

Assessment of the functionality of the joint intervention teams in cases of sexual violence

in Orhei, Ialoveni, Hincesti districts
and Chisinau municipality



Chisinau, 2023

The study is carried out by SocioPolis Consultancy at the request of International Center “La Strada”

Coordinator: Doina CAZACU, “La Strada” International Center

Author: Diana CHEIANU-ANDREI, SocioPolis Consultancy

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AO “La Strada” International Center
Chisinau, MD-2012, C.P. 259, Republic of
Moldova
Relations by phone: + 373 22 234 906
e-mail: office@lastrada.md
www.lastrada.md

Research service provider:

SocioPolis Consultancy
Chisinau, MD-2064, str. Ion Creangă 39/2,
Republic of Moldova
Relations at tel. + 373 22 582 983
fax: + 373 22 582 983
e-mail: info@sociopolis.md
www.sociopolis.md

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ABBREVIATIONS AND ACRONYMS

CC – Criminal code

GD – Government Decision

GPI – General Police Inspectorate

Instruction – Working instruction of the joint intervention team in cases of sexual violence

Methodology – Working methodology of the joint intervention team in cases of sexual violence

VNET – Violence, neglect, exploitation, and trafficking (in children)

VSV – Victims of sexual violence

INTRODUCTION

Sexual offenses¹ represent a serious form of violation of human rights and fundamental freedoms. These offenses constitute a specific category, qualified as socially dangerous acts committed with intent and harmful to social relations with regard to the sexual life of an individual. The law of the Republic of Moldova criminalizes more types of sexual violence or sexual offences: rape, violent sexual actions, sexual harassment, approaching children for a sexual purpose, perverse actions, and sexual intercourse with a person under the age of 16².

The victims of sexual violence (VSV) represent a distinct category of victims because of the traumas they go through that affect them for their entire life. At the same time, they face multiple legal, social, cultural, and/or economic obstacles in trying to punish the perpetrators. The facts mentioned above reveal the need for an intervention methodology based on the peculiarities of the trauma experienced, as well as for specialized services focused on their needs. The response of specialists in cases of sexual violence has to be immediate and comprehensive, given the seriousness of the offense, as well as the long-term consequences that VSV could face.

Some specialists dealing with cases of sexual violence in the Republic of Moldova are still affected by prejudices and stereotypes and often contribute to the (re)victimization or even the discrimination of victims of sexual abuse, placing the entire burden of proof on the shoulders of the victim. Thus, the need to engage all state services in protecting and assisting VSV through cooperation and mutual communication is determined by several factors existing in society, which at the moment, due to imperfections, (re)traumatize the victim that has to face the problem alone.

In this context, the International Center “La Strada” aims to support the national authorities in piloting an effective mechanism to protect the rights of victims of sexual violence that would ensure the functionality of the joint intervention teams in cases of sexual violence. Thus, the *Working methodology of the joint intervention team in cases of sexual violence* (Methodology) and the *Working instruction of the joint intervention team in cases of sexual violence* (Instruction) have been developed and piloted in Orhei, Ialoveni, Hincesti districts, and Chisinau municipality. Moreover, various capacity-building activities have been carried out for healthcare, social, and law enforcement professionals. All these activities have been implemented by the International Center “La Strada” within the “Strengthening the response of the Republic of Moldova in cases of human trafficking and gender-based violence in the context of the armed conflict in Ukraine” project with the support of OXFAM International.

The working Instruction of the joint intervention team in cases of sexual violence has to be approved and will represent the normative framework setting out the interaction and intervention between the police departments, healthcare institutions, forensic departments, social work structures, and civil society organizations addressing cases of sexual violence. The purpose of the Instruction is to ensure an effective intervention of the representatives of relevant structures, within the limits of their functional competencies, by improving the process of intersectoral cooperation in preventing and combating sexual violence and observing the rights of VSV.

1 Within this study, the sexual offences will be analyzed as it was stipulated by the Criminal Code of the Republic of Moldova no. 985 of 18.04.2002. Special part, Chapter IV. Crimes related to sexual life until the amendments of 18.03.2023 came into force.

2 Criminal Code of the Republic of Moldova no. 985 of 18.04.2002. Special part, Chapter IV. Crimes related to sexual life until the amendments of 18.03.2023 came into force. CP985/2002 (legis.md).

1 RESEARCH FRAMEWORK

1.1. The goal and objectives of the research

One of the tasks proposed within the project “Strengthening the response of the Republic of Moldova in cases of human trafficking and gender-based violence in the context of the armed conflict in Ukraine” lied in carrying out a study to assess the functionality of the joint intervention team in cases of sexual violence in the regions supported to pilot the interdisciplinary response approach to these cases of sexual violence, in order to identify the strengths, weaknesses, challenges as well as options to streamline the process, prior to the approval of the Instruction at the national level.

The goal of the research consisted of the identification of practices in addressing cases of sexual abuse, challenges, and needs of specialists and VSV by submitting certain recommendations to improve the work of joint intervention teams and operational working procedures.

The objectives proposed include:

- Documentary analysis of relevant studies related to legal proceedings in cases of sexual violence, national statistical data, and other useful field-related resources;
- Assessment of measures taken by the members of the joint intervention team in cases of sexual violence, challenges, and best practices in the implementation process;
- Analysis of the preconditions to ensure the functionality of the joint intervention teams in cases of sexual violence (human resources, financial resources, capacities, etc.);
- Relevant recommendations for public authorities and professionals that are members of the joint intervention teams in cases of sexual violence to ensure the implementation of the Methodology and Instructions.

1.2. Conceptual aspects

The national laws do not provide a general definition of sexual violence. Different notions are distinguished in several normative acts.

Law no.45/2007 on preventing and combating domestic violence defines *sexual violence* in Article 2 as any violence of a sexual character or any illegal sexual conduct within the family or within other interpersonal relationships such as marital rape; prohibiting the use of contraception; sexual harassment; any unwanted, imposed sexual conduct; forced prostitution; any illegal sexual conduct with a minor family member, including fondling, kissing, setting the child into poses or another unwanted touching with sexual connotations; or other similar actions.

Government Decision (GD) no.270/2014 regarding the approval of Guidelines on the intersectoral cooperation mechanism for the identification, assessment, referral, assistance, and monitoring of child victims and potential victims of violence, neglect, exploitation, and trafficking in paragraph 5, sub-chapter 6), letter b) sets out *sexual violence* as any form of violence of a sexual character or any illegal sexual conduct, sexual harassment; any unwanted, imposed sexual conduct; forced prostitution; any illegal sexual conduct with a child, including fondling, kissing, setting the child into poses or another unwanted touching with sexual connotations; or other similar actions.

Criminal Code in Article 132² sets out:

- a. *Sexual intercourse* – vaginal, anal, or oral penetration or with any body part or object, committed either on the victim or by the victim;
- b. *Sexual acts* – any other ways of obtaining sexual satisfaction than those indicated in paragraph (1), Article 132², as well as other than those stipulated by Article 173, 287 of the Criminal Code or Article 354 of the Contravention Code;

- c. *Non-consensual sexual intercourse or non-consensual sexual activity* – any sexual intercourse or sexual activity without consent that is accompanied by physical or mental coercion or taking advantage of the person unable to defend himself/herself or to express his/her will, applied against the victim or against another person.

The main forms of sexual violence set forth by the national laws are:

- *rape*, i.e., non-consensual sexual intercourse – Article 171 Criminal Code;
- *non-consensual sexual activity* – Article 172 Criminal Code;
- *sexual harassment* involves the manifestation of physical, verbal, or non-verbal behavior that harms the dignity of a person or creates an unpleasant, hostile, degrading, humiliating, discriminatory, or insulting atmosphere in order to determine a person to sexual intercourse or other unwanted sexual actions, committed by threat or taking advantage of the victim's state of dependence, but only on the condition that the activity does not meet the elements of rape or non-consensual sexual intercourse – Article 173 Criminal Code;
- *sexual intercourse with a person under the age of 16* – Article 174 Criminal Code;
- *sexual acts with a person under the age of 16* – Article 175 Criminal Code;
- *solicitation of children for sexual purposes* involving proposal, persuasion, manipulation, threat, or promise to provide benefits in any way, including through information technologies or electronic communications, in order to establish a meeting with a minor, including via social media, the purpose of committing against the child any sexual offense, if these actions were followed by material facts leading to such a meeting–Article 175¹ Criminal code.

In the case of minors, sexual violence can take the form of *sexual abuse*. Thus, sexual abuse is the involvement of a dependent and immature child in sexual activities the child is not able to understand, that is inappropriate for his/her age or for his/her psychosexual development, sexual activities constrained by violence or seduction or transgressing social taboos related to family roles. These practices usually include physical contact, with or without penetration. This category includes (i) *molestation*, exposure of the child to insults or language with a sexual connotation, as well as touching the child in erogenous areas with the hand or by kissing, regardless of the age of the child; (ii) *situations of meeting the sexual needs* of an adult or another child that is in a position of responsibility, power or trust relationship with the child victim; (iii) *attracting* or forcing the child to *obscene actions*; (iv) *exposure of the child to obscene materials* or giving such materials to the child, etc.

1.3. Research methodology

The assessment of measures taken by the members of the joint intervention team in cases of sexual abuse, challenges, and best practices in their implementation focused on the following:

- Documentary analysis of (i) statistical data; (ii) relevant studies related to legal proceedings in cases of sexual violence; (iii) Working methodology of the joint intervention team in cases of sexual violence; (iv) Working instruction of the joint intervention team in cases of sexual violence; (v) results of the piloting in the four administrative-territorial units and (vi) other useful field-related resources.
- Fifteen in-depth individual interviews with professionals employed in law enforcement (managers/representatives of Police Inspectorates, investigation officers, criminal investigators), healthcare (gynecologists from hospitals, maternity wards, ER doctors from emergency medicine hospitals), forensic medicine (forensic experts), social work (specialists in charge with the protection of the family and children in difficulty, managers of community social work structures, community social workers).
- Two in-depth interviews with VSV.

1.4. Ethical aspects

The research was carried out in compliance with the ethical principles and standards promoted by the United Nations Evaluation Group³. Participation in the research was voluntary. All the research participants have required oral consent. Participants were informed about the context and purpose of the research and the observance of principles of anonymity and confidentiality. The research team was sensitive to the participants' opinions, beliefs, and habits, and communication with them was based on integrity and honesty.

Selecting specialists from joint intervention teams in cases of sexual violence

Attention was paid when selecting the specialists, in particular to those that have recently dealt with sexual offences in the four administrative-territorial units piloting the new intervention methodology and Instruction.

Selecting the VSV participating in the research

A challenge of this study was to identify and conduct interviews with VSV. The in-depth individual interviews were conducted only with VSV who wanted to participate in the research. During the first phase, the cases of sexual abuse were identified due to service providers for victims of domestic violence and gender-based violence. The psychological condition and the possibility of participating in the research were analyzed once such beneficiaries had been identified. Only if there was consent from the psychologist/manager of the institution was the VSV asked to participate in the research, being explained its purpose and objectives.

Traumas suffered by VSV, difficulties they face in accessing legal and social protection, as well as stereotypes existing in the society made a significant number of victims refuse to participate in the research. The research team members understand and respect the victim's position. This explains the fact that although it was intended to conduct six interviews with VSV, it was managed to carry out only two interviews.

1.5. Limitations of the study

The research was influenced by a few **limitations**:

- i. The pilot time of the *Working methodology and Instruction of the joint intervention team in cases of sexual violence* was short (December 2022-March 2023), while the members of the joint intervention teams had a limited number of sexual offences.
- ii. This study includes only the analysis of the joint intervention teams in cases of sexual abuse from the four administrative-territorial units (Chisinau municipality, Ialoveni, Hincesti, and Orhei districts) that have piloted the new Methodology and Instruction.
- iii. The short research implementation time did not enable conducting interviews with VSV that have benefited from the intervention of specialists as provided by the new Methodology and Instruction. Thus, the experience of VSV refers to previous experiences of seeking help from state institutions and civil society organizations.

³ UNEG Code of Conduct for Evaluation in the UN system. <http://www.unevaluation.org/document/detail/100>

2

**OFFENCES
RELATED**

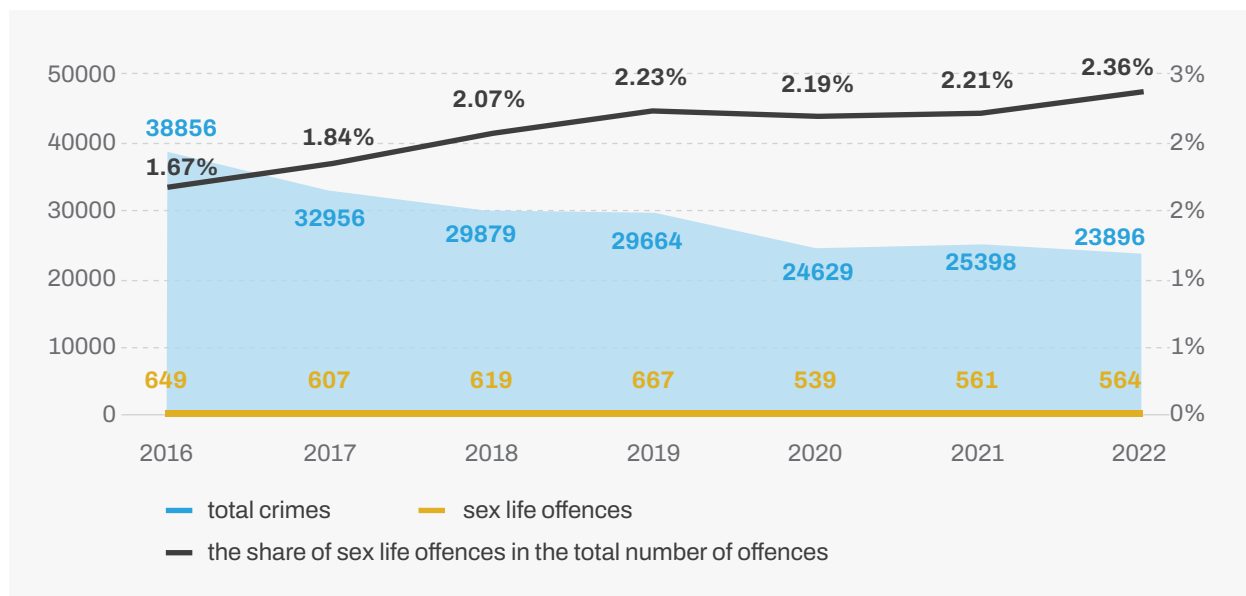
**TO SEXUAL
VIOLENCE IN
THE REPUBLIC
OF MOLDOVA:
TRENDS AND
PECULIARITIES**

2.1. Trends and peculiarities of manifestation in the communities

Data from the National Bureau of Statistics from the Republic of Moldova about **sexual offences do not reveal a clear tendency within 2016-2021**. The number of such type of offenses varies from 642 cases in 2016 to 592 cases in 2017, 612 cases in 2018, 645 cases in 2019, 525 cases in 2020, and 561 cases in 2021. Related to sexual violence, the National Bureau of Statistics provides separately only the data on rape (Article 171 Criminal Code). Thus, a decreasing trend in cases of rape was noticed between 2016-2021 (from 341 in 2016 to 227 in 2021, except in 2019, when there were 331 cases of rape). The number of rapes per 100,000 inhabitants reveals the same decreasing trend in the last years – from 12 cases in 2016 to 9 cases in 2021 and 13 cases in 2019.⁴

The statistical data on sexual assault presented by the General Police Inspectorate (GPI) of the Ministry of Internal Affairs for the analyzed period of time (Figure 1) do not coincide with the data of the National Bureau of Statistics, there being a deviation up to 10-15 cases for certain years. Still, it is important to mention that **although the number of sexual offences given by the GPI is decreased** for some calendar years, **the share of these offences from the total number of crimes shows a clear upward trend from 1,67% in 2016 to 2,36% in 2022** (+0,69 % for the analyzed period of time).

