care Professionals Surveys in Romania - Second Report

I. Context of the Data Collection activities

Within the BRIDGE project (*Building Relationships through Innovative Development of Gender-Based Violence Awareness in Europe*), a series of data collection activities are planned in the implementing countries. Data is collected from both *children & youth on the move* and *care professionals* (professionals working in: accommodation centers, public institutions providing services for children & youth on the move, NGOs working with migrants and refugees etc.). This research endeavor tries to address the lack of available data related to Gender Based Violence (GBV) in the context of migration, by measuring the level of knowledge that care professionals have on the issue and the level of awareness regarding GBV among children & youth on the move.

In each country, three different “waves” of data collection are planned within the project. This document presents **the results of the second data collection conducted in Romania**, in May and June 2020.

For both children & youth on the move and care professionals, the research design included a face-to-face survey, conducted through a mobile data collection (MDC) platform. The use of MDC was extremely useful for the survey with children and youth, since the electronic questionnaire was translated to multiple languages, allowing the respondents to answer the questions in one of their known languages.

One administrative challenge faced during the first data collection was identifying respondents for the survey, since Tdh Romania is not offering direct services for migrant children and youth, and GBV is often seen as a sensitive topic, making people more reluctant to participate in a study on this issue.

II. Results for Children & Youth on the move

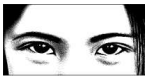
2.1. Sociodemographic information

As the charts below show, 17 youth participated in the second data collection (6 male and 11 female), with ages between 10 and 24 years old. Their countries of origin were: Somalia (9), Irak (3), Syria (2), Eritreea (2), Afghanistan (1).

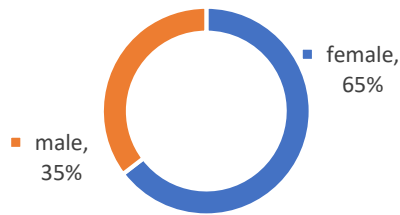
We notice that 4 of the respondents were separated from family members during the journey, and that 5 of the respondents have no family member in Romania. While almost all the youth (12 out of 17) mentioned they have friends of the same age in the center, they also spend time with friends much older than themselves. Compared to other countries that participated in BRIDGE, a much lower percentage of the participating youths go to school: only 65%.



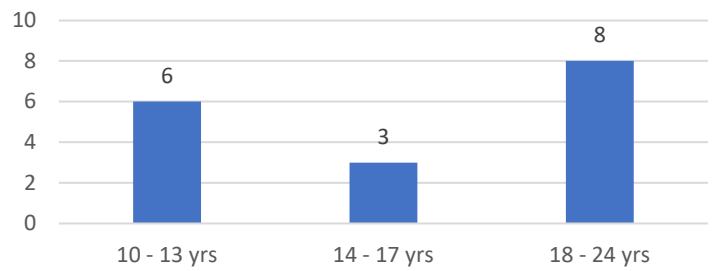
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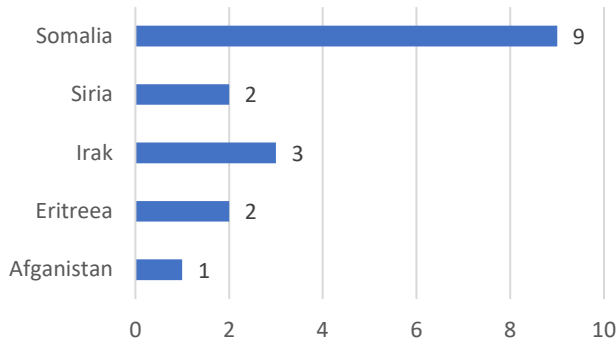
Gender



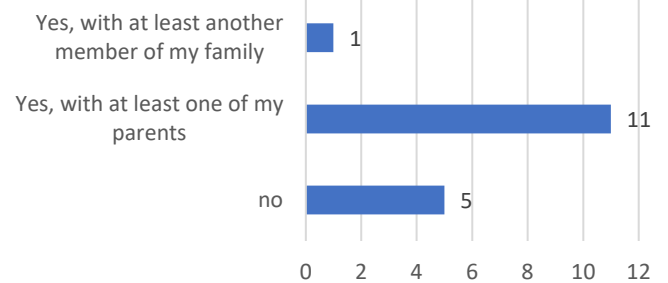
Age Distribution



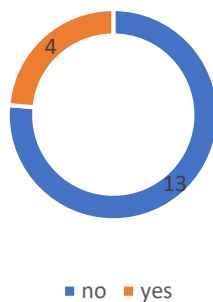
Country of Origin



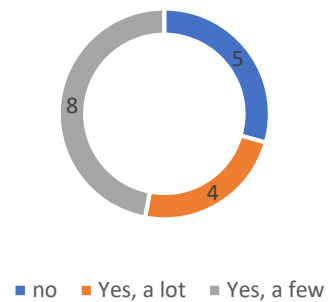
Are you at least with one member of your family?



Separated from family during the journey

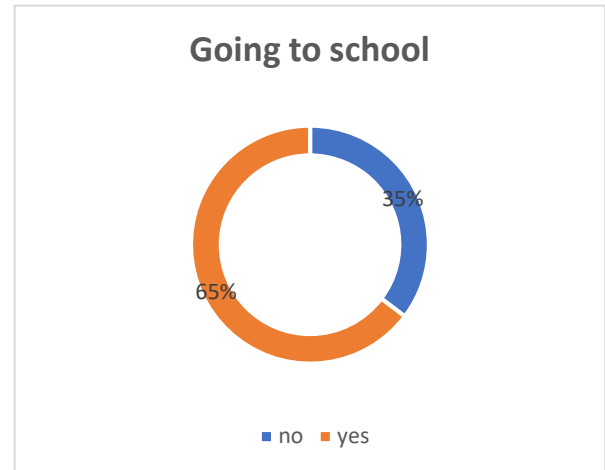
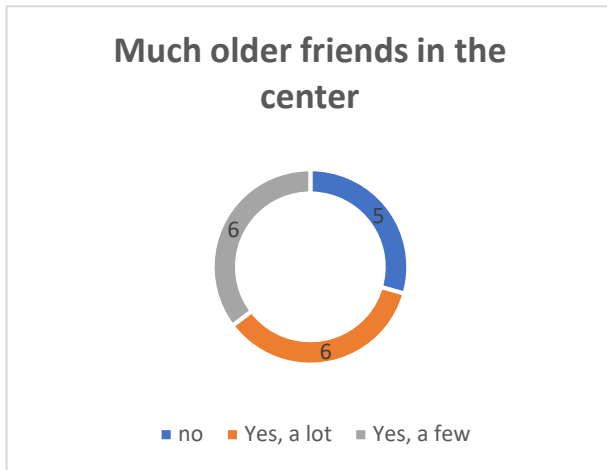


