



Voices from **Ukraine**

Assessment Findings
and Recommendations

Ukraine
December
2024

Edition 1 (Pilot)

This publication was created within the ***Voices from Ukraine*** initiative, implemented by the United Nations Population Fund (UNFPA) in Ukraine, in partnership with the GBV Area of Responsibility (AoR) Ukraine. The opinions, views, and recommendations expressed in this publication do not necessarily reflect the official policy or position of UNFPA or the partners supporting the initiative.



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ACRONYMS

AAWG	Assessment and Analysis Working Group
AoR	Area of Responsibility
CBO	Community-Based Organization
CCCM	Camp Coordination and Camp Management
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CMR	Clinical Management of Rape
CRSV	Conflict-Related Sexual Violence
CVA	Cash and Voucher Assistance
DV	Domestic Violence
FGD	Focus Group Discussion
GBViE	Gender-Based Violence in Emergencies
GBV	Gender-Based Violence
GiHA	Gender in Humanitarian Action
GoU	Government of Ukraine
HIV+	Human Immunodeficiency Virus Positive
HLP	Housing, Land, and Property
HNRP	Humanitarian Needs and Response Plan
IASC	Inter-Agency Standing Committee
IDP	Internally Displaced People
IEC	Informational, Educational, and Communication Materials
IPV	Intimate Partner Violence
KII	Key Informant Interview
LGBTIQ+	Lesbian, Gay, Bisexual, Transgender, Intersex, and Queer/Questioning + Persons/Communities

MHM(M)	Menstrual Health and Hygiene (Management)
MHPSS	Mental Health and Psychosocial Support
MSNA	Multi-Sectoral Needs Assessment
NFIs	Non-Food Items
NGO	Non-Governmental Organization
OCHA	Office for the Coordination of Humanitarian Affairs
PSEA	Protection from Sexual Exploitation and Abuse
PSS	Psychosocial Support
SBC(C)	Social and Behavioural Change (Communication)
SEA	Sexual Exploitation and Abuse
SOGIESC	Sexual Orientation, Gender Identity and Expression, and Sex Characteristics
SOPs	Standard Operating Procedures
SRH(R)	Sexual and Reproductive Health (and Rights)
ToT	Training of Trainers
TSC	Territorial Selection Centre
TFGBV	Technology-Facilitated Gender-Based Violence
UN	United Nations
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children’s Fund
WASH	Water, Sanitation, and Hygiene
WGSS	Women and Girls Safe Spaces
WHO	World Health Organization
WPS	Women, Peace, and Security
WRO/WLO	Women’s Rights Organization/Women-Led Organization

FOREWORD

With Russia's full-scale invasion of Ukraine in 2022, the risk of violence against women and girls has risen exponentially. In addition to entrenched harmful social norms, ongoing shelling and blackouts, greater desensitization to violence, and conflict-related uncertainty are contributing to this increase. Women, girls, and other marginalized groups across Ukraine continue to bear the brunt of the effects of the prolonged humanitarian crisis due to the war. Intimate partner and domestic violence saw a sharp spike during the COVID-19 global pandemic that has only continued to rise through the current crisis. In addition, women and girls now face increased risks from other emerging forms of violence, including conflict-related sexual violence (CRSV), sexual exploitation, and technology-facilitated violence. Gender-based violence (GBV) poses life-threatening and long-lasting consequences for survivors in Ukraine and affects the fabric of families and communities, now and in the future. The women and girls of Ukraine remain in urgent need of ongoing humanitarian assistance and protection.

Voices from Ukraine is a seminal qualitative study on GBV conducted in Ukraine that consults directly with women, girls, and communities across Ukraine, as well as service providers, to listen to and better understand their experiences and how GBV takes place in their unique contexts. By highlighting the experiences of women and girls and other at-risk groups, *Voices from Ukraine* aims to fill a critical gap in the data and our collective understanding of GBV. As recounted by the women and girls most affected, *Voices* provides insights on the risks they increasingly face and shines a light on the impact of GBV on their daily lives.

At its core, this study underscores the critical need to ensure the participation, inclusion, and empowerment of women and girls in humanitarian processes. By better understanding access barriers and risks to seeking support, we

can implement appropriate GBV mitigation measures, drive towards safe, inclusive approaches for humanitarian assistance, and work towards more survivor-centred care.

The United Nations Populations Fund (UNFPA) and the GBV Area of Responsibility (AoR) applaud the Government of Ukraine's (GoU) ongoing interventions and flagship achievements addressing GBV and we remain steadfast partners in supporting these efforts. As the war continues, however, the risk of GBV will rise further, with its impact continuing well into recovery and post-conflict periods. This pilot study provides a small but significant snapshot of the bigger picture of GBV in Ukraine. It highlights the urgency of rallying more resources and partnerships to support the evolving needs of the women and girls of Ukraine. It also affirms the need to develop effective and enduring solutions to the violence women and girls face – in ongoing consultation with them – including providing survivor-centred quality care to survivors of GBV.

Finally, we wish to express our gratitude to the courageous women and girls of Ukraine who allowed us to capture and share their experiences. Their stories are a testament to their resilience in the face of adversity. We are committed to ensuring that women and girls' voices, in all their diversities, matter and are heard. It is now incumbent on all those who uphold human rights and protection to heed their call and use their insights to guide our work towards ensuring the safety and dignity of women and girls in Ukraine.

Ulla Müller



*United Nations Population Fund (UNFPA)
Representative (a.i.) to Ukraine*



Akiko Sakaue

Ukraine GBV AoR Coordinator

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We would like to extend our profound thanks to the UNFPA and GBV AoR focal points in the regional hubs who led coordination of the data collection in each region and generously gave of their time. In addition, we wish to express our deep appreciation to the agencies that participated in organizing and conducting focus group discussions (FGDs) across regions and contributed their time and efforts in challenging circumstances. Our great thanks to the GBV specialists and other stakeholders who took part in the inception consultation and expert FGDs and provided their valuable feedback.

We extend our sincere appreciation to the UNFPA team in Ukraine, including the Communications department for their support of the **Voices** design and launch. Additionally, we thank USAID's Bureau for Humanitarian Assistance (BHA) for their generous support of this initiative.

Finally, our deepest thanks to the women and girls and wider communities who took part and shared their experiences and perspectives and around whose voices this report is centred. We are especially thankful for their time and participation in consideration of the difficulties and multiple challenges that women and girls currently face in war-affected Ukraine.

Our profound thanks to all those who generously supported the first-year pilot of **Voices** in Ukraine to inform the adaptation and piloting of approaches and help shape this report. We thank you for believing in the importance and power of the voices of women and girls.

Individual contributions are acknowledged below:



Voices Co-Leads: María Maslanka Figueroa,
Olivia Dolores Gimeno Sassine, Anush Khachatryan



GBV AoR Focal Points: Bidita Jawher Tithi,
Ekaterine Kristesashvili, Akiko Sakaue



Voices Task Force Members: Light of Hope: Viktoriia Miroshnychenko;
UNHCR: Danielle Scarpassa Do Prado; UNICEF: Zaman Ali Hassan



UNFPA and GBV AoR Regional Focal Points: Kyrylo Bielokon, Khrystyna Fogel, Hanna Karpechenkova,
Anastasiia Kolomiets, Daria Korshunova, Iliya Kurtev, Tetiana Kutas, Margaryta Trypolska



Participating GBV Agencies in Voices: Alliance Global, Butterfly, Centre for Social Programmes, Faith
Hope Love, Green Landiya, HEKS/EPER, Initiative, International Medical Corps, International
Rescue Committee, Kobri, Martin Club, Nehemiah, Outright International, Relief Coordination
Centre, Rokada, United by a Love of Children, Valky Council, Volunteer 68



UNFPA Ukraine Leadership



Voices Working Group composed of UNFPA Ukraine focal points



Voices Programme Support: Kateryna Hrom



Communications Leads: Olena Finaieva, Isaac Hurskin, Kevin Sakhrani



Designer: Olena Hudyma

SUGGESTED USE OF THE REPORT

Voices from Ukraine does not represent prevalence data on Gender-Based Violence (GBV). This report provides information on GBV trends in the Ukrainian context, based on consultation with women, girls, men, and boys in Ukraine. It does not claim to be an exhaustive account of the violence that may be taking place in the country, as there are barriers to discussing GBV due to the sensitivity of the topic. The report should be read with an understanding of the complexities of the context in Ukraine. Findings may apply differently to different regions and population groups.

The primary aim of *Voices from Ukraine* is to inform humanitarian programming, planning, advocacy, and policy for the 2025 humanitarian response in Ukraine. The report is intended to support efforts to prevent and respond to GBV across the Ukraine response. *Voices* serves as a resource to inform the development and implementation of GBV programming. The publication is also intended to be a resource for humanitarian programming within other sectors, to better understand the risks of GBV and access barriers faced by women and girls that need to be mitigated throughout their response: Camp Coordination and Camp Management; Cash and Voucher Assistance; Early Recovery and Livelihoods; Education; Food Security and Agriculture; Health; Non-Food Items; Nutrition; Protection and Child Protection; Shelter; and Water, Sanitation, and Hygiene. The report also reflects the interconnectedness and interlinkages between humanitarian, development, and peace sectors and lends itself to support relevant nexus and early recovery approaches.

The content of the *Voices from Ukraine* Report is not to be quoted by journalists and colleagues working in the media without prior consent by UNFPA. Media inquiries regarding *Voices* should be directed to: UNFPA at unfpa.ukraine@gmail.com or the GBV Area of Responsibility (AoR) Ukraine coordinator team as listed under [humanitarianresponse.org: https://response.reliefweb.int/ukraine/gender-based-violence](https://response.reliefweb.int/ukraine/gender-based-violence).

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1 EXECUTIVE SUMMARY



Following the full-scale invasion of Ukraine by the Russian Federation in February 2022, insecurity and widespread displacement across the country continue. In 2023-2024, the people of Ukraine faced a dramatic escalation of the war, with civilian casualties on the rise and widespread destruction of vital civilian infrastructure impacting essential services. Frontline areas in the East and South have been most heavily affected by bombardment — although no area is deemed safe — with other regions of Ukraine hosting large numbers of displaced populations. Waves of evacuations continued throughout 2024, with recent evacuees moving through transit sites. Internally Displaced People (IDPs) are distributed throughout the country, a significant proportion of whom reside in collective sites. Electricity shortages due to the targeting of infrastructure, rising prices, limited work opportunities, a shortage of affordable housing, and overstretched public services have been widely reported, with needs outpacing the available humanitarian assistance. Entering its fourth year, the crisis in Ukraine is characterized by growing humanitarian needs and protection concerns, with women and girls and other at-risk groups the most affected.

The prolonged and combined nature of the triad of insecurity, displacement, and economic deterioration has put a strain on household resources, reducing the coping capacities of women and girls and other at-risk groups in Ukraine and further exposing them to risks of Gender-Based Violence (GBV). Family separation is widespread, with women heads of household taking on a dual burden, as well as many older women and women with disabilities being left on their own. There is a significant over-representation of vulnerable groups in frontline areas and within collective sites. Over the past year, different forms of GBV have been significantly increasing due to war-related factors. Women and girls in Ukraine are facing escalating violence within the household, while also feeling less secure outside the home. Risks of violence and barriers for survivors to access support are multiplying as the crisis continues, with GBV often deprioritized as attention and resources are directed to the war, making GBV programming even more critical as a life-saving intervention.

a. KEY FINDINGS

Women and girls in Ukraine reported **feeling less safe and increased violence in families and communities** linked to mounting risk factors arising from the conflict.

1

Risk factors for Gender-Based Violence (GBV) stemming from the crisis are **growing and compounding each other**, including: insecurity; displacement and collective living; restricted mobility; lack of public lighting; and the deteriorating economic situation. These factors combine to contribute to heightened levels of stress and aggression and growing substance abuse, including in collective sites and among veterans and servicemen on leave.

2

Intimate partner violence (IPV)/domestic violence (DV) is the main form of violence experienced by women and girls in Ukraine. Women and girls reported **significantly increasing violence in the home** due to growing pressures, in particular: collective living conditions; people spending more time at home; households facing greater financial constraints and scarce work opportunities; the impact on men of fear of conscription and militarization; and negative coping through alcohol and drugs.

3

Women and girls across regions **feel increasingly insecure in shared spaces and when moving outside the home** due to elevated risk factors. Electricity cuts; increasing substance abuse; shared living spaces; lack of accessible transport options; and militarized areas contribute to **heightened risks of sexual violence**.

4

Depleting resources and the increasing vulnerability of marginalized families are significantly **increasing risks of sexual exploitation, sexual exploitation and abuse (SEA), and sex trafficking**.

Women and girls in Ukraine continue to **face different and often multiple forms of violence. Most forms of GBV are reported to be increasing due to war-related factors**.

Growing types of GBV identified by women and girls include but are not limited to: IPV/DV; sexual violence, including conflict-related sexual violence (CRSV), rape, sexual harassment, sexual exploitation and trafficking, and SEA; technology-facilitated GBV (TFGBV); and bullying and discrimination, particularly for women and girls from marginalized groups and Lesbian, Gay, Bisexual, Transgender, Intersex, and Queer/Questioning+ (LGBTIQ+) person(s).¹

5

¹ Refer to [Types of GBV](#) for further information including other forms of GBV.



6

Coping capacities for women and girls in Ukraine have been **significantly diminished** over the past years due to the adverse impact of the war and scarcity of resources. Limited economic means, lack of safe affordable housing options, and insecurity **increase the dependence of survivors on perpetrators**, together with reduced provision of humanitarian assistance and increasing barriers to accessing GBV services.

7

Women and girls reported that **most survivors remain silent** after experiencing violence due to fear of shame and retaliation; widespread victim-blaming and normalization of violence; and a sense that they lack options. Survivors often do not seek support out of a desire to protect children and the family; lack of awareness about violence and how to access services; and deprioritization of GBV related to the war.

8

There is a **lack of awareness of GBV and how to seek support** among many women and girls and **harmful social norms on gender** are prevalent in communities. **Victim-blaming and normalization of violence** perpetuate GBV and deter survivors from coming forward to seek services.

9

While awareness of GBV and available services has increased in recent years, **access barriers to seeking support for survivors continue to grow** due to the stressors stemming from the war.

Survivors face steep interrelated barriers to seeking and accessing GBV services, with factors related to the war exacerbating pre-existing barriers, including: being unaware of GBV and how to access support; limited availability of services; distance, lack of transport, and poor infrastructure; insecurity; fear of judgment and further violence; mistrust of authorities and service providers; lack of confidentiality; childcare and household responsibilities; costs; and limited access to legal recourse.

Further compounding difficulties for survivors, emerging war-related barriers to seeking support include: fear of male perpetrators within the household being conscripted; idealization of men combatants as “heroes”; and deprioritization of GBV due to the ongoing war.

10

There are **significant barriers for safe access to humanitarian assistance for women and girls and other marginalized groups** that can place them at risk and leave them without being able to receive aid, particularly in light of reduced provision of assistance over the past year.

Access barriers and risks identified by women and girls for humanitarian assistance and services include: insecurity, especially in heavily war-affected areas; limited availability; distance, lack of accessible transport, and poor infrastructure, particularly in rural areas; challenges in targeting and registration; gaps in information; organization of distributions; un-adapted provision modalities for those with mobility constraints and specific needs; staffing shortages; electricity cuts; gendered division of household and care responsibilities; costs; risk of theft and scams; SEA and corruption; discrimination and stigma, particularly for marginalized groups; and lack of consultation with women and girls.

b. RECOMMENDATIONS

For GBV Programming

1. **Diversify safe entry points** to GBV services and support for GBV survivors and **increase availability of and access to GBV specialized service provision** – particularly GBV case management – with attention to areas that are heavily conflict-affected, supporting displaced populations, and rural.
2. **Invest in capacity-building of GBV service providers** to ensure a quality survivor-centred approach, with a **dedicated capacity-building and sensitization initiative focused on public service providers, police, and authorities**.
3. **Increase awareness-raising about GBV and available services for survivors and tackle harmful social norms underlying GBV**, investing in community-based approaches and diversifying communication and engagement channels.
4. **Expand availability of and strengthen safe spaces for women and girls** – in particular to reach areas outside urban hubs supporting heavily conflict-affected and displaced populations currently without existing Women and Girls Safe Spaces (WGSS) – and **integrate comprehensive GBV service provision within safe spaces**.
5. **Strengthen psychosocial support (PSS) programming for at-risk women and girls** to support their well-being, skills, and empowerment; raise awareness of GBV and available services; and build trust, **investing in a structured GBV curriculum**.
6. **Strengthen approaches and increase activities targeting older women and adolescent girls** within GBV programming, focusing on emerging types of GBV affecting them such as technology-facilitated GBV (TFGBV) and sexual exploitation and trafficking.
7. Pilot an approach in the Ukrainian context to **engage men and boys in accountable practice to prevent violence** and **build allies among community and religious leaders to address harmful social norms and facilitate access to GBV services for survivors**.

8. **Expand provision of dignity kits and support regular distribution** to at-risk women and girls to address gaps in coverage, particularly in rural areas.

9. **Support women/girl-led initiatives raising awareness of and addressing GBV in their communities** within GBV programming, including support for community-led initiatives in Roma and LGBTIQ+ communities.

For Humanitarian Assistance and Services

1. **Address barriers and risks faced by women and girls to safely access humanitarian assistance and services** through adapted provision modalities developed in consultation with them, such as transport support, home delivery, assigned pick-up times, mobile provision, childcare, and flexible vouchers.

2. **Promote targeted approaches within humanitarian assistance and services in order to effectively meet the needs of at-risk women and girls**, including displaced women and girls, adolescent girls, older women, women and girls with disabilities, Roma women and girls, pregnant and lactating women, and women heads of household.

3. **Support gender-sensitive and inclusive needs-based targeting and address barriers in registration** for women and girls and other at-risk groups to be able to receive humanitarian assistance and services.

4. **Integrate recommendations from GBV safety audits and improve safety and dignity considerations for women and girls and other at-risk groups within collective and transit sites.**

5. Continue to **promote initiatives within schools addressing violence**, with **integration of awareness-raising about GBV, Sexual and Reproductive Health (SRH), and Child Protection – including of technology-facilitated GBV (TFGBV) – within schools and learning spaces** with children, adolescents, and their parents/caregivers.

6. **Increase cash and voucher assistance (CVA) and livelihood support for at-risk women and girls with a gender-sensitive and inclusive lens**, with expanded provision of emergency cash assistance as part of and administered through GBV case management.

7. **Expand awareness-raising about Protection from Sexual Exploitation and Abuse (PSEA) and invest in operationalizing PSEA Standard Operating Procedures (SOPs) across sectors to identify and mitigate SEA risks and diversify available channels for feedback and response mechanisms** to be accessible for women and girls and other at-risk groups.

For Coordination, Policy, and Advocacy

1. **Increase resourcing and elevate prioritization of GBV** within humanitarian planning and national initiatives and policies, **supporting expansion of GBV programming in both frontline and non-frontline areas**, including Women and Girls Safe Spaces (WGSS), GBV case management, and other specialized services.
2. **Advocate for national initiatives to prevent violence** within families of veterans and military personnel.
3. **Advocate on public safety measures to be taken by the Government and local authorities** to minimize risks of GBV and increase the sense of security for women and girls and other at-risk groups, in particular: investment in street lighting; accessible infrastructure and transport; and expanded presence of police and security cameras in public spaces.
4. **Keep legislative reform on the agenda and promote alignment with global commitments on GBV**, working towards gender-responsive legal frameworks, together with **supporting effective implementation** of existing laws addressing GBV.
5. **Increase funding opportunities for women's rights organizations (WROs)**, together with **structured, phased capacity-building on GBV in emergencies (GBViE) programming**.
6. **Invest in building capacities on and systematize meaningful consultation with women and girls and other at-risk groups within GBV and humanitarian programming**, including expanding *Voices from Ukraine* nationally and systematically integrating participatory assessment with women and girls within evacuations and collective sites.

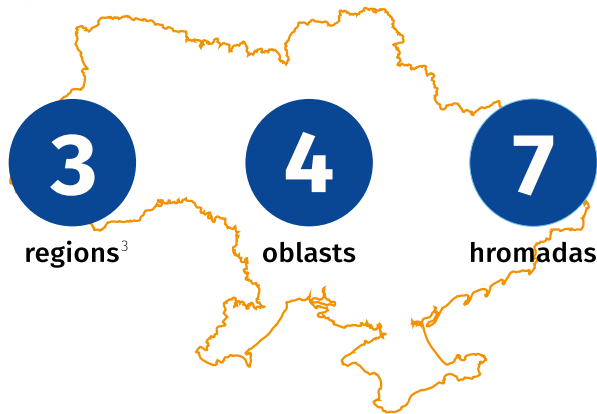
2



INTRODUCTION

WHAT WAS THE REACH FOR VOICES FROM UKRAINE IN 2024?

Regions and Locations for FGDs²



East, South, and West regions
 Kharkiv, Kherson, Lviv, and Zakarpattia oblasts

Number Reached through FGDs⁴

49 FGDs Conducted

Community Level	42 FGDs (30 FGDs with Women and Girls)
GBV Experts Level	7 FGDs

362 Persons Participated

Community Level	304 Persons (224 Women and Girls)
GBV Experts Level	58 Persons

What Does the Methodology for *Voices from Ukraine* Entail?

✓ Focus Group Discussions (FGDs) with women and older adolescent girls in communities, as well as with men and older adolescent boys, with groups disaggregated by diversity considerations:

- IDP women and girls
- Older women
- Women and girls with disabilities and their caregivers
- Roma communities
- LGBTIQ+ persons

✓ FGDs with GBV “experts”

✓ Secondary data analysis

Refer to [Voices Approach and Methodology](#) in Annex A for further information.

² Geographical coverage of the assessment includes both heavily conflict-affected and IDP-hosting contexts. One oblast per region took part, plus an additional oblast in the West in order to reach Roma communities. Two hromadas took part per oblast: one hromada more characterized by an urban context and one hromada representing more of a rural context.

³ Administrative divisions for Ukraine include the following levels: oblast (region); raion (district); and hromada (community), aligned with the *Humanitarian Needs and Response Plan* (HNRP). Region is used to refer to the wider territories composed of several oblasts in the different parts of Ukraine: Centre, East, South, and West.

⁴ Social vulnerability categories that interact with gender such as age, displacement status, ethnicity, ability, and Sexual Orientation, Gender Identity and Expression, and Sex Characteristics (SOGIESC) – together with geographical and environmental factors – were taken into consideration for *Voices* data collection and analysis in order to ensure an intersectional lens.

a. KEY CONTEXTUAL DEVELOPMENTS IN 2023-2024

Contextual Trends in 2023-2024

- Insecurity and hostilities
 - War-related and natural disasters (e.g. floods, wildfires)
 - Displacement
- Damage to civilian infrastructure
- Economic deterioration
- Gaps in essential services
- Disruption in family and social structures
- Movement constraints and social isolation
- Mental Health and Psychosocial Support (MHPSS) needs



Leading to...

- Increased number of persons in need
- Increased vulnerability and reduced resilience for women and girls and other marginalized groups



The full-scale invasion of Ukraine by the Russian Federation in February 2022 caused ongoing insecurity, widespread displacement, and growing humanitarian needs across the country. The Ukraine *Humanitarian Needs and Response Plan (HNRP)* for 2024 cites the “escalation” of hostilities throughout the past year and classifies the current humanitarian and protection crisis as “even more extreme”⁵. Throughout 2023-2024, the “dramatic escalation of the war...continued to steadily intensify...ravaging frontline communities, causing forced displacement, family separation, and widespread destruction of vital infrastructure, [and] decimating essential services across the country”⁶. Civilian casualties have continued to increase⁷, with communities living in daily fear of aerial attack. The targeting of and damage to civilian infrastructure have affected essential services and drastically reduced access to electricity, gas, and water, resulting in nationwide power outages⁸. Hostilities and the high level of insecurity have triggered large-scale displacement, particularly from frontline regions in the east and south of Ukraine, with an estimated three and a half million people internally displaced as of August 2024⁹. There have been consecutive waves of evacuations from Donetsk, Kharkiv, and Sumska oblasts through the course of the past two years, with the flooding of Kakhovka Dam in Kherson oblast and wildfires further exacerbating displacement.

Many households are experiencing family separation, because of displacement within and

What Is *Voices from Ukraine*?

Voices from Ukraine is a qualitative research exercise based on meaningful participatory consultation with women and girls, as well as men, boys, and other groups in communities. *Voices* centres around and elevates the diverse voices of women and girls. It offers a critical opportunity to hear directly from women and girls in Ukraine about their lived experiences and provides an understanding of how Gender-Based Violence (GBV) takes place in the current context.

Voices is a global approach that has been tested and successfully deployed in various humanitarian contexts, first launched in Syria, followed by Sudan, Libya, and Somalia. *Voices* was developed in response to primarily quantitative approaches and data informing humanitarian planning and the previous lack of systematic meaningful consultation of women and girls in emergency contexts.

In its first year in Ukraine, *Voices* was led and supported by the United Nations Population Fund (UNFPA) in close collaboration with the GBV Area of Responsibility (AoR) partners. *Voices* 2024 is intended to be a pilot and will be scaled up nationally in 2025.

⁵ Office for the Coordination of Humanitarian Affairs (OCHA). *Humanitarian Needs and Response Plan Ukraine*. December 2023: 3; 7.

⁶ OCHA. *Humanitarian Needs and Response Plan Ukraine*. December 2023: 7.

⁷ OCHA. *Humanitarian Needs and Response Plan Ukraine*. December 2023: 8.

⁸ OCHA. *Humanitarian Needs and Response Plan Ukraine*. December 2023: 8.

⁹ “3,669,000 estimated number of internally displaced people (IDPs) in Ukraine (as of Aug 2024).” United Nations High Commissioner for Refugees (UNHCR). Ukraine Situation Flash Update #75. 2024: 1. OCHA. *Humanitarian Needs and Response Plan Ukraine*. December 2023: 8.

outside of Ukraine. As large numbers of men have been mobilized within the Ukrainian military forces and conscription efforts have intensified over the last year¹⁰, it has led to a large number of women-headed households. The proportion of older women and other vulnerable groups in collective sites is high¹¹. A significant percentage of households have at least one member who is an older person, with a disability, or chronically ill¹². Many older women and men are on their own, disconnected from family support structures, particularly in frontline areas, and extremely vulnerable¹³. Inflation, unemployment, and the economic crisis in the country continue to worsen – with significant shocks to the agricultural-food sector – fuelled by insecurity, damaged infrastructure and businesses, electricity cuts, and displacement¹⁴. Economic deterioration has greatly impacted vulnerable groups who faced pre-existing socioeconomic barriers and discrimination¹⁵. Social isolation continues to deepen, as restricted movement and online schooling of children continue in many regions. In addition to the nationwide curfew, other constraints limit people’s mobility including insecurity, damaged infrastructure, and insufficient financial means to afford transport costs. High levels of distress and mental health concerns have been documented, as people struggle to cope with the impact of years of insecurity, disrupted family structures and support systems, and increasing stress and pressure¹⁶.

10 CARE. *Rapid Gender Analysis: Ukraine*. 2024: 16.

11 CARE. *Rapid Gender Analysis: Ukraine*. 2024: 27.

12 REACH. *Ukraine WASH Needs Assessment*. 2023: 27.

13 “The HNO highlights that ‘Ukraine has the largest percentage of older people affected by conflict in a single country in the world’ and suggests older people and people with disabilities in eastern Ukraine have been less likely to flee their homes due to reduced mobility, reluctance to abandon their homes, and lack of economic resources.” REACH. *WASH Needs Assessment*. 2023: 7.

14 OCHA. *Humanitarian Needs and Response Plan Ukraine*. 2023: 11-12.

15 CARE. *Rapid Gender Analysis: Ukraine*. 2024: 18.

16 OCHA. *Humanitarian Needs and Response Plan Ukraine*. December 2023: 7.

Vulnerable families in Ukraine are increasingly unable to meet basic needs and access essential services. The 2024 HNRP outlines the increasing number of persons in need in Ukraine, with numbers expected to rise as the crisis continues: “Over 14.6 million people – about 40 per cent of the Ukrainian population living in Ukraine – will need humanitarian assistance in 2024. Although the impact of the war remains far-reaching, exposing civilians, in most parts of the country, to the constant threat of bombardments and other protection risks, humanitarian needs are most acute in the east and the south. In this part of Ukraine, communities have been devastated by intense hostilities and humanitarian needs of people living in frontline communities are reaching levels of extreme and catastrophic severity”¹⁷. Security risks and needs continue to be extreme in the “crescent” frontline area. Other regions of Ukraine also experience frequent strikes and are hosting large numbers of displaced people, both in situations of prolonged displacement and recent evacuees. IDPs often have had to move multiple times and experience difficult living conditions, especially in overcrowded collective sites that lack privacy¹⁸. The 2024 HNRP notes that: “Of the 4 million internally displaced people within Ukraine, almost 3.6 million are in need of humanitarian assistance”¹⁹. Despite the ongoing insecurity, the HNRP reported that 2.6 million people had returned²⁰. Returnees face challenges reintegrating and accessing support because of damaged property and infrastructure and limited services and opportunities in their place of origin. There is a great disparity between urban and rural areas in Ukraine,

17 OCHA. *Humanitarian Needs and Response Plan Ukraine*. 2023: 17.

18 OCHA. *Humanitarian Needs and Response Plan Ukraine*. 2023: 15.

19 OCHA. *Humanitarian Needs and Response Plan Ukraine*. 2023: 15.

20 OCHA. *Humanitarian Needs and Response Plan Ukraine*. 2023: 34.

with areas outside cities characterized by more limited infrastructure, services, and work opportunities. Insecurity and other effects of the war have generated even greater challenges for people living in remote areas to reach assistance and services in the nearest urban hub.

The impact of the economic crisis, lack of jobs, electricity cuts, collective living, and restricted mobility are deepening vulnerabilities and risks across the country. Significant gaps in public services have been reported, with displaced populations overwhelming already strained capacities²¹. Staffing and resource shortages and facilities that are damaged or hosting displaced populations have affected access to services, particularly for health, education, and social services. While humanitarian efforts continue to try to meet growing needs in the context of Ukraine, the mid-year response analysis from January to July 2024²² reported that the 2024 HNRP is only partially funded at 38 per cent. Reductions and gaps in provision of humanitarian assistance across sectors were reported by affected communities during the consultations that took place as part of *Voices*, with needs outpacing the capacity to respond.

As the war in Ukraine nears its fourth year, the situation for women and girls and other at-risk groups is increasingly precarious. The HNRP describes how: “The people of Ukraine — mainly the most vulnerable: women, children, older people, marginalized groups such as people living with HIV/AIDS, the Roma, lesbian, gay, bisexual, transgender, queer, intersex (LGBTQI+) communities, and people with disabilities — continue to bear the brunt of the war”²³.

²¹ OCHA. *Humanitarian Needs and Response Plan Ukraine*. 2023: 10.

²² OCHA. *Humanitarian Response and Funding Snapshot and Mid-Year Review Analysis*. 2024: 1.

²³ OCHA. *Humanitarian Needs and Response Plan Ukraine*. 2023: 8.

The prolonged crisis greatly increases the risks of violence women and girls and other vulnerable groups face on a daily basis, while depleting their capacities to be able to protect themselves from and cope with the stress and violence in their lives²⁴.

b. KEY TRENDS IN GBV IN 2023–2024

GBV Trends in 2023–2024



Increasing risks and forms of GBV



Women and girls feeling less safe and more insecure



Reduced coping capacities of women and girls

²⁴ “In addition to protection of civilians concerns highlighted in the context, protection risks requiring immediate attention in the period covered by this analysis are: 1. Restrictions to Freedom of Movement, Forced Displacement, and Induced Returns; 2. Children’s Physical and Psychosocial Safety and Well-Being Threatened by Compounding Risks; 3. Gender-Based Violence, with Heightened Risks of Conflict-Related Sexual Violence, Sexual Exploitation and Abuse for Trafficking, Sexual Harassment and Other Forms of GBV; 4. Presence of Mine and Other Explosive Ordnance; and 5. Impediments and/or Restrictions to Access to Legal Identity, Remedies and Justice.” Protection Cluster. *Protection Analysis Update*. 2024: 2.

“There were problems even before the war, and now it’s been even worse.”

Displaced Woman in a Collective Site, Kharkiv²⁵

“There’s more violence now because people have become more aggressive.”

Displaced Woman with a Disability/Caregiver in a Rural Area, Lviv

“The situation has worsened and nobody knows now, in their opinion, at what time or within what period of time women, girls, and anybody else may be subjected to violence.”

Woman, Kharkiv

“If there’s more violence, it’ll be too much.”

Woman Caregiver, Kherson



Due to ongoing insecurity and other war-related factors (refer to [Key Contextual Developments in 2023-2024](#)), women and girls in Ukraine are experiencing growing risks and incidents of GBV. In general, women and girls across regions reported feeling less safe and facing increased violence in their daily lives. Displacement and collective living; more restricted mobility and the lack of lighting; the economic crisis; the high level of stress; and growing aggression and substance abuse among communities greatly compound the risks of violence for women and girls and other vulnerable groups. Certain forms of

²⁵ Quotations from FGDs are cited to the oblast level (rather than the raion or hromada level) in order to preserve anonymity and minimize potential risks in light of the smaller geographical scope in the pilot year. Identifying information of FGD participants is not recorded or included at any point during the data collection and analysis.

GBV that were already prevalent in Ukraine — in particular, IPV/DV — were reported to be significantly increasing, while risks of other types of GBV are emerging further, such as sexual exploitation and TFGBV. CRSV was documented to have taken place under occupation²⁶ and continues to be a significant fear among communities in previously occupied and frontline areas, with survivors who experienced CRSV facing ongoing consequences and steep barriers to seeking support.

Women and girls in Ukraine often face multiple and expanding forms of violence. IPV/DV was widespread before the war²⁷ and continues to be the main form of interpersonal violence experienced by women and girls in Ukraine. The intensity and frequency of IPV/DV was reported to be greatly exacerbated by stressors, such as families spending more time at home because of the curfew, insecurity, electricity cuts, and fear of conscription. Military personnel and veterans who return home are associated with heightened risks of aggression and substance abuse due to the impact of distress from their experiences, limited MHPSS support, and militarization, contributing to violence in the household. Elevated rates of IPV against women were described, as well as DV against adolescent girls and older women. IPV/DV manifests as physical, psychological, economic, and sexual violence and restrictions on rights and access to opportunities, resources, and services.

While the home was not necessarily safe for them, women and girls also reported feeling

²⁶ CARE. *Rapid Gender Analysis: Ukraine*. 2024: 32.

²⁷ CARE. *Rapid Gender Analysis: Ukraine*. 2024: 33.

more insecure when moving outside of the home. The lack of lighting stemming from damage to infrastructure and security considerations ([refer to Key Contextual Developments in 2023-2024](#)) contribute to women and girls feeling less safe and limits their mobility. Women and girls reported facing heightened risks of sexual violence when moving around their communities, such as in public spaces and on transport, also fuelled by growing substance abuse by men. Crowding and lack of privacy in collective living for displaced families contribute to IPV/DV, as well as to risks of sexual violence. Heavily militarized areas and military men under the influence while on leave also lead to some women and girls feeling insecure and increases risks of sexual violence.



Displacement, growing financial needs, limited options for safe accommodation, and difficulties finding work opportunities increase the vulnerability of women, girls, and other at-risk groups to exploitation, including SEA by people involved in humanitarian assistance. Many women were reported to be trying to enter the labour market – due to shifts in gender roles with many men away – increasing their exposure to exploitation and violence in the workplace. Women who lost their jobs to displacement, insecurity, and other war-related factors face challenges finding safe dignified work. Human trafficking for sexual exploitation was documented in Ukraine before the 2022 escalation,²⁸ with risks of sexual exploitation and trafficking only continuing to rise due to deepening vulnerabilities. Although reported not to be widespread in the context of Ukraine, child marriage together with adolescent pregnancy continue to be a concern in Roma and rural communities. While the impact of the crisis on child marriage is yet unknown – and increased awareness of risks was reported in some communities – drivers that contribute to child marriage are intensifying. Like other forms of GBV, TFGBV was noted to be growing and manifesting in new ways due to the crisis. Women and girls reported being subjected to cyberbullying, sexual violence in virtual spaces, and online scams and fraud.

Women and girls in Ukraine often face gender discrimination in different dimensions

²⁸ CARE. *Rapid Gender Analysis: Ukraine*. 2024: 33

of their life, which further compounds their risks and limits their access to services and opportunities. Gender discrimination was reported to interact with other forms of discrimination and severely affects marginalized groups of women and girls. Older women reported facing ageism in employment. Displaced and Roma women and girls experience barriers and discrimination for housing, employment, and services, as well as facing risks of bullying and harassment in schools and communities. Human Immunodeficiency Virus Positive (HIV+) women were documented to be subjected to obstetric violence, including denial of access to health services, pointing to the risks and barriers they face in society more widely due to the associated stigma. LGBTIQ+ persons reported experiencing growing risks of harassment, outing, and backlash due to their sexual orientation, gender identity, and sex characteristics (SOGIESC), including CRSV and other violence under occupation.

As the crisis approaches its fourth year, diminishing resources are increasing vulnerability to GBV risks and reducing the capacities of women and girls to cope with violence.

Greater dependence of survivors on perpetrators was reported, due to insecurity, scarcity of affordable housing options, and limited household financial means. **Survivors in Ukraine continue to face steep barriers to seek support and often remain silent about violence, with many barriers mounting due to the effects of the war.** Women and girls reported that survivors are afraid of retaliation and

shame — fuelled by widespread victim-blaming attitudes and normalization of violence in the Ukrainian context — and at times, do not realize that they are experiencing abuse. Together with prevalent harmful social norms, there is a lack of awareness reported in many communities of GBV and available services. In addition, growing war-related barriers pose further challenges for survivors and prevent them from coming forward and accessing support. Insecurity, lack of accessible transport, and limited time due to childcare and household responsibilities, especially for women-headed households, make it difficult for women and girls to participate in activities and reach safe spaces and service facilities. Fear of perpetrators being conscripted; idealization of men serving in the military and people involved in humanitarian assistance; and “deprioritization” of GBV further limit survivors from seeking help.

It is understood that cases of GBV in the country are vastly underreported, as found in humanitarian settings globally²⁹. Women and girls are often hesitant to discuss the topic of GBV due to the sensitivity. Thus, it is understood that *Voices* only provides a snapshot of what was raised by women and girls during the consultations that took place. There may be other forms and dimensions of violence that were not covered but are occurring.

Further information regarding the types of risks and violence experienced by women and girls can be found in the [Findings](#) chapter that follows.

²⁹ GBV AoR. *The Inter-Agency Minimum Standards for GBV in Emergencies Programming*. 2019: 107; 122.

Ukraine has taken significant steps through the years towards addressing GBV through legislative policies and other actions, including:

- 1981** — Ratification of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in 1981
- 2005** — Passing the national law on Equal Rights of Women and Men in 2005
- 2017** — Passing the national law on Preventing and Combating Domestic Violence in 2017
- 2018** — Issuing the Presidential Decree on urgent measures to prevent and counter domestic violence and violence based on sex and protection of the rights of victims in 2018
- 2020** — Participating municipalities in the UNFPA-supported Cities and Communities Free from Domestic Violence initiative building municipal systems of prevention and response to GBV from 2020 to 2024
- 2021** — Approval of the strategic framework to combat GBV from 2021 to 2025, including granting funds from state to local budgets for specialized services to support victims
- 2022** — Ratification of the Istanbul Convention on Preventing and Addressing Violence against Women and Domestic Violence in 2022
- Expansion of specialized support services to include victims of war-related violence, including sexual violence and human trafficking, in 2022
- 2024** — Issuing amendments to the criminal code of Ukraine in 2024 (in connection with the Ratification of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence), including officially shifting from domestic violence to the broader conceptualization of GBV

3



KEY FINDINGS

a. TYPES OF GBV

“Women and girls are exposed to different types of violence, including emotional, physical, sexual, and economic violence.”

Adolescent Girl, Kherson

“Physical, economic, sexual, psychological.”

Woman with a Disability/Caregiver, Lviv

“Of course, physical, sexual, economic and psychological violence exists.”

Older Woman in a Rural Area, Kharkiv

“I know about psychological, physical, and sexual violence [taking place].”

Adolescent Boy in a Rural Area, Lviv

“The tendency on GBV forms show that violence against women and girls remains prevalent in many instances, even more so now. Types of violence experienced by women and girls include physical, sexual, psychological and economic violence. The most common is psychological and physical. The tendency shows an increase in such cases.”

GBV Expert, Kherson

“Sexual and economic violence are the most common types. It started back in the times of the lockdown and it’s gotten worse during the war. Uncontrolled aggression from the partner.”

Woman with a Disability/Caregiver, Lviv

Refer as well to the table of [Key Findings](#) in the Executive Summary.

Risks of violence for women and girls in the war-impacted context are increasing both inside and outside the home. Women and girls across regions of Ukraine reported feeling less safe and facing greater violence over the past year. In particular, they described growing levels of IPV and DV within the household, as well as experiencing a greater sense of insecurity and risks of sexual violence when moving outside. Women and girls indicated that the high level of stress within families and communities due to the ongoing war was contributing to aggression and violence. **Risks of sexual and labour exploitation – including SEA and sexual trafficking – were also reported to be significantly increasing as vulnerabilities deepen.**

Women and girls in Ukraine are disproportionately affected by GBV. Women and girls with intersecting social vulnerability factors face heightened risks of violence. In Ukraine, displaced and returnee women and girls; adolescent girls; older women; women and girls with disabilities; Roma women and girls; women and girls in rural areas; and women and girls from socio-economically disadvantaged families experience elevated risks of GBV, as well as facing greater obstacles to seeking support in situations of violence. Other groups at heightened risk of experiencing GBV include LGBTIQ+ persons as well as HIV+ women. While women and girls are the most at risk of and affected by GBV, men and boys – particularly from marginalized groups – also face specific risks of sexual violence, as well as gender-related access barriers, namely, mobility constraints from fear of conscription. Risks of sexual violence for men and boys are chiefly associated with detention and torture in areas that had been or continue to be under occupation.

Women and girls in Ukraine frequently experience multiple forms of GBV. They are affected by different types of violence across their life cycle including in adolescence and older age. While most forms of GBV in Ukraine are pre-existing to the crisis, violence against women and girls and other at-risk groups has been greatly exacerbated by the effects of the war³⁰. **The main forms of GBV identified by communities and GBV experts in Ukraine during the *Voices* consultation include: IPV/DV; sexual violence including sexual harassment, sexual assault, rape, (child) sexual abuse, sexual exploitation, SEA, and trafficking; physical violence; psychological violence including bullying; economic violence; restriction of freedom of movement and expression; TFGBV; gender discrimination; labour exploitation of women; and more specifically related to LGBTIQ+ communities, outing and blackmail.** CRSV — and the widespread fear among women and girls of it taking place — was reported in formerly occupied areas. In addition to CRSV towards women and girls, there were also reports of CRSV against LGBTIQ+ persons, men, and boys.

Common forms of GBV taking place now — as identified by women and girls — are detailed in the sections that follow. Findings reflect the main forms of violence that emerged as concerns through the *Voices* consultation but are not an exhaustive list. Women and girls may be less aware of or more reluctant to speak about certain types of violence due to the sensitivity of the issue.

Refer to [Key Trends in GBV in the Introduction](#) for further information.

³⁰ "People with diverse vulnerabilities are continuously exposed to various forms of GBV, including intimate partner violence (IPV), conflict-related sexual violence (CRSV), sex trafficking, and survival sex, among others, due to the war, displacement, and loss of income." CARE. *Rapid Gender Analysis: Ukraine*. 2024: 32.

Common and Increasing Forms of GBV Identified in Ukraine





I. Intimate Partner Violence and Domestic Violence (IPV/DV)

“Domestic violence may have increased as people spend more time at home.”

Adolescent Girl, Kherson

“He gets drunk, comes over, beats her up, and what is she supposed to do about it?”

Displaced Woman with a Disability/
Caregiver in a Rural Area, Lviv

“They mostly fight and quarrel in the families, but I think they attempt to act only when it comes to physical violence, otherwise they put up with it waiting for it to pass on its own; they report violence as a measure of last resort when it’s impossible to hide it anymore.”

Woman in a Rural Area, Kharkiv

“It exists, of course, but within the family it is tolerated.”

Older Woman in a Rural Area, Kharkiv

IPV and wider DV were identified as the most common form of GBV and were reported by communities and GBV experts to be greatly increasing due to the war. Secondary resources also warned of the impact of the ongoing war in exacerbating tensions and violence within the family³¹. Women in Ukraine face an escalating level of IPV by their husbands and partners driven by growing pressure. Violence towards older women by their sons and children was also reported to be rising, while adolescent girls experience violence mainly from fathers and parents. Emergent war-related risks aggravating IPV/DV include the stress from insecurity, displacement, and collective living. Families spending more time at home; electricity cuts; economic pressures; and lack of employment were also identified as contributing to violence within the household. These risk factors contribute to and are often found in combination with substance abuse, which further fuels violence. Increased aggression was observed in the home, closely correlated with growing consumption of alcohol and drugs by men and youth. Increased risks of IPV/DV were also associated with households in which men experience limited mobility due to fear of conscription, as well as with men returning on leave or discharged from the military.

³¹ “Domestic violence, particularly IPV, remains prevalent in Ukraine and the problem has been significantly exacerbated by the war.” CARE. *Rapid Gender Analysis: Ukraine*. 2024: 32.

Violence towards women and girls within the home was reported to be common, in particular IPV: **“Women beaten up by their husbands, it can be natural in the families”** (Roma Adolescent Girl, Zakkarpattia). Women and girls described escalating tensions and violence within the household as the crisis continues into its third year. IPV/DV typically manifests as a combination of physical, psychological, economic, and sexual violence. While there was less reference in Focus Group Discussions (FGDs) specifically to marital rape, this was likely due to the sensitivity of the topic. There were also reports of perpetrators exercising control and denial of freedom of movement and expression as part of IPV and DV. Women most often face violence from their husbands and intimate partners: **“We have a girl who gets constantly beaten up by her own boyfriends, her children see this”** (Older Woman in a Rural Area, Kharkiv). Women and girls are also frequently subjected to violence from other family members. Some older women were reported to experience violence from their sons or children. Violence against adolescent girls was often at the hands of parents, especially fathers: **“Yeah, there’s a girl who calls the police herself. When her father gets violent, she’ll call straight the police”** (Woman in a Rural Area, Kherson).

Growing risk factors were described as driving the increase in IPV and DV. Households face stress from insecurity and economic needs, as well as living conditions for displaced families in shared housing: **“One of the biggest risk factors is the war itself, people are constantly stressed and afraid...As a consequence, they later snap at their family and children”** (Woman with a Disability/Caregiver in a Rural Area, Kharkiv). People are spending more time at home because

of the curfew, electricity cuts, and security risks, leading to greater exposure for women and girls to violence from family members. Men who are afraid of being conscripted are often confined to the home. Women in FGDs described how some men could feel that their sense of masculinity was challenged and take out their stress and frustration on the women in their lives. This was particularly the case for men without work; in displacement; and with constrained mobility due to fear of conscription: **“People who didn’t use to drink alcohol have started doing this now. There have been also cases where IDPs who had owned business and everything had been well, moved to the village, began to drink and... violence started. She says he’s never laid a finger on her and now he began to”** (GBV Expert, Kharkiv). Lack of housing options — and the consequential overcrowding— was seen as contributing to violence, as well as then making it difficult for survivors to leave: **“The property issue encourages domestic violence, people don’t have the money to distance themselves, rent or buy their own separate accommodation”** (LGBTIQ+ Person)³². Families of military personnel were also identified as experiencing higher risks of IPV/DV: **“There are several dysfunctional families in the hostel, the partner committed physical violence against his woman, even when she was pregnant. The police were called a few times. Also, the abuser poses a risk to the other residents of the hostel. The abuser in the hostel is a former serviceman who has health problems and when his state of health gets worse, he becomes more aggressive, uses alcohol”** (Displaced Woman in a Collective Site, Lviv). Mobilized men often experienced distress as part of their experiences

³² Citations throughout the report for the quotes from FGDs conducted with LGBTIQ+ communities do not include the oblast in order to further protect anonymity and mitigate risks.

and have not necessarily received the necessary MHPSS support: **“However, there’s no proper social support for them, no psychologist during their leave”** (Woman with a Disability/Caregiver, Lviv). In some cases, veterans are dealing with war-related injuries or disability. Substance abuse was identified as a factor combining with other risks to escalate the frequency and severity of IPV/DV, often in association with military men on leave and veterans.

Displaced and Roma³³ women and girls were seen to be especially at risk of IPV/DV: **“For IDP women...violence prevails as they have no housing, job or money and have children that need to be cared for, and their husbands start abusing alcohol”** (Displaced Adolescent Girl, Lviv). Adolescent girls, older women, and women and girls with disabilities were also seen as being at heightened risk of experiencing IPV/DV. In addition, LGBTIQ+ persons reported IPV and DV as a concern within the community. There were a few reports of more men experiencing IPV³⁴.

IPV/DV was identified as one of the forms of GBV which survivors find it most difficult to disclose, particularly IPV: **“If it happens in the family, with relatives, parents, or a husband, I think fewer women contact such services. There are those that ask for help but there are fewer of them compared to those that don’t know their abuser”** (Displaced Adolescent Girl in a Rural Area, Lviv). There is widespread normalization and victim-blaming for IPV/DV, so women may be reluctant to discuss abuse due to pressure to keep matters “private” within

the home: **“It’s difficult to answer the question about domestic violence because people are not willing to talk about it”** (Woman in a Rural Area, Kharkiv). Myths frequently expressed by communities imply that women “choose” to be in abusive relationships and normalize IPV as part of “love”: **“You know our people. They have a row and everything is fine by morning. That’s how they live. They like it”** (Woman Caregiver in a Rural Area, Kherson). Women are often blamed for “provoking” their husbands: **“Violence only happens to dishonest women who provoke her men, cheat on them, or communicate with other men”** (Roma Woman in a Rural Area, Lviv). Community members commonly ignore situations of IPV/DV, considering it to not be “their business,” seeing it as normal, and fearing retaliation: **“I wouldn’t interfere in someone else’s family. If a child was hurt, then yes. But if they are adults, I call the police, they come and the wife’s already kissing him. I’m the one to blame”** (Woman in a Rural Area, Kherson). Another woman explained: **“There are incidents when a husband and a wife are arguing but no one interferes as they’ll make up later. And if we interfere, we’ll just end up as enemies”** (Older Woman in a Rural Area, Kherson).

FGD participants indicated that women only go to the police if IPV is “serious,” defined as when survivors suffer grave injuries or fear for their lives. There was less awareness and recognition of psychological violence within IPV/DV.

Barriers for survivors to disclose GBV and seek support were identified to be deepening due to the war. Due to the fear of men being conscripted, women were reported currently to be even less likely to disclose abuse. There were a couple of reports of the Territorial Selection Centre

³³ “Physical violence is more often a consequence of the fact that women are generally less protected in the Roma community, have no mechanisms to address their problems, and are financially and psychologically dependent. In fact, in such cases, this often causes systematic domestic violence.” *Voices of Romni. Identity, Gender Aspects, and Traditions*. 2024: 34-35.

³⁴ Noting that this should be interpreted within the larger understanding of limited community awareness on GBV and prevalence of victim-blaming attitudes in the context of Ukraine that often assign blame to women.

(TSC)³⁵ accompanying the police in response to calls. The prominent view idealizing men in the military as “heroes” also deters women from coming forward, as they feel they need to “respect their sacrifice”: **“A real situation from life: a man comes back from war on leave, beats up a woman, neighbours call the police, and the woman refuses to write a report because it’s her husband, who’s fighting in the war. The romanticization of the military”** (Woman with a Disability/Caregiver, Lviv). Additionally, survivors face increasing challenges related to their economic and housing situation, which prevents them from leaving situations of abuse. Women were reportedly more fearful of being alone due to insecurity from the war. Other barriers to seeking support in cases of IPV/DV include: shame; limited awareness of IPV/DV; lack of financial independence and having nowhere to go; protecting the children and family; protecting the perpetrator; fines for the perpetrator falling to the survivor to pay; lack of trust in the police and authorities; and limited access to GBV services. Cases of dismissal and minimization of IPV/DV by the police were identified as deterring other survivors from coming forward: **“We see that police officers often wrongly qualify [classify] cases of GBV [in the home] as a conflict [rather than a crime]. Victims don’t get an appropriate response from the police, so they don’t seek further help”** (GBV Expert, Kharkiv). Certain groups — particularly women and girls in rural areas, adolescent girls, Roma women and girls, and LGBTIQ+ persons — were seen as facing heightened barriers to disclosing IPV/DV.

Specific Barriers for Survivors in Ukraine to Reporting IPV/DV and Seeking Support

Affected Group	Type of Barriers
Women and Girls in Rural Areas	Less awareness on violence and limited access to information; entrenched social norms; increased fears about lack of confidentiality due to close relationships in the community; less availability of and heightened barriers to access GBV services
Roma Women and Girls	Social pressure and expectations to keep situations within the family and community (e.g. resorting to the “elder” man in the family or community “baron”)
LGBTIQ+ Persons	Reluctance to report partners to authorities; fear of discrimination, mistreatment, and outing: “I won’t go to the police to report my lesbian girlfriend (partner) committing domestic violence, sexual violence.” (LGBTIQ+ Person)

Refer to [Home](#) in Locations of GBV for further information.

³⁵ Territorial recruitment and social support centres are military management bodies that ensure the implementation of legislation on military duty and military service, mobilization training, and mobilization. GoU, [Government Decree](#). 2022.



II. Sexual Violence

Women and girls across regions feel less secure. Women and girls described increased risks and incidents of sexual violence in shared spaces and when moving outside of the home. In particular, women and girls identified the lack of lighting as contributing to a growing sense of insecurity and reducing their mobility. Other risk factors for sexual violence include crowded conditions, lack of privacy, and sharing living space with unrelated household members in collective accommodation; widespread substance abuse; and the sizable presence of military personnel in frontline areas. Women and girls described fears about men under the influence of alcohol and drugs in public spaces, on transport, and in collective sites. Certain risks were also identified along evacuation routes for women and girls displaced from frontline areas. Forms of sexual violence described include rape, sexual assault, sexual harassment, sexual abuse of children, sexual exploitation and trafficking, and SEA, as well as sexual violence as part of TFGBV. CRSV was reported to have taken place in occupied areas towards women and girls, as well as men and boys and LGBTIQ+ persons in contexts of arbitrary detention.

“Alcohol, drugs, strangers – everything poses risk and danger.”

Woman Caregiver in a Rural Area, Kherson

“Why wouldn’t you walk in the dark? Out of sheer precaution – who knows what might happen at night, some bunches of youngsters, smoking, so on. Transport connection is so that you need to get to the bus-stop first. These days, I would not walk along the highway on my own because someone might turn up and do something. One day, a guy gave me a ride and started harassing me, so I will never do such a thing again.”

Older Woman in a Rural Area, Kharkiv

“But I’m afraid. There’s a lot of our military. Yeah, our guys. But I don’t know what they’ve experienced, what kind of trauma and what can be expected. I get around the village normally. But still...”

Woman Caregiver in a Rural Area, Kherson

“There was talk of rape in the village. When the [Russians] were there.”

Adolescent Girl with a Disability in a Rural Area, Kherson

“Reporting sexual exploitation and abuse is extremely difficult.”

LGBTIQ+ Person

Sexual Violence in Communities:

Women and girls frequently expressed a growing sense of insecurity and identified heightened risks of sexual violence in their environment. Fears of sexual violence affect their mobility and access to humanitarian assistance and GBV services. Often, women and girls indicated that they avoid going outside once the lighting is out at night, even for urgent needs. Women and girls shared that risks of sexual violence are everywhere. There were reports of sexual harassment, sexual assault and attempted rape, and rape on the streets, in public spaces, and on transport, often linked to men under the influence of alcohol and drugs: ***“We are afraid. Well, when the man was walking behind me. You don’t know what he wanted”*** (Displaced Adolescent Girl in a Rural Area, Kherson). Another woman described: ***“This guy would come to the Village Council in the winter. It was hard to shut him up. He touched my friend. We had to go in one direction to get home and he would follow me and made weird comments. Here is a quote: ‘I consider you a friend, but if you won’t want to be one, I will find you and stab you and your family’”*** (Woman in a Rural Area, Kharkiv). Areas in which there is a significant presence of “strangers” or military men were seen as particularly insecure: ***“One day, one girl was walking alone on the street and two men were following her and tried to abuse her. She was lucky that she escaped. It was dark, and we do not know if they were civilians or military men, no possibility to identify them. It is very difficult and very emotional to go through it. We feel fear because of it”***³⁶. Sexual violence was also identified as occurring in the context of collective living.

