GUIDELINES FOR SOCIAL WORKERS
for the prevention, protection, and intervention in cases of violence against women / domestic violence based on the Istanbul Convention

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Guidelines for social workers for the prevention, protection, and intervention in cases of violence against women/domestic violence (VAW/DV) based on the Istanbul Convention

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LIST OF ACRONYMS

DV	DOMESTIC VIOLENCE
ECtHR	EUROPEAN COURT OF HUMAN RIGHTS
MDT	MULTI-DISCIPLINARY TEAMS
IC	ISTANBUL CONVENTION
MNRV	NATIONAL MECHANISM FOR THE REHABILITATION OF VICTIMS
NAPCV	NATIONAL AGENCY FOR PREVENTING AND COMBATING VIOLENCE AGAINST WOMEN AND FAMILY VIOLENCE
STAS	TERRITORIAL SOCIAL ASSISTANCE STRUCTURES
VAW	VIOLENCE AGAINST WOMEN
VAW/DV	VIOLENCE AGAINST WOMEN AND DOMESTIC VIOLENCE

INTRODUCTION AND PURPOSE OF THE GUIDELINES

THE ISTANBUL CONVENTION

The Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention) is a major international human rights treaty establishing comprehensive legal standards to ensure women's right to be free from gender-based violence. Resulting from the Council of Europe's ongoing efforts since the 1990's to prevent violence against women and domestic violence (VAW/DV), this European legal instrument was negotiated by its 46 member states and adopted on 7 April 2011 by its Committee of Ministers. It is known as the Istanbul Convention after the city in which it opened for signature on 11 May 2011. Three years later, on 1 August 2014, it entered into force following its 10th ratification. Since then, all governments that have ratified this treaty are bound by its obligations.

On 31 January 2022, the Republic of Moldova ratified the Istanbul Convention, which entered into force on 1 May 2022, becoming the 35th member state to ratify the convention.

Following the ratification of the Istanbul Convention (IC), the Republic of Moldova is committed to take the necessary legislative and other measures to prevent and combat violence against women, by:

- Embodying in their national constitutions or other appropriate legislation the principle of equality between women and men and ensuring the practical realisation of this principle.
- Prohibiting discrimination against women, including through the use of sanctions, where appropriate.
- Abolishing laws and practices which discriminate against women.

SUPPORTING THE IMPLEMENTATION OF THE ISTANBUL CONVENTION IN THE REPUBLIC OF MOLDOVA

Following the ratification of the IC by the Republic of Moldova, the Council of Europe has worked together with the Ministry of Labour and Social Protection and the National Agency

for Social Protection on a project entitled "Supporting the implementation of the Istanbul Convention in the Republic of Moldova".

The development of these guidelines for social workers is one of the outcomes of this collaborative work. It is recognised that social workers will have a key role to play in implementing the requirements of the IC through their practice, and the guidelines aim to assist them in doing this. The purpose of the guidelines is to provide social workers with a tool for understanding the IC, and for developing their own working frameworks and practices in order to comply with the Convention.

The aims of the guidelines are therefore to enable social workers to:

- Enhance their understanding and knowledge of the Istanbul Convention, its framework and its requirements.
- Build on their understanding of violence against women and domestic violence (VAW/DV), and the experiences of victims.
- Gain an insight into their role in implementing the Convention.
- Develop responses and interventions when working with victims of VAW/DV through practice that aligns with the principles of the IC.
- Develop a multi-disciplinary or intersectoral approach to the protection and support of victims of VAW/DV so that needs are addressed through agency collaboration.
- Overall, to use the guidelines as a tool for improving their responses and interventions when working with victims of VAW/DV, so that better outcomes are achieved for victims.

THE STRUCTURE OF THE GUIDELINES

These guidelines are divided into three sections. It is intended that social workers can draw from each section, using the different sections and sub-sections as tools to help in build their understanding of the IC and the ways they can participate in its implementation through their own learning and social work practice.

Section One

Section One provides an overview of the IC and aims to help social workers to better understand its framework of understanding of VAW/DV. It offers an insight into IC which social workers can use to integrate into their everyday working practices. It explores the IC's definition of VAW/DV as well as outlining the fundamental principles of the Convention. It is important for social workers to gain an understanding of these principles for them to effectively integrate them into their work.

Section One therefore aims to help social workers to consider how they as individuals can utilise these principles in practice.

Section Two

This section focuses on social work practice with victims of VAW/DV. It offers a range of information and tools to help social workers to respond to situations of VAW/DV appropriately, and to build their understanding of the experiences of victims of VAW/DV.

It is intended that social workers can use this section for guidance on what they can do, how they should respond and what interventions are available to them when they are working with victims of VAW/DV.

Section Three

This section looks at the context and development of multi-disciplinary work in the Republic of Moldova. Collaborative, multi-disciplinary practice is an important way of complying with the requirements of the IC. The aim of Section Three of these guidelines is to outline the framework in the Republic of Moldova through which multi-disciplinary practice seeks to ensure the safety and needs of victims of VAW/DV.

Section Three includes a database of contact details for relevant and specialist services for victims of VAW/DV.

Other resources

Finally, several appendices/annexes are included which can be used as information and resources alongside the main sections of the guidelines.

SECTION ONE

Social work in the context of the Istanbul Convention

Article 20 of the Istanbul Convention refers to the important role to be played by states in ensuring support services, including those provided by social workers, are developed to meet the requirements of the convention:

> Article 20 – General support services
>
> 1 Parties shall take the necessary legislative or other measures to ensure that victims have access to services facilitating their recovery from violence. These measures should include, when necessary, services such as legal and psychological counselling, financial assistance, housing, education, training and assistance in finding employment.
>
> 2 Parties shall take the necessary legislative or other measures to ensure that victims have access to health care and social services and that services are adequately resourced and professionals are trained to assist victims and refer them to the appropriate services.

Social workers in the Republic of Moldova play a key role in preventing and responding to situations of violence against women and domestic violence (VAW/DV). It is important therefore that they can use the fundamental approach of the convention to help in their practice, responses, and interventions. In particular, they should be able to understand VAW/DV as a violation of human rights and as a form of gender discrimination.

GENDER DISCRIMINATION

In its preamble, the Convention states that "violence against women is a manifestation of historically unequal power relations between women and men, which have led to domination over, and discrimination against women by men and to the prevention of the full advancement of women".

According to Article 3(a) of the Convention:

> "violence against women is understood as a violation of human rights and a form of discrimination against women and shall mean all acts of gender-based violence that result in, or are likely to result in, physical, sexual, psychological or economic harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life"

The IC therefore understands the violence against women and domestic violence VAW/DV as arising from gender inequality, the unequal power relations between men and women, and as a human rights violation. It sees VAW as both the cause and consequence of gender inequality. Combatting and ending gender inequality and gender discrimination is therefore essential to combat and end VAW.

It is important to note that within the IC the term gender refers to "the socially constructed roles, behaviours, activities and attributes that a given society considers appropriate for women and men" (Article 3.c). In this way, its definition of gender refers to historical and cultural stereotypes and norms[1] which are ideological, and which have worked across most societies globally and historically to discriminate against women. Such ideologies and stereotypes have been used to justify VAW/DV and often make it seem acceptable. The IC therefore defines "gender-based violence against women" as "violence that is directed against a woman because she is a woman or that affects women disproportionately" (Article 3.d)

This is the fundamental approach of the Istanbul Convention, and in order to implement its commitments, this approach should be integrated into everyday social work practice. Social workers should respond to victims with an understanding that their situations are a result of gender inequality and gender discrimination and are a violation of human rights.

According to Article 4 of the Convention, measures to protect the rights of victims:

> "…shall be secured without discrimination on any ground such as sex, gender, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth, sexual orientation, gender identity, age, state of health, disability, marital status, migrant or refugee status, or other status".

The Convention also emphasises the importance of the obligation to protect victims, and to support them appropriately without prejudice or discrimination. In this sense, it not only defines VAW as arising out of gender discrimination, but also requires that states who are committed to the IC operate to protect victims of VAW/DV, and to provide a means for their recovery.

In order to protect the rights of victims of VAW/DV in a way that complies with the Istanbul Convention, social workers should therefore underpin their work with the following framework:

- VAW/DV as a violation of human rights
- VAW/DV as both a cause and result of gender discrimination and inequality
- The right of victims to be protected and supported

1. Pag. 5 of the Istanbul Convention – https://rm.coe.int/168046253e

FORMS OF VIOLENCE AGAINST WOMEN

The Istanbul Convention specifies several forms of gender-based violence against women that are to be criminalised[2] (or, where applicable, otherwise sanctioned). These are:

Physical violence (art. 35):

- The intentional act of committing physical violence against another. Physical violence includes beating, burning, kicking, punching, biting, maiming or killing, or the use of objects or weapons.

Sexual violence, including rape (art.36):

- Engaging in non-consensual vaginal, anal or oral penetration with another person, by the use of any body part or object; engaging in other non-consensual acts of a sexual nature with a person; or causing someone else to engage in non-consensual acts of a sexual nature with a third person.
- Non-consensual sexual conduct commited by an Intimate partner, including rape and attempted rape constitute sexual violence. Examples of non-consensual sexual acts can include being forced to watch somebody masturbate, or forcing somebody to masturbate in front of others.

Sexual harassment (art. 40):

- Any form of unwanted verbal, non-verbal or physical conduct of a sexual nature with the purpose or effect of violating the dignity of a person, in particular when creating an intimidating, hostile, degrading, humiliating or offensive environment.

Psychological violence (art. 33):

- The intentional conduct of seriously impairing a person's psychological integrity through coercion or threat.

Stalking (art. 34):

- Repeatedly engaging in threatening conduct directed at another person, causing her or him to fear for her or his safety.

Economic violence:

- Taking away the earnings of the victim, not allowing them to have a separate income (giving them housewife status or making them work in a family business without a salary), or making the victim unfit for work through targeted physical abuse.

Forced marriage (art.32):

- The intentional conduct of forcing a person to enter into a marriage.