Friends of the same age in the center



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2.2. Attitudes towards GBV

In order to measure the respondents' knowledge and attitudes related to GBV, we used several questions, making use of hypothetical scenarios that involve examples of GBV. For each of these questions, respondents could select multiple answers.

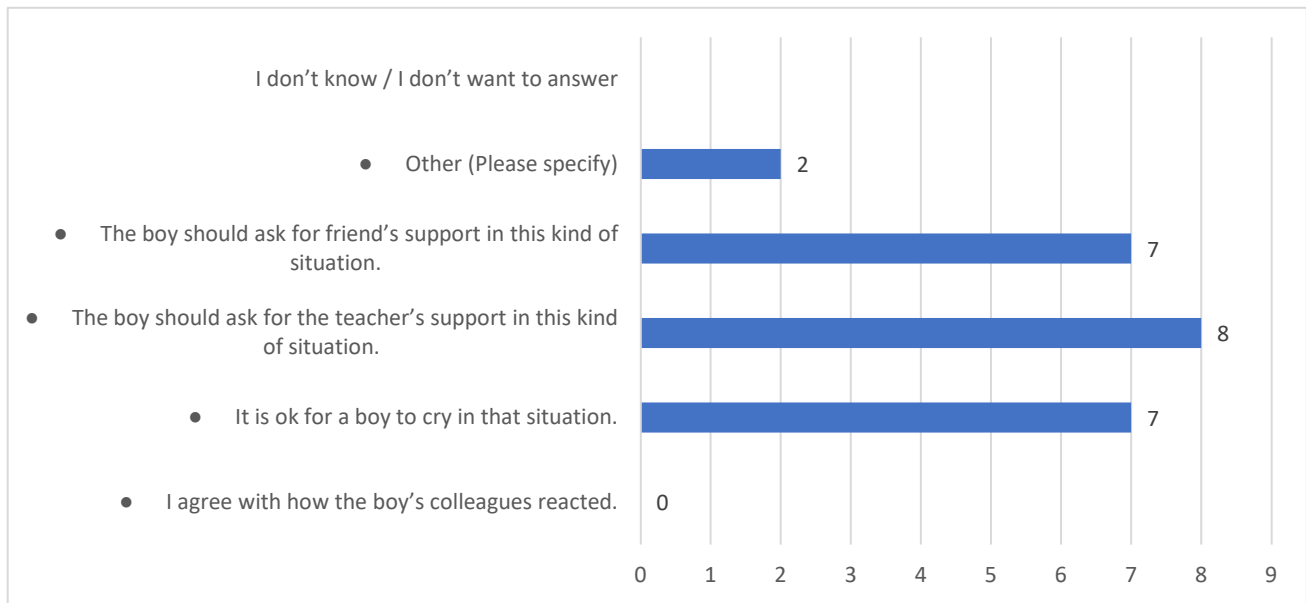
As the results presented below show, the information and attitudes on GBV vary considerably among the group of youth included in the survey. While the respondents mostly correctly identified the most appropriate actions in the first two scenarios, which concern life in school, their answers concerning their private life differ. For example, when the respondents are given an example of GBV within their family (Scenario 3), most of them see this as a "private issue." When GBV happens in their own relationships (Scenario 5), very few respondents consider that being beaten as a result of jealousy is a form of violence; instead, most of them believe that they either deserve such behavior, or this is a form of expressing love.



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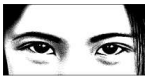
Scenario 1: A boy at school cries because of a bad grade. His classmates start making fun of him and tell him mockingly: only girls cry!



Scenario 2: Some boys at school or in the centre laugh calling a girl a bad word



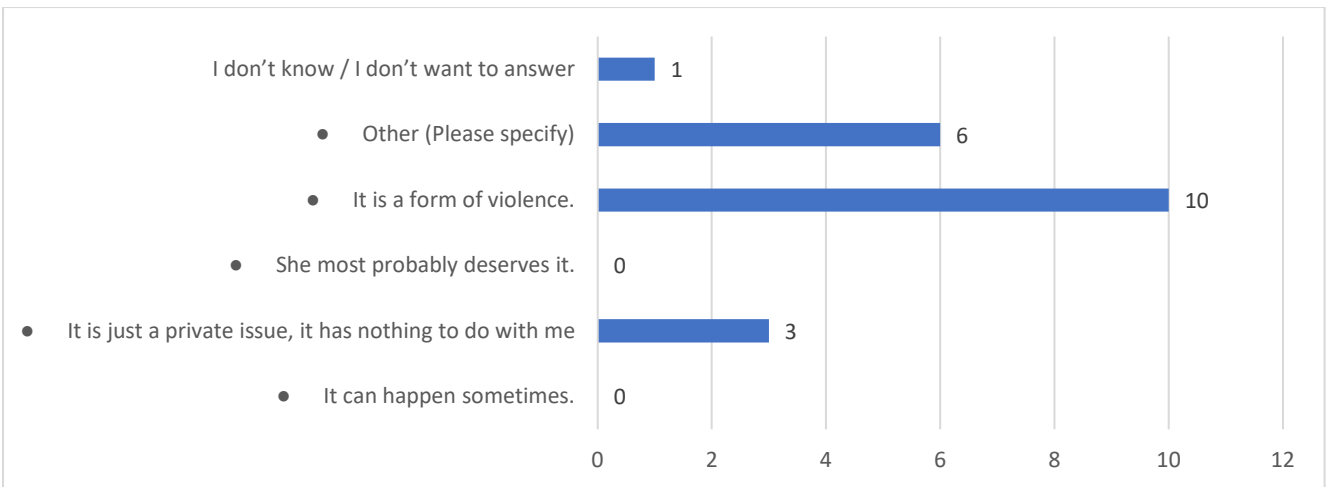
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Scenario 3: At home, your aunt shouts angrily at your uncle because he dropped a cup

