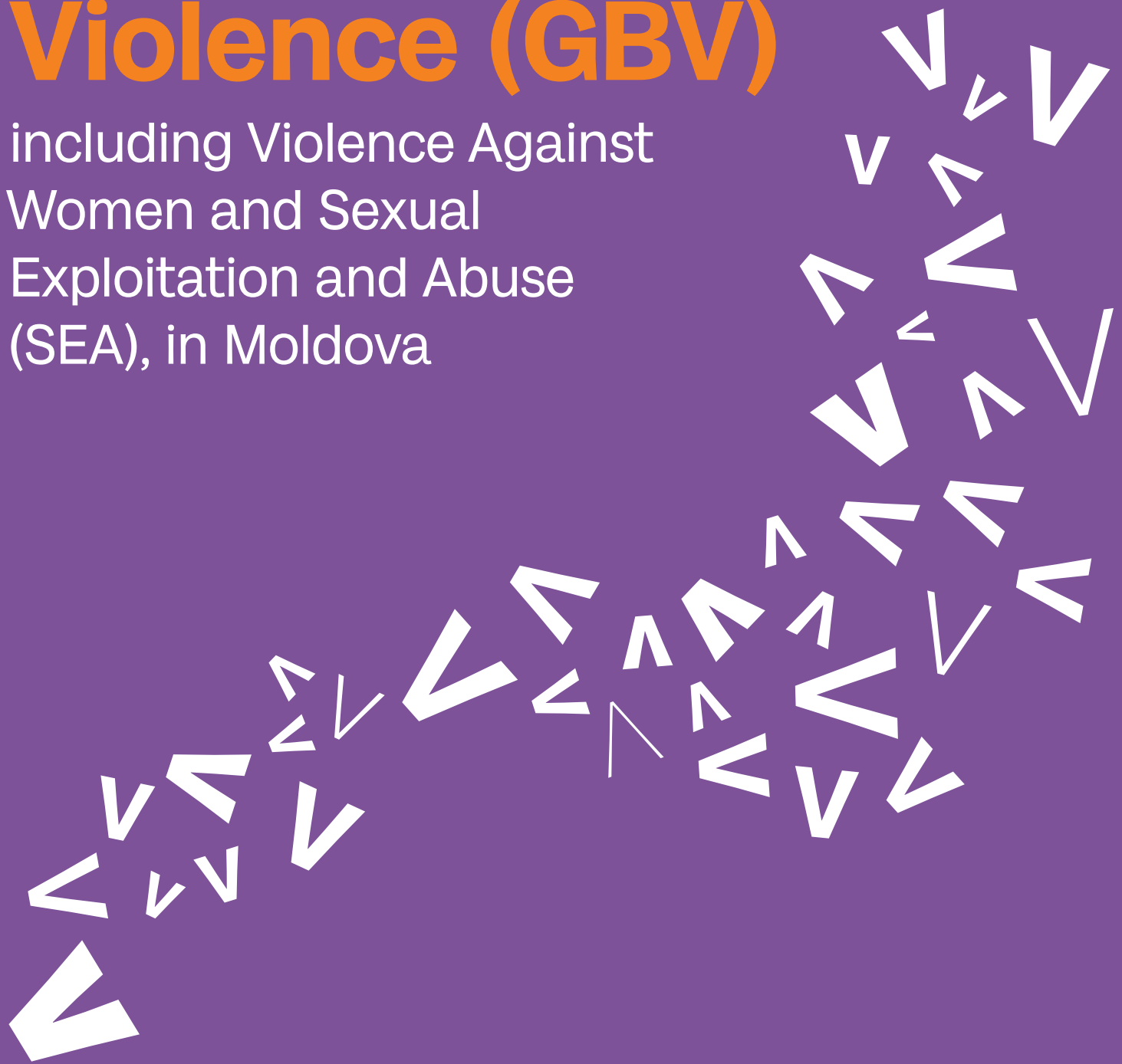


Barriers to the disclosure of Gender-Based Violence (GBV)

including Violence Against Women and Sexual Exploitation and Abuse (SEA), in Moldova



Coaliția Națională

Viața fără Violență



UNHCR
The UN Refugee Agency



Regional Refugee Response
for the Ukraine Situation

Index

04	Message of gratitude
05	I. INTRODUCTION
06	About the National Coalition „Life without Violence”
06	Glossary
10	II. SUMMARY OF FINDINGS
11	III. INTRODUCTION TO RESEARCH
12	Feminist Concepts and approaches on Violence Against Women and Domestic Violence, and SEA
12	Metodology
14	IV. MOLDOVA’S CONTEXT AND LEGAL FRAMEWORKS ON VIOLENCE AGAINST WOMEN AND DOMESTIC VIOLENCE, AND THE DISPLACEMENT CONTEXT
16	V. FINDINGS
23	VI. RECOMMENDATIONS

This research was developed by the organizations of the National Coalition Life without Violence, with the support of UNHCR, between December 2023 and June 2024. The opinions presented in this report do not necessarily represent those of UNHCR.

The research is the result of the teamwork of a group of dedicated and professional women working in to address violence against women, representing several organizations of the National Coalition:

Veronica Teleuca, coordinator of the National Coalition Life without Violence

Victoria Lungu, Executive Director of NGO Ophelia, Cahul Municipality

Svetlana Gheorghieva, Executive Director of NGO Biaz Gul, Gagauzia

Alina Cebotari, Executive Director of NGO Women for Women

Natalia Savcina, Executive Director of NGO Jenske Initiatiivi, Tiraspol

Veronica Cernat Braghiș, Executive Director of NGO Association against Violence Casa Marioarei

Mariana Buruiana, Executive Director of NGO Impact

Mihaela Cimbriciuc, Communicator of the National Coalition Life without Violence

The report was edited by **Natalia Graur**, journalist and psychologist

The interviews were conducted by **Ana Gherciu**, journalist and director of NGO Moldova.org and

Veronica Teleuca, coordinator of the National Coalition Life without Violence

Design: **Piko Creative**

Message of gratitude

Working on the research was a complex and emotionally difficult process for all of us. Much of our work consisted in structuring and writing down what we read and heard from women who experienced violence as well as from the specialists providing life-saving assistance. We realized, once again, how the reality is for women and girls in Moldova, and the injustice, contempt and even hate, sometimes openly expressed, that they face, as well as, how difficult, exhausting and (re)traumatizing can be the process of recovery, healing and (re)claiming rights, power and autonomy. Our intention was to listen, to closely look, to collect individual stories and experiences that reflect a collective history and experience, and to reflect together. Our objective was to understand the cultural, social, and economic factors that work as barriers for women to leave violent relationships, what are enabling factors women trust more, who women feel safe and confident to talk to about the abuse they are experiencing, and what helps them move forward, whether it is to leave the abuser or to report it to the police, what is important for a woman when she feels, understands, knows that she is experiencing violence but cannot make a decision; what was the experience of interacting with law enforcement and non-governmental organizations, etc.

This research was not simple. Beyond the heavy emotional burden, it was also complicated due to the perspectives we discovered, which led us to explore in depth detail some of the findings, such as the concept of shame, of the primary factors that stop women from telling someone about the violence they are experiencing. We took time to conduct in-depth interviews with survivors to better understand how shame, guilt and fear influence and hinder their decision to leave a situation of violence, but also how important are for women trusting relationships with other women and sisterhood in the process of empowerment.

This research is not an endpoint but rather a starting point. We intend to organize more discussions to further develop support programs for women based on their realities and needs, as well as awareness and community mobilization activities.

Finally, we would like to express our honest and sincere thank you to all research participants, to all the women who took the time to fill out the online questionnaires, who shared their life experiences with us or who called us to tell their stories. Each of them chose to courageously face their personal stories of violence, to challenge injustice and to build a different life story - free, dignified and beautiful.

We were and are struck by how much strength and determination these women have shown, we are grateful to them for this and hope that their stories will help other women to become free.

Veronica Teleucă,

Coordinator of the National Coalition Life without Violence

I. Introduction

About the National Coalition „Life without Violence”

The National Coalition is a network of 21 women-led professional organizations in Moldova working to prevent and respond to violence against women, girls and boys. It works around three strategic directions, including developing and strengthening the network as part of the women's rights movement at national and regional level, building resilience and supporting member and partner organizations, women's groups and activists and advocating public policies.

