

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

Key Findings from the Children and Care Professionals Surveys in Romania - Third 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 third data collection conducted in Romania, in July 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

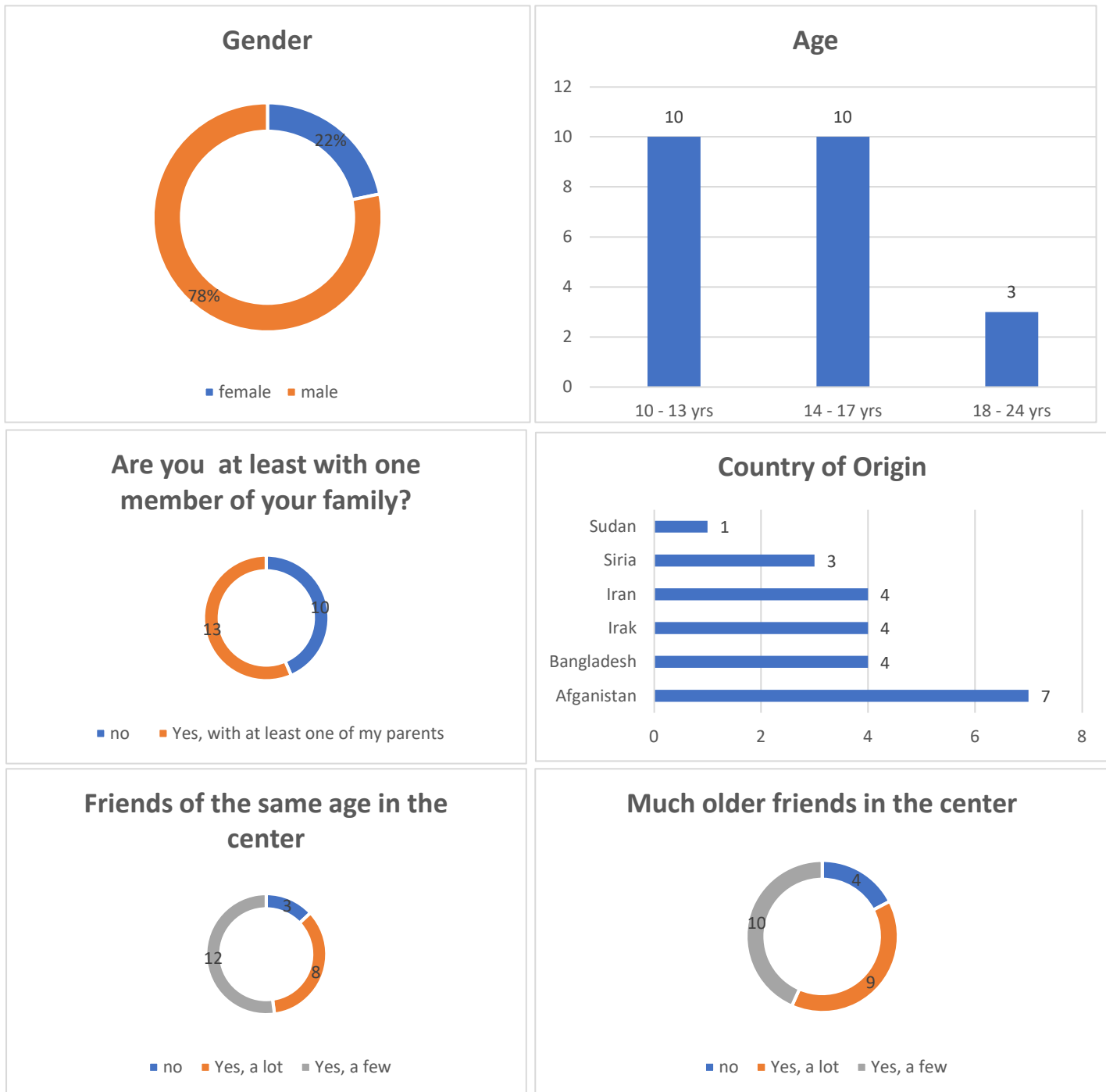
In the third data collection participated 23 youths (18 males and 5 female), with ages between 10 and 24 years old. Their countries of origin were: Afghanistan, Bangladesh, Iran, Iraq, Syria and Sudan.

We notice that compared to the two previous data collections no respondents were separated from family members during the journey, but this is the cohort with the most respondents who have no family members in Romania: only 13 youths are with at least one of their parents, while 10 were unaccompanied. While almost all the youth (20 out of 23) mentioned they have friends of the same age in the center, they also spend time with friends much older than



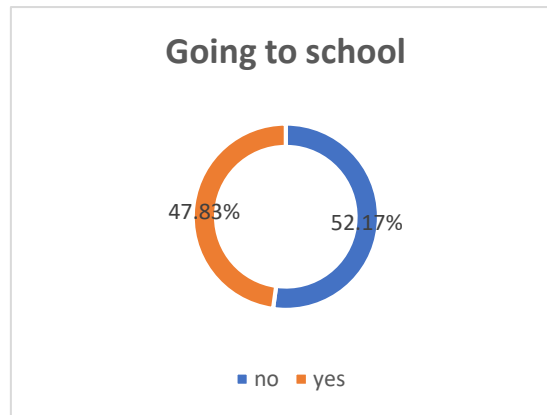
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themselves (19 out of 23). Compared to other countries that participated in BRIDGE, a much lower percentage of the participating youths go to school: only 48%.



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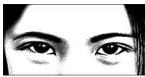
2.2. Attitudes towards GBV

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 were allowed to select multiple answers.

