

2024

Gender-Based Violence Safety Audit Report:

Ukraine Refugee Response, Republic of Moldova



Key messages

Refugee and members of the host community, particularly women and girls, face multifaceted risks of Gender-Based Violence (GBV) in the Republic of Moldova. These risks include technology-facilitated GBV, GBV in accommodation (particularly in private accommodation) and in public spaces such as transportation, Intimate Partner Violence and trafficking in persons.

Some groups, such as persons with disabilities, Roma women, adolescent girls and boys, and women who engage in the sale and exchange of sex, are recognized as being at higher risk of GBV.

Refugee women and girls are particularly vulnerable to GBV when interacting with private landlords, as evidenced by the several instances of harassment or exploitation by landlords.

Risks of GBV in Refugee Accommodation Centers (RACs) due to inadequate privacy and safety measures persist. Additionally, the closure of some RACs generated new GBV risks related to accommodation.

Risks related to technology-facilitated GBV vary among different groups, with significant concerns for both refugee and host community women and adolescent girls. Adolescent girls are disproportionately vulnerable to harassment, inappropriate content, and insistent messages, affecting their mental health and online and physical safety.

Intimate Partner Violence (IPV) affects both refugee and host community women. Alcohol abuse emerges as a significant contributing factor to IPV, exacerbating the risk of violence against women, children, and older individuals.

Multiple barriers impede access to GBV services, including distrust in service providers, lack of awareness about available services, language issues, harmful social norms, fear of stigma and victim-blaming attitudes and challenges in physical accessibility, particularly for marginalized groups like persons with disabilities, Roma women, and women engaged in the sale and exchange of sex.

Continuous collaboration with women and girls-led organizations and the refugee community is essential to ensure their meaningful participation in community consultations and assessments, contributing to a deeper understanding of GBV risks and mitigation measures.

All sectors and programs should prioritize GBV risk mitigation, emphasizing the collective responsibility to address and reduce GBV risks. Organizations should appoint designated and active GBV focal points, foster enhanced inter-sector collaboration, and provide comprehensive training for staff across sectors to effectively mitigate GBV risks and ensure robust response mechanisms.

Thank you message

UNHCR, UNFPA, UNICEF and IOM, as leaders of the safety audit in the GBV Sub-Working Group, extend their gratitude to all participants in this exercise, in particular to the Ukrainian refugees and Moldovans for their time and participation in focus group discussions and for providing valuable information about risks that affect their individual and collective lives. We also acknowledge the proactive involvement of the government authorities of the Republic of Moldova in integrating refugees into the national GBV response system. Their efforts to rapidly scale up and tailor services to address the specific needs of refugee survivors of GBV are commendable. Our appreciation also goes to local organizations, especially Women-Led Organizations, for being at the forefront of the response from the very first day of the refugee inflow, and for their long-standing work for the rights of women and of survivors of GBV in Moldova. On behalf of the GBV Unit of UNHCR Moldova, we thank our colleagues from the Field Unit and Child Protection Unit for their support and dedication to coordinate the exercises in different areas of Moldova. On behalf of UNHCR, UNFPA, UNICEF and IOM, we extend our sincere appreciation to our partners for their invaluable contribution to the successful completion of the exercise.

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Background

Since the full-scale invasion of Ukraine in February 2022, more than 1,000,000 refugees have entered into the Republic of Moldova. While most refugees decide to travel to other destinations through the border with Romania, more than 116,000 have remained in Moldova as of March 2024.¹ The displacement dynamics are significantly gendered, with the majority of the refugees being women and children.

The Government of Moldova has made substantial efforts to address the protection and assistance needs of refugees within its borders. To provide an immediate form of protection, the Government has authorized the provision of Temporary Protection to persons displaced from Ukraine (Ukrainians and certain third country nationals), granting them a more stable legal status in the country for a period of one year, with the option of extension. Temporary Protection² ensures access to a range of rights and services, including access to temporary accommodation, emergency and primary healthcare and employment.

According to the 2024 Regional Refugee Response Plan (RRRP), 90,000 refugees and 55,000 persons from the affected host population require humanitarian assistance. Among them, around 43,000 refugees and 23,000 members of the host community are expected to need support from the GBV sub-sector. Humanitarian emergencies typically increase the risk of multiple forms of gender-based violence (GBV), including Sexual Exploitation and Abuse, with women and girls being at significant risk. Some of the risks identified in the 2023 GBV Safety Audit remain the same as those from the 2022 GBV Safety Audit, including accommodation, transportation, Intimate Partner Violence (IPV), trafficking in persons and online exploitation. These risks are mainly related to unsafe conditions during displacement, reduced ability to meet basic needs, separation from protective networks, and limited access to protection support.

Considering the continuously changing circumstances, consistent audits and monitoring of overall safety and GBV risks are critical to inform timely adaptations of programming and ensure its relevance and efficiency in safeguarding the rights and well-being of vulnerable populations. In this context, the 2023 GBV Safety Audit was conducted jointly by UNHCR, UNFPA, UNICEF and IOM, within the framework of the GBV Sub-Working Group (SWG), as part of the Ukraine Refugee Response.

The 2023 Safety Audit aimed at identifying GBV risks and their impact on different groups both among refugees and in the host community, with a particular focus on the experiences of women and girls. Using a participatory approach, the safety audit involved refugees, members of the host community, organizations working with refugees and service providers in order to gain a comprehensive understanding of GBV risks, response needs, as well as to identify gaps and barriers in accessing GBV support services. Following a community-based approach and line with an Age, Gender and Diversity perspective, the GBV Safety Audit is designed to facilitate and amplify the shared responsibility across sectors to address and mitigate GBV risks.

¹ UNHCR Data Portal – Moldova

² Republic of Moldova Government Decision No 21 of 18 January 2023 on granting temporary protection to displaced persons from Ukraine. .

The GBV Safety Audit approach

What is a GBV Safety Audit

All sectors have the responsibility to mitigate GBV risks based on the needs of the community. A Safety Audit is a way to support the identification of GBV risks without requiring evidence of specific GBV incidents, acknowledging that GBV occurs regardless of the number of reported individual cases. The objective of the GBV Safety Audit is to gather information on the perception of safety concerning GBV risks and to identify factors posing high risks to people, as well as to hear their opinions on how to mitigate these risks and enhance safety in communities and in service provision. The information collected through this exercise should enable consistent and regular monitoring of GBV risks, and identifies short, medium and long-term interventions to mitigate and address these risks as part of a shared responsibility across sectors. A GBV Safety Audit has the following objectives:

- a. Assess and monitor the overall safety and GBV prevention, mitigation and response programming in a given setting.
- b. Identify promptly GBV risks and gaps in new or existing programming to inform adjustments.
- c. Enhance evidence-informed programming, advocacy, and partnership.

The GBV Safety Audit tools and exercise follows a human-rights-based, survivor-centered, and community-based approach. It upholds the humanitarian principles and takes into consideration age, gender and diversity.

Methodology and tools

The GBV Safety Audit exercise was conducted in Moldova in 2022 and 2023 under the framework of the GBV Sub-Working Group. The exercise aimed at identifying GBV risks and their impact on different groups of people, with a particular focus on women and girls from refugee and host communities. The GBV Safety Audit toolkit includes a comprehensive approach to risk identification, which encompasses participatory methodologies designed to understand the safety concerns related to GBV in different types of settings, such as urban, rural, and reception centers and areas. The toolkit provides a standardized approach to the safety audit exercise, with the do-no-harm principle at its core.

A note on terminology:

For the purpose of this exercise and the report, Gender-based Violence (GBV) is defined as *“an umbrella term for any harmful act that is perpetrated against a person’s will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual, or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private.”* Given the legal framework of Moldova and the widespread use of the term “violence against women”, in order to avoid loss of information due to incorrect understanding, the facilitators and moderators explained the

concept of GBV in a more accessible language to FGD participants, and gave examples of different types of GBV.

Approaches/tools used for the data collection:

- a. Checklist/observation approach (Safety Walks): A checklist of external factors to observe in a particular location that contribute to high risks of GBV. The tool was used to triangulate the information collected through focus group discussions. The team implemented this approach in the form of a safety walk, which comprises a walk through an area to identify the factors that may heighten the risks of specific groups. The team included members of different organizations and the enumerator from the research company for note taking.
- b. Focus group discussions: Structured conversations with a group of individuals (8-10 persons) representing a specific subset of the target population. This method is essential to understand, from the perspective of the affected people, concerns and risks related to their physical safety, as well as their perception around contributing factors leading GBV incidents.
- c. Key Informant Interviews (KII): A questionnaire-based interview with service providers who can provide information or opinions on risks of GBV regarding a particular population based on their position, experience, expertise, and authority. The KII were an opportunity to gather more in-depth and nuanced insights about problems and potential solutions related to GBV risks.

All tools were adapted to the context of Moldova to ensure that relevant information is collected.

