



Short version of the study on violence against children in the districts of Florești, Căușeni and Nisporeni

Developed within the project "Prevention and protection of children against violence in the Republic of Moldova," implemented by A.O. CONCORDIA. Social Projects, in partnership with Kindernothilfe e.V., with the financial support of the German Federal Ministry for Economic Cooperation and Development (BMZ)



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Summary

The study on violence against children in the districts of Florești, Căușeni and Nisporeni was carried out within the project *“Prevention and Protection of Children Against Violence in the Republic of Moldova,”* implemented by A.O. “CONCORDIA. Social Projects” (CONCORDIA Moldova) in partnership with Kindernothilfe e.V. and financed by the German Federal Ministry for Economic Cooperation and Development (BMZ). The project implementation period is 1 February 2025 – 31 January 2028, and its main objective, set under Pillar I, is to reduce the risks of violence against children by strengthening the capacity of institutions, communities and families to respond early, in a coordinated and inclusive manner.

The research was structured into three interdependent phases — preparation, fieldwork and synthesis — and combined both qualitative and quantitative methods: desk review, questionnaires administered to parents, children and teachers, interviews, focus groups and participatory mapping. The study focused on the districts of Florești, Căușeni and Nisporeni, providing a comparative picture of local realities, community perceptions and the functionality of the child protection mechanisms.

Key Findings

Violence against children remains a systemic phenomenon, influenced by cultural norms, economic vulnerability and parental migration. Although the legal framework is comprehensive, its application varies across districts.

- Intersectoral mechanisms (Multidisciplinary Teams – MDTs) exist but function unevenly, often without clear regularity or full participation.
- The police remain the main reporting source (over 80% of cases), while the education and health systems contribute only marginally to early detection.
- The perception that moderate physical punishment is an acceptable educational method persists: about one third of parents consider occasional physical discipline acceptable.
- Schools are perceived as safe spaces, yet internal reporting procedures are poorly known (only 36.1% of parents confirm their existence).
- Protection services (Professional Foster Care, personal assistance, community centers, mobile teams) exist, but specialized structures for perpetrators and children with challenging behavior are lacking.
- Children’s participation in decisions affecting them is limited: only 40.7% of adolescents and 18.2% of younger children state that adults always listen to them.

The collected data highlighted the persistence of invisible forms of violence — emotional, verbal, psychological and online — which often remain unreported due to fear, shame or lack of trust in responsible institutions. This reality provides a solid starting point for the public awareness campaign planned within the project. The campaign messages will aim to shift cultural perceptions, promoting positive parenting and a culture of mutual respect. Secondly, the research shed light on the irregular functioning of the territorial multidisciplinary teams, as well as on the integration of psychological services into the intervention process. These findings provide concrete arguments for advocacy actions. Furthermore, the study supports the development of public policies and local action plans that address the root causes of violence against children, such as economic vulnerability, parental migration and lack of community support services. Within this framework, educational materials and training tools will be developed for children, parents and teachers, adapted to the local context and the specificities of each age group, in order to encourage early reporting, empathy and non-violent behaviour.

An essential element of the process is the involvement of the Alliance of NGOs active in the field of Child and Family Social Protection (APSCF), which has expressed its readiness to support the campaign initiated by CONCORDIA Moldova.

National and local context

The Republic of Moldova continues to face persistently high levels of violence against children, driven by poverty, migration, traditional cultural norms and insufficient institutional resources. Invisible forms of violence — psychological, emotional and online — are the least reported, although they are the most common. In 2024, official data shows that two out of five girls and boys experienced at least one form of violence.

The legal framework is well-established (Law 140/2013, Law 370/2023, Law 45/2007, Government Decision 270/2014), yet its implementation varies significantly across the territory. Local multidisciplinary mechanisms function unevenly, while the health and education sectors have limited involvement in early identification. The three districts are characterised by:

- a predominantly rural population,
- high levels of parental migration,
- limited social services,
- persistent poverty,
- restricted access to healthcare and psychological services,
- traditionalist attitudes regarding child discipline.

Depopulation and economic vulnerability increase the risks of neglect, emotional abuse and exposure to community violence.

Methodology

The research process was carried out in three main phases — preparation, fieldwork, and synthesis — each comprising interdependent activities designed to ensure the scientific rigor and practical relevance of the study.

- **Preparation Phase.** This stage included the analysis of relevant documentary sources, the definition of the research methodology, the mapping of the stakeholder ecosystem, and the design of data collection tools (questionnaires, focus group guides, interview protocols).
- **Fieldwork Phase** combined quantitative and qualitative methods to provide a comprehensive picture of the phenomenon of violence against children. Specifically:
 - **Desk Review.** A systematic examination was conducted of the legislative and regulatory framework (laws, government decisions, regulations), government strategies, institutional mandates, and existing statistical series. This analysis identified policy gaps, implementation bottlenecks and institutional overlaps, and provided the interpretative framework for primary data.
 - **Administrative statistics** reported in line with Government Decision No. 270/2014 (reference year: 2024) — notifications and confirmed cases, disaggregated by type of violence, reporting source, sex, age and environment.
 - **Centralised medical reports (2024)** — suspected/confirmed cases identified by the medical sector (primary care, emergency, hospital).
 - **Online and paper-based questionnaires** (over 1,000 respondents in total). Distinct instruments were developed and administered for teachers, parents/guardians and children/adolescents.
 - **Key Informant Interviews (KIIs).** Semi-structured interviews were conducted using predefined protocols, face-to-face, online and by phone, ensuring maximum accessibility. They provided in-depth qualitative data on institutional mechanisms and stakeholders' perceptions.

- **Focus Groups.** Focus group sessions were held with CONCORDIA field teams. A participatory SWOT analysis was conducted, with each team contributing to the identification of strengths, weaknesses, opportunities and threats at the local level — enhancing the legitimacy of conclusions.
- **Participatory mapping and community profiling.** Local communities were directly involved in identifying risks, available resources and protective factors. The method highlighted the specificities of each community and informed locally tailored recommendations, strengthening community responsibility in preventing and combating violence.
- **Data triangulation.** All data streams (desk review, questionnaires, interviews, focus groups, mapping) were triangulated to ensure cross-validation and consistency of interpretations.
- **Integration of cross-cutting dimensions:** with emphasis on gender and diversity, in line with international child protection standards.