Female genital mutilation (art. 38):

- Excising, infibulating or performing any other mutilation to the whole or any part of a woman's labia majora, labia minora or clitoris; coercing or procuring a woman to undergo any of the acts of FGM, inciting, coercing or procuring a girl to undergo any of the acts of FGM.

Forced abortion (art. 39):

- Performing an abortion on a woman without her prior and informed consent.

Forced sterilisation (art. 39):

- Performing surgery which has the purpose or effect of terminating a woman's capacity to naturally reproduce without her prior and informed consent or understanding of the procedure.

2. The classification of an act as a crime and its punishment accordingly, according to the Criminal Code.

In addition, the Istanbul Convention sets out the obligation to ensure that culture, custom, religion, tradition or so-called "honour" are not regarded as justification for any of the acts of violence covered by its scope:

> "…any of the acts of violence covered by the scope of this Convention, culture, custom, religion, tradition or so-called "honour" shall not be regarded as justification for such acts. This covers, in particular, claims that the victim has transgressed cultural, religious, social or traditional norms or customs of appropriate behaviour" (Article 42)

The IC covers all forms of domestic violence, including all acts of physical, sexual, psychological, or economic violence that occur within the family or domestic unit or between former or current spouses or partners, whether or not the perpetrator shares or has shared the same residence with the victim. Owing to the seriousness of such violence, it requires ensuring that the circumstances in which the offence was committed against a former or current spouse or partner, by a member of the family, a person cohabiting with the victim, or a person having abused her or his authority, may entail a harsher sentence either as an aggravating circumstance or a constituent element of the offence.

The convention asks states to ensure the safety and support of victims of domestic violence perpetrated by family members, spouses, or intimate partners, regardless of their marital or non-marital status. The convention can and must be applied irrespective of the legal definitions of "family" or "marriage" and recognition, or not, of same-sex relationships. These are matters for each state to decide since the legal recognition of same-sex unions or adoption by same-sex couple is outside the scope of the IC.

It is important for social workers to appreciate how widespread VAW/DV IS at a global level. For example, the World Health Organisation has estimated the incidence of VAW/DV globally[3]:

- Approximately 1 in 3 (30%) of women worldwide have been subjected to either physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime.
- Most of this violence is intimate partner violence. Worldwide, almost one third (27%) of women aged 15–49 years who have been in a relationship report that they have been subjected to some form of physical and/or sexual violence by their intimate partner.

From the point of view of social workers, it is important to approach any of these forms as VAW/DV, to understand how common they are (although they are so often hidden), and to utilise the framework of understanding laid out in the IC they all occur because of gender discrimination and are violations of human rights.

BARRIERS FOR SOCIAL WORKERS IN IMPLEMENTING THE ISTANBUL CONVENTION IN PRACTICE

The Council of Europe and the IC recognise that gender inequality is historic and is deeply embedded in societies at a global level. When states commit to the Convention, they are committing to changing attitudes, cultural practices, customs, legislation, and national and local policy. With all states, this takes time, and can pose barriers and challenges for social workers

3. https://www.who.int/news-room/fact-sheets/detail/violence-against-women

who are working to protect victims. There are still prejudices and gender stereotypes among professionals, and insufficient specialist training available for social workers on VAW/DV[4].

The European Court of Human Rights has three leading cases concerning the Republic of Moldova which are pending for full and effective implementation regarding VAW/DV. These cases refer to structural or systemic gaps that need to change through the implementation of new provisions to prevent such violations from recurring:

EHRC Case	Articles of the EHRC which were violated	Pending implementation	Actions to be taken
IG v. Moldova (2012), referring to an ineffective investigation into the alleged rape of a 14 year-old girl[5].	Article 3: Prohibition of ill-treatment/torture.	Action Plan submitted by authorities in 2014. Pending implementation due to finding of repeat cases where the authorities neglected to implement satisfactory legal and social measures.	Avoid revictimization. Offer specialist support to women and children who are victims. Provide training to all agencies working with VAW/DV
E. and Daughters v. Moldova (2013)[6], which concerns ineffective investigation/ investigation as well as the provision of effective protection against acts of violence by the husband (former police officer)	Article 3: Prohibition of ill-treatment/torture Article 8: The right to respect for private and family life. Article 14: Prohibition of discrimination	Action plan presented by the authorities in 2014. Under implementation.	Don't blame and provide specialist support and protection to DV women and children; Implement protective orders to ensure the safety of victims, even if the abuser is cooperating with the police
TM and CM v. Moldova (2014), which concerns a mother and daughter who are repeatedly physically and verbally abused by their ex-husband/father.	Article 3: Prohibition of ill-treatment/torture Article 14: Prohibition of discrimination	CM surveillance and monitoring still ongoing. Although individual and collective measures are established, there are still many challenges to be solved.	Implement programs for abusers Ensure the right of victims to access available Legal Aid. Ensure that economic and psychological violence are understood as part of VAW/DV Implement protective orders to ensure victim safety.

4. How the system of assistance to victims of VAW/DV will need to be improved after ratification of the IC by the Republic of Moldova. Available in: https://rm.coe.int/md-2021-2692-coe-infographic-how-the-system-eng/1680a33c8a
5. Decision of the European Court of Human Rights – EREMIA v. THE REPUBLIC OF MOLDOVA (coe.int).
6. Comunication from one ONG (18.03.2019) în cauza T.M. și C.M. against Republicii Moldova (Cererea nr. 26608/11). Disponibilă la: https://hudoc.exec.coe.int/eng?i=DH-DD(2019)364E

EHRC Case	Articles of the EHRC which were violated	Pending implementation	Actions to be taken
EG v. Moldova (2021), referring to an amnesty granted to a perpetrator of sexual assault.	Article 3: Prohibition of ill-treatment/torture. Article 8: Right to respect for private and family life.	The outcome of this case is pending while the Republic of Moldova completes its Action Plan.	

These ECHR cases[7] are useful in identifying the barriers/pitfalls in the system, so that state institutions and individual actors (including social workers) are able to understand the challenges they face and areas of work that need to change.

The Istanbul Convention not only calls for concrete measures for member states but also calls on individual professionals within each state o work towards achieving the requirements of the convention. Social workers as individuals and as collective teams are key to being part of the change that is needed. They can contribute by integrating a consciousness of VAW/DV as the result and cause of gender inequality and as a violation of human rights. This should be integrated into their responses to victims. To achieve this, social workers need to be familiar with the obligations of the Convention, while recognising that there will be barriers to protecting victims within the structure of state systems. Social workers also have an important role to play in addressing these barriers through raising them at an institutional level.

Gender discrimination is deeply embedded in customs, institutions, and cultures. Social workers should be reflective and recognise that they themselves may be influenced by these social ideologies. In order to be part of the change that the Istanbul Convention requires, they will need to reflect upon how this influences their social work practice and uses an approach based on combatting gender discrimination.

7. From an NGO (18/03/2019) in the case of T.M. and C.M. v. Republic of Moldova (Application No. 26608/11). Available in: https://hudoc.exec.coe.int/eng?i=DH-DD(2019)364E; Communication from an NGO (Women's Law Centre) (15/11/2019) and reply from the authorities (03/12/2019) in the case of T.M. and C.M. v. Republic of Moldova (Application No. 26608/11), available in: https://hudoc.exec.coe.int/eng?i=DH-DD(2019)1485E; Communication from an NGO (Women's Law Center) (18/03/2021) in the case of T.M. and C.M. v. Republic of Moldova (Application No. 26608/11) available in: https://hudoc.exec.coe.int/eng?i=DH-DD(2021)350E

SECTION TWO

Applying the Istanbul Convention to social work practice

Social workers in the Republic of Moldova have a central role to play in responding to and intervening in situations of VAW/DV. The ratification of the Istanbul Convention provides a very positive opportunity for social workers to improve responses, and to implement practice that complies with the Convention.

In this section, guidelines are provided for social workers to integrate the principles of the Convention into their practice. The section aims to guide social workers on the kinds of concrete measures they can implement in practice for the prevention, detection, and investigation of VAW/DV, and offer appropriate support to victims/survivors and their children. For the implementation of these actions, a coagulation of efforts and close cooperation between social workers, other institutions and state structures, civil society and international institutions, which are active in the field of victim assistance and violence prevention, is necessary.

SOCIAL WORK PRACTICE AND THE ISTANBUL CONVENTION

Protecting women against all forms of violence, preventing and eliminating violence against women and domestic violence (art. 1a, 4.1).

- **Social workers should** be aware of the risks of VAW/DV on women and their children and should prioritise their safety. Any interventions must consider the level of risk a woman may be vulnerable to, and safety measures should be implemented.

Eliminating all forms of discrimination against women and promoting substantive equality between women and men, including by empowering women (art. 1b).

- **Social workers should** be sensitive to the discrimination experienced by women, and their vulnerability to VAW/DV caused by this discrimination. And the actions they take to support these women who have experienced violence are developed through the lens of the approach based on combating gender discrimination. Social workers must strive to empower women to overcome this discrimination in any way possible.

Supporting and cooperating with all agencies in order to adopt an integrated approach to eliminating violence against women and domestic violence (art. 7).

- **Social workers need to be aware** that VAW/DV is a complex problem, affecting many aspects of women's and their children's lives. Thus to meet their needs, there must be a multidisciplinary approach to support women. Women must be supported through complex services, which will respond with the greatest efficiency and will cover to the greatest extent their needs on medical, psychological, social and legal criteria. By connecting and cooperating with other social actors, protection and recovery can be improved.

Developing and designing actions of awareness-raising, education, training on VAW/DV to contribute to prevent and eradicate it (art. 13).

- **Social workers should** seek to participate in any form of training and education which will help them to build an understanding of VAW/DV. At the same time, social workers can raise awareness through ensuring they convey the message that VAW/DV is unacceptable through their practice and through informational materials (posters, leaflets etc.).

Ensuring all of their actions form part of a comprehensive and coordinated set oflicies and provide a comprehensive response to violence against women and domestic violence (art. 7).

