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GENDER-BASED VIOLENCE SAFETY AUDIT REPORT

Ukrainian Refugee Response,
Romania

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This Report is carried out within the framework of the program “Gender-based violence mitigation activities targeting refugee women and adolescents and host communities (boys and girls) from Ukraine currently living in Bucharest and Ilfov” implemented by the ANAIS Association with the support of UNICEF Romania. The opinions expressed in this publication belong to the authors and do not necessarily reflect those of UNICEF Romania.

Key Messages

- In the emergency, short-term phase, Romania's humanitarian response to the Ukrainian refugee crisis was prompt, despite limited capacity. In the first year, particularly during the initial months, public mobilization was exemplary. Unfortunately, starting with 2023, the aid fatigue and the decrease of resources (both human and material) has been observed. These tendencies were exacerbated by campaigns against the refugees from Ukraine, leading to an increase in hate speech, negative comments and violent reactions. Currently, both refugees and key informants identify discrimination and hostility (often manifesting as hatred) as a major security risk.
- GBV risks were overlooked in the initial response actions, despite being well-known to be very high, particularly given that women and children make up the majority of the refugees from Ukraine. It was only after the intervention of International Organizations and NGOs specializing in women's and children's rights that the response included GBV, SEA, and trafficking services and support. The gender-blind regulations and programs, along with the disregard for GBV risks, highlight several challenges to perform in an informed manner. Mainstreaming GBV, SEA and GE in all programs, services and support should be a priority both for Romanian authorities and International Organizations. As gender stereotypes, sexism and patriarchal values are dominant, they affect the entire population (and refugees) as well as personnel of public and private entities. A trans-sectoral and comprehensive approach could substantially reduce GBV risks.
- Patriarchal gender stereotypes and gender roles are dominant in Romanian society. They favor all forms of GBV and are more salient in the case of refugees, as linguistic barriers, psychological fragility and economic precarity amplify risks of GBV, SEA and trafficking. Lack of awareness of GBV leads to the non-recognition and normalization of numerous forms of GBV. Furthermore, shame, victim-blaming, and a culture of silence impede individuals from reporting incidents and seeking support. The collected testimonies show that GBV survivors talk to a person they trust (family, friends), eventually consider contacting an NGO (if they know the people there and trust them) and only as a last resort to call the police. Not trusting the police is a worrying aspect, which increases the risk of grave GBV and trafficking.
- Refugees from Ukraine face numerous risks of GBV. Three major risks need to be emphasized: GBV, SEA, and trafficking risks associated with private accommodation, exacerbated by online networks; GBV, SEA, and trafficking risks in job searching and within the labor market; and GBV and safety risks in public transportation. The linguistic barrier remains a major obstacle to access information and services and increases risks of GBV. It is recommended to strengthen access to translation services when engaging with public authorities and to develop Romanian language courses. To mitigate the three identified GBV risks, it is crucial in the short term to ensure that information about GBV, emergency contact numbers, and support services are readily available in all spaces (both physical and virtual) frequented by refugees, in Romanian, English, Ukrainian, and Russian.
- Given the current context, refugees from Ukraine residing in Romania, who are being actively encouraged to integrate into Romanian society, should have equitable access to GBV services and support, equivalent to those provided to the local population. The majority of Romanian public services for GBV survivors (police, social services, legal support, health services, including psychological support) are precarious, lacking infrastructure,

budget and expertise. In this context, Ukrainian refugees can effectively access services and support provided by International Organizations and national organizations working in the field of women's and children's rights. These actors have coordinated several risk reduction actions that include support and/or services in numerous areas: information and referral to specialized NGOs / institutions; assistance in contacting the police; assistance in accessing medical services (in some cases it also means financial support); psychological support (free psychotherapy services), legal assistance. This, however, also depends on how well-informed refugee women and girls are about these services and if they are connected to these organizations. This also indicates a high reliance on NGOs (and for refugees living in RACs, on staff members).

- For Roma and LGBTQI+ refugees, who frequently face hostility and rejection, the reality of limited access to information and services is more acute. In this sense, service providers need to grant more dedicated support for Roma and LGBTQI+ refugees, as well as people with disabilities, older persons, people in economic precarity: all these groups are exposed to supplementary intersectional risks and discrimination (based on ethnic, gender and sexual identity and orientation, age, poverty).
- The development of more co-constructive and co-collaborative programs involving women and girls of the refugee community is needed, in order to include the experience and the knowledge of Ukrainian women and girls in the design and implementation of GBV programs.
- National NGOs specialized in women's and children's rights play a central role in supporting refugees to access services or in providing them GBV support and services. It is crucial to continue funding their intervention and services. It is equally important to recognize their expertise by involving them as a central stakeholder in the design and implementation of both international and national GBV programs.
- A collaborative strategy between International Organizations, government institutions, and local civil society is needed to develop more tailored interventions and implement prompt GBV mitigation efforts on the ground. This would also erase the possibility of duplication, by adopting a common approach.

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Acronyms and Terminology:

ANES: Agenția Națională pentru Egalitatea de Șanse între Femei și Bărbați / National Agency for Equal Opportunities between Women and Men

FGD: Focus Group Discussion

GBV: Gender-Based Violence

GE: Gender Equality

KII: Key Informant Interview

Istanbul Convention: The Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence.

LGBTQI+: Lesbian, gay, bisexual, transgender, queer/questioning, intersex

IO: International Organization, in the text refers as well to UN Agencies

NGO: Non-governmental organization

RAC: Refugees Accommodation Center

RRP: Refugee Response Plan

SEA: Sexual Exploitation and Abuse

SW: Safety Walk

UN CEDAW: UN Convention on the Elimination of all Forms of Violence Against Women

UNICEF: United Nations International Children's Fund

UNHCR: United Nations High Commissioner for Refugees

Introduction

As of June 23rd, 2024, Romania has recorded 4,669,130 border crossings from Ukraine. Currently, 77,900 refugees are registered in the country, and 169,645 have applied for asylum, temporary protection, or similar national protection schemes to date. (<https://data.unhcr.org/en/situations/ukraine>)

It is known that Gender Based Violence (GBV) increases during wars, not only in conflict zones but also in all conflict and refugee settings. Gender-based violence is to be understood not only as interpersonal acts of violence, but also as structural violence that is rooted in practices, policies, institutions and legal settings that either directly cause violence or fail to protect refugees from it (Tastsoglou, Petrinioti, and Karagiannopoulou, 2021). Risks of sexual violence, intimate partner violence, physical violence, trafficking, socio-economic violence, verbal violence, psychological violence, obstetric violence, sexual harassment and exploitation, have been identified, particularly in the three phases mentioned above.

Safety Audits take a multi-sector approach to assess GBV risks in public and private spaces as well as to identify actions to reduce and mitigate risks and improve the response for GBV survivors (IASC GBV Guidelines 2015). The GBV Safety Audit aims to identify and understand safety and security risks related to all forms of GBV that disproportionately affect refugees – particularly women and girls. In line with IASC GBV guidelines, we consider GBV should be treated as a major issue and “a serious and life-threatening problem”. Therefore, all humanitarian personnel should take it into account during the elaboration and the implementation of procedures and activities for refugees.

This is the first Gender-Based Violence Safety Audit regarding the case of Ukrainian refugees in Romania. The research was conducted between February and June 2024, by a research team within the project “Gender-based violence mitigation activities targeting women and adolescent refugees and host communities (boys and girls) from Ukraine currently living in Bucharest and Ilfov”, implemented by ANAIS Association with the support of UNICEF Romania. The research team collaborated with UNICEF, UNHCR, the GBV Sub-Working Group, and ANES. The main goal of this audit is to provide a cross-sectoral assessment of current GBV risks and manifestations, while also formulating recommendations aiming to integrate GBV risk reduction and response strategies across various sectors.

The research team has recognized expertise in the field of gender equality policies, GBV and GBV among refugees in Ukraine (see team presentation – Annex 1). ANAIS Association has 12 years’ experience on fighting against GBV by raising awareness on the issue, advocacy and technical support for law and policy development and amendment, providing free services for the victims that consist in social, psychological and legal counseling. The experience and contextual knowledge of local feminist organizations, which have played a very important role in the reception and accompaniment of Ukrainian women and girls, and have reported various problems and threats related to GBV, was mobilized for the research design, data collection and their analysis.

Methodology

The Audit assessed the risks and forms of GBV, including those perpetrated by humanitarian workers, faced by refugee women and adolescent girls staying in Bucharest, both in reception centers and in private rented accommodation. An intersectional approach has been adopted, analyzing the risks but also the addition of forms of violence in relation to age, economic status, level of education, ethnicity (especially Roma), disability, sexual orientation, and gender identity. A broad definition of GBV has been used, including psychological violence, sexual misconduct of humanitarians (SEA), gynecological/obstetric violence and online/cyber violence. A total of 31 Safety Audit activities were conducted across the different locations including: four safety walks, four Focus Group Discussions (FGD), 12 interviews with refugees and 11 Key Informant Interviews (KII). A total of 44 refugees participated in the study including nine refugees of Roma or another ethnicity, four adolescent girls, four refugees with disabilities, two persons from the LGBTQI+ community. Furthermore, nine of the study's participants—refugees—live in RACs; thirty live in privately rented housing; and two reside with hosting families. In addition, 11 service providers (nine women and two men) were interviewed including police officers, NGO workers, health workers and social workers. The total of all Safety Audit participants was 65 people.

Activity Type	Number of activities	Number of refugee participants	Other participants (translators, IOs, NGOs representatives, other stakeholders)
Safety Walks	4	3	3
Interviews with refugees	12	12	1
Interviews with Key Informants	11	-	11
Focus Group Discussions	4	29	4
Total number	31	44	19

Addressing, understanding and analyzing GBV risks for refugees from Ukraine has to be linked to existing international and national legal framework, policies and programs. Moreover, the national context is crucial for a comprehensive approach. Therefore, desk research was conducted to aid in the development of tools for data collection and the elaboration of the analysis grid. The desk research applied the critical discourse analysis to the following categories of sources:

- international and legal frameworks related to refugees, with focus on GBV issues;
- regulations and programs of the Romanian authorities in response to the refugees from Ukraine crisis;
- previous international reports, assessments and audits on GBV and human traffic risks for refugees - the selection prioritized reports on Romania and/or on the countries in the region;
- previous national reports and researches on GBV (stereotypes and attitudes, services and access to services, including reproductive health services).

Choice of the case study

Given the limited timeframe and budget of the research, in order to be able to use various types of qualitative data collection methods and to construct methodologically relevant samples (according to qualitative sampling principles in social sciences), the most relevant choice was to focus on an urban center – Bucharest. The research has been conducted in three accommodation centers that have registered the highest numbers of Ukrainian refugees and that are still operational (based on data provided by ISU Bucharest-Illfov as of 1 February 2024). Relevant samples have been drawn for women and teenagers living in host families or private accommodation. The sampling for the KII aimed to include all relevant actors and stakeholders who play an active role in the management of the refugee situation, with a focus on those who have responsibilities and activities in the area of GBV and trafficking.

Qualitative research has the advantage to allow a comprehensive and in-depth analysis, and it is particularly relevant in the case of vulnerable populations, such as refugees. Qualitative methods give them voice and integrate their lived experiences in the analysis of the situation and recommendations. Qualitative research is not representative for the national scale, but the results of qualitative research have the potential to be used and validated for similar cases. This research presents several elements which make the majority of the recommendations valuable at the national level. First of all, the legal framework, policies and programs dedicated to refugees, as well as legislation and services for GBV cases are valid at the national level. Secondly, a lot of KI perform activities in several regions, and they often mentioned similar risks and difficulties faced by refugees from Ukraine in all regions. Last but not least, Bucharest is the capital of Romania, Gara de Nord is an important arrival point, so this case study has the potential to generate conclusions that can be validated in other towns.

Data collection

The Safety Audit is based on qualitative methods of data collection and analysis and favors a participatory approach. The Safety Audit in Bucharest used the adapted, contextualized versions of the global [UNHCR Safety Audit toolkit](#).

Specifically, the following methods and tools for data collection have been used:

- *Desk research.* Various categories of data and information were collected and analyzed in order to understand the limited and often precarious GBV response: current legal provisions regarding Ukrainian refugees; current national and international support programs provided to refugees; statistical data on refugee flows (UNHCR) and on refugees that remained in Romania / Bucharest (national and local authorities); previous reports, analysis, research on GBV issues in the case of Ukrainian refugees; reports and analyses on GBV in Romania (social attitudes and values, vulnerable aspects of legislation and public policies, etc).
- *SafetyWalk (SW).* 4 SafetyWalks were conducted by the research team with the participation of community members and relevant stakeholders (see Annex 4). The visited places were: a RAC, the immigration office, a medical center and Gara de Nord Station. Throughout the walks, various aspects have been observed: the physical environment, service provisions, staff conduct, available information, and other contributing factors to assess GBV risks.
- *Interviews with refugees from Ukraine:* 12 interviews were conducted with Ukrainian refugees, 11 with women and one with a transman (see Annex 4). In the constitution of the sample, we used the principles of qualitative heterogeneity sampling by saturation and the snowball method. The sample covers experiences of women of different ages, living in centers or private accommodation, with different family / marital status (married, single, with or without children). The voices of women from Roma and LGBTQI+ community are also represented.
- *Key Informant Interviews (KII):* 11 KI interviews were carried out with stakeholders playing key roles in GBV risk reduction and response for refugees (see Annex 4). Key informants include GBV service providers, managers of RACs, security and police forces, International Organizations, national NGOs, especially feminist organizations, and public social services.
- *Focus Group Discussions (FGD):* 4 FGDs were organized with women and adolescents aged between 16 and 18 (see Annex 4). A total of 29 refugees of various ages (between 18 to 60) and marital and socio-economic status participated in the discussion. One FGD has been conducted with 8 Roma refugees.