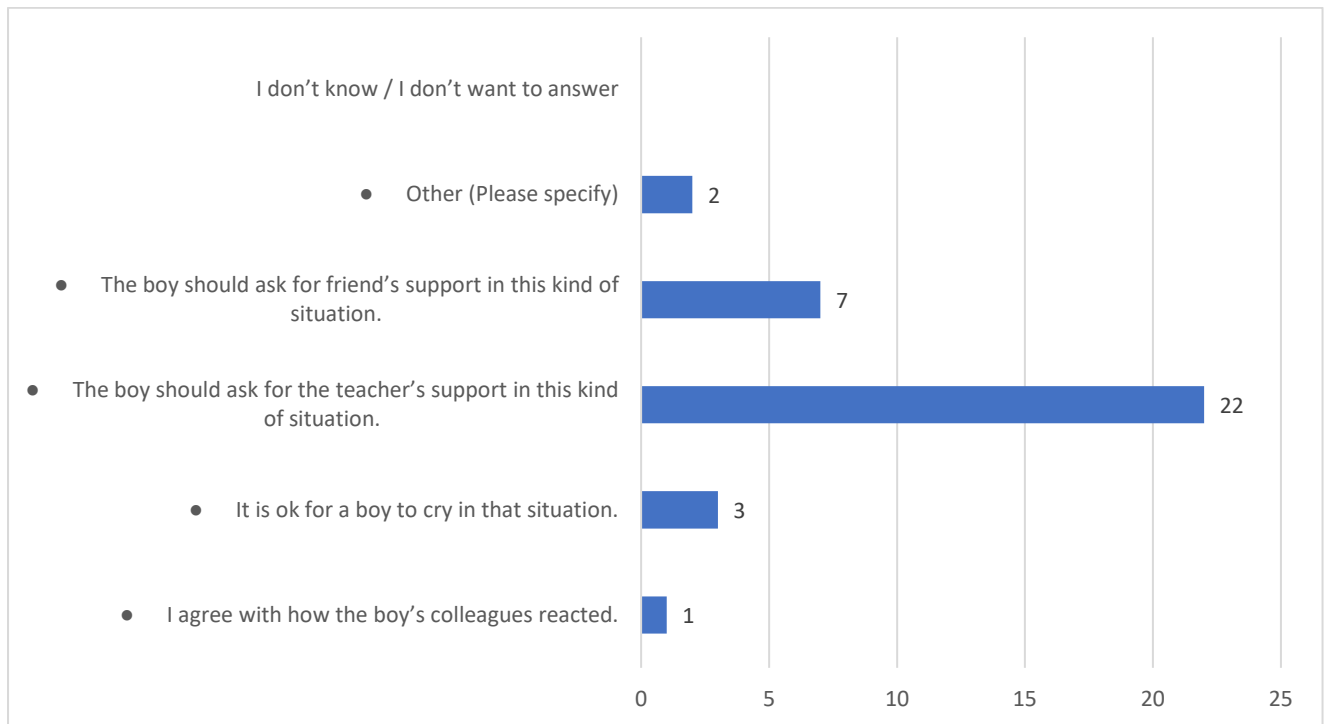
As the results presented below show, the information and attitudes on GBV vary considerably among the group of youth included in the survey. While the respondents mostly correctly identified the most appropriate actions in the first two scenarios, which concern life in school, their answers concerning their private life differ. For example, when the respondents are given an example of GBV within their family (Scenario 3), most of them (15) consider that this is "a private issue", and only 3 believed this is a form of violence. While in the 4th scenario most youths correctly identify the situation as a form of violence, 6 of the respondents believe this is a private issue. Those who chose the *other* option would take direct action in this situation: they would either talk to the man or call the police. When GBV happens in their own relationships (Scenario 5), only 2 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, or do not know how to answer.



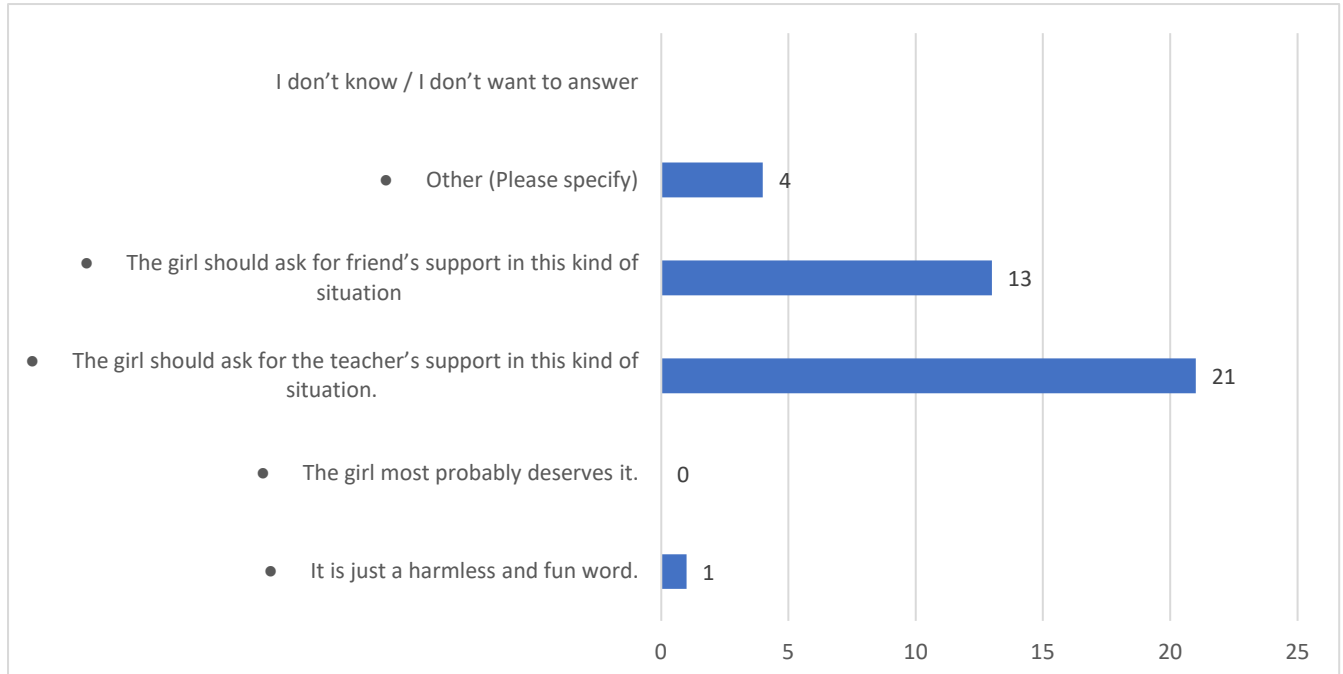
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Scenario 1: A boy at school cries because of a bad grade. His classmates start making fun of him and tell him mockingly: only girls cry!)



