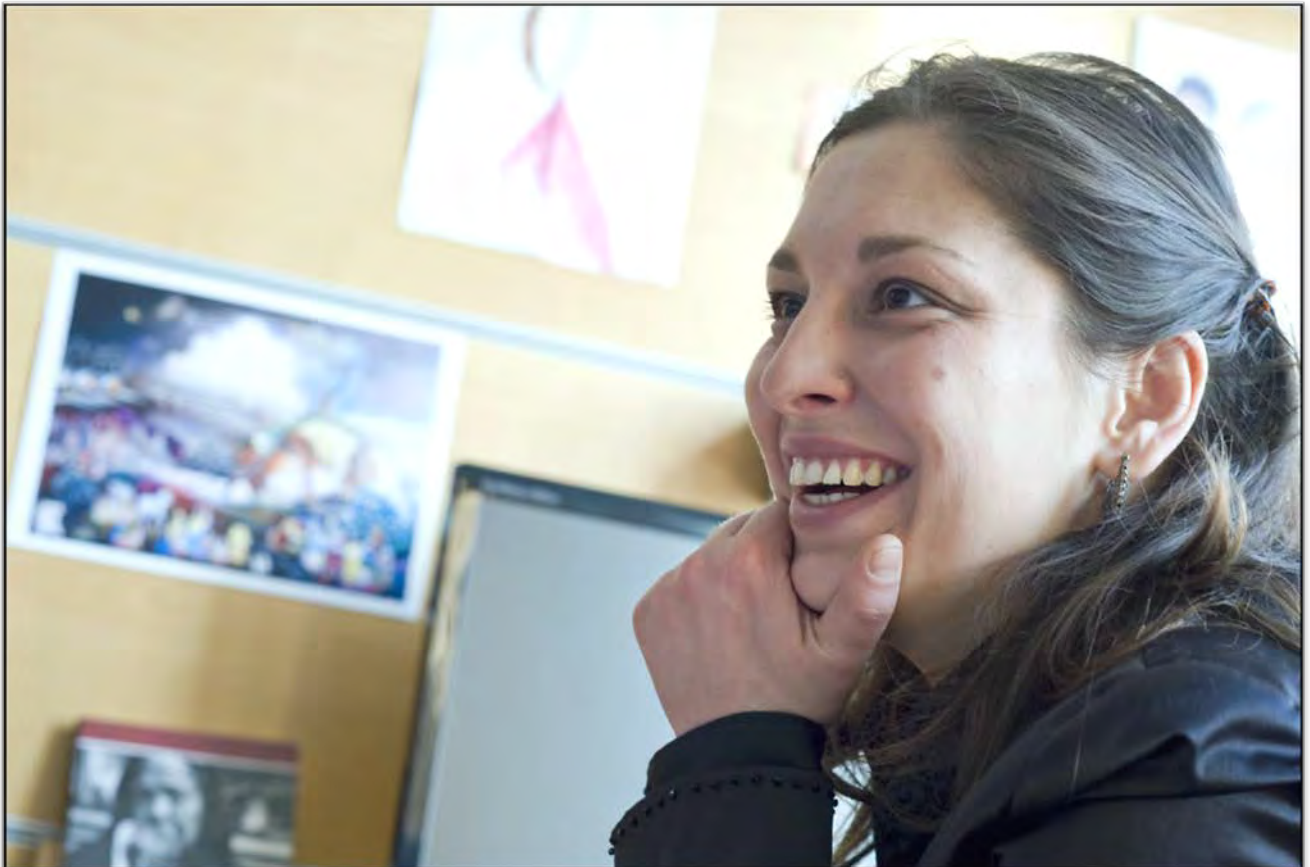


Unit 5: Redressing the balance: myths and realities



Lívia Járóka, Roma MEP

Unit Objectives

- to provide further information to challenge popular myths and misconceptions about the Roma
- to provide guidance on working practically with Roma families

Myth Busting

This section covers three issues often cited in connection with the Roma. Read the two statements on each issue and decide which way you would weight the scales.