Data Entry and Analysis

The interviews were transcribed with an informatic program and proofread by the research team. An observation grid was designed for each safety walk. Extensive notes were taken during FGDs and were completed during the debrief sessions after each FGD. The data were analyzed with the method of thematic discourse analysis. The thematic grid was designed using a mix of inductive and deductive approaches, combining information gathered through desk research and knowledge gained during data collection.

Ethical Considerations

Data collection and analysis respect ethical and deontological guides in place within International Organizations and the academic space. The main principles are:

- Individual GBV experience or information were not collected and participants were informed on it.
- All the activities took place in safe spaces, when possible, chosen by the participants. For the Ukrainian refugees some facilities were offered (water, refreshments, transportation costs – where applicable).
- All information was handled with confidentiality and informed consent was obtained from participants before starting discussions/interviews. KIs received all this information by e-mail and signed a consent form to participate in the research. The use of information in this report fully respects the anonymization preferences expressed by the participants. It also complies with GDPR requirements concerning the protection of personal data and privacy, as well as the security of the data collected.
- During the introductory session for interviews and FGDs, participants were informed that specific personal stories were not being solicited, and they should avoid mentioning names. They were advised to approach the facilitators after the session or seek help from listed services if they wanted to discuss specific issues or personal situations. No such instances were reported.

GBV as a conceptual and analytical tool

The majority of Ukrainian refugees registered in Romania, comprising fifty-three percent, are women, whereas children make up twenty-one percent of the overall Ukrainian refugee demographic. The gendered nature of the Ukrainian refugee crisis reveals the heightened gender-based violence risks that Ukrainian refugees face or may face in the host country.

For the purpose of this Safety Audit, gender-based violence is to be understood as “an umbrella term for any harmful act that is perpetrated against a person’s will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private.” (Inter-Agency Standing Committee 2015) Gender is applied as a fundamental analytic concept with the purpose of understanding constructions and executions of social hierarchies that are preserved and reproduced through processes of normalization, ideologies, and violence. Hence, we use the Istanbul Convention definition of gender, which describes it as the “socially constructed roles, behaviors, activities and attributes that a given society considers appropriate for women and men”. Romania ratified the Istanbul Convention, the first legally binding document that provides a comprehensive legal framework and strategy to combat gender-based violence against women in September 2016.

Romanian legislation, such as Law 217/2003 for the prevention and combating of domestic violence (revised) recognizes psychological, physical, economic, social, spiritual and online violence as forms of domestic violence. Law 202/2002 for the promotion of equal opportunities between women and men (revised) identifies domestic violence, sexual violence, female genital mutilation, forced marriage, forced abortion and forced sterilization, sexual harassment, trafficking in human beings and forced prostitution as forms of GBV. These laws apply equally to Romanian citizens, foreign nationals, and stateless persons living on the territory. The forms of GBV used in the present research are listed, with a short definition, in Annex 2.

Intersectionality represents a second analytic tool and method of praxis and explains how experiences of GBV may vary due to differences in social positionings. An intersectional approach to GBV takes into account how “gender intersects with other inequalities/oppressions (sexuality, gender identity, ethnicity, indigeneity, immigration status, disability) to produce unique experiences of violence” (Imkaan and UN Women 2019). The Explanatory Report of the Istanbul Convention determines persons made vulnerable by certain circumstances to also include pregnant women, mothers with young children, individuals with disabilities, including those with mental or cognitive impairments, people residing in rural or remote regions, substance users, sex workers, individuals of national or ethnic minority backgrounds, migrants – including those who are undocumented or refugees, gay men, lesbian women, bisexual and transgender individuals, as well as those who are HIV-positive, homeless individuals, children, and the elderly.

Conflict and refugee-related settings exacerbate risks of GBV, predominantly affecting women and girls. In the context of forced migration, GBV manifests as a continuum of violence, encompassing various stages including conflict in the country of origin, displacement, and the process of settling in the country of asylum. Throughout all of these phases, three prevalent factors emerge: “gendered power structures, ineffective or insufficient law enforcement, and traumatic events” (Krause, 2015). GBV should be acknowledged not exclusively as interpersonal acts of violence, but also as structural violence that is rooted in practices, policies, institutions and legal frameworks that either directly cause violence or fail to protect refugees from it. Risks of sexual violence, domestic violence, physical violence, trafficking, socio-economic violence, verbal violence, psychological violence, obstetric violence, sexual harassment and exploitation, and cyber violence have been identified, particularly in the three phases mentioned above. Moreover, lack of a gendered-approach in legislation and public policy increases risks of GBV against refugees from Ukraine, and hence many times become enablers of GBV.

Current Romanian legislation and programs from a gender-based violence perspective

Legislation and public policies regarding people displaced from Ukraine have been adopted and developed progressively. The Romanian Government leads the humanitarian response, in collaboration with other public institutions, UN agencies, NGOs, and INGOs under 6 Working Groups. The response transitioned from immediate emergency response in the first months of the crisis to achieving medium and long-term results, with a focused emphasis on protection and inclusion.

In June 2022, the Romanian Government adopted the National plan of measures for the protection and inclusion of displaced persons from Ukraine, beneficiaries of temporary protection in Romania, covering areas such as housing, health, education, labor, caregiving, as well as assistance of vulnerable groups. Certain components of the plan pertain to GBV prevention, mitigation, and response through an intersectional lens. Examples include, among others, Measure 2 that aims at preventing risks of abuse and exploitation of displaced persons from Ukraine, and Measure 5.5, which involves informing Ukrainian women about their rights, workplace harassment, and facilitating their entry into and engagement in the labor force. Other examples include Measure 30 and Measure 31 which center on identifying the needs of vulnerable persons, leveraging available national human and material resources to address these needs, as well as informing vulnerable Ukrainian refugee persons of their social rights. Responsible actors for the implementation, monitoring and evaluation of these measures include ministries (Ministry of Internal Affairs, Ministry of Education, Ministry of Family, Youth and Equal Opportunities, and others), UN Agencies, NGO's, central authorities, and institutions such as Department for Community Social Responsibility and Vulnerable Groups.

Initially since the onset of the crisis, the coordination on GBV issues was part of the Protection Group established as part of the Inter Agency Coordination in Romania. Subsequently, a GBV sub-working group was established, co-chaired by UNHCR and ANAIS, with the participation of relevant governmental bodies, International Organizations and civic society representatives. The change occurred due to the understanding that GBV presents a prevalent challenge for Ukrainian refugees in Romania that requires particular attention. Tasks of the GBV sub-working group include: management and coordination, advocacy, and engagement with the Ukrainian refugee population.

In early March 2022, revised in April 2022, and recalibrated in October 2022, UNHCR, together with the authorities, International Organizations and national civil society organizations developed a multi-partner, multi-sector response strategy under the form of a Refugee Response Plan (RRP). In Romania, the RRP is led by the Romanian Government, in partnership with several stakeholders and centers on providing complementary services and assistance in several areas, including GBV. For 2024, the RRP Strategy incorporates a GBV subsector focused on joint advocacy efforts, capacity building of GBV service providers, prevention activities, health system strengthening and capacity building courses for health workers and health managers, and training of first respondents on GBV and SEA.

In April 2023, the Romanian Government modified the 50/20 Program which was a unique social program at the European level, that provided funds for accommodation and food for temporary protection holders. In its initial form, the program raised various concerns related to gender-based violence, notably stemming from the absence of prerequisites such as background

checks for local hosts, minimum standards for living conditions, and the potential for economic exploitation, as well as the risk of human trafficking. As of May 1st, 2023, the program stipulates that Ukrainian refugees are eligible under updated criteria, such as having employment status, or alternatively being enrolled in higher education as a student, possessing a disability certificate, being over the age of 65, or actively engaged in childcare responsibilities for children under 2 or 3 for children with disabilities, are designated as direct beneficiaries of financial assistance.

In a nutshell, the programs and legislation initiated by Romanian authorities in response to the refugees from Ukraine crisis were initially considered gender-blind. GBV was taken into account at a later stage, including as a result of advocacy and support from International Organizations and national civil society, including local feminist organizations. Even so, the current regulations, provisions and structures coordinated by Romanian authorities do not give much space to GBV and especially do not have specific dedicated resources for efficient implementation. There is no monitoring or evaluation report by the Romanian authorities on this subject.

Brief overview of previous reports and research on GBV

Safety audits or GBV reports related to refugees and humanitarian status holders in the region point out several risks and threats that should be taken into account.

A Safety Audit conducted in Greece stresses that many migrants and asylum seekers experienced GBV in their home country, and the main risk is the proximity of their abusers (Nodjomian-Escajeda, 2023). The lack of support services discourages refugees to submit a formal complaint; more worryingly, “Organizations do not conduct human trafficking screenings because there are no services to support the survivor if they are identified.”

The “Assessment on Sexual and Gender-Based Violence (SGBV) among UNHCR persons of concern – asylum-seekers, refugees, humanitarian status holders and stateless persons” recently conducted in Georgia (UNHCR, 2023) highlights that “domestic legislation regulating international protection and asylum procedures” is “gender blind”; it is an obstacle for adequate intervention and support for refugees and asylum-seekers which encounter various forms of GBV.

LGBTQI+ refugees face specific safety risks in Poland, Romania and Moldova, according to an assessment published in 2023 (Emson and Ahlenback, 2023). These societies are highly conservative and patriarchal and provide very few legal protections for LGBTQI+ people (some improvements have been made in Moldova). Multiple safeguarding risks have been identified, including „discrimination and risk of outing by non-LGBTQI+ actors providing humanitarian assistance, including in shelters and housing centers”. As a result, some LGBTQI+ refugees “have chosen not to seek assistance or they access humanitarian services but try to hide their SOGIESC [Sexual Orientation, Gender Identity and Expression, and Sex Characteristics]” (p. 6-7). Other risks are human trafficking and sexual exploitation, risks regarding health services, housing, public space or employers.

The European Disability Forum (EDF) estimated that before the war there were 2.7 million persons with disabilities registered in Ukraine (*Disability Inclusive Safeguarding* 2022). Nevertheless, those persons remain largely invisible in the information about the response. In Romania's case, people with disabilities encounter difficulties and risks in terms of transport, access to sexual reproductive health and rights services (especially for girls), access to medication and assistive equipment, and they are exposed to stigma.

The GBV Safety Audit for Moldova maps the major risks for Ukrainian Refugees: trafficking of women and girls, discrimination towards women and girls related to harmful gender norms, cultural barriers for GBV survivors when seeking assistance. It also stresses the need of an intersectional approach, in order to take into account the needs and risks of specific vulnerable groups, as well as the need of a broader and mainstream communication and awareness raising on GBV forms, risks and services.

Two reports on GBV faced by refugees in Romania have been elaborated by VOICE and HIAS. The first one (*Gender-Based Violence in the Context of the Ukraine Crisis* 2022) identifies the factors contributing to the violence against women refugees: traumatic pre-arrival experiences, issues related to settling in Romania (language barriers, economic dependence, stress, social isolation). In the case of Ukrainian refugees, the report underlines their fear of harassment in public space and a high risk of sexual violence (in public space, public transport but also in intimate or dating relations) (pp. 7-8). Ukrainian girls are even more vulnerable, also because of the use of technology. Contacting the police is not a solution, as they fear the revictimization and lack of action. Intimate partners remaining in Ukraine can continue to have abusive behaviors and exercise different forms of GBV, especially psychologically, emotionally, and financially. Searching for a house or a job amplifies GBV and exploitation risks. Vulnerable groups (Roma, LGBTQ+) face serious difficulties accessing services in case of GBV.

The second VOICE and HIAS research focused on the associative landscape of the response to GBV in the context of the Ukrainian Crisis (*Waiting for the Sky to Close* 2023). Some major concerns are raised: the response to the Ukrainian crisis has been gender-blind, there is a lack of dedicated funding for sexual and reproductive health and services for violence against women and girls (VAWG); there is a lack of financing, support and recognition of local feminist and women's rights organizations; "a top-down, unequal relationship between capable local actors and international humanitarian agencies."

Three main lessons have to be learned, based on all these assessments. First, GBV and SEA regulations, norms and services have to be mainstreamed and mandatory: gender-blind legislation, programs and institutions maintain the risks of GBV and diminish prevention and response actions. Second, local NGOs should benefit from more recognition and budgeting, and their voices should play a central role, as every national case has its particularities and special needs. Third, national governments and authorities have to be more engaged in fighting GBV and SEA, both for their own population and for refugees and asylum seekers.

