

# REPORT ON COSTING OF DOMESTIC VIOLENCE AND VIOLENCE AGAINST WOMEN IN MOLDOVA



## BRIEF



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OF DOMESTIC VIOLENCE  
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Brief

## Report on Costing of Domestic Violence and Violence against Women in Moldova

This brief was developed by the NGO Women's Law Center based on the Report on Costing Domestic Violence and Violence against Women in Moldova, written with methodological assistance of the NIRAS-Indevelop, and with the support of the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) and World Health Organization (WHO) Country Office in the Republic of Moldova.

The publication of the Brief was possible thanks to the support of the UN Women's regional project "Promoting Gender Responsive Policies in South-East Europe, phase II", implemented in Moldova with the support of the Austrian Development Cooperation (ADC).

The opinions expressed in this publication belong to the authors and do not necessarily reflect the views of the UN Women, World Health Organization, the United Nations and other affiliated agencies or of the Austrian Development Cooperation.

The Brief and the full Report on Costing Domestic Violence and Violence against Women in Moldova are available in Romanian, Russian and English and can be accessed at [moldova.unwomen.org](http://moldova.unwomen.org) and [www.cdf.md/rom/resources](http://www.cdf.md/rom/resources).

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**Design:** Sorin Ivasișin

**Print:** „Nova Imprim” Printing House



## EXECUTIVE SUMMARY

Violence against women and domestic violence is widespread and systematic in Moldova. Estimates suggest that more than 63 percent of women and girls aged 15–65 have experienced at least one form of violence by a partner during their lifetime.

The present report, *Costing of DV and VAW in Moldova*, was commissioned by the UN Women in Moldova and WHO Country Office in the Republic of Moldova in July 2015 to cost existing multidisciplinary services at the central and local levels as well as specialized services and responses to addressing violence against women in the Republic of Moldova.

The present report focuses on costing of those multidisciplinary services and specialized services and response mechanism to address DV and VAW in the Republic of Moldova; it is meant to deepen the understanding around the phenomenon of DV and VAW. Its findings will contribute to further advocacy for state funding at both central and local levels and prioritization of funds to improve mechanisms aimed at ensuring better protection and assistance to victims of DV and VAW. The costing exercise is also intended to facilitate enhanced coordination across sectors to prevent and respond to cases of violence against women and domestic violence as well as to highlight the different level of expenditures, including those of social, health, justice and non-state sectors.

The report attempts to provide costs borne by the state and non-state actors—government and civil society as well as individuals—reinforcing the extent of the phenomenon. The study also underlines that implications of DV and VAW are much larger in the long- and medium-term and that the costs add up and impact the whole society.

The findings of the report are timely as they could serve as an advocacy tool for the adoption of amendments to the national regulatory framework in line with the requirements of the European Convention to Prevent and Combat Violence against Women and Domestic Violence and to expedite the process of signature and ratification of this Convention by Moldovan authorities and other legal and regulatory framework aimed at improving responsiveness to the DV issue in Moldova.

It should be emphasized that this is the first exercise of this kind in Moldova, which brings together all sectors and offers a costing value for all DV- and VAW-related services and support.

# I. METHODOLOGY

The present report aims to provide the government of Moldova and key stakeholders with data and calculations that might assist them in addressing spending priorities to improve policy frameworks based on needs and **justice**. By demonstrating that the cost of domestic violence is borne by the wider economy and society, not only the victims, it is hoped that this report will make a contribution to policy development to reduce and eliminate violence against women in Moldova<sup>1</sup> as well make recommendations for a better budgeting process.

This report examines the costs borne by 3 groups (victims/survivors, CSOs and government) and does not at this point include any calculations of the cost on a second generation and on business. It focuses on Domestic Violence and Violence against Women, in line with the current legal framework and protection practices in Moldova, and includes all forms of violence. During the research the following costs were examined:

- Existing services (separate from new services as required within the Istanbul Convention);
- Unit costing of services of specialized centers;
- Costing to reflect the broader societal perspectives at the general level.