Domestic and sexual violence is a fact of life for Roma women

Domestic and sexual violence does not exist in the Roma community where women hold a strong position within the home.

Financial hardship and large families mean that most Roma families resort to begging to pay for their day to day needs.



Begging is a myth produced by the media to portray the Roma in a negative light, with scaremongering about the use of babies to boost income.

The high levels of trafficking have led to a large number of children being taken into care in recent years.

Roma are not involved in trafficking – the real situation is one of misunderstood private fostering arrangements.



Domestic and sexual violence

The sources of violence against Romani women are complex, varying among and within communities where it takes place.

There is undoubtedly domestic violence within Roma households, as there is within other families.

There are clearly links with hierarchy, stress, poverty and alcohol and drug abuse and to mental health issues.

However empirical evidence is hard to find due in part to the cultural taboos and attitudes within the community.

Commenting on the situation in Central and Eastern Europe, the UN Children's Fund (UNICEF) notes that:

'the increase in poverty, unemployment, hardship, income inequality, stress, and adult mortality and morbidity (...) suggests that there is a rise in violence in society, including violence against women.'

'These factors can also indirectly raise women's vulnerability by encouraging more risk-taking behaviour, more alcohol and drug abuse, the breakdown of social support networks, and the economic dependence of women on their partners.'

UNICEF, 'Women in Transition, 1999' (Regional Monitoring Report No.6), at www.eurochild.gla.ac.uk/documents/monee/pdf/monee6/chap-5.pdf

Behaviours that challenge traditional preconceptions of Roma men's authority and women's submissiveness to her partner and family are frequently cited as justifications for domestic violence.

This is something that is only now beginning to change as more young Roma, particularly women, receive an education, have the freedom to mix with others from different communities and come to understand that they also can make changes within their community.



Begging

Evidence points to an assortment of categories of children from the various Romanian Roma communities that beg, either as the main way of earning a living or a top up as and when necessity dictates.

Firstly, there are some groups/teams or individual youngsters going out in some kind of organised way, often with a more mature minder who keeps an eye on them and who may or may not take a cut of what they make.

This is most prevalent in major cities, particularly London, and might (or not) be linked to other ways of making money, picking pockets, bag snatching, selling brass jewellery, washing car windscreens and so on. They can be male or female. They are usually linked to each other through the extended family or community.

Secondly there are the family groups; usually women, often with small children. The women are aged normally between 12 and 25, who are likely to go anywhere where they anticipate crowds. In London they are often seen on the tubes and buses until removed by the transport police. They also work in popular shopping centres and tourist attractions and bus and train stations.

The fact that so many of these women have children with them is something that causes concern and media debate, with discussion about children being doped with paracetamol or alcohol for example, to get them to sleep whilst the mothers work.

Although this may very occasionally happen, it is not a widespread habit. Most young Roma children are used to and happy to sleep close to their mothers for long periods.

However, these semi-legal and illegal activities are of a particular concern when the older children do not attend school and/or are unable to access services including healthcare as a result of their minder's decision to take them out begging.



Trafficking

Do you remember reading the following article a couple of years ago?

'When police made a series of dawn raids on houses across Slough last week, it was hailed as a blow against modern-day Fagins who were parting poor

Roma children from their families and forcing them into a life of crime.

'The media was invited along as officers wearing body armour smashed down doors and carried children away - apparently to safety.

'The face of one of these children appeared on a tabloid front page the next day under the headline: "Fagin's heirs".

'In the nine days since the raid all but one child has been returned to the Roma community in Slough, according to a Romanian diplomat, and none of the 24 adults arrested at the scene has been charged with child trafficking offences.'

Taken from: "From brilliant coup to cock-up. How the story of Fagin's urchins fell apart: High profile raid and lurid claims, but no one is to face child trafficking charges"

The Guardian, Saturday 2 February 2008, Helen Pidd and Vikram Dodd.
<http://www.guardian.co.uk/uk/2008/feb/02/immigration.ukcrime>

The 2009 research study 'Roma living in the UK' found that trafficking of young Roma from EU Member States is proportionally rare.