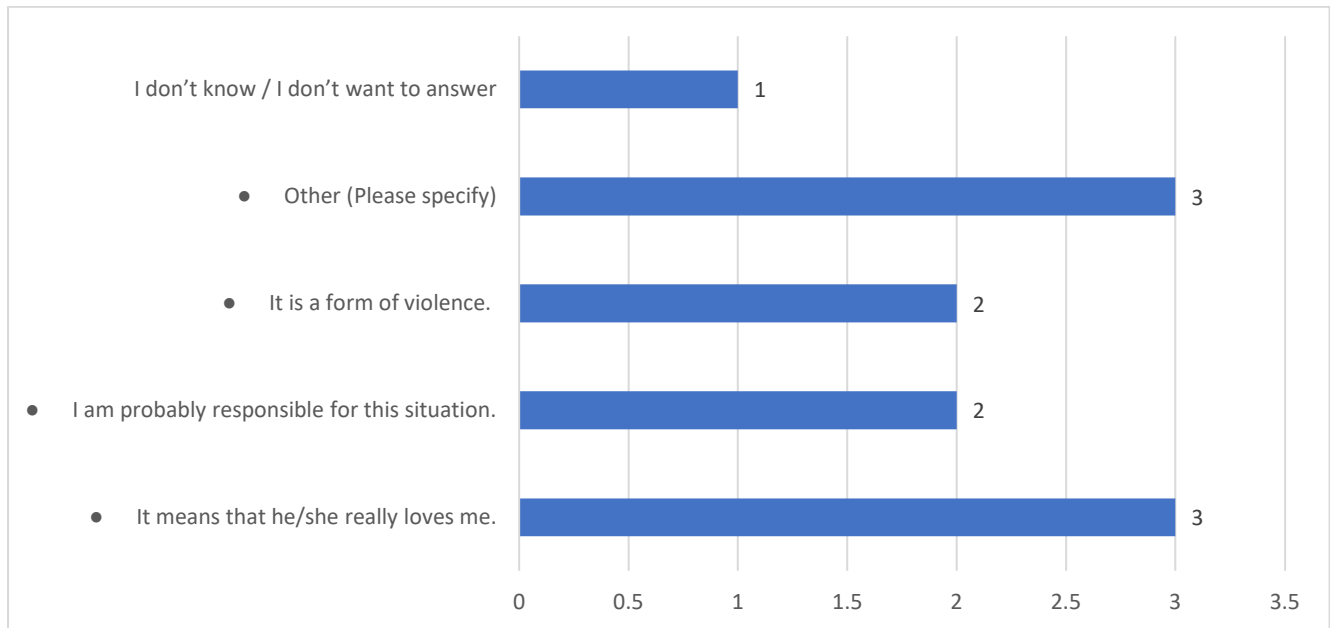


Scenario 4: In the street, you see a husband beating his wife



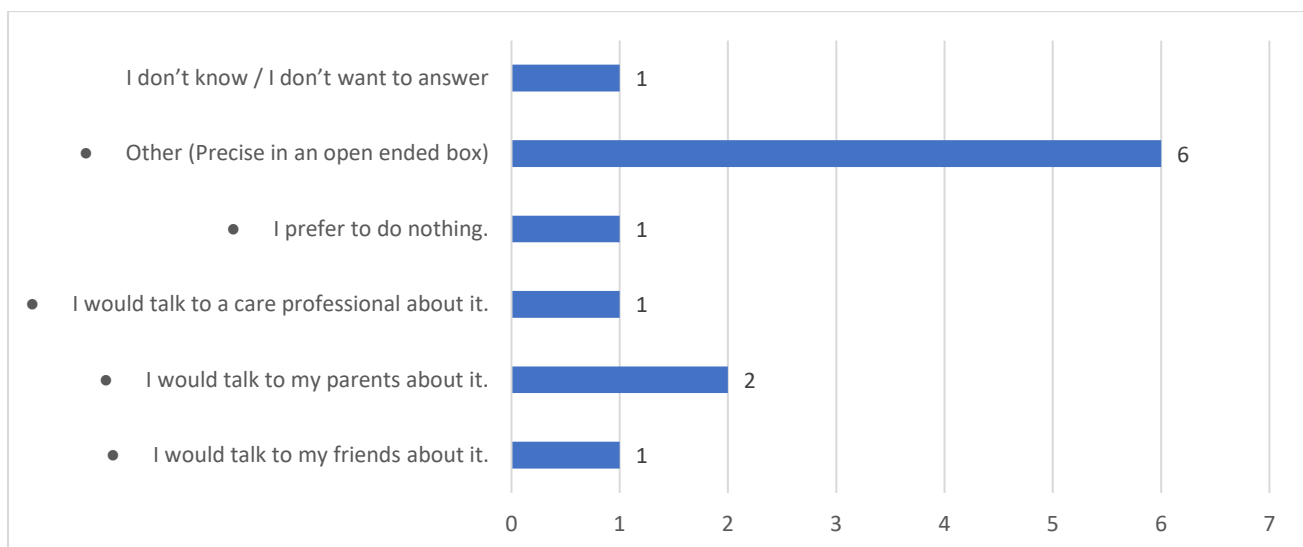
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Scenario 5: Suppose you are in a relationship and your partner is very jealous and he/she beats you