Groups of participants

In line with the Age, Gender and Diversity approach, the GBV safety audit encompassed several groups of people, in particular women and girls from the refugee and host communities. The exercise was part of the Ukraine Refugee Response and included displacement-related risks. Participants were selected for focus group discussions to ensure comprehensive coverage of all risks, gaps and needs. In total, approximately 295 persons participated in 37 FGDs. Specifically, the exercise included FGDs with homogeneous groups comprising refugee women living in RACs, refugee men living in RACs, refugee women living in host communities, refugee women with disabilities, refugee adolescent girls and boys, and Roma refugee women, as well as host community women, host community adolescent girls and boys, adolescent girls with disabilities, Roma host community women, and persons with disabilities from the host community. Additionally, focus group discussion was conducted with a mixed group of refugee and host community women who engage in the sale and exchange of sex.

Furthermore, 14 safety walks with participants from UNHCR, UNFPA, UNICEF, IOM and local NGOs were conducted. Magenta Consulting participated as note-takers and observers.

Eight key informant interviews with participants from local organizations providing specialized GBV services, including 6 non-specialized GBV services, such as peaceful coexistence, were conducted.

Safety and Ethical considerations

The GBV Safety Audit was planned with clear objectives, in coordination with several organizations, institutions and with other sectors, with determined roles and responsibilities for each member. It also involved the participation of affected populations, considering safety and security measures, including mitigation of any potential risks that could arise because of the exercise.

Data were collected by a team of experienced enumerators trained in safe referrals of GBV disclosures, safe and ethical collection of data, reporting of child protection cases, and Prevention of Sexual Exploitation and Abuse (PSEA). The teams included members from partner NGOs across the country, teams from UNHCR, UNFPA, UNICEF and IOM, and Magenta Consulting. All team members received copies of the GBV Pocket Guide, and the GBV and Child Protection Referral Pathways. The ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies by the World Health Organization (WHO) were implemented thoroughly.

As part of the UNHCR Global GBV Safety Audit Toolkit, a script was included in the tool for focus group discussions to ensure that participants were informed about the purpose and length of the exercises, as well as the importance of not disclosing identifiable information. Participants in focus group discussions had the opportunity to ask questions or not to participate in the sessions. Consent was obtained from all participants before discussions, and those who wished to, had the opportunity to introduce themselves. They also had the chance to talk to a GBV specialist after the session, if they wished to. Information about health, legal, psychosocial, documentation and assistance services was provided before the focus group discussions.

All moderators and note-takers participating in the focus group discussions received a tip-sheet with clear guidance on essential aspects to be considered before, during and after the focus group discussions, such as the discussion environment, privacy, presence of cameras and phones, roles and responsibilities of each team member during the exercise, and information to be provided to participants, including the fact that information would be written down and that no names should be recorded. The tip-sheet also included information on how to address harmful and stigmatizing comments from participants in the discussions. All focus group discussions were carried out in locations where the GBV and Child Protection Referral Pathways are available to ensure that any persons disclosing a GBV or other protection incident could be referred in a timely manner.

Safety audit activities took place in safe and private spaces, and additional measures were put in place to ensure the safety and security of participants. All information was handled confidentially and safely. Focus group discussions with adolescents were conducted with the presence or authorization of caretakers, in a safe space, and under the guidance of a child protection specialist.

Locations

The GBV Safety Audit was a country-wide exercise, encompassing Chisinau and districts in the central, north and south regions; and areas bordering Ukraine in the Transnistrian Region. The areas audited considering the stocks and/or flows of refugees, the level of interaction with the host community and the presence of groups with high risk of GBV, such as persons with disabilities and Roma persons. Safety audits were carried out in Chisinau, Balti, Falesti, Otaci, Sorooca, Greblesti, Costesti, Orhei, Hincesti, Calarasi, Ungheni, Cahul, Congaz, Comrat, Palanca, Causeni, and Stefan Voda. In the Transnistrian Region, data were collected in Tiraspol and Denstrovsc.

Focus group discussions involved refugees living in RACs and in the host community, as well as members of the host community in Chisinau, Balti, Falesti, Donduseni, Otaci, Sorooca, Greblesti, Costesti, Orhei, Hincesti, Calarasi, Ungheni, Cahul, Copceac, Congaz, Comrat, Causeni, Stefan Voda and Tiraspol.

Safety walks were conducted in RACs, cash enrolment centres, at the Chisinau North Bus Station, the Chisinau Train Station, Palanca Bus Station and border crossing points in the north and south.

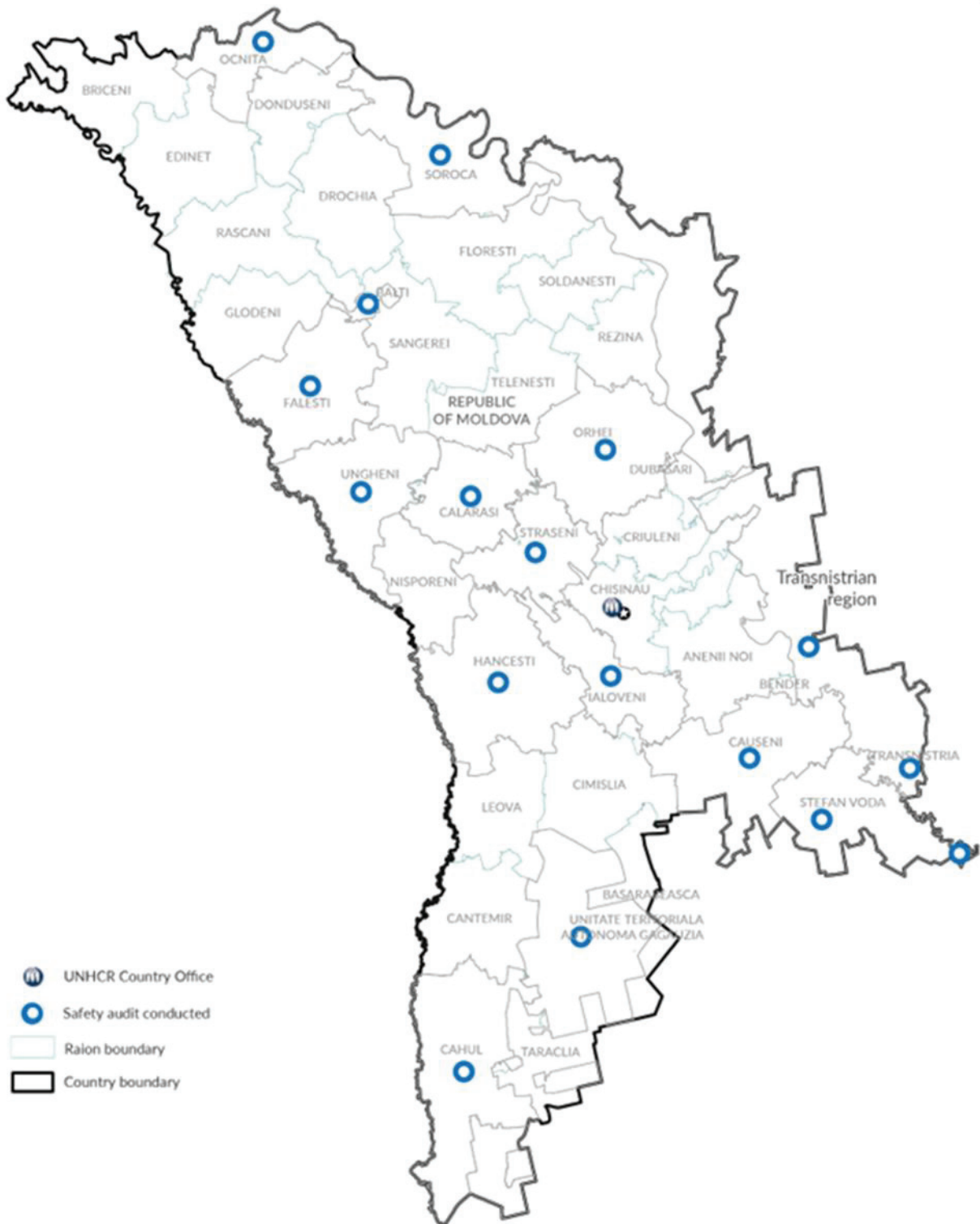
Key informant interviews were conducted with individuals working for organizations and institutions that work with refugee and host communities across the country.

Limitations and challenges

Building on lessons learnt from the 2022 GBV Safety Audit, the group managed to overcome some of the challenges and ensured meaningful access to refugees and host community members to participate in focus group discussions. With the support of many stakeholders, in 2023 we reached out to several groups, including marginalized persons, allowing them to share their perspectives on the GBV risks that affect their lives and communities. Specific limitations were encountered in the Transnistrian Region, where only women, men, adolescents and civil-society providers participated in FGDs and KIIs.

