STUDY

Assessment of the legal framework and protection mechanisms for women with psychosocial and intellectual disabilities who are victims of violence against women and domestic violence in the Republic of Moldova

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ABBREVIATIONS

The Court – European Court of Human Rights
GREVIO – Group of Experts on Action against Violence against Women and Domestic Violence
Istanbul Convention – Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence
UN – United Nations
UN Women – United Nations Entity for Gender Equality and the Empowerment of Women
CRPD – UN Convention on the Rights of Persons with Disabilities
CEDAW – Convention on the Elimination of All Forms of Discrimination against Women
SCM – Superior Council of Magistracy
MIA – Ministry of Internal Affairs
GP – General Prosecutor's Office
MLSP – Ministry of Labour and Social Protection
MH – Ministry of Health
FJC – Family Justice Centre
MDT – Multidisciplinary Team
CMHC – Community Mental Health Centres

EXECUTIVE SUMMARY

The study was conducted by national experts, lawyer Violeta Gașițoi and Dr. Andrei Eșanu, with the participation of key institutions in the Republic of Moldova: the Superior Council of Magistracy (SCM), the Ministry of Internal Affairs (MIA), the General Prosecutor's Office (GP), the Ministry of Labour and Social Protection (MLSP), the Ministry of Health (MH), the Family Justice Centre (FJC), the Equality Council, and the Ombudsperson's Office. The methodology included both in-person and online interviews, as well as questionnaires distributed nationwide, across all relevant agencies and tailored to the targeted professional groups, to gain a comprehensive understanding of the needs for improvement of the legal and institutional framework.

This study analyses the legal framework and the existing protection mechanisms in the Republic of Moldova for women with psychosocial and intellectual disabilities who are victims of violence against women and domestic violence[1]. The term victim is used throughout this report when identifying those experiencing violence and abuse in the context of violence against women and girls. Under no circumstances should this term be understood as implying passivity or as diminishing the agency, resilience, and resistance demonstrated by women and girls when faced with this violence.

The study also assesses the legislation and practice related to the judgments of the European Court of Human Rights (ECHR) (G.M. and Others v. the Republic of Moldova [no. 44394/15] [22 November 2022], I.C. v. The Republic of Moldova [no. 36436/22] [27 February 2025]) concerning the State's failure to establish and effectively apply a system providing protection for women placed in psychiatric institutions. Based on the finding that this group experiences multiple forms of discrimination and marginalisation, the research assesses the extent to which national legislation, public policies, and specialised services respond to the real needs of these women.

The study is conducted within the context of the Republic of Moldova's international commitments, in particular the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (hereinafter, the Istanbul Convention), and the UN Convention on the Rights of Persons with Disabilities (CRPD).

The main findings of the study indicate that:

- National legislation recognises the right to protection against violence, however, it does not clearly or systematically reflect the specific needs of women with psychosocial and intellectual disabilities.
- Access to services (justice, counselling, shelters, psychological and medical assistance) is limited by the lack of tailoring to the specific needs of persons with psychosocial and intellectual disabilities, as well as by communication and attitudinal barriers.
- There is a lack of disaggregated data and targeted research on the prevalence and forms of violence against women with psychosocial and intellectual disabilities in the Republic of Moldova.
- Training for professionals (police officers, judges, prosecutors, social workers, medical staff) in the field of gender equality and the rights of persons with psychosocial and intellectual disabilities is sporadic and insufficiently focused on intersectional approaches.

1. In this study, the term "domestic violence" is used predominantly, as it reflects a broader concept than "family violence", is aligned with international standards (including the Istanbul Convention), while also being legally neutral. However, where reference is made to legal provisions, official acts, or institutions of the Republic of Moldova that use the term "family violence", this designation will be retained. In the context of this study, the two terms are considered, in principle, equivalent, with preference given to "domestic violence" justified by the considerations outlined above.

- The lack of a qualified support person restricts accessible communication, emotional support, and effective access to justice for women with psychosocial and intellectual disabilities – from the reporting stage through investigations and judicial proceedings. In line with Article 56 of the Istanbul Convention and the principles of the CRPD, such support is essential to ensure that victims can effectively participate in proceedings, have their needs and concerns duly considered, and benefit from protective measures, including access to emergency barring and restraining orders[2] where applicable.

2. In the terminology of the Istanbul Convention, Article 52 refers to "emergency barring orders", while Article 53 refers to "restraining or protection orders". In the context of the law of the Republic of Moldova, these correspond, broadly, to the "emergency restraining order" and the "protection order", respectively. Where national mechanisms are concerned, this study retains, as appropriate, the terminology of domestic law.

INTRODUCTION

Violence against women with psychosocial or intellectual disabilities is recognised as an area where victim protection remains insufficient. Data on violence against women and girls with disabilities are very limited, however, available evidence indicates that women and girls with disabilities living in the European Union face a higher risk of violence than those without disabilities.

- Women with disabilities are 2 to 5 times more likely to experience violence than other women.
- 34% of women with a health problem or a disability have experienced physical or sexual violence by a partner during their lifetime (compared to 19% of women without disabilities).
- 61% of women with a health problem or a disability have experienced sexual harassment since the age of 15 (compared to 54% of women without disabilities), European Disability Forum (2024).

The Republic of Moldova has ratified key international human rights conventions aimed at ensuring the protection of the rights of women with psychosocial and intellectual disabilities, notably the United Nation Convention on the Rights of Persons with Disabilities (CRPD) in 2010 and, on 31 January 2022, the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention). These conventions oblige the state to prevent and sanction all forms of violence against women and to guarantee equal access for women with psychosocial and intellectual disabilities to protection and specialised support services. Article 4 of the Istanbul Convention further requires that preventive and protective measures be implemented "without discrimination, including but not limited to sex, gender, disability or age."

At the national level, the Government has established mechanisms for multi-agency cooperation, primarily in relation to domestic violence (e.g. MLSP Order No. 48/2022 on multi-agency cooperation in cases of domestic violence), and for multidisciplinary teams (MDTs) at district level, without adequately addressing other forms of violence against women. Nevertheless, official reports indicate that the practical implementation of these mechanisms remains limited. Existing MDTs receive little specialised training on responding to the needs of victims with disabilities, and the interventions provided by social and protection services are not tailored to the specific communication or accessibility needs of women with psychosocial or intellectual disabilities.

The National Agency for Public Health reports an overall increase in the incidence of mental health conditions among the adult population (the annual incidence reaching 254.9 cases per 100,000 inhabitants in 2023), however, no publicly available statistics specifically indicate how many women with psychosocial and intellectual disabilities live in the Republic of Moldova. Although psychosocial and intellectual disabilities may develop as a consequence of long-term or severe mental health conditions, they constitute a distinct category, reflecting limitations in functioning and participation rather than clinical diagnosis alone. Beyond these general figures, data on women with psychosocial and intellectual disabilities remain fragmentary, and no official statistics exist regarding the number of persons with psychosocial and/or intellectual disabilities living in family settings.

In this context, GREVIO's baseline evaluation report on the Republic of Moldova (2023) confirms several systemic gaps identified in the study:

- State-funded specialist support services for women victims of violence remain underdeveloped, insufficient and frequently inaccessible, with challenges including inadequate geographical coverage, limited awareness of the specific needs of vulnerable groups of women, the unavailability of long-term psychosocial and medical care, shortages of specialists at local level, and ineffective functioning of local multidisciplinary teams.
- Victims of domestic violence are included among the categories requiring additional support for access to the labour market, through measures such as vocational training, internships, and subsidised employment for women with psychosocial and intellectual disabilities and women over the age of 50, however, the number of beneficiaries remains limited, and long-term support services are lacking (para. 125).
- No information is available on training addressing forms of violence other than domestic and sexual violence, and it remains unclear to what extent existing programmes address the gender-specific dimensions of violence and its impact on children (para. 92).

GREVIO therefore urges the authorities to ensure systematic and mandatory initial and in-service training on the prevention and detection of all forms of violence covered by the Istanbul Convention, including training on equality between women and men, victims' needs and rights, and prevention of secondary victimisation (para. 92).

The Moldovan authorities should also ensure the provision of adequate, gender-sensitive specialist support services throughout the country for all forms of violence covered by the Istanbul Convention, while giving due consideration to the needs of women who may be exposed to intersectional discrimination (para. 137). GREVIO further draws attention to the accessibility barriers faced by women with psychosocial and intellectual disabilities in shelters and support services (para. 140).

The relevant authorities also acknowledge the need for more coordinated and adequately resourced cross-sectoral policies to strengthen the response to all forms of violence against women and to ensure accessibility and inclusiveness for women with psychosocial and intellectual disabilities.

Purpose and Objectives

The study aims to assess the legal framework and existing protection mechanisms for women and girls with psychosocial and intellectual disabilities who are victims of violence against women and domestic violence in the Republic of Moldova. The analysis is conducted in relation to the commitments undertaken by the Republic of Moldova under the Istanbul Convention, the CRPD, CEDAW, and relevant ECHR judgments, as well as the requirements of the European Union accession process. The study examined legislative gaps and formulated proposals aimed at harmonising the regulatory framework in line with the concluding observations and recommendations of the CRPD and CEDAW Committees, GREVIO's findings, and recommendations issued by the Committee of the Parties to the Istanbul Convention. The procedures applied by the police, prosecution authorities, courts, local public administration authorities, social services, and medical institutions were analysed with a view to developing recommendations for the multi-agency standardisation of interventions and their tailoring to the specific needs of victims, including through the continuous training of relevant professionals.

The study also evaluates the level of protection provided by residential institutions that house persons with psychosocial and intellectual disabilities and makes recommendations to ensure independent monitoring of these institutions and to strengthen their legal accountability. Furthermore, the study identifies the main obstacles faced by women with psychosocial and intellectual disabilities in accessing justice, including lack of legal capacity, insufficient legal assistance, prejudice, and discriminatory treatment, with a view to developing a set of recommendations to guarantee effective access to justice in line with international standards.

Particular emphasis is placed on the analysis of mechanisms for issuing protection orders, both in situations where the perpetrator is another institutionalised person or an employee of the institution and in cases where the victims live within the community or with their families, and the perpetrator may be either a family member or a person outside the family. Although national legislation provides for protection orders in cases of domestic violence through civil and criminal proceedings, the absence of clear procedural guidance for cases in which the perpetrator is not a family member results in inconsistent implementation. Consequently, protection measures are applied almost exclusively in family-related cases, leaving women with psychosocial and intellectual disabilities without effective protection in non-family contexts. Therefore, improving implementation through clear guidance, operational instructions, and professional training, as strongly encouraged by GREVIO (2023: para 279), is essential to ensuring the effective enforcement of protection orders.

Accordingly, the study identifies solutions aimed at strengthening the implementation framework and ensuring effective access to protection orders for all victims of violence, regardless of their relationship with the perpetrator. Finally, the study analyses international good practices that may be adopted and implemented in the Republic of Moldova, thereby contributing to the strengthening of a coherent, effective protection system, tailored to the needs of women with psychosocial and intellectual disabilities who are victims of violence.

Methodology

The study employs a multidisciplinary approach and combines the following methods:

- **Legislative and documentary analysis:** examination of the regulatory framework and international reports (CEDAW, CRPD, GREVIO), Law No. 45 on preventing and combating domestic violence, legislation on social inclusion, mental health, and criminal justice, with a view to identifying gaps and inconsistencies.
- **Semi-structured interviews** with victims, public institutions, lawyers, judges, prosecutors, police officers, medical professionals, social workers, and human rights experts, in order to assess access to justice and services (state-guaranteed legal aid, specialised shelters, psychological support).
- **In-depth individual interviews** with women and girls with psychosocial and intellectual disabilities, victims of violence, aimed at documenting their experiences in reporting cases, accessing services, and interacting with the authorities' response mechanisms.
- **Questionnaires addressed to professionals:** completed nationwide, with the participation of more than 45 judges, 172 police officers, 36 prosecutors, 187 social workers and 72 medical staff, 12 representatives of local public authorities, in order to identify perceptions and challenges related to the implementation of protection standards.
- **Focus groups and case studies** involving professionals working in victim protection services, residential care, and deinstitutionalisation services, as well as the analysis of criminal and contravention case files examined by court, complaints submitted to the police, and decisions issued by the Equality Council.

Reasonable accommodation measures were employed when appropriate, including the use of accessible language, interviews conducted in safe and familiar environments, and rapid intervention plans designed to prevent emotional distress. The institutions involved included the Police, the Prosecutor's Office, Courts, Social Services, Residential Institutions, the Ministry of Labour and Social Protection, the Ministry of the Internal Affairs, the Superior Council of Magistracy, the Family Justice Centre, the Ombudsperson's Office, and the Ministry of Health.

Chapter 1

Understanding Violence against Women in the Context of Psychosocial and Intellectual Disability

1.1. Definition of Psychosocial and Intellectual Disability

The concept of "disability" has evolved significantly over recent decades, shifting from a strictly medical approach – centred on the individual's impairments – to a human rights-based approach as enshrined in the CRPD. Within this framework, disability is understood as the result of the interaction between an individual's impairments and a wide range of attitudinal, environmental, institutional, and legal barriers that hinder full and effective participation in society.

According to Article 1 of the CRPD, *"persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others."* This wording reflects several key principles underpinning the human rights-based approach to disability. First, the language recognises that disability is an evolving concept shaped by societal attitudes and the accessibility of the surrounding environment. Disability is therefore neither fixed nor merely an inherent characteristic of the individual, rather, it varies according to social contexts and may be reduced – or exacerbated – depending on how society is organised.

Second, disability is not viewed as a medical condition, but as the product of the interaction between an individual's characteristics and obstacles created by discriminatory attitudes, inaccessible services, legal restrictions, or the absence of community-based supports. When such barriers are removed, persons with disabilities are able to participate fully and equally as members of society (United Nations, Dept of Social and Economic Affairs, n.d.).

This conceptual framework is essential for understanding the structural inequalities underlying all forms of violence against women and girls (VAWG) and domestic violence (DV), as also emphasised in the Istanbul Convention. Women with psychosocial and intellectual disabilities frequently face overlapping barriers – ranging from societal stigma to inaccessible services and discriminatory legal frameworks – that increase their risk of victimisation and limit their ability to seek protection, justice, and support.

1.2. Terminological Clarification

This study focuses on women with psychosocial and intellectual disabilities. In academic and professional literature, this group may also be referred to as persons *with mental disabilities*.

Although the term may appear appropriate, it is considered incomplete because it:

- focuses primarily on individual deficits without highlighting the social, institutional and cultural barriers that affect participation and autonomy;
- may reinforce stigma and stereotypes;
- fails to distinguish between distinct types of disability, such as intellectual disability and psychosocial disability;
- does not adequately capture the interaction between an individual's limitations and the social, educational, and legal environment, as recommended by contemporary human rights-based models.

Accordingly, in line with international recommendations (Council of Europe, 2021a, United Nations, 2021), this report uses the terms *psychosocial* and *intellectual disability,* which allow for a more nuanced understanding of functional limitations and the surrounding social and institutional context, while emphasising the capacities, rights, and active participation of individuals concerned.

- **Psychosocial disability** refers to limitations in participation and functioning resulting from the experience of a mental health condition and associated social, institutional, and cultural barriers.
- **Intellectual disability** involves significant limitations in cognitive and adaptive functioning, that manifest before adulthood and affect autonomy and social participation.

Both forms of disability should be understood not merely as individual characteristics, but as the result of the interaction between the person and their social, educational, and legal environment.

1.3. Human Rights-Based Approach

The CRPD establishes a regulatory framework that emphasises equal opportunities, full participation, and non-discrimination. Article 6 particularly highlights the situation of women and girls with disabilities, recognising their increased risk of exposure to violence, abuse, or exploitation.

Similarly, the Istanbul Convention reaffirms the obligation of States to adopt special measures to protect victims in vulnerable situations, including women with psychosocial and intellectual disabilities, as highlighted in Article 4(3).

These instruments create a common foundation that integrates both the gender and disability perspectives, highlighting the need for tailored and individual measures.

1.4. Disability and Violence against Women – An Intersection of Vulnerabilities

In the context of disability and violence against women, structural inequalities intersect and reinforce one other. For instance, women with psychosocial or intellectual disabilities are significantly less likely to access the paid labour market due to discriminatory hiring practices, lack of reasonable accommodation, and limited access to education. As a result, they face higher risks of poverty and economic dependence, are over-represented in unpaid caregiving roles, and remain under-represented in decision-making bodies. This economic and social marginalisation increases their exposure to violence and reduces their ability to seek protection, support, and justice.