Despite anecdotal evidence, no research has been conducted in the UK on the extent and forms of trafficking of Roma to the UK. However in the few studies on trafficking that have been carried out in other European states, anecdotal evidence suggests that the trafficking of young Roma to the UK does occur occasionally.

Some Roma adults do not believe they are engaging in trafficking (for the purpose of labour or other exploitation) if a group of young people (under 18 years of age) to whom they are related, are taken abroad with the consent of the parents in order for them to be able to work and send money back to their families.

It is a questionable practice, although this helps the family to survive poverty, improve their standard of living generally and in some cases enables the family to purchase land or build a house in their country of origin.

There is also some anecdotal evidence suggesting that there are a few people (often non-Roma) in the UK who do traffic groups of Roma, including those under 18 years of age, with whom they have no family connection, for the purpose of sexual and labour exploitation and commercial gain.

The situation is therefore far from the 'Fagin's heirs' story; although in existence and therefore a concern for the people affected, the trafficking of Roma young people remains 'proportionally rare'.

Private fostering arrangements should be registered.
Please see the Safeguarding section or
<http://www.privatefostering.org.uk/checklist>

The Safeguarding section also provides a link to
ECPAT UK's e-learning course on Child Trafficking.

In Summary

The fact is that although each of these issues are in existence, their levels are often over-inflated by negative media coverage.

This, as is the case with the wider community, has the impact of driving community members away from support.

At the same time, denial of the existence of these issues results in a lack of awareness building and action on protective factors and alternatives.

Work is needed both within services to build awareness and with communities to gain trust and share information. The good practice examples resource offers more detailed information of projects which have successfully sought to bridge this gap.

Concerns elicited through holistic and culturally competent practice should not be ignored, please refer to the Safeguarding section for considerations and guidelines.

A home visit



You are a health visitor. You visit a Roma family for the first time; there are a crowd of people in the house including many children.

Mum and new baby are in the midst of what seems to be chaos. You observe:

- There are many children but virtually no playthings
- The room is devoid of decoration, has little furniture or curtains
- No one takes any notice of the children who are playing together and many of whom come and look at or touch the new baby from time to time
- There are a group of men smoking in the garden
- A large group of women are cooking in the kitchen
- There is no washing machine
- The fridge is nearly empty when you get some milk to put in the coffee that they have made you.
- There is bedding folded up in one corner of the room
- There is no cot or pram for the baby

What conclusions do you come to? Identify the statements you agree or disagree with on the next page.

Do you agree or disagree with the following?

- They are here just temporarily so have no belongings
- It will be impossible to meet the needs of the new baby amidst the chaos.
- They have a very low income and cannot afford basics
- They are not interested in the children or do not consider them a priority
- They are not very aware of health issues with a small baby in the house
- There are far too many people living in the house it is unsafe and overcrowded
- There are so many children they are happy to play together, they are all interested in the baby who is already one of the family
- Mum is lucky to have so much help and support and she is not a bit stressed by the chaos
- Mum clearly has somewhere to rest if she needs to, hence the bedding.
- The frequent interaction of the adults and children making sure that they are safe.
- The baby is happy and feeding well looks very healthy and when you weigh him he has regained his birth weight
- You are impressed that the men have gone outside to smoke even though it is a cold day

- ❑ There is clearly a risk to the health and well being of the children

- ❑ They are obviously not well off but there is no sign of any health or child protection issues

- ❑ The house and kitchen is very clean and the fridge though not full had milk, cheese, salami and salad in it

Once you have finished, click the image below to hear a health visitor talking about her visit and the wider issues of parenting and working with new communities. Check your responses against hers.



Facilitating change

The following table shows the issue raised in the previous activity and possible action to reduce barriers and increase understanding.

Make a note of 2 ways you could facilitate this action in the final column.

