

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

Data Collection Analysis Report (First Round) Key Findings in Romania

I. Context of the data collection activities

Within the regional project [BRIDGE](#) (*Building Relationships through Innovative Development of Gender-Based Violence Awareness in Europe*), a series of data collection activities are planned in the implementing countries (Belgium, Greece, Malta and Romania). Data is collected from both *children and youth on the move* and *care professionals* (professionals working in: accommodation centres, public institutions providing services for children and youth on the move, NGOs working with migrants and refugees, etc.). This research endeavour 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 and youth on the move.

In each country, three different “rounds” of data collection are planned within the project. This document presents **the results of the first data collection conducted in Romania**, in 2019.

For both children and youth on the move and care professionals, the research design included a face-to-face survey, conducted through a mobile data collection (MDC) tool. The use of an MDC tool was extremely useful for the survey with children and youth, since the electronic survey 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, since the project partner 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 and youth on the move

2.1. Sociodemographic information

As the charts below show, only 7 youth participated in the first data collection (6 males and 1 female), with ages between 18 and 24 years old. The countries of origin were: Afghanistan, India, Iran, Pakistan and Syria.

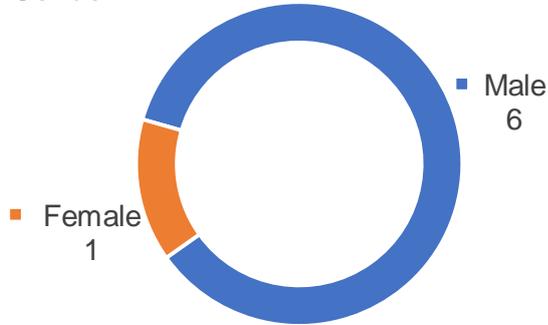
We notice that 5 of the respondents were separated from family members during the journey, and that 3 of the respondents have no family member in Romania. While almost all the youth (6 out of 7) mentioned they have friends of the same age in the centre, most of them feel that they only have a few friends. Informal discussion revealed that there is in general a low number of youths of their age in the centre, and that during the day most of them are working or trying to find jobs. At the same time,



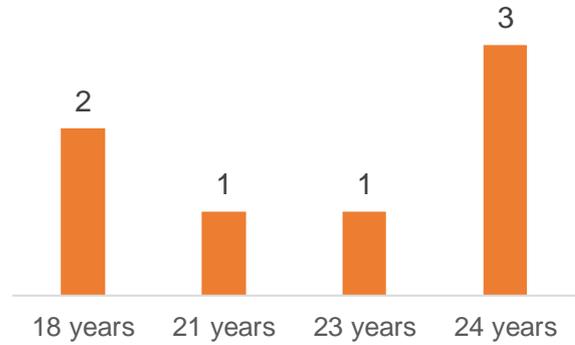


they felt that the accommodation centre does not provide the appropriate space and opportunities for leisure group activities.