Within this framework, the National Coalition provides specialized services to victims and empowers survivors and victims of violence, carrying out community mobilization and awareness-raising activities and sharing information on violence against women. The National Coalition also builds the capacity of specialists, and supports the development of public policies and legislation, having a key role in advocating for the advancement of women's rights in the country, and monitoring the implementation of the legal framework around violence against women. The National Coalition was the leading organization mobilizing for the ratification of the Istanbul Convention, a process which lasted more than five years.

Member organizations provide specialized services to victims and survivors of violence, including those from vulnerable groups or diverse backgrounds, with different types of assistance, including shelter, social and financial assistance, legal aid, psychological support, as well as economic empowerment and rehabilitation.

At the onset of the refugee influx to Moldova in February 2022, most organizations from the National Coalition were at the forefront of the response, providing life-saving assistance and support to refugee women and children. Until today, the organizations play a key role in the violence against women response in Moldova by actively participating in coordination spaces, advocating for the rights of refugee women and children, and collaborating for the provision of quality services across different regions of the country. Member organizations of the National Coalition have been an important partner in raising awareness about sexual exploitation and abuse, and have thoroughly worked to prevent, mitigate risks and ensure access of refugees to information on protection and reporting mechanisms.

Glossary

Violence against women is understood as a violation of human rights and a form of discrimination against women and refers to all acts of Gender-Based Violence (GBV) that result in, or are likely to result in, physical, sexual, psychological or economic harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.¹ The National Coalition uses the term violence against women and girls throughout its activities,

researches, public policy and documents, as it is aligned with national legislation and the Istanbul Convention. The term refers to the gendered nature of violence against women and girls, which is predominantly perpetrated by men.

Gender-based violence (GBV) is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private.² Although most survivors of GBV are women and girls, LGBTIQ+ people, boys and men can also be subjected to GBV.

Sexual Exploitation and Abuse (SEA) is a form of GBV. **Sexual Exploitation** is any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another. **Sexual abuse** is the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.³

Domestic violence includes 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 the perpetrator shares or has shared the same residence with the victim.⁴

Emotional or psychological violence includes psychological suffering and/or tension, imposing will or control, intimidation, including through the use of information technology and/or electronic communications, manifested through verbal acts such as cursing, insulting, mocking, nicknaming, blackmailing, destroying objects, jealousy, isolation from family, friends, and community, including creating obstacles between parents and children, deprivation of access to information, control of access to social networks, threats of death or bodily harm, threats to spread information about intimate, private, and/or family life without consent, persecution, deprivation of identity documents, violent display of weapons or hitting domestic animals, and other acts with similar effects.

Socio-economic violence includes the denial of access of the person to health services, education and work, and the denial of his or her civil, social, economic, cultural and political rights. It can contribute or lead to their isolation and participation in society.

¹ [Council of Europe Convention on preventing and combating violence against \(Istanbul Convention\)](#)

² [IASC. Guidelines for Integrating Gender-Based Violence in Humanitarian Action](#)

³ [IASC Definition and Principles of a Victim/Survivor Centered Approach](#)

⁴ [Council of Europe Convention on preventing and combating violence against \(Istanbul Convention\)](#)

The terms ‘**victim**’ and ‘**survivor**’ can be used interchangeably. ‘Victim’ is a term often used in the legal and medical sectors, while the term ‘survivor’ is generally preferred in the psychological and social support sectors because it implies resiliency. It is important to consider that women who have experienced abuse can decide whether they want to share their story of violence with someone and seek help from authorities, and this should be central to all interventions. The term ‘victim’ is not a label, but a temporary condition. Survivor emphasizes empowerment, healing and giving back the power to overcome traumatic experiences.

A victim/survivor-centred approach places the rights, wishes, needs, safety, dignity and wellbeing of the victim/survivor at the centre of all response measures concerning GBV, including violence against women and SEA. Therefore, respect for the survivor/victim’s wishes and desires encompasses allows them to decide to whom and whether to tell their story or report an incident.

A **disclosure** of GBV, including violence against women and SEA, is when a survivor of victim shares her experiences in relation to a violent incident. This disclosure can be self-motivated, enabled or probed⁵. Self-motivated disclosures happen when the survivor has an independent reason or intend to disclose an incident of violence against women, regardless of environment or provider action, meaning that she had reasons enough, including her safety and security, to disclose an incident. Enabled disclosure is when the survivor feels safe to disclose GBV, including violence against women, due to the supportive environment or general receptivity on the part of the provider. Probed disclosure is when the survivor discloses an incident in response to providers’ direct questioning about past traumatic experiences, including about experiences of violence.

⁵ [Human Rights Center UCL Berkley School of Law, UNHCR, Regional Safe Spaces Network, The Silence I Carry: Disclosing GBV in Forced Displacement, Guatemala and Mexico, Exploratory Report 2018](#)

II. Summary of findings

Barriers and enabling factors in relation to the disclosure of GBV, including violence against women and SEA

Context:

- ▶ Intergenerational violence is significantly present in Moldovan society and was reported by refugees who participated in the research as well. All women who answered online questionnaire or undertook individual interviews were either victims or survivors of violence, or witnessed it at some point in their lives, including during their childhood from their fathers and caregivers. This form of violence plays a major role in normalizing various types of violence, particularly within families and intimate relationships.
- ▶ Intimate partner violence remains the most pervasive form of violence in Moldova, with most women identifying their husbands or partners as perpetrators. At the same time, psychological, economic and sexual violence are very often not recognized as violence or not considered serious enough. Nevertheless, its consequences are lasting and affect women's self-perception and self-respect, their psychological and emotional well-being, as well as their relationships with others around them and with their children. The normalization of this violence contributes to its overlapping manifestations, including through SEA by not considering it serious enough to be disclosed.
- ▶ Women in general understand the different forms of violence. However, barriers to disclosing GBV, including violence against women and SEA, often overlap. These barriers include feelings of shame, fear of exposure, concerns about not being supported after leaving a violent relationship, and a lack of means to survive or provide for themselves and their children. This issue is particularly relevant in the context of SEA and the dependency of refugees—most of whom are women—on humanitarian aid.

Individual aspects

- ▶ Shame and social pressure, linked to traditional and patriarchal gender roles, are the main barriers for women to disclose violence in Moldova. Women are expected to fulfil the roles of a good wife, mother, and daughter, and to protect the family's reputation, which is considered the backbone of society. Religion is a contributing factor to this. There is significant social pressure to keep the family unity and relationships, and when women disclose violence, they are often accused of undermining this structure and are consequently ostracized. Additionally, there is a sense of personal responsibility for the violence, meaning that many women believe that they are to blame for the abuse. This represents a barrier to disclosing not only violence perpetrated by an intimate partner, but also SEA.
- ▶ Many women strongly believe that no help or support will be available if they leave an abusive situation. This contributes to their isolation, fear, and shame, and is often compounded by the fear of losing support from family and community. Additionally, women worry about not having the means to survive or being further exposed to retaliation, particularly when the abuser holds power, which can include humanitarian aid workers.

- ▶ Financial dependency on the abuser and the inability to provide for themselves are significant barriers to disclose violence. The presence of children and other dependants, as well as pregnancy and lactation, also impact women's decision to disclose violence. These are related to both the feeling that they will not be supported by services and assistance, and because of family-related obligations, as previously mentioned.

Service-related barriers

- ▶ There is a lack of safe, confidential and welcoming spaces across the country to enable disclosures of GBV, including violence against women and SEA.
- ▶ Service providers, including NGOs and institutions, often fail to ensure the quality and confidentiality of health, legal, and psychosocial support services, contributing to women's fear of being exposed and retaliated against by perpetrators, including of SEA, as well as by the community.
- ▶ Service providers, in particular from government institutions, often lack the capacity, skills, and empathy needed to support survivors, normalizing violence or downplaying its impact and severity. This is particularly common when it comes to psychological violence. Aligned to that, women reported frequently facing discrimination, exposure, and having their claims disregarded when trying to access services and support.
- ▶ Women lack reliable information, awareness, and understanding of their rights and available support services for survivors and victims of violence, including how to access them, potentially working as a barrier to disclosure, including of SEA.
- ▶ The quality and sustainability of services are compromised by the lack of long-term, flexible and core-based funding necessary for long-term and sustainable interventions to address GBV, including violence against women.