Women and girls with psychosocial and intellectual disabilities experience triple discrimination:
- Gender-related, through structural inequalities, stereotypes and forms of violence affecting all women;
- Disability-related, through prejudices concerning their decision-making capacity, lack of access to services, and increased risk of stigma;
- Age-related stereotypes.

International studies indicate that these women are two to three times more likely to experience domestic, sexual, or institutional violence than other women (UN Women). Risk factors include dependence on caregivers, lack of financial autonomy, communication barriers, and their invisibility in official statistics.

1.5. Specific Characteristics of Violence against Women with Psychosocial and Intellectual Disabilities

Violence against this group takes specific forms that may go unnoticed:
- Neglect and lack of access to services – denial of medical treatment, lack of support in educational or social process;
- Institutional and family control – isolation from the community, decisions made on their behalf without consultation, deprivation of autonomy;
- Psychological and economic violence – undermining of self-confidence, prohibition of independent management of financial resources;
- Sexual and physical violence – often unreported, either due to the absence of accessible reporting mechanisms or due to lack of trust in the authorities.

This non-exhaustive list reflects recurring forms of violence identified during discussions with women with psychosocial and intellectual disabilities and with professionals working with victims, conducted by experts in the context of this study (Republic of Moldova, Bălți and Pîrlița regions, September 2025). These findings are consistent with international standards recognising the specific and often hidden forms of violence affecting women with psychosocial and intellectual disabilities (see UN Committee on the Rights of Persons with Disabilities, General Comment No. 3 (2016) on Women and Girls with Disabilities (CRPD/C/GC/3), para. 29–31).

In many cases, victims do not report abuse because they do not recognise the situation as violence, do not know where to seek help, or fear the consequences. Their experiences remain invisible in official data. For women with psychosocial and intellectual disabilities, this invisibility is exacerbated by systemic barriers, including limited or inaccessible support services, for example, information is not available in easy-to-read formats, reporting abuse requires preparation and submissions of complex written documents that many women cannot complete independently, professionals are not trained to communicate appropriately, or women's statements are dismissed as unreliable due to their diagnosis (based on the expert analysis of a documented meeting with women with psychosocial and intellectual disabilities).

Conclusions

The Conceptual analysis confirms that psychosocial and intellectual disabilities cannot be viewed in isolation, but rather in interaction with the social environment and legal or institutional structures. Women living with these disabilities face disproportionate risks of victimisation, generated both by individual factors (communication barriers, dependence on support) and by social factors (stigmatisation, lack of tailored services).

In this context, national and international legal framework requires the development of adequate protection mechanisms to ensure the active participation of women with psychosocial and intellectual disabilities and to guarantee genuine access to justice and support services.

Chapter 2

International Standards Applicable in the Field of Rights of Women with Psychosocial and Intellectual Disabilities

2.1. Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence

The Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence, known as the Istanbul Convention, is the key international instrument for the protection of women against all forms of violence. The Republic of Moldova ratified the Convention on 31 January 2022, and it entered into force in the Republic of Moldova on 1 May 2022.

Article 4(3) of the Istanbul Convention explicitly establishes the relevant legal obligations in relation to women with psychosocial and intellectual disabilities: "The implementation of the provisions of this Convention by Parties, in particular measures to protect the rights of victims, shall be secured without discrimination on any ground such as health status, disability." This means that the protection of victims of violence – including women with psychosocial or intellectual disabilities – cannot be restricted or conditioned by their health status or degree of disability. Women with psychosocial and intellectual disabilities must be guaranteed equal access to all protection measures provided for under the Convention. The Explanatory Report accompanying the Istanbul Convention recognises that women with psychosocial and intellectual disabilities often experience multiple and intersecting forms of discrimination. In this regard, States are required to adopt specific measures – such as reasonable accommodation, accessibility, and procedural support - to eliminate barriers that prevent these women and girls from accessing protection.

Additional guidance is provided by the Council of Europe publication on ensuring the non-discriminatory implementation of measures against women and domestic violence: Article 4(3) is interpreted through an intersectional lens. Although the Convention does not explicitly use the term "intersectional discrimination", the guidance clarifies that its core principles apply to situations where multiple grounds of disadvantage overlap, thereby limiting access to assistance or increasing exposure to violence.

The Istanbul Convention also obliges State Parties to establish a comprehensive system of general and specialist support services for all victims of all forms of violence falling within its scope. These services must be accessible, tailored to individual needs, and able to provide safe accommodation, psychological and medical assistance, legal information, and counselling. Ensuring physical access and appropriate communication for women with psychosocial and intellectual disabilities is an integral component of this obligation.

In its baseline evaluation of the Republic of Moldova, GREVIO (2023: para 145-146) expressed concern that national helplines are not fully accessible, particularly for persons with disabilities, and called for the establishment of a free, 24/7 state-run helpline dedicated to women victims of all forms of violence, operated by qualified and specially trained staff. The following needs were highlighted:

- Emergency shelters tailored both physically and psychologically (Article 23);
- Emergency hotlines and support services that respond to the needs of persons with disabilities (including accessible information, simplified language, and the possibility of rapid intervention);
- Effective protection and prompt response measures in cases of reported acts of violence.

In its Baseline Evaluation Report on the Republic of Moldova, GREVIO identified several systemic gaps affecting the overall implementation of the Convention. Although these findings are not specific to women with psychosocial or intellectual disabilities, they are relevant for understanding the structural barriers

faced by these women when seeking protection and support. The purpose here is not to suggest that GREVIO analysed these issues exclusively through a disability lens, but rather to highlight how broader implementation shortcomings may disproportionately affect women with psychosocial and intellectual disabilities, in line with the Convention's non-discrimination principles and the observations of the CEDAW and CRPD Committees.

Key gaps identified by GREVIO include:

- **Limited access to shelters** – The number of shelters remains insufficient, and many facilities are not adequately tailored to the diverse needs of victims, including women with disabilities or women accompanied by children. GREVIO further noted that state-funded specialist support services remain underdeveloped, insufficient, and often difficult to access due to limited geographical coverage and inadequate consideration of the needs of vulnerable groups (GREVIO, 2023: para 136).
- **Limited specialised shelters** – There are not enough specialised shelters tailored to the needs of girls and women with psychosocial and intellectual disabilities, existing shelters do not provide adequate psychosocial support or necessary accommodations (GREVIO, 2023: para 140).
- **Insufficient coverage and accessibility in rural areas** – Protection services and multidisciplinary teams in remote areas are less accessible and lack qualified personnel, limiting victims' access to timely assistance (para 136).
- **Dependence on international donors** – Many essential services rely predominantly on international donors and short-term project funding, these services require stable and sustainable state funding to ensure continuity of support for all victims. This finding reflects a challenge affecting the overall system rather than a specific group of victims (para. 13-14, 140, 211).

The legal and institutional framework of the Republic of Moldova has undergone several reforms aimed at aligning national standards with the obligations of the Istanbul Convention. Legislative amendments, pilot protection services, and increased institutional attention illustrate progress in this regard. However, implementation gaps persist, and their consequences may be particularly significant for women with psychosocial or intellectual disabilities due to pre-existing barriers related to communication, accessibility, or social integration. This does not imply that such women are inherently victims, but rather acknowledges that shortcomings in accessibility and service provision may increase vulnerability in situations where protection is required.

Although GREVIO's findings apply broadly to all victims of violence against women, specific references to women with psychosocial disabilities appear in the sections evaluating the implementation of the Convention's provision on non-discrimination, shelters, support services, and the prevention of sexual violence. In these sections, GREVIO notes the additional barriers faced by such women and emphasises the importance of ensuring that protection measures and support services are accessible, inclusive, and responsive to women's needs.

2.2. United Nations Convention on the Rights of Persons with Disabilities

The UN Convention on the Rights of Persons with Disabilities (CRPD), ratified by the Republic of Moldova on 21 September 2010 (United Nations, 2006)[3], is a binding international instrument that enshrines the principles of equality, dignity and non-discrimination of persons with disabilities.[4] The Convention highlights the gender dimension of protection, recognising the multiple vulnerabilities of women with disabilities, including those with psychosocial and intellectual disabilities.

In accordance with Article 6, the CRPD recognises the multiple and intersectional discrimination experienced by women with psychosocial and intellectual disabilities and obliges States to take all appropriate measures to ensure "the full development, advancement and empowerment of women for the purpose of guaranteeing them the exercise and enjoyment of the human rights and fundamental freedoms".[5] In the context of violence against women, this requires the explicit inclusion of women with psychosocial and intellectual disabilities in policies and protection mechanisms.

3. UNTC United Nations (2006) Convention on the Rights of Persons with Disabilities. New York: United Nations.
4. https://www.legis.md/cautare/getResults?doc_id=24019&lang=en
5. https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-persons-disabilities

Pursuant to Article 13, the State has an obligation to ensure equal and effective access to justice, which entails:

- **Reasonable procedural accommodations** (e.g. accessible language, psychological support during hearings court protection measures);
- **Training of judicial staff** on how to interact with persons with disabilities;
- **Provision of interpretation services and accessible materials** (CRPD, Art. 13).

Article 16 of the Convention further requires States to take legislative, administrative, and social measures to prevent and combat violence, including violence against women with disabilities. This includes:

- Establishing accessible reporting mechanisms and rapid response services;
- Adapting shelters and support services to the needs of women with disabilities;
- Monitoring residential institutions to prevent involuntary institutionalisation of women in psychiatric facilities, a deficient practice intended to replace specialised protection for victims of violence.

By ratifying the CRPD, the Republic of Moldova has committed itself to aligning its national legislation (e.g. Law No. 60/2012 on the social inclusion of persons with disabilities, Law No. 45/2007 on preventing and combating domestic violence, the Criminal Procedure Code and the Civil Procedure Code) with international standards. However, international evaluations (including the CRPD Committee Concluding Observations of 2017) (CRPD Committee, 2017)) have highlighted that women with disabilities in the Republic of Moldova continue to face barriers in accessing justice and protection services, including the lack of procedural accommodations, accessible support services, and specialised staff training.

2.3 Jurisprudence of the European Court of Human Rights on the Rights of Women with Psychosocial and Intellectual Disabilities

The European Court of Human Rights (the Court) has delivered several relevant judgments highlighting the minimum standards that States must comply with in protecting women with psychosocial and intellectual disabilities against violence, abuse, and discrimination. An analysis of the jurisprudence reveals several key findings and positive obligations for authorities, including the prevention of violence, the effective investigation of cases, and ensuring equal access to justice through procedural accommodations.

G.M. and Others v. the Republic of Moldova (2022)

In this case, three women with intellectual disabilities, institutionalised in the Bălți psychoneurological boarding school, were subjected to forced abortions and contraceptive measures without their free and informed consent. The Court held that such practices constituted inhuman and degrading treatment within the meaning of Article 3 of the ECHR and emphasised that "medical paternalism" could not justify restrictions on reproductive rights. The Court also found a violation of Article 8 (right to private life and personal autonomy) and emphasised the State's obligation to establish mechanisms ensuring free and informed consent, accompanied by effective procedural safeguards.

In the context of the execution of the judgment in G.M. AND OTHERS v. the Republic of Moldova, the Committee of Ministers of the Council of Europe requested the adoption of general measures aimed at preventing the recurrence of such violations. These include strengthening the legislative framework on free and informed consent, establishing effective complaint mechanisms within residential institutions, and training medical and social staff.

More specifically, the authorities of the Republic of Moldova have reported to the Committee of Ministers of the Council of Europe a series of legislative and institutional developments in the execution of the judgment. At the legislative level, the National Mental Health Program 2023-2027 was approved in December 2023, promoting the strengthening of community-based services and the deinstitutionalisation of persons with mental disabilities. In May 2024, the Parliament adopted a new Law on Mental Health and Well-being, drafted with the assistance of the Council of Europe, establishing a system of guarantees for the protection of persons with mental health conditions in accordance with international standards. Of direct relevance to this study are the amendments adopted in July 2024 to Articles 159 and 160 of the Criminal Code, which criminalise abortion and surgical sterilisation performed without the prior, free and informed

consent of the person concerned, while also introducing an aggravating circumstance where such acts are committed against a person in a state of vulnerability due to illness or disability. Furthermore, in January 2025, the Ministry of Health mandated a specialised Commission to amend Order No. 766/2020 on the national standard for safe abortion, aiming at regulating the obtaining of valid, free and prior consent from women with intellectual disabilities. The establishment of a working group of medical and legal experts to develop a template informed consent tailored to the specific needs of these persons is also planned. These legislative developments, although significant, require close monitoring to ensure their effective implementation in practice.

I.C. v. the Republic of Moldova (2025)

The applicant, a woman with an intellectual disability, was removed from an institution and placed with a farming family, where she was exploited through unpaid labour as well as sexual and psychological abuse over a period of five years. The domestic authorities failed to conduct an effective investigation and did not adequately consider her specific vulnerability related to disability and gender. The Court found violations of Article 3 (prohibition of inhuman and degrading treatment), Article 8 (right to respect for private life and human dignity), and Article 14 (prohibition of discrimination on grounds of gender and disability). The Court emphasised the State's positive obligation to identify and assess real and foreseeable risks of exploitation affecting persons with intellectual disabilities and to tailor investigative and judicial procedures to the specific needs of victims with disabilities, including by ensuring their effective participation and protection throughout the proceedings.

In cases J.L. v. Italy (no. 5671/16, §§ 139 –141, 27 May 2021) and C. v. Romania (no. 47358/20, §§ 83–85, 30 August 2022), the Court examined cases involving sexual violence and the authorities' response to particularly vulnerable victims. In both judgments, the Court underlined that States have enhanced positive obligations to ensure that investigations into sexual abuse are conducted with due sensitivity to vulnerability, including by avoiding reliance on stereotypes, ensuring effective participation of the victim, and tailoring procedural approaches so as not to undermine the victim's dignity or credibility.

Taken together with I.C. v. the Republic of Moldova (2025), these cases illustrate a consistent line of the Court's jurisprudence according to which the failure to properly account for a victim's vulnerability – whether arising from disability, gender, dependency, or other factors – may result in violations of Articles 3 and 8 of the Convention and may also raise issues under Article 14 where discriminatory attitudes or stereotypes influence the authorities' response. The Court's approach confirms that formal equality in procedure is insufficient where substantive inequality exists and that procedural accommodations are required to ensure effective protection and access to justice for vulnerable victims.

On the basis of these judgments, read in conjunction with the Court's broader jurisprudence, the following principles emerge with regard to women with psychosocial and intellectual disabilities, who are recognised by the Court as facing heightened vulnerability and therefore requiring enhanced protection by the State:

- Ensuring free and informed consent in all medical decisions;
- Conducting prompt, independent and gender- and disability – sensitive investigations;
- Recognising and addressing multiple and intersectional discrimination based on gender and disability;
- Guaranteeing effective access to justice through appropriate procedural accommodations (such as interpreters, assistants, psychological support);
- Establishing preventive mechanisms aimed at reducing the risk of exploitation and abuse.

V.I. v. the Republic of Moldova (2024)

The Court's judgment dated 26 March 2024, also represents a significant precedent in the field of protecting the rights of persons with intellectual disabilities, particularly in the context of protecting children under state care.

The applicant, a 15-year-old orphan with a mild intellectual disability, was involuntarily placed in a psychiatric hospital, where he was subjected to psychiatric treatment with neuroleptics and tranquillisers without any proven therapeutic need. He was subsequently transferred to an adult ward without adequate

risk assessments and without appropriate protective measures. Furthermore, his specific vulnerabilities, such as age and intellectual disability, were not considered in the decision-making process.

The Court found violations of the following articles of the European Convention on Human Rights:

- **Article 3** (inhuman and degrading treatment): due to involuntary placement and administration of psychiatric treatment without therapeutic necessity.
- **Article 8** (private and family life): in the context of the failure to respect the applicant's right to private life and personal integrity.
- **Article 14** (prohibition of discrimination): in relation to the discriminatory treatment applied based on intellectual disability.
- **Article 13** (right to an effective remedy): in view of the absence of an effective remedy to challenge the involuntary placement and psychiatric treatment.

The Court emphasised the need for the State to adopt general measures aimed at reforming the system of involuntary placement in psychiatric hospitals and psychiatric treatment of persons with intellectual disabilities, particularly children. These measures must address issues of discrimination and include appropriate legal safeguards and mechanisms in this respect.