Figure 1. Number of criminal cases filed on sexual violence and their share of the total number of crimes for 2016-2022⁵

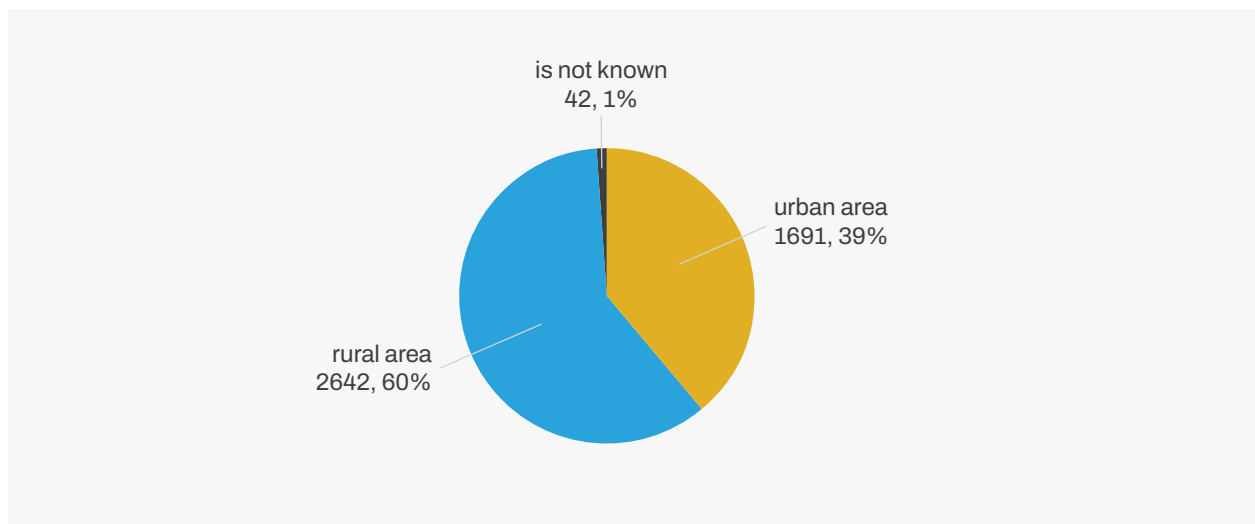


Data given by GPI reveal that **60% of the total number of sexual offenses occurs in rural areas** (Figure 2). Meantime, there are also situations when the place where the crime was committed is not determined

⁴ Statistics of the National Bureau of Statistics related to “Justice and crime.”

⁵ Data provided by the Ministry of Internal Affairs, GPI. Information note no.34/11-1042 of 14 March 2023.

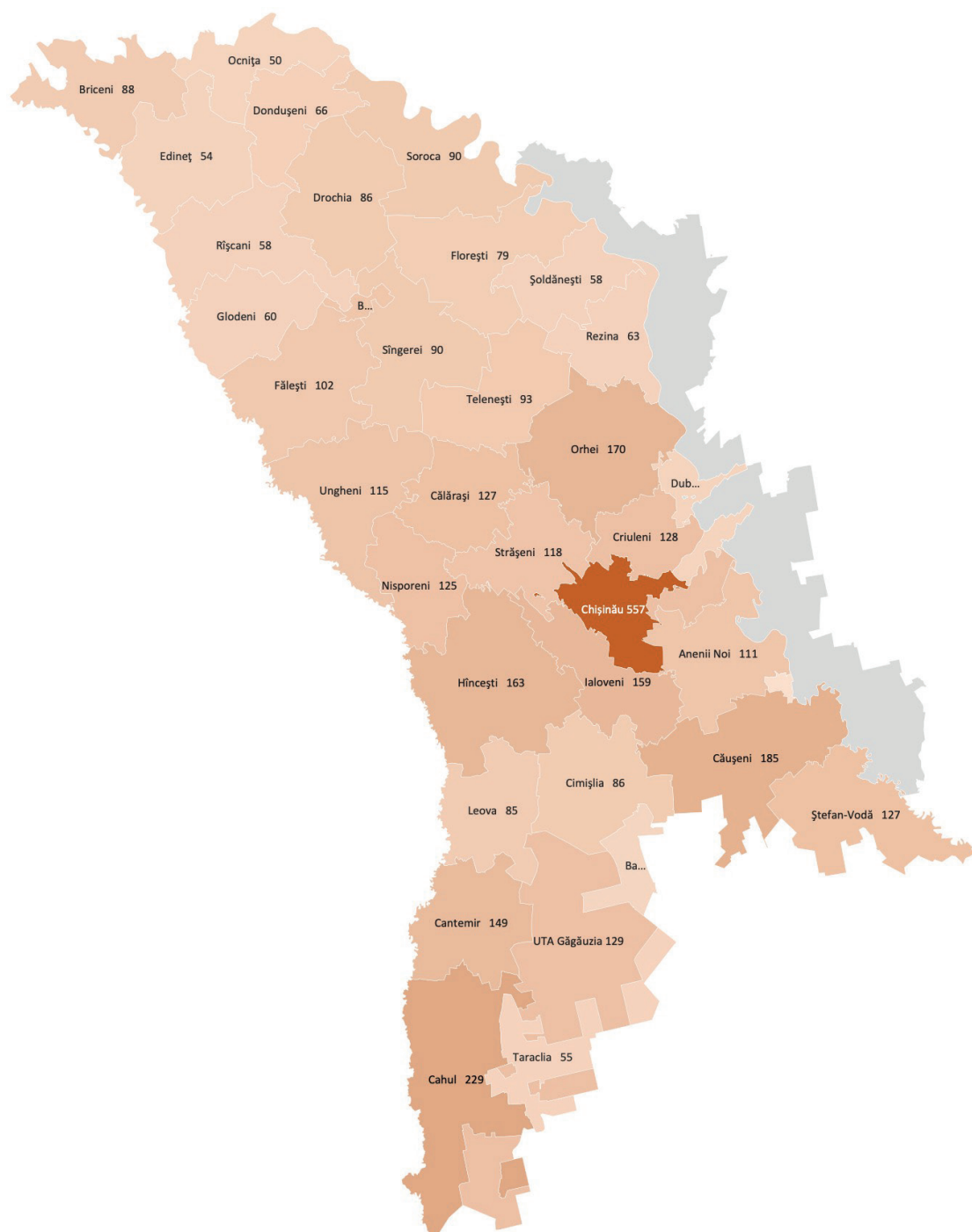
Figure 2. Share of sexual offenses by place of commission, total, for 2016-2022⁶



Distributions of sexual offenses by police subdivisions that have filed criminal cases during the seven years that were analyzed prove that **the situation is disproportionate in the territorial profile**. Thus, **most sexual offenses for the analyzed period occurred in Chisinau municipality – 557** (Figure 3). With regard to the sectors of Chisinau municipality, most criminal cases were filed in the Buiucani sector – 152, followed by the Botanica sector – 132, the Ciocana sector – 107, the Riscani sector – 88, and the Center sector – 78. Chisinau municipality is followed by **Cahul district with 229 sexual offense cases (southern region) and a few districts from the central region: Causeni – 185, Orhei – 170, Hincesti – 163, Ialoveni – 159** (see the situation for each calendar year in Annex 2). We emphasize the small number of sexual offences that occurred in the northern region.

⁶ Data provided by the Ministry of Internal Affairs, GPI. Information note no.34/11-1042 of 14 March 2023.

Figure 3. Total number of criminal cases filed on sexual violence within 2016-2022⁷



2.2. Types of sexual offences according to the law

According to the qualification of the offense committed, **the first position is ranked by cases of rape** (Article 171 Criminal Code), **the second position by cases of sexual intercourse with a person under the age of 16** (Article 174 Criminal Code), while the **third position is ranked by violent sexual acts** (Article 172 Criminal code). This situation is characteristic for the period of 2016-2022 as well as for each of the calendar years analyzed separately (Table 1).

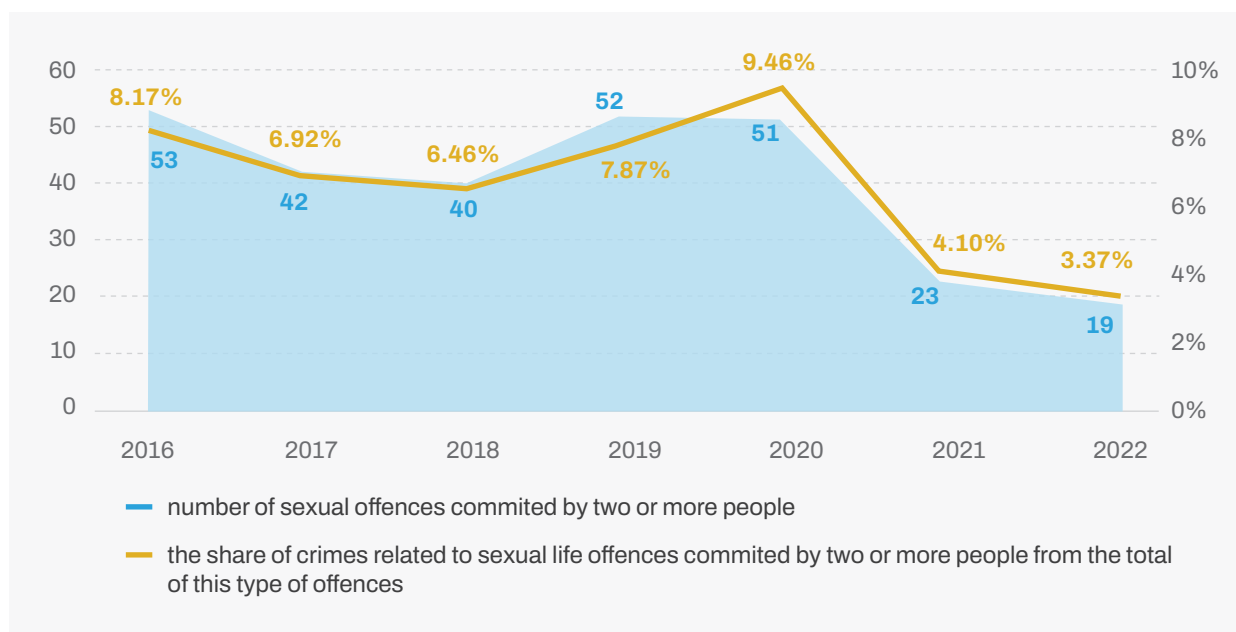
⁷ Data provided by the Ministry of Internal Affairs, GPI. Information note no.34/11-1042 of 14 March 2023.

Table 1. Number of criminal cases filed on sexual violence taking into account the type of the offense, for 2016-2022⁸

Qualification of crime	Number of criminal cases reported							Total
	2016	2017	2018	2019	2020	2021	2022	
Art.171 CC "Rape"	345	313	268	346	262	227	249	2010
Art.174 CC "Sexual intercourse with a person under the age of 16"	127	125	139	136	132	153	131	943
Art.172 CC "Violent sexual acts"	108	90	112	99	77	98	85	669
Art.175 CC "Perverse actions"	41	47	59	52	46	49	76	370
Art.173 CC "Sexual harassment"	28	28	34	23	19	23	16	171
Art. 175/1 CC "Solicitation of the child for a sexual purpose"	0	4	7	5	3	11	7	37

In general, a decreasing tendency is revealed for the analyzed period of time in the number of sexual offenses committed by two or more people, from 8,17% to 3,37%. However, this trend is only characteristic for part of the period. An upward tendency was recorded within 2018-2020 from 6,46% to 9,46%. The highest number of sexual offenses committed by two or more people was recorded in 2020.

Figure 4. Number of sexual offenses committed by two or more people for 2016-2022⁹



8 Data provided by the Ministry of Internal Affairs, GPI. Information note no.34/11-1042 of 14 March 2023.

9 Data provided by the Ministry of Internal Affairs, GPI. Information note no.34/11-1042 of 14 March 2023.

2.3. Prosecution

The GPI data on the prosecution of sexual offences recorded according to the qualification of crime for 2022 reveal **the termination of proceedings in a large number of cases (35 cases) and their classification (54 cases)** (Table 2). Thus, out of the total number of 249 cases of rape reported in 2022, in 52,2% of cases, the prosecution was discontinued. **Out of the total number of cases of rape that were prosecuted, only 56,5% have been brought to the court, in 22,9% of offenses, the proceedings were terminated, and 20,6% of cases were classified.** In the case of offenses related to sexual intercourse with a person under the age of 16, according to the data, in 53,4% of cases, the prosecution was completed. **Out of the total number of cases for which the prosecution was completed, 82,9% of cases were brought to the court, and 17,1% of them were classified.** These data reveal the need for certain surveys focusing on the analysis of criminal cases that were dismissed for being able to understand factors that trigger the termination and closure of the case.

Table 2. Number of cases dismissed, for 2022¹⁰

Qualification of crime	Total number recorded	The case was dismissed			
		Total	Brought to the court	Dismissed	Classified
Art.171 CC "Rape"	249	131	74	30	27
Art.174 CC "Sexual intercourse with a person under the age of 16"	131	70	58	-	12
Art.172 CC "Violent sexual acts"	85	41	32	4	5
Art.175 CC "Perverse actions"	76	26	23	-	3
Art.173 CC "Sexual harassment"	16	12	6	1	5
Art. 175/1 "Solicitation of the child for sexual purposes"	7	3	1	-	2
Total	564	283	194	35	54

10 Data provided by the Ministry of Internal Affairs, GPI. Information note no.34/11-1042 of 14 March 2023.

2.4. Profile of victims and suspects

Regarding the **profile of victims**, the statistical data show that **most victims of sexual offenses are children (60%) and women (93%).**¹¹ Meantime, **most suspects of committing sexual crimes are male (99%), aged 18-35 years old (61,5%), with secondary education (88,0%), and single (69,1%).** Moreover, almost every 4th alleged perpetrator of sexual abuse is married.¹²

We emphasize that sexual abuse is the least identified and reported form of violence. The large majority of cases are not reported to the authorities. The main factors that encourage this situation refer to (i) societal stereotypes and standards according to which masculinity is associated with authority and aggression while femininity is with obedience; (ii) blaming victims of abuse and holding them accountable for these crimes; (iii) VSV hesitation in reporting such cases as they fear to be blamed, repudiated, marginalized, etc. Thus, **neither the National Bureau of Statistics data nor the GPI on sexual offenses accurately reflects the social reality.** The number of cases of sexual abuse is much higher, as violence is taboo in Moldovan society. For example, the outcomes of the research *Men and gender equality in the Republic of Moldova, 2015*, reveal that almost every 5th man had sex with another girl/woman without her consent and almost every 4th man with a girl/woman who was too drunk to say she doesn't want this. 18 % of men admitted using force to have sexual intercourse with their current girlfriend/wife while 14 % of men used force to have sexual intercourse with their ex-girlfriend/wife. About 5 % of men have committed group sexual abuse.¹³

11 Analytical note *Sexual offences recorded in the Republic of Moldova within 2016-2021, 5 months of 2022*, General Police Inspectorate, Chisinau, 2022, p.8.