A persistent challenge that remained was the limited understanding of women (rights holders) about what encompasses GBV, including the distinct types of GBV that affect mostly women and girls, with some profiles being at disproportionate risk. This affected the level of detail and specificity of the topics discussed and the information collected.

Aiming at gathering relevant data and in line with the GBV Safety Audit toolkit, moderators of focus group discussions explained and explored with all participants the concept of GBV, its manifestation and potential contributing factors. However, women and adolescent girls who were already involved in GBV prevention projects or activities had a significantly better knowledge of their rights, the definition of GBV, and where to seek support if needed.



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

100km

Findings of the GBV Safety Audit

The findings of the GBV Safety Audit are based on the risks identified using various data collection methods, such as including focus group discussions, safety walks and key informant interviews. The findings are structured according to GBV risks, access and barriers to services, groups with higher risks, and recommendations from participants.

GBV Risks

Accommodation

In some RACs, women felt a lack of privacy from external visitors, an issue raised during the 2022 GBV Safety Audit. Risks seem to be higher in RACs in the north, where instances of sexual harassment by unauthorized visitors were reported, along with the case of a man insistently coming to the RAC in order to find a partner. Some women from a RAC in the central region of Moldova mentioned a recent incident in which a male journalist entered the RAC without authorization, entered residents' rooms, speaking aggressively with the residents claiming to be conducting a survey. There is a specific concern about the exposure of adolescent girls to risks, as some are left unsupervised by their caregivers at RACs, assuming that older siblings, relatives or other refugees will take care of them. The issue of alcohol abuse in RACs was also highlighted as posing significant risks.

Some groups of women expressed their major concern regarding the decrease in assistance and a general feeling of uncertainty in relation to RAC closure, transitioning to renting accommodation, meeting basic needs and finding a job. These challenges can increase the risk of GBV, including sexual exploitation and abuse. The GBV Sub-Working Group also has concerns related to the closure of RACs in tandem with a potential decrease in humanitarian assistance and scale down of the refugee response and the GBV risks that can arise from it, such as women engaging in the sale and exchange of sex to meet basic needs.

Refugees living in the one RAC in the Transnistrian Region offered positive feedback regarding their living conditions. Refugees feel safer thanks to a series of measures implemented in order to improve safety and accessibility of services. The RAC provides various services, including health services offered five times a week, while other services are available daily. All services are located in secure and confidential areas. However, the remote location of the RAC and the absence of public transportation make it more challenging for residents to access essential facilities outside the RAC, particularly for women with children. In addition, certain risks persist, primarily associated with accessibility. The main concern raised by refugees is related to the infrastructure in the Transnistrian Region, which is not accessible to people with disabilities. Additionally, there is a noticeable lack of signage providing information on how to request assistance and access services. Service providers are also not easily visible and identifiable.

Apart from the problems mentioned above, refugee women and girls reported feeling safe at the RACs in Chisinau, center, north and south of Moldova, while receiving support from organizations to meet their basic needs. RACs provide various services, including health services offered five

times a week, while other services are available daily. Most RACs had measures in place to ensure the safety and security of refugees, including lightning, no concealed areas, as well as security staff at the entrance of the area and building.

Participants mentioned some isolated conflicts between refugees accommodated in RACs due to personal disagreements or communal living, including thin walls that affect people's privacy. Refugees did not raise any significant concerns about the structure of the facilities. However, not all RACs had segregated bathrooms and toilets, and some bathrooms and toilets lacked locks or had broken locks. Refugees reported that, in general, they avoid leaving the RAC premises at night. Other groups mentioned that they have night guards at the facilities and therefore feel safe. Some of the RACs do not have easy and accessible transportation and people must walk long distances to reach public transport.

As for private accommodation, refugee women throughout Moldova shared their concerns about sexual harassment by private male landlords before renting and during their stay. Some participants mentioned instances where refugee women responded to rental advertisement from single men and subsequently experienced sexual harassment. According to a local organization, cases of harassment and exploitation by private landlords are mainly linked to the vulnerability of refugee women, who are offered free accommodation in exchange for domestic and sexual services. In addition, some refugee women receive unsolicited private pictures on their phones while communicating with landlords.

Risks during travelling

Refugees mentioned high levels of stress while fleeing Ukraine, witnessing traumatizing events, walking in unknown and isolated areas of Ukraine and experiencing uncertainty of what to expect in Moldova. Some participants indicated that they walked by foot from Ukraine to Moldova. Transportation from the border to RACs is seen as essential by women, helping mitigate risks that could affect them and their children. Refugee women indicated feeling extremely unsafe during their journeys from Ukraine to Moldova by train.

Roma refugee women reported the biggest challenges during their journey from Ukraine, witnessing consistent acts of physical violence against groups of Roma refugees, perpetrated by strangers near border crossing points. According to them, these risks increase when they do not use humanitarian transportation and rely on private individuals instead. One person mentioned a recent case of a family assaulted physically when crossing the border.

Refugee women in the Transnistrian Region faced challenges walking in Ukraine to the Moldovan border due to the lack of transportation, but reported no issues at the crossing points. Because of the limited free transportation from the border to the Transnistrian Region, some women used taxi services and voiced safety concerns, such as uncomfortable conversations started by drivers. On the road from Ukraine, the challenges mainly included shelling and long queues at border crossing points. Rigorous control by military staff at the checkpoints to enter the Transnistrian Region also contributed to delays in journeys.

GBV risks in public spaces

Despite the general sense of security in public spaces, several refugee and host community women, along with adolescent girls, shared concerns regarding their personal safety when walking on the streets and using public transportation at night. Some raised specific concerns about lack of lighting during winter months. Though, bus and train stations are well-lit and often have security staff present.

According to some women, harassment is widespread, particularly while using different types of transportation. These incidents often go unreported due to the belief that no effective action will be taken. Regarding availability of transportation, refugees living in some locations do not have any nearby public transportation options in Chisinau, having to walk long distances, which was perceived as a risk. In some locations, public transportation is only available until 7 pm, forcing refugees to use private taxis. Some women specifically mentioned challenges associated with transportation for children to go to school as some reported having to walk for 30 minutes to reach their destination, expressing concerns about this issue. At the same time, refugees appreciate highly the availability of transportation passes in Chisinau, and there is usually support for persons with disabilities in public transport.

In the Transnistrian Region, women and girls have reported facing myriad of challenges in public transportation, encompassing issues of accessibility, safety, reliability, and discomfort, prompting them to seek alternative modes of commuting. Safety concerns arise from distracted and argumentative bus drivers, along with discomfort due to inappropriate behavior by male passengers. Dissatisfaction with irregular minibuss schedules, especially during weekends or evenings, has caused participants to opt for more reliable taxi services. Due to premature discontinuation of minibuss routes, overcrowding, and limited routes available, some women and girls prefer walking. Concerns about taxis refer to perceived risks despite the option of vehicle tracking, with instances of uncomfortable conversations started by drivers.

Issues with insufficient light in the streets were raised by both refugees and host community members across the country. A group indicated that, although they have not heard of individual incidents of violence, they only circulate during the day to avoid risks. Some refugees say that they carry flashlights with them when walking at night. Mostly they avoid travelling at night, especially in dark and poorly lit areas or streets and/or try to walk in groups, including in the city center.

In certain location in the north, multiple groups of women expressed concern about the presence of people who abuse alcohol, which makes them feel unsafe. Instances of direct threat against refugees were mentioned. The same concern related to feeling unsafe around areas with bars where alcohol is consumed was raised by host community women in the south. Women who engage in the sale and exchange of sex shared that a specific risk affecting them - because of the nature of their work - is coming across persons who use drugs and who may act violently. Another group of refugee women from the north mentioned that children need to cross through abandoned and deserted buildings, and walk next to a road to reach their school in Donduseni, which is posing significant risks to their safety.

Interactions with the host community

In most locations across Moldova, interactions between refugees and host community members are exemplary, peaceful and collaborative, according to both refugee and host community men and women. Refugees have highlighted a particularly positive aspect: employment opportunities in local communities, which fosters peaceful coexistence and instills a sense of belonging. Refugees in general feel welcomed by host communities and feel they can trust them to receive support or information on how to access assistance. Strong bonds were formed between refugee women and local community women, who also participate in various activities provided by organizations and engage actively in programs, including on GBV prevention. Host communities have taken proactive steps to help refugee women and children, offering support to meet their basic needs by sharing resources and providing accommodation. Refugees reported having built friendships with their neighbors and other people they met in Moldova, and that they felt supported from the first day they arrived in the country. Some refugees say that when host community members find out they are from Ukraine, they contact them asking if they need anything.

“Yesterday, a woman registered with four children, and both locals and Ukrainians immediately responded, helping with both food and money.”