Some context elements: GBV in Romanian society

The GBV risks refugees face in a host country cannot be separated from the societal values regarding gender roles and violence against women, nor from the national legal and institutional framework addressing GBV and GE issues.

Romania's international commitments contributed to the adoption of an adequate legal framework, even if there is still room for improvement. The most salient point remains the use of the domestic violence frame in the majority of laws, policies and services, one that leads to the invisibilization of historical and structural gender inequalities and weakens the appropriate response to GBV (Băluță and Tufiș, 2022).

Romanian society is predominantly conservative, with dominant religious and traditional values affecting gender roles (Grünberg, 2018). Romania occupies the last place in the [European Gender Equality Index](#), and does not provide valuable data on GBV (according to UE definitions and standards).

Some forms of GBV are highly tolerated: about 25% of the population do not find social, economic and psychological violence as an issue (Băluță and Tufiș, 2022). Sexual violence is also accepted when gender stereotypes intervene: rape seems to be justified if the woman is dressed in a provocative way, if she consumes alcohol or accepts to go to the man's place. Street harassment is overspread and little condemned by the population or taken into account by the authorities (Chirciu, 2020). Sexual harassment and sexual abuse are prevailing in schools and universities and the institutional response remains weak and inefficient (FILIA 2022). The LGBTQIA+ community faces negative attitudes, safety risks, the absence of legal protection and civil rights, discrimination and hate speech (MozaiQ' 2023 and 2024 reports).

Women's reproductive health is quasi-absent from the legal framework. There is no free access to contraception (although Romania has among the highest rates of adolescent mothers in the EU). Abortion services are not reimbursed and, deeply worrying, access to abortion is more and more limited (AMI 2024).

Services for GBV and SEA survivors are precarious, with limited budgets and staff; several centers function "on paper", and a lot of legal provisions are not implemented (Săsărman, Mangu, Popescu, Nemeș, 2021). Moreover, the personnel designated to be in charge of GBV are poorly trained on basic issues related to GBV case management, adequately supporting the survivor without blaming her/them/him and so on. Complaints often are not registered, judicial files are treated without professionalism and in the few cases when a decision is finally pronounced, gender stereotypes and patriarchal culture lead to cases where judges affirm that a 11 or 12 years girls consented to have sexual relations with a 30, 40 year old men. (Raportul Inspecției Judiciare, 2021; Nemeș and Crișan, 2020)

Gaps between laws and practices arise from inadequate implementation of the legislative framework and the tendency for gender equality policies to remain largely on paper. There is either a limited or nonexistent budget for implementing gender equality and domestic violence policies, along with a shortage of expertise in gender equality and gender-based violence across all areas. Low political commitment to GE is one of the factors contributing to the perpetuation of this situation (Băluță & Dumitru, 2023).

Several reports, academic research (Băluță & Tufiș, 2022; EVS, 2020; Chiva, 2017; Miroiu, 2006) and the last Gender Barometer (Laura Grünberg, coord., 2018) stresses the patriarchal values and traditional gender roles dominant in Romanian society. Numerous international research argues that gender stereotypes and gender traditional roles play a central role in the (re)production of GBV. The Istanbul Convention acknowledges that “violence against women is a manifestation of historically unequal power relations between women and men, which have led to domination over, and discrimination against, women by men and to the prevention of the full advancement of women”. Therefore, “The Parties shall take the necessary measures to promote changes in the social and cultural patterns of behavior of women and men, with a view to eradicating prejudices, customs, traditions and other practices, which are based on the idea of inferiority of women or on stereotyped roles for women and men.” (Art 12, 1). The EU Directive on combating violence against women and domestic violence states: (art. 59) “Member States should take measures to prevent the cultivation of harmful gender stereotypes to eradicate the idea of the inferiority of women or stereotyped roles of women and men. This could also include measures aimed at ensuring that culture, custom, religion, tradition or honor is not perceived as a justification for, or a more lenient treatment of, offenses of violence against women or domestic violence. Considering that from a very young age onwards, children are exposed to gender roles that shape their self-perception and influence their academic and professional choices as well as expectations of their roles as women and men throughout their life, it is crucial to address gender stereotypes as of early-childhood education and care.”

Romanian society remains a patriarchal and sexist society, where women face different forms of GBV and SEA. Refugees’ situation is more at risk, given the linguistic barrier, economic precarity and psychological vulnerability. GBV public services and support are insufficient and difficult to access. Lack of political engagement for gender equality is reflected in gender-blind legislation and policies, as well as in precarious expertise and training of the personnel working in social services, police, health system, local and national administration. This context is crucial for both understanding the GBV risks faced by refugees and for developing tailored recommendations that must align with the national policy framework.

Findings

The main findings related to GBV risks and response gaps identified through the different methods of data collection in this GBV Safety Audit in Bucharest are resumed below. Findings are organized in 5 subsections that structure the main results of the field research:

1. General risks and concerns,
2. GBV weaknesses in the response to the Ukrainian Refugees Crisis,
3. GBV risks,
4. Access to GBV services and support,
5. Recommendations from participants.

1. General risks and concerns

Several general risks and concerns, not directly linked to the GBV, have been mentioned in all the interviews and FGD. In some cases, participants requested those concerns to be mentioned in the report, as they felt the need to be heard. They are referring to obstacles, difficulties and psychological concerns of the refugees: on one hand, they represent safety risks for them; on the other hand, they can amplify, directly or indirectly, risks of GBV. Placing GBV risks and concerns in a wider context, including the risks and fears considered more urgent by the refugees, contribute to the development of a more comprehensive approach and formulation of a better and more efficient response.

The most significant concern, which can sometimes escalate into a genuine fear, is the **anti-Ukrainian discourse, attitudes and behaviors**. This risk and fear were highlighted in all FGDs and interviews with refugees. While Ukrainian refugees were warmly received and enjoyed significant popular support in 2022, data indicate a growing hostility and distrust since 2023 (UNICEF 2023; VOICE-HIAS 2023). Disinformation spread by radical and extremist actors has created the false perception that refugees are draining the country's resources and negatively impacting the income and rights of the local population. This narrative also claims that refugees receive more rights and benefits, including financial support, compared to Romanians. All this fuel hate speech, especially on social networks, but also aggressive reactions and behaviors, online and offline. The main concerns and risks reported are: verbal violence in public transport and public places, at work and in on-line interactions; discrimination in housing and working; bullying in schools.

The linguistic barrier, present in all humanitarian contexts and signaled in the case of Ukrainian refugees in Romania since the beginning, continues to be an important obstacle for integration and access to services, as well as a risk factor for GBV. This barrier will be mentioned in the other subsections, but it is important to highlight its overarching impact. It is crucial to address this issue seriously and develop efficient and effective responses.

"It's the language barrier. When you can't communicate effectively you become more vulnerable." (KII 4)

War trauma was mentioned by several respondents. It has consequences on their mental health, affecting their day-to-day life and can be an enabling factor of GBV. This trauma can be more severe for children and mothers who encounter numerous obstacles in coping with it, as well as for persons with a mental health condition, whose conditions can exacerbate in the highly stressful context of war. In some cases, this trauma manifests as a fear that the war might spread to Romania.

Interviews and FGDs revealed that **refugees living in RACs are evidently dependent on RAC personnel** and are concerned about their lack of autonomy. They struggle to access services, especially medical ones, without the support of RAC staff and are unsure how to do so independently (I 9, I 12). This is intertwined with the language barrier, and sometimes with a low social and educational statute, which reinforces this dependence. RAC personnel are highly supportive, but additional activities for community integration and autonomy development are needed.

Papers and legal recognition are a major concern and risk for trans people. This represents an issue at the border, particularly at the Ukrainian border, but also in accessing services and medical care needed in Romania. For trans women, especially those who have not changed their gender marker in their identity documents, it is nearly impossible to return to Ukraine, as they are either forced to serve in the army or be prosecuted for illegally crossing the border. Regarding their experience in Romania, it is important to mention the transphobic nature of the social and medical system that affect both the local trans community, and the refugee trans community.

2. GBV challenges in the response to the Ukrainian Refugees Crisis

The approach for this GBV Safety Audit points to the need to de-particularize GE and GBV issues and to adopt a mainstreaming approach both in analyzing the current situation and in designing future strategies and response. Challenges in the Response to GBV services and support are highly connected with the general set-up of legislation and policies aiming to support refugees and asylum seekers. Moreover, there is a substantive co-dependence between International Organizations, International Regulations and Support Programs and National Authorities, National Legislative Framework and Policies. The efforts of International Organizations need to be supported and reinforced by national policies; in this regard, IOs can advocate for more gender-sensitive programs and services. National Authorities need the technical assistance of International Organizations, which have a wider experience in managing refugee crises and GBV, as well as SEA management.

KIIs reveal that the response to the Ukrainian Refugees Crisis presents several weaknesses related to GBV risks. There are important lessons to be learned to better respond to future situations and improve current regulations, procedures, programs, and services for all refugees and asylum seekers, not just those from Ukraine.

Gender-blind actions and staff unaware of GBV

The response of Romanian authorities was gender-blind and GBV aspects were introduced only after many incidents signaled by national feminist and women's rights organizations. For instance, the first emergency ordinance did not include any specific provision and legal instruments. Public institutions lack mandatory and accessible GE and GBV training for employees, even for those working directly with GBV issues, such as police and social services. During the KIIs with police officers from the Crime Analysis and Prevention Service, it was noted that in the absence of mandatory GBV and PSEA training at the institutional level, personnel learned about GBV independently. Additionally, it was also mentioned that a local feminist and women's rights organization (ANAIIS), organized and conducted some informal online training sessions about GBV.

International Organizations provide PSEA and GBV training for all their employees. They conduct PSEA training with partners and provide support for organizing training sessions for trainers. In the case of local NGOs, apart from feminist and women's rights organizations, PSEA is not consistently implemented. Sometimes, The PSEA training is either not conducted thoroughly or is not mandatory for temporary staff and volunteers. GBV and GE training is not mandatory and is less integrated by NGOs that do not specialize in these areas. Linked to that, many cases of problematic case management or even inadequate behaviors of the personnel have been reported by KIIs. For example, during a KII with a national NGO focused on reproductive rights and health services, incidents of sexual abuse committed by an employee of an organization providing accommodation services for refugees were reported.

GBV remains a sectorial and often marginalized approach

According to some KIIs, while national regulations and programs have introduced some provisions on GBV, the implementation process—due to insufficient budget, staffing, expertise, and capacity—suggests a tick-box approach. For instance, officials claim there is free access to contraception for refugees, while in practice NGOs confirm it does not exist. This not only leads to GBV projects being isolated but also poses the risk of funding GBV-blind programs and actions. (KII 1, 8) The analysis of the legal and policy framework, along with previous international reports on the topic, highlights the need to strengthen the GBV and GE perspective.

A major need for capacity building in public institutions

KI from IOs and national feminist and women's rights associations stressed the difficulties in collaboration with public institutions, such as police, social services, public health system actors in GBV cases. Precarious infrastructure, insufficient budget and staff, lack of awareness, training and expertise on GBV and GE are recurrent obstacles mentioned by the interviewees. Another aspect highlighted during FGDs is the lack of consistency in the legislative framework and governmental programs dedicated to refugees from Ukraine.

These findings clearly show that GBV and SEA issues continue to be addressed through a sectoral approach, both at the international and predominantly at the national level. At the national level there are a lot of gaps in the implementation of current legislation and policies on GBV, both for Romanians and for refugees. This lack of implementation affects the efficient collaboration between the Romanian state and International Organizations, limiting the results and impact of dedicated programs.

3. GBV Risks

Knowledge on GBV and GBV services

Most of the refugees interviewed or participating in FGDs have acquired minimal knowledge about various forms of GBV through trainings and workshops organized by Romanian associations focused on feminism, women's and children's rights. Some refugees, particularly older individuals or those from small traditional Roma communities, were previously unaware of various forms of GBV in Ukraine but learned about them upon arriving in Bucharest. LGBTQI+ people already had significant knowledge of GBV upon arriving in Bucharest. The national emergency number (112) was known by all participants. Other numbers or services are less recognized, such as IO and NGOs helplines, volunteers or social services in RACs. The majority of participants mentioned Romanian NGOs as the first point of reference in case of GBV.

Most of the refugees who participated in the research had some contact with Romanian organizations or were in RACs, giving them access to informative sessions on GBV. Some, particularly those more vulnerable both in Ukraine and Romania, did not possess any knowledge on GBV (I 9, I 12). There is a concern about women who are not in these networks: it is not clear if and how they could have access to information. For instance, the SW to the Immigration Office revealed that there is no information related to GBV - services, helplines, NGOs etc. - posted in the facility of the center.

Risks and Safety Concerns in RACs, Private and Hosting Accommodation

The majority of refugees living in RACs do not identify major safety and GBV risks regarding housing. However, there are still insecurities regarding sharing the space with many strangers. The interview with a single mother refugee revealed that the safety of her daughter, particularly when she leaves her at the RAC for going to work, is a priority safety concern (I 11). Another woman noted that many people in the RAC are unfamiliar with each other, leading to fear and distrust among residents.