12 Ibidem, p.10.

13 *Men and gender equality in the Republic of Moldova*. – IMAGES, Women's Law Center, Sociopolis, Chisinau, 2015, p.96.

3

**CHALLENGES
IN THE**

**INTERVENTION OF
SPECIALISTS IN
CASES OF SEXUAL
VIOLENCE IN THE
REPUBLIC OF
MOLDOVA**

3.1. Ensuring access to legal and social protection

The number of studies approaching the phenomenon of sexual violence in the Republic of Moldova, including the identification of challenges faced by professionals as well as VSV in seeking appropriate help, is limited. The main outcomes of the studies carried out in the Republic of Moldova, and the existing problems will be presented below.

The study *Ensuring Access of Victims of sexual violence to adequate legal and social protection*¹⁴, carried out in 2015 by the Sociopolis team at the request of the International Center “La Strada”, reveals that sexual violence is the least recognized and reported form of violence. The majority of cases are not reported to the authorities. Societal stereotypes and prejudices trigger the low reporting of sexual offences. The large majority of people do not perceive sexual abuse as an offense, while marital rape isn’t interpreted as a form of rape but as an obligation coming from family relationships. Consequently, very often, the intervention of the sector police officer in such cases resumes with the recommendation for the VSV to forgive the perpetrator for avoiding prosecution. Stereotypes greatly influence victims from rural areas because *“the perpetrator is often protected and pitied while the victim is ridiculized.”* Very often, the police officers do not trust the victim’s statement and do not file the case at the time of the declaration of the crime of sexual violence but only after the victim undergoes the forensic examination confirming the harmful act.

The low number of specialists from the justice system, who have been trained and currently provide professional services, including are familiar with working with VSV, is also a factor contributing to the small number of complaints. The data collected from victims revealed situations when the police officers acted promptly and professionally, building confidence in VSV in state institutions, although such situations seldom occur.

The path of VSV through the justice system is complicated and discouraging, these being sometimes victimized also by the specialists they come into contact with – police officers, criminal investigators, forensic experts, prosecutors, and judges. Legislative barriers also lead to the lack of effective protection against perpetrators, to a low rate of convictions, accompanied by mild sentences. In many cases, VVS faces multiple social obstacles. For example, the collaboration between the justice sector and social services for VSV is at the beginning, and the special services, including measures to reintegrate victims into the community, are practically missing. VSV are usually hosted in Centers providing services to victims of domestic violence and human trafficking. The research emphasizes that VSV do not have access to appropriate psychological services or free and qualified legal assistance from the state institutions.

Meanwhile, the study proves the alignment of the Republic of Moldova with the international recommendations, according to which children should testify in the most child-friendly rooms with the most appropriate conditions, taking into account their age, maturity, and any communication deficiencies they may experience. Thus, in 2015, there were 17 child-friendly hearing rooms for VSV in the Republic of Moldova¹⁵. Investigations officers face difficulties bringing a child’s legal representative when the child has to testify. Sometimes, the child doesn’t communicate with the parents because he/she ran away from home. Other times they are always too drunk to be brought. The study also reveals difficulties related to the presence at the trial of the representatives of the local guardianship authorities according to Law no. 140/2013 regarding the special protection of children at risk and children separated from their parents.

14 *Ensuring access of victims of sexual violence to adequate legal and social protection*. International Center „La Strada”, Sociopolis, Chisinau 2015.

15 12 child-friendly rooms at the prosecutor’s office, 3 – in courts, and in other civil society organizations.

The research also emphasizes the need for the improvement of the psychological assessment report. The large majority of professionals mentioned the need to unify the modality of making psychological evaluation reports.

A challenge for the Republic of Moldova revealed by this study is the lack of a clear concept on the specialized training for professionals employed in legal and social areas dealing with cases of sexual offences, which leads to the organization of sporadic training, short-term, mainly initiated by the representatives of the civil society.

The study ***Ensuring the Rights of Victims of sexual offenses (analysis of judicial practices¹⁶)***, carried out by the International Center “La Strada” in 2017, underlines the importance of the sector police officer in preventing and combating sexual violence, in particular in rural areas where the victims file the complaint, namely to him/her. However, although the sector police officer is obliged to accept and record the complaint, due to bureaucracy, the registration of the complaint and its transmission to the criminal investigators occurs with significant delay as the police officer has to draft a series of reports to his superiors in order to accept the complaint, transmit the documents and reports for extension, etc.

Regarding the collaboration of the criminal investigators with the psychologist, the study reveals that psychologists, at the prosecutors’ request, participate in the hearing of children and the development of their psychological evaluation reports. Psychologists, especially the school, play an essential role in preventing and combating crimes. Meantime, the psychologist is not so often engaged in the investigation of a case, and the criminal investigators strictly observed court proceedings. The psychologists, as well as teachers, participate in the hearing of the child victim during the trial. However, their participation was passive; there was no case when the psychologist or teacher asked questions. Consequently, the research reveals that the role of the psychologist/teacher at the hearing of the child victim is more formal, being directly limited to the provisions of the Criminal Procedure Code, without taking into account the victim’s interests. This fact was established by the study ***Children Victims of Offenses and criminal procedure: the case of the Republic of Moldova¹⁷***, carried out by the Sociopolis team in 2013, at the request of the National Center for Child Abuse Prevention.

Judicial practice research on child sexual abuse and exploitation in the Republic of Moldova¹⁸, conducted by the Council of Europe in 2020, aimed at revealing the judicial practice on child sexual abuse and exploitation in the Republic of Moldova by analyzing the court records across the country (when there was a final decision), as well as the relevant legal framework to facilitate this process.

The research shows that the safety and privacy of child victims are not ensured during criminal proceedings (including at home, community, at police stations, and in court). Consequently, the institutions have to improve their procedures to ensure the safety and privacy of children from the moment of reporting a sexual offense. This consists of their commitment to investigate and request adequate protection measures from the beginning and to carry out appropriate and immediate procedures to allow children to express their concerns about their protection. The safety and privacy of children should be protected by the prosecution and the court, providing them with private waiting spaces, which secure the protection of child victims from other people as well as their identification data that are protected by court decisions. The personal data of child victims should be kept secure, and access to information should be restricted, except when it is

16 *Ensuring the rights of the victim of sexual offenses (analysis of judicial practice)*. International Center „La Strada”, Chisinau, 2017.

17 *Children victims of offenses and criminal procedure: the case of the Republic of Moldova*. National Center for Child Abuse Prevention, Sociopolis. Chisinau, 2013.

18 *Judicial practice research on child sexual abuse and exploitation in the Republic of Moldova*. Council of Europe, 2020.

necessary to ensure a fair trial for the accused.

The reference study identified more areas requiring measures to meet the objectives of the Lanzarote Convention on the effective combating of child sexual abuse and exploitation and the appropriate protection of victims' rights. Thus, children should be directly informed about criminal proceedings and the assistance to be provided (as well as to their legal representatives) in a manner appropriate to their age and understanding. Not only written materials are required to achieve this purpose, but also video materials and online resources. It also revealed the increase in the number of child victims who require legal state-guaranteed aid.

The research unveils gaps in the automatic implementation of the legal framework requiring human resources, procedures, management, and continuous monitoring to ensure proper functioning.

Report on the **Monitoring of court proceedings in cases of domestic violence, sexual violence, and human trafficking**,¹⁹ study conducted in 2018 by the Women's Law Center aimed at assessing the government's response to cases of domestic violence, sexual violence, and human trafficking. The monitoring results show that the victim of the crime is marginalized during the formal court proceedings. The work of criminal investigation and judicial examination bodies in investigating the case does not demonstrate priority concern for ensuring the representation of the victim/injured party in the trial, its protection, and rehabilitation.

The monitoring process revealed cases of the perpetrator's abusive conduct and threatening and offensive behavior toward the victim. In such circumstances, the court gave sanction warnings. However, these measures could not restore the victim's psychological state in the trial.

The preconceived attitude towards the victim of many professionals engaged in the process, supplemented by certain legal deficiencies, has contributed substantially to shaping the overall picture, which reveals that the judicial examination of the case does not give priority to deterring the perpetrators/offenders and to help victims get informed and act accordingly, to be able to receive equitable assistance, protection, rehabilitation and recovery of the physical, material and/or moral damage caused by the crime.

Thus the recommendations of this study refer to the development of the regulatory framework to improve the procedural mechanism of involving and informing victims of crimes on the running and the outcomes of the investigation of offenses, ensuring that all the victims of domestic violence, sexual violence, and exploitation are provided with specific (friendly) hearing conditions avoiding confrontation in the trial with the perpetrator, unless the adult victim accepts the confrontation, to ensure the psychological integrity of the victims and avoid (re)victimization, as prescribed by the international standards.

Study **Peculiarities of the phenomenon of sexual violence in the Republic of Moldova**²⁰, carried out in 2019 by the International Center "La Strada", reveals that law enforcement professionals face difficulties obtaining evidence to be submitted to the court, as the victims are unaware and do not preserve evidence of the committed offense. Some victims resort to law enforcement bodies with delay, and it is difficult under such circumstances to prove sexual crimes in courts.

The forensic examination results represent an essential component for initiating a criminal case file against the perpetrator. The law professionals report the need to improve the conditions under which forensic expertise takes place, the medical equipment, as well as to change the attitude of those professionals towards the VSV, including the need to reform the expertise field itself so that the documents issued by this body leave no room for arbitrary interpretation. In addition, the healthcare system limits medical care to creating a forensic report establishing the injuries. At the

19 Monitoring of court proceedings in cases of domestic violence, sexual violence, and human trafficking. Women's Law Center, Chisinau, 2018.

20 Peculiarities of the phenomenon of sexual violence in the Republic of Moldova. International Center „La Strada”, Chisinau, 2019.

same time, the victims should seek the necessary treatment, being forced to cover such treatment at their own expense.

The research establishes that more law enforcement representatives noted that the psychological evaluation reports helped them understand the circumstances of the crime as the psychologists described in the statement the manipulation and coercion methods used by the perpetrator. Many judges acknowledge that when psychological evaluation reports are developed in a professional manner, they have value in courts. However, the psychological evaluation reports do not have a uniform structure, and it would be appropriate to standardize them, as well as amend the law so that such information could be admitted as evidence.

Law no. 137/2016 on rehabilitation of victims of crime identifies VSV as distinct subjects who can benefit from free psychological and legal aid, although the implementation of such provisions is still incomplete. Thus, it is recommended to develop security services for VSV and to create a system of protection and safety for VSV in order to improve their confidence in justice in the state authorities.

The mapping of the phenomenon of sexual violence reveals a few constraints in providing placement: a) age (depending on the Center, there are certain age categories that are not entitled to assistance); b) mental illness (victims suffering from mild mental retardation are accepted, and those who have more severe mental disorders cannot be accepted as beneficiaries of the Center, because they endanger the life and security of other beneficiaries); c) tuberculosis; d) limited mobility (Centers do not have the necessary conditions to ensure the movement of disabled people); e) alcohol addiction (if the victim is drinking, she is sent initially to undergo the alcohol treatment and only afterward accepted to the Center); f) drug addiction.

At the same time, the reference study points out several weaknesses related to the social protection of VSV: (i) lack of specialized services both for children and adults, victims of sexual violence; (ii) lack of long-term services, as in Centers for victims of domestic violence/human trafficking they can benefit from support during the crisis period only; (iii) lack of services preventing sexual violence; (iv) lack of activities for the community reintegration of VSV in parallel with services provided to the family.

Collaboration amongst organizations providing support to VSV is another challenge as each institution has got its own regulations, rules, and bureaucratic system. There is no single vision of the institutions that provide legal and social assistance to this category of victims. The interaction between professionals in the social field and law enforcement representatives is not coordinated either. Even from the moment the victim files the complaint with the police or is identified in the community, the victim of a sexual offense must enjoy coordinated specialized attention and intervention.

Although there are several legal provisions setting out the rights of victims of sexual offences, a clear, intersectoral mechanism for reporting cases of sexual violence is not clearly defined. In cases of sexual violence, most actions are taken individually by each professional, lacking an effective mechanism of collaboration and a well-coordinated response of specialists employed in law enforcement, healthcare, and social services.

One of the problems faced by the local public authorities in providing qualified assistance to VSV lies in the lack of training of community social workers, their turnover as well as the lack of knowledge about the services they could refer the victims. The study emphasizes that, as a rule, people from various fields are employed as social workers – former accountants, engineers, etc., who do not have the necessary training. Or the social worker, first of all, possesses information about the services existing at the district and national level and refers VSV to these services. Consequently, their competencies should be strengthened to be familiar with the existent services and to be able to refer people to such services.

Report ***Specialized services for women affected by sexual violence. Report on the best practices existing in Europe***²¹, conducted in 2020 by the International Center “La Strada”, at the request of UN Women Moldova, reveals an **example of a community-coordinated response to cases of sexual violence**. This report presents the most suitable model of intervention for the Republic of Moldova based on the analysis of different models from 5 European countries Great Britain, Malta, Serbia, Spain, and Sweden.

A central aspect of the community-coordinated response model to cases of sexual violence is the identification of the manifestation of trauma by all participants, regardless of the institution they are employed. Thus, in order to inform and support the VSV at every stage of criminal proceedings, it is essential to train all specialists in the relevant institutions to deal with trauma and its manifestation adequately. The failure to understand this aspect could lead to (re)victimization and consequently affect the criminal trial. Wrong words, wrong questions, and inappropriate body language of the police officer, prosecutor, doctor, or social worker could make the victim feel threatened, that they are not believed, or, worse, to wonder if it is still worth reporting the incident of sexual abuse. Due to the adequate training of professionals on sexual violence, the entire multidisciplinary team is able to provide adequate support to victims through members’ words and actions.

This report also stresses the importance of early childhood education and intervention programs – *Education programs for youth* focused on respecting personal boundaries, understanding the expression of consent, assertive communication that is necessary to prevent any form of violence against women and girls, as well as *Prevention programs* targeting different age categories, for both, girls and boys. *Programs designed for parents* are also required to teach them how to talk to their children about gender equality, to break the stereotypes about sexual violence, as well as awareness-raising campaigns for community members and professionals.

Study ***Preventing and combating violence against women and girls in the humanitarian context***²², carried out in 2022 by the International Center “La Strada”, with the financial support of Women’s Peace & Humanitarian Fund and UN Women Moldova, attests that the emergency situation has determined the national authorities, civil society organizations, but also international partners to revise their priorities in the field of preventing and combating violence against women and girls. This was required to ensure a more gender-sensitive intervention and meet the new needs of these women, driven by the reality of armed conflict. Thus, displaced women and girls enjoy the right to be protected from all forms of violence, including gender-based violence or sexual violence. According to the international commitments undertaken, the Republic of Moldova has to ensure specific protection for women and girls affected by the armed conflict in Ukraine to protect them from any form of violence they may face on the territory of the Republic of Moldova as a transit country or which provides them with temporary shelter.