In parallel, the fieldwork phase measured progress against the indicators and variables of Pillar I of the project, allowing for a systemic and comparable understanding of the phenomenon in Florești, Căușeni and Nisporeni.

- **Synthesis Phase.** Preparation of the final study.

The study is structured around five operational categories, each addressed through evaluation questions, dedicated tools and explicit judgment criteria:

- **Legislative and policy framework.** All relevant acts and programs were mapped and analyzed, assessing alignment with international treaties, vertical coherence (law–government decision–procedures), monitoring and budgeting mechanisms, as well as institutional gaps and overlaps. Conclusions were supported by desk review and interviews with both line and coordinating institutions.
- **Social, cultural and institutional factors.** Socio-economic and normative determinants of risk were documented (from poverty and parental migration to norms tolerating corporal punishment), alongside the actual capacity of local institutions to prevent, identify and manage cases. The analysis combined questionnaires, focus groups and administrative data.
- **Awareness and perception levels.** The study assessed the level of knowledge regarding children’s rights, types of violence and reporting mechanisms among children, parents/guardians and professionals; it identified barriers to using reporting channels (stigma, trust, access to information) and the attitudes that perpetuate silence.
- **Child protection services.** Accessibility, coverage and quality of services were measured, as well as the functionality of intersectoral cooperation mechanisms. Evidence was triangulated across standards, real case pathways and interviews with service providers.
- **Interventions and solutions.** Practices with proven results in similar contexts and locally adapted solutions were identified; actionable recommendations were formulated, with result indicators and conditions for scaling within local action plans to ensure sustainability.

The evaluation involved approximately 30 institutions that provided data on violence against children. The institutions contacted showed openness to participating in a process aimed at improving children’s well-being and aligning with international standards. Throughout the analysis process, the number of women involved in providing data was significantly higher than that of men, representing around 86% of interview respondents. Regarding questionnaire completion, data indicates that approximately 93% of respondents were women, while only 7% were men.

Comparative analysis across districts

The comparative analysis of the 2024 official quantitative data highlights a complex and differentiated picture regarding reporting and intervention in cases of violence against children in the districts of Florești, Căușeni and Nisporeni. All three display similar patterns in terms of predominant forms of abuse (neglect, physical violence, psychological violence), yet they differ significantly in the functioning of local protection systems, the level of interinstitutional engagement and the response capacity of community actors. Overall Reporting and Confirmation Levels

District	Reports (GD 270/2014)	Confirmed cases	Observations
Căușeni	253	145	Incomplete police data; dominant role of law enforcement and medical structures.
Florești	154	87	Medium reporting level; major discrepancy between medical and official sources.
Nisporeni	373	192	Highest number of reports; massive reporting through police but low involvement of other sectors.

The predominant role of public order institutions is consistent across all districts, confirming the reactive nature of the system:

- **Căușeni:** 125 cases reported by police; 79 identified by medical sector; 24 from education.
- **Florești:** 116 cases reported by police; 73 medical; only 3 from education.
- **Nisporeni:** 365 cases reported by police; 4 medical; 1 from education.

In all districts, rural areas represent the main space of vulnerability:

- **Căușeni:** 142 rural (56%) and 95 urban (44%).
- **Florești:** 128 rural (83%) and 26 urban (17%).
- **Nisporeni:** 285 rural (76%) and 88 urban (24%).

The most affected age category is **7–15 years**, accounting for **55%–65%** of all cases, followed by the 16–17 age group — confirming the heightened vulnerability of adolescents during school and social transition periods. Gender differences reveal a clear pattern: Girls are more often victims of **sexual and psychological violence**. Boys are more often victims of **neglect and physical violence**.

Type of Violence	Florești	Căușeni	Nisporeni	Observație generală
Neglect	45 cases (GD 270) / 38 medical	193 (GD 270) / 44 medical	290 (GD 270)	Most frequent form in all districts; visible but rarely investigated in depth.
Physical	53 (GD 270) / 29 medical	7 (GD 270) / 14 medical	59 (GD 270)	Persists mainly in family context; majority boys.
Psychological	31 (GD 270) / 5 medical	21 (medical)	16 (GD 270)	Often overlooked in rural areas, although doctors and teachers report it informally.
Sexual	25 (GD 270) / 13 police	13 (police) / 1 medical	6 (GD 270)	Underreported; victims mostly girls aged 12–16.
Economic / exploitation	-	-	2 cases (GD 270)	Rare but significant due to family context.

Qualitative interviews across all districts confirm that official data **underestimates** the true scale of the phenomenon.

Findings

Legislative and policy framework

The Republic of Moldova has a solid and comprehensive normative framework in the field of child protection, aligned with international standards and the instruments of the Council of Europe. Under international child rights law, a child is any person under the age of 18 (Art. 1 of the CRC), and states have the obligation to protect children from all forms of violence in the family, institutions and community (Art. 19). By ratifying the UN Convention on the Rights of the Child in 1993, the Republic of Moldova committed to incorporating these standards into domestic legislation, creating functional mechanisms for prevention and intervention, and ensuring effective support services.

The national legal framework consists of several fundamental acts that define protection principles, institutional responsibilities and intervention pathways:

1. Core laws

- Law No. 140/2013 on the protection of children in situations of risk — the operational pillar of the system, regulating identification, assessment, referral, assistance, monitoring and case management for children who are victims of violence, neglect, exploitation or trafficking.
- Law No. 370/2023 on the rights of the child — updates the general child rights framework in line with European and international standards, clarifying principles, responsibilities and institutional architecture.
- Law No. 45/2007 on preventing and combating domestic violence — defines forms of violence, protection measures (restraining orders, removal of the perpetrator), reporting duties and sanctions.
- Criminal Code and Contravention Code — provide sanctions for physical, psychological and sexual violence, exploitation, trafficking, child pornography, as well as parental neglect and lack of supervision.

2. Operational mechanisms

- Government Decision No. 270/2014 establishes the Intersectoral Cooperation Mechanism (Multidisciplinary Team – MDT), a mandatory tool ensuring collaboration between education, health, social assistance, police and local authorities. The procedure includes: referral form submitted within 24 hours, case management, Individual Assistance Plan (IAP), continuous monitoring.
- Guidelines and instructions issued by the Ministry of Internal Affairs, Ministry of Health, Ministry of Education and Ministry of Labour operationalise the “identification–assessment–referral–assistance–monitoring” flow and detail institutional roles.