Institutional barriers

- ▶ The normalization of violence and lack of awareness at the institutional level represent significant barriers for women to disclose violence. As a result, survivors and victims often distrust procedures, including those related to legal and justice-systems, as well as law enforcement, due to previous negative interactions with officials and authorities. Women reported feeling that their claims were dismissed as exaggerations and that the violence they should have been tolerated. Many professionals lack proper preparation and knowledge about GBV, including violence against women and other forms of violence, such as psychological and digital violence, and the impacts it has in women's lives.
- ▶ Overwhelming, unclear and time-consuming procedures serve as additional barriers to disclosing violence. Women often do not know how to navigate these complex processes or access services, including life-saving ones, such as shelters. Procedures to report SEA or to obtain assistance for victims can be perceived the same way.
- ▶ Services, including emergency and long-term shelters, are not consistently provided with quality or tailored to meet

the needs of diverse groups with diverse backgrounds facing different risks.

- ▶ There is a tendency to focus on criminal justice, prosecution of perpetrators, while insufficient attention is given to the prevention component that addresses gender inequality and unequal power relations, the root causes of GBV and SEA, through long-term interventions.

Enabling factors for the disclosure of GBV, including violence against women and SEA, and recommendations

- ▶ Support from family, relatives, friends and colleagues, make women feel safer from financial, psychological and social perspectives, enabling them to disclose violence by helping them cope with the process. **There is a need to establish programmes that consistently and systematically work to address gender inequality and unequal power relations through long-term interventions that aim to change behaviour around gender roles and women's position in society.**
- ▶ Community Support groups and safe, and confidential spaces where women can talk about their experiences, are key to enable them to disclose violence. **These spaces should be established or adapted in areas where they are lacking and where needs are more present.**
- ▶ Ensuring that victims and survivors feel their decisions are respected and that they are in control of the process helps them regain the power to heal, leave situations of violence, and cope with its consequences. **To address this, the mandatory reporting legal framework should be reviewed, and a thorough survivor-centred approach should be implemented across service provision.**
- ▶ Financial independence and the ability for women to rent their own space, were key factors enabling them to leave situations of violence. **Personal and professional development programs, vocational courses, training, and employment opportunities that support women to regain autonomy and independency, while directly improving their financial and material conditions should be implemented and made available for women from diverse backgrounds.**
- ▶ Access to basic needs, financial and material assistance, and economic and social opportunities significantly contribute to women's self-empowerment and help them navigate systems and rebuild their lives after violence. **This assistance is key and should be consistently provided as part of the response to violence against women, empowering them throughout the process.**
- ▶ An empathetic and professional attitude from NGOs and authorities, along with respect for the wishes of survivors and victims, and the consideration of their specific needs, contribute to creating environments that enable women to disclose violence. **This can be achieved through trainings programmes for all staff who may handle a disclosure of violence against women and SEA, including multidisciplinary teams, social workers, and specialists, among others. Trainings should cover both general and specific aspects related to GBV, including violence against women and SEA. It should address the health and psychological consequences of violence, emergency response actions, and contextual nuances related to violence. For instance, when women decide to report, the severity of the violence is most likely already very high, requiring a quick and coordinated response.**
- ▶ A clear communication strategy and accessible information about services contributes to women's trust to navigate protective systems and access services through institutions and NGOs. **The content and format of outreach materials and campaigns should be tailored to ensure that information reaches specific groups and is disseminated effectively. These materials should foster trust by emphasizing sustainable support rather than one-time interventions.**

III. Introduction to research

Feminist Concepts and approaches on Violence Against Women and Domestic Violence, and SEA

To understand and address GBV, including violence against women and SEA, and to develop relevant initiatives and programmes, it is necessary to define these concepts from a feminist perspective that acknowledges the following:

- ▶ GBV, including violence against women and SEA, results from and is deeply rooted in unequal power relations between women and men that echo and contribute to the limited and delayed access of women to social, political, civil and economic rights and associated freedoms over time, compared to men. Historically, women have been denied the ability to make decisions about their own lives, and men's dominance over women in the family unit has been reflected in laws, as well as reinforced by social and institutional norms and structures.
- ▶ Power has been efficiently used as a tool to control and place women, particularly those from diverse and vulnerable backgrounds, in positions that undermine their ability to disclose incidents or claim their rights. Power is not only enforced by individual actors but is also embedded in institutional practices, social norms, and political and economic systems that contribute to the unequal distribution of resources and access to opportunities, reinforcing inequalities. The system-ingrained power is challenging to address and easy to mushroom into different spheres and layers of institutions and of society, contributing to environments where multiple barriers are imposed.
- ▶ GBV, including violence against women, is an extreme form of discrimination, a violation of human rights, and a public health issue. It encompasses physical, psychological, sexual and digital violence, sexual harassment, and harmful traditional practices such as forced marriages, femicide, female genital mutilation, and other forms of violence rooted in cultural or traditional beliefs that occur in both public and private spaces.
- ▶ GBV, including violence against women and SEA, can manifest in different ways and have life-threatening and lasting consequences, such as trauma, health complications, and mental health issues that often result in isolation and hinder a person's ability to function in society. Violence against women frequently impacts communities, and the normalization of violence – regardless of its type – creates additional barriers for survivors to disclose their experiences.
- ▶ Although there is overall recognition of some types of violence, like intimate-partner violence or sexual violence, others are often overlooked, including psychological violence, denial of resources and opportunities, forced marriage and technology-facilitated violence. Very

commonly, different types of violence overlap and further hinder the survivor's ability to disclose the incident and find support. Violence can be perpetrated both by people close to and known to the survivor, and by strangers, and both involve the use of unequal power relations to sustain these situations and scale up the violence.

- ▶ A feminist approach strongly advocates for victim and survivor-centred service provision and support, as well as prevention and ethical data collection. This is directly linked with respecting the survivor's wishes and decisions about when and how to leave a situation of violence and abuse. Furthermore, services should always be efficient, quality, sustainable and tailored to meet the different emergency and long-term needs of survivors. These needs range from safety and security, such as shelter, to psychosocial support and case management, legal aid, health, financial and social assistance.

Methodology

Much of the research on women's rights, including in the field of violence against women, revolves around statistical data on cases, often required to justify interventions, scale up or reduce programmes, and advocate for funding. However, despite a general understanding that GBV, including violence against women and SEA, are underreported, little attention is given to the different and overlapping barriers that hinder survivors from seeking support. While acknowledging the relevance of statistical data for advocacy and policymaking, this study was based on a methodology that combined both quantitative and qualitative methods. To achieve this, the research team conducted the following between December 2023 and May 2024:

- ▶ Analysis of documents and information on the normative framework and regulations relevant to violence against women in Moldova.
- ▶ Analysis of reports outlining the specific risks faced by refugee women in the country.
- ▶ Quantitative survey involving a sample of 300 women aged 18-74, currently residing in Moldova, who completed online questionnaires developed for the survey and tested on a focus group, and then distributed online to a larger group. The collected data were analysed and categorized by topic.
- ▶ Six focus group discussions with 53 women were conducted across five locations in Moldova, including Chisinau, Stefan Voda, Cahul, Ocnita, Chirsova (Gagauzia), and Tiraspol (Left Bank). Women were from diverse social groups and backgrounds, including refugee women from Ukraine, Roma women, women with disabilities and older women. All participants responded to the same set of questions to assess their perception of GBV, and the potential barriers to disclosure.
- ▶ 30 interviews with representatives of civil society organizations and government staff who provide services to survivors of GBV.
- ▶ Six in-depth interviews with women to further explore concepts of shame, women's vulnerabilities, and factors

that enable victims and survivors to leave situations of violence and abuse. These interviews were conducted after analysing the data from the online questionnaires and focus group discussions.