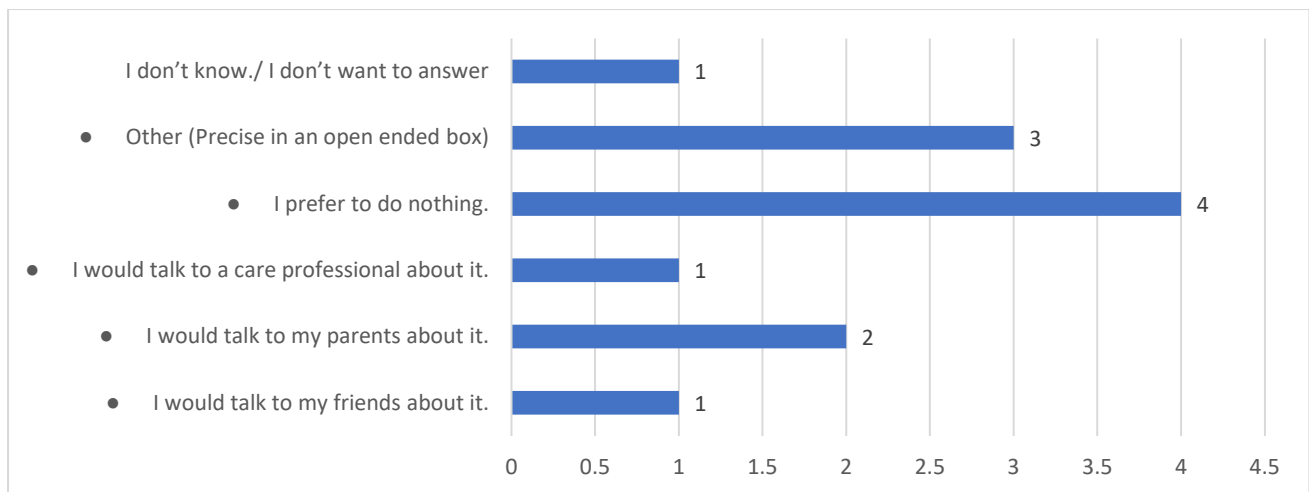
When confronted with questions about personal boundaries (Scenario 6 and 7), we observe a much greater variety of answers compared to the other scenarios. In the scenario in which a boy touches a girl who says no, only a few youths chose the predefined answers, while most of them choose to do something else. Their answers include direct action to stop the boy (some of them mention beating him) or calling the police. In the final scenario, most respondents wouldn't do anything if they received unwanted attention.

Scenario 6: In the centre, you witness a boy trying to touch a girl who says No



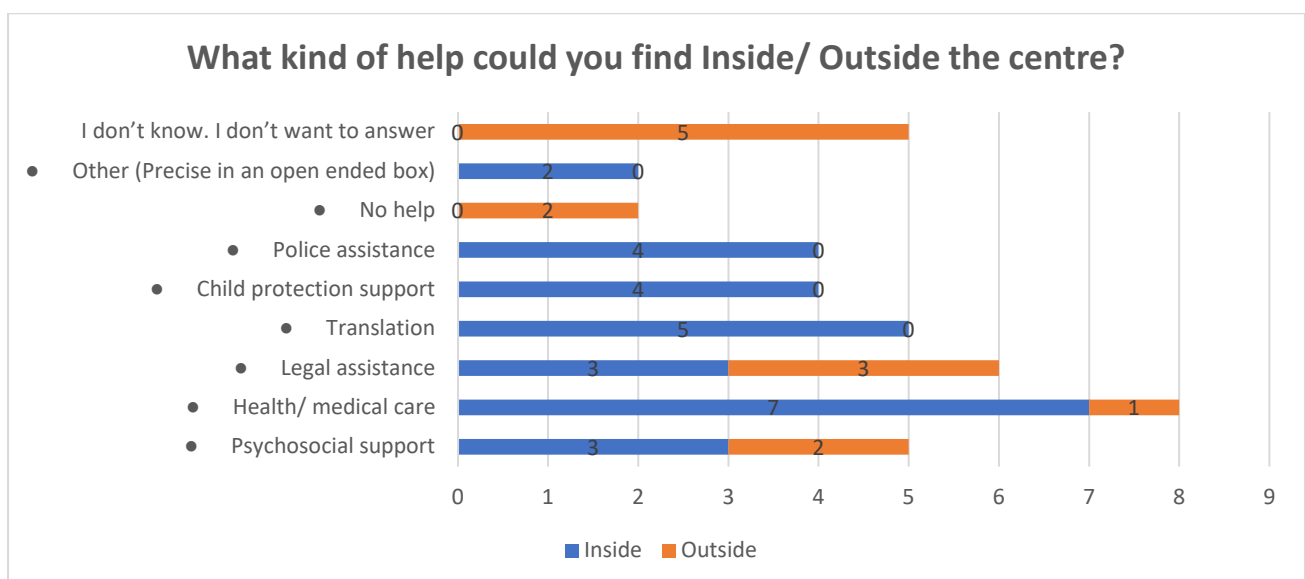
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Scenario 7: If someone was giving you unwanted attention, what would you do?



Therefore, the future activities for children and youth in the BRIDGE project should not only challenge the internalized norms around GBV but should also provide participants with practical information on how they can address various forms GBV, both from the position of the by-stander or the victim.

In terms of the services they could access inside or outside the accommodation center, we notice that the *medical care* and *legal assistance* are most frequently mentioned. Very few respondents seem to access services outside of the center and most of them don't know what services are available to them. This underlines both the importance of delivering all these services inside the center, as they are more immediate and easier to access, and also making the youths aware of their options outside the center, as there might be higher quality services which could better answer their needs.

