

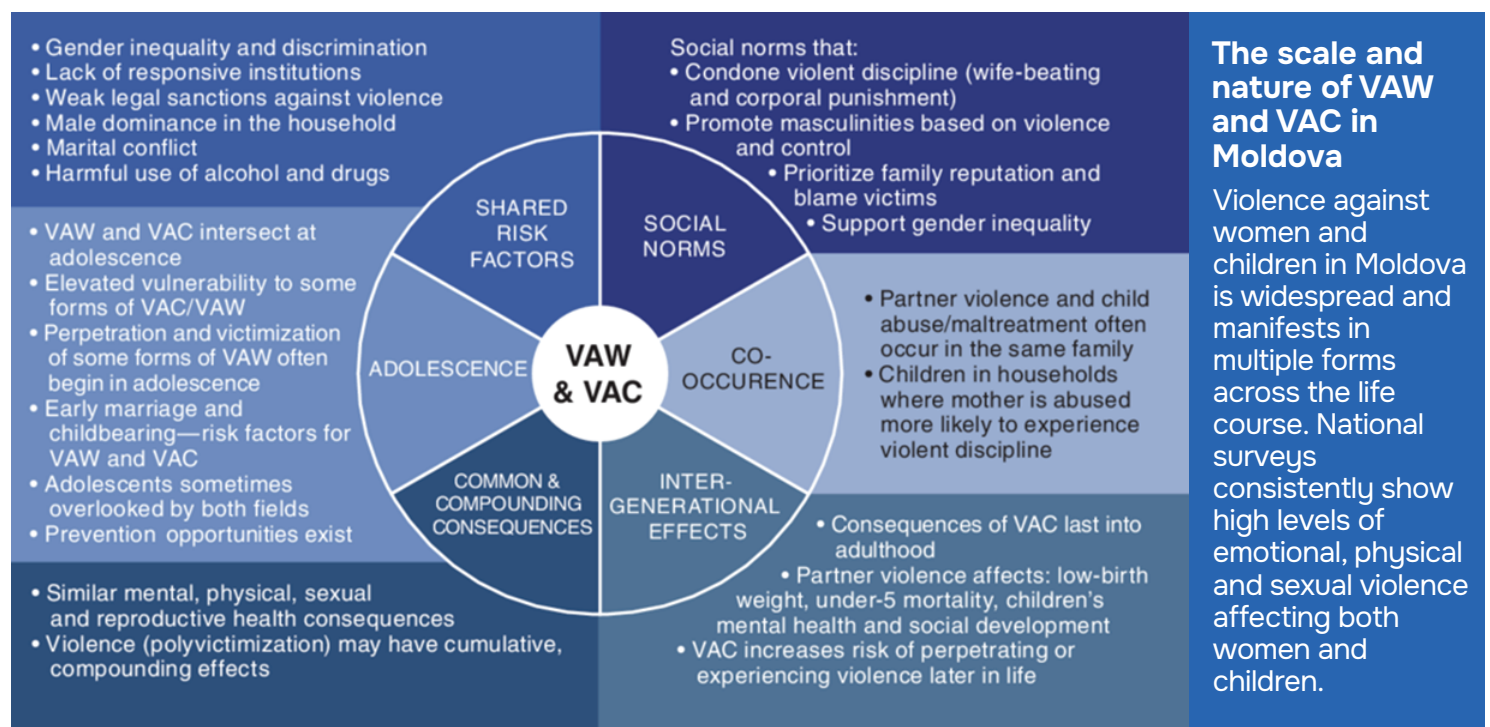
THE INTERSECTION OF VIOLENCE AGAINST WOMEN AND CHILDREN IN MOLDOVA

Background and methodology

The research used mixed methods, including a literature review for contextual analysis, law, policy, and intervention mapping, as well as global good practices and primary data collection through online survey, key informant interviews (KIIs) and focus group discussions (FGDs) from key stakeholders and service providers. An online survey was completed by 1,129 service providers across the country. Thirty-eight KIIs were conducted

with key stakeholders, including the government (16), NGOs (12), UN organisations, faith-based organisations (3), and academic institutions (4). Eight FGDs involved frontline service providers such as social workers, police, lawyers, and doctors across four administrative regions: Chişinău Municipality (7 participants), Central region (16), Gagauzia region (12), North region (16), and South region (14).

Why VAW and VAC must be addressed together



Key messages

- 1 Violence spans the life course.** It begins in childhood, intensifies in adolescence, and persists into adulthood, with sexual, physical, psychological, and digital harms overlapping.
- 2 Psychological violence is widespread and underreported.** Seventy-one per cent of ever-partnered women and over one-third of adolescents experienced emotional abuse, highlighting invisible harm.
- 3 Physical and sexual violence remain prevalent.** Two in five children experience physical abuse and one in three women report partner violence. Sexual violence often starts early, with repeated incidents common.
- 4 Technology-facilitated violence is rising.** Young women and adolescent girls face online harassment, grooming, and sexual extortion, with limited reporting.
- 5 There is co-occurrence of violence within households.** Children often witness or experience violence alongside their mothers, reinforcing intergenerational cycles of harm. Co-occurrence most commonly takes physical and emotional forms.

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Prevention

- 1 Intergenerational transmission of violence** – experiencing violence in childhood is the strongest predictor of VAW, and parents who experienced VAC are more likely to engage in violent relationships as adults, both as survivors and perpetrators of VAC.
- 2 Both VAC and VAW must be prevented to put an end to them.** Addressing VAC and VAW alone cannot break the intergenerational effects of violence.
- 3 VAC and VAW shared common risk factors** such as gender inequality, acceptance of violence, poverty, alcohol and substance uses.
- 4 Current approaches may raise awareness of VAC and VAW,** but they do not address the root causes of VAC and VAW e.g., transform gender norms. Moldova urgently needs multi-level, evidence-based prevention models instead of standalone awareness activities.

