

HEALING THROUGH CONNECTION:

Case Studies by AMICUL - Center for Child and Family
Psychosocial Assistance and Rehabilitation





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Psychosocial Assistance and Rehabilitation



Centrul de asistență și
reabilitare psihosocială a
copilului și familiei „AMICUL”

National Center for Child Abuse Prevention

is a non-governmental organization in the Republic of Moldova that, since 1997, has promoted the right of children to protection against all forms of abuse, directing its actions toward informing, raising awareness, and motivating society to stop child abuse.

Mission of the NCCAP

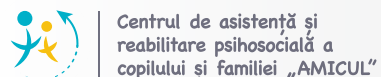
To protect children at risk and children who are victims of all forms of abuse through prevention activities and specialized services addressed to children and their families.

Vision of the NCCAP

A society free of abuse, where all children have equal opportunities to realize their full potential.



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Foreword

The right of every child to live in safety, to be protected and heard lies at the heart of the mission of the National Center for Child Abuse Prevention (NCCAP). For more than 25 years, NCCAP has contributed to strengthening a system that places the dignity and well-being of the child at its core.

The Child and Family Psychosocial Assistance and Rehabilitation Center AMICUL, created by NCCAP more than two decades ago, is the practical expression of these commitments. Here, children who have been victims of violence find the specialized support they need to heal emotional wounds and regain confidence.

This publication brings together ten real stories—ten healing processes that demonstrate how professional psychological intervention, empathy, and intersectoral cooperation can transform suffering into resilience. Behind each case stands a dedicated team: psychologists, social workers, parental counselors—people who restore the safety and dignity of the child.

These stories are not only about pain but also about resilience and growth. They remind us that children's recovery cannot happen without accessible, specialized, and continuously supported services.

With gratitude to all who make healing possible,

Daniela SÎMBOTEANU,

Psychologist, President of the National Center for Child Abuse Prevention (NCCAP)

Ana, 14 years old

Aggressor:
unidentified man

Forms of abuse:
sexual violence

The support provided:
extended psychological rehabilitation



Ana was 14 when, while walking with a friend through the forest, **she was assaulted by a man**. The assailant's face was covered with a T-shirt, and he was holding a bat. The teenagers attempted to flee, but the attacker caught up with them: the boy was struck and fell unconscious, while Ana was thrown to the ground and subjected to sexual abuse (non-consensual touching in the intimate area). The police were alerted by the injured boy, **who had** regained consciousness.

Ana managed to call her mother, who came to her aid. She found her daughter in a state of shock, who, with great difficulty, was able to recount what had happened. **This traumatic event also deeply affected Ana's mother.**

What followed was an **extremely difficult period during which Ana's family faced pressure** and intimidation from the assailant's family, who sought to have the complaint withdrawn from the police. Meanwhile, Ana's condition continued to worsen.

Case Referral to AMICUL

Ana's family decided to leave their hometown and relocate to Chişinău. However, as Ana's condition worsened, they were compelled to seek external assistance. It was then that Ana's mother learned about the Psycho-Social Assistance and Rehabilitation Center for Children and Families "AMICUL" and decided to contact the Center.

Assessment of Specialized Support Needs and Designing Rehabilitation Plan

Initial evaluation:

- ✓ signs of severe anxiety;
- ✓ suffered from insomnia;
- ✓ suffered from nightmares;
- ✓ was afraid to go out alone;
- ✓ was afraid to stay home by herself;
- ✓ had ceased communication with peers and other adults;
- ✓ was experiencing difficulties in school with learning the subjects.

Parent-child relationship:

- interaction problems;
- lack of guidance;
- difficulties in setting boundaries;
- intense guilt for not being able to protect her daughter.

Ana's mother felt overwhelmed and therefore requested that her daughter be included in a **psychological assistance and rehabilitation program**, given that she was a victim of sexual abuse.

Subsequently, after administering specialized questionnaires, major **difficulties in emotional regulation, suicidal ideation, and strained interactions with her parents** were identified. Ana repeatedly asked whether the abuser would be punished, as she feared he would go unpunished and remain free.

Following the evaluation, it was concluded that **long-term psychological rehabilitation was essential**.

Additionally, **the parent-child relationship was analyzed** to unblock communication between the parents and the daughter. Discussions often escalated into arguments and misunderstandings, which further isolated Ana – something her parents desperately wanted to avoid.

To increase the chances of success in improving interpersonal relationships, Ana's mother was enrolled in the **parental education program "CONNECT – Helping Parents Understand Adolescence"**, where she gained new knowledge and skills related to effective interaction with her teenage daughter. **Through the program, Ana's mother learned** how to support her daughter's autonomy while maintaining a close connection, negotiation techniques for setting boundaries tailored to Ana's needs, as well as methods for empathetic and effective communication during difficult moments.

Intervention Results

At the AMICUL Center, Ana underwent a **long-term psychological rehabilitation process**. Together with her mother, she received specialized assistance for **one year and three months**. During this period, Ana attended 14 counseling sessions with a psychologist, while her mother participated in 16 individual psychological support sessions and 15 group parenting education sessions as part of the parental education program.

Thanks to the psychological rehabilitation process, Ana learned to identify and manage her emotions, **overcame episodes of anxiety and depression**, and worked with the psychologist to **process the trauma caused by the sexual abuse**.

The mother-child relationship improved significantly following the support provided by the specialists and the parenting program. Communication became more empathetic and constructive, which contributed to Ana's emotional well-being.

Currently, **Ana's emotional state is stable**. She is attending the 9th grade at school and is intensively preparing for her future professional career. She envisions working in the field of economics and is therefore taking additional mathematics courses.

Ana's mother is also experiencing a new beginning as she attends evening school. While Ana will be taking her final exams to complete the middle school cycle, her mother will be preparing for her high school graduation exams.

Support for Ana:

1 year and **3** three months of specialized assistance

Support for Ana's mother:

16 individual psychological support sessions

15 group parenting education sessions

Results:

- ✓ Ana's emotional state is stable;
- ✓ learned to identify and manage her emotions;
- ✓ overcame episodes of anxiety and depression;
- ✓ and worked with the psychologist to process the trauma caused by the sexual abuse;
- ✓ the mother-child relationship improved significantly.