³⁶ GBV AoR. Focus Group Discussions with Women and Girls — Kharkiv. 2024: 3.

Cascading Effect from a Sense of Insecurity for Women and Girls and Risks of Sexual Violence

Growing **sense of insecurity** from hostilities, lack of public lighting, and spreading substance abuse in communities



Affects the **mobility** of women and girls



Affects women and girls’ **access** to humanitarian assistance and services and to GBV services

Sexual Violence within the Home: Sexual violence as part of IPV/DV and sexual abuse of girls and children by household members were both referenced: ***“We’ve had a case when an adolescent girl had tolerated sexual violence by her mother’s cohabitant for almost six months, And then she told us herself. She called the police”*** (GBV Expert, Kharkiv). Marital rape was less directly discussed likely due to the sensitivity of the topic and less awareness regarding it being a form of violence. Sexual violence is also implicit in child marriage ([refer to Child and Forced Marriage](#)), as adolescent girls are unable to provide informed consent in light of the power disparity and their developmental stage.

Sexual Violence in Collective Sites:

Women in collective sites expressed concern about leaving children and other dependents alone due to fears for their safety, which makes it difficult for them to move around in light of the lack of childcare options.

Some IDP women and girls who participated in FGDs in the West also described risks of sexual violence along their displacement route during evacuation, in particular on trains and on arrival at train stations.

Sexual Violence in Militarized Areas and CRSV:

Some women and girls indicated they feel more comfortable and less insecure with the presence of their own military forces nearby, compared with to how they felt previously under occupation. However, others expressed concern about the large presence of military men in the area, due to them being strangers, the impact of stress and militarization on them, and a lack of accountability: ***“I went home to Donetsk oblast...When my mother was alive, she wouldn’t let me go out because there were so many things that could have happened. A lot of military personnel are there now, I’m not saying the military personnel are bad, but there are different cases. It happens that they just take girls somewhere out of town and then others look for girls for days...There’s no punishment for that there. Everyone’s gone”*** (Displaced Adolescent Girl in a Rural Area, Lviv). Community members were hesitant about discussing sexual violence associated with Ukrainian armed forces because they are idealized as heroes and criticism of the military is regarded as a social taboo, as well as in light of deprioritization of GBV during the war.

Refer to [Militarized Areas in Locations of GBV](#) for further information.

CRSV against women and girls during the prior occupation in the South and East regions was reported. In some cases, women and girls denied that sexual violence had taken place in their area but referenced rape occurring in other areas, possibly as a form of disassociation: ***“About sexual violence...There was no sexual violence in the village. /³⁷ It was in Kherson. It happened to my friend. Russian military during the occupation”*** (Displaced Adolescent Girls in a Rural Area, Kherson). CRSV against men and boys and LGBTIQ+ persons who were arbitrarily detained and tortured was also reported: ***“There were instances when people were taken away, but that happened during the occupation period. There was violence and all sorts of things. But that’s a tough subject—those who experienced it don’t talk about it easily. It stays with you forever”*** (Man in a Rural Area, Kherson).

In heavily militarized areas, there were also references to survival and transactional sex/sex work³⁸, both during and after the occupation.

Sexual Exploitation, Trafficking, and SEA:

Risks of sexual exploitation were described as greatly exacerbated by households’ deteriorating economic situations³⁹. There were reports of vulnerable families taking out loans⁴⁰ or experiencing labour exploitation in return for housing and food, pointing to heightened risks of sexual exploitation: “Due to the living costs they need to use loans, mostly to cover medical and funeral expenses. However, the option to

³⁷ The forward slash “/” is used to indicate when there is a discussion with more than one voice speaking from the FGD.

³⁸ Noting that the terms “survival sex,” “sex work,” and “transactional sex” when used in the report are not intended to indicate judgment or implication of responsibility on the part of women and girls and persons engaged in survival sex and sex work, recognizing these are male dominance-driven tendencies. OCHA. *Suggested Terminology for Humanitarian Reports*. 2024: 1.

³⁹ “The impact of displacement and economic vulnerability exacerbates their risk of the adoption of negative mechanisms, including sexual exploitation and exploitative relationships, as a way to access basic needs.” Protection Cluster. *Protection Analysis Update*. 2024: 10.

⁴⁰ Danish Refugee Council (DRC). *Protection Monitoring Snapshot*. 2024: 6.

borrow money has become extremely difficult”⁴¹. Sexual exploitation and sexual violence are also associated with the workplace: **“I’ve heard several stories about employers who harass employees, force them to do things they shouldn’t be doing”** (Woman, Kharkiv). While there was less direct reference to sex trafficking within primary data, secondary reports pointed to pre-existing patterns of trafficking, which have been further exacerbated by displacement, family separation, and economic vulnerability⁴².

Communities were hesitant to consider the possibility of SEA, due to a lack of awareness of the risks and reluctance to criticize humanitarian workers and authorities. Despite widespread expression of myths regarding SEA, participants in several FGDs reported being aware of SEA taking place: **“Of course, everyone knows about such cases. There are cases when a person depends on assistance, is lonely and has no one to ask advice from, so they could be deceived” (LGBTIQ+ Person)**. A GBV expert similarly indicated: **“There were such cases in Ukraine. They were representatives of humanitarian organizations”** (GBV Expert, Mykolaiv). Refer to [GBV Risks and Access Barriers in Humanitarian Sectors](#) for further information.

Women and girls emphasized that risks of sexual violence are everywhere. Risk factors include the lack of lighting and increasing consumption of drugs and alcohol, as well as shared living with unrelated persons: **“I live in a hostel...a lot of things happen on other floors like scandals”**

⁴¹ GBV AoR. *Focus Group Discussions with Women and Girls — Kharkiv*. 2024: 4.

⁴² “While Ukraine was a source, transit, and destination country for human trafficking before the escalation of the war, the risk of trafficking has increased with the full-scale invasion. Lack of financial resources and safe alternatives for income generation, displacement, and loss of key infrastructure and support systems have created conditions which leave people vulnerable to trafficking for sexual exploitation, particularly women, girls, and boys...Recent evidence shows that lack of income and economic opportunities are linked with exacerbated risks of survival sex and trafficking, especially in some rural areas near the front-line. In addition, there is an increase in online recruitment for sexual services, as traffickers and abusers take advantage of people in vulnerable positions.” CARE. *Rapid Gender Analysis: Ukraine*. 2024: 33-34.

(Displaced Adolescent Girl in a Rural Area, Lviv). A woman described the great sense of insecurity and fear of sexual violence stemming from growing substance abuse by men: **“Because of the increased aggressiveness of men who drink alcohol, and it doesn’t matter any longer whether a woman or a girl walks past the hostel where there’s a perpetrator, be it at daytime or at night”** (Woman, Kharkiv). Greater presence of military personnel also fuels concerns of sexual violence: “The increased and largely male presence of the military in communities was reported by several female participants as contributing to feelings of vulnerability and insecurity among women”⁴³. Additionally, communities referenced growing theft and crime, the limited presence of law enforcement, and the lack of security cameras in public spaces as contributing to their feeling of insecurity, with women and girls at higher risk of being targeted by criminal elements: “Women living in households in rural [areas] where male relatives are away serving in the armed forces were identified to be at increased risk of looting and physical violence perpetrated by marginalized men, who have not been recruited to military services in rural areas. This was also noted as a wider protection risk for isolated persons with disabilities and elderly persons living alone”⁴⁴.

Certain places and times of the day were associated with heightened risks of sexual violence, in particular after dark and when travelling alone. Locations of concern include unlit and abandoned areas; heavily militarized areas; collective sites; streets, public transport, and public spaces; and stairwells, lifts, and bomb shelters. Women and girls were worried about the widespread

⁴³ DRC. *Rapid GBV Assessment: Chernihiv and Sumy Oblasts*. 2024: 3.

⁴⁴ DRC. *Rapid GBV Assessment: Dnipropetrovsk and Zaporizhzhia Oblasts*. 2024: 4.

electricity shortages and having to face longer hours in the dark during the winter. Groups seen as particularly at risk of sexual violence include displaced women and girls, adolescent girls, women and girls with disabilities, and children.

Sexual violence was also identified as one of the forms of GBV that is most difficult for survivors to report and seek support for due to the associated stigma and shame: **“Women who have been sexually abused don’t seek help, they keep it all to themselves”** (Displaced Woman, Lviv). This is particularly the case for CRSV under occupation, sexual violence committed by Ukrainian military forces, and SEA by providers of humanitarian assistance, due to power disparities and the associated risk of social rejection. Social attitudes reinforce victim-blaming of women and girls as “provoking” sexual violence because of the way they dress or act. Sexual harassment by men and boys was also widely normalized.

Examples of Victim-Blaming Attitudes for Sexual Violence

“One should wear more covering outfits.”

Adolescent Boy in a Rural Area, Lviv

“You can change your outfit or behaviour to avoid being provocative.”

Adolescent Boy, Lviv

“Of course, men stare at short skirts, those [women and girls] who have nice legs, at neckline.”

Older Woman in a Rural Area, Kharkiv

Survivors of CRSV face significant barriers to seeking support. Women and girls perceived to have been involved with the Russian military during occupation face strong community judgment, creating a barrier for disclosure: **“The most disgusting thing was when girls themselves went to them, I understand that we aren’t about it now, but still...”** (Displaced Woman in a Collective Site, Kherson). Another woman similarly stated: **“There were girls who during the day met some lads – soldiers – and there are some elements who voluntarily went to Russian soldiers. There’s a bad apple in every barrel”** (Displaced Older Woman in a Collective Site, Kharkiv). The perception of women and girls associated with Russian soldiers is that they “chose” to “collaborate,” indicating limited understanding in communities of possible situations of sexual violence or survival sex: **“I’ve heard that they lived with Russians of their own free will, too. Just as some started to co-operate. / Well, violence is something against your will”** (Adolescent Girls with a Disability in a Rural Area, Kherson). FGD participants often disassociated women and girls who engaged with Russians soldiers from their own communities and referred to them as being from other towns: **“Because the girls used to go to them. No, not locals. They came by bikes from the neighbouring village”** (Woman Caregiver in a Rural Area, Kherson).

In cases of sexual violence committed by perpetrators associated with the Ukrainian military or humanitarian activities, survivors are also hesitant to come forward: **“Regarding sexual exploitation, unfortunately, not every person will report it, because it’s a shame, and people will point their fingers, so they (survivors) are afraid”** (Displaced Older Woman in a Col-

lective Site, Kharkiv). There is a widespread belief held by communities that sexual violence cannot be committed by Ukrainian military forces or humanitarian personnel: **“Nice people visit us. I can’t even imagine such a thing”** (GBV Expert, Kherson). This perception leads survivors to fear facing disbelief and social condemnation for speaking out. The power differential and accompanying fear of retaliation and sense of impunity further contribute to the reluctance

of survivors to come forward. FGD participants frequently did not believe that SEA could possibly take place in their community and thought it was something that only occurred in other countries: **“Our children and acquaintances were involved in volunteering at the distribution points so it could not possibly have happened”** (Older Woman in a Rural Area, Kharkiv). A lack of awareness of the risks of SEA contributes to it being more hidden.

The following forms of violence – physical, psychological, and economic violence – are all forms of violence commonly experienced by women and girls in Ukraine and significantly increasing due to war-related pressures. These three forms of violence were most frequently described in relation to IPV/DV as components of GBV within the home between family members.



III. Physical Violence

The prevalence and severity of physical violence was reported by women and girls to be increasing, frequently exacerbated by substance abuse within households and communities. Physical violence was most commonly referenced as part of IPV/DV: **“The most common type of violence in our community is domestic physical violence”** (Roma Woman, Zakarpattia). Physical violence was regarded as the form of GBV that is more recognized than other more “invisible” forms of violence that communities are less aware of as a form of GBV (such as psychological violence or economic abuse). However, physical violence as part of IPV/DV is still frequently ignored and minimized by families and communities, unless it is considered to be “severe” or takes place against young children. In addition to frequent reports of beating and other physical abuse within households, there were several reported cases of femicide, either as part of IPV or related to sexual violence outside the home.

“Physical violence.”

Displaced Woman with a Disability/
Caregiver in a Rural Area, Lviv

“When I was living in my apartment, the police came to the neighbours and I found out later that the husband beat his wife.”

Displaced Woman in
a Collective Site, Kherson

“When a man sees a woman tolerating emotional violence, he may commit physical violence as well. She’s patient because she thinks something might change.”

Displaced Adolescent
Girl in a Rural Area, Lviv

Beating and Physical Assault: Physical violence was described as manifesting mainly as beating and physical assault. Women across regions in Ukraine reported increasing levels of aggression and violence within the household: **“Women experience physical violence more often”** (Displaced Adolescent Girl in a Rural Area, Lviv). Physical violence takes place as part of IPV against women by husbands and partners: **“My sister lived with someone a few years ago and he used to beat her. We even had to find her a new home, and she called ‘POLINA’⁴⁵ [the police] several times. Our police saved her”** (Man in a Rural Area, Kherson). Broader DV against women and girls by family members also often entails physical abuse, for example, violence towards adolescent girls by their fathers and parents. An adolescent girl noted how: **“It seems to me**

⁴⁵ Police anti-domestic violence network of mobile units to address GBV in the context of Ukraine, abbreviated POLINA.

that children under the age of 16, 18 suffer from physical violence” (Displaced Adolescent Girl in a Rural Area, Lviv). There were also some reports of brothers beating sisters. Physical violence was reported to be increasing in communities, due to increased stress, aggression, and influence of alcohol and drugs.

High rates of physical violence were reported in collective sites. In addition to within the home, physical violence against women and girls takes place in public and shared spaces; during disputes in distribution lines; and as part of bullying in schools. Incidents of theft also can involve physical violence and occur on trains, near distribution locations, and in homes, often targeting women who are alone or other at-risk groups.

Femicide: Although it is understood to be underreported across humanitarian contexts, several examples of femicide were cited in FGDs. In the cases described, femicide was an outcome of both IPV/DV and sexual violence. A woman recounted: **“My friend got killed by her husband, she lives in the suburbs of the city and she wouldn’t go here [to the safe space] because it’s far away, and if a shelter for women was closer, she might not have died that lethal evening”** (Woman, Kharkiv). There was also a report of a woman who experienced sexual violence and was killed in a park. According to another woman: **“Women were strangled to death after sexual violence in Kherson. Girls were released after rape. This was in the late spring 2022”** (Displaced Adolescent Girl in a Rural Area, Kherson).

Factors driving the increase in physical violence in the current context include stress from hostilities, displacement, shared living, spending

more time at home, financial needs, and loss of employment. Growing levels of crime and insecurity in communities also contribute to physical violence. Physical violence was often referenced in relation to hostels/collective living and military men on leave or discharged. There was reference to more incidents of violence in heavily conflict-affected areas: **“I went home to Donetsk oblast, so I observed more violence there, more physical violence”** (Displaced Adolescent Girl in a Rural Area, Lviv). Increased targeting of women and vulnerable groups for theft was attributed to the economic crisis, the lack of work opportunities, lighting cuts, and substance abuse. Physical violence both within and outside the home was often associated with men and youth under the influence of alcohol and drugs. Substance abuse was seen as increasing the intensity of violence. GBV experts confirmed the rising level of aggression and severity of physical violence: **“There have been more cases of physical violence, sometimes with hospitalization, severe beatings. Aggression has increased and brutality in society”** (GBV Expert, Lviv).

Physical abuse was described as the form of GBV that is “easier” for communities and service providers to identify. Physical violence is often the only type of GBV that men and boys are aware of: **“I know about physical violence.**

I don’t know the others [forms of violence]. I’ve heard of men who can beat a woman at home”

(Adolescent Boy, Lviv). Women and communities were described as more likely to know it was unacceptable and report physical violence than other forms of violence, chiefly in cases of grave injury. Nevertheless, there is still minimization of physical violence — including by the police — in particular, for cases of IPV. Physical violence is often perceived to be normal and not serious:

“I’ve heard of a husband beating his wife, but I’ve never heard of anything serious” (Man in a Rural Area, Lviv).

Women and girls described the normalization of physical violence: **“Also, physical violence has been identified, that is women beaten up by their husbands, it can be natural in the families”** (Roma Adolescent Girl, Zakarpattia).

An adolescent girl explained: **“When children see violence in the family, they grow up thinking that physical violence is normal”** (Displaced Adolescent Girl in a Rural Area, Lviv).

Some participants noted a generational shift in awareness in understanding that physical violence is unacceptable: **“Most of the adult population considers this behaviour [physical domestic violence] between spouses as the norm. Whereas younger guys and girls already know that this behaviour is unacceptable and tell this to their children”**

(Roma Woman, Zakarpattia).



IV. Psychological Violence

“[Women] are currently subjected to violence, mostly to psychological violence.”

Woman, Kharkiv

“Insults against women whose husbands are mobilized and those who are not.”

GBV Expert, Lviv

Psychological violence, also referred to as verbal and emotional abuse, was described as one of the most common forms of violence and reported to be increasing due to war-related factors. Cited elements of emotional abuse include shouting, insults, threats, manipulation, judgment, bullying, and verbal harassment. Verbal abuse frequently goes along with physical violence as part of IPV/DV. Women are increasingly experiencing psychological violence from their husbands and partners. Emotional abuse was also reported to be often directed towards older women by their children and children-in-law. Outside the home, there were reports of growing bullying and harassment, in particular towards marginalized groups such as IDPs, Roma, and LGBTIQ+ communities, with women and girls from these groups facing heightened risks. Adolescent girls described facing a high level of bullying and cyberbullying from their male peers and others in communities. Despite its prevalence, psychological violence was regarded as not being widely acknowledged and known by communities as it is less visible. There is a widespread lack of awareness within communities that verbal abuse constitutes a form of violence.

“People mostly experience psychological violence, since it is always present with physical and economic ones.”

Displaced Adolescent Girl, Lviv

“Bullying in schools and other social groups is also a risk factor that can increase the possibility of violence.”

Adolescent Girl, Kherson

“It’s also important to pay attention to the possible increase in psychological violence, as stress and anxiety can worsen the situation.”

Adolescent Girl, Kherson

Types of Acts Described by Women and Girls in Ukraine as Part of Psychological Violence

- Shouting; yelling
- Insults
- Humiliation; denigration
- Manipulation; gaslighting
- Bullying
- Slander
- Threats; pressure; intimidation

Within the home, psychological violence was reported as the most common form of violence and increasing due to growing stress from the war. As part of IPV/DV, psychological abuse is often accompanied by physical and other types of abuse: **“Where there’s physical violence, there’s emotional violence; if it’s done by someone you love, leaving that person can be hard”** (Displaced Adolescent Girl in a Rural Area, Lviv). Women and girls described strategies used by perpetrators to reduce their self-esteem and isolate and control them: **“If it’s psychological violence, the woman suffers because the man**

can manipulate her into doing nothing, telling her that you can't do anything without me, that you can't do anything" (Displaced Adolescent Girl in a Rural Area, Lviv). Perpetrators utilize verbal abuse to make the survivor feel inferior and keep them dependent. As with physical violence, psychological violence most commonly takes place as part of IPV in the home. Emotional violence towards women by their husbands was reported to be intensifying, as men struggle with the effect of the pressures they face and increasingly turn to substance abuse. Psychological violence more widely towards women and girls in families as part of DV was also reported to be growing. FGD participants described verbal abuse of children by their fathers and parents, as well as towards older women by their children (in-laws): **"I'd like to add that in addition to physical and economic violence, older people also face psychological violence a lot, as it's perpetrated by their own children or grandchildren, and it's difficult for the elderly even to call the police"** (Displaced Adolescent Girl, Lviv).

There is also increasing verbal abuse taking place in communities. Elevated levels of aggression were described in community spaces, especially by men and youth under the influence of drugs and alcohol. High rates of bullying and violence were reported to be present among children and adolescents: **"Psychological violence is widespread especially among teenagers: humiliation, foul language"** (Woman with a Disability/Caregiver, Lviv). The limited socialization of children and influence of social media were regarded as increasing aggression. Women and girls described the negative impact on children of stress from shelling and displacement, together with long periods of online schooling.

Insecurity and other constraints limit the availability of safe spaces for children to interact with their peers and participate in psychosocial and recreational activities. In particular, adolescent girls frequently experience bullying, including by their male counterparts: **"Our peers aren't very nice to girls"** (Displaced Adolescent Girl in a Rural Area, Kherson). Bullying takes place in schools and virtual learning spaces. Perpetrators of bullying and verbal abuse in schools were reported to be both other children and teachers. Cyberbullying online was reported to be escalating among adolescents. Groups of children and adolescents at greater risk of bullying include displaced, Roma, and LGBTIQ+ children and children with disabilities, with girls in these groups facing heightened risks due to the intersection of gender with other vulnerability factors: **"Russian-speaking [displaced] children aren't accepted by their peers in playgrounds; that's why mothers aren't integrated and socialize separately in their own-circles among IDPs"** (Displaced Woman, Lviv).

Verbal abuse, bullying, and harassment also take place more widely against marginalized groups, in particular for IDPs, LGBTIQ+ persons, people with disabilities, and Roma communities. Women and girls from these groups face increased risks of psychological violence due to social risk factors being compounded by gender. Displaced people can experience verbal abuse in public due to their accent and language. LGBTIQ+ persons also described incidents of bullying and harassment linked with backlash against diverse SOGIESC: **"[The] most common for our [LGBTIQ+] community is to face psychological violence"** (LGBTIQ+ Person). Risks of psychological violence were seen as increasing due to growing militarization and aggression in

communities. It was commonly described as being exercised by people with power over others. For instance, women noted verbal abuse in the workplace, schools, and health facilities by work supervisors, teachers, and doctors, as well as by non-displaced/host community towards IDPs. Disputes were also reported in queues at distributions. Judgment and insults related to the mobilization status of their husbands are directed towards some women by relatives and communities. Women are subjected to verbal abuse both for having men in their families who are mobilized and men who are not conscripted: **“Conflicts for various reasons because of mobilization, whether he was mobilized – he left his family and wife on their own – or he didn’t go to serve in the military, also condemnation by the public and family”** (GBV Expert, Lviv). Verbal abuse is also part of sexual harassment and TFGBV. Women and girls and GBV experts reported harassment outside by men and youth under the influence of alcohol and drugs, including military men on leave.

Communities described how verbal abuse is more invisible and difficult to demonstrate than physical violence, which often deters survivors from seeking support: **“Physical violence is just easier to prove. And fewer people will tolerate**

physical violence. I know cases when women tolerated psychological violence but when they were beaten, they turned to the police and for services provided to such people” (Displaced Adolescent Girl in a Rural Area, Lviv). Another FGD participant underscored how women often believe emotional abuse will pass or are not aware it is violence: **“They mostly fight and quarrel in the families, but I think they attempt to act only when it comes to physical violence, otherwise they put up with it waiting for it to pass on its own; they report violence as a measure of last resort when it’s impossible to hide it anymore”** (Woman in a Rural Area, Kharkiv). In addition to a lack of awareness about psychological violence within communities, police and authorities are less likely to take psychological violence and other forms of abuse with which they are less familiar seriously. Furthermore, the manipulation, threats, and intimidation to which survivors are subjected as part of psychological violence often leaves them dependent on perpetrators and less likely to feel able to seek help: **“Men make women fall in love with them, keep women in the family so they won’t go and then start shouting, for example, and then they’re nice again while the woman gets used to it. A woman may think I’ll be patient and then everything will be fine”** (Displaced Adolescent Girl in a Rural Area, Lviv).



V. Economic Violence

“Women mostly experience domestic violence by their husbands: physical and economic. This is especially true for housewives who are completely dependent on their husbands.”

Displaced Adolescent Girl, Lviv

“Economic violence is often overlooked, though it is common.”

GBV Expert, Lviv

Economic violence towards women and girls was also described as widespread. Despite its prevalence, it was reported that economic violence is frequently overlooked because it is not well-recognized by communities as a form of violence. Economic violence often takes place as part of IPV/DV towards women by their husbands and towards older women by their children. Older women at times are deprived of their pensions and benefits by their children. There are increasing financial tensions in households due to growing needs and limited employment opportunities, which also exacerbates economic violence and forms of control.

Economic violence is a common form of GBV as part of IPV/DV, especially economic control and abuse of women by their husbands. Some women have limited financial decision-making and access to economic resources: **“Financial dependency on a man. The woman could give up everything, she is totally dependent on him; because of the man, she may not work, earn no money, have nothing and can’t go anywhere”** (Displaced Adolescent Girl in a Rural Area, Lviv). There were reports of husbands exercising economic violence and control over their wives, often together with psychological violence: **“I have heard about cases of psychological and economic violence”** (Man in a Rural Area, Kharkiv). Economic violence also takes place towards older women and other vulnerable women. Cases of children, children-in-law, or grandchildren taking and benefitting from older women’s pensions were described: **“I know that there’s violence, I faced it, my acquaintance’s children took away her pension and even took her somewhere, I don’t know the details but I understand correctly that this is about violence”** (Displaced Woman in a Collective Site, Kherson).

There was less information available within primary data about financial decision-making and access to resources within households, which should be explored in subsequent assessments. However, available reports indicate

that women — especially from marginalized groups — are not very likely to be able to take an equal part in financial decision-making and control over assets, including over the money they earn⁴⁶. This was particularly reported to be the case in Roma⁴⁷ and rural communities, as well as for older women. Participants in FGDs noted that growing economic needs have heightened tensions in households about financial decision-making, which is also echoed in available secondary reports⁴⁸. Women are increasingly financially vulnerable and dependent on the men in their lives: “The effect of the war on the availability of economic opportunities was noted as a factor impacting the protective environment for women. Limited economic opportunities for women were reported to increase the reliance of women on partners and/or family members for financial support. This increased economic depen-

⁴⁶ “Older women, particularly in rural areas, report having less decision-making power than younger women. This may reflect more persistent traditional gender norms and expectations among older people. Roma women in the FGDs particularly highlighted that men remain an authority in household decision-making, while women’s role is often more one of support and consultation.” CARE. *Rapid Gender Analysis: Ukraine*. 2024: 16.

⁴⁷ “Financial dependence of women despite their contribution to the family budget. Women respondents noted that they are not able to manage their own money, even if they work equally or more than their husbands. Several respondents said that they had both personal experience and were aware of similar experiences of women they knew, when men in the family did not work at all, and women were responsible for both household and financial support for the family. In these cases, they discussed how women gave their earnings to their husbands, who managed and distributed the money. The majority of working women also confirmed that they contribute equally or even more than men. However, it is a common practice to give the money they earn to their husbands for safekeeping. And only a few women, whose experience and views can be called more progressive or less conservative, talk about equal/ partnership management of the family budget. In cases where a man is the one who earns money, women almost always must ask their husbands to buy or allocate funds for even personal items.” Voices of Romni. *Identity, Gender Aspects, and Traditions*. 2024: 32-33.

⁴⁸ “Specifically, it was noted that men take out their anger and dissatisfaction with their financial situation on their wives and children through domestic violence, according to the FGD participants and KIs.” DRC. *Rapid GBV Assessment: Kharkiv Oblast*. 2024: 5.

dence was identified as a factor that leads to increased vulnerability amongst some women, heightening their risk of GBV⁴⁹.

As with psychological violence, economic violence was reported to be less visible due to limited awareness in society. Survivors are less likely to be aware of economic abuse as a form of violence and seek support, and many service providers and authorities are also unfamiliar with

⁴⁹ DRC. *Rapid GBV Assessment: Chernihiv and Sumy Oblast*. 2024: 3.

this issue. A GBV expert described how often — through the course of providing support to women — economic violence was subsequently identified: **“Once you start working with a woman, many different things will arise. Both psychological violence and economic”** (GBV Expert, Kherson).

There was little available information about housing, land, and property (HLP) concerns for women such as denial of access to property, inheritance, and spousal/child support.



VI. Denial of Rights, Resources, Opportunities, and Services: *Focus on Restriction of Freedom of Movement and Expression*

Limitations on women and girls’ decision-making ability and control exercised by men over their decisions were also observed. While it varies by household and location — as well as by degree — women and girls in Ukraine often face restrictions imposed on their movements or access to resources, opportunities, and services. Some women and girls — particularly from marginalized groups — as well as LGBTIQ+ communities face constraints from their families and communities that prevent them from exercising their rights. This was described as especially the case for Roma communities and in rural areas, as well as for older women. Displacement was also seen as exacerbating existing gender inequalities. Denial of rights was chiefly described in relation to IPV/DV against women and girls by their husbands, fathers, and parents, as well as for older women by their children (in-law). There were reports of restrictions on the movement of adolescent girls imposed by their families based on safety concerns stemming from the lack of lighting and insecurity. For displaced adolescent girls, the unfamiliar setting and sharing living spaces with unrelated households also contribute to families’ concerns about their security. Restriction of freedom of movement and expression for LGBTIQ+ persons was also noted, some of whom experience violence as a form of enforcement of binary gender roles and traditional norms on sexuality. LGBTIQ+ persons described fearing being targeted in public spaces for their appearance, how they dress, or for display of LGBTIQ+ symbols. Greater aggression towards diverse SOGIESC in the public sphere was linked to growing militarization in society.

“Sometimes excessive family control can lead to restricted freedom and social isolation, which can also be a problem.”

Adolescent Girl, Kherson

“Risk factors [for violence]: looks or behaviours.”

LGBTIQ+ Person

“Psychological violence, harassment for the looks or behaviours.”

LGBTIQ+ Person

“There’s a risk of violence in public spaces based on LGBTQIA hatred. It’s a problem to wear symbols because the military treats it with aggression.”

LGBTIQ+ Person

“I don’t care about appearance now, if it’s in a big city, then yes [there is more freedom], but if it’s a small settlement, then the situation hasn’t changed, and it’s been a big risk factor for violence.”

LGBTIQ+ Person

Reports of denial of rights, resources, opportunities, and services for women and girls in Ukraine referred mainly to decision-making, access to financial resources, access to education and employment, and freedom of movement and expression. Certain groups, such as Roma and older women, are particularly susceptible to such denial. While there was more limited information within available data on how denial

of rights manifests, the examples provided indicated that women and girls, especially from marginalized groups, are in an increasingly vulnerable position that makes it more difficult for them to negotiate and access their rights and opportunities. An earlier assessment summarized the restrictions imposed on women and girls in some households, especially in more closed communities: “Inequality by birthright. All respondents, without exception, describe the status of women in the Roma communities as unequal to men: there are restrictions in clothing, behaviour, communication, opportunities to run their own business, and even driving a car. In general, it cannot be said that all restrictions apply to the majority of women in Roma communities. However, their spread depends, among other things, on the ‘loyalty’ or ‘progressiveness’ of a woman’s husband or parents [which] is a factor that limits women’s opportunities.”⁵⁰

Due to family separation, an increasing number of women heads of household are stepping into a greater decision-making role. Nevertheless, many women and girls are reported to play a limited part in household decisions, affecting their access to resources, services, and opportunities and preventing them from making their own life choices. During an earlier assessment, a Roma woman described the lack of power for some women within the home: “I don’t have the ‘right to vote’. He [the husband] is the one who has a voice. Well, he doesn’t always agree with my opinion. In the city, in the city itself, on the street, there is a democracy, but when you go [home], beyond the gate, it’s a completely ‘different country’ [for a woman]”⁵¹. Control over women and girls’ decision-making is exercised

⁵⁰ Voices of Romni. *Identity, Gender Aspects, and Traditions*. 2024: 31.

⁵¹ Voices of Romni. *Identity, Gender Aspects, and Traditions*. 2024: 81.

primarily by husbands/partners and fathers/parents. Additionally, participants in FGDs alluded to pressure applied by mothers/parents-in-law and extended families, particularly in Roma communities⁵². Some women and girls have less access to and control over household resources and assets together with limited economic participation. Refer to [Economic Violence in Forms of GBV for further information](#). A recent report on gender practices in the Roma communities also identified limited decision-making and pressures on women and girls in the areas of education, marriage, and reproductive decisions⁵³. Examples were shared during FGDs of women being kicked out of their homes and denied shelter by their husbands/partners during disputes. There were also some reports of control of appearance and behaviour, in particular for Roma women and girls.

There was little information available about denial of HLP and inheritance and how these practices take place; however, typically, this type of violence is also present when other forms of denial of rights and gender discrimination exist, especially in contexts of displacement⁵⁴.

Restriction of Freedom of Movement and Expression of Adolescent Girls: For adolescent girls specifically, there were some reports of restriction of movement because of concerns for their safety. Some adolescent girls mentioned not being allowed to move around outside the home. GBV

⁵² Voices of Romni. *Identity, Gender Aspects, and Traditions*. 2024: 81.

⁵³ "As stated in a number of studies and analytical materials, women in Roma communities face pressure/coercion from the community, including from family members, to get married, have children, interrupt their education, and also experience material and psychological dependence on family and husbands. Accordingly, in their external interactions, Roma women, having limited access to resources within the community, do not have adequate access to resources outside the community. In the context of observance of rights, Roma women are subject to various types of discrimination." Voices of Romni. *Identity, Gender Aspects, and Traditions*. 2024: 10.

⁵⁴ Inter-Agency Standing Committee (IASC). *Integrating GBV Interventions in Humanitarian Action*. 2015: 168-169.

experts similarly described how some mothers and parents imposed limitations: **"[They were] afraid and stayed at home [and] keep the kids at home, so, they don't go anywhere without them. And that fear remains afterwards. And as you said there are issues with adolescents. Hyper-protection on the part of the parents, the mum; it can seem to the child that it's inappropriate. Trespassing. But mum's still worried about life. And mum sees the enemy – don't go there, it's already dark and so on. She remembers that fears were here and there...and we say that this kind of control is violence. The child has the right to choose. And she [the mother] can't switch physically, psychologically"** (GBV Expert, Mykolaiv). There was less information specifically about the ability of adolescent girls to make decisions, particularly adolescent girls outside of the Roma communities⁵⁵.

Restriction of Freedom of Movement and Expression of LGBTIQ+ Persons: LGBTIQ+ persons and those perceived to be deviating from gender norms) face pressure to hide their SOGIESC in public due to fears of backlash and violence: **"If you distinguish yourself by appearance, you will always provoke some people"** (LGBTIQ+ Person). LGBTIQ+ persons described harassment and violence because of their appearance, dress, and symbols: **"Appearance can provoke it: long or painted hair, pierced ears...Members of sub-cultures have a higher risk of violence"** (Adolescent Boy in a Rural Area, Lviv). While in some cases, more public acceptance of diverse SOGIESC was reported, especially in larger cities, others

⁵⁵ "Practices of psychological pressure are not uncommon in the families from which the respondents come. In particular, we are referring to the rules of behavior of women (wives) in Roma families: the inability to sit at the same table with men, the need to 'serve' while men 'talk', and the need to comply with the norms in matters of appearance (permission to change hairstyles or a particular cosmetic procedure, etc.);" Voices of Romni. *Identity, Gender Aspects, and Traditions*. 2024: 33.

noted the opposite, citing a growing backlash against increased LGBTIQ+ visibility in society: **“With LGBT people becoming more visible, the number of people who oppose this and attack people from the LGBTIQ+ community has increased”** (LGBTIQ+ Person). Some FGD participants indicated that risks and pressure to conform were higher in smaller towns and rural areas: **“The situation is better in big cities, but nothing’s changed in small cities”** (LGBTIQ+ Person). Risks of hostility to diverse SOGIESC were seen as increasing related to the crisis, due to growing militarization in communities, increased aggression, and the associated reinforcement of hegemonic concepts of masculinity.

A combination of factors could effectively block women and girls’ access to their rights and opportunities. Gendered division of household and care responsibilities was widely noted by FGD participants as one such factor, compounded by remote learning for children⁵⁶. The heavy double burden — even more so for women whose husbands are away or have limited mobility due to conscription fears — increases the stress for women and girls and limits the time available to them to access services.

⁵⁶ “Remote learning may disproportionately burden caregivers, especially mothers, jeopardizing their economic opportunities and adding to their unpaid labor load.” REACH. *Multi-Sectoral Needs Assessment: Gender, Age and Disability Situation Overview*. 2024: 1. “Factors Affecting Employment: Housework/caring for children: 12.5%.” DRC. *Protection Monitoring Snapshot*. 2024: 6.



VII. Tech-Facilitated GBV (TFGBV)

TFGBV was seen as a relatively new phenomenon and also reported to be increasing due to the impact of the war. Communities were alarmed about the growing risks of violence online, with women and girls and LGBTIQ+ persons experiencing elevated levels of violence in virtual spaces. In particular, cyberbullying was described as widespread and identified as a concern, especially affecting adolescent girls. Women and girls also reported other forms of violence online, mostly with dimensions of sexual violence: perpetrators sending unsolicited sexual content; public dissemination of private photos; and threats and blackmail. In addition, growing risks of scams, fraud, hacking, and cloning in virtual platforms were identified. At times, perpetrators pose as providers of assistance or make other deceptive claims. Older women are often targets and can fall victim due to being less aware of how to protect themselves online. LGBTIQ+ persons expressed fears about digital privacy due to risks of outing and blackmail. The lack of awareness of risks and forms of violence online — as well as gaps in measures to address TFGBV — contributes to growing digital violence and to impunity for perpetrators. Social isolation and deepening vulnerability were also cited as risk factors.

“Cyberbullying has increased in the online space, possibly due to the increased use of social media and the internet.”

Adolescent Girl, Kherson

“Also, perpetrators can disseminate naked photos in social media. My classmate has experienced it.”

Displaced Adolescent Girl, Lviv

“The biggest violence is on social media. There’s no accountability for that.”

Adolescent Boy, Lviv



Women and girls described increases to various forms of TFGBV, including cyberbullying, online sexual violence, blackmail, and scams. In particular, cyberbullying was identified to be rapidly growing, primarily directed towards adolescent girls. Adolescent girls reported that girls often experience a combination of bullying both off- and online. Forms of sexual violence online include harassment through messages and unsolicited sexually explicit content. In some cases, perpetrators share explicit images with women and girls without their consent: **“It happens that they may send obscene photos”** (Displaced Woman with a Disability/Caregiver in a Rural Area, Lviv). In other cases, they send private photos of women and girls to their contacts or disseminate them virally. Victims of these acts of sexual TFGBV include minors. Some women and girls also face threats and blackmail online, as well as LGBTIQ+ persons being threatened with public disclosure/out-

ing of their SOGIESC. Other forms of digital violence include scams and fraud. Perpetrators pretend to be other people, gain access to accounts, and deceive victims into sharing private information, typically for financial gain. In some cases, scammers extend offers of assistance to mislead victims. In areas that were previously occupied, Russian soldiers had accessed phones and social media accounts of detained persons during the occupation to try to identify if they were LGBTIQ+ or find other contacts in their networks.

Groups regarded as particularly at-risk of TFGBV include adolescent girls, LGBTIQ+ persons, older women, and women and girls in rural areas, namely people who are less digitally literate. Due to these risks, vulnerable people sometimes withdraw from an online presence and do not trust what they see on social media, which can make it difficult for them to access information and assistance. For instance, a LGBTIQ+ person described how some people avoid online activity due to fear of: **“Confidentiality issues. The need to have social media accounts is a problem for people who don’t use them because of social anxiety”** (LGBTIQ+ Person).

Risk factors seen as contributing to TFGBV include a lack of awareness of how to protect themselves and safeguard their digital identity, data, and privacy among vulnerable groups: **“There’s a lack of awareness and knowledge about how to protect yourself from cyberbullying or other forms of violence on the Internet, which can lead to increased cases of violence”** (Adolescent Girl, Kherson). Perpetrators find it easy to get away with violence online, because they can remain anonymous and there are gaps in legislation that has not yet been updated to

address TFGBV. Other risk factors mentioned include the growing social isolation and financial vulnerability of at-risk groups, such as older women, women heads of household, and adolescent girls. Among adolescents, factors contributing to TFGBV are the negative influence from exposure to social media; lack of filters for appropriate content; and limited supervision by parents: **“Support [of] the normalization of profanity in society, in the information space and among teenagers, that sometimes promotes violence. / Bad parenting. / Lack of censorship”** (Displaced Women, Lviv).

Due to limited awareness within communities and the relatively recent nature of the phenomenon, it is important to continue to undertake further assessments to understand how TFGBV manifests, including the ways in which other forms such as sextortion and online grooming are taking place. While blackmail was mentioned in relation to LGBTIQ+ persons, there was less direct mention of blackmail of women and girls linked to sexual exploitation. However, when other forms of bullying and sexual violence have been reported as occurring online, sextortion is also typically present⁵⁷.

⁵⁷ United Nations Population Fund (UNFPA). *Technology-Facilitated Gender-Based Violence: A Growing Threat*. UNFPA. *TFGBV Brochure: What Is Technology-Facilitated GBV*. 2023.



VIII. Child and Forced Marriage

Forced marriage, including child marriage, was perceived to be less common in the context of Ukraine. However, some child marriage (marriage of people under 18 years of age) does take place, reportedly occurring primarily in Roma and rural communities⁵⁸. Child marriage is closely correlated with subsequent occurrence of IPV, due to the power differential between adolescent girls and their adult husbands: **“Psychological violence related to early marriage”** (Roma Adolescent Girl, Zakarpattia). Other consequences include early pregnancy and associated health risks, as well as denial of opportunities and rights such as education. Adolescent pregnancy was also identified as taking place in Roma and rural communities, although it is not clear to what degree it is the result of child marriage: **“We see that early pregnancy is considered normal in villages”** (GBV Expert, Kharkiv). Pressure on and limited decision-making by adult women about marriage⁵⁹ and cases of forced marriage were also observed, primarily reported in Roma communities.

⁵⁸ “Researchers note the practice of early marriage and childbearing in Roma communities.” Voices of Romni. *Identity, Gender Aspects, and Traditions*. 2024: 9.

⁵⁹ “Women’s destiny’ as an alternative to professional, personal, and interpersonal fulfillment. In contrast to education, women respondents said that their families, according to their personal memories, cultivated the idea and guidance to fulfill a ‘good woman’s destiny’: to get married, preferably to a Roma man, to be able to serve tea and food, and to be caring. In other words, almost all respondents received these messages, to one degree or another, as fundamental to building their life trajectory. For men, starting a family at an older age was a desirable prospect, but at the same time, they also remember their parents’ instructions (more often than women) about the need to get an education, a profession, etc. This means that from childhood, girls and boys find themselves in a binary system of choices that a person can make according to their gender.” Voices of Romni. *Identity, Gender Aspects, and Traditions*. 2024: 28-29.

“Roma have early marriages arranged by parents.”

Woman with a Disability/Caregiver, Lviv

“As an example, we know a 13-year old girl...who is pregnant.”

GBV Expert, Kharkiv

Child Marriage: In the context of Ukraine, child marriage arises from harmful social norms, lack of community awareness, limited decision-making power of adolescent girls, and poverty. Progress in reducing the prevalence of child marriage was reported by FGD participants in some areas due to increasing awareness in communities: **“Recently, the situation has been changing owing to participation in informational sessions and in church meetings, where pastors constantly promote proper relationships between women and men, unacceptability of early marriages in the community (since in the Roma community they occur from the age of 13)”** (Roma Woman, Zakarpattia). From the available data, it is not clear if war-related risks are contributing to and exacerbating the practice of child marriage. However, many of the common drivers of child marriage in humanitarian settings — such as growing economic needs, insecurity, and disruption to social structures — are becoming more acute ⁶⁰.

Forced Marriage: There was little available information on forced marriages of women within primary data, but the practice was

cited within secondary resources on Roma communities⁶¹. There was also reference to forced marriage following pregnancy after rape: **“I wish people would get married because they love each other and not because she was raped and got pregnant, and so they got married, and then they would suffer all their lives. And for that, there should be education”** (Displaced Woman in a Collective Site, Kharkiv). In one location, women in a FGD described the marriages of three local “girls” (unknown if they were young women or under 18 years) to military men staying in their communities who then gave birth to children. However, there was not more context provided. These examples potentially point to forced marriage for women and girls who become pregnant outside marriage or even following incidents of sexual violence (whether to perpetrators or to other men). A report on gender practices in Roma communities outlined the limited decision-making power of women on marriage: “Forced marriage or unconscious choice. As with other cases of gender-based violence, the issue of marriage can also be an element of these practices, when an agreement on a ‘good match’ for a girl or woman is made at the level of the bride’s or groom’s parents, provided that both belong to the Roma community”⁶².

There was limited awareness among GBV service providers about practices of child and forced marriage, including the perception by some that it did not take place in the Ukrainian context⁶³. The topic was little discussed by GBV experts in FGDs, which could point to fewer targeted interventions addressing this issue.

⁶⁰ Girls Not Brides. *Common Drivers of Child Marriage and a Lack of Quality Education for Girls*.

⁶¹ Voices of Romni. *Identity, Gender Aspects, and Traditions*. 2024: 31.

⁶² Voices of Romni. *Identity, Gender Aspects, and Traditions*. 2024: 31.

⁶³ Discussions during Data Collection FGD Tool orientations in different regions.



IX. Gender Discrimination

Discrimination based on gender interacts with other social factors to compound risks and heighten access barriers. Women and girls and GBV experts referenced the existence of “gender stereotypes,” harmful “attitudes and traditions,” and “devaluation of women” that underlie gender discrimination and inequalities in Ukraine. Discriminatory practices and stigma were raised as a concern particularly by women and girls from marginalized groups. Gender intersects with other vulnerabilities to compound risks of discrimination and forms of GBV. While there were some positive changes noted — such as jobs traditionally reserved for men opening to women due to men being away — in many cases discrimination is reinforced by crisis-related factors. Women and girls — particularly those in at-risk groups — face barriers stemming from discrimination in the areas of: employment, education, housing, and health services. There were cases reported of discrimination and bullying towards women and girls in public spaces, service facilities, schools, and the workplace. In particular, there are heightened risks of discrimination for women and girls from displaced populations⁶⁴ and Roma communities⁶⁵; older women; women and girls with disabilities; and HIV+ women, as well as for LGBTIQ+ persons.

“We don’t get assistance, aren’t officially employed, there’s a biased attitude towards Roma when hiring (there’s fear that they could deceive or steal).”

Roma Woman in a Rural Area, Lviv

“Women with mental disability or disorders, most of them are not dangerous, but people fear them and the environment does not accept them.”

GBV Expert, Lviv

Some women described growing space for women in the formal labour force: **“Since the beginning of the war, women have started to be hired in male professions (female lorry driver, tractor driver), gender stereotypes in employment have decreased”** (Displaced Woman, Lviv). However, there were barriers identified for middle-aged and older women to find jobs and opportunities for professional advancement due to ageism: **“There are age restrictions; I experience humiliation in employment because of age”** (Displaced Woman, Lviv). Women over 40 to 50 years and under 60 years reported being excluded from the labour force, while still not being eligible for social benefits and assistance for older people, and

⁶⁴ “Overall, 2% of the site managers (25 CSs) reported they had information about discrimination against site residents on the basis of political, religious, and other beliefs, gender, age, disability, ethnic and social origin, language, or any other grounds.” REACH. *Ukraine Collective Site Monitoring: Round 12*. 2024: 10.

⁶⁵ “Gender inequality causes discrimination against Roma women both inside and outside the community, and leads to limited access of the Roma community to various spheres of life.” Voices of Romni. *Identity, Gender Aspects, and Traditions*. 2024: 8.

thus, falling through the cracks of the system. Refer to [Workplace](#) in Locations of Violence or [Livelihoods](#) in Humanitarian Sectors for further information.

IDPs, Roma communities, and LGBTIQ+ persons can encounter harassment and discrimination in communities. Some displaced women reported experiencing verbal abuse when they were speaking Russian or based on their accent: **“Verbal violence. Because of speaking Russian, accent in shops, on the market, in the service sector”** (Displaced Woman, Lviv). In FGDs, Roma women described facing discrimination in housing and employment opportunities. Some Roma and displaced children experience bullying in schools and in social settings such as playgrounds. A Roma woman provided an example of how age, ethnicity, and disability intersect to compound discrimination and access barriers, leading in some cases to school drop-out:

“Not all children go to school, mostly only primary school, the older children are subjected to bullying, that’s why they don’t go. One child has vision problems, so the doctor advised not to go to school” (Roma Woman in a Rural Area, Lviv). Adolescent girls consistently reported bullying and harassment, which is likely to be compounded for adolescent girls from marginalized groups.

There was limited information available on the intersection of disability and gender and how it affects risks of GBV, as well as for LGBTIQ+ persons from Roma communities⁶⁶. Data on discrimination towards HIV+ women mainly related to access to reproductive health but speaks to how they face discrimination and stigma more widely in society⁶⁷.

⁶⁶ “Although the topics of LGBT people and the Roma minority are not within the scope of this study, it is worth noting the growing number of works that address discrimination against LGBT people belonging to the Roma community and the specifics of their life experience.” Voices of Romni. *Identity, Gender Aspects, and Traditions*. 2024; 12.

⁶⁷ Protection Cluster. *Protection Analysis Update*. 2024; 10. Positive Women. *Obstetric Violence Against HIV-Positive Women in Ukraine*. 2023.



X. Labour Exploitation of Women

Increasing labour exploitation and other work-related violence towards women was reported. Risks of labour exploitation for women were growing due to the financial needs of households; limited availability of housing; loss of employment and scarcity of jobs; family separation; and changing gender roles. Dignified safe work opportunities were becoming more limited due to the protracted war and economic deterioration. Women in several FGDs referenced having lost their jobs due to crisis-related factors such as insecurity, destruction of buildings and infrastructure, and economic recession. FGD participants indicated that women were increasingly seeking to enter the workforce and having to take on a dual role. In some households, women had to find work and financially support the family, due to husbands being away or unable to work because of limited mobility from fear of conscription: **“Women work, whereas men don’t, because there is a fear of being mobilized”** (Displaced Adolescent Girl, Lviv). These developments mean women are facing greater exposure to exploitation and other forms of abuse in the workspace.

“There are risks, cases of labour exploitation in communities in exchange for free accommodation and food.”

GBV Expert, Lviv

“We’ve only had labour exploitation, but the victims didn’t even realize that they were victims.”

GBV Expert, Lviv

There were reported cases of labour exploitation, such as people being forced to work in exchange for housing and food. Increasing risks of labour exploitation were highlighted due to great needs for vulnerable households. There was limited information on how types of exploitation take place in the workspace, such as

sexual abuse and exploitation of women by employers: **“We have heard that labour and sexual exploitation exist”** (Woman in a Rural Area, Kharkiv). There were other forms of violence reported in the workplace, which increase the likelihood of their occurring together with labour exploitation. In particular, verbal abuse was described as taking place in the workplace: **“[Bullying] happens at work too. / We agree...it depends on the team and environment”** (Men in a Rural Area, Lviv). A FGD participant also described how employers force employees: **“To do things they shouldn’t be doing”** (Woman, Kharkiv), likely alluding to sexual acts. Reports of Roma women begging on the street also raise red flags for potential situations of labour and sexual exploitation: **“Roma ask for assistance on the roads, mostly young or pregnant women. It’s more like economic violence”** (Woman with a Disability/Caregiver, Lviv).



XI. Outing and Blackmail

Outing was identified as a form of violence enacted against the LGBTIQ+ communities and a common risk for LGBTIQ+ persons, who expressed fear of public outing of their SOGIESC and the associated consequences: **“An important problem is outing”** (LGBTIQ+ Person). Outing the survivor’s gender identity or sexual orientation could be to their family and friends or through public/viral dissemination. Risks of — as well as consequences from — outing were considered to be higher within smaller and closed communities, such as in rural areas: **“Blackmailing, bullying, harassment is manifested the most in a limited circle of communication when a person has to communicate within a limited group of people”** (LGBTIQ+ Person). Outing is often tied to other forms of violence such as blackmail, bullying, and harassment. LGBTIQ+ persons expressed specific concerns about protection and privacy of their digital identity. Significant data risks were identified online, and outing could manifest as a form of technology-facilitated GBV. Outing leads to serious consequences for LGBTIQ+ persons both in the private domain and in their public and professional lives (“ruining a career”).

“It’s bullying because of an individual’s orientation. It starts with anything: blackmailing, telling colleagues, ruining a career or something like that. Or just bullying, but already in adult life and at work.”

LGBTIQ+ Person

Forcing LGBTIQ+ persons to out themselves and others from their community — through taking their phones and other property and invasion of

privacy; interrogation; and torture during arbitrary detention — was documented to have taken place under occupation⁶⁸.

There was less information available on how displacement status or ethnicity affects the risks of outing and other forms of violence for the LGBTIQ+ communities.

There were also reports in secondary resources⁶⁹ of outing of the HIV+ status of women and blackmail by family members and service providers.

⁶⁸ Outright International. *Documenting War Crimes against LGBTIQ+ in Kherson Region*. 2023.
⁶⁹ Positive Women. *Obstetric Violence Against HIV-Positive Women in Ukraine*. 2023: 8.



XII. Other Forms of GBV: Reproductive Coercion and Abuse

There was little information available on reproductive coercion and abuse in Ukraine, but generally it tends to accompany IPV/DV; denial of rights, resources, opportunities, and services; and gender discrimination⁷⁰. Some women and girls in Ukraine have less decision-making power within their families over their bodies and lives. [Refer to Denial of Rights in Types of Violence for further information.](#) There was limited data about women’s ability to make choices over whether or when to have and children and use of contraceptives. However, reproductive control is often a dimension of IPV which is prevalent in the Ukrainian context. Reports indicate that, while it can vary, women and girls in Roma communities often face pressure and have limited decision-making regarding marriage and childbearing⁷¹.

There were also a few reports of women having a third child to enable men to defer conscription. The extent to which women felt able to take part in such decisions needs to be explored further:

“Some with two children have had their third child. More often it’s been women’s decision to protect their husbands (from mobilization). / There are examples of adopting children. There is a case where a man has adopted two children and now he is a father of three” (GBV Experts, Kharkiv).

Obstetric violence has also been reported⁷². A 2023 report describes the high frequency of HIV+ women in Ukraine experiencing obstetric violence from medical personnel in health facilities⁷³. Violence faced by HIV+ women before, during, and after childbirth includes: physical abuse; humiliation, shouting, accusations, and threats; pressure over decisions and procedures without informed consent; and violation of privacy and confidentiality⁷⁴.

⁷² “According to the WHO data, almost one in four women has experienced violence during pregnancy, childbirth and the postpartum period in healthcare facilities — the so-called obstetric violence, which can manifest itself in any actions taken against the will of the woman in labour.” Positive Women. *Obstetric Violence Against HIV-Positive Women in Ukraine*. 2023: 1.

⁷³ Positive Women. *Obstetric Violence Against HIV-Positive Women in Ukraine*. 2023: 5-7.

⁷⁴ “Violations of the rights of women living with HIV in the field of obstetrics and gynaecology were documented in such healthcare facilities as: women’s consultation, gynaecology department, maternity hospital, emergency medical care and urgent care centre (UCC)...The findings of the survey conducted by the CO ‘Positive women’ among 104 women living with HIV in Ukraine regarding their experience of obstetric violence over the past 2-3 years indicate that women living with HIV were denied of or improperly provided with medical services, primarily due to their HIV-positive status.” Positive Women. *Obstetric Violence Against HIV-Positive Women in Ukraine*. 2023: 1;4,7.

⁷⁰ Interagency Gender Working Group (IGWG). *Exploring the Impact of Reproductive Coercion on Sexual and Reproductive Health Outcomes*. 2022.

⁷¹ Voices of Romni. *Identity, Gender Aspects, and Traditions*. 2024: 9; 43-44; 53; 79.

b. LOCATIONS OF VIOLENCE

Women and girls in Ukraine face increasing risks of GBV in many of the spaces they navigate during their daily lives, which affects their mobility and ability to lead their life. One woman in a heavily conflict-affected area emphasized the widespread nature of the violence faced by women and girls: **“[GBV] can be anywhere, there’s no such thing that it can happen in one place and can’t happen in another one”** (Displaced Woman in a Collective Site, Kherson). Growing risks of violence and insecurity faced by women and girls in shared and public spaces have significantly reduced their movement — particularly in the hours of darkness — and affect their safe access to assistance and services.

