



NATIONAL STUDY

ON THE INTERSECTIONS BETWEEN VIOLENCE AGAINST WOMEN AND VIOLENCE AGAINST CHILDREN IN MOLDOVA

DECEMBER 2025

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■ Executive summary

Despite progress in legal frameworks and European Union (EU) integration efforts, violence against women (VAW) and violence against children (VAC) in Moldova remains pervasive, interconnected, and deeply rooted in structural inequalities. High rates of abuse persist across homes, schools, communities, and online spaces. This national study provides the first comprehensive evidence base on how these forms of violence overlap, co-occur, and reinforce each other across the life course.

To undertake the study, a mixed methods design was used to capture the complexity of intersections between VAW and VAC. National policies were mapped, and national and international literature on good practices was reviewed. The most recent prevalence data from existing reports were used, more than one thousand service providers were surveyed, and over 50 stakeholders, ranging from public officials to frontline staff across five administrative-territorial units, were interviewed.

This triangulated approach ensures that the evidence and arguments reflect the existing conditions of prevention, response, and coordination in both policy and practice, and enable us to provide practical recommendations for strengthening systems to address VAW and VAC in Moldova.

Key findings

● Violence is a widespread concern:

- 55% of women view domestic violence as a private matter, nearly four times the EU average.
- One in four adolescent girls aged 15–19 report violence in their relationships.
- Abuse facilitated by information technology is on the rise, with 12% of children aged 12–16 having recently received indecent proposals online.

● VAW and VAC often co-occur within families:

- Children exposed to intimate partner violence at home are more likely to experience direct abuse themselves. Exposure to violence also disrupts a child's sense of safety, affects cognitive and emotional development, increases the risk of future perpetration of violence, and contributes to its intergenerational transmission.
- Emotional and physical violence frequently overlap, with girls facing higher risks of sexual and digital violence.

● Prevention efforts can be strengthened, and the drivers addressed:

- Comprehensive approaches to prevention are limited.
- Many actors equate prevention with awareness campaigns, despite their limited impact.
- Few interventions address the root causes of VAC and VAW, such as gender inequality, harmful patriarchal and gender norms, and the social acceptance of violence. At the same time, there is limited attention to how aggravating risk factors, such as poverty and alcohol misuse, can further increase the likelihood and severity of violence across different population groups.

● Response services can be enhanced:

- Certain gaps in violence response services and barriers to access persist.
- Safe shelters for some types of victims - especially adolescents and boys - are limited and small-scale, especially outside urban areas.
- Survivors face barriers to accessing services including stigma, shame, economic dependency and constraints, and lack of trust in authorities.

- Perpetrator accountability programmes are poorly developed, and psychosocial support for victims is insufficient.
- **Opportunities to further improve integration efforts:**
 - Multidisciplinary teams presently operate inconsistently, with unclear mandates, superficial and limited knowledge of standards such as the survivor-centred approach, and insufficient resources.
 - Data systems are fragmented and not centralized, making monitoring and accountability difficult.

Key recommendations

To break cycles of violence and support Moldova in aligning with international standards, the study proposes considering the following pathways for policy development and consolidation:

- **Strengthen prevention**
 - Introduce school-based curricula on healthy relationships, gender equality, and digital safety.
 - Expand parenting programmes to reduce both VAC and VAW, and promote positive caregiving.
 - Support community-led and school-based interventions to promote gender equality and non-violence that engage youth and community leaders.
 - Invest in women’s economic empowerment to reduce dependency on abusive partners.
- **Enhance response services**
 - Ensure that there is at least one shelter in a central location in each district, with survivor-centered and inclusive services for vulnerable persons with disabilities.
 - Ensure that multidisciplinary teams with expertise in VAC and VAW are operational, with clear mandates, budgets, and accountability.
 - Integrate mental health and psychosocial support into all survivor services.
 - Strengthen and update Moldova’s perpetrator accountability programmes, to reduce reoccurrence of violence.
- **Improve coordination and governance**
 - Develop a national protocol/synchronize the existing protocols to apply to co-occurring cases of VAW and VAC.
 - Harmonize data and information systems across ministries and public authorities to track prevalence and service outcomes.
 - Strengthen the capacity of the National Agency to act as a central coordination body with authority to enforce standards and monitor quality.
 - Institutionalize NGO expertise for service provision through sustainable social contracting¹ mechanisms.
- **Secure financing and sustainability**
 - Increase state budget allocations for violence prevention and response programmes, reducing reliance on donors and short-term programmes.
 - Introduce performance-based financing, tied to service quality indicators.
 - Continue investment in workforce development, including training, supervision, and career pathways for frontline staff.

In summary, this study demonstrates that violence against women and children in Moldova is widespread and interconnected. By moving from fragmented approaches to integrated strategies that bring together prevention, survivor-centered services, and coordinated systems, Moldova can significantly strengthen its response. With enhanced political will, more stable financing, and evidence-based interventions, Moldova can reduce VAC and VAW substantially.

¹ Social contracting refers to a government-led approach in which public resources are allocated to non-governmental or civil society organizations to deliver essential, State-mandated services (such as health or education) through legally binding, results-based agreements.

■ Introduction

In Moldova, violence against women (VAW) and violence against children (VAC) are closely linked and mutually reinforcing. Together, inequality, harmful social norms, economic stress, and fragmented service provision create conditions in which violence not only occurs but also reproduces itself across generations.

Global evidence shows that children who witness domestic violence experience many of the same negative psychological, developmental, and behavioural consequences as those who survive violence directly (UNICEF, 2024). Exposure – whether direct or indirect – disrupts a child’s sense of safety, affects cognitive and emotional development, and increases risks of future victimization or perpetration. These compound effects contribute to the intergenerational transmission of violence, whereby patterns of abusive behaviour, trauma responses, and tolerance of violence are reinforced within families, over time.

Notwithstanding the significant progress over the past two decades in promoting gender equality and child well-being, Moldova continues to report high levels of violence. Nationally representative surveys reveal that overall, two in five women have experienced physical and/or sexual violence by a partner or non-partner since age 15 (OSCE, 2019), while a similar proportion of children experience physical, sexual, or emotional abuse during childhood (UNICEF, 2024). These risks are intensified by widening socio-economic disparities, entrenched patriarchal norms, emerging online risks, and the ongoing effects of large-scale labour migration (UNICEF, 2024; Council of Europe, 2023; ECPAT International and Council of Europe, 2023).

Moreover, societal attitudes continue to normalize violence and reinforce gender stereotypes. Fifty-five per cent of women view domestic violence as a private matter – nearly four times higher than the EU average of 14% – with almost half believing that women provoke violence or exaggerate abuse (OSCE, 2019). Physical and sexual violence is also common in adolescent relationships, affecting approximately one in four girls aged 15–19 (UNICEF, 2018). Violence occurs at home, in schools, public spaces, and online, and is underpinned by patriarchal norms that reinforce control and/or silence survivors.

Given the scale of the problem, dedicated data on how VAW and VAC overlap, and evidence on shared risk factors, would support Moldova in developing more coordinated and trauma-informed prevention and response efforts. To date, most national studies have focused on either VAC or VAW in isolation, without little exploration of family dynamics, co-occurrence of abuse, or long-term impacts across generations (UNICEF, 2024). Evidence gaps are especially pronounced for adolescents. Adolescent boys are at heightened risk of both experiencing violent discipline, and witnessing and perpetrating intimate partner violence (IPV), while adolescent girls’ exposure to their caregiver abuse increase risks of IPV in their future (UNICEF, 2024).

With a view to supporting Moldova's evidence needs, this report has been organized into five sections. This first presents the methodology, outlining the research objectives, scope, and overall approach. The second examines the context of VAC and VAW in Moldova, including who the key stakeholders are, the current legal framework, the prevalence and forms of violence, and the major issues underlying VAC and VAW. The third section focuses on prevention, reviewing existing laws and interventions and the challenges to, and opportunities for strengthening efforts. The fourth section explores response services for children and women who have experienced violence, analysing current laws, interventions and practices. The final section addresses coordination of stakeholders working on VAC and VAW, drawing attention to how collaboration can support effective prevention and response.

2.1. Research objectives, scope and questions

In examining the intersections between VAW and VAC, this report focuses primarily on IPV and domestic violence² experienced or witnessed by children. Particular attention is given to three types of violence – sexual, physical, and emotional – within family settings, with the aim of enhancing an understanding of how violence is co-occurring and is transmitted across generations. In so doing, the report seeks to generate evidence that informs stronger, better coordinated multisectoral prevention and response mechanisms, strengthens existing services, and supports the development of national strategies aligned with global standards.

The key research objectives are:

- Conduct a national level situational analysis of VAW and VAC, including legal and policy mapping and trends;
- Identify other positive and relevant global practices for preventing and responding to VAW and VAC, focusing on co-occurring cases;
- Assess the experiences and perspectives of service providers and stakeholders;
- Examine implications for system strengthening and reform, and for alignment with international standards for VAW and VAC; and
- Provide evidence-based recommendations for national and local stakeholders, so they can more effectively address the intersection of VAW and VAC, thereby ensuring coordinated approaches at the policy and practice levels to protect women and children.

Specific research areas and research questions are as follows:

Intersections between VAW and VAC in Moldova:

Where are the key intersections between VAW and VAC?

- Where do the overlapping risks and protective factors at the individual, family, community, and society levels?
- What types of violence do children, adolescents, and women experience within the same household, including digital technology/spaces?
- What are the short- and longer-term consequences of these forms of violence, including the inter-generational effects?

² Domestic Violence mean 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 (Article 3, the Istanbul Convention).

Legal, policy and intervention frameworks:

Which current interventions, laws, and policies, address both VAW and VAC?

- How do these align with global standards such as the Seven Strategies for Ending Violence Against Children (INSPIRE)³ and Framework for Preventing Violence Against Women (RESPECT)⁴ frameworks?
- Where are the gaps and overlaps in Moldova's legal and policy frameworks?

Sectoral coordination:

How do the VAW and VAC sectors currently interact in Moldova?

- What barriers hinder effective cross-sectoral collaboration?
- What opportunities exist to strengthen coordination and integration?

Policy and programmatic recommendations:

What key policy and programming recommendations could be proposed to the Government of Moldova and its partners to enhance vital support services for women and children?

2.2. Methodology and data collection tools

This study applies a mixed-methods design combining qualitative and quantitative approaches to capture the complexity of the intersections between VAW and VAC. The methodology includes a desk-based contextual analysis (including data, policy mapping and a literature review), an online survey data, key informant interviews (KIIs), and focus group discussions (FGDs).

The study included the following research methods:

- **Contextual analysis:** A desk review synthesized national and international evidence on the prevalence, drivers, and consequences of VAW and VAC in Moldova, drawing on prevalence and administrative data, research studies, and socio-economic and cultural determinants, in addition to existing prevention and response interventions at the national level. Additionally, the review also undertook a global literature review to examine evidence-based models and best practices for preventing and responding to the co-occurrence of IPV and VAC.
- **Law, Policy and intervention mapping:** The team evaluated an alignment with the INSPIRE and RESPECT frameworks by mapping Moldova's laws, policies, strategies, and programmes, documenting current interventions, implementation gaps, overlaps, and opportunities for stronger harmonization across VAW and VAC systems.
- **Online survey of service providers:** An online survey of 1,129 service providers assessed awareness, referral practices, and institutional coordination related to VAW and VAC (Box 1). Respondents were from government agencies (70.7%), legal and justice institutions (16.8%), NGOs and CBOs (4.3%), healthcare institutions (4.2%), academic and educational institutions (1.9%), shelters and safe-house providers (0.9%), faith-based organizations (0.4%), and donors/funding agencies (0.4%).
- **KIIs and FGDs:** In-depth qualitative data were collected as follows:
 - Thirty-eight KIIs were conducted with representatives from government (16), NGOs (12), UN agencies, faith-based organizations (3), and academic institutions (4). Three respondents were from an independent national human rights institution. Interviews explored coordination challenges, response pathways, and opportunities to strengthen integrated responses.

³ INSPIRE is an evidence based resources to preventing and responding to violence against children and adolescents, initiated by World Health Organization (WHO) in collaboration with other UN, bilateral and multilateral agencies. It was launched in 2016. Accessible from <https://inspire-strategies.org/inspire-seven-strategies-ending-violence-against-children>.

⁴ RESPECT is an evidence-based framework for policy makers to strengthen and scale up efforts to prevent violence against women. It was launched in 2019 by UN Women and the WHO together with twelve other United Nations (UN), bilateral and multilateral agencies. Accessible from <https://respect-prevent-vaw.org>.

- Eight FGDs were conducted with frontline service providers, including social workers, police, lawyers, doctors, etc., across four administrative-territorial units: Chişinău Municipality (7 participants), Central region (16), Gagauzia region (12), North region (16), and South region (14)

These discussions provided detailed insights into the coordination challenges, best practices, and the lived realities of those working to prevent and respond to VAW and VAC.

The qualitative component of the study, based on FDGs and KIIs, aimed to complement and contextualize online survey findings, identify systemic bottlenecks, and highlight promising practices. A hybrid coding strategy was applied: deductive codes aligned with predefined research questions addressed risk factors, vulnerabilities, institutional pathways, coordination, and service gaps, while inductive coding captured emergent themes from FGDs and KIIs, including systemic failures, survivor behaviors, and institutional practices not reflected in quantitative data. Each interview and discussion was analyzed individually and then comparatively across administrative-territorial units, sectors, institutional levels, and forms of violence to triangulate perspectives and identify patterns, divergences, and opportunities for strengthening coordinated prevention and response mechanisms.

Findings from all the data sources were synthesized, compared and triangulated to generate evidence-based recommendations for the Government and its partners to support prevention and response to co-occurrence of VAW and VAC.

Limitations included gaps in disaggregated national data linking VAW and VAC – particularly regarding technology-facilitated violence and its intergenerational effects. Competing priorities limited the availability of some key informants, and survey responses were uneven across sectors. However, methodological triangulation strengthened the reliability and depth of findings. An additional limitation is that local beliefs and assumptions – some of which may not be fully grounded in available evidence – can shape how respondents understand and prioritize risk factors. Such perceptions may influence which dynamics of violence they chose to emphasize or overlook during data collection.

This report does not measure the prevalence or co-occurrence of VAW and VAC. All findings on co-occurrence reflect the views of service providers collected through the online survey, KIIs and FGDs. Any prevalence figures cited relate only to nationally representative studies conducted elsewhere and are referenced. Because no comprehensive prevalence study on VAW–VAC co-occurrence exists in Moldova, the methodology explicitly clarifies that the research focuses on mapping interventions, system functioning, and underlying drivers, rather than estimating population-level prevalence.

BOX 1. Voices from the field: Survey of service providers on the intersection of VAW and VAC.

An online survey was developed for service providers and practitioners to gather their experiences and perspectives on how VAC and VAW intersect in Moldova. It aimed to identify how prevention and response interventions collaborate across VAW and VAC and to explore challenges in implementing relevant policies and legislation.

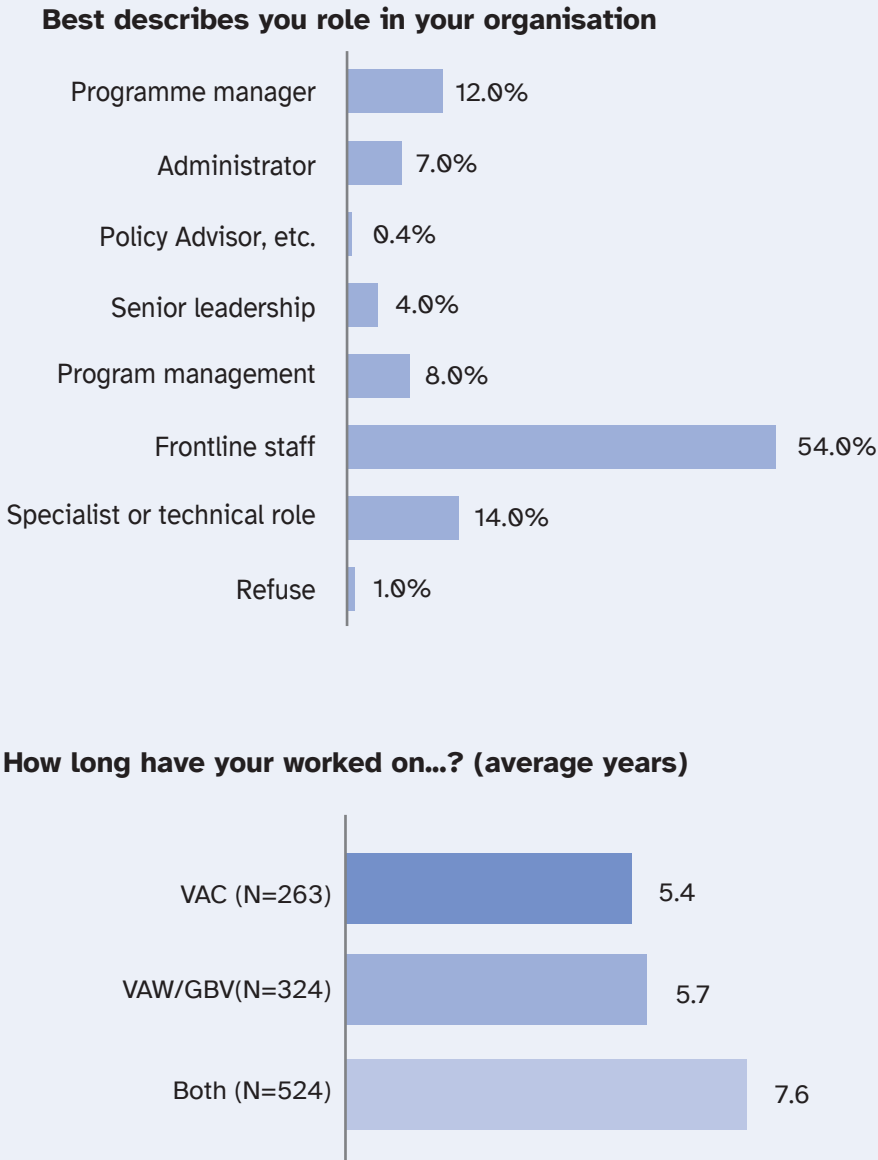
The survey was administered online and included a mix of 38 open-ended and closed questions. The questionnaire asked about the respondent's organization and role, their knowledge of VAW and VAC in Moldova, their experiences of interventions, policies and challenges in preventing or responding to VAW and VAC, and the legal and policy frameworks. Examples of multi-sectoral collaboration and any recommendations they had for policy and programming, were also included.

A total of 1,129 respondents took part, most of whom were frontline staff (54%), specialists/technical personnel (e.g., legal advisers and data analysts - 14%), or managers (12.0%), as portrayed in Box Figure 1.

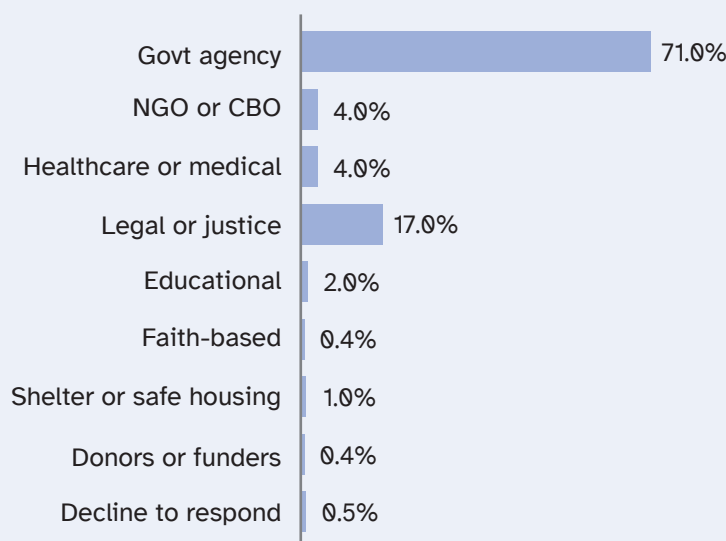
Just under half of respondents (542 or 48%) reported working on both VAC and VAW or gender-based violence (GBV) for an average of 7.6 years, while those focusing only on VAW or VAC reported fewer average years' experience (5.7 and 5.4 years respectively). Overall, the sample reflects a group of experienced and established practitioners in the field.

The organizations represented in the survey were predominantly public bodies, including ministries, the police, and social services, followed by the legal and justice sector, such as courts. The remaining respondents (12%) were NGOs, CBOs, donors /funders, or faith-based organizations. Most organizations reported working on both VAW and VAC (67%).

BOX FIGURE: Profile of the respondents to the online survey



Type of organisation or institution you represent



Source and notes: Author's calculations of the VAW and VAC online survey. Senior leadership refers to roles such as Executive Director, Programme Director, CEO. Programme management refers to roles such as Programme Manager, Team Lead, Coordinator. Frontline staff refers to roles such as Social Worker, Case Manager, Advocate. Specialist or technical roles refer to roles such as Legal Advisor, Data Analyst, Trainer, and Researcher.

2.3. Conceptualizing the intersections of VAW and VAC

In order to conceptualize the intersection of VAW and VAC, this study was grounded in a socio-ecological framework that interprets violence as a multi-level phenomenon shaped by interconnected factors at the individual, interpersonal, community and system levels, with gender, age and disability as cross-cutting lenses. It draws on global evidence, including INSPIRE and RESPECT models, and the Essential Services Package (ESP) for Women and Girls Subject to Violence⁵, which sets out coordinated, survivor-centered services across health, justice/policing, and social services, plus dedicated coordination and governance actions.

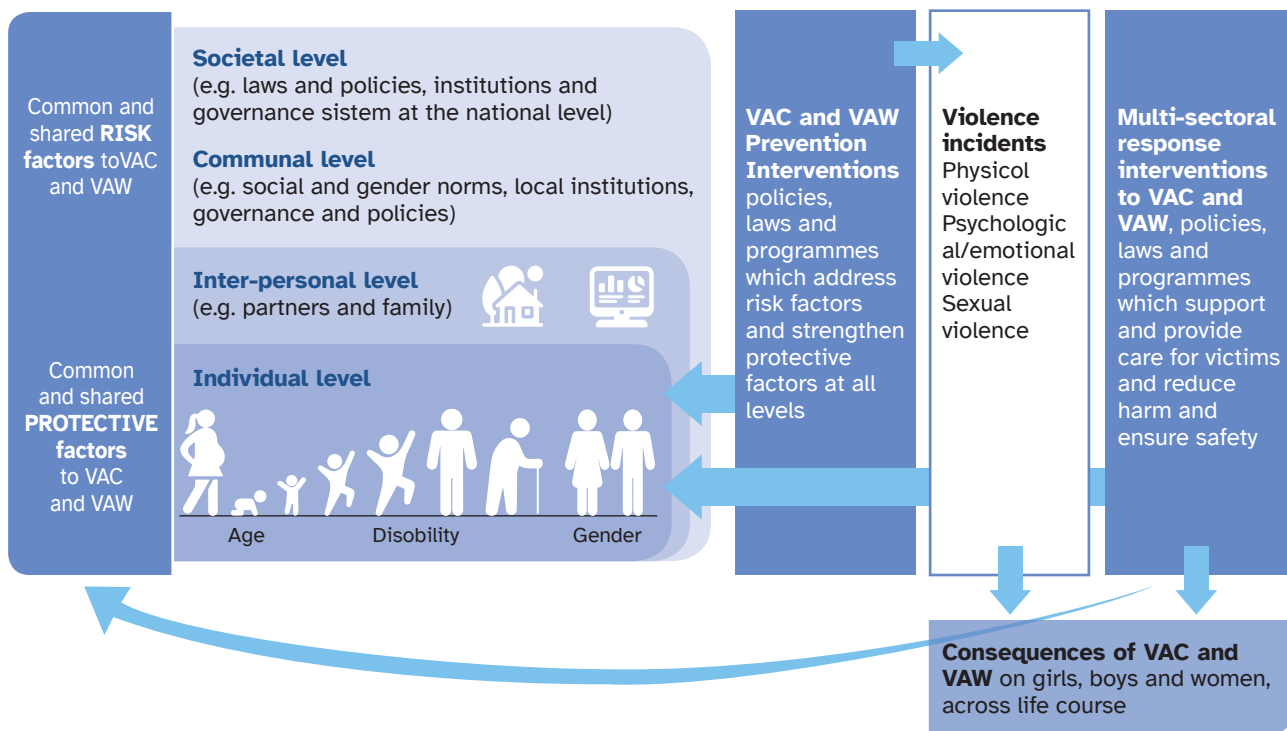
The study is further informed by Moldova's important strategic commitments that include the National Programme for Child Protection (2022–2026) and the National Programme on Preventing and Combating Violence Against Women and Domestic Violence (2023–2027), and by international frameworks such as the Convention on the Rights of the Child (CRC), the Convention on the Elimination of All forms of Discrimination against Women (CEDAW), the Council of Europe Convention on preventing and combating violence against women and domestic violence (the Istanbul Convention) and the Sustainable Development Goals. It also references UNICEF's Child Protection Strategy, Strategic Plan and Gender Action Plan, and UNFPA's Country Programme priorities.

These frameworks together guide the analysis and have been applied in ways that are relevant to the Moldovan context, giving due attention to equity and a gender-sensitive political-economy perspective. By so doing, they offer a comprehensive basis for understanding both shared and distinct drivers of violence against women and children and for identifying opportunities for integrated policy and programmatic approaches.

⁵ This service package is developed in a partnership by UN Women, UNFPA, WHO, UNDP and UNODC to provide greater access to a coordinated set of essential and quality multi-sectoral services for all women and girls who have experienced GBV in 2015. Accessible from <https://www.unwomen.org/en/digital-library/publications/2015/12/essential-services-package-for-women-and-girls-subject-to-violence>

Figure 1 illustrates the conceptual framework. It outlines key themes across the socio-ecological model and supports a comprehensive analysis of risk and protective factors, prevention approaches, manifestations and consequences of violence, and multisectoral responses. Designed to reflect Moldova's context and the study's scope, the framework also highlights areas of overlap across the six intersections of VAW and VAC.

FIGURE 1. Conceptual framework



Source: Authors' Illustration.

■ VAW and VAC in Moldova: Context and main issues

Moldova's development is shaped by a structural reliance on remittances, persistent child poverty, and large-scale labour migration – pressures that collectively increase family stress and weaken caregiving.

In 2024, the child poverty rate remained unchanged at 33.6%, but increased by 3.4 percentage points compared to 2023. Children in rural areas are at greater risk of poverty than children in urban areas. Thus, the absolute poverty rate among children in rural areas was 46.6% in 2024, compared to 18.6% among children in urban areas.

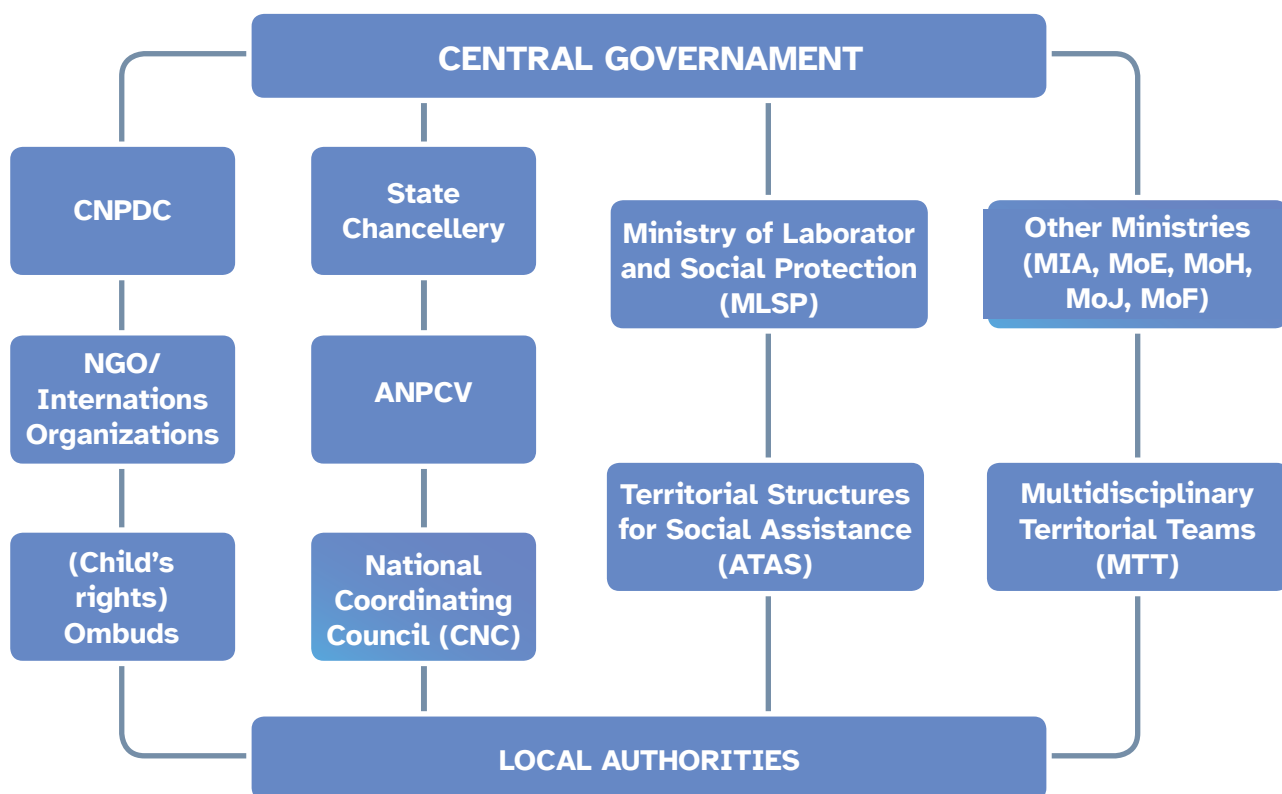
Remittances account for roughly 16% of GDP, and migration has left many children without parental care. Over 30% of children have neither a resident parent nor a legal guardian – a situation which significantly increases vulnerability to neglect, exploitation, and abuse (Cebotari et al., 2016; Council of Europe, 2023). These vulnerabilities have been further exacerbated by COVID-19 and the 2022 war in Ukraine, which brought a substantial influx of women and children as refugees, placing additional strain on already limited services, heightening GBV risks in both refugee and host communities (UN-FPA et al., 2024).

Despite these challenges, Moldova has continued to advance in its trajectory toward European Union integration, including achieving EU candidate status in 2022 and ratifying key human rights treaties.

In 2021, Moldova ratified the Istanbul Convention, affirming its commitment to aligning with international standards addressing VAW and VAC (Council of Europe, 2023). This commitment is underpinned by an evolving legal and policy framework, including the National Programme on Preventing and Combating Violence Against Women and Domestic Violence (2023–2027), the National Development Strategy “Moldova 2030”, and intersectoral cooperation mechanisms established through Government Decisions No. 143/2018 and No. 270/2014 (Government of Moldova, 2023a; 2023b; 2018; 2014). Further advancements include the National Child Protection Programme (2022–2026), the Law on Protection of Children at Risk, the Law on Family Violence Prevention, and the operationalization of the National Agency for Preventing and Combating Violence Against Women (Government of Moldova, 2022; Parliament of Moldova, 2007; 2023; Government of Moldova, 2023c).