Nevertheless, some groups of refugee women in the north, south and in the Transnistrian Region reported a certain level of tension with the host community and some incidents, mainly due to xenophobic reasons. A few refugee women mentioned incidents of physical violence against refugees. Refugee women from groups across the country indicated that refugees are perceived as having more benefits than Moldovans because of the humanitarian assistance they receive. These tensions are more likely to affect refugees living in host communities, as opposed to those living in RACs. Some refugees heard local community members saying that refugees travel to Moldova and get everything while they [host community] get nothing. Refugees with disabilities who live in host communities also voiced this concern. Some refugees say they avoid speaking Ukrainian and speak only Russian to try to keep a low profile. According to a refugee woman, her son is bullied in school and is afraid of being singled out if he speaks Ukrainian. In a small village in the central region of Moldova, refugees mention that some people make derogatory comments about refugees, saying they should have learned Romanian by now and that “plenty of them are coming here”.

According to the refugees in the north, living in RACs leads to the isolation and exclusion of refugee children. Instances of provocation coming from the local pro-Russian population against refugees were also reported. A group of refugees said that when the security guard of their RAC was removed, two Moldovan drunk men entered the center accusing refugees and asking them “where their money was going”. They called the police and the situation was resolved.

In some locations in the south, some members of the host community only speak Romanian with the refugees and refuse to speak Russian, but no acts of physical violence were reported. Women and girls with disabilities indicated they are supported and treated with respect by the community. Some men mentioned that occasional conflicts with the host community can arise in particular because of a climate of distrust. Refugees sometimes feel provoked by members of the local community, but they avoid engaging in any conflict.

Alcohol abuse emerged as a recurring topic in several focus group discussions across the country. Incidents of xenophobia against refugees living in host communities are often associated with alcohol abuse by the perpetrator. The problem of alcohol was also raised by other groups, in particular instances when their children were approached by drunk men in their own buildings and other spaces, such as playgrounds.

It was observed that Roma refugees in the north feel disproportionately unsafe and claim that incidents of violence affecting them are often not addressed by the authorities. They indicated a specific case of a Roma girl who was physically assaulted by an unknown man after crossing the border, and the case was not properly handled by the police. There is a general feeling that until a serious incident happens to someone, isolated cases will continue to take place without appropriate action. Recent intentional attacks against refugees from the Roma community were mentioned, and a suspect was detained and released. According to one of the participants in the group, the suspect said while in custody.

In the Transnistrian Region, refugee women in the host community encounter varying attitudes. Some participants sense a neutral reception from certain members of the community, with concerns about potential conflicts on linguistic grounds. Specifically, one participant expressed the belief that speaking Ukrainian might lead to problems with locals, despite the fact that Ukrainian language is one of the officially accepted languages in the Transnistrian Region. However, contrasting views emerge as others highlight the existence of Ukrainian-speaking villages in the region. One participant recounts a troubling incident involving schoolchildren who, when seeing a car with Ukrainian license plates, expressed fear, exclaiming, “run, they’re Ukrainians, they’ll shoot us now.” This participant expressed concerns about the ideas being instilled in children and questioned how parents are influencing their perspectives. It is noteworthy that some participants report no such incidents occurring in the schools attended by their children. In terms of the overall relations between the host community and refugees, some participants describe the interactions as characterized by “friendly relations.” There is a general sentiment of not engaging in arguments with the host community, and reciprocally, they report that the host community does not argue with them either. The nuanced and mixed experiences of refugees in the host community reveal a complex interplay of perceptions, highlighting both challenges and instances of amicable relations..

Technology-facilitated GBV and concerns related to sharing personal data

Risks related to technology-facilitated GBV vary among groups, with some indicating that they have never faced any concerns or threats while others highlighting that both refugee and host community women and girls are at risk. Refugees heavily rely on social media platforms and use known and reliable official websites to obtain information. According to both host community and refugee women, having access to safe and reliable information is key to avoiding risky situations. Overall refugees are cautious about information received online. As mitigation measures, some refugees have decided to joint their forces to assess the information they receive online and check whether sources are reliable.

Some refugees expressed concerns with the safety of personal data, and how and by whom their data is being used. According to them, while many organizations raised concerns about the issues affecting refugees, it is not clear to them how organizations accessed or obtained their

information. Refugees indicated that if they had issues with online harassment, they would call the hotline (most probably the green line) to seek support and potentially report it. Some refugees indicate they would simply block numbers in case they were harassed. Some refugees believe that situations of online harassment are ignored, not addressed or given the necessary attention, resulting in GBV risks remaining or increasing.

There is a general sense that adolescent girls are disproportionately at risk of technology-facilitated GBV, including harassment and insistent messages, although some mentioned that adult women are equally targeted. One adolescent girl reported “I think every girl in our century has a situation [of] online harassment”. Harassment, including requests for photos in exchange for money, is identified as a widespread problem among girls. While opinions vary on age susceptibility to GBV risks, concerns persist. According to refugees, adolescents are at higher risk of scams, including exploitative working conditions and getting involved in the sale of drugs, as they are directly targeted in the advertisement offers. Adolescents are also targeted with inappropriate content for their age. Some individuals report being offered money in exchange for pictures, having received messages and unsolicited pictures from men and not feeling safe when using dating apps. Women from the host community mentioned cases of women from Moldova who were extorted and had their intimate pictures widely shared online without their consent. Some participants mentioned cases where the mental health of the survivors of technology-facilitated GBV was severely affected. Women state that being exposed to messages using offensive language can contribute to normalizing violent behaviours among adolescents. Some women mentioned that they discuss online safety with their children and that some information is also provided at school. In general, people try to monitor the online activities of their children.

Persons with disabilities were also mentioned as being at particular risk of being targeted by digital violence. The need for resources about online safety tailored for persons with disabilities was highlighted as a risk mitigation measure and priority.

Women who engage in the sale and exchange of sex report having experienced threats of having their nude pictures (some photoshopped) leaked on the internet. They also report receiving unsolicited pictures of men’s genitals.

Some of the other significant risks raised by refugees in relation to online safety include scams related to employment opportunities, especially informal ones. Instances of fraud and scams with private landlords and accommodation were also observed. According to a group, refugees pay a deposit for the apartment and when they arrive to the location, they cannot access the apartment and the number of the landlord is blocked. Refugee women and girls reported facing challenges with suspicious job searches, fraudulent calls, and online risks such as indecent proposals. In addition, situations of fraud involving both refugees and host community members mentioned, was were reported, and the use of Photoshop and people’s stolen IDs to apply scams related to bank transactions and bribe of people.

Local organizations working in the Transnistrian Region expressed their concern about technology-facilitated violence with a significant risk for refugee adolescents and women who may be more vulnerable due to increased dependence on aid and assistance. Key respondents highlighted the risks in the online employment process, including cases of deception and trafficking in persons. Notably, some job agencies lack proper permits, focusing more on providing information than adhering to employment regulations. Key informant interviews underscored the heightened vulnerability of young girls to fake online advertisements, especially those involving sexual

requests. The prevalence of job ads with an underlying subtext of sex services is noted, along with a recent increase in labor exploitation affecting both women in domestic work and men in the construction field. All organizations emphasized the need for comprehensive strategies to address these multifaceted risks and protect the well-being of vulnerable refugee populations.

Intimate Partner Violence

Intimate partner violence was widely mentioned by both refugee and host community women, and highlighted by Roma women. According to all of them, alcohol is a major contributing factor to intimate partner violence and violence against children and older persons. Cases of women being physically assaulted by their partners and evicted from their houses and being forced to sleep in the street were mentioned. Intimate partner violence triggered by factors such as changes in traditional gender dynamics and women starting to earn more than men were brought up. Abuse against older people fuelled by alcohol was also indicated as an issue. Others mentioned that it is common for women to be consistently tracked and controlled by their partners. In addition, both refugee and host community women agree that access to information about available services and assistance is key to mitigate GBV risks.

Particularly concerning are cases of intimate partner violence in the Roma community, also heavily associated with alcohol abuse. In one of the groups, several participants reported having experienced gender-based violence in some form by their partners. Different levels and types of violence were reported, and women expressed being hopeless about something being done to change this context. Women shared that Roma girls and women often experience verbal abuse by the partners' family after they get married, as women are expected to move to the partner's house where his family lives.

There is a visible better understanding of violence, its roots and contributing factors, by women who have previously participated in GBV prevention programs and Mental Health and Psychosocial Support (MHPSS) activities, indicating the need to ensure sustainable and long-term implementation of programs, which are responsibly designed in line with standards and support empowering women and building on their self-reliance to prevent and reduce the risk of GBV in their own communities.

Access and barriers to services

Overview of access to GBV services

Both refugees and the host community identified health services as a key entry point for accessing support and reported awareness of the option to seek support at hospitals and call for an ambulance in case of a GBV-related emergency. They also often mentioned Police as a key point of entry for GBV survivors to report cases and seek immediate support, particularly among refugee women and people with disabilities. However, other at-risk groups such as Roma women, adolescent girls, and women engaged in the sale and exchange of sex expressed reluctance to seek police support in GBV situations due to lack of trust derived from past experience.