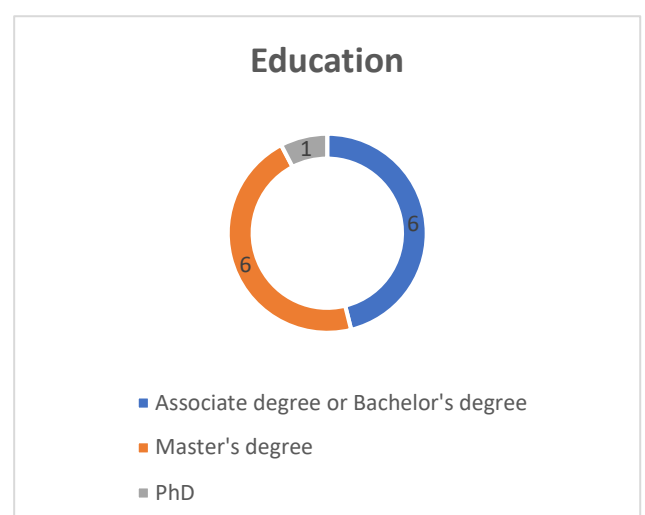
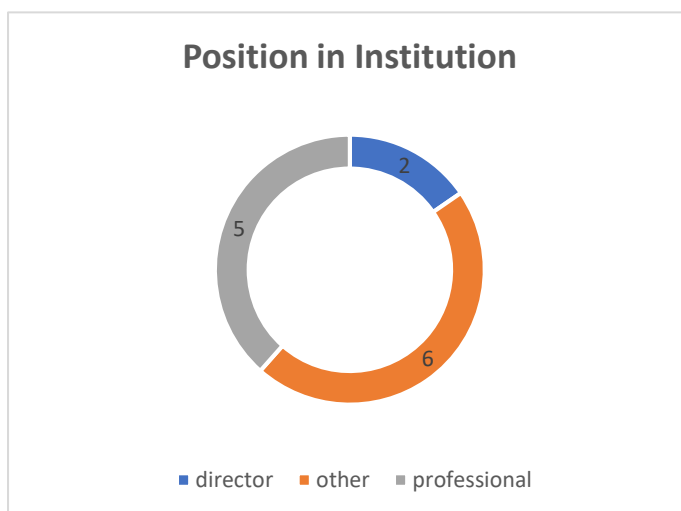
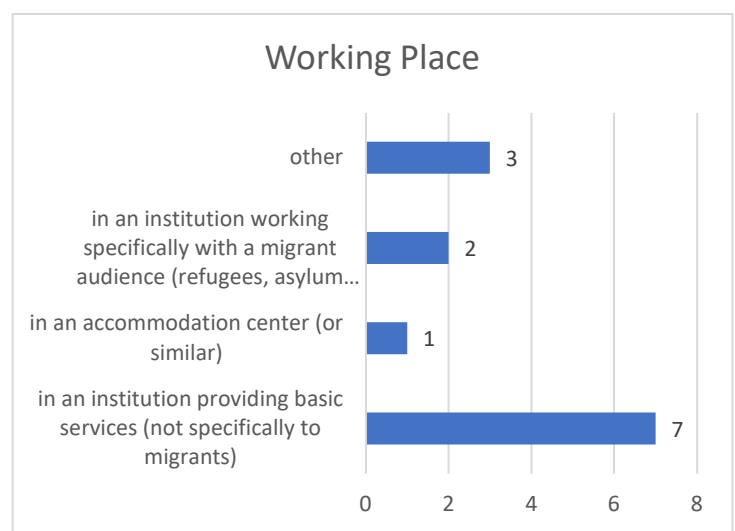
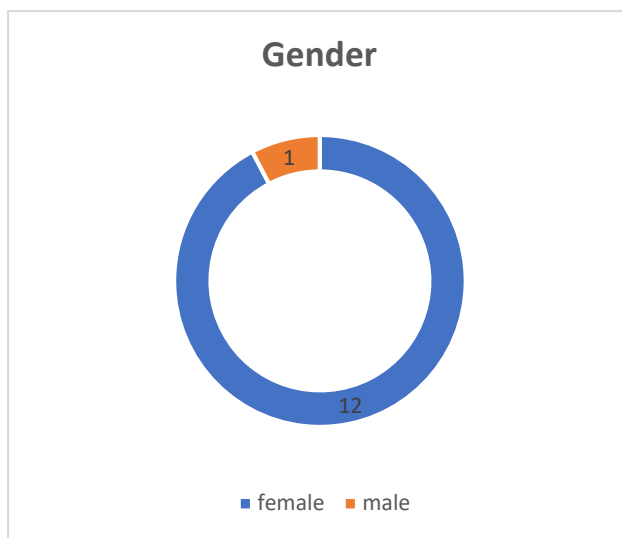


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III. Results for Care Professionals

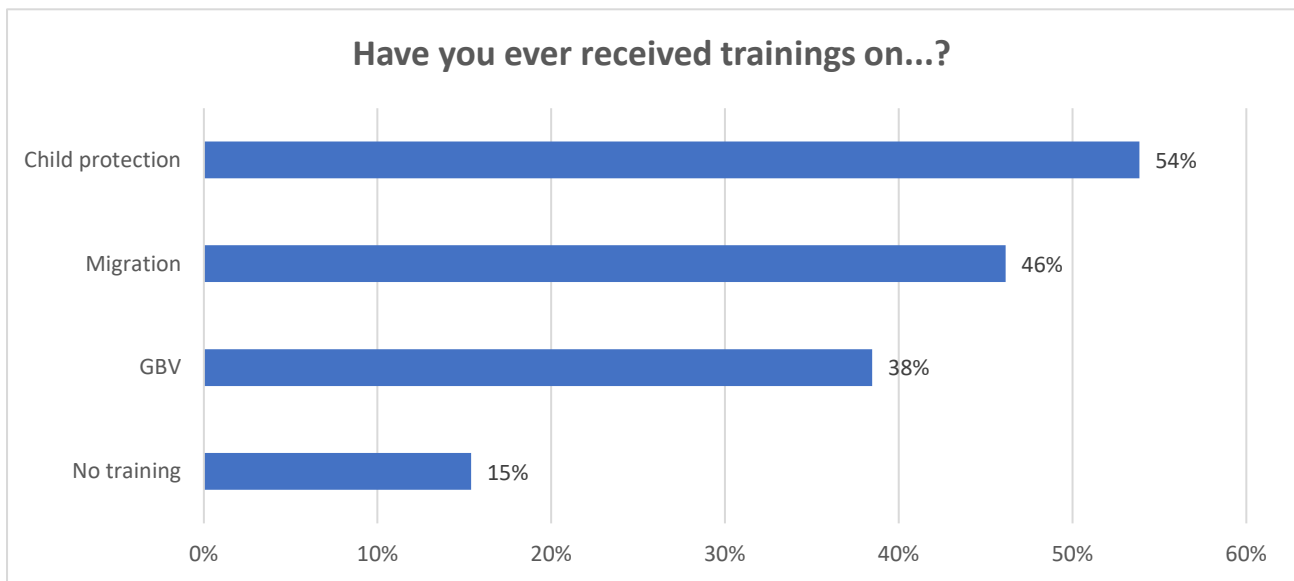
For the survey with care professionals, most of the respondents (7 out of 13) were professionals working for the county-level Child Protection authorities in Romania. Therefore, their institutions provide basic services to children and their families, but not specifically to migrant children and youth. The survey was also field in by professionals working in one accommodation center (1 respondent) or for NGOs (3 respondents).