Institutionally, Moldova has developed a comprehensive, centralized institutional framework spanning multiple sectors and levels of government to address VAW and VAC. Policy leadership is centered in the Ministry of Labour and Social Protection (MLSP), while the National Agency for Preventing and Combating VAW and Domestic Violence (ANPCV), under the State Chancellery, is responsible for coordination and collaboration of various sectors, alongside the National Coordinating Council on Domestic Violence (CNC) and the National Council for Child Rights Protection (CNPDC). The latter is an advisory body to Government, created to coordinate and monitor all activities related to the implementation of national policies and international treaties on child protection at the intersectoral, national, regional, and local levels (Figure 2). This structure spans several line ministries across the social protection, police, justice, health, and education sectors, and across civil society. It reflects steady convergence with European standards while signaling where practice lags behind policy and coordination remains challenging. Section 6 maps these actors in more detail, and analyses coordination challenges and opportunities across VAW and VAC.

FIGURE 2. Organigram of Stakeholders involved in Actions against VAW and VAC



Source: Authors' Illustration.

3.1. Widespread, gendered and co-occurring violence at home, in communities, and online

VAW and VAC experiences in Moldova follow a gendered pattern, beginning in early childhood, intensifying in adolescence, and persisting into adulthood, with many survivors facing overlapping sexual, physical, psychological, and technology-facilitated harms (OSCE, 2019; Ministry of Health, Labour and Social Protection, 2019).

National studies show that **psychological (emotional) violence** is the most prevalent yet least reported form of GBV among women. The OSCE-led survey found that 71% of ever-partnered women experienced psychological violence since age 15, and 18% in the past year. Earlier national data reported 60% lifetime and 26% annual prevalence, illustrating persistent and widespread harm (OSCE, 2019). For children, emotional violence is similarly pervasive: Violence Against Children and Youth Survey (VACS) shows more than one-third of adolescents aged 13–17 experienced emotional violence in the past year (37% of girls and 30% of boys), while the Multiple Indicators Cluster Survey (MICS) 2012 documented high rates of psychological aggression among children aged 2 to 14 (71% of boys; 68% of girls) (Ministry of Health, Labour and Social Protection, 2019; MICS, 2012).

Physical violence is also widespread and often normalized, particularly during adolescence. VACS reports that 26% of young women and 35% of young men aged 18–24 experienced physical violence before age 18, most commonly between ages 12 and 17, with peers being the main perpetrators. In the 12 months before the survey was taken, 11% of adolescent girls and 15% of boys reported physical assault, again, mainly by peers.

In 2024, a UNICEF synthesis study estimated that two in five children experience physical violence during childhood (Ministry of Health, Labour and Social Protection, 2019; UNICEF et al., 2024). Among ever-partnered women, one in three indicated that they had been subjected to physical violence by a partner from age 15 onwards, with nine per cent saying it had happened in the past year, and 17% reporting physical and/or sexual violence by non-partners. Twenty-two per cent of abused women reported experiencing violence during pregnancy (OSCE, 2019).

Sexual violence persists across the life course and begins early. Nine per cent of ever-partnered women reported intimate-partner sexual violence since age 15 (2% in the past year), 5% reported non-partner sexual assault (1% in the past year), and nearly half (49%) reported lifetime sexual harassment, confirming the breadth of non-consensual sexual experiences (OSCE, 2019).⁶

Among young people, 14% of women aged 18–24 experienced sexual violence before age 18, and 8% of girls aged 13–17 experienced sexual violence in the past year, with most survivors enduring multiple incidents (Ministry of Health, Labour and Social Protection, 2019). For those aged 18–24 who experienced sexual violence in childhood, the first incidents most often occurred outside the home (81% of girls and 82% of boys) and were concentrated at ages 16–17. Among adolescents currently aged 13–17 who were victimized in the past year, initial incidents tended to occur earlier, clustering at ages 14–15. The most common first perpetrator is a friend for boys (51%) and a stranger for girls (26%), though 18% of girls and 13% of boys report a first incident by a family member, authority figure, or a neighbour (Ministry of Health, Labour and Social Protection, 2019).

Technology-facilitated gender-based violence is a rapidly expanding threat that exposes women and girls, in particular, to new forms of harm, including online grooming, cyberbullying, and sexual extortion. Since age 15, 11 % of women reported having received sexually explicit emails or texts, and 8% experienced or having been subjected to inappropriate advances on social media (FRA, 2014; quoted by Behavioral Insights Team, 2024).

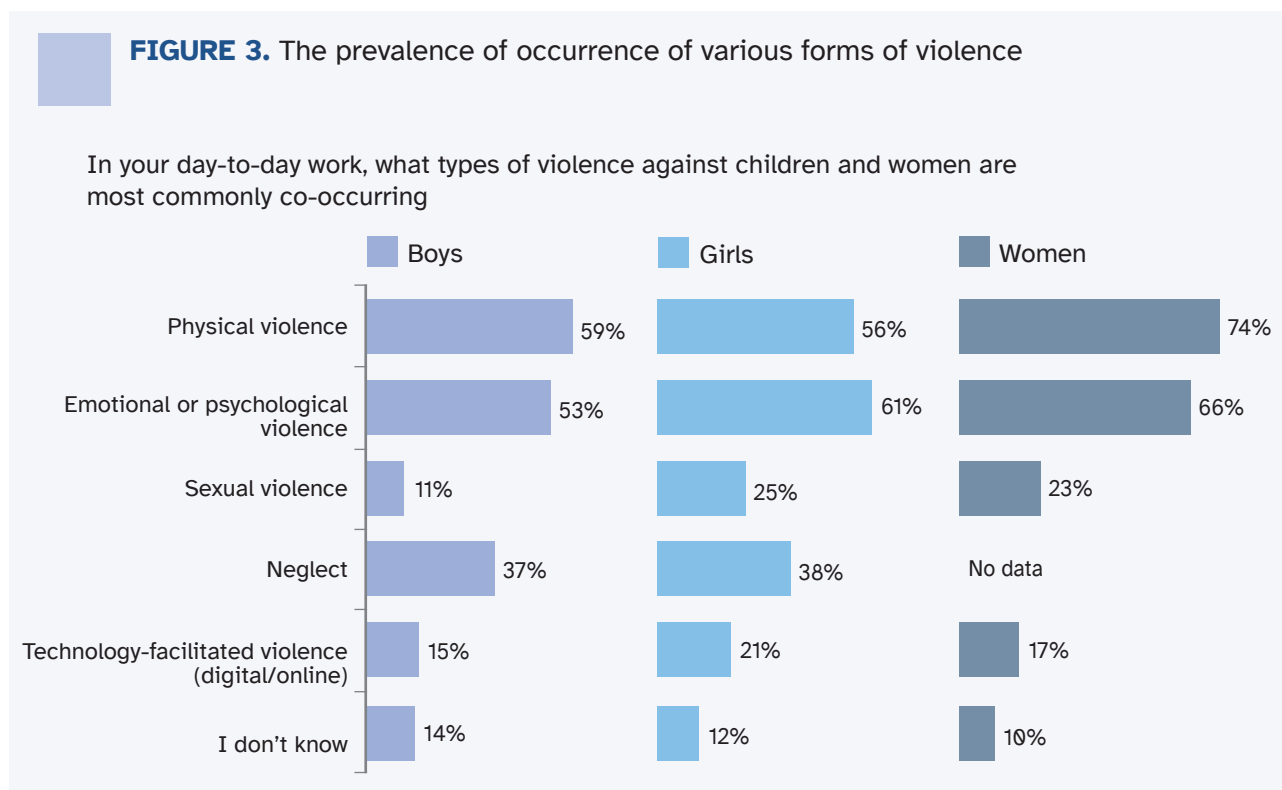
Online stalking is far more common among young women (18% of women aged 18–29) than among older women (6% of women over 60) (OSCE, 2019). As regards children, **12% of 12–16-year-olds received indecent online proposals from strangers and more than half of these later met the individual offline.** Just 35% of these children would tell a parent of these experiences, whilst 20% prefer to keep online problems entirely to themselves (Behavioral Insights Team, 2024). Most reported online child sexual-abuse images depict girls under 16, with girls aged 13–16 comprising 90% of those receiving assistance (ECPAT International and Council of Europe, 2023). Parallel qualitative research with refugee and host-community adolescents also confirms that most girls encounter online harassment, including coercive requests for sexual photos and threats of dissemination (UNFPA et al., 2024).

Findings from the online survey of service providers undertaken for this study add further insights on the co-occurrence of VAW and VAC. Firstly, surveyed service providers report multiple forms of violence experienced by women, girls and boys, with most service providers reporting the most pronounced gender differences regarding sexual **abuse. Importantly, though, the results highlight that service providers believe that co-occurrence of intimate partner violence and violence against children within the same households in physical and emotional forms of violence** (Figure 3). According to service providers, physical violence is the most frequently concurrent form of violence for boys and women, while emotional/psychological violence occurs at similar levels overall but is more often concurrent for girls at home. Girls face higher risk of concurrent sexual violence than boys and report the highest prevalence of concurrent digital/online violence overall.

⁶ A comparison with the earlier Moldova National Survey (2011–2012) suggests that lifetime intimate-partner sexual violence declined from 19% in 2011 to 9% in 2018, although methodological differences caution against interpreting this as clear progress (OSCE, 2019).

Importantly, though, the results highlight that service providers believe that **co-occurrence of intimate partner violence and violence against children** within the same households in physical and emotional forms of violence (Figure 3). According to service providers, physical violence is the most frequently concurrent form of violence for boys and women, while emotional/psychological violence occurs at similar levels overall but is more often concurrent for girls at home. Girls face higher risk of concurrent sexual violence than boys and report the highest prevalence of concurrent digital/online violence overall.

FIGURE 3. The prevalence of occurrence of various forms of violence



Source and notes: Author's calculations of the VAW and VAC online survey.

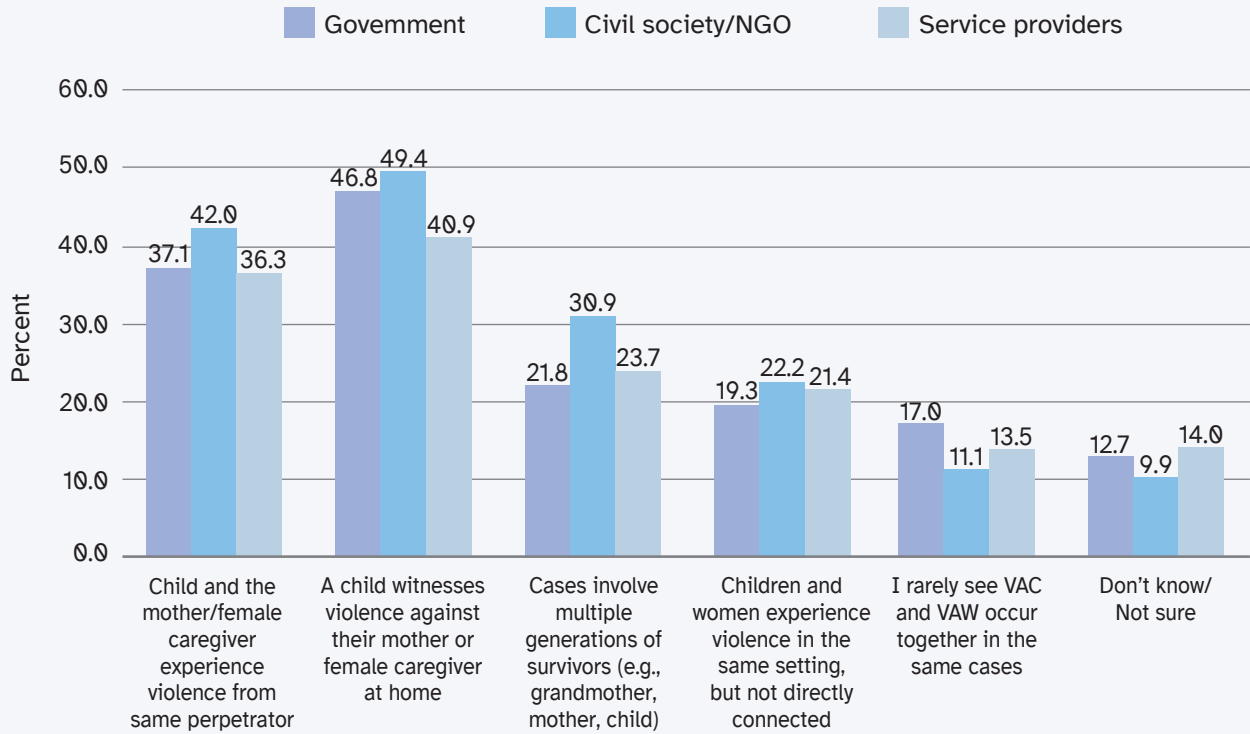
3.2. Witnessing violence within families, and its intergenerational effects

In line with the levels on co-occurrence of VAW and VAC uncovered in this study, Moldovan national data indicate that **children witness violence at home and in their communities**. Among 18–24-year-olds, 35% of women and 23% of men witnessed physical violence in their homes before turning 18, and 60% of women and 73% of men witnessed physical violence in their neighbourhoods. Adolescents aged 13–17, witnessed violence in both settings: 8% of girls and 4% of boys saw physical violence at home in the past year, while 27% of girls and 39% of boys witnessed violence in their communities (Ministry of Health, Labour and Social Protection, 2019).

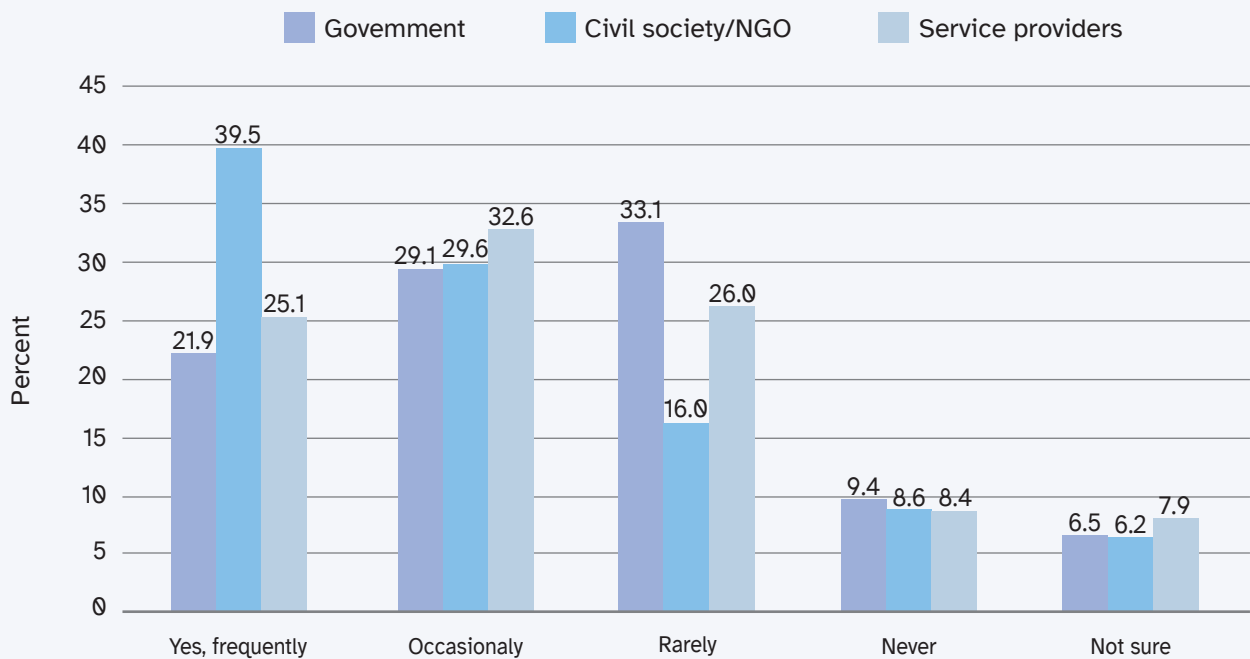
The online survey of service providers undertaken for this study indicated that all participating organization types report children witnessing violence against their mothers or female caregivers at home, or children and their mother's experiencing violence from the same perpetrator in around 2 in every 5 of their cases (Figure 4). Co-occurrence is experienced frequently in the work of 1 in 5 Government respondents, 1 in 4 service providers, and 1 in 3 civil society actors.

FIGURE 4. Implication of children as witness or co-experience violence against female caregivers

In your day-to-day work, how do VAC and VAW commonly co-occur?
Select all that apply.



How often have you encountered cases where VAC and VAW such as intimate Partner violence (IPV) occurred in the same household?



Source and notes: Author's calculations of the VAW and VAC online survey.

KIIs and FGDs respondents also shared the intertwined nature of VAW and VAC that they observed in their work at interview, particularly around domestic violence. Children witnessing violence is far from benign, as it is linked to increased likelihood of later victimization and perpetration (Ministry of Health, Labour and Social Protection, 2019) which illustrates how family and community environments can incubate cycles of violence that continue into adult relationships.

Evidence from the literature also points to **overlapping intergenerational and life course risks of violence**. Women with dependent children face a heightened risk compared to women without children, reinforcing the overlap of risks for women and children living in the same family context (UNICEF et al., 2024; OSCE, 2019). Evidence from Moldova and the broader region points to strong life-course links: women who suffered physical abuse or humiliation in childhood are more likely to experience non-partner violence in adulthood and more than twice as likely to endure intimate-partner physical or sexual violence (OSCE, 2019), while children who grow up in violent households internalize behaviours and coping strategies that facilitate replication of violence in the next generation (UNICEF Innocenti, 2024). Qualitative accounts describe recurrent patterns, such as a mother subjected to partner violence was similarly abused by her adult son years later, as well as grandchildren growing up with the same dynamics, illustrating both **temporal and relational continuities of harm** (UNICEF et al., 2024).

Parental histories and child behaviours increase the risk of co-occurrence. Parents who experienced maltreatment in their own childhood are substantially more likely to be involved in violent relationships as adults, both as survivors and, in some cases as perpetrators of violence against children – highlighting how **trauma-related psychological and behavioral mechanisms transmit violence across generations** (Ministry of Health, Labour and Social Protection, 2019; Torrisi, 2023).

Emotional neglect further exacerbates children’s vulnerabilities and is closely linked to externalizing behavioural problems (e.g., aggression, hyperactivity, oppositional behaviours). Moldovan studies associate these behaviours with increased family violence, as they strain parental relationships, escalate tensions in the household, and trigger harsh or abusive discipline, raising the likelihood of both VAW and VAC within the same family context (Ministry of Health, Labour and Social Protection, 2019; Torrisi, 2022).



BOX 2. Key Messages: Violence Against Women and Children in Moldova

- ✓ **Violence spans the life course.** It begins in childhood, intensifies in adolescence, and persists into adulthood, with sexual, physical, psychological, and digital harms overlapping.
- ✓ **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.
- ✓ **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.
- ✓ **Technology-facilitated violence is rising.** Young women and adolescent girls face online harassment, grooming, and sexual extortion, with limited reporting.
- ✓ **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.
- ✓ **Evidence gaps exist.** The online survey of service providers, key informant interviews and focus group discussions reveal patterns not captured in existing national data, including co-occurrence types and prevalence, and gender differences in experience of co-occurrence of violence.

3.3. Risk factors driving VAW and VAC across multiple levels

A constellation of interconnected risk factors heightens vulnerability to both VAW and VAC at societal, community, household and individual levels.

Patriarchal norms significantly influence attitudes towards VAC and VAW. Moldovan society traditionally upholds hierarchical family structures that assign authority and decision-making power to men within the household (UNFPA et al., 2024). These norms contribute directly to the tolerance of both VAC and VAW, reinforcing the perception that violence within the family is a private matter and not subject to public scrutiny or institutional intervention (OSCE, 2019). As a result, many survivors, particularly women, are reluctant to seek help or report abuse due to fears of stigma, social isolation, survivor-blaming, or retaliation from partners or community members (OSCE, 2019; UNICEF et al., 2024; UNFPA & UNICEF, 2018).

In parallel, one of the most entrenched social norms in Moldova is the **widespread acceptance of corporal punishment as a legitimate child-rearing practice**. About two-thirds of children aged 2–14 experience violent discipline (physical punishment and psychological aggression), which are perceived to be a part of “good” parenting, feeding cycles of violence into adolescence and adulthood (MICS, 2012; Ministry of Health, Labour and Social Protection, 2020; UNFPA et al., 2024; UNICEF, 2024). One NGO KII respondent also shared how a 2023 amendment allowed school exclusion as a punishment, enabling teachers to have greater latitude over students, and providing an additional tool to threaten students. This normalization of violent discipline in schools, as with witnessing violence in the home, further perpetuates a cycle in which children experience and internalize violence, increasing the likelihood that they will accept or use violence later in life (UNICEF, 2024).

While VAW and VAC are systemic, Table 1 shows two common, high-prevalence contributing factors cited by respondents across organizations: alcohol and substance misuse, and poverty/economic hardship. While alcohol misuse was most frequently mentioned overall, poverty and economic hardship were judged most prevalent by public officials, followed by service providers, and then civil society. With the exception of power imbalance in the household and financial dependency, evidence from the literature on the drivers of VAW and VAC were rarely confirmed by the survey respondents.

TABLE 1. Alcohol and substance use the most common driver across all organizational groups

	Government	Civil society / NGO	Service providers
Poverty and economic hardship	64.4	18.5	62.3
Power imbalance between partners	12.8	13.6	12.1
Alcohol or substance use	74.3	39.5	67.5
Patriarchal gender norms	7.7	21	12.6
Victim blaming attitude and belief	5.6	7.4	8
Stigma around seeking help	2.2	4.9	3.7
Dependency within a family (financial dependency)	14	18.5	14.4
Social norms/beliefs that condone violence	8.2	16	5.6
Lack of respect for children's and women's rights	10.7	8.6	9.8
Conflict or refugee/displaced person/related stress	1	2.4	0.5
Laws do not protect children and women adequately	1.8	1.2	0.5
Lack of law enforcement	3.6	9.9	2.4
Lack of knowledge and awareness on VAC and VAW	3.5	6.2	4.7
Lack of availability of services	2.9	2.5	0.9
Experience of childhood maltreatment	4.3	4.9	3.3
Living in rural area	3.1	1.2	1.4
Disability	1.1	2.4	1.9
Don't know / Not sure	0	0	0

Source and notes: Author's calculations of the VAW and VAC online survey.

Alcohol misuse is strongly associated with greater frequency and severity of domestic violence and child maltreatment (OSCE, 2019). Binge drinking, defined as consuming four or more drinks on a single occasion, emerges in adolescence and increases sharply in young adulthood (6% girls and 8% boys aged 13–17; 20% young women and 47% young men aged 18–24 reporting at least one binge episode in the previous 30 days), exposing young people to disinhibiting consumption patterns that heighten risks of victimization and perpetration (Ministry of Health, Labour and Social Protection, 2019; UNICEF, 2024).

Economic stressors in the form of chronic poverty, food insecurity and unemployment, elevate psychological stress, undermine caregiving capacity and intensify conflict in intimate relationships, becoming primary drivers of violence (UNDP, 2023; UNICEF, 2024; OSCE, 2019). Labour migration can further weaken family structure and stability, by increasing women’s responsibilities and stress, and leaving children vulnerable to neglect and abuse (Cebotari et al., 2016; UNICEF et al., 2024).

Living in rural areas compounds vulnerability through limited access to law enforcement, psychosocial support, healthcare and shelters, coupled with conservative social norms that perpetuate stigma against survivors and discourage help-seeking (Council of Europe, 2023; UNICEF, 2024). Rural families experience **higher levels of economic stress and have reduced access to educational opportunities, both of which are strongly related to an increased risk of family violence** (OSCE, 2019; Council of Europe, 2023). Nevertheless, rurality was not often seen as a shared driver of VAW and VAC by survey respondents.

Evidence suggests that the strongest predictor of violence against all women, including older women, is childhood violence. The prevalence rates of partner and non-partner violence are much higher among women who experienced some form of violence during the childhood (Vracevic et al., 2022). Moreover, older women, especially for those aged 60 and above and who are widowed, socially isolated, or economically dependent, are more vulnerable to physical, psychological and financial abuse by intimate partners, adult children, or other caregivers, with incidents often hidden due to age-related impairments, shame, or fear of institutionalization (Council of Europe, 2023). Again, however, only minority of the online survey respondents (fewer than 1 in 5) saw financial dependency as a driver of increased co-risk, and fewer still saw lack of service availability as a determinant of shared risk of VAW and VAC. This may also be attributed to the fact that service providers often operate with inherent biases, notably the tendency to view poverty and alcohol consumption as the primary drivers of violence, which can obscure the recognition of its structural, gender-based, and power-related dimensions.

Not included in the online survey but identified as a driver of VAW and VAC in the interviews and literature reviews of this study, was disability. The literature showed that **women and children with physical, cognitive or psychosocial disabilities face heightened vulnerability due to intersecting barriers, including dependence on caregivers, communication limitations, social stigma, and systemic discrimination** (UNDP, 2023; Council of Europe, 2023). In particular, these increase risks of sexual violence, neglect, exploitation, and, for children, disproportionate physical punishment and institutional abuse, particularly if poor or excluded from social services (UNDP, 2023; Council of Europe, 2023; UNICEF, 2024; UNICEF Innocenti, 2024). The FGDs and KII respondents reinforced both the higher risk and the obstacles to reporting for people with disabilities: with one respondent noting that people with intellectual or mental disabilities, especially women, are often not believed because of communication difficulties, with accounts questioned in sexual abuse and labour exploitation cases, making proof difficult, and contributing to losing cases in court.

Together, these multiple risk factors can intersect within households and contribute to the prevalence and persistence of co-occurring violence affecting women and children.

3.4. Consequences of violence, personal and social costs

The negative consequences of VAW and VAC accumulate across childhood, adolescence and adulthood, shaping health, education, employment outcomes and civic life. Exposure to violence in infancy and early childhood, whether via direct maltreatment or by witnessing domestic violence, can disrupt brain development and increase the risk of mental and physical health problems, establishing a trajectory of vulnerability, including later victimization or perpetration as noted previously (Ministry of Health, Labour and Social Protection, 2019).

As children enter school, exposure to violence increasingly manifests in higher rates of aggression, bullying, withdrawal and hyperactivity, accompanied by poorer attendance and academic performance which compromise long-term opportunities (Ministry of Health, Labour and Social Protection, 2019). By adolescence, the effects intensify, with mental distress becoming widespread. Over half of young women aged 18–24 report current mental distress, while 12% report having contemplated suicide and nearly half of those have attempted it (Ministry of Health, Labour and Social Protection, 2019). Adolescents are also more likely to engage in risky behaviours: dating violence emerges for girls, and for boys, exposure is associated with increased antisocial behaviour and perpetration of violence (Ministry of Health, Labour and Social Protection, 2019; UNICEF et al., 2024).

While these negative effects could be mitigated if children or women had access to survivor-centred care, in reality they rarely seek support. Despite awareness of services, few children seek help: only 9% of girls and 9% of boys sought help after experiencing physical violence (Ministry of Health, Labour and Social Protection, 2019). Among 18–24-year-olds who experienced sexual violence in childhood, few sought help even though they knew where services were available. Many adolescents said they did not disclose what happened because they felt ashamed or did not consider the incident serious; an attitude that can prolong harm and delay recovery (Ministry of Health, Labour and Social Protection, 2019).

At the system level, the consequences of VAW and VAC represent a substantial burden on the Government and society. Violence imposes fiscal costs across health, justice and social services, with civil society providing a significant share of support, as households incur out-of-pocket expenses and opportunity costs, while social trust is eroded and discriminatory norms perpetuated, diminishing women's participation in society. A national costing study estimated government expenditure on domestic and gender-based violence alone at MDL 36 million (approximately USD 2,117,000 in December 2025) in one year (0.025% of GDP), with hospital care and justice procedures the largest items. Survivors also incur substantial out-of-pocket costs, and CSOs that deliver roughly 60% of social services substantially increase the third-party costs related to violence (Women's Law Center et al., 2016; Council of Europe, 2023).



■ Prevention of VAW and VAC: Challenges and opportunities

Protecting women and children begins with prevention, which is both a human rights responsibility and a priority for Moldova. Prevention is the most effective way to reduce initial and repeated harm, break intergenerational cycles of risk, shift harmful gender and social norms, and ease pressure on police, courts, health, and social services at all levels. In addition to aligning with Moldova’s existing policies, such as the National Programme on Preventing and Combating VAW/DV 2023–2027, prioritizing prevention is also the most cost-effective method of addressing VAW and VAC. For example, in South Africa, the IMAGE programme (microfinance plus gender training) reduced IPV by 50% over two years at an estimated cost of USD 244 per case averted.

This section applies the INSPIRE and RESPECT strategic frameworks to better understand the intersection of VAW and VAC in Moldova. INSPIRE was launched in 2016 and focuses on preventing VAC (WHO, 2016). RESPECT was launched in 2019 to focus on Violence against Women and Girls (VAWG) (WHO, 2019). Here, the two frameworks are combined into a single analytic framework, summarized in Table 2, to harmonize overlapping evidence-based strategies to end VAC and prevent VAW.

TABLE 2. Seven prevention areas aligning INSPIRE and RESPECT models

Area	INSPIRE (VAC)	RESPECT (VAW)
1. Safe environments	<p>Implementation and enforcement of laws</p> <p>Apply/enforce laws that deter violent behaviours and related risks (e.g., alcohol, weapons) and protect children in public/institutional settings.</p>	<p>Environments made safe</p> <p>Make streets, schools, public spaces and workplaces safer by addressing hotspots, mobilizing communities, and improving design to prevent harm.</p>
2. Income and economic strengthening	<p>Income and economic strengthening</p> <p>Improve household security (cash transfers, savings/loans) to reduce drivers of VAC.</p>	<p>Poverty reduced; Empowerment of women</p> <p>Livelihoods microfinance combined with gender-equity training to lower IPV risk and increase agency.</p>
3. Response and support services ensured	<p>Response and support services</p> <p>Survivor-centred access to health, social welfare and child-friendly justice to limit impact and repeated harm.</p>	<p>Services ensured</p> <p>Quality, coordinated services across health, policing/justice and social sectors that reduce harm and re-victimization.</p>
4. Education, life and empowerment skills	<p>Education and life skills</p> <p>Safe, gender-equitable schooling; life-skills/SEL; adolescent IPV-prevention; digital safety.</p>	<p>Empowerment of women</p> <p>Economic/social empowerment, mentoring and safe spaces to build self-efficacy, assertiveness and negotiation skills.</p>

5. Parent, caregiver and relationship skills	Parent and caregiver support Nurture non-violent caregiving (home visiting, group sessions) to prevent child/adolescent abuse.	Relationship skills strengthened; Empowerment of women Improve communication, conflict-management and shared decision-making.
6. Implementation and enforcement of laws	Implementation and enforcement of laws Ensure legislation is actively applied (e.g., alcohol controls; weapon access; child protection).	Environments made safe and laws applied Routine enforcement that underpins safer public and private spaces for women.
7. Norms and values	Norms and values Shift harmful social/gender norms through SBC interventions, group education and community mobilization; promote bystander action.	Transformed attitudes, beliefs and norms Gender-transformative approaches that challenge gender stereotypes, inequity and tolerance of VAW.

Source: Adapted from INSPIRE and RESPECT frameworks.

Note: Parenting/caregiving-skills interventions are not included in the study since a separate, focused study on parenting was conducted simultaneously. Response and support services are covered in Section 5.

To operationalize the combined framework, this section first synthesizes what exists at each level: who does what, the laws, programmes and communications in place, and how women, men, girls and boys are reached, paying attention to adolescence, gender and disability. The remainder of the section identifies gaps and challenges and explains why the selected issues are priorities, before presenting practical recommendations with brief rationales and illustrative examples of promising practices to guide implementation.