Rape and other forms of sexual violence committed against civilians have been recognized as war crimes, crimes against humanity, and genocide. Therefore, in cases of sexual violence committed in the zone of armed conflict, subsequently identified on the territory of the Republic of Moldova, the norms and principles of international law, which provide additional protection to victims, must apply.

Women fleeing the war in Ukraine faced various forms of violence at all stages of their displacement, both in the conflict zone, in the transit countries, and in the destination countries where they decided to take refuge. These experiences of violence include physical and sexual violence (beating, restriction of movement, etc.), psychological, emotional (blackmail, threat of taking away children, etc.), verbal (humiliation, hate speech, etc.), and economic (limited access to money, financial

21 Specialized services for women affected by sexual violence. Report on the best practices existing in Europe. International Center „La Strada”, UN Women, Chisinau, 2020.

22 Preventing and combating violence against women and girls in the humanitarian context. International Center „La Strada”, Chisinau, 2022.

control, etc.). Interpersonal violence usually intensifies in refugee and post-conflict countries, including due to migration and asylum policies. The survivors talked about their experiences of interpersonal violence (from their inmate partner or the community), structural violence (rooted in the society encouraging inequalities between various social groups), and symbolic violence (hidden violence based on power imbalance). Some incidents of violence have been described as situational or unique incidents; others have been committed intentionally and strategically with the aim of hurting migrants.

The reference study specifies that within 24 February 2022 – November 2022, the organizations providing support to women have recorded single cases of domestic violence, sexual violence, or other forms of emotional abuse committed against refugee women. Displaced women received counseling services over the phone, which provided free and anonymous information and psychological support, or they reported their experience of violence in discussions with the specialists who offered them psychosocial or medical aid. Although several cases of violence against refugees have been reported, unfortunately, they have not come to the attention of law enforcement representatives. In one of the cases identified, the woman reported the rape she experienced in Ukraine, committed by people from the armed forces. In five other cases, the women reported experiences of sexual harassment, marital rape, and domestic violence, as well as other cases of sexual violence which they have experienced in the Republic of Moldova.

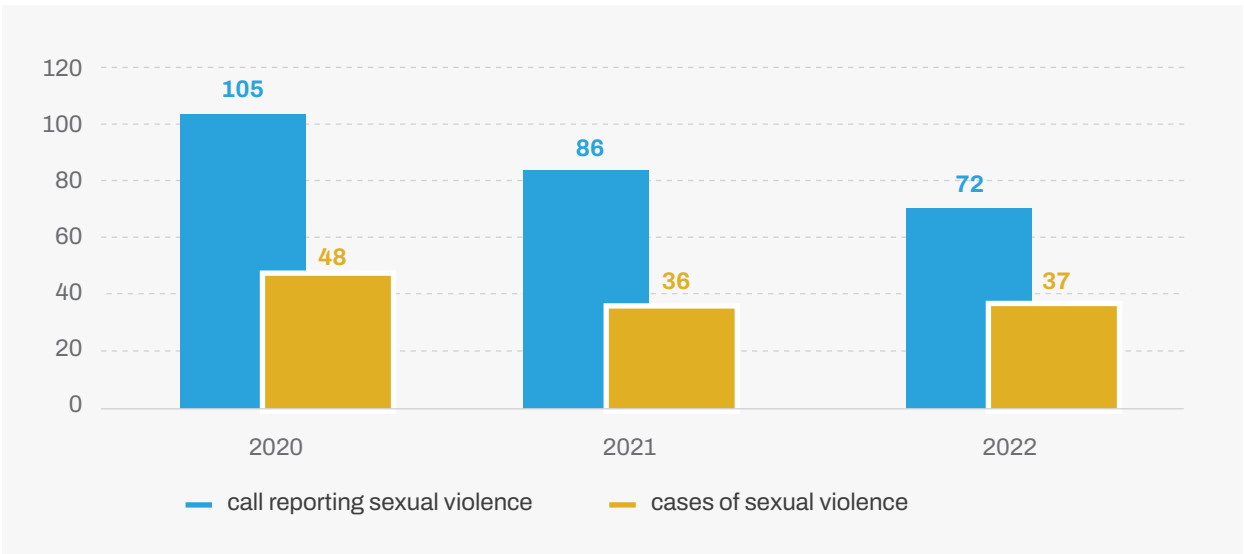
The study reveals that another area the stakeholders have focused their efforts on is aimed at training professionals on gender-based violence and sexual violence in a humanitarian context. Thus, 1968 front-line stakeholders and about 2500 government and civil society organizations benefited from training on gender-based violence and safe mechanisms developed to support the implementation of guidelines on reporting and assistance. A pocket guide on gender-based violence was updated, translated into Romanian, and distributed to partners.

Moreover, the study revealed that the community of humanitarian stakeholders from the Republic of Moldova had numerous initiatives in preventing and combating gender-based and sexual violence in the humanitarian context. These were oriented on providing information support for displaced women and girls, strengthening the capacities of professionals, creating new services adjusted to the humanitarian context (support centers such as Blue Dot or Orange Safe Space), as well as providing humanitarian aid such as essential goods, hygiene products or even money. This comprehensive approach was due to the expertise and support of international partners, who managed to redirect and allot funds to support the field related to preventing and protecting displaced women from any form of violence in a humanitarian context.

3.2. Assistance provided via the Trust line for Women and Girls

The analysis of the data of the phone support service for victims of domestic violence and violence against women – **Trust line for Women and Girls (08008 8008)**, for 2020-2022, shows a decrease in the number of calls reporting sexual violence, including the number of cases of sexual violence (Figure 5). Almost 1 of 30 calls received by counselors of the Trust line for Women and Girls is about sexual violence. Sometimes, people report cases of sexual violence that occurred in their childhood, many years ago, and it is the first time that victims spoke up about this experience.

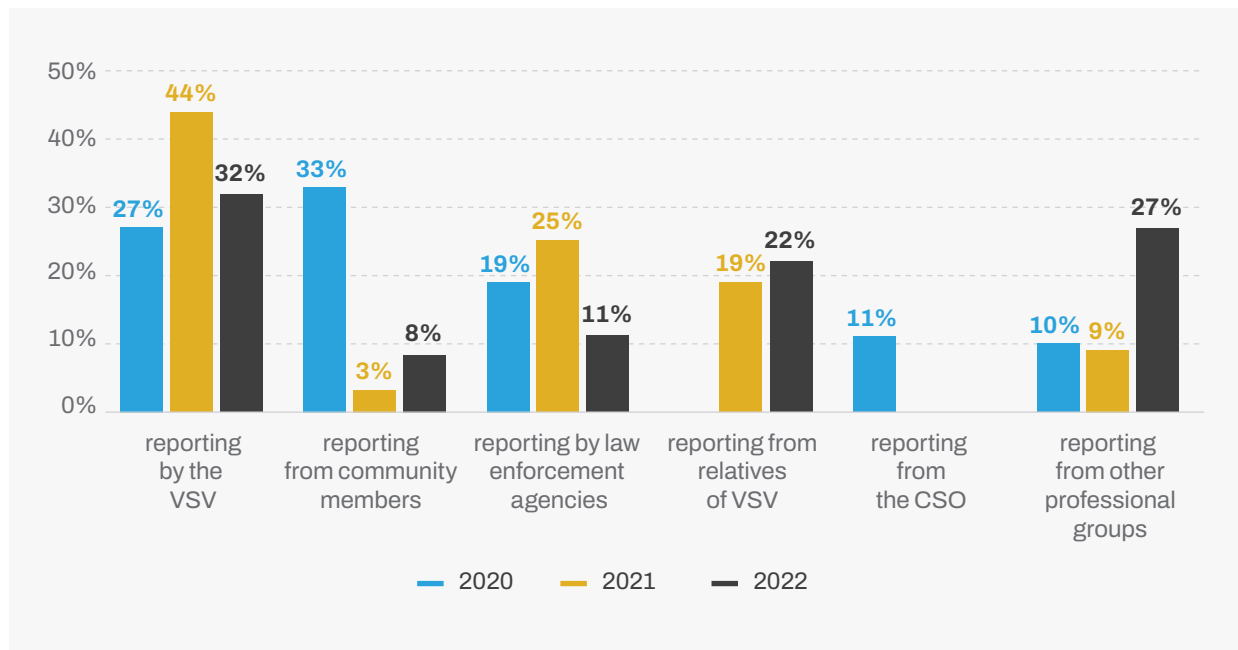
Figure 5. Calls to the Trust line for Women and Girls, reporting sexual violence and the number of cases related to these calls 2020-2022²³



The data of the annual reports of the Trust Line for Women and Girls indicate that cases of sexual violence are reported by various stakeholders. Most often, the victim itself reports the case. Still, there are calls from the relatives of the VSV, law enforcement, and other institutions (Figure 6). The increase in the number of complaints from different groups of professionals, including relatives of VSV, was revealed. VSV benefits from information and psychological counseling in all cases. Moreover, the callers are referred to the institutions that could support them according to their needs, including qualified legal advice.

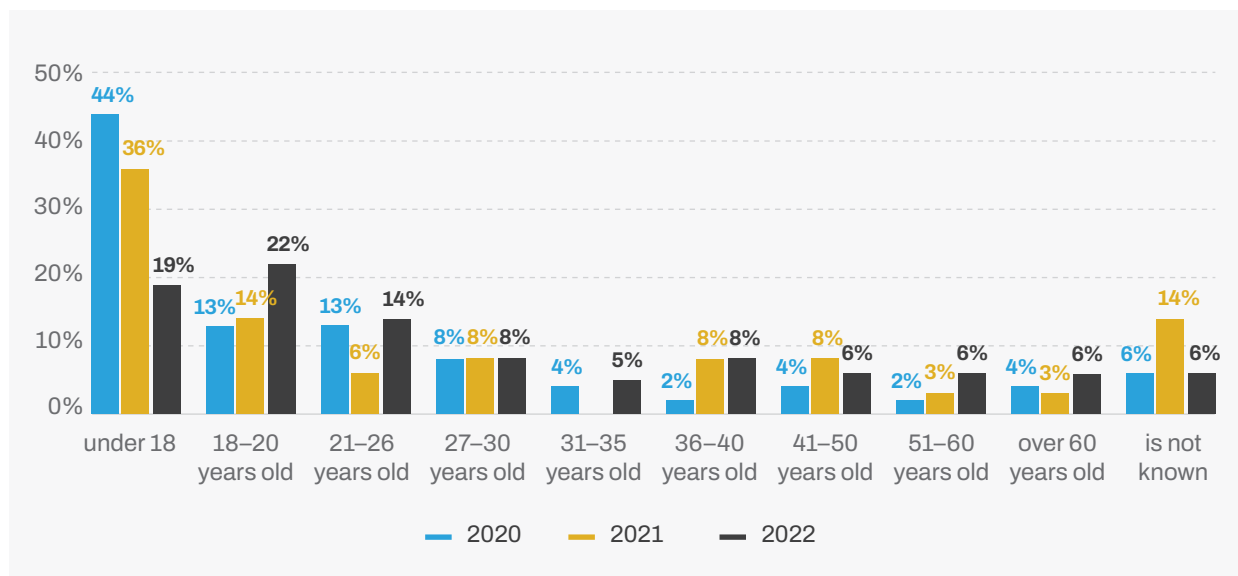
²³ Prepared by the author according to the annual reports (2020, 2021, 2022) of the hotlines for victims of domestic violence and violence against women, the Trust Line for Women and Girls.

Figure 6. Cases of sexual violence reported via the Trust line for Women and Girls per years, %²⁴



The VSV reporting the cases via the hotline are most often under 18 years old, followed by people aged 18-20 and those 21-26 years old (Figure 7).

Figure 7. Age of VSV calling the Trust line for Women and Girls, 2020-2022, %²⁵

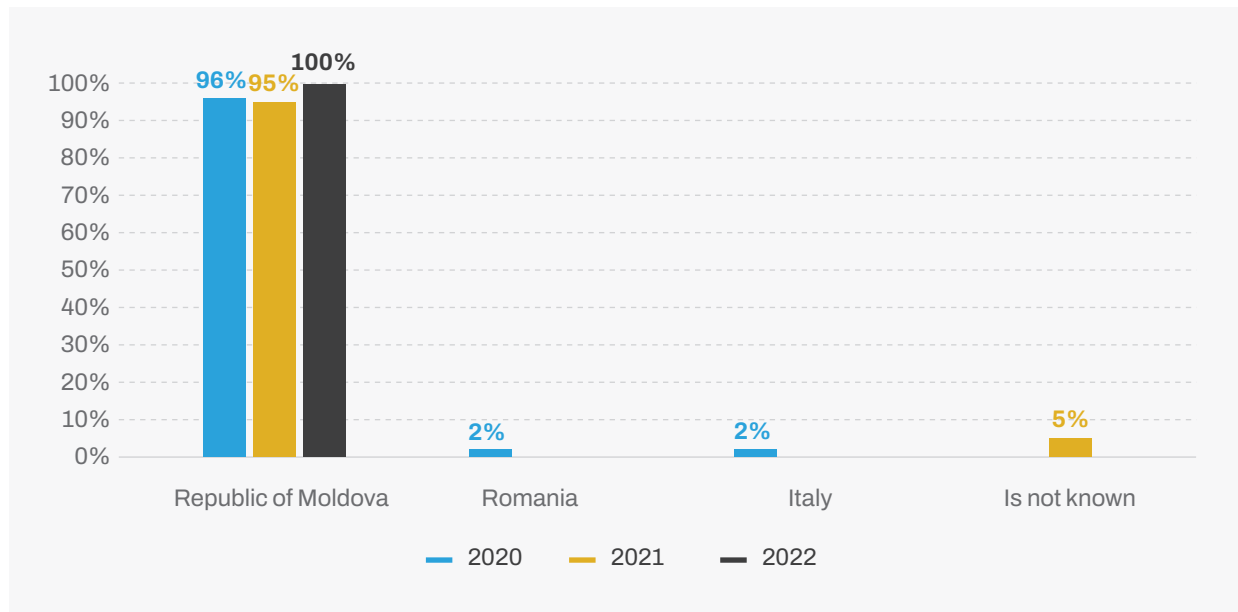


The large majority of VSV reporting the cases via the Trust line for Women and Girls are from the Republic of Moldova, although there are also a few victims from abroad, especially Romania and Italy (Figure 8).

24 Prepared by the author according to the annual reports (2020, 2021, 2022) of the hotlines for victims of domestic violence and violence against women, the Trust Line for Women and Girls.