Nicoleta, 13 years old

Aggressor:

biological father

Forms of abuse:

sexual abuse, child with disabilities

The support provided:

extended psychological rehabilitation



Case Referral to AMICUL

Due to the tense relationship with her mother, the first person Nicoleta confided in about the abuse was a neighbor. The neighbor immediately contacted Nicoleta's mother to inform her of what had happened. The mother reported the incident to the police, and the abusive father was detained. Nicoleta returned to live with her mother.

The psychological evaluation of the child victim of sexual abuse was conducted by the Chişinău Psychopedagogical Assistance Service (SAP) at the request of the Police Inspectorate. The case was referred to the "AMICUL" Center to provide Nicoleta with psychosocial assistance and rehabilitation after experiencing the abuse.

Before moving to live with her father, 13-year-old Nicoleta lived with her mother, her mother's partner, and her grandmother in a suburb of Chişinău. **Nicoleta's parents separated when she was young**, and her biological father had no involvement in her upbringing or education.

At school, **Nicoleta was a child with special educational needs**, diagnosed with mild intellectual disability. However, this did not prevent her from being an optimistic, open, and trusting child. Recently, conflicts between her and her mother had become more frequent, with Nicoleta being accused of disobedience and stealing money from home. Faced with this situation, her mother decisively sought support from the other parent, requesting his assistance in raising and educating their daughter. As a result, **Nicoleta was sent to live with her father for a period**.

A few weeks later, **Nicoleta was sexually abused by her biological father**. There had also been instances where Nicoleta witnessed her father engaging in sexual relations with a woman who visited him.

Initial evaluation:

- ✓ anxiety;
- ✓ nervousness;
- ✓ trauma from the sexual abuse;
- ✓ sexualized behavior.

“Dad has no shame; he used to have sex in front of me with that woman”

“Now I am afraid to look at or talk to men, I know what they can do to me”

Assessment of Specialized Support Needs and Designing Rehabilitation Plan

After several sessions with Nicoleta, the psychologist identified the problems caused by the abuse and outlined the objectives identified for the rehabilitation process.

During the evaluation, specialists observed that the mother underestimated the consequences, especially since the mother-daughter relationship was difficult. Moreover, the mother’s **disciplinary methods fell within abusive behaviors, as the daughter was physically abused by her.**

Together with the mother and Nicoleta, a plan was established to help the adolescent overcome the trauma and **become better prepared to maintain her safety in the future.** Accordingly, the psychologist was to work with Nicoleta on processing the trauma of sexual abuse, managing emotions, and relating to peers. Since Nicoleta exhibited sexualized behavior as a post-traumatic reaction, this aspect was to be addressed through **the sexual abuse and exploitation prevention program, “12 PLUS.”**

Additionally, due to Nicoleta’s previous negative experience with her primary support figure - her mother - it was decided **to include the mother in the intervention plan** as a service beneficiary at the “AMICUL” Center.

Thus, Nicoleta’s mother participated in the **parental education program “Rules and Discipline for Young Children.”** After several group sessions, the mother acknowledged that she was struggling to understand the program’s content. To better assist Nicoleta in her rehabilitation process and provide a harmonious environment for her growth and development, the Center offered the mother individual sessions.

“This kind of approach yields results: when both parties are engaged in processes of change, and when work addresses the entire range of identified difficulties,

not just a single abuse incident,” explains the family violence victim counselor at the Center. This is supported by studies in the field, which have demonstrated that **support from a protective parent is the most important factor in mitigating the psychological impact** of sexual abuse on the child and facilitating recovery.

Intervention Results

Nicoleta required a period of support at the “AMICUL” Center lasting **one year and seven months** to overcome the psychological impact of the sexual abuse inflicted by her biological father and to recover. During this time, Nicoleta attended 36 psychological counseling sessions, while her mother attended 9 counseling sessions and an additional 6 individual parental education sessions as part of the program “Rules and Discipline for Young Children.”

Following the psychological intervention, **Nicoleta’s feelings of nervousness and anxiety significantly improved.** She became much better at managing her emotions, which contributed to her emotional balance. She also **learned about the risks** of exposing herself and engaging in sexually suggestive conversations online-behaviors she had previously exhibited.

Moreover, the **relationship between Nicoleta and her mother improved considerably** as a result of the parental education program her mother attended. Her mother **gained a better understanding of her daughter,** became more aware of the consequences of physical abuse on the child, and learned non-violent parenting methods.

Support for Nicoleta:

1 year and **7** months of support within the “AMICUL” Center

Support for Nicoleta’s mother:

9 counseling sessions

6 individual parental education sessions

Results:

- ✓ Nicoleta successfully completed the 9th grade;
- ✓ exploring courses to continue her studies and pursue a profession;
- ✓ the relationship between Nicoleta and her mother improved considerably.

Lilia, 9 years old

Aggressor:
parents

Forms of abuse:
severe neglect

The support provided:
extended psychological rehabilitation



Lilia, a 9-year-old child, lived with her two siblings, aged 12 and 5, and their parents, both with disabilities. **Her father struggled with alcoholism**, suffered the consequences of tuberculosis, and was also a drug user. **Her mother was periodically hospitalized in a psychiatric clinic** due to frequent schizophrenia episodes. Although **Lilia's family life was a true nightmare**, she blamed herself for it. She felt responsible for her mother's anger and believed that she was at fault for what was happening to her. Her mother's illness involved very aggressive behavior, compounded by intense conflicts between the parents, which made the **children well aware of fear**. They also experienced hunger, neglect, and uncertainty about the future.

However, **there was a protective adult nearby: her paternal grandmother**. She lived in the same building, on the same floor, and **often came to check on them**, prepare meals, or clean their home. Unfortunately, **the grandmother could do little more**, as she was caring for her 30-year-old daughter who suffered from mental and physical disabilities. **Lilia found things increasingly difficult**; she was struggling at school and eventually stopped attending classes altogether.

Case Referral to AMICUL

The situation of these children had been monitored for several years by the local guardianship authority, which referred Lilia and her siblings to the "AMICUL" Center for specialized assistance.

Initial evaluation:

- ✓ severe neglect by her parents;
- ✓ witnessing physical and psychological violence between her parents;
- ✓ physically abused by her mother.

Assessment of Specialized Support Needs and Designing Rehabilitation Plan

The initial assessment of Lilia's situation **revealed severe neglect by her parents**. In addition to **witnessing physical and psychological violence between her parents**, Lilia was physically abused by her mother.