"I live in another country, in the center, with unknown people, and I don't know what kind of people they are or what they might be hiding. I fear there might even be pedophiles." (I 11)

The SW to one RAC in Bucharest revealed some concerns regarding the bathrooms, which were in the hall, on each floor. In principle, they were separated, but in practice men and women used the same bathroom. The doors did not lock properly and showers were separated by shower curtains, which raises concerns regarding safety and intimacy. A KI mentioned a situation in which a RAC was established in an apartment block for singles, which housed many single men (Romanian), and lacked clearly defined spaces. Consequently, these men had access to the areas where the refugees were staying. This led to instances of harassment, and those with daughters were fearful of leaving them alone at home (KII 1).

The most prominent risks are revealed with regards to private accommodation. The first step, searching a house through on-line platforms, can expose women to stalking and sexual harassment. Single and young women are the most vulnerable. During the first meeting, the house tour, or even afterward, they can encounter sexual innuendos or proposals and risk being lured into human trafficking networks. As they do not understand or poorly understand Romanian, they are prone to being manipulated, while they understand significantly late (sometimes too late) the risks.

Women with precarious economic and educational backgrounds are particularly vulnerable, as they are often perceived as unable to afford rent. Roma refugees face ethnic discrimination – similar to the Roma Romanian population – and the risk of human exploitation is bigger, even in the case of children.

LGBTQI+ people are afraid to disclose their identity. Not only could they be refused by the renters, but they fear verbal and physical aggression from renters and neighbors. One LGBTQ+ respondent mentioned overhearing their neighbors using homophobic slurs that increased their sense of insecurity. The most concerning issue is the situation faced by transgender individuals, where their identity documents may not match their physical appearance. This could lead to discrimination and transphobic hateful acts from renters.

GBV Risks in Public Space and Transportation

The main risks in public space and transportation are related to the time of the day (evening and night are generally perceived as riskier by the refugees) and some areas of the city (refugees read on social media and Ukrainian groups that some areas are more dangerous). Negative stereotypes about the local Roma population are perpetuated, even though respondents lack facts or precise data. In the Romanian context, the local Roma community is already marginalized and labeled with discriminatory stereotypes. During interviews and FGDs it was observed that Ukrainians usually displayed sentiments of suspicion and aversion towards the Roma minority living in Romania, signaling preconceptions that were developed prior to interacting with the local Roma community. Equally, FGDs and interviews with refugees revealed a general lack of awareness and empathy to the higher risk of discrimination in the case of Roma refugees. As a consequence, Roma women refugees are susceptible to intersectional vulnerabilities due to their overlapping identities, each posing a risk for overall social exclusion and inequities. Moreover, they are exposed to acts of discrimination perpetrated by both the host community and fellow Ukrainian refugees living in Romania.

Girls and young women fear sexual assaults when using public transportation. Verbal violence and sexual proposals or assaults are pretty common, and the linguistic barrier amplifies the fear:

“There I was in my hometown, and now I’m in a foreign city and country. Here, if I go out at night, a drunk person may approach me, for example. If he says something to me, I won’t be able to answer him properly, to explain, and I’m afraid he might hit me. You know how men are nowadays? In our hometown, we understand the language, we can talk back, we can speak freely, we used to walk around freely.” (I 10)

If LGBTQI+ respondents say they feel safer in public spaces in Bucharest as in Ukraine, they are reluctant to be visibly LGBTQ+ on the street - either it is wearing colorful clothes, LGBTQ+ pins, or holding hands with a partner on the street (I 1, I 8). Roma refugees face ethnic discrimination but appear to have internalized it, failing to recognize negative attitudes and stereotypes as an injustice or additional risk (FGD 4). Moreover, one KI mentioned that the non-Roma refugee population perceives discrimination against Roma as a “right” they have. Racism among the community is worryingly normalized both by the non-Roma and the Roma community. This should be a priority area, as it can lead to increased exclusion, and segregation of the Roma refugee population.

Trafficking and Sexual Exploitation Risks

Sexual exploitation and trafficking risks occur especially with regards to housing and job searching. Refugees had heard stories about women who, during conversations with a supposed landlord, realized he intended to exploit them as prostitutes. Online interactions are perceived as more dangerous and a higher risk of trafficking (I 6).

One KI considers vulnerable women, without “social stability”, and without many social ties to be more at risk of being trafficked (KII 3). Another KI highlights that the situation is largely unknown, as there is no strict evidence of those women and in some cases, if a woman living in private accommodation disappears and who has no support network, such as family or close friends, nobody will report her absence. Moreover, vulnerable women, who are desperate to find a job, are more at risk:

“[There are] women who were told the job was in another country and left with their so-called employers and were simply never heard from again.” (KII 1)

GBV and exploitation risks in the labor market

In the current situation, integration in Romanian society is essential, as support programs for Ukrainian refugees are focused on encouraging them to live in private accommodation and integrate in the labor market.

The need for money and a limited job offer (especially as language represents a significant barrier in accessing the labor market, as most of them do not speak Romanian or English) may push women to seek and accept jobs on the informal market, which amplifies the risks of exploitation and GBV, especially sexual violence. When women use online platforms and respond to job offers, they risk discovering that the job offer is merely a pretext for men to contact them and make sexual proposals. A KI from a women's rights organization considers the workplace the biggest risk for GBV:

"They are willing to do anything for a certain amount of money and somehow the Romanian employer takes advantage of the fact that she doesn't know the language, she didn't integrate very quickly and I think it leads a bit to the exploitation of the labor force of the person, of vulnerable women." (KII 3)

Exploitation and overwork are mentioned by the majority of the refugees, as well as by some KIs. Low wages and supplementary unpaid working hours are common practices on the job market.

"(...) even if they find a job, it's a very low paid one. As far as I know, their salary is lower than the Romanians' salary for the same work... They work in services lower than their specialization. Since many don't know the language, they take these lower jobs." (I 5)

Low wages and overwork affect the overall mental and physical health of refugees and can push them to accept even riskier jobs: it increases the risk of GBV, sexual violence and even trafficking. People with disabilities particularly face huge difficulties in finding a job. Respondents with disabilities have mentioned the great difficulty they have faced in Romania to find work, particularly work that is suited for their physical or mental condition. The difficulty in finding and securing a job also applies to women taking care of young children, elderly and disabled family members. This is applicable for the interviewed women who are responsible for all domestic and caregiving duties, whether they live in RACs or private housing.

Similar to the Romanian Roma population, Ukrainian Roma refugees represent another vulnerable group whose access to the labor market is significantly difficult, as they face ethnic stereotypes and discrimination, either from potential employers who refuse to hire them because of their ethnicity, or from colleagues and employers who treat them differently, due to the same reasons.

Risks of GBV in accessing health services, especially women's health

Respondents living in RACs have a family doctor (with the support of RAC's personnel) (I 10, I 11), but people living in private accommodation have major difficulties in finding a family doctor (I 1, I 8). Without a family doctor, one cannot access the public health system.

"Not only the linguistic barrier and the complicated administrative process prevent refugees from registering, but doctors are reluctant in receiving Ukrainian refugees and find excuses for not registering them. One refugee said she had a gynecological consultation one year ago, through a program of an NGO. The costs of medical services or the long waiting time are serious obstacles for the access to health services." (KII 1)

The KII of the association specialized in women's health service mentioned several major problems in access to health and reproductive health services. Pregnancy surveillance is not free in the public system, not even for Romanians.

"We had cases of Ukrainian women who returned to Ukraine for this. (...) Abortions are much cheaper and more easily accessible in Ukraine." (KII 1)

In some cases, obstetrical violence occurred when doctors misinformed women about the legal conditions of abortion or discouraged them through manipulative discourse.

"We have had requests for abortions and because they had been to a gynecologist who scared them, he explained to them that look, your men die in war, you have a boy... we had women who told us this and they didn't want to do it in Romania, they didn't trust doctors anymore." (KII 1).

It is important to highlight that medical services for sexual assault and sexual violence are poorly developed within the public health system. The few integrated centers for sexual violence survivors are not always really functional: for instance the center for sexual assault and rape survivors from the University Emergency Hospital (Popa 2024). In the case of women and girls from Ukraine, the linguistic barrier makes even the existing services inaccessible. In other cases, when refugee women raised the problem of the access to free contraception, an official from the National Insurance House ironically asked: "their husbands are in war, why do they need contraceptives?" (KII 1).

People with disabilities face enormous problems in the process to obtain the recognition of their disability (a mandatory condition to access social aid) and to have access to the medical prescription and free medicines (even when they have a medical prescription) (I 5). An interview with a refugee who is the main caregiver for two mentally disabled family members revealed that Ukrainian refugees with epilepsy face difficulties in accessing their prescribed medication from Ukraine. However, because of the possibility of the condition worsening and risks of unanticipated

side-effects, they are more likely to find a way of bringing the medication from Ukraine, than switching it with a different one that is accessible in Romania (I 12).

The transgender refugee interviewed said the access to endocrinologic medical services has been impossible so far, because information on endocrinologists in Bucharest who speak English and who are not transphobic is not readily available. Moreover, access to hormone treatment is considerably difficult in Romania (compared to Ukraine, where he can easily find testosterone in pharmacies) (I 8).

GBV forms faced by refugees

Several forms of GBV faced by Ukrainian refugees have been mentioned by our respondents. These include sexual violence, domestic violence, online violence, psychological violence, obstetrical violence, verbal violence, or attempts to human trafficking. Many times, these intersect with each other, as well as with the multiple identities of the refugees.

Sexual harassment and **sexual aggressions** in public spaces and public transportation (including taxis) have been frequently mentioned by respondents from every age group, and generate feelings of insecurity and uneasiness (I 4, I 5, I 6, I 8, I 7, FGD 1, FGD 3).

Additionally, the lack of Romanian language proficiency can significantly increase the vulnerability of Ukrainian refugees in such situations. When coupled with the lack of reaction from locals, this combination can pose a serious threat to refugees' safety in public spaces and transportation.

Online violence is also widespread: incidents involving **stalking, online harassment** (I2, I4a, FGD 3) of Ukrainian refugees are common. During a FGD with teenagers and young women, Telegram channels were identified as important sources of online **sexual harassment**. An incident involving the creation of a Telegram channel named PornHub Romania occurred, where girls and women were added without their consent (FGD 3). Teenage girls and young women are particularly susceptible to sexual violence when using the internet for recreational purposes, especially when it comes to **unwanted sexualization** in video gaming chat rooms. Some of them mentioned that if their username is in Ukrainian, they are more likely to receive sexualized remarks, unwanted sexual advances, or requests for sexual favors while they play various online games.

4. Access to GBV Services and Support

The GBV Safety Audit also evaluated the level of access to GBV services and support. The main objective was to assess: 1) their effective existence and availability, from the practical experience of the refugees and the KI; 2) barriers and difficulties in accessing those services and support. The needs and recommendations of the participants have been collected and are resumed, as it is highly important to revise the response to GBV risks based on the lived experiences of the refugees and KI working in the field.

The four safety walks the research team had conducted revealed that information and support for GBV are available only in RACs. Moreover, social, medical and psychological services are reduced (they are available only once or twice per week, by appointment), and there are posters with information on GBV services and support, where volunteers and staff can be contacted. Generally, these services are provided by NGOs who have maintained a relatively close relation with refugees living in RACs, who worked on building trust with them. However, one KI mentioned that in the case of a domestic violence situation, where the victim and the aggressor live in the same RAC, it is nearly impossible for the victim to access these services.

“What was very unpleasant - if we had an abuser and a victim in a family here... [The woman] has no way to access counseling when she is being kept under his control (...) if he is controlling you all the time, he leaves you 5 children to take care of them and he is always controlling you and he also has his mother here, who is also monitoring you.” (KII 7)

Things are even more complicated for the refugees living in private accommodation. If they are not connected to local NGOs working in the field of women’s and children’s rights, they have practically no official access to information about available services and support. In a positive case, someone from the Ukrainian community refers them to an organization, as this is the main method of information dissemination. However, there are cases where refugees who have no one, perhaps they enter relations with Romanian men, where they generally become dependent on those men, due to several reasons.

“They can’t really leave it because they have no other place to go.” (I 1)

As highlighted in the first section of the Audit, GBV services and supports have several weaknesses and in many cases, they are difficult to access even for Romanians. In this context, realistically speaking, Ukrainian refugees can access only services and support provided by International Organizations and national organizations working in the field of women’s and children’s rights. Those organizations offer support and/or services in numerous areas: information and referral to specialized NGOs / institutions; assistance in contacting the police; assistance in accessing medical services (in some cases it also means financial support); psychological support (free psychotherapy services); legal assistance.

In the area of legal assistance, anticipating increased risks of sexual abuse, International Organizations have invested in the training of professionals in the area of justice, including GBV training with prosecutors and Russian language translators, who can instrumentalize cases of sexual abuse in possible cases of sexual abuse against minors, including girls (KII 6). However,

several challenges need to be addressed: not all professionals in the justice sector are trained on GBV, a situation that NGOs have repeatedly highlighted as having severe consequences; translation services are only available for cases assisted by IOs or NGOs; not all refugees have access to information about these support services; and IOs and NGOs have limited capacity to manage all cases.

Overview of Access to GBV services and support for Ukrainian refugees

Although all the interviewed refugees possess minimal knowledge about GBV forms and services they can access, most of them did not seek support or knew someone who did it. Those few who have interacted with the police in the past, have recounted negative experiences, particularly regarding the behavior of the Romanian police officers (I 1).