- **Social workers should** try to attend any form of training and education that will help them develop an understanding of VAW/DV. At the same time, social workers can raise awareness by ensuring that they convey the message that VAW/DV is unacceptable, through their practice and through informational materials (posters, leaflets, etc.) developed for information and prevention purposes.

Referring to specialized resources and conducting the follow up, considering the victim specific needs (art. 12.3 and 18.3).

- **Social workers should** familiarise themselves with any local specialist services and recourses where they can refer victims for specialist support (e.g. shelters, rape crisis centres). They should be available to the specialist service and the victim after the referral so that any follow up work can be done collaboratively.

GOOD PRACTICE PRINCIPLES FOR SOCIAL WORK INTERVENTIONS BASED ON THE ISTANBUL CONVENTION

According to the Istanbul Convention, victims of VAW/DV should be guaranteed a high-quality intervention which aims to protect and promote their human rights, their dignity, and their safety. The following practice principles provide guidance on integrating the Convention into social work practice:

ETHICAL PRACTICE PRINCIPLES

Social workers should be sensitive to the experiences and impacts of VAW/DV when supporting victims.

Belief

The fear of not being believed about their experiences can be a major factor in preventing women from seeking help. They should not be required to provide proof of violence. Social workers should be aware that physical assault is not the only form of VAW/DV. Threats of violence, psychological bullying and financial control are also very damaging. Women should be believed and not be pressurised to provide evidence.

Non-judgmental

Social workers should avoid judging or pressurising women who come to them for support. Their situations are often complex. They may make decisions that a social worker does not agree with, never lead to the provision of lower quality services or even lack thereof.

Blame

Self-blame is a common factor in preventing women from seeking help. Social workers should avoid ever blaming women for their situation and should convey the message that VAW/DV is always the responsibility of the perpetrator.

Children

A common reason why women are afraid to seek help in situations of VAW/DV is that they fear their children may be taken away from them. A woman may feel that she will be seen as a 'bad mother'. Social workers should take this into account and understand that the choices a woman makes will often be based on the needs of her children.

A HUMAN RIGHTS PERSPECTIVE

The Convention is based in a human rights framework which will require social workers to treat a victim of VAW/DV as a rights holder. Support should be sensitive and respectful of the dignity of victims.

A GENDERED PERSPECTIVE

The IC requires all actors to understand VAW/DV as arising from gender inequality, recognising that it is a structural and historical form of discrimination which violates the human rights of women. Using this framework enables social workers to better understand the victims' experiences and to provide appropriate support.

CONFIDENTIALITY AND SECURITY

The Convention requires social workers to be aware of the risks to the VAW/DV victim and to be able to guarantee confidentiality as far as possible. The information is accessible only to those who have been given access, through the autonomous and fully informed consent of the VAW/DV victim. Information should only be shared with the informed consent of the victim or survivor. The confidentiality of information can be violated, only if the information shared by the victim of domestic violence relates to a potential danger to his life and safety and that of his children or relatives. At the same time, social workers must strive to provide the necessary measures to protect the victim and help them feel safe.

A VICTIM CENTRED APPROACH

The Convention requires social workers to centre and prioritise the needs of victims and enable them to give voice to these needs. The victim is a holder of rights with the capability to make her own choices in exercising these rights. It is important to understand that women victims/survivors have the best knowledge of their situation and their experiences. They should be treated as active agents rather than passive recipients of support and intervention. Just as survivors should be consulted and listened to about policies which aim to protect them, social workers should listen to them, respect their choices, and place them at the centre of support, through the lens of the victim-centered approach.

A COLLABORATIVE MULTI-DISCPLINARY APPROACH

The IC promotes an approach to protecting victims of VAW/DV which is based on multi-agency collaboration. Social workers should be aware that the needs of victims are often complex, and their experiences can impact on areas such as housing, finances, health, employment, and education To achieve safer and more positive outcomes for victims, social workers need to use this approach and be part of any formal or informal referral systems that facilitate it.

AN INTERSECTIONAL PERSPECTIVE

Social workers should recognise the different impacts of VAW/DV on victims who have other overlapping vulnerabilities. They should consider the intersectionality of their situation regarding age, social class, race, ethnicity, religion, sexual orientatio, gender identity, health, disability, and immigration status. These additional vulnerabilities can impact on the needs of victims, and the choices available to them. Social intervention should take the victim's whole situation into account, and adapt support and interventions to individual needs, without discrimination.

The following section looks at additional vulnerabilities which may intersect with VAW/DV.

INTERSECTIONALITY: ADDITIONAL VULNERABILITIES FOR SOCIAL WORKERS TO CONSIDER WHEN SUPPORTING WOMEN

The concept of Intersectionality is helpful in understanding how differing forms of oppression and discrimination can intersect. For example, women with disabilities who have experienced VAW/DV are also experiencing the intersections of gender discrimination and disability discrimination. In working with such women social workers should be sensitive to criteria of intersecting vulnerabilities as they may affect the needs of each VAW/DV victim and ensuring access to rights and services.

AGE-RELATED ISSUES

Older Women

Older women are equally at risk of VAW/DV as any other group. Social workers should avoid assuming that because they are older, they are unlikely to be at risk of domestic or sexual violence. Women over 65 years of age may be in a situation where they are dependent upon the perpetrator, and in cases of domestic violence, they may have lived with this for many years.

They may be physically more vulnerable, and because of more traditional stereotypes about gender, they may find it more difficult to seek help, and may be more likely to blame themselves for the violence and abuse.

Social workers should not assume that because a woman is older, she should not be offered the same choices. Additional risks and needs should be considered, and where older women are more physically vulnerable, consideration must be given to transport, physical and psychological assistance and care. It is likely that social workers will need to work collaboratively with health and welfare services, and where a woman gives permission, work with other members of her family.

Younger Women

Article 3 (f) of the IC defines "women" to include girls under the age of 18.

It is well known that some women are the victims of sexual and domestic violence years before they become adults. If they were not taken seriously as children, they are far less likely to feel confident in seeking help as adults. A pattern of low self-esteem and lack of confidence can often mean that their trust in the system of services available may have already been eroded.

Younger women who need support because of VAW/DV may fear not being taken seriously because of their age. They will often be very vulnerable psychologically and may appear to be uncooperative or uncommunicative in an interview. Social workers should use sensitivity to this, and ensure that choices are offered. Younger women may also be deterred from seeking help because of restricted access to financial income and social workers must take this into account. A younger woman may have little experience of living without VAW/DV in her life, and it is crucial for social workers to convey the message that VAW/DV are never acceptable.

WOMEN WITH DISABILITIES

Women with disabilities, including both physical and mental disabilities, are often in a situation of major vulnerability in situations of VAW/DV. In cases of domestic violence, they may be dependent upon the perpetrator, for their physical and daily needs. It is important for social workers to be aware of this risk.

Women with disabilities who are experiencing VAW/DV will often face other forms of discrimination due to their disability and their choices may be limited by their disability.

In these cases, social workers will need to consider the following:

- Ensuring universal accessibility, such as for wheelchair users, is available when they seek help.
- Ensuring information is provided which is adapted to their needs (e.g. translation for women who are deaf, or cognitive assistance for women with mental disabilities)
- Treating them as rights holders, and not assuming that because they have a disability, they are not able to make choices for themselves.
- Considering what networks of support they need, and the importance of working collaboratively with health and other services for people with disabilities.

WOMEN FROM RURAL AREAS

Given that the Republic of Moldova has many socially isolated rural areas, social workers should be aware of the obstacles women subjected to VAW/DV may face in rural communities. This can include difficulties in accessing services, lack of information about what services are available, and lack of transport. Rural communities are often small, and it may be difficult for a woman to maintain confidentiality and privacy about her situation. She is more likely to be both physically and socially isolated, and this will impact on her fear of seeking help and making choices about her situation.

Social workers should consider:

- Offering help with transport to access support or move location.
- Paying special attention to their right to privacy and be sensitive to the issues around this in small rural communities.
- Where possible, raising awareness in rural communities about the unacceptability of VAW/DV
- Helping her to strengthen her support networks.

REFUGEE AND MIGRANT WOMEN

Refugee and migrant women often suffer discrimination around their cultural origin or race. They may be in a precarious employment and financial situation. They may not have a secure immigration status which hinders their access to support services and may impact upon their rights to financial and social assistance. They may also not be fluent in the language of their host country which presents a significant barrier in getting the help they need. This may also cause them to be fearful of seeking help.

Social Workers should consider the following when working with such women:

- Offering interpretation services to accompany them to appointments (health, legal, security forces).
- Accessing intercultural advocacy services with agents of the same country as the victim so that she has support.
- Referring her to agencies specialising in immigration issues

WOMEN FROM MINORITY ETHNIC COMMUNITIES

Women minority ethnic communities often face discrimination for their cultural origin and their race. This means they are often discriminated against regarding employment. They may be fearful that social workers and other social assistants will discriminate against them.

When working with women from minority ethnic communities, social workers should be aware that the intersections of racism, prejudice and gender discrimination can make it much more difficult for a woman to seek help.

Social workers should consider:

- Providing intercultural mediation services, or language interpretation services if needed.
- Being sensitive to differences of culture.
- Avoiding using stereotypes or assumptions about these differences of culture.

LESBIAN, BISEXUAL, TRANSGENDER AND INTERSEX WOMEN

LBTI women may face multiple discriminations based on their gender identity and/or sexual orientation. They may have experienced social and family isolation because of their sexuality/sexual identity. They may find it particularly difficult to talk about violence in their relationships.

Social workers should consider:

- It takes courage for any woman to seek help and speak out about VAW/DV. It is likely to take even more courage to be open about sexuality/gender identity.
- Offer a referral if there is an agency available offering support to LGBT groups.

WOMEN WITH ADDICTION ISSUES

Women who are dependent on addictive drugs, including alcohol, are extremely vulnerable to VAW/DV, and will face many barriers when it has occurred. In cases of domestic violence, it may be that drugs are being used as a way of controlling her, making her dependent upon the perpetrator. She may be using drugs as a means of coping with violence or abuse.