3. Additional sectoral instruments

- Order of the Ministry of Health No. 445/2015 – medical procedures for identification and reporting.
- Order No. 908/2021 – standardised protocol for intervention in cases of rape and sexual abuse of minors.
- GD No. 1200/2010 and GD No. 129/2010 – minimum standards for services offered to victims of domestic violence and regulations for rehabilitation centres.
- Law No. 137/2016 – rights of crime victims, including access to information, counselling, legal aid and compensation.
- Law No. 241/2005 and the 2024–2028 National Programme (GD No. 715/2023) – prevention and combating of human trafficking, with emphasis on child protection.
- The Republic of Moldova has incorporated key conceptual developments from international and European law:

- Istanbul Convention (Law No. 144/2021) – sets strict standards in the areas of prevention, protection, prosecution and policies, directly relevant for children as victims or witnesses of violence.
- Lanzarote Convention (in force since 2012) – defines obligations specifically for cases of sexual exploitation and abuse of children.
- In July 2025, Moldova adopted a legislative package explicitly addressing digital violence, criminalising online harassment and extending the duration and effectiveness of protection measures — a necessary alignment with contemporary digital risks.
- Under Law No. 45/2007 and GD No. 270/2014, the following forms are recognised in practice and in intersectoral case management: physical, sexual, psychological, spiritual, economic. In child protection, neglect, exploitation and trafficking are treated as distinct risk situations and are regulated by Law No. 140/2013.

4. National policies and programmes

Implementation of legislation is supported by national strategies and programmes with clear objectives, indicators and reporting mechanisms:

- National Child Protection Programme 2022–2026 (GD No. 347/2022)
- National Programme on Preventing and Combating Violence Against Women and Domestic Violence 2023–2027 (GD No. 332/2023)
- Gender Equality Programme 2023–2027 (GD No. 203/2023)
- National Mental Health Programme 2023–2027 (GD No. 971/2023)
- National Human Rights Programme 2024–2027 (GD No. 164/2024)

Responsibility for implementation lies with the Ministry of Labour and Social Protection, in coordination with the Ministry of Education and Research, the Ministry of Health and the Ministry of Internal Affairs. In 2023, through GD No. 957/2023, Territorial Social Assistance Agencies were established, and Territorial Social Assistance Services carry out operational activities at district level.

Monitoring is conducted through:

- quarterly and annual reports,
- national child protection indicators,
- methodological supervision,
- digital record systems (SIA “Child and Family”, RESTART reform, “VioData”).

The analysis indicates a relatively functional but uneven application of the legal framework:

- Intersectoral mechanisms exist but are applied inconsistently; MDTs often meet ad hoc rather than regularly, affecting intervention timelines.
- Intersectoral cooperation remains fragile — involvement of mayors and some sectors varies, and the absence of sanctions for non-engagement reduces accountability.
- Specialised human resources are insufficient, particularly psychologists trained in domestic violence and mental health.
- Data systems are fragmented, causing delays in correlating child-related information and weakening monitoring for persistent-risk cases.
- Public awareness of procedures is limited; parents and children rarely use formal reporting mechanisms — a critical indicator of institutional trust.

The legislative framework of the Republic of Moldova is aligned with international standards and includes well-defined mechanisms for preventing and combating violence against children. Core elements — definition of violence, reporting and intervention pathways, institutional roles, quality standards for services — are clearly established. The central challenge identified by the research does not relate to the existence of norms but to implementation capacity, intersectoral coherence, and the actual use of mechanisms by communities. Strengthening these dimensions will require coordinated efforts in training, monitoring, digitalisation, public communication and service development.

Awareness and perception levels

• Knowledge of forms of violence and child rights

The comparative analysis of the three districts — Nisporeni, Florești and Căușeni — shows that awareness of violence against children and child rights is generally good at the declarative level, but remains uneven and incomplete when it comes to practices and attitudes. Across all three territories, children, parents and professionals broadly understand what violence is, recognise several of its forms and are aware of existing reporting mechanisms. However, this knowledge is filtered through traditional cultural norms, personal experiences and varying degrees of trust in institutions. As a result, a persistent gap appears between what respondents *say* they know and what they actually *do* when faced with a situation of violence.

Common trends:

- In all three districts, children, parents and professionals generally know what violence is, but their understanding is shaped by cultural norms, personal experiences and their perception of severity.
- Moderate physical punishment continues to be tolerated by some parents and even some teachers, maintaining a grey area between discipline and abuse.
- Children recognise violence mainly through direct experiences, and their perception is strongly influenced by peer-to-peer (horizontal) violence.

Local specificities

Nisporeni

- Awareness is relatively well developed, influenced by exposure to educational programmes and local initiatives.
- Children clearly express the need for safety and participation, while parents are more sensitive to peer violence than to intrafamilial violence.
- Professionals report an imbalance between their responsibilities and the protection they receive from the system.

Florești

- Professionals display the highest level of procedural and legal literacy.
- Cultural tolerance toward physical correction persists among parents, reducing the perceived severity of cases.
- Children are frequently exposed to verbal aggression and bullying, which are often seen as normalised behaviours.

Căușeni

- Awareness is superficial, and trust in the system fluctuates.
- Children are broadly informed but do not always perceive reporting mechanisms as accessible or child-friendly.
- Professionals report a decline in preventive activities following police restructuring.

• Knowledge and use of reporting mechanisms

With respect to reporting, all three districts reproduce the same pattern: reporting mechanisms are *known* but *under-used*. Parents, regardless of district, prefer to resolve issues within the family, believing that institutional involvement brings shame, conflict or administrative complications.

- In Nisporeni, this is tied to explicitly voiced mistrust in authorities' ability to deliver justice.
- In Florești, it relates to the perception that not all cases warrant activation of the intersectoral mechanism and that minor conflicts between children can resolve themselves.
- In Căușeni, it stems from the perceived "costs" of reporting — time, travel, acting as a witness — and a generally moderate trust in the system.

Teachers across all three districts are well acquainted with procedures, yet many have never used them despite witnessing episodes of violence. The reasons converge: bureaucracy, fear of conflict with

parents, insufficient institutional protection for teachers, fear of escalating the situation or of damaging community relationships.