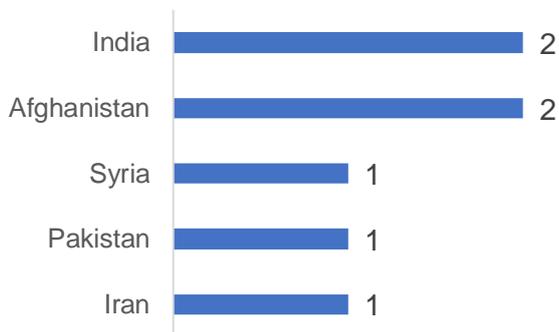
Gender



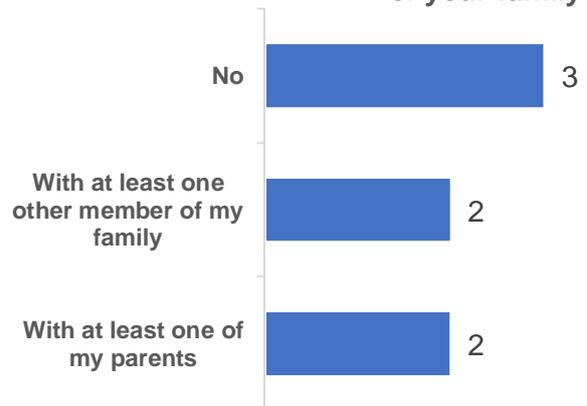
Age distribution



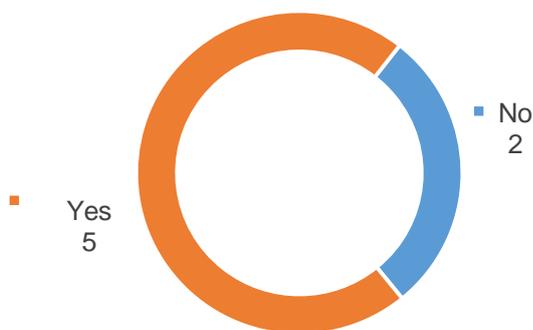
Country of Origin



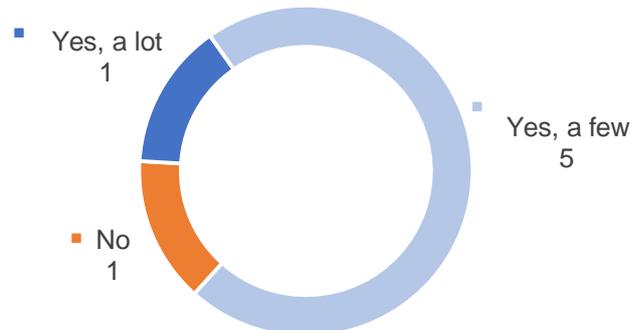
Are you at least with one member of your family?



Separated from family during journey



Friends of your age in the center

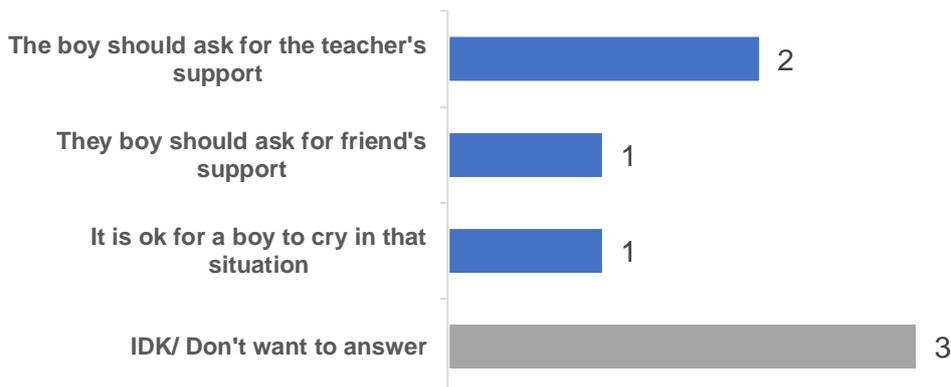


2.2. Attitudes towards GBV

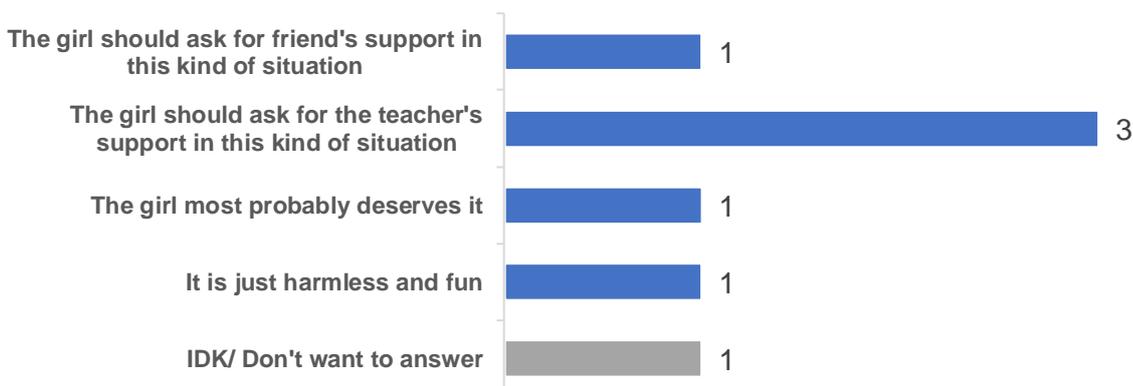
In order to measure the respondents' knowledge and attitudes related to GBV, we used several questions, making use of hypothetical scenarios that involve examples of GBV. For each of these questions, respondents were allowed to select multiple answers.