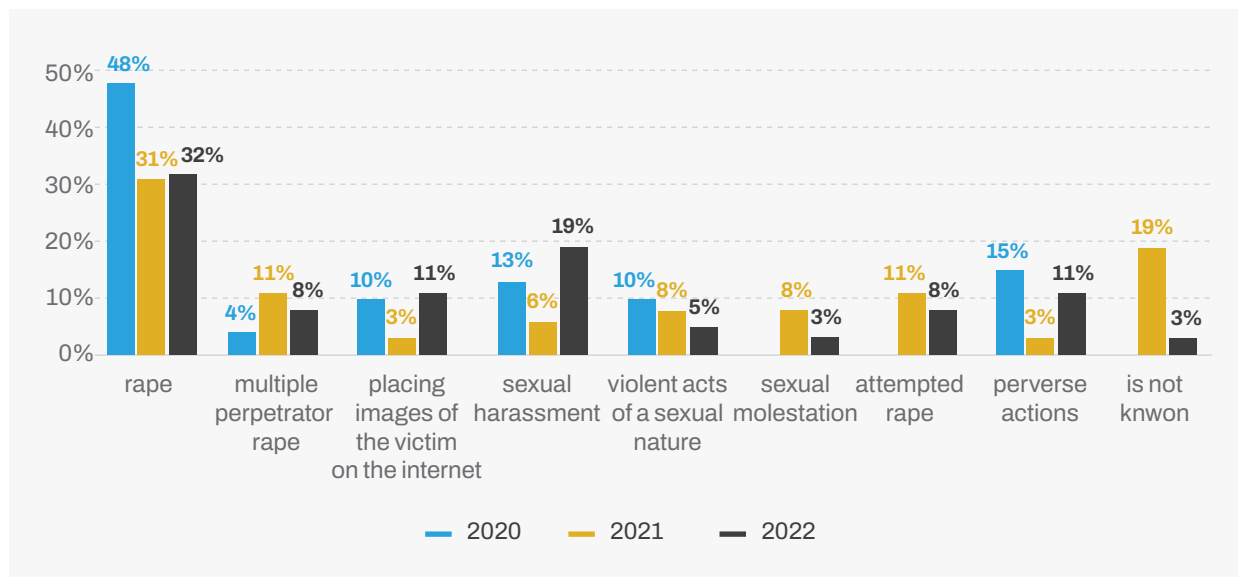
25 Prepared by the author according to the annual reports (2020, 2021, 2022) of the hotlines for victims of domestic violence and violence against women, the Trust Line for Women and Girls.

Figure 8. Profile of VSV according to their country of residence calling the Trust line for Women and Girls, 2020-2022, %²⁶



Cases of rape, perverse actions, and sexual harassment are most frequently reported in calls, followed by cases of posting online images of the victims (Figure 9).

Figure 9. Type of sexual offense reported via the Trust line for Women and Girls, 2020-2022, %²⁷



The annual activity reports of the Trust Line for Women and Girls confirm that the phenomenon of sexual violence is hidden and under-reported. Meantime, the low number of complaints to the Trust line for Women and Girls enables us to complete the list of factors causing this situation: (i) the lack of knowledge of the peculiarities of sexual violence by people in general; (ii) ignorance of services available for VSV, in this case of the Trust line for Women and Girls.

26 Prepared by the author according to the annual reports (2020, 2021, 2022) of the hotlines for victims of domestic violence and violence against women, the Trust line for Women and Girls

27 Prepared by the author according to the annual reports (2020, 2021, 2022) of the hotlines for victims of domestic violence and violence against women, the Trust Line for Women and Girls.

Moreover, we emphasize the need to develop standard indicators for recording calls reporting sexual offences to the Trust Line for Women and Girls to be able to monitor the evolution of the situation. For example: (i) to have the same indicators for calls related to sexual violence reported by: VSV, law enforcement bodies, groups of professionals, civil society organizations, relatives, and community members. Currently, the data for the reference period differs; (ii) the time spent since the sexual offense was committed: up to 24 hours; 1-7 days, 8-17 days, etc. Currently, for 2020-2021 it is made only for 1-3 days and 4-7 days; (iii) perpetrator: parent/stepfather, husband/boyfriend, ex-husband/boyfriend, nephew, son/daughter, tutor, brother/sister-in-law, strangers, acquaintances, others. Currently, the categories differ from year to year. In the registration process, new categories may appear when the normative framework changes or when there are changes in the social reality (refugee crisis, large flows of migrants, etc.).

4

**FUNCTIONALITY
OF THE JOINT
INTERVENTION
TEAMS IN CASES
OF SEXUAL
VIOLENCE**

4.1. Assessment of the working methodology and instructions of the joint intervention teams in cases of sexual violence

Participants in the research appreciated the existence of the working Methodology and Instruction of the joint intervention team in cases of sexual violence *“it is compiled very, very well.”* **Investigation officers** mentioned that these highlight aspects to be taken into account, as there are different forms of sexual violence *“steps that should be taken”* (IIE_7), *“it is not anything unusual, it is what we do every day but more clearly explained”* (IIE_6). Consequently, it is important for investigation officers as it stipulates aspects there are not familiar with or did not have the opportunity to put into practice, as sexual offenses rarely occur in comparison to other types of offenses. Some **criminal investigators** stressed the fact that although the Instruction hasn't changed significantly their work, still *“overall, it changed greatly the activity of the police”*. (IIE_5).

However, some respondents pointed out that the new instructions *“make our job more difficult than it helps us”* (IIE_4). Asked to explain these aspects, they specified that it delays the investigation of cases in (i) hearing of people under the age of 18 in special conditions, (ii) compilation of psychological evaluation reports, although these aspects are not stipulated by the Instruction but by the new amendments to the Civil Code and Civil Procedure Code of 02.02.2023, that came into force on 18.03.2023.

Representatives of the healthcare sector greatly appreciated the development of the Instruction, pointing out that *“it helps us, explaining steps to be taken – what you have to do, how you have to do this,” “it is easier,” and “everything is stipulated.”* At the same time, they emphasized the low number of such offenses as well as a few of their fears *“to avoid missing something.”* **Forensic experts** have also agreed that the Instruction is *“very helpful,” “comprehensive,” and “appropriate.”*

Representatives of the social work field did not have the opportunity to implement into practice the provisions of the new Instruction. They mentioned that theoretically, the Instruction provides a comprehensive overview *“we did not have such cases, but reading, it seems clear to us”* (IIE_10).

Strengths

Participants pointed out that the Instruction helps them identify the role, duties, and peculiarities of the intervention for all representatives of the joint intervention team *“it helps us get acquainted with our duties and intervention”* (IIE_10). According to the investigation officers, the most important strength of the Instruction lies in the opportunity to consult relevant specialists (psychologist, lawyer, etc.) 24/7.

Most of the strengths were highlighted by doctors for whom a standardized clinical protocol was developed *Clinical management of rape*²⁸ by a group of experts coordinated by the Ministry of Health of the Republic of Moldova, with the financial support with the United Nations Population Fund. This standardized protocol was approved at the meeting of the Council of Experts of the Ministry of Health on 30.06.2021 and is a crucial sectoral document alongside the Guidelines on intersectoral collaboration and intervention. The doctors emphasized:

- i. comprehensive presentation *“I really like that the protocol clearly stipulates absolutely everything we need to do as doctors. I haven't seen any gaps that need to be removed or anything to add”* (IIE_2);
- ii. intervention stages *“the guide is really good and establishes all steps to be taken, and it is not*

28 Clinical management of rape, Ministry of Health. Chisinau, 2021, https://moldova.unfpa.org/sites/default/files/pub-pdf/managementul_clinic_al_cazurilor_de_viol._protocol_clinic.pdf

so large” (IIE_12), “we have to observe all stages, take into account diseases, prevention, sexually transmitted diseases, to talk about consequences, risk of pregnancy, we have to provide all required advice (IIE_11);

- iii. existence of relevant figures, including annexes “at the end is the example with the body and potential injuries we have to talk about” (IIE_12).

Weaknesses

Weak points mentioned by the respondents refer to some peculiarities of the intervention and the fact that this could be accomplished in tight terms. **Aspects mentioned by the research participants did not always refer to the working instruction of the joint intervention team in cases of sexual abuse** but to the overall process of the investigation of such cases. Thus, a few criminal investigators, including investigation officers, pointed out as weak points the law amendments regarding the hearing of people under the age of 18 in special conditions “until the hearing is established under special conditions, a lot of time passes,” “it could take even half a year” (IIE_6), “I think the hearing of VSV, as well as witnesses, under the age of 18 in special conditions is a huge mistake” (IIE_5). They pointed out the case delays and the fact that the suspect could not be detained, including identifying other victims of the offense, stressing the delay in “establishing the truth.”²⁹ They also mentioned the high costs for institutions in conducting the hearing in special conditions as they have to go to the National Center of Child Abuse Prevention in Chisinau or Ciocana District Court of the Chisinau municipality.

It was also pointed to the delay in the trial caused by the compilation of psychological evaluation “the biggest challenge is related to the delay of psychological evaluation” (IIE_3). Besides the fact that these assessments cannot be done quickly, there is a shortage of professionals to compile these reports.

Some investigation officers consider the method of confronting the child victim with the perpetrator effective in the process of establishing the truth “previously, it was easier to make the victim confrontation. You arranged a meeting between the victim and the perpetrator, and while they were arguing you established the truth” (IIE_7), being unable to realize the traumatic effect of the confrontation.

The representatives of the social assistance system reported that the mechanism of documenting people that benefit from judicial protection measures is ineffective because local public authorities are not always informed about the establishment of judicial protection measures, thus being able to monitor the monitoring of the perpetrators. The respondents revealed the need for a database of people benefiting from protection measures in order to improve the intersectoral monitoring system.

The gynecologists mentioned that if the VSV report the offense themselves, they have to notify and wait for the representatives of law enforcement bodies, the forensic expert. In the case of child victims, the intervention team members have to wait for the child’s legal representative. Consequently, it is necessary to make this time of waiting as short as possible to avoid deterring the victim.

Streamlining recommendations

The healthcare sector representatives came up with recommendations for a better implementation of the standardized clinical protocol “The protocol is too large. It should be like a pocketbook, like a small compendium with figures: major emergency and intervention steps, and after that, minor

29 Criminal investigators and investigation officers referred to the amendments of the Criminal Procedure Code of the Republic of Moldova, that entered into force on 18.03.2023 of Article 369, paragraph 1.

emergency and the steps. To provide brief information and guidelines to those that are not familiar with the intervention” (IIE_12). Moreover, the ER doctors emphasized the need for the training of a larger number of doctors on the implementation of the protocol as well as information boards to be available in the healthcare institutions *“only a few doctors from the Emergency hospital benefited from training, but cases of sexual violence could also be dealt by other doctors on duty that has not benefited from training; consequently, the information boards about the intervention will be very helpful to them”* (IIE_15).

4.2. Frequency of these offenses in specialists’ work

Sexual offenses occur with a certain periodicity in the work of investigations officers. For example, in the first two months of 2023, 4 complaints of sexual violence were filed in the Botanica sector of Chisinau municipality, and 3 cases were filed during a week.

Some criminal investigators from Chisinau municipality said they have, on average, one case per month, the other even more seldom *“I cannot say it frequently happens, as I had one case in 2023 and one case in 2022”* (IIE_6). There are also investigation officers who mentioned they didn’t have any cases during the last two years.

At the same time, investigation officers operating in the district said they have such cases *“more often”* – 2-3 times a month. In 2023, the districts piloting the intervention mechanism in cases of sexual violence have already documented cases of sexual offenses *“we have already 2 cases.”* For example, in the case of a 14-year-old girl, pregnant, that was heard in special conditions, two criminal cases were filed against two different suspects (Orhei district).

Most often, sexual offenses are reported via the single national emergency number 112, during night-time hours. However, there are notifications from doctors and social workers. Their notifications refer to particular child VSV, including pregnant. An average of 1-2 cases of sexual violence against adults per month are referred to the Institute of Emergency Medicine in Chisinau, and children are taken to the Institute of Mother and Child in Chisinau. The situation is different in maternity wards and hospitals from the districts *“a case in 3-4 months, sometimes more often, 1 case in 2 weeks.”*

The representatives of the healthcare sector mentioned that some VSV addresses the medical institution on their own, but they also have situations when they are brought by the representatives of the police. Cases of sexual violence are rarely dealt with by hospitals of Chisinau municipality, especially within the last months. According to the ER doctors and gynecologists, if such cases are not referred to healthcare institutions, then the multidisciplinary team *“does its job very well”* the path of VSV explained in the Instruction is well known and observed.

There are also complaints from mothers in the case of child victims, particularly after a period of time since the offense took place. In these circumstances, difficulties were revealed in establishing the crime as well as collecting the evidence *“it is a little bit more difficult for us if two weeks or more time has passed.”* The doctors emphasized that VSV are not able to explain why they didn’t come immediately *“I thought it was better that time.”*

Forensic experts from Chisinau mentioned that during 2022, they performed 145 examinations in cases of sexual violence, and in 99 % of cases the VSV were brought by the police; the others addressed themselves. Forensic experts operating in the districts said they examine about 4-5 cases of sexual violence per month. Some experts emphasized the increase in the number of sexual offenses in 12-13-year-old girls during the last time *“I cannot understand why this wave of child victims doesn’t stop; there was only one adult person, aged 21. Yesterday we had the case of a 14-year-old girl being already 6-7 weeks pregnant”* (IIE_14).

According to some respondents, parents' migration abroad, leaving children behind with their grandparents, represents one of the reasons for the increasing number of sexual offenses in children. For example, in the case of the pregnant girl, the legal representative (mother) was abroad, and the case was reported by school teachers.

Sexual offenses are less reported to social workers. Sometimes social workers identify themselves and report the alleged case of sexual violence against a child, requiring the immediate removal of the child from the family. Other cases of child VSV are referred to social workers by the police, requiring psychological counseling, referral of children to placement centers, and participation in the trial of the legal representative of the child in the absence of the mother. Although such cases *"occur rarely, are dealt with more carefully, in particular in children"* (IIE_10); consequently, more attention is paid to the intervention, observing all procedures, including those related to the collaboration with the representatives of other fields.

Each case is different and is dealt with individually according to its peculiarities. A few investigation officers mentioned that once the police arrive at the crime scene, certain victims refuse the help. Consequently, they made reference to cases of alleged sexual offenses that were not proved *"at the end of the last year, there was a woman that reported a case of rape, but when she was examined, the forensic report revealed that she didn't have sex during that night"* (IIE_8), as well as to the fact that out of the 18 cases investigated during 2022 by the Police Inspectorate, in 3 of 4 cases, it turned out that the victim made false claims *"there are cases when victims want to take the revenge on suspects"* (IIE_4).

Research participants emphasized the fact that few VSV report such offenses. Various factors encourage the low reporting of cases: (i) shame to report such offenses *"they do not report the case because they are ashamed"*; (ii) documenting and investigating *"all stakeholders ask questions."* (IIE_1); (iii) durations of the investigation of criminal case and punishment of the perpetrator *"many victims no longer want to be subject to so many questions, visits, over several years"*.

4.3. Intervention of specialists and changes in their response during the piloting of the Instruction

The intervention of investigation officers and criminal investigators in sexual offenses is done promptly *"when it comes to sexual violence, everything is done accordingly"* (IIE_3). The immediate intervention was also provided by healthcare professionals and social workers, including in alleged cases from residential institutions (Community centers for disabled people) *"we leave our patients when such cases occur and deal with them immediately"* (Ialoveni). In-depth individual interviews with professionals prove that the institution's manager demanded the immediate intervention of the police and health care representatives as the case involved disabled people. However, the examination revealed no signs of sexual abuse.

Criminal investigators cope with the identification of suspects. They pointed out that when there are referrals to the Single National Emergency Call Service 112 on sexual offenses, they immediately go to the crime scene before the task force and talk to the victim to find out more details, including identifying witnesses if possible. Currently, they ask the victim if she doesn't need a psychologist or another reliable person to support her and improve the victim's safety level until the investigation officer comes. In the case of child VDV, the police always call the child's mother/caregiver/guardianship authority requiring their presence, and try to offer them psychological support.