The methodology for costing of this DV<sup>2</sup> study in Moldova is based on best international practices. It focuses on capturing the three main types of cost: 1) the use of services, mainly public services including the criminal justice system (including the police); 2) the health care system (not including mental health) and 3) social services. Secondly, the study aims to capture the

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<sup>1</sup> Sylvia Walby 2009. *The Cost of Domestic Violence: Up-date 2009*. Project of the UNESCO Chair in Gender Research, Lancaster University.

<sup>2</sup> DV defined as violence occurring between household members or intimate partners and GBV as gender-based violence against women (physical, sexual and psychological), no matter the context or setting they occur:

- in the family (such as battery, marital rape; sexual abuse of female children; dowry-related violence; female genital mutilation/cutting and other traditional practices harmful to women);
- in the general community (such as rape, sexual harassment and intimidation at work, in school and elsewhere; trafficking in women; and forced prostitution), and
- violence perpetrated or condoned by the state, wherever it occurs.

individual costs borne by victims themselves. An important aspect of the costing exercise, the human cost of pain and suffering is not included in the present report due to time limitations and inability to obtain data on public's willingness to pay within the timeframe of this research.

As mentioned above, this study is attempting to value a range of economic and social impacts of domestic violence by bringing together data from various fields (public health, justice, social protection, civil society and individual costs borne by victims)<sup>3</sup>. The costing study also aims to explore the types of costs of domestic violence in Moldova, borne by the victim, and to stress the very public nature of domestic violence (disproving the myth that it is a private matter) by examining all types of costs associated with this issue. The report includes:

- Health Costs including physical injuries, inpatient hospital visits, emergency services, medication and premature mortality.
- Justice Costs, borne by the State and private services, which include policing, prisons, legal services, prosecution and counseling.
- Social protection costs including violence prevention programs, accommodation and direct social services to women with children.
- Costs to civil society and programs run by non-governmental organizations aimed at providing vital social services to women and children.
- Individual costs borne by victims as a result of the abuse and in the attempt to access exiting services.

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<sup>3</sup> View the Report for detailed explanation of individual unit costs as well as assumptions on which those unit costs were based.



## II. KEY RESULTS

As the response to DV in general is scant and not at all systemic, many of the costs of the existing mechanisms are not shown and are therefore either hidden or costs borne by individuals. The figures point to the fact that most of the spending is on mitigation of DV cases and not on prevention activities across all sectors. The multidisciplinary response and coordination in responding to DV and VAW is still not working in practice and the findings of this report point to the need for all sectors to work together in order to reinforce the multidisciplinary response.

### 1. Government

In costing the government spending, the following sectors were considered: social protection, health and legal. The total government spending for the reference year was 36,092 thousand lei. Due to the response mechanism, which currently focuses on mitigation of DV and VAW and not on prevention, the highest costs are for the health sector, especially for hospital treatment of victims. The second highest spending is that of the legal sector, which is due to the procedures of the justice system once a domestic violence case enters the criminal law system. To note, in 2012-2016 more than 81,450 Euro about 1,550,970.90 lei have been paid in reparations by the Moldovan Government to women victims of violence based on the European Court of Human Rights rulings.

The figures clearly show that the private funding covers what the government fails to cover in terms of services. Thus, 60% of social services are covered by the CSOs. It should be noted that the victims' contribution to covering attorney services exceeds four times the state's contribution. Along these lines, victims also bear a great share of the health expenses; consequently the costs supported by victims exceed 1.5 times the state's contribution. The findings of the current report point furthermore to the fact that over 30% of the services that are listed as essential in the international standards do not exist in Moldova or are not efficient.

The main gaps in the general service provision in Moldova include gaps in provision of: 1) social assistance and especially social aid for victims of DV,

economic empowerment and social housing; 2) mental health and psycho-social long term support; and 3) access to state-funded legal counseling and representation.

FIGURE 1.