A large part of the refugees (interviews and FGDs) mentioned **family, friends and close groups as first contacts in case of GBV**. It has to be recorded that family and friends are not part of the services and support designed and financed by National Authorities and International Organizations. This situation is due to the internalization of gender stereotypes about GBV being a “personal” problem that should not be publicly exposed. Shame, guilt and self-blaming are common reactions of survivors of GBV.

*“I understand that she was as ashamed of what happened, like many other women in this situation. She didn’t tell anyone.” (I 5)
(interviewed refugee on the reaction of a victim of GBV)*

Their apprehension to contact police and authorities is also the result of lack of trust and the circulation of narratives concerning the inaction of the police. It is also linked to stereotypes related to the police action in the Ukrainian society, or to negative experiences of the interaction with the border police forces. In any case, not being mentioned as the first contact in case of GBV speaks about the need to redesign existing programs in order to reinforce the role of the police in the support and the protection of GBV survivors.

NGOs were designated as the second contact point by the majority of the participants. Generally, refugees trust women’s rights and humanitarian organizations that provided them information about GBV, organized various activities that raised their awareness about GBV and helped them feel empowered. Furthermore, local and international NGOs and UN Agencies were nearly the sole actors engaged in responding to the Ukrainian Refugee Crisis by offering translation services in all circumstances.

“But perhaps, I would go to the ANAIS organization. They are working in this direction. They told us that if there is any case of violence, we can contact them. Perhaps I would contact them.” (I 3)

Refugees living in RACs often approach volunteers and RAC staff because they perceive an open line of communication, allowing volunteers to assist them on various issues whenever time permits (I 9). This also comes as a result of close contact and built trust between the staff, volunteering translators and refugees.

Building trust and consolidating communities represent essential factors for services and support offered to GBV survivors. The feminist, women's and children's rights associations are examples of good practices: they provide useful and meaningful services and support and they are trustful, therefore efficient mediators for the interaction with public authorities, public services and support.

The emergency number (112) was mentioned by the majority of participants. Numerous refugees admitted that in the case of "serious" violence, police should be contacted. This "serious" qualificative has to be *seriously* questioned. The situations given by the participants are: physical violence (where a slap is not always perceived as violence), rape and sexual assault. Ultimately, in such cases, survivors and their family or friends may consider contacting the **police**. A KI described instances where they assisted refugees in GBV cases, noting that the police did not have a translator available. Initially, there was resistance to the presence of the translator paid by the association during the official registration of the complaint. As a result, the lack of procedures in situations of GBV case management lead to inappropriate response from the police forces. One good example of a police section in Bucharest shows how important it is to have trained personnel and clear procedures: in a case recounted by one KI where the police officers in that section had been trained on GBV case management, the survivor benefited from significant support of the police, while the collaboration between the association and the police was adequate (KII 1).

There was a moderate awareness among Safety Audit participants of the **hotlines** in operation to provide information and support for GBV cases. Nevertheless, none of the participants used those numbers. The KIs from associations testified they had received numerous calls from refugees from Ukraine. The IO refers the cases to dedicated public institutions or national NGOs. At the same time, some women's rights associations have their own hotlines, where they provide support for cases registered through these hotlines as well as for cases referred by other stakeholders.

Access to health services is often inadequate, particularly for refugees living in private accommodation, as shown in the previous section. General public health services are difficult to access and women health services might pose even more problems, according to the participants in the FGD and interviews. Reproductive health services (such as contraception, abortion, pregnancy monitoring and birth) provided by the public health system (which is either free or relatively cheaper than in the private system) are sometimes impossible to access. Cases of mistreatment and obstetrical violence have been signaled by refugees and KIs (KII 1, I 1). Sexual violence (sexual abuse, sexual assault and rape) do not benefit of an appropriate response and support from the public medical system. In the absence of NGOs support, survivors would be unable to seek assistance, thereby heightening dependence on NGOs. This situation also places pressure on organizations to handle a large volume of beneficiaries, exacerbated by the inefficiencies of the public system (KII 1).

Barriers to Accessing Services and Support for Refugees

Barriers to accessing GBV services and support for Ukrainian refugees in Bucharest were identified regarding awareness and information on services, attitudes and cultural norms, real accessibility of some services and concerns about the quality of services provided.

Refugees living in private accommodation and RACs generally received information about GBV through activities and programs provided by NGOs. Asking Ukrainian Telegram groups or searching on the web is a second option. In this case, the accuracy might be problematic: for

the informal groups, there is no way to verify the information; for the research on the internet, it depends on the capacity of the person to select valuable sites and on the linguistic skills (in most of cases the information is available in Romanian and English). It is not at all clear how it may function in the case of more isolated and vulnerable persons or groups.

Language was indicated by all the participants as a barrier in accessing support and services. Lack of language proficiency limits or hinders access to information, which leads to refugees not knowing their rights, not properly understanding procedures, and feeling marginalized. The language barrier represents the main reason for refugees' reluctance to go to the police.

"The language barrier is the first reason. It's hard to speak with our police officers. Nonetheless, if we add the problem that we will speak foreign language..." (I 8)

Gender stereotypes, including GBV stereotypes, influence the behaviors of refugees. Some forms of GBV are not identified or not considered serious and the culture of silence discourages them from talking about it, complaining or seeking help. Additionally, women perceive that authorities, particularly the police, are not very receptive to GBV complaints (I 3, FGD 3). They fear that there is an alliance between police and aggressors (KII 1) or simply do not believe that a policeman can understand a woman's experiences:

"Most likely, they won't help her and they (the police) won't understand her. They won't understand her as a woman. Not just as a person who can't explain in their own language, but as a woman who felt this, went through such a situation. Not only in Romania, but also in Ukraine, such cases are closed at the beginning level. If you come with a lawyer, then yes, but not otherwise." (I 5)

Therefore, distrust in authorities may function as a major barrier in seeking support: survivors hesitate to contact the police, for fear of being rejected, unheard or simply ignored. As long as they do not believe it is possible to receive a decent response, they will not appeal to any service or support. However, this perception can be justified - in reality, there are many instances where police do not intervene, where they do not believe the victim, or even discourage her from reporting (as documented by NGOs reports presented at the beginning of this report). Moreover, other factors such as racism, ableism, stereotypical perceptions of people with low socio-economic status can contribute to the worsening of the situation. As a consequence, given that word of mouth is one the main ways of disseminating information among the Ukrainian refugee community, if such a situation occurs, other refugees might be discouraged to report due to fear of receiving a similar treatment.

Heavy bureaucracy and lack of accountability have been identified as obstacles in the functioning of existing services (I 2, I 3, I 4, I 9, FGD 2). To access services, one has to register by completing a plethora of forms before receiving any kind of non-emergency help. For Ukrainian refugees, this already long and complicated process is hindered by the language barrier. In this regard, the first obstacle is the recognition and translation of the personal documents and medical records. Then, another condition is the acquisition of the residence permit. Without this form of registration, the chances to receive help are minimal, especially from state institutions that follow rigid procedures. In some instances, providing documentation is impossible without traveling back to Ukraine, exposing oneself to danger. In cases in which the potential beneficiaries do not follow with these procedures or renounce to go through with their request or complaints their

situation remains unmonitored no matter how grave. Analyzing the particular case of the services available in Bucharest, a paradox emerges. Even though the number of providers of services is higher than in other areas this in itself is not a guarantee for easier access and better services. This could lead to a false impression of a multitude of choices for the potential beneficiaries and a tendency to avoid taking responsibility for the providers. In reality, the administrative division of Bucharest is reflected in the distribution of the available services. From one sector to another the quality of these services and the funding they receive could vary considerably. Moreover, shifting responsibilities is a practice that protects the system from liability and complicated interactions that require special attention and additional work. Some providers might use the referral to another available provider as a disguise of the refusal to deal with unfamiliar situations, such as cases involving refugees.

“On one hand, it can be easy. On the other hand, it can be difficult, precisely because somebody can say: ‘Yes, but why me? Go to the other!’ And this buck-passing, shifting the responsibility, sometimes from one side to another, I have seen it practiced! It is precisely because it can be said: ‘So you can go there, but also there... and there.’” (KII 10).

Transphobic and homophobic stereotypes are pervasive. Furthermore, the existing legal framework and programs fail to provide minimal protection for the local and non-local LGBTQI+ community. LGBTQI+ refugees often encounter rejection and hostility, and without the support of certain NGOs, they would have no access to services and support. Proper medical care is virtually inaccessible for transgender individuals, particularly those who do not speak Romanian. Access to hormonal treatment is also inaccessible for transgender refugees. These enormous issues that transgender individuals encounter in Romania may lead many of them to seek life-saving support back in Ukraine, where reports and lived experiences related by the transgender interviewee reveal traumatic experiences with transphobia, particularly from Ukrainian border police officers. Many times, transgender refugees are forced to choose between receiving life-saving medical care, but having to be retraumatized by the border police officers, and staying in Romania, but not being able to access that urgent medical support.

Another group that faces discrimination and exclusion are Roma people. In regard to access to public services, inequities experienced by the local Roma community such as restricted access to medical care and reproductive services, social segregation, limited access to jobs due to generalized distrust, ethnic profiling etc. are applicable. Adding to all that was mentioned before, the tendency to be isolated by the rest of the refugee community, in times when keeping a sense of belonging and mutual support is crucial for the well-being of the individuals, could lead to a deepened traumatic experience exposing them to mental health issues and long-term poverty. These attitudes constitute a barrier for Roma persons to accessing services provided by members of the local community and to being properly informed about the availability of these services and referred to them by other members of the Ukrainian community. (FGD 4, KII 1)

In Romania, people with disabilities are unable to access any services by themselves due to the lack of specific adaptations of the facilities to people who suffer from physical impairments. As noticed during all SWs, their access is obstructed by the fact that the majority of institutions and public ways of transport do not have equipment or other amenities for persons with problems of mobility, visual impairments or hearing issues. Key informant interviews highlighted the issue of individuals with mental disabilities who do not receive assistance from general service providers. This is due to a lack of trained professionals equipped to handle such cases and a reluctance to

assist beneficiaries with additional special needs (KII 1). This was also revealed in an interview with a refugee woman who is the main caregiver for two mentally disabled family members (I 12).

In addition to the sections above, the interviews and FGDs included a final question asking participants if there are any other risks, difficulties, or obstacles they wish to discuss. Although there may not be sufficient space for a thorough examination and some responses may extend beyond the scope of this audit, it is valuable and ethical to provide them a voice:

- legislative gaps especially on implementation, protocols, and best practices (KII 1);
- lack of institutional GBV training for police, social workers, nurses; chaotic, uncoordinated training (KII 1, KII 4, KII 6);
- interventions of International Organizations do not propose a unified, coherent policy - a challenge emphasized by both national NGOs and IOs. As highlighted by the latter, while a sustainable approach is desired, it is more challenging to promote dialogue and discuss on how efforts can attain sustainable potential from the outset because partnerships with local NGOs are subject to a predetermined time frame. (KII 6)
- resistance from doctors to deal with GBV cases: doctors claim that there is no gender inequality, that women victimize themselves, and doctors should not deal with cases of violence (KII 1).

Recommendations for improving services and access to services for refugees

Several recommendations for improving GBV services and access to these services have been formulated by the participants in interviews and FGDs. The interviews and FGD grids had a final section aiming to collect suggestions and identify needs that had not been addressed through the grids. Some of them respond to obstacles and difficulties mentioned before. They will be considered in the final recommendations section of this report, but it is important to acknowledge the participants' perspectives:

- Conduct informative campaigns to disseminate information about services and challenge culturally accepted negative norms, emphasizing that domestic violence, gender-based violence, violence against children, and sexual harassment are inappropriate and unacceptable (FGD 2, FGD 3).
- Offer accessible Romanian language courses for the refugees (taking into account their needs and time limitations) (I 2, I 3).
- International Organizations, which hold greater importance and significance in the humanitarian system, should advocate more for the introduction of gender mainstreaming and GBV policies with national authorities, as local organizations often have less influence and are sometimes marginalized (KII 1).
- Better coordination and cooperation between all the NGOs involved in the response to Ukrainian refugees' crisis: for instance, NGOs that do not work on women's rights issues could benefit from their support in order to develop PSEA and to refer GBV cases (KII 1).

- Develop public-private partnerships where NGOs or other private providers of services are better equipped and more rapid to handle certain cases which cannot be handled by public services.
- Actively involve community leaders from various Ukrainian groups to gather people for informative sessions, disseminate information, and consistently share updates in Telegram groups or other platforms relevant for refugees; with the adequate training from women's right organizations, these community leaders could also hold training themselves on GBV with fellow refugees; identify youth leaders within the Ukrainian refugee community who can encourage greater youth participation in GBV-focused activities (FGD 2).
- Create more spaces for the host community and refugee community to meet, interact, and share experiences (FGD 3).
- Offer informative sessions on safe internet usage, particularly for young refugees and young people from the host community, to reduce the risk of online violence (FGD 2, FGD 3).
- Establish mobile teams in Bucharest and each county to oversee cases of violence and address various medical needs, including obstetric medical care, that the host and refugee communities could benefit from (KII 6).