Social workers should consider:

- Referring her to an agency offering support for drug or alcohol problems.
- Being aware that the abuse and violence she has suffered may be linked to her addition.
- Being mindful of the impacts on her health and mental health as additional vulnerabilities.

UNDERSTANDING THE IMPACTS OF VAW/DV ON WOMEN

In order to respond and support women seeking help appropriately, it is important for social workers to be aware of the impacts of their experiences and the barriers they may have faced in seeking help.

VAW/DV can have both serious physical, but also psychological and social[8] consequences, affecting a woman's self-confidence. In cases of domestic violence, it is likely that she has lived in a violent relationship for a long time. Much of her home life has been affected as the threat of violence and abuse is always present and she may rarely feel safe. The woman may fear that she has done something to deserve this treatment and be anxious about everything she does.

8. See the description of the immediate and late consequences of violence, page 34 of the Practical Guide "Documentation of Gender Based Violence" – Practical Guide Documenting Gender Based Violence.pdf (memoria.md).

It also likely that she will be fearful about disclosing what has happened to her.

Social workers should understand that it will take considerable courage for a woman to come forward and disclose her experiences to anyone, and the social worker may be the first person she has told.

The effects on women of VAW/DV undermine a woman's capacity to see her choices clearly and to communicate her experiences effectively. Enabling her to make choices will be a key step in empowering her.

- The role of a social worker consists in offering practical help and psycho-emotional support, without putting pressure on the woman;
- The social worker must not judge or impose his own opinions, but listen and pay attention to the woman's words and focus on documenting her experiences;
- The social worker must support the victim, showing a lot of patience, empathy and compassion, training actors who share the same principles and efforts;
- Ensuring its security and confidentiality are essential aspects;
- A social worker must not convey any doubt about the woman's sincerity and must be aware that she cannot always reveal every detail. Her account may be unclear or fragmented.

CONSIDERATIONS WHEN A DISCLOSURE OF VAW/DV HAS TAKEN PLACE

AVOID	ENHANCE
Avoid interviewing her in a public space, or somewhere where you will be interrupted. Remember she will be concerned about safety and confidentiality.	Conduct the interview in a private, safe space and reassure her of her confidentiality. Try and identify if she has any immediate concerns, such as picking up her children from nursery or school. Allow her to bring a relative or friend if that would help her.
Avoid giving inaccurate information or being over-bureaucratic.	Ensure you have as much information as possible before the interview, such as contact details about shelters or other specialist services. When note-taking, explain to her why you are doing this and what it will be used for.
Avoid controlling the victim. Her rights and choices should be centred.	Interventions should be based upon what she feels her needs are.
Avoid panicking or overreacting, even when what she tells you is shocking. Don't ask for unnecessary details.	Be patient and sensitive. Give her as much time as possible to talk. Remember you may be first person she has spoken to about her experiences.
Never underestimate the risk and violence she has experienced. She may minimise it herself in order to manage her situation.	Reassure her that her safety and security are your priority.

AVOID	ENHANCE
Avoid judging or blaming her for her situation. This may deter her from seeking help in the future and is a form of further victimisation.	Work to empower her to feel safe in telling her story, and always place her views at the centre of any actions taken.
Never try to force her to file a complaint to the police as a condition of her accessing her rights and support services.	Allow her to make decisions based on what she feels she needs.
Avoid questioning her account of what has happened, and never hold her responsible for the violence she has experienced and possibly lives it even now.	Make sure you believe it and encourage it by sending the message that VAW/DV is never acceptable and it is a crime.

DETECTING VAW/DV AND POTENTIAL INDICATORS

It is important for social workers to be sensitive to the possibility that VAW/DV has taken place because victims often either minimise the violence they are living with or do not wish to disclose what is happening. Identifying the possibility of VAW/DV is important because it can help social workers ask the right questions and encourage the victim to disclose her experiences.

VAW/DV can result in serious short and long-term physical, psychological, social, and sexual and reproductive health problems. It also impacts on the health and wellbeing of their children and their family environment.

Where a disclosure has taken place, then the social worker should follow the guidelines in the previous table, prioritising the needs and safety of the victim. Following an interview with the victim, social workers should refer to specialist services that can provide the care necessary for her protection and recovery. This will require the coordination and collaboration with other services, aiming for the victim's safety and rights to be restored.

The following table provides a list of possible indicators of VAW/DV which social workers should be aware of. It is important to bear in mind that no single indicator can be considered sufficient in establishing the occurrence of VAW/DV. Violence and abuse impact on individuals in different ways. Rather, the table serves to suggest some of the ways that social workers can detect the possibility that VAW/DV is taking place.

It is also important when VAW/DV is suspected and the perpetrator/partner of the woman is present to be observant of his behaviour, and her responses to him. Social workers should try to find ways to speak to the victim alone wherever possible.

Potential Indicators of VAW/DV	
Physical	• Bruising, burn or rope marks • Broken bones • Signs of hair loss • Broken eyeglasses • Open wounds, cuts, punctures, and other untreated injurie • Chronic pain in general • Gastrointestinal or pelvic discomfort • Breathing difficulties • Poor physical health in general
Sexual and Reproductive	• Lack of fertility control (many pregnancies, unwanted pregnancies) • Bruises or lacerations around the breasts or genital area • Unexplained venereal disease or genital infections • Unexplained vaginal or anal bleeding • Torn, stained, or bloody underclothing • History of repeating miscarriages • Low birth rate • Delay in requesting prenatal care
Psychological	• Nervousness and hypervigilence • Low self esteem • Insomnia • Depression • Anxiety • Post traumatic stress disorder • Mental exhaustion • History of suicide attempts
Behavioural	• Remaining silent if the partner is present or seeking partner's approval when speaking • Defensive or aggressive when responding • Minimising the abuse, or justifying it as socially acceptable • Defending'traditional' male dominance, or traditional female subservience • Blaming herself or taking responsibility for the violence and abuse
Social and Community attitudes	• Belief systems that see VAW/DV as acceptable, or 'natural' gender relationships • Normalisation of violence in relationships • Belief in men's right to control women in both the private and public spheres • Belief that women are responsible for male violence and male sexual desires

It is also useful for social workers to be aware of situations where the risk of VAW/DV may increase. These can include situations where the victim's life has changed significantly, and/or where her dependence upon the perpetrator of VAW/DV is increased:

Situations of increased risk of VAW/DV	
LIFE-CHANGING SITUATIONS:	
Pregnancy and postpartum	Patterns of domestic violence can often begin or increase in frequency and seriousness during pregnancy and the early years of the child's life. This is therefore a situation of increased risk.
Separation	In situations of domestic violence, the violence is likely to increase in frequency and seriousness when a woman is about to leave the perpetrator, or just after she has left.
Retirement or partner's retirement	Domestic violence can often increase after the perpetrator, or the victim, have retired because this is a life-changing situation often leading to increased social isolation. It is therefore a risk factor social workers should be sensitive to.
SITUATIONS OF INCREASED DEPENDENCY:	
• Social isolation or isolation from family and friends. • New location or migration whether local, national or cross-border. • A disabling illness • Long term or sudden physical and/or economic dependence. • Employment difficulties or unemployment. • Lack of social skills or difficulties with learning. • Difficulties at work. • Situations of social exclusion (prisoners, prostitution, destitution).	

SOCIAL WORK INTERVENTIONS WITH VICTIMS OF VAW/DV

CRISIS INTERVENTION

Social workers will often need to support victims of VAW/DV at a time of crisis or high risk. The priority in such cases will be to consider her safety and work to reduce the risk.

Key steps for social workers in such a situation are as follows:

Risk Assessment

It is essential to assess the level of immediate risk to her and her children's physical and mental safety. The Risk Assessment should also identify the likelihood of future violence. It is important to gather all available information to inform the risk assessment, and wherever possible to work with other relevant agencies to build information and take steps to reduce risk and increasing safety and security.

Aspects of Risk Assessment that are important to consider:

- She may not acknowledge or may minimise the violence.
- She may be unwilling to report the violence.
- There may be a history of withdrawing previous complaints.
- She may lack any family or social support networks.
- She may be economically and emotionally dependent upon the perpetrator of the violence.
- Your perception of risk and danger may be different to hers.
- There may be a presence of threats against her if she discloses what is happening.

Safety Planning

In situations of risk, an effective safety plan can empower the victim by enabling her to address her immediate needs and to develop strategies to reduce further risks. She is the expert on what can be done to reduce risk.

A useful safety planning tool is to help her to put together an emergency leaving plan so that if she needs to escape violence quickly, she is well prepared. It can be empowering for woman in a situation of domestic violence to know she has planned for emergencies. Be aware that she may not be able to take the list with her for safety reasons, but but the planning process will help her feel in control of the situation.

EMERGENCY LEAVING PLAN

1. Collect and have available the telephone contact numbers you may need in an emergency. If you feel writing them down will put you at risk, try and make a mental note of the most important ones.
2. Teach your children to call emergency services – what will they need to say, full name and address.
3. Know where the nearest phone is. If you have a mobile telephone, try to keep it close to you at all times.
4. Try to keep some money to one side for use in emergencies.
5. If you have a car, keep a set of keys in a place where they can be easily found.
6. Be in contact with neighbours, family, and friends you can trust. See if you can go to them in an emergency. Consider asking them to call the police if they hear sounds of violence.
7. If you intend to take your children with you try to do so when you leave.
8. Rehearse an escape plan for you and your children to leave the house as safely as possible.
9. Try to plan to leave when the perpetrator is not present.
10. Keep a bag packed ready to take in an emergency.
11. Have legal and identification documents gathered together (birth certificates, passports, vias, work permits, bank books and cards, welfare benefits papers, driving license.
12. If you or your children have prescribed medication, try to make sure it is available to take with you if you leave in an emergency.

Emotional Crisis

A crisis can often be bought about by the trauma and mental health impacts of violence and abuse. These impacts can have a severely detrimental effect upon mental health, and a woman may need immediate support to manage this.