4.1. System levers that set the foundation for prevention

At the national level, Moldova has a robust normative framework aligned with European and international standards, which is also steadily improving. Stakeholder perceptions collected during KIIs and FGDs confirm the belief that national legislation strongly protects children and women from violence. Since ratifying the Istanbul Convention, the Government has advanced legal alignment: the Criminal and Criminal Procedure Codes, Family Code, Law No. 45-XVI/2007 on Preventing and Combating Domestic Violence, and Law No. LP140/2013 on the Special Protection of Children at Risk together define offences, safeguards and protection mechanisms. The National Programme on preventing and combating violence against women and family violence (2023–2027) provides a comprehensive platform that also recognizes co-occurrence of VAW and VAC at home. Moreover, **the National Child Protection Programme, which has a general objective of addressing the phenomenon of violence against children, contributes by streamlining the strategic approach in the child protection area.**

Within this framework, the prevention pillar focuses on four programme provisions/solutions:

- integrating compulsory curriculum content across all grades on gender equality, mutual respect and non-violent conflict resolution in interpersonal relationships, violence against women, and the right to personal integrity;

- providing mandatory, continuous training for specialists working with survivors and with perpetrators;
- fostering active roles for the media and private sector in challenging gender stereotypes; and
- ensuring that women and girls, especially those with multiple vulnerabilities, are informed of their rights, and how to report violence and access specialized services.

Protective elements in national frameworks include engaged caregiving and positive discipline, safe-school initiatives that teach non-violent problem-solving, and coordinated multidisciplinary services aligned with international standards.

4.2. Prevention interventions in Moldova

Prevention is delivered through schools, primary healthcare, community social services, police outreach and local administrations, coordinated by territorial multidisciplinary teams, with civil society involvement (e.g., *La Strada*, CNPAC and coalition members). Reach is extended through digital-safety sessions, youth clubs and social and behaviour change activities.

Service providers in Moldova who participated in the online survey and shared their views on effective prevention strategies ranked awareness-raising campaigns and community-based interventions as the most effective prevention approaches, followed by parenting and caregiver support. Women were more likely than men to prefer awareness and caregiver support, while men more often highlighted social norms interventions. Economic empowerment and life-skills education were rated among the least effective, primarily by male respondents (Figure 5).

Triangulation of findings across the literature review, KIIs and FGDs, and the online survey reveals a notable disconnect between service provider perceptions and evidence on what effectively prevents VAW and VAC in Moldova.

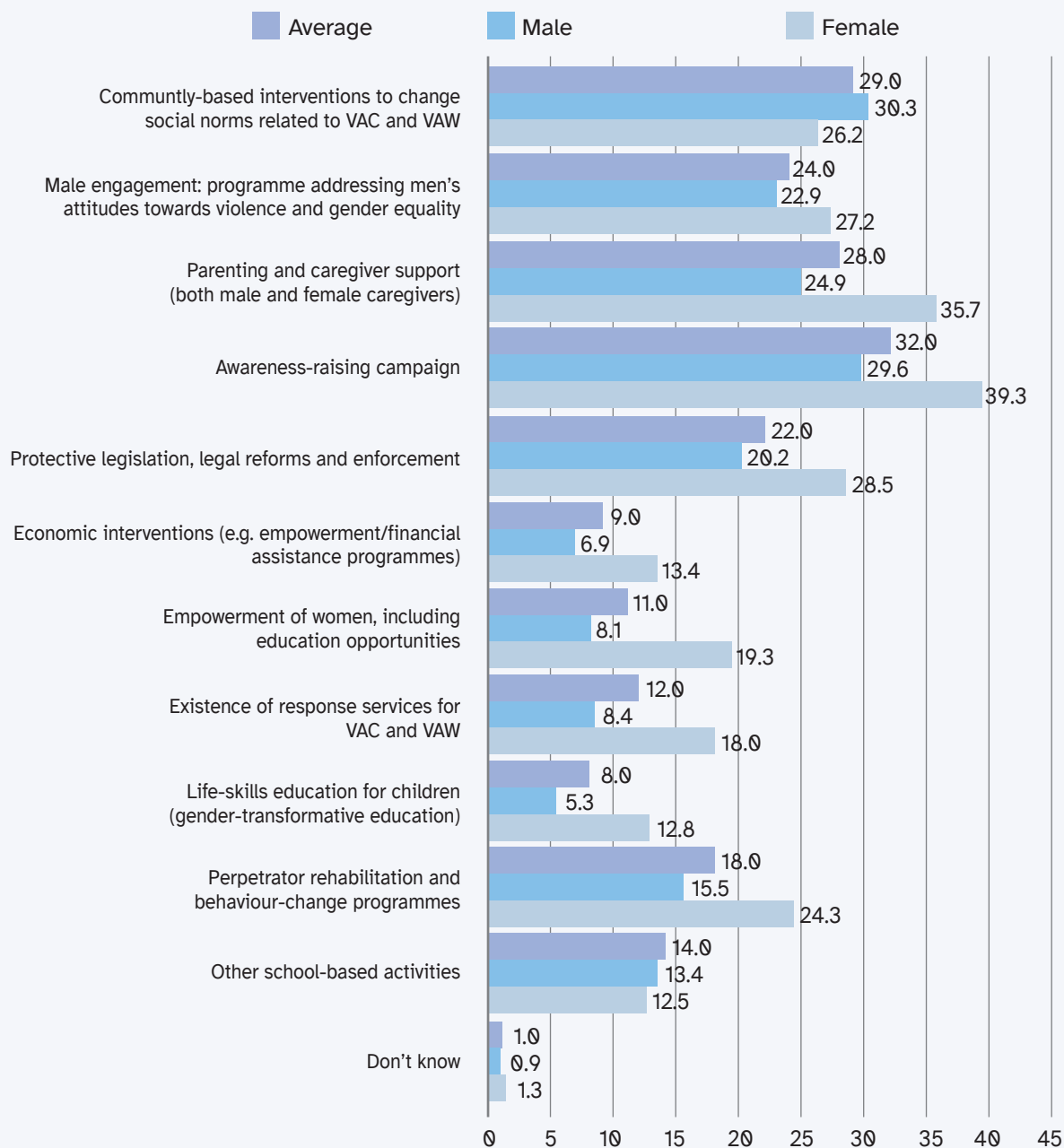
While many service providers strongly believe that awareness-raising campaigns are useful and impactful, this perception is not supported by global evidence nor by insights from KIIs. Global evidence consistently shows that stand-alone awareness campaigns rarely change behaviour or reduce violence when they are not embedded in multi-component, evidence-based prevention strategies (WHO, 2019). Similarly, national experts interviewed for this study emphasized that such campaigns tend to increase visibility of the issue but do not produce measurable reductions in VAC or VAW.

This divergence highlights a misalignment between the service provider communities in Moldova and underscores the need for clearer guidance, stronger training, and better dissemination of evidence-based prevention models. Moreover, the findings demonstrate that current efforts may not align with global best practice, signaling an urgent need to shift from awareness-focused activities towards multi-component, rigorously-tested prevention plans.

Additionally, an in-depth review of interventions to prevent VAW and VAC in Moldova revealed very limited evidence on primary prevention-focused programming. The following subsections summarize the prevention interventions identified through the desk review, noting that none of the interventions identified included empirical evaluations that met the quality assurance standards required to reliably assess programme effectiveness (see Annex 5). This gap in reliable evidence underscores the need for stronger monitoring and evaluation to better inform cost-effective and scalable prevention approaches that can be adapted to the Moldovan context.

FIGURE 5. Awareness campaigning the most effective form of prevention on average, particularly among women

Which interventions have you observed are most effective in preventing both VAC and VAW, including when they occur simultaneously? Select all that apply.



Source: Author's calculations based on the VAW and VAC online survey.

BOX 3. Key Messages:

Misalignment between perceived and proven prevention in Moldova

- ✓ Service providers believe awareness campaigns are effective – but evidence and KIIs show they are not. This reveals a major misconception at the heart of current prevention efforts.
- ✓ Triangulated findings expose a clear disconnect between service providers' perceptions and globally proven strategies to prevent VAW and VAC.
- ✓ No evidence-based prevention programmes evaluated for their effectiveness were identified across key domains in Moldova, highlighting a critical gap in effective, quality-assured interventions.
- ✓ Current approaches increase visibility, not behaviour change. Moldova urgently needs multi-component, evidence-driven prevention models instead of stand-alone awareness activities.

4.2.1. Safe environments

No prevention interventions meet the review criteria were identified through the contextual analysis, primary data collection (KIIs, FGDs, and online survey), or the literature review.

4.2.2. Income and economic strengthening

No prevention interventions meet the review criteria were identified through the contextual analysis, primary data collection or the literature review.

4.2.3. Skills, education, empowerment and secondary prevention at the frontline

Evidence from the literature review identifies the potential for interventions focused on skills development, education, empowerment, together with secondary prevention interventions to strengthen environments that protect women and children.

Life-skills education, healthy-relationship training, bystander approaches and online-safety sessions align with global INSPIRE/RESPECT frameworks and represent some of the few prevention efforts consistently identified across the literature review and contextual analysis. For instance, safe-school initiatives and structured conflict-resolution curricula have been shown to reduce peer violence and foster behaviors that extend into homes and communities (Council of Europe, 2023; UNICEF, 2024).

Parenting programmes continue to be a critical protective factor. Positive-discipline approaches, nurturing parent-child interactions, and caregiver mental health support reduce risks of co-occurring VAW and VAC. This highlights skills development at the family level can interrupt intergenerational cycles of violence (UNICEF Innocenti et al., 2023; Ministry of Health, Labour and Social Protection, 2019; Williams et al., 2022).

4.2.4. Norms and values

Efforts to shift harmful social norms – especially around gender inequality and violent discipline – remain limited but are central to addressing the structural drivers of VAW and VAC. Evidence from global and regional reviews shows that gender-transformative, community-engagement and social-behavior-change interventions can shift attitudes when they move beyond awareness-raising to engage communities in sustained normative change (UNICEF Innocenti, 2024).

One example of Moldova's efforts to challenge harmful gender norms and promote positive masculinities is being implemented under the regional programme "EU 4 Gender Equality: Together against gender stereotypes and gender-based violence" (EU4GE), funded by the European Union and jointly implemented by UN Women and UNFPA (UNFPA and UN Women, 2024). The programme partners with civil society, including women-led organizations and religious institutions, to promote equitable relationships, engage men through a Father's Club, and prevent violence. Steps include developing healthy relationships guide with IFIS and the *Metropolitanate* of Moldova, which train religious leaders on domestic violence, and conducting local awareness campaigns. Local authorities have shown strong commitment to advancing gender equality, leading to new cooperation agreements with civil society organizations.

4.3. Key gaps and challenges to effectively preventing VAW and VAC

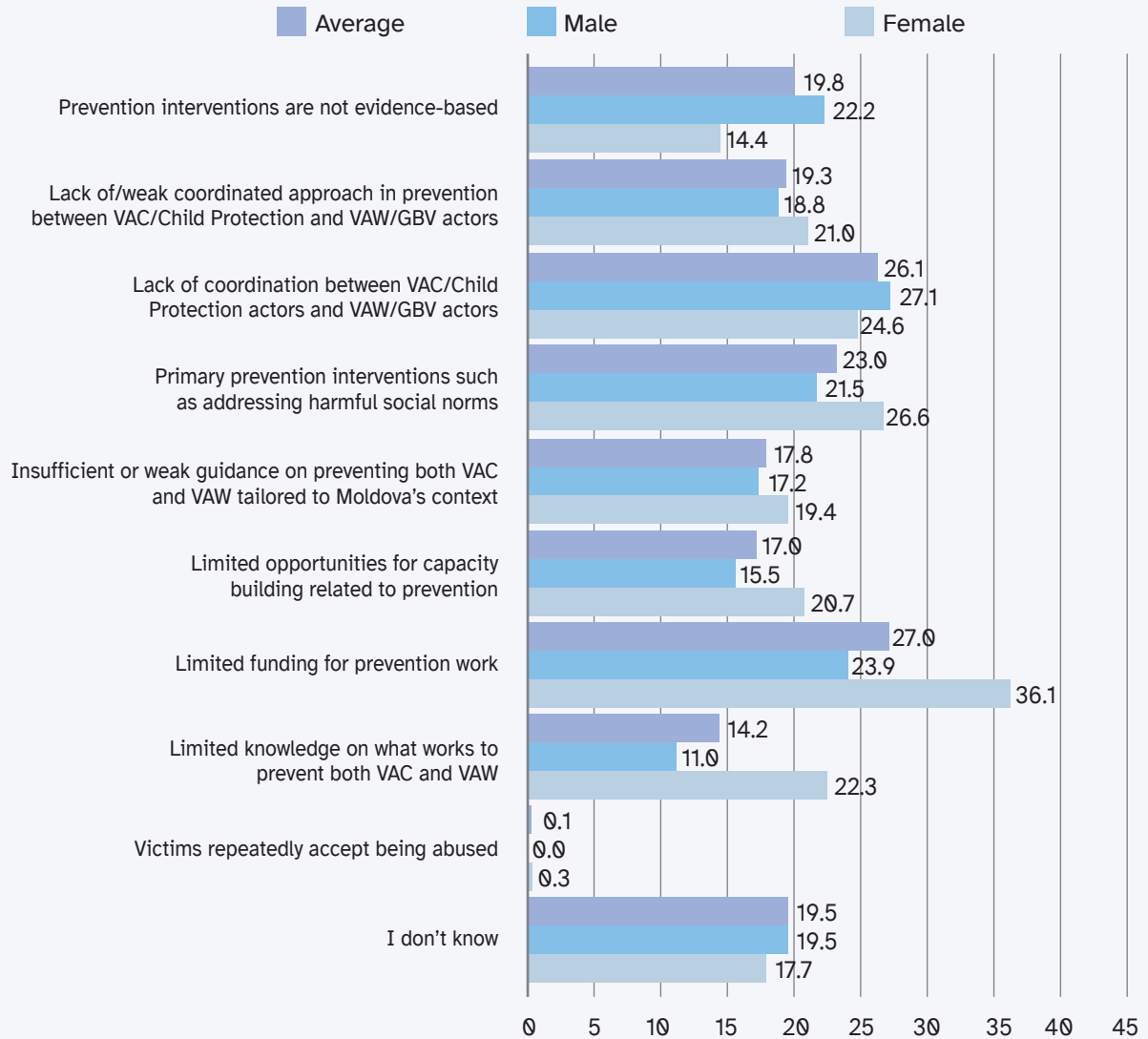
While there are some encouraging emerging initiatives, no studies that robustly assess the effectiveness of existing approaches to the prevention of VAW and VAC in Moldova were identified. Moreover, there is a broad lack of consensus amongst service providers on the specific interventions that are most effective in violence prevention.

Moldova has a solid legal foundation for preventing violence (see 4.3.3). There is therefore a significant opportunity to build on this foundation by expanding the use of evidence-based interventions tailored to the national context. Developing a shared understanding of what constitutes 'prevention' and aligning this with global frameworks such as INSPIRE and RESPECT, would help strengthen coherence across sectors. Moldova is well positioned to potentially make significant progress by complementing its existing awareness efforts with multi-component strategies with requisite, coordinated and rigorously designed, implemented, and evaluated governance structures.. . Approaches that combine skills' development, empowerment, and targeted secondary prevention have strong potential to deliver meaningful, sustained impact and better protect women and children from violence.

Our online survey responses further reinforce this message. While service providers value community-based awareness and parenting programmes, they point to persistent underfunding, weak coordination between VAW and VAC actors, workforce shortages, and uneven enforcement and monitoring in prevention interventions (Figure 6). The biggest gaps revolve around financing, coordination, addressing social norms, and the use of evidence-based approaches. Women stakeholders in particular emphasize funding shortfalls and the lack of social-norm interventions.

FIGURE 6. Funding for violence prevention the most significant gap, and the one that matters to women most

What are the three most significant gaps you have observed in the existing prevention interventions targeting both VAC and VAW? (3 options)



Source: Author's calculations of the VAC and VAW online survey.

The following subsections explore three key gaps identified through the contextual analysis, policy and intervention review, and the primary data collection:

- understanding prevention;
- limitations in interventions and perpetrator prevention; and
- challenges to policy and legal framework implementation, including the gap in technology-facilitated violence prevention.

4.3.1. Lack of consensus of on what constitutes ‘prevention’

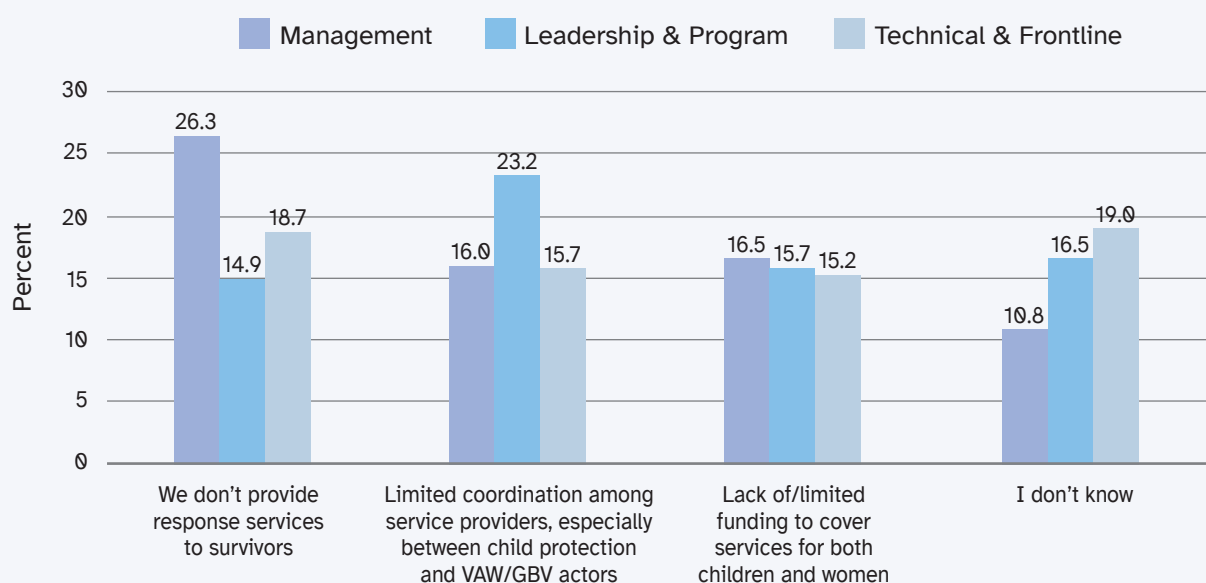
There is no consensus among the different stakeholders on what ‘prevention’ is. Although awareness-raising or information campaigns were repeatedly stated as prevention interventions in KIIs, beyond this, differences can be found. For instance, some respondents described interventions related to law enforcement as prevention measures, whereas others equate law enforcement with monitoring or surveillance of ‘problem families’ This lack of general consensus may be one reason why prevention work is still dominated by awareness campaigns and *ad hoc* community projects instead of interventions that address multiple risk factors of VAW and VAC.

Comparing different evidence sources confirms this pattern. The online survey respondents most frequently point to community-based awareness efforts and parenting programmes as being the most effective initiatives, and underscore the importance of social-norms and community engagement, even though promising programmes identified in the literature and core prevention guidelines treat these approaches as insufficient alone. Many KIIs respondents acknowledged that one-off campaigns are ineffective; one respondent even referred to an evaluation of the national information campaign under the National Programme on preventing and combating VAW and family violence which found that awareness campaigns had no measurable impact.

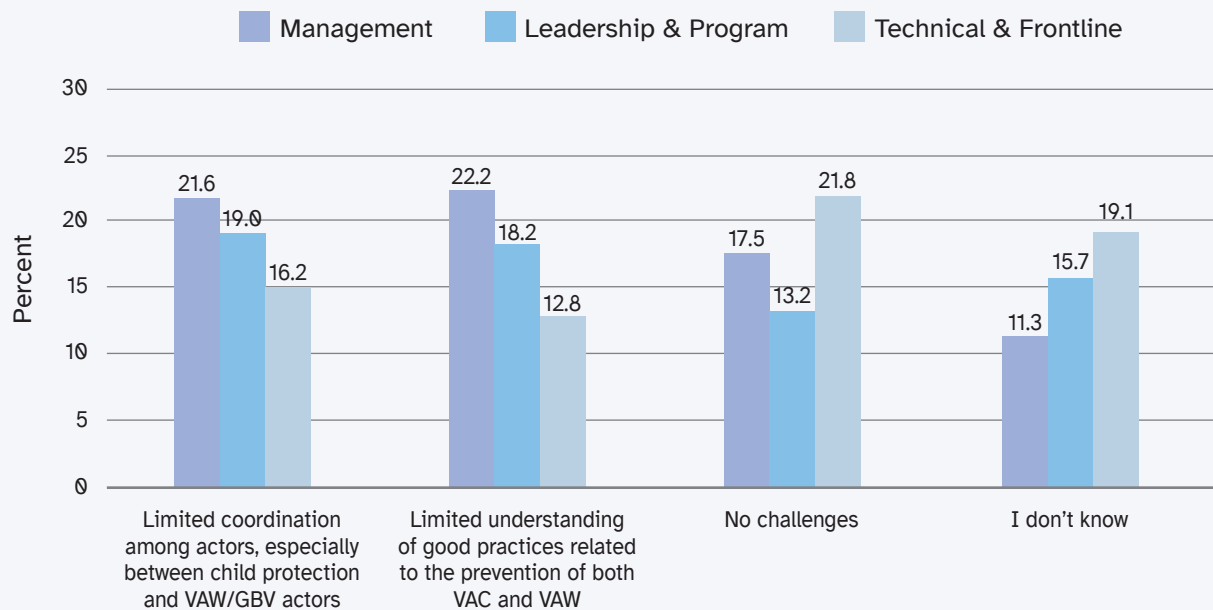
Survey results also indicate that among respondents with roles in prevention, there was greater disagreement when responding to the primary challenge of designing and implementing effective prevention interventions, than among respondents working in response services (Figure 7). This likely indicates an uneven, fragmentary understanding of what a preventive approach actually entails.

FIGURE 7. Perception on preventing and response to violence

What are the main challenges in delivering quality response services to both survivors of VAC and VAW? (choose 3 options)



What are the primary challenges in designing and implementing effective prevention interventions targeting both VAC and VAW? (choose 3 options)



Source: Author's calculations from the VAW and VAC online survey results.

4.3.2. Few interventions prevent VAW and VAC

As noted previously, evidence suggests that at present there is both a limited availability of prevention programming and an overall lack of research on preventing VAW and VAC in Moldova.

Multiple risk factors across the socio-ecological levels need to be addressed to prevent violence based on the global evidence on violence prevention (For example, Prevention Collaborative, 2021; Kerr-Wilson, 2015). However, the study found few interventions that ran across multiple INSPIRE and RESPECT categories. Notably, even though interventions aimed at transforming attitudes, behaviours and harmful social norms are central to prevention interventions, they are currently lacking. Instead, one-off information campaigns have been used or considered as prevention interventions, even though stand-alone public awareness campaigns have proven ineffective in preventing violence against children. Conversely, small-group, community mobilization, and bystander intervention programmes that combine awareness efforts with support for adopting pro-social alternatives to violence have demonstrated significant prevention results (WHO & UNICEF, 2020).

Additionally, a lack of a nationwide perpetrators' rehabilitation programme was a concern expressed consistently across the KIIs and FGDs. Although the courts can mandate behavioural programmes through probation, few operate in practice, and probation officers lack the tools and training to conduct structured risk assessment. Without primary, secondary, and tertiary measures aimed at perpetrators (and potential perpetrators), the system remains largely reactive, focused on managing the aftermath of violence rather than preventing violence or tackling its root causes.

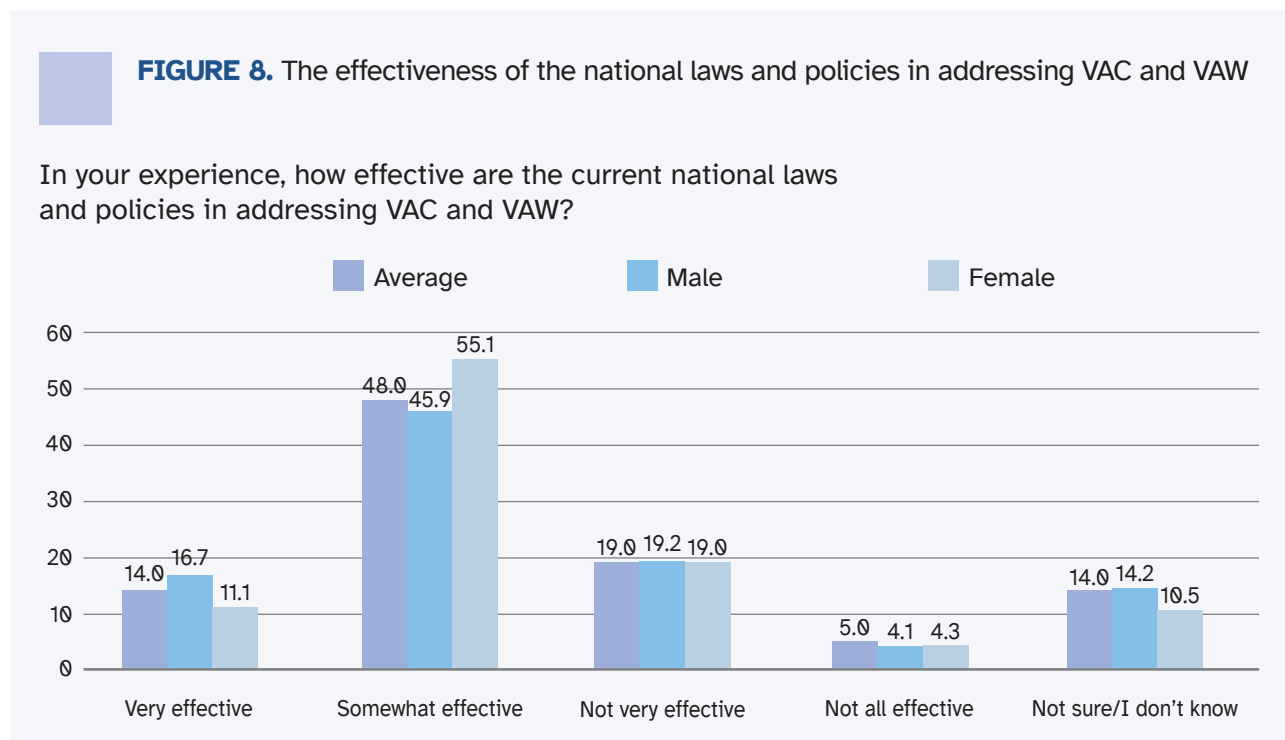
In the past, civil society provided such services. However, in recent years, most community or NGO perpetrator rehabilitation programmes have closed down, leaving a single provider which now delivers most sessions online. This shift in service delivery modality has reduced programme quality due to oversized groups, limited interaction, and language restrictions, as services are available only in Romanian.

Across probation and penitentiaries, there are no stable, earmarked budgets for such interventions. Staff turnover, heavy caseloads, and limited specialized training erode capacity and institutional memory. Referrals cover only a small share of eligible cases, cooperation with victim-support services are weak, and contacting victims for safety monitoring is inconsistent and challenging. In penitentiaries, motivation for change and accountability amongst perpetrators is low, and a 'one-size-fits-all' curriculum cannot address diverse dynamics and root causes of violence (Belotić, Vall and Palm, 2024).

4.3.3. Challenges in policy, legal frameworks and their implementation

Moldova has a strong legal base to protect women and children, but implementation is fragmented, reactive, and largely donor-driven. There is observable overreliance on legislative action at the expense of programmatic interventions. Similarly, respondents in the online survey raised doubts about the effectiveness of national legislation and policies in addressing VAW and VAC.

Around half of survey respondents (48%) believe these frameworks are moderately effective, while only 14% consider them very effective (Figure 8). Men tend to view existing laws and policies as being slightly more effective than women though overall, two in three respondents rate them as either somewhat or very effective.



Source and notes: Author's calculations of the VAW and VAC online survey.

Parallel strategies and coordination councils for gender equality, domestic violence, and child protection use different indicators and templates, undermining accountability. Professional cultures diverge: social protection treats domestic violence as a social issue, while police/prosecutors prioritize criminal procedures, often opening separate case files for women and children with weak cross-notification (Government of Moldova, 2023a; 2024).

Gaps at the operational level persist. For adolescents aged 15–18, who fall between child and adult systems, the adolescent protection gap is evident in the VAC and VAW policy frameworks (i.e., Law No. 45-XVI/2007 on Preventing and Combating Domestic Violence, Law No. LP140/2013 on the Special Protection of Children at Risk, and government decisions HG708/2019 and HG547/2024). Young women in this

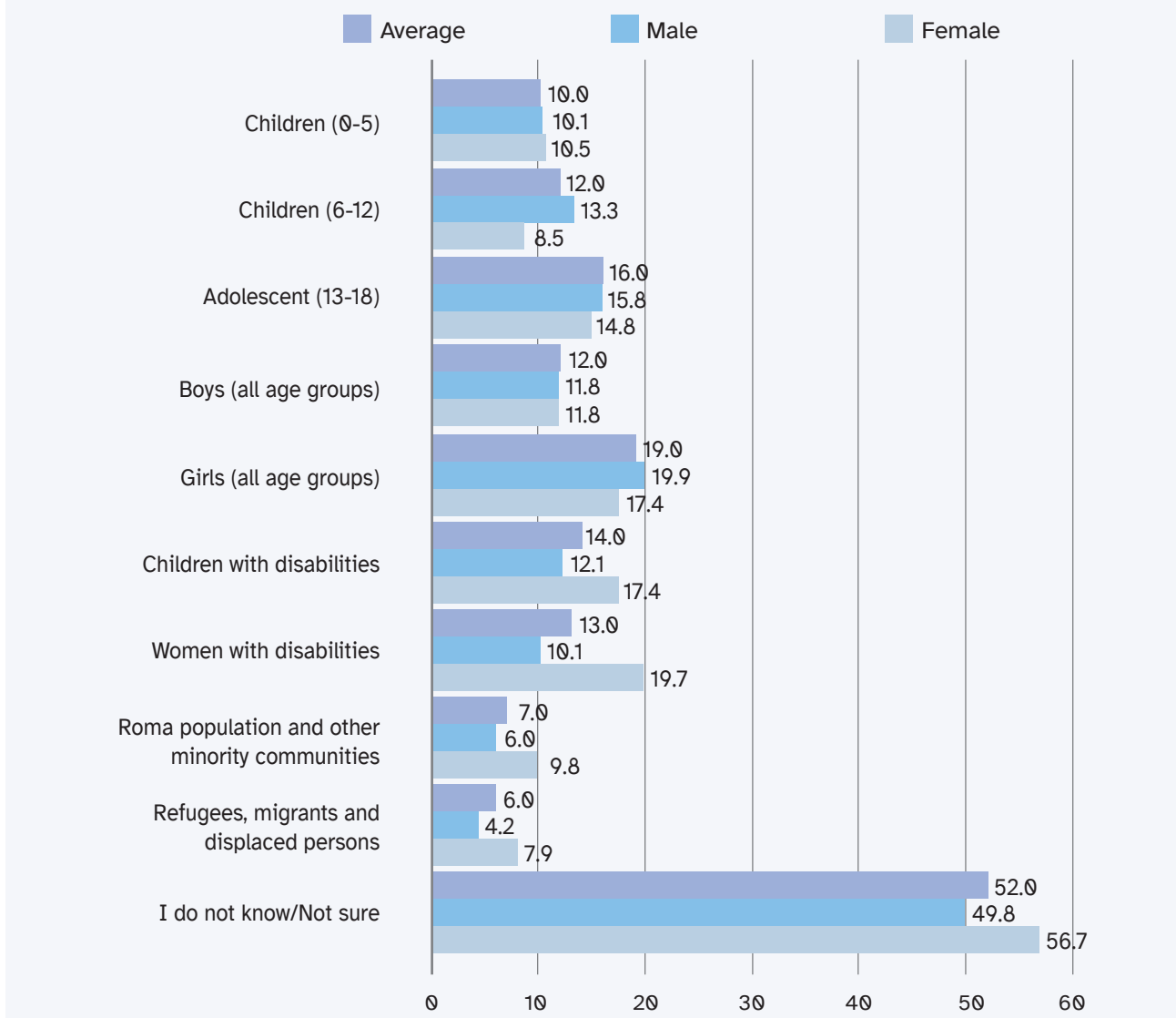
age group are often excluded from both child protection services and adult-oriented mechanisms, as they are considered too old for child protection services, and too young to access adult shelters or legal aid.