This judgment highlights the need to revise national legislation on the protection of persons with disabilities. It is essential that the authorities ensure that the fundamental rights of these persons are respected, including the right to protection against inhuman or degrading treatment and the right to an effective remedy in the event of violation of these rights.

Integrated Human Rights Framework: Istanbul Convention, CRPD and ECHR

The protection of women with psychosocial and intellectual disabilities who are victims of violence must be understood within a comprehensive human rights framework that integrates the standards of the Istanbul Convention, CRPD, and the ECHR.

These instruments are mutually reinforcing and, taken together, require States to guarantee equality, accessibility, and effective protection against violence and abuse for all women, regardless of disability.

- The Istanbul Convention establishes State's positive obligations to prevent, investigate, sanction, and provide effective remedies for all forms of violence against women. It calls for non-discriminatory implementation of all measures, including accessibility and reasonable accommodation for women with disabilities. It further obliges States to ensure accessible protection and support services such as shelters and helplines (Articles 4, 5, 23, 24).
- The CRPD strengthens these obligations by guaranteeing the right to freedom from exploitation, violence, and abuse. It further ensures equality and non-discrimination, as well as access to justice on an equal basis with others (Articles 5, 13,16). The CRPD obliges States to ensure accessibility, reasonable accommodation, and supported decision-making, so that women with disabilities can exercise their rights independently.
- The European Convention on Human Rights (ECHR), as interpreted by the European Court of Human Rights, protects the right to life, prohibits inhuman or degrading treatment, guarantees respect for private and family life and prohibits discrimination (Council of Europe, 1950: Articles 2, 3, 8, 14). The Court's jurisprudence confirms that States have positive obligations to protect individuals from domestic violence and violence against women, including persons in situations of heightened vulnerability.

Taken together, these three instruments form a coherent and mutually reinforcing framework based on the principle of non-discrimination. They require the Republic of Moldova to adopt inclusive laws, accessible services, and coordinated institutional responses that respect and protect the dignity, autonomy, and safety of all women, including women with psychosocial and intellectual disabilities, without discrimination on any ground.

This integrated approach provides the basis for the following recommendations, which aim to operationalise these obligations within the legal and institutional framework of the Republic of Moldova.

Recommendations

Based on an analysis of the relevant international framework – the Istanbul Convention (CETS No. 210), the CRPD and the GREVIO baseline evaluation report on the Republic of Moldova, as well as the jurisprudence of the European Court of Human Rights (e.g., *G.M. and Others v. the Republic of Moldova, V.I. v. the Republic of Moldova, I.C. v. the Republic of Moldova*) – the following recommendations are formulated for the protection of women with psychosocial and intellectual disabilities who are victims of violence:

- The Ministry of Labour and Social Protection should ensure that women with psychosocial and intellectual disabilities have effective and non-discriminatory access to emergency shelters, helplines, psychological counselling, and specialised legal assistance. Services should be tailored to the specific needs of this rights-holding group, including through physical accessibility and accessible communication, including the use of clear and simplified language, in accordance with the principle of non-discrimination set out in Article 4 of the Istanbul Convention and Article 6 of the CRPD.
- The Government and the Ministry of Labour and Social Protection should ensure the sustainable financing of such services through dedicated State budget lines and through contracting accredited NGOs and local service providers with the necessary expertise.
- Local public authorities should guarantee equal territorial coverage based on minimum national minimum service standards and should not exercise excessive discretion in determining funding levels, to prevent regional disparities.
- The Ministry of Internal Affairs, Ministry of Justice, and the Superior Council of Magistracy should improve procedures so that they respond to the needs of women with psychosocial and intellectual disabilities. Such improvements include the presence of a psychologist or support person during investigations and proceedings, as well as the provision of information in formats adapted to the person's level of understanding and perception. This obligation derives from Article 13 of the CRPD (access to justice) and Article 56 of the Istanbul Convention (protection of victims during investigations and judicial proceedings).
- All relevant national institutions should ensure that legal, medical, and social care professionals receive continuous and mandatory training to ensure that services are gender- and disability-responsive, in line with GREVIO's findings. Existing national training programs for law enforcement, health, and social care professionals should be reviewed and updated to include components on working with victims with psychosocial and intellectual disabilities and to promote non-stereotyped, gender-sensitive and inclusive interventions.
- The Ministry of Internal Affairs should ensure that investigations into cases of violence against women with psychosocial and intellectual disabilities are conducted in a prompt, independent, thorough, and effective manner, explicitly considering the impact of multiple and intersectional discrimination based on gender and disability.
- In accordance with the European Court of Homan Rights' jurisprudence (in particular *G.M. and Others v. the Republic of Moldova, V.I. v. the Republic of Moldova, I.C. v. the Republic of Moldova*) and considering the measures requested by the Committee of Ministers in its supervision of the execution of the judgment in *G.M and Others v, the Republic of Moldova*, the Prosecutor General's Office and prosecuting authorities should:
  - Ensure that criminal investigations are tailored to the specific vulnerabilities of women with psychosocial and intellectual disabilities, providing accessible communication and procedural accommodations that enable effective participation throughout proceedings.
  - Guarantee that allegations of sexual violence, exploitation or forced medical interventions are investigated as distinct offences when women with psychosocial and intellectual disabilities are the victims.
  - Provide mandatory, specialised training for law enforcement officers and prosecutors on violence against women with psychosocial and intellectual disabilities, the nature of informed consent, and the impacts of intersectional discrimination, as encouraged by the Committee of Ministers, CM/Rec (2007)17.
  - Ensure effective oversight and accountability mechanisms, including accessible complaint procedures and reporting obligations in line with the general measures requested by the Committee of Ministers to prevent similar violations in institutional and care settings. This recommendation is consistent with the supervision of the execution of the above-mentioned judgments, that called on authorities to adopt effective general measures to strengthen investigations, introduce safeguards for free and informed consent, prevent discriminatory practices, ensure accessible complaint

mechanisms, and provide specialised training for relevant professionals (Council of Europe, 2024).

- The Superior Council of Magistracy and the Ministry of Justice should fulfil their positive obligation to protect vulnerable persons and ensure equal access to justice.
- The Ministry of Internal Affairs, the Prosecutor General's Office, the Superior Council of Magistracy, and the Ministry of Justice should coordinate their efforts to ensure accessible proceedings, supported decision-making mechanisms, and tailored procedural safeguards.
- The responsible ministries should align national legislation with international standards on the protection of women with disabilities, including psychosocial and intellectual disabilities, against violence, by introducing explicit provisions on the prevention of degrading treatment and the guarantee of access to effective remedies (Art. 13 CRPD, Art. 20–28 of the Istanbul Convention).
- The National Agency for the Prevention and Combating Violence Against Women and Domestic Violence should regularly collect disaggregated data, including on women with psychosocial and intellectual disabilities who are victims of violence against women and domestic violence, and should monitor actions taken by responsible institutions to ensure adequate prevention, protection, sanction, and policy development measures, in line with the Istanbul Convention and other international standards.

Chapter 3

National Framework for the Protection of Women with Psychosocial and Intellectual Disabilities

In the Republic of Moldova, the regulatory framework for the protection of victims of violence contains general legal instruments whose application in respect of women with psychosocial and intellectual disabilities remains fragmented and insufficiently tailored. An analysis of domestic legislation and of practitioners' perceptions (judges, prosecutors, police officers, medical staff, social workers, representatives of local public authorities, etc.) reveals significant gaps and areas for improvement.

In this context, the analysis of the regulatory and institutional framework must also be conducted in light of the obligations arising from the execution of the judgment in *G.M. and Others v. the Republic of Moldova*, under the supervision of the Committee of Ministers of the Council of Europe, which require the State not only to adopt legislative reforms, but also to ensure the effective functioning of protection mechanisms for women with psychosocial and intellectual disabilities.

3.1. Legal Framework and Enforcement of Regulations on the Protection of Women with Psychosocial and Intellectual Disabilities

The national legal framework provides a general system for the protection of victims of domestic violence, including persons with psychosocial and intellectual disabilities. In addition, the Republic of Moldova has taken important steps towards the recognition and criminalisation of domestic violence, as well as the strengthening of mechanisms for the protection of the rights of persons with disabilities.

In the context of the execution of the judgment in *G.M. and Others v. the Republic of Moldova*, the authorities have reported that pregnant women with intellectual disabilities benefit from prenatal care in public healthcare institutions in accordance with national clinical protocols, are registered with a family doctor and accompanied to medical consultations when necessary, and that any medical procedures related to contraception, sterilisation or abortion are performed exclusively on the basis of the informed consent, documented in accordance with Law No. 263/2005 on the rights and responsibilities of patients. In addition, pursuant to Order of the Ministry of Health No. 555/2020, institutionalised persons with disabilities of reproductive age benefit from free contraception. However, this study finds that these formal guarantees are not consistently implemented in practice and that women with psychosocial and intellectual disabilities continue to face significant barriers in exercising their reproductive autonomy and in accessing accessible information on their rights.

Law No. 45/2007 on preventing and combating domestic violence establishes the general principles for combating domestic violence and regulates protection mechanisms such as protection orders and the removal of the aggressor from the shared dwelling. The introduction of protection orders and emergency restraining orders represents a vital instrument for immediate intervention and the protection of the victim from the aggressor. This law remains the cornerstone of the legislative framework on domestic violence in the Republic of Moldova.

The law defines domestic violence, establishes protection measures such as emergency restraining orders, sets out the responsibilities of the competent authorities, and emphasises the need for support services. A positive aspect is the inclusion of all forms of violence (physical, sexual, psychological, economic, and spiritual), which is crucial for understanding the complexity of abuse. However, the law does not contain specific provisions for victims with psychosocial or intellectual disabilities. The lack of clear rules on the procedural accommodation of judicial processes or on ensuring access to support services for persons with disabilities limits the effectiveness of protection. No special measures exist to make protection orders accessible (simplified forms, easy-to-understand language, translators, or the presence of a psychologist).

Although Law No. 45/2007 obliges authorities to collect statistical data disaggregated by sex and age, this obligation remains insufficient. GREVIO (2023) urges the authorities to go beyond these limited categories and to establish a harmonised case-management system enabling cases to be tracked throughout the criminal process – from reporting to conviction – disaggregated by sex and age of both victim and the perpetrator, type of offence, relationship between victim and the perpetrator, and geographical location. GREVIO also highlights the need to disaggregate data according to other relevant factors, including disability, to ensure that the specific situations of women with psychosocial and intellectual disabilities become visible in statistics and policymaking.

This approach is further supported by the Explanatory Report to the Istanbul Convention, which states that, although Parties are free to determine the categories of data collected, at a minimum, recorded data on victims and perpetrators should be disaggregated by sex, age, type of violence, relationship between the perpetrator and the victim, geographical location, and other factors deemed relevant – such as disability (para. 76). Taken together, these provisions underline the importance of collecting comprehensive and comparable data reflecting the intersection between gender and disability in cases of violence.

Despite the existence of general procedural protections, no provisions exist regulating criminal justice procedures, such as adapted hearings, aimed at ensuring equal access to justice for victims with psychosocial or intellectual disabilities. The Criminal Code and the Criminal Procedure Code contain mechanisms enabling intervention and protective measures by the authorities, however, the legal framework fails to specify appropriate procedural accommodations designed to meet the needs of women with psychosocial and intellectual disabilities.

This gap is further confirmed by international monitoring bodies. In its Baseline Evaluation Report on the Republic of Moldova, GREVIO notes that "the victim's vulnerability linked to disability" is already recognised as an aggravating circumstance under national legislation (2023: para. 220-222). However, GREVIO stresses that these aggravating circumstances are not systematically reflected in practice, particularly in cases involving women with psychosocial and intellectual disabilities, due to limited awareness, inconsistent interpretation, and the absence of procedural guidance for practitioners.

A review of national legislation further indicates that not all offences relating to violence against women explicitly include disability as an aggravating factor, which may result in inconsistent application by prosecutors and judges and weaken legal certainty for victims. Additionally, Article 78[1] of the Contravention Code provides exclusively for punitive sanctions – namely unpaid community service or contravention arrest, which, under Moldovan law, constitutes a form of short-term administrative deprivation of liberty (ranging from 7 to 15 days), distinct from criminal imprisonment – without allowing for the simultaneous issuance of a protection order. As a result, victims are required to initiate separate civil proceedings to obtain a protection order, creating an additional procedural burden that disproportionately affects women with psychosocial or intellectual disabilities, particularly where information is inaccessible or procedural accommodation is not provided.

This deficiency is illustrated by documented cases in which the aggressor was sanctioned under the Contravention Code, while the victim – a woman with psychosocial and intellectual disabilities – did not obtain a protection order because she had not been informed of her right to request such a measure and had not been provided with any procedural accommodation.

An "adapted hearing" refers to a judicial procedure tailored to the needs of a vulnerable witness or victim, enabling them to participate safely and effectively. This may include conducting the hearing via video conference or from a separate room without the aggressor's presence, the use of simplified or plain language, ensuring the presence of a psychologist, support person or interpreter, and employing non-intimidating interviewing techniques aimed at reducing trauma and enhancing understanding.

Although Article 110 of the Criminal Procedure Code (Republic of Moldova, 2003, Law No. 122-XV) allows for the protected hearing of witnesses, it does not explicitly refer to disability as a criterion for such protection. Similarly, the representation of "incapacitated persons" by a guardian or curator focuses primarily on procedural capacity rather than accessibility or communication support (Republic of Moldova, 2003). Furthermore, there are no clear regulations governing adapted hearings for vulnerable victims. The lack

of explicit provisions on procedural accommodations in judicial proceedings or access to tailored support services limits the effectiveness of protection.

The Contravention Code (Law No 218-XVI of 28 October 2008) offers only limited safeguards. Article 38(6) prohibits the application of contravention arrest to persons with severe and pronounced disabilities (Republic of Moldova, 2008). Article 312[1] establishes sanctions against authorities that fail to provide sign language interpretation for persons with hearing impairments. However, there is no explicit obligation to adapt procedures for victims with intellectual or psychosocial disabilities when examining cases in misdemeanour proceedings.

Law No. 60/2012 on the social inclusion of persons with disabilities enshrines the human rights in line with the principles of the CRPD. The Convention guarantees rights such as accessibility, reasonable accommodation, non-discrimination, participation in decision-making, and the right to sign language interpretation or simplified language to ensure effective communication with public institutions.

However, the law does not specifically address or regulate the situation of victims with psychosocial or intellectual disabilities who are subjected to violence against women or domestic violence. It does not establish mechanisms for cooperation between disability-related services and domestic violence protection systems, thereby creating a gap between the general provisions on social inclusion and the concrete protection measures required under Law No.45/2007 and the Istanbul Convention.

In conclusion, the legal framework of the Republic of Moldova provides a general basis for combating violence against women and domestic violence and for protecting persons with disabilities, however, the framework does not yet ensure equal access to justice or effective protection for women with psychosocial and intellectual disabilities. The absence of procedural accommodations, disability-disaggregated data collection, and integrated co-ordination mechanisms significantly limits the system's capacity to provide comprehensive protection.

3.2 Practice and Perceptions of Professionals

An analysis of questionnaires completed by 45 judges indicates that 31 judges (70%) had not received dedicated training on working with victims with disabilities, while only 14 judges (30%) confirmed the existence of specialised court-level protocols or procedures. The main difficulties reported include: the lack of psychological expertise where required, the absence of an operational national database, the reactive nature of institutional interventions, the insufficiency of specialised support centres, and the lack of correlation between the sanctions framework and the seriousness of offences committed. Judges recommended strengthening the protection of persons with disabilities who are victims of violence by increasing penalties, ensuring that court proceedings accommodate their specific needs through the support of a psychologist, and explicitly granting courts the authority to issue protection orders even in contravention cases.

At present, the absence of regulation in cases where the aggressor is sanctioned under contravention law results in procedural uncertainty and delays in protection. Improved regulation would ensure immediate and comprehensive protection, including in contravention cases that frequently involve repeated or escalating patterns of domestic violence.

Judges also highlighted a fundamental concern regarding the way Moldovan legislation and practice address the legal capacity of persons with psychosocial and intellectual disabilities. The current system, even following partial reforms, continues to limit or restrict legal capacity, relying on a "substituted decision-making" model rather than the "supported decision-making" approach required under the CRPD. This has serious consequences, leaving women with psychological and intellectual disabilities without control over their own lives and decisions, including the ability to report abuse or seek protection. Furthermore, the current legislation does not clearly require that information on rights and protection procedures be provided in accessible formats tailored to the cognitive needs of these victims (e.g. simplified language, alternative formats, visual support).