The discussion with the victim is the way the investigation officers initiate the intervention. Police intervention is different in cases involving child VSV, observing the legal framework *GD no.270/2014 regarding the intersectoral cooperation mechanism on the identification, assessment, referral, assistance, and monitoring of child victims and potential victims of violence, neglect, exploitation,*

and trafficking (VNET)³⁰. In cases of child victims, the investigation officers discuss with the victim in the presence of legal representatives.

Sexual offenses are documented as the other offenses *“they go to the crime scene, collect evidence and hear the victim.”* The victim is most often acquainted with the perpetrator. Still, there are cases when the victim doesn't know him, and the criminal investigators collect evidence – characteristics of the perpetrator to be able to identify the offender. For example, in Chisinau municipality, in 2022, half of the victims are not acquainted with the perpetrator.

After discussion, the order is issued to perform the forensic examination and the investigation officers accompany the victim to the forensic expert for examination *“the victim doesn't go alone.”* Investigation officers said they informed the VSV about support services, procedural requirements, and safeguards, explained to them their rights and obligations, and referred them to available services, etc. Due to the training, the investigation officers provided information to the VSV about the opportunity to seek help from the International Center “La Strada” *“I gave her the contact information.”*

Doctors said that VSV seeking help are *“nervous,” “upset,” and “crying.”* Their emotional condition is affected *“first of all we try to calm them down and afterward explain our support”* (IIE_15). However, the representatives of the healthcare sector comply with the standardized protocol approved by the Ministry of Health and intervention guidelines and report to the representatives of the Police Inspectorate, inform the victim about the medical care, purpose and expected result, intervention methods, and potential medical, social and psychological consequences as well as about alternative treatment and care. Subsequently, after obtaining the victim's written consent (except in cases of imminent danger of death or serious threat of health), the professional performs the examination, collects samples, and drafts the Emergency sheet enclosing the examination results and pictogram. Additionally, the doctors inform the victim about the risk of pregnancy and provide them with emergency contraception and post-exposure prophylaxis for HIV and sexually transmitted diseases. Moreover, doctors inform victims about forensic and social services (psychological counseling, legal advice, social assistance, etc.). The doctors as well as the forensic experts comply with the general principles on physical examination of VSV: explain the examination process, the option to refuse the examination as well as its importance, opportunity to ask questions, including asking them if they want to be assisted by a reliable person for their psychological comfort, etc.

The social workers pointed out that in cases of child sexual abuse, they act in compliance with *GD no.270/2014*, while in the cases of adults, according to the *Order no. 903 of 29 July 2019*, about the Instruction on the intervention of territorial structures of social assistance in cases of domestic violence setting out the procedure of the identification and documentation of cases, as well as the assessment of risks and delivery of emergency protection measures, reporting and referral of cases, including case management and protection measures to be taken by social workers. In sexual offenses, the social workers ensure the immediate placement of the child victim and psychological support to the victim if they have a psychologist within the Territorial Structures of Social Assistance. The social workers have also emphasized that, in their communication with various disadvantaged categories, they have the opportunity to identify such cases in older people, disabled people, etc. As intervention tools, social workers use the social survey as a starting point and case management subsequently. They pointed out that they are trying to provide the family with psychological support to overcome the situation *“to realize they do not cope with the problem alone”*. Professionals employed in this field collaborate with civil society organizations in providing support to VSV and their families.

30 GD no.270/2014 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 (VNET).

The members of the joint intervention team have revealed more changes in their job related to sexual violence due to the training conducted by the International Center “La Strada” at the end of 2022 – beginning of 2023. They, first of all, mentioned the receptivity of professionals employed in fields engaged in addressing such cases. Several professionals were engaged in dealing with the cases in 2023. For example, the case of the girl sent to the forensic expert for the examination has already been consulted by the psychologist (Orhei).

There were also changes related to the assistance provided by the police in accompanying the VSV to the forensic expert for examination if there is no injury emergency. Previously, victims were taken to maternity wards/hospitals to consult the gynecologist, although there was no injury emergency; currently, the healthcare providers are involved only in cases of a medical emergency. The ER doctors stressed that the police representatives have currently benefited from training and consequently are acquainted with a medical emergencies in cases of sexual violence, avoiding referring victims to them *“it is very good that the victim doesn’t have to perform so many visits”* (IIE_15).

The intervention of forensic experts from Chisinau municipality hasn’t changed significantly as a result of the approval of the new Instruction. The new requirements were already being implemented by professionals of the Center of Forensic Medicine. However, they emphasized the fact that the Instruction enabled the implementation of additional standardized procedures in 3 more districts of the Republic of Moldova, besides Chisinau municipality. Another advantage consists in the fact that all measures taken by the forensic expert are now documented due to the Examination sheet.

Forensic experts from the districts rely on the Instruction, asking all questions according to the standardized protocol and, if necessary, suggesting the victims consult the family doctor, gynecologist (for contraception), and other specialists according to their psycho-emotional condition. For example, young people are referred to psychological counseling at Youth Friendly Health Centers.

More changes related to the intervention were mentioned by the gynecologists. They pointed out the following: (i) improved knowledge about the intervention in cases of sexual violence; (ii) examination according to stages set out in the standardized clinical protocol; (iii) collection of evidence also in cases of offenses that occurred more than 24 hours after the time of reporting *“we were not collecting these samples if it was more than 24 hours after the offense was committed”*; (iv) prevention of sexually transmitted diseases and HIV/AIDS *“previously we were only recommending the prophylactic treatment.”* The gynecologists pointed out that they were also providing support to the VSV, until piloting the Instruction, on the risks of pregnancy.

Strengths

Investigation officers specified the way of discussing with the VSV and the familiarity with the situation, signs that allow in all cases the identification of the perpetrator, in particular when the victim does not know the perpetrator, as one of the critical aspects of the intervention they carry out. Criminal investigators referred to the rapid identification of perpetrators. Thus, for the representatives of the police, the satisfaction that the perpetrators are imprisoned and punished is important in their intervention in such cases.

The opportunity to refer victims to psychologists or other professionals is a key aspect in the improvement of the joint intervention of specialists. Doctors can not resort to the services of a psychologist during the night. Their job description doesn’t stipulate that they have to come during the night at the doctor’s request in cases of sexual violence. Currently, however, the ER doctors have stressed that they could call the psychologist from the intervention teams in cases of child or woman’s sexual abuse of the International Center “La Strada” *“we call the hotlines we were given at the training if it is necessary (yellow leaflets)”* (IIE_15).

According to forensic experts, the strengths lie in greater confidence in measures taken on compiling the anamnesis and establishing the circumstances *“we try to provide immediate support, without too much talking and be sensitive”* (IIE_13), *“I do my best to ask all the questions and to get a comprehensive answer for the law enforcement bodies”* (IIE_14).

The gynecologists emphasized the existence of emergency kits and pointed out that in the last cases they had of sexual violence, they provided the victims with pills to prevent sexually transmitted diseases, HIV/AIDS, as well as performed pregnancy tests and HIV/AIDS tests. When doctors do not know how to act in particular cases of sexual violence, they consult the Green Line. They respond quickly and give appropriate suggestions *“we are told and explained,” “we called them, and they explained us”* (IIE_15).

The representatives of the social work field highlighted the availability and collaboration with the members of the joint intervention team in such cases, 24 hours a day, even the working schedule has 8 hours *“we are available.”* The employment of a psychologist for children, as well as for adults, within the Territorial Structure of Social Assistance from the Orhei district represents an advantage.

Moreover, the research outcomes show that the referral of VSV to services has improved. Thus, VSV is referred by the family doctor, including to other doctors (neurologist, for example), according to their illness, but also other specialized services. Victims are most often referred to a psychologist.

Challenges in the response of specialists in cases of sexual violence are multiple; however, we highlight that not all of the challenges that have been mentioned refer to the joint intervention of specialists. Consequently, the most relevant challenges related to the joint intervention will be presented below.

The discussion of male **investigation officers** with female VSV is difficult, as well as the appropriate formulation of questions *“it is more difficult for me to ask questions, being a man. We try to skip details to avoid embarrassing the victim”* (IIE_6). Investigation officers revealed difficulties in collecting the evidence to start legal proceedings in circumstances when the VSV is seriously injured *“we have to communicate with the person the VSV confessed to.”*

Criminal investigators pointed out that children could speak up, but it takes time. Consequently, at the training, they were told that they had to wait 2-3 days until the victim recovered. They stressed, however, that in practice things do not work this way and they have to identify the perpetrator as soon as possible *“we had a case of perverse action with an 11-12 year girl. The victim was not acquainted with the perpetrator. We cannot wait in such cases as the perpetrator could leave abroad or somewhere else and commit other offenses”* (IIE_4).

The information process and the delivery of psychological counseling to the victim could be improved. Research outcomes show that a few police officers do not inform the VSV about the availability of psychological counseling, waiting for the victim to request these services *“if the victim requires, we inform her about the opportunity to benefit from services provided by the psychologist, although we didn’t have such requests. Victims said they do not need”* (IIE_6). A few interviews conducted with the police representatives revealed that they continue to judge the victim, including showing distrust towards the VSV.

Doctors stressed the importance of building trust with the VSV and explaining the need for medical examination as well as their consent for examination *“according to the protocol, from the beginning to the end”* (IIE_2). Doctors make efforts, but the VSV is *“affected,” “traumatized,”* and each case is individual. They pointed out that besides medical knowledge, they have to possess psychological knowledge *“we have to deal with the case as best as possible to assure the victim that life goes on”* (IIE_2); *“it is very difficult until the patient decides to speak up and it requires a lot of time to make her confess and discuss”* (IIE_15).

A gynecological or forensic examination cannot always be done by a person of the same sex with VSV. It is also complicated to carry out the medical examination simultaneously with the forensic examination by the obstetrician-gynecologist and the forensic expert. The investigation officers mentioned that in the last cases, they took the VSV to the Institute for Emergency Medicine where she was provided medical care and underwent the first examination, afterward taking the VSV to the Center of Forensic Medicine for forensic examination.

In a major emergency, the ER doctors later find out the information that the person has been raped and some problems arise because not all the samples are collected from the beginning. Moreover, the gynecologists from maternity wards pointed out that sometimes the examination of the VSV could coincide with emergency childbirth. In such cases, the VSV is hosted alone in a separate room.

Parents insist on medical examination in the case of child VSV, although the latter refused. *“We had a case when the mother came with her little daughter. The mother insisted on the examination while the girl was categorically against it. She said she consented to everything. The girl refused the examination, although the mother insisted on it. The girl signed the refusal, as well as her mother. Later we were talking with the doctor on duty that we do not know how to act in such situations”* (IIE_11). Consequently, such cases require to be discussed and decided upon on the intervention.

Moreover, the doctors do not want to participate in court proceedings *“the trial takes five years, and the doctor has to leave his patients to come to give evidence in court”* (IIE_7).

Forensic experts revealed challenges in the examination of victims with mental disorders. Although they tried, they didn't manage to get the victim's consent for the examination. In these circumstances, the prosecutors have been engaged (offense committed until 2022). Other challenges are related to the fact that female VSV sometimes refuses to be examined by male forensic experts. In Chisinau municipality, such challenges are easily solved because there are several forensic experts. However, the situation is more complicated in districts where there is only one specialist that is sometimes in charge of two administrative-territorial units *“in such cases according to the protocol, I make her sign the refusal and explain she could see a woman gynecologist”* (IIE_14). Refusal situations are 2-3 per year. For example, the forensic expert from the Orhei district is also responsible for the Telenesti district, which has no specialists. There are also some small challenges when the victim is repeatedly examined by the forensic expert because some victims may refuse such examinations.

Challenges highlighted **by social workers** refer to the fact they are not always required to provide support *“we are informed only seldom that there is a trial, and that's it. Sometimes neither the mayor nor the community social assistant is aware of what is happening and I think there is a problem”* (IIE_10). However, the lack of specialized services for adult victims represents the biggest challenge.

4.4. Collaboration between specialists

Basically, the joint team involves the intervention and cooperation of specialists from law enforcement, healthcare, forensics, social assistance, local public authorities, and other representatives of public authorities and civil society able to provide support in the immediate intervention, and necessary assistance, including the rehabilitation of VSV. This was assessed to be successful *“you have organized everything very well and it was very helpful”* (IIE_12).

There was a “good,” “and effective” collaboration between law enforcement bodies and healthcare and social assistance institutions until the piloting of the Instruction, but currently, this collaboration is more exhaustive, in particular on referral and delivery of specialized services according to the needs of VSV. The research participants mentioned that, in order to meet the needs of the VSV for specialized services, they cooperate with the Center for Assistance and Protection of Victims and alleged victims of trafficking, NGO “Casa Marioarei” and other civil society organizations. The GPI of Chisinau contracted certain professionals to carry out the psychological evaluation reports and collaborates as well with the Psychopedagogical Assistance Center from Chisinau, National Centre for Child Abuse Prevention, etc.

In general, there are no challenges in the collaboration between specialists and the local public authorities of the second level “*there are responsive.*” Several challenges arise in collaboration with the representatives of the local public authorities of the first level.

Investigation officers highly appreciated the opportunity to consult the teams of the International Center “La Strada” in cases of sexual violence, although, at the time of the research, they have not yet required the support of these specialists.

Strengths

Readiness represents the most significant strength in such cases “*we all have been called in 5-10 minutes – me as a gynecologist, as well as the police and the social worker*” (IIE_1), and the engagement of the representatives of all structures “*if necessary, those from social work come at 3 o’clock and 4 o’clock at night*” (IIE_5). The representatives of the social work system, who have a fixed work schedule, mentioned that it is not a problem if sometimes they have to participate in some activities outside their working hours “*social field is not a field where you work from hour to hour*” (IIE_9). The joint intervention team was highly appreciated also due to the clearly established responsibilities of specialists and also mutual support, if necessary “*if one specialist gets lost, the other intervenes and helps*” (IIE_2).

Weaknesses

The lack of specialists in the field of forensic medicine in some districts is a weak point “*we refer cases to forensic experts from Chisinau*” (IIE_1). The research also revealed the poor collaboration between members of joint intervention teams on weekends and holidays “*we had a case recently, and the forensic expert refused to come as he doesn’t work on Saturdays and Sundays. My coworker provided assistance to the victim, but she wasn’t sure she did the right thing*” (IIE_2).

Challenges in the collaboration of members of the joint intervention team consist in:

- i. Staff turnover and the fact that the new specialists are not always acquainted with the peculiarities of the intervention;
- ii. Specific nuances related to the interventions. For example, a doctor interviewed reported that the police representatives, last time, required the test results, and the doctor asked for the “order” (IIE_11).
- iii. Small organizational gaps in the collaboration between the police and emergency wards. The representatives of the healthcare sector reported that they recently had a case and called the police, but it was difficult to determine who had to come “*it depends on the crime scene: it is not my police sector, call the other police station*” (IIE_15).