As it is usually the case in the field of social services in Romania, the vast majority of the professionals are women (12 women and 1 man). Most respondents hold either a Bachelor's Degree or a Master's Degree.



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During their professional career, 38% of the respondents declare that they have received trainings on GBV, 54% have received trainings on child protection, 46% on migration, while only 15% have not received any professional training. When assessing the amount of knowledge about GBV for their position, most of the respondents (31%) consider they do not have any knowledge at all, while 23% think they do not really have enough knowledge, 23% think they somewhat have enough knowledge, and 23% believe they have a lot of knowledge on the topic.

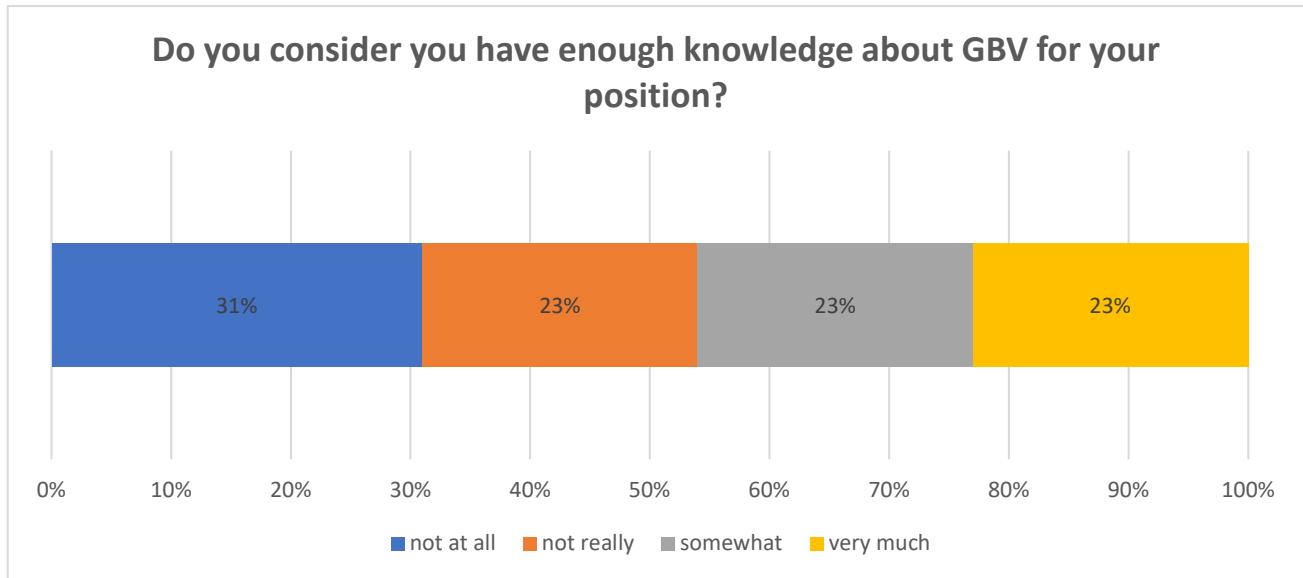
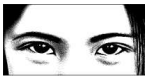


Cumulated percentages



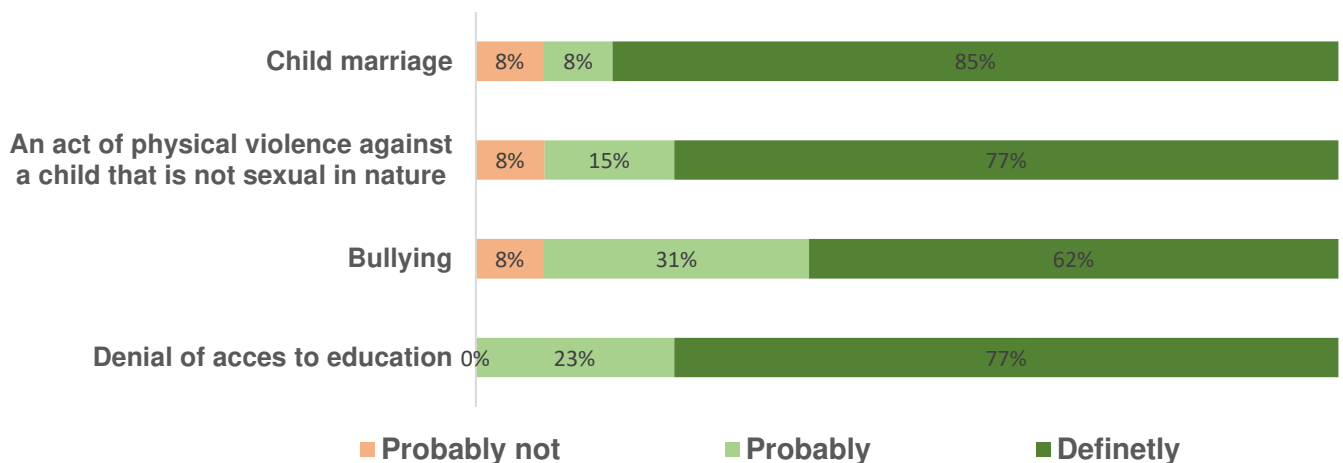
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Respondents were also asked to state if a few real-life examples are considered a form of GBV. In general, respondents correctly identified all the situations as cases of GBV, but with higher percentages for the more obvious examples (*child marriage, physical violence* and *denial of access to education*), compared to a less obvious example, such as *bullying*.

Are the following considered as a form of GBV?