Issue raised	Action to be taken	Specific activities your service could facilitate
<p>Different parenting structures; lack of certainty by staff regarding how to react</p>	<p>Building understanding among staff of parenting structures, the positives and negatives associated with them and strategies for approaching conversations with families.</p>	<p>Eg: staff training through partnership with a Roma organisation, or an organisation with specialist Roma worker</p> <ol style="list-style-type: none"> 1. 2.
<p>Lack of community awareness of UK systems and requirements regarding parenting</p>	<p>Sharing appropriate information regarding UK systems, rights and responsibilities with regards to childcare and parenting</p>	<p>Eg: engaging community representatives to co-plan meeting with Roma women at a ante natal clinic (see 'Good Practice Examples' in the resource section)</p> <ol style="list-style-type: none"> 1. 2.

Lack of parental awareness regarding identifying and acting upon children's illnesses

Providing appropriate health information to support parents to identify and act on children's illnesses

Eg: organising a community health day event (see Tools section for a How To guide on 'What works when organising a Roma community event')

- 1.
- 2.

See: the Good Practice guide and What works when organising a Roma community event in the Tools section for ideas and suggestions.

Unit 5: Summary

In this section, you have learnt that:



1

Domestic violence and sexual abuse against Roma women is an under-researched topic but cannot be ignored

2

Although begging and trafficking occurs, it is limited to a small number of individuals and not all of the communities

3

There are cultural differences in the way central and eastern Europeans, including Roma, bring up their children.

4

Cultural competence, professionalism and a holistic approach are fundamental when working with and assessing children and families.

Final quiz: what do you remember?

1. What is the estimated population of Roma in Europe?
 - a. 1 – 3 million
 - b. 4 – 6 million
 - c. 7 – 9 million
 - d. 10 – 12 million
 - e. 13 – 15 million

2. Within Roma communities, is childbirth considered to be the concern of:
 - a. the wider community
 - b. extended family
 - c. the couple
 - d. women only
 - e. men only

3. According to the 2009 research study on Roma in England, how many people were living on average in a Roma household?
 - a. 2
 - b. 4
 - c. 6
 - d. 8
 - e. 10

4. In Slovakia, the life expectancy of Roma women is how many years less than in the majority population?
- a. 11
 - b. 13
 - c. 15
 - d. 17
 - e. 19
5. Which of the following diseases are endemic among Roma (tick all relevant):
- a. Hepatitis
 - b. TB
 - c. HIV/AIDS
 - d. Malaria
 - e. Yellow Fever
6. In Roma society, are older relatives are:
- a. put in care homes
 - b. ignored
 - c. treated with respect

Final quiz: Answers

1. What is the estimated population of Roma in Europe?

10 – 12 million

2. Within Roma communities, is childbirth considered to be the concern of:

Women only

3. According to the 2009 research study on Roma in England, how many people were living on average in a Roma household?

6

4. In Slovakia, the life expectancy of Roma women is how many years less than in the majority population?

17

5. Which of the following diseases are endemic among Roma (tick all relevant):

Hepatitis

TB

6. In Roma society, are older relatives are:

Treated with respect

Last word...

The aim of this training has been to increase understanding and confidence of health professionals to

It does not aim to create experts, but to give you useful awareness, tools and signposting to strengthen your working practices with members of the Roma community in the UK.

In the five learning units, you have familiarised yourselves with the following areas:

- Background on Roma and health
- Female health: sexual and reproductive health
- Children
- Lifestyle and health
- Myths and realities

Through these units, you will appreciate the following:

- Not all Roma are the same or have the same issues.
- Roma cannot be judged or assessed using western standards alone.
- Prejudice against Roma is widespread throughout Europe, not restricted to one section of society and often has state endorsement.
- That multiagency working is of utmost importance: you cannot separate issues; health, education, poverty and discrimination have to be faced and tackled together if any impact is to be made.
- A strengthened awareness of issues impacting on the Roma community particularly relating to their health and well-being.

Further signposting and support can be found in the resources and links section.