Common trends:

- All three districts show a major gap between declarative knowledge of mechanisms and actual use.
- Parents largely prefer informal solutions, resolving issues within the family.
- Children rarely resort to formal reporting, favouring peer discussions or silence.
- Teachers know the procedures but often hesitate to activate them due to bureaucracy, fear of parental backlash or the belief that not all cases warrant formal reporting.

Local specificities:

Nisporeni

- Knowledge of mechanisms is relatively good, but trust in institutions is moderate, limiting reporting rates.
- Formal reporting is perceived as a last resort rather than standard practice.

Florești

- Procedural infrastructure is well established, and professionals know the mechanisms very well.
- Nevertheless, most cases are managed informally, especially when considered minor peer conflicts.
- Intersectoral collaboration is active for cases that do reach the system.

Căușeni

- Mechanisms are well formalised, but the level of use is the lowest among the three districts.
- Parents and medical workers hesitate to report because they associate reporting with additional obligations (acting as witnesses, travelling, paperwork).
- Professionals express a strong need for additional resources and firmer institutional protection.

- **Perceptions and attitudes that perpetuate silence**

In all three districts — Nisporeni, Florești and Căușeni — silence in the face of violence does not stem from a lack of information, but from a complex set of cultural perceptions, personal fears and collective protection mechanisms. Although children, parents and professionals state that they know what violence is and where it can be reported, the transformation of knowledge into action is hindered by social, emotional and institutional factors that reinforce one another. One of the core elements is the normalisation of violence as an educational tool.

Common points:

- Normalisation of moderate violence as a disciplinary method.
- “Privatisation” of violence — problems are solved within the family and reporting is seen as shameful or unnecessary.
- Mistrust in the effectiveness of institutions and the perception that reporting changes little.
- Adults (teachers, doctors) fear personal consequences: conflict with parents, public exposure, complicated procedures.
- The child’s voice is heard unevenly — some feel protected, others feel blamed or dismissed.

Contextual differences:

Nisporeni

- Children are more vocal and clearly express their need to be heard, but silence appears when they lack trust in adults’ reactions.
- Parents are open to dialogue but still prefer informal solutions.

Florești

- Cultural norms play a stronger role in maintaining silence.
- Teachers, although well-prepared, hesitate to report minor cases, contributing to systemic underreporting.

Căușeni

- Mistrust is more pronounced than in the other districts.

- Police restructuring has reduced the visibility of preventive activities, limiting children's contact with support resources.
- Avoidance behaviours are prevalent among both parents and medical workers.

- **Child protection services**

Looking across the three districts, the overall picture is the same: child protection services exist institutionally, but real access is fragmented and unequal.

- In Nisporeni, the first barrier for parents is the absence of services in their own community: 28.6% state that there are no support or intervention services for children in their locality. On top of this, there are practical barriers — 13.3% do not have time to access services because of work, 8.6% do not know where to go, and another 8.6% mention lack of money. The formal network is complex (Professional Foster Care with 25 children placed, Personal Assistance with a waiting list of about 400 people, a mobile team for 25 children with disabilities, a regional centre for victims), but it is felt mainly at district level, not in the village. Access is experienced as *distance* — geographical, financial and symbolic.
- In Florești, the service infrastructure is visible: family support service, social canteens, two community homes (20 places), a mobile team, personal assistance, access to the Barnahus in Bălți. The problem is not only their existence, but the capacity to meet demand: a single ATAS North-East specialist coordinates over 140 multidisciplinary teams across four districts, and the waiting list for Personal Assistance includes around 85 people. Access to Barnahus can take up to a month. Officially, the system works — 154 referrals in one year, 109 confirmed — but for families, services often remain distant: 46.5% of parents whose children were victims resolved the situation exclusively within the family, only 9.1% informed the school and 2.4% contacted the authorities.
- In Căușeni, access moves between two worlds: on paper, the structures are clear (ATAS, STAS, Professional Foster Care, Personal Assistance, the “Pro Familia” Mother and Child Centre, district psychologist, rehabilitation centres), but in reality families use these services rarely and late. 26.5% of parents say there are no services in their locality, 15.4% do not know where to go, 11.7% cite lack of money, 9.4% lack of time. Although 55.8% state they know clearly where to report, when their child was a victim 52.1% solved the problem only within the family, 13.4% informed the school, and only 1.7% turned to the authorities. Administrative access is “good”, lived access is fragile.

Comparatively, Nisporeni and Căușeni are similar in terms of the high share of parents who perceive a lack of services locally and face barriers of time, money and information. Florești has a more visible and better equipped institutional system, but suffers in terms of capacity and waiting times, which leads to services being perceived as meant for serious cases rather than for prevention and early intervention.

At the declarative level, all three districts rely on the same framework: Law No. 140/2014 and GD No. 270/2014. The differences lie in *who* activates the system, *how fast* it moves and *how predictable* the response is.

- In Nisporeni, the mechanism is activated mainly through the police: 365 out of 373 referrals are submitted by police. All cases are registered at the mayor's office, an initial assessment is carried out and, if there is risk, immediate intervention follows (removal of the perpetrator or placement of the mother and child in centres/Professional Foster Care). Schools confirm a high level of collaboration: 83.6% say they have received support (Police – 47 cases, Local Public Authorities – 32, STAS – 29, doctors/psychologists – 21). Interventions mainly include visits, investigations, counselling, mediation and emotional support for staff. General assessment: useful, with results, but a lengthy process. Intersectoral coordination exists, but multidisciplinary teams meet mainly when there are cases, and the involvement of health and education is uneven.
- In Florești, the institutional response is strongly linked to the intersectoral mechanism and police referrals. In a given year, 154 referrals were registered under GD 270/2014, of which 116 came

from the police, only 3 from educational institutions and 4 from the health system. The distribution of confirmed cases (109 children) shows that the system intervenes mainly in physical violence (53 cases), psychological (31), sexual (25) and neglect (45). The medical sector detects especially neglect at ages 1–5 and physical abuse at 10–15 (a total of 73 medical cases, 38 neglect, 29 physical). Teachers report that when they do submit a referral, they receive support in 79.2% of cases, and interventions are mostly described as positive, effective and result-oriented. However, as in Nisporeni, the same phrase appears: a *lengthy process*, and reporting is sometimes filtered (“if it can be solved on the spot, we don’t escalate”).