Women and girls in Ukraine are subjected to violence both within and outside the home. The home was identified as the space in which women and girls face the highest risk of GBV and experience the most violence. At the same time, women and girls increasingly feel insecure when moving around their communities outside the house.

“It’s more likely to happen at home, crowded places where it’s dark, that’s where it’s dangerous, because there’s no street lighting.”
 Displaced Older Woman in a Collective Site, Kharkiv

“Violence can happen in the street, among friends. / At home, by parents. / In the school. / At work.”
 Adolescent Boys in a Rural Area, Lviv

“You could face violence anywhere.”
 LGBTIQ+ Person

“Because violence is everywhere.”
 Displaced Woman, Lviv

“It’s dangerous everywhere, you can’t say there’s more or less violence in that place. There are no streetlights, so it’s dangerous.”
 Woman Caregiver, Kherson



One girl described how: **“Most violence seems to happen at home, where women and girls spend more time”** (Adolescent Girl, Kherson), with another girl responding: **“It’s also dangerous outside, especially at night when there’s no electricity because of the shelling”** (Adolescent Girl, Kherson). A GBV expert described how the safety concerns of women constrain their mobility and access to different spaces: **“I can talk about the women we’ve interacted with. Women are very strict about curfews in their community. They try not to go alone when it’s no longer light outside. Women only feel safe at home or when they come to a safe space to work with us, [they only come] if it’s easy for them to get to a safe space”** (GBV Expert, Mykolaiv). Women and girls cited fears across different types of public spaces because of growing risk factors such as the lack of lighting, greater use of alcohol and drugs, and — largely in rural areas — limited accessibility of transport. At the same time, these factors increase violence within the home, due to families spending more time indoors.

Locations and spaces in which women and girls experience violence in Ukraine include: the home, collective sites, on streets, in abandoned areas, in public spaces, on public transport, in schools, in the workplace, online/in virtual spaces, at distribution sites and service facilities, and in militarized areas. Heightened risks of GBV in these places constrain the ability of women and girls and other at-risk groups to freely and safely move around their community. Increasingly, women and girls feel less safe on the streets, in shared and public spaces, and on means of transport, especially when it is dark or far away from their home. Abandoned

and remote areas increase the level of risk. Women and girls also feel uncomfortable with crowded spaces due to greater risk of sexual violence and of gatherings being targeted by shelling. Rising levels of violence were identified in particular in collective and transit sites. Growing risks for women and girls were reported in heavily militarized and insecure areas near the frontlines. Increased violence was observed in schools and online learning spaces, in addition to greater risk of exploitation and abuse in the workplace.

The following locations are the main spaces where risks of violence were identified by women and girls through the *Voices* consultations; however, the list is not exhaustive.

Distribution Sites and

Service Facilities: Increased exposure to risks of shelling due to waiting times and gathering of people, disputes in queues, and risks of sexual violence on the way to and from; growing risks of SEA; in some cases, mistreatment and violence by personnel, particularly in schools and health facilities



Online and Virtual Spaces:

Increasing TFGBV, including cyberbullying, online sexual violence, and scams

Locations of Violence where Women and Girls Face Heightened Risks of GBV



Home: Rising intimate partner violence (IPV)/domestic violence (DV), in particular violence towards women by husbands/partners, as well as DV towards women, adolescent girls, and older women by family members

Schools and Learning

Spaces: Bullying and harassment towards adolescent girls, particularly from marginalized groups

Collective and Transit Sites: Increasing IPV/DV and risks of sexual violence, particularly related to Water, Sanitation, and Hygiene (WASH) facilities



Streets and Abandoned Areas: Growing sense of insecurity and risks of sexual violence



Public Spaces: Growing sense of insecurity and risks of sexual violence in different public spaces (e.g. parks, stairs, elevators, bomb shelters); bullying, discrimination, and other violence towards marginalized groups such as displaced people and Roma communities, with women and girls from these groups at heightened risk, as well as LGBTQ+ persons



Means of Transport: Growing sense of insecurity and risks of sexual violence and theft on both private and public transport (e.g. trains, buses, taxis, stations, transport connections), including during displacement



Workplace: Increasing risks of labour exploitation of women and sexual violence in the work environment

Militarized Areas: Concerns about the heavy presence of military men and risks of sexual violence; fears of CRSV near frontlines and CRSV occurring in previously and currently occupied areas





I. Home

“The biggest risk is to be abused at home.”

LGBTIQ+ Person

“Violence is most often committed at home, behind closed windows.”

Displaced Woman in a Collective Site, Lviv

“Dark times of the year have become more relevant as more people are spending time at home due to restrictions, which can affect the number of cases of violence.”

Adolescent Girl, Kherson

“Most cases of violence happen at home between spouses.”

Roma Woman, Zakarpattia

The home was identified by women and girls across regions of Ukraine as the main site in which they faced violence: ***“Most often violence can be at home”*** (Adolescent Boy, Lviv). Risks of violence in the home were described to be significantly increasing: ***“There’s probably more violence as more people stay at home now because of the shelling and dangers in the streets”*** (Adolescent Girl, Kherson). A GBV expert also underscored that in the past year: ***“Women feel less secure at home, at domestic level”*** (GBV Expert, Kharkiv)⁷⁵. War-related factors exacerbating violence in the home include: staying inside for longer due to insecurity, electricity

cuts, unemployment, and for men, fear of conscription; growing substance abuse; and the return of military personnel on leave, for recovery from injury, or due to being discharged. As explained by a GBV expert: ***“People stay at home more often. This also affects the extent of violence at home”*** (GBV Expert, Kharkiv). There was also reference to family separation increasing the feeling of insecurity and risks for women in the home, particularly in unfamiliar settings and shared living: ***“Women have become more defenceless as their husbands left to fight in the war. There are a lot of strange people in a house”*** (Woman with a Disability/Caregiver, Lviv).

Women and girls face heightened risks of IPV/DV in the home from husbands/partners, fathers and parents, sons and children, and other family members. A GBV expert confirmed that: ***“Domestic violence is the most common type [of violence in the home]”*** (GBV Expert, Kharkiv). IPV towards women by husbands and intimate partners was described to be rampant in the home environment. The level of wider violence in the home was rising in parallel, such as physical and verbal abuse towards children by parents. Adolescent girls and older women frequently experience DV in the home. In addition to families of men combatants, displaced and Roma women and girls were identified to be at heightened risk of violence within the private sphere. LGBTIQ+ persons also reported facing significant risks of IPV/DV within the living space.

Violence within the home is often invisible and normalized, especially IPV: ***“If there is violence somewhere, then it is at home, discrete”*** (Woman with a Disability/Caregiver in a Rural Area, Kharkiv). Survivors who experience violence in the home

⁷⁵ In the Heads of Household Survey (HHS) conducted as part of the recent CARE Rapid Gender Analysis, “26% of women and 17% of men respondents in the HHS reported concerns about violence in the home,” although significant underreporting of IPV/DV due to barriers for survivors was noted. CARE. *Rapid Gender Analysis: Ukraine*. 2024: 33.

face steep barriers to disclosing and seeking support: ***“In cases of ongoing violence at home you get used to it and it becomes difficult to ask for help. You only expect the worst. Especially for people who don’t have any support from anyone”*** (LGBTIQ+ Person). When facing IPV/DV, survivors often stay silent and “tolerate” violence, because it is difficult to leave the home and reach services; for fear of retaliation; and from family and social pressures

against reporting relatives, e.g. not “airing dirty linen in public.” A woman described how: ***“Most women keep silent, don’t recall. If it’s happening at home”*** (Displaced Adolescent Girl in a Rural Area, Lviv). Often women experiencing violence in the private space seek to protect their children and stay in the home, as they have nowhere else to go.

Refer to [IPV/DV](#) in Forms of GBV for further information.

II. Collective and Transit Sites



“There are more than 300 people living, almost 400, there are also men. Sometimes men look on young girls.”

Displaced Woman in a Collective Site, Kharkiv

“Violence had also happened in the family of our neighbours, and because of it they even had to go to the hospital with a blood pressure issue. We didn’t keep silent because the emergency doctor told us to call the police, because if we didn’t call, it would continue like this. So we called once, twice and then the guy was evicted. Now we have quiet neighbours and things have gotten better. But his brother with a disability has remained, who would rampage when drunk, despite being in a wheelchair. But now nobody would offer him alcohol, so he’s gotten quieter.”

Displaced Woman in a Collective Site, Kharkiv

“Also physical violence. We see this happening both at home and in collective centres. We’ve seen in the collective centres that there’s psychological violence in the families, which extended to people living nearby. People complained that it was because of alcohol.”

GBV Expert, Kharkiv

Collective Sites: High levels of violence were reported in collective sites, especially IPV/DV and sexual violence. A GBV expert confirmed the insecurity faced by women and girls in collective sites: ***“From practice, it is like this: living conditions in shelters are not always safe; they often want to be resettled”*** (GBV Expert, Lviv). Displaced women and girls in collective sites reported witnessing and/or experiencing violence both from their family members and other residents. Shared living, poor conditions, and lack of privacy greatly exacerbate tensions and violence within the family and between neighbours. The stress from displacement and difficult circumstances contributes to growing

substance abuse by men in collective sites, exacerbating risks of GBV both within and outside the household. Many IDPs have been residing in shared housing for over a year. Ongoing development of more established modular towns was referenced; however, many such areas are still under construction. Higher levels of violence were still reported in modular towns: **“IDPs have been living in collective centres for two years now, there’s more violence there, especially in modular towns”** (GBV Expert, Lviv).

Shared living space, crowding, difficult living conditions, and financial insecurity exacerbate tensions within displaced families in collective housing. Displaced families face difficulties finding employment due to scarce work opportunities, plans to return home, discrimination, and, in heavily conflict-affected areas, security risks. Women and girls reported that men frequently turn to alcohol and drugs as a form of negative coping with the reality of displacement and not being able to work and provide for their families. Elevated levels of IPV/DV in collective sites were reported. Incidents of violence often involve men in “hostels” under the influence of alcohol taking out their frustration on their wives and families: **“Our father sometimes has drinks and can be aggressive because of that”** (Displaced Adolescent Boy in a Collective Site, Kharkiv).

The presence of strangers and mixed communities within shared accommodation makes women and girls feel less safe. One displaced woman shared the experience of her friend who had to relocate due to safety concerns in the collective residence where she was staying: **“I know a case of violence. My friend had lived in a hostel where on one side from her [another] family was living and on the other side — drug addicts. They created such conditions so that to make her leave,**

and she is a good, decent person, but she was so much pressured that she had to go to a public institution to change her hostel, those guys achieved their goal. Fortunately, a place was found for her in another hostel. She was so nervous that she lost a lot of weight, and no one even wanted to support her except me. I went to that hostel to support the woman I knew, I felt compassion for her, it was also scary, but I wanted to help her...when the woman left, she was so afraid to return to that place that she asked me to pick [up] a photo of her son who is currently protecting us in the war” (Displaced Older Woman in a Collective Site, Kharkiv). Women and girls face a lack of privacy within common areas and bathrooms and, at times, rooms shared with unrelated people. Another woman described the risks from the lack of private space: **“The risk of GBV is high in places of temporary accommodation, hostels; there’s lack of personal space, mothers have to leave one of the children in a shared space while she takes care of or washes the other”** (Woman with a Disability/Caregiver, Lviv). According to the collective site monitoring from the spring of 2024, almost half of collective sites are used not only to host IDPs but also for their main purpose, some without a separation between the two; living areas are not necessarily separate from communal areas; and in a significant proportion of collective sites, rooms are shared by multiple households, some without space dividers or gender-separation for sleeping areas⁷⁶, greatly exacerbating

⁷⁶ “Almost half (49%) of the [Collective Sites] CSs were reported to be used not only for hosting IDPs but also for their primary function. Of these, in 35% of cases the areas allocated to IDPs were not separated from the areas used for the primary function of the site... Further, 6% of the CS managers claimed that the common areas allocated to IDPs were not separated from their living areas...In about one fifth (22%) of the CSs, the living areas of IDPs were used not only as their private space but also for other purposes such as recreation or communal meals...The vast majority (88%) of the CSs managers reported accommodating IDPs in single-family rooms, while 40% stated that some or all rooms were shared by multiple households, including 21% of those without space dividers (screens, partitions)...Overall, in 2% of the surveyed CSs reportedly residents shared one open space with or without space partitions...Noteworthy, 36% of the CSs which were reported to have sleeping areas only shared by multiple households were also reported to have no gender separation in the sleeping areas. Partial segregation of such spaces was reported by 14% of the site managers...In addition, it was found that 90% of the CSs provided accommodation for IDPs in all or some of the rooms for 4 people or less. However, in 18% of the CSs, up to 8 residents could be residing in a sleeping space; in 3% of the CSs managers reported the cases of accommodation of up to 12 people per sleeping area...In some of the CSs surveyed, it was reported that up to 20 or more people could share a single sleeping area.” REACH. *Ukraine Collective Site Monitoring: Round 12*. 2024: 5.

risks of GBV. Toilets in some locations are not gender-segregated or lockable⁷⁷. Lack of lighting and dark areas in collective sites further increases the sense of insecurity of women and girls and the risks of sexual violence⁷⁸.

Transit Sites: While consultation for *Voices* did not take place in transit sites⁷⁹, other studies show elevated risks of GBV are also present in transit sites for evacuees. Stress and confusion stemming from recent displacement; misinformation, logistical constraints, and coordination challenges during the evacuation process; and lack of awareness about available services were cited as risks⁸⁰.

There is a high presence of vulnerable and marginalized groups in collective and transit sites, including older women, women and girls with disabilities, and women caregivers of people with disabilities. Collective and transit sites frequently do not meet accessible accommodation standards, leading to challenges for access and mobility⁸¹. Lack of inclusive accommodation increases risks of violence and exploitation for vulnerable groups. There was little information about LGBTIQ+ and Roma experience of collective sites, but existing risks identified for these groups are likely to be compounded in shared housing. Poor conditions and insecurity in collective sites were cited by FGD partici-

77 "GBV Safety Audits revealed multiple challenges faced by Collective Sites (CS) residents that increased GBV risks including lack of privacy accommodation, non-secure WASH facilities and other common areas, lack of access to life-saving information and services and other concerns." *Protection Cluster. Protection Analysis Update*. 2024: 10-11.

78 "In addition to insufficient lighting in common areas such as kitchens, corridors, and halls, the situation in collective sites creates opportunities for potential perpetrators to conceal their actions and makes residents feel vulnerable, particularly during the night. Additionally, the presence of individuals abusing alcohol and drugs, as well as witnessing violence committed by these individuals, makes women feel unsafe." *Protection Cluster. Protection Analysis Update*. 2024: 10.

79 Due to a reportedly lower number of persons present in transit sites in Kharkiv oblast at the time of the assessment.

80 "One significant issue was the transformation of the transit point into a large hub, which created logistical complications...At the collective sites, there were specific problems, including providing adequate facilities for persons with disabilities and elderly individuals...Partners encountered significant challenges due to workload and miscommunication, resulting in delays and, in some cases, up to three days of waiting to be evacuated from frontline areas...Furthermore, the accommodation standards for people with low mobility were inadequate, particularly lacking rooms located on ground floors." *Protection Cluster. Lessons Learned — Evacuation and Support Services in Kharkiv*. 2024: 2.

81 UNHCR. *Safety Audit Report*. 2023: 6.

pants as a reason contributing to IDPs deciding to return to their homes in heavily conflict-affected areas⁸².

Refer to [Collective Living](#) in *Risk Factors Contributing to GBV* for further information.

III. Streets and Abandoned Areas

"The main concerns include the possibility of violence at home and on the streets due to darkness as there's no light in many places due to shelling."

Adolescent Girl, Kherson

"However, the streets are dark because of power outages and it's not safe to move around in the evening."

Displaced Woman in a Collective Site, Lviv

"But the village is located on the highway. And this is a certain risk. And the road is dangerous and strangers [are] passing by. We didn't talk about it."

GBV Expert, Kherson

"We've got abandoned buildings. That's where the risk of getting into a situation of violence goes up."

Man in a Rural Area, Lviv

82 "The return to areas still deemed unsafe indicates...possible fatigue attached to protracted displacement, over two years since the February 2022 invasion. The protracted nature of displacement has been compounded by an increasing lack of financial means and shrinking availability of humanitarian assistance, particularly in West and Centre, which may now also be exacerbated for some IDPs due to the cuts in the IDP allowance payments, creating a push factor to return... the main reasons for departure from the place of displacement were: 1) lack of access to livelihood, employment and economic opportunities; and 2) lack of access to safe and dignified shelter." *Protection Cluster. Protection Analysis Update*. 2024: 6.

Women and girls in Ukraine feel less safe walking and navigating outside the home. The electricity cuts over the past year have led women and girls to feel increasingly insecure: **“It is dark out in the streets, creepy”** (Woman in a Rural Area, Kharkiv). Lack of lighting has significantly reduced the mobility of women and girls, particularly after dark: **“No one should walk around late. I am afraid to go outside the house gate to walk my dog after 9 pm, I don’t feel comfortable”** (Woman in a Rural Area, Kharkiv). Growing alcohol and drug consumption, areas that are isolated or with abandoned buildings due to the war, and inaccessibility of transport — principally in rural areas — contribute to their sense of insecurity during their movement in communities outside the home.

Many women and girls in FGDs indicated they do not leave the house after a certain hour and avoid going outside and being on the streets. When women and girls do go outside, they feel less secure than they used to be, especially in remote and deserted areas: **“[Women and girls] shouldn’t go out for a walk in the dark, you should walk only in crowded places”** (Adolescent Boy in a Rural Area, Lviv). While some women indicated they go to places alone, others only move accompanied, particularly adolescent girls: **“My parents would not allow me to walk around alone in Kharkiv, our neighbourhood was not completely nice. Here, there are also some neighbourhoods where it is better not to walk alone — beyond our street, near the house. To the forest, for example”** (Woman in a Rural Area, Kharkiv). A report based on discussions conducted earlier in Kharkiv concurred

that: “When women and girls were asked about problems/challenges they face when they move around in the community, the most concerns were shared by adolescent girls stating that fear of walking alone outside home and lack of lighting in the public spaces as main challenges for them”⁸³.

Women and girls identified heightened risks in areas with abandoned buildings or where they have to walk along empty streets to reach transport connections. Locations where there are unfamiliar men, such as near highways or in regions with a significant military presence, also cause concern. Women and girls shared experiences of coming across men and youth under the influence behaving aggressively on the streets and in public spaces. They specifically expressed concern about the absence of light on the streets at night, noting fears for the upcoming winter: **“No street lighting, although it’s curfew but nothing can be seen in the winter evenings. And nobody is seen, that’s a very high risk”** (Displaced Woman in a Collective Site, Kherson). Insufficient police presence and video surveillance was also mentioned in various FGDs as contributing to risks, as was a sense of impunity among perpetrators.

Risks of violence when moving outside of the home increase the amount of time persons spend at home, in turn contributing to IPV/DV within the household. The reduction in their mobility also limits the access of women and girls to humanitarian assistance and GBV services, particularly for services in locations that are further away or for urgent needs that arise during the night.

⁸³ GBV AoR. Focus Group Discussions with Women and Girls — Kharkiv. 2024: 2.



IV. Public Spaces and Means of Transport

“Violence can happen anywhere, but it’s especially dangerous for girls being in dark hours, parks, squares, staircases and elevators in apartment buildings.”

Displaced Adolescent Girl, Lviv

“Emergence of many strangers also poses a risk. Men who aren’t working anywhere, but are sitting on benches using alcohol is an especially alarming thing.”

Displaced Adolescent Girl, Lviv

“In public transport, especially during rush hours, when transport is overcrowded. There are frequent cases of robbery and illegal actions of perverts.”

Displaced Adolescent Girl, Lviv

“A railway station is a dangerous place.”

Displaced Woman with a Disability/
Caregiver in a Rural Area, Lviv

“I remember the occupation, I was sometimes even afraid to leave the house; I ran into a Russian [soldier] in a shop once and after that I was really scared, I’m not young anymore but I was scared if he did anything to me, I worried he would do anything to my child.”

Woman Caregiver, Kherson

Women and girls frequently feel insecure in public spaces and on means of transportation and face heightened risks of sexual violence — including sexual harassment and rape — and theft. Women and girls expressed similar fears about public spaces and transport to those about walking on the streets⁸⁴. In particular, women and girls noted feeling unsafe in remote, isolated, and dark areas as well as in public areas with a presence of men under the influence. Some women and girls described encountering men or youth who had been drinking or using drugs in outdoor areas and on transport. While in some cases participants in FGDs noted a reduced presence of men in certain neighbourhoods, others indicated that more men had stayed behind in their communities to guard property: ***“Because most women with children fled and men remained, there’s a risk of sexual violence in public places as well”*** (GBV Expert, Kharkiv).

Women and girls shared safety concerns in different types of public and shared spaces, including parks, stairs, elevators, and bomb shelters: ***“Parks are unsafe, as well as staircases and elevators in apartment buildings”*** (Displaced Adolescent Girl, Lviv). Shelling, lack of lighting, isolated areas, the presence of unfamiliar men, and men under the influence of drugs and alcohol were regarded as risk factors contributing to violence faced by women and girls in public areas. Women and girls feel less safe in shared spaces such as stairs, lifts, and bomb shelters, especially when accessing these spaces alone at night.

⁸⁴ “Exposure to violence risks predominantly stem from insufficient lighting in public areas, traveling alone during evening hours, and movement limitations imposed by curfews and air raid alarms.” GBV AoR. *Focus Group Discussions with Women and Girls – Kharkiv*. 2024: 1.

Due to the lack of lighting, they feel increasingly insecure closer to home, particularly in communal spaces within residential buildings and collective sites: ***“It can be unsafe in shelters and elevators”*** (Displaced Woman with a Disability/Caregiver, Lviv). Women and girls feel unsafe and face risks of GBV even in spaces that are supposed to provide them with safety such as emergency shelters: ***“There are reports to law enforcement where women complain of male violence: when women had to go down into a bomb shelter during air raid warning and experienced violence from strangers or men they hardly knew, who sometimes use the bomb shelter as a ‘night shelter.’ It’s hard to get help from the police during the air raid warning because the police aren’t supposed to respond to calls for help during this time”*** (GBV Expert, Kharkiv).

Women and girls also described risks and incidents of violence on various forms of transport — both public and private — including trains, buses, and taxis: ***“In public transport, it’s not safe either. Even sexual violence could be perpetrated”*** (Displaced Adolescent Girl, Lviv). Large numbers and crowding on public transport, such as during rush hour, were seen as increasing the risks of violence: ***“You don’t feel safe on crowded buses”*** (Displaced Woman with a Disability/Caregiver in a Rural Area, Lviv). Women and girls also identified transport hubs as high-risk sites, such as train stations and bus stops. The limited availability of transport between towns and cities — including difficulties reaching and connecting between means of transport — exacerbates risks and access barriers for women and girls. In remote areas, it is usually necessary to travel

to reach means of transport, which women and girls identified as increasing their level of risk. One woman described the risks faced while walking and hitchhiking to access points of transport: ***“Transport connection is so that you need to get to the bus-stop first. These days, I would not walk along the highway on my own because someone might turn up and do something. One day, a guy gave me a ride and started harassing me, so I will never do such a thing again”*** (Older Woman in a Rural Area, Kharkiv).

Some women and girls reported having been targeted along the route of their displacement while on trains or upon arrival to train station. There were references to theft and sexual violence towards women and girls taking place during their evacuation: ***“Robbery in evacuation trains of women and children”*** (GBV Expert, Lviv). An adolescent girl described a situation of potential sexual exploitation and trafficking she faced with her mother during evacuation to the West: ***“I am also from Donetsk oblast and when we first came here, we were in Lviv at the railway station, we had to spend the night there because there were no buses or cars to bring us here. We were thinking of renting a room, a woman came up to us and said she was renting out a room and could offer us a place to sleep in. I was with my mum then, we went with that woman but when we had walked a long distance from the railway station, we were walking along strange roads, when we passed some house or something like that, I saw that there was a group of men who started following us when they saw this woman. I told my mum about it, and she said we’d go into the shop now and***

then we'd move on, so we did, moved away from the woman, walked out of the shop, and went back before she noticed. We went back to the railway station, decided to spend the night there. Then the next day we went to [our destination]. There were a lot of people at the railway station too, it wasn't very peaceful. I fell asleep because I was tired, but mum didn't sleep at all" (Displaced Adolescent Girl in a Rural Area, Lviv).

Women and girls in the South also reported experiencing fears in public spaces during the previous period of occupation because of the risk of encountering Russian military⁸⁵: *"They could come in the shop. Even buy a chocolate bar if you were there"* (Displaced Adolescent Girl in a Rural Area, Kherson). Most women and girls described staying mainly at home or limiting their movement during the occupation and having been reluctant to venture out to stores and markets: *"I was afraid to go shopping and it was so disgusting when they flirted with our girls"* (Displaced Woman in a Collective Site, Kherson). They described incidents in which they ran into Russian soldiers in these spaces and were forced to interact with the occupying military force, making them feel insecure and uncomfortable.

Lastly, IDPs, LGBTIQ+ persons, and Roma communities also described facing violence and discrimination in public spaces. IDPs at times face tensions linked to their language and accent, while LGBTIQ+ persons described growing backlash related to appearance, dress, or wearing LGBTIQ+-associated symbols.

⁸⁵ "We know about one woman that experienced sexual violence, she is my neighbor. She is from [another town], but she moved to Kharkiv. When [her hometown] was occupied, she came to the market and Russian soldiers took her somewhere. She came back after two days. She did not share all the details, but I saw her condition." GBV AoR. *Focus Group Discussions with Women and Girls – Kharkiv*. 2024: 3.

V. Schools and Learning Spaces

"Bullying in schools and other social groups is also a risk factor that can increase the possibility of violence."

Adolescent Girl, Kherson

"The children of the military are under stress as well, which affects relationships with peers at school, aggression. Teenagers are highly influenced on social media."

Woman with a Disability/Caregiver, Lviv

"There are many cases of school violence. By schoolteachers and schoolchildren."

Adolescent Boy in a Rural Area, Lviv



Schools and learning spaces were commonly identified as a site of violence. Adolescent girls frequently described violence occurring in school: *"It seems to me that children also often experience violence by adults, whether by their mums or dads, classmates at school or sometimes even by teachers (when they are compared to other children)"* (Displaced Adolescent Girl, Lviv). Specifically, bullying was reported to be increasing in schools and in online spaces linked to the learning environment: *"At school there [is] bullying"* (Roma Adolescent Girl, Zakarpattia). The term "bullying" was used by FGD participants to refer to verbal abuse and harassment towards children by other children as well as by teachers. Those perceived as more vulnerable and less able to defend themselves are often targeted for bully-

ing: ***“There are cases in schools where younger children can be bullied”*** (Adolescent Boy, Lviv). Adolescent girls described male peers as not being “very nice” to them and engaging in bullying and harassment. In addition to bullying at school, adolescent girls also increasingly face cyberbullying online, including in virtual learning spaces.

Roma children, displaced children, and children with disabilities were identified as being at heightened risk of and often experience bullying and discrimination. In some cases, bullying leads to school drop-out, particularly among Roma communities: ***“Not all children go to school, mostly only primary school, the older children are subjected to bullying, that’s why they don’t go”*** (Roma Woman in a Rural Area, Lviv). The intersection of gender with other vulnerability factors compounds risks of bullying, harassment, and other forms of violence in the school environment for adolescent girls from marginalized groups.

Increasing aggression and violence in schools was attributed to war-related stress from insecurity, displacement, and family separation. Women described the distress children experience and the effect on their mental health of the frequent air raid alerts and having to take shelter: ***“Children suffer from air raid alerts, fear the siren, and they have to go to the bomb shelter when at school and kindergarten, which causes stress in children and they cry a lot”*** (Roma Woman in a Rural Area, Lviv). Many children continue to be enrolled in online learning and have not been present in a classroom for a prolonged period, starting during COVID-19 and then continuing during the war. The combination of online learning with spending more time at home due to insecurity means that chil-

dren typically have limited opportunities for socialization and psychosocial support: ***“Our children are not socialized at all”*** (Man, Kherson). Women observed changes in the behaviour of children due to no longer going to school: ***“Children don’t want to listen to pieces of advice. When there was school, they listened to the class teacher. Now they don’t listen to anyone”*** (Displaced Woman with a Disability in a Rural Area, Kherson). Participants in FGDs described children as lacking necessary social skills and exhibiting more violent behaviour: ***“Education is only online, generally, it seems to me that our children have already forgotten how to be at the desk at school and how to go to school or university. / True, education is such a gap.”*** (Men, Kherson). The negative influence of social media on children was also cited as a factor contributing to violence in the educational setting.

Refer to [Education](#) under Access Barriers & GBV Risks in Humanitarian Sectors for further information.

VI. Workplace



“Psychological violence is observed not only in the context of war but also in the workplace on the part of supervisors or those senior in the hierarchy.”

Displaced Woman, Lviv

“There is ageism in employment. At 40+, they offer low-paid jobs like cleaning or cooking, regardless of your education or previous experience.”

Displaced Woman, Lviv

Violence was also identified as taking place in the workplace, with women facing heightened risks: “[**Violence**] happens at work too” (Man in a Rural Area, Lviv). Verbal abuse by supervisors and colleagues was described as common, although some FGD participants noted it could depend on the team. Women also experience discrimination in the workplace that limits their access to employment and professional development opportunities. In particular, women from marginalized groups such as older women and Roma and displaced populations face discrimination that makes it more difficult for them to find safe, dignified work. Older women reported commonly encountering ageism in the work environment, with barriers described as starting for women aged 40 years and above. LGBTIQ+ persons also recounted facing bullying and negative consequences at work as an outcome of outing.

Risks of labour exploitation and sexual violence in the workplace were seen to be increasing. Women in FGDs indicated employment opportunities are scarce due to the economic crisis, insecurity, and damage to facilities. Combined with diminishing household financial resources, this creates an environment ripe for exploitation and abuse. A growing number of women were reported to be entering the formal labour force while men are away, with increased exposure to risks in the workplace. GBV experts reported gaps in community awareness of what constitutes exploitation and abuse in the workspace. Employers take advantage of women’s economic needs and lack of knowledge about their rights. In a case of exploitation described by a GBV expert, persons were

required to work in exchange for food and accommodation. There was also reference to sexual harassment, exploitation, and violence by employers towards employees, e.g.: “**Force them [employees] to do things they shouldn’t be doing**” (Woman, Kharkiv).

Refer to [Labour Exploitation](#) under Types of GBV for further information.

VII. Online/Virtual Spaces



“There’s a lot of violence on social media, insulting, making [people] angry. It’s in the Telegram channels.”

Adolescent Boy, Lviv

“They send a link and we are afraid to follow it because a lot of people were hacked and blocked recently, then they asked for cash from these accounts, that’s one more risk.”

Woman Caregiver, Kherson

Growing risks of violence were identified in virtual spaces, with women and girls increasingly experiencing TFGBV. Types of violence occurring in online spaces include cyberbullying, sexual harassment, insults, threats, and blackmail, as well as online scams, fraud, hacking, and cloning. Forms of sexual violence take place online such as women and girls being sent “obscene” images or their private photos being released without consent. Women and girls also described a significant increase in cyberbullying and online scams. War-related factors

are increasing risks of online violence, with the vulnerability of affected persons being used by perpetrators to take advantage of their need: **“Scammers often disseminate fake posts in an individual’s Facebook page, raising funds for medical treatment. Friends read, show sympathy and transfer money to the scammers’ bank card. And then it turns out that the information on their friend’s page was fake. And people feel deceived this way. This happened to my friend”** (Displaced Adolescent Girl, Lviv).

Adolescent girls in particular reported facing cyberbullying as well as other forms of violence online. Older women are frequently targeted and subject to online scams and fraud. LGBTIQ+ persons also described facing heightened risks online of outing and blackmail, with concerns expressed about digital protection. During the occupation, persons perceived to be LGBTIQ+ were targeted, and their digital privacy was invaded at checkpoints and during detention⁸⁶. There were documented cases of Russian soldiers looking through phones and social media accounts to identify their SOGIESC and find information implicating others in the LGBTIQ+ communities⁸⁷.

Factors contributing to increasing risks of GBV online include the lack of awareness about what constitutes violence online and how to protect oneself, as well as the negative influence of social media. Women and girls with lower levels of digital literacy — such as in rural areas or older women — are less aware

of how to protect their digital identity. Vulnerable women and girls face higher risks of being deceived by online offers of assistance or services: **“Seeking help in the online space can be dangerous if individuals don’t know how to protect their privacy”** (Adolescent Girl, Kherson). The growing number of these types of situations was reported to have led some women to be mistrustful and more reluctant to access sites and provide information in digital forms related to humanitarian assistance: **“I’m very careful with these chats as my Telegram was broken once and now I’m afraid to follow some links”** (Displaced Woman in a Collective Site, Kherson). Women described the limited ability of parents to filter and monitor content online for children as posing challenges for their safety and protection. Growing economic needs also increase risks of sexual exploitation/sextortion online. The negative influence of social media was seen as contributing to violence among children and adolescents both online and offline.

Barriers to seeking support in cases of violence online were described as significant, due to the limited awareness about TFGBV and lack of accountability for perpetrators. For adolescent girls specifically, there is fear of their parents finding out: **“Teenagers are highly influenced on social media, receive threats and blackmail through social media, and are afraid to report to the police or parents, there’s a need for a psychologist as well”** (Woman with a Disability/Caregiver, Lviv).

Refer to [Tech-Facilitated GBV](#) in Types of GBV for further information.

⁸⁶ Outright International. *Documenting War Crimes against LGBTIQ+ in Kherson Region*. 2023.

⁸⁷ “During various checks, the Russian military forced men to undress and checked smartphones for same-sex dating applications.” Outright International. *Documenting War Crimes against LGBTIQ+ in Kherson Region*. 2023: 7.



VIII. Distribution Sites and Service Facilities

“You know that it’s a frontline area, which is often attacked, especially where humanitarian assistance is given. I don’t know where they get that information from but there are often missile attacks, especially where water and humanitarian assistance are given.”

Woman Caregiver, Kherson

“When once in a long time big packages of rice were brought here there was a huge queue and all people were very nervous because of this and quarrelled with each other.”

Woman with a Disability/Caregiver
in a Rural Area, Kharkiv

While some women and girls reported feeling safe accessing humanitarian assistance and services, others felt insecure, particularly at distributions. Women and girls indicated they face safety concerns at distribution sites, especially in heavily conflict-affected areas. Distributions were identified as high-risk locations because of threats of attacks. Women expressed grave concerns about the gathering of people and exposure time while waiting in queues for assistance and services. Women and girls also described verbal abuse, bullying, discrimination, and sexual violence occurring in schools, health facilities, shared accommodation, and other service points. Risks were identified both at distribution sites and service facilities, as well as during travel to reach assistance and services⁸⁸.

⁸⁸ GBV AoR & Women’s Refugee Commission (WRC). *Service Barriers Faced by Male Survivors of Sexual Violence in Ukraine*. 2023: 5-6.

Women and girls have fears of being targeted by shelling while waiting at distributions, especially in heavily conflict-affected areas: ***“I’m generally afraid to go to the distribution points because do you remember how they got hit recently; although I go because I need help, it’s difficult without it”*** (Displaced Woman in a Collective Site, Kherson). Often women are the ones picking up assistance – with many men away and some of the remaining men have limited mobility – accompanied at times by their children. Crowds, long lines, and challenges in the organization of distributions lead to many people congregating and increase the waiting time, raising their exposure to risks: ***“The risks are always present, even when we receive bread, many people gather, and the process is not very well organized. Crowds of people, it’s always a high risk to become a target for shelling”*** (Older Woman in a Rural Area, Kherson). These factors also potentially pose safety hazards for people with limited mobility and health concerns, if they have to stand in crowded areas for long periods, especially in extreme weather conditions. Additionally, there were reports of disputes sometimes occurring when people are waiting and under stress and there is limited availability of items.

Women and girls also expressed concerns about risks they face when accessing other types of humanitarian assistance and services. Locations identified by FGD participants as sites in which incidents of violence take place include distribution points, schools, health facilities, WASH points, and collective shelters. Factors contributing to safety concerns in facilities include crowding; lack of lighting, locks, and gender-separation (for living areas and toilets); and insufficient emergency bomb shelters. Commu-

nities described psychological and physical violence in schools and learning environments. Bullying and mistreatment of children by peers and teachers is a common form of violence in schools: **“Because violence is everywhere and children experience bullying by teachers”** (Displaced Woman, Lviv). Heightened risks of sexual violence were cited in shared living, communal toilets, schools, and health facilities: **“A man worked as a gynaecologist...he is still working there, they say that he locked women up and raped them during appointments. However, I didn’t check that, I just know people say that”** (Displaced Woman with a Disability/Caregiver in a Rural Area, Lviv). In some shelters, as well as in rural communities, shared toilets were not gender-separated and without locks, posing a safety risk for women and girls and other vulnerable groups. In some service facilities and community spaces, there is a lack of available bomb shelters on-site.

In addition, women and girls raised concerns about scams and fraud committed by persons posing with deceptive offers as assistance providers, often targeting older women with limited digital literacy.

Lastly, a critical form of GBV reported to be associated with distributions and service facilities is SEA. There was a lack of awareness regarding the risks of SEA and reluctance within communities to discuss the topic. Nevertheless, SEA was recognized by some FGD participants as taking place, with risks of SEA increasing due to deepening vulnerabilities in the context of the prolonged humanitarian crisis.

Refer to [Access Barriers & GBV Risks in Humanitarian Sectors](#) for further information.



IX. Militarized Areas

“The whole community is dangerous, so you wouldn’t guess where things might arise, there are a lot of guns, the military, people are in constant emotional tension.”

GBV Expert, Kherson

Heavily conflict-affected regions and areas near the frontline were identified by women and girls as extremely insecure and having heightened risks of violence. Many women and girls in frontline oblasts described the ongoing shelling and hostilities in the area as their main preoccupation and outlined the adverse impact on their daily lives. Fear of shelling greatly affects the movement of women and girls and their access to assistance and services.

While some women and girls feel more secure with the proximity of the military, others in frontline regions expressed concerns about the heavy presence of military personnel – primarily made up of men – and of military equipment nearby: **“The Ukrainian military behave politely. I can’t say anything here. I did not notice them being under influence or behaving inappropriately. It feels calm when they are here. / That’s right. But you should**

be honest. We do not know what these people have experienced, how they will react. / Yes, it's true. Calm, but we shouldn't dismiss the potential risk. Although, recalling how happy people were when our boys (the military) were present after the de-occupation, you can't [don't want to] believe in the bad" (GBV Experts, Kherson). Women feel insecure due to the proximity of weapons and risks of the area being targeted: **"What scares me more is when they park military equipment near our houses. That frightens us more than violence. Although I think that's also a form of violence, just a different kind. Of course, we understand they're our guys. My son is a hero of Ukraine and he tells me they shouldn't park equipment so close"** (Older Woman in a Rural Area, Kherson). In addition, the number of unknown men in their area causes some women to feel discomfort: **"The main risk is that the military men are everywhere"** (Woman, Kharkiv). While many women in areas previously under occupation indicated they feel safer than when there were Russian soldiers present, they still expressed concern about the significant presence of unfamiliar men in their town: **"We didn't know what to expect from the Russians. It was scary. Not anymore. However, the village is large. A lot of out-of-towners"** (Adolescent Girl with a Disability in a Rural Area, Kherson). Women observed that the mental state and reaction of men who have seen combat can be unpredictable. Some also expressed concerns regarding a sense of impunity. Growing alcohol and drug use in communities was also reported as a concern in militarized areas.

LGBTIQ+ persons indicated they face greater risks of harassment and violence related to the intensification of conscription efforts and militarization in society. Sex work/transactional sex⁸⁹ was also associated with heavily militarized areas, both during the occupation and afterwards: **"There was fear under the occupation. / But we had the 'village's keepers,' who satisfied them. / Now they satisfy our military guys. We don't understand them. But we are grateful to them"** (Displaced Women with a Disability in a Rural Area, Kherson).

Shifting lines of control and evacuations in frontline areas pose safety and security risks, including the risk of sexual violence, in particular for women and girls. Women and girls in frontline areas face elevated risks of and experienced incidents of CRSV as well as of sexual violence during evacuations. Following evacuations, women manifested great distress and the need for PSS due to the fear of potentially facing sexual violence by military groups⁹⁰. LGBTIQ+ persons and arbitrarily detained people, including men and boys, also experienced CRSV by Russian military forces during the occupation⁹¹. In one heavily contested oblast with ongoing fighting, there was a report of young women/"girls" allegedly being kidnapped by Ukrainian soldiers. The minimal presence of civil society and humanitarian actors and lack of accountability in that area were cited as contributing to the sense of impunity among perpetrators.

⁸⁹ Refer to earlier comment regarding terminology of "sex work," "transactional sex," and "survival sex and underlying drivers".

⁹⁰ Protection Cluster. *Lessons Learned – Evacuation and Support Services*. 2024: 3.

⁹¹ Outright International. *Documenting War Crimes against LGBTIQ+ in Kherson Region*. 2023.

C. RISK FACTORS

“I never go out in the evening where there is no lighting, where there are few people, no traffic, no buses.”

Displaced Women with a Disability/
Caregiver in a Rural Area, Lviv

“We are concerned...the situation is worsening in the community, as most people have lost their jobs, abuse alcohol or drugs.”

Woman, Kharkiv

“People are forced to be locked in the same space. And then, the increase of violence in families where a partner is a serviceman. This happens for a variety of reasons, including PTSD, traumatic experience in general and demobilization due to limb loss; all of these significantly increase risks of violence against women and girls.”

GBV Expert, Kharkiv

“Alcohol, increased aggression in society.”

GBV Expert, Lviv

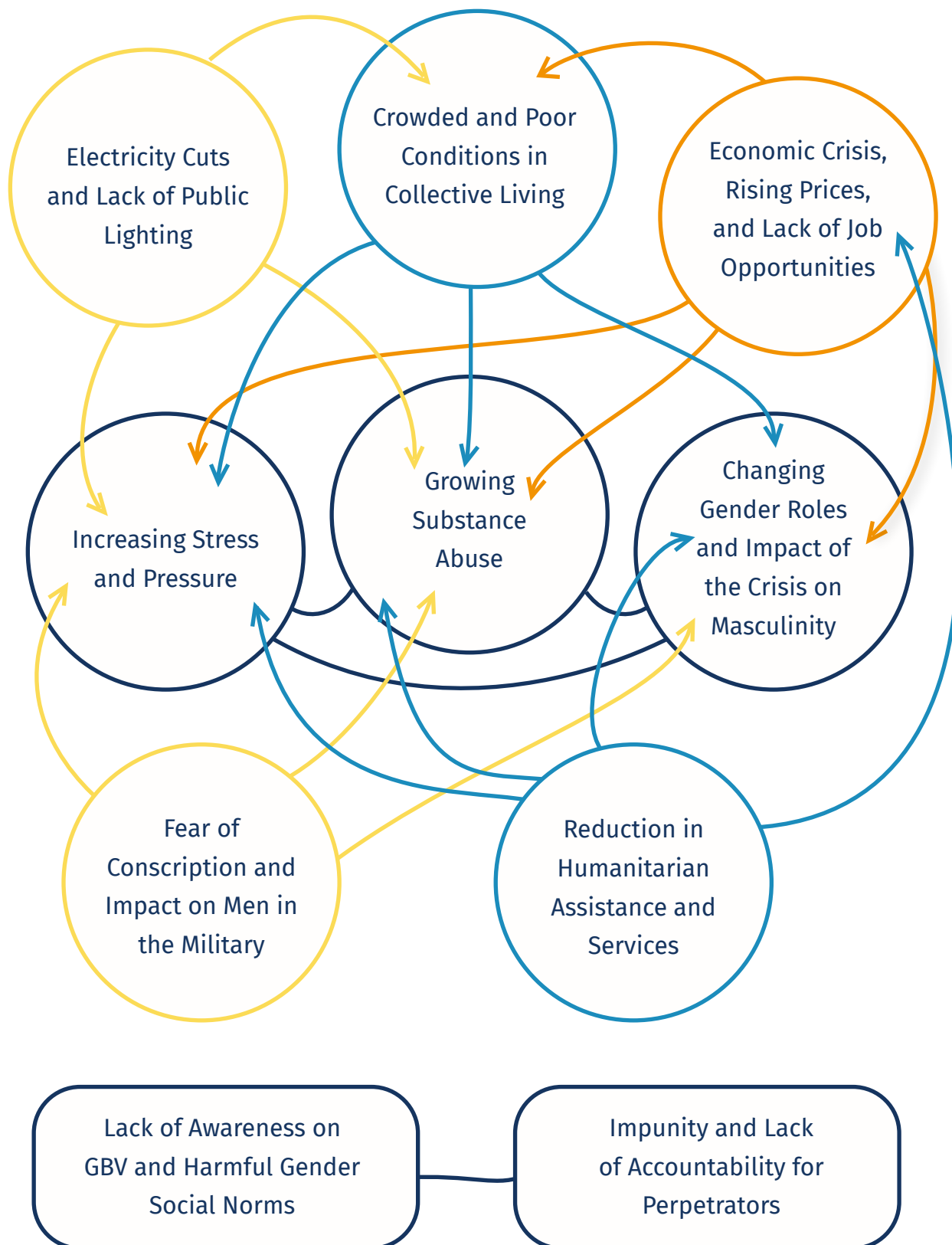
Factors contributing to GBV were reported to be significantly increasing from the effects of the ongoing war. A combination of growing risks is leaving women and girls and other vulnerable groups in Ukraine more exposed to violence and posing challenges for them to cope and seek support. A GBV expert described the interlayered risks in the current context fuelling the rise in GBV: ***“The situation of GBV can vary depending on many factors, such as economic conditions...and the safety situation in general. As a colleague pointed out, the tendency [of violence] is increasing, taking into account the situation”*** (GBV Expert, Kherson).

GBV risk factors are closely interconnected and compound each other to exacerbate the vulnerability to violence of women and girls and other marginalized groups⁹². Lack of awareness of GBV; harmful gender norms and attitudes such as victim-blaming; and impunity for perpetrators continue to underly and contribute to the widespread nature of IPV and other forms of violence. Risks related to the war include the lack of lighting; collective living; growing stress; increasing substance abuse; economic deterioration; and a lack of job opportunities: ***“[The] economic situation affects the increase in violence. As well as drugs”*** (Man in a Rural Area, Lviv). The impact of mobilization on men in the military forces; the fear of conscription among men who are not mobilized; changing gender roles; and growing militarization in society were all identified as playing a role in exacerbating GBV: ***“Aggression fosters violence, especially in the times of war, stress, alcohol”*** (Roma Woman in a Rural Area, Lviv).

⁹² The following factors were cited as increasing the vulnerability of women and girls and exacerbating GBV: hostilities; alcohol misuse; aggression by men returning from combat; “increased and largely male presence of military in communities”; family separation due to enrolment of men in the armed forces; “self-restriction of movement” of men due to fear of conscription “impacting men’s sense of masculinity”; cuts in street lighting; lack of privacy in collective living; reduced economic opportunities, decreased income, and lack of job opportunities; and limited transport in rural areas. DRC. *Rapid GBV Assessment: Chernihiv and Sumy Oblasts*. 2024. DRC. *Rapid GBV Assessment: Dnipropetrovsk and Zaporizhzhia Oblasts*. 2024. DRC. *Rapid GBV Assessment: Kharkiv Oblast*. 2024.



Risk Factors Contributing to and Exacerbating Violence





I. Electricity Cuts and Lack of Lighting

“It was terrible and scary when the whole city was without light.”

Displaced Woman in
a Collective Site, Kherson

“It’s also dangerous outside, especially at night when there’s no electricity because of the shelling.”

Adolescent Girl, Kherson

“After 10 pm nobody goes outside, especially women. Because they are afraid of violence against them and that the perpetrator will not be held responsible.”

Woman, Kharkiv

“The lighting is turned off, so even if I need food, I won’t go outside because I’m afraid.”

Woman, Kharkiv

Lack of lighting is one of the factors most frequently cited by women and girls across regions of Ukraine as increasing their sense of insecurity⁹³: ***“You know, what scares us more is the lack of street lighting in the village”*** (Older Woman in a Rural Area, Kherson). The electricity cuts over the past year greatly

⁹³ “When it’s dark outside we are scared to go home. There’s no streetlights. / So, when I go back to my house alone, I’m scared.” GBV AoR. *Focus Group Discussions with Women and Girls — Kharkiv*. 2024: 2.

affect women and girls and increase their risks of violence both within the home and in communities: ***“The absence of street lighting poses a risk of experiencing GBV”*** (GBV Expert, Kharkiv). In some areas, hours of lighting are limited due to electricity shortages stemming from the targeting campaign and destruction of infrastructure by Russian military bombardment, while in other heavily conflict-affected areas, public lighting is reportedly turned off at night for security considerations⁹⁴. Women and girls across Ukraine noted the decreasing availability of electricity: ***“There is no street lighting at all in the village. It used to be on till 10 pm, but now there is none at all”*** (Woman in a Rural Area, Kharkiv). They expressed fear of the situation further worsening during the winter, as the electricity shortage in the country continues to deepen: ***“And what about winter period — it will be much scarier in winter or you will have to go home at 16:00”*** (Woman in a Rural Area, Kharkiv).

In both urban and rural areas, the lack of lighting contributes to women and girls feeling much less safe and significantly affects their mobility: ***“Concerns were also about the fact that already at 9-10 p.m. there are no people in the street at all, because there’s no lighting and women and girls are even more***

⁹⁴ “In Ukraine, heavy and intense bombardments combined with ground fighting continued in 2024, resulting in a persistent pattern of civilian death and destruction with serious humanitarian impact. There are also attacks on energy infrastructure that are leaving many in Ukraine without power. Although no part of the country remained unaffected, people in the east and south bore the brunt of the devastation caused by the war.” GBV AoR. *Recommendations for GBV and Non-GBV Actors During Evacuations*. 2024: 1.

afraid to go outside” (Woman, Kharkiv). Women and girls identified growing risks of sexual violence in dark areas which makes them feel insecure: ***“No street lighting, although it’s curfew but nothing can be seen in the winter evenings. And nobody is seen, that’s a very high risk”*** (Displaced Woman in a Collective Site, Kherson). Without lighting, women and girls feel unsafe going outside and moving around streets and public spaces: ***“There are also safety concerns when going outdoors in the dark”*** (Adolescent Girl, Kherson). They also feel insecure in common areas without lighting in their living spaces, such as stairwells, hallways, underground shelters, and parking areas, particularly in situations of collective living. Due to the lack of lighting, women and girls typically avoid leaving the home after dark: ***“The streets are dark because of power outages and it’s not safe to move around in the evening”*** (Displaced Woman in a Collective Site, Lviv). This leaves women and girls with limited hours of daylight – more so in the winter – in which to be able to navigate their daily lives and fulfil domestic responsibilities, work, and study: ***“Women are not able to manage their time freely because of power outages”*** (Displaced Adolescent Girl, Lviv). Thus, the lack of lighting reduces their access to GBV services and humanitarian assistance. Women and girls have a restricted amount of time during which they can seek services and are less likely to travel further away. Lack of electricity also reportedly affects the functionality and availability of some services, such as in health facilities.

Due to the lack of lighting, families are spending more time confined to the home, which in-

creases IPV/DV. The unavailability of electricity more widely was also reported to increase irritability and aggravate tensions in the household: ***“When the power is [only] on for four hours a day – it makes people angry and they can be prone to violence”*** (Adolescent Boy, Lviv).

In addition, the lack of electricity affects women and girls’ access to information and their ability to seek support in situations of abuse. Limited hours of electricity make it difficult to charge phones and other technological devices and access digital information and services. Due to gaps in Internet connection, women and girls have less opportunity to find information about humanitarian assistance and GBV services and benefit from online support: ***“Even if a woman needs assistance, she’s not going to get it because there’s no connection due to power outages”*** (Woman, Kharkiv). Additionally, survivors are not always able to call for help in urgent situations of violence. Electricity cuts and the accompanying mobility self-restrictions also constrain the ability of survivors to cope with violence. Women and girls find it more difficult to seek some measure of comfort through activities such as using social media, reading, taking walks, and visiting friends.

Reduced availability of electricity greatly hinders the ability of women and girls with disabilities, older women, and women caregivers providing for dependents to meet their needs. It also increases health and hygiene risks for vulnerable women and girls due to lack of heating/cooling in homes and for water usage.



II. Shared Living, Crowding, and Poor Living Conditions

“I am an IDP, I used to live in a kindergarten and now they have accommodated us in a boarding school; it’s tough, more than 70 people all together, it’s really uncomfortable.”

Woman in a Rural Area, Kharkiv

“For IDPs, the situation has been exacerbated by the lack of housing for mothers with children who have to live in a shared space, and sometimes in the same room, with other families.”

Displaced Adolescent Girl, Lviv

“Settling into shelters is not always safe, [it is an] unsafe environment.”

GBV Expert, Lviv

Crowded living conditions greatly exacerbate the risks of violence for displaced women and girls and other vulnerable groups. Due to the lack of affordable housing options, displaced families often have no choice but to live in difficult conditions: ***“It’s just a disgrace. People have nothing left and they are placed in such conditions, it was just horrible. If they were placed in those rooms and forced to bathe in that bathroom with cockroaches and when the light is turned off at night in the dorm because of ‘blackouts,’ it’s absurd. People who have lost everything and still to treat them like that”*** (Man in a Rural Area, Kherson). Women and girls in shared accommodation across

regions of Ukraine experience a lack of privacy and feeling of insecurity. Crowding, poor living conditions, stress, and substance abuse increase risks of both IPV/DV and sexual violence for women and girls residing in collective sites and other forms of shared housing. These factors exacerbate GBV perpetrated by husbands and other family members, as well as violence by other residents. Displaced women and girls frequently witness disputes and violence in other families and expressed fear that violence would spill over to affect them. There were reports of growing alcohol and drug consumption by men living in collective sites⁹⁵: ***“There are people here who abuse alcohol”*** (Adolescent Girl in a Collective Site, Kharkiv). Incidents of physical, verbal, and sexual violence in collective sites were often associated with men under the influence: ***“Also physical violence. We see this happening both at home and in collective centres. We’ve seen in the collective centres that there’s psychological violence in the families, which extended to people living nearby. People complained that it was because of alcohol”*** (GBV Expert, Kharkiv). Substance abuse within “hostels” was cited as a significant contributing factor to both IPV/DV and sexual violence for displaced women and other at-risk groups.

The pressure of crowded living conditions greatly increases violence within the household. Stress from displacement, lack of employment opportunities, and growing financial needs make it hard for displaced men to fulfil

95 “[Some] CSs reported incidents of GBV related to intimate partner violence/domestic violence exacerbated by alcohol abuse and stress factors linked to limited access to basic needs, unemployment, and the ongoing war.” UNHCR. *Safety Audit Report*. 2023: 6.

their traditional role and conflict with the social expectations placed on them. Men in shared living were described as often resorting to substance abuse and taking out their frustration on women and children in their families.

Risks of sexual violence are also aggravated in shared accommodation due to lack of privacy, electricity, and WASH safety measures. Living spaces are frequently shared by different families and in some cases, serve a mixed function and are open for others to access⁹⁶. In many sites, toilet and bathing areas are not gender-segregated and lack locks and lighting⁹⁷. Additionally, women and girls in collective sites described a feeling of insecurity due to not having lighting when moving in communal areas such as stairwells and at night.

The difficult living situation in collective housing was reported to be a push factor influencing some households to return to their homes in insecure areas that are still heavily conflict-affected. Many women indicated that despite the difficult and insecure conditions in shared accommodation they have nowhere else to go: ***“Here...we all live in a collective site, meals are not provided there, and we live in a dorm with a shared dining room and a shared kitchen. It’s not convenient going to Valky for any single thing...Houses are ruined, it’s hard to live all together, [but] the house is destroyed and there is nowhere to return to” (Woman in a Rural Area, Kharkiv).*** Women and girls also described the isolation of collective sites. Many sites for shared accommodation — particular-

ly in rural areas — are far removed from services and opportunities, including for employment⁹⁸. Women, girls, and other at-risk groups with mobility constraints residing in collective sites tend to find it difficult to move outside and reach urban areas, due to lacking access to private vehicles, limited financial means, and cost of transport. Transport challenges not only leave displaced women more confined to the shared living space — in which they must endure crowded conditions and tensions — but they also pose difficulties in accessing GBV services in case of violence.