Total governmental costs, sub-sectors, 2014 reference year

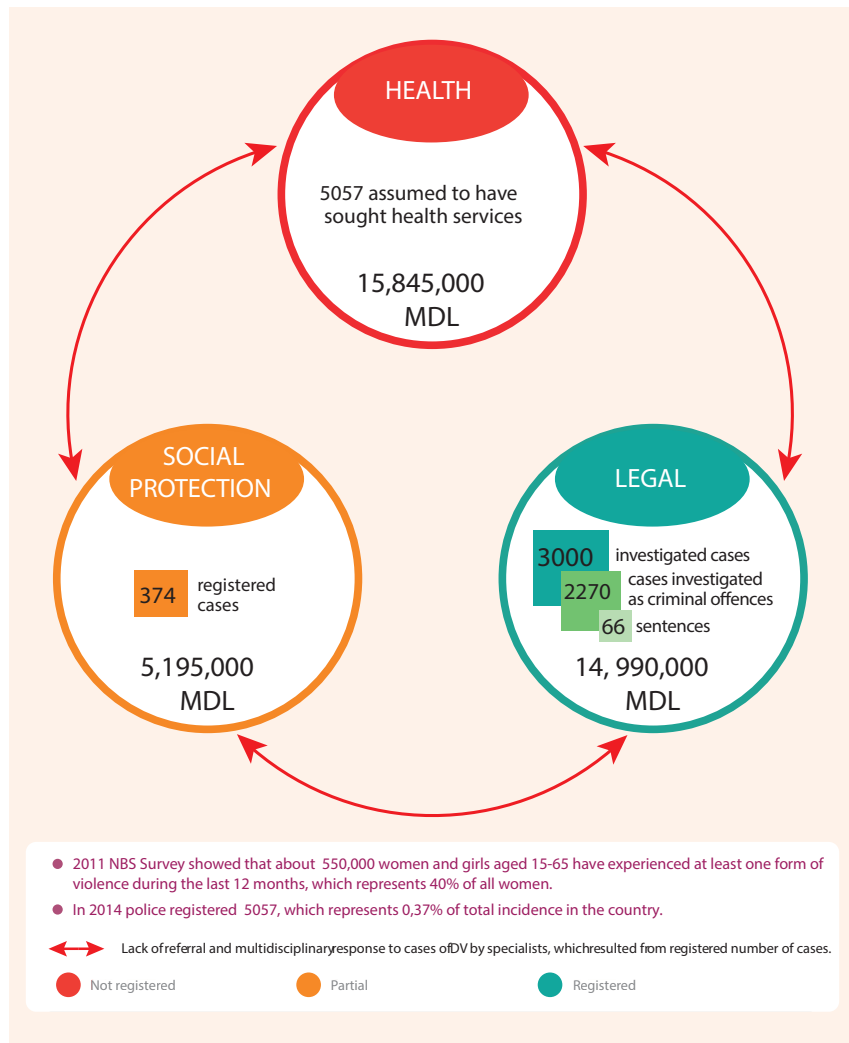
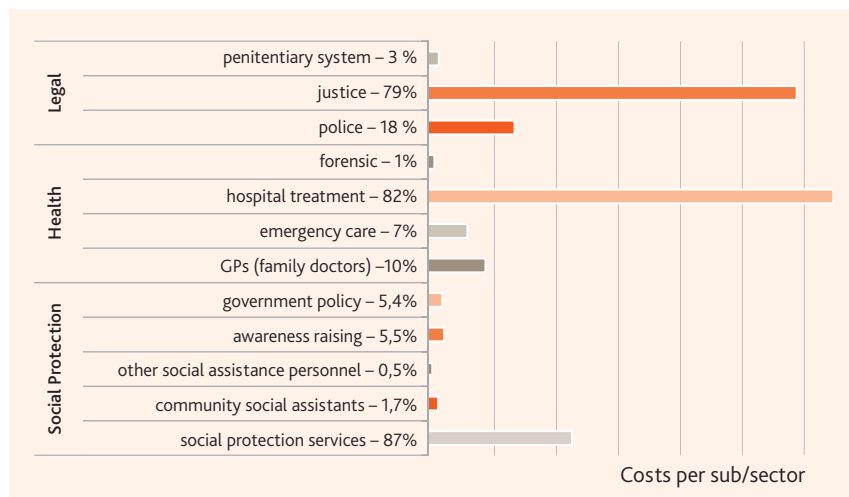


FIGURE 2.