Ethical and safety considerations

The research team included only representatives from NGOs with experience working with women and child survivors and victims of GBV, and facilitating support groups and focus group discussions, as well as in designing research tools. All stages of the research were thoroughly based on the following principles:

- ▶ The specialists ensured that women participating in interviews and focus groups understood that their personal data and information was **confidential** and would not be disclosed without their consent, except in cases of immediate risk to their own or others' lives.
- ▶ Before the interview and focus groups, participants were **clearly informed about the purpose of the session**, how their information would be used, and their right to withdraw at any time.
- ▶ During the interview, **professionals** refrained from making value judgments or sharing personal opinions. They **listened actively** and **provided emotional support** as needed.
- ▶ The interviews were conducted in a **safe and friendly environment** that prioritized their security and the confidentiality of the process.
- ▶ Women were treated with **respect** and encouraged to share information at their own pace and in a manner that felt comfortable to them.
- ▶ After the interviews and discussions, women **were provided with information about available support services**, such as the Trust Helpline for women and girls, psychological counselling, legal aid and emergency shelters. A **survivor-centred approach** was implemented throughout all interviews and focus group discussions.

Challenges and limitations

The study included a diverse group of women from different backgrounds and regions of Moldova, however, some groups may be under-represented. For instance, while some LGBTIQ+ persons replied to the survey, this did not allow for a nuanced an in-depth analysis of the specific barriers they face. Furthermore, a potential limitation of the study could be the lack of awareness among certain groups of women about different forms of GBV and how they manifest. To address this, the research team provided clear and accessible information on GBV.

The Republic of Moldova has made significant progress to strengthen its systems to prevent, reduce risks of, and respond to GBV, including through the ratification of the Istanbul Convention, the development of the National Strategy on Preventing and Combating Violence against Women and Domestic Violence for 2018-2022, as well as the implementation

IV. Moldova's context and legal frameworks on violence against women and domestic violence, and the displacement context

of the National Program on Preventing and Combating Violence against Women and Domestic Violence for 2023-2027. Furthermore, Moldova has made efforts to hire, train and build the capacity of specialists, scale up safe shelters across the country, and set up the Commission for Monitoring and Analysing Cases of Domestic Violence Resulting in Death or Serious Bodily Harm, increasing the number of restraining orders and protection orders issued. In 2023, the National Agency for Preventing and Combating Violence against Women and Domestic Violence was established, reinforcing these commitments. These policy and practice-level steps have directly benefited refugees from Ukraine, who have been meaningfully included in the national GBV system and provided with access to specialized GBV services since the beginning of the refugee response, in February 2022. At the international level, the Government of Moldova has pledged and committed to scale up the support to refugee GBV survivors and improve systems to ensure quality services for all, including refugees.

Despite these efforts, GBV and domestic violence continue to be an issue in Moldova, driven by several factors, many of which will be approached in this study. For instance, a study led by the Organization for Security and Co-operation in Europe (OSCE) found that one every three women in rural areas, and one every four women in urban areas, have experienced some form of GBV in their lifetimes. This means that about 73% of the female population in Moldova have been affected by some form of GBV. Additionally, two in five women (40%) say they have been subjected to physical and/or sexual violence by a partner or non-partner since the age of 15. Almost half of women (45%) stated that their friends would agree that 'violence against women is often provoked by the victim'. Similarly, two in five women (40%) think that their friends would agree that 'women who say they have been abused often make up or exaggerate allegations of abuse or rape'. Half of women think that their friends would agree that 'a good wife should obey her husband even if she disagrees'.⁶ Reflecting this context, data shows that about 40 women are killed annually by their partners in Moldova, an extremely high figure compared to the country's population size.⁷

Since February 2022, over 1,180,000 persons crossed the border from Ukraine into Moldova. Of these, approximately 123,000 remained in the country, of which 58% are women and girls. Risks of GBV, including trafficking and SEA, are present in Ukraine, during displacement and after arrival in Moldova. According to

findings from the 2022⁸ and 2024⁹ GBV Safety Audits, conducted by the GBV Sub-Working Group, refugee women and girls in Moldova remain at risk of GBV and SEA, including at Refugee Accommodation Centres (RACs) and private accommodations. Furthermore, Intimate Partner Violence (IPV) remains a serious issue and deeply rooted in rigid gender roles, and manifests through physical and sexual abuse, as well as psychological violence and denial of resources. Some groups, such as Roma women, women with disabilities, and adolescent girls, are at higher risk of GBV and human trafficking due to discrimination and multiple barriers they face. Reduced ability to meet basic needs, separation from protective networks, and limited access to protection support and to services are among the factors that further increase GBV risks for refugee women.

⁶ [OSCE-led Survey on Violence Against Women: Moldova - Results Report, July 2019](#)

⁷ [Women's Law Centre, Summary of the Report on the analysis of cases examined by the Commission for Monitoring and Analysis of Domestic Violence Cases Resulting in Death or Serious Bodily Harm, 2023](#)

⁸ [Ukraine Situation - Moldova, GBV Sub-Working Group GBV Safety Audit Report, 2022](#)

⁹ [Ukraine Situation - Moldova, GBV Sub-Working Group GBV Safety Audit Report, 2024](#)

V. Findings

Background of research participants

Online surveys were conducted and responded by Moldovans and Ukrainian refugees, with refugees comprising between 25-30% of the participants. Since respondents were from different backgrounds and groups, it is important to outline their profiles and the key factors they identified as barriers to seek support and help, as well as the contexts that make them feel supported and cared for.

85% of the survey respondents were aged between 26 and 65 years, with 35% of them being married and between 31 and 40 years old. Nearly half of the participants have children under 18, as well as other dependents. About half of the participants are from the central region of the Moldova and live in urban areas.

The survey was widely disseminated among both Moldovans and refugee women. A significant number of Ukrainian refugee women respondents live in the Left-Bank, with most receiving different types of assistance from the government. About 7.7% of the respondents identified as belonging to a minority ethnic group, and about 3.6% identified as LGBTQ+.

In terms of education, 83% of respondents accessed or are accessing higher education, while the remaining participants have either primary or secondary education. This trend likely reflects the demographic of women who use social media, which was the primary platform for survey dissemination.

Approximately 84.2% of respondents practice a religion, of which 77.5% identify as Christian Orthodox.

Interestingly, only about 27% of respondents indicated that they could save money. The remaining of participants, therefore, cannot have financial security in the event of unforeseen changes, such as health issues, natural disasters, or financial crises. Additionally, 5% of survey participants were informally employed, highlighting their social vulnerability in terms of access to healthcare, insurance, and paid leave.

Women's understandings of violence against women

More than 92% of respondents indicated that they know and understand what violence against women and domestic violence mean, its manifestations, and when it should be reported. Additionally, over 91% indicated that violence should be reported when it first occurs. 72% of participants also indicated that violence should be reported when it is directed at children, becomes very serious or lasts for a long period of time. Interestingly, most GBV survivors who participated in the research indicated that they only sought help and reported the violence to law enforcement when it escalated to a serious level, lasted for a long period of time, or involved children. There is, therefore, a clear discrepancy between knowing what GBV is, how it manifests, but feeling safe, secure and supported enough to disclose it.

Intergenerational violence was identified as a major issue, with some women reporting that their mothers and mothers-in-law behaved aggressively towards them. Many of these women had also experienced similar violence and abuse within family environments. In some cases, survivors were pressured by family members, including their mothers, to return to their abusive partner or husband in order to avoid breaking up the family. Participants noted that arguments such as 'the man is the head of the family and the woman is the neck that sustains it', or a 'wise woman knows how to maintain a calm environment', were often used to justify these abuses. Men's aggressiveness, as indicated by women, is often driven by a desire to assert dominance, particularly within the household. Some women reported being blamed for the violence, accused of provoking the aggressor or humiliating him in public, particularly when they held a higher-paying job. These behaviors, as described by the women, are widespread but rarely disclosed.

With regards to psychological and economic violence, participants of focus groups mentioned barriers within the family that prevent their self-empowerment and access to opportunities. These barriers often centered around on issues of respectability modesty, including restrictions on how they dress, behave and express themselves, and even pursue their hobbies. Additionally, many participants described experiences of domestic violence and violence against children, including instances where women themselves were perpetrators. This violence was often seen as a tool of education. In some regions, the issue of female aggression was particularly highlighted, with many participants noting that violence against children is frequently one of the first manifestations of GBV.

Women participants who were interviewed indicated that psychological and economic violence, as well as the denial of resources, are often normalized and not seen as valid reasons to disclose the abuse or leave a relationship. According to some, these forms of violence are considered an integral part of family life, even a routine. Women are convinced that, while physical and sexual violence can be somehow 'proven' and addressed, other types of violence are impossible to do so, and no worth reporting. Although women recognize psychological and economic violence as forms of abuse and control and are aware of the physical and mental health consequences, some do not view it as a serious enough reason to leave their partner. Instead, many have developed various coping mechanisms to adapt to these situations.