In cases where an emotional crisis has occurred due to having suffered recent or past VAW/DV, social workers can:

- Provide a safe, confidential space so that the woman can talk through her feelings.
- Explore what resources she may have access to which can help support her through this crisis (friends, family, professional support)
- Provide information on what emotional and psychological support is available to her.
- Refer her to the appropriate resouorces based on her specific needs for recovery and reparation.

THREE PRIORITIES FOR CRISIS INTERVENTION:

- Ensure safety and security and provide urgent needs.
- Provide an environment to express emotions, needs and concerns.
- Refer wherever possible to meet basic financial, medical, social, and psychological needs.

SOCIAL INTERVENTION

The social intervention consists of a broader and longer-term support process for victims of VAW/DV so that they and their families are able to recover and rebuild their lives. VAW/DV impacts on many aspects of life, and attention should be given to the whole range of social needs the victim/survivor has. Each case and each set of intersecting needs is individual, so it is important to undertake the following steps:

Identification and Report of VAW/DV

It is important to establish mechanisms and protocols for identifying those at risk of VAW/DV. Their situation should be assessed and where appropriate referrals to other services should be made. All sectors play a key role in identification and referral and should be trained to carry out such processes.

KEY ASPECTS FOR GOOD PRACTICE

For the identification:

- Consider indicators of VAW/DV.
- Identify situations of risk and vulnerability.
- Create a climate of trust and privacy.
- Ask direct, clear and empathetic questions.
- Listen without interruptions or judgements.
- Inform about rights and possibilities.
- Support their decisions.

For the report:

- Reporting is mandatory:

Internal: if the survivor does not want to be referred.

Internal and external: if the survivor consents to be referred.

- Assessment should take place though a private interview
- Confidentiality is paramount.

Assessment of Demands, Needs and Resources

A detailed assessment of the demands and needs of victims, as well as the personal and social resources available to them to cope with the situation they are experiencing, should be carried out.

Informing and reassuring her of confidentiality.

Listening and assessing her needs.

KEY ASPECTS FOR GOOD PRACTICE

Informing and reassuring her of confidentiality.

Listening and assessing her needs.

Evaluate and ask the following questions:

- What has happened?
- How do you see the situation?
- What do you need?
- What external and internal resources does the survivor have access to in order to help her?

Information and Orientation

All the necessary information should be offered to initiate the reparation process in those areas that have been established as a priority. Specific information will be offered on the resources of the network of centers and services that assist victims of VAW/DV and on other services that are considered necessary.

KEY ASPECTS FOR GOOD PRACTICE

Assist survivors to consider all their options in order to help them to make informed decisions about their situation and to know how to proceed.

Give information about:

- Violence and its consequences.
- Their rights.
- The victim protection system.
- Available resources.
- Observations.

Initial Social Assessment and Elaboration of Social History

A social history should be taken, and reports prepared in those cases where it is deemed necessary to provide evidence of the woman's situation in order to produce an individual intervention project.

KEY ASPECTS FOR GOOD PRACTICE

Sociodemographic data:

- Identifying the victim's needs.
- Analysis of the situation of violence: level of awareness of the violence suffered, type of violence, complaint (or reasons if she is not making a complaint), injury report, judicial situation, duration of abuse, witnesses of abuse, children involved.
- Relationship with the perpetrator: cohabitation, attempted break-ups, risk, threats, relationship with the children.
- Record of attempts to ask for help and what kind of help requested.
- Social and family support networks: family acquaintances, relationship with own and extended family, relationship with children.
- Demands, expectations and intentions: what she needs, what she expects and what she is willing to do.
- Diagnosis and prognosis.
- Intervention proposals.
- Observations.

Individualised Intervention Plan

The objectives of the intervention can be identified through an individualised plan. This enables the establishment of a route to follow based on the assessment and the actions to be developed, adapted to the characteristics and needs of the individual victim.

KEY ASPECTS FOR GOOD PRACTICE

- The plan should include objectives, potentials and actions.
- The plan should include actions and communications with interdisciplinary teams.
- - Setting of objectives: concrete, achievable and related.
- Set up programmes and activities.
- Periodic evaluation to identify achievements and update new challenges.

Referral

A referral process should be established, with the participation and consent of the victim, to enable her to receive specialist care to meet her needs. Social workers should utilise mechanisms to help coordinate responses to victims' needs.

KEY ASPECTS FOR GOOD PRACTICE

- Always prioritize the confidentiality and security of victims/survivors.
- Informed consent must be given.
- Refer to a specialist organization that can respond to the needs of the victim/survivor only where she gives her agreement.

Coordination and Follow-Up

When there has been a referral to another resource, a coordination and follow-up system should identify any obstacles that may have arisen in accessing the support needed.

KEY ASPECTS FOR GOOD PRACTICE

- Once the victim has been referred, the referral should be followed up to ensure she has been able to her needs.
- A system of coordination between professionals should be established to facilitate an appropriate package of care.

Support in Decision-Making

Social workers should support and guide victims/survivors in decision making and work in collaboration with them to make decisions and plan actions.

KEY ASPECTS FOR GOOD PRACTICE

- The woman's decision-making should be enabled, and the time she needs to make decisions should be respected.
- Always ask for her consent before carrying out any intervention.
-Be patient and work through the benefits and drawbacks of each decision she may need to make.
- Always respect her wishes and her decisions.

Economic Empowerment

Financial independence, training and employment are key to helping women rebuild their lives free from VAW/DV. Where appropriate, social intervention plans should include objectives for accessing financial aid, training, and employment.

KEY ASPECTS FOR GOOD PRACTICE

Economic independence and employment is:

- Often important for women victims/survivors of VAW/DV.
- Often important for becoming financially independent of the perpetrator and break out of a cycle of violence.

Where appropriate, it is important to support women by making it easier to continue working, to return to work or to receive economic assistance to enable escape from a situation of VAW/DV.

Data Collection

All aspects of the intervention plan should be recorded, reflecting accurately the care provided to women. Reports should be developed on the assistance provided and on the social situation of the victim, and a system of indicators should be created to evaluate the interventions and analyze the results. In addition, data collection should be used to contribute to research concerning violations of women's human rights, diagnostics, and studies on VAW/DV. Data should be disagregated by gender, relationship between the victim and the perpetrator and victim, and the nature and forms of violence.

KEY ASPECTS FOR GOOD PRACTICE

Register ALL activities carried out by the social intervention service including:

- Assessment of the case.
- Number and type of requests responded to.
- Profile of the women requesting assistance and/or family members.
- Social reports on the assistance provided.
- Analyses of the social situation of the women.
- System of indicators to evaluate the interventions and analyse the results.

Multidisciplinary Approach and Coordination

Inter-agency planning is essential to achieving a holistic and effective social intervention. There should be formal and informal multi-disciplinary and inter-institutional processes for interventions, and protocols in place to meet the often complex needs of victims of VAW/DV. These should operate at local, regional, and national levels.

(Section 3 will explore inter agency approaches in the Republic of Moldova in further detail)

WORKING WITH PERPETRATORS OF VAW/DV

While these guidelines have focussed upon social work with victims of VAW/DV it is also likely that social workers will work with perpetrators as well.

The IC is clear that VAW/DV constitute serious violations of human rights, and that perpetrators should be held to account for their actions. Social workers who are working with a victim of domestic violence should avoid working with the perpetrator at the same time or becoming involved in the dynamics of the relationship. This could risk the social worker being used to control or abuse the victim.

Services for perpetrators should be designed to enable the perpetrator to confront their own behaviours and should always prioritise the safety of the victim. They should be based on a gendered perspective of VAW/DV and work to challenge stereotypes of masculinity and power.

SECTION THREE

Understanding the context for multidisciplinary working in the Republic of Moldova

This section of the guidelines looks at those models developed for inter-agency, collaborative work in the Republic of Moldova as part of progressing towards the achievement of compliance with the Istanbul Convention.

INSTRUCTIONS REGARDING THE INTERVENTION OF TERRITORIAL SOCIAL ASSISTANCE STRUCTURES IN CASES OF DOMESTIC VIOLENCE

The operational framework for social workers and other professionals in the field of preventing and combating domestic violence (DV) is represented by the instruction regarding the intervention of territorial social assistance structures in cases of DV, approved by Order of the Ministry of Health, Labor and Social Protection no. 903 of 29.07.2019[9].

This instruction defines the procedures required in order for professionals to carry out their legal duties, operating within the territorial social assistance structures (STAS). The structure and operations exist in order to prevent family violence, identify and register cases of domestic violence, assess risks and implement urgent protection measures for victimss. It outlines requirements for referring cases and for case management. The Instruction also provides useful information and tools on social worker management of domestic violence cases.

The following tools in the field will also assist in applying the requirements of the Instruction:

a) The regulation of the activity of the territorial multidisciplinary teams within the national reference system (HG no. 228/2014),

b) The program for the creation and development of the National Referral Mechanism for the protection and assistance of crime victims for the years 2022–2026 (HG no. 182/2022),

9. instructiunea-sectoriala-privind-interventia-structurilor-teritoriale-de-asistenta-sociala-in-cazurile-de-violenta-in-familie-ro.pdf (gov.md).

c) Case management (Order of the Minister of Labour, Social Protection and Family No. 71 of 03.10.2008)[10],

d) The case referral mechanism in the social services system (Order of the Minister of Labour, Social Protection and Family No. 55 of 12.06.2009),

e) Instruction regarding the intersectoral cooperation mechanism in cases of family violence, approved by MSPSM Order no. 48/298/610/162/5 of 22.06.2022[11]

f) Practical application guide for community mobilization (Order of the Minister of Labour, Social Protection and Family no. 022 of 04.12.2009),

g) Guide "Documentation of gender-based violence"[12].

h) Practical guide for local multidisciplinary teams "Prevention and management of cases of gender-based violence[13]

MULTI-DICIPLINARY COOPERATION – A COORDINATED COMMUNITY RESPONSE

The Instruction regarding the mechanism of multi-disciplinary or intersectorial cooperation in cases of domestic violence establishes the mechanism for interaction amongst a range of different professionals from criminal justice, police, legal aid offices, STAS, health agencies, probation, social assistance agencies and NGOs. **(Order of the Minister of Labor and Social Protection, the Minister of Internal Affairs, the Minister of Health, the Minister of Justice and the President of the National Council for State-Guaranteed Legal Assistance no. 48/298/610/162/5 of 22.06.2022).**

This operational framework establishes a process of communication and interaction amongst professionals from different agencies in order to develop a collaborative, multi-disciplinary response in cases of domestic violence. The purpose of this mechanism lies in streamlining the process of multi-disciplinary cooperation between different institutions and should be a coordinated community response aimed at securing the protection, safety and rights of domestic violence victims, and to hold perpetrators of domestic violence accountable.