Psychosocial support service providers were also pointed out as significant entry points for GBV survivors. Some refugee women living in RACs identified RAC psychologists as their primary contacts for reporting GBV incidents, citing a sense of overall trust. Furthermore, women engaged in the sale and exchange of sex mentioned psychologists as a potential point of entry to disclose GBV incidents. Awareness of shelter/safe accommodation options for GBV survivors among refugees and the host community was notably low. In the Transnistrian Region there was limited awareness amongst both refugee and host community women and adolescent girls of available GBV services. Host community women in the Transnistrian Region stated that they distrust de-facto law enforcement agencies due to lack of confidentiality, safety concerns and stigma associated with being a survivor. However, local women's organizations were referenced as trustworthy entry points to disclose GBV by both refugee women and adolescent girls.

Both refugee and host community women use the internet and social media as primary sources of information concerning the availability and accessibility of GBV services. Women who participated in focus group discussions are generally informed about GBV services and know how to access them. This is particularly true for women who live in RACs, while some groups of women living with host community indicated not ever receiving information about GBV. Their awareness of multiple hotlines providing information and support varied, with some adolescent girls being aware of 12plus.md website, La Strada Helpline and the emergency 112 number, whereas other adolescent girls reported limited awareness of where to turn to for support in case of a GBV incident. Adolescent boys reported that they were aware of the child hotline they could call in case of conflicts. However, the extent to which these hotlines referred to specialized GBV services versus general support services remained unclear. Other at-risk groups, such as women engaged in the sale and exchange of sex, indicated a greater likelihood of seeking support from friends or relatives in the event of a GBV incident.

Some refugee women stated their belief that humanitarian aid is only offered to those who have obtained Temporary Protection - although not all organizations in Moldova require Temporary Protection to access humanitarian assistance. The women also reported uncertainties regarding the services available to individuals with Temporary Protection, as well as any requirements to pay for services. Nonetheless, at-risk groups such as refugee women with disabilities and Roma women noted that the legal status tied to Temporary Protection provided them with stability and additional benefits, particularly in accessing healthcare services.

Service providers report that there are a wide range of services available for GBV survivors, including medical, legal/justice, psychosocial and safe accommodations in Moldova, including in the Transnistrian Region. Nevertheless, in the Transnistrian Region, service providers stated that local NGOs are providing the majority of social services available to GBV survivors, and that there is a general mistrust in institutional services amongst community members due to stigma, lack of confidentiality, and safety concerns.

Across Moldova, only some service providers were aware of specialized health care services available to GBV survivors. The limited awareness of these services may be attributed to their relatively recent establishment. Most service providers emphasized the critical role of psychosocial support services for GBV survivors. Nevertheless, the referenced psychosocial support services often lacked GBV specialization, focusing instead on general mental health or psychosocial support. In the Transnistrian Region, the service providers acknowledged that the range of services for survi-

vors is significantly higher in Tiraspol compared to rural areas. Furthermore, some service providers stated that there were gaps in specialized health care services available to survivors of sexual violence across the whole Transnistrian Region, citing particularly the unavailability of emergency contraception in Tiraspol.

In general, upon disclosure of GBV incidents, service providers refer survivors to relevant services depending on the survivor's needs. Some service providers referenced the police as one of the main entry points to refer survivors after a GBV disclosure. However, sometimes the availability of GBV services depends on the capacity of civil society organizations to raise funds to provide response services to GBV survivors.

Barriers to accessing services

Although services for GBV are available, service providers acknowledge their underutilization by survivors due to multifaceted reasons. Fear of re-victimization and stigma associated with disclosing GBV incidents, distrust in service providers and of awareness about available GBV services are major impediments hindering survivors' access to GBV services. In the Transnistrian Region, service providers state that an overarching lack of trust in institutional service providers hampers GBV survivors' access to services.

Regarding information accessibility, many women and girls from the refugee and host community report relying on the internet and social media to receive information about available GBV services. Refugee women highlighted that older women may not be familiar with using online platforms and therefore, might be less aware of available services. In general, women experience challenges in determining the trustworthiness of the information provided online. Refugee women residing in RACs note that unreliable internet access hampers immediate availability of online GBV service information.

“Many [GBV survivors] probably do not seek help because they think about what people will say, whether they will understand, and how they will prove that they are not guilty.”

Another barrier for survivors to access GBV services is related to the social accessibility of services. Host community women highlight the prejudice against mental health and how visits to psychologists are stigmatized. They also noted that individuals receiving these kinds of services are discriminated. Furthermore, service providers highlight how Roma women are reluctant to seek GBV services due to existing stigma surrounding GBV and the fear of harming the family's reputation. Both refugee and host community women emphasize how underlying harmful attitudes and norms towards GBV survivors and a culture of silence act as barriers to accessing support. Refugee women reference the normalization of

violence and cultural attitudes, such as violence being misconstrued as a sign of love, contributing to reluctance in seeking GBV services.

Although not the primary focus of this exercise, the quality and accessibility of GBV services is raised as a barrier, especially concerning security, justice, and health services. Barriers related to financial accessibility of services primarily affect women and girls with limited financial resources

and security. Dissatisfaction with some GBV services is also partly connected with the need to pay for these services. Both refugee and host community women report instances where healthcare professionals demanded bribes for essential health services. Furthermore, women reported uncertainties regarding the costs of medical services. In addition, refugee women raised an example where salaries were given in vouchers in lieu of cash, posing significant challenges in ensuring access to basic needs, including GBV services. Furthermore, individuals without Temporary Protection face challenges in accessing GBV services. Apart from issues tied to legal status, refugee women mention language barriers, citing instances where Romanian-speaking service providers refuse to respond in Russian, which exacerbates access challenges. In the Transnistrian Region host community women note the reluctance of GBV survivors to report incidents to the police, citing victim-blaming attitudes prevalent among law enforcement officials. They also highlight the emotionally challenging legal procedures, where women lacking physical evidence of violence may face questioning.

Some at-risk groups are described by both refugees, the host community, and service providers to experience specific barriers to access services. This is partly connected to compounded factors which affect groups differently, such as a general lack of trust in service providers due to concerns related to the quality of GBV services and mandatory reporting requirements, which represent significant barriers. The GBV Sub-Working Group conducted a study of the legal framework around mandatory reporting, demonstrating the potential harms created by this legal framework, which is not in line with a survivor-centred approach by not respecting the survivors' decisions on issues that affect their lives³.

Adolescent girls, in particular, significantly lacked awareness of GBV services and highlighted their reliance on their network to provide information about GBV services and guide them in case of a GBV incident, including the need to involve parents/caregivers. Refugee adolescent girls express general distrust in available police services and reluctance to approach them in case of a GBV incident, unlike refugee adolescent boys who view the police as a potential point of contact. Adolescent girls with disabilities from the host community express reliance on parents/caregivers to facilitate their mobility within the city to access GBV services. Adolescent girls with disabilities from the host community state they face transportation challenges due to the lack of ramps and inconsistent availability of accessibility features in public transportation. Additionally, there appears to be a lack of awareness regarding specialized GBV services for child survivors among both service providers and adolescents from refugee and host communities.

In the Transnistrian Region, service providers underscore the significant disparity in the availability of GBV services between Tiraspol and rural areas, with long distances posing considerable obstacles, particularly for persons with disabilities, in accessing these services. This concern regarding the scarcity of local GBV services is echoed by refugee women, emphasizing how the remoteness of certain RACs hampers service accessibility. Refugee adolescent girls in the Transnistrian Region also express perceptions of inadequate or delayed responses from the police upon disclosure of GBV incidents.

Service providers noticed a limited awareness of GBV services among Roma people from both refugee and host communities, potentially linked to low literacy levels and reliance on written GBV information online or on leaflets. Roma women from the host community reported facing

³ GBV Sub-Working Group, Ukraine Situation – Moldova: GBV SWG – Legal Framework Analysis for Mandatory Reporting on GBV in Moldova, Dec 2022.

discrimination when accessing GBV services, particularly healthcare, due to their ethnicity. Roma refugee women express reluctance to seek assistance from healthcare providers or the police in cases of sexual violence due to past experiences of discrimination and inaction by the police. In the Transnistrian Region, service providers note instances of discrimination against Roma women, stating that some providers (healthcare providers and police) do not accept Roma individuals.

Reluctance to seek assistance from the police is also mentioned by women engaged in the sale and exchange of sex, citing victim-blaming attitudes. In the Transnistrian Region, service providers (healthcare providers and police) mention discrimination against GBV survivors with substance abuse and mental health disorders by other service providers.

Information accessibility issues extend to people with disabilities in physical locations, where those with visual impairments depend on others to access written information. For women with disabilities, physical accessibility to GBV services can be constrained due to inadequate infrastructure and buildings that are not accessible.