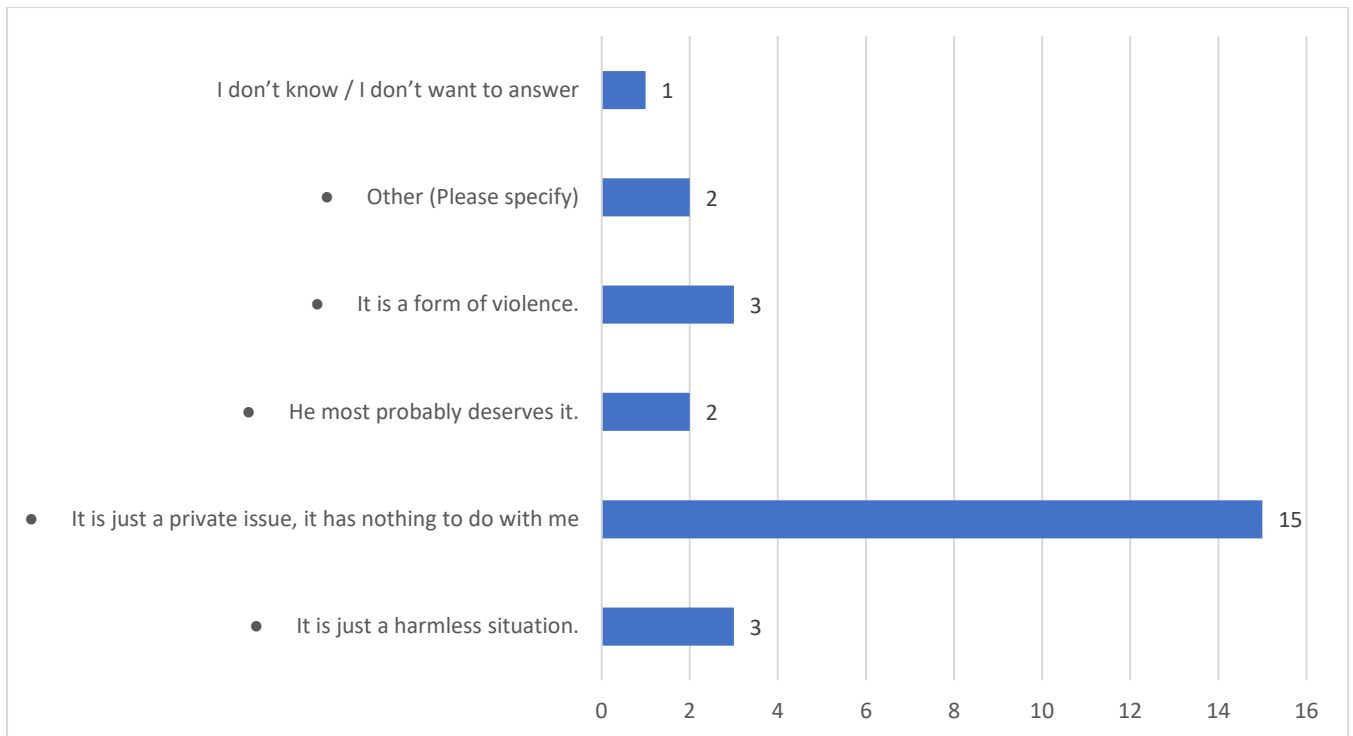
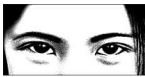
Scenario 2: Some boys at school or in the centre laugh calling a girl a bad word



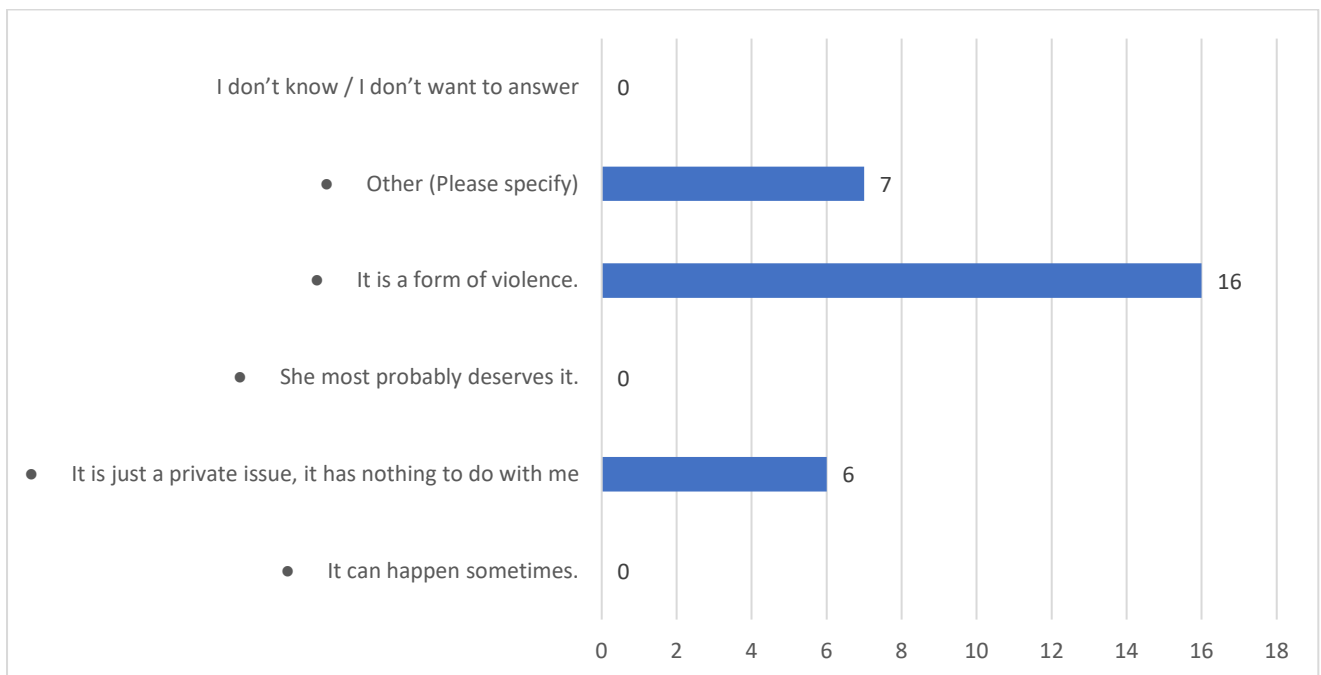
Scenario 3: At home, your aunt shouts angrily at your uncle because he dropped a cup



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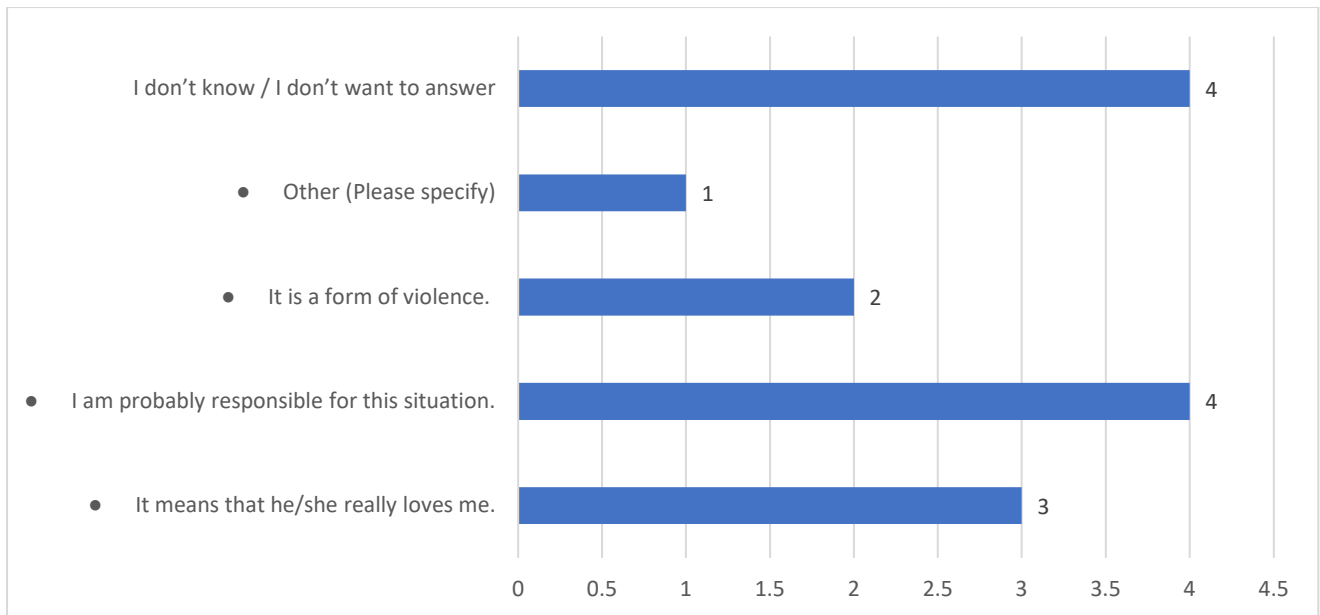
Scenario 4: In the street, you see a husband beating his wife