Risk assessment tools used by different ministries are outdated, especially for digital and psychological harms. Data systems are non-interoperable and remain fragmented across police, social protection and other registers, while the Social Assistance Automated Information System (SIAAS) is only partially functional. Multidisciplinary teams are unevenly spread, oversight is under-resourced, and monitoring focuses on activities rather than outcomes, limiting feedback to policy (Government of Moldova, 2023a; 2024).

Respondents from the online survey confirm these challenges. Figure 9 illustrates that more than half of all respondents reported that they did not know or were unsure whether existing Moldovan law adequately protects specific groups of women and children. Differences by gender are modest, but women more often identify women and children with disabilities as under-protected, while men more often point to pre-adolescents/middle-childhood children.

FIGURE 9. Perception about different groups of children and women protected under the existing legal framework

Groups of children and women who are not adequately protected from violence under existing laws? Select all that apply.



Source: Author's calculations of the VAW and VAC online survey.

Fragmentation is acute where VAW and VAC intersect. Responses in families with both women and children as victims are often duplicated rather than coordinated. Art. 60(1)(1) of the Criminal Procedure Code allow the child's legal representative to withdraw a prior complaint on the child's behalf, which in complaint-based offences (Art. 276 of the CPC) obliges prosecutors to terminate the investigation. In situations where the mother is both a direct victim of domestic violence and the child's legal representative, the mother may act contrary to the child's best interests. Because the law does not clearly distinguish the mother's procedural rights as an individual victim from her authority to act for the child, her withdrawal is treated as the child's will, even when she may be acting under pressure or dependency. Although the CPC permits *ex officio* proceedings when a victim cannot protect their rights and Law No. 140/2013 allows appointing the child protection authority as an alternative legal representative, these safeguards are not applied automatically. As a result, the mother's withdrawal can prematurely end investigations into offences affecting the child, leaving serious risks unaddressed.

Guardianship authorities lack the authority and capacity-building training to act as quasi guardians *ad litem*, and courts hesitate to remove children from their families, given the shortage of foster families, which results in prolonged exposure to abuse.

Technology-facilitated gender-based violence prevention is a gap in the current VAW and VAC framework although it represents a growing but under-regulated area. The Criminal Code (Articles 175-1, 208-1, 208-2) criminalizes certain online offences, but emerging forms such as sextortion, non-consensual image sharing, or livestreamed abuse are only indirectly covered. Preventive measures, including digital literacy, parental education, or online reporting tools, are not yet systematically embedded in national policy.

The National Programme on Preventing and Combating Violence against Women and Domestic Violence's prevention pillar includes four provisions as described in section 4.1. However, the programme is weighted towards secondary and tertiary measures rather than primary prevention, which echoes the study's finding: a lack of primary prevention measures.

Ongoing legislative and policy fragmentation across VAW and VAC continues to impede coherent, prevention-oriented practice, despite formal recognition of children as both direct and indirect victims and intentions for cross-sectoral case management.

4.4. Action-oriented recommendations

The following recommendations focus on preventing VAW and VAC co-occurrence at home, based on the purpose of this study. Some of the recommendations have already been implemented by the government of Moldova, or implementation is planned.

Some recommendations include inspiring global practices that serve as valuable reference points for improving systems and services. However, it is important to remember that these practices are not one-size-fits-all solutions. They should be viewed as examples rather than prescriptions and must be adapted to the specific context and needs of the country or region in question. In the case of Moldova, where the complexity of violence cases is unique, it is essential to tailor international models to local realities rather than blindly copying external frameworks.

1) Revise the prevention pillar of the National Programme on Preventing and Combating Violence Against Women and Family Violence (2023–2027) and harmonize other national programmes related to VAW and VAC, such as the National Programme for Child Protection 2022 – 2026 as follows:

- Increase focus on **primary prevention of VAW and VAC** using the INSPIRE and RESPECT frameworks for both the National Programmes on Preventing and Combating VAW and Family Violence and for Child Protection.
- **Address identified shared risk factors** of VAW and VAC across all socio-economic level risks: fragmented laws and weak law enforcement; social norms which reinforce gender inequality, acceptance of violence incl, corporal punishment; poverty i.e., women’s economic dependency on a husband/partner; an unequal and unhealthy relationship between partners etc. (section 3.2 details shared risk factors).
- Include a theory of change to prevent both VAW and VAC and clear indicators to measure the impact of the plan in both national programmes.

Recommendation 4 contains specific interventions to be included in the prevention pillars

2) Develop a common understanding of what is needed to prevent VAW and VAC through the following actions:

- Develop and implement a common inter-sectoral/ministerial training curriculum on the prevention of VAW and VAC for various target audiences, such as policy makers, members of the ANPCV, Ministries, local authorities, members of multidisciplinary teams (MDTs) and NGOs, with clear learning objectives for each target audience. The training curriculum should be developed based on adult learning theory and global evidence of what works to prevent 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 such as judiciary, police, lawyers, teachers, health, education, social workers etc., to promote a move beyond one-off training towards a more sustainable approach. Develop a monitoring framework to evaluate the impact of the training and subsequently make necessary revisions to the training curricula.
- Develop a series of communication materials targeting specific audiences to increase their understanding of basic concepts of prevention measures.

3) Strengthen political commitment from leaders and policy makers to prevent VAW and VAC:

- Develop a targeted common advocacy plan for leaders and policymakers to allocate funding for prevention interventions with clear and appealing evidence-based advocacy messages, such as the economic burden of VAC and VAW.
- Implement the advocacy plan through multiple actors, including ANPCV, ministries, UN agencies, donors and CSOs.
- Regularly communicate the Government’s political commitments to prevent VAW and VAC throughout the year, not only during the 16 days of activism to end GBV.

4) Enhance the availability of evidence-based primary interventions, especially in high-risk areas, such as rural areas. Incorporate these measures into the National Programme on Preventing and Combating Violence Against Women and Family Violence. (Annex 4 describes promising global interventions and key principles to prevent both IPV and VAC)

- Invest in **evidence-based interventions which aim to transform attitudes, behaviours and norms** that currently reinforce gender inequality, acceptance of violence, and victim-blaming attitudes. Invest in a minimum of 3 years of interventions to enable changes to be seen (Annex 4).

- Address the systemic barriers that hinder women’s economic development by amending laws (Box 3 provides specific suggestions).
- 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. This requires formally bridging the current legal and operational divide between child and adult protection frameworks by introducing or streamlining clear eligibility criteria, referral pathways and service standards for adolescent girls and boys. Ensure that family support services target women with children at risk or victims of domestic violence to reduce women’s economic dependency and prevent further perpetuation of VAC and VAW.
- Further enhance the availability of school-based interventions to promote gender equality and non-violent communications from kindergarten. Co-develop age-appropriate interventions with adolescent girls and boys. For example, include the mandatory digital safety, online consent, and abuse-reporting modules into school curricula; structured training for teachers, school psychologists, and social workers on early identification and referral; and parallel, standardized digital parenting education for caregivers.
- Increase the quality and availability of comprehensive sexuality education (CSE) in line with the recommendations from the 2021 assessment (UNFPA, 2021).
- Invest in parenting approaches which have been proven to prevent VAC and VAW. Include a component to enhance their digital skills to support children and prevent technology-facilitated GBV of girls and women.
- Allocate a budget for rigorous and proportionate evaluation of pilot interventions to scale up successful interventions.

BOX 4. Areas for legal reform

- ✓ [The Law on Ensuring Equal Opportunities between Women and Men \(Law No. 5/09.07.2006\)](#) guarantees equal rights and opportunities between women and men in all spheres of life. It may be further improved to ensure that the law explicitly covers discrimination in entrepreneurship and access to business finance, rather than in employment only.
- ✓ While [Moldova’s Labour Code](#) provides for maternity and paternity leave, limitations in flexible working arrangements and child-care availability limit women’s economic participation. The Labour Code may be amended to expressly provide the right to flexible work options, remote work, and part-time options with protection.
- ✓ While economic abuse is formally recognized under [Law No. 45](#), the definition should be expanded and operationalized to capture the full spectrum of economically coercive behaviour. This includes control or confiscation of a woman’s income or assets; preventing her from seeking, accepting or retaining employment; and restricting access to financial services.

5) Further harmonize fragmented laws and strengthen the enforcement of existing laws:

- **Continue to undertake a systematic alignment of legislation and Government decisions** governing VAW and VAC, while keeping clear distinctions between the two. This may include harmonizing definitions, referral obligations, and institutional mandates across the VAW and child protection frameworks, ensuring that co-occurring cases are addressed through a coherent legal pathway rather than parallel systems.
- **Strengthen the balance between legislative reform and practical implementation by emphasizing the use of Regulatory Impact Assessments (RIAs)** prior to drafting new laws or amendments. RIAs should evaluate not only legal coherence but also the feasibility, resource implications, and programmatic measures required for effective enforcement. Embedding systematic RIA processes will help ensure that new legislation is accompanied by clear implementation pathways, adequate budget allocations, and complementary services, reducing the current overreliance on legal changes alone.
- **Strengthen perpetrator accountability and behavior-change programmes** by introducing mandatory, accredited perpetrator-rehabilitation programmes linked to the probation service and courts, with clear referral protocols and progress monitoring (Box 4 provides details).
- Streamline the early identification of child abuse and strengthen family-level support functions within multidisciplinary teams. This should be structured so that protection and assistance for women and children are assessed together when risks co-occur, while still applying distinct procedures for VAW vis-a-vis VAC to respect differences in needs and ensure the safety of all survivors.
- Standardize risk assessment tools (both immediate lethality-screening tools to guide first responders in determining the need for emergency protection measures, and more comprehensive risk assessment tools to monitor dynamic risks over time) across sectors.
- Based on HG 547/2024 and HG 708/2019, adopt uniform definitions and therapeutic intervention protocols for children showing harmful sexual behavior, ensuring multidisciplinary rehabilitation.

BOX 5. Perpetrator's accountability can include the following measures:

- ✓ **“Temporary Exclusive Use of Property:** The court can grant the victim exclusive use of shared property, including vehicles, to prevent the perpetrator from accessing these assets.
- ✓ **Temporary Suspension of Parental Rights:** Temporary suspension of parental rights is a protective measure used when a parent's violent behavior – including violence against the other parent combined with direct or indirect harm to the child – creates an immediate risk to the child. In such cases, courts may temporarily remove the perpetrating parent's decision-making rights and contact with the child while criminal proceedings and a full risk assessment are conducted. The measure is time-limited and subject to regular review, and may require the parent to engage in behavior-change programmes or other interventions.
- ✓ **Restitution to the Victim:** Perpetrators can be ordered to pay restitution, covering damages and losses suffered by the victim due to the abuse.

- ✓ **Payment of Medical Bills:** Courts can mandate that perpetrators cover medical expenses incurred by the victim as a result of the abuse.
- ✓ **Prohibition of Financial Transactions:** To prevent financial abuse, courts can prohibit perpetrators from transferring money from bank accounts or terminating insurance policies that affect the victim's financial security."

(UNDP 2024, p. 13)

Inspiring global practices: Alternativ till Vold. Programmes for Perpetrators in Norway
"Alternativ till vold (Alternative to Violence - ATV) is a non-profit and non-governmental organization that provides treatment and professional expertise on violence with particular focus on domestic violence. ATV's threefold mandate is to provide psychological treatment, develop professional knowledge and disseminate knowledge on domestic violence. ATV was established in 1987 and is the oldest organization in Europe of its kind. Today ATV has 13 offices in Norway. ATV's work is primarily financed by state and local governmental contribution."

(UNDP 2024, p. 13)



■ Response services for children and women who have experienced violence

Protecting women and children requires high-quality, survivor-centered response measures aligned to the prevention system. The Essential Services Package (ESP) sets the benchmark: timely access to coordinated health care, justice/policing, and social services, supported by strong coordination and governance (UN Women et al., 2015).

The service providers interviewed describe a maturing response system, including emergency restraining orders⁷ and protection orders,⁸ medico-legal documentation, helplines, shelters, legal aid and multidisciplinary teams. Yet uneven implementation, workforce constraints and financing gaps are still limiting availability, accessibility, and service quality, especially in rural and remote areas of Moldova.

Inevitably, weaknesses in response services leave room for re-victimization and keep families cycling through services rather than recovering their safety and autonomy. The response-linked enablers (e.g., SOPs, multidisciplinary centres, and case management) are treated as secondary prevention, despite their role in reducing repeated harm (WHO, 2016; WHO et al., 2018; WHO, 2019).

This section analyses response services in Moldova through the following ESP modules: Module 2 (Health); Module 3 (Justice and Policing); Module 4 (Social Services); and Module 5 (Coordination and Governance) (Details in Table 3).

For each module, the analysis covers the core elements from the ESP; what currently exists in Moldova (as reported by service providers in FGDs/KIIs); and recurrent gaps that undermine quality and continuity of care for both women and children, including in co-occurring cases. Cross-cutting considerations in this analysis include availability, accessibility, acceptability, and quality of services, disability inclusion, trauma-informed practice, and whole-family safety.

⁷ An emergency restraining order is an administrative act issued by the police, through which protective measures are applied to ensure the immediate removal of the aggressor from the family home and the imposition of legal prohibitions, in order to prevent the repetition or commission of acts of violence, thereby guaranteeing the safety of the victim and other family members both inside and outside the home.

⁸ A protection order is a judicial act issued by the court through which protective measures are applied to safeguard the victim.

TABLE 3. Existing Response Services to co-occurrence of IPV and VAC as per the Essential Services Package (ESP) categories

ESP Module	Core elements	What exists in Moldova (as reported)	Common gaps and system blockers
1. Health	Identification; urgent/ ongoing care; sexual assault examination and care; mental health; medico-legal documentation.	Family doctors/medical assistants notify when detecting signs of aggression; emergency/urgent care provided; referral to gynecology for sexual violence; psychological first aid and longer-term counselling via centers/ shelters; forensic examinations facilitated (incl. via Family Justice Centre).	Shortage of psychologists (especially rural); limited/ paid psychological assessment for children; uninsured victims face costs for investigations; transport barriers for medical access.
2. Justice and Policing	Initial contact; investigation; safety/protection; assistance and legal aid; perpetrator accountability and reparations; post-trial processes.	112 dispatch and police response; on-site risk/lethality assessment; Emergency Restraining Orders (≈10 days); court Temporary Protection Orders; state-guaranteed legal aid; probation-linked perpetrator programmes (e.g., <i>Drochia, Artemida</i>).	Slow proceedings; inconsistent case file documentation forwarded to social services; limited perpetrator programmes and weak post-probation follow-up; need for specialized judges/ prosecutors/ lawyers.
3. Social Services	Crisis information; helplines; safe accommodation; material/ financial aid; civil documentation; psychosocial support; children's services; pathways to economic independence.	Toll-free government helplines (); 116 111 Child Helpline, online chats for adolescents; 24/7 placement/crisis centres and shelters; basic assistance (food, clothing, transport/rent); help in replacing documents; specialized child services (e.g., <i>Barnahus</i> with child-friendly interviews, rehab. centers) in Balti; support for employment/ vocational training and longer-term housing.	Insufficient shelter capacity (esp. rural) and exclusions (e.g., older adolescent boys); shortages in regulated social housing and sustained job support; uneven MHPSS supply; limited day/respice services for disability; gaps for women with addictions.
4. Coordination and Governance	Local coordination structures; inter-sectoral SOPs; case management; data and information systems; purchasing/ contracting; and performance monitoring.	Multidisciplinary teams (MDTs) at local/district levels; community social worker as case manager; instruction/ protocols (e.g., Law 45; GD 270) guide roles; one-stop/'under one roof' models (e.g., Family Justice Centre); collaboration with NGOs, with some state contracting.	MDTs often formal/ uneven; unclear role division and referral pathways; fragmented data (no single interoperable national system); limited, project-dependent NGO financing; sporadic outreach/communication.

Source: The framework is based on the ESP (UN Women et al., 2015).

5.1. Responding to VAW and VAC through a solid legal and institutional structure

In Moldova the State has the primary responsibility for providing effective and survivor-centered response services for children and women. A solid legal framework for responding to VAW and VAC, is anchored in the Law No. 45-XVI/2007 on Preventing and Combating Domestic Violence and Law LP 140/2013 on Special Protection of Children at Risk, complemented by Government Decision No. 270/2014 and on the intersectoral cooperation mechanism for the identification, evaluation, referral, assistance and monitoring of child victims and potential victims of violence.

In addition to setting up protection pathways as outlined in Section 4, these laws provide a formal basis for identifying, reporting, and assisting victims of violence within an integrated system. Within this framework, three elements anchor a survivor-centered response: rights to services; child-specific provisions; and health and service safeguards. These ensure quality, confidentiality, and the best interests of the child.

Article 11 of Law 45 of 2007 guarantees survivors' right to specialized services, including medical, psychological, legal and social services, such as shelters, without requiring criminal proceedings (Ministry of Labour and Social Protection et al., 2024). Law 123 of 2010 on Social Services, the Minimum Quality Standards for Social Services, and the Sectoral Guidelines, prepared for social assistants working on prevention and combating domestic violence, regulate the organization and delivery of social services for survivors (Ministry of Labour and Social Protection et al., 2024). Law 137 of 2016 on the Rehabilitation of the Crime Victims establishes a mechanism for victims of violence, including VAW and VAC to access financial compensation from the state and free services up to three months, including:

- Information about their rights and available services
- Psychological counselling
- Legal aid
- Applicable in practice

Child-specific provisions are established in the following laws:

Under Law 45-XVI/2007, Law 140/2013 GD 708/2019, GD 270/2014, child victims/witnesses are entitled to immediate protection, psychosocial support, medical care, legal assistance and social reintegration. Regional Centres (HG 708/2019) deliver multidisciplinary assistance, including forensic interviewing (Criminal Procedure Code Art. 110-1), individual case management and coordinated referral for the child and non-offending family members.

Under the Law on State-Guaranteed Legal Aid (No. 198/2007), all child victims of crime are entitled to free legal representation regardless of income. The law also extends free legal aid eligibility to adult victims of sexual and domestic violence of all income levels (albeit not to non-indigent adult victims of other gender-based violence or other crime).

Health and service safeguards are supported by the Law (No. 114/2024 on Mental Health and Wellbeing and the Law on the Preservation of Reproductive Health (No. 138/2012), which establishes the legal guarantees for the realization of the sexual and reproductive rights of the population, including the provision of sexual and reproductive health and medical services to adolescents.

All social and counselling services for survivors must meet mandatory accreditation and licensing requirements under Law No. 123/2010 and Law No. 451/2001, ensuring quality standards, confidentiality, and the best interests of the child in every intervention.

Mandatory reporting obligations for child abuse are well-defined across sectors, imposing a comprehensive set of obligations for professionals and institutions encountering cases of domestic violence

or children at risk. Under Government Decision 270/2014, all professionals and authorities working in education, health, social assistance, public order, labour inspection and child protection are legally obliged to act on any suspected case of child abuse, neglect, exploitation or trafficking by either registering reports from third parties or acting ex officio; they must immediately notify the local guardianship authority by phone and submit a written reporting form within 24 hours based on available information, with missing details to be completed during the initial case assessment. In addition, they must promptly inform the police or prosecution when a crime, risk of offending, or conflict with the law is suspected; emergency medical services when there is an immediate threat to the child's life or health or a suicide attempt; and the State Labour Inspectorate when there are indications of hazardous or exploitative child labour.

Law No. 45-XVI/2007 and Law No. 140/2013, supported by ministerial orders, further establish duties to report suspected or confirmed domestic violence as well as cases of children at risk. Educational personnel must report to guardianship authorities and police; health workers must notify both police and child protection authorities upon identifying signs of violence; police must notify guardianship authorities when a child is a victim and maintain accurate registries; and local public administration units are required to inform social services and guardianship authorities when children are involved (Arts. 8(4)(d), 8(5)(b), 8(6)(c), 8(7)(d)). These provisions underscore a multi-agency obligation for timely reporting, collaboration and effective survivor protection (Law No. 45-XVI/2007; Law No. 140/2013; Joint Order No. 369/145 of 20.05.2016).

The Gender-Based Violence Sub-Working Group (GBV SWG) conducted a legal review regarding mandatory reporting requirements for GBV in Moldova in 2022 (UNFPA, 2022). In addition to the mandatory reporting requirements for child abuse mentioned earlier, the analysis indicates that service providers are also obliged to report domestic violence against adults in the following cases (UNFPA, 2022).

- “Law no. 45 on preventing and combating domestic violence indicates that in the case of adult survivors “responsible persons, other persons who know that there is a danger to the life and health of a potential victim must communicate this to the competent authorities with functions of preventing and combating domestic violence. In other cases, reporting will only be done with the consent of the victim.”” (p.5, UNFPA, 2022)
- “Law no. 137 on the rehabilitation of victims of crime which applies also to civil society service providers, indicates that service providers “have the obligation to notify the police if, from the conversation with the victim, they deduce that they are in danger”” (p5, UNFPA, 2022)

Unlike mandatory reporting of child abuse, global evidences advise against the mandatory reporting for VAW (Jewkins et al., 2015; UNFPA, 2022). They also suggest that the mandatory reporting has a negative impact on survivors including increased risk to survivors of facing additional violence and that it also reduces help seeking (Jewkins et al. 2015; Lippy et Al., 2019). One key informant also raised this concern that survivors are reluctant to seek help from health services due to the mandatory reporting requirement.

5.2. Response services

In practice, response services operate across several institutional layers. At the national level, the Ministry of Labour and Social Protection, the Ministry of Internal Affairs, the Ministry of Health, and the Ministry of Justice each play distinct yet interrelated roles with mandates for policy, coordination, service delivery and justice administration.

At the local level, territorial social-assistance structures coordinate child-protection and family-support services, often through MDTs, which align with international frameworks (e.g., the Istanbul Convention) and involve coordinated responses with professionals from health, education, social services and law enforcement (Council of Europe, 2023; Council of Europe and Ministry of Labour and Social Protection, 2023). Such integrated approaches significantly enhance the detection, intervention and management of violence cases, improving survivor outcomes by reducing re-victimization and supporting long-term safety and recovery (UNICEF and UN Women, 2024).

The police issues Emergency Protection/Restriction Orders and investigate offences, while courts issue restraining and protection orders, and health services are required to notify law-enforcement bodies of any suspected violence cases, thereby triggering an immediate response. Legal aid services, funded by the state, ensure representation for victims, while a small but vital network of NGOs, such as *La Strada*, *Casa Marioarei*, and Women's Law Centre, deliver psychological counselling, shelter, and legal assistance (Annex 1 contains additional information on NGOs operating in Moldova). These organizations effectively form the backbone of psychosocial support, helping fill critical gaps left by state provision.

Mayors lead community-level response services, as Chairs of the MDTs, and under Law No. 140/2013 and Government Decision No. 270/2014, mayors act as the local guardianship authority. They can remove a child who is in danger and place them in temporary care and escalate complex cases to the Commission for the Protection of Children in Difficulty (*Comisia pentru protecția copilului aflat în dificultate*) at the district (*rayon*), municipality, and Chisinau sector levels (Parliament of Moldova, 2013). Under Law No. 140/2013, when an initial assessment identifies an imminent risk to a child's life or health, the local guardianship authority is legally required to immediately order the child's separation from parents or caregivers and inform the prosecutor within 24 hours; this separation must be carried out with the mandatory involvement of the guardianship authority, a child protection specialist, a community social worker, a family doctor or nurse, and the police officer. Following the separation, the guardianship authority must, within three working days, apply to the court either for termination of parental rights or for the child's placement outside parental care without severing legal family ties; if no court action is initiated within this deadline, the child must be returned to the parents or caregivers without delay. This mechanism ensures that community cases are routed into the national protection pipeline before violence escalates (Government of Moldova, 2018).

Specialized services complement this structure. The Family Justice Center offers accommodation for women until they are placed in a foster care center. The Casa Mărioarei is the first shelter opened in Moldova for victims of domestic violence and their children. Response centres for victims of domestic violence often include mother-child couples. Notably, children in the shelter are not separate beneficiaries, but beneficiaries together with their mothers. Annex 1 also lists NGOs operating on VAW and VAC in Moldova, which also provide help in this regard.

At policy level, collaboration between child-rights and GBV specialists is foreseen through joint orders and intersectoral mechanisms. The health-to-police reporting protocol (Joint Order 369/145) and the updated procedures under HG 547/2024 require coordination whenever a case involves both an adult and a child victim. In theory, this should ensure a shared case-management approach, but interviews with service providers reveal that cooperation remains uneven across districts.

5.3. Response pathway for children and women who experience violence co-occurred at their home

When asked about the response pathway for children and women who experience violence co-occurred at their home, all FGDs and the majority of KIIs explained the same response mechanism. Call emergency number 112 – the police respond – a restraining order is implemented (within 10 days), followed by a protection order (within 90 days, with a possibility of extension), with the help of a lawyer and community social workers or specialized centres, with NGOs providing specialized support for children and the mother.

Box 6 details the case scenario to elicit responses regarding the response pathway delivered through the online survey to service providers, highlighting a similar set of key actors and the need for effective coordination between these actors across the process.

BOX 6. Results of scenario 1

Respondents were given the following scenario:

A mother escaped from her abusive husband with her two children, a 12-year-old boy and a 6-year-old girl. Both children witnessed violence against their mother regularly. They have both suffered violent discipline from their father. The father is the main breadwinner, and the mother and children have nowhere to stay.

According to the respondents, the top three stakeholders involved in the response to Scenario 1A are community social workers (71 per cent), the police (68 per cent), and child protection specialists (61 per cent), while the top three service providers responsible for coordination are mayors (62 per cent) and community social workers (61 per cent), and the police (59 per cent).

This overlap among the top three roles demonstrates that community social workers and the police are perceived as being central, with a dual role in both service provision and coordination management, although the highest administrative coordination responsibility is attributed to mayors.

This strong focus on coordination is underscored by the main challenges identified in the process, where coordination within the multidisciplinary teams (37 per cent) and coordination among service providers (28 per cent) are highlighted as the major obstacles to effective case management.

Following a restraining order and protection order, in principle, the survivors (in the scenario above, namely the mother and children) can stay in their house and the perpetrator must wear an electronic anklet and be monitored 24/7 by the police. Children are automatically considered victims of domestic violence since they witnessed the IPV, thus, a local social worker needs to be appointed who will inform the family about the available services, help create a safety plan, and immediately initiate case management for the children and for the mother separately (if informed consent is provided). Where children face immediate risk of violence from caregivers, the mayor (guardianship authority) can decide the emergency placement of the child in alternative care informing the territorial guardianship authority.

Notwithstanding this common response pathway, women and children who experience domestic or sexual violence typically access services through several main entry points (other than calling 112), including:

- **Health facilities**, act as an important frontline service. When women or children are presenting with injuries or suspected violence, this triggers mandatory notification to the police, which can issue an emergency barring order and request a protection order from the court. If children are present in the household, the police alert the guardianship authority, which initiates a child-protection case under Law 140/2013. The child may then be referred to one of the Regional Centres (for instance *Barnahus*) established under HG 708/2019, where multidisciplinary teams provide forensic interviewing, psychosocial support, and liaison with the justice system.
- **Child protection** channels, including, for example, through reports from schools, neighbours, or the Child Helpline (under the MLSP and administered by CNFACEM, provides free advice 24/7 to support children and parents facing violence, neglect, harm or trafficking). This can lead to guardianship cases, with social services coordinating with the police and health professionals if the mother is also at risk.
- **The police** can also serve as the first point of contact, particularly when survivors themselves report incidents or neighbours call emergency numbers.
- But according to both the primary data collection and the literature review, the most common first entry points are **friends, neighbours and relatives**, not a service provide. Moreover, in practice, common pathways can result in different outcomes as the quality and speed of response coordination heavily depends on local capacity, the persons involved, interpersonal trust, and the availability of the resources.

5.4. Promising response services

Although the literature review did not find any promising practices that have been evaluated for effectiveness in the Moldovan context, the KIIs indicated several promising practices from their professional experience.

Most key informants indicated that the introduction of **the Emergency Restraining Order and the Protection Order**² is a promising intervention. One key informant said,

“I believe this [Protection Order] is one of the best measures that truly creates the conditions for security in the response, because if [he/she] remained in the family and kept returning there, all the activities would have been in vain.”

There is fair global evidence on the effectiveness of Protection Order, although violence does not always stop after a protection order is issued (Jewkins et. al., 2015).

In addition to Emergency Restraining and Protection Orders, several key informants indicated that the reform of the social assistance system “RESTART” is promising for both prevention and response to VAW and VAC. The reform has involved a creation of the position of child protection specialist at the community level. Over 200 specialists have been hired, contributing directly to the effective implementation of case management, the provision of primary social services, and, where necessary, the referral of cases to specialized services.

A few key informants and FGDs participants mentioned *Barnahus* and *Amicul* centre as promising models.

The Amicul Centre of the National Centre for Child Abuse Prevention (launched by the NGO CNPAC) laid the groundwork for this model. Created in 2003 with UNICEF’s support, *Amicul* pioneered multidisciplinary support for children affected by violence, serving as a practical prototype for *Barnahus*. The centre provides a range of services including psychological counselling and psycho-

therapy, social assistance, parental education, legal consultation, operating with a multidisciplinary team comprising professionals from government, guardianship authorities, law enforcement, local community agencies, and placement centres (Betrand et al., 2018). Its experience and methodologies directly informed the 2019 regulatory framework for *Barnahus*-type services, and CNPAC – building on *Amicul's* foundation – was later accredited as the operator of the *Barnahus* Centre North.

Moldova's *Barnahus* model evolved from fragmented child protection responses into a unified multidisciplinary and interagency service aligned with European standards. This transformation, driven by reforms emphasizing child-friendly justice and prevention of secondary victimization, culminated in Government Regulation No. 708/2019, which established the legal and operational basis for integrated assistance to child victims and witnesses of crime. The first such centre, in Bălți (Centre North), became operational in 2022, demonstrating the feasibility of a State-financed, quality-assured *Barnahus* service.