Refer to [Collective and Transit Sites](#) in [Locations of Violence](#) for further information.



III. Stress and Pressure

“The war. The war itself is increasing risks of violence, people are frightened, people are confused.”

Displaced Woman in
a Collective Site, Kharkiv

“There’s more violence, people live under constant pressure and can’t stand it mentally.”

Woman in a Rural Area, Kharkiv

“Also a new factor is the increase of stress due to uncertainty and difficult living conditions, which can contribute to increased violence.”

Adolescent Girl, Kherson

⁹⁶ “Accommodation issues: almost half (49%) of the surveyed collective sites were still reported to be used not only for hosting internally displaced people but also for their primary function.” REACH. *Ukraine Collective Site Monitoring: Round 12*. 2024: 1.

⁹⁷ “WASH-related infrastructure: only a third of the CS managers reported gender-separated bathing facilities (32%) and toilets (33%), with a few reporting partial segregation (10% and 14%, respectively).” REACH. *Ukraine Collective Site Monitoring: Round 12*. 2024: 1.

⁹⁸ “12 percent of audited CSs are isolated (not near any basic facilities like markets, hospitals, schools).” UNHCR. *Safety Audit Report*. 2023: 7.

Women and girls across regions of Ukraine reported the elevated level of stress and identified it as having a multiplier effect on violence. A woman in a heavily conflict-affected area described the constant state of tension they are in: **“We stopped smiling. Live in stress”** (Displaced Woman with a Disability in a Rural Area, Kherson). Pressure on families and communities is accumulating from the ongoing war and associated insecurity. Hostilities and bombardment were identified as one of the main causes of distress, together with displacement, collective living in shared accommodation, economic needs, lack of job opportunities, limited mobility, and family separation. The impact on the mental health of men who are/were combatants was specifically referenced across locations. Women and girls cited pressure as a significant driver of GBV and wider violence in communities. Stress is closely co-related with other risk factors, namely, substance abuse: **“Alcohol, drugs, and depressive states of adults contribute to [violence]”** (Displaced Adolescent Girl in a Collective Site, Kharkiv).

Women and girls frequently cited shelling as the primary factor causing stress for them and more widely in their communities, particularly in frontline regions. Fear of shelling affects women on a daily basis and they are in a continual state of preoccupation about the safety of their children. Insecurity also leads to constrained mobility and causes people to spend more time at home, which exacerbates tensions in the household. The increasing electricity cuts disrupting heating, appliances, and technology were seen as further aggravating stress levels. The level of pressure is especially high for displaced families living in poor and

crowded conditions: **“Yesterday, I stepped outside, and there was a plate going into me from above from the window, somebody had an argument, but it’s me who could have been killed. The fact that we all live together affects our mental state and adds mental pressure”** (Displaced Woman in a Collective Site, Kharkiv). Uncertainty about the future was also cited as a factor, especially in heavily conflict-affected areas in which evacuations are taking place.

Various gender-related factors stemming from the crisis increase the pressure on men, resulting in greater aggression. Unmobilized men who are confined to the home due to fear of conscription were described as being under continual stress. While the lack of job opportunities and economic crisis increases stress for both women and men, inability to provide for the household poses a challenge to men’s sense of masculinity. Men remaining in communities were described as facing pressure due to not being able to fulfil their traditional role in the family (refer to [Changing Gender Roles and Masculinity in Risk Factors](#) for further information). Moreover, women express fears that the impact of distress on men in the military will lead to aggressive behaviour. They relayed concerns about the state of mental health of male soldiers in their areas, as well as for husbands and partners returning from combat.

These factors also multiply the stresses and burden on women and girls. Women who step into the head of household role — due to men being away or having limited mobility — juggle a dual burden. Those women newly entering the workforce have increased responsibilities and less time for themselves. For women separated from their families and cut off from support

structures, there is limited childcare assistance. They can also feel greater insecurity due to being alone. One woman related how: **“The biggest factor is the war and the fact that women are alone and the whole household depends on us. For example, my brother is at war and his wife is left alone with a baby who is three months old. He hasn’t been in touch and she is worried about him, about herself and about lactation, of course that is needed for the baby. She has been constantly nervous and says she’ll lose her mind. Of course, I support her and help out, but this is completely different than when your husband is home”** (Woman with a Disability/ Caregiver in a Rural Area, Kharkiv). Women tend to be responsible for childcare and for caring for people with disabilities and older people. This places a high level of pressure on them in the increasingly fraught environment: **“My mental state is affected the most by the fact that now I am left alone with children and I can’t work for health reasons, and all this is very hard and painful”** (Woman with a Disability/ Caregiver in a Rural Area, Kharkiv).

As the war continues in its third year, growing pressure was described as triggering aggression and violence both inside and outside the home. Women and girls related how stress increases the frequency of and escalates conflict within families and communities: **“People are in the war setting, they are in a stressed state. Some small sparks are enough for an argument to start. When people live together and have shared household, at some point they begin to hate each other because they stay next to each other”** (GBV Expert, Kharkiv). Stress was closely associated with greater use of alcohol and drugs as a negative coping strategy princi-

pally by men, leading in turn to increased GBV: **“Violence occurs in the streets where there’s no lighting, and also by those who abuse alcohol and drugs. And why is this, because it is war and they can’t stand the terrible reality – people have been killed, children have been killed”** (Displaced Woman in a Collective Site, Kharkiv).



IV. Drugs and Alcohol

“Men relieve stress by means of alcohol.”

Adolescent Boy, Lviv

“Alcohol increases the risks and drugs.”

Man in a Rural Area, Lviv

“And there are hardly any men [left in communities]. Druggie, alcoholics.”

Displaced Woman with a Disability in a Rural Area, Kherson

“Another risk factor [for GBV] is the environment, especially those who aren’t sober.”

Woman Caregiver, Kherson

Communities in Ukraine and GBV experts reported growing substance abuse and directly linked this with increased GBV: **“Men drink, risks increase”** (Displaced Woman in a Collective Site, Kharkiv). Women and girls described the increasing avail-

ability of and reliance on alcohol and drugs as a form of negative coping among men and boys: **“There are a lot of new liquor shops opening up and it’s dangerous”** (Displaced Woman with a Disability/Caregiver in a Rural Area, Lviv). Increased consumption of alcohol and drugs contributes to more aggression and violence both within and outside the home: **“Access to alcohol and drugs has a strong influence on the commitment of violence”** (Displaced Woman, Lviv). Greater frequency and intensity of IPV/DV was linked with men in households under the influence, with growing substance abuse also being associated with increased risks of sexual violence.

The ongoing war, protracted displacement, and distress contribute to greater reliance on alcohol and drugs, in particular by men. GBV experts coined a term for the phenomenon: **“[What they call] ‘alcoholization.’ And everything contributes to it. The economic situation, stress and shell-ing. It’s easier, perhaps, to say whether they have anything that doesn’t contribute”** (GBV Expert, Mykolaiv). Men were reported to be turning often to alcohol and drugs to fill their time, when faced with scarce work opportunities and inability to fulfil their expected role as the breadwinner: **“It would be better if more men had something to do instead of drinking”** (Woman in a Rural Area, Kharkiv). Men in displaced families living in shared accommodation, men remaining alone after their families left, and servicemen were seen as particularly susceptible to resorting to substance abuse: **“What I see in my neighbourhood is that the women with children have left and the men are left to look after the housing, they just drink, not all of them, but a very large percentage”** (Woman Caregiver, Kherson). The limited availability of MHPSS services and

activities was seen as playing a part in rampant addiction, especially for men returning from combat. Women and girls cited a significant number of military veterans, men on leave, and men who had been injured and with disabilities from the war turning to alcohol and drugs to deal with distress. There were a few reports of greater consumption of alcohol in rural areas: **“There may be more violence in the village than in the city due to ‘horilka’ (vodka) consumption”** (Adolescent Boy, Lviv). Roma women and girls also reported a high level of substance abuse by men and boys in their communities.

According to women, increasing risks and incidents of GBV were closely correlated with the growing number of men under the influence: **“The biggest risk is alcohol because it makes people do inexplicable thing. / Yes, that’s right, both alcohol and drugs.”** (Older Women in a Rural Area, Kherson). Negative coping by men through using drugs and alcohol fuels increased abuse within the household: **“In most cases there is alcohol involved”** (GBV Expert, Lviv). At the same time, women and girls feel less secure in public spaces and on means of transport and expressed fears of encountering men and youth under the influence: **“Alcohol and drug abuse – this increases the risk. No one is safeguarded from anything”** (Woman in a Rural Area, Kharkiv). Women and girls shared examples of encountering men who had been drinking and taking drugs loitering on benches, in parks, and in bomb shelters, as well as on trains, and experiencing aggressive behaviour from them: **“[I would like to] express my outrage that [there are] lots of men...around the city who are permanently in a drunken condition, rampage and behave aggressively”** (Woman, Kharkiv).

There were some reports of women also increasing their consumption of alcohol, with survivors at times turning to drinking as a form of coping. Women with substance abuse issues — as well

as adolescent girls who have parents struggling with addiction — were seen as more vulnerable and likely to face GBV.



V. Men Discharged and on Leave from Military Service and Fear of Conscription

“Risks are: men are [being] mobilised, tensions between men and the military.”

GBV Expert, Lviv

“There are no activities facilitated for veterans, which affects the quality of the family life.”

LGBTIQ+ Person

“Though, based on statistics, the total number of cases has increased here. Some guy (a soldier) has come back for a military leave — and made his wife run...”

GBV Expert, Kharkiv

“People are forced to be locked in the same space. And then, the increase of violence in families where a partner is a serviceperson. This happens for a variety of reasons, including PTSD, traumatic experience in general, and demobilization due to limb loss; all of these significantly increase risks of violence against women and girls.”

GBV Expert, Kharkiv

Women and GBV experts identified heightened risks of IPV/DV for households in which men have limited mobility because of fears of conscription, as well as when men return from combat, either temporarily or after having been discharged. Risks of sexual violence were also associated with servicemen on leave and heavily militarized areas.

Men who are not mobilized tend to limit their movement and at times be confined to the home: ***“These days, there are fewer guys out in the streets, some are at war already, and some are afraid of mobilization and hide”*** (Woman with a Disability/Caregiver in a Rural Area, Kharkiv). Men are facing greater risk of military conscription as the war is in its third year and mobilization efforts redouble⁹⁹. Limited mobility and fear of conscription increase the stress on men and lead to greater tensions in the household: “They noted that men within families tend to exhibit more violence, attributing this behaviour to fear and anxiety surrounding conscription into the army”¹⁰⁰. Since men are spending more time at home, women and girls have increased exposure to IPV/DV. Fear of conscription also deters survivors from seeking support, due to fear of perpe-

⁹⁹ “The increase in unregistered adult males (+15%) can be linked to the enforcement of the new mobilization law on May 18th. This law aims to bolster male mobilization by lowering the conscription age, narrowing the grounds for exemptions, and heightening penalties for failing to update military records.” DRC. *Protection Monitoring Snapshot*. 2024: 3.
¹⁰⁰ GBV AoR. *Focus Group Discussions with Women and Girls — Kharkiv*. 2024: 3.



trators being sent to fight: **“Rural women mostly take care of the household and it’s unacceptable for them to report violence perpetrated against them by their husbands because of the fear to be left without the husband and their children to be taken to an orphanage. The situation has gotten worse since the full-scale invasion, the fear that the husband will be conscripted to fight in the war. And this fear is true not only for rural women”** (Displaced Adolescent Girl, Lviv).

Increased violence in the home was also linked with men returning from combat: **“There are more reports of the incidents where the abusers are servicemen who have returned temporarily, are on leave or demobilized”** (GBV Expert, Lviv). Women and GBV experts reported observing many cases of aggression towards family members by men who are discharged, recovering from injuries, or on leave¹⁰¹: **“I was looking at statistics from the head of the Ministry of Internal Affairs that the number of appeals has increased by 14%. 60% are specifically military families of that 14%: returning veterans or on leave”** (GBV Expert, Mykolaiv). Substance abuse by veterans and soldiers on leave was closely linked with elevated risk of violence: **“The abuser in the hostel is a former serviceman who has health problems and when his state of health gets worse, he becomes more aggressive, uses alcohol”** (Displaced Woman in a Collective Site, Lviv). High levels of distress, injuries, and limited availability of MHPSS and rehabilitation support for military personnel and veterans and their families were cited as contributing to growing rates of violence: **“I might also add to this that there’s the concept of ex-combatants, people who have returned from the front and require a great deal of attention and time to adapt**

on this side of the front. And it’s also a factor that there’s more domestic violence” (GBV Expert, Mykolaiv). A woman described the physical and mental health impact on men combatants: **“The situation with violence has aggravated because of the war, it takes a long time for men to recover from injuries, they can’t sleep and have mental health problems”** (Displaced Woman in a Collective Site, Lviv). Another woman emphasized the severity of the situation: **“But they are insane¹⁰², my neighbour’s come back from the war, he’s come back insane. They all come back from the war insane”** (Woman with a Disability, Kharkiv). At the societal level, growing militarization was also identified as playing a role in fuelling aggression.

Concerns about women’s safety in relation to militarized areas with a heavy presence of military men and substance abuse by men on leave were also expressed. Women and girls shared fears about the number of unknown men from out of town and described how their movement changes in heavily militarized areas: **“We’re not afraid of our men. No locals, no military. / Well, it’s a little scary when it’s dark. But I don’t go out on my own.”** (Adolescent Girls with a Disability in a Rural Area, Kherson). Other FGD participants described how military personnel on leave under the influence of alcohol or drugs can contribute to risks of violence, including sexual violence: **“Military personnel on leave may pick [on] bystanders under the influence of alcohol”** (Adolescent Boy, Lviv). Additional associated safety risks were also referenced: **“Servicemen who abuse alcohol constitute a threat not only to their families and people around them, but [they] also get behind the wheel under the influence of alcohol.”** (GBV Expert, Lviv).

¹⁰¹ “Partners have reported growing rate of IPV committed by returning war veterans.” Protection Cluster. *Protection Analysis Update*. 2024: 11.

¹⁰² Colloquially referring to men experiencing distress and mental health concerns.

The idealization and “romanticization” of male combatants as heroes deters survivors from reporting abuse and contributes to a lack of accountability. Women often tolerate violence because their husbands are “fighting in the war” and “sacrificing” in service to

their country. Survivors coming forward have to contend with a significant amount of social disapproval and disbelief.

Refer to [Changing Gender Roles and Masculinity](#) in Risk Factors for further information.



VI. Economic Crisis, Lack of Job Opportunities, and Reduction in Humanitarian Assistance

“The economic situation affects the increase in violence. As well as drugs.”

Man in a Rural Area, Lviv

“Yes, in [previous] years able-bodied men who had jobs knew they had a job to go to...and now the situation with jobs is bad. Some [men] went to serve and some can’t find a job.”

Woman Caregiver, Kherson

“I don’t have a job, I have two children, my husband is at war. There is a need for assistance because a lot of people don’t have employment.”

Woman in a Rural Area, Kharkiv

“All women need humanitarian assistance now, because in a time like this prices go up...”

Displaced Woman with a Disability/
Caregiver in a Rural Area, Lviv

The combination of depleting financial resources, scarce job opportunities, and reduced provision of humanitarian assistance is increasing the risks of violence for women and girls in Ukraine. Women across regions described how the economic crisis contributes to GBV within families and communities: ***“Living conditions and the economic situation have a negative impact”*** (LGBTIQ+ Person). As well as exacerbating tensions and abuse within the household, financial pressure increases the risks of exploitation as well — including of SEA — for women and girls and other vulnerable groups. Diminishing resources also make it more difficult for survivors to cope with GBV and seek support.

The economic crisis in Ukraine contributes to risks of violence for women and girls and decreases coping capacities for survivors. Families are increasingly facing economic constraints and unable to meet their basic needs due to rising prices¹⁰³. Women in FGDs cited rising costs for rental accommodation, food, medicine, and medical procedures, with many women-head-

¹⁰³ “Pre-existing economic structural weaknesses have been further exacerbated by the war, damaging Ukraine’s economy...with high food prices negatively impacting household economies.” OCHA. *Humanitarian Needs and Response Plan Ukraine*. 2024: 12.

ed households particularly economically vulnerable¹⁰⁴. Displaced women in collective sites described the lack of options they face, caught between not being able to afford the costs of shelter repair in their place of origin and the limited availability of affordable housing to rent. Financial pressures contribute to the stress faced by families and increase IPV/DV. IDP women and girls are especially affected, as are those in heavily conflict-affected and rural areas. The economic situation also increases wider insecurity in communities, with reports of more theft and crime leading women and girls to feel less secure: **“There is a lot of petty theft nowadays – young people don’t have employment”** (Older Woman in a Rural Area, Kharkiv).

In addition, there is decreasing availability of opportunities for dignified work: **“There are no jobs available for people, or they are hard and poorly paid. People have nothing to do, there is no money to buy food”** (Older Woman in a Rural Area, Kharkiv). Particularly in heavily conflict-affected and rural areas, communities reported a deficit of work¹⁰⁵. Some people are unable to work or have lost their jobs during the war due to insecurity¹⁰⁶: **“I previously worked at the paint factory. Now it’s gone. It was destroyed”** (Displaced Woman with a Disability in a Rural Area, Kherson). Women described loss of their employment due to security conditions, destroyed buildings, displacement, and lack of accessible transport: **“Yes, I went to work in our ‘Kher-**

104 “Findings demonstrated that [head of household] HoHH sex turned out to be not the most notable demographic driver for humanitarian needs and living standard gaps. However, the intersection of marital status, HoHH sex and presence of children significantly increases these needs, making single FHHs with a child a very vulnerable demographic group...Single [female-headed households] FHHs with a child were more likely to report less secure income sources... Moreover, such HHs disproportionately more often reported taking on additional debt to cover basic needs than the rest of the [households] HHs.” REACH. *Multi-Sectoral Needs Assessment: Gender, Age and Disability Situation Overview*. 2024: 9.

105 “The limited availability of job opportunities continues to be reported as the primary factor affecting employment.” DRC. *Protection Monitoring Snapshot*. 2024: 6.

106 “We have nothing here. We had previously 2 factories that are destroyed now. So, we just stay at home, people do not have jobs, we are just at home.” GBV AoR. *Focus Group Discussions with Women and Girls – Kharkiv*. 2024: 5.

son’s parks’ but couldn’t work because it’s a job outside and under shelling. And it’s hard to work in armour, I have problems with my back” (Displaced Woman in a Collective Site, Kherson). Women heads-of-household also face constraints from lack of childcare. Displaced, Roma, and older women experience heightened barriers to finding employment. More women were reported to be trying to enter the workforce while men are away, with limited opportunities for safe, dignified work.

For men, fear of conscription limiting their mobility poses a barrier to work: **“A lot of people now are losing their jobs, and this also affects. And a lot of men can’t go to work [as] they are trying to avoid mobilization.”** (GBV Expert, Kharkiv). Women described the impact on men who feel they are not meeting gendered social expectations due to being unable to provide for their families: **“Increase in violence is because of the war and lack of stability in terms of economics and security, men can’t fulfil themselves and provide well for their families and children, everything is expensive, including food, clothes and education for children”** (Woman in a Rural Area, Kharkiv). The scarcity of employment opportunities was reported as a significant factor encouraging alcohol and drug consumption by men and associated GBV risks. Unemployed men and youth were described as prone to substance abuse and loitering, increasing risks of IPV/DV and sexual violence.

Limited financial means and lack of housing options heighten the likelihood of exploitation as well, with risks expected to continue to increase as the situation further deteriorates. There were examples of people having to take out loans or credit to be able to

provide for basic needs such as shelter, food, and medical treatment¹⁰⁷. An increasing reliance on borrowing money and dependence on others leaves women vulnerable. GBV experts reported some initial cases of labour exploitation that were identified, noting that most times, survivors are not aware this is a form of violence and of their rights. Furthermore, the current economic environment increases the dependence of survivors on perpetrators and reduces their capacity to mitigate the consequences from violence. GBV experts described the growing financial dependence of women on men that limits their ability to “resist violence”: ***“Dependence on partner, especially economic dependence, childcare. Survivors don’t leave their abusers because they have nowhere to go, they are not able to rent own housing and leave collective centres, they can’t provide for themselves and their children”*** (Displaced Woman in a Collective Site, Lviv). Women, from displaced families in particular, increasingly lack the resources and ability to leave situations of IPV.

Despite the economic deterioration and growing needs, a reduction in humanitarian assistance was widely reported. Recent measures by the Government reducing financial assistance to IDPs have had a significant impact on displaced families¹⁰⁸ and are even seen as contributing to returns to insecure areas¹⁰⁹. Suspended provision of assistance was repeatedly described by FGD participants

¹⁰⁷ “We all do the same, use credits. It’s impossible for us to borrow money anywhere.” GBV AoR. *Focus Group Discussions with Women and Girls — Kharkiv*. 2024: 4.

¹⁰⁸ “Following the changes in the housing assistance system for IDPs under Resolution No. 332, a substantially higher number of IDPs have reported gaps in meeting their basic needs, with a 37% increase compared to March.” DRC. *Protection Monitoring Snapshot*. 2024: 6.

¹⁰⁹ “In the eastern and southern oblasts, the primary motive for returning is the financial strain experienced by IDPs, driven by high rental costs and limited income opportunities. This demonstrates that some return movements are a negative coping mechanism resulting from the lack of employment opportunities and insufficient state or humanitarian support in displacement areas, a situation that may worsen following the enactment of Government Resolution No. 332.” DRC. *Protection Monitoring Snapshot*. 2024: 2.

in non-frontline areas, even for vulnerable groups such as IDPs, older people and those with disabilities. In heavily conflict-affected areas, gaps in and infrequency of aid distribution were also raised as a concern. Across regions of Ukraine, limited coverage of humanitarian assistance and services was identified in rural areas. With the more limited availability of assistance, at-risk women and girls and their households struggling to meet basic needs face greater vulnerability to violence and exploitation. With the more limited availability of assistance contributes to for women and girls and other at-risk groups.

Refer to [Access Barriers & GBV Risks in Humanitarian Sectors](#) for further information.

VII. Lack of Awareness on GBV and Harmful Gender Norms

“Maybe we have violence, we just didn’t know what it is.”

Displaced Woman in
a Collective Site, Kherson

“It’s not customary to talk about such things.”

Woman with a Disability
in a Rural Area, Kherson

“Low awareness of violence among the population.”

Displaced Woman, Lviv



“Some people are aware of gender-based violence but require more information on how to seek help.”

Adolescent Girl, Kherson

“It’s a common occurrence, it’s just something that needs to be discussed.”

Displaced Woman with a Disability/
Caregiver in a Rural Area, Lviv

“Most of the adult population considers this behaviour between spouses as the norm.”

Roma Woman, Zakarpattia

“Society normalizes violence.”

LGBTIQ+ Person

“The expectations and conformity of the roles of men and women have a strong impact.”

LGBTIQ+ Person

“Let’s speak frankly, the percentage of people who understand what sexual exploitation or domestic violence is, its types, what gender-based violence is; unfortunately, there aren’t as many people as we would like. Many stereotypes exist among the population on various types of violence, such as ‘beating means love’ and so on.”

GBV Expert, Kherson

Lack of awareness and harmful social norms underlying GBV in Ukraine, pose barriers for survivors to come forward, and maintain impunity for perpetrators. Women and girls and wider communities are often not aware of what GBV is and of the services available in their area: ***“Few people know about what gender-based violence is”*** (Woman with a Disability in a Rural Area, Kherson). Myths about GBV and judgment of survivors were reported as widespread, not only among communities but also within institutions, law enforcement, and authorities. Attitudes blaming survivors and supporting lack of accountability for violence were seen as giving latitude for perpetrators, leading them to feel they would not face consequences for their actions.

Limited awareness in communities about GBV was reported to be prevalent, particularly in rural areas and among the older generation. Women and GBV experts indicated that there is: ***“Low public awareness”*** (Woman with a Disability/Caregiver, Lviv). Survivors are often not aware that what they experience is violence and do not know how to seek support: ***“I don’t know what GBV is”*** (Displaced Adolescent Girl in a Rural Area, Lviv). There was less awareness about certain forms of violence, such as psychological and economic violence: ***“Violence is beating, I don’t know other types”*** (Man, Lviv). Women and girls described gaps in awareness regarding how to protect oneself from newer phenomenon such as TFGBV. There were also gaps in awareness about the risks of SEA. Very often, women have not had the opportunity to discuss and learn about GBV in communities: ***“Women are not open to talk about violence”*** (Woman with a Disability in a Rural Area, Kherson). Factors contrib-

uting to the lack of awareness about GBV include the prevalence of attitudes normalizing violence and holding survivors responsible, as well as barriers to information. People without access to smartphones or digital literacy or with limited mobility face greater challenges to obtain information on violence. Women and adolescents also pointed to the absence of information on GBV integrated within the education system, further compounded by the limitations of online learning. Certain population groups were seen as more likely to face barriers to information and have less awareness, including displaced, rural, and Roma women and girls, as well as women and girls with disabilities and older women. FGD participants also referenced limited exposure and awareness of GBV among men and boys: **“In the case of guys, this information is not present in education”** (LGBTIQ+ Person). The lack of awareness on violence was identified as a critical risk factor contributing to GBV and increasing the challenges survivors face in coming forward.

Widespread normalization of violence and victim-blaming perpetuates GBV and can prevent survivors from accessing services. Harmful norms on gender are prevalent within communities and justify violence towards women and girls: **“The main things that increase risks of violence are people’s ignorance of this issue, age-old attitudes and traditions within the community”** (Roma Woman, Zakarpattia). Older women indicated that GBV was typically not openly talked about due to a sense of shame: **“You know, we’re of the old school and it’s not something we used to talk about and it’s even embarrassing”** (Older Woman in a Rural Area,

Kherson). Violence in the household tends to be minimized unless it is considered “severe” physical violence. The attire and behaviour of women and girls is often blamed for abuse, e.g. “provoking” men, leading to sexual violence: **“Women can provoke aggression by their behaviour, outfits”** (Adolescent Boy, Lviv). Harmful gender norms are particularly entrenched in rural areas and more closed communities, such as Roma communities, as well as among older people: **“Due to peculiarities and attitudes in the Roma community, they remain silent and believe that domestic violence is acceptable”** (Roma Woman, Zakarpattia). For instance, a Roma woman described gendered expectations about women’s role: **“A woman mustn’t go out with other men, to be able maintain order in home. She shouldn’t communicate with other men, should stay at home, look after the children”** (Roma Woman in a Rural Area, Lviv). In some cases, adolescent girls and young women were described as more aware of their rights and outspoken on violence. However, many adolescent girls and young women still face limited access to information and awareness about GBV, especially in remote areas. Prevalent victim-blaming attitudes in society cause survivors to be afraid of judgment from family members and communities and the associated risk of social stigma and rejection.

Enforcement of binary gender norms contributes to violence against LGBTIQ+ persons. Hostility in reaction to diverse SOGIESC was described as increasing. Growing militarization of society and the state — combined with backlash against the greater visibility of diverse SOGIESC — were identified as worsening risks for LGBTIQ+ persons.

Examples of Harmful Myths and Attitudes Contributing to GBV in Ukraine

“How the girls behave.”

Displaced Woman with a Disability
in a Rural Area, Kharkiv

“It’s your own fault. Don’t wear short skirts.”

Displaced Adolescent Girl
in a Rural Area, Kherson

“They need to dress less revealingly to avoid violence against women. That’s a good strategy.”

Man in a Rural Area, Lviv

“When a woman’s outfit is too revealing.”

Displaced Woman with a Disability/
Caregiver in a Rural Area, Lviv

“You should stay home and let the man work.”

Displaced Woman with a
Disability/Caregiver in a Rural
Area, Lviv

“There are cases when a woman herself provokes a man, and then a case of domestic violence happens.”

Roma Woman, Zakarpattia

“Violence only happens to dishonest women who provoke her men, cheat on them, or communicate with other men.”

Roma Woman in a Rural Area, Lviv

“Violations in this area are impossible in our city, there’s no way to hide them.”

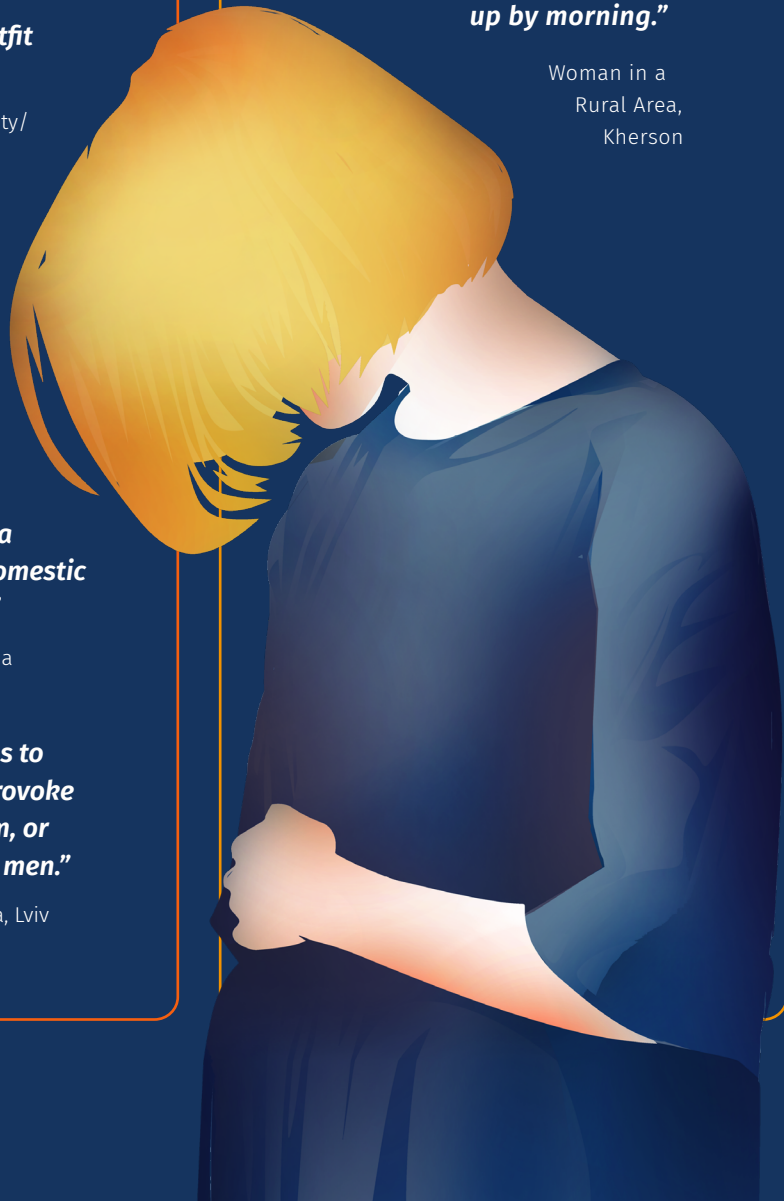
Man in a Rural Area, Lviv

“There’s no violence. It’s consensual [laughs].”

Woman in a Rural Area, Kherson

“There are those who have earned it. Yeah, that’s what people say. They’ll make up by morning.”

Woman in a
Rural Area,
Kherson



“There’s a family that calls 102. However, it’s a way of life for them. They like it.”

Woman in a Rural Area, Kherson

“In our country, women do not allow for persons to offend them. Of course there are cases. There are dysfunctional families. But for them that’s the norm. And if the neighbours call the police, they will be the one to blame. Because there’s such a kind of love there. They drink together. They fight together.”

GBV Expert, Kherson

“But overall, in my opinion, both partners are often equally at fault for domestic violence.”

Woman with a Disability/
Caregiver in a Rural Area, Kharkiv

“It all depends on [how] decent a woman is, if she is a virtuous woman and doesn’t talk to other men, there’s no violence. A woman should stay at home, take care of the children and maintain order in the household. There must be discipline, the woman must be decent, then she doesn’t provoke the man.”

Woman in a Rural Area, Lviv

“Come on, girls, there’s no violence here.”

Displaced Woman in a
Collective Site, Kherson

“I think that it’ll be necessary to talk about coping with violence after the victory. At the moment, there are more relevant topics so that there are no shelling and everything else later.”

Displaced Woman in
a Collective Site, Kherson

“Women are not open to talk about violence. It’s not the right time for us.”

Woman with a Disability
in a Rural Area, Kherson

“In my opinion, the main evil and danger comes from the Russians. Yes, both locals and the Ukrainian soldiers can do bad things. But, you know, the sensation is that they are our soldiers, they will not bring harm. Well, we’d like to believe in this.”

GBV Expert, Kherson

“I can’t even imagine sexual exploitation by humanitarian organizations. Well, we don’t have that.”

Woman Caregiver in a Rural Area, Kherson

“Psychologically, people always prefer a man. A man walks into a room and everyone runs around him.”

Displaced Woman with a Disability/
Caregiver in a Rural Area, Lviv

Types of Harmful Myths and Attitudes Contributing to GBV Expressed by Communities in Ukraine

Denial, minimization, and normalization of violence

- ▶ GBV does not take place here
- ▶ It is shameful to discuss violence
- ▶ Private matters should stay within the home
- ▶ Violence — particularly within the home — is not our business
- ▶ Violence is normal and not serious
- ▶ Violence is part of being in love/a relationship
- ▶ Men and women are equally responsible for and affected by GBV
- ▶ Women/survivors “choose” to be in situations of violence
- ▶ SEA only happens in other countries/does not take place in our community
- ▶ There are no barriers for survivors to coming forward and seeking support

Victim-blaming

- ▶ Survivors are to blame and deserve violence due to their actions
 - **For sexual violence:** women and girls provoke men with their appearance and dress
 - **For intimate partner violence (IPV)/domestic violence (DV):** women are at fault for causing their husband to use violence, e.g. not fulfilling the traditional gender role for women

Deprioritization of GBV due to the war

- ▶ It is not the time to talk about violence; violence should only be discussed after the war
- ▶ Military personnel, humanitarian actors, and volunteers would never engage in SEA or other violence (idealization/“hero” worship); if they do commit abuses, it should be overlooked due to their “sacrifice” and in order not to damage their image
- ▶ The war is to blame for all the problems and violence; without the war there would not be violence



VIII. Changing Gender Roles and Masculinity

“For example, there are more risk factors compared to last year due to changing roles.”

Woman with a Disability/Caregiver, Lviv

“It seems to me that there are few men left in the city and women have taken on the role of heads of families.”

Displaced Woman in a Collective Site, Kherson

“The situation with boys and men, in general, is that during the occupation and after de-occupation many lost their jobs and just, as they say, went downhill, started to drink alcohol and not only.”

Woman Caregiver, Kherson

“Change in roles, as you are saying, this is specifically what constitutes risks of increase in violence, because the fact that a woman is raising children alone while her husband is in the military service, is performing the role of both mother and father, managing the household on her own and plus she has to also work, of course, this promotes increase in domestic violence, and affects children.”

Displaced Woman in a Collective Site, Kharkiv

Family separation and the increasingly dual roles taken on by women heads of household increase their exposure to risks of exploitation and abuse, as well as raising barriers to GBV services. Changing gender roles together with other crisis-related factors have called into question the sense of masculinity for some men in the context of the ongoing war. Hegemonic masculinity was reportedly becoming more militarized and associated with greater aggression. In combination with growing substance abuse, these tendencies in masculinities were reported to be increasingly toxic, leading to increased violence and risks for women and girls and LGBTIQ+ persons in particular.

Family separation was cited as a factor increasing risks for women and girls and older people. Women heads of household feel less secure: ***“They’re afraid of being left alone, their husbands are fighting in the war and there’s no one to protect them”*** (Displaced Woman in a Collective Site, Lviv). Women whose husbands are away or deceased have to take on a dual role with a greater burden of responsibilities: ***“A lot of men have been mobilized, and wives of these men have to perform work that is beyond their capabilities as there’s no one else to do it”*** (Displaced Adolescent Girl, Lviv). At times, women have to look for work or be solely responsible for providing for the family due to men’s fear of conscription. Due

to fragmented support structures, women are often wholly responsible for childcare and care of other dependents, limiting their available time and mobility. Some women not previously working in formal labour were reported to be entering the workforce, which can potentially provoke backlash within families and communities. The dual role taken up by women also increases their level of stress and poses barriers for them to access assistance and services: ***“They forcibly take people from work for conscription to the military service. It’s also violence. And his mother is left alone. And in general, women are on their own now, she has to take care of her children, and her husband is in the service, and then the woman breaks down because it’s tough for her. One can find support, though where to get time and energy for this”*** (Displaced Woman in a Collective Site, Kharkiv). While the presence of fewer men in some communities was regarded as lowering risks of sexual violence, in other cases, there was reference to heightened risks in areas where primarily men have stayed behind in communities to guard property.

The war was reported to have had an impact on the concept of masculinity. Stress and the growing militarization of men were seen as contributing to aggression within and outside the home: ***“Survivors of domestic violence say what exactly contributed to it. Men have become more aggressive, so more cases occur. Something that didn’t happen before”*** (GBV Expert, Kharkiv). Displacement, lack of dignified work opportunities,

and growing economic needs of families are increasing the pressures on men and making it more difficult for them to fulfil their expected social role as breadwinners. Due to fears of conscription, some men are more bound to the home and unable to work. Women with husbands who are away or with limited mobility due to conscription and disability are increasingly seeking to enter the formal workforce, which could also generate resentment. Based on these factors, some men are struggling with their sense of masculinity due to not feeling they can meet traditional expectations to “protect” and “provide” for their families: ***“There are some situations when an individual is unfulfilled, has no occupation and doesn’t know what to do with oneself (men), so they start drinking and using drugs, and then they commit violence”*** (Woman in a Rural Area, Kharkiv). Men often resort to alcohol and drugs to cope, further fuelling aggression and violence. Women in some FGDs complained about the profile of men remaining in communities who feel they have something “to prove” and assume they had authority over women: ***“Well, let’s say sincerely, as we’ve said before, that men that no one wants, the Armed Forces of Ukraine, for example. And it’s not that I think of them that way. And that’s how they feel about themselves. They’re very aggressive. They assert themselves at the expense of women”*** (GBV Expert, Mykolaiv). In parallel, growing militarization in society and the large number of men serving in the military forces are forging a more aggressive hegemonic masculinity.



IX. Impunity and Lack of Accountability

“A sense of impunity.”

Woman with a Disability/Caregiver, Lviv

“Lack of clearly defined actions towards abusers.”

LGBTIQ+ Person

“The attitude of the police towards the complainant is bad, I’m being interrogated, the one who called the police complaining about my neighbours, instead of those who are perpetrators of violence.”

LGBTIQ+ Person

“In order to seek support or assistance from state authorities, something should have already happened to you and you should prove that it wasn’t your fault.”

Displaced Adolescent Girl, Lviv

Inaction and impunity for perpetrators were frequently cited as greatly contributing to violence: **“Violence happens because of a lack of punishment”** (Displaced Adolescent Girl in a Rural Area, Lviv). Gaps in legislation and enforcement¹¹⁰ were reported to lead perpetrators to believe

that action will not be taken against them and deter survivors from coming forward: **“Impunity is another factor. Few people go to court to seek protection. People don’t hope for justice”** (Man, Lviv). Widespread minimization and normalization of IPV — including by police — were reported. While there has been legislative progress towards addressing GBV (refer to [Steps by Ukraine to Address GBV in the Introduction](#)), legal frameworks do not fully align with international standards and encompass GBV in its entirety¹¹¹. Cyberbullying/crimes as a newer phenomenon are not adequately addressed within existing laws¹¹². Certain forms of violence are less likely to be taken seriously by police and authorities: **“Physical violence is more likely to be punished while psychological violence isn’t”** (Displaced Adolescent Girl in a Rural Area, Lviv). Adolescent girls and boys described facing specific age-related barriers to coming forward due to the need for consent from parents/guardians, which inherently necessitates a break in confidentiality. Legislative gaps on protection of minorities including LGBTIQ+ communities, Roma communities, and HIV+ women¹¹³ were also described by FGD participants.

Women and girls pointed to a lack of accountability for perpetrators and limited access to justice, legal recourse, and protection as preventing survivors from coming forward: **“If I report violence, it will be worse for me. What could**

¹¹⁰ United Nations (UN) Ukraine. *UN Policy Paper on GBV*. 3. European Union (EU)/Council of Europe. *Barriers, Remedies, and Good Practices for Women’s Access to Justice in Ukraine*. 2023: 14-16.

¹¹¹ UN Women. *The Process of Ukraine’s European Integration: From Partnership to Membership*. 2024: 9-10.

¹¹² DRC. *Legal Briefing Note 1: Scope and Concept of GBV*. 2024: 3.

¹¹³ UN Women. *The Process of Ukraine’s European Integration: From Partnership to Membership*. 2024: 11.

they do to the perpetrator? Nothing” (Woman, Lviv). War-related factors due to militarization, insufficient numbers of police, and in some areas, limited presence of civil society organizations were seen as increasing impunity, particularly in heavily conflict-affected and frontline areas: **“It’s fair to say here that there are a large number of people fighting but there’s a proportion that the Ukrainian Armed Forces don’t really need and they feel a certain impunity and therefore allow that themselves. Plus, the period of occupation, [there was] also a certain impunity because our police didn’t work there and the police didn’t care much about it. That’s why somewhat [some proportion] of these people have decided that they’re allowed to do so [commit violence]”** (GBV Expert, Mykolaiv). The social role of the perpetrator in some cases was referenced as providing a certain level of immunity. For instance, if perpetrators are associated with the military or involved in humanitarian action, survivors are more hesitant to come forward: **“They believe that seeking help for GBV survivors seems to be ‘bad timing,’ especially if the abuser is a military [personnel]. There’re even certain laws on ‘discrediting’ the Armed Forces, that’s why they don’t report. They share it like ‘just to say’ to relieve the burden and they don’t want to get help from a psychologist, a lawyer and other professionals. They share this after the group activity and it’s up to the person who will be listening to them, whether this person persuades them to seek help”** (GBV Expert, Kharkiv). Women commonly shared the belief that GBV is not to be discussed until after the war, reflecting current social pressure to prioritize the war efforts: **“We don’t discuss such things. After the victory, maybe we’ll talk about it”** (Woman with a Disability in a Rural Area, Kherson).

d. COPING STRATEGIES

“Many will just experience it in themselves and that’s it. Unfortunately, a lot of people just don’t seek help anywhere.”

Woman Caregiver, Kherson

“Changes in society, displacement, loss of social ties affect cases of domestic violence. If previously women might have left the abuser, now she makes the decision to tolerate it.”

GBV Expert, Kharkiv

“Each person chooses how to cope with violence, or how to prevent it. That is, they either cry, withhold in themselves, or, instead, start being violent themselves.”

Woman, Kharkiv

“The lack of economic opportunities adversely affects the commitment to make changes in life, to resist violence.”

LGBTIQ+ Person

“Some don’t perceive it as violence and live with it all their lives. For some reason, women are more likely to be silent, and just for one purpose – to save the family.”

Woman, Kharkiv

Coping capacities for women and girls in Ukraine were reported to be significantly diminished due to war-related stressors¹¹⁴. Coping strategies are individual to each survivor and can vary by the type of affected group and form of GBV. Strategies used by survivors to cope when experiencing violence depend in great part on the type of violence and perpetrator; survivors' level of awareness; and the capacities and support structures they have at their disposal, as well as the availability of GBV services in their area. **Growing stress factors that increase risks of violence for women and girls and other vulnerable groups in parallel also reduce their capacities to cope with violence and access GBV services. These factors include depleting financial resources; lack of availability of housing; limited job opportunities; displacement; family separation; insecurity; and electricity and lighting cuts.**

As reported across regions of Ukraine, **women and girls and other survivors are most likely to stay silent when experiencing violence due to “shame and fear”** (Displaced Woman with a Disability/Caregiver in a Rural Area, Lviv). **Reasons why survivors stay silent when experiencing violence include: fear of further violence, retaliation, and rejection; shame, stigma, and traditional customs; victim-blaming and normalization of violence; being unaware of their rights and how to seek support; feeling they have no options; dependence on the perpetrator; mistrust of authorities; and trying to protect their children and keep the family together.** The risks of conscription for men; the perception of men in

the military as heroes; and women's fear of being alone during times of insecurity have only exacerbated the barriers to seeking support for GBV. These reasons why survivors stay silent are closely interlinked and mutually reinforcing.

Certain groups are likely to be less resilient after violence and face heightened barriers to coping and seeking support, such as women and girls in rural and heavily conflict-affected areas; women and girls from Roma communities; adolescent girls and older women; women and girls with disabilities; and LGBTIQ+ persons. For instance, FGD participants noted that: **“Coping with stress [from violence] is harder in the village and easier in the city”** (Adolescent Boy, Lviv), as there is less access to services and opportunities. Survivors who experience IPV/DV and sexual violence were identified as less likely to feel they can reach out for assistance, the more so if perpetrators are associated with the military or humanitarian response. Communities indicated that survivors are not likely to report abuse if perpetrators are in positions of authority or roles idealized by society related to the war efforts due to fearing retaliation and impunity. Support — or lack thereof — from family members was also identified as a factor

“Everyone has their own way of coping with the stress from violence.”

Adolescent Boy in a Rural Area, Lviv

“I think if something happens, a person will withdraw into themselves. She won't tell anyone.”

Woman in a Rural Area, Kherson

¹¹⁴ “Steady erosion of coping capacities impacting the most vulnerable groups: The adverse impact of the conflict and multitude of protection concerns have had the hardest effects on the most vulnerable among the population, including people with disabilities, older people, children, women and men at heightened risk, LGBTIQ+ people and other groups at risk of exclusion, such as the Roma community, further exacerbating pre-existing inequalities and protection risks.” Protection Cluster. *Protection Analysis Update*. 2024: 5.



determining whether survivors come forward and seek support. In particular, the support of parents and guardians was seen as key to how adolescent girls and boys cope: **“Relationships with parents affect whether one is able to seek help in case of violence”** (Adolescent Boy in a Rural Area, Lviv). In general, it was **reported that over the past year women and girls were more likely to tolerate and stay in situations of violence, due to deprioritization of GBV during the war and the sense of having more limited options.**

The most common coping strategies for survivors who experience violence are staying silent and avoidance. Some women and girls also seek support from others, primarily family and friends in their inner circles. Less frequently, women and girls address and speak up about violence, such as through seeking services, safety planning, or divorce. Women and girls shared a variety of ways in which they try to find a measure of relief and comfort from the violence and stress in their lives; however, these self-care strategies are becoming increasingly difficult in light of the insecurity, electricity shortage, and lack of transport. To

cope, women and girls engage in hobbies; listen to music; spend time in nature; exercise; engage in social activities; and spend time with friends, family, children, and pets. There is concern that survivors are increasingly turning to strategies with potential risks of harm and exposure to further GBV, such as substance abuse, survival sex, running away from home, dropping out of school, and replicating violence on others.

There are also mechanisms used by families and communities to try to address situations of violence and protect women and girls. However, these mechanisms are not always aligned with a survivor-centred approach and can pose more harm to survivors.

In general, the critical importance of having someone to support and listen to survivors in a non-judgmental way was underscored: **“It’s important that someone listen to the survivor [and that they feel] understood”** (Displaced Adolescent Girl in a Rural Area, Kherson). Whether survivors have someone trusted they can turn to greatly influences whether they are able to avoid coping strategies that threaten further harm and instead seek help.

I. Staying Silent

Some of them [women survivors] remain silent about the issue, tolerate it and don’t turn anywhere.”

Man, Lviv

“It’s scary to turn somewhere.”

Woman with a Disability, Kharkiv

“They know where to turn, but it’s hard to break the circle of violence.”

GBV Expert, Lviv

“Sometimes it can be difficult because of fear or shame.”

Adolescent Girl, Kherson



Reasons Why Survivors Stay Silent

- ▶ Fear and Avoiding More Violence, Retaliation, and Rejection
- ▶ Shame, Stigma, and Customs
- ▶ Victim-Blaming and Normalization of Violence
- ▶ Unawareness of Rights, GBV, and How to Seek Help
- ▶ Perception of a Lack of Options
- ▶ Dependence on Others/Perpetrators
- ▶ Mistrust of Police, Authorities, and Service Providers
- ▶ Protection of Children and Family

“We aren’t used to washing our dirty linen in public and many tolerate [violence].”

Displaced Woman in a Collective Site, Kherson

“This is the countryside. You can’t even tell your friend everything. Because there’s a risk of disclosure. And to open up to a specialist, it’s something incredible indeed.”

GBV Expert, Kherson

“Women stay silent because it’s easier for them, they think nobody knows.”

Displaced Woman with a Disability/ Caregiver in a Rural Area, Lviv

“And the survivors remain silent. They’re afraid of judgment.”

Displaced Woman with a Disability in a Rural Area, Kherson

● **Fear and Avoiding Violence and Retaliation**

“Many [survivors] are afraid of being judged or fear revenge from the abuser.”

Adolescent Girl, Kherson

“The fear of retaliation and of effects of a violent nature is constant.”

LGBTIQ+ Person

“The reason for non-reporting is that citizens are not convinced of the inevitability of punishment. They are afraid of the further aggravation of GBV.”

GBV Expert, Kharkiv

vors of GBV fear to “be punished,” “make the situation worse,” or “get in trouble,” and further “aggravate” violence. Women described how when survivors weigh the benefits and risks of disclosing violence, they have concerns that perpetrators will not be held accountable and instead they will face negative consequences themselves: ***“It is not known whether it would benefit her if she reports the incident or would it make her situation worse”*** (Older Woman in a Rural Area, Kharkiv). Women and girls shared examples of cases in which reporting GBV made the “situation worse” and generated more harm and distress for survivors, which then deters other survivors from coming forward. Risks of minimization of GBV, particularly for IPV; mistreatment by the police; and lack of confidentiality generate fears for survivors: ***“There’s no opportunity to report anonymously, they are afraid of being persecuted”*** (Woman with a Disability/Caregiver, Lviv). Women and girls are afraid of people finding out about the violence they experienced, at times indicating that they would not even trust their friends with something of that nature.

Survivors are afraid of retaliation by perpetrators and of facing additional violence and rejection from families and communities: ***“She’s afraid she might be rejected”*** (Adolescent Boy, Lviv). Women and GBV experts reported that survi-

Women and girls witness or hear about situations in which cases of GBV are dismissed by police, authorities, or service providers and survivors experience more harm



This serves as a deterrent and makes survivors less likely to seek support in cases of violence

Survivors who experience violence from perpetrators in a position of power have heightened fears of retaliation, as well as social condemnation and rejection. Survivors in rural areas or with less supportive family structures tend to be more afraid of backlash from relatives and communities: ***“It’s particularly difficult to seek***

help if there’s fear of family members or social judgement” (Adolescent Girl, Kherson). Adolescent girls who experienced violence were described as fearful of the consequences from their parents: ***“They’re afraid of what their parents might say to them”*** (Adolescent Boy, Lviv).

► **Shame, Stigma, and Customs**

“People still have bias about situations of violence. / And women are ashamed to talk about it.”

Men in a Rural Area, Lviv

“Survivors don’t seek help because they’re afraid of being judged in the community, by their neighbours.”

Roma Woman in a Rural Area, Lviv

“They’re afraid of being judged by society. Shame’s the main factor.”

Displaced Woman with a Disability/
Caregiver in a Rural Area, Lviv

“Women may not be comfortable to contact [service providers] because of narratives, prejudice. They may be embarrassed to seek help and uncomfortable telling anyone.”

Adolescent Boy, Lviv

Additionally, survivors are afraid of facing judgment and stigma from their families and society. A significant concern expressed by women and girls was related to their repu-

tation and wanting to avoid “scandal” and gossip: ***“She could stay silent so that there is less talk about her”*** (Older Woman in a Rural Area, Kharkiv). They described a high level of social

scrutiny of women and girls within families and communities. Relatives and neighbours were reportedly quick to assign blame to women and girls and condemn them for the violence they experience: **“They keep silent or share with their friends; they fear judgement and don’t share as society will say that it’s your own fault, especially in remote communities”** (Woman with a Disability/Caregiver, Lviv). Certain customs and traditions perpetuate GBV and deter survivors from seeking support: **“Girls don’t feel comfortable asking for help. There’s also the influence of ‘upbringing’ here”** (Woman Caregiver, Kherson).

Women and girls in Ukraine face social pressure that normalizes violence and deters them from speaking out, especially regarding violence within the household. Social norms dictate that women and girls keep abuse to themselves so that “private matters” remain within the home: **“The dirty linen shouldn’t be washed in public. We try not to talk about it”** (Woman with a Disability in a Rural Area, Kherson). A woman explained: **“I think that if something like that [IPV] happens at home, the victims are afraid of judgment”** (Woman in a Rural Area, Kherson). Survivors of GBV, in particular of sexual violence, continue to face stigma and be associated with “shame”: **“There’s still a high level of stigmatization”** (GBV Expert, Kharkiv). Gendered social expectations and customs were seen as deeply entrenched in more closed communities such as in rural areas and Roma communities: **“Those involved in the GBV area [understand GBV is unacceptable], but regular people**

don’t, it can be a taboo, especially in religious communities” (GBV Expert, Lviv).

Fear of judgment poses a significant barrier for women and girls to ask for support and seek GBV services: **“A fear of judgement can be a barrier”** (Displaced Adolescent Girl, Lviv). A GBV expert explained that survivors prefer not to approach people they know and are concerned in case their networks were to find out: **“But to [approach] relatives or acquaintances — on a very rare occasion, because it’s embarrassing. They always ask [us] not to tell their neighbours, not to tell why we visited. Because they feel uncomfortable about this”** (GBV Expert, Kharkiv). A woman described how survivors are reluctant to access available services due to being afraid of being judged: **“Most are afraid to seek help — they are embarrassed or ashamed...judgment by others, one should be more sensitive. That’s why few people seek help”** (Displaced Older Woman in a Collective Site, Kharkiv). Similarly, parents are reluctant to seek support for children who have experienced GBV: **“They might remain silent about the situation. They would not allow the child on her/his own. Because it’s the village. What will people say? Such a mentality. They are afraid of judgment. Gossip. If, God forbid, something happens, the whole village is speaking. Then the police and services are all involved”** (GBV Expert, Kherson). This fear contributes to survivors withdrawing and self-isolating: **“They often don’t want to socialize, communicate with other people so not to be condemned or given advice”** (Displaced Woman in a Collective Site, Lviv).

Victim-Blaming and Normalization of Violence

“A survivor will be ‘punished’ twice [if she approaches somebody], and then people will also invent/make something up, [say] that ‘this was her fault.’”

Older Woman in a Rural Area, Kharkiv

“One needs to leave the abuser. However, they remain silent because society condemns them.”

Woman with a Disability/Caregiver, Lviv

There is widespread victim-blaming and normalization of violence within communities in Ukraine: **“Normalization of violence – we do have such a thing”** (GBV Expert, Kharkiv). Commonly held views and attitudes within communities minimize GBV and blame survivors. Violence is often considered to be normal and not “serious” and seen as a part of relationships and “love.” Forms of GBV other than physical violence are often not recognized as abuse. The attire and behaviour of women and girls is thought to be to blame for “provoking” violence, including sexual violence. Particularly in small communities where the perpetrator is known, survivors worry about being believed and people taking the side of the perpetrator.

According to Women and Girls in Ukraine, Survivors Are Often “Punished Twice”:

Once during the violence



And the second time when they are blamed for the violence they experienced and suffer repercussions from disclosing and seeking support

Survival sex, transactional sex, and sex work tend to be stigmatized and blamed on women and girls. Similarly, communities often assume by default that women and girls associated with Russian soldiers “chose” to “collaborate” with the occupation.

Violence is often normalized and minimized by families and communities. GBV is frequently regarded as something that women need to tolerate: **“My husband used to beat me, beat my child. I tolerated it because they said that this was my fate”** (Displaced Woman in a Collective Site, Kharkiv). Survivors may not even be aware that it is a form of violence and think it is normal: **“Often survivors experience gaslighting [by perpetrators], which makes it difficult for the person to realize that they are being abused”** (Displaced Woman, Lviv). A woman described how guilt is ascribed to the survivor rather than the perpetrator: **“In a situation like this she [a woman] would be judged. They would not be thinking about her feelings”** (Woman in a Rural Area, Kharkiv). Often violence is dismissed, especially if it entails forms of abuse other than physical violence or if physical violence is not considered “severe.” In some cases, authorities and service providers also minimize or disregard GBV, particularly IPV/DV. FGD participants noted that: **“The risk of normalization of violence is increasing”** (LGBTIQ+ Person) due to prioritization of the war and growing militarization.