At the initial stage, the case, referred to the "AMICUL" Center, was **approached primarily from a social perspective**. The Center's specialists collaborated with the local guardianship authority and participated in multidisciplinary team meetings regarding the case. **The solutions identified by the team included:** the father attending a detoxification program, the mother undergoing psychiatric treatment, continuous monitoring of the family, and all members accessing psychological assistance services.

Consequently, both the parents and the children were included in the assistance programs provided by the "AMICUL" Center. **However, the recovery plan for the parents was unsuccessful:** each parent attended the Center only once before returning to their previous lifestyle. **The family situation further deteriorated following the father's suicide attempt.**

Acting in the best interest of the child, the specialists decided to intervene by removing Lilia and her siblings from the family **and placing them in a protective environment for children**. **A petition to terminate the parental rights of the children's parents was filed in court.**

Seeking a supportive adult within the extended family, the specialists turned their attention to the paternal grandmother, who was also mentioned by the children. **Collaboration with the paternal grandmother proved effective:** together with the Center's specialists, a comprehensive solution was identified whereby the grandmother would move in with the children and care for them as their guardian.

In this regard, contact was established with **the maternal grandmother**, who lived abroad and agreed to finance a living space for the children and the paternal grandmother. While legal procedures were underway, **a rental apartment was secured, where they all later moved.**

Monitoring by the "AMICUL" Center specialists highlighted the **paternal grandmother's need for psycho-educational support**, as she herself had been affected by the environment in which she had lived. **By enhancing the grandmother's capacity to provide education and support**, more harmonious developmental conditions for Lilia and her siblings were to be ensured.

At the time of enrollment in the assistance program at the "AMICUL" Center, Lilia exhibited heightened anxiety, primary defense mechanisms, denial of physical and emotional abuse, a high level of inhibited aggression, and a fight response. Moreover, the child viewed physical strength as a quality to aspire to.

From the very first sessions, **Lilia told the psychologist that she preferred the company of boys**, disliked "wearing girls' clothes as her grandmother wanted," and favored clothing that did not necessarily correspond to her gender. After a few sessions, during a conversation, Lilia told the psychologist that "if my grandmother calls me by a boy's name, I listen," and asked the specialist to address her by a boy's name. The specialist respected the child's wish to honor her right to self-identified gender identity, but above all, to maintain the trust they had built.

This aspect was also addressed with the child's grandmother. Although initially reluctant, the grandmother became more tolerant and less critical after understanding the explanations provided by the specialists.

The maternal grandmother took it upon herself to cover the expenses, while the paternal grandmother devoted herself to providing care in the role of guardian.



“AMICUL helped me to have confidence in myself. If I have confidence, I will succeed,” Lilia said at the conclusion of the program, bidding farewell to those who supported her during nearly two years of assistance.

“AMICUL helped me to rescue the children from a great catastrophe. They lived as if in a madhouse. They didn’t know what a father or mother was. They were taught to steal from stores... It was very hard for me at first: ‘You’re not my mother, I don’t want to listen to you...’ they used to say. The specialists here helped me learn to set limits, explain things, and speak calmly but authoritatively with them. The psychological services helped the children a lot,” said Lilia’s grandmother at the closing of the family’s rehabilitation program.

Following the severe abuse and neglect, **Lilia was guided within her rehabilitation program** on how to manage her own emotions and aggressive behavior. Together with the psychologist, she learned to rationalize her anxiety to reduce its intensity and to accept her role as a child. At just 9 years old, Lilia had assumed an adult role, exerting effort to manage her mother’s behavior.

Simultaneously, the grandmother was included in the **parental education programs “Rules and Discipline for Young Children”** and **“CONNECT – Helping Parents Understand Adolescence,”** to understand non-abusive discipline and the specifics of adolescent development. **The grandmother regularly attended all educational sessions and was active and engaged.**

Intervention Results

Lilia required **nearly two years** of support before the specialists at “AMICUL” considered her well-adjusted both personally and within her family. During this period, she attended 36 psychological counseling sessions, while her grandmother received 11 individual counseling sessions and participated in 21 group parental education sessions.

During the intervention, **Lilia’s parents were deprived of their parental rights. As her guardian, the grandmother improved her relationship with her granddaughter.** Through the parenting programs, she developed anger management skills, learned to set rules and boundaries, and applied non-abusive disciplinary methods. She became less critical, **came to accept Lilia’s behavior and ways of expressing her identity** (through clothing and hairstyle), and **supported her interests.**

Lilia returned to school and improved her academic performance. Her behavior at school also improved significantly. She no longer feels as anxious, has learned to communicate better with her siblings, and understands the consequences of her actions as well as the importance of **rules and boundaries agreed upon with her grandmother.** She has begun to demonstrate leadership skills in the courtyard where they live, and aggression is no longer her mode of interaction with peers or family. She cut her hair short, “more like a boy’s hairstyle,” and feels very comfortable with her new image.

Support for Lilia:

36 psychological counseling sessions

Support for Lilia’s grandmother:

11 individual counseling sessions

21 group parental education sessions

Results:

- ✓ Lilia returned to school and improved her academic performance;
- ✓ her behavior at school also improved significantly;
- ✓ no longer feels as anxious;
- ✓ has learned to communicate better with her siblings;
- ✓ understands the consequences of her actions;
- ✓ has begun to demonstrate leadership;
- ✓ she cut her hair short, “more like a boy’s hairstyle,” and feels very comfortable with her new image.