As the results presented below show, the information and attitudes on GBV vary considerably among the group of youth included in the survey. On the one hand, for the majority of the scenarios, most respondents correctly identify the instances of GBV and know how the victims should react in those situations (for example, by asking support from teachers and/or from friends). On the other hand, some respondents approved of several examples of behaviours that involved GBV or did not consider them problematic. For example, for the second scenario, two respondents considered that the mocking of a girl by her colleagues is *"just harmless and fun"* or that she *"most probably deserves it"*. In the third scenario, the verbal aggression between the aunt and the uncle is seen as a *"private issue"* or a *"harmless situation"*, while the physical aggression from a jealous partner (described in the fifth scenario) is sometimes considered a personal fault or a proof of love.

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!

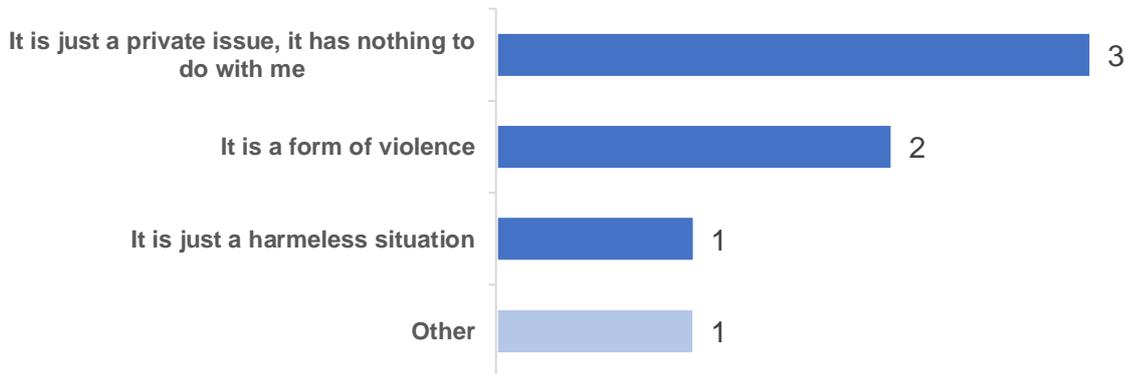


Scenario 2: Some boys at school or in the centre laugh calling a girl a bad word

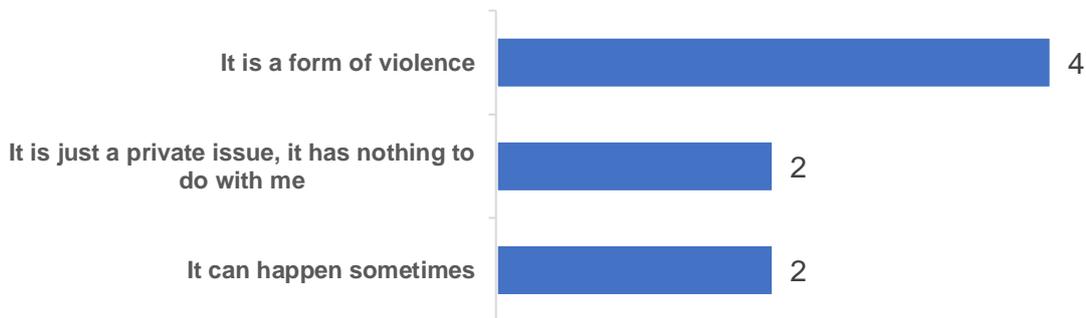




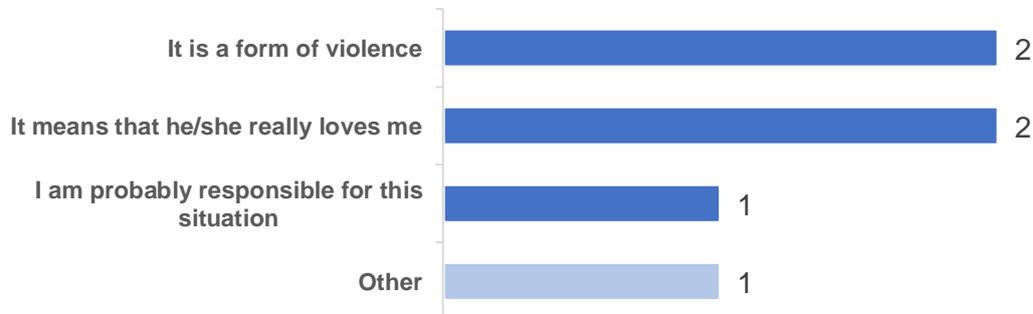
Scenario 3: At home, your aunt shouts angrily at your uncle because he dropped a cup



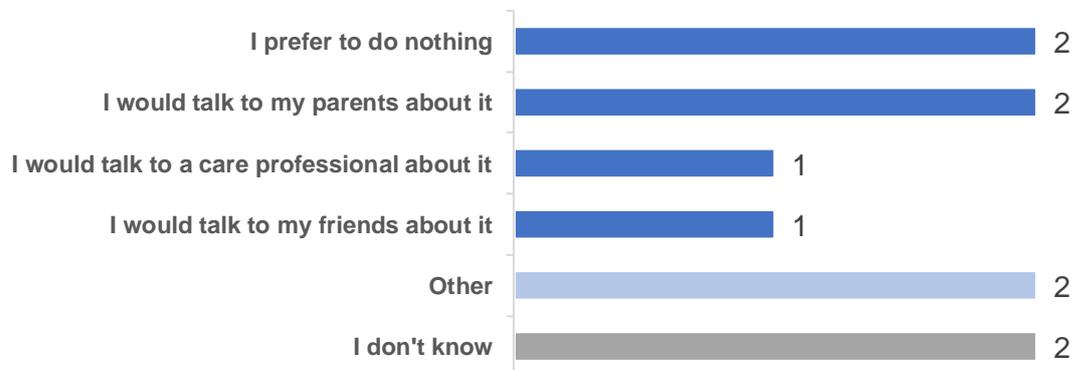
Scenario 4: In the street, you see a husband beating his wife