This document provides guidance on the institutional organization of the intersectoral cooperation framework in cases of domestic violence, and on what is required in terms of reporting and data collection. This includes all actions taken in coordination such as identifying domestic violence cases, assessing risk of further violent incidents, reporting domestic violence cases to relevant agencies, and referring victims to specialist services.

The objective of this inter-agency approach to the protection of victims of domestic violence is to collaboratively identify the needs of victims and coordinate activities to support them effectively. It is a model that has shown to be effective in many states who have committed to the Istanbul Convention. At the same time, it enables more effective recording and monitoring of cases which can inform the development of joint activities to prevent and combat domestic violence more broadly in the community.

10. https://www.studocu.com/ro/document/universitatea-alexandru-ioan-cuza-din-iasi/asistenta-sociala-in-scoala/pdf-ghidul-asistentului-social-compress/44082750
11. Instructiuni mecanism intersectorial de interventie_25.05.2022.pdf (unwomen.org).
12. https://www.memoria.md/ro/publicatii; https://promolex.md/wp-content/uploads/2019/07/Ghid_VBG_web.pdf
13. Practical guide Documenting Violence based on gender.pdf (memoria.md).

THE STRUCTURE OF THE EMT FRAMEWORK

At the national level, starting from January 2024, the National Agency on preventing and combating violence against women and domestic violence is operational.

The agency is the central administrative authority subordinate to the Government and implements state policy in the following areas:

1) preventing and combating all forms of violence against women;

2) preventing and combating domestic violence.

The Agency's mission is to implement public policies to prevent and combat VAW and DV, ensuring compliance with the Istanbul Convention and other relevant international instruments to protect women's rights against all forms of violence. The agency coordinates inter-institutional activities in the field of preventing and combating VAW and DV, and facilitates cooperation and dialogue with the public sector, non-governmental sector and civil society.

In collaboration with the Ministry of Labour and Social Protection (MLSP), the Agency offers methodological support in fulfilling the duties of the MDT.

The Agency, in collaboration with the Ministry of Internal Affairs, the Ministry of Health, the Ministry of Labour and Social Protection, the Ministry of Education and Research, the National Council of Legal Assistance Guaranteed by the State, the Agency undertakes the necessary measures to implement the Working Instructions of the intervention team in cases of sexual assault.

Regarding the MDT activity, the Agency has the following functions:

- offers/gives methodological support to the competent public administration authorities for the unitary and efficient implementation, at central and local level, of the normative framework and policies to prevent and combat VAW and DV, including regarding MDT activity;
- organizes training based on multidisciplinary modules, for specialists from the competent sectors with functions in the field of preventing and combating VAW and DV, including in collaboration with civil society;
- collects and systematizes the information related to the training needs, on a multidisciplinary platform, of specialists from the competent sectors with functions in the field of preventing and combating VAVAW and DV.

Within all Territorial Social Assistance Services (TSAS), services responsible for the prevention and combating of family violence and the rehabilitation of victims of crimes (RVC) are established.

The main tasks of these DV and RCV prevention and control specialists include:

- Implementation of programs in the field of DV and RCV prevention;
- Cooperation with community actors to ensure a multidisciplinary approach in the process of identification, assistance and post-intervention in specific situations of DV and RCV,
- Providing the necessary assistance to DV and CV victims,
- Referral of cases to specialized rehabilitation services,
- Facilitating, at the request of law enforcement bodies, the aggressor's access to counseling services and rehabilitation programs,

- Maintaining official statistical records, at the local level, in the fields of DV and RCV,
- Coordinating the activity of community social workers in the field of DV and RCV prevention.

Specialists in the field of preventing and combating DV and RVC are responsible for coordinating MDT activity, evaluating, monitoring and reporting the activities carried out by MDT and in the fields of VF and RVC at the local level.

Within the territorial social assistance agencies there is, in each of them, a specialist with responsibilities in the methodological coordination in the fields of DV and RCV.

Guidelines on the development and structure of the EMT are outlined in the Regulation of the activity of territorial multidisciplinary teams within the National Reference System approved by Government Decision No. 228/2014.

This Act states that the EMT within the MNRV is the operational coordination body at a local authority level and appointed from the organizations-participating in the MNRV with the aim of ensuring a systemic approach towards the protection and assistance of crime victims.

For the purposes of addressing domestic violence and gender-based violence, the EMT is made up of specialists designated by the local authorities and institutions empowered by law with functions to prevent and combat VAW/DV, for the purpose of analysis, management, intervention, and monitoring of concrete cases of VAW/DV.

The EMT provides the link at the territorial level, which oversees the intersectoral collaboration of institutions at local levels.

The role of this EMT is particularly important in terms of preventing VAW/DV, by collecting and understanding data around domestic violence, and providing oversight and direction on operational practice.

THE DISTRICT EMT

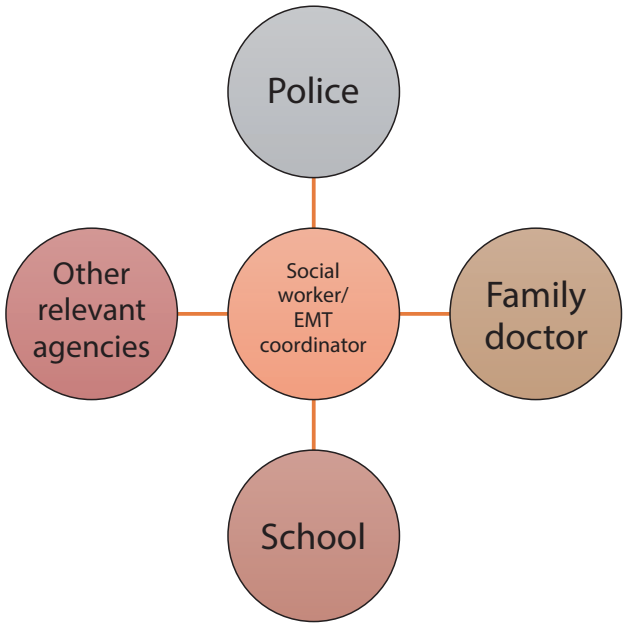
At the community level, there are community MDT teams that report to the district/municipal level MDT.

The district EMT is formed by representatives from:

- STAS.
- Education department.
- District medical and health agencies.
- The representative in the territory of the Centre for Combating human trafficking.
- Territorial employment agency.
- The competent subdivisions of Public Services Agency responsible for registering civil status documents, issuing identity documents and population records.
- Non-governmental organisations.
- Other social, law and health agencies with knowledge in the field or involvement in cases.

The district EMT is coordinated by a STAS representative who is a member of the STAS as well as the EMT.

THE COMMUNITY EMT



The next level of EMT is the Community EMT, established at the levels of the village (community) or city (municipality). The multi-disciplinary team includes:

- Mayor or Deputy Mayor.
- Social Worker
- Police Officer
- Local doctor.
- Other representatives of public authorities or civil society (educators, NGOs, priests, relatives of beneficiaries, etc.), or agencies who have a contribution to make or are involved in the case.

Community EMTs are coordinated by the community social worker.

Although VAW/DV is a complex phenomenon, where several community actors intervene in the resolution of cases, the goals and intervention practices remain the same.

It is the responsibility of each EMT member to ensure that:

- the victim is safe.
- to approach the problem with attention and understanding.
- to ensure that the victim receives the necessary support and assistance.

The EMT operates because it is not enough for a single specialist to assess the victim's situation, which can be complex with issues such as the lack of a home, a job, long-term psycho-emotional rehabilitation, social reintegration, etc. When the whole team works to evaluate and resolve DV cases, it increases the quality and quantity of data obtained, and communication and information sharing between team members will lead to faster and more efficient intervention in domestic violence cases.

There is no standard formula for the district EMT but there are categories of specialists that are part of the mandatory minimum composition: in addition to the local public at the district level should include the mayor, social worker, family doctor and police officer.

In this mandatory minimum team, other people can also participate, who can offer their support and services in assisting and solving cases of VAW/DV, for example NGOs, school staff, priests, relatives of the victim and psychologists.

The key role in ensuring the management of VAW/DV cases belongs to the community social worker, who exercises the function of the case manager, whose duties are regulated according to the MMPS order no. 71 of 03.10.2008 regarding Case Management, but also the Instructions regarding the intervention of social assistance and family protection departments/directorates in DV cases.

The social worker, in the management of VAW/DV cases should:

- ensure effective identification of VAW/DV victims;
- contribute to ensuring and/or increasing the safety of victims at all intervention stages;
- respect the basic principles in the field of social assistance;
- ensure the registration, documentation of VAW/DV cases and the reporting of statistical data regarding this phenomenon;
- facilitate the referral of VAW/DV victims to service providers, according to the identified needs.

In the process of establishing the services the victim needs, the social worker uses *the Practical Application Guide for the Case Referral Mechanism in the social services system approved by MMPS order no. 55 of 12.06.99*.

This should ensure access to:

- emergency medical assistance,
- forsenic expertise,
- emergency/placement social services,
- informational and psychological counseling,
- legal advice, etc.
- other forms of social assistance.