Andrew, 6 years old

Aggressor:

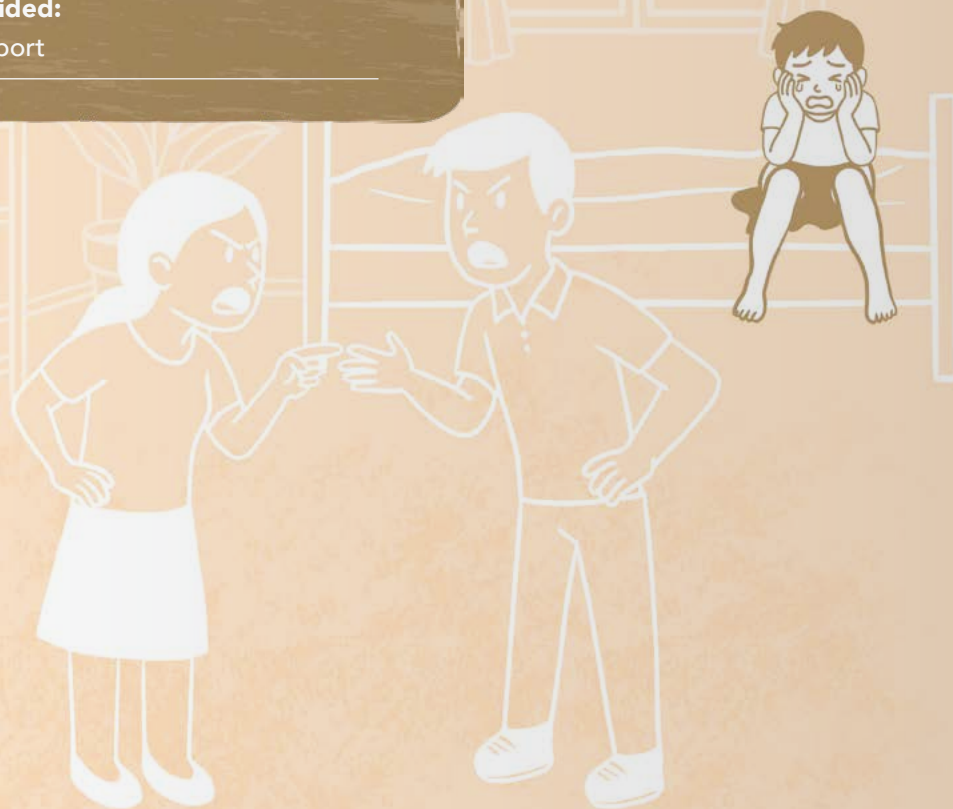
parents

Forms of abuse:

psychological abuse

The support provided:

psychological support



At the age of six, **Andrei lived with parents who did not communicate with each other**, and when they did, things quickly deteriorated, inevitably leading to verbal violence. With nowhere else to go, **Andrei was a witness to every argument between the two people he loved** most and who were most important to him.

The **difficult relationship between his parents affected Andrei in multiple ways**: they spent time apart and went to bed separately. Regardless of the activity, Andrew was always put in the position of having to divide his time between both parents.

Later, the situation worsened. Andrei's father started coming home late, staying late at work or in his auto garage, and eventually began **consuming alcoholic beverages**. His mother, a homemaker at the time, became increasingly worried about her husband's problems. **The consequences of the conflicts between his parents soon manifested in Andrei's life**: already emotionally distressed, he began to suffer from nocturnal enuresis (bedwetting).

Case Referral to AMICUL

Andrei's mother sought medical advice, but doctors found no physical health issues with the child. Among other recommendations, she was advised to take Andrei to a psychologist. The situation became a strong signal for the mother not to tolerate the family's deteriorating circumstances any longer and to seek help. She learned about the "AMICUL" Center, where she requested support to improve the couple's relationship and to become better parents for their child.

Initial evaluation:

- ✓ emotionally distressed;
- ✓ nocturnal enuresis.

Parent-child relationship:

- difficulties in managing the crises arising within the family;
- family stress;

Assessment of Specialized Support Needs and Designing Rehabilitation Plan

Andrei's family belongs to a religious community that does not accept divorce. During the initial interview, both parents **expressed their commitment to preserving the family unit** and demonstrated a willingness to collaborate with the specialists at the "AMICUL" Center to improve their marital relationship and develop effective communication skills with their child. They acknowledged their **difficulties in managing the crises arising within the family.**

The specialists at the Center **identified the challenges faced by the family**, and at the initial stage, **both parents were individually engaged** in psycho-educational activities. The focus was on understanding the underlying causes of family stress and exploring situations that contributed to tension and emotional distancing, such as noise, negativism, and the child's oppositional behavior. **The parents received support to overcome negative perceptions of their child** and were taught how to recognize and transform destructive thought patterns. Additionally, they learned **techniques for relaxation and emotional regulation.**

Subsequently, couple counseling sessions were conducted to facilitate reconciliation between the spouses, which they attended regularly and with commitment.

To enhance the parent-child relationship, Andrew's parents completed all sessions of the **parental education program, "Rules and Discipline for Young Children."** Through this program, they developed greater awareness of their own feelings, thoughts, and needs, gained a deeper understanding of the motivations behind their behavior, and acquired skills to identify and manage their emotions. Particular emphasis was placed on **learning non-violent disciplinary methods.**

During the same period, with the support of a psychologist employing the "thought-emotion-behavior" model, **Andrew developed a better understanding of his own emotions.** Together, they worked on addressing the negative thoughts that impacted his well-being and focused on developing a personalized safety plan' for specificity.

What Results Were Achieved? How Effective Was the Intervention?

The enrollment of a child receiving psychological assistance from a specialized service has a major benefit – **the child's progress is monitored and guided towards achieving the planned results**, which are established at the initial stage of the assistance.

Andrew's case was supported by the "AMICUL" Center for **eight months.** By the end of the psychological rehabilitation process, **Andrew no longer suffered from nocturnal enuresis** and demonstrated improved mood and increased communication skills.

Both of Andrei's parents participated in seven individual psychological counseling sessions, six parental education sessions within the program "Rules and Discipline for Young Children," and **four joint reconciliation sessions.** As a result, both parents **established and accepted their responsibilities toward Andrew**, gradually providing structured emotional and behavioral guidance and learning to set clear boundaries in a loving manner. Prior to this, setting healthy limits for their child had been a significant challenge.

Another encouraging outcome of the family-level interventions was the parents' decision to go on a vacation together. This **marked their first family vacation together, indicating significant relational progress.**

At the conclusion of the interventions, Andrew's mother **expressed satisfaction with the results achieved and gratitude toward the Center's specialists for the genuine support** she received.

Support for Andrew:

8 months the case was supported by the "AMICUL" Center

Support for Andrew's parents:

7 individual psychological counseling sessions

6 parental education sessions

4 joint reconciliation sessions

Mircea, 10 years old

Aggressor:

foster care parents

Forms of abuse:

physical abuse

The support provided:

psychological rehabilitation



At just 10 years old, Mircea had already experienced a series of deeply traumatic events: **the termination of his biological parents' custody rights**, the beginning of a new life with a professional foster care family (PFC), the death of his foster mother from cancer, the grief of that loss, and **the decision of the surviving foster father to withdraw from caregiving**.