Recommendations

The final recommendations of this audit are formulated on the basis of the data collected through SWs, interviews and FGDs, and are correlated and complemented with the information gathered in the desk research phase. As the collected data shows, there are several categories of actors that play an important role in the whole process of response and management of the situation of the refugees from Ukraine: International Organizations, National Agencies, National NGOs, the Romanian government, national or local public authorities (from the Inter-Ministerial Group to police officers and social workers). Some recommendations are valid for all these actors, others specifically target one or two categories (and in this case they will be mentioned).

The research points to measures and programs that help refugees, as well as efforts by stakeholders to improve tools and programs to better address the need for GBV prevention and intervention. At the same time, GBV and human trafficking are structural risks and problems of today's societies, visibly amplified in the case of refugees and asylum seekers. Thus, numerous problems and obstacles have also been identified that maintain or may increase the risk of GBV and overall safety risks for refugees. Refugees' testimonies, based on individual experience, reflect mainly the present situation and a micro-social perspective. Interviews with KIs add in many cases a mezzo-social perspective and a broader framing, both temporal and institutional.

As the introductory sections show, this audit starts from the premise that intervention and prevention for GBV cases is part of the overall public policy and program interventions for refugees, but are directly connected to the socio-political context and the national legal and public policy framework. Ad hoc and sectoral interventions cannot respond to this complex situation, as emphasized in all international legislation and strategies on GBV elimination. The recommendations of this Audit are therefore structured into:

- short-term recommendations (changes that can be made relatively quickly, either to improve the present situation or to adapt the response in the event of increases in refugee numbers, for example); these are placed at the beginning of each section;
- medium-term recommendations (which require broader and longer-term interventions, either to improve the framework and tools or to redesign supporting programs and services); these recommendations are placed in the middle of each section;
- long-term recommendations (which require a strong political commitment and a long-term strategy). They go beyond the scope of this Audit, but are strictly linked to the challenges and difficulties identified in the research. In the logic of the public policy-making process, the inclusion of these recommendations in future international and national public policy strategies is very important to bring about the structural change that is mandatory for effective prevention and reduction of GBV cases and risks.

General recommendations

Integrate the refugee community, especially women and girls in GBV risk reduction and response actions.

Ukrainian women and girls have been involved by NGOs in several programs and actions and they are excellent mediators in the communication and the organization of activities with refugees from Ukraine. Starting from these good practices, public authorities, IO and NGOs should explicitly and regularly involve representatives of the refugees from Ukraine in the design, implementation and monitoring of GBV programs, services and support. Their voices and their experiences are essential for a more tailored and efficient response and it is recommended to privilege their direct and active participation. Including specific positions for refugees in the programs and activities, regular consultations and safety audits are measures and actions that could be done in the short term. Nevertheless, the vulnerable position of Ukrainian women and girls must be highlighted, to avoid their potential over-solicitation and instrumentalization. Interventions have to be centered on the needs and benefits of the refugees, and avoid voluntary and unpaid participation, given the economic precarity of the group.

Increase GBV awareness and response capacity of all actors in the refugee response.

GBV core concepts, safe disclosure, referral and tailored GBV risk reduction capacity development are basic knowledge and skills which have to be acquired by all actors (international, national, public and private) involved in the refugee response. In the short term, it is urgent to ensure the capacity of actors providing immediate support (health, police and shelter) in order to have the knowledge and capacity to properly refer GBV cases to specialized actors. In the medium term, capacity building support must be provided for all actors, with focus on public authorities and NGOs not specialized on women's rights, in order to enhance a better response to GBV cases and GBV risks.

Coordinate GBV risk reduction and response actions for GBV.

The sub-working group on GBV plays an important role and should be reinforced. The permanent collaboration and coordination between International Organizations, national NGOs and all relevant Romanian authorities is crucial for a more efficient and adequate response to the GBV issues and risks faced by refugees. In the short term, it would be useful to ensure sharing information and good practices among all NGOs and public authorities involved in the response and management of the refugees' situation. Funds encouraging cooperation among several NGOs (i.e. requiring partnerships between two or three NGOs) could be a useful incentive for consolidating a collaborative and co-constructive approach. In the medium term, IOs can advocate with Romanian Authorities to better align national programs and services with international practices (on GBV and GE).

Mainstreaming GBV in the national response to the Ukrainian refugee crisis.

The *National Action Plan on Protection and Inclusion of Displaced Persons from Ukraine* adopted by the Romanian Government includes one measure that explicitly mention violence against children (Measure 22: Protecting Ukrainian children beneficiaries of temporary protection in Romania against abuse, neglect, exploitation and all forms of violence) and several measures aiming to assure the access of persons displaced from Ukraine to social services, health and education services. Few components of the plan pertain to GBV prevention, mitigation, and response through an intersectional lens. Given that GBV and human trafficking risks are pervasive and intersect with access to the labor market, housing, and public transportation (as demonstrated by the data collected in this research) it is advisable to revise the National Plan to incorporate GBV considerations across all sectors. The inclusion of a gender and GBV expert within the **Strategic Coordination Group for Humanitarian Assistance** would be highly beneficial. Additionally, organizing briefing sessions on GBV and human trafficking risks for all members of this strategic group, including the six sub-groups, would underscore the importance of integrating GBV as a cross-cutting issue in public policy. Furthermore, enhancing data collection and reporting on GBV and human trafficking cases is essential for developing more effective programs and refining existing services.

Enhance funding for national NGOs and integrate their expertise in the design of response.

National NGOs working in the field of women's and children's rights are central to accessing and providing services and support for GBV and SEA. Interviews with key informants revealed that national NGOs have been instrumental in managing GBV programs funded by International Organizations and agencies. Desk research further confirms that NGOs are the primary providers of services to GBV survivors at the national level. Focus group discussions and interviews with refugee women underscored the crucial role of NGOs in disseminating information on GBV and SEA, organizing activities to empower women (such as Romanian language courses, employment skills development, self-defense workshops, vocational training, basic assistance, life skills, and age-appropriate activities for adolescent girls), and facilitating access to essential services for refugees. Additionally, the grassroots work of NGOs enables a deeper understanding of the needs and experiences of refugees, which can inform the refinement of programs and adaptation of services to better address beneficiary needs. It is recommended to sustain project funding to enable NGOs to continue these critical activities. Furthermore, in the medium term, it is advisable to mandate consultations with NGOs during the development of public strategies and policies to ensure the inclusion of necessary measures for GBV risk prevention.

Mainstreaming GBV and SEA in the international response to the refugees and asylum seekers crisis.

IOs have developed consistent methodologies and programs related to GBV and PSEA. Their staff is regularly trained on GE, GBV and SEA and SEA trainings are required for all collaborators. For collaborators and particularly stakeholders receiving support and funding from International Organizations, it is crucial to assess how these policies are translated into effective practices. In the short and medium term, there should be improved monitoring and evaluation to ensure compliance with established rules, including verifying personnel's actual knowledge of GBV and gender equality issues. Additionally, interviews with key informants indicate that objectives related to GBV and PSEA are not consistently included in all programs and actions. Therefore, it

would be beneficial to integrate GBV and SEA objectives into all activities funded by International Organizations in the medium term. Equally, focal points for GBV mainstreaming should be identified for each program, in order to ensure collaboration with GBV specialized actors for technical support and guidance.

Assure an effective implementation of national GBV and GE policies.

The desk research and interviews with key informants reveal significant problems and deficiencies in the implementation and operation of programs and services designed to address GBV cases. Both the Istanbul Convention and the EU Directive on combating violence against women and domestic violence stress the need to enhance services for GBV survivors. The GREVIO country report highlights that “The report also notes the difficulties encountered by the Romanian authorities in the effective implementation of the relevant laws, policies, and measures” (p. 7), and it provides several recommendations to address these issues.

Although these challenges extend beyond the scope of this audit, the inadequate implementation of GBV and gender equality policies represents a significant obstacle in managing the refugee situation. Based on interviews with key informants, several recommendations can be made, which align with those suggested in the GREVIO Report:

- allocate specific budget for all the support services (e.g. intervention centers for victims of sexual violence do not have dedicated premises and staff, nor a separate budget for the purchase of medicines, materials and other things necessary to provide adequate care for sexual violence survivors);
- develop expertise on GBV and GE (through regular and mandatory trainings for all the personnel – especially police, social workers, and doctors – involved in the GBV response, as well as through the formation / employment of an equal opportunities expert in each public institution, according to the L 202/2002);
- collection of national statistical data on GBV, according to the European standards; desegregate this data for refugees and asylum seekers.

Sector Specific Recommendations

Starting from the sections analyzed in this report, specific recommendations can be formulated, in order to improve existing programs, services and support.

a) Mainstreaming and reinforcing GBV Information

It is essential to ensure access to information on GBV risks and services for all the refugees, including for those who are not connected to RACs and/or in the groups that have engaged with NGO programs, as well as people from vulnerable groups. It is highly recommended to:

- provide basic information on GBV risks and services in all the public and private services dealing with refugees: Immigration Office, police, family doctor's cabinets, ANOFM, local social services, schools, public transportation etc.
- remove the language barrier: provide translation services / assistance in the interactions between refugees and Romanian authorities, especially police, social services; multiply Romanian language courses for refugees.
- consolidate the Romexpo center as a focal information point, known and accessible to all refugees: information should be available in Romanian, Ukrainian, Russian and English, and should provide legitimate and safe information for the basic needs of the refugees, including on GBV risks and services.
- develop specific strategies for communication with vulnerable groups, including tailored outreach methods, culturally sensitive messaging, and accessible channels to ensure that these groups receive relevant information and support effectively: Roma refugees, LGBTQI+ community, people with disabilities, people with low economic and educational status.

For service providers (public and private):

- mandatory informative sessions and /or trainings on GBV, GE and SEA;
- procedures for managing or referring GBV cases and risks;
- monitoring and evaluation of the introduction of GBV in their services.

b) Prevent and eliminate GBV in public space and transportation

GBV incidents are frequent in public transport. Insecurity feelings are experienced by all the refugees, either in public places or transport. It should be recalled that the majority of the identified risks concern Romanians as well, but are amplified by the language barrier and immigration status in the case of refugees. Actions for reducing GBV risks and incidents in public space and transport should urgently be adopted:

- Posters with information about GBV, emergency numbers and support services on all public transport (as it exists in most EU countries).
- Functional surveillance systems and panic buttons with signals to police in public transport in case of a GBV incident.

- Better monitoring and intervention from the local police: be more present, especially in the evening / night and in riskier areas; to achieve a real awareness and a basic knowledge of GBV risks and GBV management cases.
- Sensibilizations sessions on GBV with the personnel working in the public transport area, especially with public transport drivers.
- Introduce mandatory GBV and SEA information / procedures for all transport providers, public and private (taxi, bus, trains etc.).

c) Prevent and eliminate GBV in accommodation

Private accommodation presents one of the highest risks of GBV and human trafficking. From the moment they start looking for a room/apartment and even after renting, women are at risk of sexual harassment, rape and trafficking. Online communication (social media, different platforms and groups) increases these risks. Several actions are recommended:

- Inform all the refugees about GBV and trafficking risks in housing and provide them practical recommendations on how to act, what to do, who to contact.
- Develop an online assistance service for accommodation searching: a public-private partnership with an estate agency could be a starting pilot project.
- Observe tougher rules for privacy, safety and GBV prevention in RACs: eliminate cohabitation with men, especially men who are not part of the refugee community; impose and monitor PSEA for all services providers.
- Provide dedicated support for Roma and LGBTQI+ refugees, people with disabilities, older persons, people in economic precarity: all these groups are exposed to supplementary intersectional risks and discrimination (based on ethnic, gender and sexual identity and orientation, age, poverty).
- Conduct public information and awareness campaigns on the risks of GBV and human trafficking with a focus on housing.

d) Prevent and eliminate GBV risks in the labor market

Ukrainian refugees searching for a job face very high risks of GBV, SEA, trafficking and exploitation. Finding a job is important for the empowerment and community inclusion of the refugees but is also a mandatory condition to ensure survival in the context of present regulation and programs (50/20 Program). Therefore, it is mandatory to enhance services and support in order to prevent, reduce and respond to GBV and trafficking risks in the labor market. Some recommendations can be formulated, on short and medium term:

- ANOFM and the Ministry of Labor and Social Solidarity should introduce information on GBV risks in their official communication. The web pages dedicated to trainings and job findings should have a specific section on GBV risks for refugees in job searching and on the labor market.
- Develop a program to assist women refugees finding a job, taking into account all the GBV and trafficking risks summarized in this Audit. It could be a public - private partnership, involving public institutions, NGOs and private economic actors. It can start with a pilot program.