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

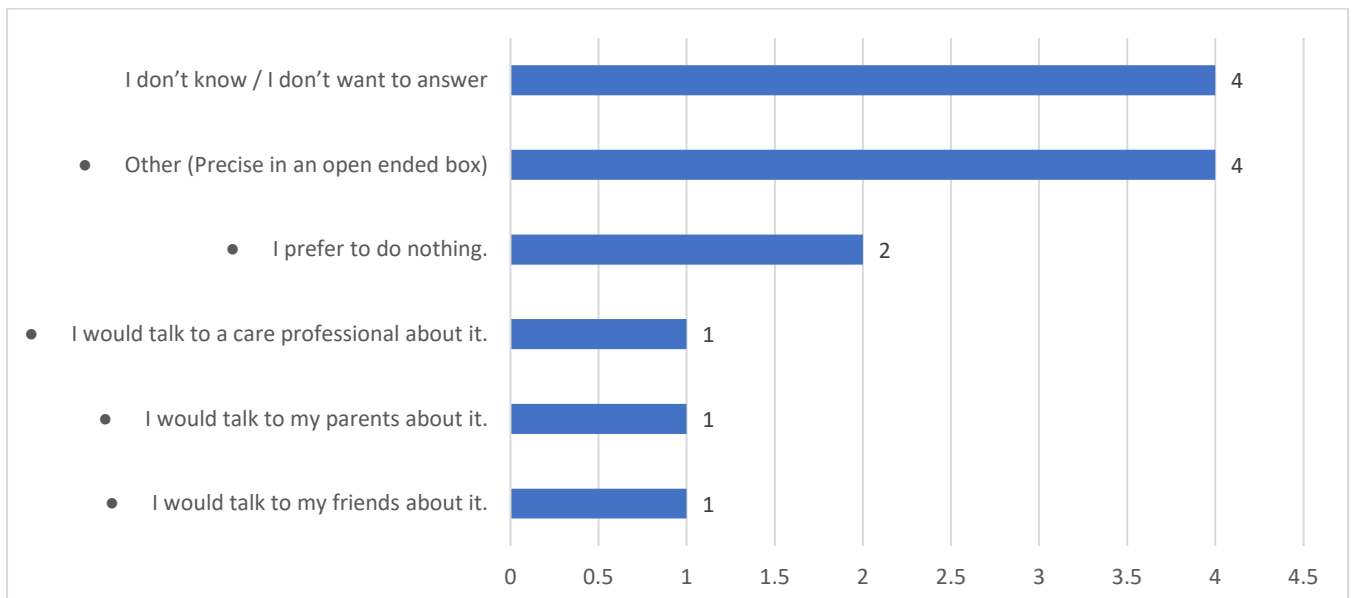


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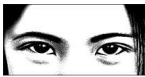


When confronted with questions about personal boundaries (Scenario 6 and 7), we observe that most respondents do not know what to do if they witness or experience a cross of personal boundaries. In the scenario in which a boy touches a girl who says no, only a few youths chose the predefined answers, while most of them choose to do something else. Their answers include direct action to stop the boy or calling the police. In the final scenario, none of the respondents would take direct action against the unwanted attention they received, but would either choose to not do anything or they do not know what to do in this situation.

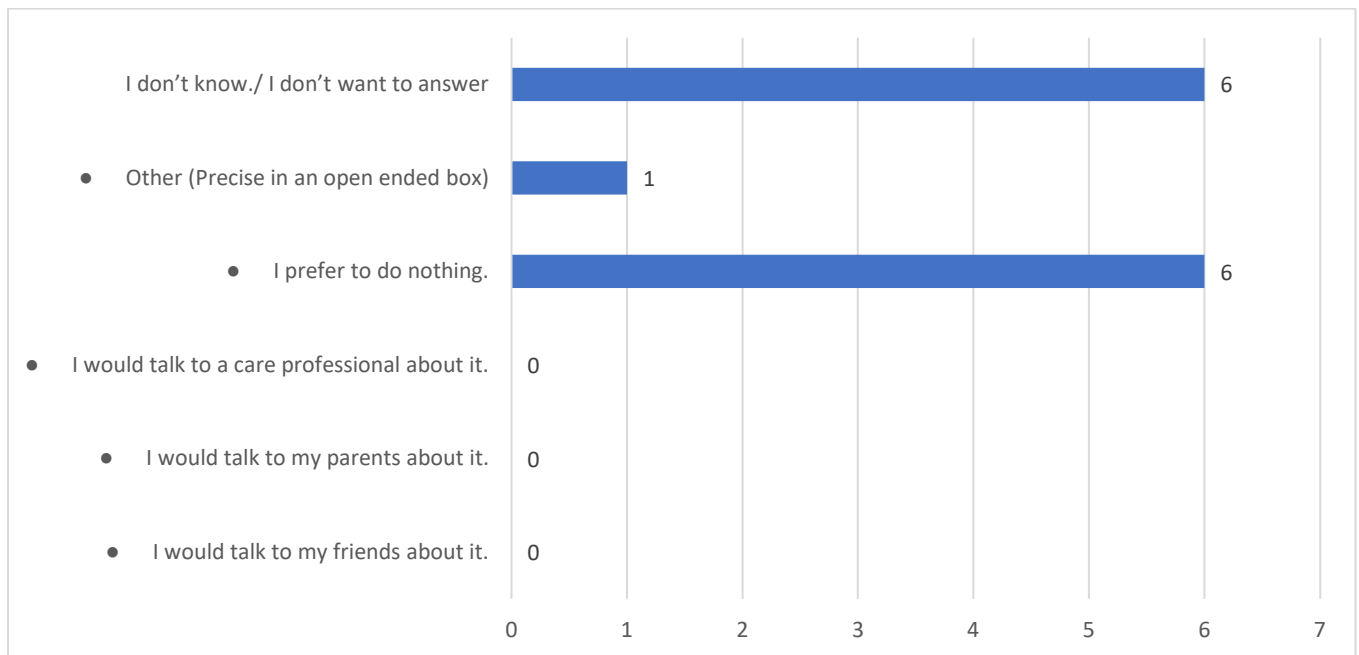
Scenario 6: In the centre, you witness a boy trying to touch a girl who says *No*