Shame is the underpinning reason why survivors do not leave situations of violence and abuse. Often, the survivor faces blame and criticism from family members, as well as from the community or village, who accuse her of alienating herself, exaggerating, or being influenced by values outside the traditional family structure, which is considered the backbone of society. The family, therefore, plays a central role in shaping women's lived experiences and cultural perspectives, reinforcing their subordinate status in relation to men. Many women cited the desire to 'not break apart the family' as the main reason for not reporting violence, viewing the family as a critical source of power surrounded by complex social networks. Interestingly, while women in Tiraspol stated that they would not seek support from family or relatives because 'domestic violence is normal' and 'dirty laundry should not be aired in public,' participants in Cahul indicated that they would turn to relatives first, as they do not trust authorities.

An interesting parallel is noticed in these narratives when it comes to physical, psychological and economic violence against children. According to some participants from Chirsova, in the Gagauzian region, while physical violence against children is not tolerated, psychological violence and denial of resources are not seen as an issue and are tolerated because he is the father of the children.

The topic of sexual violence between intimate partners and marital rape is highly sensitive, rarely discussed, and was often approached with great caution and avoidance by participants in the focus group discussions and individual interviews. Some women shared that they continued sexual relations with their partners or husbands in an effort to keep the family together or to prevent violence from escalating, essentially surviving within a violent relationship. Participants also noted that men often control decisions regarding contraception and childbearing, exercising power over women's ability to make choices about their own bodies and lives. Some women mentioned that they had learned about consent in intimate relationships from psychologists and gynaecologists, who explained the concept of marital rape and emphasized a woman's right to refuse sex with her husband, as well as her right to make decisions about contraception, including the type and use of contraceptives.

Three years ago, I moved with my family to the village. I am still horrified by how women live here, perceiving violence as normal and a form of expressing love. Therefore, I created a support group in the community for women in Bahmut, Calarasi.

ANONYMOUS, ONLINE QUESTIONNAIRE ✓

About three months after we got married and moved into together, he started calling me names, criticizing how I cooked, how I raised my daughter from my first marriage, and asking why I talked on the phone with my sister, and so on. He used to say 'Who needs you? Who will look at you?'. A few times, I told him I don't want to make love, but it always ended up the way he wanted. He said, 'I am a man, and I need sex.' I didn't want to get pregnant because I had health problems. I almost died giving birth to my daughter. But he didn't use condoms and threw away my birth control pills. He said he wanted a child from me. I got pregnant and had a medical abortion. When I got pregnant a second time and went to the gynaecologist, I told her what was happening. She then called him in and asked him if he understood that what he was doing to me was rape and that he was endangering my life. She told him to stop, or she would go to the police. After that, he became even more hostile, but he didn't touch me again, probably also because I obtained a restraining order.

T., INDIVIDUAL INTERVIEW ✓

My father was sometimes violent with my mother, both verbally and physically (she acknowledges that, by saying 'sometimes', she wants to downplay the tension). I witnessed it and believed it led me to my relationship with my ex-husband.

R., INDIVIDUAL INTERVIEW ✓

I went from feeling very good to falling into darkness. I had panic attacks even before the marriage, but I didn't know they were related to him. My body was trying to tell me. I remember I came back from a date, and I vomited. I thought it was hormonal. He was insistent, and there was no violence at that time, but he caused me this anxiety.

R., INTERVIEW CONDUCTED FOR RESEARCH ✓

Consequences of violence

A significant number of respondents reported negative impacts in their mental and physical health, including anxiety, sleep disorders, loss of self-confidence, difficulty maintaining and forming social relationships, as well as challenges in the workplace and as caregivers and parents.

My ex-husband suggested we take an IQ test. I knew he would use this to humiliate me even more, but I could not refuse. My test came out much lower than his and he would tell me how stupid and limited I was, that even the IQ test could prove that. Years later, when my boss told me I was very good at my job, I started crying in front of him because I could not believe that a stranger could say something good about me.

C., INDIVIDUAL INTERVIEW ✓

Some women indicated developing alcohol abuse issues during or after leaving violent relationships. During the relationships, alcohol was used to cope with the consequences of violence, as well as to endure sexual relations with an abusive partner. After the relationship ended, alcohol was also used to gain self-confidence and to build social connections.

The vast majority expressed the need for long-term support from a psychologist, both for themselves and their children. However, they often could not afford it or had no one to turn to. Some sought help from the school psychologist, sharing their experiences after teachers noticed changes in their children's behavior following the separation from an abusive partner. Many women felt guilty for working long hours and not being able to spend enough time with their children, even though

they understood and acknowledged the importance of such support. After the separation, abusive men often manipulated the children, telling them that their father had moved out and that their mother was wrong for not wanting to return. This further intensified the women's feelings of guilt.

My daughter would write letters to Santa Claus, asking him to convince me to go back to her father because he had changed and wouldn't hit us anymore. I would read them and feel devastated, not knowing what to do. My sister-in-law tells me that this will pass, that it is better for a child to live with one parent but in peace.

V., INDIVIDUAL INTERVIEW ✓

I only decided to leave my husband when a friend told me she had an apartment, and I could stay there for free after she heard him yelling at me one day when she called me. He had hit me a few days before. The day after I heard I had a place to stay, I picked up my daughter from daycare and went directly to her apartment. I only took a few clothes and basic things. He was not home when I left. I was looking for apartments to rent but could not afford it. When I found one, the landlords heard I was alone with my baby and decided not to rent it for me.

V., INDIVIDUAL INTERVIEW ✓

Barriers and enablers to disclosure

Approximately 60% of women (175 out of 298 responses) identified themselves as victims or survivors of GBV, having experienced violence regularly or periodically. Around 43% reported witnessing violence at some point in their lives. Among those who experienced violence, nearly half identified their partner or husband as the perpetrator, while 30% pointed out to their father, 19% to someone outside of the family circle, and 11% to their mother.

According to the data collected, about 22% of victims and survivors do not report the violence they experience. Among those who seek help, the majority (24%) turn to family and relatives first, followed by the police (18%), specialized services (17%), such as private psychologists and NGOs, and friends (14%). Although nearly half of women participants reported experiencing violence regularly, most only decide to report it after it has persisted for a long time (39%), when it has impacted their physical health (39%), when the violence is directed at children (38%), or when it becomes severe (36%).

More than half of the women participants (54%) cited shame as the main reason for not disclosing the violence they experienced, followed by a belief that they would not receive support if they did. Additionally, 41% of women reported feeling that they do not have access to a safe and confidential space to disclose the violence. Some women also mentioned facing institutional barriers, such as difficulty navigating complex systems and dealing with lengthy procedures. Around 35% of women indicated that their primary reason for not disclosing the violence was a desire to keep the family and relationship intact.

The key factors that enabled women to leave a violent relationship were having family support and access to a safe place.

Other factors that enabled disclosure include having financial and material resources (29%), support from children (27%), and support from friends (20%). Additionally, some women mentioned assistance from NGOs, law enforcement, and other specialized services, including those for children.

I was at my aunt's house. She had left with her entire family to Italy, and I was living in their home. My parents took me there because I had the children with me, and we didn't want to disturb anyone. It was winter. We went with my mother and my other aunt. Everyone helped. Generally, our whole family is very united. We quickly did some repairs there. For about a month, he was looking for me and could not find me.

LUDMILA, INDIVIDUAL INTERVIEW ✓

Because I did not have money (and courage maybe), I have been a victim of domestic violence for six years, experiencing almost all forms of it. I am aware that I have two boys who see, hear, understand this situation, but...

ANONYMOUS, ONLINE QUESTIONNAIRE ✓

My husband died, so I was freed from the domestic violence, but there is violence at work, and in society in general.