According to **the Instruction regarding the mechanism of intersectoral cooperation in cases of family violence**, the social worker has the following duties to:

- evaluate the VAW/DV case,
- elaborates the individualized assistance plan (IAP) jointly with the victim
- identify, involve and collaborate with community actors in solving the case.
- following coordination of activities with the DV victim, discuss the content of the IAP together with the members of the multidisciplinary team,
- collaborate with the actors identified in the victim's recovery measures,
- records the existing specialized services at the local, district and national level,
- inform domestic violence victims about the specialist services for assistance and protection of victims and rehabilitation of perpetrators and, if the victim agrees, take measures to place her and her children, as the case may be, in a specialized placement center.
- inform the victim that she can request the court to implement a measure of protection by compelling the perpetrator to participate in a perpetrator programme aimed at changing behaviour and attitudes, and increasing her safety.
- monitor the implementation of the IPA and ensures that the rights of the beneficiaries of the rehabilitation center services are respected. If they find acts of violence against children, the social worker will act in accordance with the Instructions on the intersectoral cooperation mechanism for the identification, evaluation, referral, assistance and monitoring of child victims and potential victims of violence, neglect, exploitation and trafficking, approved by Government Decision no. 270 of 04/08/2014.

In relation to the record of cases of perpetrators of VAW/DV, in addition to the basic procedures in case management, the social worker:

- Is aware of services for perpetrators of VAW/DV available at local, district and national levels.
- Informs the perpetrators of the services offered by the specialist centres.
- With the perpetrator's consent, refers him to relevant existing services in order to reduce violent behavior and increase the safety of victims.

VICTIMS OF VAW/DV WHO ARE ELIGIBLE FOR SOCIAL ASSISTANCE AND SUPPORT

The ratification of the Istanbul Convention by the Republic of Moldova has led to the gradual expansion of the categories of victims eligible for social assistance, as well as for other assistance from the state. Law no. 137/2016 on the rehabilitation of victims of crimes is the basis for ensuring the rights and legitimate interests of victims of crimes (trafficking in human beings, organs, tissues and cells, torture, inhuman or degrading treatment, domestic violence, crimes regarding sexual life etc.), in this context, being approved ***the Program for the creation and development of the National Reference Mechanism for the Protection and Assistance of Crime Victims*** (MNRV) for the years 2022–2026 (Government Decision no. 182 of 23.03.2022)[14].

MOLDOVA'S SOCIAL RESOURCES

These resources provide a database of contacts for organisations that can provide specialist support in cases of VAW/DV

14. subiect-10_nu_321_msmps_2020.pdf (gov.md) – https://gov.md/sites/default/files/document/attachments/subiect-nu_321_msmps_2020.pdf

Resource	Services	Places	Address	Contact
Centre for assistance and protection of victims and potential victims of human trafficking.	Shelter, social assistance, psychological assistance, primary legal advice.	24	Chisinau	Telephone number: 0 (22) 91-71-94, 079336663, fax: 0 (22) 92-71-37 e-mail: shelter_team@cap.md website: www.cap.md
Family Crisis Centre "Sotis"	Shelter, social assistance, psychological assistance.	19	Bălți	Telephone number: 0 (231) 92–541, 0 (231) 33–475; e-mail: ccf.sotis@gmail.com
Maternal Centre "Pro Familia"	Shelter, social assistance, psychological assistance.	33	Căușeni	Telephone number: 0 (243) 26–721, 0 (243) 26–975, 0 (243) 26–835; e-mail: ap_tighina@yahoo.com or profamilia2006@gmail.com
Maternal Centre "ProFemina"	Shelter, social assistance, psychological assistance.	22	Hîncești	Telephone number: 0 (269) 23–364; e-mail: profemina.2009@mail.ru
Maternal Centre	Shelter, social assistance, psychological assistance.	24	Cahul	Telephone number: 0 (299) 44–080; e-mail: centru-maternal.cahul@mail.ru
Maternal Centre	Shelter, social assistance, psychological assistance.	18	Anenii Noi	Telephone number: 067657555; e-mail: cmaternalan@gmail.com
Centre for Assistance and Counselling for Victims of Domestic Violence "Ariadna"	Shelter, social assistance, psychological assistance.	24	Drochia	Telephone number: 0(252) 20–308; GSM: 079000118 e-mail: CM_Ariadna@yahoo.com
Regional Centre for the Rehabilitation of Victims of Domestic Violence	Shelter, Social assistance, psychological assistance.	18	Chirsova	Telephone number: 067555299; e-mail: centrul.reabilitarea.victimelor@gmail.com
Regional Day Centre for Integrated Assistance of Child Victims/ Witnesses of Crimes.	Social assistance, psychological assistance, hearing.	-	Bălți municipality	Telephone number: 078805031; e-mail: centrubarnahus@cnpac.md

Specialist centres that offer placements to victims of crimes serve a diverse group including couples; mother-child; migrant women; women with disabilities; Roma women; and women victims of sexual violence. These services, including all the counselling services, are free for all victims.

Assistance services, information, psychological and legal counselling are also provided by civil society organisations, such as:

Resources	Services	Address	Contact
International Centre for Women's Rights Protection and Promotion La Strada	Hot line, psychological assistance, social assistance.	Chisinau	Telephone number: 0 (22) 23-49-06, fax: 0 (22) 23-49-07; e-mail: office@lastrada.md; website: http://www.lastrada.md
Women's Law Centre (WLC)	Day Centre, psychological assistance, social assistance, legal services.	Chisinau	Telephone number: 0 (22) 81-19-99, GSM.: 068 855050, e-mail: office@cdf.md, site: cdf.md
National Center for Child Abuse Prevention (NCAPC)	Day Centre, psychological assistance, social assistance.	Chisinau	Telephone number: 0 (22) 75-88-06, 75-67-78; fax: 0 (22) 74-83-87; e-mail: office@cnpac.org.md, website: cnpac.org.md
Promo-LEX Association	Day Centre, legal services.	Chisinau	Telephone number: 0 (22) 45-00-24; e-mail: info@promolex.md; website: www.promolex.md
Association against Violence 'Casa Marioarei'	Shelter (18 places), social assistance, psychological assistance.	Chisinau	Telephone number: 0 (22) 72-58-61; e-mail: cmarioarei@gmail.com; website: www.antiviolenta.md.
Rehabilitation Centre for Victims of Torture "Memory"	Day Centre, social assistance, psychological assistance, health service.	Chisinau	Telephone number: 0 (22) 27-32-22, 0 (22) 27-06-19, 079704809, e-mail: rctv@memoria.md; website: www.memoria.md.
Contemporary Women's Dignity and Rights Centre	Day Centre, social assistance, psychological assistance.	Bălți	Telephone number: 0 (231) 70–778, 0 (231) 77–794, 0 (231) 70–149, 079055616; e-mail: olgapatlati@mail.ru.
Stimul public association	Day Centre, social assistance, psychological assistance.	Ocnița	Telephone number: 060165416, 069538496; e-mail: moldovastimul@inbox.ru.
Vesta	Day Centre, primary legal advice, trainings.	Comrat	Telephone number: 0 60122508; 0 69 866 411 e-mail: women.alliance.md@gmail.com.
Youth Resource Centre "Dacia"	Day Centre for teenagers and youth.	Soroca	Telephone number: 0 (230) 23–619; e-mail: crt.dacia@gmail.com; website: www.youthsoroca.md.

ANNEX 1

Good practices for implementing the Istanbul Convention

- Conceive VAW/DV as a violation of human rights, in which the state has the responsibility to protect women's human rights and give a comprehensive and coordinated response to prevent and eradicate it.
- Recognise all the dimensions of violence: physical, psychological, social, economic, and sexual, considering the root of these as discrimination against and inequality of women in the society.
- Interventions must include an intersectional approach that considers additional factors that discriminate against particular groups of women, such as race, ethnicity, health, functional diversity, migration status, age, socio-economic status, sexual orientation and gender identity. These can give rise to multiple forms of discrimination.
- Refer women to specialised resources, according to their specific needs according with their specific profile (elderly, ethnicity, health, functional diversity, etc).
- Give priority to the protection of women victims and their children: Safety and protection is the main objective of the intervention from the outset.
- Mediation and couple and/or family therapy should be avoided in the interventions as it could increase the risk for women and there is unlikely to be equal power relations from which agreements that benefit both parties can be reached.
- Set up a commission for the implementation, monitoring, and evaluation of the progress to achieving compliance with the Istanbul Convention:
  - Coordinated by the Ministry.
  - Composed by key institutions involved in violence prevention.
  - Closely monitored and evaluated.
- Create a robust supervision process for professional teams that intervene in situations of violence in order to help professionals to work through the emotional impact of working with people who have experienced this type of violence.

- Improve the training of all professionals who support victims of violence (social, health, educational, police and legal services). This should be specialised, compulsory and continuous. It must also have institutional support.
- Strengthen research on VAW/DV to improve knowledge of the situation suffered by women, their real needs and the limitations to available support. To this end, develop a single database to centralise information to jointly analyse the statistical information of all the institutions involved in tackling VAW/DV.
- Design common working methodologies based on international and national standards, which foster cooperation between organisations, institutions and professionals of all sectors involved in the fight against violence against women.
- Develop violence prevention programmes involving all spheres of action, with special emphasis on the educational sphere. It should incorporate awareness-raising campaigns to promote equality and raise awareness of what VAW is, what effects it has and how to act against it.
- Develop programmes for men who perpetrate VAW/DV, in order to provide a holistic approach, reduce the risks for women and the possibility of reoffending. These programmes should be funded separately from women's programmes and include a gender perspective so that traditional stereotypes of masculinity are challenged.

GOOD PRACTICE – SPAIN ASSESSED BY GROUP OF EXPERTS ON ACTION AGAINST VIOLENCE AGAINST WOMEN AND DOMESTIC VIOLENCE (GREVIO)

The Republic of Moldova is likely to have the first evaluation report by the Group of Experts on Combating Violence against Women and Domestic Violence (GREVIO) by 2023. The report looks at legislative and other measures giving effect to the provisions of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention). This document will provide recommendations and good practices that should be followed to improve the national strategy on VAW/DV.

A useful example below is a summary of the case of Spain, with the points that have been made. Understanding the recommendations made in this report helps in understanding the kinds of actions that may be needed by the Republic of Moldova in order to comply with the IC.