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

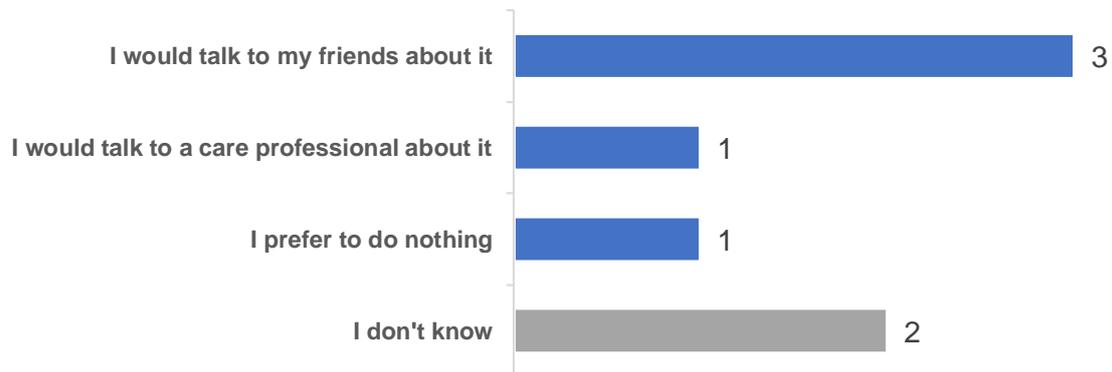


Scenario 6: In the centre, you witness a boy trying to touch a girl who says No



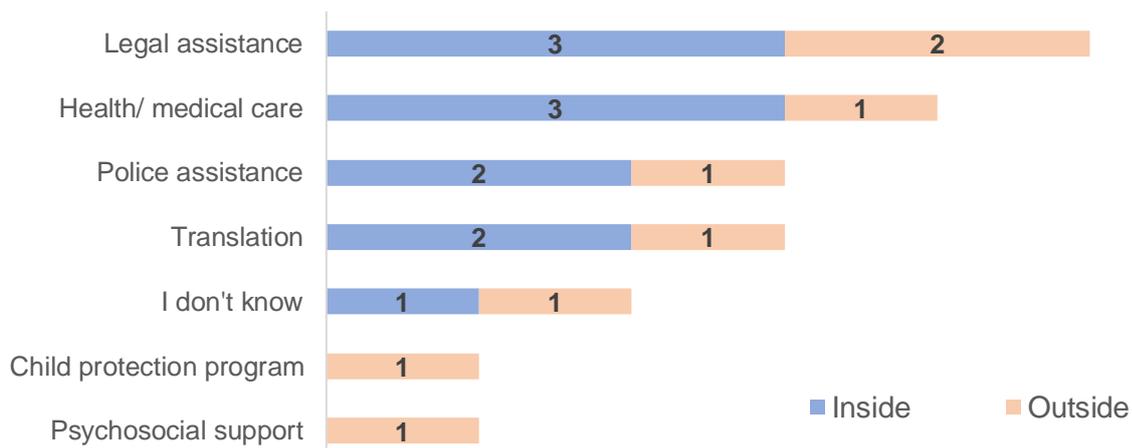
Additionally, we notice that for multiple scenarios (scenario 1, scenario 2 and scenario 6), some respondents marked that they do not know how to answer to that specific situation. A similar result is observed for scenario 7, where we can see that 2 respondents answered that they wouldn't know what to do in case someone was giving them unwanted attention. **Therefore, the future activities for children and youth in the BRIDGE project should not only challenge the internalised norms around GBV but should also provide participants with practical information on how they can address various forms of GBV, both from the position of the by-stander or the victim.**

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



In terms of the services they could access inside or outside the accommodation centre, we notice that the *legal assistance* and the *medical care* are most frequently mentioned. On the other end, psychosocial support is a type of service that is not delivered/not accessed inside the centre.

What kind of help could you find Inside/ Outside the centre?

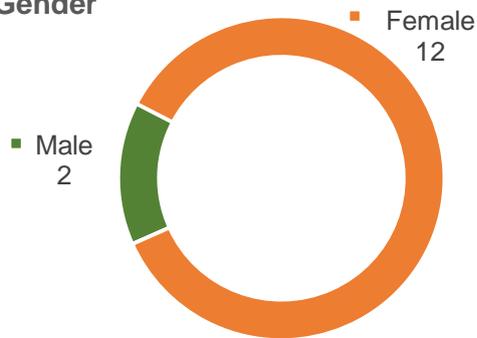


III. Results for Care Professionals

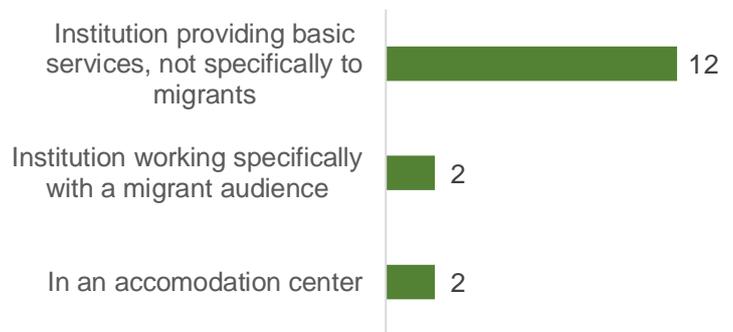
For the survey with care professionals, the majority of the respondents (12 out of 14) were professionals working for the county-level child protection authorities in Romania. Therefore, their institutions provide basic services to children and their families, but not specifically to migrant children and youth. This is why half of the respondents (see *the third chart below*) mentioned that they are not usually working with migrant children and young people (refugees, asylum seekers, third country nationals). The survey was also completed by professionals working in one accommodation centre (2 respondents) or for NGOs working specifically with migrants (2 respondents).

As it is usually the case in the field of social services, the vast majority of the professionals are women (12 women and 2 men). 64% of the respondents have a master's degree, while 36% have a bachelor's degree.