Judges further noted that, although the legal framework formally recognises the rights of persons with disabilities to equal access to justice, Moldovan legislation and practice continue to view persons with

psychosocial and intellectual disabilities primarily through the prism of disabilities rather than through a human rights perspective. This approach is inconsistent with the CRPD, which requires States to treat persons with disabilities as rights-holders rather than passive beneficiaries of protection. The absence of accessible information and procedures, together with insufficient staff training, hinders the effective exercise of rights. Consequently, the adaptation of the legal framework to specific needs remains only partial, and a transition towards a human rights-based model is necessary to guarantee autonomy and individualised support.

Some judges have stated that protection orders are an important legal instrument, but their effectiveness for victims with psychosocial and intellectual disabilities is significantly diminished. The enforcement process is difficult due to communication barriers, the lack of accessible procedures, and the absence of specialised legal or psychological support. Even after issuance, the implementation and monitoring of protection orders remain problematic: Victims may encounter difficulties in understanding the conditions or in reporting violations, while dependence on the aggressor and social isolation increase the risk of non-enforcement. The Chișinău Court, Central Office, for instance, issued 511 protection orders in 2024 and 367 in 2025, however, there is no clear evidence indicating how many of these cases involved victims with psychosocial or intellectual disabilities. The lack of such data renders this category of victims invisible and highlights the fact that women may not seek protection due to barriers in access and support.

In the absence of adapted support services – accessible shelters, specialised counselling, and support for independent living – a protection order risks remaining merely a formal document without practical effectiveness. Ensuring real protection requires the integration of protection orders into a holistic safety plan, supported by cooperation between courts, police and social services. GREVIO's findings in paragraph 140 emphasise that "Shelters must be sufficiently equipped to accommodate women with different needs and that priority should be given to expanding specialised shelters for women victims of violence, rather than adapting generalist structures." In order to ensure compliance with Article 19 of the CRPD (right to independent living and inclusion in the community), this should focus on adapting mainstream protection services through reasonable accommodation and specialised support, rather than creation of separate or segregated institutions.

Respondent judges concluded that existing support services are insufficient. The lack of specialists capable of adapting communication to the victim's cognitive level renders legal language inaccessible. Psychological services are limited and rarely tailored to the needs of victims with psychosocial and intellectual disabilities, particularly in rural areas. The small number of social workers, combined with high workloads and insufficient training to manage complex cases of domestic violence, constitutes a major obstacle. As a results, victims report fewer cases, face difficulties in presenting evidence, experience institutional re-victimisation, and perpetrators often remain unpunished. Without integrated and specialised services, participation in judicial proceedings remains formal rather than effective.

Judges recommended expanding effective practices such as:

- Hearing victims in separate rooms, with psychological support
- Intervention by local multidisciplinary teams
- Continuous training of judges and prosecutors on the rights of persons with psychosocial and intellectual disabilities
- Use of video testimony
- Cooperation between courts and relevant NGOs

In conclusion, the existing legislative framework remains insufficient, an integrated approach is required, combining legislative reforms, specialised services, and continuous professional training in order to ensure real protection and support for victims with psychosocial or intellectual disabilities.

The findings also highlight the urgent need for systematic and specialised training for all professionals involved in the prevention of and response to violence against women. Such training should cover all forms of violence against women, with particular attention to the specific needs of women with psychosocial and intellectual disabilities. This includes the prevention and detection of physical, psychological, sexual, and economic violence, as well as technology-facilitated violence, which remains insufficiently regulated in the Republic of Moldova.

Training programmes should also address gender equality between women and men, the prevention of secondary victimisation, and the rights and needs of women with psychosocial and intellectual disabilities, focusing on accessibility, adapted communication, supported decision-making, and procedural support. Where possible, multi-agency training programmes should be developed, bringing together professionals from the justice system, law-enforcement bodies, health services and social services, to strengthen cooperation and promote sustainable systemic change.

Regarding the analysis of the 36 questionnaires completed by prosecutors, 32 respondents 90% reported having received no dedicated training, and two-thirds of respondents were unaware of the functioning of multidisciplinary teams (MDTs). This reflects a structural deficit in the justice system and confirms the need for systematic training, specialised centres, and clear protocols for multi-agency cooperation. Prosecutors also encounter difficulties in obtaining evidence and report a lack of coordination between authorities.

Of the 172 questionnaires distributed to police officers, 146 (85%) were returned and analysed. The responses indicate that:

- 45 officers (31%) are familiar with the legislation
- 90 officers (52%) are only partially familiar
- 108 officers (62%) indicated that there are no adapted services (shelters, centres for such categories of victims)
- 90 officers (52%) consider that women with psychosocial and intellectual disabilities do not have real access to justice
- 108 officers (62%) stated that victims are not involved in decision-making process when a multidisciplinary team (MDT) examines their case.

The main obstacles identified include the lack of human resources, unclear procedures, and the absence of accessible infrastructure. In conclusion, although the Article 56 of the Istanbul Convention obliges States to ensure protection measures for victims, the Republic of Moldova has not yet aligned the Criminal Procedure Code or Law No. 45/2007 with these obligations. Under the CRPD, Article 13 guarantees equal access to justice and reasonable accommodation. In the Republic of Moldova, accommodations remain limited to interpreters for persons with hearing impairments, with no provisions for simplified language, psychologists, or alternative court proceedings for victims with psychosocial or intellectual disabilities.

3.3 Recommendations

The following legislative amendments should be considered by the competent authorities:

- The Parliament of the Republic of Moldova, upon the proposal of the Ministry of Justice, in cooperation with the Ministry of Labor and Social Protection and the judicial authorities, should take all necessary measures, including legislative amendments, to ensure effective access to justice for women with psychosocial and intellectual disabilities, in line with Article 13 of the CRPD and Articles 49–56 of the Istanbul Convention. This includes introducing into Law No. 45/2007 a clear obligation to provide procedural accommodations and defining measures, such as simplified language, accessible information, psychological support, and alternative participation methods (e.g., remote hearings).
- The Ministry of Justice, in cooperation with the Parliament, the General Prosecutor's Office, and the General Police Inspectorate, should amend the Criminal Code and the Contravention Code to ensure effective protection of women with psychosocial and intellectual disabilities. Specifically, the following measures are recommended:
  - The Ministry of Justice, together with Parliament, should ensure that disability-based vulnerability is explicitly included as an aggravating circumstance in all offences relating to violence against women, to ensure more consistent application by prosecutors and judges.
  - The Ministry of Justice should amend the Contravention Code to allow the competent authority (police or court) to issue, as appropriate, an emergency restraining order or a protection order simultaneously with the contravention sanction, in line with Articles 45 and 52 of the Istanbul Convention and Article 13 of the CRPD.
  - The Ministry of Justice should harmonise aggravating circumstances across all offences involving violence against women, explicitly recognising the victim's disability-related vulnerability. It should also introduce procedural safeguards to ensure that victims with psychosocial and intellectual disabilities are informed of their rights and supported in accessing protection measures.

- The National Authorities should take all necessary measures, including legislative amendments, to ensure the effective access to justice for women with psychosocial and intellectual disabilities, including through amendments to the Criminal Procedure Code and the Contravention Code. Such measures should include hearings conducted through alternative methods, the use of simplified language, the mandatory presence of a psychologist, the pre-recording of testimony, and hearings held in separate rooms where direct confrontation with the aggressor may cause distress or re-traumatisation. Although GREVIO has not specifically called for amendments to the Criminal Procedure Code or Contravention Code, such measures are consistent with the obligations set out in the CRPD, Article 13), and Istanbul Convention, Articles 18 and 56, which require States to ensure access to justice through appropriate procedural accommodations.
- The National Agency for the Prevention and Combating Violence Against Women and Domestic Violence should develop a comprehensive national data collection system to ensure that cases of violence against women with psychosocial and intellectual disabilities are accurately recorded and monitored.
- The Ministry of Labour and Social Protection should ensure that existing shelters and crisis centres are adequately equipped and accessible to respond to the specific needs of women with psychosocial and intellectual disabilities, including physical accessibility (GREVIO, 2023: para 140).

Professional training should be provided in the following areas:

- Relevant central and local competent authorities should revise and strengthen existing initial and in-service training programmes for judges, prosecutors, police officers, court clerks, social workers, and medical staff to ensure that such training is systematic, mandatory, and multidisciplinary, promoting multi-agency cooperation and a victim-centred approach. Although GREVIO's baseline report (2023: para. 92) refers broadly to training on violence against women and domestic violence, the report does not specifically address disability. This addition ensures the inclusion of a disability component within existing training structures, consistent with international best practices.
- Training on accessible communication and trauma-sensitive procedures.

Recommendations for improving accessibility and participation include:

- Adaptation of court and police infrastructure (ramps, signage, simplified forms drafted in plain language).
- Involvement of women with psychosocial and intellectual disabilities and their representative organisations in multidisciplinary teams.

In conclusion, the analysis of the questionnaires indicates that, in the Republic of Moldova, access to justice for women with psychosocial and intellectual disabilities who are victims of violence against women and domestic violence remains largely formal rather than effective. While the legal framework provides protection mechanisms, their practical implementation is hindered by insufficient training, the absence of uniform protocols, limited data, weak multi-agency cooperation, and restricted access to timely specialised support. Addressing these shortcomings requires targeted training for judges, police officers, and prosecutors, the development of harmonised procedures, the creation of a national database, improved access to specialised expertise, and strengthened cooperation with social services and civil society.

Chapter 4

Multi-agency cooperation

4.1. Functioning of Multidisciplinary Teams

In the Republic of Moldova, multidisciplinary teams (MDTs) are provided under national legislation, namely Law No. 45-XVI of 1 March 2007 on preventing and combating violence against women and domestic violence, as local instruments for coordinated intervention. In June 2022, through a joint order of the relevant ministries (the Ministry of Labour and Social Protection, the Ministry of Internal Affairs, and the Ministry of Justice), and the National Legal Aid Council, an Instruction on the multi-agency cooperation mechanism in cases of domestic violence was adopted. This instruction introduces clear principles and procedures for multi-agency cooperation, as well as operational responsibilities and monitoring requirements.

The results of the questionnaires administered nationwide reveal a mixed picture regarding the functioning of MDTs. Overall, most respondents described MDTs as "functional" or "highly functional", however, this positive assessment often reflects the personal commitment of team members rather than the existence of standardised and uniform procedures. The questionnaires, designed as part of this assessment, were distributed to professionals involved in MDT interventions in cases of domestic violence, including social workers, police, community medical personnel, and representatives of local public authorities. Respondents were asked to evaluate the structure, coordination, frequency of meetings, information-sharing practices, and overall effectiveness of MDTs in their locality. Their responses provide valuable insights into the operational variability of MDTs across the Republic of Moldova.

Thus, many teams are activated only "when necessary" or in particularly serious cases of violence, indicating a reactive rather than preventive approach to multi-agency cooperation. In other communities, MDTs are perceived as poorly functional, and several respondents who had only recently assumed their positions reported being unaware of the team's activities. These differences confirm that, in the absence of harmonised regulation and national monitoring, the functioning of MDTs remains highly dependent on the local context and the resources available.

4.2 Multi-Agency Cooperation

When asked about the way the police, social services, and the health sector cooperate, respondents (representatives of multidisciplinary teams) generally reported constructive cooperation based on mutual respect. The respondents who completed the national questionnaire were members of local multidisciplinary teams and representatives of local public authorities involved in the response to domestic violence. However, a comparative analysis of the responses - specifically comparing the way respondents rated coordination, the use of joint procedures, communication practices and the consistency of institutional involvement across different questionnaire items - demonstrates that such cooperation remains fragmented.

The national regulatory framework contains clear cooperation procedures (the Instruction on the multi-agency cooperation mechanism approved in June 2022). Nevertheless, the questionnaires results indicate that their implementation at local level is uneven. Half of the respondents stated that each institution continues to use its own instrument without any real coordination, while cooperation only takes place on an ad hoc basis, depending on the urgency of the case or the availability of resources. Out of a total of 171 respondents, 61 confirmed that there are clear joint procedures within their community facilitating integrated intervention. A small number (4 respondents) indicated that institutions operate separately, without any coordination mechanism. This finding aligns with paragraphs 25 and 26 of GREVIO's 2023 baseline evaluation report on the Republic of Moldova, which highlight the need for a comprehensive and better co-ordinated policy framework on preventing and combating all forms of violence covered by the Istanbul Convention, as well as the need to harmonise and monitor the work of multidisciplinary teams at all levels of public administration. In order to achieve this, the Ministry of Labour and Social Protection, together with the National Agency for the Prevention and Combating Violence against Women

and Domestic Violence, should introduce coordinated measures to harmonise and monitor the work of multidisciplinary teams in preventing and combating domestic violence and violence against women, supported by adequate funding and comprehensive training for all relevant professionals.

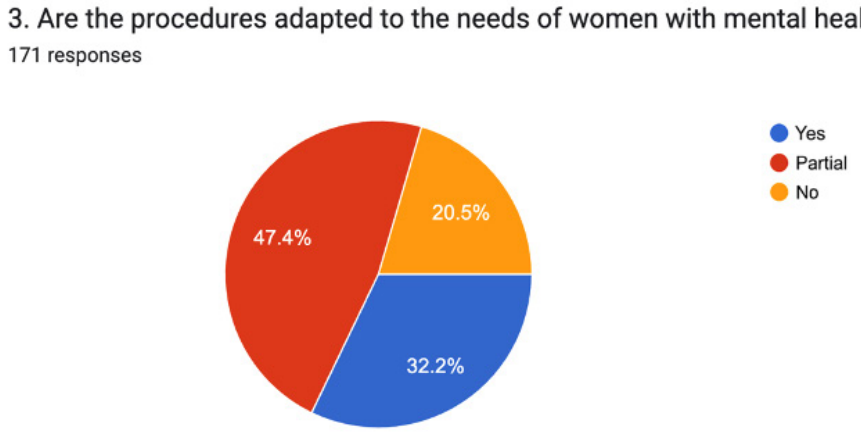
4.3 Tailoring Procedures to the Needs of Women with Psychosocial and Intellectual Disabilities

The question regarding the tailoring of procedures to the needs of women with psychosocial and intellectual disabilities generated responses relevant to the assessment of the level of inclusion within MDTs. Only 55 respondents out of 171 MDT members reported that procedures were fully tailored, while 81 indicated that they are only "partially" tailored, and 35 stated that they were not tailored at all. (See Figure 4-1 below).

These findings confirm the perceptions expressed by judges and prosecutors during the interviews conducted as part of the study: simplified forms, tailored hearings, and the mandatory presence of a psychologist during discussions with victims with psychosocial or intellectual disabilities are lacking. The explanations provided by respondents indicate that, in some cases, victims receive support from their family doctor or a psychologist, however, in most communities, there is no standardised practice.

Furthermore, some local representatives stated that they had not encountered such cases, highlighting the limited visibility of women with psychosocial and intellectual disabilities within protection mechanisms and the absence of instruments for proactive identification of victims.