Following these events, **Mircea and his two sisters were placed with another PFC family** that promised to provide a safe and nurturing environment. Moreover, the new family expressed their intention to adopt the children.

However, not long after, Mircea's homeroom teacher noticed **signs of physical abuse** and took immediate action. Suspecting mistreatment within the household, **the teacher reported the case to the local child protection authority**. As a result, Mircea was temporarily placed in a residential care center while authorities worked to identify a new long-term care arrangement.

Case Referral to AMICUL

Based on Mircea's psychological assessment, the local child protection authority acted on the psychologist's recommendations. Given the series of traumatic events he had endured, it was deemed essential for him to receive specialized psychological support.

The authority subsequently contacted the AMICUL Center and requested the inclusion of Mircea and his sisters in a rehabilitation program.

Initial evaluation:

- ✓ fear of adults;
- ✓ suffered from heightened anxiety;
- ✓ was unable to recognize abusive behavior;
- ✓ he tended to justify abusive behavior, when it occurred.

„I want to go back. It was good there. Mom and Dad are good people, they have a nice house. We were naughty, we deserved to be beaten,“

Assessment of Specialized Support Needs and Designing Rehabilitation Plan

The **assessment of the child's needs** indicated that Mircea exhibited a fear of adults and suffered from heightened anxiety. Additionally, he was **unable to recognize abusive behavior and, when it occurred, he tended to justify it.**

Although he had been physically abused, Mircea initially expressed a desire to return to the same family, which had provided him with good living conditions and material comfort.

It was essential for Mircea to learn how to recognize abuse in all its forms. Only after working through this stage could the psychologist have confidence that, moving forward, Mircea would be able to identify abusive behavior and understand that such conduct is neither acceptable nor in his best interest.

The psychologist emphasized the importance of helping Mircea **develop the ability to seek help** when someone harms him. Equally important was supporting him in recognizing and processing this harm on an emotional level. One of the key objectives of the psychological intervention was to enable **Mircea to identify his emotions accurately and manage them in a healthy way.**

As part of this process, Mircea participated in two needs assessment sessions and thirteen individual psychological counseling sessions.

Another important element of the intervention involved including the designated care specialist from the residential center where Mircea was placed. The AMICUL Center offered this specialist the opportunity to take part in the **„Rules and Discipline for the Little Ones“ program.** The specialist attended **five parental education sessions** as part of this support.

Intervention Results

After six months of psychological rehabilitation and a post-intervention evaluation, the case management team was pleased to find that the boy had developed a much **clearer understanding of what constitutes child maltreatment.** He had learned to **recognize risky situations and avoid them,** to seek help when needed, and had strengthened his ability to identify and manage his emotions.

Following the sessions with the psychologist, Mircea's **anxiety symptoms significantly decreased,** and he reported feeling much better.

The care specialist from the placement center, who participated in the „Rules and Discipline for the Little Ones“ program, **learned how to set appropriate rules and boundaries for children** - something that had previously been a challenge. This professional development has since enabled the specialist **to interact more effectively with other children in care** and support the observance of children's rights.

The Professional Foster Care (PFC) family that had subjected Mircea to **abuse was denied approval for adoption.** Although the decision was contested in court, the rejection was upheld. Moreover, **their professional foster care status was officially revoked.**

Later, Mircea and his sisters were placed with a **new family who went on to adopt them.**

Support for Mircea:

6 months of psychological rehabilitation

Results:

- ✓ had learned to recognize risky situations and avoid them;
- ✓ had strengthened his ability to identify and manage his emotions.

What has become of the abusers?

- The Professional Foster Care (PFC) family was denied approval for adoption;
- their professional foster care status was officially revoked.

Corina, 4 years old

Aggressor:


teacher

Forms of abuse:

emotional and physical violence in the preschool institution

The support provided:

psychological support



Corina, a four-year-old girl, lived with her mother following her parents' divorce. Her father visited her regularly, according to a visitation schedule established by the local child protection authority. Over time, **Corina's mother noticed that her daughter was increasingly resistant to attending kindergarten**, often crying persistently before leaving home. Concerned by these behavioral changes, her mother began to ask gentle questions to understand the cause. She was devastated to discover that **Corina was being physically abused by her teacher**, who would slap her on the bottom and shout at her, leaving the child frightened and distressed.

As a result, Corina became withdrawn and did not feel able to confide in her parents, continuing to attend kindergarten under the supervision of her abuser.

Case Referral to AMICUL

The abuse was discovered because Corina's mother paid close attention to her daughter's behavior and took her reactions seriously, refusing to downplay the gravity of the teacher's actions or their impact on her child. She addressed the situation with the seriousness it warranted, even though some parents may accept such incidents as a reality in educational settings.

Upon learning about AMICUL, a specialized service for child and family psychosocial support and rehabilitation, Corina's mother sought professional assistance for her daughter.

Initial evaluation:

- ✓ exhibited signs typical of abused children;
- ✓ fear toward adults;
- ✓ symptoms of anxiety;
- ✓ suffered from sleep disturbances;
- ✓ refused to attend kindergarten.

Scan and view the reporting form



Assessment of Specialized Support Needs and Designing Rehabilitation Plan

The AMICUL Center submitted a **Child Protection Referral Form** to the local guardianship authority and contacted the General Directorate for Education, Youth and Sports (DGETS), requesting the initiation of an official investigation into the suspected abuse.

Upon learning about the referral concerning the suspected violence against Corina, the kindergarten administration, disregarding the violation of the child's rights, pressured the teacher to submit a resignation letter, which was subsequently accepted. Earlier, when Corina's mother had informed the kindergarten administration about the teacher's abusive behavior, **the teacher was transferred to another group of children.**

The approach selected for working with the child focused on psycho-educational intervention, through which **Corina learned methods to identify her own emotions** and how to manage them. The psychologist's intervention also aimed to reduce her anxiety.

Additionally, **Corina was provided with age-appropriate activities** that taught her what violence is, how to recognize it, and what steps to take in the future to ensure her own safety.