Response services – transitioning from fragmented and inconsistent availability and quality

- 1 Uneven availability of services.** Essential services such as health (including mental health), psycho-social support, safe housing, post-trial monitoring, and economic independence services remain limited, especially in rural areas.
- 2 Access and acceptability barriers.** Economic dependence, weak awareness of services, social acceptance of violence, stigma, and lack of trust in authorities prevent survivors from seeking or continuing support.
- 3 Gaps for specific groups.** Survivors with disabilities, Roma families, adolescent girls, and rural women face additional, intersectional barriers, including inaccessible shelters and limited disability-competent services.
- 4 Variable quality of services.** Response quality depends heavily on individual staff attitudes and skills, with frequent victim-blaming, insufficient training, high burnout, staff shortages, and weak capacity to support survivors with disabilities across all sectors.
- 5 Underfunded and fragmented system.** Chronic underinvestment, lack of dedicated budget lines, reliance on NGOs for essential services, and poor coordination across sectors undermine the sustainability and consistency of services nationwide.

Coordination and data – enabling system-wide effectiveness

- 1 Fragmented coordination.** Weak institutional collaboration, uneven MDTs functioning, and reliance on individual initiative hinder consistent VAW-VAC response.
- 2 Unclear mandates.** Outdated and inconsistent risk-assessment tools and overlapping sectoral strategies create confusion about roles and responsibilities.
- 3 Siloed data systems.** Non-inter-operable police, social protection, and child-protection registries, alongside partially functional digital platforms, obstruct integrated case management.
- 4 Limited standards awareness.** Uncertainty about applicable service standards and weak quality-assurance mechanisms reduce consistency and reliability of prevention and response services.
- 5 Activity-based monitoring.** Emphasis on counting the number of trainings and meetings, rather than the outcomes such as safety or recurrence, restricts learning and system improvement.

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Financing and sustainability

Sustainable financing underpins all aspects of prevention and response. Recent evidence suggests public funding for violence-related services remains limited and fragmented across sectors, while non-governmental organisations shoulder a substantial share of service delivery through donor-funded projects.

Strengthening sustainability requires increased and more predictable state investment, alongside mechanisms that enable public commissioning of NGO services. Dedicated budget lines for VAW and VAC prevention and response would improve transparency and accountability.

Investment in the workforce is equally important. Training, supervision and career pathways for frontline staff help ensure quality, reduce burnout and retain expertise within the system.

Recommendations

The Government of Moldova has made commendable progress in preventing VAC and VAW, notably in enhancing legal and policy frameworks, strengthening coordination especially at the national level, and developing a more systematic and strategic capacity building of service providers. Some of the recommendations have already been implemented by the government of Moldova, or implementation is planned.

However, findings from this study call for a paradigm shift in how Moldova addresses the co-occurrence of VAW and VAC. It urges national and local stakeholders to move beyond fragmented, parallel systems and adopt integrated, multisectoral strategies that reflect the interconnected nature of violence.

- 1 Revise the prevention pillar** of the National Programme on Preventing and Combating Violence Against Women and Family Violence (2023–2027) and harmonise other national programmes related to VAW and VAC, such as the National Programme for Child Protection 2022–2026.
 - Further enhance the availability of school-based interventions to promote gender equality and non-violent communications from kindergarten, including the comprehensive sexuality education; and
 - Allocate a budget for rigorous and proportionate evaluation of pilot interventions to scale up successful interventions.
- 2 Enhance the availability of evidence-based primary interventions:**
 - Invest in evidence-based interventions aimed at transforming negative attitudes, behaviours, and norms that contribute to VAC and VAW;
 - Adapt and institutionalize age- and gender- services specifically tailored to the needs of adolescents aged 15–18 within both VAC and VAW responsive prevention and response systems;
- 3 Develop and implement a common inter-sectoral / ministerial training curriculum** on the prevention of VAW and VAC; continue to integrate the training curricula on the relevant aspects of VAC and VAW in the regular training of all service providers;
- 4 Continue to undertake a systematic alignment of legislation and Government decisions governing VAW and VAC;**
- Strengthen perpetrator accountability and behavior-change programmes by introducing mandatory, accredited perpetrator-rehabilitation programmes linked to the probation service and courts
- 5 Develop a simple and practical national multisectoral protocol or Standard Operating Procedures** to address the co-occurrence of VAW and VAC.
 - Clearly define the roles and responsibilities of all stakeholders including the multidisciplinary team (MDTs), include a minimum service package for both children and mothers, and institutionalise regular coordination mechanisms at the regional or sub-regional level, modelling the national structures.

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- 6** Further strengthen the capacity of service providers, including the MDTs, by fostering a shift in their attitudes and behaviours as well as developing their knowledge and skills to deliver survivor-centred, age- and gender-responsive, and disability-inclusive response services.
- 7** Develop minimum standards for service provision for VAW and VAC, based on existing sector-specific standards;
- 8** Invest more in survivor-centred, gender- and age- responsive disability inclusive response services for both children and women especially in rural areas:
 - Enhance collaboration with Organizations for Persons with Disabilities (OPDs) and service providers, especially in rural areas;
 - Further institutionalize NGO expertise within national systems by expanding the service contract with the Government;
 - Invest in local women- and girl-led organizations (WGLOs) to enhance community-based care;
- 9** Prioritize investment in enhancing the capacity and functionality of MDTs and social case workers:
- 10** Continue to:
 - Address unconscious bias and the attitude of service providers through regular training and participatory monitoring;
 - Enhance confidentiality among service providers by introducing an information-sharing protocol and training on the ethics of data sharing related to VAW and VAC;