Total governmental costs, sub-sectors, 2014 reference year



## 2. Social

The figures reveal the striking reality that the lowest spending of the government is in the social sector. The total social assistance costs for the reference year are 5,195 thousand lei. At the same time, it should be noted that the social protection sector in Moldova is generally severely underfinanced. The figures show that 87% of the costs in social assistance sector cover the social assistance services, specifically shelter and food. While these are important, there must be an increased funding of specialized services such as psychological and legal counseling and child care services.

Although prevention is the prerogative of social assistants, figures indicate that they do not take an active part in the response mechanism at the prevention stage or at the stage of assistance and protection. Additionally, the number of cases registered by the police is 20 times higher than the cases reported by the social assistants,<sup>4</sup> At the same time, one should consider that community social assistants are paid very low wages (24 lei/1 Euro per hour) while being overburdened.

<sup>4</sup> Report on the Monitoring of the implementation of the National Referral System Strategy for the protection and assistance of victims and potential victims of trafficking in human being for 2014 and statistics of the General Inspectorate of Police of MIA for 2014.

FIGURE 3.

Social protection sector, 2014 reference year

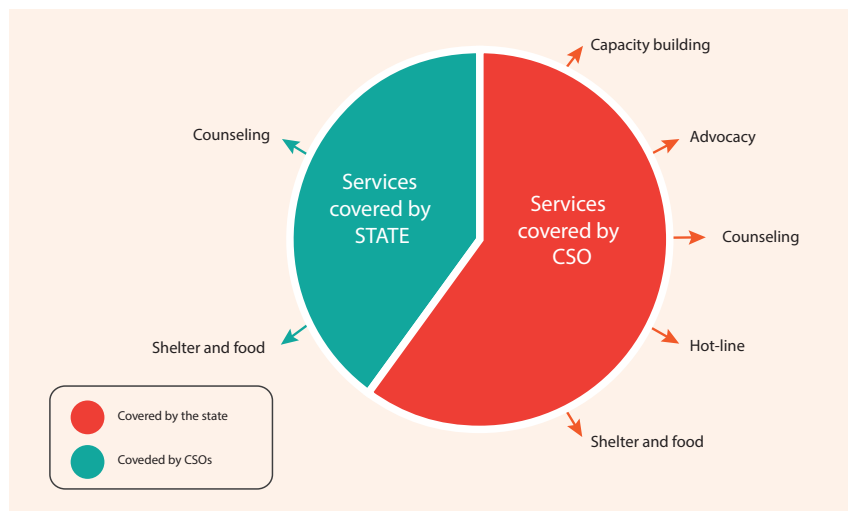
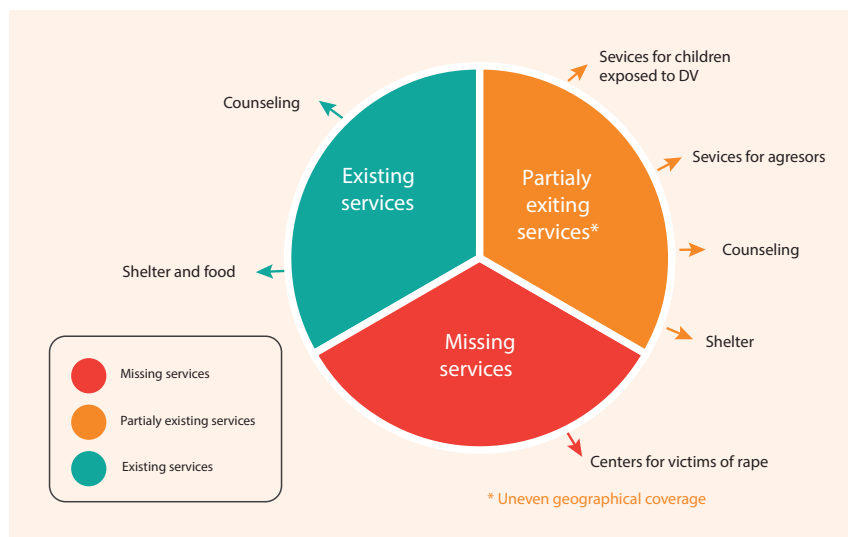


FIGURE 4.