- Conduct public information and awareness campaigns on the risks of GBV and human trafficking with a focus on the labor market.
- Provide dedicated support for Roma and LGBTQI+ refugees, people with disabilities, older persons, people in economic precarity: develop dedicated assistance support (helplines, online platforms); develop preferential channels to employment. All these groups are exposed to supplementary intersectional risks and discrimination (based on ethnic, gender and sexual identity and orientation, age, poverty).

e) Prevent and reduce GBV risks in the health system

Health services, especially reproductive and sexual health can raise several GBV risks. KI interview with a NGOs offering support for thousands of refugees from Ukraine underlined the precarity or absence of: free contraception, pregnancy surveillance, screening for specific cancers (cervical and breast), abortion services (it has to be mentioned that Romanian women face the same difficulties). Equally, people with very serious diseases (cancer, autoimmune diseases, etc.) and people with disabilities face major problems in receiving adequate medical services. The interviews and FGDs highlighted challenges such as difficulty in registering with a family doctor, issues with securing timely specialist consultations or facing long wait times that necessitate repeated referrals, and difficulties in obtaining free or subsidized prescriptions. Several recommendations for preventing and reducing GBV risks for refugees can be formulated:

- Strengthen the complementary and subsidiary role of the NGOs, which can be involved to complement the services provided by the public medical services. To counterbalance, there will be the need to develop new and updated quality standards as well as cost standards for the provision of these services to ensure the public can monitor and ensure quality of the services.
- Enhance GBV and GE awareness sessions and training for the medical personnel (starting with family doctors, gynecologists, generalist doctors);
- Introducing GE, GBV and SEA procedures / methodologies / plan in public and private hospitals;
- Provide dedicated support for Roma and LGBTQI+ refugees, people with disabilities, older persons, people in economic precarity: all these groups are exposed to supplementary intersectional risks and discrimination (based on ethnic, gender and sexual identity and orientation, age, poverty) . In practical terms, some short- and medium-term measures could include: offering targeted assistance for navigating the bureaucratic process of registering with a family doctor, clarifying the medical pathway (such as referrals from the family doctor, securing timely specialist appointments, and obtaining free or subsidized prescriptions); for individuals with disabilities, providing support in preparing disability recognition applications and financial aid requests, as well as raising awareness among medical staff about their specific needs; and for members of the LGBTQI+ community, creating a directory of specialized centers and trained medical personnel, and facilitating connections between refugees and LGBTQI+ communities in Romania.
- In the medium term, IOs should advocate with the Ministry of Health to address GBV in all programs and services and to better address reproductive and sexual health.

f) Consolidating access to services and support for GBV

Numerous barriers and challenges obstruct Ukrainian women and girls' access to GBV services and support. Additionally, several structural obstacles need to be addressed in national policies. Based on this research, more targeted recommendations can be proposed:

- Enhance programs and services which can ensure the elimination of the linguistic barrier: Romanian language courses for refugees; accessible translation services - either through the provision of permanent collaborators by public institutions (police, administrative services, social services, health services) or by establishing partnerships with NGOs and IOs that can provide these services on demand.
- Continue financing NGOs working on women's and children's rights: existing services and support must continue, and more tailored interventions should be developed (i.e. for refugees which are more isolated or are part of a vulnerable group).
- Increase trust in police and public authorities: informative campaigns, meetings with refugees and police officers.
- Reducing bureaucracy, eliminating overlapping procedures and providing information in simple and intelligible formats: bureaucratic procedures must be carefully harmonized to avoid gaps, overlapping and unclear instructions; information for refugees should be formulated in a clear format, taking into account cultural differences.
- Develop more constructive and collaborative programs involving refugee women and girls: the experience and knowledge of Ukrainian women and girls must be a central part of the design and implementation of GBV programs; moreover, they can be very efficient mediators with the refugee community.
- Develop special programs, services and support for refugees facing multiple types of discrimination: Roma and LGBTQI+ communities, people with disabilities, older people, people in economic precarity, people with a low educational capital (such as individuals who are illiterate).

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Annex 1.

Research Team

Ionela Băluță: professor, Faculty of Political Science, University of Bucharest and director of the Center of Equal Opportunities Policies; expert in gender studies; author of numerous academic studies and policy reports; coordinator and co-author of the *Barometer of Gender-Based Violence 2022 Violence Against Women in Romania: Representations, Perceptions, 2022*.

Irina Novac is a young feminist activist, researcher, and political science graduate based in Bucharest, Romania. From April 2022 to April 2023, Irina consulted for VOICE Amplified, focusing on strategy, coordination, and research projects on gender-based violence against Ukrainian refugees. In February 2023, Irina defended her Bachelor's thesis on *Feminist mobilization in the Ukraine emergency response around gender-based violence in Romania* at the Faculty of Political Science at University of Bucharest.

Cătălina-Ecaterina Tarasov is a researcher and postgraduate student at the Professional Master's Programme in Politics of Equal Opportunities in the Romanian and European Context. With a background of studies in International Relations and European Studies, she holds experience in research and risk assessment, particularly evaluation of the negative effects of country level situations in the area of discrimination, labor rights; and of worldwide level events like conflicts and natural disasters.

Andreea Voicu is a postgraduate student in Public International Law and International Relationships, recipient of an Erasmus scholarship at the Master's of Democracy and Governance, Universidad Autónoma de Madrid. With a proven interest in human rights, she followed intensive courses in France, Italy and Greece in areas such as governing in times of crisis, the multilevel protection of human rights, giving voice to children, refugees and migrants for creating viable cities etc. She is currently part of the ANAIS Association's team.

Annex 2.

Forms and definitions of GBV

Gender-based violence - a structural public health problem and a violation of human rights, that generally refers to violence directed against a person or group of people based on their perception of gender and which predominantly affects women and girls. It is, rather, a product of the social construction of gender and gender inequality rather than an individual or group dynamic. (UNICEF and the Istanbul Convention)

Violence against women - a violation of human rights and a form of discrimination against women which includes all acts of gender-based violence that result in, or are likely to result in, physical, sexual, psychological or economic harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in the public or private sphere; (Istanbul Convention)

Domestic violence - "all acts of physical, sexual, psychological or economic violence that occur within the family or domestic unit or between former or current spouses or partners, whether or not the perpetrator shares or has shared the same residence with the victim." (Istanbul Convention)

Sexual violence - "any sort of harmful or unwanted sexual behaviour that is imposed on someone. It includes acts of abusive sexual contact, forced engagement in sexual acts, attempted or completed sexual acts with a woman without her consent, sexual harassment, verbal abuse, threats, exposure, unwanted touching, incest, and others." (UN Women)

Sexual harassment - a form of sexual violence, which may involve any conduct of a verbal, nonverbal or physical nature, including written and electronic communications. Sexual harassment can take a variety of forms – from looks and words though to physical contact of a sexual nature. (UN Women)

Human trafficking - can include sexual exploitation, forced labor, forced criminal activities, forced begging, slavery and organ harvesting. Other forms include forced marriage and illegal adoption, and transportation of children for sale. Women and girls are predominantly victims of trafficking, especially sex trafficking. (Council of Europe)

Socio-economic violence - "any act or conduct that causes economic harm to an individual", where perpetrators control the victim's ability "to acquire, use and maintain economic resources, threatening their economic security and potential for self-sufficiency." (EIGE)

Psychological violence - any intentional behavior that seriously harms the psychological integrity of another person through coercion or threats, and includes examples such as emotional abuse, coercive and controlling behaviors, stalking and harassment. (EIGE)

Physical violence - an act that attempts to cause or results in pain and/or physical injury.

Obstetric violence - "direct physical abuse, profound humiliation and verbal abuse, coercive or non-consensual medical procedures (including sterilization), lack of confidentiality, failure to obtain informed consent, refusal to administer pain medication, serious violations of privacy, denial of admission to health facilities, neglect of women during childbirth to suffer life-threatening and preventable complications, and confinement of women and their newborns in facilities after childbirth due to inability to pay." (World Health Organization)

Cyber violence - occurs when a person (or group of people) uses an online connected device

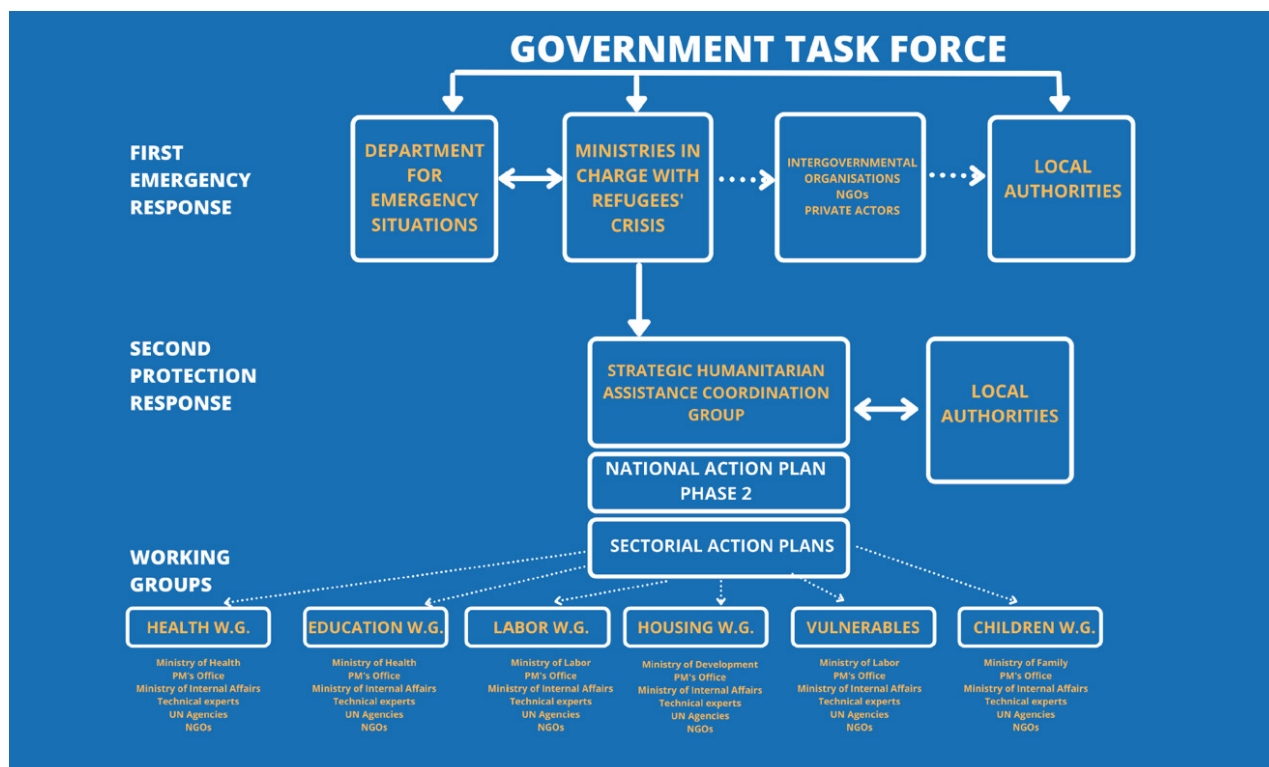
to cause sexual, psychological or economic harm by exploiting another person's vulnerabilities, characteristics, and circumstances. It can take many forms: cyberstalking, revenge porn, threats of rape, and can go as far as sexual assault or murder. (UN Women)

Annex 3. Legislative framework and programs dedicated to Ukrainian Refugees

Source: Romania's response to the Ukrainian refugee crisis (January 2023)

According to official figures, as of January 5th, 2023, **107,241** people (including **47,851 children**) were registered in Romania as displaced persons from Ukraine. Of these, 4397 are asylum seekers, but most have received temporary protection. More than 300 NGOs have been involved so far in assisting Ukrainians throughout the country and more than 20 pieces of legislation/legislative amendments have been adopted directly related to the emergency aid for Ukrainian refugees and their protection and integration - involving a budget of more than **565 million euro**.

On **February 24th, 2022**, the Romanian Government set up a high-level **decision-making task force**, coordinated by the Prime Minister. The **Strategic Coordination Group for Humanitarian Assistance**, headed by a State Counselor, was also established at the level of the Prime Minister's Chancellery to provide the strategic framework for the humanitarian response and to facilitate inter-institutional cooperation between national, European and international partners. The overall structure of Romania's response has **two levels**: the immediate emergency response and the medium and long term response, which focuses on refugee protection and inclusion. The emergency response was coordinated by the Department for Emergency Situations of the Ministry of Interior and included measures aimed at addressing the immediate needs of refugees in Ukraine, such as access to territory, protection, transportation, food, shelter and health services.



Overview of decision-making structures at the start of the crisis. Photo source: the above-mentioned report

The report mentions the following key results of these emergency measures by January 5th, 2023:

- 15 temporary transit centers have been set up along Romania's borders with Ukraine and the Republic of Moldova to provide emergency aid to refugees
- 24 clinics providing general medical services were identified and supported throughout the country to register and provide services to refugees
- 138,000 people received emergency relief kits and in-kind assistance
- 186,000 people received cash assistance
- 16,493 people had access to temporary accommodation

The medium and long-term response was the result of **six collaborative working groups** involving state actors, NGOs, International Organizations and agencies. Their work was brought together in a **3-year integrated plan of measures** (OUG 100/29 June 2022) for the protection and inclusion of Ukrainian refugees in Romania, covering the areas of housing, health, education, labor, children and youth, and vulnerable groups.