Women and girls are frequently blamed for the violence they experience due to widely held victim-blaming attitudes, which deter survivors from turning to others for support. Women and girls indicated that survivors are afraid of not being believed or being thought culpable for violence: **“Society is not ready for this — talking; nobody will protect you and you will be the one to blame”** (Older Woman in a Rural Area, Kharkiv). Per-

petrators — as well as families and communities — frequently tell survivors it is their fault. For IPV/DV, women are considered to have pushed their husbands into violence and not to have fulfilled their responsibilities and behaved within socially accepted roles as wives: **“Women are hesitant to talk about this, they are embarrassed and afraid of judgment, like it was her fault what her husband’s done”** (Woman in a Rural Area, Kharkiv). For sexual violence, women and girls are blamed for their attire, appearance, and behaviour that “provoke” perpetrators: **“This remained from those times — it is shameful and embarrassing to talk about this. This is her fault. Mini-skirt, make-up”** (Woman in a Rural Area, Kharkiv). FGD participants reported that often people do not believe that men committed violence, even more so in small communities where people know each other: **“A woman would be afraid to tell somebody in the community. She would be afraid of judgment, because she would be blamed. Her [neighbours] would be saying, ‘Indeed, I know him [the rapist]! What are you talking about? I know him, he is super nice, he is a good family man. So, this is her fault’”** (Woman in a Rural Area, Kharkiv). Women who come forward are blamed for reporting, especially if disclosing violence within the home: **“The most unaware women are in remote communities. There’s also a lot of stigmatization. They condemn survivors of domestic violence and say, ‘How could you write this (meaning complaint to the police) about your relatives, the father of your children?’ There are many cases when relatives don’t support a woman-survivor”** (GBV Expert, Kharkiv). Bystanders who intervene are also blamed: **“There had been an incident with her neighbour, she called the police. Then all the neighbours would say why did you call the police and would put all the blame on her. The victim got medical treatment in the hospital and returned home”** (Woman, Kharkiv).

► Unaware of their Rights and How to Seek Support

“They don’t seek assistance and don’t realize that they’ve faced domestic violence or GBV.”

GBV Expert, Lviv

“They don’t know what to do in these cases. Neither are they aware of where to turn.”

Roma Adolescent Boy, Zakarpattia

Many survivors are not aware of what violence is and their rights, as well as about GBV services that are available and how to access support. Women and girls do not always have access to information on GBV, particularly in rural and smaller communities and amongst the older generation. Barriers to accessing information were observed to be increasing due to insecurity, electricity shortages, and mobility constraints, as well as in some areas, a decreasing presence and availability of services. People who are more exposed to the influence of entrenched social norms on gender and less digitally literate were seen as especially at risk of not being aware of GBV. Women and girls also referenced manipulation and “gaslighting” by perpetrators that prevents many survivors from realizing that they are experiencing violence. This lack of awareness prevents many survivors from coming forward and seeking support: ***“Victims often don’t report violence because of their unawareness, especially within communities”*** (GBV Expert, Lviv).

The lack of awareness regarding GBV was identified as a reason why women and girls frequently stay silent. Survivors often think violence is normal and acceptable: ***“Many people do not understand that they are being subjected to violence”*** (LGBTIQ+ Person). Most women and adolescent girls in FGDs had not previously had the opportunity to discuss the topic of GBV and were not aware of what to do in cases of violence: ***“I can say that we aren’t really aware of this subject and therefore it’s difficult to answer questions”*** (Displaced Woman in a Collective Site, Kherson). Communities were less familiar with specific types of GBV, in particular psychological violence, economic violence, TFGBV, and SEA. While it varied by individual and location, there was a significant gap in awareness of available services in the area and how to access them: ***“There used to be domestic violence in my home, but I didn’t know where to seek help, so I kept living with him until he left me for another woman”*** (Displaced Woman in a Collective Site, Kharkiv). Most critically, during an emergency, survivors do not always know where and to whom to turn: ***“Women don’t know where to turn, of course, they can find necessary information on the Internet, but in emergency situations they don’t know”*** (GBV Expert, Lviv). Women and girls also indicated that less awareness of the laws and the judicial process makes them less likely to come forward and seek support: ***“We don’t have enough information about how judicial mechanisms work in our community”*** (Adolescent Girl, Kherson).

Marginalized groups typically have less access to information and awareness on violence and thus are more likely to remain silent and tol-

erate violence. Those who are dependent on others; have less access to tech or mobility constraints; or live in more closed or heavily conflict-affected communities were identified as facing heightened barriers to information and thus, being less aware of GBV. A GBV expert described how older women often do not recognize the violence enacted against them as such: **“As for possible reporting of SEA. People still know very little about sexual violence, especially older women. That’s why they often can’t identify sexual violence against themselves”** (GBV Expert, Kharkiv). Women and girls in rural areas and Roma communities also tend to have more gaps in awareness: **“Rural areas are, in general, an engaged society where women are afraid to talk about their experiences of violence. And women there often don’t realize at all what’s happening to them. They say, ‘people lived like that before, so we live like that too’.. Rural people aren’t aware and are still afraid to talk about it”** (GBV Expert, Kharkiv). Displaced wom-

en and girls face challenges accessing information resulting from being in a new environment. Other groups identified as staying silent due to lack of awareness include women and girls with disabilities, adolescent girls, and children. Limited availability of and access to public and humanitarian services in some areas — such as heavily conflict-affected regions — further exacerbate barriers to information on GBV. For instance, some women noted that since the full-scale war began, they no longer know who the district police officer is in their area or if there is still someone in that role.

A GBV expert emphasized the difference between awareness and social and behavioural change (SBC): **“Awareness alone isn’t enough. There’s a huge gap between getting information and recognizing yourself as a survivor. It takes a long time for the psyche to process it, especially if it’s an older person. They often don’t associate themselves with what they hear about types and forms of violence”** (GBV Expert, Kharkiv).

● Lack of Options, Dependence, and Mistrust

“The woman is also worried about the child and where to go.”

Displaced Woman with a Disability/
Caregiver in a Rural Area, Lviv

“Women are being told that nothing can be done.”

Displaced Adolescent Girl
in a Rural Area, Lviv

“Impunity of perpetrators.”

Displaced Woman, Lviv

“There are thoughts on [worries regarding] confidentiality. We have no confidentiality. / If the survey is going in the region or a neighbour’s providing the service, there’s this fear that it will be spread around the village.”

GBV Experts, Mykolaiv

“Women seek support to address the situation related to violence, but often they remain silent and tolerate it due to the lack of trust that they will be helped.”

Displaced Adolescent Girl, Lviv

Women and girls in Ukraine reported that survivors feel they have a lack of options to escape from situations of violence. Survivors often stay silent because they feel they have no one they can turn to and trust¹¹⁵. Women and GBV experts noted that survivors are frequently dependent on perpetrators for financial resources and care and do not always have a place to stay. Reduced availability of housing, depleting economic resources, and limited job opportunities make it increasingly difficult for survivors to be able to provide financially for themselves and their children, leading survivors to remain silent. Survivors also typically have an emotional attachment to known perpetrators and low self-confidence as a consequence of violence. Women who are “housewives,” adolescent girls, older women, women and girls with disabilities, and Roma women and girls face very limited options after experiencing violence, as do women and girls in rural areas. In addition, there is a high level of mistrust of police, authorities, and service providers that discourages survivors from seeking support, particularly due to concerns regarding confidentiality. Survivors have limited awareness of and recourse to legal protection and justice. Women and girls often expressed the view that “nothing will change” and the situation will not be resolved, with reporting only leading to further harm: **“Well, I don’t believe that anybody can do anything and help”** (Displaced Woman in a Collective Site, Kharkiv).

Survivors are often prevented from reaching out for support due to reliance on perpetrators and believing they have no other option than to tolerate violence, especially as the

crisis depletes household resources. One woman described the financial dependence of survivors on perpetrators: **“Nowadays, it’s difficult for women and girls to resist violence, unfortunately, most of them are economically dependent on their abusers and don’t have the opportunity to leave them”** (Woman, Kharkiv). A GBV expert explained how women are more dependent on their partners due to limited housing options, strained financial resources, lack of jobs, and insecurity: **“Women also remain silent out of fear of staying alone during the war. For example, we share the car, and then there will be shelling and I won’t be able to leave on my own...there’s no one to seek help from and he’s helping the parents because they’ve lost their jobs, and so on and so forth.”** (GBV Expert, Kharkiv). People who are dependent on others for care have limited options: **“If you rely on somebody, you aren’t protected, this is especially true for older people, people with disabilities, who are helpless and are afraid to even report abuse or don’t recognize it”** (Woman with a Disability/Caregiver, Lviv).

Women and girls are often told by society and believe they have no option but to endure, particularly during the war. Women frequently felt that they have nowhere else to go: **“Women very often adopt this slave-like behaviour. She would be beaten, tormented, insulted, and she would tolerate and stay silent, she wouldn’t report. Because she thinks that there’s nowhere to go”** (GBV Expert, Kharkiv). Survivors suffer from low self-esteem and a feeling of disempowerment due to abuse, with perpetrators reinforcing the sense that survivors cannot live without them: **“The person may also be dependent on his or**

¹¹⁵ “When violence occurs against women and girls, many of them refrain from discussing it with anyone due to fear or the absence of someone trustworthy to confide in.” GBV AoR. *FGDs with Women and Girls – Kharkiv*. February, 2024: 4.

her inner fears. War, stress and anxiety deepen inner fears and [lack of] self-confidence” (Displaced Woman, Lviv). A GBV expert shared a situation illustrating how survivors often do not realize they can or feel they are able to leave: **“I also have an example, when a woman who had tolerated all her life left her husband when their children were already grown up. She just packed her things and left; and now she says, ‘Why didn’t I do this before?’”** (GBV Expert, Kharkiv). In addition to being silenced by perpetrators, women and girls get the impression from their families and communities that nothing can be done. In some cases, women and girls have limited decision-making power in the household: **“Everything is decided through the family”** (Woman in a Rural Area, Kherson). Stay-at-home mothers who are not earning an income; girls with disabilities; adolescent girls and children; older women; and Roma women and girls tend to have more limited independence and fewer options they can pursue.

Furthermore, survivors often mistrust others, which compounds their sense of futility and prevents them turning to anyone for support: **“They don’t seek assistance due to the lack of trust and out of fear, especially rural women”** (Displaced Adolescent Girl, Lviv). This lack of trust arises from the violence they have faced, as well as from examples they have seen of people suffering more harm after speaking out. There is a deep mistrust of the police and authorities, often the only support mechanism with which survivors are familiar: **“You can turn to the village council, but as for me personally, I wouldn’t”** (Older Woman in a Rural Area, Kherson). Women and girls are worried about confidentiality if they reach out, particular-

ly to the public services: **“There is a fear of contacting government institutions because there’s no confidentiality. Everybody will know everything”** (Displaced Adolescent Girl, Lviv). A GBV expert described the reluctance — especially among women in rural settings — to discuss personal matters with others: **“I will say from experience that they rarely talk about themselves. About their own stuff. More about children. Even the topic of the relationship with the husband is not disclosed much. I understand. It’s the village. There are fears of disclosure of confidentiality”** (GBV Expert, Kherson). Survivors are concerned that relationships between authorities, service providers, and community members — including potentially with the perpetrator — will lead to breached confidentiality or conflict of interest: **“Exactly, if it’s blatant, then the police react, the medics react and if there are children involved, then the children’s service already reacts and accordingly the authorities and the community know about it. And if it’s in the context of a small settlement or village, then it starts that one has a cousin in the village council there and another one has someone else there. And the person may not come and report. It’s a very narrow social circle”** (GBV Expert, Mykolaiv). Women and girls also described hearing about situations in which survivors faced dismissal, judgement, and mistreatment from the people they reached out to, which then reinforces the instinct to stay silent: **“They can also be judgmental [people], and then the survivor doesn’t turn anywhere else”** (GBV Expert, Lviv). LGBTIQ+ persons and HIV+ women also often hesitate to turn to others because they fear lack of confidentiality and mistreatment by service providers, police, and authorities.

● Protection of Children and Family

“Most women keep silent, don’t recall [try to forget]. If it’s happening at home, they probably don’t want the kids to suffer because of it.”

Displaced Adolescent Girl in a Rural Area, Lviv

“There are women who put up with it because of the kids because they don’t want to break up the family, the kids should have a dad. But the family is not healthy and nothing good is going to happen when there is such a relationship between the parents.”

Displaced Adolescent Girl in a Rural Area, Lviv

“She might not want to reveal him. / If she loves him.”

Displaced Adolescent Girls in a Rural Area, Lviv

Women and girls who experience GBV are often hesitant to speak up due to fear of the consequences for the children and family, particularly in cases of IPV/DV. FGD participants reported that women commonly seek to protect their children and keep the family together. Women expressed the fear of losing their home or children if they disclose violence. In some cases, survivors stay silent to protect the perpetrator. Women and girls also face pressure from their wider family and community not to discuss “private matters” outside the household and

to prioritize and “save the family” over their safety and well-being. Due to growing risks of conscription over the recent period, women and girls are afraid to report men who are not mobilized for fear they will be sent to the frontlines. In cases where perpetrators are in the military, women and girls are also hesitant to speak up in light of their “sacrifice” and heroic status.

Women expressed concern for their children and families, which — together with social expectations of their roles as wives and mothers — prevents them from speaking out about violence. Particularly in Roma and rural communities, there is a strong sense of “women’s duty” to the family. Women face familial and social pressures to place their husband, children, and family unit before their own well-being: ***“If it’s a question of finding the means to cure the child, the father, then, of course, the woman puts issues concerning herself in the background”*** (GBV Expert, Mykolaiv). Women expressed fears that seeking support could cause them to lose access to their children: ***“Maybe the woman is afraid because of the children”*** (Displaced Adolescent Girl in a Rural Area, Lviv). Survivors try to avoid causing stress for children and affecting their well-being, particularly when they already experience insecurity and family separation: ***“They don’t want to tell their children so that they don’t worry. They don’t want to go to the crisis response room because they say, ‘How will I leave the household?’”*** (GBV Expert, Kharkiv). A GBV expert shared another example: ***“One woman survivor whose husband is a perpetrator and whose son is serving in the military says, ‘I’d always be waiting for my son to call, but now I don’t. Because I don’t want to tell him that his father is hurting me.’ She puts up with it and says that her son would have protected her, but***

since he is not near, she tolerates it and stays silent to not make him upset” (GBV Expert, Kharkiv).

Women are afraid to lose their home and family and face social condemnation for reporting family members. In several cases, women experiencing IPV waited until the children grew up to leave situations of abuse.

Wives and children of men who are not mobilized are reluctant to turn to anyone for support or seek services due to fear the perpetrator will

be conscripted: ***“If something happens, not everyone wants to go to the police to avoid [their husband] being drafted”*** (Woman Caregiver, Kherson).

If household members are part of the Ukrainian military, survivors feel they need to stay silent in light of what combatants have endured and the risks they face, as well as the idealization of soldiers in society: ***“Survivors don’t want to call the police when the perpetrator is a serviceman or former serviceman, there is a sense of respect for them”*** (GBV Expert, Lviv).

II. Other Coping Strategies

“There are different abilities for different groups to resist unacceptable offers. It’s easier for younger people.”

Adolescent Boy, Lviv

“Not everyone needs psychosocial support, not everyone. For example, I need it.”

Displaced Woman in a Rural Area, Lviv

“My mum once told me she wished she’d left my dad earlier when he was beating her. She said: ‘I should have packed up and left immediately.’”

Displaced Woman with a Disability/
Caregiver in a Rural Area, Lviv

“Contacting your nearest and dearest for moral support, assistance to move out of a dangerous place or temporary accommodation.”

GBV Expert, Kherson

“I know families who broke up and changed their lives, and I know another couple that fought all their lives and still live together.”

Woman with a Disability, Kharkiv

“Then there’s less bad thoughts in your head. Work, don’t drink. You take care of the family.”

Woman Caregiver in
a Rural Area, Kherson

“One can cope in different ways, most people have friends, relatives, so when you see a person being upset, then you talk, tell them where to turn to.”

Displaced Older Woman in
a Collective Site, Kharkiv

Types of Coping Mechanisms by Women and Girls and Other Survivors in Ukraine Who Experience GBV

Other common types of coping strategies used by women and girls and other GBV survivors when experiencing violence and in Ukraine are described in the sections that follow.

1. Avoidance and De-escalation

“Of course, women try to avoid conflicts and violence, but this is not always possible.”

Roma Woman, Zakarpattia

“I think most women don’t try to somehow cope with the impact of violence, they’d rather sit quietly at home or go to their parents/friends to ride out while their husband is in an agitated state.”

Woman with a Disability/Caregiver in a Rural Area, Kharkiv

“We weren’t touched during the occupation. Although we didn’t go ourselves. Either at home or with parents.”

Adolescent Girl with a Disability in a Rural Area, Kherson

Survivors frequently seek to de-escalate and avoid the perpetrator or type of situation in which they experience violence. Women and girls described a variety of different avoidance and de-escalation strategies including: staying away from the perpetrator; appeasing the per-



petrator and avoiding “triggers”; temporarily leaving the home; self-isolating; limiting their movement; being accompanied when moving outside of the home; avoiding a specific location; or changing attire. One FGD participant described how: ***“[Survivors] can [try to] avoid violence by ignoring the abuser”*** (Adolescent Boy, Lviv). While the responsibility does not lie with survivors and is solely with perpetrators, women and girls use these strategies to try to decrease the frequency and intensity of violence or avoid recurrence. However, it should be noted that these strategies do not resolve the situation, and survivors typically continue to face abuse, particularly if perpetrators are in the same household.

In cases of IPV/DV, women and children sometimes leave the home temporarily to stay with relatives or a friend. Women and girls try to avoid making perpetrators within the household “angrier,” including by conforming to gender roles and expectations. Strategies were described in relation to how women and children try to move cautiously around male family members when they are under the influence of alcohol: **“Women know how to defuse a situation and avoid violence. That’s what we face. Women say they know when a man has drunk, it’s better not to touch him. And they tell the kids not to touch him. It’s a mechanism that’s been worked out over the years. It doesn’t always work but it’s there. The women tell the children they will sleep at the neighbour’s house, but we won’t touch daddy”** (GBV Expert, Mykolaiv). However, it should be noted that it is increasingly hard to avoid the perpetrator and stay somewhere else temporarily due to conditions related to the ongoing war.

For other types of violence, avoidance may entail changes to behaviour and attire. For example, many women and girls stay home and do not go out after dark. Self-restricted mobility was an approach used by many women and girls during the time of occupation. Women and girls in FGDs in the South described isolating inside or only leaving the home when accompanied. Some women and girls also limit their movement in frontline regions with a heavy military presence. Women and girls and LGBTIQ+ persons may also change their appearance or dress to try to minimize risks of violence. These approaches can be both a coping strategy used by women and girls and a type of restriction imposed by families. Judgement and social pressures on women and girls regarding their attire and behaviour also form part of the gender norms that underly and contribute to GBV: **“They need to dress less revealingly to avoid violence against women. That’s a good strategy”** (Man in a Rural Area, Lviv).

2. Seeking Support from Others

“Sometimes we share our problems with our best friends or relatives, but it’s rare.”

Woman with a Disability
in a Rural Area, Kherson

“Perhaps we can turn to someone close, tell [them], complain. But it’s only to very close people.”

Woman with a Disability
in a Rural Area, Kherson

“Some seek help from the people they know.”

Displaced Woman in
a Collective Site, Kharkiv

“To tell parents. To ask for a piece of advice.”

Adolescent Girl with a Disability
in a Rural Area, Kherson

“They’ll go to their parents, their relatives.”

Woman in a Rural Area, Kherson

“I have a friend. I think I’ll consult with her.”

Adolescent Girl with a Disability
in a Rural Area, Kherson

“Some girls prefer personal recommendations from friends and family.”

Adolescent Girl, Kherson

“Women seek protection from their relatives and friends.”

Man, Lviv

Women and girls also turn to their inner circles, with some FGD participants indicating they would seek support among family members and friends in cases of violence: **“How they cope with stress – they go to people who can listen”** (LGBTIQ+ Person). In particular, parents, friends, and neighbours were referenced as possible sources of support for survivors: **“[Girls] turn to parents, or trusted people”** (Adolescent Boy in a Rural Area, Lviv). Some women and girls explained how survivors solicit advice and find emotional support in the company of people they trust. However, other FGD participants observed that survivors are hesitant to share even with people with whom they are close due to fear of judgement and shame, lest the information be shared more widely. Reinforcing this point, an adolescent boy described how: **“I think that girls who are survivors of violence don’t trust anyone”** (Adolescent Boy in a Rural Area, Lviv). In some cases, women and girls may not have anyone to whom they can turn: **“If she can tell a friend, then, yes, it can still help; if she tells mum, she knows how to act; maybe someone has a coach but not everyone”** (Woman Caregiver, Kherson). In other cases, family members they approach may not wish to become involved and fail to provide support: **“They may contact relatives, but these might not want to help, saying it’s a family matter”** (Displaced Woman with a Disability/Caregiver in a Rural Area, Lviv).

In certain situations, women and girls also noted that survivors may go to local community or religious leaders, such as village heads and councils, priests, and shelter managers. This was particularly the case in smaller communities, such as rural areas,

Roma communities, and collective sites. For Roma communities specifically, a mechanism was described in which women are expected to bring issues to the elder man in the family or the community “baron”/leader: **“We know where to seek help, however, in the Roma community, if domestic violence is committed, a survivor tells their father, brother and then the family decides what to do with the abuser. Most commonly, the abuser is to be kicked out of the family, even if they have children...If there’s no elder man in the family, then the baron is to be consulted. Or if another type of violence is committed, then the baron also judges”** (Roma Woman in a Rural Area, Lviv). Women and girls in more closed communities are discouraged from disclosing violence outside the family or community structures. However, women and girls raised concerns with these channels, indicating that survivors usually mistrust community leaders and are reluctant to approach them. Communities and GBV experts also pointed out the risk that survivors who approach people they know may face judgement from them. Survivors can be given inaccurate information and misleading advice that causes further harm and prevents them from seeking GBV services. A woman described how community leaders may not understand survivors’ situations and instead judge them: **“To the headman as well. But what’s the reason. He might not understand”** (Displaced Adolescent Girl in a Rural Area, Kherson). Another woman similarly expressed disbelief that community leaders would be able to resolve the situation: **“We could also call the city administration’s hotline but I’m not sure they can help”** (Older Woman in a Rural Area, Kherson).

Women and Girls Who Turn to Others for Support After Experiencing Violence¹¹⁶

Family and Relatives	Friends	Community Leaders
<ul style="list-style-type: none"> • Women and girls most often turn to family for advice and support • Mothers/parents especially for adolescent girls and boys • Some mention of mothers-in-law and grand-/god-parents; in Roma communities, elder men in the family • In some cases, parents advise adolescents where to go, approach community leaders or service providers, or intervene directly 	<ul style="list-style-type: none"> • Women and girls also most frequently turn to friends and peers for advice and support • E.g. friends and neighbours, particularly other women and girls 	<ul style="list-style-type: none"> • Some survivors may turn to local leaders in their areas • E.g. village head/council/ administration, priest/pastor, and in cases of Roma communities, “baron”
<p>“I think it depends on the situation, if something happened, people would tell the relatives.” (Woman Caregiver in a Rural Area, Kherson)</p> <p>“Family members.” (Displaced Adolescent Girl in a Rural Area, Kherson)</p> <p>“Talk to family, relatives.” (Roma Woman in a Rural Area, Lviv)</p> <p>“Many of us try to ask our parents or caregivers for help when the violence happens.” (Adolescent Girl, Kherson)</p> <p>“The question of violence... Well, first to tell parents.” (Displaced Adolescent Girl in a Rural Area, Kherson)</p> <p>“My trusted persons are parents.” (Displaced Adolescent Girl in a Rural Area, Kherson)</p> <p>“I have my mom, I can confide to her.” (Adolescent Girl in a Collective Site, Kharkiv)</p> <p>“When violence happens, the first people to contact are the police and parents.” (Displaced Adolescent Girl in a Rural Area, Lviv)</p> <p>“I think that if something like this happened, the girls would turn to their parents. And the parents would do further steps. Contact the police. / The parents themselves might go to sort things out.” (GBV Experts, Kherson)</p>	<p>“Friends who can give moral support.” (Adolescent Boy in a Rural Area, Lviv)</p> <p>“Others look for support among friends or on social media.” (Adolescent Girl, Kherson)</p> <p>“Or call the neighbours. / Or relatives.” (Women Caregivers in a Rural Area, Kherson)</p> <p>“They run to their neighbours. To relatives. This is a rural area. Houses are close to each other.” (GBV Expert, Kherson)</p> <p>“There is a neighbour’s shoulder, but other than that – there is no information anywhere.” (Woman in a Rural Area, Kharkiv)</p> <p>“Perhaps someone is talking to friends and relatives.” (Displaced Adolescent Girl in a Rural Area, Lviv)</p> <p>“They would get together as a woman’s company. They will sit down, open a bottle of wine. They chat. And it’s easier. People consolidate their fears.” (GBV Expert, Kherson)</p> <p>“Socializing with friends and family who can provide emotional support and help you through difficult times.” (GBV Expert, Kherson)</p>	<p>“[Survivors] can also talk to the village head.” (Man in a Rural Area, Kherson)</p> <p>“We don’t know of such methods. Maybe we can turn to the village council.” (Woman with a Disability in a Rural Area, Kherson)</p> <p>“If something like that happened here, we would probably go straight to the priest or the village council.” (Older Woman in a Rural Area, Kherson)</p> <p>“Regarding trusted persons to whom women would turn in cases of violence, all answered unanimously that they would not want to go public with this. But if they wanted to seek help, it would be the manager of the shelter, whom they trust (for those living in collective centres), and facilitators (for those living in the private neighbourhood).” (Roma Women, Zakarpattia)</p> <p>“For support, women more often turn to acquaintances, as well as community leaders and church pastors.” (Roma Woman, Zakarpattia)</p> <p>“Women can approach authorities or parents.” (Adolescent Boy, Lviv)</p>

¹¹⁶ Refer to [Reporting and Seeking Services](#) and to [GBV Services](#) for further information regarding survivors who turn to service providers.

While it depends on the survivor, the type of violence, and the circumstances, some respondents outlined a sequence ranking who survivors would turn to in cases of GBV:



“To tell parents. See a psychologist. Go to the police.”

Adolescent Girl with a Disability in a Rural Area, Kherson



“Women who experience violence turn for help to: neighbours, social services, and the police as a last resort.”

Man in a Rural Area, Kharkiv



“A mechanism: neighbours and family – and then further down the chain – the ambulance, the police.”

Woman in a Rural Area, Kharkiv



“They turn to their family members and people that are close to them, and if it’s really bad, then to the police.”



GBV Expert, Lviv

3. Addressing and Speaking Up about Violence

“It’s also about consent, that you can’t be touched without consent. Clearly, it doesn’t always work but if you keep quiet about it, anything can happen at all.”

Woman Caregiver, Kherson

“I see that, speaking about my daughters, for example, it is easier for them to respond back if someone in the street will show any inappropriate signs of attention, for example, touching or something like this. They have a fighting spirit.”

Woman with a Disability/Caregiver in a Rural Area, Kharkiv

While not mentioned as often as other types of coping strategies, some examples were provided of women and girls speaking up about and trying to confront violence. Adolescent girls were seen as more likely to be aware of and speak up about their rights, both in relationships and in public spaces. A few women and girls talked about the importance of setting boundaries and discussing consent: **“Prevention of violence is important: set boundaries, learn to say No”** (Displaced Woman, Lviv). In a couple of FGDs, participants described using dialogue, negotiation, and problem-solving: **“Get involved in problem-solving”** (LGBTIQ+ Person). A few women also noted they would engage in safety planning for themselves and their children: **“I realized today that I need to work out a coping strategy for myself and talk to my child somehow; I don’t know how to do it yet because it’s hard with a child with a disability but I’m a**

mum and I'll figure something out (Woman Caregiver, Kherson). Others described speaking up and engaging bystanders in situations of sexual harassment. For example, one woman recounted how her daughters spoke up when facing sexual harassment on the street: ***“Once we were walking home and I stepped away to talk to my neighbour, and they managed to get into an argument because some guys shouted out some things of sexual nature at them. So, they started to quarrel with them and then the taxi driver got out and defended my girls”*** (Woman with a Disability/ Caregiver in a Rural Area, Kharkiv). Women and girls also recounted how some survivors move out of insecure environments and relocate, where this is possible, for instance, to another collective site; however, housing challenges make this difficult. In some cases, women decide to leave situations of IPV and seek divorce, although it often takes time for them to reach that point: ***“When I was a three-year-old kid, our dad used to drink alcohol, my mum would tolerate it, he cheated on her, he kicked us out of the house while he came with women. Mum put up with it but why? But then she did leave”*** (Displaced Adolescent Girl in a Rural Area, Lviv).

GBV experts described some of the approaches they promote through their work for women and girls to build self-protection capacities:

“Preparing to leave a dangerous situation quickly, including gathering the necessary documents and money.”

GBV Expert, Kherson

“Teaching self-defence techniques to protect yourself in extreme situations.”

GBV Expert, Kherson

As with avoidance and de-escalation, it is important to note that these strategies do not address the root cause of violence – as responsibility lies with the perpetrators – but are strategies to mitigate risks.

4. Finding a Measure of Relief and Comfort; Self-Care and Empowerment



“Just taking a deep breath.”

Displaced Adolescent Boy in a Collective Site, Kharkiv

“Many girls try to find ways to reduce stress through hobbies, sports or art therapy.”

Adolescent Girl, Kherson

“Work, kids, hobbies save.”

Woman Caregiver in a Rural Area, Kherson

“They listen to music, go for walks.”

Adolescent Boy in a Rural Area, Lviv

“Communication with relatives, friends.”

Displaced Woman, Lviv

“Pets, household, care for children or parents.”

GBV Expert, Lviv

“Self-help is very common, it is used in many cases: animals, walks, reading, sex.”

LGBTIQ+ Person

“Women now are more focused on themselves and care for themselves. But they need training and support in self-care.”

Displaced Adolescent Girl, Lviv

Often women and girls feel they are not able to address situations of violence and can only seek a measure of comfort and relief to mitigate some of the distress and harmful effects: **“We’ve started living in the moments”** (Woman, Kharkiv). Women and girls described engaging in hobbies and social events, taking walks and exercising, spending time in nature, listening to music, making handcrafts, focusing on housework, spending time with children and pets, keeping a diary, and praying. A woman explained how she does not expect help from others but tries to find ways to take care of herself: **“I do something, make plans, I don’t enter into a victim state, I don’t expect help”** (Displaced Woman, Lviv). However, even these strategies providing moments of distraction and stress release are increasingly challenging for women and girls to take part in, due to insecurity and other factors in the context of the prolonged humanitarian crisis. The hostilities, lack of electricity, and financial constraints limit the ability of women and girls to go outside and engage in activities. Some women and girls also indicated they would seek information via social media or awareness sessions, as well as develop skills, study, or find jobs to increase their independence and empowerment.

Women and girls in Ukraine described a variety of self-care strategies they use to minimize the stress and effects of violence in their lives.

Some women and girls try to breathe, meditate, and take some time for themselves: **“If I’m stressed out, I will just sit for a while”** (Adolescent Girl in a Collective Site, Kharkiv). Others shared the comfort they find in nature: **“I would like to go somewhere in the camp”** (Displaced Adolescent Girl in a Rural Area, Kherson). Many FGD participants also cited exercise, sports, and going to the gym, as well as music, social activities, household tasks/domestic work, handcrafts, and other interests: **“One can take up hobbies to cope with the stress of violence”** (Adolescent Boy, Lviv). Others turned to social media for entertainment to distract from reality or to seek information and support: **“It seems that more people are now turning to social media or online platforms for support, perhaps because of the rise of online communication”** (Adolescent Girl, Kherson). Some women also referenced keeping a diary or prayer: **“I even keep a diary”** (Older Woman in a Collective Site, Kharkiv) and **“You could pray, it helps”** (Displaced Older Woman in a Collective Site, Kharkiv). Many women and girls spend time with family, friends, and pets, with women finding comfort in being with their children. Some FGD participants, particularly adolescent girls, referred to the importance of education and finding a job and the desire to take part in trainings.

Women and girls noted the need for further support and awareness of how to take care of and empower themselves and minimize stress: **“You should know about self-support, not only visit a psychologist, but also know how to support [yourself]”** (Displaced Older Woman in a Collective Site, Kharkiv). In many locations, women and girls also pointed to the lack of activities where they can release stress and interact with their peers: **“We really miss mass events, meetings,**

going to theatres where a woman or a girl feels inspired” (Woman, Kharkiv). In particular, there is a reported absence of safe spaces available in rural and heavily conflict-affected areas: *“There are places in the city where women and girls can come and work on certain moments, relax, but there’re few of them”* (Woman, Kharkiv).

GBV experts also recommended various types of self-care and empowerment strategies that survivors can use in parallel to seeking GBV services:

- ▶ **“Physical activity.”**
GBV Expert, Lviv
- ▶ **“Regular exercise such as running, yoga, swimming to help relieve stress and improve mood.”**
GBV Expert, Kherson
- ▶ **“Engaging in favourite activities that are enjoyable and take your mind off negative thoughts.”**
GBV Expert, Kherson
- ▶ **“Relaxation techniques. Techniques to help relax and calm the nervous system.”**
GBV Expert, Kherson
- ▶ **“Work with a psychologist is important, as well as nature, the forest, household chores and domestic routine.”**
GBV Expert, Lviv
- ▶ **“Pets, household, care for children or parents.”**
GBV Expert, Lviv

5. Reporting and Seeking Services

“There are those who are afraid, but some are braver and report so that it doesn’t happen to others.”

Displaced Woman with a Disability/
Caregiver in a Rural Area, Lviv

“Well, in any case, if something happens, I will contact the police.”

Displaced Woman in a Collective Site, Kherson

“But if I face it, I will first thing call the police - 102.”

Woman with a Disability/
Caregiver in a Rural Area, Kharkiv

“Everyone knows the number 102.”

Woman Caregiver in a Rural Area, Kherson

“If I had experienced it, I would have told someone from my family and then would probably have visited a psychologist.”

Woman with a Disability/
Caregiver in a Rural Area, Kharkiv

“Or contact the police if it’s something serious. That’s the only way everyone knows. Maybe there are some hotlines, but nobody knows.”

Displaced Woman with a Disability/
Caregiver in a Rural Area, Lviv

“I would have approached a psychologist, if this were to happen. But not everybody seeks assistance.”

Woman in a Rural Area, Kharkiv

“When asked about ways to support people who have faced violence, they answered that such cases did not happen to them, but they would try to talk to this person and suggest that they contact a specialist.”

Roma Women, Zakarpattia

“[Go] to organizations.”

Displaced Woman in a Collective Site, Kherson

“Women and girls in the community use a variety of strategies to prevent violence or minimize its impact and to cope with stress resulting from violence. Let’s start with seeking help. Contacting the police or other law enforcement authorities to be protected and hold the abuser accountable.”

GBV Expert, Kherson

“Women won’t call the police, they’d rather turn to a psychologist.”

GBV Expert, Lviv



While they are more likely to turn to family and friends, in some cases, women and girls indicated they are aware of and would seek support from first responders and GBV service providers in case of violence. Police — i.e. the emergency number 102 — is the best-known entry point for support among communities: ***“A call to the police”*** (Woman Caregiver, Kherson). However, women and girls frequently expressed significant reser-

vations about going to the police and authorities. It was reported that survivors often do not resort to the police unless it is “serious” or in many cases, not at all. In some locations, women and communities indicated that the police are no longer available or known in their area due to the war. Men and boys appeared to be more likely to indicate that survivors should reach out to the police: ***“The first thing they need to do is contact the police”*** (Man in a Rural Area, Lviv). However, some men and boys also acknowledged that survivors may not feel comfortable about approaching law enforcement: ***“In case of violence, women contact the police. / Not all women contact the police, some of them are afraid of judgment”*** (Men, Lviv).

In general, the preferred entry point for women and girls is through psychologists/social workers/case managers and visiting safe spaces: ***“In these places you can gather in groups, facilitate discussions, group classes, exercises, and meet with a psychologist”*** (Woman, Kharkiv). Women and girls who are aware of these services in their area indicated they feel most comfortable about approaching service providers providing GBV, MHPSS, and social services, particularly within civil society organizations. At times, women and girls turn to lawyers/paralegals or family doctors for advice, depending on the need. There were a few references to survivors calling an ambulance or going to the hospital for emergency care for cases with injuries from physical violence or of sexual violence. Schools were mentioned less as an existing entry point for children/adolescents who experience GBV; however, there were requests for support to be provided through schools. Survivors also turn to online information and services in some cases.

Places Where Some GBV Survivors Turn for Help

Police/Law Enforcement	Psychologists, Social Workers, and Case Managers	WGSS
<p><i>“If the situation’s serious, some may go to the police.”</i> (Adolescent Girl, Kherson)</p> <p><i>“Not to the headman. Maybe to the district police officer.”</i> (Displaced Woman with a Disability in a Rural Area, Kherson)</p> <p><i>“To the police if parents don’t understand.”</i> (Displaced Adolescent Girl, Kherson)</p> <p><i>“Go to the police. With parents.”</i> (Adolescent Girl with a Disability in a Rural Area, Kherson)</p> <p><i>“I don’t know what else to say, if something happens, we go to the police.”</i> (Displaced Woman in a Collective Site, Kherson)</p> <p><i>“Maybe call the police.”</i> (Woman with a Disability in a Rural Area, Kherson)</p> <p><i>“However, if that happened, I’d only contact the police.”</i> (Displaced Woman with a Disability/ Caregiver in a Rural Area, Lviv)</p> <p><i>“If there were any cases, the police would be involved and to avoid a dangerous situation, you can say ‘POLINA, come to me.’”</i> (Man in a Rural Area, Kherson)</p>	<p><i>“Come to the friend, social worker.”</i> (Displaced Woman with a Disability in a Rural Area, Kherson)</p> <p><i>“Social services are contacted most often; 102 – if the police are called.”</i> (GBV Expert, Mykolaiv)</p> <p><i>“Sometimes they also seek help from psychologists or consult with other adults.”</i> (Adolescent Girl, Kherson)</p> <p><i>“If there’s a need, then see a psychologist.”</i> (Woman Caregiver, Kherson)</p> <p><i>“Well, maybe that’s what psychologists are for.”</i> (Older Woman in a Rural Area, Kherson)</p> <p><i>“Women can go to psychologists for help, to a friend.”</i> (Man in a Rural Area, Lviv)</p> <p><i>“If it’s psychological violence, you can contact a psychologist.”</i> (Displaced Adolescent Girl in a Rural Area, Kherson)</p>	<p><i>“There are places in the community, which provide assistance to women survivors, including: social services, churches, the police, the Daycare Centre, the Crisis Response Room.”</i> (Man in a Rural Area, Kharkiv)</p> <p><i>“I attend the Female Beauty Magic classes here, a psychologist also comes here and facilitates very interesting group therapy sessions for 10 people, it’s very comfortable, anybody can attend the classes, and, importantly, they are free, this is a chance to reboot.”</i> (Woman in a Rural Area, Kharkiv)</p> <p><i>“For example, the Resilience Centre was opened already during the full-scale invasion, as well as [the] Youth Centre. All activities here are free and high-quality, it’s cool in here, there’s air conditioning [smiling].”</i> (Woman in a Rural Area, Kharkiv)</p>

Refer to [Responding to GBV](#) for further information.

Legal Assistance and Justice	Medical/Health Facilities and School	Other
<p>“They can turn to paralegals from the community.” (LGBTIQ+ Person)</p> <p>“Some call the police, fortunately, there are lawyers and organizations that provide help.” (Displaced Woman in a Collective Site, Kharkiv)</p> <p>“If somebody wants compensation for emotional damages, they can go to court.” (Adolescent Boy in a Rural Area, Lviv)</p>	<p>“If it’s, for example, someone she doesn’t know, then the woman can contact a specialized service or a hospital and the police too.” (Displaced Adolescent Girl in a Rural Area, Lviv)</p> <p>“Best of all is a family doctor who has access to families. Gets involved in problem solving.” (LGBTIQ+ Person)</p> <p>“School.” (Adolescent Girl with a Disability in a Rural Area, Kherson)</p>	<p>Civil Society: “As another option, we can seek help in [non-governmental organizations] NGOs, there are a lot of them in the city and they will definitely be able to help, if there’s such a need.” (Woman Caregiver, Kherson)</p> <p>Hotlines: “Girls can call the hotline or write in social media.” (Adolescent Boy in a Rural Area, Lviv)</p> <p>Online: “There is also the Internet, you can look up the information there on where to go.” (Displaced Woman in a Collective Site, Kharkiv)</p>

6. With Potential Risks of Harm

“Destructive methods are alcohol, smoking, substances.”

LGBTIQ+ Person, Kharkiv

“They start using alcohol, often together with their abuser.”

Displaced Woman in a Collective Site, Lviv

Some survivors — particularly those who feel they have no other options available — resort to coping strategies that have a high likelihood of risks of harm. There were reports of women who experience violence turning to alcohol and drugs: **“That’s if there’s access to services. If not, then ‘alcoholization’ [alcoholism] can be [how they cope]”** (GBV Expert, Mykolaiv). Communities frequently equate alcohol and drugs with a way to deal with stress: **“They can relieve stress by using alcohol, drugs”** (Adolescent Boy in a Rural Area, Lviv). Other strategies with potential risks of harm include transference of violence towards others, such as mothers using violence with their children. For adolescents, coping strategies with potential risks also include running away from home: **“Some run from home in case of violence”** (Adolescent Boy in a Rural Area, Lviv). There was less information available about survival sex as a coping strategy, although there were reports of women and girls engaging with Russian soldiers during the occupation: **“There were those who asked the Russian military to buy something for children. The Russians were loyal [referring to giving ‘gifts’ in exchange]”** (Displaced Woman with a Disability in a Rural Area, Kherson).

The number of responses on alcohol indicates how women and other survivors often turn to substance abuse to cope with the stress from situations of violence. Some of the responses were made as a form of humour intended to deflect some of the pain of the reality. However, this finding speaks to the prevalence of substance abuse — especially when survivors do not have access to other remedies — and the risks of this way of coping for women, as it may make them more susceptible to abuse:

▶ **“The woman can start drinking alcohol to deal with stress.”**

Displaced Adolescent Girl
in a Rural Area, Lviv

▶ **“Those who have finances could have a drink, this is a good way to relax.”**

Woman with a Disability/
Caregiver in a Rural Area, Kharkiv

▶ **“You can drink a shot to relieve stress [laughing].”**

Displaced Woman with a Disability
in a Rural Area, Kherson

▶ **“Well, we overcome stress with a drink, too [laughs].”**

Woman Caregiver in
a Rural Area, Kherson

▶ **“One of the destructive methods is alcohol.”**

LGBTIQ+ Person

Certain family and community mechanisms can reinforce judgment and victim-blaming and not be aligned with a survivor-centred approach, leading to negative outcomes. In some cases, women and girls who turn to family members and others may be provided with information that is incorrect. They may be discouraged by others from coming forward to seek support: **“Often, people from a survivor’s close surroundings, whom she approaches, do not know how to react and what advices to give, so there’s lack of awareness or judgement is present”** (GBV Expert, Lviv). There were also a few references to families resorting to taking children who faced bullying out of school, as well as potentially cases of forced marriage following situations of unintended pregnancy or rape.

e. RESPONDING TO GBV



“They turn to loved ones, if there are any. More often they don’t tell anything, they keep it to themselves, there’s little hope for law enforcement bodies.”

LGBTIQ+ Person

“The specialist’s qualifications may be questionable. Bad experience. There are people who have trouble trusting people, especially among survivors of violence.”

LGBTIQ+ Person

“Lack of information due to lack of specialists, services, access. And now we’re talking about communities that are remote. Where it’s hard to get to.”

GBV Expert, Mykolaiv

“Survivors face normalization, stigmatization (especially when an abuser is with law enforcement, security or military forces), lack of information, absence of transport, concerns about confidentiality (increased especially in the public sector).”

GBV Expert, Kharkiv

“They believe that seeking help for GBV survivors seems to be ‘bad timing,’ especially if the abuser is a military. There’re even certain laws on ‘discrediting’ the Armed Forces, that’s why they don’t report. They share it like ‘just to say’ so that to relieve the burden and they don’t want to get help from a psychologist, a lawyer and other professionals. They share this after the group activity and it’s up to the person who will be listening to them, whether this person persuades them to seek help.”

GBV Expert, Kharkiv

“In general, the State has no strategy for ending violence.”

Man, Lviv

Barriers to Access GBV Services Identified by Women and Girls in Ukraine

Fear of judgment, retaliation, rejection, and further violence	Childcare and household responsibilities: inability to leave dependents alone, with increased time-burden on women due to children not being in school and learning online	Limited recourse to legal protection and justice; lack of trust in and time required for judicial processes
Social disapproval and stigma for survivors disclosing abuse, particularly violence in the family and sexual violence	Financial dependence on perpetrators and inability to provide for self and children; lack of options for housing	Cases with poor outcomes serving as a deterrent for other survivors
Lack of awareness regarding GBV and available GBV services	Mistrust and fears about confidentiality, in particular for public services	Challenges for adolescent girls and boys seeking services due to required parental consent
Reduction in or lack of availability of GBV services nearby:	Concerns about disregard or mistreatment by police and authorities	Fear of conscription of the perpetrator
<ul style="list-style-type: none"> • For heavily conflict-affected areas: security and access constraints • For non-frontline areas: shift in resources to frontline areas • For rural areas: limited coverage and infrastructure and transport challenges 	Cost for certain services and inability to afford them, such as legal psychological assistance, due to limited availability of free quality services	Idealization of men who are fighting as “heroes”
Insecurity, distance, lack of accessible transport, and poor infrastructure	Payment of perpetrator fine often falling on the survivor	Deprioritization of GBV due to the war
		Community perceptions of bureaucracy and corruption across different types of public services

I. Access Barriers for GBV Services and Programming

“Sometimes it can be difficult because of fear or shame.”

Adolescent Girl, Kherson

“The situation with violence isn’t changing but we don’t talk about this issue in the community.”

Woman with a Disability in a Rural Area, Kherson

“I have not heard about safe spaces, or a survivor relief centre, or mobile teams.”

Displaced Older Woman in a Collective Site, Kharkiv

“There are probably spaces but women are afraid to talk about it to strangers.”

Displaced Adolescent Girl in a Rural Area, Lviv

“You can’t go to the police because everyone is a relative of each other or a friend.”

Displaced Woman in a Rural Area, Lviv

“Survivors keep silent, don’t report to the police (although children witnessed violence) because there was an experience when the police didn’t take a report.”

Woman with a Disability/Caregiver, Lviv

“Access to professional mental health therapists, as there’s no trust to public ones, especially in terms of confidentiality, and private ones are very expensive. You have to choose between providing for your family and seeing a mental health therapist.”

Displaced Woman, Lviv

“Well, I don’t understand what would a psychologist do – well, we’ll talk, I’ll leave, and here there’s real life.”

Displaced Woman in a Collective Site, Kharkiv

“You have to go to [another location] to receive services, but for this you have to get there first. The bus goes to the centre of the hromada once a week. We are isolated. If all services are there, then transport issues should be addressed as well.”

Woman in a Rural Area, Kharkiv

“There has to be something for children at the same time when services are offered for women because there’s no place to leave children.”

Woman with a Disability/Caregiver, Lviv

“There is no place for a woman to go, shelters you are speaking about are scarce and you can stay there for a limited period of time, so they come back. So, there should be more of those.”

Displaced Woman in a Collective Site, Kharkiv

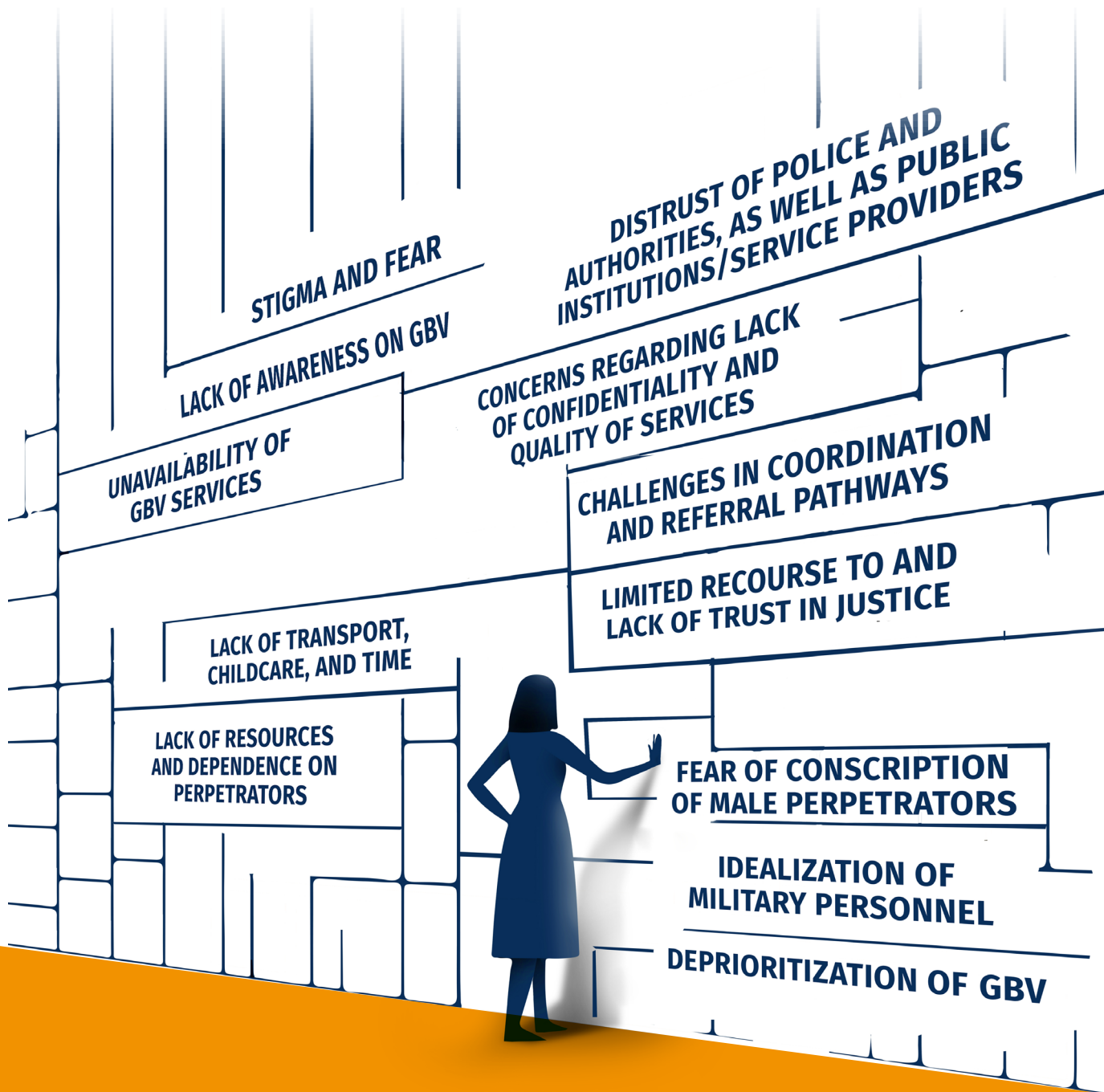
“My friend got killed by her husband, she lives in the suburbs of the city, and she wouldn’t go here because it’s far away, and if a shelter for women was closer, she might not have died that lethal evening.”

Woman, Kharkiv

“Women are not open to talk about violence. It’s not the right time for us.”

Woman with a Disability in a Rural Area, Kherson

MAIN BARRIERS FOR SURVIVORS TO SEEK AND ACCESS GBV SERVICES



Survivors who have experienced violence face steep barriers to safely disclosing GBV and seeking services. Barriers are layered, with many newly emerging and increasing due to the crisis: “Stigma and condemnation by the society, lack of trust in police services and lack of psychologists to talk to”¹¹⁷. **Survivors are reluctant to come forward due to significant fears of judgment and retaliation**, based on gendered social norms that shame survivors and support impunity for perpetrators. **Normalization of violence and victim-blaming are prevalent in communities.** Survivors at times experience negative consequences if they disclose violence, particularly in cases of IPV/DV and sexual violence. **Gaps in GBV services were identified in many areas of Ukraine, reducing the likelihood for survivors to be aware of GBV and posing access barriers for those who do seek support.** Availability of GBV services was reportedly limited in heavily conflict-affected regions due to access-related constraints, while also decreasing in non-front-line regions from the reprioritization of resources. Across Ukraine, safe spaces and GBV services were reported to be scarcer outside of urban centres: *“For example, there’re lots of them here in the centre, but there’re none little farther in other districts”* (Woman, Kharkiv). Refer to [Availability of and Gaps in GBV Services](#) for more information. **Even when support for survivors is available in their area, women and girls and other at-risk groups are not necessarily aware of existing services and how to access them.**

Distance, lack of transport, and cuts in lighting pose significant constraints for women and girls to access GBV services, especially for survivors in heavily conflict-affected and more remote areas and with mobility constraints. **Women and girls referenced additional challenges to accessing support due to lack of childcare and limited time**

related to household and other responsibilities. Depleting financial resources for households — together with increasing challenges finding and affording accommodation — further limit the ability of survivors to leave abusive situations. Furthermore, fines for perpetrators fall on the household, with survivors paying for them in practice. **Lastly, women and girls expressed mistrust and fears about confidentiality, particularly for public services:** *“Even if the information about services is available, women don’t feel comfortable to seek assistance, especially with public bodies”* (Displaced Woman, Lviv). Women and girls frequently expressed a feeling that little can be done to resolve situations of abuse, noting **impunity for perpetrators:** *“There are no public authorities that can protect”* (Displaced Woman, Lviv).

Significant gaps in legislative frameworks and their enforcement to address cases of GBV were described by both communities and GBV experts. Women and girls often have limited recourse to legal protection and justice, causing them to feel they will only experience more harm by reporting violence. **Especially if perpetrators are associated with the military or in positions of power, women and girls are reluctant to come forward. Concerns that perpetrators will be conscripted and sent to fight also prevent women and girls from seeking help.** In general, **there is deprioritization of the importance of addressing GBV due to the ongoing war**, both related to social pressure from communities and on the part of the authorities.

The following barriers were identified by women and girls in Ukraine as serving as a deterrent for survivors to seek support and posing challenges for their access to GBV specialized services. Many of these access barriers to GBV services continue to grow for survivors, due to depleting resources for households and other effects from the ongoing war.

¹¹⁷ GBV AoR. Focus Group Discussions with Women and Girls — Kharkiv, 6th February, 2024: 1.

Stigma and Fear

Survivors are afraid to reach out for support for fear of facing shame, stigma, rejection, and further violence. Abuse is often represented as normal and blamed on survivors: **“A situation where violence is normalized can often occur in villages. And people in villages often don’t have access to services and assistance and they don’t even know that they can tell someone about this”** (Displaced Adolescent Girl, Lviv). Women and girls described how there is

pressure from families and communities not to even discuss GBV: **“It’s not customary to talk about violence in our community”** (Woman with a Disability in a Rural Area, Kherson). There is strong social disapproval of women who report family members for situations of IPV/DV and call the police. Sexual violence also carries a particular stigma, especially for CRSV associated with the occupation, with survivors afraid of being seen as a “collaborator.”



A Challenging Journey to Report Sexual Violence

A GBV expert outlined some of the difficulties in the process for a survivor to seek and receive support for the sexual violence they have experienced, as well as hurdles they face afterward:

“There are still cases where a person is traumatized. She was being abused. It’s not always contacts [people she knows]. It could be [forced] nudity at a roadblock. She’s traumatized. She doesn’t know about it. She lives with it until she comes and gets to some session. Or starts talking to a specialist. And when she identifies what happened. And how a person comes out of that trauma can be very different. And it turns a person’s life upside down...the horrible diverse spectrum [of violent acts] that could be during active hostilities, occupation. And we can’t know what else might be going on. About war-related sexual violence that affected all people in general but again looking at it in the context. These are horrors. A person isn’t ready to talk about them.