At her request, Corina's mother was enrolled in the **parental education program "Rules and Discipline for Little Ones."** Attending this program helped her become more aware of her own feelings, thoughts, needs, and beliefs. **She acquired skills to identify and regulate her emotions** and gained new competencies necessary for effective parenting.

Intervention Results

Corina required **10 psychological counseling sessions**. Her mother received two sessions for assessing the family's needs, **four individual psychological counseling sessions**, and participated in **six parenting education sessions** as part of the „Rules and Discipline for the Little Ones” program.


Following the psychosocial support process, **Corina began to feel significantly better.** This was largely due to her improved emotional stability and the reduction of anxiety, particularly in relation to adults. She learned important skills about personal safety, managing emotions, and how to seek help in situations where she feels unsafe. Currently, **Corina is engaged in an activity she enjoys — dance — as an extracurricular pursuit.**

The child's mother noted an increased capacity to be a better parent to her daughter. Through the parenting education program, **she learned how to discipline her child without resorting to violent methods.**

The investigation requested by the AMICUL Center into the **suspected case of violence did not take place, as the preschool institution accepted the resignation request of the staff member** in question without initiating an internal inquiry. The educator who displayed violent behavior is no longer employed at that preschool institution.

Support for Corina:

- 2** sessions for assessing the family's needs
- 10** psychological counseling sessions
- 4** individual psychological counseling sessions
- 6** parenting education sessions as part of the „Rules and Discipline for the Little Ones” program.

 Centrul de asistență și
reabilitare psihosocială a
copilului și familiei „AMICUL”





Elena, 15 years old

Forms of abuse:

psychological abuse,
suicidal thoughts/suicide attempt

The support provided:

psychological support

At age 15, Elena **was trying to rediscover the joy of life after surviving a suicide attempt.** On the surface, her suffering seemed unfounded: **she came from a complete family with well-educated, professionally successful parents and a strong financial background.** Her older brother was excelling academically and consistently praised by their parents for his achievements.

One day, **Elena took an overdose of medication.** However, frightened by what she had done, she called emergency services (112) for help. Thankfully, **the medical team arrived in time to save her life.** Following her discharge from a psychiatric hospital, Elena and her parents sought support at the AMICUL Center.

Case Referral to AMICUL

The local child protection authority referred Elena's case to the AMICUL Center for psychosocial rehabilitation after her suicide attempt. Specialists from the Child Rights Protection Directorate expressed concerns about the family's ability to manage the situation independently, especially given Elena's history of previous suicide attempts.

Although her parents had previously arranged psychological support, Elena struggled to establish a therapeutic bond with the psychologist. They hoped that this time, she would be open to engaging with the specialists at AMICUL and be actively involved in therapy.

Initial evaluation:

- ✓ psycho-emotional disturbances;
- ✓ self-destructive behavior;
- ✓ depressive episodes;
- ✓ deep sadness;
- ✓ low self-esteem;
- ✓ dissatisfaction with her physical appearance.

Parent-child relationship:

- ✓ relationship with her father was straine;

"I feel guilty that I can't live up to my parents' expectations... I try, but nothing works... I feel like I'm different from everyone else"

"Every day, I don't like myself - how I look, how my body looks"

Assessment of Specialized Support Needs and Designing Rehabilitation Plan

As part of the assessment, **the parent-child relationship** between Elena and her parents was also explored to determine whether the family environment could serve as a protective factor in her recovery. It became evident that Elena's **relationship** with her parents—particularly with her father—**was straine**. The assessment revealed **a dysfunctional relationship** with her parents—particularly with her father, who displayed a highly critical attitude and set unrealistic expectations for her. In contrast, he expressed constant approval of Elena's older brother, often using him as a standard for comparison. These frequent, **unfavorable comparisons and negative judgments toward Elena** were deeply damaging, further undermining her already fragile emotional state.

Her father's perspective only reinforced these harmful self-perceptions. **"She's been pathologically lazy since childhood,"** he remarked.

As part of the case management plan, it was determined that **both Elena and her parents should receive support from the AMICUL Center**. The parents agreed to this approach and committed to participating in the **"CONNECT – Helping Parents Understand Adolescence"** program, which was delivered through individual sessions with a psychologist. Separate psychologists were assigned to Elena and her parents to ensure focused and tailored support. The parents attended all scheduled sessions.

With the psychologist's help, Elena began to learn how to regulate her emotions and developed coping strategies that helped her manage emotional distress and avoid the extreme reactions that had previously led to harmful decisions.

The intervention concluded with a reconciliation phase, during which Elena participated in three joint therapy sessions with her parents. Significantly, **these sessions were initiated at Elena's request**—once she felt emotionally ready to meet with her parents and **express her thoughts and feelings openly**.

Intervention Results

The support process lasted 11 months, during which **Elena learned effective techniques** for self-regulation, relaxation, and calming. She also developed the ability to interrupt negative thought patterns and ask for help when needed. Together with her psychologist, **she created a personal safety plan for times of crisis**. Over time, Elena built greater self-confidence, improved her body image, and—perhaps most significantly—**established much better communication with her parents**.

Throughout the rehabilitation process, **Elena's parents shared their renewed sense of hope** with the psychologist: "It feels like our daughter is coming back to life." They also became more **aware of their parenting patterns**: "We're trying to be more mindful with one another. We've stopped having so many expectations and criticisms."

By the end of the intervention, both parents had made meaningful progress: they assumed a more protective role during Elena's vulnerable moments, began to show greater acceptance, and offered her consistent encouragement. **The most notable change came from Elena's father**, who had previously been highly critical but has since become a **supportive presence** in her life.

Today, **Elena is studying design at a vocational college** and is doing well. According to her parents, she has recently begun showing **leadership skills** in the classroom.

Support for Elena:

- 2** family needs assessment sessions
- 14** individual psychological counseling sessions
- 15** parenting education sessions
- 11** months of support
- 11** joint reconciliation sessions

"It feels like our daughter is coming back to life"

"We're trying to be more mindful with one another. We've stopped having so many expectations and criticisms"

Ruxanda, 15 years old

Aggressor:
parents

Forms of abuse:
emotional abuse

The support provided:
psychological support



Ruxanda lived in a family where **physical and emotional violence was a daily reality**. Her biological father, an alcoholic, would lock her mother in the basement as a form of punishment whenever he was angry with her.