- In Căușeni, the school is the central node of intervention. 89.9% of teachers confirm the existence of explicit measures for prevention and case management, and the level of safety is rated as high or very high in 84% of responses. 81.2% say they have received external support, mainly from the Police (49 mentions), medical institutions/psychologists (35), STAS (24) and Local Public Authorities (22). Support includes direct interventions (44 mentions), counselling (35), mediation (25), referrals (7) and emotional support for teachers (13). 68.1% have high or very high confidence that reporting leads to child protection. Multidisciplinary teams and protection commissions are functioning, but their effectiveness depends on the mayor and on members’ motivation. As in the other districts, there are delays and unclear division of responsibilities, including reluctance of some doctors to report in order to avoid being involved in legal proceedings.

The major barriers are similar, but each has specific nuances.

1. Lack of comprehensive services and insufficient capacity

- Nisporeni – there are no services for children with challenging behaviour and for abusive parents; Personal Assistance has a waiting list of around 400 people, which turns a service designed for inclusion into one with limited access in practice.
- Florești – a single ATAS specialist coordinates over 140 multidisciplinary teams; waiting list for Personal Assistance (≈85 people), delayed access to Barnahus (up to one month); the system functions, but in “survival mode”.
- Căușeni – Professional Foster Care, Personal Assistance and the “Pro Familia” Mother and Child Centre operate at full capacity, one district psychologist covers the whole district, and a social worker can have up to 54 children, sometimes travelling by bicycle or scooter. In all three districts, services are more reactive than preventive.

2. Mistrust in institutions and preference for informal solutions

- Nisporeni – 12% of parents explicitly acknowledge a lack of trust; only 11% would turn to the school and 2.3% to the authorities. 49.5% prefer to manage cases within the family.
- Florești – parents say directly: “there is no point in reporting,” “I don’t trust anyone except my child.” 46.5% of parents whose children were victims resolve the situation exclusively in the family, only 2.4% contact the authorities.
- Căușeni – 31.3% of parents say they have high/very high trust, 37.9% moderate, 26.2% low or none. In practice, 52.1% resolve cases within the family, 1.7% go to the authorities. A typical message: “I don’t really trust that they will do me justice.”

3. Barriers related to time, money and information

- Nisporeni – 13.3% lack time, 8.6% do not know where to go, 8.6% lack money; 26.9% do not know whether the school has clear procedures.
- Florești – parents refer to “lack of services in the locality”, “not knowing where to go”, “not having money”, even though formally there are structures at district level.
- Căușeni – 26.5% report absence of services locally, 15.4% do not know where to go, 11.7% lack money, 9.4% lack time.

4. Cultural norms and social silence

In all districts, some parents and teachers continue to see physical correction as sometimes justified. This shifts many cases into the realm of “normality” and out of the reportable zone. Teachers mention in Nisporeni and Florești that “reporting stops at reporting”, and in Căușeni that they have been threatened or criticised when they raised cases. Silence is an invisible barrier: 19.3% of parents in Nisporeni avoid answering questions about violence in other families; in Căușeni, some parents explicitly say that problems should be resolved within a small circle.

From the perspective of children and adolescents, differences between districts are not that large: everywhere, real access to protection breaks down when the adult does not *truly* listen.

- Nisporeni. Only 30.1% of adolescents feel they are always listened to when they ask for help, 41.2% most of the time, the rest only sometimes, rarely or never. 18.3% do not tell anyone when they have a problem, 44% withdraw or remain silent. Among younger children, only 7.7% say adults always listen to them, while 42.3% say they are listened to sometimes; 7.7% report being scolded instead of helped.
- Florești. Only 30.1% of adolescents say they are listened to every time, 41.2% only sometimes; 7.2% hardly believe they will be helped and 1.3% do not believe it at all. 19.6% receive emotional support often, 44.4% sometimes, 22.9% rarely or never. Among younger children, 77% say teachers help them or speak calmly with them, but 7.7% say they were scolded.
- Căușeni. 65.7% of adolescents know whom they can report to, 85.6% believe adults would certainly or probably help them, but in practice 106 would intervene themselves for a peer, 51 would immediately tell a teacher, and 37 would do nothing. 17.4% receive emotional support often, 50.2% sometimes, 7% never. 16.4% do not tell anyone when they have a problem. Among younger children, 70% say they immediately inform an adult, but only 45% feel consistently listened to, while 30% say adults “never” listen to them.

Across all three districts, the children’s message is almost identical, just phrased differently: “*We want to be listened to, not judged. Not scolded when we ask for help.*”

• Interventions and solutions

The analysis of the three districts highlights the same structural paradox: although the legal framework is identical nationwide, the real functioning of prevention and protection mechanisms depends decisively on how well institutions manage to connect with communities, earn families’ trust and synchronize intersectoral work. Nisporeni, Florești and Căușeni illustrate three different models of implementing the same legal obligations, three distinct institutional rhythms and three levels of collaboration between schools, social services, police and parents.

In **Nisporeni**, the strongest message from parents is not about the absence of legal tools or institutional mechanisms, but about the *physical and symbolic distance* between communities and specialized services. Although more than 62% of parents say they would seek psychological support in difficult situations, access to such services is perceived as limited or difficult, especially in rural areas. The need for mobile services — a travelling psychologist, community teams, local counselling sessions — appears consistently and reflects a preference for interventions located close to families’ everyday realities rather than in overcrowded or distant district centres.

Youth-related infrastructure is insufficiently developed, reinforcing relational risks and reducing opportunities for positive socialisation. Over 80 respondents mention the absence of safe spaces — youth centres, local clubs, recreational activities — as a structural problem. Teachers confirm this diagnosis, emphasising the need for extracurricular activities that serve as natural prevention mechanisms by strengthening child–adult relationships and reducing social isolation. In this context, effective interventions in Nisporeni are less about creating new institutions and more about reorganizing and bringing existing ones closer:

- regularising MDT meetings;
- parental education sessions connected to school life;
- confidential spaces for counselling;
- community intervention teams with clear mandates;
- integrated programmes for children with parents working abroad.