Gender



Working place



Working with migrant children and young people (refugee, asylum seekers, third country nationals)

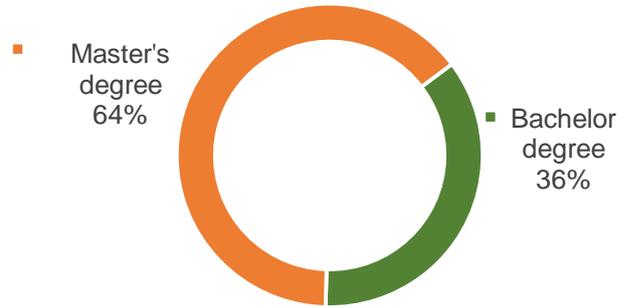




Position in the institution

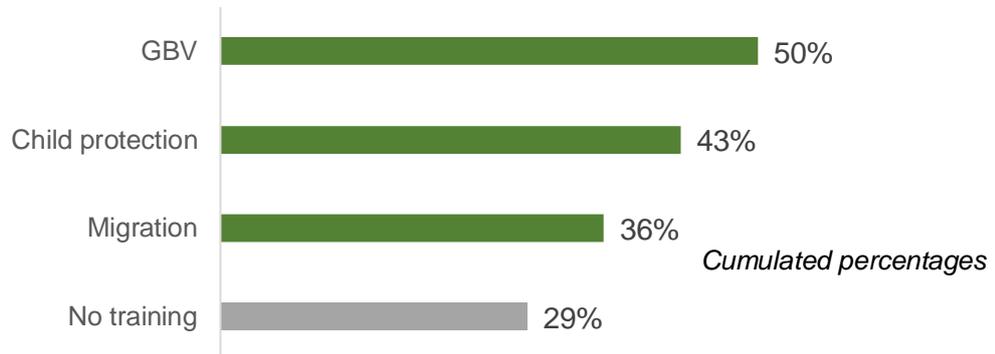


Education

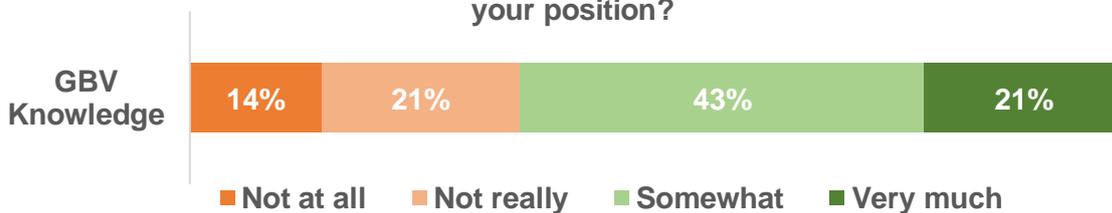


During their professional career, 50% of the respondents declare that they have received trainings on GBV, 43% have received trainings on child protection, 36% on migration, while almost a third (29%) have not received any professional training. When assessing the amount of knowledge about GBV for their position, only 21% of the respondents consider they have plenty of information, 43% consider they have somewhat enough information, while 35% consider that they don't have enough information (*not at all and not really*).

Have you ever received trainings on...?