- iv. Not always does the police react promptly. In a recent case, police came an hour after the call. During this time, the gynecologist managed to examine the victim and called the forensic expert, who said he would not come, and the doctor did everything alone, and when the police arrived, they were given the examination results, and the patient left with the police.
- v. Forensic experts pointed out small challenges in collaborating with a few civil society organizations requiring urgent examination in certain cases, believing they are “*superior to the law enforcement bodies.*”

Participation of doctors in court proceedings represents a serious challenge. Besides the fact that court proceedings take time and doctors have to be present each time, the trial is complicated for doctors. They emphasized the fact that their knowledge is being doubted by the participants in the trial, most often by lawyers of defendants, waiting for answers the latter could not give “*we can explain exactly what we have seen.*” Moreover, sometimes they are subject to coercion and intimidation “*they call me and press me*” (IIE_12). Such experiences make the doctors become more “*reluctant to devote themselves to the case*” (IIE_12).

The participation of forensic experts is also required in court sometimes. Their experience is different “*it depends on the judge.*”

4.5. Conditions required

Human resources and training

Lack of qualified human resources is characteristic of the **police, social assistance, and forensic medicine**. If, in the case of the first two, it is mainly about the high staff turnover and need for ongoing training, then in forensic experts, it is about *the “aging”* of the staff. This determines some forensic experts to provide services for several districts, and during the annual leaves, they get to be responsible for four districts with a large workload.

Training organized by the International Center “La Strada” was beneficial for the representatives of various structures and members of joint intervention teams in cases of sexual violence and has contributed to their capacity building to be able to provide more effective intervention. Thus, the training held between December 2022 - January 2023 enabled: (i) familiarity with the peculiarities of the intervention of other professionals “*the multidisciplinary team was an advantage as we realized what everyone has to do, as well as their way of thinking*” (IIE_11), (ii) communication and exchange of opinion between members of the joint intervention teams, (iii) discussion of appropriate intervention methods in particular cases. However, a few participants emphasized the fact that during training, some professionals, in particular police officers, showed a discriminatory attitude towards VSV “*victims can deceive them and ask for money or something else,*” disclosing the need for more awareness-raising activities for them.

Police representatives have regular professional training courses within the Police Inspectorates to get acquainted with certain law amendments and aspects related to regulations on the intervention, including on the intervention in cases of sexual offenses. Still, the training organized by the International Center “La Strada” helped them to be up to date with the particular aspects related to the intervention in cases of sexual violence. A few respondents stressed the fact that they have already had the opportunity to put into practice the knowledge acquired “*I had a case, and I implemented the entire procedure*” (IIE_6).

The investigation officers reported that they were fewer, and the training conducted included the large majority of the four territorial administrative units and contributed to the improvement of their professionalism. However, they pointed out that training is still required for investigations officers *“there are two criminal investigators and 30 investigation officers operation in one sector.”*

Doctors emphasized the opportunity to discuss within the team being able to understand the responsibilities *“I liked that you started with the multidisciplinary approach. Being face-to-face, we could discuss various challenges and argue on certain aspects we had a different opinions about. We discussed the importance of the appropriate language for the victim. For example, the police officers said they are not obliged to get acquainted with the details as long as the protocol is observed. However, sometimes the victim doesn’t understand what we are talking about”* (IIE_12). The respondents emphasized they are familiar with their intervention in cases of sexual violence *“we were informed about what else should we do”* (IIE_1). Some representatives of the healthcare sector emphasized the successful selection of representatives of the medical institution to participate in the training *“the staff to participate in the training was chosen very well for our hospital”* (IIE_12).

Social workers agreed that training was beneficial as *“there were a lot of helpful things I didn’t know about – for example, the special examination kit”* (IIE_10). They stressed that hope that the training will help them overcome some bureaucratic problems that existed previously *“when it comes to sharing the data they say: I am not allowed to give it to you and you are not entitled to ask them”* (IIE_10).

A few research participants (investigation officers, doctors, social workers) mentioned that after benefiting from the training of the International Center “La Strada”, they carried out small training classes for their coworkers to share the knowledge acquired: *“our manager has explained absolutely everything, from nurse to midwife. Now they are acquainted, but they must read the standardized clinical protocol anyway. The midwives and nurses do whatever we tell them to do”* (IIE_2); *“we have discussed this standardized protocol in the institution. Discussions were attended by pediatricians and doctors of the Inpatient ward separately. I provided training to nurses and midwives participating in the examination to be able to cope with such cases”* (IIE_11); *“I provided training to community social workers about the appropriate intervention, and I gave them also the contact information of those they should call in such cases”* (IIE_9).

Research participants specified that the **training of the members of the joint intervention teams should continue due to the high staff turnover in the law enforcement field**, as well as the **social work field**, including because some specialists return from maternity leave. The training should include practical simulations and concrete examples for joint intervention teams. In order to improve the efficiency of the response of the members of the joint intervention team, it was mentioned the need to show empathy towards the VSV and be ready to ask questions *“we don’t have to be embarrassed to ask other colleagues.”*

Training should comprise activities related to the communication of the victim with various professionals, including the analysis of the speech and body language of specialists *“communication should be accessible; more training is required on speech and body language”* (IIE_12); *“a wrong said at any stage, regardless of the good job you do, will discourage the victim. We have to improve communication avoiding blaming the VSV”* (IIE_15).

Training should be organized at least once a year to approach challenges faced by specialists during the year in providing assistance. A few respondents pointed out that training should be conducted in small groups to engage all professionals *“only one police officer participated in the discussion, while the others were quite unenthusiastic”* (IIE_10). The training should last a maximum of one day or, if it will be at the district level, half a day.

Moreover, it was mentioned the need to provide training to doctors from all institutions that deal with emergencies, *“for example, the hospital no. 2 from Chisinau and other healthcare centers that have gynecologists.”* For the other representatives of the healthcare system, it was pointed out the need to provide resources and guidelines on their intervention *“the ambulance could bring them a patient with diabetes or panic attack or other issues that could be as well VSV”* (IIE_12); an intervention algorithm *“the emergency room should be acquainted with the assistance to be provided to the VSV. To get familiar with it, 1-2 months until the intervention steps become a routine for the ER staff”* (IIE_15).

The need for more training courses for specialists employed in social assistance was also stressed. It was mentioned that two specialists of the Territorial Social Assistance Structures participated in the training, one in charge of services provided to children and the other one for adults, although training is required for other professionals too, in particular community social workers.

Spaces for confidential discussions with the victims

Research participants reported that they are generally satisfied with working conditions *“I didn’t notice any shortage.”* **Investigation officers**, although they do not have their personal offices, agreed that this is not an impediment in their job as most of the time they are alone in the office, and if it is necessary, they ask their colleagues to leave the office and not to let anyone in *“if you tell them to stay outside, no one enters”* (IIE_7). **Criminal investigators** mentioned that *“we mostly discuss on the crime scene and do not need offices”* (IIE_4).

The **doctors** emphasized that their working conditions are *excellent* *“we have the space, instruments, equipment, all that is necessary to work”* (IIE_1). They highly appreciated the availability of medical kits, emergency first aid kits, and, in general, the necessary equipment *“we have everything we need.”*

The representatives of some hospitals stressed that, in the context of the war in Ukraine, the healthcare sector was prepared to cope with a large number of VSV among the refugees. Consequently, the gynecological offices were equipped *“we have equipped gynecological wards. We have an additional properly equipped operating theatre to be able to provide the medical care”* (IIE_12). Certain healthcare institutions have separate rooms for victims *“we have a separate room for them to wait for the examination”* (IIE_11), *“we have a special room to discuss and comfort the victim until the police come”* (IIE_2), where they could benefit from *“quiet and calm atmosphere, separate from others.”* Needs identified by gynecologists refer to the provision of collection kits *“a sample collection kit would be beneficial”* (IIE_11).

Forensic experts from Chisinau municipality also reported the availability of good working conditions and necessary equipment. In particular, they pointed out that soon they will also have equipment for the examination of disabled people. Forensic experts employed in districts face a few challenges *“it is inconvenient as I do not have a gynecological examination table”* (IIE_14). However, the Instruction stipulates that the gynecological examination of VSV should be done in healthcare institutions.

Not all **community social workers** have personal offices to discuss confidentially with people, including with victims of sexual abuse, when it is necessary *“I think our situation is the worst. I do not have appropriate conditions to isolate the victim and at least calm her down”* (IIE_10). However, there are also social workers who consider that the lack of a space where they could discuss confidentially is not an impediment in their work because the office is put at his/her disposal when necessary, not understanding the hesitation of the VSV to report the situation and the importance in this regard of an individual space.

Social services

The need for psychological counseling to support the VSV and help those overcome fears of returning to the community was mentioned most often. Not all institutions have employed psychologists. Moreover, psychologists employed in the institutions still require special training in VSV counseling *“the Social Assistance Department has a psychologist but has no expertise on sexual violence, and we have to refer the cases to civil society organizations”* (IIE_9).

At the same time, psychologists in healthcare institutions do not work the night shift, when the VSV is most often brought, experiencing strong emotional stress. The medical examination is more difficult in their case *“they refuse to talk, to speak up, they do not remember, they want to be left alone”* (IIE_11).

At the same time, it was emphasized that services provided by the psychologist are not only required by VSV but also for parents of child VSV *“parents also need rehabilitation, sometimes they do not know what to do, how to behave with the child victim”* (IIE_10). In the case of child VSV, it was highlighted the need to talk to parents and provide them with psychological counseling, including suggestions on communication with the child. The approach should be positive *“this is life.”*

Last but not least important, participants in the research pointed out the lack of specialized services, including placement for adult VSV at the district level *“to facilitate the community reintegration of the victim”* (IIE_9). Some participants emphasized the need for re-education services for perpetrators *“they should be required by the court to go to relevant training courses”* (IIE_10).

Information activities about services available

The specialists also stressed the need to inform VSV about services available at the national level that could help them in their rehabilitation process. Thus, the information should be disseminated periodically via mass media to all people *“they should know where to seek help.”* Moreover, a few specialists mentioned that people do not know and cannot delineate various types of violence, including sexual violence, as well as methods of punishment. Consequently, the awareness-raising campaigns have to approach aspects related to the sanctions.

4.6. Other needs and intervention options

The short period of monitoring and the small number of cases of sexual violence investigated by the professionals did not enable the identification of many challenges. The respondents specified that they require more time to apply the acquired knowledge *“I have not much to say since we have dealt 2 cases, we will understand it better once there will be more cases, and we will be able to bring examples”* (IIE_6), *“certain amendments are required, but I still cannot tell what”* (IIE_14).

Respondents pointed out the need for disseminating leaflets by specialists dealing with VSV, providing the list of psychologists the VSV could seek help with. It also established the need to organize training for mayors *“he/she is not aware, he/she has other priorities.”*

Raising awareness and information about people, in particular young people, should become a broad part of measures preventing sexual violence. Sexual education in school is required. The representatives of the healthcare sector (gynecologists, family doctors) carry out information meetings in schools including practical recommendations *“more often with the girls and less with boys”*. The discussions tackle situations they face *“teens poor something in girls’ drinks”* (IIE_1). Moreover, psychologists from various organizations (Youth Friendly Health Centers) go to schools *“authorities do their best”* (IIE_2). However, more preventive actions are required, including the engagement of parents is necessary.

Victims' environment should be approached, as well as *"to encourage the victims."* The acceptance of the VSV by the society *"the women abused should be accepted and integrated into the society to be able to cope with the trauma she suffered"* (IIE_2); *"you know that for Moldovans it is typical to humiliate people, it is our nature"* (IIE_12). General awareness-raising activities to remove *"accusatory character focused on victims that stops them from seeking help"*, could not be omitted, nor the specialized services to assist them in the rehabilitation process.

Sexual violence has to be addressed by specialists, including community social workers as currently *"social work focuses more on people that do not have a job, people that are confined to bed or experience serious deficiencies and do not consider violence as a priority because the victims of sexual violence are people able to work, to move and it is believed they will manage on their own"* (IIE_10).

5 NEEDS OF THE VICTIMS OF SEXUAL VIOLENCE

5.1. Factors that stop victims from seeking help from the authorities

Sexual violence is much more widespread in the Republic of Moldova than revealed by statistics. VSV does not always seek help or protection from law enforcement bodies or other authorities. There are several factors that stop them which consist in:

- i. Ignorance of forms of sexual violence *“it persists, but people do not recognize it”* (VSV_2). Most people know that outside the family, rape is a form of sexual violence, but not marital rape. They also didn't know the peculiarities of sexual harassment, non-consensual sexual acts, or the solicitation of the child for sexual purposes *“I realized what happened after 11 years; it was grooming”* (VSV_1). Moreover, people are not aware of the subtleties of sexual violence, and only after seeking help from civil society organizations do they realize the peculiarities of sexual violence *“...and because my father was aggressive, I chose an aggressive person too. But it took me time to understand I was sexually abused. I realized this after listening to a podcast.”* (VSV_1)
- ii. Few VSV has the courage to report to law enforcement institutions. The fear of VSV of perpetrators and shame to seek help, especially when the perpetrator has authority, is older, and threatens them *“you cannot prove they are guilty and they push the boundaries until you get to blame yourself”* (VSV_1). The perpetrators manipulate the victims; it is a *“subtle manipulation,”* making VSV blame themselves *“I am embarrassed to say that men know how to manipulate a woman, and the woman that hasn't consented the sexual intercourse is forced to do it. You realize that this is sexual violence”* (VSV_2).
- iii. Family stereotypes related to sexual violence in general and the community disapproval of VSV *“I have to be very careful when confessing as people mock you”* (VSV_2).
- iv. Community blaming VSV often discourages them from seeking help from authorities *“you were guilty of provoking him,” “distrust, the victims are not believed. It discourages you most from seeking help”* (VSV_1), *“it is very important for the victim to have someone who would believe her, telling her she isn't guilty of wearing certain clothes or I don't know what”* (VSV_1).
- v. Lack of support from close relatives, people they could confess to (friends, priest, etc.), and the recommendation to marry the perpetrator.
- vi. Lack of trust in VSV in state institutions as well as lack of their safety when seeking help from authorities, including the traumatic process they have to experience *“the victim of sexual abuse has to undergo a medico-legal examination to prove the offense in court. I think it is very painful”* (VSV_1).
- vii. Corruption in representatives of state institutions by perpetrators of sexual abuse (police officers, judges, etc.). In particular, such situations happen in the case of perpetrators with higher educational levels and high economic status.

5.2. Sexual violence prevention

When being asked about their needs, **VSV stressed that they need “empathy to get the confidence they could be helped”** (VSV_1). Suggestions of VSV focused on two essential pillars: (i) activities preventing sexual violence, including changing people's mindset about this form of abuse; (ii) increasing the professionalism of specialists, including those from the joint intervention teams, on cases of sexual violence.

According to the VSV, the prevention of sexual violence should be achieved through the following:

- **Education of young people on identifying signs of aggression before marriage, including explaining the peculiarities of sexual violence.** Thus, educational institutions must integrate optional and mandatory school classes teaching aspects related to signs of aggression, forms, types of violence, etc. (for example, the optional school subject Harmonious Family Relationships). *“I have been with him since I was 16. I was young and didn’t know what sex was. I was a virgin and a very quiet little girl. But he was forcing me to do things that made me feel uncomfortable and stressed me out. He made me get used to this, and it seemed ok to me. He raised me since I was 16 and I thought it was ok to be hit during sex”* (VSV_2).
- **Various awareness-raising methods.** Public lessons and video spots provide contact information for women seeking help. Other ways: podcasts, leaflets, etc. The media gets involved, but they have to do it better, more professionally. Events should be organized for VSV to be able to speak up, as well as videos where the actors talk in particular about experiences faced by these women.
- **Spots to encourage victims, as well as spots to make community members change their attitude towards VSV, encouraging and helping them.** Different messages should be *“More attention should be paid to various forms of sexual violence. When it comes to sexual violence, most people think of rape, but if it’s not rape? In my case, it wasn’t rape; it was another form of sexual abuse, but it was just as traumatic”* (VSV_1).