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

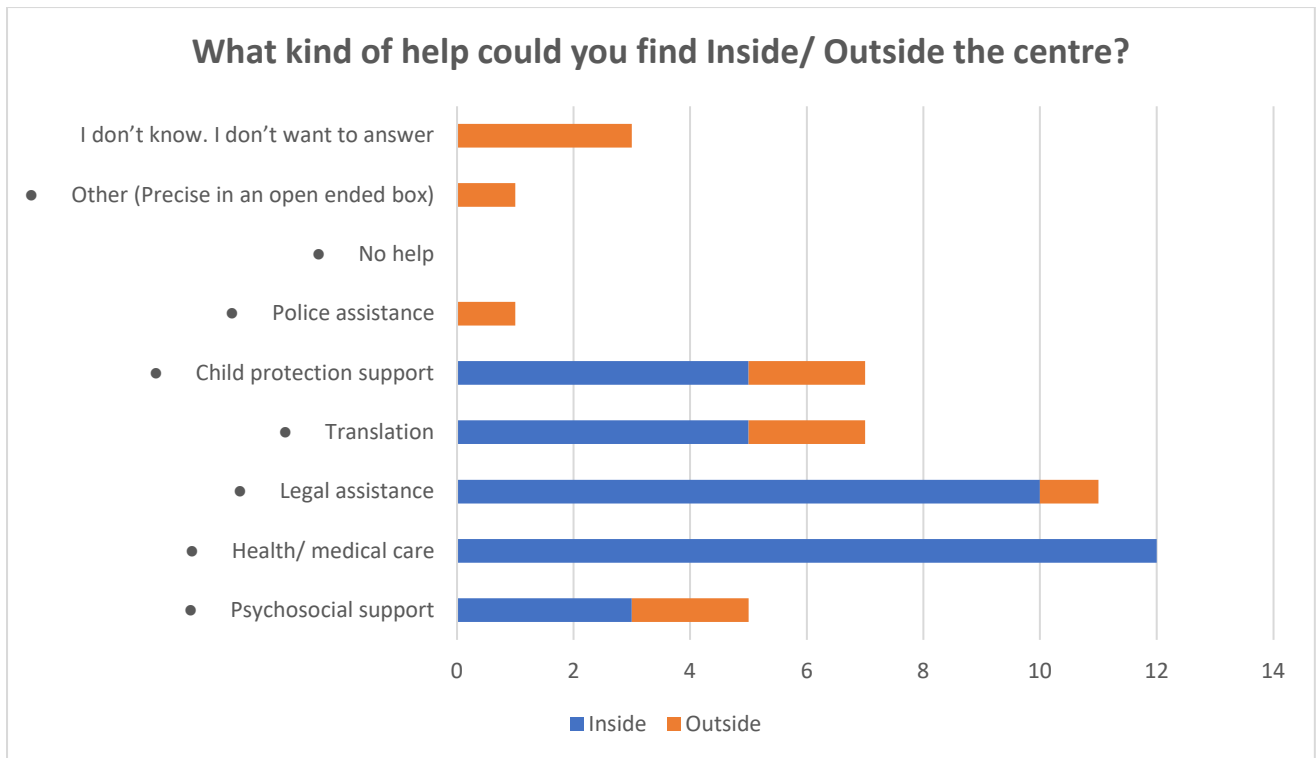
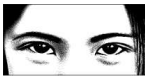


Therefore, the future activities for children and youth in the BRIDGE project should not only challenge the internalized norms around GBV but should also provide participants with practical information on how they can address various forms GBV, both from the position of the by-stander and especially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

In terms of the services they could access inside or outside the accommodation centre, 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 many 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.



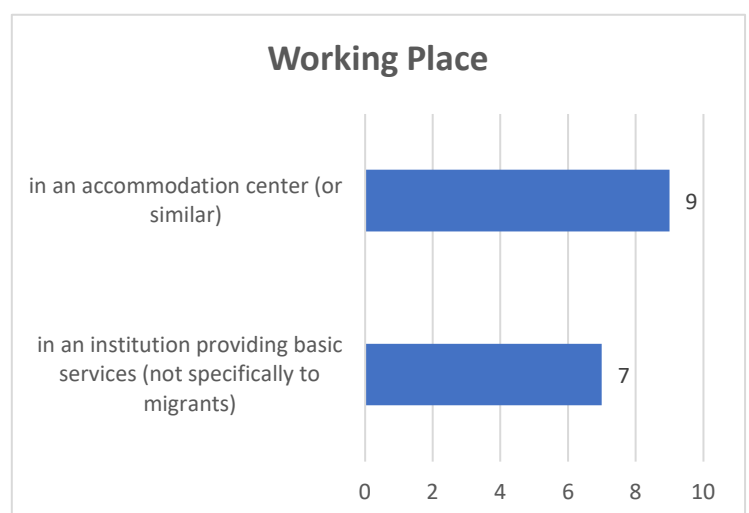
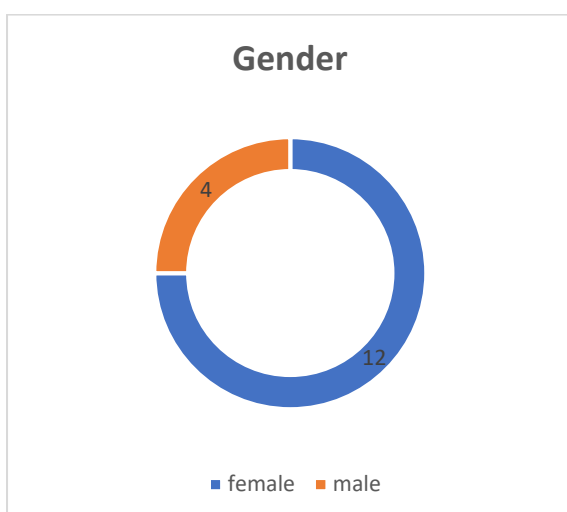
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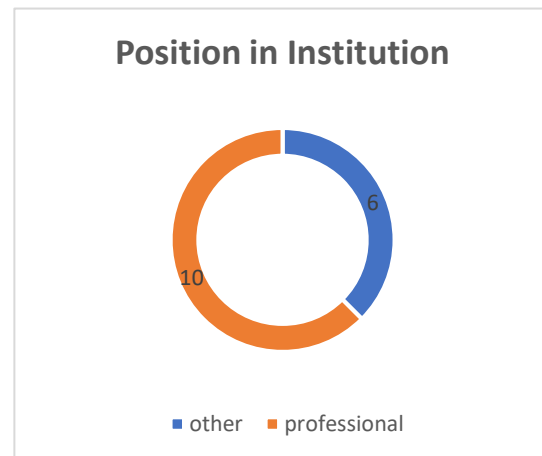
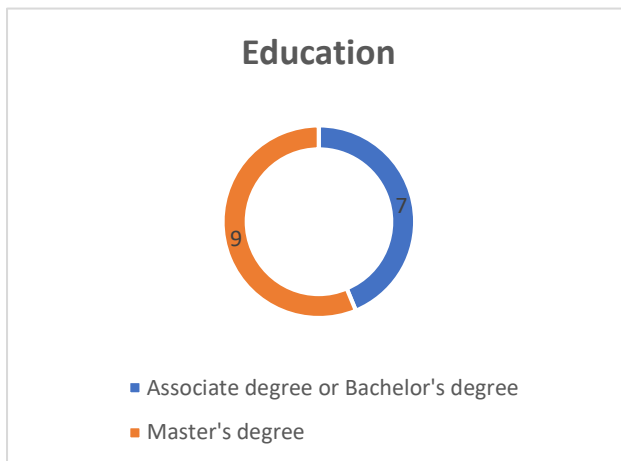
III. Results for Care Professionals