Social protection sector: missing services, 2014 reference year



### 3. Health

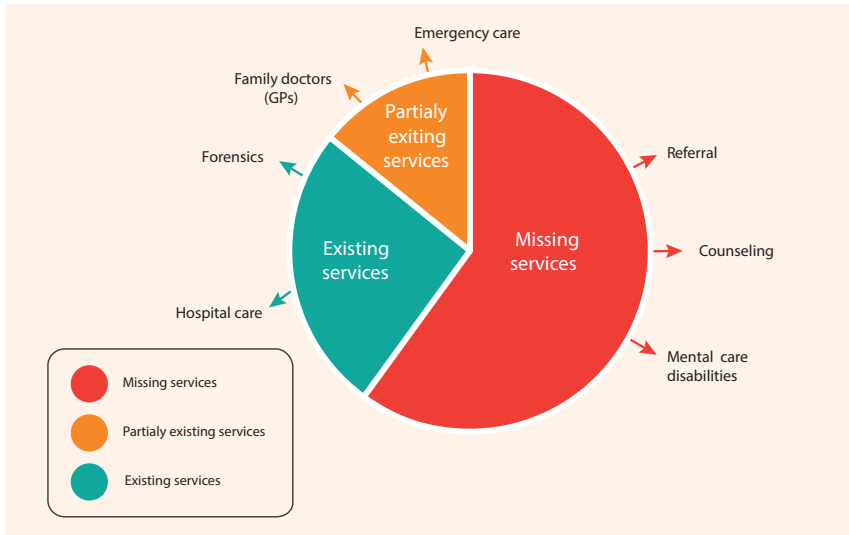
Figures show that the highest government expenses are linked to healthcare and account for 15,845 thousand lei per reference year expenditure for DV. About 80% of the costs on health cover expenses for hospital treatment. Further, the figures show that only about 10% of the presented cost is spent for GP services, pointing to the fact that these services are still not an entry point for the identification and referral of victims of DV and VAW and for the prevention of the most serious cases. This is primarily due to lack of knowledge on effective medical response to domestic violence in the sector.

Based on the individual costs survey used for the report, the health costs reported by individual victims are very high; more than 2800 lei is spent by victims on hospital treatment and more than 3400 lei is spent by victims treated at their homes.

Analysis of related statistics reveals that only one emergency case was registered by the Health National Insurance House as a case of DV. However, more than 874 DV cases were reported by the police as cases with medium and serious health impact.

FIGURE 5.

Healthcare sector: key to DV cases identification and referral, 2014 reference year



## 4. Legal

The total cost for the Legal sector is 14,990 thousand lei, with almost 80% spent on justice. Police costs account only for 18% of all legal costs; even though police handle many more cases than the justice system, the police sector is paid very low wages (1 working hour by an investigating officer is worth 37 lei/1,85 Euros<sup>5</sup>). The effectiveness of the police response is thus hampered by low remuneration. However, as the specialized training for police has increased its effectiveness in identifying and responding to cases of DV, more cases are investigated and more protection orders have been issued.

One of the important findings of this report regarding access to justice is that although the costs for private attorneys are by 33.7 times higher than that of the state guaranteed legal aid in 2014 the victims of DV and VAW prefer to hire private attorneys. This is due in part to the fact that the Law on State Guaranteed Legal Aid did not cover all victims of DV and VAW; this preference for private attorneys also points to the questionable quality of state services provided currently. These expenses pose a huge financial burden on the victim in accessing justice. To afford an attorney in an average DV/VAW case, a victim would have to pay up to 12 average economy wages<sup>6</sup>.

The figures disclose that only 3% of the total legal sector spending is allocated to the penitentiary system. Thus, from 3000 investigated cases in the reference year, only a very small number of offenders has been sentenced to prison time. This confirms the reality revealed in numerous decisions issued by the European Court of Human Rights against Moldova of the lack of effective sanctioning for aggressors and inconsistent application of the law.