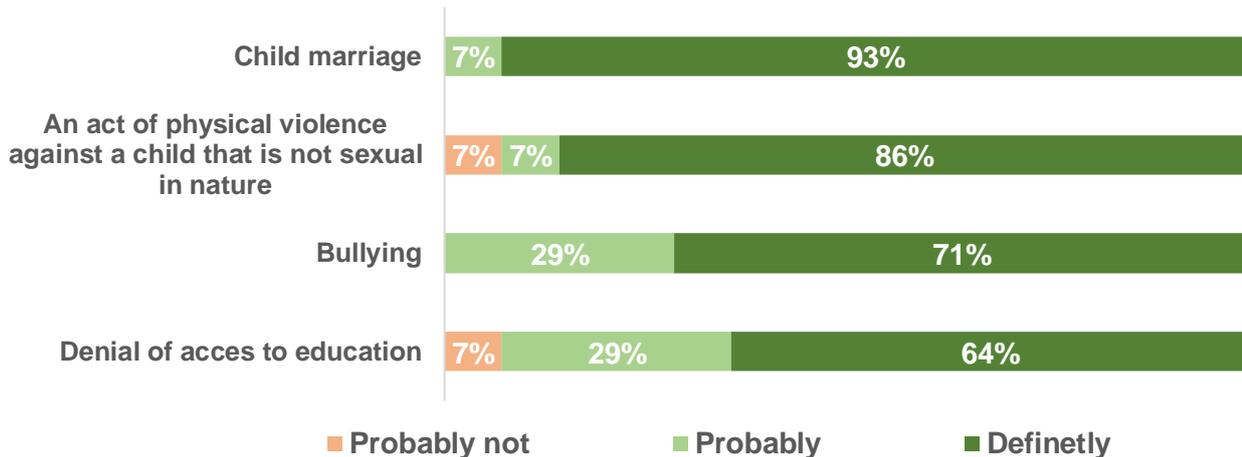


Do you consider you have enough knowledge about GBV for your position?



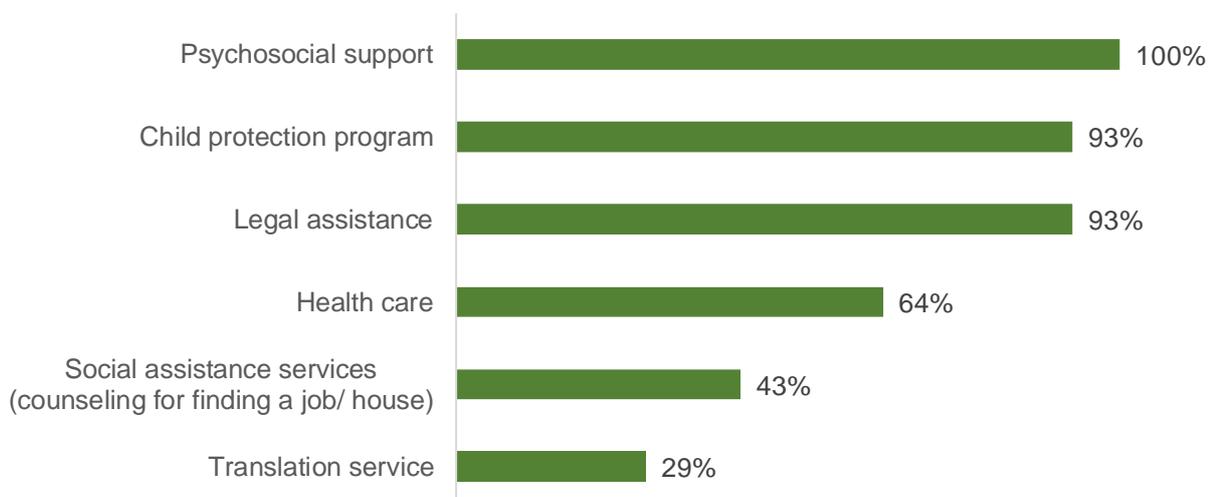
Respondents were also asked to state if a few real-life examples are considered a form of GBV. In general, respondents correctly identified all the situations as cases of GBV, but with higher percentages for the more obvious examples (*child marriage* and *physical violence*), compared to the less obvious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

Are the following considered as a form of GBV?