In **Florești**, the institutional structure is visibly more consolidated. Over 150 referrals are registered annually, 87 confirmed; most come from rural areas and the police remain the main entry point into the system. Yet despite this apparent activity, reporting from schools and the health sector remains low, and parents still prefer internal family handling — almost 46% manage situations exclusively in the family. This discrepancy is explained by a recurring theme in all interviews: formal mechanisms exist, but are not perceived as sufficiently predictable or effective. The MDT meets mostly in urgent situations; the lack of a fixed rhythm leads to delays and to informal handling of some cases.

Schools in Florești have an impressive prevention infrastructure — visible materials, designated staff, anonymous boxes, visual campaigns, anti-bullying actions — but these are not yet integrated into a functional chain that clearly links warning signs to intervention. Solutions for Florești focus not on expanding the system but on disciplining and making it more transparent:

- establishing a regular calendar of intersectoral meetings;
- creating a dedicated physical space for the MDT;
- introducing a district-level travelling psychologist;
- accelerating public communication through short digital capsules;
- publishing reaction indicators every six months.

In a district where many say openly, *“I trust no one except my child,”* the key lies in rebuilding trust through consistency, visibility and feedback.

Căușeni presents a different configuration: the school is perceived by professionals and students as a safe and predictable space, and intersectoral collaboration functions better than in the other districts. Informational materials are visible, designated persons are known, and teachers appreciate the efficiency of the formal mechanism when it is activated. However, these efforts do not always translate into families’ decision to report. More than half of parents who acknowledge experiences of violence choose to manage the situation within the family, citing lack of local services, lack of money, uncertainty about reporting pathways or simply mistrust.

A specific feature in Căușeni is the high level of pressure felt by teachers. Interviews mention intimidation, parents’ reproaches, and avoidance of reporting in order to prevent conflict. This shows that effective prevention cannot be built solely through rules and procedures; it requires direct support for teachers and genuine involvement of parents.

Logistical gaps — from social workers’ transport to basic equipment of social institutions — exacerbate system vulnerabilities and increase the risk of delayed response.

Priority interventions in this district include:

- strengthening human resources (psychologists, social workers, professional supervision);
- standardising reporting flows and MDT meetings;
- aligning school plans with local action plans;
- creating integrated programmes for vulnerable families.

Additionally, regular, predictable and transparent public communication is crucial to reduce scepticism in a district where only one third of parents report high trust in institutions.

SWOT Analysis for Nisporeni District

Strengths	Weaknesses
<ul style="list-style-type: none"> - Comprehensive legal framework aligned with international standards (Law 370/2023; GD 270/2014). The school is viewed as a safe and open space: 54.2% of parents say “very open,” and over 70% describe the school climate as positive. - Experienced and procedurally competent teaching staff: 59% have more than 20 years of experience; 68.9% know procedures very well; 70.5% feel prepared to handle a case. - Interinstitutional collaboration activated when needed: 83.6% of schools report having received support (Police – 47 mentions, Local Public Authorities – 32, STAS – 29, doctors/psychologists – 21), with interventions described as “useful” and “result-oriented.” - Reporting infrastructure in schools: posters 83.6%; designated persons 80.3%; anonymous boxes 65.6%. - Social acceptance of psychological support: 62.5% of parents say they would seek help if it were available locally. - Existing services in the district: Professional Foster Care (25 children placed), mobile team for children with disabilities (~25 beneficiaries), day centres/services with protection policies, access to a regional centre 	<ul style="list-style-type: none"> - Very low reporting from families and schools: only 11% of parents informed the school and 2.3% informed authorities, despite 373 referrals recorded — the vast majority (365) coming from the police, not the community. - Modest trust in institutions: ~30.9% have high/very high trust; 25.5% low or none. - Procedures poorly visible to parents: only 38.2% say schools have clear rules; 26.9% “don’t know.” - Uneven MDT coordination: meetings held ad hoc. - Limited local access to services: 28.6% of parents say “there are none in the locality”; barriers of time (13.3%), money (8.6%), information (8.6%). - Cultural normalisation of physical correction: ~30.9% accept it fully or partially. - Inconsistent listening to children: in primary grades only 7.7% say they are always listened to; among adolescents only 30.1%. - Uneven psychological methodologies and training: social psychologists do not follow the same guidelines; only ~one third of teachers had recent training. - ☒ Missing segment in services: no services for children with challenging behaviour (risk age 9–12) and none for abusive parents.
Opportunities	Threats
<ul style="list-style-type: none"> - Institutionalising MDT meetings through regulations: periodic, mandatory, included in job descriptions. - Digitalisation and shared data systems: unified case registry. - Services brought closer to people: travelling psychologist, mobile teams, discreet local helplines (phone/WhatsApp/Viber) managed by the social worker. - Small, recurrent local budgets: youth clubs, parent–child activities, safe spaces in schools/libraries. - Mixed offline/online campaigns co-created with adolescents (TikTok, Instagram, YouTube), plus “safety ambassadors” in schools. - Dedicated programmes for children with parents abroad: discreet monitoring. - Situational prevention: lighting, CCTV, free sports fields, safe transport. - Conditioning social assistance on participation in parenting workshops. - Integrating legal education at ages 14–15 (rights + responsibilities) into the local curriculum. 	<ul style="list-style-type: none"> - Parental migration without formal guardianship/custody → children left informally with relatives, increased risk of neglect, school dropout, and obstacles to rapid intervention. - Insufficient human and financial resources. - Cultural norms that privatise violence. - Stigma and gossip toward those who report. - Data fragmentation between institutions. - Lowering of the risk age to 9–12 and lack of services for challenging behaviour. - Rising online risks (cyberbullying, harassment) and slow adult response. - Teachers’ fear of intervening.