And when she starts talking about it, if she wants to get help, that doesn’t always happen in a correct and pleasant way. They took her for questioning. Tell me more there. Tell me more here. We just don’t know how to systematically work with it. It’s a new scary problem for the country...how to deal with it and keep those people who are already traumatized safe. Each person will face their individual challenges before, during, and after the war; so, it’s hard to predict here.” (GBV Expert, Mykolaiv)

Women who do report can face consequences from perpetrators, families, and communities, such as retaliation from partners: **“It often happens that a perpetrator is out of our focus. And when we come, and the police. There’s sometimes much shouting, and later the perpetrator becomes more aggressive, and she is no longer happy that she’s asked for help”** (GBV Expert, Kharkiv).

Lack of Awareness on GBV or Unavailability of Services

While some women and girls are familiar with what services are available, widespread lack of awareness about GBV among communities prevents survivors in some cases from even knowing they are experiencing violence and how to seek support. Particularly in heavily conflict-affected and rural areas in which there are significant constraints to mobility, communities may be less familiar with the closest safe spaces and other service points: ***“I haven’t heard of any special spaces for***

women or PSS Mobile Teams” (Man in a Rural Area, Lviv). Barriers to access information were reported in particular for displaced women and girls, women and girls with disabilities, older women, and adolescent girls and boys, as well as in remote areas. Furthermore, there are gaps in GBV services and availability of specialists reported in many areas, with more limited availability of services in rural neighbourhoods outside the city centres. [Refer to **Availability and Gaps in GBV Services.**](#)

Insecurity, Distance, and Lack of Transport

Insecurity — together with distance, limited accessible transport, poor infrastructure, and lack of lighting — poses significant barriers for survivors to access services: ***“But again, all this happens in the centre, but not in remote places. Women and girls have difficulty traveling there, so even if a woman needs assistance, she’s not going to get it because there’s no connection due to power outages, and she knows that there’s a service centre where she can get assistance but she would not go there because it’s far away or, for example, she has no money”*** (Woman, Kharkiv). GBV services and safe spaces tend to be centralized in city centres, which are not necessarily accessible to women and girls who are further away: ***“There are places in the city where women and girls can come and work on [enjoying] certain moments, relax, but there’re few of them. For example, there’re lots of them here in the centre, but there’re none a little further in other districts”*** (Woman, Kharkiv). For people coming from

rural areas to reach services in the next city or oblast hub, travel takes time and has associated financial costs and risks. In some locations, there is also a lack of transport options within the town: ***“On foot. There’s no public transport in the village. Only between the villages. Or to Kherson or Mykolaiv”*** (Displaced Adolescent Girl in a Rural Area, Kherson). In addition to women and girls from remote areas, difficulties reaching GBV services and activities were identified for women and girls with disabilities and older women: ***“We haven’t heard anything about transporting people with disabilities”*** (Displaced Adolescent Girl in a Rural Area, Lviv). Displaced women and girls in some collective sites that are more isolated also face challenges reaching urban hubs where more services are located: ***“Here in [this location] we all live in a collective site...It’s not convenient going to Valky for any single thing”*** (Woman in a Rural Area, Kharkiv). Insecurity and unavailability of public lighting further compound mobility-related chal-

allenges for survivors to reach service points, particularly in heavily conflict-affected areas: **“The main danger is shelling. People are trying not to move around in the daylight. And because of the curfew it’s not allowed to move around too late,**

in the dark. But people are not abusing this rule. If it’s the curfew, be it the curfew. They feel safer at home. And again. You never know where the strike will hit” (GBV Expert, Kherson).

Lack of Childcare and Time

Additionally, women frequently face barriers to their mobility due to the lack of available childcare and their household responsibilities, based on gendered division of domestic tasks: **“There’s a shelter at the school. Kids come in, have fun. Adults don’t have time for this. There’s a lot of housework to do”** (Woman Caregiver in a Rural Area, Kherson). Women are often limited in their ability to participate in activities and seek services, as they are unable to leave children or people they care for alone in the home: **“I’d like to go somewhere on my own, but I don’t leave the child”** (Woman Caregiver, Kherson). Family structures

have been disrupted, and many children remain in online schooling, especially in heavily conflict-affected areas. These factors increase the care burden on women and limit their available time to participate in activities and seek support. This is particularly the case in communities in which there are entrenched norms surrounding the traditional roles of women and men, such as some Roma communities: **“A woman mustn’t go out with other men, to be able maintain order in home. She shouldn’t communicate with other men, should stay at home, look after the children”** (Roma Woman in a Rural Area, Lviv).

Lack of Resources and Dependence on Perpetrators

Financial dependence of survivors on perpetrators is increasing due to the poor economic situation and lack of housing options, particularly for displaced families. There is a scarcity of safe accommodation because of displacement, damaged buildings, and insecure areas. Women feel they do not have a place to go and cannot support themselves and their children. Survivors are not necessarily able to afford transport costs or pay for services that are not free. Some women indicated they would only opt for private services

in cases of violence — such as for lawyers and psychologists — due to lack of availability of public services, confidentiality concerns, and not feeling comfortable with the quality. In addition, payment of fines for perpetrators was reported to fall on the household, which ends up impacting the survivor: **“There was a situation recently. The woman herself called the police, then paid the fine herself, then picked [him] up from the police herself”** (Woman Caregiver in a Rural Area, Kherson).

Fear of Conscription and Idealization of Military Personnel

Other war-related deterrents include fear that perpetrators will be conscripted. There were reports that the TSC and police sometimes show up together to calls for cases of IPV/DV, which deters survivors from asking for help: **“As compared to the last year, statistics on the reports in communities has decreased, but it could have been because the Territorial Recruitment Centre (Mobilization Department) comes to calls togeth-**

er with the police. Abusers are mobilized. Some women are afraid to be left alone, so they don’t report so that their husbands are not mobilized” (GBV Expert, Lviv). For perpetrators involved in the military or humanitarian activities, there is also the sense that survivors would not be believed and of resistance to any criticism of the “heroes” of Ukraine. Refer to [Reasons for Staying Silent in Coping Strategies](#) for further information.

Distrust of and Dismissal by Police and Authorities

Women and girls frequently expressed a distrust of police, authorities, and service providers — especially of public services — which forms a significant barrier for them to come forward. Especially in rural areas in which close relationships exist within communities, survivors have fears about confidentiality. Most notably, concerns were expressed about turning to the police, which is often the only channel which survivors are aware of. Situations in which law enforcement disregards survivors and minimizes violence then serve to reinforce mistrust and deter other survivors from seeking help: **“We receive women’s complaints about the police. Women decide to stay silent in the future. Because nothing will change, and sometimes it may even worsen the situation” (GBV Expert, Kharkiv).** In some examples, “interrogation” or mistreatment of complainants was

reported: **“People don’t feel secure to go to the police because you can also be abused by police officers. Female police officers commit violence against the survivor” (Displaced Woman, Lviv).** Police are not necessarily trained and equipped to handle cases of GBV in a non-judgmental way and help link survivors to support. Communities reported that law enforcement and authorities do not always understand different forms of violence and the barriers faced by survivors, leading them to minimize situations of abuse: **“It used to happen that a man beats a woman, she calls the police and files a complaint against him. And then after two hours she withdraws it. This situation repeated a couple of times after this. And the police did not want to accept her complaints, because she withdraws them” (Roma Woman, Zakarpattia).**

Concerns Regarding Reporting GBV to the Police



- ***“In case of violence, women contact the police. / Not all women contact the police, some of them are afraid of judgment.”***

Men, Lviv

- ***“The police are not dealing with this, though they should be.”***

Older Woman in a Rural Area, Kharkiv

- ***“Not any. A woman calls the police. The police come and do ‘Ay, ay, ay, uh-oh,’ that is, they’ve done close to nothing about the incident. So, next time the women thinks whether to call the police or not.”***

GBV Expert, Kharkiv

- ***“A lack of trust in law enforcement. The experience of my friends living abroad shows that there’s more trust in the police in EU countries and that the police are more knowledgeable about providing expert assistance to survivors. In turn, in Ukraine people don’t trust the police, the police are not doing their job in accordance with their powers, reports of violence are not properly processed. People don’t have confidence in public authorities and in their ability to protect them.”***

Displaced Woman, Lviv

Lack of Trust in and Limited Recourse to Justice

Women and girls and other at-risk groups were identified as having limited recourse to legal protection and justice, which contributes to their fear of facing retaliation and a sense of futility. Survivors have a lack of confidence in the judicial system being able to hold perpetrators accountable for the violence they commit. Women and girls specifically referenced

the length of time that processes take as a concern: ***“It seems to me that people don’t often ask for help because it takes a very long time to resolve the issue, if even an issue is raised, they stall, it should not be stalled. [It is important] to pay more attention to it”*** (Displaced Adolescent Girl in a Rural Area, Lviv).

Barriers to Legal Recourse for GBV

- ▶ ***“If a person is in difficult life circumstances and does not know where to turn, then they will not seek assistance. People do not believe in the possibility of response to cases of sexual exploitation [and other violence, there is a] lack of legal remedies.”***
LGBTIQ+ Person
- ▶ ***“I don’t agree with you; many services, so what, the judicial system is not working properly, it’s impossible to put the perpetrator behind bars; so, what should a woman do — run around and prove it for years? It’s a nightmare; the system is not working, there are only first steps. When perpetrators will be actually held responsible for their actions, then there will be changes for the better, and so far, this is not the case and they get away with it unpunished, and women are suffering.”***
Woman in a Rural Area, Kharkiv
- ▶ ***“And, in general, the State sets the tone for society. / Violence occurs due to social tension. Society is deeply affected by the lack of justice. The tension should be reduced. / Injustice in the legislation leads to tension and violence. The rule of law and justice must be restored.”***
Men, Lviv



Lack of Confidentiality and Quality of Services

Women and girls tend to be quite reluctant to reach out to “strangers” for support. Some women and girls shared the feeling that service providers cannot help them and that there are no consequences for perpetrators: ***“There’s no trust in psychologists, because it’s not known how they can help”*** (Woman with a Disability/Caregiver in a Rural Area, Kharkiv). Concerns were also expressed about lack of confidentiality and the quality of services: ***“Not all mechanisms have an effect. There’s no consistency in these services, they***

may be half-hearted or untimely.” (LGBTIQ+ Person). A woman described survivors’ reluctance to approach health service providers specifically about the violence they experience¹¹⁸: “I can get some help in the local hospital, but women will not share information about violence there. We do not trust people working there. Nothing changes if we talk to them about our situation”¹¹⁹.

¹¹⁸ Further exploration is needed for comparative analysis between health points with embedded GBV case managers and ones without case management, based on the 2024 pilot of health Service Delivery Points with embedded case management.

¹¹⁹ GBV AoR. *Focus Group Discussions with Women and Girls – Kharkiv, 6th February, 2024*: 5.

Lack of Coordination and Challenges in Referral Pathways

In a few groups, participants and GBV experts raised challenges in GBV referral pathways and coordination: **“There’s no referral system”** (Woman with a Disability/Caregiver, Lviv). Coordination challenges were described within public services agencies, as well as between humanitarian agencies and civil society and public services. Women reported challenges for survivors being appropriately and safely referred to services: **“Referral procedure is imperfect – lack of anonymity and confidentiality, people are afraid to seek help or report GBV”** (Woman with a Disability/Caregiver, Lviv). The need for follow-up and self-advocacy by women to move things forward and be linked to services was described, with women at times having to approach different facilities on their own, particularly public institutions: **“We have a government that is not competent in some matters. You can ask international**

organizations, but you have to demand of the government [to receive support]” (Displaced Woman with a Disability/Caregiver in a Rural Area, Lviv).

A GBV expert described the need for enhanced coordination: **“I agree, it seems to me that international partners, local, national and public organizations need to coordinate actions; or the authorities need to coordinate actions, plans, strategic vision of the issue with partners. Or partners need to coordinate”** (GBV Expert, Mykolaiv). Another GBV expert similarly echoed the need for greater alignment at national and local level, pointing to gaps in how the system is functioning: **“The coordination council mechanism [for GBV], prescribed long ago by the ministry, which could be effective now, is absolutely levelled out”** (GBV Expert, Mykolaiv).

Deprioritization of GBV

The reduced prioritization of GBV nationwide was reported by communities and GBV experts as posing additional barriers for survivors to seeking support. Women and girls face social pressure to set aside their concerns and the violence they experience while the war continues. Some women in FGDs, especially in heavily conflict-affected areas, expressed reluctance to discuss GBV and noted that the topic is “taboo” until the war

is over: **“Even if there are some risk factors [for violence], we are not ready to discuss it now”** (Woman with a Disability in a Rural Area, Kherson). The ongoing hostilities are a priority concern for women and girls, who consistently shared the fears they experience from ongoing shelling and its impact on their daily lives. In addition, women and girls are afraid of being seen as not showing solidarity for the war effort. Discussing what could be

perceived as criticism of their communities is felt to take away and detract from the focus on the war. In particular, there is reluctance to talk about any violence associated with authorities, military, and humanitarian personnel. A GBV expert described how: **“As for humanitarian workers and [SEA] cases, we may not know about them as long as the active phase of the war continues. Humanitarian**

missions are associated with assistance and whether they [survivors] dare to shame all the good stuff if one alone has committed such a crime” (GBV Expert, Mykolaiv). Some GBV experts also shared the impact of focusing resources on the war, leading to shifts in funding and reduced attention to the issue of GBV at national and local level.

Affected Groups Facing Heightened Barriers

Groups that face heightened barriers to accessing GBV services include displaced women and girls, older women, adolescent girls, children, women and girls with disabilities, Roma women and girls, LGBTIQ+ persons, and male survivors. Displaced women and girls may be less aware of available services in the area, be more isolated in collective sites, and at times, face discrimination. Older women, women and girls in rural areas, and women and girls in Roma communities tend to face more entrenched social norms and have greater difficulties accessing information. In one FGD, a Roma woman shared an example illustrating how access barriers are compounded by intersecting vulnerability factors, such as age and ethnicity: **“Regarding barriers to accessing support for**

different groups, usually the biggest obstacles are for older women, due to their own beliefs and attitudes of the Roma community” (Roma Woman, Zarkarpattia). In addition, adolescent girls and boys need parental consent for services due to national legal requirements. Some adolescents indicated they would be hesitant to approach service providers due to the consequent lack of confidentiality. LGBTIQ+ persons face specific barriers related to fears of discrimination and lack of tailored services. Male survivors of sexual violence were also identified as having more limited entry points to services and support. Survivors of IPV/DV and sexual violence — particularly for CRSV; IPV/DV and sexual violence by military personnel; and SEA — also face compounded access barriers.

II. Changes in Availability and Gaps in GBV Services and Programming

“There’s no humanitarian assistance, dignity kits, they were distributed at some point at the beginning of the war, but they are not distributed now.”

GBV Expert, Lviv

“There are no special safe spaces for us.”

Woman with a Disability in a Rural Area, Kherson

“Safe spaces for women and girls from civil society organizations and charitable foundations (particularly Vilna). However, there has been lack of information, a need for workshops and awareness sessions about violence and how it can be addressed.”

Displaced Woman, Lviv

“We know that you can call the police or the village council. / There is no other information. We are not very aware of other services available.”

Women with a Disability in a Rural Area, Kherson

“I think there’re a little bit more services, but no one talks about them, it’s hard to know where you can go, where to call, not many people know about it. / Few people know and few people use this help.”

Displaced Adolescent Girls in a Rural Area, Lviv

“Services have been made more accessible through the increase of information campaigns and the creation of new centres.”

Adolescent Girl, Kherson

“For example, the Resilience Centre was opened already during the full-scale invasion, as well as [the] Youth Centre.”

Woman in a Rural Area, Kharkiv



There have been positive developments in efforts to address GBV in Ukraine which were attributed in part to the humanitarian response. The domestic violence law issued in Ukraine in 2017 and model regulations on provision of services to survivors in 2018-2019¹²⁰, followed by the ratification of the Istanbul Convention in 2022, paved the way for support for GBV survivors. In recent years, the increased presence of civil society and international organizations working on GBV during the crisis has contributed to a scaling up of GBV services and programming: **“Since international organizations have been pres-**

ent in the country, we’ve become more aware. Now I see them telling more, asking more. It’s possible to find legal, medical, and even financial support from these organizations” (Displaced Woman with a Disability/Caregiver in a Rural Area, Lviv). **The greater number of actors addressing GBV – together with more awareness-raising activities and new campaigns – was referenced as increasing awareness in communities on violence. However, at the local level, there are still significant gaps in programming for women and girls and services for GBV survivors, particularly in rural and heavily conflict-affected areas.**

¹²⁰ UN Ukraine. *UN Policy Paper on GBV*. 3. EU/Council of Europe. *Barriers, Remedies, and Good Practices for Women’s Access to Justice in Ukraine*. 2023: 51.

Changes in Availability

▲ Increases in Availability: In some locations, participants in FGDs reported an increase in Protection activities and services in their area. For instance, women shared a few examples of humanitarian organizations starting up Protection programming or opening a new community space. Newly established centres for children, youth, and women were described as providing a safe space in which women and girls could interact with their peers and take part in activities. They also serve as information points about available Protection services, increase awareness regarding violence, and facilitate referrals, serving as an entry point to specialized services and support: **“Services have been made more accessible**

through the increase of information campaigns and the creation of new centres” (Adolescent Girl, Kherson). One woman related how: **“With the appearance of [the NGO] in the village, they tell the children a lot, and the police come with lectures”** (Older Woman in a Rural Area, Kherson). However, the majority of recently opened spaces referenced by communities appeared to support children and youth or the community more broadly rather than specifically serving as WGSS: **“Recently an [agency] office opened its door offering activities for children and occasional assistance and they also have lawyers.../ Now our children have a possibility to attend [there]”** (Older Women in a Rural Area, Kherson).

Visits by mobile teams to collective centres were also described as facilitating information dissemination and access to services for displaced populations: **“Psychologist. Lawyer comes. Everyone who needs use their services”** (Displaced Woman with a Disability in a Rural Area, Kherson).

There were a couple of examples of organized shared transport/“social taxis” being introduced to help people with limited mobility reach services in the city in order to facilitate their access: **“Social taxis are being introduced in Kherson. So that people can go to a hospital, for example, to a social services centre. [As] remote communities – even if they aren’t shelled, they have no way to leave”** (GBV Expert, Mykolaiv).

Some community members also observed a greater presence of Information, Education, and Communication (IEC) materials and campaigns to raise awareness on topics of violence. Examples of campaigns addressing bullying and domestic violence were shared: **“There is more useful information about combatting domestic violence now”** (Displaced Woman with a Disability/Caregiver in a Rural Area, Lviv).

In general, the growing presence of civil society and humanitarian organizations in locations was linked to increasing community awareness and greater availability of GBV services.

▼ **Decreases in Availability:** Despite these advances, gaps and further support needs were identified by women and girls. There was a reported reduction of GBV and social services programming in some areas,

particularly in the West and Centre: **“Decreased funding, the focus shifted more on the East and South, [there are] closed programmes in the West”** (GBV Expert, Lviv). Areas near the frontlines face access challenges for GBV agencies and service providers to be present – and for affected groups to reach services – due to insecurity: **“I agree, it [the level of availability] is different from community to community. Both [due to] logistical and safety [considerations]. There are both issues of communication and water supply not far from the demarcation line. And this is already a question of humanitarian crisis. So, there’s no question of permanence of services or provision of services there at all. Neither GBV nor protection”** (GBV Expert, Mykolaiv). Another GBV expert similarly shared constraints their agency had faced related to security and logistics in the South: **“There’s another challenge that we had to give up the distribution in [that location]. This is due to the fact that there’s no single base for security purposes. In order to organize distribution, we have to ask to create this register for us, lists of women. Timewise, it’s a pretty long process. And the only safe place for distribution was the headquarters of another international mission. This turned out to have its own communication problems. As time went on, we had to give up this programme. Because we have our own deadlines. And those are the challenges. Currently, I know that [location] isn’t covered because we have such a problem”** (GBV Expert, Mykolaiv).

Shortages of specialist staff were also reported across the board: **“Public services are provided, so there are not enough special-**

ists in the city, but the institutions operate as best they can” (Man, Kherson). A GBV expert described shortages in personnel due to displacement and conscription: **“There are not enough workers, they are taken to war”** (GBV Expert, Lviv). Cutbacks in service provision in other sectors — namely health — affects survivors’ access to support through a reduced number of entry points, as well as then limiting the ability to provide survivors with comprehensive care.

Reduction in and infrequency of dignity kit assistance was also reported across locations, particularly in rural areas: **“There are no hygiene kits”** (Woman in a Rural Area, Kherson). Even in cities — both in frontline and non-frontline areas — irregular provision was described: **“Kits for women and girls and food packages used to be distributed before. But nothing’s been distributed in the last four month”** (Woman, Kharkiv). Another woman in a frontline oblast recounted the impact of suspended provision of dignity kits in her area: **“There is a disaster with hygiene items¹²¹, hygiene is very expensive, and humanitarian hygiene kits are not provided now”** (Woman with a Disability/Caregiver in a Rural Area, Kharkiv).

In general, a national tendency to deprioritization of GBV was observed by GBV experts, due to diminishing state resources and the focus on the war: **“Funding for programmes has decreased at the state level. Decreased indeed. It’s considered a non-priority”** (GBV Expert, Mykolaiv). Another GBV expert echoed how: **“The main funds are used to provide [support to] the Armed Forces of Ukraine. /**

But there’s no funding [for GBV] right now” (GBV Experts, Mykolaiv). Across the board, there were reports of public services being overloaded and short-staffed, with the low pay of employees allegedly serving as a disincentive. Some GBV experts also raised the issue of the national funding mechanism for GBV services: **“A big contribution is a distribution of State subsidies to support the creation of municipal services for GBV survivors, but these also create an additional burden for the community, as they are put on the balance sheet of the community after their creation”** (GBV Expert, Lviv).

◀ West and Centre (Non-Frontline) Regions:

Respondents noted the shift in humanitarian resource allocation, human resources, and programming from the West and Centre to frontline areas: **“All funding by international funds has been redirected to the East of Ukraine”** (GBV Expert, Lviv). Scaling down and closure of some GBV programmes and overstretched public services were reported in Lviv oblast and the West more widely, due to this shift in focus: **“[It] decreased, funding decreased, especially as compared to 2023. Many programmes provided only informational support, awareness-raising, and trainings, and now all of these remain with the social services that have been already overloaded due to the large influx of IDPs. Underfunding of the social sphere”** (GBV Expert, Lviv). This significant programme reduction in non-frontline areas constrains access to critical GBV services for IDP and vulnerable non-displaced conflict-affected populations who are facing increasing GBV risks in -related to the ongoing crisis. The

¹²¹ Women and girls and wider communities in the Ukrainian context often refer to “dignity kits” as “hygiene kits” and do not always distinguish between the two.

large number of displaced populations was reported to be overwhelming the capacity of GBV service providers: **“Social services can’t cope because they are dealing with IDPs, there’s a shortage of staff”** (Woman with a Disability/Caregiver, Lviv).

➤ **East and South (Frontline) Regions:** While resources have shifted to frontline oblasts, it is important to note that this is not necessarily reflected in availability of and access to GBV services in heavily conflict-affected areas. Communities and GBV experts noted that many service facilities and providers are centralized and mainly available in cities across regions of Ukraine. This is particularly the case for social services and specialized healthcare, with rural areas lacking in-house services: **“In our village it’s only 102 or the village council [for cases of violence]”** (Older Woman in a Rural Area, Kherson). Fewer specialists are present in rural areas, but staff shortages were also referenced in cities due to displacement and staff reallocation: **“As for Kherson I can say that a large number of specialists have left”** (GBV Expert, Mykolaiv). Even in cities in heavily conflict-affected areas, a decreasing number of available specialists and long waiting times were reported. In some cases, staff within

public institutions had relocated or been assigned to other places, either due to security concerns or redistribution of limited human resources within the national system to cover gaps. Services that were previously accessible for women and girls from rural areas in some cases are no longer reachable, due to insecurity along the road and limited transport options: **“Well, those, who need it, go to Kherson or Mykolaiv. / They go to Mykolaiv. They are afraid to go to Kherson”** (Women Caregivers in a Rural Area, Kherson). Mobile teams sometimes visit rural communities; however, irregular frequency was reported, and in some cases, visits had stopped: **“At the beginning, volunteers and psychologists came to us. Both our Kherson specialists and those who came from other cities”** (Displaced Woman in a Collective Site, Kherson). A GBV expert shared how there were also staffing challenges for mobile teams: **“There’s a social worker, but currently there is no psychologist. That is, we cannot find a specialist for the mobile team”** (GBV Expert, Kherson). The limited availability of mobile services — particularly in areas in which safe spaces do not exist to provide facility-based services — leaves vulnerable women and girls and other at-risk groups stranded without access to GBV services.

Needs of Women and Girls and Gaps in GBV Services and Programming¹²²

Women and girls requested additional awareness-raising in their areas on GBV, including information dissemination on available services

and support for survivors. There was particular interest expressed for more in-person engagement and spaces for discussion: **“Yeah, more**

¹²² Noting that requests for GBV services and activities do not necessarily signify a lack of availability in the area, as women and girls may not always be aware of available services or face barriers to access.

events would be nice. More people would know [about GBV]” (Adolescent Girl with a Disability in a Rural Area, Kherson). Specifically, women and adolescents requested awareness-raising in schools: **“It would be very good to talk about this with the children but that’s probably impossible with our online learning”** (Displaced Woman in a Collective Site, Kherson). Communities asked for more information on GBV and GBV services to be available online and through social media, as well as via hotlines. However, IEC materials and digital information alone were seen as insufficient to increase survivors’ awareness of and trust in services, as well as tackle harmful social norms underlying GBV: **“There are posters and announcements – but this is not enough”** (Woman in a Rural Area, Kharkiv).

Women and girls also requested more regular provision of dignity kits, particularly in rural areas: **“As far as I know, help is more often given with food, [the situation to obtain women’s] hygiene kits¹²³ is a horror in Kherson...So how are my girls going to get those pads? Really, it’s a problem, specifically hygiene. We get food humanitarian assistance, but we don’t get hygienic assistance”** (Woman Caregiver, Kherson). A GBV expert described how the distribution modality can contribute to gaps in coverage of more remote locations: **“Regarding in-kind assistance, we have faced the situation when everything is given to the community centre and then it isn’t distributed in more remote locations. And when we come to sparsely populated villages, we hear, ‘We didn’t get anything, we don’t know anything.’ We’ve heard of such**

¹²³ Referring to dignity kits.

cases during the distribution of dignity kits for women and girls” (GBV Expert, Kharkiv). The need to better adapt items within kits was described, such as underwear size, leading to dignity concerns: **“Regarding access to humanitarian assistance, when, for example, hygienic kits were distributed – panties are of a small size, not designed for average women, only for slim ones, and this is embarrassing”** (Displaced Woman in a Collective Site, Kharkiv). In addition, dignity kits meeting the needs of and targeted for older women were requested, as they indicated they also have need of dignity items and feel excluded: **“The most appalling thing is that [the kits for women] assistance is provided only to those under the age of 60, and it is not provided if you are 61 or 60+”** (Woman, Kharkiv). Adult diapers were frequently requested by older women, women with disabilities, and women caregivers for people with disabilities and older people in households¹²⁴. Women also called for hygiene kits to be distributed more widely for households in parallel to provision of dignity kits.

Transport and childcare support were identified as ways to address some of the barriers women and girls face accessing safe spaces and GBV services. An urgent need for accessible transport support and mobile services for remote areas and people with mobility constraints was identified. There were requests for “social taxis,” together with expanding the availability of GBV services and safe spaces to

¹²⁴ “Households members from vulnerable groups, such as women and older persons, stressed that specific hygiene items like incontinence material or menstrual products were expensive and difficult to access. Among households with at least one member who used incontinence materials, around 75% in urban areas and 60% in rural areas could not access what they needed. Most types of incontinence materials were needed and cost was the main barrier”. REACH. *WASH Needs Assessment*. 2023: 22.

further reach rural and heavily conflict-affected areas. A woman with limited mobility in a heavily conflict-affected area asked: **“Are there social taxi or agencies, or organizations that can do individual case management or deliver humanitarian assistance to women’s homes?”**

(Woman, Kharkiv). Women also identified the need for childcare and activities for children while they are accessing WGSS and services. Women caregivers in particular indicated the need for more support: **“There’s no allowance for children with disabilities. The childcare as a social service doesn’t work. A mother, caring for a child with a disability, can’t and has no one to leave her child with, especially during holidays when schools and kindergartens are closed”** (Woman with a Disability/Caregiver, Lviv).

Women and girls across locations requested more WGSS closer to them so they can reach activities and services: **“There are safe spaces and virtual events but there’s always a need for more of such resources”** (Adolescent Girl, Kherson). In many locations, women and girls indicated that safe spaces are not available: **“We haven’t heard about safe spaces or special centres. Maybe they exist in the cities”** (Woman with a Disability in a Rural Area, Kherson). There were several references to the need for spaces that can offer comprehensive services, e.g. “one-stop”: **“There’s a need for an integrated space for women where there would be a room for children while the mother is being provided assistance, a support group, a receptionist, a place to stay overnight”** (Woman with a Disability/Caregiver, Lviv). The need for safe spaces with embedded GBV case management and other specialized services is especially important in light of growing mobility and security challenges for

women and girls. WGSS are a way to facilitate entry points for safe disclosures by building trust while mitigating stigma and other risks of harm. Women and girls also frequently identified the need for additional PSS, vocational, and social activities to enhance their well-being and build skills: **“We don’t know about any activities for women and girls in our community”** (Woman with a Disability in a Rural Area, Kherson). There was a need for more targeted activities adapted for adolescent girls and older women.

The necessity for greater availability and proximity of specialized GBV services for survivors was emphasized. Women and girls identified shortages of available GBV specialists to provide case management and psychosocial support for survivors and at-risk women and girls¹²⁵. The urgent need for GBV case management and survivor-centred approaches was recognized: **“You need someone to hold your hand in a crisis” (LGBTIQ+ Person)**. Women and girls described wanting someone to listen to them in a non-judgmental way and provide information, emotional support, and accompaniment: **“They need help in counselling, support, information provision, and referral to specialists”** (Roma Adolescent Girl, Zakarpattia). Even when public social services are available, challenges related to bureaucracy and the need for follow-up can still make it difficult for survivors to receive the support they need. Shortages in staffing together with the need for additional trained specialists were cited as affecting service quality: **“Social workers aren’t doing their job. The situation worsened with the outbreak**

¹²⁵ The titles of “case managers,” “specialists,” “social workers,” and “psychologists” tend to be used interchangeably in the Ukrainian context by communities and service providers. FGD participants less often directly referenced “GBV case managers” and “GBV case management,” as it is a newer model in the context of Ukraine, but they identified the need for case management based on the description of its approach and components.

of war because there are more social [vulnerable and displaced] population groups, but the number of workers hasn't increased, and their wages either. Perhaps, that's the reason" (Woman with a Disability/Caregiver, Lviv).

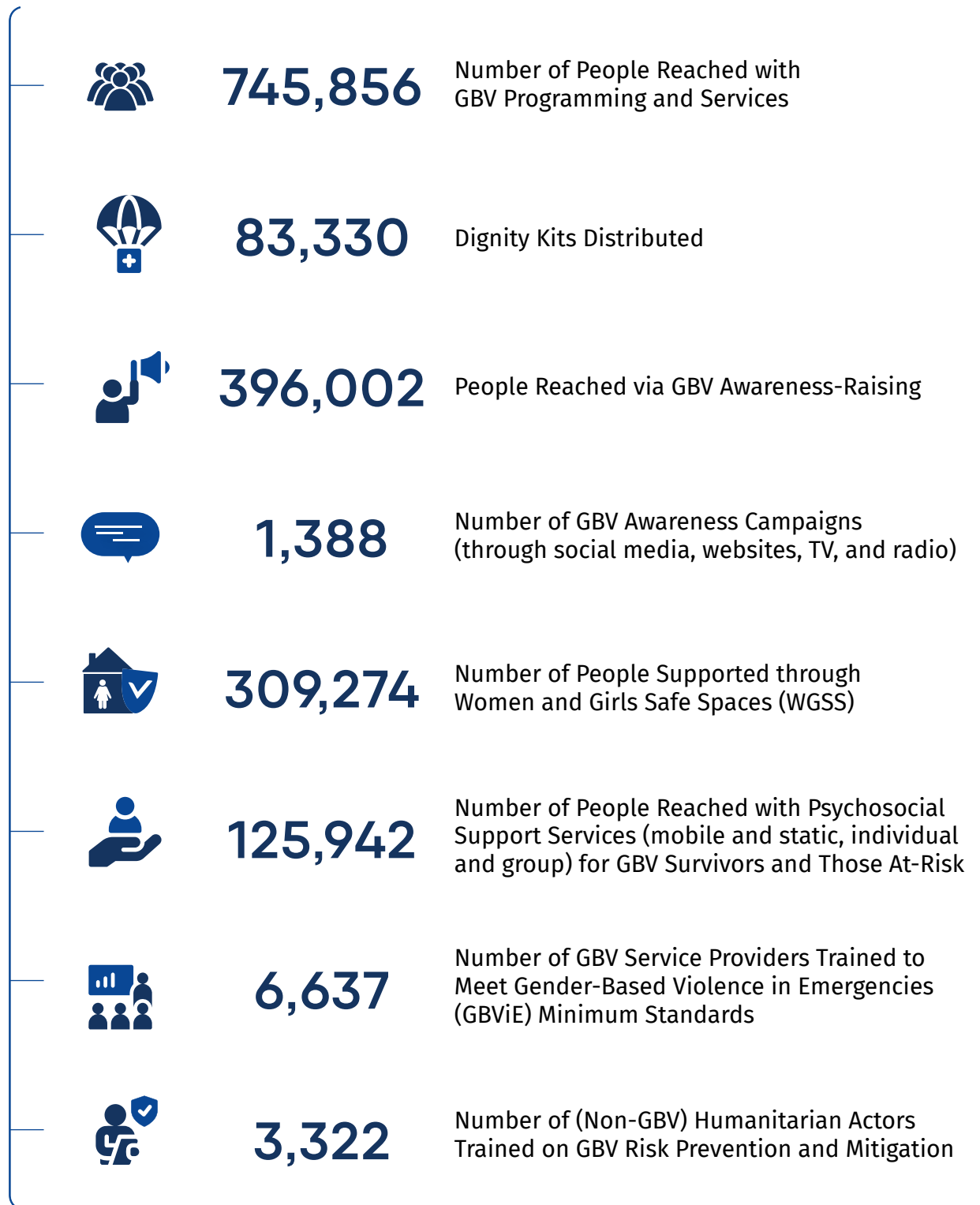
Gaps in GBV Specialized Services: Women and girls in some locations indicated a scarcity of GBV services and service provision points of which they are aware and can reach: **"Mobile teams and survivor relief centres – I have never heard about them"** (Displaced Woman in a Collective Site, Kharkiv); **"There's no counselling available"** (Woman in a Rural Area, Kherson); and **"There are no crisis rooms"** (Displaced Woman with a Disability in a Rural Area, Kherson). Women and girls often called for more free services for survivors, in particular for psychologists and legal services: **"More psychological sessions"** (Older Woman in a Rural Area, Kharkiv); **"Free consultations with a psychologist"** (Woman with a Disability/Caregiver, Lviv); and **"Legal services are [not free but] paid"** (Man in a Rural Area, Kharkiv). The availability and proximity of shelters was also identified as insufficient: **"We need free shelters where survivors won't be afraid to come. Due to financial insecurity, they can't leave and rent their own accommodation"** (Woman with a Disability/Caregiver, Lviv). In some cases, women had not heard of shelters available in their area: **"I have not heard about shelters for victims of violence"** (Displaced Woman in a Collective Site, Kharkiv). FGD participants pointed to limitations in the duration of stays at some shelters as a barrier for survivors. Safe housing specifically adapted for LGBTIQ+ survivors

was also cited as a need: **"Separate shelters for LGBT are very important"** (LGBTIQ+ Person). One woman described how GBV specialized services providing individualized support to survivors are needed beyond shelters: **"The woman went to a safe place for a while and came back again because she is dependent. That's why we need the places where one can get more help"** (Woman, Kharkiv).

There were identified gaps in and limited awareness of clinical medical care for survivors. Notably in rural and heavily conflict-affected areas, there is more limited availability of SRH and health services more widely. This affects the entry points and the ability to provide holistic care for survivors. Another identified gap is free legal assistance and support, as often only private legal services are available. Women and girls and GBV experts also called for greater availability of cash and livelihood assistance for at-risk women and girls and GBV survivors. Lastly, there were some requests for hotlines and chats for survivors to be able to solicit information and support in an anonymous manner. This could indicate that women and girls are not necessarily aware of or comfortable using existing hotlines.

In general, communities and GBV experts identified gaps in more targeted approaches within GBV programming for older women, women and girls with disabilities, and adolescent girls. There were reports of limited entry points and lack of adapted services for LGBTIQ+ persons and for male survivors: **"Limited services for LGBT communities"** (LGBTIQ+ Person).

Reach of GBV Services and Programming in 2024¹²⁶



¹²⁶ GBV AoR Ukraine. GBV AoR 5Ws Dashboard: January to December 2024. 2024.

III. Entry Points to Access GBV Services

“Another factor is the lack of access to resources and support for survivors, that can complicate the situation.”

Adolescent Girl, Kherson

“Civil society organizations, not the police. The police make the situation worse, bad experience.”

LGBTIQ+ Person

“Spaces and services from civil society organizations are trusted more than government organizations.”

Displaced Woman, Lviv

“If this happened, we would contact the social worker.”

Woman with a Disability in a Rural Area, Kherson

“The places where women and girls feel safe, the place where we are now is exactly that kind of place. It’s a safe space for all women and girls.”

Woman, Kharkiv

Women and girls in communities are mostly aware of police and the emergency number to call if they need assistance in the case of violence; they are less familiar with other entry points for support. In some cases, community members are only familiar with law

enforcement as a place to turn to if experiencing violence. Despite being most aware of the police as an entry point, women and girls expressed significant concerns: **“I’m not sure about the police, I don’t think it would have been reported at all. They would keep quiet”** (Displaced Woman with a Disability/Caregiver in a Rural Area, Lviv). **These concerns about involving the police deter many survivors from reaching out for support when they experience violence.** FGD participants described how survivors and community members tend to call police only in what they perceived to be “extreme” situations as a “last resort.” **Women and girls are reluctant to go to the police due to: fear of being mistreated by law enforcement; being afraid of facing retaliation and further violence by the perpetrator; concern about confidentiality and their reputation; and worry about the impact on their children. In some cases, survivors also hold back because of being afraid the perpetrator may face legal consequences and potentially, prison or conscription.** Some FGD participants observed that police are “not dealing with” GBV and have a tendency to dismiss cases or make them worse. There were some successful examples of intervention and referral by police to GBV specialized services. However, in general, there was a sense that police do not reliably serve as a bridge linking survivors to support: **“Survivors can seek protection with the police, but police won’t provide them psychological assistance”** (Displaced Adolescent Girl,

Lviv). Furthermore, in certain areas, local law enforcement focal points were reported to no longer be available due to personnel shortages with the crisis: ***“We used to know our district police officer and where to call. I do not know who is assigned to the area now. There is no number”*** (Woman in a Rural Area, Kharkiv).

In some of the FGD locations, women and girls also mentioned the possibility of turning to local authorities, such as the village head/council. However, likewise, there was reluctance expressed by many women and girls to reach out to community leaders. Similar concerns were articulated for authorities as the concerns described for the police, reinforcing that most survivors prefer other entry points: ***“Going to the police isn’t the best option [for GBV survivors], but it’s better than the administration”*** (Adolescent Boy in a Rural Area, Lviv).

Women and girls indicated a preference for accessing services in ways that feel safe and comfortable and protect their confidentiality: *“Reports to the police are not anonymous, whereas reports to mobile teams are anonymous”* (GBV Expert, Lviv). **Preferred entry points that are seen as more accessible and friendly for women and girls include psychologists/social workers (noting the term is often used interchangeably with case managers) and WGSS. Women and girls aware of GBV services in their area often indicated they would feel comfortable to seek support from a psychologist, social worker, and GBV case manager or visit a safe space: *“There’re safe spaces, psychosocial support. If a survivor seeks assistance, she feels safe”*** (Displaced Woman in a

Collective Site, Lviv). They also remarked upon the importance of finding specialists who are qualified and will keep services confidential: ***“That’s why, an important alternative to destructive methods of coping with stress is to look for a friendly psychologist, it’s very difficult to find friendly specialists”*** (LGBTIQ+ Person). Another FGD participant described how women go to specialists who they feel are trusted and accessible: ***“Communication with psychologists, not public psychologists, but those working for charitable foundations or civil society organizations”*** (Displaced Woman, Lviv).

In some cases, communities indicated they feel more comfortable to seek support from civil society and international and humanitarian organizations. This observation regarding community perceptions was also confirmed by GBV experts: ***“They think that a non-governmental organization will provide a service promptly and assist faster than government institutions”*** (GBV expert, Lviv). Cited concerns with public social services include staffing shortages, fear of lack of confidentiality, service quality, wait times, challenges in referrals, need for follow-up, and bureaucracy: ***“Social services [equals] bureaucracy”*** (LGBTIQ+ Person). Insufficient staff and low wages were identified as contributing factors: ***“Government institutions and services have minimal wages, while non-governmental organizations have much bigger ones, which inspires a higher level of trust”*** (GBV Expert, Lviv). Another cited contributing factor is the lack of awareness among communities and fears regarding the process, especially related to child custody: ***“Some***

persons are afraid to turn to the government body, because they think that their children will be taken from them, lack of awareness of the services in government institutions and agencies” (GBV Expert, Lviv). For public services in general (not specific to GBV), corruption was also at times identified as a concern. Lastly, the current service model tends to be less specialized to GBV and framed as more of a law enforcement- and mental health-oriented approach, which is not always aligned with a survivor-centred approach.

Preferences were expressed by women and girls for in-person services and spaces. Off-line modalities were seen as more conducive to facilitating trust. Some GBV experts observed that communities are tired of online services: **“Our beneficiaries say they’re already tired of online services. So, where it is possible offline spaces should be established, they should be established and there are local women who should be involved in their operation”** (GBV Expert, Kharkiv). Additionally, many women and girls face challenges to taking part online due to limited access to technology, particularly in areas where there are long power cuts and poor Internet connections. **Nevertheless, online platforms and services were seen as an important way to reach persons who are not able to access services in-person or wish to stay anonymous: “Especially people with limited mobility who cannot leave their accommodation. Online meetings can be held, telephone consultations offered, more information provided about hotlines”** (Woman, Kharkiv). Online services were reported to be

especially relevant during times of severely constrained mobility, such as during COVID-19 and in areas previously under occupation. A GBV expert summarized: **“I might add that it depends on what kind of service or assistance they receive. And it’s definitely a very individual question. We can summarize that after a flood, during martial law, a certain social isolation, there’s more requests for offline events, especially when the issue is sensitive, painful. When it’s work with a psychologist, a lawyer, [the survivor] has a request to see a real person next to you. It’s a certain moment of trust”** (GBV Expert, Mykolaiv). Women and girls in some locations solicited anonymous ways to seek support such as hotlines and chats: **“There’s a lack of anonymous chats”** (Woman with a Disability/Caregiver, Lviv). This indicated that they may be less familiar with existing hotlines or do not find them to be as accessible. These concerns point to the need to reinforce confidentiality among service providers, as well as share messaging with communities emphasizing confidentiality as a key principle within GBV service provision.

More limited entry points for GBV survivors were identified in rural and heavily conflict-affected areas, as well as for adolescent girls, Roma communities, LGBTIQ+ persons, and male survivors. Adolescent girls and boys taking part in online learning do not have access to entry points and specialized services through schools. Children require parental consent to be provided with services and support, with adolescents expressing concerns regarding the lack of confidentiality this implies.

f. MITIGATING THE RISKS OF GBV AND ACCESS BARRIERS THROUGH HUMANITARIAN SECTORS



“Lack of information on available humanitarian assistance and distribution points, difficulties in registering for such distributions, long queues, inaccessible to the local population.”

Displaced Woman, Lviv

“The risks are always present, even when we receive bread, many people gather, and the process is not very well organized. Crowds of people, it’s always a high risk to become a target for shelling.”

Older Woman in a Rural Area, Kherson

“The difficulty [for access] is the remoteness.”

Woman with a Disability, Kharkiv

“I received humanitarian assistance three to four months ago. I’m not able to walk, they bring assistance to the beginning of the village, it’s not convenient for me to walk and I can’t ask someone.”

Woman with a Disability, Kharkiv

“There’s no help, I buy everything at my own cost, rehabilitation — at own cost, medication — at own cost, everything — at own cost.”

Displaced Woman with a Disability/
Caregiver in a Rural Area, Lviv

“In addition, a certain number of people don’t know that there will be distribution. It’s not announced in advance.”

Displaced Woman with a Disability/
Caregiver in a Rural Area, Lviv

“Assistance to women and girls is... enough only for a short period of time, in particular, this concerns hygiene. In 2022, clothes, hygiene items, and food were provided.”

Woman, Kharkiv

“It seems that all organizations provide similar assistance and do not differentiate that some populations, such as people with disabilities or mothers with children, might have other needs, for example in hygiene items. Also, access to assistance, assistance of any kind, can be limited for single people or people with limited mobility.”

Displaced Adolescent Girl, Lviv

“Something has to be done about the queue, because even a healthy person can’t stand it. I have a child with autism, he can’t be in crowds. It would be ideal if we could be appointed for a certain hour and that there are no other people at this time.”

Displaced Woman with a Disability/
Caregiver in a Rural Area, Lviv

Barriers for Women and Girls to Access Humanitarian Assistance and Services in Ukraine

- ▶ Insecurity due to shelling, particularly in heavily conflict-affected areas
- ▶ Lack of availability, irregular, or suspended provision of humanitarian assistance and services in some areas
- ▶ Insufficient availability of humanitarian assistance and services in relation to needs (e.g. increased number of persons in need of assistance; growing presence of evacuees and displaced populations in certain areas)
- ▶ Inconsistency in availability and quality of public services across locations (e.g. rural versus urban areas)
- ▶ Lack of transparency in criteria and alignment with needs-based targeting, leaving behind some vulnerable women and girls and other at-risk groups
- ▶ Difficulties in registration, in particular related to lower levels of digital literacy and access to technology
- ▶ Lack of awareness about humanitarian assistance and services; at times receiving information late
- ▶ Distance and limited accessible transport to reach distributions and service facilities
- ▶ Queues, crowding, and waiting times particularly for distributions; waiting lists for certain items and services

**HUMANITARIAN
ASSISTANCE**



- ▶ Electricity cuts disrupting service provision and presenting difficulties reaching distributions and facilities
- ▶ Lack of childcare; care and household responsibilities for women and girls
- ▶ Costs, fees for services, and difficulty affording basic needs (e.g. transport; medical treatment, legal aid, psychologists, and rehabilitation; medicine, food, hygiene items, and rental and utility costs)
- ▶ Limited adaptation of items and approaches for women and girls with mobility constraints and other specific needs
- ▶ Limited staff numbers and capacities; need for increased availability of health and MHPSS specialists
- ▶ Some cases of verbal abuse, mistreatment, and discrimination by staff
- ▶ Lack of trust in public institutions; concerns about corruption
- ▶ Bureaucracy and the need to follow up and self-advocate posing challenges for vulnerable women and girls
- ▶ Growing risk factors for SEA; difficulty for communities to discuss the topic of SEA; steep barriers for survivors to come forward (e.g. lack of awareness; idealization of humanitarian agencies and volunteers; deprioritization of GBV due to the war; wish not to be perceived as not showing solidarity)
- ▶ Risks of theft and scams reported, targeting vulnerable women and girls and other at-risk groups
- ▶ Certain groups facing discrimination and stigma, with women and girls at heightened risk (e.g. displaced women and girls, Roma women and girls, women and girls with disabilities and women caregivers, older women, HIV+ women, LGBTIQ+ persons)
- ▶ Dignity concerns related to information and photos collected during distributions, as well as provision of certain items seen as inappropriate for the needs
- ▶ Insufficient meaningful consultation and engagement of women and girls and other at-risk groups
- ▶ Seasonal extreme weather conditions limiting mobility and posing health and hygiene concerns

As the war in Ukraine continues in its third year since the full-scale invasion, an increasing number of persons in need was reported¹²⁷. Humanitarian needs in frontline areas were described as “reaching catastrophic levels”¹²⁸, with heavily conflict-affected oblasts facing significant humanitarian access barriers due to the insecurity. The number of displaced people within the country has continued to be significant, with many experiencing protracted displacement of over a year and residing in difficult conditions in collective living¹²⁹. The economic crisis continues to deplete household resources¹³⁰. Many families have experienced income reduction and loss of employment due to displacement, insecurity, and economic deterioration, with limited work opportunities reported. Despite the growing needs, communities across regions reported a reduction in availability of humanitarian assistance and services together with public services: **“The agencies that used to give us assistance are not working any more”** (Woman in a Rural Area, Kharkiv). Another woman echoed how: **“These days, humanitarian assistance is a very rare thing”** (Woman with a Disability/Caregiver in a Rural Area, Kharkiv). **Women and girls frequently described irregular and suspended provision of aid in their areas — in particular for food, hygiene and dignity kits, and financial assis-**

¹²⁷ “This deterioration of the humanitarian situation impacting regions and people already facing acute needs comes as a result of an escalation, throughout the entire 2023, of hostilities and fighting, strikes hitting civilian infrastructure, and major incidents, including the destruction of the Kakhovka Dam in southern Ukraine in June.” OCHA. *Humanitarian Needs and Response Plan Ukraine*. 2024: 7.

¹²⁸ OCHA. *Humanitarian Needs and Response Plan Ukraine*. 2024: 3.

¹²⁹ “Needs are also high among the nearly 4 million people who are internally displaced across Ukraine, particularly some 111,500 people currently living in collective sites. Prolonged displacement has pushed many to the brink, as they have depleted their resources and capacity to cope with the loss of job or income, increasing their exposure to exploitation and abuse and increasing the possibility of resorting to negative coping strategies.” OCHA. *Humanitarian Needs and Response Plan Ukraine*. 2024: 7.

¹³⁰ “The war has continued to have a devastating impact on Ukraine’s economy forcing people to face increased levels of poverty and dependence on aid. Since February 2022, 65 per cent of Ukrainian households faced income reductions and nearly 44 per cent of these cannot meet basic needs. The reduction of income force people to adopt negative coping strategies, including reducing their expenditure on health services.” OCHA. *Humanitarian Needs and Response Plan Ukraine*. 2024: 7.

tance — and struggling to meet basic needs for themselves and their families.

Women and girls face a variety of challenges to being able safely to access and benefit from humanitarian assistance, with many barriers and risks growing due to war-related factors¹³¹. Insecurity poses a significant obstacle to safely reach assistance. Often women — accompanied by children — are the ones picking up assistance and seeking services, due to men being away and fears of conscription. **The risk of shelling was cited by women as one of their main fears when traveling to and waiting for assistance, particularly in heavily conflict-affected areas: “We get aid but sometimes it’s difficult because of the shelling. That’s the main obstacle... during shelling it is very dangerous to leave the house. I have to ask my neighbours for help when shelling starts during humanitarian aid distribution”** (Woman with a Disability in a Rural Area, Kherson). **Women expressed concern and a great sense of insecurity while waiting in line at crowded distributions due to increased exposure to risks of attacks.**

Crowding and waiting times also exacerbate tensions — at times leading to disputes — and pose barriers for those with mobility constraints and health concerns: “Look, volunteers brought us chickens and gathered 300 people in one place. It was scary to watch what was going on at the village council. / It would be fine if they set different times. / The chickens were distributed okay, but the grain distribution was a real mess” (Older Women in a Rural Area, Kherson).

¹³¹ There are a variety of actors providing assistance and services in the current context. It was not always possible to determine whether feedback received during consultations is specific to humanitarian response or public services. In addition to international and national humanitarian organizations, local civil society, and public institutions, there are other non-traditional actors involved in the humanitarian response, such as volunteers, religious groups, etc. Some actors may not be engaged within humanitarian coordination and applying humanitarian principles and adherence to global minimum standards.

EXAMPLES OF BARRIERS AND RISKS FOR WOMEN AND GIRLS TO ACCESS HUMANITARIAN ASSISTANCE AND SERVICES

Insecurity and electricity cuts

1

Lack of time due to care and household responsibilities

2

Crowding, waiting time, and disputes in queues

6

5

Lack of timely information about assistance or service

Un-adapted provision modalities and heavy items to carry

8

Facing discrimination, bullying, and verbal abuse

7



Challenges to reach distribution or service point due to distance, poor infrastructure, and lack of accessible transport, with risks of sexual violence on the way to/from

3



4



Difficulties registering for assistance or service; vulnerable women and girls not always included in targeting

Dignity concerns



Risks of SEA, theft, and scams



13



Lack of consultation and feedback directly from women and girls to inform programming



Lack of trust in public institutions and authorities and fears about confidentiality



Not able to afford fees for services

Some distributions were described as being “first come, first served,” leaving many vulnerable persons without any items and contributing to conflict and resentment within communities: *“I don’t have social media accounts and that’s why we go for distributions where they form lists, but there’s little humanitarian assistance in small towns and many people receive it, so we just didn’t get it”* (LGBTIQ+ Person).

Women and girls also face significant challenges at the registration stage, in particular older women. People without access to smartphones or without digital literacy are often left out: *“The forms to fill in are sent in the Telegram; you snooze, you lose, that’s it, sorry, you won’t get anything. We have people 60+ years who don’t have access to Telegram because they have button phones”* (Woman Caregiver, Kherson). Some women described difficulties registering online or not being able to sign up in time when the registration page opens: *“I am 43 years old and I sometimes have difficulty filling in a registration form after following a link to Google Drive, sometimes I feel like smashing the gadget, and how can it be possibly done by older women and people, or those who don’t have gadgets at all? So, it’s like if you don’t have access to the Internet, you’re left without any assistance”* (Woman, Kharkiv). Communities indicated that at times there is a lack of transparency in criteria and provision of assistance is not aligned with needs-based targeting. There were reports of at-risk women and girls and other groups

being left behind, while others who are not in need receive more items than they can use: *“Regarding access to assistance – here is the story: we were offered to get registered for assistance, we were told to sign up for a waiting list. We did, and they gave assistance twice to those who had been smarter, who had received it and immediately signed up again, and we were three months further on a list because of that”* (Displaced Woman in a Collective Site, Kharkiv). Certain vulnerable groups of women and girls were reported not to be included within targeting criteria: *“You have to be either an IDP or with a serious disability to get humanitarian assistance. Healthy people don’t get it, low-income mothers don’t get it either. There are many women who have nothing but aren’t on the social security service’s waiting list”* (Displaced Woman with a Disability/Caregiver in a Rural Area, Lviv).

Some women and girls are also not reached by information about humanitarian assistance and services, particularly those without access to technology or more limited mobility: *“Not all women have phones with the Internet and know how to use apps through which you can find out information about assistance for all population groups”* (Woman, Kharkiv). Women shared experiences of being informed late about distributions and having insufficient notice to arrive in time to receive assistance: *“Information had been very scarce, and people had not have enough time to find out about an opportunity to receive assistance. Or the people who would get up early in the morning and want to be*

the first in line and so they would go” (Older Woman in a Rural Area, Kharkiv).

Women and girls — particularly those with reduced mobility — also experience constraints related to the distance and lack of accessible transportation. This is especially the case in heavily conflict-affected and rural areas, with women in remote areas not always able to afford transport costs: *“However, travelling is difficult. There’s social transport only to Mykolaiv. It doesn’t go to Kherson because of shelling. It’s a free ride to Mykolaiv. You have to hire a car to get to Kherson. It’s expensive” (Woman in a Rural Area, Kherson).* Difficulties reaching humanitarian assistance and services are compounded by the insecurity — with electricity cuts reducing the number of hours with light — making women more hesitant to travel far distances. Interruptions in electricity also disrupt the provision of services such as in health facilities.