For the survey with care professionals, most of the respondents (9 out of 16) were professionals working in an accommodation center, and the others (7 out of 16) were working for the county-level Child Protection authorities in Romania.

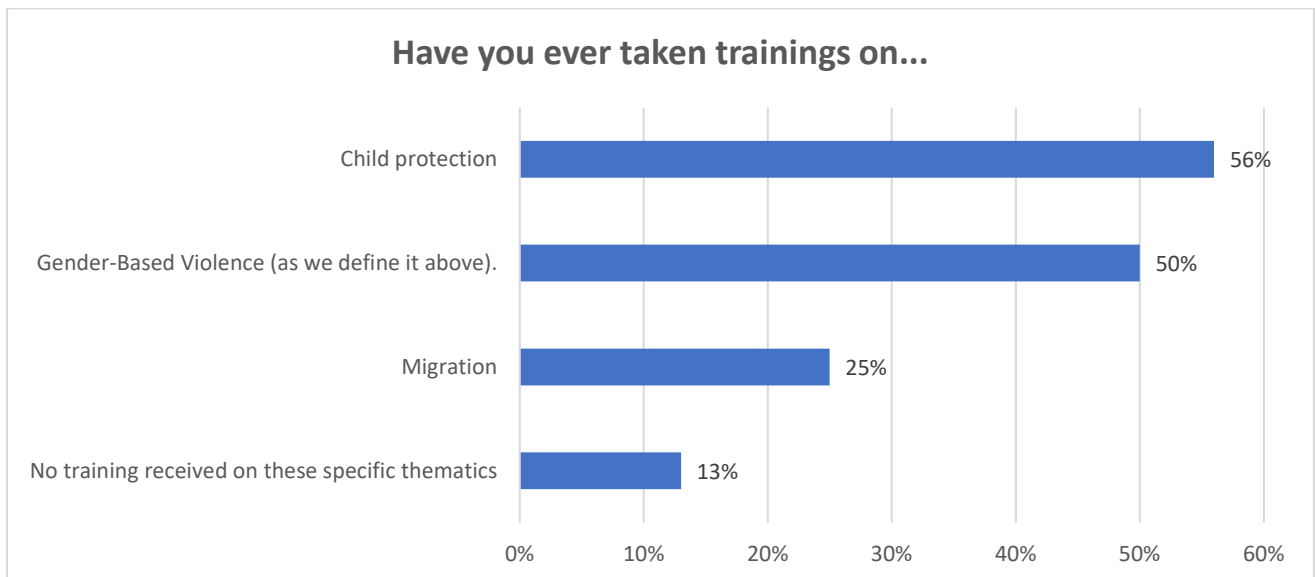
As it is usually the case in the field of social services in Romania, the vast majority of the professionals are women (12 women and 4 men). Most respondents hold either a Bachelor's Degree or a Master's Degree.



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During their professional career, 50% of the respondents declare that they have received trainings on GBV, 56% have received trainings on child protection, while only 25% received training on migration and 13% have not received any professional training. When assessing the amount of knowledge about GBV for their position, most of the respondents (56%) consider they do not have really have enough knowledge. Only 6% of the respondents consider they have a lot of knowledge on the topic, and 31% think they somewhat have enough knowledge. This raises especially the importance of delivering appropriate training for the vast majority of the professionals who do not feel knowledgeable enough about GBV for their positions.