Some relevant legislative acts and amendments:

- Government Emergency Ordinance no. 15/2022 on the mechanisms of support and humanitarian assistance granted by the Romanian state to foreign citizens or stateless persons in special situations from Ukraine. - 50/20 Program
- Government Decision No. 367/2022 establishing the conditions under which temporary protection is provided to all persons who have been forced to leave Ukraine because of the armed conflict, as well as the source of funding for the necessary expenses.
- Government Decision No. 337/2022 on the granting of free allowances and facilities for the transportation of foreigners or stateless persons in special situations from the zone of armed conflict in Ukraine - during their temporary stay or transit through the territory of Romania
- Government Decision no. 336/2022 on establishing the mechanism whereby individuals hosting Ukrainian refugees are reimbursed for food expenses.
- Government Emergency Ordinance No. 20/2022 on humanitarian support and assistance for children, adults, persons with disabilities and all Ukrainians coming to Romania. The approved Emergency Ordinance also includes measures to facilitate and encourage the continuation of donations for the benefit of Ukrainian refugees, as well as for International Organizations to have a simpler mechanism of cooperation.
- Government Emergency Ordinance no. 100 of June 29th, 2022 for the approval and implementation of the National Plan of Measures for the Protection and Inclusion of Displaced Persons from Ukraine, beneficiaries of temporary protection in Romania.

National Action Plan on Protection and Inclusion of Displaced Persons from Ukraine

Includes the following directions:

Measure 1: Facilitate access to official information for displaced persons from Ukraine, beneficiaries of temporary protection in Romania, on the rights, obligations and facilities made available to them

Measure 2: Preventing the risks of abuse and exploitation of displaced persons from Ukraine enjoying temporary protection in Romania

Measure 3: Facilitating access to the labor market of Ukrainian displaced persons enjoying temporary protection in Romania

Measure 4: Strengthening the administrative capacity of the public employment service to support the labor market integration of displaced persons from Ukraine enjoying temporary protection in Romania

Measure 5: Targeted measures for the integration of Ukrainian displaced persons enjoying temporary protection in Romania

Measure 6: Increasing the awareness of displaced persons from Ukraine, beneficiaries of temporary protection in Romania, about access to the labor market

Measure 7: Increased information and training of Romanian employers on how to employ displaced persons from Ukraine enjoying temporary protection in Romania

Measure 8: Inventory of skills and qualifications of Ukrainian displaced persons enjoying temporary protection in Romania

Measure 9: Ensuring access to unallocated housing, built by the National Agency for Housing or through the Social and Necessity Construction Program

Measure 10: Ensuring access to unallocated housing owned by local public authorities, accommodation facilities owned by central public authorities and available private housing units

Measure 11: Rehabilitation and/or renovation of unused buildings in which displaced persons from Ukraine, beneficiaries of temporary protection in Romania, can be accommodated

Measure 12: Construction of needed housing through the Social Housing Construction Program according to Law no. 144/1996, carried out on the basis of the methodological rules for the implementation of Law 114/1996, approved by GD no. 1275/2000, with subsequent amendments and additions

Measure 13: Continuation of studies for Ukrainian children and students beneficiaries of temporary protection in Romania

Measure 14: Providing the necessary human resources, Romanian and Ukrainian teachers

Measure 15: Providing the necessary material resources for the teaching-learning-assessment process

Measure 16: Improving the dialog in a sound policy framework to support the learning process for Ukrainian children and students beneficiaries of temporary protection in Romania

Measure 17: Digitization of educational and information management mechanisms for displaced persons from Ukraine beneficiaries of temporary protection in Romania

Measure 18: Inclusion in national public health programs aiming at the prevention, surveillance and control of communicable diseases, in situations of epidemiological risk, of Ukrainian displaced persons beneficiaries of temporary protection in Romania

Measure 20: Integration of displaced persons from Ukraine, beneficiaries of temporary protection in Romania into the healthcare system

Measure 21: Digitization of health service management and information mechanisms for beneficiaries of temporary protection in Romania

Measure 22: Protecting Ukrainian children beneficiaries of temporary protection in Romania against abuse, neglect, exploitation and all forms of violence

Measure 23: Participation of Ukrainian children beneficiaries of temporary protection in Romania is integrated into the response measures

Measure 24: Registration of Ukrainian children in the national child protection system and ensuring access to essential child protection services, including monitoring and family reunification services

Measure 25: Ensuring individualized support for Ukrainian children with special needs receiving temporary protection in Romania

Measure 26: Protecting the best interests of Ukrainian children beneficiaries of temporary protection in Romania through durable solutions

Measure 27: Competence development of professionals in the child protection system

Measure 28: Expansion of activities in existing youth centers

Measure 29: Developing the national network of Youth Centers, including mobile centers

Measure 30: Identification of the needs of vulnerable, displaced persons from Ukraine, beneficiaries of temporary protection in Romania, of the existing human and material resources at national level and linking them to their needs

Measure 31: Informing vulnerable displaced persons from Ukraine, beneficiaries of temporary protection in Romania, about social assistance rights, social services and social assistance benefits

Measure 32: Informing local public administration authorities on working procedures in order to increase the capacity and urgency of the response in managing the response and intervention with regard to vulnerable displaced persons from Ukraine, beneficiaries of temporary protection in Romania

Measure 33: Simplification and adaptation of normative acts in order to facilitate vulnerable persons' access to social services and social assistance benefits

Measure 34: Facilitating access to social services by developing tools and expanding the capacity of existing services

Measure 35: Developing the management capacity of public and private providers of social services

50/20 Program

The Romanian government launched the 50/20 program in March 2022, which ended in May 2023. This was a unique social program at the European level, where the state reimbursed the hosts for providing private accommodation for Ukrainian refugees, where the funds came from the European Union. The hosts received 50 ron/day/person for accommodation and 20 ron/day/person accommodated for food provision. From May 1st, 2023, the support program for Ukrainians living in Romania was changed.

The new financial aid was granted until December 31st, 2023 as follows:

For the first 4 consecutive months:

- 2,000 RON per month for a family for accommodation expenses;
- 750 RON per month for a single person for accommodation expenses;
- 600 RON per person per month for food expenses

From the fifth month until the end of 2023:

- 2,000 RON per month for a family for accommodation expenses;
- 750 RON per month for a single person for accommodation.

For more info: <https://dopomoha.ro/ro/programul-5020>

Annex 4. Data collection

Safety Walks

No.	Date	Participants	Location
Safety Walk 1	03/04/2024	Research team, community member, center representative, UNICEF representative, translator	RAC UTCB
Safety Walk 2	09/04/2024	Research team, community member	Romanian Immigration Office
Safety Walk 3	11/04/2024	Research team, community member	Medical Office (MO)
Safety Walk 4	30/04/2024	Research team, UNICEF representative, translator	The North Railway Station

Interviews with Ukrainian Women Refugees

No.	Age	Gender Sexual orientation	Ethnicity	No. of children	Population group	Disabilities	Work Status	Education
1.	35	Woman / Lesbian	Ukrainian	No children	Private rented accommodation	No disabilities	Full-time with contract	Higher Education
2.	23	Woman	Ukrainian	No children	Private rented accommodation	No disabilities	Full-time with contract	Higher Education
3.	36	Woman	Ukrainian	1	Private rented accommodation	No disabilities	Full-time with contract	Higher Education
4.	52	Woman	Ukrainian	3	Private rented accommodation	No disabilities	Two part- time jobs, without contract	Secondary
5.	38	Woman	Ukrainian	1	Private rented accommodation	No disabilities	Unemployed	Higher Education
6	65	Woman	Ukrainian	No children	Private rented accommodation	No disabilities	Retired, part-time job without contract	Higher Education
7.	46	Woman	Ukrainian (Romanian speaker)	5	Private rented accommodation	No disabilities	Full-time with contract	Post- secondary
8.	22	Trans Man	Ukrainian	No children	Private rented accommodation	Yes	Full-time with contract	Higher Education
9.	36	Woman	Azerbaijani	2	RAC	No disabilities	Full-time with contract	Secondary
10.	56	Woman	Roma	1	RAC	Yes	Unemployed	No school
11.	32	Woman	Ukrainian	1	RAC	No disabilities	Unemployed	Secondary
12.	56	Woman	Ukrainian	1	RAC	No disabilities	Unemployed	Post- secondary

Key Informant Interviews

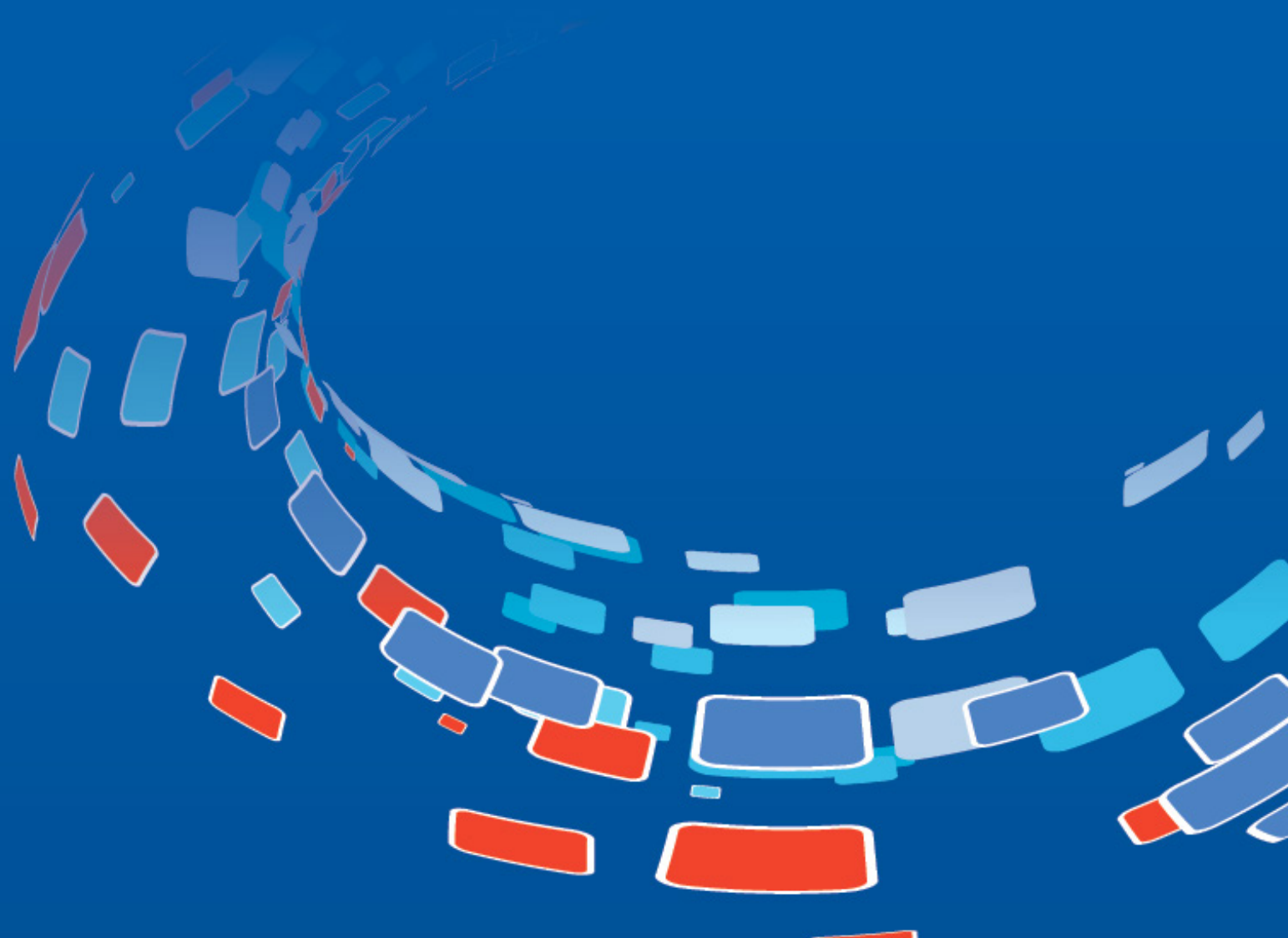
No.	Organization	Role	Gender	Location
1	AMI - Association for Independent Midwives	Vice-president	Woman	Bucharest
2.	RAC UTCB	Administrative Coordinator	Woman	Bucharest
3.	Anais (Association)	Psychologist	Woman	Bucharest
4.	Save the Children (Organization)	Social Worker	Man	Bucharest
5.	Police, Crime Analysis and Prevention Service (GO)	Police Officer	Woman	Bucharest
6.	UNICEF, Programme section	Programme Manager	Woman	Bucharest
7.	RAC Edmond Nicolau Technical College	Center coordinator	Woman	Bucharest
8.	UNHCR	Protection Associate	Woman	Bucharest
9.	Fundația pentru Inovații Sociale Regina Maria	Medical Navigator	Woman	Bucharest
10.	DGASPC General Directorate for Social Assistance and Child Protection, Sector 2 (GO)	Social Worker	Woman	Bucharest
11.	Police, Crime Analysis and Prevention Service (GO)	Police Officer	Man	Bucharest

FGD participants

No.	Composition	Number	Age range	Location
1.	Ukrainian refugee women	8	23-57	Bucharest
2.	Ukrainian refugee women	7	20-59	Bucharest
3.	Ukrainian refugee women	7	17-54	Bucharest
4.	Ukrainian refugee women (Roma women)	7	30-60	Bucharest



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ANAIS Association