Figure 4-1



4.4 Obstacles to the Implementation of Referral and Protection Mechanisms

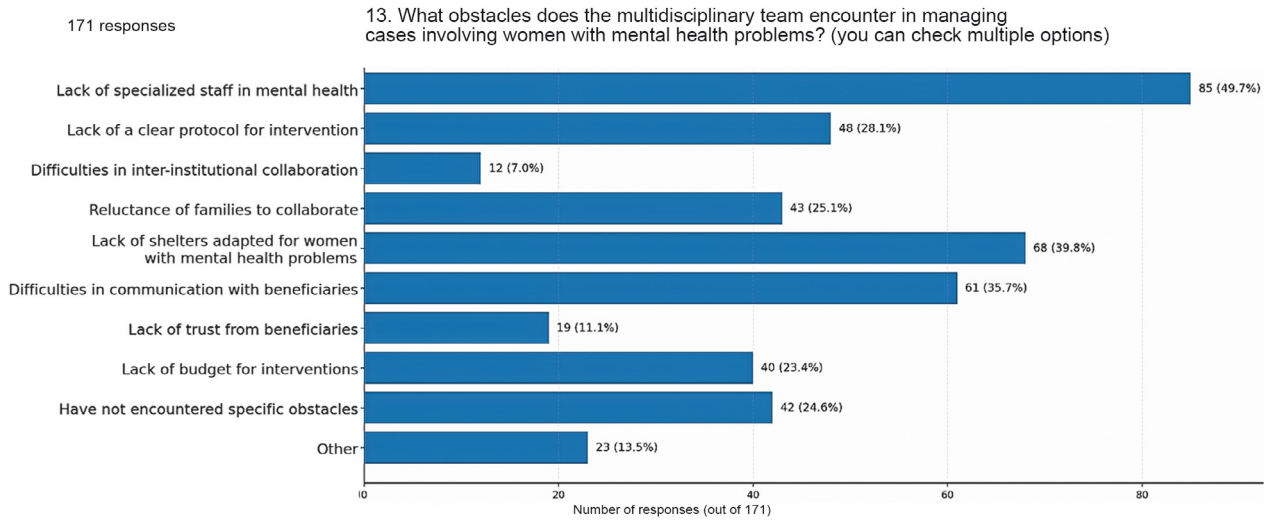
Respondents described a wide range of obstacles they encountered. Among the most frequently mentioned were:

- The lack of mental health specialists within the MDTs
- The absence of a clear intervention protocol in cases involving women with psychosocial and intellectual disabilities
- The limited number of shelters able of providing appropriate and accessible services for women with disabilities, while services for women with psychosocial and intellectual disabilities remain largely inaccessible
- Difficulties in communicating with women with psychosocial and intellectual disabilities who are victims of violence against women and domestic violence, due to the lack of accessible materials and the absence of training in simplified and easy-to-understand communication methods

Although a relatively large number of respondents stated that they "had not encountered any obstacles", an analysis of the explanatory responses demonstrates that this apparent absence of obstacles is attributable more to the lack of reported cases than to the existence of effective mechanisms. Accordingly, the absence of complaints should not be equated with the effectiveness of the mechanism. (See Figure 4-2 below).

Existing support mechanisms include two toll-free helplines of direct relevance to women with psychosocial and intellectual disabilities who are victims of violence: the toll-free helpline for Women and Girls (080088008) and the toll-free helpline for Persons with Disabilities – Hotline (080010808), operated by the Keystone Moldova under a contract with the Ministry of Labor and Social Protection. According to data reported by the authorities to the Committee of Ministers for the period October–December 2024, the Hotline 080010808 received 1,403 calls, mostly originating from the community (82%), of which 11% reported rights violations, identifying 65 specific cases. In addition, in March 2024, the Agency issued an order requiring all subordinate public institutions to report to the Ombudsperson's Office, within 48 hours, any case of ill-treatment, violence, abuse, bodily harm or sexual violence. Although these mechanisms represent positive steps, the study finds that their accessibility and effectiveness for women with psychosocial and intellectual disabilities remain limited, especially in the absence of communication accommodations and staff with specialised training on violence against women.

Figure 4-2



4.5 Data Collection and Monitoring

One issue highlighted by the responses is the absence of prevalence and monitoring data. Out of the 171 respondents, 110 (64%) stated that no data exist on cases of violence against women with psychosocial and intellectual disabilities. Only 39 respondents reported that such data are available, while 22 explicitly stated that "such data are not collected."

This situation makes it impossible to accurately assess the prevalence of the phenomenon and keeps women with psychosocial and intellectual disabilities within the sphere of institutional invisibility. The lack of an integrated national database containing information on reported cases constitutes a major barrier to service planning and to ensuring accountability of the institutions involved.

Despite the existence of multi-agency mechanisms and local multidisciplinary teams, a fundamental gap persists within the national monitoring system: the absence of consistent data concerning outcome for victims of domestic violence. The true test of an effective coordinated response lies not only in MDTs meetings or information-sharing practices, but also in improvements in victims' safety, access to justice, protection, and recovery. In the Republic of Moldova, however, data systems primarily capture activities (e.g., the number of cases managed or referrals made), rather than victim outcomes, such as reduced risk, continuity of support, satisfaction with services, or effective access to rights-based protection measures.

The lack of outcome data is unsurprising given the limitations of the national monitoring structures, however, this absence significantly restricts the ability to evaluate the system's effectiveness in practice. Strengthening this area would require the development of standardised indicators on victim outcomes, such as safety planning effectiveness, the time required for the protection order issuance, follow-up on risk assessments, long-term service engagement, and re-victimisation rates. The Republic of Moldova could

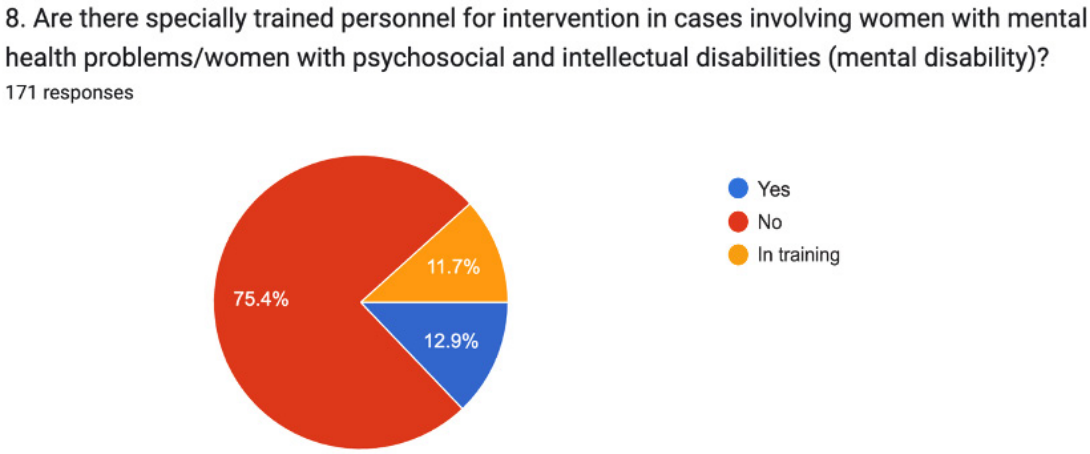
collect such information either through a unified national database, routine MDT reporting templates, or periodic victims-feedback mechanisms integrated into local social services.

4.6 Staff and Available Resources

Only 22 respondents reported the existence of staff specifically trained to handle cases involving women with psychosocial and intellectual disabilities, while 129 answered "no" and 20 stated that staff "are currently undergoing training." (See Figure 4-3). This demonstrates a major structural deficit, given that international legal standards (the CRPD and the Istanbul Convention) require interventions to be carried out by trained professionals capable of responding to the specific needs of victims. However, no information is available clarifying where the training took place, who delivered it, or which professional standards or curricula were used.

The authorities also reported that, during 2024 and 2025, continuing training sessions were organised for staff working in residential placement centres on human rights, access to justice, beneficiary care, and reproductive health, together with awareness-raising activities directed specifically at persons with intellectual disabilities on reproductive rights and existing legal guarantees. Although these initiatives constitute positive steps, they require further systematisation and expansion to produce a meaningful and measurable impact.

Figure 4-3



Even when teams use standard instruments, such as the initial assessment form or intervention plan, 42 respondents stated that the instruments "are completed formally, but do not influence concrete decision-making." This practice reduces the effectiveness of multi-agency cooperation and leaves victims without genuine protection.

4.7 Victim Involvement in MDT Processes

Findings regarding the degree of victims' involvement in case-management processes within MDTs highlight a lack of a uniform approach. According to respondents, 66 out of 110 reported that victims directly participate in certain case-management processes within MDTs, while 35 indicated that victims do not participate but are informed of the decisions taken. At the same time, 67 respondents reported that victim participation depends on the specific case, highlighting the absence of a clear and consistent practice.

Three respondents described situations in which women with psychosocial and intellectual disabilities were not directly involved in discussions about their own cases, as they were perceived as lacking the capacity to participate. Although these cases appear to be isolated, they highlight the need to strengthen practices ensuring the active involvement of victims in extrajudicial decision-making processes related to their protection and support. International standards, including the CRPD (Articles 13-14), recommend the effective participation of victims in the decision-making process, with appropriate support provided to

enable them to express their opinions. International human rights standards do not impose an obligation on victims to participate in judicial proceedings per se, however, the standards do emphasise the importance of ensuring that victims are informed, heard, and able to have their views and preferences considered in decision-making processes related to protection, support, and case management. From a human right–based perspective, including the CRPD principles (Article 12) on victim participation and the requirement to ensure that persons with disabilities can express their will and preferences with appropriate support, involving women with psychosocial and intellectual disabilities in decisions affecting them is considered good practice. At the same time, Article 56(d) of the Istanbul Convention requires States to ensure that victims' rights and interests are protected by ensuring that they are informed, heard, and able to have their views and concerns considered during investigations and judicial proceedings, without establishing an obligation for victims to participate in judicial or quasi-judicial proceedings.

This finding does not indicate a lack of willingness on the part of institutions, but rather underscores that challenges remain in the consistent application of the participation principle and in ensuring appropriate support mechanisms for women with psychosocial and intellectual disabilities.

4.8 Social Assistance and the Role of Social Workers

Social workers represented the largest group of questionnaire respondents, confirming their essential role in the functioning of multidisciplinary teams. In many communities, social workers are the first institutional actors to come into contact with victims and to determine how cases are referred to the police or judicial authorities. However, the lack of specialised training remains a major obstacle: all 135 social workers who completed the questionnaire reported that they had not been trained to work with women with psychosocial and intellectual disabilities.

When asked about the functioning of MDTs, professionals' responses varied from "good" to "satisfactory." Only a few reported that MDTs are "highly effective." A considerable number of respondents also stated they were "unaware" of how an MDT operates, indicating either limited engagement or insufficient internal communication within the teams.

Another structural issue reported by social workers is the lack of clear protocols for cases involving women with psychosocial and intellectual disabilities: 120 respondents reported that no specific protocols exist. Some social workers referred to general guidance documents that are not consistently applied at local level. This lack of standardised tools undermines intervention capacity and the uniformity of the institutional responses.

A total of 120 respondents stated that they had not provided any direct support to women with psychosocial and intellectual disabilities who had experienced violence. Those who had intervened reported limited forms of support, including providing information on rights, active listening, and referral to the police or mental health services. More practical support, such as accompanying victims to institutions or assisting them in completing documentation, was rarely mentioned.

Most social workers noted that women with psychosocial and intellectual disabilities have different needs compared to other victims of violence. The most frequently cited include:

- The need for more time and simple, clear explanations
- The need for accessible and tailored communication, given the difficulties victims may face in processing complex or abstract information
- The need for continuous support in decision-making

However, 40 respondents stated that "there are no significant differences," reflecting the persistence of assumptions that these women should be treated identically to other victims, without specific adaptations.

Social workers and other professionals reported the following frequent difficulties in case management:

- Lack of a specialist to facilitate communication with victims (82 respondents)
- Lack of confidence in women's accounts (74 respondents)
- Lack of support from family or the community (55 respondents)

These obstacles clearly indicate that women with psychosocial and intellectual disabilities face a dual layer of stigma: on the one hand, gender-based violence, and on the other, prejudices associated with psychosocial and intellectual disability and the lack of recognition of their decision-making capacity.

These challenges reflect broader concerns raised by GREVIO in relation to Article 51 of the Istanbul Convention. GREVIO strongly encourages the Moldovan authorities to strengthen the capacity of all professionals involved in domestic violence cases by providing guidance, intensifying training efforts, and introducing a standardised risk-assessment process across all agencies:

Agency's instructions also require social workers, medical staff, and examiners to complete a risk-assessment questionnaire, which differs from the form used by the police. There is no unified, standardised risk assessment for violence against women and domestic violence across all agencies. Minimum quality standards for all service providers would contribute to ensuring an appropriate risk assessment and management process.

GREVIO further highlights the need for systematic documentation of all reports and incidents of violence, so that risks of repetition or escalation can be properly evaluated. The lack of specialised training, the absence of clear protocols, and the inconsistent support reported by social workers in this assessment indicate that these conclusions remain only partially implemented in practice (GREVIO, 2023: para. 263).

4.9 Role of Health Sector in Protecting Women with Psychosocial and Intellectual Disabilities Who Are Victims of Violence

Responses collected from 72 health professionals from district hospitals and health centres, supplemented by replies from Community Mental Health Centres (CMHCs), confirm that violence against women with psychosocial and intellectual disability remains largely invisible. Many physicians reported encountering "one or two cases per month," but expressed the view that the actual situation is considerably more severe, as "many cases are not reported due to fear or lack of confidence in the protection system."

This perception is further corroborated by other respondents, who explained that victims "are not always aware of their situation" and often "face difficulties in communicating or seeking help."

The main difficulties reported include:

- Lack of a clear and operational referral mechanism in the territory
- Multi-agency cooperation described by physicians as "underdeveloped"
- Difficulty in assessing cases when the victim requires additional support to express her views due to confusion, trauma-related symptoms, or communication barriers linked to psychosocial disabilities

One physician summarised the situation as follows: "There is no clear and operational referral mechanism at territorial level. Multi-agency cooperation is underdeveloped." This statement reflects the core system's shortcomings – the existence of formal mechanisms without effective functionality in practice.

Most physicians and CMHC staff stated that they had not received specific training on working with women with psychosocial and intellectual disabilities who are victims of violence. Some physicians reported having participated in general training on working with people with psychosocial and intellectual disabilities or relying on their clinical experience in psychiatry, but acknowledged that "we have not had specific training in this area, but a more in-depth training would be useful," including in relation to violence against women.

This lack of training is particularly problematic in the context where national legislation (Order of the Ministry of Health No. 1167 of 15 October 2019) provides for the intervention of Medical and Healthcare Institutions in cases of violence. Without regular and tailored training, the implementation of these provisions remains ineffective.

In theory, multidisciplinary teams should constitute the main mechanism for multi-agency cooperation. In practice, however, physicians report that these teams are difficult to implement. "The multidisciplinary team is active, but coordination between institutions is not always optimal," one respondent noted, explaining that in many situations, support is limited to psychological counselling or social support.

Although some respondents referred to the existence of guidelines or protocols, others stated directly, "We don't know," or added that they did not consider them effective. This lack of awareness of the legal and procedural framework highlights the gap between existing regulations and their practical implementation.

Calls for support are rare due to fear and distrust of the authorities. Even when women with psychosocial and intellectual disabilities seek assistance, the response is not always prompt: "we are not aware of the situation," many respondents reported when asked how quickly victims receive support.

The health sector's responsibilities in cases of domestic violence are regulated by Order No. 1167 of 15 October 2019, approving the Instruction on the Intervention of Medical and Healthcare Institutions in Cases of Domestic Violence. The Instruction describes the procedures for identifying and managing cases within healthcare settings and includes elements that could be interpreted as a basic risk-identification tool. However, it does not provide a structured or standardised risk assessment instrument and differs from those used by the police or social assistance services. It also remains unclear to what extent these procedures are consistently implemented in practice. The Instruction introduces a formal notification form, which represents a positive step towards case documentation. At the same time, healthcare professionals interviewed for this assessment noted that they had not received training on how to use these tools particularly in cases involving women with psychosocial or intellectual disabilities. Moreover, violence often remains undisclosed during medical consultations, which significantly limits the health sector's capacity to identify victims.

A recent regulatory development further illustrates these challenges. The *Standardised Clinical Protocol "Antenatal Care for a Positive Pregnancy Experience"* (Order of the Ministry of Health No. 357 of 18 April 2025) includes, in Annex 4, a brief domestic violence screening tool for pregnant women, covering psychological violence. Although this represents a positive step compared to previous clinical guidelines, its application remains limited to the prenatal context, and it is not integrated into a broader multidisciplinary framework for risk identification and referral. Professionals reported that the tool is not used consistently in practice, thereby reducing its effectiveness in supporting early detection and a coordinated response.