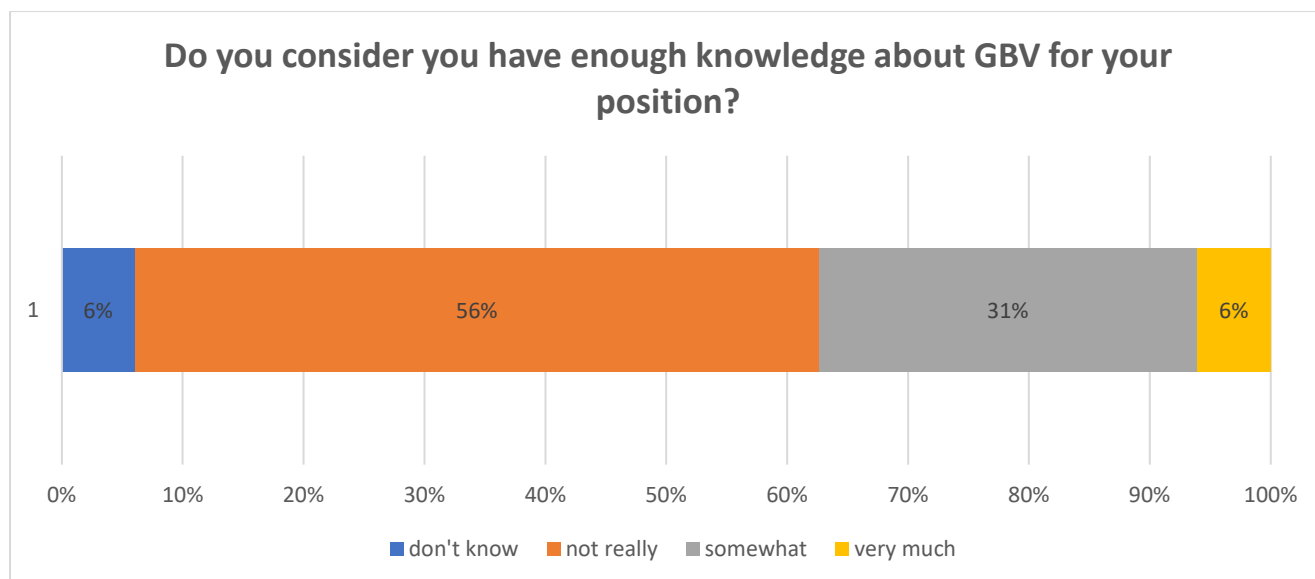


Cumulated percentages



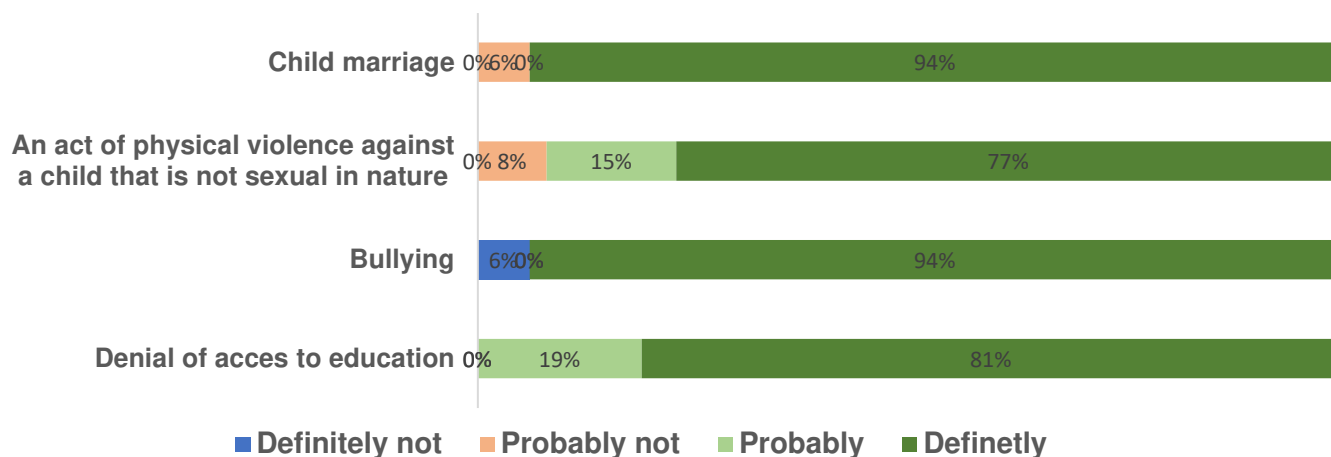
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Respondents were also asked to state if a few real-life examples are considered a form of GBV. The greatest majority of the respondents from this third report correctly identified all the situations as cases of GBV, with very minor exceptions.

Are the following considered as a form of GBV?

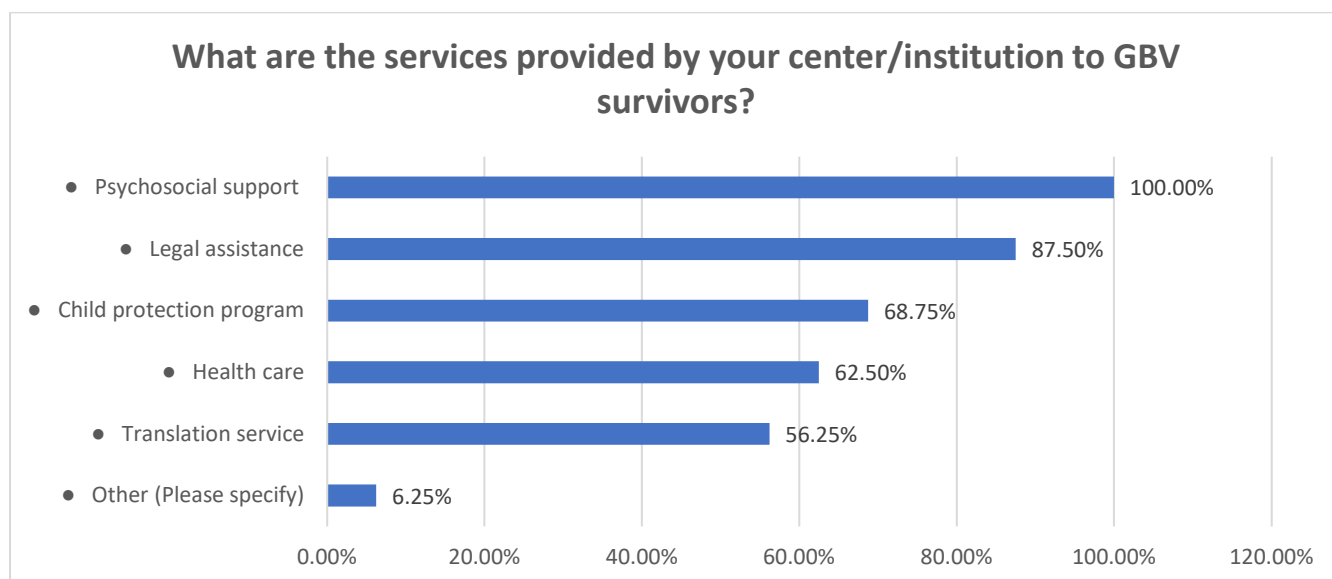


While the youth survey revealed that comparably only a few youths were aware of the psychosocial support offered in their accommodation center, all the professionals mentioned that their center/ institution is providing this type of service. In general, the percentage of available services mentioned 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

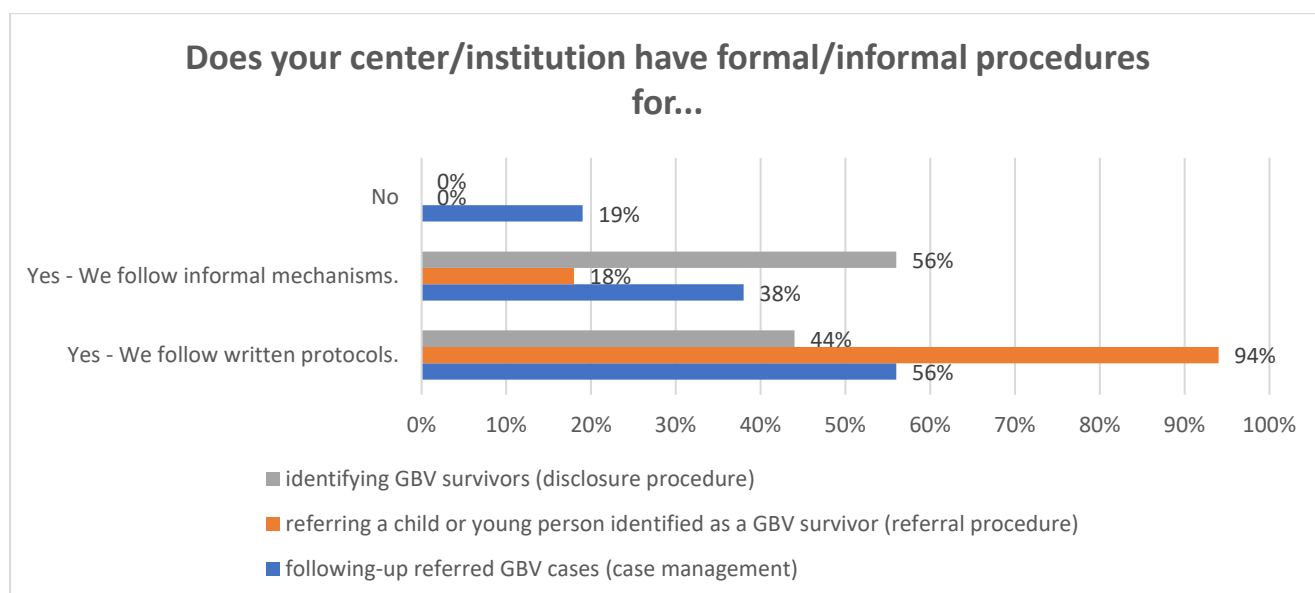


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theoretically be accessed by migrant children and youth and their level of awareness regarding the available services.