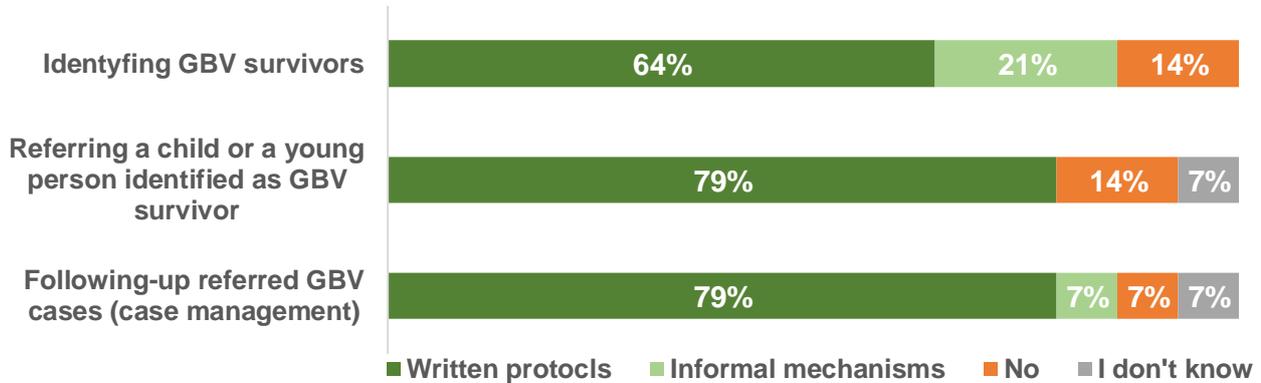
While the survey with youth revealed that psychosocial support is a type of service that is missing from the accommodation centre, all the professionals mentioned that their centre/institution is providing this type of service. And in general, the percentage of available services mentioned by the care professionals is much higher compared to the services reported by youths. **Therefore, there seems to be a disjunction between the services that can theoretically be accessed by migrant children and youth and their level of awareness regarding the available services.**

What are the services provided by your center/ institution?



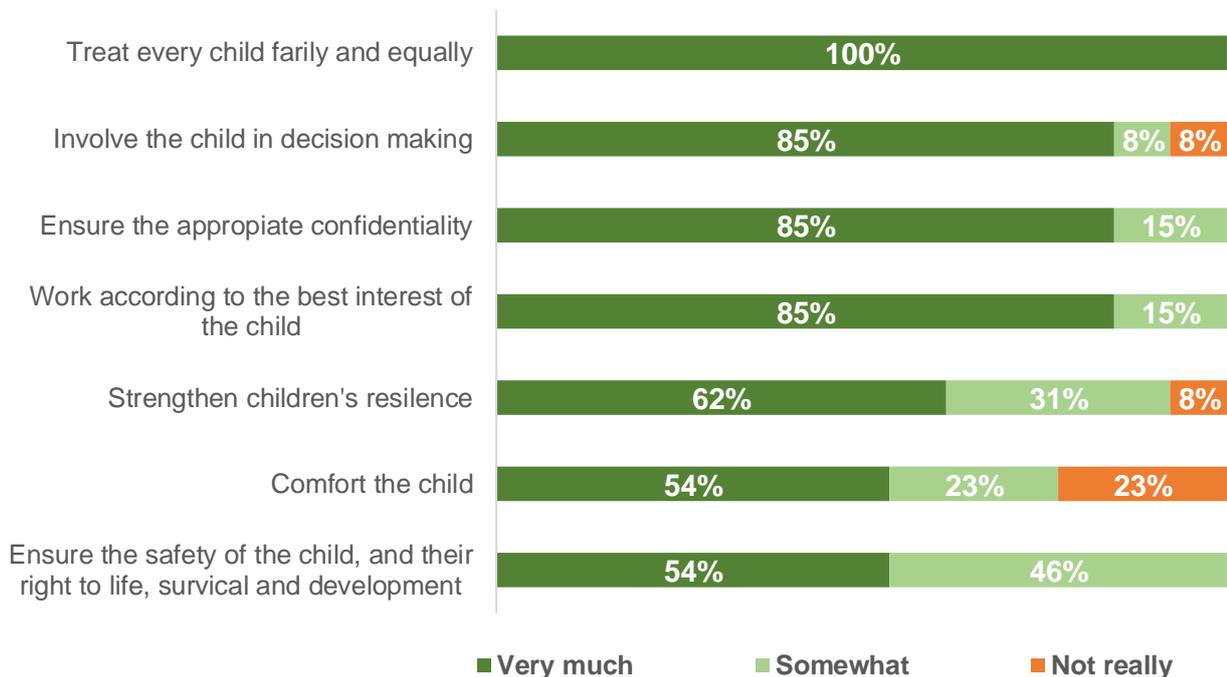
The majority of care professionals stated that their institution has written protocols or informal mechanisms for identifying, referring and following-up cases of GBV. However, in most cases these procedures are specifically adapted for children or for migrant audiences.

Does your center/ Institution have formal/ informal procedures for...?



Although care professionals feel confident that 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.

Level of knowledge on applying the following guiding principles:



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