5.5. Key gaps in response services for children and women who have experienced violence

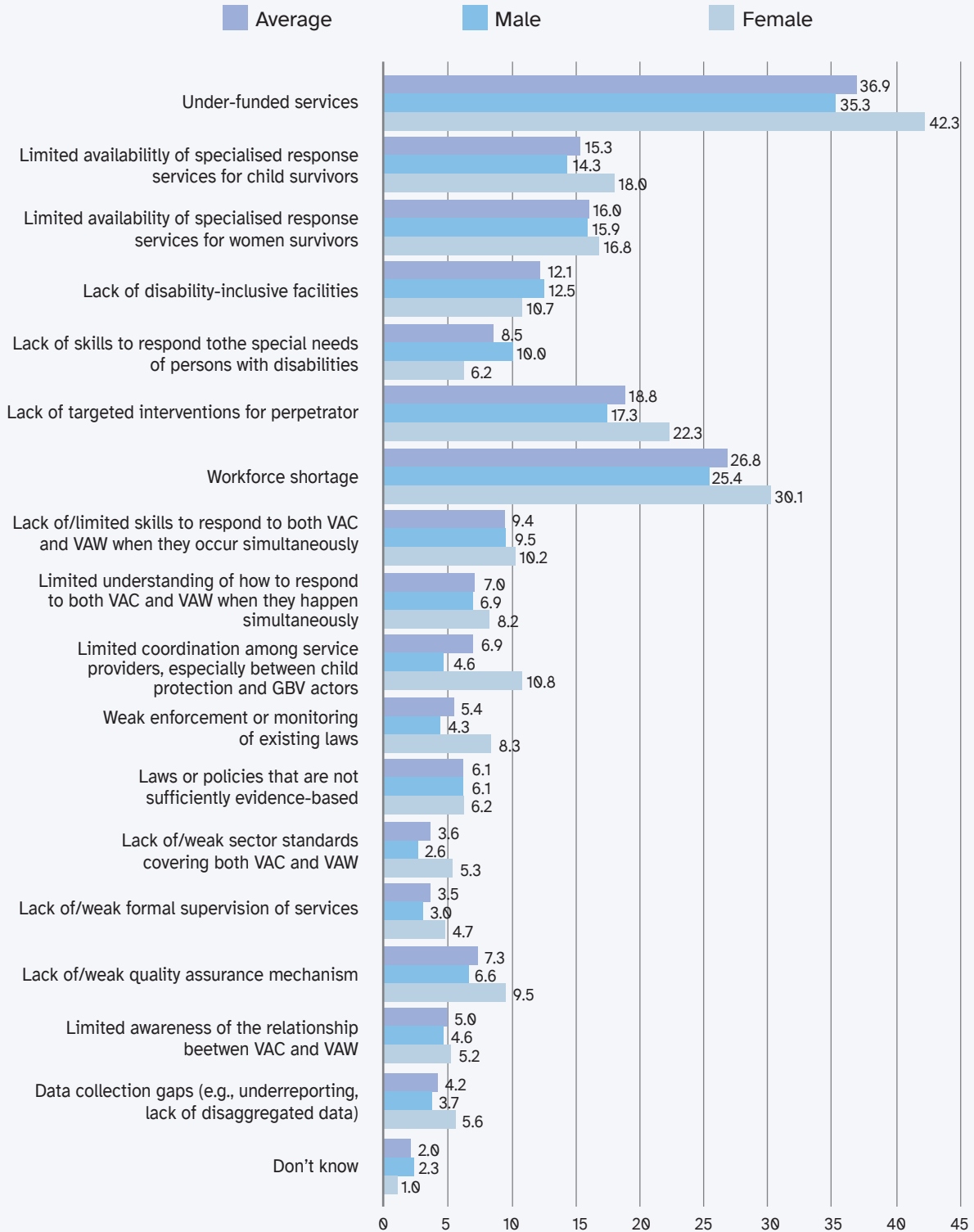
The observations described below on key gaps in response services reflect the perspectives of service providers who participated in the online survey, KIIs and FGDs and the research conducted for this study. Their feedback is intended to highlight remaining gaps and areas where additional strengthening may be useful, rather than to discourage or overlook the significant progress already made. Moldova has an advanced legal framework on VAC and VAW, and the RESTART reform represents a major step forward. As noted, the introduction of community-level child protection specialists has already reinforced case management, supported primary social services, and improved timely referrals to specialized services. Further recommendations aim to build on these achievements, with no implication that efforts are starting from zero.

Despite notable progress and examples of promising response services, the answers of online survey, KIIs and FGDs' respondents and research conveyed for this study shows that Moldova's response system remains limited by fragmented coordination, inconsistent service quality, and regional disparities. The quality of services is often dependent on *where* survivors seek help and *who* responds and depends on the personal characteristics of the staff rather than consistent standards. In rural areas, mothers and children are less likely to receive all the necessary services effectively, and in a survivor-centered manner.

Online survey findings from service providers confirm the challenges faced by response services, as illustrated in Figure 10. Respondents most frequently reported insufficient funding, followed by workforce shortages and a lack of targeted interventions for perpetrators. Women almost always reported gaps more frequently than men across the different groups, except in relation to disability-inclusive services.

FIGURE 10. The main concerns to address VAC and VAW

What are the three most significant gaps you have observed in existing response services for both VAC and VAW? (Select 3)



Source: Author's calculations based on the VAW and VAC online survey responses.

This section discusses the gaps presented by exploring challenges as they relate to availability, accessibility, acceptability, and quality.

Availability of services

Services are scarce and unevenly known, with major gaps in mental-health and psychosocial support, including mental health assessments (mainly due to capacity limitations meaning that performing tasks at the scale required is constrained, since assessments form part of case management hence do not pose challenges from a purely procedural point of view), perpetrator programmes, post-trial monitoring, safe housing, and support for economic independence. Analysis of FGDs and KIIs highlights serious nationwide availability gaps, especially in rural areas (see Annex 2):

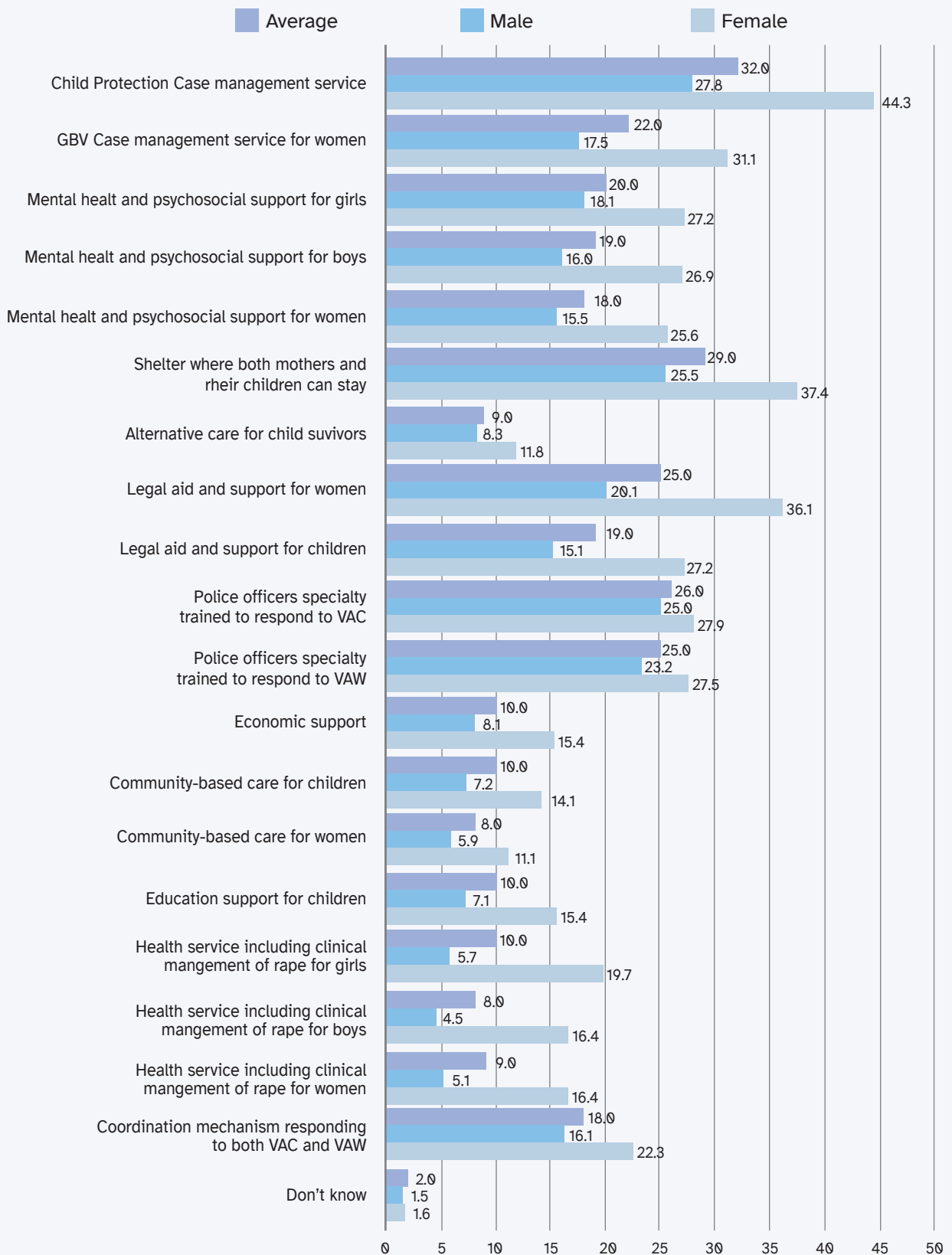
- Health (ESP) services, in particular for mental health child assessments, face a severe shortage of psychologists, particularly in rural areas. Long-term therapy (rehabilitation) and psychosocial assistance availability is also limited and completely absent in some administrative-territorial units. There is also a notable lack of trauma treatment programmes, which significantly limits the recovery and reintegration prospects of victims. Health services for women are also scattered. Child psychological assessments are scarce or inaccessible without formal referral, limiting access. Many services are paid, limiting use by financially dependent survivors. Survivors without health insurance face major costs for tests and treatment, and specialized transport for medical care is largely absent in districts and rural areas.
- Justice and policing (ESP) services face a number of challenges, including unavailable perpetrator measures, as mentioned in the previous section, and insufficient probation options. In post-trial monitoring, there is a lack of systematic follow-up after probation/supervision, enabling recidivism. Administrative gaps, such as missing police reports forwarded to social services, can prevent case management from opening, while child-friendly and disability-competent interviewing skills remain limited. The slow judicial procedures were reportedly highlighted by KIIs as a challenge and a reason why survivors are reluctant to report.
- Social services (ESP) are challenged by a lack of safe accommodation for some categories of survivors of violence (see below), especially outside cities (only 12 GBV shelters and 6 maternity/multifunctional centres nationwide) despite the government's efforts to increase the availability. Some shelters cannot receive people with disabilities, older adolescent boys, larger families, or Roma women. This, in turn, translates into challenges implementing a truly intersectional approach, as certain groups (e.g. adolescents of all genders, but especially boys) tend to be excluded. Also, the concept of a "safe place" for children facing emergency removal still needs to be translated
- Economic independence is difficult to achieve given missing social protection benefits, social housing/social rental pathways, and limited, short-term vocational support (training, job placement), hindering survivors' transitions from temporary safety to stable, independent living.

As identified also in the literature, access to services is further challenged by geographic location. Women and children living in rural areas face limited access to essential services such as law enforcement, psychosocial support, healthcare, and emergency shelters (Ministry of Health, Labour and Social Protection, 2020). Uneven funding for GBV centers, Maternity shelters and Multifunctional Shelters, with a reliance on supplementary funding from private sources, leads to an uneven distribution of shelters, limiting access to women and children across the country (UNHCR and UNFPA, n.d.). Evidence also suggests that rural families experience higher levels of economic stress and have reduced access to educational opportunities, both of which are strongly related to an increased risk of family violence (OSCE, 2019; Council of Europe, 2023).

In addition, awareness of services may be a challenge. As shown in Figure 11, women in the online survey of service providers report greater awareness of available services (child-protection case management, shelters, legal aid, GBV case management), while community-based interventions, alternative care, and health responses are least known across all respondents.

FIGURE 11. Perception about the gaps to address VAC and VAW, particularly among women

Based on your professional experience, which response services are available for both survivors of VAC and VAW in your location? Selected all that apply.



Source: Author's calculations based on the VAC & VAW online survey responses.

5.5.1. Accessibility and acceptability of services

Even though the services are available, not all survivors can access them, or accept them. FGDs and KIIs indicate the following gaps:

Economic dependency on the husband or the partner

While survivors are entitled to receive free social services, including legal support, such services are not always available everywhere, which makes it difficult for survivors to access the assistance they need, including a protection order. The house often belongs to the husband/partner and it becomes difficult for survivors to stay there, even when they obtain a protection order. One key informant said:

“...if the apartment is rented and the rent is paid by the abuser, then if he is kicked out of the house, he will not pay the rent the following month, and you may find yourself without money to pay the rent and the landlord telling you: “I’m sorry, but you have to leave the house,” and the abuser cannot be forced to continue paying your rent.”

There are currently 40 Community Mental Health Centers operate across all districts and municipalities of the country, within the primary health care system (Health Centers, Family Doctors’ Centers, and Municipal Territorial Medical Associations), where services are provided free of charge to all medically insured persons. However, those who do not have medical insurance needs to pay the medical cost. A lack of income and economic empowerment opportunities for women further complicates their ability to leave husbands or partners, and may even lead them to return home. This issue is compounded by societal acceptance of violence, including attitudes held by women themselves.

Acceptance of violence

Violence is widely accepted in Moldova as described in Section 3.2 on shared risk factors. This, coupled with economic dependency, constitutes a major obstacle for survivors when it comes to accessing services. For example, one participant in an FGD said:

“Oh well, I’ll take a few more slaps, but at least my children will eat today and I’ll sleep at home. This is a very common way of thinking in the situations I have encountered.” -

Lack of information on available services and how to access them

Despite information and awareness raising campaigns on available services, there is still a gap especially in rural areas, among women and children with disabilities, Roma women and children. One FGD participant said:

“But very often it happens that a woman leaves and does not know where to go. The first place she can go is to her parents, girlfriend, sister, and her next action depends on how she is treated there, what to do next. If she finds support there, she may seek help elsewhere. But she may not find support there and return to the aggressor. That is, each case is individual, and we come to the conclusion that women should be informed that they have the right to take the steps mentioned above, and then there may be even more reports than there are now.”

In addition to the lack of information about the available services, KIIs and FGDs pointed out a lack of awareness of certain types of violence, especially psychological violence and economic violence.

Lack of trust in the authorities

The lack of trust in the authorities was highlighted repeatedly in FGDs and KIIs. Various reasons were stated. For example, the attitude of the responders and the fear of breach of confidentiality, and repeated failure to respond to incidents.

“It is very difficult for victims to turn to the police or other authorities. They try to do it from the outset through their own efforts, through relatives, parents. They try other ways without involving the authorities. The latter seem to be the last straw that would “break the camel’s back....”

“Many victims of domestic violence, who have been subjected to such acts for years, do not trust the authorities, in a proportion of 70%.”

Confidentiality

KIIs and FGDs participants strongly indicated that the perceived risk of confidentiality breaches is a significant barrier, as survivors fear that their situation will become known to the whole village, causing them to refuse services or cooperation. While they think confidentiality is protected among service providers, there is a limit to it. For example, the involvement of the police is particularly mentioned as a specific instance where confidentiality disappears once they arrive at the scene. They also mentioned a realistic challenge of confidentiality depending on where the survivor lives as “neighbours and relatives talk”.

There is a practical limitation caused by a mandatory reporting requirement, with a KIIs reporting that women and adolescent girls do not seek support due to this requirement and fear that their confidentiality will be breached. The mandatory reporting requirement for adult women conflicts with the Istanbul Convention and is also at odds with global good practices related to VAW.

Challenges facing specific groups

Intersectional challenges further compound these issues. Adolescent girls in rural areas face barriers linked to stigma, distance, and the absence of specialized services for them, while *Roma* families often avoid seeking help due to fears of child removal.

Legislative gaps further reinforce the protection gap affecting adolescents’ access to sexual and reproductive health services. Although the Law on Reproductive Health affirms adolescents’ rights to reproductive health protection and sexual education, it does not explicitly guarantee independent access to confidential sexual and reproductive health counselling and services without parental consent. The requirement of dual consent for adolescents under 16 (from both the minor and a legal representative) operates in practice as a structural barrier to timely and confidential care, particularly for time-sensitive or preventive services, and has a deterrent effect on help-seeking in contexts involving sexual activity, violence, exploitation, or family conflict. By applying a fixed age-based threshold and limiting independent decision-making to narrowly defined medical emergencies, the framework fails to reflect adolescents’ evolving capacities and prioritises parental authority over individual maturity and best interests, resulting in a de facto restriction of access for those most in need of protection and early intervention.

Survivors with disabilities or those with children who have disabilities face additional barriers in accessing services, as most service providers lack the necessary skills to communicate with them and address their specific needs. This problem is especially evident in safe accommodation for survivors. A study from UNHCR and UNFPA (n.d.) highlights that certain centers impose restrictions on accommodating persons with psychosocial disabilities, intellectual disabilities and/or mobility impairments. Notably, only two shelters for GBV survivors in the country accept individuals with mental disabilities, whereas individuals with sensory disabilities are only able to access services at one location in the country (ibid).

Psychological counselling

Participants in the FGDs consistently noted that psychological counselling is perceived as unacceptable, in part because it is frequently confused with psychiatry. This feedback also reflects a wider reluctance to recognize mental health and psychological support as core response services for survivors.

Finally, many KIIs and FGDs highlighted challenges and understandably their frustrations, where survivors chose to return to their husbands and disconnected from the support services they received. They offer various reasons, including those listed here. Adult survivors have the right to decide what support they accept, and children also have the right to be involved in decisions that affect them, depending on their developing capacity. However, the decision may not be entirely voluntary, as participants mentioned various reasons for the decision, such as economic dependence on the husband (cited as a critical reason why women return to their husband), lack of psychological support to recover, social pressure – for example, that violence is normal, that it is bad for children to be away from their fathers – lack of long-term services available to both women and their children, and fear of the husband/partner. These gaps need to be addressed so that women and children can make genuine, informed decisions about their next steps.

5.5.2. Quality of services

Service quality, including an attitude and capacity of service providers, sufficient staffing, and adequate funding, is a critical gap in response services.

Attitudes and capacity of service providers

FGDs and KIIs consistently mentioned that the quality of services “depends on the person” who works in the services, indicating that the quality of services hinges on individual attitudes, knowledge, and skills rather than on the organization’s capacity.

Across sectors, participants observed victim-blaming norms and weak application of survivor-centered practice. A key informant mentioned that, “there is a stereotype [against survivors of VAW] she asked for it herself”, and that

“Some women tell me that the police woman told them that she also endures, so I should endure too and not come so many times”.

These attitudes appear in health, social services, policing, and justice alike, creating a cross-cutting barrier to access, safety, and accountability.

Additionally, the responses in KIIs and FGDs indicate an over-reliance of what the law prescribes rather than what a survivor wants. Almost all KIIs and FGDs’ participants immediately described how the mother and children should access services according to the law, but only a few respondents mentioned the needs of the mother and children.

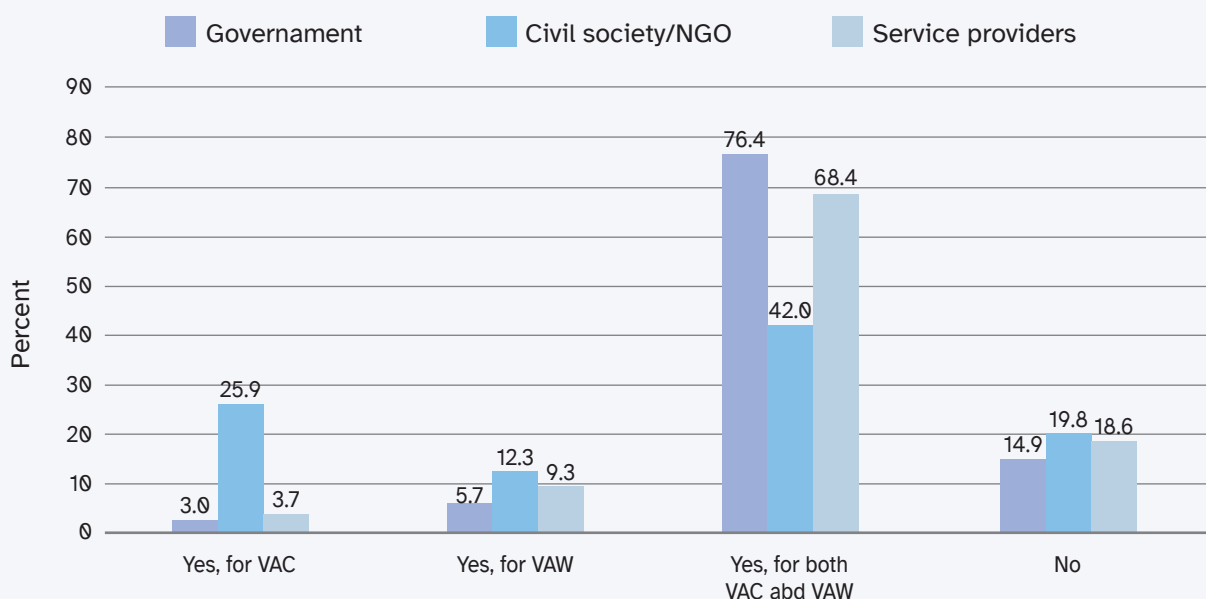
How to communicate and respond to the needs of survivors with disabilities was also mentioned as a key gap. For example, justice sector practitioners are insufficiently sensitized to disability. In the case of children and adolescents, it exacerbates intersectional challenges and results in testimonies of girls with disabilities being less valid.

However, training is described as ad hoc, low quality, and insufficient, especially on communicating with and accommodating survivors with disabilities. The online survey results also confirm this: 16% of respondents said there was no professional capacity building offered for either VAC or VAW. Nearly two-thirds of respondents (72% percent) said they received capacity building for both. Figure 12 in-

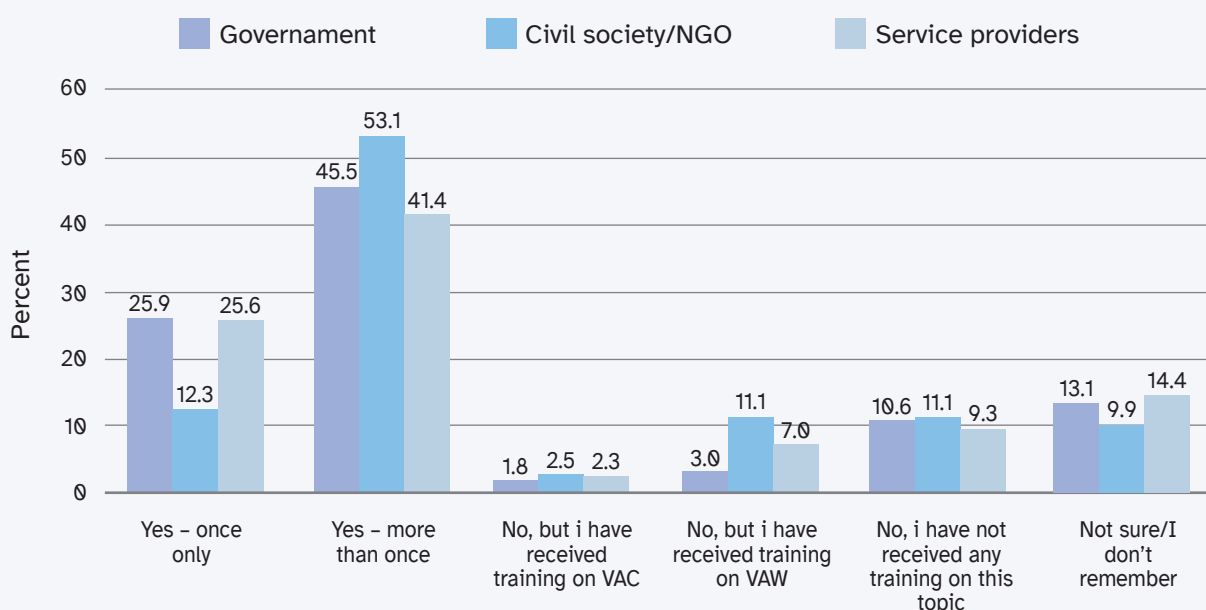
dicates that government organizations most commonly report that such opportunities are available for both VAW and VAC, while civil society organizations report the lowest availability but the highest levels of participation, with more than half having undertaken relevant training in the past five years, multiple times. Across all organizational types, between one in six and one in seven respondents state that their organization does not provide capacity-building opportunities, or that they are unsure whether training has been offered in the past five years.

FIGURE 12. Professional development on prevention and response to VAC and VAW

Does your organisation offer professional capacity-building opportunities on VAC and VAW for the staff regularly?



Have you received formal training to prevent and respond to both VAC and VAW in the past 5 years?



Source: Author's calculations based on the VAC & VAW online survey responses.

Insufficient staffing

Moldova is facing endemic human-resource constraints in public sector areas, aggravated by underfinanced local-level social assistance budgets, where salaries for social workers dealing with domestic violence and child protection are the same without earmarks for VAC/VAW cases (Government of Moldova, 2023a). Thus, financing and staffing challenges reinforce each other.

Insufficient staff capacity and numbers, along with high personnel turnover across all sectors, were identified in FGDs and KIIs. Regarding turnover, participants highlighted the psychological burden of responding to VAW and VAC, as well as a lack of professional mental health and psychosocial support for them. This issue is not unique to Moldova; the vicarious trauma experienced by those working in VAW and VAC has gained recognition, especially around the time of COVID-19; however, support for them is not universally available. In addition to the lack of support, low salary was mentioned as one of the causes of burn out and high staff turnover.

The burden on social workers was repeatedly highlighted in FGDs and KIIs, which could also explain the insufficient staffing in this field. Social workers serve various vulnerable groups and also handle case management for both children and women, although has taken positive steps to introduce child protection specialists. Additionally, the majority of their workload, including the bulk of MDT tasks, falls on their already busy place, according to participants. One participant mentioned that a community-based social worker manages 100 cases⁹.

Bureaucratic procedures involving excessive paperwork and documentation burdens are frequently mentioned, further draining time that could be spent on direct survivor assistance.

Coordination challenge

FGDs and KIIs also identified coordination among service providers and within MDTs as a key gap. (More detail on coordination can be found in Section 6). Since survivors' entry points to the response vary –relatives, friends, health, social services or the police – effective coordination among service providers is crucial for a successful response. The case management procedure ensures coordination among specialists from different sectors. Designed to evaluate and refer the case to specialized services for survivors through a unified process, the case management provides information sharing protocol and systems, and a monitoring system, which has still to be operationalized in Moldova, especially for adult survivors.

The coordination challenge is most visible in co-occurring cases. Although laws allow both the mother and the child to be included in protection orders, case management often proceeds separately without adequate coordination. Social workers open a file on a family in difficult circumstances, while police and prosecutors register a criminal case without necessarily cross-notifying the child protection authorities. This results in parallel processes with little coordination on risk assessment, safety planning, or psychosocial follow-up.

Notwithstanding this challenge, the efforts the Moldovan authorities are making to address it, should be acknowledged. One positive outcome, as a result of the RESTART reform, is the introduction of the role of child protection specialist at the community level. The recruitment of these specialists has strengthened case management, supported the delivery of primary social services, and enabled timely referrals to specialized service providers when needed

⁹ Inter-Agency Case Management Guidance suggest that one social worker can handle up to 25 cases.

Financial resources and sustainability of existing services

State funding is insufficient to cover planned and projected activities and campaigns. According to the Government, ‘In 2022, of over MDL 38 billion allocated for social protection, only MDL 1.8 billion was allocated to social services. Of the total resources allocated to social services, only 2% was directed to cover other services, including victims of family violence, human trafficking, etc’ (Government of Moldova, 2024).

These figures confirm that state contribution to violence-related services is disproportionately low compared to the scale of need. Moreover, public funding for VAW and VAC is fragmented, instead of being anchored in a dedicated budget line. There is no specific programme in the national budget for domestic or gender-based violence services. Instead, funds are dispersed across several ministries and programmes, without a unified financing framework (Government of Moldova, 2023a; Council of Europe, 2023). As a result, while financing decisions are centralized, service delivery is pushed out to under-resourced local authorities, many of which do not prioritize social services due to fiscal constraints and competing local interests (Women’s Law Centre et al., 2016).

On a positive note, the social service funding situation has changed with the RESTART reform under which both public social services and funding have been centralized (with the exception of Chişinău municipality and Gagauzia). Whether the current level of funding is adequate within the revised context remains to be assessed.

Specialized services, such as shelters, psychological counselling, legal aid, and helplines, are delivered by both public and non-governmental providers, with the NGOs bearing more than 60% of the total cost of essential services for VAW and VAC survivors and often having to depend on external donor funding (Women’s Law Centre et al., 2016). Because there is no dedicated budget line for NGOs in the state budget, the continuity of these services is at risk, and there is always a high probability of discontinuity and cessation of essential services when funds run out. Several organizations have repeatedly advocated for legal provisions enabling public commissioning of NGO services (Council of Europe, 2023).

All the challenges mentioned here contribute to making the quality of the response services, especially those operated by the State, currently inadequate. Addressing quality will require not only training and protocols, but also stable, predictable and transparently-reported public funding for both State and other providers, as outlined in the 2023–2027 National Programme for Combating GBV and Domestic Violence (Government of Moldova, 2023a; Council of Europe, 2023).

BOX 7. Key messages: Gaps in response services for children and women experiencing violence in Moldova.

- ✓ **Uneven availability of services.** Essential services such as health (including mental health), psychosocial support, safe housing, post-trial monitoring, and economic independence services remain limited, especially in rural areas.
- ✓ **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.
- ✓ **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.

- ✓ **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.
- ✓ **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.

BOX 8. Challenges facing multi-disciplinary teams (MDTs)

Local MDTs, mandated by the Law No. 140/2013 (Parliament of Moldova, 2013) and the 2007 Domestic Violence Law (Parliament of Moldova, 2007), consist of social workers, police, medical professionals, psychologists, and educators, who, together, assist those in need and develop survivor safety plans. They are intended to play a key role in providing a coordinated response to survivors. MDTs have great potential for providing coordinated response and prevention services for VAC and VAW, but, according to the FGDs and KIIs participants, implementation remains challenging. While some MDTs are praised as “very effective” and demonstrate “wonderful and prolific collaboration”, many others are described as being merely “only on paper”. For some, their effectiveness is considered “basically zero” due to systemic issues.

- ✓ **Members’ lack of clear and common understanding of their roles and mandates.** Many MDTs members acknowledge they “do not even know what they are supposed to do” or “do not understand their mission” within the context of response to VAW and VAC. They often lack consistent operating procedures.
- ✓ **Coordination failure and overburden.** The practical functioning of the team is heavily skewed, leading to an unfair distribution of tasks, where, “the work falls on just one person, namely the social worker”. This issue is linked to the irregular participation of key stakeholders, notably the police and healthcare representatives. The mayors are the Chairs and conveners of the MDTs but they have many other roles to play.
- ✓ **Attitudinal and commitment gaps.** A major impediment identified in KIIs is the “indifferent, superficial attitude, the unwillingness to collaborate” of some team members. This leads to professionals restricting their actions to narrow mandates, as articulated by one professional who felt that their effectiveness would be zero if they maintained this attitude: “I’m not interested, I’m a doctor and my job is to treat and prescribe medication”.
- ✓ **Lack of specific training.** The training is not systematic or of high quality. This lack of professional training and knowledge on specialized approaches, such as trauma-informed care, creates confusion and procedural gaps.
- ✓ **Resource and motivation deficits.** The long-term viability and engagement of MDTs members are challenged by the lack of incentives, as participation is often viewed as “voluntary work, not paid work,” leading to low commitment. Furthermore, teams “often do not have such large resources to intervene so much in a case that you can bring it to a beneficial conclusion” for the victim and family. Multidisciplinary teams often lack budgets to cover travel, monitoring, or translation.
- ✓ **Confidentiality risks.** There are discrepancies across MDTs. Some MDTs sign a confidentiality agreement, while others do not, or at least not all members sign one.