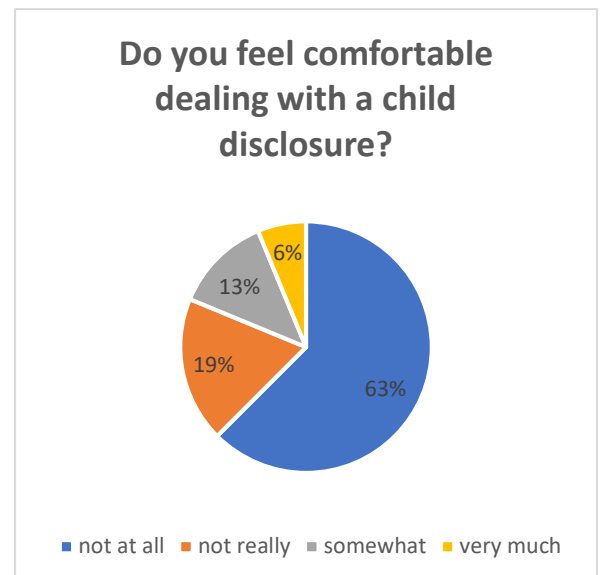
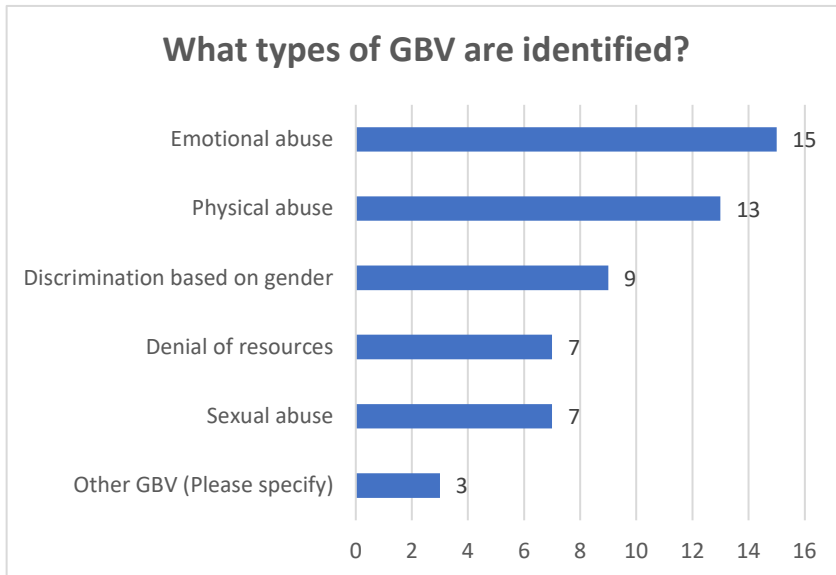


Almost all the care professionals stated that their institution has written protocols or informal mechanisms for identifying, referring and following-up cases of GBV. Compared to the previous reports, this set of professionals belong to the fewest institutions which have no have any sort of procedures for GBV.



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When such procedures are in place, most of the GBV cases refer to emotional or physical abuse, with slightly less cases of denial of resources or sexual abuse. 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 (63%) do not feel comfortable at all and only 6% feel very comfortable.

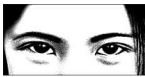


Although care professionals feel confident they have a high level of knowledge in applying various guiding principles when working with children, they usually agree that there is a need for continuous professional development, so that they stay up to date with the most recent approaches and techniques in their field. Professionals are mostly comfortable in their abilities to ensure appropriate confidentiality, but are less secure on their ability to comfort the child, involve the child in decision making or strengthen the child's resilience.

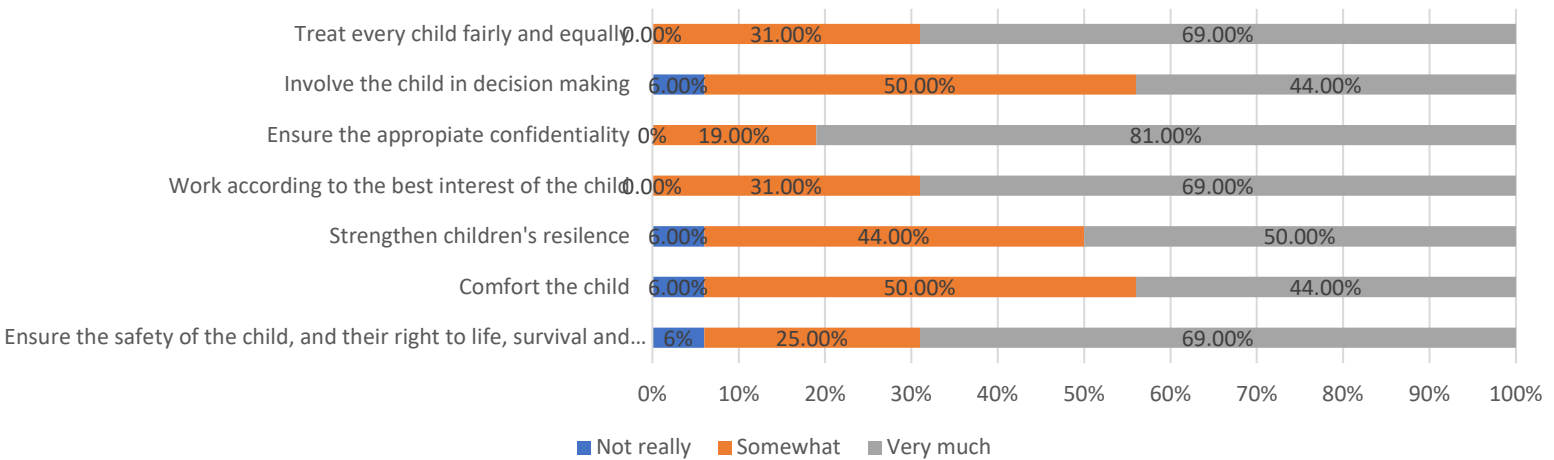


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Level of knowledge on guiding principles to care for child survivors of GBV



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