ANONYMOUS, ONLINE QUESTIONNAIRE ✓

Shame, the determining factor hampering disclosure:

The majority of participants who identified shame as the primary barrier to disclosing violence were between the ages of 31 and 40 and had experienced violence from an intimate partner. These findings were further supported by the interviews, which revealed that during this period, many women are on maternity leave and financially dependent on their partners, increasing their vulnerability to intimate partner violence. The data also suggested that, after the age of 40, shame no longer seems to be a significant barrier to disclosure. This shift could be due to

greater financial independence, increased social empowerment, and emotional maturity. Additionally, as children grow older, the pressure to conform to traditional roles as a good mother and housewife decreases. For instance, for some mothers, there is still a concern that their children will be stigmatized by the community, which may lead them to remain in abusive relationships to protect their families.

The deeply tied to gender roles that are routinely reinforced, confining women exclusively to the domestic sphere and associating their worth with their success as a woman, mother and wife. Failing to meet these expectations often leads to feelings of isolation and social exclusion. While women were unable to pinpoint exactly what they are ashamed of, many reflected on their experiences of physical abuse as children. They recalled how bruises, often the result of parental punishment, were seen as signs of failure to meet behavioral expectations and a reason to be ashamed, according to their parents. Growing up with this mindset, they learned to hide the signs of violence.

There is a clear link between the burden of gendered roles and the violence that arises when these roles are not adhered to. Women who were perceived as too noisy, sassy, or who failed to listen to their parents or older siblings, or did not help with household chores, often faced violence as a consequence. These experiences led to their isolation from family, friends, and society, reinforcing feelings of guilt and the perception that violence was a personal flaw. This sense of personal responsibility for the abuse made them feel as though it was something that needed to be hidden and not discussed openly.

Approximately 10% of women sought help from religious leaders (priest or pastor). From these, nearly 90% were discouraged from leaving their violent relationships. While some women found support and comfort in their churches, many reported being encouraged to remain in the situation to preserve the family. Specifically, they were told that separating from their partners was a sin and that it was the 'woman's cross' to endure the circumstances.

When I experienced psychological violence from my husband, I did not tell anyone although it affected me a lot. I did not seek a psychologist because there was no one in the area and I would not go to the city because I was ashamed and scared of being exposed. Having the possibility of online or phone psychological counseling would have helped me a lot, I think I would have had the courage of seeking help without risking having my confidentiality broken. I know people in a similar situation, who have been physically abused but do not seek help because they are ashamed. The gossip that goes around in the village plays a great part in that. Despite me knowing that there were services and the possibility of getting help, I preferred not to reach out because of the shame.

ANONYMOUS, ONLINE QUESTIONNAIRE ✓

I remember very well all the beatings when I was at school age, and it is very sad because I went to school with bruises on my eyes, and many times I had a bloody nose. I had to lick the floors because they were dirty, I was beaten with a rope, I was punched, with whatever was at hand, it did not matter. And when we went out and I had bruises, I was dressed in a way that they were showing, just to make me feel ashamed. And I was very ashamed. As grew up, I wondered why was I the one feeling ashamed rather than my mother?

A., INDIVIDUAL INTERVIEW ✓

If you are a divorced woman, and especially a single mother, then you are very vulnerable. In a way you are not protected by your husband, therefore, other men in the village can approach you, enter your house and even rape you. He will be fine, but you are left ashamed. And women do not welcome you either, because you are considered a danger to their families as a single, free woman. You are not a normal woman, a housewife and a good mother, one who has a man by her side.

ANONYMOUS, ONLINE QUESTIONNAIRE ✓

I pretended everything was fine, but they understood that it was not. They saw him a couple times and he was verbally abusive at me during family celebrations. Only my close friends knew, and I would spend the night at their house when he was aggressive. I cannot remember how I told my family about it, but I did not know what to say when they saw the bruises on my hands because he had hit me with the kitchen chair, and I tried to protect my face with my hands. Years after I left him, I read in my journal that I felt ashamed to say to my neighbors that I am getting divorce. My neighbors?! I used to see them a few times a year, they had nothing to do with my life, and I had nothing to do with theirs.

ANONYMOUS, ONLINE QUESTIONNAIRE ✓

Institutional barriers:

Approximately 25% of women reported having negative experiences when interacting with public authorities, such as social assistance departments and police. These experiences were attributed to the unavailability of private spaces for communication, inappropriate and unprofessional attitudes, and a general lack of trust in authorities. Many women felt that they would not receive the help or supported they needed.

Some women said that the professionals they interacted with showed a lack of empathy and of a feminist approach to addressing violence against women. They also noted that some of these professionals did not seem to have sufficient knowledge about the different types of violence, and did not make enough efforts to adapt to crisis situations requiring urgent intervention.

Most women reported that they did not want to involve the police, but simply wanted the violence to stop, viewing separation from the perpetrator as the most feasible solution. At the same time, they avoided reporting the incident to law enforcement for fear that the abuser would become more aggressive. As a result, many sought support from family members. Some women shared that their partners had threatened to escalate the violence if they reported it to the police, which deterred them from doing so. In cases where the police intervened, the violence stopped in some instances, while in others it proved ineffective, with the abuse continuing or shifting into psychological violence. Despite these mixed outcomes, women expressed a lack of full trust in the law enforcement system and its ability to protect them. Some also felt intimidated or discouraged by police officers when attempting to report the abuse.

According to the women, the interests of the perpetrator are often prioritized, particularly when they hold positions of power or influence, or have connections to individuals in such positions. Corruption was also mentioned as a factor preventing survivors and victims from receiving the help they expected from authorities. Some women shared experiences where the police demanded concrete evidence or eyewitnesses, and if such evidence was not provided, no investigation was conducted. One respondent recalled that when she attempted to report an incident to the police, the officer told her she had 'fallen' and had not been assaulted. Many women expressed feeling disbelieved and unsupported by authorities, and they were uncertain about the steps they needed to take to seek justice and assistance. Additionally, some participants described situations where victims were pressured to withdraw their complaints, with claims that the perpetrator's fine would be covered by the family's own money, leading them to believe that the situation would result in nothing more than a fine, rather than legal action.

There is a general perception of solidarity between perpetrators and male police officers, with the latter often treating the former with impunity and violating the confidentiality of cases, thus exposing women to greater risks. Women from the Left Bank reported that police officers frequently dismiss survivors who attempt to file complaints against perpetrators, noting that calling the Ministry of Internal Affairs hotline directly is often more effective. In Gagauzia, for example, women indicated that some police officers come from families where violence and abuse are normalized, and they view complaints as nothing more than routine paperwork.

Public authorities often perceive intimate partner violence and domestic violence as issues confined to socially vulnerable families—those living in poverty or struggling with alcohol abuse. While lack of education, access to information, and alcohol abuse are contributing factors to violence against women and other forms of gender-based violence (GBV) globally, gender inequality and unequal power dynamics are the root causes of GBV, including violence against women, as previously outlined. The perception that women occupy an inferior position in society because of their gender, coupled with institutional mechanisms that reinforce these unequal power relations, are the primary drivers of GBV. Without long-term interventions that address these systemic

issues, the impact will be limited, and the risks of GBV, including violence against women, will only be reduced or mitigated.

In the context of Moldova, the multidisciplinary teams play a central role to the referral of cases of violence against women and domestic violence. e. However, the effective coordination of these mechanisms has been hindered by heavy workloads, unclear and non-standardized protocols and guidelines, and a lack of resources to cover basic office supplies, transportation, and internet connectivity. Additionally, there are gaps in the capacity to address cases of violence against women and domestic violence from a survivor-centered approach. Coordination among the members of these teams, as well as with other institutions, requires improvement. Despite these challenges, some examples of efficient and compassionate support for GBV victims and survivors were noted, particularly from social workers.

I have been a victim of psychological, verbal and even physical violence, and when I decided to leave the relationship, I became a victim of physical and sexual violence carried out in front of minor children. The police took no action due to lack of evidence. I am currently suffering threats that my children will be taken away from me.

ANONYMOUS, ONLINE QUESTIONNAIRE ✓

I was a victim of domestic violence in my first marriage, and I was unable to leave it because my ex-husband's uncle was a police officer and got him out of a lot of troubles. I had no family support, nowhere to stay. I consider myself lucky to have found people who helped me. Even the social welfare in the district stepped aside when I asked for help.

ANONYMOUS, ONLINE QUESTIONNAIRE ✓

When domestic violence happens, as a female victim you are left alone. I knocked on all doors with a small child in my arms to ask for help, and none of them were open. The people who were supposed to help me get back on my feet after the hell I had lived through, looked at me with devastating indifference. My friends helped me. That was all. The authorities, who are paid with public funds are supposed to help the population, did nothing. They didn't defend me at all.