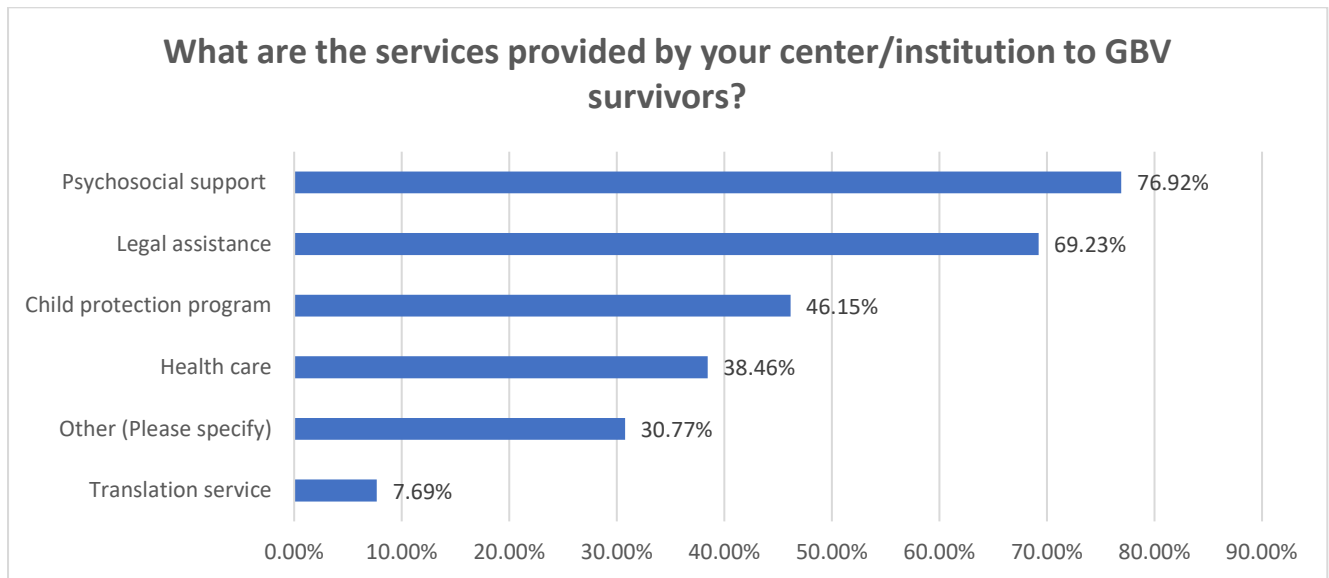
While the youth survey revealed that comparably only a few youths were aware of the psychosocial support offered in their accommodation center, almost all the professionals mentioned that their center/ institution is providing this type of service. In general, the percentage of available services mentioned by the care professionals is much higher compared to the services that the youths are aware of. At the same time, while most youths are aware of the health and translation services in their center, these are some of the services the least provided. Therefore, there seems to be a disjunction between the services that can



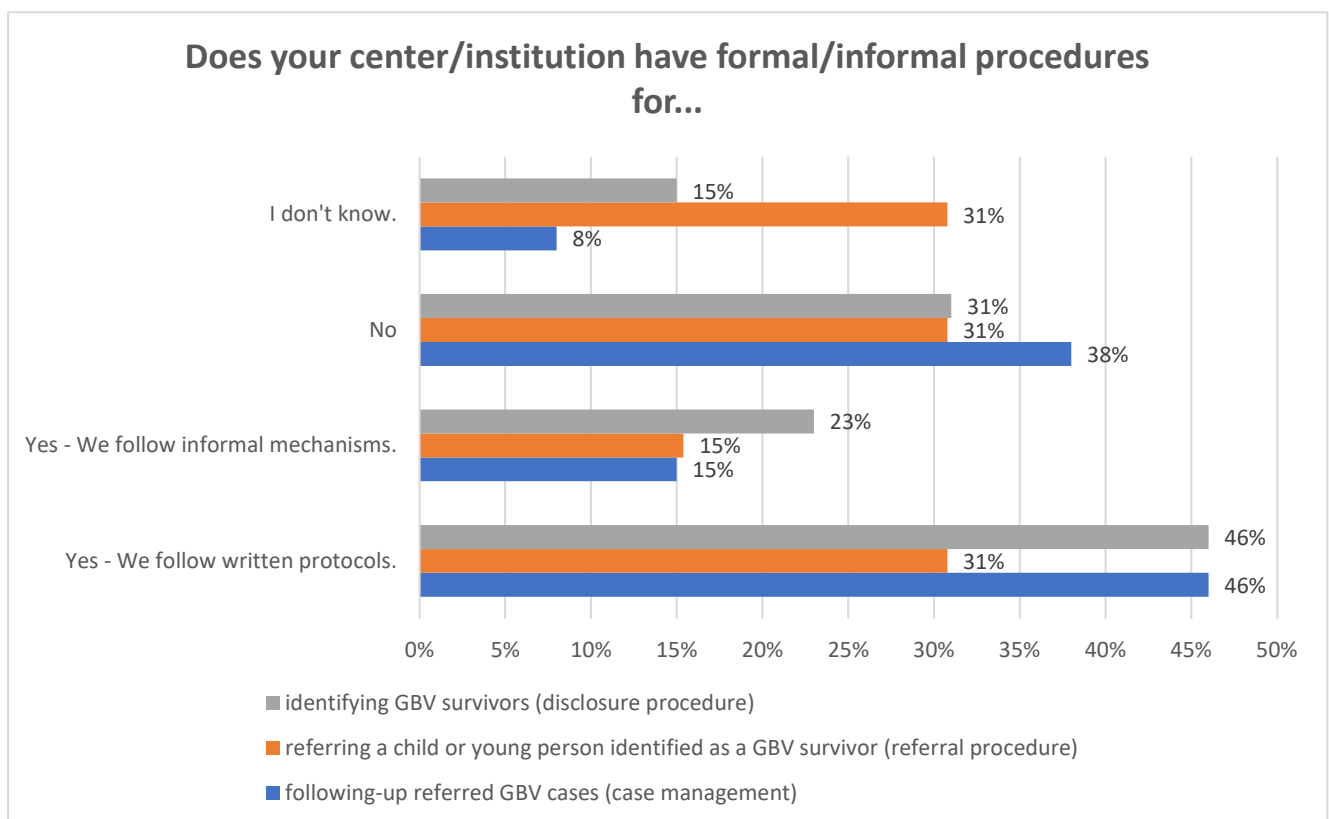
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theoretically be accessed by migrant children and youth and their level of awareness regarding the available services.