5.6. Action-oriented recommendations

The recommendations address major gaps in responding to VAC and IPV co-occurring at home. The main gaps include: limited capacity of service providers (both financial and human resources which results in inadequate quality of care) ; a lack of practical inter-sectoral tools to implement the complex laws related to VAW and VAC; and a shortage of specialized response services, particularly those targeting specific vulnerable groups such as adolescent girls, persons with disabilities, and other minority groups like *Roma*, and those in rural areas where incidents of VAW and VAC are more frequent.

Many of the recommendations here are already planned by the ANCPV and various Ministries. All the existing plans could be further strengthened by incorporating some or all of these recommendations:

1) 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.

- Develop a common competency framework for all those involved in responding to and preventing VAW and VAC, based on both international¹⁹ and national standards. The framework should include both common cross-sector competencies and sector-specific competencies (Box 9 provides an example).
- Develop a comprehensive capacity development plan covering the individual, organizational, and policy levels to facilitate change, with clear outcomes and monitoring indicators to evaluate its impact. The individual level plan should be based on the competency framework.
- Use an appropriate capacity-building methodology, not merely training, to sustain the changes. For example, promote peer learning with advanced service providers such as NGOs that provide specialized services, successful MDTs, and local authorities.
- Promote cross-sectoral learning through group training targeting MDT members.
- Invest in staff welfare, especially that of frontline workers, by including appropriate reward systems, access to psychosocial support and measures to improve work-life balance. Create the welfare system together with the frontline workers, especially women. Make use of global evidence such as the Sexual Violence Research Initiative (SVRI) We Care Project.
- Increase the State allocation to the response and prevention of VAW and VAC (establish an earmarked budget for VAW and VAC). Develop and implement a common resource mobilization plan for VAW and VAC among UN agencies to mobilize more external resources including from non-traditional donors, such as the private sector.

BOX 9. Inspiring global practices: Gender competencies for service providers addressing violence against women and girls in the Caribbean

The Spotlight initiative in the Caribbean region works to establish gender competencies across various organizations engaged in policy-making related to family violence, in collaboration with organizations including ministries, regional banks, and CSOs.

Its competency framework is unique as it does not focus on one specific sector, such as social work, but creates a framework required for all actors working on family violence.

Source: <https://www.unicef.org/lac/media/45926/file/Gender%20competencies%20for%20service%20providers%20addressing%20VAWG%20in%20the%20Caribbean.pdf>

¹⁹ For example, the Core Competencies for GBV Specialist developed by GBV Area of Responsibilities <https://gbvaor.net/sites/default/files/2019-07/Core%20Competencies%20for%20GBV%20Specialists%20-%20GBV%20AoR%2C%202014.pdf>

Inspiring global practices: Training for Multiagency Approach in Slovakia

A monitoring exercise carried out in Košice in 2008 showed that public agency personnel working with women surviving domestic violence had no access to training. A course was therefore devised by the local women's NGO *Fenestra* with ministry support. The course was delivered in four districts of the city. Thirty-six professionals – police officers, social workers, health professionals, psychologists and lawyers. – working in these institutions attended specialized training workshops, which sensitized them to the subject of partner violence. The main topics covered were common myths related to intimate partner violence, its real causes and nature, the risk factors, the safety of women, who is responsible for violence against woman, and the health impact of partner violence on women and their children. A manual was created describing in detail the competences and procedures of each support agency, and the course has inspired a similar project in another region of Slovakia, Prešov.

Source: https://eige.europa.eu/sites/default/files/documents/specialized_training_for_professionals_in_kosice_-_gender_training_-_slovakia.pdf

2) Improve intersectoral quality assurance mechanisms and strengthen existing sector mechanisms for response services, including those provided by NGOs.

- Create minimum standards for service provision for VAW and VAC, based on existing sector-specific standards, which will serve as a foundation for all service delivery. These minimum standards can act as a common reference point across all sectors, providing clarity on what survivors can expect.
- Include qualitative monitoring indicators in the existing/planned government monitoring system. Include a satisfaction survey of the users (survivors) to regularly receive feedback from the users to improve the services. For the VAC services, consider the child-friendly method to provide feedback, such as UNICEF's Promising Quality.
- Enhance the accreditation system for public and private providers of services of the victims of GBV by creating an independent mechanism for monitoring the quality of social services. Link accreditation and inspection mechanisms under Law No. 123/2010 to measurable outcomes such as survivor safety, order enforcement, and client satisfaction.
- Introduce systematic quality monitoring tools for forensic examinations and perpetrator rehabilitation programmes, including intersectoral performance indicators and reporting obligations.

3) Invest more in survivor-centred, gender- and age- responsive disability inclusive response services for both children and women especially in rural areas, in particular:

- Enhance collaboration with Organizations for Persons with Disabilities (OPDs) and service providers, especially in rural areas, to support communication with survivors with disabilities, and to provide training for the service providers.
- Invest in free mental health and psychosocial support services, particularly at the community level.
- Develop mobile MDTs, provide transportation and supervision support, and establish micro-grants for rural NGOs under social contracting arrangements, based on the global guidance of mobile service to ensure safety and confidentiality of survivors¹¹.

¹¹ For example, IRC (2018) Guidelines for Mobile and Remote GBV Service Delivery. <https://www.google.com/search?client=safari&rls=en&q=mobile+GBV+services+standards&ie=UTF-8&oe=UTF-8>

- Further recognize NGO expertise within national systems by expanding the service contract from public funds.
- Prioritize specialized services development in administrative-territorial units where access to services is limited.
- Expand the Regional Centres established under Government Decision No. 708/2019 to serve both child and non-offending adult survivors through co-located MDTs (Box 10 provides an example).
- Invest in local women- and girl-led organizations (WGLOs) to enhance community-based care. This includes focused capacity building for WGLOs, reserving funding for WGLOs, and conducting quality assurance.
- Amend the Law on Reproductive Health to expressly guarantee the rights of adolescents' in the 15 to 16 age bracket, to access confidential sexual and reproductive health counseling without parental consent. Introduce clear professional guidance for healthcare providers, designate adolescent-friendly service points within the Regional Centres, and expand shelter mandates to include unaccompanied minors.

BOX 10. Inspiring global practices: Ireland's Sexual Assault Treatment Unit (SATU)

A notable example is Ireland's Sexual Assault Treatment Unit (SATU) model, which provides 24-hour, nurse-led forensic and psychosocial care for survivors of sexual violence.¹ SATUs are closely linked with law enforcement and specialized counselling services, ensuring that medical and evidentiary needs are addressed simultaneously. Importantly, Ireland is now piloting co-located SATUs and *Barnahus*-type child hubs, where adult and child survivors in the same family can access forensic examination, medical treatment, psychological support, and justice-related procedures under one roof. This model demonstrates how forensic medical and child-friendly justice services can function as complementary rather than parallel systems, ensuring both clinical quality and emotional safety while minimizing secondary victimization.

Source: <https://www.rapecrisisireland.ie/find-help/satus/>

4) Prioritize investment in enhancing the capacity and functionality of MDTs and social case workers (Box 11 provides examples):

- Developing a simple and practical 'MDT playbook' that introduces clear procedures for meetings, documentation, and referrals, and assigns clear roles and responsibilities of each member. Allocate stable district-level budgets for coordination to fully implement Government Decision No. 270/2014.
- Continue to provide systematic capacity-building targeting MDTs (Recommendations 1 and 2)
- Develop an information sharing protocol (ISP) to be used with all service providers, including MDTs, modeling the existing ISP such as the GBV Information Sharing Protocol. (common to the coordination recommendation 2)
- Continue to invest in building trust among members through joint training, peer learning from successful MDTs, understanding each other's response and prevention approaches, and recognizing why different strategies, e.g., for children and women, are necessary.

BOX 11. Inspiring global practices: Coordinated Community Response (CCR) model

CCR is a multi-sectoral framework designed to prevent, respond to, and reduce the recurrence of IPV and associated child maltreatment by fostering systematic collaboration among key stakeholders.

CCR models operate on the principle that no single agency can effectively address the complex and overlapping risks faced by households experiencing multiple forms of violence.

By linking law enforcement, judicial systems, social services, healthcare providers, child protection agencies, and community organizations, CCRs create a structured network of communication, shared responsibilities, and standardized protocols.

A notable example of CCR in practice is the Domestic Violence Coordinated Community Response in Canada, which integrates police, social workers, child protection agencies, legal aid, and community advocacy organizations into a unified case management system. In this model, reported cases of IPV automatically trigger joint assessments of both adult and child safety, coordinated service provision, and follow-up monitoring. This system reduces fragmentation of services, prevents survivors from being repeatedly re-traumatized by navigating multiple agencies independently, and enables early intervention in situations where children are exposed to violence.)

Source:<https://www.ojp.gov/library/publications/coordinated-community-responses-domestic-violence-systematic-review-literature>

Inspiring global practice: Multi-Agency Risk Assessment Conference (MARAC) model

The MARAC model is another good practice example. Originally developed in the United Kingdom and now replicated and adapted widely across Europe, the MARAC model brings together local police, social services, health, probation, and NGO representatives for joint management of high-risk domestic violence cases. Meetings follow standardized confidentiality protocols and use evidence-based risk indicators (such as DASH) to coordinate interventions and ensure accountability. Several EU countries including Finland and Ireland have adapted this model within their national systems.

MARACs illustrate a scalable model for institutionalizing multidisciplinary coordination. Adaptation of this structure could strengthen Moldova's local multidisciplinary teams by formalizing procedures, clarifying responsibilities, and embedding structured case reviews into regular practice.

Source: <https://www.westmidlands.police.uk/police-forces/west-midlands-police/areas/about-us/about-us/multi-agency-risk-assessment-conference/>

5) Continue to address survivors' barriers to response services such as lack of trust in authorities, including fears of confidentiality violations, acceptance of violence, economic dependency on perpetrators, and lack of information about available services including Protection Orders. While all of the previous recommendations will help overcome barriers, it is important to prioritize these activities as immediate actions, until the systems are in place:

- Address unconscious bias and the attitude of service providers through regular training and participatory monitoring, such as satisfaction surveys. This should eventually be included in the national training curriculum but also addressed immediately.

- At the same time, invest in interventions which transform attitude, behaviors and social norms at the community level. (a common recommendation as the prevention)
- Adopt a standard attitude monitoring tool, such as the attitude checklist from Caring for Child Survivors of Sexual Abuse, and use it for recruitment, supervision, and training.
- Enhance confidentiality among service providers by introducing an information-sharing protocol and training on the ethics of data sharing related to VAW and VAC.
- Reconsider the mandatory reporting requirement for adult survivors based on the global evidence (current mandatory reporting of adults works as a barrier to service access, rather than a facilitator), while enhancing early detection and referrals of child abuse, including psychological and technology-facilitated VAC.
- Develop an evidence-based common communication strategy to disseminate information about available services and how to access them. Use the evaluation findings of the national information campaign. Understand how target audiences, such as women and girls in rural areas, children and women with disabilities, *Roma* communities, and others who have not benefited from existing information campaigns, prefer to receive information. Design the strategy, collaborate with these groups to create and disseminate messages (Box 12 contains an example).
- Include an evaluation of the communication strategy and improve it based on the findings. Use outcome-based indicators such as the percentage of adolescent girls with disabilities who participated in the campaign, to understand how services described in the information campaign can be accessed, rather than processing indicators such as the number of people reached, in order to evaluate the campaign's results.

BOX 12. Inspiring global practices: 'MySecret Cosmetics – a fake advertising campaign spreads the message against domestic violence

Each year, the Government of the Netherlands campaigns against domestic violence via radio, TV, and the Internet. In 2010, it launched an innovative fake cosmetics line called MySecret Cosmetics, promoted through a fake TV interview, to raise awareness.

The campaign led to an increase in help calls of 35-50%, increased awareness of the existence of support centres from 6% to 11%, and boosted website visits from 58% to 72%. Despite a EUR 505,000 budget, the website received nearly 22,000 visits, demonstrating its effective outreach.

Source: https://eige.europa.eu/sites/default/files/documents/MH0114678ENN_WEB.PDF

■ **Coordination of VAW and VAC stakeholders for prevention and response**

Effective coordination is the backbone of preventing and responding to VAW and VAC. The INSPIRE and RESPECT frameworks as well as the ESP, underscore that multi-sectoral action, which links health, social protection, education, the police and justice, only works when roles, data flows and accountability are aligned.

Moldova's own framework reflects this principle through national coordination bodies (CNC, CNPDC), unified reporting and multidisciplinary teams, and a national programme anchored in the 'coordinated policies' pillar. Nevertheless, implementation gaps persist, especially around inter-operability, consistent frontline practice and stable financing (Government of Moldova, 2014; 2018; 2023a; 2024).

This section examines how coordination across Moldova's VAW and VAC systems either enables or hinders effective prevention and response efforts across three sub-sections. Building on INSPIRE, RESPECT and ESP – and drawing on findings across this study – it first explores how government stakeholders interact, how sectors co-ordinate their operations, and how Government and NGOs work together, before identifying persistent gaps and challenges in coordination, before concluding with action-oriented recommendations.

6.1. Collaboration and coordination among VAW and VAC stakeholders

6.1.1. Collaboration among government stakeholders

Moldova's governance system to prevent and respond to VAW and VAC is anchored in multi-sector coordination across institutions and mechanisms. The MLSP serves as the central coordinating authority whose mandate – beyond policy monitoring – is to oversee and promote a unified, multi-sectoral response to VAW and VAC, involving government stakeholders (e.g., the MoH MAI, MoJ), civil society, and international partners, and to harmonize the implementation of the Istanbul Convention, and draft evidence-based, cross-sector strategies (Council of Europe, 2023; Government of Moldova, 2023a).

The ANPCV, under the State Chancellery, also serves as the State's primary interface with NGOs and partners to expand crisis centres (that have a coordination mandate), hotlines and counselling; strengthens referral pathways; and is developing a national hub to pool data and expertise for better case management and policy analysis. It also leads awareness efforts and legal updates on technology-facilitated and gender-based violence (UNICEF et al., 2024; Government of Moldova, 2023a).

Two national councils further facilitate these collaborative efforts.

The National Coordinating Council (CNC) is a consultative body that unites senior representatives from ministries involved in addressing domestic violence and VAW (MLSP, MAI, MoH, MoJ), alongside the Ombudsperson's Office, local administration representatives, civil society organisations, and international partners (Government of Moldova, 2024).

The National Council for Child Rights Protection (CNPDC) similarly facilitates inter-ministerial cooperation, but specifically in the area of child protection and VAC (Government of Moldova, 2005). Chaired by the Prime Minister, this Council functions as a permanent advisory body and brings together key ministries, representatives from local public authorities, the Child Rights Ombudsperson, and international partners, ensuring integrated strategies, legislative harmonisation, and coordinated data management. It oversees the intersectoral cooperation mechanism, which sets shared procedures for managing cases involving child survivors of violence, neglect, and exploitation (Government Decision No. 338/2023). Said Government Decision No. 338/2023 The Decision re-establishes and modernises the national coordination architecture for child rights protection in Moldova. It repeals and replaces earlier Government Decisions by consolidating them into a single, updated governance framework aligned with the UN Convention on the Rights of the Child and national child rights legislation, with the core objective to ensure intersectoral coordination, policy monitoring, and implementation oversight of child-rights obligations at national and territorial levels.

Acting as a knowledge hub, the CNPDC's role includes hosting thematic working groups, the outputs of which should be adopted by ministries as technical guidance (UNICEF et al., 2024). However, in practice, the CNPDC is not operating enough.

6.1.2. Operational coordination among sectors

Moldova's response to VAW and VAC is organized around a set of inter-ministerial protocols that translate law and policy into day-to-day practice. MLSP with the ANPCV issue national programmes that guide all sectors, while operations run through four pipelines:

1. The MIA serves as the frontline responder. Police officers are trained to issue emergency restraining orders, conduct risk assessments, and refer survivors to MDTs (Government of Moldova, 2014; Council of Europe, 2023).
2. The Ministry of Justice (MoJ) ensures that protective measures issued by the police translate into courtroom proceedings and decisions. Despite these efforts, challenges such as judicial bias and delayed case processing persist (Council of Europe, 2023). The MoJ also oversees the enforcement of protective measures through electronic monitoring for high-risk offenders and conducts specialized training for judges and prosecutors in cooperation with civil society stakeholders and international organizations (UNICEF et al., 2024).
3. The Ministry of Health (MoH) plays an active role by providing medical care, conducting forensic examinations, and enforcing mandatory reporting protocols. Healthcare professionals work within MDTs, offering immediate and sustained support to survivors (UNICEF et al., 2024).
4. The Ministry of Education (MoE) coordinates preventive educational interventions, integrates violence prevention into school curricula, and mandates reporting mechanisms within educational institutions, thereby complementing broader systemic responses to violence (Ministry of Labour and Social Protection, 2024).

Local Public Authorities (LPAs) also play a pivotal role in VAW and VAC prevention and response through mayors, MDTs, and, in Chişinău and Gagauzia, local departments for Social Assistance and Family Protection too. (In the rest of the country, territorial social assistance structures and social services are centralized and operate under the authority of the Territorial Agencies for Social Assistance under the MLSP).

In accordance with Law No. 140/2013, the local guardianship authority issues the order for the emergency placement of the child and informs the territorial guardianship authority of the jurisdiction

in which the child is placed, in the event that the child is taken from the parents. Mayors convene multidisciplinary meetings, mobilize social services, and escalate complex cases to the Commission for the Protection of Children in Difficulty, ensuring community cases enter the national protection pipeline (Parliament of Moldova, 2013; Government of Moldova, 2018).

All frontline stakeholders, including social workers, health providers, and the police, follow a common reporting workflow, preventing parallel case files and supporting integrated psychosocial, legal, and economic assistance (Government of Moldova, 2014). A companion regulation extends coordination upstream to early detection and referral by schools, kindergartens and family doctors (Government of Moldova, 2018). Each municipality must maintain a standing mechanism for identification, referral, assistance and monitoring of child and adult survivors of violence, neglect, exploitation and trafficking (Government of Moldova, 2014).

These stakeholders collectively ensure a coherent, end-to-end service pipeline that spans initial detection through social services, health care, court adjudication, and long-term case management. Coordination and quality control are exercised upstream, with regular progress reviews by the CNC and the CNPDC, both of which have the authority to issue binding recommendations to the relevant ministries (Government of Moldova, 2024; Government of Moldova, 2005).

6.1.3. Collaboration between government and non-governmental stakeholders

Moldova relies on a strong network of NGOs, community groups, and development partners to complement State services on VAW and VAC. Non-governmental stakeholders deliver crisis accommodation, legal aid, counselling, helplines, and prevention campaigns; they also sit on advisory councils, join multidisciplinary referral networks, and provide policy feedback to ministries and national bodies (including ANPCV) (UNICEF et al., 2024). Their involvement enables rapid referrals, joint safety planning, and advocacy for legislative reform (Council of Europe, 2023; UNICEF et al., 2024).

International partners such as UNICEF, UNFPA, and UN Women, underpin this architecture through forums, technical assistance, and programme funding that promote unified indicators and cross-sector capacity building (UNICEF et al., 2024; Council of Europe, 2023). Recent initiatives, such as the Forum on the Intersections of VAW and VAC, convened government representatives, local authorities, and NGOs to review progress, align donor investments, and establish priority actions (UNICEF et al., 2024). EU-supported initiatives finance multi-agency training and small-grant schemes that enable community groups to expand crisis services and contribute evidence to national policy consultations (Council of Europe, 2023).

Continued collaboration and stable funding for civil society remains essential in order to sustain innovation, provide coverage, and ensure accountability (UNICEF et al., 2024).

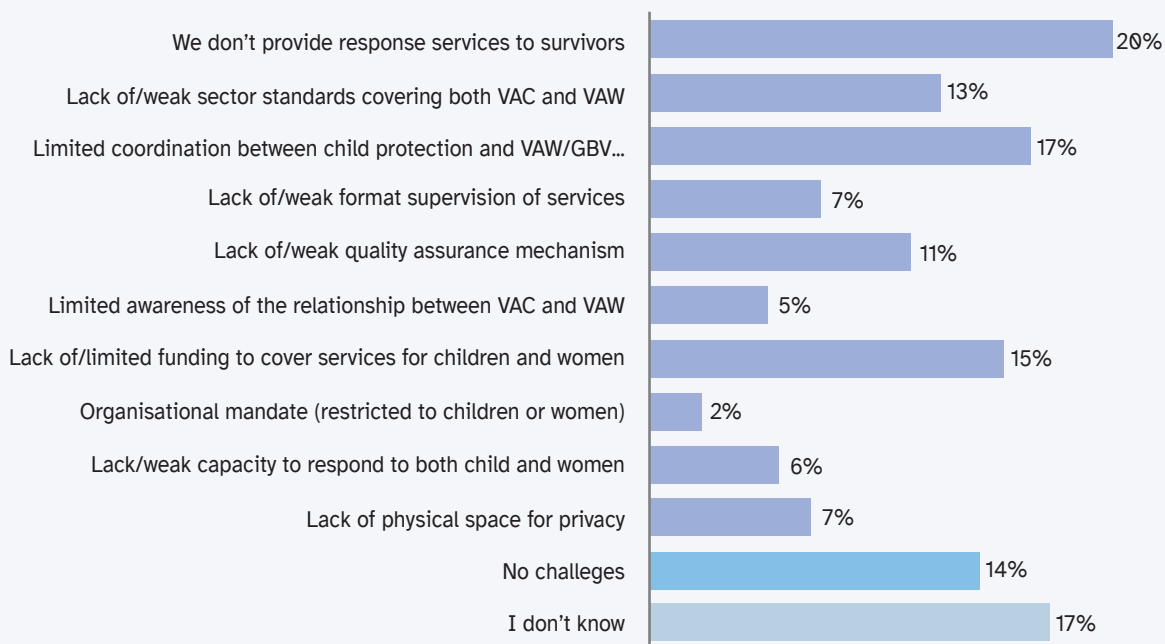
6.2. Gaps and challenges in the coordination of VAW and VAC

Moldova's VAC and VAW response systems have historically operated in silos, often with limited coordination (Government of Moldova, 2023a). Steps to link them, such as the 2014 joint order of the MoH, MLSP, MIA, and MoE establishing a unified child-protection reporting form across health, social work, education and the police, have helped (Ministry of Justice, 2014). Nevertheless, coordination remains uneven due to inconsistent training and variable institutional protocols (Council of Europe, 2023).

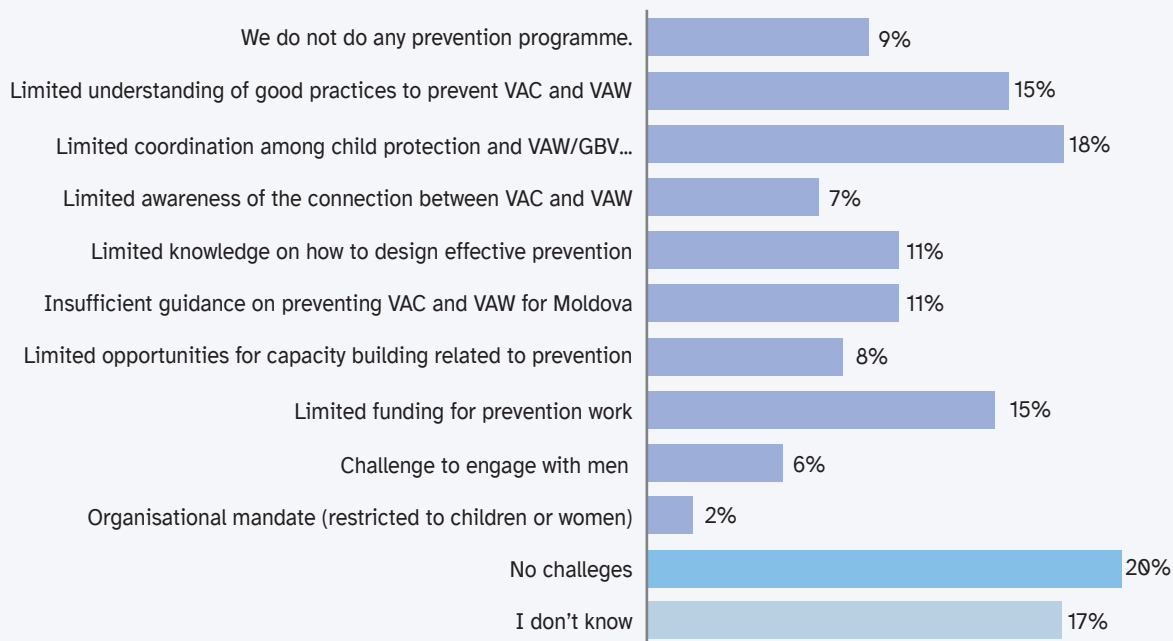
Survey results confirm these constraints. Figure 13 shows persistent challenges across both prevention and response efforts: limited coordination and funding, weak standards and quality mechanisms, and capacity gaps, pointing to a lack of unified sectoral guidance.

FIGURE 13. Challenges to conduct prevention of VAC and VAW and offer response services to survivors

What are main challenges in delivering quality response services to both survivors of VAC and VAW? (choose 3 options)



What are the primary challenges in designing and implementing effective prevention interventions targeting both VAC and VAW? (choose 3 options)

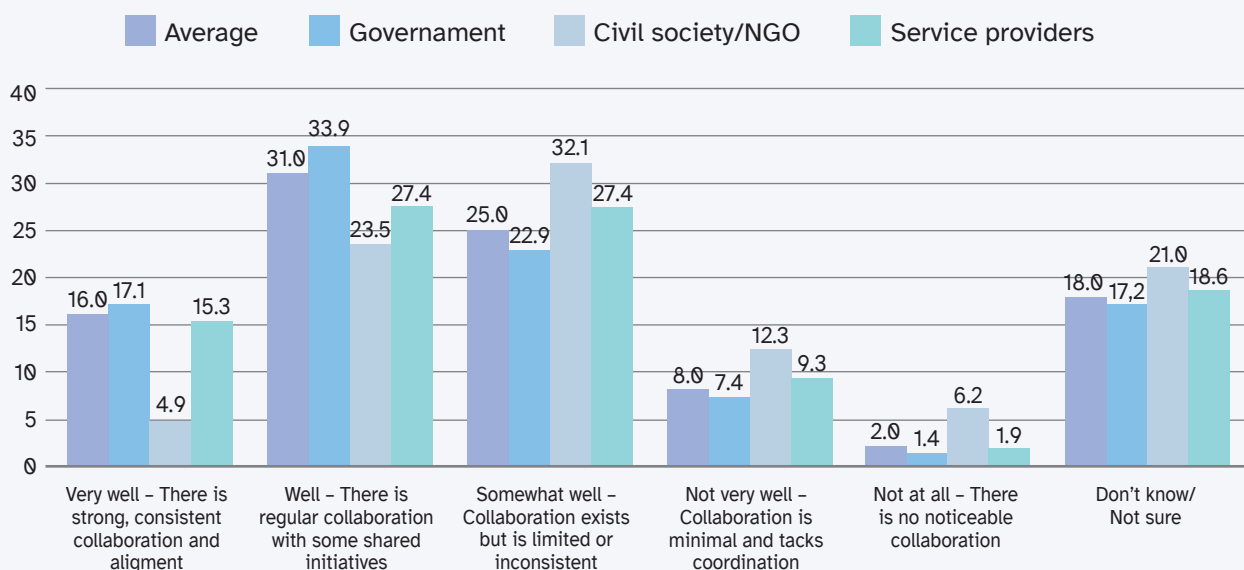


Source: Author's calculations based on the VAW and VAC online survey results.

Collaboration between VAW and VAC organizations is mostly positive but inconsistent: most give the rating “works well” (31%) or “works somewhat well” (25%), yet uncertainty remains for one in five respondents (Figure 14).

FIGURE 14. Perception about existing collaboration mechanisms on prevention and response to VAC, VAW and VBG

In your professional opinion, how effectively do organisations, which primarily focus on VAC or child protection issues, collaborate with those organisations that primarily address VAW or GBV, or vice versa?

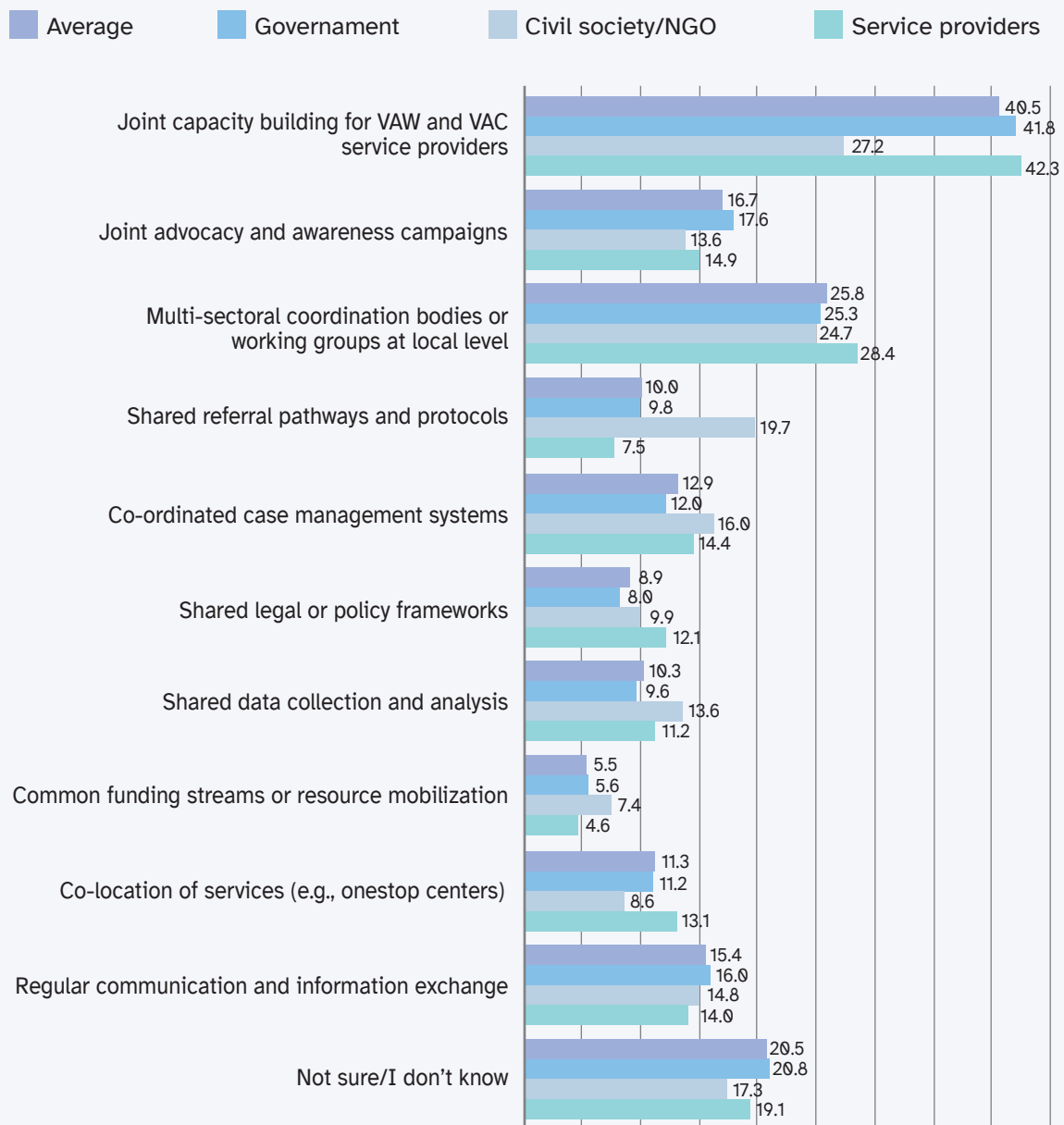


Source: Author’s calculations based the VAC & VAW online survey results.