Regarding effective mechanisms, physicians and CMHC specialists proposed the following measures:

- Establishing new shelters and adapting existing ones through reasonable accommodation measures for victims of violence against women and domestic violence, including those with psychosocial and intellectual disabilities
- Providing training for multidisciplinary teams, supported by a clear multi-agency mechanism for action
- Ensuring more consistent use of protection orders and temporary placement measures

These recommendations, formulated directly by medical professionals, demonstrate where they perceive the deficiencies of the current system to be most acute. Although some medical professionals suggested the establishment of a highly specialised shelter exclusively for women with psychosocial and intellectual disabilities, such an approach is not consistent with GREVIO's findings or with the human rights-based approach promoted by the CRPD. GREVIO emphasises that specialised shelters should be accessible and adequately equipped to accommodate women with diverse needs, including women with psychosocial and intellectual disabilities, rather than establishing separate or segregated facilities. The priority should be to strengthen the capacity, accessibility, and staffing of existing specialised shelters so that they can provide inclusive support to all women victims of violence. This finding is consistent with GREVIO's assessment in paragraphs 140–141, which highlights the significant barriers faced by women with psychosocial and intellectual disabilities in accessing shelters. GREVIO notes that existing shelters in the Republic of Moldova are not tailored to the needs of women with psychosocial and intellectual disabilities, that there are no shelters specifically equipped to accommodate this group, and that some women are even placed in psychiatric institutions an approach that fails to respond to their needs as victims of violence against women and domestic violence. GREVIO calls upon the authorities to expand specialised shelter capacity and ensure equal access for all women, including those with psychosocial and intellectual disabilities.

4.10 Systemic Challenges and Urgent Needs

Among the most frequently identified problems are limited knowledge of the legal framework, insufficient regular training, and the absence of a clear and comprehensive case database. One professional summarised

the situation as follows: "We are not familiar with the legal framework. We need continuous education and training programmes for professionals to better understand these women's needs and to provide integrated support."

This statement captures the fundamental need: without tailored and continuous training, medical staff and multidisciplinary teams cannot respond appropriately and in a coordinated manner to the complex situations faced by women with psychosocial and intellectual disabilities who are victims of violence.

The health sector, both through its network of hospitals and healthcare centres and through CMHCs, is a key-actor in the protection of victims. However, questionnaire data indicate that professionals consider such cases to be underreported. Although a regulatory framework exists, it is neither widely known nor uniformly implemented.

Without a systemic approach – combining continuous training, the establishment of additional specialised shelters and the expansion of existing ones, the strengthening and development of referral mechanisms, and the clarification of the MDT members' roles – the overall response to risks associated with violence remains fragmented, thereby limiting the effectiveness of early intervention.

4.11 Role of the Support Person in Multi-Agency Cooperation

In cases of violence against women with psychosocial and intellectual disabilities, the presence of a support person – who may be either a psychologist or a designated support person – is essential within multidisciplinary teams and judicial proceedings.

The main roles of the support person include:

- Facilitating appropriate communication (using plain language, explaining procedures, and supporting the victim in expressing her views)
- Providing emotional and practical support in order to reduce anxiety and encourage the victim's active participation in the process
- Contributing to the prevention of revictimisation by mediating interactions with police officers, prosecutors, judges and other professionals
- Facilitating access to community resources (shelters, social and healthcare services, and legal assistance)
- Supporting the victim in understanding and exercising her rights, thereby strengthening her autonomy and trust in institutions.

The integration of such support person into multidisciplinary teams contributes to a human rights-based, tailored, and victim-centred response, in line with the CRPD and the Istanbul Convention and consistent with GREVIO's findings.

Conclusions

The analysis of data collected from 171 respondents and correlated with the existing regulatory framework highlights several major trends in multi-agency cooperation:

1. *Functionality of Multidisciplinary Teams (MDTs)* – MDTs are perceived as functional in many communities, however, their work is often reactive and dependent on the individual involvement of team members. There is still no uniformity in the way they operate, meaning that their effectiveness varies significantly from one locality to another.
2. *Multi-Agency cooperation* – Although the regulatory framework (including the 2022 Instruction) provides clear procedures, their implementation remains uneven. Half of the respondents reported ad hoc cooperation, while only one-third confirmed the existence of well-implemented joint procedures.
3. *Tailoring to the Needs of Women with Psychosocial and Intellectual Disabilities* – Only a minority of respondents considered that procedures are adequately tailored. The absence of accessible materials, mandatory psychological support, and tailored communication methods limits the capacity of MDTs to respond specifically to the needs of women with psychosocial or intellectual disabilities.

4. *Major Obstacles* – The most frequently identified challenges include the lack of specialised staff, the absence of tailored protocols, the insufficient number of shelters, and limited competencies to ensure accessible communication with women who are victims of violence and have psychosocial or intellectual disabilities. In some cases, the absence of reported cases was mistakenly interpreted as an absence of obstacles.
5. *Lack of Data* – Most respondents confirmed that there are no clear and systematically collected data on violence against women with psychosocial or intellectual disabilities, contributing to the "invisibility" of the phenomenon.
6. *Human Resources and Professional Training* – Few respondents confirmed the existence of specialised staff, indicating a structural deficit. Even in contexts where MDT meetings are organised, they are frequently conducted in a purely formal manner, with minimal impact on case management.
7. *Victim Participation* – Although some women are involved in MDT case management processes, practices remain inconsistent: some professionals involve victims in extrajudicial decision-making processes, while others merely communicate decisions to them. In some isolated situations, victims' participation is limited based on assumptions regarding their capacity to participate without additional support. These situations highlight the need to standardise participation practices and to ensure that victim participation in MDT case management processes and extrajudicial decision-making processes is approached in a consistent, rights-based manner, with appropriate support provided where necessary.
8. *Social workers* have a vital role, as they are often the first to interact with women victims of violence. However, the lack of specialised training, limited familiarity with protocols, and the restriction of intervention to information and referral reduce the impact of social assistance on the effective protection of victims.

Recommendations

Based on the findings, the following courses of action emerge:

1. Strengthening the Functionality of MDTs: Introduction of uniform national standards for the operation and monitoring of MDTs.

2. Consistent Implementation of the Regulatory Framework:
- ▶ Promotion and implementation of the 2022 Instruction on multi-agency cooperation.
- ▶ Organisation of training sessions for all MDT members based on the existing regulatory framework.

3. Tailoring Interventions to the Needs of Women with Psychosocial and Intellectual Disabilities:
- ▶ Development of simplified and accessible working materials.
- ▶ Ensuring the presence of a psychologist in cases involving women with psychosocial or intellectual disabilities.
- ▶ Training professionals within MDTs to use clear, tailored, and support-oriented communication methods that respond to the needs of women with psychosocial and intellectual disabilities.
- ▶ Enhancing professionals' competencies in disability-sensitive, easy-to-understand, and person-centred communication.

4. *Improving Resources and Services:*
- ▶ Establishing new shelters and expanding existing ones to provide reasonable accommodation for victims of violence against women, including women with psychosocial and intellectual disabilities.
- ▶ Recruiting and training specialised staff (including communication facilitators).
- ▶ The competent authorities should strengthen he two toll-free helplines relevant to women with psychosocial and intellectual disabilities who are victims of violence – the Toll-Free Helpline for Women and Girls (080088008) and the Toll-Free Helpline for Persons with Disabilities – (080010808) – by ensuring that the staff of both services receive specialised training on the needs of this group of victims and that information about these services is available in accessible formats in all residential institutions.
- ▶ The implementation of the 48-hour reporting obligation introduced by the Agency's Order of March 2024 should be systematically monitored, with publicly accessible disaggregated data, to ensure its actual effectiveness in protecting persons in residential institutions.

5. *Establishing a Data Collection and Monitoring System:*
   - Introduction of a specific module within national and local databases for monitoring cases of violence against women with disabilities, including disaggregation by type of disability, such as psychosocial and intellectual disabilities.
   - Regular reporting of such data to support evidence-based public policy.

6. *Strengthening the Role of Social Assistance:*
   - Introduction of continuous training of social workers on working with women with psychosocial and intellectual disabilities.
   - Standardisation of interventions so that support is not limited to referral only, but also includes prevention, accompaniment, and active support.

7. *Promoting Victim Participation:*
   - Development of procedures to ensure the participation of women with psychosocial and intellectual disabilities who are victims of violence in case-management processes within multidisciplinary teams. Provision of support enabling all women, including women with psychosocial and intellectual disabilities, to express their views and play an active role in case management.

Chapter 5
Access to justice

5.1. Case Analysis – Court Files, Criminal and Administrative Complaints

For the purpose of ensuring clarity in implementation, the concept of *reasonable accommodation* – as defined in Article 2 of the CRPD – should guide the design of procedural adjustments within judicial and administrative proceedings. Under the CRPD, *reasonable accommodation* refers to the necessary and appropriate modifications and adjustments that do not impose a disproportionate or undue burden and that are required in a particular case to ensure that persons with disabilities can enjoy or exercise all human rights and fundamental freedoms on an equal basis with others.

The analysis of cases concerning victims with psychosocial and intellectual disabilities examined in the courts of the Republic of Moldova reveals several systemic issues regarding effective access to justice and protection for these categories of women. Significant obstacles were identified in relation to the issuance of protection orders and in access to support services. In one documented case of domestic violence, a woman with disabilities suffered severe violence resulting in hospitalisation and bodily injuries, yet she was not granted a protection order (according to a direct interview conducted by national experts with the victim, corroborated by the analysis of the court file within the domestic violence proceedings). The authorities argued that they had no possibility of removing the aggressor from the shared residence, thereby forcing the victim to seek temporary shelter for her own safety, while the perpetrator remained in the family dwelling and was imposed only a non-custodial sanction. The case illustrated deficiencies in the implementation of protection measures, the provision of legal assistance, and the victim support, including the absence of psychological assistance and inadequate information about the victim's rights. The victim did not understand her rights nor why the perpetrator had been allowed to remain in the shared residence while she was compelled to seek safety elsewhere.

In addition to her difficult situation, the victim wished to file for divorce, as this was not the first time her life had been endangered, however, the social worker from Bălți City Hall warned her that divorce could result in the loss of the apartment she lived in. The apartment had been allocated to her through a housing allocation order dated 21 March 2016, when she and her husband (the aggressor) were discharged from the Balti psycho-neurological boarding school. According to the social worker, the husband's name was included in that housing allocation order, meaning that if she divorced him, she would lose the housing. Lacking the financial means to hire a lawyer, the victim considered seeking state-guaranteed legal aid, but she lost confidence in the system after the domestic violence proceedings left her without alternative housing and effectively compelled her to continue living with her abuser. She disclosed that she returns home only when she is certain that the aggressor is already asleep and leaves for work very early in the morning, before he wakes up. In practice, the victim continues to live in fear under the same roof as the aggressor, feeling that the authorities have left her with no choice if she wishes to preserve her housing.

In practice, the authorities transferred the responsibility for ensuring safety to the victim herself, thereby revealing a serious deficiency in the effective implementation of protection mechanism.

This scenario illustrates a failure to effectively implement domestic violence laws and a violation of the State's obligation to protect victims, especially women with disabilities, under international standards.

The Istanbul Convention explicitly requires authorities to remove perpetrators from a shared residence in situations of immediate danger, rather than forcing the victim to flee. Article 52 of the Convention obliges States to empower authorities to issue emergency barring orders – ordering the perpetrator to leave the victim's residence and remain away from it - thereby shifting the burden of safety from the victim to the aggressor.

Furthermore, since both the victim and her husband are persons with disabilities in this case (having been institutionalised in a psycho-neurological facility), the CRPD is directly applicable. Article 16 of the

CRPD obliges State Parties to take all appropriate measures to protect persons with disabilities from all form of exploitation, violence and abuse, including within the family and with particular attention to gender-based violence. This provision also requires States to ensure appropriate assistance and support for victims of violence with disabilities and to effectively identify, investigate and prosecute abuse. In the case described, the lack of a restraining order, the inadequate victim support, and the failure to provide accessible alternative housing or safety measures indicate that the authorities failed to fulfil their duty to protect a woman with disabilities from violence. Article 13 of the CRPD further guarantees the right of persons with disabilities to effective access to justice on an equal basis with others, including through the provision of appropriate accommodation or support (such as legal aid, information in accessible formats, or other assistance) to facilitate their participation in legal proceedings.

The victim's account that she did not understand her rights and lost trust in state-provided legal aid reflects the State's failure to ensure her effective access to justice and remedies, as required by Article 13. The State is obliged to organise its legal and support services in a manner that ensures persons with disabilities are informed of their rights and are able to seek protection without fear of losing their housing or essential support services – a standard that was clearly not met in this case.

The authorities' failure to effectively protect this victim also raises serious concerns under the ECHR, notably Article 3 (prohibition of torture and inhuman or degrading treatment) and Article 8 (right to respect for private and family life). States have positive obligations to protect individuals – especially vulnerable persons such as persons with disabilities - from serious abuse and to safeguard their dignity, physical integrity, and privacy.

The Court has repeatedly held in judgments that failing to protect victims of violence may amount to a violation of these articles. For example, in *Dordevic v Croatia* (no. 41526/10, judgment dated 24 July 2012), the Court found that Croatian authorities had violated Articles 3 and 8 by failing to prevent the prolonged harassment and abuse of a man with mental and physical disabilities, thereby breaching their positive obligation to protect him from inhuman treatment (as well as his mother's right to private life). Likewise, in I.C. v. *Romania* (no. 36934/08, judgment dated 24 May 2016), which concerned the rape of a 14-year-old girl with a mild intellectual disability, the Court held that Romania had failed to comply with its positive obligations under Articles 3 and 8 where the authorities had not properly investigated and prosecuted the rape, thereby effectively denying the victim protection of the law. The Court emphasised that States must effectively enforce criminal law in order to combat violence (including sexual violence) and to protect vulnerable persons in particular, and that the mere lack of physical resistance by a victim with disabilities cannot justify lack of action. By analogy, the Moldovan authorities' failure to remove the aggressor, ensure the victim's safety within the home, or facilitate her access to justice and support may amount to a violation of the State's positive obligations to protect her from inhuman treatment and to ensure her right to respect for private life and home. This failure reflects a pattern against which the Strasbourg case-law has repeatedly warned: Authorities must not remain passive when confronted with clear risks of recurrent violence, especially involving a person with disabilities.

In conclusion, this case clearly demonstrates how gaps in law enforcement and support provision exposed a victim of domestic violence with disabilities to harm, in direct violation of both national law and international obligations. The victim's predicament – being forced either to cohabit with her abuser or to face homelessness – is precisely what human rights standards seek to prevent. The Istanbul Convention requires the perpetrator to be removed, rather than the victim re-victimised, while the CRPD mandates tailored measures to protect persons with disabilities from violence and to ensure their access to justice. Under the ECHR, States are also responsible for actively protecting individuals against serious abuse and ensuring an effective remedy. The manner in which the Moldovan authorities handed this case failed to comply with these obligations, effectively shifting responsibility for the victim's safety onto her – a systemic failure that must be addressed to prevent further violations of victims' rights.

Failure to Issue Protection Orders

An institutionalised victim reported being constantly harassed and filmed by a fellow resident, causing her to feel unsafe. Being legally assisted, she applied for a protection order and filed an official complaint. However, the application remained unexamined, and she was informed that such an order could not be

issued because the aggressor also resided in the institution and no solution existed for his relocation.
In practice, during interviews conducted with experts, both judges and police officers stated that they do not issue protection orders if the perpetrator is not a family member. In other words, they limit the application of the law to domestic violence cases, refusing to issue protection orders in cases of violence committed by persons outside the family. Consequently, the victim did not benefit from any effective protection measures and remained exposed to abusive behaviour.

The research for this study revealed that courts and police authorities refuse to issue protection orders when the aggressor is not a family member, even though Law No. 45/2007 formally allows such measures in cases of violence against women, regardless of family ties. For example, at the Centru District Court, a victim of non-domestic violence was denied a protection order, with the court arguing that Law 45/2007 was not applicable. The case file showed that the victim had provided all relevant evidence, including administrative sanctions imposed on the perpetrator for harassment and stalking, nevertheless, the request was rejected. The issue therefore lies not in the legislation itself, but in its judicial interpretation and application. To date, only one protection order has been issued against a non-family aggressor in the Republic of Moldova, all other similar applications have been rejected.

The only case identified in which a protection order was issued against a non-family aggressor occurred in Ialoveni. The victim had been persistently harassed and stalked by a co-worker, including being stalked, blocked at her workplace, and repeatedly approached at her home. Despite multiple police interventions, the authorities had only imposed contravention fines on the grounds that the aggressor was not a family member. After the aggressor unlawfully entered the victim's property, a protection order was requested in court, explicitly invoking international standards, including the Istanbul Convention, as well as a purposive interpretation of Law No. 45/2007. The court granted the order, marking an exceptional practice. Interviews with judges and police officers from other districts confirmed that this remains an isolated case, as protection orders continue to be limited to domestic violence situations, illustrating that the restrictive interpretation or lack of clarity in the legal framework results in inconsistent protection for victims of non-domestic violence.