ANONYMOUS, ONLINE QUESTIONNAIRE ✓

Service and assistance-related barriers and enabling factors:

Women emphasized the need to improve services to better address their specific needs. Nearly half of the women sought private legal and psychological counseling, primarily because

free services were unavailable in their area, because they were unaware of how to access them, or they lacked trust in the institutions and organizations offering these services.

Most of the facilities providing services for GBV survivors, including safe shelters, police stations, and other public buildings, are not accessible and lack infrastructure adapted to the needs of women and their children.

Most of the facilities providing services for GBV survivors, including safe shelters, police stations, and other public buildings, are not accessible and lack infrastructure adapted to the needs of women and their children. This includes women who are breastfeeding, elderly women, and those with physical or sensory disabilities. Additionally, most services offered are not designed to meet the long-term, individual needs of other at-risk women, such as young mothers or women living in poverty, who often lack access to support networks and safe spaces for self-empowerment.

When women leave an abusive relationship and need accommodation, most prefer to find their own place rather than go to a safe shelter. Women have identified social housing support, paired with a package of services to empower them, as essential. Many women fear they will lack the financial means to support themselves, a fear that is heightened when they have children. This insecurity often prevents them from leaving abusive relationships, particularly when their intimate partner is the primary provider, as many women have sacrificed their careers, jobs, and stable incomes to focus on family. This fear is often compounded by threats from perpetrators, who claim they will seek custody of the children, arguing that they are better able to provide for and support them.

The lack of sustainable, safe, long-term housing and financial solutions directly impacts women's vulnerability to continued violence. For example, one participant shared that she had to resort to sex work to earn an income. Throughout all group discussions, women unanimously emphasized the importance of self-confidence, free counseling services, financial support, access to economic empowerment opportunities, and support from NGOs and family in enabling them to leave a violent relationship. As one participant put it, 'you have courage when you know you are not empty-pocketed'.

Meeting basic needs, such as accommodation, food, and safety, is considered essential before any other interventions are made to support survivors or individuals at risk of GBV, including violence against women. While longer-term accommodation options are preferred over safe emergency shelters, there is a recognized need to adapt these facilities to be more victim- and survivor-centred, ensuring they offer a minimum essential package for both short- and long-term interventions.

Although local organizations play a key role in supporting women who decide to leave violent situations and helping them navigate the system and procedures, most women who approached these organizations reported a lack of clear information on how to stay in contact, on what services were available to them, and difficulties accessing the organizations' premises. Approximately 30% of the women who participated in the study were unaware of the Trust Line for Women and Girls.

Almost all respondents who identified themselves as victims or witnesses of violence expressed a need for psychological assistance (90%), followed by legal aid, including both primary

counseling and qualified legal support (76%), safe shelters (74%), and social assistance (65%). Social assistance needs included help with processing documents, accessing benefits and pensions, and support in finding employment, as well as vocational and skills development training, among other services.

The primary reason women seek psychological assistance first is that they perceive it as a safe and confidential space where they can be listened to without judgment, especially in cases of psychological violence. According to them, knowing they are in a safe space and supported by a psychologist helps them overcome feelings of shame and guilt, and enables them to understand that the abuse is not their fault. Most women stated that support groups were the first place where they discussed their experiences of violence, and they found these groups helpful for long-term recovery.

Women also emphasized the need for safe community spaces, requesting activities focused on education, skills development, and raising awareness of women's needs. They expressed a desire for programs that teach how to maintain healthy relationships, understand their rights, identify and address discrimination, and navigate systems and services. Some respondents mentioned the need for information and medical services, as healthcare often serves as an entry point for cases where violence has escalated, caused physical injuries, or become more serious—frequently the point at which many women decide to disclose incidents of abuse.

Women with serious mental health disabilities, those living with HIV/AIDS, individuals struggling with alcohol and drug abuse, and sex workers have limited knowledge of and access to existing services. Most of them fear seeking help due to stigmatization or concerns about legal or social persecution. As a result, they primarily rely on support from local organizations that work with these at-risk groups. Furthermore, according to local organizations, authorities offer few solutions, and donor funding is limited, hindering efforts to improve participation and access to services for these groups.

I have lived different experiences of violence. I never reported it and never told my parents because I considered myself solely responsible and guilty for everything that happened to me. I did not because I was ashamed, because I did not trust the authorities, especially the police and the courts, and I did not know where or who to turn to. My psychologist saved me.

ANONYMOUS, ONLINE QUESTIONNAIRE ✓✓

I told a friend about my relationship with my husband. I wanted someone to tell me that everything is fine with me, that I am not crazy, that I am not the way he pictures me, as hysterical, paranoid, stupid, ugly and limited. Despite me having my confidence at rock bottom after giving birth, he did everything he could to destroy me, to destroy my confidence, my femininity, me as a woman. I talked to my girlfriend then for almost four hours, and I cried continuously. She referred me to a psychologist, and told me I did not have to pay. That is how I started to get out of this situation, I talked to a friend, went to the psychologist and separated.

C., INDIVIDUAL INTERVIEW ✓✓

VI.

Recommendations

For the Government

- ▶ **Work on preventing GBV, including violence against women and SEA, by investing in community activities, ensuring the involvement of adolescent boys:** This should involve integrating topics such as gender equality, unequal power relations, women's rights, gender roles, respect for women and girls, non-violent conflict resolution, sexual and reproductive health and rights, consent, and digital violence—approached with sensitivity and respect—into the national education curriculum. These topics should be taught by professionals trained in gender equality. Programs that address both community and individual levels, focusing on rebuilding and redefining masculinities, are essential for transforming patriarchal societies, challenging gender norms, and disrupting the normalization of GBV, including violence against women and SEA.
- ▶ **Invest in and design programmes that aim at and behavioural changes for perpetrators through educational approaches and by strengthening community accountability:** Most women indicate that criminal sanctions against perpetrators are not effective or helpful and may even escalate the violence. Many findings from this study highlight that intergenerational violence is normalized across society and institutions. Isolated sanctions and punishment alone will not address the root causes of GBV, including violence against women and SEA, in a transformative and sustainable way. Justice and redress are crucial aspects of healing and rehabilitation for many women and should be pursued when the survivor wishes to do so. Programs that operate at both the community and individual levels to rebuild and redefine masculinities are essential for breaking down harmful gender norms and addressing the normalization of GBV, including SEA. Prevention at all levels leads to meaningful community change. Unlike traditional justice systems, which often focus on punishment and retribution, transformative justice seeks to create systemic change by focusing on community-building, accountability, systemic transformation, and collective healing - an approach particularly relevant for PSEA, as current organizational frameworks often default to compliance-based disciplinary measures, which fail to address the complex power dynamics and structural inequalities that enable SEA.
- ▶ **Awareness raising and information sharing on GBV, including violence against women and SEA:** Information sharing on GBV needs to be targeted and well-designed. General flyers or communication materials that encourage women to report by using terms such as 'Report,' 'Break the Silence,' 'Call the Police,' or 'Stop Violence,' are often ineffective and can be harmful. This is due to the limited capacity of actors to respond to and address GBV, including violence against women and SEA, while ensuring adherence to principles of confidentiality, respect, non-discrimination, and prioritizing the safety of survivors and victims. Moreover, some of these materials do not provide effective or reliable information for victims and survivors seeking support and services. The most accessible information-sharing platforms include social networks, NGO websites, mobile teams, and information passed through people in the survivors' immediate circles, such as family members,

friends, and colleagues. It is essential to ensure that information about support services and available steps is accessible through public institutions and local authorities, including city halls, social workers, police officers, family doctor centres, schools, kindergartens, and cultural and community centres. Additionally, there is a need to expand the geographical coverage of these activities to reach remote areas and villages that have never hosted awareness-raising initiatives on rights and services.

Ads on TV, leaflets or other forms of information have very limited contribution to educating people and addressing GBV. Women need more confidence and knowledge. For that, I believe that programmes should be implemented in schools, universities, and through other educational initiatives, to awaken their interest and to stimulate women and girls to self-develop, to be financially independent, so that they can act if any violence or abuse happens to them.