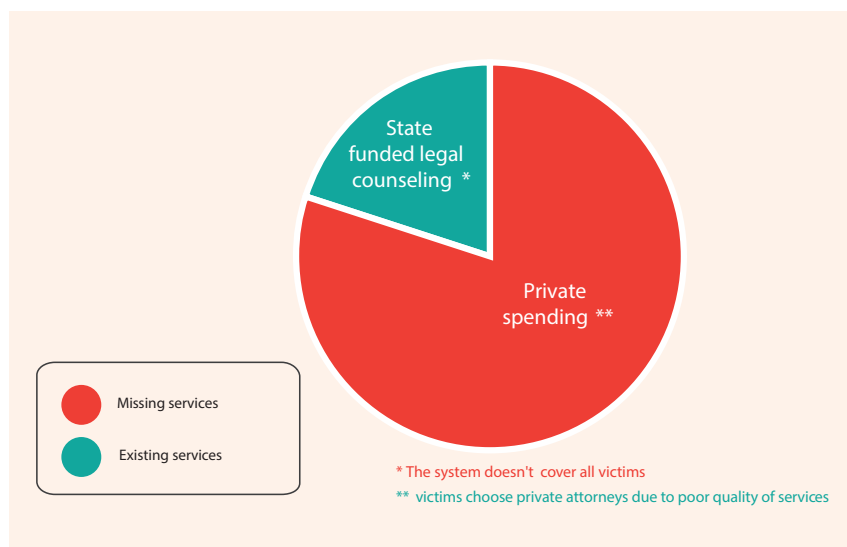
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<sup>5</sup> The exchange rate is at the average early rate for 2014 <https://www.bnm.md/>

<sup>6</sup> The average economy wage for 2014 was 4172 lei

FIGURA 6.

LEGAL SERVICES: access to justice costs, 2014 reference year



## 5. CSOs

The figures show that more than 60% of the costs of social services provided to victims of DV and VAW are covered by civil society organizations. Data reveal that non-governmental organizations provide specialized services to victims, such as legal advice, representation, hotlines, psychological counseling and shelter as well as capacity building to front-line professionals.

In contrast with services provided by public entities, the NGOs provide victim-tailored and needs-based specialized assistance. Even though a great number of services are covered by the civil society, they are not sufficient. The report estimated that more than 175 shelter places are still missing. It should therefore be a priority of the national authorities to take on the responsibility for the ongoing funding of such services as well as ensuring even geographical coverage.

The report also identified that only a few NGOs keep statistics on DV/VAW assisted beneficiaries; this lack of data hampers the collection of overall statistics per sector as well as cost calculation.

## 6. Individual

The present report undertook a survey of individual costs per beneficiaries in order to capture the real costs supported by women victims of DV and VAW. The sample of the interviewed victims is rather small and the findings and conclusions are merely indicative.

To note, the survey captured more costs supported by victims than those reflected in the cost for government. For example, there is financial impact on victims' occupation status, living situation as well as on school attendance by children.

Almost all interviewed women had serious health problems, of both physical and psychological nature, as a consequence of DV. However not all of them had access to medical treatment; this is especially true for women from the rural areas. The average amount spent per case is more than 3000 lei spent for medical treatment (hospitalization, procurement of medication, medical services and investigation). At the same time the costs for transportation for accessing health services are quite high as well.

More than two thirds of interviewed victims called the police to report the case at no additional costs. The highest costs in accessing justice were costs to cover the attorney services. The costs for attorney services ranged from 200 to 20000 lei (average 9000 lei). The costs for transportation for accessing legal services are also high due to the need to participate at the different stages of proceedings before the courts of law, especially for the victims from rural areas.