Denial of Access to Justice

Another case involved an illiterate victim who was only able to sign her name. She was fined without the police explaining her rights, providing access to a lawyer, or ensuring that she understood the charges against her. The victim had previously survived a rape case, the adjudication of which had taken years to result in a conviction. As mentioned above, while institutionalised, she was repeatedly harassed by another resident who filmed her and falsely accused her of provoking the incidents. Each time the conflict escalated, the aggressor called the police, and she was fined for "insulting language", neither being heard, nor informed of her rights, or granted legal representation. Later, she learned of her right to state-guaranteed legal aid and attempted to challenge the sanctions, however, her appeal was rejected because the statutory time limit had expired. Subsequently, the Court of Appeal dismissed her claim due to non-payment of stamp duty, despite her request for exemption, which is permitted under the law for vulnerable persons.

This case demonstrates a serious violation of the right to defence and to a fair trial for victims with psychosocial and intellectual disabilities, resulting from the lack of accessible explanations, legal representation, and procedural accommodation, as required under the CRPD (Articles 13 and 16). These actions are contrary to Article 26 of the Constitution of the Republic of Moldova and Article 6 of the ECHR.

Economic Violence

During interviews, three deinstitutionalised women said they valued living outside institutional settings and did not wish to return. However, they faced major challenges in socio-professional integration: no institution or employer offered them formal employment, forcing them to undertake occasional work in villages for extremely low wages (50–100 MDL / EUR 2.55–5.00) or, in some cases, for payment in kind, such as food, which they accepted as satisfactory. This situation increases their vulnerability to labour exploitation due to the lack of formal contracts and social protection. Without a stable income sufficient to meet their basic needs, they are deprived of opportunities for autonomous integration, while dependence on social workers for daily support perpetuates a cycle of marginalisation and social exclusion. An investigation

conducted by "Oameni și Kilometri", an independent investigative journalism organisation based in the Republic of Moldova, found that persons with disabilities in the Republic of Moldova still face unjustified refusals for employment, despite legal guarantees of equal access to the labour market (Bunduchi, 2025.)

Sexual Violence

Recent media investigations conducted by the Moldovan investigative journalism outlet RISE Moldova (RISE Moldova, 2025) have revealed systemic deficiencies in the prevention of and response to sexual violence committed by professionals within healthcare and residential institutions. One case involved a physician under investigation for abusing two minors. Despite ongoing criminal proceedings, the physician reportedly continued to work in both a psychiatric hospital and maternity ward. This raises serious concerns regarding institutional accountability, the absence of timely disciplinary measures, and the risks posed to women and other vulnerable patients, illustrating broader issues of impunity and insufficient safeguards for persons with psychosocial and intellectual disabilities.

Recommendations

The following recommendations are based on the findings from analysed cases and interviews conducted with victims and justice professionals.

Legislative Amendments and Uniform Application of Regulations:

- Amendment and supplementation of Law No. 45/2007 to remove restrictive interpretations regarding the application of protection orders when the perpetrator is not a family member.
- Explicit introduction of an obligation for authorities to apply both Law No. 45/2007 and the Istanbul Convention, regardless of the relationship between the victim and the perpetrator. (Note: This recommendation is based on the findings from the cases analysed within this study and does not derive from the GREVIO's evaluation report.)
- Introduction of clear provisions on reasonable accommodations for victims with disabilities, including the use of plain language, flexible procedural deadlines, and hearings assisted by a psychologist.

Internal Policies and Procedures: Ensure that all healthcare, residential, and social-care institutions establish and implement clear internal procedures for reporting, assessing, and responding to allegations of sexual violence or other forms of abuse committed by staff members, in line with professional conduct standards and the institutional code of ethics.

Disciplinary and Administrative Mechanisms:

- Requiring institutions to promptly initiate internal disciplinary investigations – independent of criminal proceedings – whenever credible allegations of abuse arise, in order to prevent the continued access of suspected perpetrators to vulnerable beneficiaries of healthcare, residential and social-care institutions.
- Promoting a zero-tolerance approach towards sexual exploitation and abuse committed by professionals working in the healthcare, residential, and social assistance institutions, ensuring that the absence of a criminal conviction does not prevent the application of the administrative and disciplinary safeguards necessary to protect victims.

Monitoring and Oversight:

- Strengthening monitoring and oversight mechanisms to ensure that institutions act with due diligence and adopt immediate risk-mitigation measures, including temporary suspension or reassignment of staff pending investigation.

Improvement of Judicial and Administrative Procedures:

- Ensuring that law enforcement authorities and courts verify whether victims fully understand the charges brought against them and the sanctions imposed.
- Guaranteeing immediate access to a state-guaranteed legal aid for victims with psychosocial and intellectual disabilities, including within administrative proceedings.

- Provide the possibility of reinstating proceedings in cases where victims were unable to challenge decisions due to communication barriers, disabilities, lack of legal representation, or similar circumstances.

Access to Support Services:

- The Ministry of Labour and Social Protection should establish and operationalise a clear and mandatory referral mechanism through which police authorities and courts may immediately refer victims of violence to shelters or specialised support centres, ensuring the availability and adequate capacity of shelters and specialised centres, establishing clear referral protocols and contact points, and guaranteeing that referral procedures are accessible and responsive to the needs of women with psychosocial and intellectual disabilities. The role of the police authorities and courts within this mechanism should be limited to initiating referrals in accordance with established procedures, without transferring responsibility for the provision, coordination, or funding of social protection services.
- The Ministry of Labour and Social Protection should bear exclusive responsibility for the design, coordination, and operation of this mechanism, in cooperation with local social assistance departments.
- The Ministry of Internal Affairs should ensure that police officers systematically and proactively inform victims of violence, including women with psychosocial and intellectual disabilities, about available protection measures, including restraining orders, protection orders, and emergency safety options, regardless of whether the violence is classified as domestic or non-domestic.
- Authorities should ensure that victims are systematically informed about their right to access shelters and emergency accommodation, particularly in situations where the contravention proceedings do not provide for the issuance of protection orders or where the police fail to issue restraining orders. The purpose is not to remove the victim from her home but to guarantee that she is informed and able to exercise her right to temporary protection whenever necessary.
- The Ministry of Justice, in cooperation with the Superior Council of Magistracy, the General Prosecutor's Office, the Ministry of Health, and the Ministry of Labour and Social Protection, should ensure the mandatory presence of a psychologist in judicial and administrative proceedings involving victims with disabilities.
- The Ministry of Justice, in cooperation with the relevant judicial, prosecutorial, legal aid, health and social protection authorities, should introduce a national protocol ensuring the provision of clear, accessible, and victim-tailored information, including through simplified and easy-to-understand materials.
- The National Legal Aid Council, in cooperation with the Union of Advocates of the Republic of Moldova, should strengthen the accountability of state-guaranteed legal aid through regular quality monitoring of the quality of legal assistance provided to victims of violence, particularly women with psychosocial and intellectual disabilities. Such monitoring should assess whether lawyers actively request protection measures, ensure that victims are informed of their rights in an accessible manner, and provide for corrective measures, including mandatory training or subsequent disciplinary action, where shortcomings are identified.

Strengthening Protection and Monitoring Mechanisms:

- The National Agency for the Prevention and Combating Violence against Women and Domestic Violence, in cooperation with the Ministry of Justice, the Superior Council of Magistracy, the General Prosecutor's Office, and the Ministry of Internal Affairs, should develop integrated national databases to track cases of violence against women with psychosocial and intellectual disabilities, monitor the enforcement of protection orders, and systematically record cases in which such orders are refused.
- The National Agency for the Prevention and Combating of Violence against Women and Domestic Violence should strengthen its coordination, monitoring and evaluation role, including through the operationalisation of mechanisms for collecting disaggregated data on violence against women, including cases involving women with psychosocial and intellectual disabilities, as well as by facilitating the effective multi-agency exchange of information.

5.2. Assessment of Decision-Making Capacity and Evaluation of the Credibility of Victims with Psychosocial and Intellectual Disabilities in Judicial Proceedings

This section examines the assessment of the decision-making capacity and legal credibility of victims and witnesses with psychosocial and intellectual disabilities. It outlines the relevant concepts, applicable international standards, common obstacles and prejudices, the role of psychiatric and psychological experts, and judicial procedures.

Judicial Assessment

Decision-making capacity (also referred to as legal capacity in international documents) refers to a person's ability to understand situations and consequences and to take informed decisions about their own life and legal actions. In a legal framework, it entails the presumption that a person is legally competent, i.e. has the right and ability to exercise his rights and participate in proceedings on an equal basis with others, unless proven otherwise. According to the CRPD, persons with disabilities "enjoy legal capacity on an equal basis with others in all aspects of life," and States are required to provide them with access to the support necessary for the exercise of legal capacity.

Accordingly, having psychosocial and intellectual disability does not equate to lacking the capacity to make decisions or to participate in judicial proceedings – although, in practice, misconceptions persist that confuse disability with incapacity. Traditionally, national legal systems provide that all adults are presumed capable of acting and competent to testify unless proven otherwise. For example, English law explicitly states that "all persons (regardless of age) are competent to testify," unless the court finds that the person "is unable to understand the questions put to him and give answers to them which can be understood" – an assessment conducted on an individual basis, without prior assumptions or prejudice.

The legal *credibility* of a victim or witness refers to the extent to which their statements and testimony are considered reliable and trustworthy by judicial authorities. Unlike *legal capacity* (which concerns the ability to participate in and understand the proceedings), credibility relates to the factual assessment of the truthfulness and reliability of a person's testimony. In practice, every testimony is assessed in light of the totality of evidence in a case, and the court evaluates whether the witness or victim appears truthful and whether their account corresponds to reality. For victims with psychosocial and intellectual disabilities, assessment of credibility is frequently influenced by prejudice – for example, assumptions that a person with psychosocial and intellectual disabilities fabricates or distorts reality. However, it is essential to emphasise that a psychiatric diagnosis does not equate to dishonesty or unreliability, every person has the right for their testimony to be considered in good faith, and courts must treat witnesses and victims with psychosocial and intellectual disabilities in the same manner as any other witnesses and victims, assessing credibility on the basis of evidence and actual conduct rather than diagnostic label.

Psychiatric and psychological experts play a vital role in assisting the court through functional assessments focused on a person's abilities within context (e.g., understanding questions, retaining and weighing information, and communicating decisions), rather than offering categorical opinions that equate a diagnosis with incapacity. Their reports should also specify concrete accommodations (e.g., simplified language, breaks, support persons, or remote hearing options) necessary to ensure effective participation.

International Standards

International standards firmly enshrine equality before the law and access to justice for persons with disabilities, including persons with psychosocial disabilities (mental disorders). The CRPD is the key instrument in this area. According to Article 12, State Parties recognise that persons with disabilities enjoy legal capacity on an equal basis with others and undertake to provide them with the support required to enable them to exercise their decision-making capacity. This principle of equal recognition before the law requires abandoning previous approaches of substitution in decision-making (such as guardianship or curatorship, which deprive the person of legal capacity) in favour of supported decision-making, whereby individuals receive assistance in understanding and making decisions without being deprived of their own voice. Article 13 of the CRPD further requires States to ensure effective access to justice for persons

with disabilities on an equal basis with others, including through procedural adjustments and reasonable accommodations to facilitate their effective role in all legal proceedings, whether as parties or witnesses. In other words, judicial authorities are under an obligation to remove barriers to participation – ranging from communication and infrastructure barriers to adaptations in hearing procedures – so that a person with psychosocial or intellectual disabilities can testify or make decisions in proceedings in a fair and non-discriminatory manner.

In addition to the CRPD, other international instruments and initiatives support these standards. For example, the International Principles and Guidelines on Access to Justice for Persons with Disabilities (United Nations, 2020) reaffirm that all persons with disabilities have the right to participate as full actors within the justice system and call upon States to provide appropriate support measures (such as accessible information, interpretation services, and adapted legal assistance) to achieve this goal.

The implementation of these standards can also be observed at the regional level. For example, the European Union adopted Directive 2012/29/EU (Victim's Rights Directive) on the rights of victims of crime, which provides that victims with "special needs" (including mental disabilities) must benefit from appropriate protection measures during criminal proceedings (European Parliament and Council of the European Union, 2012). The Directive requires individual assessment of protection needs, special measures aimed at preventing re-victimisation, and the provision of accessible information throughout proceedings. Similarly, the Council of Europe, through the jurisprudence of the European Court of Human Rights, has repeatedly emphasised the obligation of States to organise judicial proceedings in a fair manner adapted to the vulnerabilities of the persons concerned, such as witnesses with psychosocial or intellectual disabilities, in order to guarantee the right to a fair trial and an to an effective investigation (S.C. v. the *United Kingdom*, 2004) Irish and Scottish legislation allow for the use of pre-recorded evidence and intermediaries for vulnerable witnesses, thereby reducing courtroom stress and improving the accuracy of testimony. (Ireland, 1992, Scotland, 2004).

Accordingly, international standards establish a coherent framework affirming that neither a person's decision-making capacity nor their credibility should be presumed diminished solely on the grounds of disability and that States must adopt proactive measures to prevent discrimination and exclusion of such persons from the justice system.

Biases and Procedural Gaps

A few common obstacles and biases arise in assessing the credibility of victims with psychosocial and intellectual disabilities. While legal principles guarantee equal treatment, in practice victims with psychosocial and intellectual disabilities continue to face persistent barriers and prejudices affecting access to justice and credibility assessments.

Gender- and disability-based stereotypes play a decisive role: women with disabilities are often perceived as "less credible witnesses", which can create "an insurmountable barrier to accessing justice" in cases of gender-based and sexual violence, where testimony is often the primary form of evidence (Women Enabled International, 2017). The Committee on the Rights of Persons with Disabilities has underlined that women with disabilities face barriers in accessing justice, including in case of exploitation, violence and abuse, due to harmful stereotypes, discrimination and lack of procedural and reasonable accommodations, which may lead to their credibility being questioned and allegations being dismissed. Negative attitudes in the implementation of procedures may intimidate victims or discourage them from seeking justice (General comment No.3 on Article 6 – women and girls with disabilities | OHCHR).

The Committee further notes that these obstacles particularly affect women with intellectual and/or psychosocial disabilities, who encounter additional procedural, attitudinal, and communication barriers throughout the judicial processes.

In the Republic of Moldova, the Equality Council, named at the date of the decision the Council for the Prevention and Elimination of Discrimination and Ensuring Equality (2018), examined a complaint involving residents of a psycho-neurological institution and found that the prosecutor's refusal to open criminal proceedings was based on the assumption that claims involving "persons with intellectual disabilities are

therefore not credible". Furthermore, a public statement by a minister, asserting that "these are persons with disabilities and they can say anything", was found to constitute incitement to disability-based discrimination. The Council observed that "persons with disabilities are often subjected to stereotypical treatment and exposed to prejudice portraying them as unfit to exercise their rights, unworthy of respect, and incapable of achieving fulfilment in life" (Equality Council, 2018).

Many obstacles stem from *ableism* – a mindset that implicitly regards persons with disabilities as inferior or incapable. Ableism manifests through negative stereotypes that underestimate the abilities and credibility of persons with psychosocial and intellectual disabilities and normalise their exclusion from institutions, procedures, and services. These international and national sources confirm that disability-based ableism, expressed through assumptions that persons with intellectual and psychosocial disabilities are unreliable, incapable of understanding or exercise their rights, or deserving of lesser protection, directly undermines their access to justice and the weight given to their testimony, even within legal system formally aligned with the CRPD.

One of the most common manifestations of bias is "diagnostic overshadowing," a phenomenon in which an individual's psychosocial and intellectual disability overshadows the facts of the case. As a result, when a person with psychosocial or intellectual disability is a victim of a criminal offence, there is a recurrent and unjust tendency to question the veracity of their statements, interpreting them as expressions of their condition rather than as credible accounts of harm suffered. Initially described in medicine, where somatic complaints of psychiatric patients were often disregarded on the assumption that "they were attributable to mental illness", diagnostic overshadowing is equally present in judicial system (Fitzsimmons, 2016).