When Ruxanda was young, **she was often left alone at home while her parents went out to nightclubs**. Around the age of four, she ran away with her mother to the neighbors' house, and they never lived with her father again. Her mother decided to leave the abusive environment after experiencing a "non-consensual sexual act," which in reality was an unreported and therefore unpunished sexual abuse incident.

Physical and emotional violence from her father ceased, and the parents eventually divorced. However, new violent outbursts began directed at Ruxanda, this time from her mother. Ruxanda resembled her father closely, which stirred feelings of hatred in the person who was supposed to love her most—her mother. It was clear that her mother did not want to hear her and struggled to hug her. One morning, upon accidentally seeing a photo of Ruxanda, **her mother had a hysterical episode**, shouting and throwing objects on the floor.

Meanwhile, **her mother remarried, and a new man entered the family, followed by the birth of a little sister**. The mother devoted herself entirely to the baby. As time passed, Ruxanda felt increasingly excluded from the family. **Communication between her and her mother had almost ceased**. At the time of referral, her little sister was five years old.

Case Referral to AMICUL

Ruxanda's mother sought help from the AMICUL Center. She was deeply alarmed: a friend of Ruxanda's confided that, in a conversation, Ruxanda had said she had planned to commit suicide before her birthday. Previously, after an argument, Ruxanda had left home and kept her phone off for several hours; when she returned, she had cuts on her arms.

This time, her mother decided to ask for help because she felt unable to cope either with her daughter or with herself, and Ruxanda's birthday was approaching.

Initial evaluation:

- ✓ signs of anxiety;
- ✓ severe depression;
- ✓ suicidal ideation;
- ✓ periodically acted upon through suicide attempts (such as cutting her arms and overdosing on medication).

"I have no strength to do anything, I don't want to live, I feel an emptiness in my chest, and no one understands me"

Assessment of Specialized Support Needs and Designing Rehabilitation Plan

Communication with her primary support person—her mother—was impaired, and Ruxanda also experienced difficulties relating to other adults.

The AMICUL Center included **collaboration with a mental health service** in the specialized assistance plan to provide diagnosis and, if necessary, treatment. Accordingly, Ruxanda underwent a mental health evaluation at the **Community Mental Health Center**, where she received a formal diagnosis and **was prescribed medication**.

Ruxanda's internal suffering had reached critical levels, a fact identified by the psychologist during the very first individual counseling sessions. She confided, "I have no strength to do anything, I don't want to live, I feel an emptiness in my chest, and no one understands me."

The primary focus of the specialists at AMICUL was working intensively on managing Ruxanda's **depression and severe anxiety**. It was crucial for her to learn **to identify, understand, and regulate her emotions**—especially the negative ones.

When a child is suffering within the family, the intervention must necessarily include the family, as it is the child's main developmental environment.

Ruxanda's mother and stepfather were **engaged in a psychological support process** aimed at reducing conflicts between the parents and the child.

Both parents consented to participate in the **parental education program** modules titled **"CONNECT – Helping Parents Understand Adolescence."** The goal was to equip them with **tools to successfully manage the challenges of adolescence** and to support them in developing responsible parenting strategies.

Intervention Results

The duration of support for this case, until the achievement of the goals established during the pre-intervention phase, was extensive. Ruxanda received **37 psychological counseling sessions**. **Her mother attended 7 individual sessions** with the psychologist and **5 joint sessions with her husband**. Additionally, the mother participated in 13 sessions of the parental education program **"CONNECT – Helping Parents Understand Adolescence."**

Through the parenting program, Ruxanda's parents learned how to **support their child's autonomy while maintaining a close connection**. They acquired negotiation techniques for setting boundaries tailored to the child's needs and practiced applying **empathetic and effective communication strategies** during challenging moments for their daughter.

The mother required a prolonged period of psychological support before she could fully understand and **accept her child**. "I finally could hear my child," the mother said, acknowledging the feelings and experiences Ruxanda had been through.

Family members began **spending more time together**, and **new topics of conversation** emerged within the family.

Ruxanda's emotional state improved significantly; **episodes of anxiety and depression decreased** in both intensity and frequency. The teenager regained her motivation to engage in activities and **discovered her talent for writing poetry**. Ruxanda reports that **her relationship with her mother has greatly improved and credits the counseling sessions at the AMICUL Center for this progress**. She also expressed her intention to recommend the Center to classmates who may need support.

Support for Ruxanda:

37 psychological counseling sessions

Support for Ruxanda's mother:

7 individual sessions with the psychologist

5 joint sessions with her husband

13 sessions of the parental education program "CONNECT – Helping Parents Understand Adolescence"




Nicu, 12 years old

Aggressor:
classmates

Forms of abuse:
bullying and cyberbullying

The support provided:
psychological support



Nicu and his family lived in the United Kingdom for seven years before returning to Moldova a year ago. One of the main reasons for their return was **Nicu's need to continue important medical treatment for cancer**. The family was financially stable, and Nicu enjoyed a positive relationship with his parents. Everything seemed to be going well, if not for the challenges he faced at school.

Upon enrolling in a school in Chişinău, **Nicu was eager to make new friends, especially among the boys**. However, he soon experienced something he never expected: **a group of 12 boys physically assaulted him**, forcing him to his knees and striking him in the face. The group was reportedly **imitating scenes from a Russian television series**.

Unfortunately, the ordeal did not end there. Some time later, six of the same boys escalated their aggression, **hitting Nicu not only in the face but also in the abdomen, while one of them filmed the incident**. The video was then shared on social media, leading to a further decline in Nicu's health.

The bullying only came to light when Nicu's mother came across the video online. **She was shocked—her son had not mentioned the abuse**, even though two months had passed. She recalled that Nicu had only said he didn't like living there and that life had been better in the UK.

Eventually, Nicu and his parents had an open conversation. Troubled, they asked, "Why didn't you tell us?" Nicu explained that he had wanted to make friends and never imagined they could be "so cruel."

Case Referral to AMICUL

Nicu's parents promptly reported the bullying to the police. The Police Inspectorate immediately referred the case to the psychological assistance and rehabilitation service in Chişinău—the AMICUL Center.

Initial evaluation:

- ✓ fear of going outside alone;
- ✓ strong reluctance to attend school.