Moreover, only a minority of service providers report awareness of specialized GBV case management services – a structured method for providing support to GBV survivors - available to survivors. GBV case management is a life-saving essential service that should be provided in a coordinated manner ensuring follow up and consultation with the survivor, aiming at addressing the harmful physical, emotional and social consequences of GBV. While service providers are aware of a wide range of GBV services and refer survivors accordingly, the extent of their follow-up to ensure survivors access these services remains unclear.

Boosters to accessing services, including access to information

Several strategies and initiatives have been identified by refugee and host community members, encompassing women, girls, men, boys, and service providers, aimed at enhancing access to GBV services and support. Functional GBV referral pathways are deemed crucial to ensure timely and appropriate referrals for survivors of GBV. Equipping service providers with the capability to furnish survivors and at-risk individuals with information regarding GBV and available services has been observed to bolster trust in GBV services, consequently improving their social accessibility. This enhancement is likely attributed to training efforts focused on empowering frontline responders with fundamental GBV core concepts, safe referral practices, and comprehensive understanding of GBV referral pathways.

Moreover, to facilitate greater uptake of information about available GBV services, it is recommended to adapt messages for individuals with sensory impairments, such as translating content into braille and providing sign language interpretations. Furthermore, training initiatives to equip service providers to assist people with various kinds of disabilities are recommended to enhance GBV service delivery and promote disability inclusion. Refugee women with disabilities emphasize the potential of websites and online resources to provide information and guidance in the event of a GBV incident. They suggest organizing community events to engage members in discussions regarding safety and risk prevention.

One service provider highlighted an emerging initiative targeting Roma individuals with GBV information through audio content accessible on a website. These endeavors play a crucial role in

ensuring access to GBV information and available services, especially for Roma women, girls, and individuals with disabilities.

Adolescent girls from the host community express a desire to have available organizations or psychologists to seek appropriate and tailored support to help them navigate issues related to their age and development. Furthermore, refugee adolescent girls expressed a wish that organizations working with children communicate directly with children to seek their opinions and concerns. In combination with the reported low awareness of GBV services among adolescent girls, this indicates a need to raise awareness of adolescent-friendly services that can serve as an important entry point for child survivors of GBV. Furthermore, adolescent girls from the host community propose conducting awareness-raising programs on safety and available services within educational institutions, including class sessions or workshops.

Groups at higher risk of GBV

Persons with disabilities

Persons with disabilities, in particular women and girls, report that they feel more susceptible to violence, abuse and exploitation, including online violence. Sometimes physical accessibility to services, including GBV response services, can be constrained for people with disabilities due to inadequate infrastructure, sidewalks and buildings that create barriers for them. Even some hospital buildings are not accessible for people with disabilities. In addition, the bureaucracy to access disability allowances for Moldovans (refugee children can access disability allowance if they have the disability certificate) are not always accessible to bedridden people from the host community due to the need for in-person periodical verification. People with disabilities also face issues accessing items such as hearing devices etc. to support them in independently managing their life. In addition, the high cost of the medication and the unavailability of some treatments affect their safety as it increases their dependency on other people to navigate certain systems/procedures. Another issue affecting people with disabilities is labor exploitation, as they are often paid less, and the working hours are beyond what is mentioned in the contract. Further, they feel that they are being targeted by fake online information and are less aware of online safety practices.

People with disabilities from the refugee community reported that the relationship between refugees and the host community members and neighbors appears to be positive, only on a few instances individuals have expressed negative feelings about refugees. Nevertheless, people with disabilities from the refugee community living in RACs have experienced verbal abuse, primarily from fellow refugees. People with disabilities that live in private housing report feeling safe. There is a general perception of safety while walking in the street or taking public transportation, however, they prefer to travel in groups. With a few exceptions, the service providers' general attitude towards people with disabilities was positive.

People with disabilities, including people with visual impairment who are using screen readers, rely on social media groups and chats such as Facebook, Telegram and Viber, as well as word-of-mouth methods to receive critical information. They feel that particularly older people with disabilities may miss this information, as they are not as proficient with modern technology. People with disabilities have received information from various organizations on GBV and the available services/hotlines through workshops, seminars and phone calls. The perception is that GBV ser-

vices are provided in a non-discriminatory manner. They feel that they can report cases to the police. Nevertheless, due to already mentioned barriers, such as social and gender norms, as well as distrust in service providers and lack of information, the number of reported cases is low. Some people with disabilities mentioned that they do not know to whom to report a service provider who violated their rights and treated them in a discriminatory manner, increasing their risks to situations of abuse, including GBV. They also feel that if they report any mistreatment, they may face repercussions.

It was suggested that due to people with disabilities' heightened vulnerability it is critical to pay extra attention to their needs and reassure their access to information concerning available GBV services, provision of transportation and availability of medication. The information should be adapted to visual and sensory impairment, including the information provided by hotlines. Furthermore, shelters and other safe accommodations should be accessible to people with disabilities. It was also highlighted that GBV service providers would need to receive additional training on how to support people with disabilities.

Roma women

Roma women, both refugees and host community, are at disproportionate risk of discrimination and different forms of GBV, including intimate partner violence, sexual harassment, human trafficking, and denial of resources. They also face additional barriers to access services. Violence perpetrated by their partners' families was also mentioned as a significant issue affecting their lives. A commonly raised concern is the lack of freedom among Roma women to make decisions about how, where, and with whom they spend their time. For instance, some Roma women reported being prohibited from going out at night and could be "punished" and face violence from their partners. This seems to be more prevalent in cases of households and families that are more traditional and conservative. Some women highlighted their concerns regarding young Roma women who travel abroad with their families and are exposed to significant risks, including engaging in exploitative and risky work opportunities. Discrimination poses obstacles to the full and comprehensive access of Roma women to services. One participant mentioned being sexually harassed, verbally abused and offended by a doctor.

“As much as we would prepare the community, we cannot not foresee all the risks. The more the person is informed the more they will be protected”.

Barriers to obtain financial independence and to access education opportunities add to the isolation faced by some Roma women, and illiteracy contributes significantly to these risks. While men are generally able to find jobs in construction or other areas, women face additional challenges. Some raised the concern that interacting with men at work can result in increased risk of GBV from their partners and husbands. Bullying and violence against Roma adolescents and children in school were also raised by some participants, resulting in some children dropping out of school. This contributes to their lack of access to better career and job opportunities. Child marriage, as early as 13 and 14 years old, was brought up by participants.

Adolescent girls and boys

Adolescent girls remain at risk of different forms of GBV. Both girls from the refugee and host community report safety concerns in public spaces, especially public transportation, including buses and taxis. Some adolescents, including boys and girls from both refugee and host community, perceive schools as a safe environment whereas others do not see it the same way, reporting cases of violence, including bullying by other children and by teachers. In some locations, women indicated that adolescents on the way to and from school experience violence, highlighting that risks are higher for socially vulnerable families.

Some adolescent girls and boys reported cases of domestic violence and lack of safety at home. The majority of respondents pointed out that adolescent girls with disabilities and Roma adolescent girls face higher GBV risks. The GBV risks reported by adolescent girls and boys were similar in the Transnistrian Region. Online violence – including sexual violence – appears as one of the main risk affecting mainly girls.

Regarding the access to GBV services, most refugee girls have a good awareness and knowledge of services, which represents a significant improvement compared to the findings of the 2022 GBV Safety Audit. However, adolescent girls from host communities significantly lacked GBV awareness and knowledge of the services. The vast majority of participants highlighted that they would talk to their mothers/relatives or friends to seek help. There is a general lack of trust in social services and in the police. They also feel that particularly older children and adolescents with disabilities may miss GBV information and have difficulty in accessing services.

In general, harmful social norms towards adolescents and the lack of adolescent-friendly services remain an important barrier for adolescents to access appropriate and quality services. There is a considerable fear of stigmatization among adolescent girls from the host community, who express a desire to have available organizations or psychologists from whom they can seek help or advice concerning general problems.

According to adolescent boys and girls, the most effective sources of information are family, friends, and the internet. The majority of adolescents mentioned that they can find information on services and support through social media, including platforms like Viber and Telegram. They also expressed distrust in information found on official websites especially in the Transnistrian Region, citing difficulties in verifying its accuracy.

Suggestions were made for service providers – including NGOs – to improve direct communication with children and adolescents in order to better address their specific needs. Adolescents also highlighted the need to conduct GBV awareness programs in schools and colleges, through class sessions or workshops. Digital channels, like messaging applications (Telegram, Viber) and social media have been described as a good method to share information and resources, especially on safety and online risks by adolescents from refugee and host communities.

“ We can be threatened by someone from another part of the world through the Internet, through Telegram, for example, or harassed by someone through social networks. [...] Or someone can harass someone on the street.”

Adolescent spaces and youth clubs were referenced by some adolescents as an accessible and important service for their protection and for providing information on GBV.