5.3. Protection of victims of sexual violence

The professionals of the joint intervention team should ensure professional management of cases of sexual violence to avoid discouraging VSV from seeking help from authorities due to their behavior *“to be competent. I have seen incompetence, in addition to the lack of empathy”* (VSV_1), *“they mock on you when you got to report the case to the police, asking you rude questions: What were you looking there at that time? Did you drink? Why do you wear such a short skirt? There was no one to tell me: let me help you or What can I do for you?”* (VSV_2). The expertise of the community social worker and his attitude towards sexual violence is very important *“I don’t want to be mean, but I wish these specialists wouldn’t be forced or have to go through these experiences of physical, sexual, and emotional violence tone able to understand us”* (VSV_2).

The first interaction of the VSV with the specialists of the joint intervention team is crucial *“first and foremost they have to believe us. If the first person you seek help from, hoping he/she will support you, will not believe you, then that’s it. You can lose confidence in the entire system and no longer want to talk on this subject again, and you are left with this trauma, you suffer for the rest of your life”* (VSV_1).

Psychological training of police officers. The police officers do not have *“normal”* communication with VSV, *“the police officer should be a psychologist to be able to understand the situation, to support you, to hug you and calm you down”* (VSV_2).

Development of Barnahus services available for children, also for adults *“all services should be available in the same place, proving empathy to help the victim cope with the situation”* and **employment of the required staff.** For example, some VSV finds it challenging to accept a gynecological examination from a male doctor *“I could never accept a gynecologist-man”* (VSV_1).

Police officers have to inform the VSV that they could benefit from free psychological services and other available services.

Specialized services required by VSV: (i) face-to-face or online long-term counseling “*they have to work with traumatized women as I am afraid of every man now*” (VSV_2), “*why there is no opportunity to have an online discussion to observe your anonymity*” (VVS_1), (ii) legal advice, (iii) support groups in women that have experienced sexual violence, (iv) placement services “*it is important to provide the survivor with the opportunity to benefit from temporary placement in Placement Center where she could receive the necessary help*” (VSV_1).

CONCLUSIONS

Trends and peculiarities of sexual offenses

- Sexual violence is the least recognized and reported form of abuse. Several key factors are encouraging this situation: (i) societal stereotypes according to which masculinity is associated with authority and aggression, while femininity is with obedience; (ii) blaming victims of abuse and holding them accountable for these crimes; (iii) VSV hesitation in reporting such cases as they fear to be blamed, repudiated, marginalized; (iv) difficult and discouraging court proceedings and the small number of convictions, including mild sentences; (v) ignorance of forms of sexual abuse as well as support services available for VSV, etc.
- The share of sexual offenses in the total number of crimes recorded by the GPI within 2016-2022 proves an increase from 1,67% in 2016 to 2,36% in 2022 (+0,69% for the reference years).
- According to the legal qualification of sexual offenses, cases of rape rank first position (Article 171 Criminal Code), sexual intercourse with a person under the age of 16 ranks second position (Article 174 Criminal Code), and the third position is ranked by violent sexual acts (Article 172 Criminal Code).
- 60% of the total number of sexual offenses occurs in rural areas. The most significant number of sexual offenses within 2016 – 2022 has occurred in Chisinau – 557, followed by Cahul district with 229 cases of sexual violence and Causeni district – 185, Orhei – 170, Hincesti district – 163, Ialoveni district – 159.
- There is a decreasing trend in the share of sexual offenses committed by two or more people, from 8,17% to 3,37%, although the trend is not characteristic for the entire period. Within 2018-2020 there was an increase in the number from 6,46% to 9,46% of sexual offenses committed by two or more people.
- Analysis of criminal proceedings in cases of sexual offenses is documented according to their legal qualification, in 2022, the GPI recorded 564 cases, the prosecution was avoided in 35 cases and 54 cases were classified.
- Most victims of sexual offenses are minor (60%) and female (93%).
- Most suspects of sexual offenses are male (99%), aged 18-35 (61,5%), secondary education (88,0%), and single (69,1%).
- There are dissimilarities in the statistical data presented by the GPI and the National Bureau of Statistics (a deviation of up to 10-15 cases for the reference years).

Challenges faced by specialists in cases of sexual violence (at the national level)

- Lack of a program on the specialized training of professionals employed in legal and social fields addressing sexual offenses, including short-term and sporadic training, initiated in particular by civil society organizations. Moreover, a low number of law enforcement professionals benefited from training and provided appropriate intervention.
- Insufficient training of community social workers, their turnover, and ignorance of services they could refer the victims of sexual violence.

- Lack of consistent and standardized structure of the psychological evaluation reports given to the court.
- Low access of victims of sexual offenses to psychological services, free and qualified legal assistance provided by the state, and placement services. Lack of specialized services, including measures for the reintegration of victims into the community.
- The collaboration of institutions assisting VSV could be improved by establishing an interaction module when the victim files the complaint with the police or is identified in the community.

The functionality of joint intervention teams in cases of sexual violence

- Instruction enabled the identification of the role, duties, and peculiarities of the intervention of all representatives of the joint intervention team and was appreciated as *“very useful” and “well designed.”*
- Strengths of the Instruction consist of (i) a comprehensive description of measures to be taken, (ii) a determination of the stages of intervention, (iii) the possibility of addressing certain specialists (psychologist, lawyer, etc.) 24/7. According to forensic experts, the strengths are related to greater confidence in measures taken to compile the anamnesis and establish the circumstances. Gynecologists emphasized the existence of emergency sets and highlighted that in the last cases of sexual violence, they offered the victims pills to prevent sexually transmitted diseases and HIV/AIDS, as well as pregnancy and HIV/AIDS tests.
- Weaknesses of the Instruction refer to some intervention peculiarities and the fact that this could not always be achieved in tight terms.
- Challenges in the collaboration of the joint intervention team members include (i) staff turnover and the fact that the new professionals are not always familiar with the peculiarities of the intervention; (ii) a few organizational gaps in the collaboration between the police and emergency wards etc.
- Participation of doctors in trials is a serious challenge. Besides the fact that court proceedings take time and the doctors have to show up every time, the trial is complicated for doctors.
- Training organized by the International Center “La Strada” was beneficial for the representatives of various structures and members of the joint intervention teams in cases of sexual violence and contributed to the: (i) identification of the intervention peculiarities of other professionals, (ii) communication and exchange of opinion between members of the joint intervention teams, (iii) discussions of intervention options on certain specific cases.
- Lack of qualified human resources is characteristic of police, healthcare, and forensic medicine. If, in the case of the first two areas, the problem lies mostly in the high turnover, then in the case of forensic experts, the problem consists of the “ageing” of the staff.
- Participants in the research pointed out that, in general, they are satisfied with their working conditions, although a few specialists (investigation officers and social workers) do not have an appropriate space where they could have a confidential discussion with the victim. They believe this is not an impediment in their work as the office is available when they have to talk to the person who seeks help.
- The representatives of a few healthcare institutions stressed that in the context of the war in Ukraine, the healthcare sector was prepared to meet the needs of a larger number of VSV among the forcibly displaced people; consequently, the gynecological consultation rooms

were equipped.

- The social protection of VSV is inappropriate due to: (i) lack of specialized services both, for children and adult VSV; (ii) lack of long-term services, as the Centers for Victims of domestic violence/trafficking in human beings provide assistance only during the crisis period; (iii) lack of services preventing sexual violence in the community; (iv) lack of activities to ensure the community integration of VSV, in parallel with services provided to the family.
- VSV suggestions to improve the intervention of joint teams focused on two essential pillars: (i) strengthening actions to prevent sexual violence, including changing people's mindset towards this form of violence; (ii) capacity building of professionals, including those from joint intervention teams on cases of sexual violence.

RECOMMENDATIONS

The outcomes of the research enable the submission of the following recommendations:

Public authorities

- To approve the Working methodology of the joint intervention team in cases of sexual violence and the Instructions of the joint intervention team in cases of sexual violence.
- To develop in collaboration with the International Center “La Strada” relevant training programs for the members of the joint intervention teams in cases of sexual violence (initial and ongoing). The initial training should focus on the need to observe the principles characteristic of sexual violence. In particular, explaining the principles of (i) prioritizing the best interests of the victim in all actions and decisions concerning the victim, (ii) taking into account the trauma and needs of the victims; (iii) avoiding and combating (re)traumatization of victims; (iv) providing and facilitating the access to specialized services by presenting case studies. Ongoing training should comprise various practical simulations focused on concrete examples (communication with the victim, analysis of body language and communication, intervention methods, etc.), including the observance and interpretation of legal norms, special protection measures, victims’ rights, and challenges in providing assistance.
- To provide training in collaboration with the International Center “La Strada” to the team of trainers selected to carry out the training of the joint intervention teams in cases of sexual violence in all administrative-territorial units of the Republic of Moldova.
- To organize the training, after the approval of the Instruction, of the representatives of territorial offices of state-guaranteed legal assistance, civil society organizations providing services to victims of domestic violence and VSV that didn’t benefit from training during the piloting process but who play an important role in addressing cases of sexual violence.
- To develop specialized services for VSV in compliance with the international documents the Republic of Moldova is committed to.
- Organize and carry out relevant information campaigns about the assistance and protection of VSV. To compile information leaflets for VSV about support services provided by Law no.137/2016 and other social benefits they could benefit from, including contact information of service providers.
- To develop in collaboration with the International Center “La Strada” relevant indicators to monitor and assess joint intervention activities in cases of sexual offenses, including carrying out the assessment of activities implemented by these teams.
- To improve the quality of statistical data on sexual offenses and remove the dissimilarities existing between the data provided by the National Bureau of Statistics and GPI.
- To plan, in collaboration with the International Center “La Strada”, a study for monitoring and analyzing the factors that determine the termination or closure of criminal cases on sexual offenses.

Joint intervention teams in cases of sexual abuse

- Organize annual joint meetings to discuss the challenges faced during the year and take certain measures for more effective intervention at the district level.
- The development of annual reports by relevant stakeholders engaged in addressing sexual violence (Police Inspectorates, Healthcare institutions, District Forensic Departments, Territorial Structures of Social Assistance) and their yearly reporting, both to local and central authorities, are subordinated.

International Center „La Strada”

- To provide support to the public authorities in the development of the initial and ongoing training programs for members of the joint intervention teams in cases of sexual violence, including the training of the team of trainers.
- To provide support to public authorities in developing indicators to monitor and assess the joint intervention activities in cases of sexual offenses.
- To develop certain standard indicators for recording calls reporting sexual offenses to the Trust line for Women and Girls to be able to monitor the evolution of the situation.
- To assist the state authorities in carrying out a study for monitoring and analyzing the factors triggering the termination or closure of criminal cases on sexual offenses.

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- 21.** Law no. 137/2016 on the rehabilitation of victims of crime.
- 22.** Law no.45/2007 on preventing and combating domestic violence.
- 23.** Order no. 903 of 29 July 2019, regarding the Instruction on the intervention of territorial social assistance structures in cases of domestic.

ANNEXES

Annex 1. Profile of the research participants

Profile of specialists participating in the research

Code	Category	Sex	Relevant work experience	Region
IIE_1	Gynecologist, hospital	F	35	Centre
IIE_2	Gynecologist, maternity ward	F	9	Centre
IIE_3	Head of the investigation department	M	14	Centre
IIE_4	Investigation officer	F	3	Capital
IIE_5	Investigation officer	M	6	Centre
IIE_6	Criminal investigator	M	5	Capital
IIE_7	Criminal investigator	F	6	Capital
IIE_8	Criminal investigator	F	4	Centre
IIE_9	Social worker	M	3	Centre
IIE_10	Social worker	F	10	Centre
IIE_11	Gynecologist, maternity ward	F	16	Centre
IIE_12	Endocrinologist, hospital	F	20	Capital
IIE_13	Forensic expert	F	10	Capital
IIE_14	Forensic expert	M	34	Centre
IIE_15	ER doctor, Emergency hospital	F	8	Capital

Profile of VSV participating in the research

Cod	Sex	Age	Civil status	Existence of children
VSV_1	F	35	Single	
VSV_2	F	29	Divorced	1 child

Annex 2. Number of criminal cases filed on sexual offenses taking into account the body that filed the case, for 2016-2022

Subdivision	2016	2017	2018	2019	2020	2021	2022	Total
Anenii Noi	15	13	21	19	16	13	14	111
Balti	19	17	16	16	14	4	19	105
Basarabeasca	4	4	11	9	2	7	11	48
Bender	1	2	1	1	1	5	1	12
Briceni	16	11	10	14	9	17	11	88
Cahul	47	27	25	22	36	45	27	229
Calarasi	20	20	21	20	15	13	18	127
Cantemir	19	25	26	28	23	16	12	149
Causeni	19	22	39	35	18	24	28	185
Chisinau	90	86	82	92	59	70	78	557
<i>Botanica</i>	22	22	16	23	17	14	18	132
<i>Buiucani</i>	23	27	18	26	13	20	25	152
<i>Centru</i>	13	9	12	14	8	7	15	78
<i>Ciocana</i>	13	16	20	21	9	19	9	107
<i>Riscani</i>	19	12	16	8	12	10	11	88
Ciadir-Lunga	21	7	10	7	5	2	5	57
Cimislia	15	14	14	19	9	4	11	86
Comrat	12	10	11	4	2	7	6	52
Criuleni	18	31	17	18	18	16	10	128
Donduseni	13	10	11	7	11	6	8	66
Drochia	16	9	11	13	12	15	10	86
Dubasari	6	7	5	15	10	3	5	51
Edinet	4	9	8	10	4	10	9	54
Falesti	15	5	18	17	9	24	14	102

Subdivision	2016	2017	2018	2019	2020	2021	2022	Total
Floresti	17	10	11	11	12	8	10	79
Glodeni	8	8	8	8	10	10	8	60
Hincesti	21	25	25	24	23	28	17	163
Ialoveni	24	23	23	21	25	18	25	159
Leova	14	11	14	11	11	15	9	85
Nisporeni	18	10	21	35	20	9	12	125
Ocnita	5	4	2	9	17	6	7	50
Orhei	16	37	22	25	17	29	24	170
Rezina	14	11	10	7	7	10	4	63
Riscani	10	8	10	7	10	7	6	58
Singerei	8	19	13	11	12	17	10	90
Soldanesti	16	7	7	9	4	7	8	58
Soroca	13	21	17	12	6	10	11	90
Stefan-Voda	22	10	15	19	27	18	16	127
Straseni	16	23	12	19	19	16	13	118
Taraclia	11	5	11	7	6	6	9	55
Telenesti	11	14	16	15	14	19	4	93
Ungheni	17	9	15	33	10	17	14	115
Vulcanesti	2	2	2	2	7	1	4	20
Other subdivisions	16	21	8	10	9	9	56	129