ANONYMOUS, ONLINE QUESTIONNAIRE ✓

- ▶ **Establish and improve safe spaces for the disclosure of GBV, including violence against women and SEA:** Many participants highlighted the lack of physical spaces where they feel comfortable and confident that their confidentiality will be respected. This is true for both individual disclosures and group activities addressing sensitive topics. Community Service Centres, Youth Centres, and similar spaces should be welcoming, warm, and equipped with accessible structures for people with disabilities.
- ▶ **Continuous capacity building programmes for law enforcement:** Some findings from the study regarding the lack of support and the approach of law enforcement officers toward victims, survivors, and the issue of GBV—including violence against women and domestic violence—require attention, as the police are often the first point of contact for disclosures. Ongoing capacity-building and training initiatives are essential, based on a standardized curriculum that addresses gender inequality, patriarchal structures, and misogyny as root causes of GBV. These programs should cover various forms of GBV, including physical, psychological, sexual, and technology-facilitated violence, as well as SEA. Additionally, they should outline the procedures and protocols guiding work on GBV and violence against women, promote respect, and enhance accountability.
- ▶ **Targeted training for national and local GBV professionals, including members of the multidisciplinary teams:** Some findings indicate that institutional barriers are present when it comes to the disclosure of GBV, including violence against women. At the same time, women's experiences when accessing services and assistance are often highly dependent on the individual providing those services. Therefore, targeted training - based on needs assessments and a comprehensive capacity-building plan - along with well-designed, interactive, and impactful training materials, is essential.

- **Identify areas for the improvement of GBV services, including shelters, counselling, and legal aid, and allocate sustainable funds for their operation:** Women's trust in the quality of services for GBV survivors, including violence against women and SEA, is essential for enabling disclosure. While some services, such as psychological support, are perceived as high-quality, others are difficult to access and navigate. It is essential to assess the quality of these services from multiple perspectives in order to develop strategies for their improvement. This should be done with a survivor-centred approach and a focus on sustainability, including adapting services to meet the needs of different groups, such as through necessary infrastructural improvements.

Please improve counselling and social assistance for women and child victims of abuse and violence. My two sisters and I grew up with our abusive father and we are traumatized [because we did not get support].

ANONYMOUS, ONLINE QUESTIONNAIRE ✓

- **Staff wellbeing and quality of work delivered:** The wellbeing of staff should be a priority in GBV service provision, as burnout and vicarious trauma are common when working with survivors. Efforts should be made to provide staff with support groups, training, and learning opportunities to keep them motivated and equipped to deliver high-quality services to victims and survivors.

When I went to the police to submit the request for a restraining order and to ask for help with the protection order, I waited for someone to come and pick me up to take me inside the building, or to go in and call a police officer. Someone should have carried me in first and then come back for the wheelchair, or there should have been two people to help me. It worked for me because many people in the community know me, and I am not ashamed. But what do other women do?

T., INDIVIDUAL INTERVIEW ✓

I have a pile of paperwork to fill out, instructions upon instructions, requests upon requests to submit reports, data, information etc. The time left to work with the actual beneficiaries is less than 10%, I think.

ANONYMOUS, ONLINE QUESTIONNAIRE ✓

For NGOs

- **Develop sustainable and comprehensive programmes adapted to the needs of different survivors and victims, that encompass prevention and response to GBV, including violence against women and SEA:** These programs should include long-term activities focused on changing behaviours related to gender inequality, promoting respect for women and girls, and providing essential services such as support groups, individual psychological support, and qualified legal assistance for survivors. Additionally, economic and financial support, such as cash or rental assistance, should be offered as part of the response to reduce the risk of women re-entering violent situations. The sustainability of these interventions is closely tied to collaboration with experts from various fields, including lawyers, psychologists, other NGOs, and local authorities, to ensure the provision of quality pro bono or low-cost assistance.
- **Support groups as safe spaces for building trust:** A recognized best practice in the context of Moldova, highlighted by the study's participants, is the use of support groups and community activities for women and girls. These groups should be age-appropriate, with targeted information and methodology. This request was consistently made by participants, particularly in remote and isolated areas where such activities are not conducted, leaving women more isolated and vulnerable to social stigma. Community-led activities are especially encouraged, as they help foster a sense of ownership and promote community accountability around GBV, including violence against women and SEA.
- **Safe Community Spaces:** Establish safe community spaces that offer qualified services and targeted activities, where women can seek support without fear of judgment, reprisal, or breaches of confidentiality.
- **Conduct consistent, targeted and sustainable informational and awareness raising activities** for different groups of women and girls, including those with disabilities, from the Roma community, older women, and from the LGBTIQ+ community. These activities should cover topics such as life skills, body autonomy and rights, violence and harassment, and available support services through institutions and organizations.
- **Women and girls' empowerment community-based activities:** Prevention and educational activities, including life skills development, should be well-prepared and structured. These activities should cover topics such as women's rights, manifestations of gender discrimination, how to access rights, healthy relationships, sexual and reproductive health and rights, maternal health, and GBV and its various forms. According to the women themselves, it is essential for them to understand the responsibilities and duties of local public authorities and law enforcement, as this knowledge helps build their self-confidence.

Since childhood I have been a victim and witness of violence in my family. I would recommend that projects cover different areas and the northern region, and include activities for young people to know that they are not alone. These should be wider and more objective on how to get support.

ANONYMOUS, ONLINE QUESTIONNAIRE ✓

I need to constantly look for funds. There was a period when we did not have resources, and we offered services voluntarily, but people left the team because they could not continue anymore.

ANONYMOUS, DIRECTOR OF NGO ✓

For donors

- ▶ **Provide long-term, sustainable, flexible and core-based funds:** Donors must prioritize funding for long-term support services, with a focus on program quality, and avoid short-term interventions that may be unsustainable or potentially harmful. Funding should be multi-year to ensure continuous service provision and community outreach. It should also be flexible, sufficient, and tailored to meet the evolving needs of organizations and their beneficiaries.
- ▶ **Invest in targeted improvement of quality response services as part of enabling disclosure, and long-term**

empowerment and support for survivors: Counselling in a safe and confidential space is one of the most requested and necessary services, yet it is not consistently available at public facilities such as community mental health centres and schools due to limited institutional capacity and a shortage of specialized professionals. To address this gap and enable the safe disclosure of GBV, including violence against women and SEA, donors must prioritize the development, scaling up, and improvement of targeted and sustainable response services for survivors. This should include shelters and daily centres, with services tailored to meet the specific needs of survivors.

- ▶ **Invest in institutional and NGO capacity strengthening** through a participatory, consultative approach, considering needs and priorities, as well as long-term impact. This should focus on equal and trustful partnerships that will result in quality programming and in well-designed learning opportunities that incorporate different methodologies.
- ▶ **Localize the work on GBV** by meaningfully involving Women-Led Organizations in consultations, design, planning, monitoring and evaluation: Donor support should focus on scaling up the sustainability of funds and increasing overall accountability. International actors should act as facilitators for localization, rather than imposing top-down interventions that undermine and limit the input and control of local actors.

A lot of publicity and projects are made on top of it [violence]. This is not impactful or helpful, and victims can sense this [sensationalism] and walk away.

ANONYMOUS, ONLINE QUESTIONNAIRE ✓

Additional references

- ▶ Brown, Brene. I thought the problem was only with me. The road from what the world will believe to being fine as I am, 2022.
- ▶ Butler, Judith. Gender Trouble: Feminism and the Subversion of Identity, 2006.
- ▶ Bys, Carolyn. [What kind of feminism is behind efforts to address sexual exploitation and abuse?, 2022.](#)
- ▶ [Council of Europe Convention on preventing and combating violence against women and domestic violence \(Istanbul Convention\) and Explanatory Report](#)
- ▶ Institute for Family and Social Initiatives, Good practice guide on providing psychosocial support in working with refugees and host communities, 2023.
- ▶ Institute for Family and Social Initiatives, Methods of psychological intervention for people affected by gender-based violence and domestic violence, 2023.
- ▶ Popovici, Ludmila. The Art of Providing Support. Guide for professionals providing support to victims of gender-based violence, including rehabilitation services, 2022.
- ▶ Women Against Violence Europe (WAVE), [A life free from violence: Primary prevention as the key to eliminating violence against women and girls, 2024.](#)
- ▶ Women Against Violence Europe (WAVE), [WAVE Country Report Factsheet, 2023.](#)