Women who engage in the sale and exchange of sex

Women who engage in the sale and exchange of sex, from both the refugee and host community, are at disproportionate risk of GBV and face additional barriers when trying to access services. Unlike other groups of participants, risks related to sexual violence perpetrated by clients were reported by them. Harassment in public spaces was also mentioned. The nature of their work - they need to work in the street at night and interact with unknown individuals - contributes significantly to these risks. Technology-facilitated GBV also affects women who engage in the sale and exchange of sex, and some of them experienced threats of having their private and intimate pictures (including modified/edited ones) published, and receiving unsolicited pictures from potential clients.

Women who engage in the sale and exchange of sex know where to go to seek help and support, such as social assistants and psychologists. There is a general lack of trust in the police, in particular because of the nature of their work and the fear of being stigmatized, exposed and blamed for the incident, and to face criminal charges for selling sex. Some of them shared significant concerns related to mental health resulting from isolation and marginalization, resulting in serious outcomes, including attempted suicide.

Targeted programs for women who engage in the sale and exchange of sex have been essential to ensure their access to reliable information and services and build a sense of community protection. Group MHPSS sessions facilitated by psychologists have provided a safe space for them to share their concerns and understand how to address different challenges through self-empowerment and self-care, considering their specific situation, which often results in marginalization and exclusion.

Recommendations

General recommendations

- Co-Consult with **women, girls and youth-led organizations** working with both refugee and host community women and include them in preparation/implementation of consultations such as safety audits or other more comprehensive assessments, but also conduct ad-hoc consultations/ seek guidance to ensure the best possible and most sustainable program outcome.
- **Enhance GBV risk mitigation measures** in other sectors and emphasize the shared responsibility of all to reduce the risks of GBV and avoid creating further risks. Protection against Sexual Exploitation and Abuse (PSEA) is an essential aspect of risk mitigation, in particular in light of the decrease in humanitarian assistance and scaling down of programs and organizations. This means that sectors should proactively integrate GBV risk mitigation measures into their program in consultation with the GBV Sub-sector, and with the community.
- Ensure that organizations have designated and active GBV focal points with a solid understanding of their **roles, responsibilities and accountability**. For that, strengthened collaboration and communication with the GBV Sub-sector and other sectors is needed, as well as further clarity on how to integrate measures to identify and reduce the risks of GBV in planning, implementation and monitoring and evaluation phases, as well as during resource mobilization.
- Conduct **GBV risk identification and mitigation trainings** with other sectors, in particular those considered high-priority, to ensure a thorough knowledge of the measures to be put in place to reduce GBV risks, including an understanding of GBV, GBV core concepts and safe disclosures, as well as the proactive identification of GBV risks for different groups and the integration of measures throughout the program cycle. Participants in these trainings include non-GBV specialized staff and frontline workers who should be aware of how to safely refer a GBV disclosure in line with GBV principles, as well as project managers, responsible for setting up, designing and adjusting programs.
- Continue and scale up the inclusion and engagement of the **refugee community in consultations, including refugee groups with special vulnerabilities** about the risks that affect their lives and their collective and individual security. Ensure that regular consultations are carried out and are broader than specific targeted and area-limited assessments.
- Invest in mitigating the risks of **technology-facilitated GBV** through digital literacy programs for women and girls and by building capacities of service providers across sectors.
- Ensure that information about GBV and available services is made accessible to **persons with disabilities**. This involves prioritizing multiple communication channels to cater to various disabilities and ensuring that service providers are equipped with the necessary skills to communicate effectively and assist individuals with diverse disabilities. All of this should be done in consultation with organizations of people with disabilities from the refugees and host communities.

- Enhance accessibility and cultural appropriateness of information on GBV and available services for **Roma women and girls**, ensuring that service providers are trained on the specific needs and concerns of the Roma population, and how to address issues related to gender and GBV without creating backlashes and further risks. The training initiatives should build on information deriving from consultations with persons from the Roma community, and active engagement with community mediators to ensure trust and to navigate cultural issues.
- Ensure accessible youth-friendly spaces and disseminate age-appropriate information on GBV and available support services across various channels to address the lack of awareness of GBV among **adolescent girls and boys**. The staff should be trained in GBV and child protection to ensure that child protection cases are safely identified and referred.
- Ensure the availability of services specifically targeting **women who engage in the sale and exchange of sex** to address potential barriers to access services, including stigma and victim-blaming attitudes among service providers. This includes ensuring the availability and accessibility of MHPSS services that are essential to address mental health issues resulting from isolation and marginalization.

Sector-specific recommendations

Sector	Sub-sector	Recommendation
Protection	Protection	<ul style="list-style-type: none"> • Continue dissemination of reliable information on Temporary Protection and rights associated with it. • Engage and consult with GBV actors for protection assessments and monitoring exercises to ensure that GBV aspects are integrated and risks identified. • Proactively monitor interactions between host community and refugees to respond in a tailored and timely manner avoiding tensions related to assistance. • Liaise with the GBV Sub-sector to include GBV aspects in capacity strengthening initiatives, in particular those targeting frontline workers and persons in contact with refugees. • Advocate for the meaningful inclusion of vulnerable groups, adolescent girls, Roma population, people with disabilities and women engaged in the sale and exchange of sex in programs aiming at achieving durable solutions..
	Disability and Age Task-Force	<ul style="list-style-type: none"> • Ensure that external and internal facilities of community centers and cash enrollment centers are fully accessible for persons with different types of disabilities, including: <ul style="list-style-type: none"> • Install ramps at the entrances of buildings. • Provide information in braille and sign languages, including adapted websites. • Ensure availability of trained and skilled professionals to provide services for persons with different types of disabilities. • Work with the GBV Sub-Sector to ensure that people with different types of disabilities are informed about various forms of technology-facilitated and other types of GBV. • Coordinate with the Gender Task Force to conduct study on gender and disabilities.
	Roma Task-Force	<ul style="list-style-type: none"> • Work with GBV Sub-Sector to ensure accessibility and develop tailored information for the Roma population on how to access GBV services. • Ensure that trainings on GBV include topics related to the specific needs and concerns of the Roma population, including in relation to potential barriers to services. • Enhance frequent and consistent consultations with Roma people, in particular those at higher risk of GBV and exploitation.
	Anti-Trafficking Task Force	<ul style="list-style-type: none"> • Provide ongoing anti-trafficking trainings to government authorities and frontline workers, in particular those at the border. • Disseminate anti-trafficking SOPs among humanitarian actors for the referral of identified and potential anti-trafficking cases, and work with the Protection WG to integrate considerations around people with international protection needs. • Disseminate information on anti-trafficking support hotlines.

	GBV	<ul style="list-style-type: none"> ● Conduct trainings on GBV risk mitigation, including trainings on safe disclosure of GBV and referrals for frontline workers, and trainings on risk mitigation in the program cycle for staff on managerial positions. ● Promote and disseminate GBV Referral Pathways widely. ● Scale up coordination with other sectors to enhance risk reduction interventions across sectors and conduct sector-specific consultations. ● Prepare sector-specific tip-sheets on how to put in place measures to reduce the risks of GBV. ● Provide technical support to other sectors to carry out safety audits and incorporate GBV aspects into it. ● Continue coordination within the GBV Sub-sector to ensure presence of service providers, including GBV specialized ones, to cover the needs of survivors and persons at risk of GBV. ● Prepare a guidance note with key considerations for at-risk groups across sectors to ensure targeted and prioritized actions by sectors and sub-sectors. ● Work jointly with the Roma Task-Force to design and rollout training package on how to approach the topics of gender and GBV within the Roma community without creating backlashes and further risks. ● Work jointly with the Disability Task-Force to ensure that people with disabilities can access GBV services. ● Continue collaboration with the Child Protection Sub-sector and AAP Task-Force to enhance campaigns on technology-facilitated GBV. ● Work with the Child Protection Sub-sector to address issues related to the overlap in intimate partner violence and violence against children, to ensure that the individual needs of each are addressed in line with GBV and Child Protection standards and in a timely manner. ● Work with the Health Sector to advocate for legal and procedural changes around mandatory reporting framework in Moldova, ensuring a survivor-centered approach to GBV cases.
	Child Protection	<ul style="list-style-type: none"> ● Increase awareness of available GBV services among adolescents including Transnistria Region. ● Promote the services of the Child Hotline and Safety Online specialized tools, and strengthen such efforts on developing these services in the Transnistrian region. ● Ensure the availability of child- and adolescent-friendly awareness-raising materials on GBV, including online violence and intimate partner violence targeting adolescents. ● Target parents and especially mothers on GBV awareness and risks affecting adolescents. ● Increase attention to the needs of adolescents and youth, including to improve and better tailor services for them. ● Ensure consultation with children and youth from host and refugee communities when designing any programs. ● Tailor programs to approach topics such as LGBTIQ+ and Sexual Orientation, Gender Identity, Gender Expression and Sex Characteristics, with adolescents.