The GREVIO report on Spain[15] made the following recommendations:

- Devise and implement comprehensive and holistic policies to address violence against women in all its forms and manifestations, including in particular sexual violence, sexual harassment, forced marriage, and forced sterilisation and abortion, as well as crimes against women committed in the name of so-called honour.
- Bear in mind the need for data collection to apply to all forms of violence covered by the Istanbul Convention.
- Provide information to victims of all forms of violence against women in a format and language they understand.
- Ensure women's access to general support services more evenly across the country by reducing regional disparities in the level and quality of service provision.

15. GREVIO Baseline Evaluation Report Spain, 2020.
Available in: https://rm.coe.int/grevio-s-report-on-spain/1680a08a9f

- Step up their efforts to ensure victims have information on and access to applicable regional and international complaint mechanisms.
- Provide or arrange for adequate specialist women's support services with a gendered approach for all forms of violence covered by the Istanbul Convention. The aim should be to ensure the provision of immediate, medium- and long-term support by involving and tapping into the long-standing expertise built up by women's specialist support services in civil society.
- Promote a comprehensive mapping of existing specialist support services for rape and sexual violence, stalking, sexual harassment, forced marriage, FGM and forced abortion and forced sterilisation with a view to filling, on a needs basis, the gaps in service provision.
- Improve access to shelters for women with disabilities, women in rural areas, women over, the age of 65, girls, women with addiction issues, women in prostitution, and migrant women.
- Ensure the provision of age-appropriate psychological counselling for child witnesses of all forms of violence covered by the Istanbul Convention throughout the country and in conditions that ensure continuity and quality.
- Ensure that the duty to report imposed on professionals is tempered by full and sensitive information being provided to the victim to allow her to make an informed decision herself and maintain autonomy, while also ensuring the safety of all, especially minors.
- Improve co-ordination and co-operation between courts and services that assist women victims of violence[16] and their children (women's specialist services, social protection and health services, family meeting points, etc.).
- Ensure that all relevant professionals, in particular judges and staff at family services and family meeting points, are trained to recognise that witnessing violence against a mother jeopardises the best interest of the child.

16. Covered by the Istanbul Convention.

ANNEX 2

Resources guide

Resources that may be of interest:

- Council of Europe, *How the system of assistance to victims of violence against women and domestic violence will need to be improved after ratification of the Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence by the Republic of Moldova*. Available in: https://rm.coe.int/md-2021-2692-coe-infographic-how-the-system-eng/1680a33c8a
- Council of Europe, *Quality guidelines for shelters for victims of violence against women and domestic violence*, 2021. Available in: https://rm.coe.int/shelter-guideline-eng/1680a24ced
- Council of Europe, *Guidance for the running of shelters for victims of violence against women and domestic violence in Ukraine*, 2018. Available in: https://rm.coe.int/guidlines-shelters-en/1680a24a42
- *GREVIO Baseline Evaluation Report Spain*, 2020. Available in: https://rm.coe.int/grevio-s-report-on-spain/1680a08a9f
- Ministry of Health and Consumers Affairs. Spain. *Common protocol for a healthcare response to gender violence*, 2007. Available in: http://sosvics.eintegra.es/Documentacion/01-Medico/01-02-Protocolos/01-02-028-EN.pdf
- *Sexual and Domestic Violence Protocol for Social Workers and Counsellors.* Available in: https://www.hands.org.gy/files/S&DV%20Protocol%20for%20Social%20Workers.pdf
- Washington state department of social and health services, *Social worker's practice guide to domestic violence*, 2016. Available in: https://wscadv.org/resources/social-workers-practice-guide-to-domestic-violence/

ANNEX 3

National legal and policy framework

Since 2019, as a result of efforts made by national authorities, in partnership with civil society, the Republic of Moldova initiated a review of national policies and practices regarding VAW/DV. The consequence of this joint work was the commitment of the government to ratify the Istanbul Convention along with other measures, such as the EU-Moldova Association Agreement and its Action Plan, the National Human Rights Action Plan for 2018–2022, the National Strategy on preventing and combating violence against women and domestic violence for 2018–2023 and its Action Plan for 2018–2020, and, of course, the signature and ratification of the Istanbul Convention[17]. The national legislation was amended and partially harmonised with it (Law no. 196/2016, Law no. 85/2020 and Law no. 113/2020):

- Constitution of the Republic of Moldova;
- Labor Code of the Republic of Moldova
- Law no. 241/2005 on preventing and combating human trafficking;
- Law no. 5/2006 on ensuring equal opportunities between women and men;
- Government Decision no. 350/2006 regarding the establishment of the Government Commission for equality between women and men.
- Law no. 45/2007 regarding the prevention and combating of family violence;
- Law no. 121/201212 on ensuring equality;
- Law no. 71/2016 for the amendment and completion of some legislative acts
- Law no. 196/2016 for the amendment and completion of some legislative acts
- National strategy to prevent and combat violence against women and family violence for the years 2018–2023 and 2 Action Plans for 2018–2020 and 2021–2022 for its implementation;

17. Council of Europe, *Advancing towards the ratification and implementation of the Istanbul Convention: good practices from states parties*.

- The national program on preventing and combating violence against women and family violence for the years 2023-2027, approved by Government Decision no. 332 of 31.05.2023;
- Government Decision no. 926 of 29.11.2023 regarding the organization and operation of the National Agency for the Prevention and Combating of Violence against Women and Violence in the Family;
- The program to promote and ensure equality between women and men in the Republic of Moldova for the years 2023-2027, approved by Government Decision no. 203 of 12.04.2023;
- The operational framework for professionals in the social assistance sector in the field of preventing and combating family violence is represented by the Instruction regarding the intervention of territorial social assistance structures in cases of family violence, approved by Order of the Ministry of Health, Labor and Social Protection no. 903 of 29.07.2019.
- By joint order of the Ministry of Internal Affairs, the Ministry of Labor and Social Protection, the Ministry of Health, the Ministry of Justice, the General Prosecutor's Office and the Ministry of Education and Research No. 89/22/172/56/20/121 of 28.02.2022, a new entity was created to monitor and analyze cases of family violence that lead to the death or serious bodily injury of the victims.
- Law no. 137 of 29.07.2016 regarding the rehabilitation of crime victims Instruction regarding the mechanism of intersectoral cooperation in cases of family violence, approved by the Order of the Minister of Labor and Social Protection, of the Minister of Internal Affairs, of the Minister of Health, of the Minister of Justice and of the President of the National Council for Legal Assistance Guaranteed by the State no. 48/298/610/162/5 of 22.06.2022.
- Government Decision no. 182/2022 on the approval of the Program for the creation and development of the National Reference Mechanism for the protection and assistance of crime victims for the years 2022–2026.
- The instructions regarding the intersectoral cooperation mechanism for the identification, assessment, referral, assistance and monitoring of child victims and potential victims of violence, neglect, exploitation and trafficking, approved by Government Decision no. 270 of 04/08/2014.

ANNEX 4

Resource guide of the Republic of Moldova

- Centre for the Rights of Persons with Disabilities (2019), *Study on social services in the field of preventing and combating gender-based violence*, Chișinău, 48 p.
- Council of Europe (2020), *The Process of Ratification and Implementation of the Istanbul Convention: Good Practices of Signatory States*. Study developed under the project 'Awareness Raising Activities on the Istanbul Convention in the Republic of Moldova', Chișinău, 33 p. https://rm.coe.int/prems-138920-rom-2573-procesul-de-ratificare-couv-texte-a4-web/1680a06544
- International Centre for the Protection and Promotion of Women's Rights La Strada (2019), *'Peculiarities of Sexual Violence in the Republic of Moldova'*, Chișinău, 46 p. https://lastrada.md/pic/uploaded/Particularitatile%20fenomen.%20VS%20in%20RM_RO.pdf
- La Strada (2019), *Specialized Services for Women Affected by Sexual Violence. Best Practices from Europe*. Chișinău, https://lastrada.md/rom/centru-de-resurse/c:3/cat:5
- OSCE (2019), *Wellbeing and Safety of Women Study*, Chișinău, 101 p. https://www.osce.org/files/f/documents/e/f/425867_0.pdf
- Prevention and combating violence against women and in the family www.antiviolenta.gov.md
- WLC (2018), *Monitoring of Court Proceedings in Cases of Domestic Violence, Sexual Violence and Trafficking in Human Beings*, Perevoznic I., Chișinău, 144 p. https://globalrightsforwomen.org/wpcontent/uploads/2020/02/CDF_Monitorizare_web_EN-1-2.pdf
- WLC (2019), *Monitoring Report on the Piloting of Sectoral Instructions on the Intervention of the Local Social Assistance Units, Public Healthcare Facilities and Police in Cases of Domestic Violence*, Diana Cheianu-Andrei. https://sociopolis.md/eng/raport-de-monitorizare-a-pilotarii-instructiunilor-sectoriale-privind-interventia-structurilor-teritoriale-de-asistenta-sociala-institutiilor-medico-sanitare-si-politiei-in-cazurile-de-violenta-in-familie
- WLC (2019), *the Report analysing the compatibility of the legislation of the Republic of Moldova with the provisions of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence*, Perevoznic I., Rusu L., Țurcan A. http://cdf.md/files/resources/141/CDF%20Raport%20compatibilitate.pdf

- WLC (2020), *Report on the Mid-Term Review of the 2018–2023 National Strategy for Preventing and Combating Violence against Women and Domestic Violence*, Chișinău, 32 p. https://cdf.md/category/publicatii/
- WLC (2021), *Evaluation of the Criminal Justice System's Response to Cases of Domestic Violence, the districts of Soroca, Criuleni, Cimișlia, Comrat*, Țurcan-Donțu A., Vîlcu N. https://cdf.md/category/publicatii/
- WLC (2021), *National Analytical Study on Femicide*, Țurcan-Donțu A., Cheianu-Andrei D. https://cdf.md/category/publicatii/

ENG

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The Council of Europe is the continent's leading human rights organisation. It comprises 46 member states, including all members of the European Union. All Council of Europe member states have signed up to the European Convention on Human Rights, a treaty designed to protect human rights, democracy and the rule of law. The European Court of Human Rights oversees the implementation of the Convention in the member states.

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