Amongst survey respondents, the highest priority of opportunities to strengthen collaboration is joint capacity building (41%), followed by establishing local multi-sector coordination bodies/working groups (Figure 15).

FIGURE 15. Perception about opportunities to strengthen collaboration between stakeholders in both sectors

What are the opportunities to strengthen collaboration between actors working in VAC and VAW?



Source: Author's calculations based on the VAC & VAW online survey results.

The following sub-sections examine three areas for potential coordination gaps: collaboration and clarity of roles (where mandates overlap or leave gaps); data systems and information sharing (interoperability, consent, and shared identifiers); and, monitoring and quality assurance (standards, feedback loops, and accountability).

6.2.1. Clarity of roles and responsibilities across VAW and VAC

Moldova's coordination system has become more institutionalized than in the past, yet FGDs and KII respondents indicate that practice often still leans on individual initiative and informal ties. Local MDTs can work well together, but function unevenly across districts and are vulnerable to staff turnover and leadership changes. Earlier evidence suggests that collaboration often depends on people rather than predictable systems of coordination (Government of Moldova, 2023a).

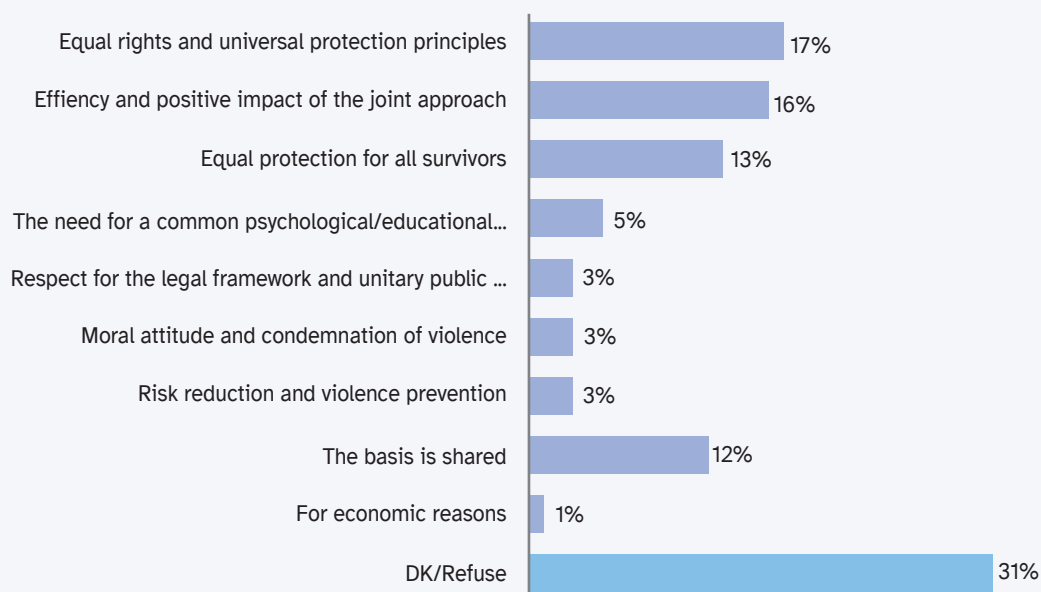
Role clarity can break down both vertically (national rules vs. local capacity) and horizontally (across ministries/sectors) affecting coordination. Legislative updates can outpace institutional readiness: the police may learn changes via circulars, while social workers and psychologists apply different criteria for risk and urgency.

In this context, the online survey respondents' comments on ways of integrating VAW and VAC responses help clarify potential opportunities for strengthening the intersection of services. Notably, the survey results show no consensus on using the same approach to provide help for child and adult survivors. Nearly half of respondents did not answer, and among those who did, supporters cited equal rights/efficiency, while opponents stressed age and developmental differences (Figure 16). In an analysis by role, management in support of an integrated approach tended to invoke rights and universal principles, while leadership and frontline staff in opposition more often point to age-related developmental needs as a reason to resist (Figure 17).

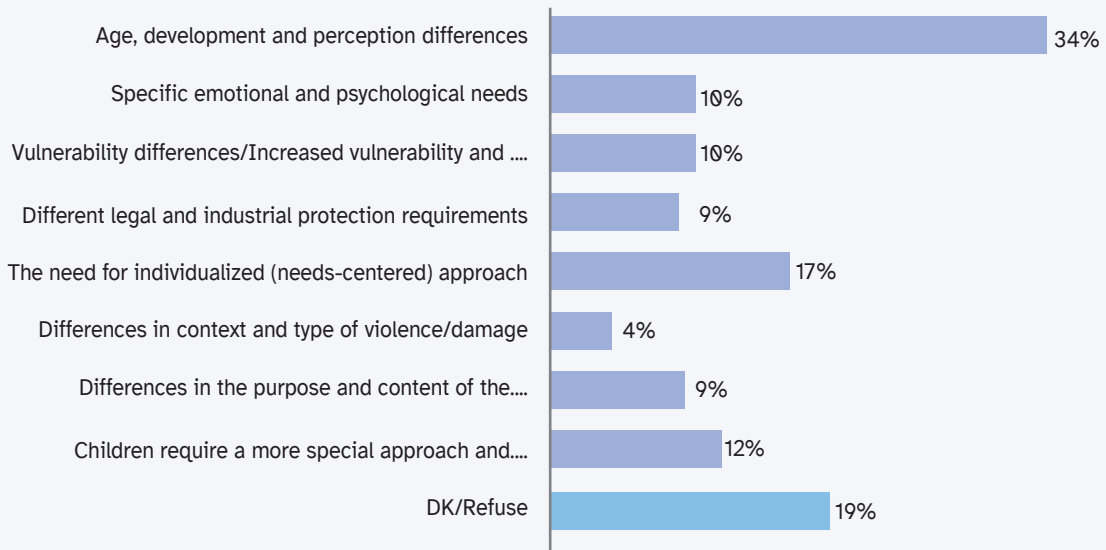
The absence of a clear majority position on a joint approach may indicate a lack of shared frameworks or intersectoral VAW and VAC coordination mechanisms, where service providers are not aligned on processes or institutional responsibilities. This ambiguity suggests integration might most effectively focus on systems-level coordination (shared pathways, indicators, and standard operational procedures that are synchronized yet acknowledge the different situations and needs of children and adults), while service delivery remains age-appropriate and specialized.

FIGURE 16. Perception about supporting the same approach in managing VAC and VAW

Why “Yes” to ‘the same approach should be used to respond to both child and adult survivors?’



Why “No” to ‘the same approach should be used to respond to both child and adult survivors?’

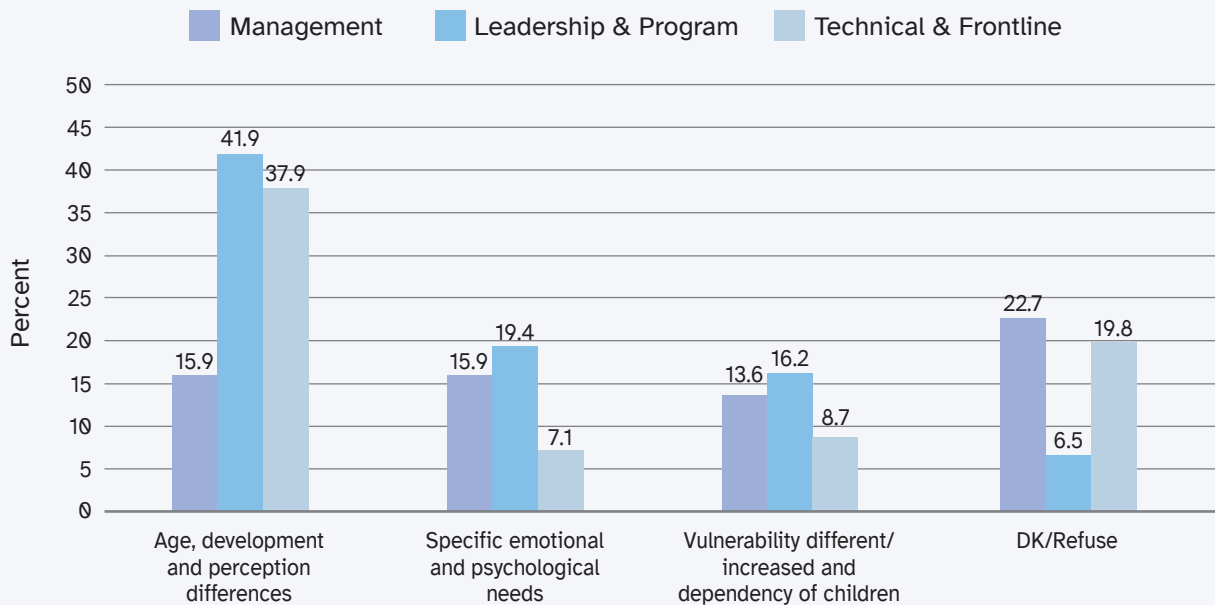


Notes: 23 % say ‘yes’; 28% say ‘no’, and 49 percent did not answer this question (don’t know or refuse to answer).

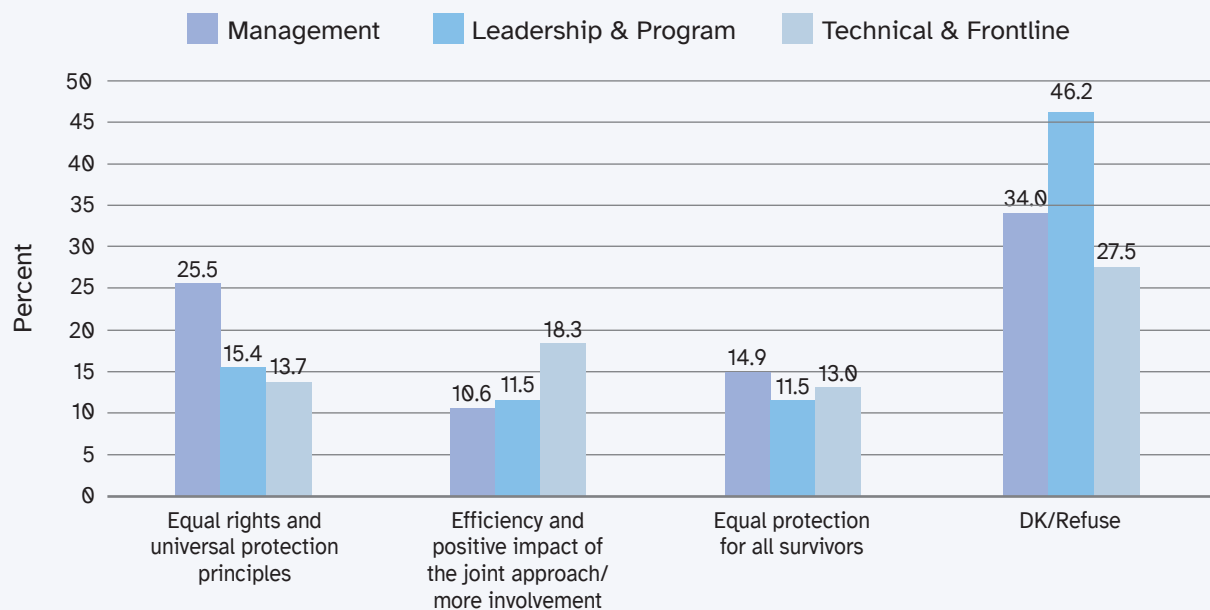
Source: Author’s calculations based on the VAC & VAW online survey results.

FIGURE 17. Perception about the arguments against the same approach to respond to both VAC and VAW

Why “No” to ‘the same approach should be used to respond to both child and adult survivors?’



Why “Yes” to ‘the same approach should be used to respond to both child and adult survivors?’



Notes: The top three answers are reported in both cases.

Source: Author’s calculations based on the VAC & VAW online survey results.

In addition, awareness of the limited agreement on which standard frameworks for services to use to prevent and respond to VAW and VAC, underscores the challenge.

Table 4 shows limited agreement and awareness of such frameworks by role. CSOs tend to draw more from national frameworks, while service providers rely on general statements. Government stakeholders often report not knowing which standards to use, and when they do, they most frequently refer to specialized services such as hotlines, shelters and crisis centres. In some areas, conventions and standards are poorly understood, and proposed amendments to normative acts are not well known. These findings point to a practical agenda to clarify mandates, roles and responsibilities, as recommended elsewhere (Council of Europe, 2023; Government of Moldova, 2023a).



TABLE 4. Perception about the agreement on the standard frameworks for services to prevent and respond to VAW and VAC

	Government	Civilsociety / NGO	Service providers
National legal framework: Basic legislation	16.0	26.4	15.9
Minimum quality standards for victims of domestic violence	2.3	17.6	2.3
Intersectoral mechanism for identification, referral and assistance to child victims	6.6	17.6	4.6
Istanbul Convention (violence against women)	0.0	0.0	4.5
Other conventions and International standards	0.0	2.9	0.0
Guiding principles and values (confidentiality, zero tolerance)	3.3	17.6	2.3
Specialized services - Hotlines, shelters, crisis centers	16.1	11.8	13.6
Policies - National Program for Child Protection 2022 - 2026	4.7	5.8	9.1
National and local institutions, structures and practices	13.2	0.0	9.1
Regulation and framework for the funct. of the Centers GDs	1.9	5.8	2.3
Order of the General Inspectorate of Police No. 93/2023	5.2	0.0	4.5
Intervention tools (protection order and intervention plan)	3.4	0.0	2.3
General statement, without specifying standards	10.8	14.7	22.8
Draft law no. 70/2025 for amending certain normative acts	0.0	2.9	0.0
Intervention procedures and stages according to sector standards	5.2	0.0	4.5
DK/Refuse	24.1	11.8	18.2

Notes: The full details of the items in the table include: national legal framework: basic legislation (Law no. 45/2007; Law no. 140/2013); minimum quality standards for victims of domestic violence (GD no. 1200/2010; GD no. 708/27.12.2019; GD no. 575/2017); intersectoral mechanism for identification, referral and assistance to child victims (GD 270/2014); Istanbul Convention (violence against women); other conventions and international standards (Lanzarote Convention - child protection); guiding principles and values (confidentiality, zero tolerance); specialized services (for women, children, aggressors) - Hotlines, shelters, crisis centres; national policy programmes (National Programme for Child Protection 2022-2026); national and local institutions, structures and practices; regulation and framework for the functioning of the centres-GDs n.129/2010; 496/2014; 449/2024; 508/2023; Oder n.155 of 2012; Order of the General Inspectorate of Police No. 93/2023; intervention tools (protection order and intervention plan); general statement, without specifying standards; draft law no. 70/2025 for amending certain normative acts; and Intervention procedures and stages according to sector standards.

Source: Author's calculations based on the VAC & VAW online survey results.

The evidence drawn from FGDs and KIIs also highlight the absence of a multisectoral coordination protocol defining roles for co-occurring cases, a formal information-sharing protocol, and a shared database.

6.2.2. Data systems and information sharing

Monitoring remains weak for both prevention and response. Household-level data on the co-occurrence of VAW and VAC are scarce, limiting the ability to identify overlaps, tailor interventions, and design family-centered strategies. Adolescent data for the 15 to 18 age bracket are under-reported; and risk-assessment tools do not consistently record digital or psychological harms (Government of Moldova, 2023a; 2024). Moreover, administrative systems across social protection, the police, justice and health are not inter-operable, and the Social Assistance Automated Information System and the Automated Information System “Child Protection” are only partially functional, hindering case tracking and consolidated risk profiles (Council of Europe, 2023; UNICEF et al., 2024; Government of Moldova, 2023a).

Fragmented data systems were raised as challenges by the respondents to the FGDs and KIIs. In particular how the MoIA registry and MoLSA reporting templates function in isolation from one another, preventing cross-sectoral case tracking and longitudinal analysis. And while digitalization initiatives under RESTART (2025) and the National Strategy on Preventing and Combating Domestic Violence (2023 - 2026) have improved administrative efficiency, they have not yet produced an integrated, interagency data ecosystem. The lack of a single, harmonized system restricts information sharing and effective case monitoring. The Council of Europe urges more precise accounting of financial and administrative resources for violence prevention/response; without such traceability, planning multisector services and costing the essential package is difficult (Council of Europe, 2023; Government of Moldova, 2023a).

Finally, coordination on perpetrator rehabilitation, particularly for offenders with mental health or substance-use disorders, remains weak due to limited engagement with the health sector and the absence of secure psychiatric facilities.

A key challenge here is addressing limited collaboration and harmonization of data collection and exchange between service providers and government agencies. Data are gathered by multiple agencies and NGOs using different methodologies, obscuring the scale and characteristics of VAC/VAW. This has been repeatedly flagged in national fora (OSCE, 2019; UNICEF et al., 2024). A more resilient partnership model with State agencies would require clarified data collection and sharing pathways that standardizes the evidence and prompt synergies in policy actions (Government of Moldova, 2023a; 2023b).

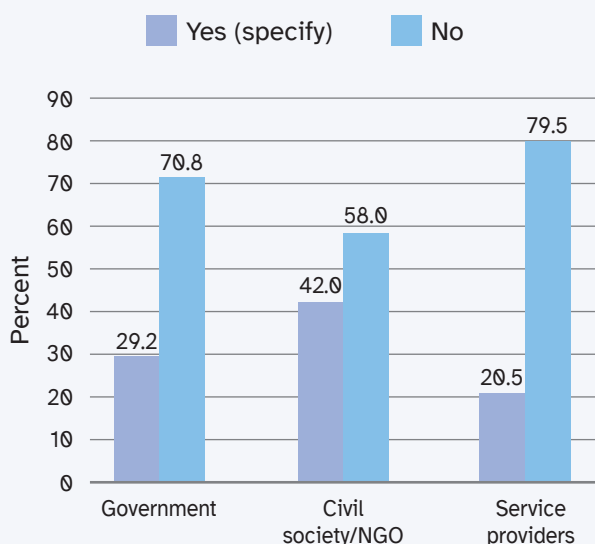
6.2.3. Standards and quality assurance

Figure 18 shows wide gaps in knowledge of sector-specific service standards and quality assurance for preventing and responding to VAW and VAC. Seven in ten government respondents are unaware of sector specific standards, and while civil society is slightly better, service providers lack of knowledge is the highest, where only 20% are aware of such standards.

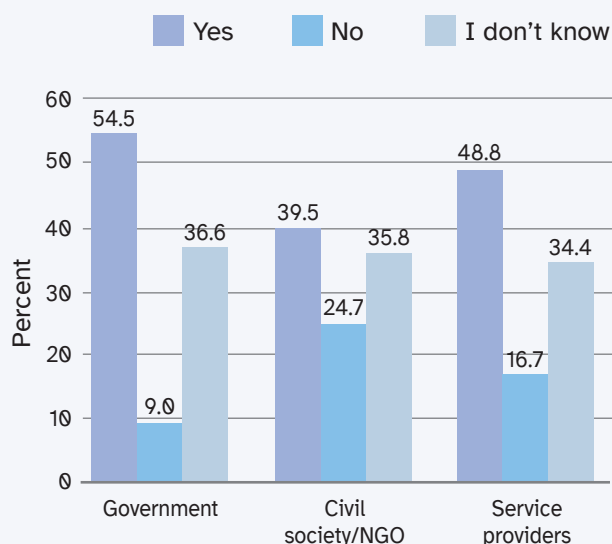
Awareness of quality-assurance mechanisms is somewhat higher (Figure 18 right-hand chart). Over half of government respondents, and nearly half of service providers, report that such quality-assurance mechanisms exist within their organizations, compared to just over one-third of civil society respondents. Across all groups, one in three respondents state they do not know whether quality assurance mechanisms to ensure services meet national standards exist.

FIGURE 18. Level of awareness of nationally applicable quality standards in the Republic of Moldova

Are you aware of any sector-specific standards of services to prevent and respond to VAC and VAW in Moldova?



In your organization, is there a quality assurance mechanism to ensure that your services meet the national standards of your sector?



Source: Author's calculations on the basis of VAC & VAW online survey results.

The survey results also pointed to accountability gaps. When asked, “Who is responsible for the quality assurance of the services or interventions you provide?” (not tabled here) the majority of respondents said they were not aware of a quality assurance system (39 per cent) and a further 12% said that there was no quality assurance system. When answering who was responsible (27%) responded that it was the Government, followed by professional associations (19%), and donors (3%). These patterns signal a need to clarify standards, roles, and responsibilities, and to expand training and communication on quality assurance.

Once implemented, the monitoring modality must also be carefully considered. Monitoring tends to prioritize activities over outcomes, thereby impeding learning and course correction, and contributing to persistent prevention, response, and coordination challenges (Government of Moldova, 2023a; 2024).

Monitoring processes are largely descriptive, focusing on the number of trainings or meetings held, rather than on outcomes such as victim safety, recurrence of violence, or procedural fairness. The absence of feedback loops between central and local institutions prevents lessons learned in practice from feeding back into policy reform.

FGDs and KIIs respondents also note challenges for monitoring, such as the uneven operation of MDTs although they are intended as a core mechanism of intersectoral cooperation, operate unevenly across administrative-territorial units. It was noted that meetings attend to be irregular, are undocumented, or dependent on individual initiative. Oversight mechanisms, including the Office of the Ombudsman, remain under-resourced and lack access to comprehensive data.

6.3. Action-oriented recommendations

The recommendations set out here include making existing structures further coherent and sustainable through a unified VAW and VAC national framework, specifying roles and responsibilities for stakeholders; establishing a data system with harmonized definitions and indicators, linking the police, social services, and justice institutions; and a national coordination and oversight platform to strengthen capacity of all engaged in VAW and VAC, as well as for monitoring and accountability.

More specifically:

1) **Develop a national multisectoral protocol or Standard Operating Procedures to respond to the co-occurrence of VAW and VAC by considering the following aspects (common to the response):**

- Clearly specify the roles and responsibilities of all stakeholders, including the MDTs involved in VAW and VAC, in responding to and preventing the co-occurrence of VAW and VAC. These roles and responsibilities should encompass both the national level and the local authority level, where services are actually provided.
- Include a minimum service package for both children and mothers/carers. This covers how to coordinate case management for children and women, as well as other service provisions for them, taking into account the unpaid care burden of mothers/carers so that both children and mothers/carers can access the support they need.
- Institutionalize regular coordination mechanism modeling the national structures of ANCPV at the local authority level. Include who is responsible for what in terms of coordination.
- Keep it simple and practical; and as far as possible, avoid creating an additional bureaucratic burden.

BOX 14. Inspiring global practice: European Family Justice Centres

Family Justice Centres (FJCs) offer one of the clearest European examples of a structural response that deliberately bridges VAW and VAC. The model grew out of the US Family Justice Center movement (San Diego in the mid-1990s, codified in California law as an evidence-based ‘one-stop’ approach for domestic and sexual violence, child maltreatment and elder abuse).

FJCs bring the police, prosecution, child protection, youth care, social services, health and mental-health professionals, women’s support services, and perpetrator programmes into a single co-located service hub. The purpose is to reduce fragmentation, eliminate the “referral maze,” and ensure that families facing domestic or sexual violence receive coordinated, timely, and consistent protection. FJCs are described as centres where agencies addressing gender-based violence, child abuse and sexual violence work side by side to guarantee integrated and family-wide safety planning.

Crucially, FJCs are designed around the intersection of VAW and VAC, treating them as interconnected rather than parallel problems. In a typical case, when a woman reports intimate partner violence, her children’s safety and wellbeing are immediately assessed by child protection specialists embedded inside the centre, thereby avoiding the common silo where the mother is supported in one system and the child in another. Conversely, a case initially flagged as child abuse automatically triggers a coordinated review of risks to the non-offending parent/carers, access to VAW services, and joint intervention planning.

Source: <https://www.efjca.eu/the-alliance>

Notes: Moldova already operates an FJC-type centre in Chişinău, providing mothers and children with a comprehensive package of emergency placement, assessment, interviewing, and legal and psychological assistance. At the same time, the centre's institutional setup has presented certain practical challenges, particularly in achieving a fully balanced multidisciplinary approach and ensuring smooth coordination across all relevant sectors.

To further strengthen the model, it may be considered to review and adjust the governance arrangements to promote shared ownership among all key sectors and reinforce the centre's multidisciplinary character, as well as improve integration with other services (such as the *Bar-nahus*) to enhance accessibility and continuity of support for survivors.

2) Strengthen ethical information sharing among Ministries at national level and service providers, including with NGOs (common to the coordination response):

- Develop an information sharing protocol (ISP) to be used with all service providers, including MDTs, modeling the existing ISP such as the GBV Information Sharing Protocol.
- Map out existing data base related to VAW and VAC – administrative data for reporting, information management system for service provisions etc., to harmonize and/or make them interoperable to enhance smooth and ethical data sharing among ministries and at the service-provider level. Some examples include:
 - Create a protected, minimal-data interface ('MDIA Bridge') linking the police, social, justice, and health systems to share essential alerts on protection orders, referrals, and case status. Integrate those features into the planned database.
 - Integrate existing registries, such as the MoIA registry and MoLSA social protection reporting tools, into a national interagency data platform with standardized indicators and case identifiers.
 - Align RESTART's digital applications with existing ministerial databases and ensure that all frontline institutions use harmonized reporting templates. Introduce training for data officers and protocols for data validation and feedback.

BOX 15. Inspiring global practice: Spain's *VioGén* Integrated Risk Assessment and Monitoring System.

Established by the Ministry of Interior in 2007, *VioGén* is one of Europe's most advanced integrated digital platforms for managing cases of gender-based violence. It connects the police, prosecutors, courts, and social services nationwide through a single interoperable database, enabling real-time updates on risk levels, protection orders, and victim status. The system uses a standardized risk-assessment protocol (VPR) that automatically triggers protection measures and allows longitudinal monitoring of cases.

VioGén demonstrates how interagency digital integration can enhance accountability and survivor protection. Moldova could adapt its architecture under RESTART by introducing shared case identifiers and automatic notifications across justice and social sectors.

Source: <https://eucpn.org/document/viogen>

BOX 16. Key messages: Gaps and challenges in coordination of VAW and VAC in Moldova

- ✓ **Fragmented coordination.** Weak institutional collaboration, uneven MDTs functioning, and reliance on individual initiative hinder consistent VAW–VAC response.
- ✓ **Unclear mandates.** Outdated and inconsistent risk-assessment tools and overlapping sectoral strategies create confusion about roles and responsibilities.
- ✓ **Siloed data systems.** Non-inter-operable police, social protection, and child-protection registries, alongside partially functional digital platforms, obstruct integrated case management.
- ✓ **Limited standards awareness.** Uncertainty about applicable service standards and weak quality-assurance mechanisms reduce consistency and reliability of prevention and response services.
- ✓ **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.

■ Conclusions

This national study on the intersections between VAW and VAC in Moldova provides an evidence-based analysis of how these forms of violence are interlinked, co-occurring, and perpetuated across generations. It offers a critical contribution to Moldova's policy and programmatic landscape by highlighting the shared drivers, overlapping consequences, and systemic gaps that hinder effective prevention and response. The findings underscore the urgent need for integrated, survivor-centered approaches that reflect the lived realities of women and children and address violence as a continuum rather than as isolated phenomena.

The study confirms that both VAW and VAC are widespread and deeply rooted in Moldova, with emotional, physical, and sexual violence affecting large proportions of women and children across the life course as exemplified by the statements in KIIs, FGDs and results of the online survey. Emotional violence emerges as the most prevalent yet least reported form, while physical violence is often normalized, particularly during adolescence according to the national surveys. Sexual violence begins early and disproportionately affects girls, with many survivors experiencing multiple incidents. Technology-facilitated gender-based violence is a rapidly growing threat, exposing women and girls to new forms of harm that are poorly addressed by current systems. These patterns are not only alarming in their prevalence but also in their persistence, with little evidence of significant decline over time despite legal and policy reforms.

This study further confirms the frequent co-occurrence of VAW and VAC within the same households. The study's mixed-methods approach of combining a national survey of 1,129 service providers, 38 KIIs, and eight FGDs, provided rich, triangulated insights into how violence manifests across settings and generations. Service providers confirmed that IPV and VAC often occur simultaneously, yet few interventions are designed to address both. This siloed approach limits the effectiveness of prevention and response efforts and fails to reflect the interconnected nature of harm within families.

The structural drivers of violence are deeply entrenched. Child poverty, labour migration, and patriarchal norms create conditions of chronic stress, weakened caregiving, and social tolerance of violence. One in four children lives in poverty, and over 30 per cent do not reside with a parent or legal guardian, due to migration. These vulnerabilities are compounded by the influx of refugees from Ukraine, which has placed additional strain on already limited services and heightened risks of GBV in both refugee and host communities. Societal attitudes continue to normalize violence, with 55% of women viewing domestic violence as a private matter – nearly four times the EU average. These factors collectively reinforce cycles of violence and impede disclosure, help-seeking, and accountability.

Moldova has made commendable progress in aligning its legal and policy frameworks with international standards. The ratification of the Istanbul Convention, the adoption of the National Programme on Preventing and Combating Violence Against Women and Domestic Violence (2023–2027), and the National Child Protection Programme (2022–2026) signal strong political will. Institutional leadership is anchored in the Ministry of Labour and Social Protection and the National Agency for Preventing and Combating VAW and Domestic Violence, supported by intersectoral coordination bodies.