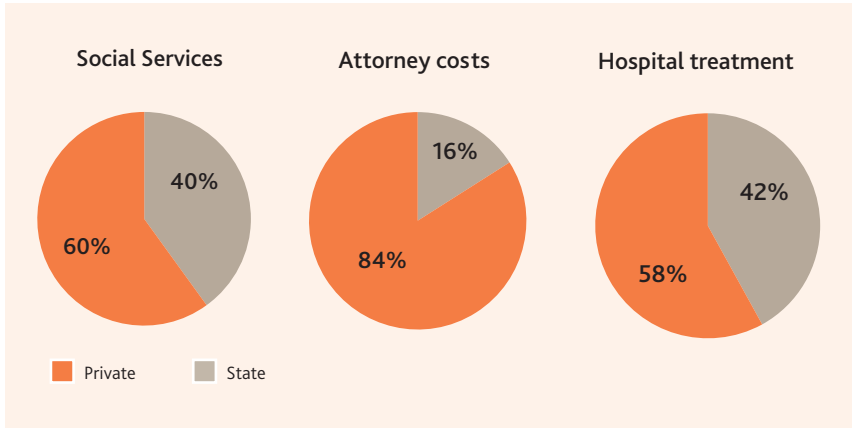
When victims of DV/VAW access services offered by CSOs they no longer have to pay out of the pocket, as these services are offered free of charge. All victims received face-to-face counseling and individual psychological counseling; 30% received psychological counseling for their children; 15% received accommodation/shelter; 15% received services to access the labor market; 10% had access to financial support, and 10% received support to find accommodations.

Data indicate that the expenses for accommodations are an important share of the individual costs, with an average of about 3200 lei. The fact that these victims had to leave their homes in search of housing impeded women to seek help.



FIGURE 7.

State spending versus private spending, 2014 reference year



# III. RECOMMENDATIONS

## 1. Key general recommendations:

- Allocations and resources should be spent on preventive and support services in order to avoid the huge costs of domestic violence.
- Ongoing specialized training of front line professionals is needed for improved response – priority should be given to training health and social sector professionals (community social assistance and family doctors). Training should be reinforced by clear protocols and guidelines to secure that medical, social, education, law enforcement representatives provide adequate service to gender bases victims.
- Improve the National Referral Mechanism, multidisciplinary response and coordination in responding to DV and VAW. All sectors need to work together to reinforce the multidisciplinary response in line with international best practices such as the Essential Services for Women and Girls Subject to Violence 2015.
- Enhance the system of data collection to ensure that data are delineated by type of violence and by the relationship of the perpetrator to the victim.
- Establish more awareness raising programs about the criminal nature of violence against women and domestic violence and promote zero tolerance towards domestic violence to break stereotypes and encourage women to report cases of DV and VAW.
- Undertake awareness-raising and information campaigns on a regular basis and in cooperation with civil society organizations to address and transform gender stereotypes, which lead to discrimination against women in their professional and personal lives, to promote equitable parenting etc. Awareness raising and information campaigns work better in conjunction with outreach programs and should have community, local, state, and national support from government agencies.
- Develop and institutionalize a comprehensive formal curriculum, covering key issues such as Sexuality, Gender, HIV etc. to teach children about equality between women and men, non-stereotyped gender roles, mutual respect, gender-based violence and the right to personal integrity to

promote changes in mentality and attitudes to develop the capacity of young people to enjoy and advocate for their rights to dignity, equality, and responsible, satisfying and healthy sexual lives.

### *Health sector:*

- Reinforce the multidisciplinary referral mechanism by simplifying procedures and reducing the bureaucratic burden, especially for emergency cases. This might increase in time the reporting and registration of DV cases by the healthcare sector.
- Create positive incentives to register and report DV cases, especially for emergency and general practitioners, healthcare workers.
- Investigate further the causes of healthcare-related out-of-pocket payments (including individual spending on medication while the patient is being hospitalized) and consideration of particular measures to ensure access to healthcare for DV victims.
- Investigate further the possibilities to integrate specialized services within the recently created Centers for Mental Health (psychological support and counseling, medical treatment etc.).
- Improve disaggregated data collection at all healthcare sector entry points.

### *Legal sector:*

- Improve access to justice for victims of DV and VAW – monitor, implementation of the Law on State Guaranteed Legal Aid amended to cover such cases.
- Improve quality of services for state covered legal assistance.
- Develop procedures for conducting assessment of the lethality risk and of the risk of repeated violence to be carried out by relevant actors within the justice system.