The findings presented are based on responses from police officers interviewed within this study, the experts' professional experience supporting women with psychosocial and intellectual disabilities, and relevant decisions of the Moldovan Equality Council. These sources reveal systemic prejudice and institutional distrust towards victims with disabilities, resulting in the minimisation of complaints and re-victimisation within judicial processes. This was also reflected in the experience of 16 victims subjected to sexual abuse in Bălți by the institution's physician. Although the abuse was reported over a period of years, no prosecutor or police officer treated their allegations with due seriousness (Ziarul de Gardă, 2012).[6]

Furthermore, a witness's ability to recount events depends on the manner in which questions are formulated and the level of support provided. Confusing, leading or excessively repetitive questioning may create difficulties for any vulnerable witness, not only those with psychosocial or intellectual disabilities. Case files examined indicate that, in practice, defence counsel frequently exploits these perceived "memory limitations" to discredit witnesses with disabilities, even where the source of difficulty lies in the questioning technique rather than in the witness's recollection. Biased questioning that undermines credibility from the outset inherently compromises the fairness of proceedings.

A major obstacle in the Moldovan judicial system is the insufficient training of police officers, prosecutors, lawyers, and judges regarding psychosocial and intellectual disabilities. Lack of knowledge about different types of disabilities and appropriate accommodations to persons with such needs may result in investigative errors and inadequate responses. For example, law enforcement officers or other actors may misinterpret a victim's behaviour – confusing anxiety with hostility or apparent non-cooperation with deliberate refusal – when such behaviour may in fact reflect communication difficulties. Moreover, in the absence of clear procedures and adapted protocols, staff responses are often shaped by individual attitudes and personal biases. Institutional bias contributes to inaction, which in turn reinforces the erroneous perception that such cases are rare or unfounded.

Accordingly, obstacles to justice for victims with psychosocial and intellectual disabilities are both attitudinal (stereotypes, stigma) and procedural (lack of accommodations, absence of tailored guidance, and biased investigative practices). These barriers may deter victims from seeking justice. Addressing and eliminating such biases is essential to ensuring equality before the law and maintaining confidence that the justice system does not discriminate against vulnerable individuals.

6. https://www.zdg.md/investigatii/ancheta/violuri-si-avorturi-in-internatul-psihoneurologic/

5.3 Psychological and Legal Assistance Provided to Women with Psychosocial and Intellectual Disabilities Who are Victims of Violence Within Judicial Proceedings

Responding judges reported that, in cases where a victim or witness has a documented history of psychosocial or intellectual disability, courts frequently seek expert opinions from psychiatrists or psychologists. While the role of these experts may be essential, it is also highly sensitive, as their assessments may decisively influence the judge's perception of the person's capacity to participate in proceedings and the credibility of their testimony. Experts are expected to provide an objective evaluation of the individual's mental functioning, explaining whether and how specific symptoms or impairments may affect understanding of the situation, memory, the ability to recount facts, or the capacity to distinguish truth and fiction. In practice, however, the use of such expertise raises a number of concerns and risks.

One such risks is that experts may introduce personal biases or outdated perspectives on disability into the assessment. Prosecutors and police officers reported that, even today, some professionals maintain the view that this category of women possess "animal instincts, they only seek to eat and engage in sexual activity".[7] During interviews, several specialists explicitly expressed highly stigmatising and dehumanising perceptions of women with psychosocial and intellectual disabilities, referring to them as being governed by "animal instincts" and reducing their behaviour to basic needs such as eating and sexual activity.

Accordingly, biased forensic psychiatric expertise may unfairly undermine a victim's position: a report concluding, explicitly or implicitly, that "the person has memory problems and is suggestible, therefore her statements are unreliable, she herself provoked the aggressor", can significantly influence a prosecutor's decision on whether to bring a case to trial, as well as a court's decision on case outcome. Given that neither judges nor prosecutors are medical professionals, particular caution is required: assessments of testimonial capacity must remain neutral and free from biases that may amplify assumptions of unreliability.

Responding judges stated that the expert conclusions are important to their decision-making, however, the preparation of such reports often requires time, while courts are expected to act as quickly as possible to decide on the protection measures for victim (based on direct consultations and semi-structured interviews conducted by the authors with judges in Bălți, Chișinău, Cimișlia and Ialoveni).

In order to ensure equal treatment in practice for victims with psychosocial and intellectual disabilities, judicial procedures must be accessible and tailored to their needs. In the absence of appropriate accommodations, legally guaranteed rights remain purely theoretical: a person with a psychosocial and intellectual disability may formally have the right to testify or participate in court proceeding, but may be unable to exercise this right effectively due to communication barriers, courtroom anxiety, or limited understanding of procedural requirements.

5.4 Reporting Cases of Violence and Access to Appropriate Legal Assistance

According to Law No. 45/2007 on domestic violence, victims have the right to report any act of domestic violence and to seek protection. Professionals are required to report acts of domestic violence that endanger the victims' life or health, or where there is an imminent risk of such harm. In all other situations, reporting may only be carried out with the victim's consent. Responding medical professionals stated that, even where a woman presents visible signs of violence, incidents are not reported without the victim's consent. Where a victim chooses not to disclose exposure to physical or sexual violence, only medical consultations are provided, and confidentiality is kept. This finding is based on interviews conducted with representatives of the Ministry of Health and on written responses provided by medical professionals within this study, addressing issues related to medical confidentiality and the doctor-patient relationship.

Under Law No. 547/2003 on Social Assistance, support for persons affected by domestic violence is provided, including based on a complaint, in accordance with the law. However, specialists noted that the

7. Documented from the interviews carried out by national experts with respondents

legal framework does not establish a clear obligation for social workers to proactively assess the situation of women with psychosocial and intellectual disabilities living in family settings in order to determine whether they are exposed to risk of violence. At the same time, no statistics are available regarding the number of women with psychosocial or intellectual disabilities living in family environments, making risk assessment and prevention highly challenging.

All police officers interviewed reported having participated in MDT meetings, where domestic violence cases were discussed. However, in most cases, victims do not take part in these meetings, thereby limiting opportunities for direct communication, informed consent, and meaningful involvement of victims in decision-making concerning their protection.

The Family Justice Centre in Chișinău reported providing legal, psychological, and medico-legal services to victims. Since the establishment of the centre, only one case involving a victim with psychosocial problems has been recorded, and the referral was made by the victim's mother. Where temporary placement is required, the Centre may accommodate a victim for one day, however, in most cases referrals are made to specialised centres. Women with psychosocial and intellectual disabilities are most frequently placed in psychiatric wards due to the absence of appropriate specialised accommodation for this category of victims. A more effective practice would prioritise placement in community-based shelters or supported housing with trained staff, appropriate psychosocial support, and reasonable accommodations, rather than recourse to psychiatric institutionalisation, which is neither appropriate nor compliant with international standards. Psychiatric institutions are not designed to provide safety, trauma-informed care, or specialised support for victims of violence.

A more effective practice in the Republic of Moldova, considering existing resource constraints, would be the development of small-scale, community-based safe housing options, such as protected apartments or partnerships with NGOs already operating women's shelters, in order to tailor such space specifically to the needs of women with psychosocial and intellectual disabilities (Committee on the Rights of Persons with Disabilities, 2017 General comment No 5, Article 19). These services should include trained staff, accessible communication formats, and coordinated links to social, psychological, and legal support (Committee on the Rights of Persons with Disabilities, 2016, General comment No 3, Article 6). Such an approach avoids unnecessary institutionalisation, ensures safety and autonomy, and is consistent with the CRPD principles of community inclusion, equality before the law, and respect for the will and preferences of persons with disabilities (arts. 3, 12, 16, 19). GREVIO (2023: paras. 132-136) has further emphasised that shelters must be fully accessible to women with psychosocial and intellectual disabilities and that States should prioritise community-based support over institutional placement.

The analysis of all collected opinions demonstrates that, in order to facilitate effective participation in judicial proceedings, persons with psychosocial or intellectual disabilities must have access to lawyers and counsellors trained in disability-related issues. Lawyers who understand their client's conditions are better able to request necessary procedural accommodations – such as breaks, plain language, or in-camera hearings – and to communicate in an accessible and respectful manner.

Decision No. 328/2015 of the Equality Council of the recognised lack of accessibility as a form of discrimination. An essential component of accessibility is also the prevention of re-victimisation, meaning that legal procedures should not inflict further trauma on victims. Persons with psychosocial and intellectual disabilities may be particularly sensitive to stressful environments, accordingly, courts must exercise heightened vigilance. In-camera hearings may be justified not only to protect confidential information, but also to create a less intimidating atmosphere. The presence of the public or media may significantly inhibit a victim with social anxiety or cognitive difficulties. Such measures do not violate the procedural rights of the parties, provided that adversarial proceedings and the right of defence are preserved, but they may make the difference between a victim being able to give evidence (thereby improving evidentiary quality before the court) and being unable to participate effectively in the proceedings.

The tailoring of judicial procedures is not only an international legal requirement but also a condition of quality justice. When the justice system is tailored to meet the needs of persons with psychosocial and intellectual disabilities, all stakeholders benefit: vulnerable victims and witnesses are enabled to participate meaningfully, in conditions of dignity and safety, while courts obtain more complete and

reliable testimony, thereby contributing to the establishment of material truth. These adjustments also strengthen public confidence in the justice system by demonstrating that it serves not only socially advantaged or without impairments but all members of society, including those at higher risk of marginalisation.

The European Court of Human Rights has held that States must ensure effective access to justice for persons with disabilities as part of their positive obligations under Article 6 of the Convention, including providing procedural safeguards enabling effective participation in judicial proceedings and protection against discrimination. In Stanev c. Bulgariei, (nr. 136760/06), the Court found a violation of Article 6 in a case where a person with disabilities was denied effective access to a court.

A genuinely fair judicial system is one that recognises differences between individuals and responds to those differences without discrimination, applying sensitivity and flexibility. Victims with psychosocial and intellectual disabilities do not seek privileged treatment, rather, they seek an equal opportunity to present their account and obtain justice - an opportunity that can only be realised if the communication barriers and prejudices described above are effectively addressed. In the Republic of Moldova, disability rights organisations such as the Alliance of Organisations for Persons with Disabilities in Moldova, Keystone Moldova, and the Centre for the Rights of Persons with Disabilities have consistently documented systemic barriers faced by persons with psychosocial and intellectual disabilities in accessing justice and have advocated for procedural accommodations, community-based support, and a rights-based approach to participation in judicial proceedings.

As stipulated in the CRPD, persons with disabilities must be afforded an "equal and effective opportunity" to participate in the justice system and access its services. Ensuring procedural accessibility – from physical infrastructure to staff attitudes – transforms the principle of equality before the law into a practical reality for all victims, including the most vulnerable ones.

Recommendations

A review of the legal framework, international standards, and relevant national jurisprudence identifies a set of measures necessary to ensure effective access to justice for women with psychosocial and intellectual disabilities who are victims of violence against women and domestic violence:

Strengthening the Regulatory Framework

- The Ministry of Justice, in cooperation with the Parliament of the Republic of Moldova, should revise national legislation to remove any discriminatory provisions that make legal capacity conditional on the existence of a psychosocial and intellectual disability diagnosis, in full compliance with Article 12 of the CRPD.
- The Ministry of Justice, in cooperation with the Ministry of Labour and Social Protection, should strengthen and ensure the effective implementation of existing support mechanisms for the exercise of legal capacity, including supported decision-making arrangements and advance planning mandates, such as alternatives to guardianship and curatorship, so that persons with psychosocial and intellectual disabilities can exercise their rights with appropriate support.
- The Ministry of Justice should ensure the harmonisation of the Civil Procedure Code and the Criminal Procedure Code with Article 13 of the CRPD and Directive 2012/29/EU, by guaranteeing access to tailored measures (videoconferencing, communication intermediaries, accessible materials, psychological assistance during proceedings).
- The Ministry of Justice, in cooperation with the Ministry of Health and relevant professional bodies, should clarify through guidelines, protocols, or legislative amendments that psychiatric and psychological experts are to assess the impact of mental or psychosocial conditions on functional capacities (memory, understanding, communication, participation), in line with international best practice standards.

Accessibility of Judicial Proceedings

- The Ministry of Justice, together with the Superior Council of Magistracy and the Ministry of Internal Affairs, should ensure that courts and law enforcement agencies provide reasonable accommodations as a standard practice, without placing the burden on persons with disabilities to

request access, in accordance with Decision No. 328/2015 of the Equality Council, which recognised lack of accessibility as a form of discrimination.[8]

- Courts (judges and court administrators) should ensure that victims with psychosocial or intellectual disabilities can effectively participate in judicial proceedings by providing communication accommodations, including simplified language, authorised interpreters, easy-read formats, and court familiarisation visits.
- The Ministry of Justice, in cooperation with the Superior Council of Magistracy and the National Legal Aid Council, should develop and issue uniform procedural protocols for hearings involving victims with physical, psychosocial, or intellectual disabilities, to prevent discriminatory practices and re-victimisation.

Capacity Building and Continuous Training

- The Ministry of Justice, in cooperation with the Superior Council of Magistracy, the General Prosecutor's Office, the Ministry of Internal Affairs, the National Institute of Justice, and the Union of Advocates, should integrate into initial and continuous training programmes for police officers, prosecutors, judges, and lawyers a mandatory module on the rights of women with psychosocial and intellectual disabilities, non-discrimination, tailored communication, procedural accommodations, and the prevention of stereotypes and re-victimisation. This module should address existing gaps in training to improve investigations, legal representation, and the protection of victims with disabilities.

Establishment of institutional Support Mechanisms

- The Ministry of Labour and Social Protection, in cooperation with the Ministry of Justice and relevant civil society organisations, should establish specialist advocacy services and trusted support persons for vulnerable victims, including women with psychosocial and intellectual disabilities, drawing inspiration from the British communication intermediary model, in order to support victims throughout criminal, contravention, and civil proceedings.
- The National Aid Council, in coordination with the Ministry of Justice, should expand the scope of state-guaranteed legal aid to include psychological counselling and integrated social support, ensuring that legal assistance is complemented by measures addressing trauma, communication barriers, and social vulnerability.
- The Equality Council, in cooperation with civil society organisations active in the field of disability rights, should monitor the implementation of anti-discrimination standards in judicial and administrative practice, with a view to identifying and preventing discriminatory practices, including unjustified requests for "legal or mental capacity certificates," as identified in Equality Council Decision No. 274/201 (e.g. abusive requests for "certificates of full legal capacity" – case no. 274/2015)[9].

Changing Institutional Culture and Combating Prejudice

- The Ministry of Justice, in cooperation with the National Institute of Justice and relevant professional bodies, should ensure that judges, prosecutors, and lawyers recognise the abilities and experience of persons with disabilities, avoiding infantilisation or labelling based on "mental age," in line with international jurisprudence recommendations.
- The Ministry of Justice, in cooperation with the National Institute of Justice and relevant professional bodies, should ensure that judges, prosecutors, and lawyers are trained to recognise and prevent diagnostic overshadowing, which may unfairly undermine the credibility of witnesses and victims with psychosocial and intellectual disabilities.
- The Ministry of Justice, in cooperation with the National Institute of Justice and relevant professional bodies, should promote an institutional culture of equality and respect for human dignity, ensuring that victims with disabilities are treated as full right holders and equal participants in legal proceedings.

8. https://egalitate.md/wp-content/uploads/2016/04/decizie_328_2015_depersonalizat_919231.pdf
9. https://egalitate.md/wp-content/uploads/2016/04/decizie_274_2015_depersonalizat_3446145-1.pdf

Conclusions

In the Republic of Moldova, women with psychosocial and intellectual disabilities remain largely invisible within the system designed to prevent and respond to violence against women and domestic violence. This is due to persistent shortcomings in the legal frameworks, institutional practices, and support services. These systemic failures increase vulnerability, limit access to protection and justice, and result in inadequate recognition of the specific risks these victims face. Although relevant legislation and international commitments exist (including the Istanbul Convention and the CRPD), their practical implementation continues to be hindered by the absence of tailored procedures, specialised resources, and continuous professional training.

Judges, prosecutors, police officers, and other professionals reported that access to justice for these women is frequently limited by the absence of specialised interpreters, insufficient psychological support services, the lack of accessible shelters, and the absence of disaggregated statistical data. These factors contribute to the systematic under-identification of women with psychosocial and intellectual disabilities within institutional responses, resulting in their experiences of violence being inadequately recorded, insufficiently addressed in policies, and poorly reflected through tailored protection and support measures.

The recommendations outlined above identify the key areas requiring institutional improvement.
These improvements do not require the creation of an entirely new framework, but rather the consistent implementation and enforcement of principles already established under national legislation and international treaties to which the Republic of Moldova is a party. Implementing these changes would represent a significant step towards transforming the current system from a primarily formal framework into an operational mechanism capable of providing effective protection and genuine access to justice for women with psychosocial and intellectual disabilities.

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