SWOT Analysis for Floresti District

Strengths	Weaknesses
<ul style="list-style-type: none"> - The normative framework is known and institutionally applied (Law 140/2013, Law 45/2007, Education Code, GD 270/2014). - 72.6% of staff report mastering reporting procedures very well; 30.2% have applied them in practice. - Active intersectoral collaboration: 79.2% of schools have received support (Police, STAS, Local Public Authorities, psychologists). - Reporting infrastructure in schools: posters (88.7%), designated persons (84.9%), anonymous boxes (73.6%). - Strong professional experience: 57.5% of staff have more than 20 years of service. - Operational partnerships with Barnahus Bălți for child-friendly hearings. - The family doctor functions as the main detection gateway (≈78% of medical referrals in 2024). 	<ul style="list-style-type: none"> - Low reporting by parents: 9.1% inform the school; 2.4% contact the authorities (preference for informal solutions). - Only 37.2% of parents perceive school procedures as clear; 25.8% “do not know.” - Limited trust: 30.8% have moderate trust; 14.6% have none. - 69.8% of staff have never activated procedures, even when they had the opportunity. - Cultural tolerance for physical “correction” (parents 30.2%; staff 14.2% “sometimes justified”). - Cases enter predominantly through the police (116/154 in 2024), not through community/school self-referral. - Low visibility of psychological services (seen as occasional, with uneven access times). - Underreporting of “invisible” forms (psychological/online) in the medical sector.
Opportunities	Threats
<ul style="list-style-type: none"> - Standardisation and regular scheduling of MDT meetings (weekly/biweekly), with minutes and clear IAP pathways. - Strengthening discreet reporting channels (local hotline/WhatsApp) and post-referral feedback. - Itinerant psychologist / mobile teams in villages; integration with Youth-Friendly Centre and Primary Health Centre. - Expansion of situational prevention (lighting, safe routes, community presence). - Campaigns co-created with students (including TikTok/IG/YouTube) + “safety ambassadors.” - Short, modular parental education; parent-child activities in schools/communities. - Turning local data into policy indicators (early reporting, response time, safety perception). - Leveraging the role of the family doctor for screening and early referral. 	<ul style="list-style-type: none"> - Persistence of norms that privatise/minimise violence (“it’s solved in the family”) ⇒ underreporting. - Stigma/hostility toward reporting (perceived social risk for children, parents, teachers). - Limited human/financial resources ⇒ unequal response times, professional burnout. - Increased exposure to sexual abuse among girls aged 12–16 (local risk profile). - Cyberbullying/online violence underestimated by adults ⇒ delayed intervention. - Bureaucracy and “institutional fatigue” (“reporting stops at reporting”). - Parental migration and lack of supervision ⇒ neglect, school dropout. - Data fragmentation between systems (education-police-health) ⇒ “invisible” children.

SWOT Analysis for Causeni District

Strengths	Weaknesses
<ul style="list-style-type: none"> - Visible and functional school-based protection infrastructure: 63.8% internally developed measures; 26.1% provided by authorities; 81.2% posters/materials; 73.9% designated persons; 50.7% anonymous channels. - Frequent and well-appreciated interinstitutional collaboration: 81.2% of staff received support (Police – 49 mentions; medical/psychologists – 35; STAS – 24; Local Public Authorities – 22). - Strong perception of safety in schools (84.0% “high/very high”) and professional confidence that reporting protects the child (68.1% “high/very high”). - High acceptance of psychological support: 53.0% of parents would “certainly” seek a psychologist; another 30.5% “probably yes.” - Student-led initiatives present in most schools (85.5%). - Adolescents believe adults would help (36.3% “certainly,” 49.3% “probably”). 	<ul style="list-style-type: none"> - Selective use of mechanisms: only 42.0% of staff have actually applied procedures, although 50.7% know them “very well.” - Underreporting due to fear and shame. Example: among adolescents, only 51 would immediately tell a teacher when witnessing a peer being assaulted; 37 would do nothing. - Gap between knowledge and actual use among parents/adolescents: 55.8% of parents “clearly know” where to report, but in practice 52.1% “solve it in the family,” 13.4% inform the school, 1.7% the authorities. - Moderate social trust: only 31.3% of parents have “high/very high” trust; 26.2% “low/none.” Post-referral feedback is perceived unevenly. - Access barriers: lack of local services (26.5%), lack of information (15.4%), cost (11.7%), time (9.4%). - Cultural norms that tolerate violence: 25.7% of parents and 18.8% of staff consider it sometimes justified.
Opportunities	Threats
<ul style="list-style-type: none"> - Very strong legal and procedural framework. - Explicit demand for parental education, counselling and youth activities: 36.8% of parents want parental engagement; 25.1% want parenting programmes; 35.0% extracurricular activities; 31.6% youth centres. - Possibility to standardise the one-page reporting flow across all schools and expand anonymous mechanisms to 100%. - The police psychologist model can be replicated for STAS/ATAS (anti-burnout supervision). - Single point of contact (phone/WhatsApp) with response confirmation <24h and orientation <48–72h; public semi-annual reporting to strengthen trust. - Partnerships with NGOs for legal assistance to schools, professional supervision for staff and micro-grants for youth clubs/centres. - Reintroduction of the juvenile inspector function — requested by field practitioners, and can be promoted nationally via the district. 	<ul style="list-style-type: none"> - Persistence of norms such as “it’s solved in the family” or “it’s not serious,” which discourage early reporting. - Community reluctance/hostility towards reporting (perceived threats to staff, shame among families), risking demotivation of professionals. - Rural dispersion and unequal proximity: localities without services, long travel times. - Administrative fatigue that may slow response and undermine trust. - Growing online risks (cyberbullying), combined with unequal digital literacy among parents and children. - Migration and family vulnerabilities (children in grandparents’ care, single-parent households), which increase needs and reduce family coping capacity.

Conclusions

The study conducted in the districts of Florești, Căușeni and Nisporeni confirms that violence against children in the Republic of Moldova remains a complex phenomenon, deeply rooted in cultural norms, shaped by economic vulnerability, and sustained by institutional gaps. Although the legal framework is solid, its effective application varies significantly across regions, and child protection depends largely on the personal commitment of local professionals and the willingness of institutions to collaborate.

Across all three districts, intersectoral mechanisms (Territorial Multidisciplinary Teams – MDTs) are operational but lack clear periodicity and consistent participation from all sectors. Social assistance and police remain the main pillars of intervention, while the health and education sectors contribute sporadically. In all districts analyzed, the police are the primary source of notifications—on average, more than 80% of cases—while education and health account for less than 5% each. This reality shows that the protection mechanism becomes active *after* abuse occurs, not during early prevention. In the absence of community self-referral and systematic intersectoral cooperation, many cases remain invisible. Voluntary reporting by parents and teachers is low: only 11% of parents say they have notified the school, and only 2–3% reported a case to the authorities. The main reasons are mistrust in the system’s effectiveness, fear of stigma, and the belief that “family problems should be solved within the family.”