Assessment of Specialized Support Needs and Designing Rehabilitation Plan

Nicu was enrolled in the rehabilitation program following repeated incidents of school bullying. He exhibited several concerning symptoms, including a fear of going outside alone and a strong reluctance to attend school. His mother also developed anxiety-related symptoms, expressing a constant need to remain by Nicu's side and a persistent fear that he might harm himself.

In light of these issues, the specialists at the AMICUL Center determined that both Nicu and his mother required crisis psychological intervention. The center established communication with the educational institution, and the school psychologist became actively involved in working with the children who had participated in the violent behavior. The purpose of these interventions was to prevent further incidents and address the underlying issues.

As the perpetrators were between 12 and 13 years old—below the age of criminal or administrative liability—the responsibility for their actions was legally assumed by their parents.



Intervention Results

During the psychological support process, which included nine sessions, Nicu learned to manage his emotions and overcome his fear through relaxation exercises. He became more open in communication and developed a closer relationship with his parents.

His mother initially received one crisis intervention session, followed by six individual psychological counseling sessions. These sessions enabled her to better manage both the situation and her son's behavior.

The intervention was relatively short-term. At Nicu's request—motivated by his belief that he felt more comfortable at school in the United Kingdom—and considering the overall emotional strain the family was experiencing, they collectively decided to return to the UK.

Support for Nicu:

9 sessions of psychological support

Support for Nicu's mother:

1 crisis intervention session

6 individual psychological counseling sessions





About the AMICUL Center

The AMICUL Center for Child and Family Psychosocial Assistance and Rehabilitation is a highly specialized service that provides psychosocial support to children affected by violence and to their family members.

The Center was established in 2003 by the National Center for Child Abuse Prevention (CNPAC), in partnership with the General Directorate for the Protection of Children's Rights (DGPDC) of the Chișinău Municipal Council. For over 20 years, the AMICUL Center has been delivering multidisciplinary, specialized support services to child victims or witnesses of violence, as well as to members of their families.

Who Are the Beneficiaries of the AMICUL Center?

The Center provides assistance to children under the age of 18 who have experienced physical, psychological, and/or sexual abuse, neglect, exploitation, trafficking, or bullying. Services are also extended to their family members. The duration of support is not predetermined; assistance continues until the situation is fully resolved—specifically, when the child is no longer at risk and the family is capable of ensuring the child's safety and well-being.

Case Management at the Amicul Center

Case management at the Amicul Center is carried out by a multidisciplinary intervention team composed of a case coordinator and one or more psychologists assigned to each case. The process follows several key stages:

Case Intake

All referrals received by the Amicul Center are formally registered and assessed to determine whether they meet the eligibility criteria for support under the Center's services. Referrals may originate from child protection authorities, as well as from parents, relatives, community members, or non-governmental organizations (NGOs).

Assessment of Psychosocial Support Needs of the Child and Family

The assessment process is guided by the principle of the child's best interests and aims to avoid any further traumatization. Determining the child's best interests is a case-specific procedure, carefully tailored to the unique circumstances and individual characteristics of each child.

The assessment framework includes an evaluation of the child's developmental needs, parental capacities, and the overall strengths and challenges within the family. A thorough and effective assessment results in a shared understanding of the situation—one that is jointly acknowledged by both the family (the beneficiaries) and the professionals involved in the intervention.

Development of the Individual Specialized Assistance Plan

The individual specialized assistance plan for the child is developed based on the results of the psychosocial assessment and outlines specific activities for each intervention domain identified through the assessment framework.

The intervention plan includes the following components:

- Psychosocial assistance and rehabilitation focused on the child;
- Psychosocial assistance and rehabilitation focused on the parent(s) or the legal guardian;
- Psychosocial assistance and rehabilitation focused on the family unit;
- Structured programs aimed at parenting education.

The plan details:

- the types of specialized assistance to be provided by the Center;
- the time frame and number of planned sessions;
- the individuals responsible for implementation.

To ensure an effective intervention strategy, the service uses a structured Assessment Framework (see Fig. 1), which serves as a comprehensive map of the information collected and analyzed by specialists. This framework addresses the child's developmental needs, parenting capacities, and relevant family and environmental factors. The evaluation thoroughly examines both challenges and strengths in parenting capacities and other factors that impact the child's safety and healthy development.

The child and family assistance process at the Center addresses each domain of the child's well-being that has been affected, with a focus on strengthening the family unit, enhancing parenting skills, and fostering a family environment conducive to the child's harmonious growth.

There is a clear overlap between the case management processes at the Amicul Center and the broader child protection system. This integration is based on two key approaches: child well-being domains and the family's protective factors. This synergy is essential to effectively and appropriately respond to the specific needs of each child and family, thereby contributing to their development and protection.

CHILD. SAFEGUARD & PROMOTING WELFARE



CHILD'S DEVELOPMENTAL NEEDS

- Health
- Education
- Emotional & Behavioural Development
- Identity
- Family and Social Relationships
- Social Presentation
- Selfcare Skills



FAMILY AND ENVIRONMENTAL FACTORS

- Family History & Functioning
- Wider Family
- Housing
- Employment
- Income
- Family's Social Integration
- Community Resources



PARENTING CAPACITY

- Basic Care
- Ensuring Safety
- Emotional Warmth
- Stimulation
- Guidance & Boundaries
- Stability

Psychosocial Assistance and Rehabilitation Procedure for the Child and Family

The psychosocial assistance and rehabilitation of the child and family are carried out through a combination of psychological counseling, psychotherapeutic intervention, family and couple therapy, parental education, and crisis intervention.

Final Evaluation Procedure

Upon completion of the Individualized Specialized Assistance Plan, and prior to case closure, a final evaluation of the intervention process is conducted. This assessment is designed to measure the progress made by comparing the initial presenting issues identified during the intake and needs assessment with the status at the conclusion of the intervention. The evaluation involves a comparative analysis of both quantitative and qualitative indicators collected at the beginning and end of the intervention period.

Case Closure

A case is formally closed when the final evaluation confirms that meaningful and sustainable improvements have occurred in the well-being of the child and family as a direct result of the support and services provided.

Useful resources

Scan to learn more about the parental education program "CONNECT – Helping Parents Understand Adolescence"



Scan to learn more about the sexual abuse and exploitation prevention program, "12 PLUS"



Scan to learn more about the parental education program "Rules and Discipline for Young Children"



CENTRUL AMICUL



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