### *Social sector:*

Given the advocacy efforts of the CSOs for the signature and ratification of the Istanbul Convention by the Republic Moldova, it is recommended that within **5-10 years** the Government takes measures to comply with the minimum standards of availability of support services for survivors of VAW, specifically providing funding for:

- National women's phone hotline where all complainants/survivors of violence may get assistance by phone around the clock and free of cost and from where they may be referred to other service providers.
- Provision of one shelter/refuge place for every 10,000 inhabitants, providing safe emergency accommodation, qualified counseling and assistance in finding long-term accommodation, that is establish an estimated number of 175 shelter places throughout Moldova.
- Provision of one rape crisis centre for every 200,000 women; and access to health care, including reproductive health care and HIV prophylaxis.
- Provision of one women's advocacy and counseling centre for every 50,000 women, which provides proactive support and crisis intervention for complainants/survivors, including legal advice and support, as well as long-term support for complainants/survivors, and specialized services for particular groups of women (such as specialized services for immigrant survivors of violence, for survivors of trafficking in women or for women who have suffered sexual harassment at the workplace).

### Upon ratification of the Istanbul Convention by the Republic of Moldova:

- Establish social housing as a pilot project: follow-up housing possibilities should be provided for shelter clients who have to move out after a certain period of time. They should not only be offered housing, but also psychological or psychotherapeutic support, and this measure might also be combined with the participation in a labor market program.<sup>7</sup>
- Develop programs for the protection of victims of sexual violence. Although victims of sexual violence currently benefit from free psychological counseling provided by several social service providers, they are not protected and not safe. There is a witness protection law in the Republic of Moldova, but it doesn't refer to victims of sexual violence as beneficiaries. In these conditions a protection and safety system for victims of sexual violence must be created to increase their trust in the state authorities.

<sup>7</sup> Birgit Haller, Needs assessment Report, Special service agreement No. 2013-MOL68-BH, December 2013

- Establish special programs and services addressing child victims and witnesses in accordance with the Convention, including age and development appropriate best evidence-based psychosocial interventions that are specifically tailored to children to cope with their traumatic experiences where necessary. All services offered must give due regard to the best interests of the child.
- Develop and scale up an effective intervention program for perpetrators throughout the country. The use of alternative sentencing, including sentences in which the perpetrator is mandated to attend an intervention program for perpetrators and no other penalty is imposed, are to be approached with serious caution and only handed down in instances where there will be continuous monitoring of the sentence by justice officials and women's non-governmental organizations to ensure the safety of the woman who has been subject to violence.<sup>8</sup>

## 2. Recommendations from individual cost analysis<sup>9</sup>

Victims made the following recommendations as part of the survey:

- Victims of domestic violence need free-of-charge medical services (surgical treatment of injuries resulted from violence, medical rehabilitation, and certain medical procedures). Currently, medical services are offered based on the medical insurance offered to women by the employer if they have a job. In cases when victims do not have a job, they must procure the mandatory medical insurance by themselves. Some victims lack financial resources to procure this medical insurance.
- Protected place of residence for a period of at least 6 months, where they can find shelter after the acts of domestic violence.
- Severe legal sanctions for fathers not providing financial support for their children, as after divorce the vast majority of working fathers do not pay alimony, or there are many cases when fathers do not work, respectively mothers get no support in raising and caring for the children.
- Support for victims in identification of a workplace.
- More actions for awareness raising and prevention of domestic violence.

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<sup>8</sup> Article 16 Istanbul Convention

<sup>9</sup> A more in depth analysis on costing of these recommendations should be considered

### 3. Recommendations gender-responsive budgeting

- Establish fully developed DV sub-programs in program budget classifications for each of the relevant sectors;
- Use the opportunities offered by the budget classification to reflect the multi-sectoral approach to combating DV in budget planning processes in all relevant entities and institutions ;
- Include a separate chapter in the Methodological Guide on developing, approving and amending budgets (approved by Ministry of Finance Order nr. 191 as of December 31, 2014) with methods and examples of special analyses how to of the forecast expenditures from the gender budgeting perspective;
- Include requirements and request a DV analysis in the Annual Budget Circular.