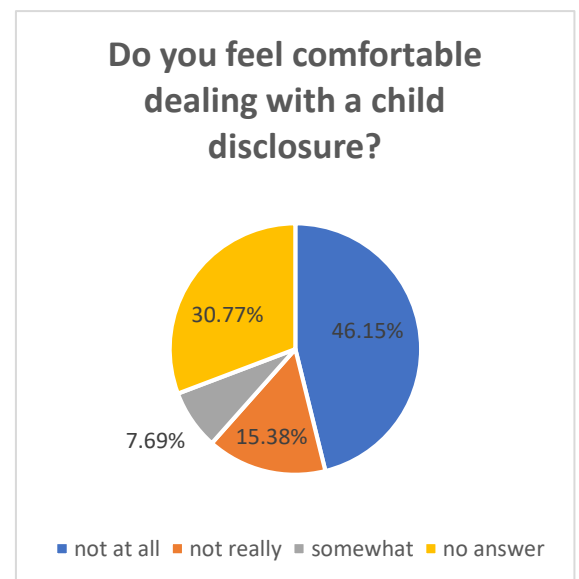
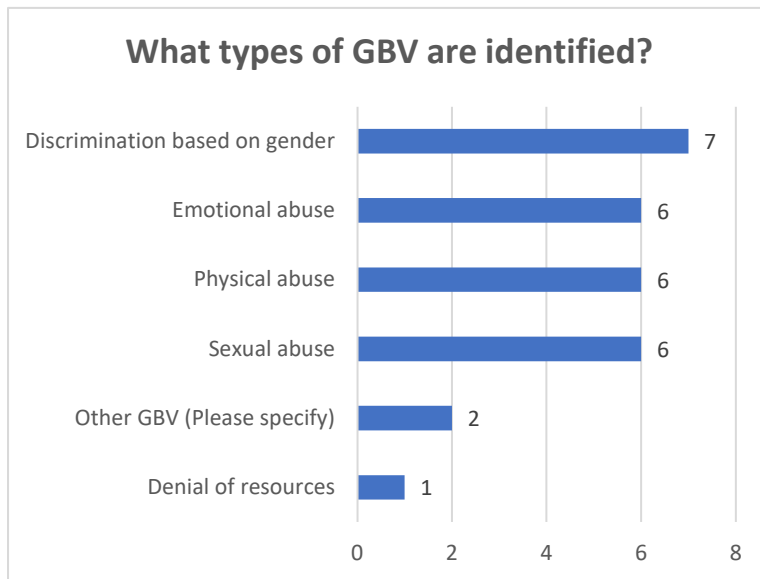
Slightly more than half of care professionals stated that their institution has written protocols or informal mechanisms for identifying, referring and following-up cases of GBV, but there still remains a significant percentage of centers which do not have either formal nor informal procedures for these instances.



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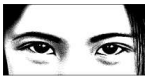
When such procedures are in place, all types of GBV are identified almost equally, with the exception of *denial of resources*. In most cases, youths suffer from more than one type of GBV. While working on identifying cases of GBV requires a high degree of comfort with child disclosure, most professional do not feel comfortable with this.



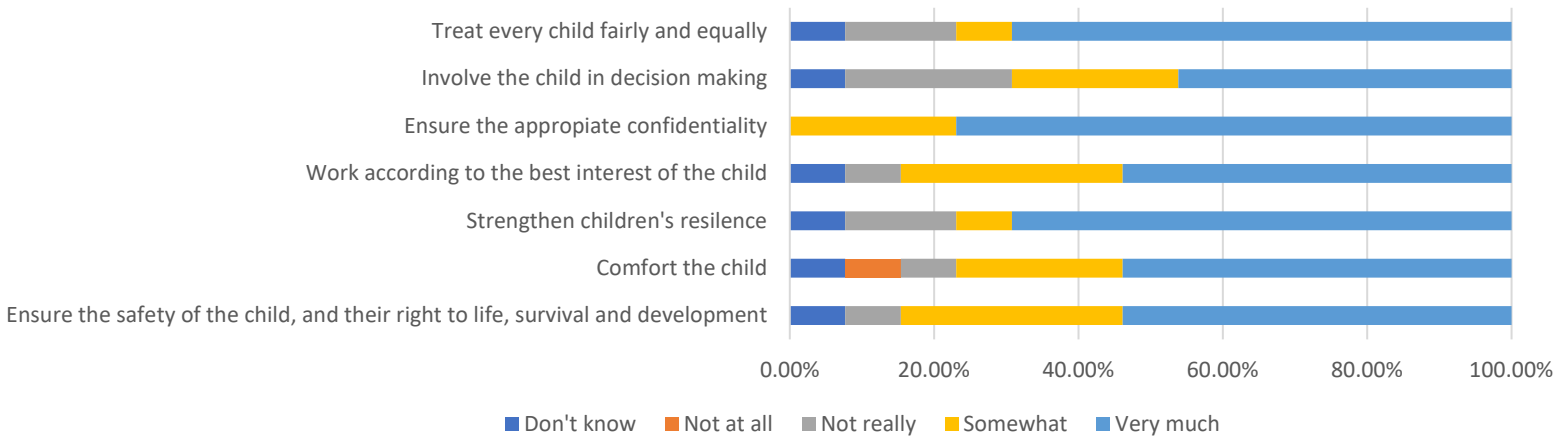
Although care professionals feel confident they have a high level of knowledge in applying various guiding principles when working with children, they usually agree that there is a need for continuous professional development, so that they stay up to date with the most recent approaches and techniques in their field. Professionals are mostly comfortable in their abilities to treat every child fairly and ensure appropriate confidentiality, but are less secure on their ability to comfort the child, work according to the best interest of the child, ensure the child's safety, right to life, survival and development, and especially involving the child in decision making.



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Level of knowledge on guiding principles to care for child survivors of GBV



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