This said, implementation remains uneven across the country, and the gap between policy and practice is significant. Many frontline stakeholders lack a common understanding of prevention, and coordination across sectors is hindered by unclear mandates, fragmented data systems, and limited joint planning. Service delivery is marked by critical gaps in availability, accessibility, and quality. Services

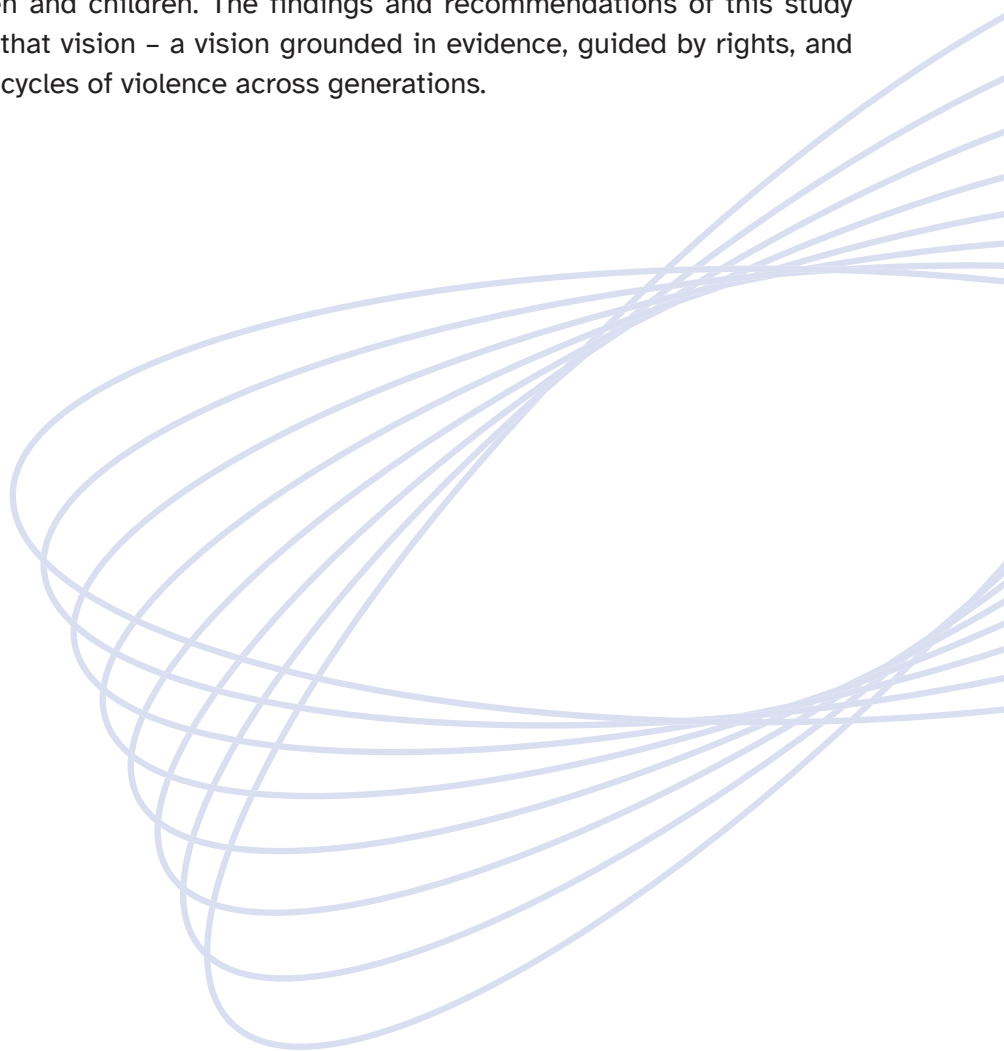
are often concentrated in urban areas, leaving rural and refugee communities underserved. Adolescents and survivors of digital violence face particular barriers to disclosure and support.

Many services are not trauma-informed or adolescent-responsive, and few are designed to address both VAW and VAC. The lack of integrated case management systems and weak referral pathways further undermine the effectiveness of response efforts. Survey data revealed that only 67% of organizations work on both VAW and VAC, and many operate in isolation, without shared protocols or coordinated monitoring.

The study also highlights significant data and evidence gaps. National surveys rarely capture the co-occurrence of VAW and VAC, and administrative data systems are fragmented and inconsistent. This limits the ability of policymakers and practitioners to design targeted interventions, monitor progress, and ensure accountability. The absence of disaggregated data on digital violence, adolescent experiences, and intergenerational impacts further constrains evidence-based planning.

In conclusion, this study calls for a paradigm shift in how Moldova addresses 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. This includes, aligning prevention efforts with global frameworks such as INSPIRE and RESPECT, expanding trauma-informed and adolescent-responsive services, strengthening coordination mechanisms, and investing in robust data systems.

By centering the voices of survivors and frontline service providers, and by enhancing its ongoing efforts to address the root causes of violence, Moldova can build a more resilient, equitable, and protective environment for women and children. The findings and recommendations of this study provide a roadmap for achieving that vision – a vision grounded in evidence, guided by rights, and driven by the imperative to break cycles of violence across generations.



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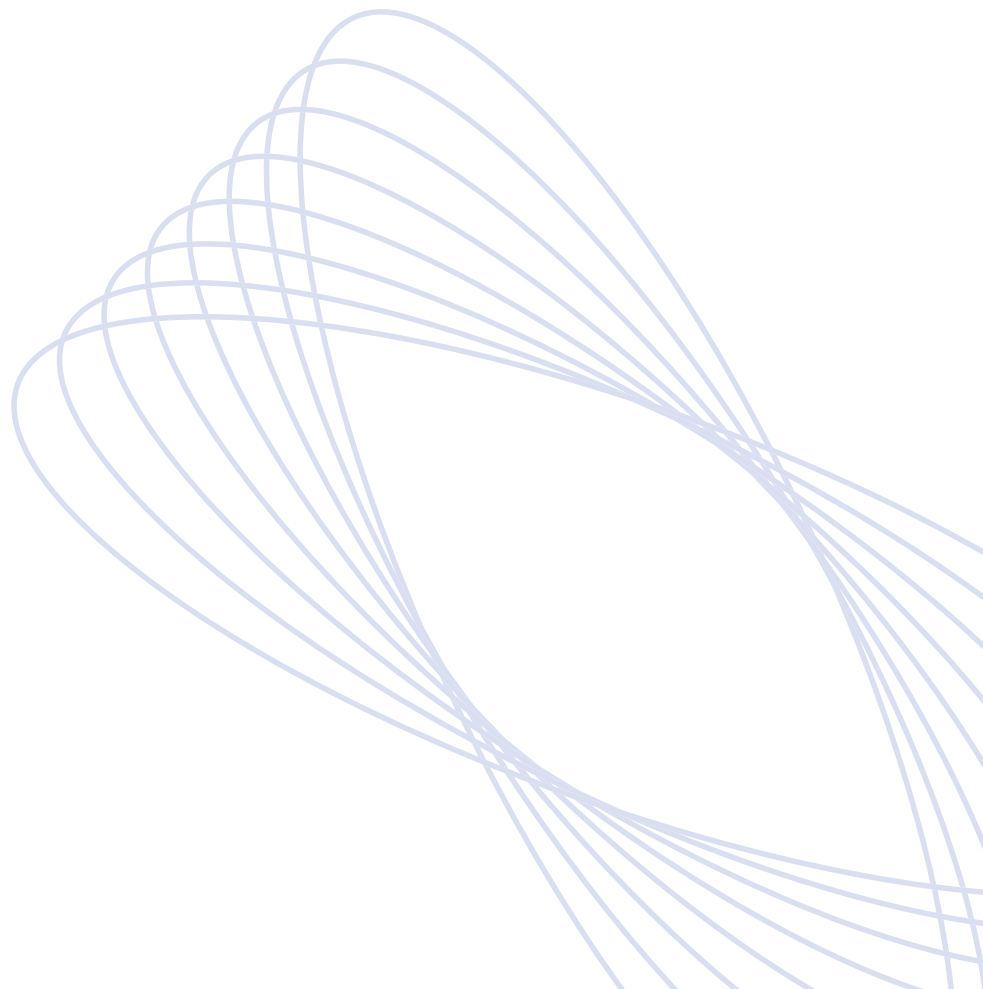
■ Annex 1.

Key NGOs operating in VAW and VAC in Moldova

Moldova's non-state stakeholders are crucial for innovation, perpetuation, service provision, advocacy, and accountability in addressing VAW and VAC in the country. Continued collaboration and sustained funding for these organizations remain essential for enhancing the effectiveness of Moldova's overall systemic response. Key NGOs operating in VAW and VAC in Moldova include:

- **National Coalition Life Without Violence.** This is an umbrella organization uniting over 20 NGOs across Moldova focused on domestic violence and gender-based violence (GBV). The Coalition coordinates civil society initiatives, engages in policy dialogues, and recently co-organized national consultations on the intersections of VAW and VAC together with UNICEF and ANPCV (see UNICEF et al., 2024). Coalition member organizations operate shelters, counseling centers, and hotlines for survivors of violence.
- **International Center La Strada Moldova.** This is a prominent NGO dedicated to preventing human trafficking, domestic violence, and online exploitation. La Strada manages two 24/7 helplines: the Safe Hotline for Women and Girls (*Telefonul de încredere pentru femei și fete*) and the Anti-Trafficking and Safe Migration Hotline (*Linia fierbinte pentru migrație sigură și antitrafic*), serving survivors of domestic violence and trafficking. It also supports the Information, Counseling, and Reporting Service (*Serviciul de Informare, Consiliere și Raportare*) via the Sigur Online platform and operates the Child Helpline (*Telefonul Copilului*), assisting children in crisis situations.
- **Women's Law Center (WLC),** a Chișinău-based NGO providing free legal aid and representation for domestic violence survivors, as well as training for lawyers and judges on GBV. Additionally, WLC documents human rights violations and collaborates with law enforcement to improve survivor referral systems.
- **Casa Mărioarei** is one of the first specialized shelter for domestic violence survivors in Moldova. It offers temporary housing, rehabilitation, and reintegration support for women and their children. Similar NGO-run shelters exist in other administrative-territorial units, including **Artemida** in Drochia, **Casa Speranței** in Cahul, and facilities in Găgăuzia and Transnistria, often reliant on donor funding. Although these shelters collectively assist many survivors annually, their geographical coverage remains limited, and overall capacity is insufficient compared to the estimated need (UNICEF et al., 2024).
- **National Center for Child Abuse Prevention (CNPAC)** – an NGO specializing in child protection, dedicated to safeguarding children from all forms of violence. CNPAC implements prevention campaigns, provides evidence-based advocacy, offers capacity-building for professionals, and delivers child-friendly therapeutic and legal services. Operating within Moldova's national child protection framework and aligned with international standards, CNPAC supports vulnerable children, parents, caregivers, and frontline professionals, thereby strengthening the country's systemic response to abuse and exploitation.
- **AVE Copiii** is an organization focused on reintegration support for abandoned or maltreated children, delivering targeted assistance to disadvantaged families and children at risk. Although its core activities primarily address abandonment, its efforts naturally intersect with VAW and VAC prevention by strengthening family-based care and early identification of neglect or abuse.

- **Other national organizations and platforms, such as Gender-Centru and the Platform for Gender Equality**, promote gender equality and the development of an inclusive society free from discrimination and violence through research, education, and advocacy.
- Numerous smaller **regional and community-based NGOs** implement local prevention programs, such as parenting workshops and youth-focused violence prevention sessions, and participate in local multidisciplinary teams (MDTs). For example **Interaction** NGO in Găgăuzia, each addressing domestic violence within local and minority communities. Faith-based organizations and local initiative groups also sometimes collaborate in survivor support. However, religious attitudes can present challenges, particularly if reconciliation within families is emphasized at the expense of survivors' rights and safety.
- **International and donor organizations** are most active. These are United Nations agencies that play significant roles in Moldova's efforts to prevent and address VAW and VAC. For instance, among other initiatives, UNICEF contributes substantially to child protection system strengthening and data collection efforts. UNFPA focuses on GBV, providing funding and technical assistance for shelters, perpetrator rehabilitation programs, and GBV coordination within humanitarian contexts. UN Women offers expertise on gender policy and supports the implementation of domestic violence laws. The OSCE Mission to Moldova has significantly contributed to data generation (through the 2018–2019 survey and analysis) and facilitated discussions on conflict-related sexual violence. IOM provides specialized support for child protection and integration initiatives, particularly regarding populations displaced by the conflict in Ukraine. The Council of Europe's office in Chişinău advises on aligning national legislation with the Istanbul and Lanzarote Conventions and supports training on violence prevention. These international agencies regularly collaborate to establish multisectoral approaches to addressing VAC, VAW, and broader domestic violence issues. Examples of such cooperation are evident in the current national programme for violence prevention (Government of Moldova, 2023a) and recent forums exploring the complexities of VAW and VAC in Moldova (UNICEF et al., 2024).



Annex 2.

Summary of gaps in accessibility of response services

The table below contains a summary of gaps identified by respondents during KIIs and FGDs and categorized by key modules of the Essential Services Package.

Health Essential Services	
ESP Core Element	Service Gap Identified
1. Mental Health Assessment and Care	Severe shortage of qualified psychologists at the local and rural levels.
	Total or near-total lack of services for psychological assessment of children in areas outside major urban centers (Chişinău and Bălţi), even when mothers are willing to seek help. Even where they exist, they may not be accessible to those not formally referred through MDIA services.
	Psychological services are often paid and unaffordable for most victims who are financially dependent.
2. Care of injuries and urgent medical treatment	Survivors who lack health insurance (common due to financial dependence) face major difficulties and costs in accessing necessary medical investigations and treatment.
	Lack of specialized transport for medical services in districts/rural areas.
Justice and Policing Essential Services	
ESP Core Element	Service Gap Identified
1. Prevention and Perpetrator Accountability	Lack of services for perpetrator rehabilitation. The existing probation programming options are insufficient for national needs and not supported by probation officer capacity building. (see more details in the Prevention Section)
2. Post-trial processes	Missing service/link for monitoring offenders or assisting their community reintegration after the probation/supervision period expires, which contributes to recidivism.
3. Assessment/ investigation	Police often fail to attach the necessary reports/minutes to social services, preventing case management from opening. There is a tendency on the part of the police to treat domestic violence as a family dispute rather than a criminal matter. Police lacks skills in child friendly investigation, skills to communicate with survivors with disabilities.

4. Pre-trial processes and Trial processes	<p>Judicial proceedings tend to be protracted, leading to withdrawal of cases.</p> <p>Lack of survivor-centered skills, child-friendly skills and skills to communicate with persons with disabilities.</p>
	<p>Need for specialized judges, prosecutors, and lawyers in violence cases to accelerate processes and ensure accuracy. While the free legal service is available, it's not available for all i.e. in rural areas.</p>
Essential Social Services	
ESP Core Element	Service Gap Identified
1. Safe Accommodations	<p>Shelters are insufficient in number and capacity, particularly in rural areas. The recent study by UNFPA and UNHCR revealed that there are only 12 shelters for GBV survivors and Maternity Centers and Multifunctional Centers which provides temporary accommodations in the country.²</p> <p>Shelters often lack capacity or specialized conditions for receiving certain groups, such as older adolescent boys or mothers with many children (two children could be a problem), and Roma women.</p>
2. Assistance towards economic independence, recovery, and autonomy	<p>Missing crucial services such as regulated social housing or social rental services to help survivors transition from temporary shelters to permanent independent living.</p> <p>Lack of sufficient and sustained vocational training/retraining and job support to guarantee financial independence for victims.</p>

■ Annex 3.

Government actors and their responsibilities in addressing VAW and VAC

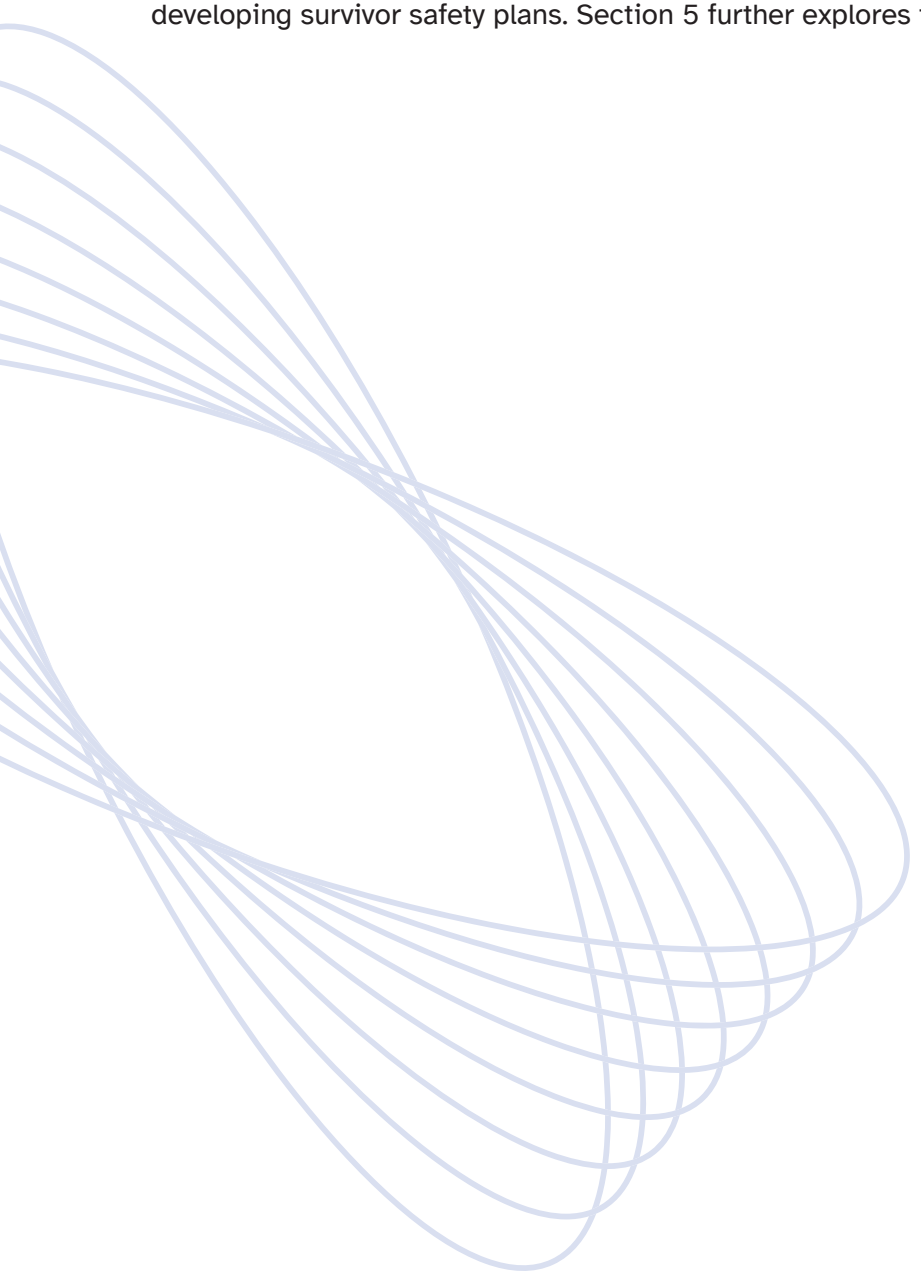
Several line ministries and state institutions have explicit responsibilities addressing VAW and VAC, reflecting the complex, multi-dimensional nature of these issues:

- **Ministry of Internal Affairs (MIA).** Through the National Police and local units, the MIA is responsible for law enforcement, issuing temporary protection orders (emergency barring orders) and conducting criminal investigations into domestic violence, sexual offenses, child abuse, and trafficking in persons. Police are often first responders to domestic disputes, playing a critical role in aggressor removal and survivor referrals. Since 2017, police have been authorized to issue emergency barring orders on-site (Just Access, 2023). The General Police Inspectorate reports thousands of family violence incidents annually (nearly 5,000 orders in 2020), highlighting significant law enforcement workloads (Just Access, 2023). The MIA also houses the Child Exploitation and Online Protection Command, collaborating with INTERPOL and internet hotlines, which addressed over 9,500 reports of online child sexual abuse material in 2020 alone (ECPAT International & Council of Europe, 2023).
- **Ministry of Justice (MoJ)** and the judicial system. This ministry oversees the justice sector and the legal aid system. In addition, independent courts handle long-term restraining orders and adjudicate violence-related criminal cases. The MoJ participates in legislative reforms aligned with the Istanbul Convention, supporting district courts and prosecutorial offices prosecuting offenders. Additionally, the MoJ coordinates state-guaranteed legal aid accessible to survivors, often supported by NGOs such as the Women's Law Center. Recent justice reforms have included specialized training for judges and prosecutors on GBV and child-friendly justice, though systemic challenges like judicial bias and slow case processing persist (Government of Moldova, 2023a).
- **Ministry of Health (MoH).** This ministry has dual roles in medical care provision and forensic examinations. Health facilities treat injuries, provide psychological care, and document abuse evidence. The Forensic Medicine Center (Centrul de Medicină Legală), a state-funded institution under the MoH, conducts medico-legal evaluations, including examinations, supporting court cases. The MoH also provides mental health services for trauma survivors and mandates protocols for medical staff to report child abuse, with healthcare workers actively participating in multidisciplinary teams to identify and assist child survivors.
- **Ministry of Education (MoE).** The MoE is responsible for violence prevention, reporting and response within educational institutions. Teachers and school administrators (i.e., directors) are mandated reporters for suspected child abuse cases (Government of Moldova, 2014). The ministry integrates life skills and violence prevention topics, such as bullying prevention and gender equality education, into school curricula. It promotes safe school environments, including implementing the Online Child Safety Standards (Safe to Learn & UNICEF, 2023). Additionally, the MoE coordinates with MLSP to support violence-affected children (e.g., enabling flexible schooling arrangements for sheltered children). Corporal punishment is prohibited in schools under the National Education Code, and internal child protection focal points are required by law (Parliament of Moldova, 2014). Increasingly, the education sector addresses technology-facilitated violence through digital literacy and awareness programs, often collaborating with NGOs (Ministry of Health, Labour and Social Protection, 2020).

Additional government bodies and government-appointed independent public bodies play crucial supportive roles, including the **Ministry of Finance** (budgeting social programs) and the **People's Advocate** (Ombudsperson), including a **Child's Rights Ombudsperson** (both are government appointed but independent), who monitor human rights violations and advocates for policy improvements.

Subnational governance structure

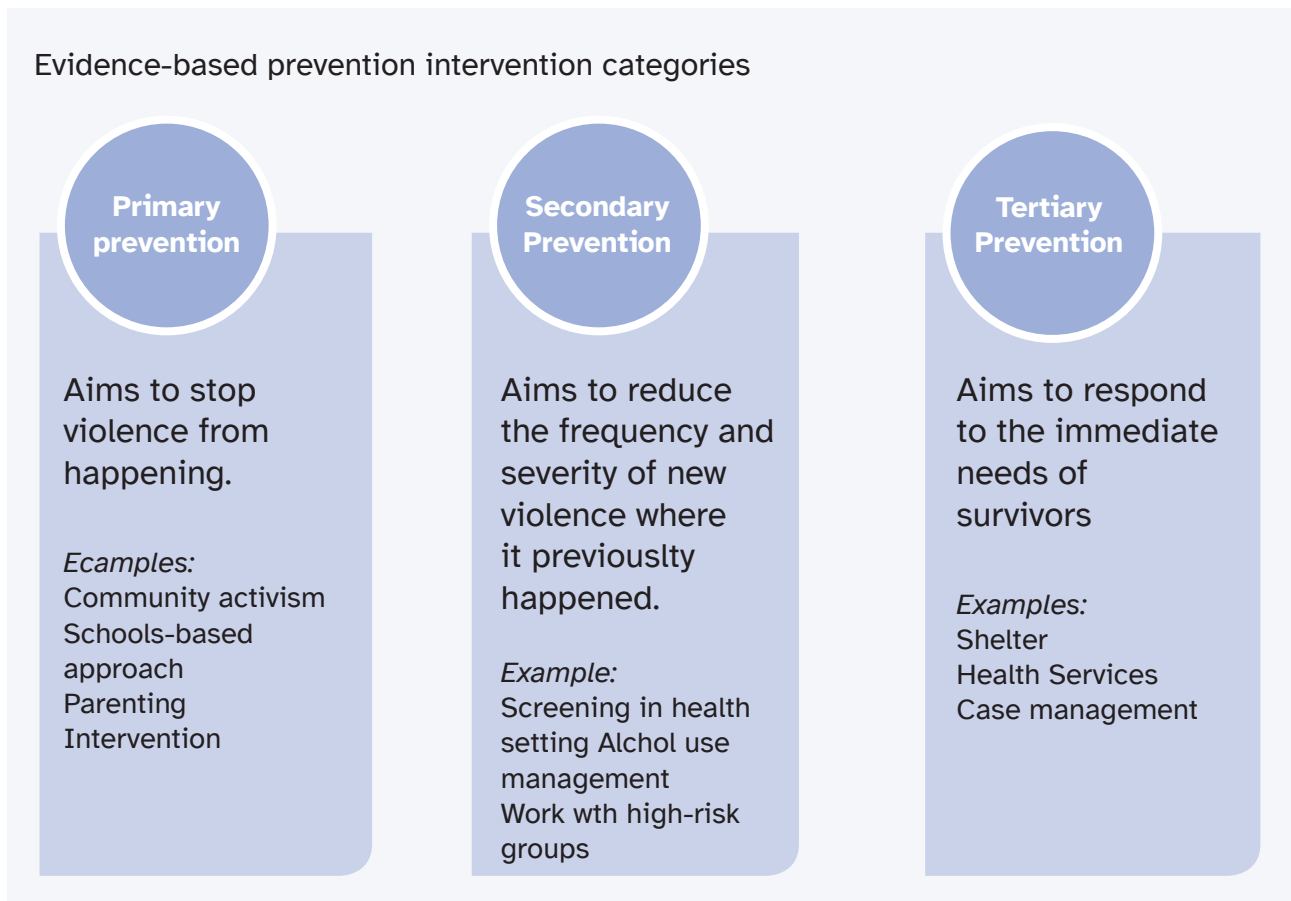
Moldova's Law on Local Public Administration assigns responsibilities to Local Public Authorities (LPAs) in social and child protection measures (Parliament of Moldova, 2006). At the local level the LPAs with the support of the child protection specialists or community social workers hired by Territorial Agencies for Social Assistance or **Departments for Social Assistance and Family Protection** from Chişinău and Gagauzia manage case coordination, social services, and survivor protection. Local **Multidisciplinary Teams** (MDTs), mandated by the Child Protection Law (Parliament of Moldova, 2013) and the 2007 Domestic Violence Law (Parliament of Moldova, 2007), comprise social workers, police, medical professionals, psychologists, and educators, collaboratively helping those in need and developing survivor safety plans. Section 5 further explores the role of MDTs.



■ Annex 4.

Global evidence to prevent VAC and VAW

Prevention interventions are generally categorised into three types: primary, secondary, and tertiary. While all three are essential, primary prevention interventions are crucial for stopping violence before it occurs. This annex focus on primary prevention interventions.



Source: What Works to Prevent Violence against Women and Girls: Impact and Scale

The UK's Foreign, Commonwealth and Development Office (FCDO) has been investing in rigorous research on what works to prevent violence against women and girls since 2014. It provides clarity of what it takes to prevent VAWG. While the focus is on VAWG the principles and findings are quite similar to those of VAC e.g., INSPIRE. The table below summarises promising practices and principles learned from What Works (What Works website).

Promising programme and key principles of prevention interventions

Effective when well designed and executed	Principles: To be effective, prevention interventions need to:
<ul style="list-style-type: none"> ● School-based interventions that take a participatory approach ● Community activism approaches that shift harmful norms and support survivors ● Couples' programmes that take a gender-transformative approach ● Parenting programmes to prevent intimate partner violence and child maltreatment ● Targeted support for women to get better jobs or start businesses, while also giving them ● chances to connect with others and gain confidence ● Direct payments/benefits to individuals and families, particularly combined with social support ● Alcohol and substance use interventions that work with individuals and/or couples 	<ul style="list-style-type: none"> ● Be carefully planned, built on a good understanding of the context and target population ● Address multiple drivers of violence, such as gender inequity and poor couple communication ● Work with both women and men, rather than working with women or men only ● Ensure sufficient programme intensity and duration – about 3 years – with enough sessions to facilitate transformative social norm change and reduce the likelihood of harm ● Select and support well-trained gender-equitable staff and facilitators ● Integrate support for survivors of violence ● Use group activities that focus on reflection and discussion to change norms and values.

Source: What Works to Prevent Violence, 2025.

A recent systematic review of interventions that prevent or respond to IPV and VAC highlighted the potential for community-based and parenting interventions to simultaneously address IPV and VAC by parents or caregivers when they address gender inequality and power dynamics between parents/caregivers. It also highlighted the importance of coordinated interventions to stop the intergenerational cycle of violence. However, the report also shows the absence of evidence-based interventions aimed to prevent both IPV and VAC (Baccus et al, 2024). The study found only one effective intervention addressed harmful social norms, aiming to reduce both IPV and VAC.

International Rescue Committee (IRC) Safe at Home: Preventing violence against women and children in north Kivu, Democratic Republic of the Congo (DRC)

Safe at Home programme intentionally designed to address co-occurring IPV and VAC and was rooted in existing evidence on shared drivers of VAC and VAW based on previous efforts to prevent IPV or VAC separately and light modification of each e.g., integrating gender equality in parenting programme, including child rights messages in IPV prevention programme etc.

Safe at Home is developed based on Theory of Change aiming to address shared drivers/risk factors of VAC and VAW and group-based discussions are used (all of those are in line with the good principles identified through What Works).

According to the research, 77% reduction in the use of IPV against women in the past three months compared to others in the community who did not receive such programming; 71% and 44% reduction in the use of physical and/or psychological harsh discipline against children by female and male caregivers, respectively.

Source: <https://www.svriforum2022.org/wp-content/uploads/2022/10/Sarah-Mosely-Impact-of-a-family-violence-prevention-trial-in-eastern-DRC.pdf>

Falb et al, 2023

In addition to the above, SASA! is an evidence-based community mobilization approach to prevent VAW. It engages community leaders, local organizations, and residents to transform power dynamics, promote non-violent conflict resolution, and reduce acceptance of IPV, resulting in measurable declines in violence against women and children (Abramsky et al., 2016). Raising Voice in Ukranga created SASA! in 2008, and it has been implemented in 30 countries by more than 75 organisations ([Raising Voice Webpage](#)). SASA! is one of the most used and known community-based interventions used to prevent VAW, but it is also listed as an effective intervention for VAC in INSPIRE.

There are numbers of effective interventions to transform attitudes and norms i.e. related to gender inequality. The following interventions have been implemented in Europe and Central Asia.

Title	Brief descriptions
Coaching boys into Men	<p>The programme was born in USA. It recognizes that athletics and coaches play a unique and influential role in the lives of boys and provides coached with resources to promote positive attitudes and behaviours. It has been implemented in Ukraine since 2019 by UNFPA.</p> <p>Source: https://www.togetherforgirls.org/en/stories/coaching-boys-into-men</p>
Zindagii Shoista	<p>Zindagii Shoista (Living with Dignity) is a livelihood-strengthening, social norms behaviour-change programme designed to reduce violence against women and girls (VAWG) implemented in Tajikistan.</p> <p>Source: https://prevention-collaborative.org/programme-examples/zindagii-shoista/</p>

Annex 5.

Empirical literature quality inclusion criteria

Empirical literature identified through the desk review was subject to a quality assurance process. Following searches, based on identified interventions, a screening of the papers was undertaken by hand to determine which would go on to be quality assured.

Empirical papers retained were then subject to the final quality assurance process (see Annex 5 Table below) that assesses conceptual coherence, methodological coherence, scientific validity, and ethics.

ANNEX 5 TABLE: Quality Inclusion Criteria

	Criteria	Sub-categories	Description
1	What does it mean for a study to be conceptually coherent?	Introduction	Topic, purpose, and study rationale are clearly stated.
		Literature review	The relevant conceptual underpinnings of the issue are fully explained.
		Research questions	Research questions and/or hypotheses are well defined and drawn from sound evidence-based theoretical or conceptual framework.
2	What does it mean for a study to use appropriate methods?	Methods	The research design and sampling are appropriate for the study. The study includes a well-articulated rationale.
		Theory (especially for studies with a primary theoretical framework)	A sound and well-established theoretical line is present.
		Data	Relevant data have been employed. Where survey data are used, the sample is well described and clearly appropriate for the task at hand.
		Analyses	The procedures and measures have been selected correctly and applied correctly.
3	What does it mean for a study to be scientifically valid?	Results	The results of the statistical/empirical tests are fully and correctly interpreted. Basic statistical information, such as probability statistics, sample sizes, etc., and coherent explanation of findings are included. This avoids overstating the study's importance and generalizability.
4	Ethics (important but not a requirement to be accepted)	Ethical review	If the research involves primary data collection and/or the use of sensitive secondary data, ethical considerations are described in the study. For example, the article might include details of the procedures followed to ensure the ethical review of data, an indication that the study received the proper oversight from review board or any mitigation strategies.