Although most **parents explicitly reject violence, nearly one-third (25–31%) still perceive it as an “occasionally acceptable” method of discipline.** Expressions such as “a slap doesn’t hurt” or “in the village we still use the old system” are found in all three districts. This cultural normalization of physical correction perpetuates silence, reduces reporting, and weakens interventions. In small communities, fear of public judgment (“not to be talked about,” “not to disgrace the family”) keeps communication closed.

Among teachers, while rejection of violence is dominant, ambiguities persist—**around 10–15% consider moderate physical punishment “sometimes justified”.** This grey zone affects the educational message conveyed to children. Parental trust in protection institutions is fragile: on average, only one-third (~30%) express high or very high trust, while one quarter openly admit they have no trust at all. Teachers show greater confidence in the system’s response (~70%), but point to excessive bureaucracy (“reporting stops at reporting”) and lack of feedback (“we don’t know what happened with the case”). This discrepancy signals an institutional communication gap: mechanisms function administratively, but results and impact are not sufficiently communicated.

Children and adolescents across all districts display increased awareness: more than 70% know where they can report violence. However, only **30% of adolescents and 7–8% of younger children say adults always listen to them.** This gap between knowledge and emotional trust is critical: rights are known, but not experienced. Children ask, in their own words, for “*calm adults*”, “*who don’t scold*”, “*who listen without judging*”. This is not merely an emotional preference, but a structural requirement for an effective protection system: without genuine listening, reporting remains theoretical.

All districts formally have protection services—professional foster care, personal assistance, community centers, mobile teams. The lack of specialized services for children with challenging behaviour and for abusive parents is common across the three districts, turning the system into a reactive mechanism focused on emergencies, with limited capacity for prevention. Additionally, only one-third of teachers have received recent training in child protection, reducing the quality of first-contact interventions.

Schools are perceived as safe and open spaces: more than 70% of parents rate them positively. However, only 38% know that clear reporting procedures exist, while 27% do not know whether such

procedures are in place. Thus, the school functions as a space of emotional trust, but not always as a formal protection mechanism—creating a silent vulnerability: children have someone to talk to, but adults do not always know how to act.

Based on the analyses and recommendations collected from all three districts, the following strategic directions emerge:

- **Transform MDT meetings into regular, mandatory activities with standardised minutes.**
- **Introduce a community psychologist** covering schools and small localities.
- **Integrate legal and civic education into the curriculum for adolescents (ages 14–15).**
- **Digitalise beneficiary records** for traceability and uniformity.
- **Link social assistance benefits to participation in parental education courses** (positive conditionality).
- **Create safe community spaces and interest-based activities for children** through APL–school–NGO partnerships.
- **Develop online campaigns co-created with youth (TikTok, Instagram, YouTube)** for violence prevention and promoting positive role models.

The study confirms that child protection is no longer only a legal issue, but one of social and emotional culture. The findings reaffirm the project’s intervention logic: prevention, early reporting, professional capacity, and interinstitutional collaboration are key factors in reducing violence. Community awareness, teacher training, strengthening MDTs, and building local services are clear pathways for change.

The results contribute to the following objectives:

- **SDG 3 – Good Health and Well-Being (3.4, 3.5):** protecting children’s mental and physical health, reducing abuse and neglect.
- **SDG 5 – Gender Equality (5.2):** preventing violence against girls and addressing discriminatory social norms.

By promoting a safe environment and equitable access to services, the conclusions support the Republic of Moldova’s commitment to advancing child protection in line with the 2030 Agenda. Based on the data collected and discussions with local specialists, the following major strategic directions take shape:

- Prevention must become the core of the child protection system, shifting the focus from emergency response to early intervention and proactive parental education.
 - Early intervention (0–3 years): the first 1,000 days are decisive for healthy development. Support for young mothers and prenatal/postnatal counselling should be included in district action plans.
 - Preventing alcohol misuse and domestic violence: an integrated approach to social problems that affect the child even before birth. Partnerships between family doctors, psychologists and social workers can significantly reduce risks for children.
- Intersectoral coordination is often sporadic. Sustainability depends on transforming MDTs into permanent, functional and well-documented mechanisms.
 - Systematising MDT activity: shifting from “case-based” meetings to a regular process with quarterly planning, minutes and clear responsibilities.
 - A 360° vision: comprehensive assessment of the child’s situation through the involvement of all sectors (education, health, police, local authorities, social assistance, NGOs).
 - Accountability: including MDT participation in job descriptions and monitoring attendance.
- The current system operates largely post-factum, intervening only after cases occur, and remains insufficiently prepared to manage complex situations of violence and behavioural difficulties.

- Services for domestic offenders: developing therapeutic programmes aimed at behaviour change, complementing protection orders.
- Services for children who exhibit aggression or deviant behaviour: developing specialised centres and psychosocial rehabilitation programmes.
- Integrated multidisciplinary intervention: linking these services to schools, social assistance and the medical system.
- The lack of responsibility among children leads to weakened educational authority and value confusion.
 - Clarifying the child's role within the system: cultivating a culture of mutual respect and a balance between freedom and responsibility.
 - Training for teachers: concrete support in managing conflict and school violence.
 - Civic and legal education: introducing elements of law and responsible behaviour for ages 14–16.
- Parents must be seen as strategic partners in child protection, not merely beneficiaries of intervention.
 - Respecting parental dignity: a collaborative, trust-based approach that avoids stigma.
 - Parent-child joint activities: expanding workshops and shared programmes that strengthen emotional bonds and prevent domestic violence.
 - Systemic partnership: involving parents in school and community advisory councils on child safety.
 - Positive conditionality: linking social assistance benefits to participation in parental education.
- Digital risks and new forms of manipulation require integrated local policies on cybersecurity and digital education.
 - Online Safety: creating a simple platform for preventing and reporting online risks.
 - Combating unhealthy habits: local campaigns and awareness activities in schools.
 - Extracurricular opportunities: developing healthy alternatives (sports, arts, dance, theatre, clubs) as non-violent spaces for expression and communication.
 - Safe spaces and community activities for children.
- Digitalisation, monitoring and institutional feedback
 - Integrated electronic system: unified records of beneficiaries and cases across schools, social assistance, police and healthcare.
 - Constant feedback: informing institutions about the outcomes of interventions (“reporting with results, not only paperwork”).
 - Reducing bureaucracy: automating reporting processes and optimising specialists' time for direct work with beneficiaries.