Women and girls tend to have more limited time due to gendered division of household responsibilities, including typically being responsible for care of children, people with disabilities, and other dependents: *“It’s very difficult to find a medical mobile team. To get there. Because often women find it difficult to get around on their own or they have older parents they’re caring for, children, everyone’s situation is different. And it’s very hard for them to get medical services. Therefore, if the woman can’t come, one must go to the woman. And it’s also a bit difficult with mobile brigades that will work in the Kherson*

region. To put it mildly” (GBV Expert, Mykolaiv). **Women described increasingly having to play dual roles because of men being away and limited childcare options.** Online learning of children has increased the burden of care and the mobility constraints for women: *“There are no bomb shelters in kindergartens and schools, so children are on the streets and there is no place to take them for the whole day. You can’t go about your own business like it was when you took your children to the kindergarten and had a free day” (Woman in a Rural Area, Kharkiv).*

In addition, **cost was identified as a barrier for some women and girls to humanitarian assistance and services.** Barriers due to cost were related to transport to reach distributions and services; fees for certain services, such as medical treatment; and costs for certain items, in particular, medication, hygiene items, food, and shelter. Women pointed to rising prices making it more difficult for them to provide for basic needs in their households: *“There is a disaster with hygiene items, hygiene is very expensive, and humanitarian hygiene kits are not provided now” (Woman with a Disability/Caregiver in a Rural Area, Kharkiv).* **Weather conditions in the summer and winter further exacerbate risks and barriers for vulnerable women and girls, in particular, affecting their mobility.** These conditions also further increase their exposure to violence in the home as people spend more time inside, especially during the winter.

Communities indicated there was limited systematic adaptation of distribution mo-

dalities for the specific needs of vulnerable women and girls and other at-risk groups, such as to facilitate access for people with mobility concerns. **Older women, women with disabilities, and women with care responsibilities are not always able to reach distribution points and service facilities.** Heavy items also pose a challenge for them to carry: *“A poor mechanism of assistance delivery, as there are cases, for example, when there’s some massive purchase of something for some household or something like that and, as a result, some kind of a site where people can come to receive also other type of humanitarian assistance, so the person is loaded with bags. And the person has problems with mobility or anything like that, so how one is supposed to deliver this assistance to one’s home. There have been such cases among people I know because I have acquaintances with a limited level of mobility due to their health, that’s why I have usually helped them to transport this assistance to their homes, because I don’t have problems with mobility”* (LGBTIQ+ Person). There were some reports of distributed items not being appropriate (e.g. not the right size of underwear, expired food), leading to dignity concerns. In some cases, the lack of provision of hygiene kits for the household together with dignity kits for women had contributed to some resentment in communities: *“Sometimes hygiene. I say ‘sometimes’ as men’s hygiene is very rarely distributed. Once there was a set and there was shaving foam, men’s deodorant. But usually, we give everything to my mom*

since it’s all feminine” (Adolescent Boy in a Rural Area, Kherson). Men and boys in several locations had reported being mistakenly provided hygiene kits for men with only feminine items within (e.g. women’s deodorants, pads), leading to discomfort and confusion¹³²: *“We also got men’s hygiene products once but most of it went to my mom because even the shower gel was for women. They packed it as if it was for men but everything inside was for women, even sanitary pads were there”* (Adolescent Boy in a Rural Area, Kherson).

Limited numbers and shortage of staff for services, particularly in public institutions, were reported to lead to delays and quality concerns. Insufficient availability of specialists was reported by women — such as for Health, MHPSS, and legal support — especially in rural areas and in heavily conflict-affected regions: *“There is a shortage of specialists. I work in a hospital. There are no profile specialists. If you need health care, you should go to Kherson or Mykolaiv. Doctors make visits under the programme. But we cannot gather a large number of people because of the risk of shelling. So there are many people who don’t receive information about the expected visit of profile specialists”* (GBV Expert, Kherson). **Some women and girls expressed a mistrust of public services, referencing the capacity level, bureaucracy, and corruption.** Certain marginalized groups also face discrimination and stigma at times when seeking

¹³² Similar reports were also received by the GBV AoR, leading to collaborative efforts in 2024 between the GBV AoR and WASH cluster to reduce such incidents.



to access services, in particular IDPs, Roma communities, LGBTIQ+ persons, and people with disabilities. **Women and girls from these groups – women and girls who are displaced, from Roma communities, with disabilities, and caregivers – face heightened barriers and risks due to an intersection of gender with other forms of discrimination.** Discrimination, bullying, and verbal abuse were reported, such as in schools and health facilities. **There are growing risks of scams and fraud, targeting older women and vulnerable groups, often linked to the promise of assistance: “Women usually get information about services by way of ‘word of mouth.’ Telegram channels as well. However, we hear that there’s a lot of fraud lately”** (GBV Expert, Kharkiv). **Theft of assistance items targeting women and other groups seen as vulnerable following distributions was also referred to as a risk.**

SEA was identified as an increasing risk due to growing vulnerabilities and limited access to areas for monitoring. Significant barriers were reported for survivors to come forward to disclose cases of SEA, namely the power imbalance; lack of awareness about SEA and how it can take place; disbelief and social condemnation of any criticism of humanitarian efforts and volunteers during the war; and fears of jeopardizing provision of assistance. A GBV expert described the perception of SEA by communities due to deprioritization during

wartime: **“As for humanitarian workers and cases [of SEA], we may not know about them as long as the active phase of the war continues. Humanitarian missions are associated with assistance and whether they [survivors] dare to shame all the good stuff if one alone has committed such a crime”** (GBV Expert, Mykolaiv). Another GBV expert explained how: **“Safeguarding is a completely new concept for Ukraine and small local organizations are still not fully aware of it and don’t inform their beneficiaries. They need to be trained”** (GBV Expert, Kharkiv).

Across locations, there has been limited meaningful participation of women and girls and other at-risk groups in informing and providing feedback to the humanitarian response. Most women and girls participating in FGDs indicated that they had not been previously consulted about the design of humanitarian programmes: **“I haven’t heard about such consultations. No, there were not”** (GBV Expert, Kherson). There were also few examples of structured FGDs conducted in-person directly with women and girls and other at-risk groups within secondary resources.

Specific access barriers for women and girls and GBV risks by humanitarian sector – as identified by women and girls – are described in the sector sheets that follow.



I. Distributions (General)

- Crowding, long queues and lack of organization exacerbate safety risks faced by women and girls during distributions in some locations
- Women and girls feel more insecure and exposed to risks of shelling due to waiting times
- Disputes also reported at times in queues
- “First come, first served” approach for some distributions and items running out causing tensions and leaving some vulnerable women and girls without assistance
- Limited access to information or being informed late regarding distributions — e.g. for people without smartphones — leaving some vulnerable women and girls without assistance
- Difficulty reaching distribution locations, waiting, and carrying heavy items for older women, women and girls with disabilities, women caregivers with children and other dependents, and women and girls in remote areas
- Typically, distribution provision modalities are not adapted and items do not meet the needs of vulnerable women and girls and pose barriers for their access
- Significant challenges reported in targeting and registration, leading to at-risk women and girls not necessarily being able to receive assistance
- Reduction reported in distribution of assistance across locations, including in heavily conflict-affected areas, with rural areas noted as often not being reached by distributions
- Some reports about poor quality and expired items and re-sale of items

“To make it safer, there should be targeted delivery, so that people don’t have to stand in queues and put themselves in the danger while coming to get assistance and get back home.”

Woman Caregiver, Kherson

“There are people with different mobility capabilities, the delivery mechanism is not always well thought out, and as a result, heavy packages can be given, there’s a problem of delivering humanitarian assistance to peoples’ homes due to their health issues.”

LGBTIQ+ Person, Kharkiv

“Whereas recently the assistance was distributed near the market without warning, without informing the population, those who came first received assistance, and people queued [and only received] one [distribution package] for every 10 people.”

Woman, Kharkiv

“I have a neighbour, an older woman, and I help this woman with food, because she has limited mobility. When this older woman is called and offered assistance, she asks ‘May my neighbour with my documents come and receive it?’, she’s firmly refused, but the woman is physically not able to leave her apartment, nor can she be transported. There’s another woman living in this building who needs assistance, but is not able to travel by transport and she doesn’t have money to take a taxi, then what’s the point in this assistance?”

Woman, Kharkiv

“On one occasion, when I was receiving inpatient treatment at the hospital, I was called and informed that they had brought humanitarian assistance to my home but hadn’t left it for me. I asked whether they could leave it to my neighbours? and they answered, ‘We cannot leave help [distribution items] with other people, we can only hand it to you personally!’”

Woman with a Disability, Kharkiv

“It would be good if more information was given through the village council and our block of houses head. Often, we don’t know when the distribution will take place.”

Woman with a Disability
in a Rural Area, Kherson

“People wrote that there were a lot of expired items.”

Older Woman in a Rural Area, Kharkiv

“Sometimes they bring something and say: ‘You are not entitled to this.’ Although they said before that we were entitled to it.”

Older Woman in a Rural Area, Kherson

“Assistance to women and girls is... enough only for a short period of time, in particular, this concerns hygiene. In 2022, clothes, hygiene items and food were provided.”

Woman, Kharkiv

“We find out about humanitarian assistance either from locals, through communication, or through Telegram channels. But it often happens that someone receives it and tells you about it, and then you come and they say that you are not included in the category for distribution.”

Woman with a Disability/
Caregiver in a Rural Area, Kharkiv

“Well, I’m the last person who finds out about giving the assistance and if I’m lucky, I’ll squeeze somewhere in the queue. If not, I’ll receive nothing.”

Displaced Woman in a Rural Area, Lviv

“When it comes to humanitarian assistance, there are no hygiene kits for men at all. My son got a kit with both pads and feminine deodorants. It was a set for my son, not for me.”

Woman Caregiver, Kherson



II. Camp Coordination and Camp Management (CCCM) and Shelter

- Unavailability and high cost of rental housing, together with limited availability of collective housing and reduction in government IDP assistance, increases risks of exploitation
- Overcrowding, lack of privacy, and safety risks due to shared living with unrelated household members for women and girls and at-risk groups, contributing to IPV/DV and sexual violence
- Lack of lighting in toilets and common areas in some collective sites and shared accommodation, as well as not having lockable/gender-separation of toilets, pose a risk of sexual violence and causes a sense of insecurity for women and girls
- Uncomfortable conditions in collective sites related to the facilities, weather, etc. posing health and hygiene concerns for women and girls, including for Menstrual Health and Hygiene Management (MHM) (e.g. lack of water heaters; heat in the summer)
- Lack of inclusion adaptation of collective sites to be accessible, posing barriers and dignity concerns for women and girls with disabilities, their caregivers, and older women
- Limited availability and delay in shelter repair assistance leaving vulnerable households no option other than staying in collective shelters; assistance reported not to be issued for those with homes in occupied areas
- Poor conditions in collective sites cited as contributing to returns to insecure areas (as vulnerable households do not have the resources to rent)
- Risks of discrimination, fraud, and exploitation for vulnerable women and girls and other at-risk groups looking to rent housing

“Conditions for IDPs are different and not the best...When a room is divided by a rope and three families live in it.”

GBV Expert, Mykolaiv

“The biggest expenses are to cover the cost of accommodation, so the most needed assistance is rental cost, then no other humanitarian assistance is needed.”

Displaced Woman,
Lviv

“They don’t receive IDP payments [anymore]. Low level of accommodation and many problems with location.”

Roma Adolescent
Girl, Zakarpattia



“Rented housing is expensive, that’s why people have to live in shelters, and property owners often don’t want to sign rental agreements, [there is] fraud (realtor’s service is equal to the rental cost for one month).”

GBV Expert, Lviv

“I was looking for free housing for IDPs in Centre for the Provision of Administrative Services (CPAS), they asked me to provide the relevant certificates but didn’t help me with anything.”

Displaced Woman, Lviv

“Expensive utilities, no subsidies.”

Roma Woman in a Rural Area, Lviv

“We’re grateful that we have such a shelter, free of charge, there are 300 of us, and animals are allowed, here is our dog, he goes everywhere with us [points to the dog that is lying in the middle of the room], but it’s very hot.

Displaced Older Woman
in a Collective Site, Kharkiv

“You need funds to build [for shelter repairs] and also shops where you can buy it and we don’t have [a big supermarket] and you can buy nothing in small shops.”

Displaced Woman in
a Collective Site, Kherson

“They provide help only to the populations whose housing is destroyed or damaged by missile strikes; however, if the housing is located in the occupied territory there’s no assistance.”

Woman with a Disability/Caregiver, Lviv

“I really want to go back to my home but, unfortunately, I have nowhere to go back to; and I can’t rent any accommodation either. I don’t have the best conditions but I have a roof over my head and that’s a good thing.”

Displaced Woman in
a Collective Site, Kherson

“I am staying with relatives, but the conditions are uncomfortable, causing health problems. However, there’s not enough money to rent a place of my own. We contacted public authorities for assistance with housing for IDPs but didn’t get any help. If anyone did get assistance, social housing is not comfortable. That means you have to rely on yourself.”

Woman with a Disability/Caregiver, Lviv

“What you need most is housing, of course that’s the most important thing. / I agree, we need housing and clothing.”

Displaced Adolescent Girls
in a Rural Area, Lviv



III. Cash and Voucher Assistance (CVA)

- Urgent requests for cash assistance for vulnerable women and girls and other at-risk groups due to rising prices, prolonged displacement, and reduction in distributions
- Rising costs of food and hygiene items; medical costs; high rental costs; and lack of jobs contributing to risks of exploitation and IPV/DV, with vulnerable households struggling to meet basic needs
- Preference often expressed by women and girls for vouchers to be able to purchase the items that are most needed and relevant for the household
- Limited availability of CVA reported; disbursements often described as one-time, not recent, or no longer provided
- Lack of awareness about how to register for CVA and difficulties in registration reported, in particular for women from vulnerable groups (e.g. older women)
- Preference noted by some women for more affordable store options for vouchers
- Risks of deceptive offers and scams targeting vulnerable women and girls and other at-risk groups
- Less information available about the gender-related risks associated with provision of CVA, and more limited decision-making by women and girls and economic violence towards them in the household, especially in more closed communities

Refer as well to [Distributions](#)

“Need for cash assistance for women.”
Man in a Rural Area, Kharkiv

“Money is needed the most because there isn’t enough money for everything. And assistance is very rarely given.”
Displaced Adolescent Girl in a Rural Area, Lviv

“Previously, IDPs were given cash assistance for three months, food packages and hygiene items from charity foundations. But this was a long time ago.”
Woman in a Rural Area, Kharkiv

“Everybody knows that vouchers and the likes are somewhere there, however nobody has gotten them.”
Woman in a Rural Area, Kharkiv

“I hear vouchers are distributed, but I haven’t received them.”
Displaced Woman in a Collective Site, Kharkiv

“There is no cash assistance. I need money for a surgery, and I don’t even know what to do. I am a caregiver, so as a caregiver I receive money for the child; previously, humanitarian assistance was also available, it is not anymore.”

Woman with a Disability/Caregiver in a Rural Area, Kharkiv

“When there was the first stage after de-occupation, of course, these kits were very cool and appropriate but now it seems to me that people would like to get cash assistance and decide for themselves what they need.”

Woman Caregiver, Kherson

“I’ve heard about vouchers, but I don’t know how to register myself. Some secret...”

Displaced Older Woman in a Collective Site, Kharkiv

“I got vouchers once and it was very convenient as I could buy what I needed because I didn’t need so much flour and it was in every kit.”

Displaced Woman in a Collective Site, Kherson

“Cash assistance is very much needed. However, it was a one-time event...you know, a lot of them are offered, [but] after my acquaintances have been scammed, I’m suspicious of all organizations.”

Woman Caregiver, Kherson

“Cash assistance, this is something that is impossible to catch.”

Man, Kherson



IV. Education

- Distress from insecurity and displacement; lack of social skills from mainly online learning and limited peer interaction; and the negative influence of social media contributing to aggression and bullying among children
- Desire to return to school often expressed by adolescent girls (continued online learning for many children especially in heavily conflict-affected areas and among displaced populations)
- Concerns by mothers about the quality of learning and the impact on children of being out of school for such a prolonged period, as well as the burden and stress on them of having children always at home

- Online learning contributes to the care burden for women and limits their mobility and access to services and opportunities, as well as increasing tensions in the household
- Bullying and violence in schools committed by children and teachers, especially targeting adolescents, children with disabilities, and displaced and Roma children, with adolescent girls from these groups at heightened risk
- Bullying cited as factor for children dropping out of school in some cases, particularly marginalized groups such as Roma children
- Limited integration of GBV and SRH reported in schools/learning environments; requests for more information on violence and for embedded psychologists/case managers within schools
- Gap in awareness-raising and tackling social norms on GBV also with adolescent boys through schools
- Lack of inclusive spaces adapted for children with disabilities

“Education is only online, generally, it seems to me that our children have already forgotten how to be at the desk at school and how to go to school or university.”

Man, Kherson

“I’m scared to let my child go to school, to a club. Worried about the shelling.”

Woman Caregiver in a Rural Area, Kherson

“Kids have been in isolation for four years: COVID, then a full-scale invasion, only online activities and almost no socialization.”

Woman Caregiver, Kherson

“Although adolescent girls also need some economic independence, we see that the situation with education is very sad as well.”

GBV Expert, Kharkiv

“Well, we have distance education. I’m sick of it. We want to go to school.”

Displaced Adolescent Girl
in a Rural Area, Kherson

“For example, there is no education on violence in schools. Probably, if they explained it beginning from childhood there would be fewer such cases.”

Woman with a Disability
Caregiver in a Rural Area, Kharkiv



“We’re not satisfied with education. Since it’s online, it’s not learning. One time the child oversleeps, another time he doesn’t want to study.”

Woman Caregiver
in a Rural Area, Kherson

“These days, parents are suffering, getting nervous and can’t fulfil themselves, because their children are learning online, without kindergartens, schools and socialization; families are confined in their small family environment.”

Older Woman in a Rural Area, Kharkiv

“There are many cases of school violence. By schoolteachers and schoolchildren.”

Adolescent Boy in
a Rural Area, Lviv

“There were also cases of bullying at school.”

Man in a Rural Area, Lviv

“My child could not even recall the names of their classmates – that’s how much they lack communication.”

Woman in a Rural Area, Kharkiv

“Boys don’t understand what GBV is. They don’t have access to information. Their parents do not talk to them about this. Remote learning does not promote awareness and socialization either, which contributes to the isolation of teenagers and limits the ability to discuss these issues in their peer environment.”

GBV Expert, Kharkiv

“Teacher’s assistants (a service for children with special educational needs) work only five hours a day; if there are several such children in the class, they have to pay attention to all of them and get a miserable payment, half the rate of the minimum wage. That’s why assistants without special education go to work for such positions. The facilities aren’t adapted for children with disabilities. There are no handrails in the schools.”

Woman with a Disability/
Caregiver, Lviv

“We are not told much at school about situations of violence and what to do and where to turn to.”

Displaced Adolescent Girl, Lviv



V. Food and Nutrition

- Reduction in provision of food assistance reported by women despite increasing household needs – because of rising food prices and lack of employment opportunities – contributing to risks of exploitation
- Lack of needs-based targeting for some distributions of food items omitting some vulnerable women and exacerbating tensions in communities
- Crowding, waiting time, and disputes in queues particularly reported for distributions of food items, leading to prolonged exposure and heightened risks of shelling; also posing health and safety concerns for women and girls and other at-risk groups with mobility constraints
- “First come, first served” distribution modalities and late notification for some distributions leaving vulnerable women and other at-risk groups behind
- Some items are reported not to be as useful or given in excessive quantity (e.g. flour/grain, pasta, bread), whereas other items women indicate they need for their families are not widely provided (e.g. sausages, vegetables, fruit)
- Some reports of expired food items, as well as dissatisfaction with lack of variety in what is provided
- Preference expressed by some women and girls for vouchers (rather than in-kind assistance) so as to be able to choose which food items are relevant for their household

Refer as well to [Distributions](#)

“Food packages haven’t been provided for a year.”

Man in a Rural Area, Kharkiv

“Insufficient amount of assistance in the form of food packages.”

Roma Woman, Zakarpattia

"Well, we've already forgotten when they gave us groceries. It was in 2022 perhaps. So everything was given like that and hygiene too."

Displaced Woman in a Rural Area, Kharkiv

"Sometime, food packages are not fresh."

Man in a Rural Area, Kharkiv

"[For some] distribution of assistance we were asked money for fuel, or if it's a religious organization they register people and when the people come to the distribution site they first make us listen to a four-hour service and then hand us assistance (a pack of cereal and pasta). / Sometimes in these facilities listening to the liturgy is impossible because they are singing and shouting, and I just need food and have to stand and listen to take those two packs of cereal."

Women, Kharkiv

"When once in a long time big packages of rice were brought here, there was huge queue and all people were very nervous because of this and quarrelled with each other."

Woman with a Disability/
Caregiver in a Rural Area, Kharkiv

"Only young people manage to get registered on time. For example, sometimes it happens that you have to go to the other end of the city to get registered, and then you receive only macaroni. Nobody thinks about people like me, with a walking stick. I cannot carry more than two kg, and it's hard for me to move."

Displaced Older Woman in
a Collective Site, Kharkiv

"[For] as long as I lived in a hostel, I face such a problem that if somewhere humanitarian assistance is given, everyone keeps silent. It's just so frustrating to find out when it's all over. For example, some church recently gave sausages...We came, who[ever is] lucky enough, got those sausages, then they ran out and all the other [persons] were already without sausages."

Displaced Woman in a Rural Area, Lviv

"There are some people who never got anything at all. However, there are those who can already open shops at home with that amount of pasta, flour and tinned food they have. / My heart hurts when I see bread being thrown away near rubbish bins and some people have never got this bread for free."

Women Caregivers, Kherson

VI. Health including Sexual and Reproductive Health (SRH)



- Unavailability and high cost of medicine; cost of and delay for medical tests, procedures, surgery, and treatment causing some vulnerable households to resort to borrowing money/taking out loans and increasing risks of exploitation
- Pharmacies closed or not present in some rural and conflict-affected areas
- Gaps in availability and irregular provision of facility-based health services, including for SRH, especially in rural and heavily conflict-affected areas, due to security alerts and electricity cuts
- Mobile health service provision including for SRH is often infrequent in rural areas; lack of advance notice and information about availability of visiting specialists due to security risks making it difficult for some women to arrive in time
- Limited and reduced availability of health specialists reported (e.g. specialists leaving or being moved to other areas); travel often required for women and girls to reach specialists, particularly in rural and heavily conflict-affected areas, with associated risks
- Gap in availability of clinical management of rape (CMR)/clinical care for survivors of sexual violence; need for national CMR protocol outlining procedures for survivor-centred care for survivors of sexual violence and IPV/DV, including consideration of child and male survivors and LGBTIQ+ persons¹³³
- Concerns about the proportion of women delivering without prenatal care, rate of maternal complications, and rate of sexually transmitted infections (STIs) including syphilis and HIV due to the effects of the war¹³⁴
- Barriers for some displaced women and girls to access health services in the area to which they have been displaced (e.g. due to not having a signed declaration with a doctor, intentions to return, etc.)
- Some reports of corruption, mistreatment, verbal abuse, and sexual violence by medical personnel towards women, LGBTIQ+ persons, and HIV+ women (for example in obstetric services)
- Gap in provision of SRH information to adolescents, youth, and more widely in communities, including in schools; a reported lack of awareness about SRH for adolescent girls and boys and within communities

¹³³ UNFPA & Sexual and Reproductive Health Technical Working Group (SRH TWG). *Sexual and Reproductive Health and Rights Assessment in Ukraine: Desk Review*. 2024: 11.

¹³⁴ UNFPA & SRH TWG. *Sexual and Reproductive Health and Rights Assessment in Ukraine: Desk Review*. 2024.

“I’ve heard about mobile healthcare service teams, but my friends were not content with the services provided and their quality...Services are of poor quality, that’s why women have no wish to go there and receive healthcare services.”

Woman, Kharkiv

“The doctors come, but not often. / It’s not really advertised for security reasons. / Yeah, a lot of people don’t know.”

Adolescent Girls with a Disability
in a Rural Area, Kherson

“There’s a need for detergents, household cleaning supplies and medicines! Is it possible? Because I don’t have any strength left. / I think everyone needs this.”

Women with a Disability, Kharkiv

“I need medications, and they are expensive, however no humanitarian assistance covers medicines.”

Woman with a Disability/
Caregiver in a Rural Area, Kharkiv

“About medicines, I can say that my injections are vital, they cost a lot of money, and I don’t have that much and it makes me upset.”

Displaced Woman in a Collective Site, Kharkiv

“And now they’ve just closed it, and we don’t have a pharmacy. We go to the city when we need any meds. / This is the biggest problem.”

Older Women in a Rural Area, Kherson

“They had opened a pharmacy, but there was nothing. Even the most basic items were not available.”

Older Woman in a Rural Area, Kherson

“I needed a rheumatologist. There’s no rheumatologist in Kherson. We have to go to Mykolaiv. It’s expensive.”

Displaced Women with a Disability
in a Rural Area, Kherson

“And then there are the issues with the medicines. Some medicines have been hard to get since the war started. For example, I take thyroid medication and when the news started breaking about a possible nuclear strike, all my medicines were sold out in pharmacies to people who don’t really need them. And finding them has been a big problem for me for a while. My acquaintances sent them to me from Europe. And that happens from time to time.”

Displaced Woman with a Disability/
Caregiver in a Rural Area, Lviv

“We need the pharmacy. The medicine is difficult to get. One person succeeds to get it, another one fails. Who is in Kherson, who is in Mykolaiv. When they go there, we ask them to buy it. / There was a pharmacy before the war.”

Displaced Women with a Disability
in a Rural Area, Kherson

“The same situation is with hospitals. You have to make an appointment with a doctor first, then you have to wait and after that it’s hard to get in for a consultation with a doctor because of the air raid alerts. Some hospitals don’t have a pre-appointment system, meaning people have to come and wait to see a doctor in a certain period of time, for example between 12 a.m. and 4 p.m.”

GBV Expert, Kharkiv

“If something serious, they advise to go to Kherson. You have to get there on your own. Well, if a stroke, for example, then an ambulance. So, I had some issue with my knee, then we went to Kherson on our own.”

Displaced Adolescent Girl
in a Rural Area, Kherson

“There are hospitals, I even re-signed a declaration with a doctor because mine left but there are few specialists in the city. For example, the queue for an MRI is for three months or more and I can’t pay for it.”

Displaced Woman in
a Collective Site, Kherson

“We have a hospital. But there’s no paediatrician. / And no surgeon. / You have to go to Kherson or Mykolaiv.”

Adolescent Girls with a Disability
in a Rural Area, Kherson

“In healthcare you have to ask for assistance, it feels that there’s an attitude of superiority [by doctors and health personnel] too.”

Displaced Woman, Lviv

“There was another doctor but he was taken to work in a city clinic.”

Older Woman in a Rural Area, Kherson

“They say it’s free of charge, but it’s not always true.”

Displaced Older Woman
in a Collective Site, Kharkiv

“Moreover, a lot of healthcare services are paid [not free].”

Man, Lviv

“About hospitals, I can say that it was difficult to make an appointment with a cardiologist, I waited almost a month for an appointment. Then I had heart surgery, they said it would be for free, but I had to pay 60,000 hryvnias.”

Displaced Woman in
a Collective Site, Kharkiv

“We are able to get assistance. There’s access. Medicines for high blood pressure are also provided, not much. But to get surgery for free — almost impossible.”

Displaced Woman in
a Collective Site, Kharkiv

“I have a son with a disability, he is bed-bound and needs medications and diapers, but these are not provided, so I buy them myself and they cost a lot of money.”

Woman with a Disability/
Caregiver in a Rural Area, Kharkiv

“IDPs have a problem with integration, they hope to return. That’s why they often don’t sign a declaration with family doctors in order to not cut off ties with home.”

GBV Expert, Lviv

“There’s a lack of free healthcare services, meaning expensive examination, such as MRI, CT scan [diagnostic imaging tests]. Previously, private clinics had special programmes for IDPs or the families of the military, but not anymore.”

GBV Expert, Lviv

“I’ll add the access to health care and medication in general to the challenges. Essential medicine. That’s what we face. We come to the community and they tell us they will give, for example, paracetamol, but they don’t have what’s really needed, for example, medicine for blood pressure. There are no specific medications. There’s no pharmacy. No hospitals. Feldsher-midwife station (FMS) doesn’t work everywhere. That’s why women can’t get checked out.”

GBV Expert, Mykolaiv

“Hospitals are working, you can make an appointment through a family doctor, but what’s the point, there’s no money for medical treatment anyway, because medicines are very expensive. So here we are ‘waiting by the sea when the weather comes.’ [Ukrainian proverb meaning ‘waiting for something that is not likely to happen’].”

Displaced Older Woman in a Collective Site, Kharkiv

VII. Livelihoods



- Loss of jobs and decreasing employment opportunities – due to displacement, economic crisis, insecurity, destroyed facilities, lack of transport, and no available childcare – increasing risks of exploitation
- Scarce dignified work opportunities associated with negative coping by men and exacerbated IPV/DV in families, as well as reducing coping capacities of women
- Need identified for vocational training and economic empowerment for at-risk women and adolescent girls
- Difficulties reported for women to find out about and be registered for available Livelihood programmes
- Labour exploitation, verbal abuse, and discrimination in the workplace reported
- Increasing number of women entering the labour force while men are away, with women facing heightened risks of work-related abuse
- Reported ageism against older women and discrimination towards Roma women in hiring and professional opportunities

“Previously I worked at the paint factory. Now it’s gone. It was destroyed.”

Displaced Woman with a Disability
in a Rural Area, Kherson

“Yes, I went to work in our ‘Kherson’s parks’ but couldn’t work because it’s a job outside and under shelling.”

Displaced Woman in a
Collective Site, Kherson

“There is ageism in employment. At 40+, they offer low-paid jobs like cleaning or cooking, regardless of your education or previous experienced.”

Displaced Woman, Lviv

“There are age restrictions; I experience humiliation in employment because of age.”

Displaced Woman, Lviv

“Courses — this would be really good. For example, I would try a job on the Internet. There’s a demand — driving courses, courses for hairdressers and manicurists, more training programmes, pre-medical training courses and cooking. Cosmetology and aromatherapy for oneself and for women.”

Woman in a Rural Area, Kharkiv

“Women 50+ are really vulnerable. When they approach employment centres, they don’t get assistance in getting a job.”

GBV Expert, Kharkiv

“We face the situation when, for example, if a woman lives in a rural area, there’s no job for her. For example, [that] community is almost near Kharkiv but to get there — it’s a challenge. The employer won’t take it into account that she has the last bus from Kharkiv to [there] at 6 or 5 p.m. and won’t step into her shoes. And there’s nowhere to get a job locally. Especially when it’s a mother with two small children, who has no one to leave them with, it’s basically impossible to find a job, as schools and kindergartens don’t work in Kharkiv region. Mother’s locked up with them 24/7 within four walls. All benefits have now been reduced to the minimum; humanitarian assistance has also been reduced. What is such a mother with two children supposed to do? Food packages are no longer provided, hygiene kits are still sometimes distributed once a month. So, the question here is what to do with this category of people? And that’s not only in [that] community. We’ve recently had a focus group in [another] community and we got the same feedback.”

GBV Expert, Kharkiv

“That’s if you’re lucky enough to get into some project but it’s a very limited number of places. And most of the advanced training programmes are paid.”

Woman Caregiver, Kherson



VIII. Mental Health and Psychosocial Support (MHPSS) and Rehabilitation

- Limited MHPSS support reported relative to the growing need, with increasing distress and mental health concerns described in communities, contributing to risks of violence
- Women identified an urgent need for and requested increased availability of MHPSS support and services
- The impact of stress and distress on communities from insecurity and other effects of the war seen as increasing aggression and violence, including among children
- Lack of MHPSS support identified for veterans/soldiers, with heightened risks of aggression identified in families of military personnel
- Limited availability of activities in communities noted for men and boys
- Increasing number of war-wounded people and people with war-related disability – including soldiers who have been discharged – with their care falling primarily on women
- Gap in services and support for people with disabilities and older people, including adult diapers, assistive devices, and rehabilitation

“Another factor to note is the mental health. Because we see a very large number of people in need of mental health care. But they didn't get this assistance. Accordingly, this is also another of the factors associated with violence.”

GBV Expert, Mykolaiv

“Not everyone needs psychosocial support, [but] I need it. That's why I sign up for everything, so I don't have any free time at all to think about the war. I'm seeing psychologists, weaving nets and also sewing tactical briefs [military clothing/items], doing everything.”

Displaced Woman in a Rural Area, Lviv

***“Working with veterans,
lack of rehabilitation.”***

LGBTIQ+ Person

***“If a military man is injured and
needs treatment, there's no one
to care for him while the woman
is with their children, no social
support [for the family].”***

Woman with a Disability/
Caregiver, Lviv

***“The needs of families with children
with disabilities are different but
they are not heard.”***

Woman with a Disability/
Caregiver, Lviv

***“But children suffer from air raid
alerts, fear the siren, and they have
to go to the bomb shelter when at
school and kindergarten, which
causes stress, and they cry a lot.”***

Roma Woman in a Rural Area, Lviv



IX. Non-Food Items (NFIs)

- Reduction described in provision of NFI items, with many locations reporting not having received NFIs in a long time
- Widespread needs reported by women and girls for hygiene kits, dignity kits, and diapers (particularly adult diapers for older people and those with disabilities) due to rising prices and diminishing household resources, as well as clothes and shoes
- High cost of NFIs and difficulties meeting basic needs in households identified as contributing to risks of exploitation
- Long queues, lack of organization, and disputes reported at some distributions
- Heavy items present difficulties for women with mobility constraints — such as older women and women with disabilities — and women taking care of children
- Need identified for adapted distribution modalities for women and other at-risk groups with mobility constraints and caregiving responsibilities
- Gap in distribution of hygiene items in locations in which there is distribution of dignity kits noted to cause some resentment in the community

Refer as well to [Distributions](#)

“Kits for women and girls and food packages used to be distributed before. But nothing’s been distributed in the last four months.”

Woman, Kharkiv

“It’s just that we’ve almost all lived here since the flooding, personally I came with a small bag, I didn’t have anything, everything was left in the house. I didn’t think at all that I would leave here for so long and everything was flooded, the house, just everything, we were told the water wouldn’t rise that much but what happened...”

Displaced Woman in
a Collective Site, Kherson

“Clothes, footwear are needed.”

Displaced Woman in
a Collective Site, Lviv

“Long-term assistance was provided at the beginning of the war (a blanket, pillows). There are no hygiene kits or diapers now. The biggest need is diapers for adults, bedbound patients.”

GBV Expert, Lviv

“Queues for humanitarian assistance (food and hygiene), a big need for food.”

Displaced Woman, Lviv

“Humanitarian assistance for children sometimes includes baby diapers, whereas adult diapers have never been brought. And prices for diapers are high.”

Woman with a Disability/Caregiver
in a Rural Area, Kharkiv

“I helped to sort what was brought when I moved and sometimes there were trucks with everything mixed up. Food and hygiene and clothing. Sometimes there were such [items] that we felt bad [regarding the poor quality] but we knew that they might have collected it very quickly where they could. That’s why we just sort that all. Although many clothes were used as the rags for cleaning because people who are left without anything, they aren’t homeless and wearing the rags is too much.”

Displaced Woman in
a Collective Site, Kherson



X. Protection and Child Protection

Protection:

- Reduction in government assistance to IDPs the past year and deepening household needs increasing risks of exploitation
- Limited availability and costs for legal assistance
- Requests by women for legal awareness-raising and free legal support to be more widely available
- Lack of access to information on laws and judicial processes related to GBV, particularly for older women, women without smartphones, and women and girls with mobility constraints
- Need identified by communities for additional spaces and centres, especially in rural areas
- Described need for more activities for men and boys to provide them with positive outlets and PSS support
- Challenges and delays for some displaced women and their families in registering for IDP status and other types of civil documentation were reported — with required travel to cities — especially for women in heavily conflict-affected and remote areas, displaced women, and Roma women
- Gaps in social and other support to older women and women and girls with disabilities, as well as older people and those with disabilities more widely
- Gaps in the protection of minorities referenced, including for women and girls, Roma communities, and LGBTIQ+ persons

“Some of us weren't even able to apply for IDP status because my friend was told that there were so many of us, they didn't expect such a large number.”

Displaced Woman in
a Collective Site, Kherson

“Needs for people with disabilities aren't identified, although all of these people are on the social services database and the government knows about them. There's a great need for free legal support for the proper execution of applications.”

Woman with a Disability/Caregiver, Lviv

“I’ve got a bedridden mum, but she isn’t officially disabled and it’s very difficult to register it now, so she seems to fall into the categories, but she doesn’t.”

Woman Caregiver, Kherson

“Legal services are paid [not free].”

Man in a Rural Area, Kharkiv

“Problems with documentation in crisis situations, especially in rural areas, [not knowing] where to turn.”

LGBTIQ+ Person

“Needs for people with disabilities aren’t identified, although all of these people are on the social services database and the government knows about them.

There’s a great need for free legal support for the proper execution of applications.”

Woman with a Disability/Caregiver, Lviv

“Legal protection is not sufficient for the Roma population, because people have lost all their documents and it takes a lot of time and money to renew them. There are very few organizations that do this for the Roma population.”

Roma Woman, Zakarpattia



Child Protection:

- Need for more child-friendly spaces and PSS activities for children and adolescents, to mitigate social isolation related to online learning, build peer relationships, and support healthy development
- Bullying and cyberbullying, child abuse, and other violence towards adolescent girls reported in learning and play environments, as well as towards displaced children, Roma children, and children with disabilities, with adolescent girls from these groups facing heightened risks
- Increasing aggression among children reported due to stress, displacement, lack of socialization, and the negative influence of social media
- Increased DV in the home towards children primarily by parents, attributed to growing pressure, substance abuse, collective living, and other war-related factors
- Sexual violence towards children (minors under 18 years), including CRSV and child sexual abuse
- Child marriage and adolescent pregnancy concerns particularly in Roma and rural communities

- Identified need for awareness-raising with children and adolescents about GBV and available services
- Limited inclusive spaces (e.g. schools, community centres) and qualified staff to support children with disabilities; mobility challenges for some children with disabilities to reach schools
- Fears about children's safety reported to lead in some cases to restrictive mobility constraints on adolescents, in particular imposed on adolescent girls, by mothers/parents

"I don't have parents, the issue with caregivers is being resolved."

Displaced Adolescent Girl
in a Rural Area, Lviv

"At school there [is] bullying."

Roma Adolescent Girl, Zakarpattia

"Because of the Internet, children and teenagers become withdrawn into themselves and immerse themselves in computer games too much."

Older Woman in a Rural Area, Lviv

"There are families who don't really care about their children, maybe there's violence."

Displaced Woman in
a Collective Site, Kherson

"There's no offline learning at all. No clubs, no anything."

Older Woman in a Rural Area,
Kherson

"There's a big gap for younger children since they have no peer communication, lack of safe spaces for leisure activities. And available spaces are far away from us; in addition, we don't always have time to sign up because visiting is possible only by appointment, so as not to collect many children in one space."

Woman Caregiver, Kherson

"They provide everything you need but there's still a need to organize leisure time, especially for children when there's no school or kindergarten. For example, excursions, going to the theatre, socialization is needed."

Displaced Woman in a Collective Site, Lviv

"There's no allowance for children with disabilities. The childcare as a social service doesn't work. A mother, caring for a child with a disability, can't and has no one to leave her child with, especially during holidays when schools and kindergartens are closed."

Woman with a Disability/Caregiver, Lviv



XI. Water, Sanitation, and Hygiene (WASH)

- Gaps in appropriate safety measures in WASH facilities in collective sites and service facilities
- Lack of gender-separated and lockable toilets and bathing facilities with lighting in some collective sites — as well as for outdoor toilets in some rural areas — increasing risks of sexual violence and insecurity felt by women and girls
- Decreased provision of and need identified by women and girls for dignity and hygiene items, including products for personal hygiene, household cleaning, pads and MHM items, and baby and adult diapers
- High costs of hygiene items and difficulties for vulnerable women and their households meeting basic needs increasing risks of exploitation
- Requests for hygiene items for the wider household — including for older women, people with disabilities, and men and boys — to be distributed parallel to provision of dignity kits
- Some reports of older women and adolescent girls being excluded from dignity kits provision; items from hygiene and dignity kits not meeting the needs of older women and women and girls with disabilities
- Some reports of distributions of hygiene kits for households and for men that only include “feminine” items, causing some confusion, discomfort, and resentment among men and boys in communities¹³⁵
- Need for water heaters in some collective sites posing health and hygiene issues for women and girls — including related to MHM — and other at-risk groups

Refer as well to [Distributions](#)

“There is less assistance. The biggest need is food items and hygiene kits.”

GBV Expert, Lviv

“There’s a need for detergent, household cleaning supplies.”

Woman with a Disability, Kharkiv

¹³⁵ Reports on the distribution of hygiene kits for men in some locations that included items for women were also received by the GBV AoR, leading to joint efforts in 2024 by the GBV AoR and WASH cluster to reinforce the distinction between hygiene and dignity kits.

***"No [gender] separate toilets inside.
We don't have any here."***

Woman in a Rural Area, Kherson

***"There's a bio-toilet in the senior's
office. Both for women and men.
There's no separate toilet."***

Displaced Adolescent Girl in
a Rural Area, Kherson

***"I heat water in a pot, because I'm with
crutches and I can't carry a bucket of
water, and in general, it's hard to live
without hot water, women really need
body hygiene, as well as everyone, and
there're young children here, they are
suffering without hot water."***

Displaced Older Woman in
a Collective Site, Kharkiv

***"We don't have an electric water heater,
this would be good humanitarian
assistance, it's so hot, we have to heat
water and carry it in buckets in order
to wash. / The problem with a water
heater is the number one [priority]."***

Displaced Older Women in
a Collective Site, Kharkiv

***"It's appalling that assistance is
provided only to persons under 60
years old. Don't women 60+ need
humanitarian assistance and hygiene,
they aren't human, are they?"***

Woman, Kharkiv

***"It's also very hard to get adult
nappies as they are used very quickly.
I'm not talking about swaddling
clothes and wet wipes at all. I went to
the territorial centre and was told that
my size was very popular, and they
don't have it. My acquaintance takes
care of her grandmother, and they
need very large nappies, because the
woman is bedridden for a long time; so
they have never helped them at all."***

Woman Caregiver, Kherson

***"It seems that all organizations
provide similar assistance and do not
differentiate that some populations,
such as people with disabilities or
mothers with children, might have other
needs, for example in hygiene items."***

Displaced Adolescent Girl, Lviv

***"There are still no lights, gas or
water in some parts of the city.
So even in Kherson."***

Woman Caregiver, Kherson

***"There's a shortage of
household chemicals. / That's
true. They don't give it."***

Women Caregivers in
a Rural Area, Kherson

"There are no hygiene kits."

Woman in a Rural Area, Kherson

4



RECOMMENDATIONS & HOPES

a. RECOMMENDATIONS

The recommendations that follow are drawn from the findings outlined in the previous sections. Recommendations are based on the feedback provided by women and girls, as well as wider communities and GBV experts, during the consultation conducted this year through *Voices from Ukraine*.

Recommendations are divided into the following areas:

1. For GBV prevention and response programming
2. For GBV risk mitigation and addressing access barriers within humanitarian assistance and services
3. For coordination, policy, and advocacy on GBV

I. For GBV Programming

1.



Diversify safe entry points to GBV services and support for GBV survivors and **increase availability of and access to quality GBV specialized service provision** — particularly GBV case management — with attention to areas that are heavily conflict-affected, supporting displaced populations, and rural:

- Continue to expand GBV case management from locations in which it has been introduced to be integrated within the GBV service provision model and available to provide survivor-centred care to GBV survivors.
- Expand other specialized services for GBV survivors (legal assistance, clinical/medical care, and shelters) to address gaps in coverage and ensure survivors can access free services.
 - Increase availability and allow for longer duration of stay within shelters for GBV survivors;
 - Increase availability of free legal assistance for GBV survivors;
 - Enhance availability and access to SRH services, including CMR/clinical care for survivors, combatting three delays in 1) deciding to seek appropriate medical help (including within 72 hours for sexual violence); 2) reaching an appropriate facility; and 3) receiving adequate care when a facility is reached.
- Support diversified entry points for survivors to be able to access GBV services — beyond the police/law enforcement — with adapted entry points for adolescent girls, older women, women and girls with disabilities, Roma communities, LGBTIQ+ persons, and male survivors.

- o Expand the reach of and entry points for GBV specialized services through embedded and mobile service provision in: schools, youth spaces, Roma and LGBTIQ+ community centres, centres working with people with disabilities and older people, and health facilities.
- Address the key barriers women and girls and other at-risk groups face accessing GBV services through mobile service provision; group transport support/"social taxis"; and childcare and activities for children.
- While expanding in-person service provision, continue to maintain availability of online services; adapt online modalities to be engaging for adolescents and accessible for older people/people with low levels of digital literacy.
- Support further strengthening of referral pathways and coordination on GBV at local/regional level between humanitarian organizations, civil society, and public services.

Refer to [Recommendation 2 on capacity-building of GBV service providers](#) and [Recommendation 3 on awareness-raising regarding available services](#)

Entry Points; Case Management and PSS for Survivors:

"There's a need for an integrated space for women where there would be a room for children while the mother is being provided assistance, a support group, a receptionist, a place to stay overnight."

Woman with a Disability/Caregiver, Lviv

"It's important that someone listens to the survivor. Understand [the survivor]."

Displaced Adolescent Girl
in a Rural Area, Kherson

"Women need to speak to a psychologist."

Displaced Woman with a Disability/
Caregiver in a Rural Area, Lviv

"A social work specialist should be in every community."

GBV Expert, Mykolaiv

"It's important to ensure access to counselling and support for women and girls. Humanitarian organizations can help to set up support centres and hotlines."

Adolescent Girl, Kherson

"Humanitarian organizations could help out by providing the services of a psychologist, in particular visiting people with disabilities and older people at home (within some kind of a team that would include a social worker and a psychologist)."

Displaced Adolescent Girl, Lviv

"Social workers are needed for older people."

LGBTIQ+ Person

"I believe that services and organizations should be implemented in districts and in rural areas, which will help women and girls overcome fears and stress."

Woman, Kharkiv

“Creating also online services for survivors. But it should be with consideration of the need for confidentiality and accessibility for people who don’t own smartphones.”

GBV Expert, Kharkiv

“Anonymous reports.”

Woman with a Disability/Caregiver, Lviv

Medical Care for Survivors:

“Contraceptives, emergency care in case of violence – medication, abortion.”

LGBTIQ+ Person

Shelters for Survivors:

“Creating shelters for survivors.”

LGBTIQ+ Person

“We need free shelters where survivors won’t be afraid to come. Due to financial insecurity, they can’t leave and rent their own accommodation.”

Woman with a Disability/Caregiver, Lviv

“There is no place for a woman to go, shelters you are speaking about are scarce and you can stay there for a limited period of time, so they come back. So there should be more of those.”

Displaced Woman in a Collective Site, Kharkiv

“A safe place to stay for an extended period of time (six months) with full support.”

Woman with a Disability/Caregiver, Lviv

Legal Assistance for Survivors:

“Legal aid.”

GBV Expert, Lviv

“Legal education – for adults.”

Man, Lviv

“There’s a great need for free legal support for the proper execution of applications or documents.”

Woman with a Disability/Caregiver, Lviv

“Obtaining legal pieces of advice on legal procedures and defence options.”

GBV Expert, Kherson

Addressing Access Barriers for Survivors:

“There has to be something for children at the same time when services are offered for women because there’s no place to leave children.”

Woman with a Disability/Caregiver, Lviv

“A specialist [working with survivors of violence] should come here, or a branch of the service should be opened here.”

Woman in a Rural Area, Kharkiv

“I’m not talking about road repairs. I’m talking about provision. At least once a week. Or provide an on-site visit by specialists. Social taxis are being introduced in Kherson. So that people can go to a hospital, for example, to a social services centre. And about remote communities — even if they aren’t shelled, they have no way to leave.”

GBV Expert, Mykolaiv

“Free consultations with a psychologist.”

Woman with a Disability/Caregiver, Lviv

“Free of charge psychologist, free of charge lawyer, free shelter for those who want to leave their abuser.”

LGBTIQ+ Person

“A safe place is needed for counselling.”

GBV Expert, Mykolaiv

“Enhance safety for people with disabilities.”

Woman with a Disability/
Caregiver, Lviv

“I like everything. The only thing is that age limits should be removed and more meetings should be conducted in remote districts of the city, from where women and girls are not able to get to the city centre.”

Woman, Kharkiv

Referrals and Comprehensive Approach:

“The victim needs comprehensive support.”

Woman with a Disability/Caregiver, Lviv

“Comprehensive work of all services.”

LGBTIQ+ Person

“A network of such institutions should be in place, where a survivor can stay for a certain period of time.”

Woman with a Disability/Caregiver, Lviv

2.



Invest in capacity-building of GBV service providers to ensure a quality survivor-centred care approach, with a **dedicated capacity-building and sensitization initiative focused on public service providers, police, and authorities:**

- Conduct an updated capacity-needs assessment for GBV service providers based on minimum competencies for GBV service provision (capacity assessment self-report-

ing survey to be complemented by additional tools such as Key Informant Interviews (KIIs), FGDs, and supervision checklists).

- Develop and implement a national GBV capacity-building plan, aligned with a survivor-centred approach, together with the GoU, targeting public service providers, police, and authorities:
 - Engage specialized units within public institutions to support sustainability and localization through a Training of Trainers (ToT) model with roll-out of trainings at the regional level.
- Build and roll out a coaching/on-the-job supervision model to follow trainings for GBV case management – as well as for CMR/clinical care and other GBV specialized services – in order to support achievement of minimum competencies by GBV case managers and other specialists and enhance quality survivor-centred care.
- Explore secondment of technical GBV staff to public institutions and co-implementation models.

Sensitization and Capacity-Building of Public Service Providers and Police:

“Social workers in humanitarian organizations can assist governmental organizations in providing services to vulnerable groups/people.”

Displaced Adolescent Girl, Lviv

“The municipal social services can be enhanced by the specialists of humanitarian organizations.”

Displaced Adolescent Girl, Lviv

“Courses for the police and healthcare professionals.”

LGBTIQ+ Person

“It’s important to raise awareness, especially within the police.”

GBV Expert, Lviv

“Training for the state social services.”

GBV Expert, Lviv

“It’s important that school psychologists are provided training, so that they know how to manage bullying.”

GBV Expert, Lviv

“There has to be some special institution, service, the police, psychologists. This issue should be brought to light.”

Older Woman in a Rural Area, Kharkiv

Minimum Competencies and Checklists for GBV Service Provision:

“Sufficient qualifications of the specialist. And an organized space. It’s not just two chairs. Oh, and the materials to work with. / Privacy.”

GBV Experts, Mykolaiv

“The main thing is to have people who help to solve this and to have a mechanism by which we can solve it ethically, confidentially and in the legal field.”

GBV Expert, Mykolaiv

“Unfortunately, GBV has become a very popular topic among various organizations in recent years. I say unfortunately because everyone considers themselves experts in countering GBV. However, the only thing we get from these pseudo-experts is new injuries or trauma...If it were up to me, I would [ask agencies] at least to pass appropriate certified training before employment.”

GBV Expert, Kherson

Sensitization and Capacity-Building of Management on GBV:

“Programmes for staff and senior management, because the GBV topic is sensitive.”

GBV Expert, Lviv

Collaboration and Partnership between Humanitarian Agencies and Public Institutions:

“In this respect, I agree with colleagues that we need to cooperate with local social services who have contacts of those who are most in need in the community.”

GBV Expert, Kharkiv

“Programme activities should include inter-agency cooperation between actors to ensure referral between all services, including public services.”

GBV Expert, Kharkiv

“Support from the authorities. The authorities should be interested.”

GBV Expert, Kherson

3.



Increase awareness-raising about GBV and available services for survivors and tackle harmful social norms underlying GBV, investing in community-based approaches and diversifying communication and engagement channels:

- Expand the reach of information dissemination and awareness-raising about GBV and how to access available GBV services and support, in particular targeting rural areas and hard-to-reach groups:
 - Disseminate localized information on hotline numbers and service providers in each area, with key messaging on confidentiality and the survivor-centred approach.
- Diversify and adapt channels for information dissemination, awareness-raising, and feedback and response mechanisms – including for reporting SEA – to be able to reach and engage different age, gender, and diversity groups:
 - Use a mixed channel approach to strength communication with and engagement of hard-to-reach groups (e.g. Information, Educational, and Communication [IEC]

- materials, feedback boxes, social media, radio, multimedia, community focal points and committees, engagement of Community-Based Organizations [CBOs], etc.);
- o In particular, invest in ongoing community-based approaches (e.g. FGDs; information/awareness sessions; mobile team visits to homes and community spaces; community outreach workers; and community committees).
- Pilot a Social and Behavioural Change (SBC) model with communities to tackle harmful social norms underlying GBV and contributing to barriers for GBV survivors accessing services:
 - o Linked with initiatives to engage men in accountable practice and community and religious leaders as allies in preventing violence against women and girls (refer to [Recommendation 7](#)).

Expanded Reach of Information Dissemination and Awareness-Raising:

“Information on service providers should be disseminated.”

Adolescent Boy, Lviv

“More information can be given.”

Adolescent Girl with a Disability in a Rural Area, Kherson

“Maybe some materials are needed... Places that survivors can address. Yeah, more events would be nice. More people would know.”

Adolescent Girl with a Disability in a Rural Area, Kherson

Adolescent Girl with a Disability in a Rural Area, Kherson

“Maybe we should ask someone to tell us about them, and even not us but the younger generation.”

Older Woman in a Rural Area, Kherson

“Raise awareness so that the survivor can identify violence and know where to seek help.”

Displaced Woman in a Collective Site, Lviv

“I wish that at school they told us more about possibilities for receiving assistance and services. When, in what cases, and to whom to turn to. I’d like to receive more information at school.”

Displaced Adolescent Girl, Lviv

“It would be good if the information on services and possibilities for receiving humanitarian assistance available in the community was provided via the single number of some kind of a hotline.”

Displaced Adolescent Girl, Lviv

In-Person Awareness Sessions and Activities:

“Awareness sessions on the nature of GBV with the involvement of a psychologist.”

LGBTIQ+ Person

“Perhaps more information activities could be done to let the girls know where they can get help.”

Adolescent Girl, Kherson

“Conduct various meetings, informational, psychological, posters around in towns and at public transport stops, that’s how it works, you see something and you recall it when needed.”

Displaced Older Woman in a Collective Site, Kharkiv

“It’s necessary to gather for informational and psychological meetings, as now [during this FGD], that is, sensitization is important.”

Displaced Older Woman in a Collective Site, Kharkiv

Strategic Approaches for Awareness-Raising and Social and Behavioural Change Communication (SBCC):

“It is important to convey information to the public, society in a comprehensible manner.”

GBV Expert, Lviv

“The need to inform is always present, this should be done on a regular basis, not only during the 16 Days of Activism Against Violence.”

GBV Expert, Lviv

4.



Expand availability of and strengthen safe spaces for women and girls — in particular to reach areas outside urban hubs supporting heavily conflict-affected and displaced populations currently without existing Women and Girls Safe Spaces (WGSS) — and **integrate comprehensive GBV service provision within safe spaces:**

- Conduct a gap analysis of WGSS coverage, particularly for areas outside of cities/“centres,” in heavily conflict-affected and displacement-hosting regions.
- Strengthen existing WGSS (e.g. Survivor Resilience Centres, Daycare Centres) to standardize the model and integrate comprehensive GBV services:
 - PSS, vocational, and empowerment programming for women and girls;
 - Minimum package of GBV case management and other services for GBV survivors (legal, CVA, referrals to clinical care/CMR).
- Expand safe spaces to areas in which gaps in coverage have been identified.
- Support mobile activities linked with WGSS to help women and girls be aware of existing WGSS, facilitate their access, and provide support to areas that are not reached.

“There are safe spaces and virtual events but there’s always a need for more of such resources.”

Adolescent Girl, Kherson

“There has to be an increase in the spaces for women and girls.”