		<ul style="list-style-type: none"> • Continue collaboration with the GBV Sub-Sector and AAP Task-Force to enhance campaigns on technology-facilitated GBV, with a specific focus on adolescent girls. • Continue training of frontline workers on working with children and adolescents, identification and referral of child protection and GBV cases and risk mitigation. • Ensure systematic trainings of Child Protection partners and social workers/child protection specialist on how to handle GBV cases – including for child survivors. • Improve confidentiality and safety of child protection services. • Scale up community-based projects that involve peer-to-peer support to aim at more sustainable solutions for raising awareness and addressing protection risks that affect children and adolescents. • Work with the Roma Task-Force to train and build capacity of Roma adolescent girls on women and girls rights; continued training and advocacy with the Roma community, including on early marriage and pregnancy. • Work with the Disability and Age Task-Force for tailored services to address the specific needs of children and adolescents with disabilities. • Work with GBV and Child Protection actors to better address the shared risks factors and drivers between Violence Against Women and Violence Against Children and improve coordination of services.
<p style="text-align: center;">Education</p>		<ul style="list-style-type: none"> • Work with the Child Protection Sub-sector to understand, identify and collectively address potential barriers that prevent access to education, including those related to harmful traditional practices. • Work with the Child Protection Sub-sector to address bullying at schools which disproportionately affect Roma children and adolescents. • Promote and disseminate GBV and Child Protection Referral Pathways in schools. • Continue advocacy efforts to develop/improve the education curricula by integrating gender equality, with the goal to contribute to long-term shifts in gender-inequitable norms and promote a culture of non-violence and respect for women, girls and other at-risk groups. • Jointly with the Child Protection and GBV Sub-Sector, enhance the capacity of education personnel to reduce GBV risks in education settings through ongoing support and trainings, including on how to identify child protection cases and safely refer GBV disclosures to services. • Increase information sharing in schools on Sexual Reproductive Health and Rights (SHRH) and GBV, including prevention. • Advocate for the increase in the number of trained psychologists in schools able to support and refer children and adolescents at risk.

<p>PSEA</p>	<ul style="list-style-type: none"> • Work with the GBV and Child Protection Sub-sectors to integrate PSEA reporting mechanisms to the Referral Pathways. • Jointly with the GBV Sub-sector, prepare a tip sheet with information on the differences around mandatory reporting for SEA and GBV and how to implement a victim/survivor-centered approach. • In coordination with the GBV and Child Protection Sub-sectors, provide ongoing trainings on PSEA, including on the topic related to victim assistance. • Work with all sectors to increase access of refugees to information about PSEA and reporting mechanisms. • With the Child Protection Sub-sector, work to continue adapting and scaling up the dissemination of child-friendly PSEA reporting mechanisms.
<p>Gender Task-Force</p>	<ul style="list-style-type: none"> • Continue carrying out regular consultations with women refugees and host community to identify risks and measures to reduce it, ensuring inclusion of at-risk groups, such as Roma persons, persons with disabilities and LGBTIQ+ persons. • Ensure and continue promoting the meaningful participation of women and girls in decision-making processes, aiming at enhancing their skills to be active stakeholders in enhancing access to rights, services, livelihoods and economic opportunities. • Provide technical guidance to sectors to increase their capacity for gender-responsive programming, in line with the recommendations from the 2023 Gender Accountability Framework. • In coordination with the GBV Sub-sector, carry out initiatives and campaigns on gender equality and GBV prevention, as well as share information on GBV services. • Continue promoting the participation of Women-Led Organizations in coordination spaces. • Conduct more studies on gender and disabilities together with the Disability and Age Task Force.
<p>Cash</p>	<ul style="list-style-type: none"> • Work with cash support actors to ensure information on complaint and feedback mechanisms are available at all Cash Enrollment Centres and that these mechanisms are placed in confidential and private locations. • In coordination with the GBV Sub-sector, enhance capacity of cash support actors through trainings, in particular those in contact with beneficiaries, on GBV risk identification, safe referrals of GBV survivors to service providers, and use of the GBV referral pathways. • Work with the GBV sub-sector to establish Gender advocates/focal points in the Cash Enrolment Centres, including those that are embedded in the Community Service Centers, who will be responsible for identifying GBV risks, coordinating with GBV specialized actors to reduce these risks, safely referring GBV cases in line with a survivor-centered approach and using the GBV Referral Pathways. • Ensure that general information about cash programming and eligibility criteria is widely disseminated and accessible to at-risk groups such as people with disabilities and Roma women. • Ensure that women and other groups at risk of GBV are included in Post-Distribution Monitoring (PDM) sampling and that the enumerators are included in the capacity-building initiatives on GBV to ensure safe handling of GBV disclosures and referrals according to the GBV referral pathways.

Basic Needs	Accommodation and Transportation	<ul style="list-style-type: none"> • Conduct trainings with RAC managers, and replicate them with staff, on several topics, including gender equality, gender diversity, GBV, Child Protection, rights of refugees and other relevant identified topics. • Coordinate with the GBV Sub-sector to ensure availability of GBV and Child Protection Referral Pathways. • Continue the regular safety audits and coordinate them with the relevant GBV actors to identify infrastructural gaps that can result in increased GBV risks. • Ensure consistent infrastructure in the Refugee Accommodation Centers (RACs) in terms of accessibility for persons with disabilities. • Put in place measures to control the entry and movement of external visitors. • Enhance availability of reliable and safe information on GBV, child protection, PSEA and feedback and reporting mechanisms for RAC residents, including by developing a visibility package that is consistent throughout RACs. • Place information and complaint and feedback mechanisms in confidential spaces, such as bathrooms. • Coordinate with the GBV Sub-sector to organize GBV Risk Mitigation workshop for Accommodation and Transportation partners aiming at building their capacity to proactively integrate GBV risk reduction measures in the program cycle. • Jointly with the GBV Sub-Sector, prepare a tip-sheet on how to reduce GBV risks for different groups in accommodation and transportation. • Work with the government and the GBV Sub-sector for the implementation of the GBV Checklist for the RACs during the consolidation process, to ensure that GBV risks are identified, collectively addressed and that new GBV disclosures, along with the existing GBV cases are safely referred to (continue to) access services if they wish to. • Work with the GBV Sub-sector to develop and adapt a guiding sheet for private accommodation focusing on GBV, both for refugees (on risks to be aware of) and private landlords (on the DOs and DONTs) to reduce risks of situations of exploitation, sexual harassment and other types of GBV.
	Water Sanitation and Hygiene	<ul style="list-style-type: none"> • Consult with the community to assess potential barriers to sanitary supplies, including those related to harmful traditional practices that can have a disproportionate impact on adolescent girls. • Conduct regular safety audits to assess safe access to toilets and latrines for women and girls. • Ensure dignified access to hygiene-related materials, including sanitary supplies for women and girls of reproductive age.

Health and Nutrition	Health	<ul style="list-style-type: none"> • Scale up coordination between the Health sector and the GBV Sub-sector to collaborate on capacity enhancement for health service providers on Clinical Management of Rape (CMR), post-rape treatment and Psychological First Aid (PFA). • Widely circulate GBV Referral Pathways for healthcare workers. • Replicate trainings for non-specialized health staff on how to safely refer GBV survivors to health services, having in mind the mandatory reporting framework. • Jointly with the GBV Sub-sector, continue advocacy efforts to change the GBV mandatory reporting legal framework to ensure that procedures are in line with a survivor-centered approach.
	Mental Health and Psychosocial Support (MHPSS)	<ul style="list-style-type: none"> • Collaborate with the GBV Sub-sector to conduct trainings for frontline workers and non-specialized GBV staff on Psychological First Aid (PFA) and safe referral of GBV disclosures. • Work with the GBV Sub-sector and the Disability and Age Task-Force (in coordination with the government) for the identification of safe shelters for GBV survivors with serious mental health issues that require specific attention.
Livelihoods and Inclusion		<ul style="list-style-type: none"> • Jointly with the GBV Sub-sector, conduct trainings with livelihoods partners to ensure that livelihoods projects do not increase the likelihood of GBV occurring, to identify and put in place measures to reduce GBV risks and ensure that consistent access to information on GBV and SEA is provided to beneficiaries of projects. • Engage with the Gender Task-Force to ensure consistent consultation with affected communities in designing livelihoods/grants/economic empowerment activities to gather feedback and aim at sustainable livelihoods strategies. • Coordinate with the Gender Task-Force for identification of women engaged in empowerment activities and with interest to participate in economic empowerment projects. • Coordinate with the GBV Sub-Working Group and with the Gender Task-Force for strengthening links with Women-Led Organizations in Moldova and scaling up potential for sustainable livelihoods solutions. • Provide technical guidance to livelihoods partners to design sustainable economic empowerment and livelihoods opportunities for women, including by preparing a tip-sheet with basic and essential aspects and steps for sustainable livelihoods. • Advocate for the inclusion of groups at disproportionate risk of GBV, including Roma women and LGBTIQ+ persons, in livelihoods and economic empowerment projects.