Woman, Kharkiv

“Centres/services that a survivor could turn to, disseminating information about such centres.”

Older Woman in a Rural Area, Kharkiv

“Spaces and rooms must be opened. However, designated not just for survivors [to avoid stigma].

This is especially important for small settlements.”

GBV Expert, Kharkiv

“In these places you can gather in groups, facilitate discussions, group classes, exercises, and meet with a psychologist.”

Woman, Kharkiv

“Our beneficiaries say they're already tired of online services. So, where it is possible, offline spaces should be established, [centres] should be established and there are local women who should be involved in their operation.”

GBV Expert, Kharkiv

“Young people and children have places to spend their time, but we, residents of Kharkiv, who are a little older have nowhere to go. The local authorities are trying to do something, but it's not what is needed. We are used to a loud, fun life, to frequent events.”

Woman, Kharkiv

5.

Strengthen psychosocial support (PSS) programming for at-risk women and girls to support their well-being, skills, and empowerment; raise awareness of GBV and available services; and build trust, **investing in a structured GBV curriculum:**

- Support the adaptation and development of a structured, focused PSS curriculum for the Ukraine context, integrating GBV messaging and skill building:
 - Life skills targeting adolescent girls;
 - Support groups and parenting support targeting adult women.
- Expand the availability of structured PSS programming targeting at-risk women and girls within WGSS, youth centres, and schools.
- Continue to offer unfocused PSS, vocational, and recreational activities within WGSS and through mobile teams for women and girls in heavily conflict-affected areas and displacement-hosting areas, in particular targeting remote areas.



“Girls would like to have access to training, psychosocial support, and events that help them overcome stress and the effects of violence.”

Adolescent Girl, Kherson

“We would like to participate in activities where we can get psychological support and information.”

Woman with a Disability in a Rural Area, Kherson

“Some organizations facilitate art therapy, group classes, self-empathy groups are very helpful because it’s important to communicate with people.”

LGBTIQ+ Person

“Let the number of activities not decrease, [we need] fitness, psychological groups and different self-help trainings, they help to survive through the hard times and not to break entirely.”

Woman in a Rural Area, Kharkiv

“I wish women could take more care of themselves. Training them how to do this. Then respect for them will increase, both within the family and in society.”

GBV Expert, Kherson

“There should be support groups, especially for cases of divorce.”

GBV Expert, Lviv

6.



Strengthen approaches and increase activities targeting older women and adolescent girls within GBV programming, focusing on emerging types of GBV affecting them such as technology-facilitated GBV (TFGBV) and sexual exploitation and trafficking:

- Adapt programme approaches to target adolescent girls and older women and address their barriers accessing GBV activities and services.
- Roll out a GBV and SRH life skills curriculum for adolescent girls, integrating multi-/social media, recreational and social activities, and girl-led initiatives to be engaging.
- Offer targeted activities for older women, with provision of transport support and mobile activities to reach those with mobility constraints.
- Integrate attention to emerging and increasing forms of GBV affecting adolescent girls such as bullying, TFGBV, and sexual exploitation and trafficking, as well as, particularly in rural and Roma communities, child marriage and adolescent pregnancy.

“It may also be important to have access to psychosocial support programmes or support groups for girls.”

Adolescent Girl, Kherson

“It would be good to organise more self-defence and confidence training for young people.”

Adolescent Girl, Kherson

“There should be organized, conducted football games, concerts and workshops – to engage teenagers.”

Older Woman in a Rural Area, Kharkiv

“We should have more activities that are free of charge and interesting for children and adolescents. We should spark interest in them, engage and involve them.”

Older Woman in a Rural Area, Kharkiv

“Through gadgets, spark interest in children and teenagers including in these topics, encourage them to socialise and engage in free activities, learning languages, communication, speaking clubs.”

Older Woman in a Rural Area, Kharkiv

“Young people want to change their future, but for this they need help in counselling, support, information provision and referral to specialists.”

Roma Adolescent Girl, Zakarpattia

“There should be more training activities at school, and the information should be made available for children on gender-based violence and on how to help, where to turn and who can seek assistance.”

Displaced Adolescent Girl, Lviv

7.



Pilot an approach in the Ukrainian context to **engage men and boys in accountable practice to prevent violence** and **build allies among community and religious leaders to address harmful social norms and facilitate access to GBV services for survivors:**

- Pilot approaches to engage men and boys in accountable practice, including a structured curriculum of parenting skills and life skills sessions integrating GBV messaging.
- Pilot approaches to engage community and religious leaders in tackling harmful gender norms, particularly in rural and Roma communities.

Engaging Men and Boys:

"We need some lessons in school about violence so that we could understand what it's all about and what we're being asked."

Adolescent Boy in a Rural Area, Kherson

"Yes, we would come to listen and participate in activities [on violence]."

Roma Adolescent Boy, Zakarpattia

"Sensitization sessions on GBV should be conducted regularly for both women and men."

Roma Woman, Zakarpattia

"We should not also forget about men, adolescent boys, and, most importantly, go to communities."

Woman, Kharkiv

"Men also need to be told that you can't treat a woman like that."

Displaced Adolescent Girl in a Rural Area, Lviv

Engaging Community and Religious Leaders:

"The main ways of protecting women in the community are identified as group and individual psychological consultations, informational sessions on GBV and sensitization in the church, which is attended by the majority of the Roma community. The church has created a group of young pastors who conduct awareness sessions for teenagers."

Roma Woman, Zakarpattia

"It is necessary to invest in education, engage the Church – this is what is needed for children."

Man, Lviv

"We should work together with clergy, they have big influence and trust of the population in some communities."

GBV Expert, Lviv

8.



Expand provision of dignity kits and support regular distribution to at-risk women and girls to address gaps in coverage, particularly in rural areas:

- Conduct an updated mapping of the coverage of dignity kit assistance accompanied by FGDs to understand gaps in provision of dignity kits and MHM concerns of women and girls.
- Address gaps in coverage for dignity kits and increase the regularity of provision and customization to meet the needs of women and girls in heavily conflict-affected and displacement-hosting areas.
- Continue to coordinate with the WASH cluster and improve the understanding of providers on the difference between hygiene and dignity kits (building from the issued 2024 guidance¹³⁶).

¹³⁶ GBV AoR and WASH Cluster Ukraine. *Beyond Basic Needs: Understanding the Role and Difference of Hygiene Kits and Dignity Kits in Humanitarian Assistance*. 2024.

“Kits for women and girls and food packages used to be distributed before. But nothing’s been distributed in the last four months.”

Woman, Kharkiv

“So how are my girls going to get those pads? Really, it’s a problem, specifically hygiene. We get food humanitarian assistance but we don’t get hygienic assistance.”

Woman Caregiver, Kherson

“Women’s dignity kits are not targeted, i.e. the kit included women’s panties of the wrong size.”

Woman, Kharkiv

“For some reason for those under 18 years the registration form was closed: Why my 14-year old daughter can’t receive humanitarian assistance? There are two of us and one women’s dignity kit is not enough for both of us.”

Woman, Kharkiv

“Kits for women and food packages were distributed in educational institutions, everything was well-organized in terms of the queue and thought through, specialists with computers, everything was done on time and in good faith. Whereas recently the assistance was distributed near the market without warning, without informing the population, those who came first received assistance, and people queued one for every 10 people. And the most appalling thing is that any kind of assistance is provided only to those under the age of 60, and it is not provided if you are 61 or 60+.”

Woman, Kharkiv

“As for dignity kits — they were distributed among women by the mobile team, but they are out of stock now.”

GBV Expert, Lviv



9.

Support women/girl-led initiatives raising awareness of and addressing GBV in their communities within GBV programming, including support for community-led initiatives in Roma and LGBTIQ+ communities:

- Integrate support of women/girl/community-led initiatives within GBV programme activities, ensuring inclusion of adolescent girls, women and girls with disabilities, older women, Roma communities, and LGBTIQ+ persons.
- Provide financial support and training to adolescent girls and women and other at-risk groups on design and implementation of community-led initiatives on GBV.

Support of Community Initiatives and Localization:

“Increase funding for the community.”

Man in a Rural Area, Kharkiv

“[Support] women’s cooperation, mutual assistance, communication.”

Displaced Woman, Lviv

“Participation in anti-violence campaigns: active participation in community initiatives and campaigns to raise awareness of GBV and support survivors of violence.”

GBV Expert, Kherson

II. For Humanitarian Assistance and Services

1.



Address barriers and risks faced by women and girls to safely access humanitarian assistance and services through adapted provision modalities developed in consultation with them, such as transport support, home delivery, assigned pick-up times, mobile provision, childcare, and flexible vouchers:

- **Adapt distribution and service provision modalities to mitigate access barriers and GBV risks for women and girls and other at-risk groups:**
 - Facilitate shared transport to distribution points and service facilities — together with home delivery/mobile provision — for groups with mobility constraints and from remote areas (e.g. people with health concerns, childcare responsibilities);
 - Assign group pick-up times for distributions to mitigate waiting time, particularly in heavily conflict-affected areas with risks of shelling;
 - Ensure sufficient crowd control, organization, and prioritization and appropriate conditions for vulnerable groups in queues for distributions and services;
 - Ensure service facilities meet minimum standards for safety and dignity, including accessible bomb shelters, lighting in common areas, and gender-separate and lockable toilets;
 - Announce distributions and services via different channels — including through community-based outreach approaches — with sufficient advance notice for at-risk groups to be able to reach them in time;

- o Ensure needs-based rather than “first come, first served” approaches.
- Expand the availability of and improve the access of women and girls and at-risk groups to Shelter; Health including SRH; MHPSS; Protection and Child Protection; and Rehabilitation services, particularly in rural areas.

Increase Availability and Regularity of Assistance:

“There should be more humanitarian assistance for women.”

Woman in a Rural Area, Kharkiv

“I believe there should be the same conditions for everyone to access assistance.”

Adolescent Boy in a Rural Area, Lviv

“I’m talking about provision. At least once a week.”

GBV Expert, Mykolaiv

“If there is an opportunity to help, then at least once in every two or three months, like that.”

Woman with a Disability, Kharkiv

“There should be no difference in services between urban and rural areas, but there is. Different hospitals have different equipment. Different attitudes to patients.”

Adolescent Boy in a Rural Area, Lviv

Facilitate Safe Access and Mitigate Risks:

“To make it safer, there should be targeted delivery, so that people don’t have to stand in queues and put themselves in the danger while coming to get assistance and get back home. / To make a database and use it to give assistance. / To give assistance through people who are on the blocks and the heads of OSMD [the association of co-owners of apartment buildings/heads of homeowners’ associations].”

Women Caregivers, Kherson

“Something has to be done about the queue, because even a healthy person can’t stand it. I have a child with autism, he can’t be in crowds. It would be ideal if we could be appointed for a certain hour and that there are no other people at this time.”

Displaced Woman with a Disability/
Caregiver in a Rural Area, Lviv

“Or provide an on-site visit by specialists. Social taxis are being introduced in Kherson. So that people can go to a hospital, for example, to a social services centre. And about remote communities – even if they aren’t shelled, they have no way to leave.”

GBV Expert, Mykolaiv

“Assistance and support services should be developed in villages and remote areas.”

Displaced Adolescent Girl, Lviv

“It would be good to provide assistance to IDPs in their collective centres.”

Adolescent Boy, Lviv

Non-Discrimination and Dignity in Treatment:

“A volunteer who provides assistance should not focus on how the beneficiary looks, evaluate his clothes, etc.”

LGBTIQ+ Person

“So, the photos should be deleted or at least they should only take a photo of those who agreed, not make it so that if there’s no photo, there’s no aid.”

Man in a Rural Area, Kherson

Consultation and Information about Assistance:

“We prefer phone contact because it’s the fastest way.”

Woman with a Disability in a Rural Area, Kherson

“They should inform people by phone about the distribution of assistance. / They should send out a SMS.”

Adolescent Boys, Lviv

“Information about humanitarian aid should be posted in accessible local online groups.”

Woman with a Disability in a Rural Area, Kherson

“It would be convenient if information was sent via SMS or Telegram groups.”

Woman with a Disability in a Rural Area, Kherson

“Some older women don’t have phones so it’s difficult for them to find out about assistance. It would be great if social workers could share the information with them.”

Woman with a Disability in a Rural Area, Kherson

“A lot of people don’t have access to the Internet. It could be good to have a radio announcement or the information written on the billboards.”

Displaced Woman with a Disability/ Caregiver in a Rural Area, Lviv

“We would like to be consulted by phone or during village council meetings.”

Woman with a Disability in a Rural Area, Kherson

“It would be good if more information was given through the village council and our block of houses head. Often, we don’t know when the distribution will take place.”

Woman with a Disability
in a Rural Area, Kherson

“It would be good if the information on services and possibilities for receiving humanitarian assistance available in the community was provided via the single number of some kind of a hotline.”

Displaced Adolescent Girl, Lviv

“I think that the information on assistance and services should be made available to schoolchildren in schools.”

Displaced Adolescent Girl, Lviv

“Banners about assistance should be placed in the streets and access to the Internet should be provided.”

Adolescent Boy, Lviv

Food and CVA:

“There’s a suggestion to provide vouchers or certificates for food because the needs are different.”

Displaced Woman, Lviv

“In general, it would be nice to have certificates for the same [leading retail stores and supermarket chain] so we could go and buy what we need.”

Woman Caregiver, Kherson

“The best assistance are certificates for food, clothes or what you need for arrangement of housing. We were given these, so it was the most useful.”

Displaced Woman in a Collective Site, Lviv

Health:

“If there were programmes where you can undergo a free examination with high-quality devices, it would be good, you could even wait then, however I know one programme with free examinations, but I’m not eligible for this category.”

Displaced Older Woman
in a Collective Site, Kharkiv

“We have already had communication with the Ministry of Health on amendments to the legislation to introduce more accessible family doctor services, especially where there’re large numbers of IDPs.”

GBV Expert, Kharkiv

WASH:

“No separate toilets [for women and men] inside. We don’t have any here.”

Woman in a Rural Area, Kherson

2.



Promote targeted approaches within humanitarian assistance and services in order to effectively meet the needs of at-risk women and girls, including displaced women and girls, adolescent girls, older women, women and girls with disabilities, Roma women and girls, pregnant and lactating women, and women heads of household:

- Provide targeted assistance and services and adapt the types of items/services to meet the needs of at-risk women and girls (e.g. types of food and hygiene items, provision of Nutrition and SRH services).
- Increase provision of CVA, medicine and food items, and hygiene kits, targeting at-risk women and girls and their households:
 - Provision of household hygiene kits in parallel to provision of dignity kits;
 - More varied and targeted items within in-kind food and hygiene kits;
 - Offering a voucher option — with appropriate risk mitigation strategies in place — in addition to in-kind to accommodate different needs and preferences.

“Assistance with medicines and food packages.”

LGBTIQ+ Person

“Hospitals are working, doctors even come here themselves, but they have no medicines. Sometimes they gave free medicine for blood pressure and heart, but I need other [medicine], foreign and expensive ones, if there were certificates for medicines, it would be easier.

Displaced Older Woman in a Collective Site, Kharkiv

“There’s a need for detergents, household cleaning supplies and medicines! Is it possible? Because I don’t have any strength left. / I think everyone needs this.

Women with a Disability, Kharkiv

“If I had an opportunity, I’d mention a need for social housing for IDPs, cash assistance, hygiene and food.

Woman in a Rural Area, Kharkiv

“Regarding the hygiene kits — they include many hygienic pads, without considering age and needs, but it would be better to have more cleaning supplies such as shampoo, shower gel — this is what everyone needs.

Displaced Woman in a Collective Site, Kharkiv

“Humanitarian assistance is provided but it’s always the same, especially food, food packages are usually the same, there’s no variety, always pasta; I wish it could be changed somehow.

Displaced Woman in a Collective Site, Lviv

“Look, I want to buy dairy products, fish, I want to eat fruit and vegetables, and you bring us pasta.”

Displaced Woman in a Rural Area, Lviv

“We don’t have an electric water heater, this would be good humanitarian assistance, it’s so hot [outside], we have to heat water and carry it in buckets in order to wash.”

Displaced Older Woman
in a Collective Site, Kharkiv

“We need a water heater, at least for the first floor.”

Displaced Older Woman
in a Collective Site, Kharkiv

“When there was the first stage after de-occupation, of course, these [hygiene] kits were very cool and appropriate but now it seems to me that people would like to get cash assistance and decide for themselves what they need.”

Woman Caregiver, Kherson

3.



Support gender-sensitive and inclusive needs-based targeting and address barriers to registration for women and girls and other at-risk groups to be able to receive humanitarian assistance and services:

- Adapt targeting approaches and criteria for humanitarian assistance and services to be gender-sensitive — aligned with a needs-based approach and the principle of non-discrimination — ensuring inclusion of at-risk women and girls (e.g. displaced women and girls; older women; women and girls with disabilities; women and girls in women-headed and lower-income households; Roma women and girls; women and girls in remote areas; and LGBTIQ+ persons).
- Support diversified registration approaches — ensuring offline modalities to register for assistance and services — to facilitate access for people with mobility constraints; lower levels of digital literacy or access to tech; and in more remote areas.
- Clearly communicate the targeting criteria and registration process and provide registration support adapted for at-risk groups.

Gender-Sensitive and Inclusive Targeting of Assistance:

“There should be control. That’s why assistance should be provided to those who need it. Because there are populations who will be silent and will not ask for it. And there are some people who come in expensive cars. There should be control. I wish people in need could get it.”

Woman in a Rural Area, Kharkiv

“It would be really cool if someone took care of them [older and vulnerable persons]. There aren’t so many people in the city; it could be divided between organizations and everyone would know who they care for, what are the needs and how they would meet them, not get what they give and say thank you for it, let it be less assistance but what is really needed.”

Woman Caregiver, Kherson

“It’d be great, if there’s some kind of a common platform that can be accessed by everyone, a more general one that allows to give assessment and search options of assistance. Thus, based on requests it would be possible to understand what is missing, it would be a good mechanism. Humanitarian assistance is usually the same for the whole oblast, yet one community may need a certain type of products, while in another they are already available, and the needs are different.”

Woman in a Rural Area, Kharkiv

“That’s why the services have to look for these populations to be provided assistance. There is a category of people who could be well-off without assistance, while there are also people who didn’t get it [and need it]. There should be an approach. There should be recording of such people. I don’t have the heart to listen to their stories.”

Woman in a Rural Area, Kharkiv

“And make a list of needs because they give assistance according to the standard [blanket approach].”

Woman Caregiver, Kherson

Accessible Registration for Assistance:

“Forms are opened for registration, one minute and that’s all, the one who made it, made it. I don’t sit with my phone in my hands 24/7, and it’s like somebody sent it at night while people were sleeping, it got the full number of people and got closed. I think young people are more likely to make it in terms of time, we don’t.”

Displaced Older Woman
in a Collective Site, Kharkiv

“We see in remote communities that in order to receive humanitarian assistance people often must sign up to Telegram channels that are created by local authorities and disseminate information about available assistance. However, there have been bad examples when a person doesn’t own a smartphone and a neighbour, for example, is trying to help and register the person to get that assistance, though only one person is allowed to register from one account.”

GBV Expert, Kharkiv

“Accessibility is when you can get it regardless of whether you have money, otherwise there’s no money for calling a taxi to get registered, so you won’t be able to register.”

Displaced Older Woman
in a Collective Site, Kharkiv

“Not all retired persons were able to register. Registration is available for five-10 minutes and that’s it, sometimes I registered my neighbours but was late to register myself.”

Older Woman in a Rural Area, Kharkiv

4.



Integrate recommendations from GBV safety audits and improve safety and dignity considerations for women and girls and other at-risk groups within collective and transit sites:

- Ensure separation of spaces and privacy for households in collective sites;
- Require lighting in common areas and gender-separate and lockable toilets in collective and transit sites.

“I live together with another woman, so we share information.

But the room is tiny.”

Displaced Older Woman in
a Collective Site, Kharkiv

“The risk of GBV is high in places of temporary accommodation, hostels; there’s lack of personal space, mothers have to leave one of the children in a shared space while she takes care or washes the other.”

Woman with a Disability/
Caregiver, Lviv

“Social housing is not comfortable.”

Woman with a Disability/Caregiver, Lviv

“Low level of accommodation and many problems with location.”

Roma Adolescent Girl, Zakarpattia

“Living conditions in shelters are not always safe.”

GBV Expert, Lviv

“Alcohol abuse really increases the risks of violence, of any kind. But here, for example, they immediately evict from the hostel for such things, the police will come and they’ll get evicted. The director monitors, keeping order.”

Woman with a Disability/
Caregiver, Lviv

5.



Continue to **promote initiatives in schools addressing violence, with integration of awareness-raising about GBV, Sexual and Reproductive Health (SRH), and Child Protection – including of technology-facilitated GBV (TFGBV) – within schools and learning spaces** with children, adolescents, and their parents/caregivers:

- Integrate GBV, SRH, and Child Protection within the educational curriculum for children and adolescents.
- Support awareness-raising sessions and activities covering GBV, SRH, and Child Protection, targeting key GBV issues affecting adolescent girls such as bullying, TFGBV, child marriage, and adolescent pregnancy, with dedicated campaigns to address bullying and TFGBV.
- Facilitate entry points for child and adolescent survivors to receive support and integrate GBV and Child Protection case managers within schools.
- Sensitize, raise awareness, and provide training to teachers and school administrations on GBV and referral pathways to available services for survivors.

“Talk about it in schools; information can spread to parents through children.”

Displaced Adolescent Girl in a Rural Area, Lviv

“Education programmes should be developed to raise awareness of violence and the rights of survivors. This may include educational campaigns in schools and communities.”

Adolescent Girl, Kherson

“There also needs to be a psychologist for the children of the military in school.”

Woman with a Disability/Caregiver, Lviv

“There’s a need for sexuality education in schools for adolescents and for adolescents with special educational needs, for those with disabilities, as they are at greater risk.”

Woman with a Disability/Caregiver, Lviv

6.



Increase cash and voucher assistance (CVA) and livelihood support for at-risk women and girls with a gender-sensitive and inclusive lens, with expanded provision of emergency cash assistance as part of and administered through GBV case management:

- Increase CVA and livelihood support for at-risk women and girls within heavily conflict-affected and IDP-hosting areas.
- Ensure a gender-sensitive and inclusive lens within targeting and approaches for CVA and livelihood programming.
- Expand the pilot of CVA support for GBV survivors together with and through GBV case management, provided through GBV actors with technical support of the CVA sector.

CVA for At-Risk Women and Girls:

“The need for cash assistance for women.”

Man in a Rural Area, Kharkiv

“The best assistance are certificates for food, clothes or what you need for arrangement of housing...it was the most useful.”

Displaced Woman in a Collective Site, Lviv

“I don’t have a job, I have two children, my husband is at war. There is a need for assistance because a lot of people don’t have employment.”

Woman in a Rural Area, Kharkiv

“I would have increased payments to women who lost their jobs and supported properly their standard of living, no less than for six months, until the woman finds a job.”

Woman in a Rural Area, Kharkiv

“Jobs are absolutely scarce here; it would be great to work in some funds.”

Woman in a Rural Area, Kharkiv

CVA through Case Management for Survivors:

“Cash payments to survivors.”

LGBTIQ+ Person

Economic Empowerment and Livelihoods:

“Support employment.”

LGBTIQ+ Person

“I personally was provided with assistance at the Employment Centre, but we do not have here something like VONA Hub [career hub for women]. When I was told about VONA Hub, it would be very good here, because there is a need.”

Woman in a Rural Area, Kherson

“Training programmes that could be used for work later. And there should be courses for teenagers.”

Woman in a Rural Area, Kharkiv

“Computer literacy: there is a need for training women 60+.”

Older Woman in a Rural Area, Kharkiv

“Courses – this would be really good. For example, I would try a job on the Internet. There’s a demand – driving courses, courses for hairdressers and manicurists, more training programmes, pre-medical training courses and cooking. Cosmetology and aromatherapy – for oneself and for women.”

Woman in a Rural Area, Kherson

“As for women’s education. If possible, give a sewing machine or a manicure set to a woman, for example, so that they could start working already.”

GBV Expert, Kharkiv

“Implement economic empowerment activities for women, including women survivors of violence.”

GBV Expert, Kharkiv

“Women need more tools: grants, not information. For example, a woman asks for support in establishing FOP [Registration of Sole Proprietor/Private Individual Entrepreneur], not just information.”

GBV Expert, Kharkiv

“The development of social enterprises is important to employ people with disabilities or their caregivers.”

Woman with a Disability/Caregiver, Lviv

7.



Expand awareness-raising about Protection from Sexual Exploitation and Abuse (PSEA) and invest in operationalizing PSEA Standard Operating Procedures (SOPs) across sectors to identify and mitigate SEA risks and diversify available channels for feedback and response mechanisms to be accessible for women and girls and other at-risk groups:

- Conduct sector-specific SEA risk mapping – informed by community FGDs – and set action plans, to identify specific types of SEA risks and implement mitigating measures.
- Conduct an updated PSEA capacity assessment of humanitarian actors and develop a PSEA capacity-building plan, with ongoing sensitization of humanitarian personnel and authorities involved in the humanitarian response.
- Invest in communication and engagement approaches with communities on PSEA, including on what SEA is and how to report SEA, with a focus on combatting myths regarding SEA.
- Diversify available channels for feedback and response mechanisms and strengthen the capacity of hotline staff, Monitoring and Evaluation (M&E) personnel, and humanitarian agencies more widely to appropriately manage reports of PSEA, aligned with localized PSEA SOPs.
- Ensure and support dedicated PSEA focal points across sector clusters and agencies.

“It would be convenient to have an anonymous hotline where you can report such cases.”

Woman with a Disability
in a Rural Area, Kherson

“There may be information on sexual exploitation, but we have not seen it.”

Older Woman in a Rural Area, Kharkiv

“Most of us use hotlines but there could be more accessible and convenient ways to communicate.”

Adolescent Girl, Kherson

“We could also call the city administration’s hotline but I’m not sure they can help. But I’ve seen the number on a poster at the city council.”

Older Woman in a Rural Area, Kherson

“Better awareness of humanitarian services and assistance is needed, and appropriate channels of communication.”

LGBTIQ+ Person

“As for the channels of communication, they often depend on community itself. / In rural areas, people prefer paper forms of feedback, in urban – electronic format, hotline.”

GBV Experts, Kharkiv

“If I had to seek assistance, I’d Google the information. / Or contact the police if it’s something serious. That’s the only way everyone knows. Maybe there are some hotlines but nobody knows.”

Displaced Women with a Disability/
Caregiver in a Rural Area, Lviv

III. For Coordination, Policy, and Advocacy

1.



Increase resourcing and elevate prioritization of GBV within humanitarian planning and national initiatives and policies, **supporting expansion of GBV programming in both frontline and non-frontline areas**, including Women and Girls Safe Spaces (WGSS), GBV case management, and other specialized services:

- Advocate for increasing and sustaining investment in GBV programming to support conflict-affected women and girls and GBV survivors.
- Mobilize resources to support expansion of GBV programming for conflict-affected populations to address gaps, to reach communities outside of urban hubs.

- Increase the resourcing for and number of available specialized GBV staff supporting GBV survivors within public services, particularly outside cities.
- Continue to invest in a phased capacity-building model for GBV service providers, with a focus on building the capacity of and addressing crisis-related gaps within the national public system.
- Link with nexus and Women, Peace, and Security (WPS) strategies for sustainable longer-term approaches to ensure continued attention to GBV and women and girls' participation in peacebuilding and recovery efforts.

Investing Resources and Expanding the Reach of GBV Programming:

"I would add more specialists. It [the quality] is doubtful. For example, so to speak, the psychologist says, 'Husband's a prisoner. If he loved you, he wouldn't have gone to war.' There aren't so many specialists ready to work for the funds offered by the authorities. [International] funds pay high salaries."

GBV Expert, Mykolaiv

"There should be social programmes, the city should financially support the projects."

Man in a Rural Area, Lviv

"I think that now we'll not be able to do with the support of the government. [Only] with the donors' support. However, these are Ukrainian women and girls. And authorities must be interested in good practices. / If they are interested, then it should be done. But they don't do it, don't encourage [attention to GBV]. It's not the right time for it. That is understandable. There are lots of problems in the country. All resources are going for the support of our boys, for the Armed Forces."

GBV Experts, Kherson

"To cover more people."

GBV Expert, Lviv

Sustainability, Localization, and Strategic Planning:

"It seems to me that international partners, local, national, and public organizations need to coordinate actions; or the authorities need to coordinate actions, plans, strategic vision of the issue with partners. Or partners need to coordinate."

GBV Expert, Mykolaiv

"Well-established cooperation with government bodies."

GBV Expert, Lviv

“I would also add that our authorities rely heavily on humanitarian missions. But they won’t be here forever. They show how it can work and how it should work. But then the authorities have to take this on their own provision. For example, there have been many humanitarian missions working in western Ukraine since the beginning of the full-scale invasion. Then, they realized they could move here. They went from there, and accordingly, if the authorities didn’t provide services, they were closed. There will be the liberation of new territories and humanitarian missions will go further. The authorities must now actively learn.”

GBV Expert, Mykolaiv

“I would suggest, as a programme improvement, coordination of all partners to plan... It seems to me that local authorities and all partner organizations should be definitely involved at the planning stage of the activity, where it’s possible. Because everyone lives in a project cycle. You have a project, it’s finished. And the authorities tell everyone that there’s a mobile brigade there. But it’s no longer there. There’s the lack of basic coordination, understanding of these project cycles and donor support. At the community level, there should be its own action plan, its own planning...To ensure that every community has access to services...Either you have abcontinuation, or you don’t.”

GBV Expert, Mykolaiv



2.

Advocate for national initiatives to prevent violence within families of veterans and military personnel:

- Promote attention to and resourcing of initiatives to prevent and address IPV/DV within families of veterans.

“It’s about urgency, the understanding that it’s the beginning, that there will be more requests on these issues. And the vector’s shifting now. Work with military personnel, families. Psychological rehabilitation because we realize that these government programmes don’t work.”

GBV Expert, Mykolaiv

“Work with the families of the military is important.”

GBV Expert, Lviv

“Lack of support for the families of the military, which should be mandatory. A social worker should be assigned to participants of military actions.”

Woman with a Disability/Caregiver, Lviv

3.



Advocate on public safety measures to be taken by the Government and local authorities to minimize risks of GBV and increase the sense of security for women and girls and other at-risk groups, in particular: investment in street lighting; accessible infrastructure and transport; and expanded presence of police and security cameras in public spaces:

- Advocate on national and community initiatives for enhancement of public safety measures, especially street lighting along key routes.
- Promote more accessible transport in heavily conflict-affected and IDP-hosting areas, including arranging shared transport for at-risk groups between rural areas and cities to be able to access humanitarian assistance and Protection services.

Street Lighting:

“Street lighting is needed.”

Woman in a Rural Area, Kharkiv

“In addition, the lighting problem in the city needs to be solved [to address violence].”

Man in a Rural Area, Lviv

“To have street lighting. They switch it off at 21:00, and it becomes scary. And when there is lighting you feel better then.”

Woman in a Rural Area, Kharkiv

“It is dark outside — street lighting is everything to us.”

Woman in a Rural Area, Kharkiv

Accessible Transport and Infrastructure:

“You have to go to Valky to receive services, but for this you have to get there first. The bus goes to the centre of the hromada once a week. We are isolated. If all services are there, then transport issues should be addressed as well.”

Woman in a Rural Area, Kharkiv

“There’s a need to restore the road [for access].”

Man in a Rural Area, Kharkiv

“If there are no services locally, then there should be access to travel to Valky. And roads should be repaired for this.”

Woman in a Rural Area, Kharkiv

“The only thing is — to arrange transport connection.”

Woman in a Rural Area, Kharkiv

“These are roads. Their quality. Or provide transport.”

GBV Expert, Mykolaiv

Public Safety Measures:

“I don’t think it’s easy to root the violence out. This should be done by patrol police in the streets, in public transport.”

Adolescent Boy in a Rural Area, Lviv

“We need to put cameras in the streets, schools, parks. Their presence alone will reduce the violence.”

Man in a Rural Area, Lviv

“Surveillance cameras should be installed in transport, in the streets.”

Adolescent Boy in a Rural Area, Lviv

“To reduce violence, surveillance cameras should be installed everywhere, there should be street lighting and alcohol should not be sold after 10 p.m.”

Adolescent Boy, Lviv

4.



Keep legislative reform on the agenda and promote alignment with global commitments on GBV, working towards gender-responsive legal frameworks, together with **supporting effective implementation of existing laws addressing GBV:**

- Support an updated legislative mapping of GBV and women’s rights analysis to identify gaps in legislation and enforcement and set priorities for reform.
- Advocate on key areas for legislative reform and enforcement to address GBV, with inclusion of and attention to additional forms of GBV (e.g. psychological violence, economic violence, TFGVB).
- Support sensitization of judiciary and law enforcement on GBV and provide technical support to specialized units.

Accountability for Perpetrators:

“We believe it’s important to introduce harsh punishment for abusers to ensure fairness. It’s essential that all abusers are responsible for their actions.”

Adolescent Girl, Kherson

“Provide more substantial penalties for abusers.”

Adolescent Boy, Lviv

“Provide more substantial penalties for abusers.”

Adolescent Boy, Lviv

“When it comes to reporting such incidents, it’s primarily the police. Such cases should be registered by law enforcement authorities and the abuser in such a case should be prosecuted according to law and that’s it. There should be no more ‘gentle’ sanctions other than the law.”

GBV Expert, Kherson

“Perpetrators should be punished.”

Older Woman in a Rural Area, Kharkiv

“To be responsible for committing a crime, honestly, and not the way that he’d pay money and doesn’t get behind bars. That is, everything must be legal and lawful.”

Displaced Older Woman in a Collective Site, Lviv

Changes in Legislation and Enforcement of Laws:

“Laws and police actions, sensitization.”

LGBTIQ+ Person

“Legislative and enforcement services must work together. Punishment.”

LGBTIQ+ Person

“[There need to be] changes in legislation.”

LGBTIQ+ Person

“Positive changes in legislation, protection from violence and punishment for the perpetrators.”

LGBTIQ+ Person

“It seems to me, to introduce a law that would punish even psychological violence, we don’t have such a law. I have heard of cases where the police have refused to help in such cases. There’re some people who think it’s okay for a man to abuse a woman in a family. I wish people would pay more attention to it.”

Displaced Adolescent Girl in a Rural Area, Lviv

“Work of law enforcement bodies [to address] hate crimes.”

LGBTIQ+ Person

Gender-Transformative Legislative Frameworks:

“Adopt civil partnerships.”

LGBTIQ+ Person

5.



Increase funding opportunities for women's rights organizations (WROs), together with structured, phased capacity-building on GBV in emergencies (GBViE) programming:

- Ensure earmarked and increased resources for WROs within humanitarian planning and funding instruments.
- Support a phased structured capacity-building approach for WROs on GBV in emergencies programme management, including provision of specialized services.

"Localization."

GBV Expert, Lviv

"I can say that a large number of specialists have left. Now we have implemented such an approach that we train people who live in the communities, have more or less education, abilities and desires. And that way people get jobs and local government provides services."

GBV Expert, Mykolaiv

6.



Invest in building capacities on and systematize meaningful consultation with women and girls and other at-risk groups within GBV and humanitarian programming, including expanding *Voices from Ukraine* nationally and systematically integrating participatory assessment with women and girls within evacuations and collective sites:

- Scale up *Voices from Ukraine* the following year, building on lessons learned to encompass additional oblasts and engage further partners; institutionalize *Voices from Ukraine* as an annual inter-agency exercise for the GBV AoR as part of and feeding into the *Humanitarian Needs and Response Plan (HNRP)*.
- Integrate structured participatory consultation through FGDs with women and girls within GBV programming throughout the programme cycle.
- Promote participatory consultation through FGDs with women and girls within humanitarian sectors to inform humanitarian programme design and implementation.
- Continue to invest in capacity-building on participatory consultation with women and girls and at-risk groups and qualitative research approaches:

- o Integrate gender-sensitive and inclusive data collection approaches, tools, and questions within multi-sectoral assessments, ensuring FGDs take place with women, girls, and at-risk groups alongside quantitative data collection;
- o Support targeted GBV assessments conducted by GBV specialists and agencies, in alignment with GBV research ethics.

“We were never asked about our needs. It would be good if we were consulted personally or through community representatives.”

Woman with a Disability
in a Rural Area, Kherson

“More trainings, informational sessions, focus groups in community centres and get together to share the experience, for example as in Roma Hub.”

Roma Adolescent Girl, Zakarpattia

“For women and girls to be heard, we should get together in these groups. We should discuss.”

GBV Expert, Kherson

“I really enjoyed our meeting today.”

Displaced Woman in
a Collective Site, Kherson

“We don’t really talk about that kind of stuff. This is the first time we have been able to discuss it out loud like this.”

Displaced Woman with a Disability/
Caregiver in a Rural Area, Lviv

“This is the first warning [to be aware of GBV], to have a conversation.”

Woman Caregiver, Kherson

“It was interesting to come to the meeting. To listen to [people].”

Woman Caregiver in a Rural Area, Kherson

“Needs for people with disabilities aren’t identified, although all of these people are on the social services database and the government knows about them.”

Woman with a Disability/Caregiver, Lviv

“We need to enhance women’s voices. So that they are heard. How to do this...Don’t give up, be active. Nobody but us. For the sake of children, for the sake of the future. / For the sake of ourselves. However, now our women are shifting themselves into the background. They are more concerned about their families.”

GBV Experts, Kherson

b. HOPES AND DREAMS OF WOMEN AND GIRLS

“A woman should walk around as she wants to – her appearance [should] not be a risk.”

Older Woman in a Rural Area, Kharkiv

“Women can make decisions on an equal footing with men.”

Displaced Woman with a Disability Caregiver in a Rural Area, Lviv

“Men also need to be told that you can't treat a woman like that.”

Displaced Adolescent Girl in a Rural Area, Lviv

“I know who I want to be. Dream and hope.”

Adolescent Girl with a Disability in a Rural Area, Kherson

“Be proactive. Know your rights.”

Displaced Woman with a Disability/Caregiver, Lviv

“A job to have. It's important. Stability.”

Woman Caregiver in a Rural Area, Kherson



“Don’t be afraid, don’t be silent, protect yourself and your children, study and look for a good job.”

Displaced Older Woman in a Collective Site, Kharkiv

“We have talked about violence: what violence is; where to turn in case of violence; that you shouldn’t stay silent but break the circle of violence instead.”

Woman with a Disability, Kharkiv

“Be active, participate in various activities, not to lose heart, and to support those who are worse off, who’ve lost someone, or are left alone.”

Displaced Older Woman in a Collective Site, Kharkiv

“One shouldn’t be afraid to fight.”

Woman in a Rural Area, Kharkiv

“Bringing together women and girls around fighting against this ‘disease.’ Bringing together the entire population for common protection.”

Woman, Kharkiv

“We are the generation that is willing to learn and change society. We want to be aware ourselves and be able to help others.”

Displaced Adolescent Girl, Lviv

“We hope there will be no violence at all. It’s important to create an environment where violence is unacceptable and everyone’s aware of the consequences.”

Adolescent Girl, Kherson

“Helping other survivor women, which can be part of your own healing process.”

GBV Expert, Kherson

“Seek assistance, relatives, friends, psychologists, doctors. Get timely medical treatment — don’t let situations happen like mine, then you will not be needed by anyone, even by yourself.”

Displaced Older Woman in a Collective Site, Kharkiv



5



AFFECTED
GROUPS

a. IDP AND RETURNEE WOMEN AND GIRLS (INCLUDING IN COLLECTIVE AND TRANSIT SITES)

Forms of GBV: IPV/DV; Sexual Violence including Sexual Exploitation; Physical Violence; Psychological Violence including Bullying; Economic Violence; Discrimination

- Heightened risks of IPV/DV and sexual violence in collective sites due to living with a large number of people (e.g. sharing rooms and common areas with unrelated people, mixed function spaces), poor conditions, and growing substance abuse by men
- Risks of sexual violence and theft targeting vulnerable groups during displacement movement, e.g. in evacuation trains
- Increased IPV/DV related to stress; people spending more time at home; crowded difficult living conditions; and displaced men having lost their jobs and turning to alcohol and drugs to cope
- Incidents of bullying, verbal abuse, discrimination, and intercommunal tensions reported, associated with use of language/ accent and different traditions, including of IDP children, with women and girls facing heightened risks

- Heightened risks of sexual and labour exploitation due to family separation, deepening vulnerabilities, and barriers to accessing services and opportunities
- Barriers to seeking GBV services and leaving partners in situations where there is abuse due to limited financial resources and lack of housing options
- Challenges in “integration” and access to certain public services, such as health (e.g. not being able to obtain IDP certificates, not having a signed declaration with a family doctor in the area, intention to return)
- Reduced coping capacities due to diminished provision of humanitarian assistance, especially in the West

“For IDP women...violence prevails as they have no housing, job or money and have children that need to be cared for, and their husbands start abusing alcohol.”

Displaced Adolescent Girl, Lviv

“The situation has been exacerbated by the lack of housing for mothers with children who have to live in a shared space, and sometimes in the same room, with other families.”

Displaced Adolescent Girl, Lviv

“There're several dysfunctional families in the hostel, the partner committed physical violence against his woman, even when she was pregnant...Also the abuser poses a risk to the other residents of the hostel.”

Displaced Woman in a Collective Site, Lviv



“Basically, we haven't been given anything for a long time... how many people have moved here, many of them are with children, a lot of older people, don't they need it? I have an acquaintance who went back to the South, where it is dangerous, only because they still give humanitarian assistance. So, she had the choice to be hungry and have nothing to wash, but in a site with fewer shelling attacks, or to live under bomb attacks with humanitarian assistance.”

Displaced Woman in a Rural Area, Lviv

“Dependence on partner, especially economic dependence, childcare. Survivors don't leave their abusers because they have nowhere to go, they are not able to rent their own housing and leave collective centres, they can't provide for themselves and their children.”

Displaced Woman in a Collective Site, Lviv

“When we were on the train, it was very uncomfortable. There were a lot of people in one rail wagon ...men weren't quite sober there...it was very scary to sleep, we didn't have many things but we kept them close to us because we were afraid to be robbed.”

Displaced Adolescent Girl
in a Rural Area, Lviv

b. ADOLESCENT GIRLS

Forms of GBV: DV; Sexual Violence including Sexual Harassment, Sexual Assault, and Rape; Physical Violence; Psychological Violence including Bullying; TFGBV including Cyberbullying; Child Marriage and Early Pregnancy; Restriction of Freedom of Movement and Expression

- Identified to be at heightened risk of sexual violence, including sexual harassment; TFGBV; and bullying and cyberbullying
- Experience violence in the homes from fathers/parents, siblings, and other family members as part of DV
- Can also face restrictions imposed on their movement by parents due to safety concerns
- Often expressed fear of moving around outside the home in public spaces and on public transport due to risks of sexual violence
- Frequently reported violence in schools and learning spaces, including from male peers, as well as online, in particular cyberbullying
- While in some cases adolescent girls were seen as more aware and likely to speak out about GBV and their rights than older generations, in other cases adolescent girls, particularly in rural areas, have a lack of awareness and face barriers to accessing information and services on GBV
- Experience barriers to seeking GBV services related to required parental consent and fears of lack of confidentiality
- Limited awareness-raising on GBV in schools; integration of GBV and SRH within educational curriculum identified as a gap
- Adolescent girls less consulted to inform humanitarian and GBV programming

“Bullying in schools and other social groups is also a risk factor that can increase the possibility of violence.”

Adolescent Girl, Kherson

“Sometimes excessive family control can lead to restricted freedom and social isolation, which can also be a problem.”

Adolescent Girl, Kherson

“[I want] the guys to be adequate. Our peers aren't very nice to girls. Laugh. Swear. Seem strange. When speaking with girls.”

Displaced Adolescent Girl
in a Rural Area, Kherson

“Restricted mobility or over-dependence on parents can create new stresses and threats.”

Adolescent Girl, Kherson

“There's a lack of awareness and knowledge about how to protect yourself from cyberbullying or other forms of violence on the Internet, which can lead to increased cases of violence.”

Adolescent Girl, Kherson

“People need to change themselves and not impose stereotypes on others, parents shouldn't impose relationship stereotypes on children. The person himself must think and respect himself first.”

Displaced Adolescent Girl in a Rural Area, Lviv

“Many of us try to ask our parents or caregivers for help when the violence happens. If the situation's serious, some may go to the police.”

Adolescent Girl, Kherson

“Parents and caregivers should talk to their children about it [violence], should teach them not to tolerate it, that it doesn't have to be like this, that it's okay to go elsewhere and ask for help. You can contact that service and that one. So you don't have to tolerate it; they need to tell that from childhood.”

Displaced Adolescent Girl in a Rural Area, Lviv

“Families often try to protect us by providing a safe environment at home and controlling our time outside.”

Adolescent Girl, Kherson

“Others look for support among friends or on social media. Sometimes they also seek help from psychologists or consult with other adults.”

Adolescent Girl, Kherson

“Information usually comes through acquaintances or the community, but some girls may not be aware of these resources, especially if they don't use social media.”

Adolescent Girl, Kherson

“Many girls try to find ways to reduce stress through hobbies, sports or art therapy.”

Adolescent Girl, Kherson



C. OLDER WOMEN

Forms of GBV: DV and Neglect; Physical Violence; Psychological Violence; Economic Violence; TFGBV including Scams/Fraud; Discrimination

- Heightened risks of DV and neglect, including economic violence (e.g. children taking their pensions), as well as of online scams and frauds
- Large numbers of older women and people with disabilities described in collective sites and near front lines, where they face high risks and limited access to public services and humanitarian assistance
- Experience ageism and exclusion from employment opportunities, increasing their vulnerability
- Gap period identified from the age of 40/50+ in which women face difficulty finding work before receiving a pension and meeting criteria for humanitarian assistance (after the age of 60+)
- Regarded as less likely to speak up about violence due to more limited awareness of GBV; deeply entrenched social norms; and dependence on perpetrators
- Barriers to access information about humanitarian assistance and GBV services (particularly for non-smartphone users, women with limited digital literacy, and women with reduced mobility)
- Barriers and risks to accessing humanitarian assistance due to challenges registering via online modalities, limited mobility (and difficulty carrying heavy items), and having to stand in queues
- Gap in provision of adult diapers identified across locations

- Barriers to seeking GBV services due to limited awareness; influence of harmful social norms in more closed communities; limited mobility; and few targeted activities for them
- Limited consultation and engagement of older women and lack of strategies adapted to address their barriers to participation

“There are a lot of older people left in the city and it's hard to deal with them because they are mostly left on their own and hardly anyone helps them.”

Woman Caregiver, Kherson

“I know that there's violence, I faced it, my acquaintance's children took away her pension and even took her somewhere.”

Displaced Woman in a Collective Site, Kherson

“It's important to think about people like us, people with disabilities, older persons, here's a women, she is 97 years old, where can she go, she can't see, can't hear, and she's lonely.”

Displaced Older Woman in a Collective Site, Kharkiv

“There is ageism in employment. At 40+, they offer low-paid jobs like cleaning or cooking, regardless of your education or previous experience.”

Displaced Woman, Lviv



“My two daughters have abandoned me when they saw that now I have a walking stick... I’ve been alone for two years, with a disability...I used to have a hard job, so now I’m like this, with a stick, and they got scared and abandoned me. Even walking to the store is difficult, but that’s what they’ve done. Before the war, they used to come and help me. The war has ruined everything, they are as if have been replaced...My husband abused alcohol... when the war started, I lived alone in the garage and didn’t receive treatment, so had to use a walking stick, and [my daughters] might have become scared and I’m of no use to them any longer.”

Displaced Older Woman in a Collective Site, Kharkiv

“There’re age restrictions; I experience humiliation in employment because of age.”

Displaced Woman, Lviv

“Some older women don’t have phones so it’s difficult for them to find out about assistance.”

Woman with a Disability in a Rural Area,
Kherson

“Women 40+ years usually remain silent about the violence and don’t tell their families.”

GBV Expert, Lviv

“You know, we’re of the old school and it’s not something we used to talk about and it’s even embarrassing.”

Older Woman in a Rural Area, Kherson

d. WOMEN AND GIRLS WITH DISABILITIES (AND WOMEN CAREGIVERS)

Forms of GBV: IPV/DV including Neglect; Physical Violence; Psychological Violence; Sexual Violence including Sexual Exploitation; Economic Violence; Discrimination and Stigma

- Burden of care falling primarily on women in the household for children, people with disabilities, and older people — including care for men with war-related injuries/disabilities — affecting their mobility and ability to access services
- Significant representation of older women and people with disabilities described residing in collective sites, in which they face difficult living conditions and increased risks
- Heightened risks of sexual violence and IPV/DV due to dependence on care, power dynamics, lack of awareness, and barriers to accessing information, opportunities, and assistance
- Fear of mothers/caregivers of leaving children with disabilities alone, particularly in collective sites (affecting the mobility of caregivers)
- Bullying, discrimination, and stigma reported, including for children with disabilities in school, with women and girls with disabilities facing compounded risks
- Barriers and risks to accessing humanitarian assistance due to limited mobility and difficulty of reaching distribution sites and service facilities; having to stand for long periods of time in queues; and difficulty carrying heavy items
- Waiting lists and difficulty obtaining rehabilitation and assistive devices

- Gaps in provision of adult diapers and hygiene items
- Barriers to reporting GBV and seeking support due to not being aware they are experiencing violence; dependence on perpetrators; and mobility constraints
- Lack of inclusive adaptation of many collective sites, schools, and service facilities and centres
- Limited consultation and engagement of women and girls with disabilities and women caregivers of people with disabilities and barriers to participating in consultations

“Socially vulnerable populations housewives, people with disabilities, children whose parents abuse alcohol are more affected by all types of violence. This happens because they are dependent on their abusers.”

Displaced Adolescent Girl, Lviv

“Especially our kids with disabilities, we are with them 24/7 and I’m very scared something will happen to me because if my child is left alone, the risk zone is very high.”

Woman Caregiver, Kherson

“It’s harder for people with mental disabilities because they can be fooled easily. For example, a person can surrender a house for a chocolate bar. Of course, if we talk about girls, there could be a story about sexual exploitation. They easily trust people and may not realize what’s going on.”

Displaced Woman with a Disability/ Caregiver in a Rural Area, Lviv

“Women with mental disability... people fear them and the environment does not accept them.”

GBV Expert, Lviv

“Young people with disabilities are at significant risk because they can’t protect themselves, there’s no social support.”

Woman with a Disability/ Caregiver, Lviv

“If you rely on somebody, you aren’t protected, this is especially true for older people, people with disabilities, who are helpless and are afraid to even report abuse or don’t recognize it. They need awareness-raising activities.”

Woman with a Disability/ Caregiver, Lviv

“Sometimes it happens that you have to go to the other end of the city to get registered, and then you receive only macaroni. Nobody thinks about people like me, with a walking stick. I cannot carry more than 2 kg, and it’s hard for me to move.”

Older Woman in a Collective Site, Kharkiv

“There’s no help, I buy everything at my own cost, rehabilitation — at own cost, medication — at own cost, everything — at own cost.”

Displaced Woman with a Disability/ Caregiver in a Rural Area, Lviv



e. ROMA WOMEN AND GIRLS

Forms of GBV: IPV/DV; Physical Violence; Psychological Violence including Bullying; Sexual Violence; Child Marriage; Discrimination

- Heightened risks of child marriage and adolescent pregnancy
- Risks of sexual violence and exploitation associated with some Roma women and girls begging on the street and informal work
- Experience discrimination and bullying, including for housing, employment opportunities, and in schools (associated in some cases with school drop-out)
- Widespread stereotypes of Roma communities (e.g. association with theft and crime) affecting their access to employment and other opportunities
 - Although it varies by household/community, lack of awareness and harmful social norms related to GBV prevalent within Roma communities
 - Barriers to seeking GBV services due to social pressure to keep matters within the family and community
 - Informal justice mechanisms within the community (e.g. decisions in situations of violence reported to often be made by male elder or baron) posing potential risks of harm to survivor

“Not all children go to school, mostly only primary school, the older children are subjected to bullying, that’s why they don’t go.”

Roma Woman in a Rural Area, Lviv

“The situation is also tough for Roma people, because society is not willing to accept them.”

Displaced Adolescent Girl, Lviv

“They don’t want to rent out housing to Roma people.”

GBV Expert, Lviv

“We don’t get assistance, aren’t officially employed, there’s a biased attitude towards Roma when hiring there’s fear that they could deceive or steal.”

Roma Woman in a Rural Area, Lviv

“Roma have early marriages arranged by parents.”

Woman with a Disability/Caregiver, Lviv

“Roma ask for assistance on the roads, mostly young or pregnant women.”

Woman with a Disability/Caregiver, Lviv

“I believe there is a difference [for access to assistance], for example, it is harder for Roma and people with disabilities.”

Man in a Rural Area, Lviv

“Survivors don’t seek help because they’re afraid of being judged in the community, by their neighbours.”

Roma Woman in a Rural Area, Lviv

“In the Roma community, if domestic violence is committed, a survivor tells their father, brother and then the family decides what to do with the abuser...If there’s no elder man in the family, then the baron is to be consulted. Or if another type of violence is committed, then the baron also judges.”

Roma Woman in a Rural Area, Lviv



f. LGBTIQ+ PERSONS

Forms of GBV: IPV/Domestic Violence; Physical Violence; Psychological Violence including Bullying; Sexual Violence; Outing & Blackmail; Restriction of Freedom of Expression; Discrimination & Stigma

- Bullying and violence in public spaces related to appearance, dress, and LGBTIQ+-associated symbols reported to be increasing, due to backlash from increased LGBTIQ+ visibility and growing militarization; risks seen as heightened in rural areas versus cities
- Risks of violence towards LGBTIQ+ persons associated with the police, military, and TSC (related to recruitment with the TSC, in particular for transgender people and gay men)
- Outing was described as a significant fear for LGBTIQ+ persons and a common form of violence, as well as backlash after coming out
- IPV reported to be common, with survivors described as typically not coming forward and hesitant to report partners
- Transgender people identified as particularly marginalized and stigmatized
- Barriers to seeking GBV services due to mistrust of authorities and service providers; experiencing mistreatment, discrimination, and lack of confidentiality; gaps in legislation and limited recourse to justice for minority groups; and risks of further harm and violence (e.g. outing)
- Limited safe entry points and available support in cases of violence for LGBTIQ+ persons identified

- More limited data on specific risks and barriers for lesbian women

“LGBTIQ communities experience all types of violence.”

LGBTIQ+ Person

“It’s bullying because of an individual’s orientation: blackmailing, telling colleagues, ruining a career or something like that.”

LGBTIQ+ Person

“Appearance can provoke [violence]: long or painted hair, pierced ears... Members of subcultures have a higher risk of violence.”

Adolescent Boy in a Rural Area, Lviv

“Limited services for LGBT communities.”

LGBTIQ+ Person



“Territorial selection centre can pose a problem of violence for men and transgender people.”

LGBTIQ+ Person

“There's a risk of violence in public spaces based on LGBTQIA hatred. It's a problem to wear symbols because the military treats it with aggression.”

LGBTIQ+ Person

“Transgender people are those who face stigmatization the most and are not considered human beings...Transgender people experience more difficulty seeking assistance.”

LGBTIQ+ Person

“I won't go to the police to report my lesbian girlfriend partner committing domestic violence, sexual violence.”

LGBTIQ+ Person

“In the gay community, IPV is common, where one partner is assigned a role to serve, and the other is assigned a role similar to a male partner in a heterosexual couple. There may be cases of physical violence, beating up, and there's no place to turn to for help. Nobody will get help.”

LGBTIQ+ Person

“Minorities and women aren't protected by the law as they are in Europe.”

LGBTIQ+ Person

Other groups described as facing high risks of GBV, as well as barriers to accessing GBV services, include **HIV+ women and sex workers**. **Pregnant and lactating women and girls** have specific needs and also face barriers to accessing humanitarian assistance. **Male survivors of CRSV** also were identified as having limited entry points to GBV services and services adapted for them, as well as being deterred from coming forward by shame. There was less data available about GBV trends for **refugees, asylum-seekers, and Third Country Nationals (TCNs)** remaining within Ukraine following the full-scale invasion. [Information regarding women and girls in rural areas can be found in the **Regional and Context Analysis** tables that follow.](#)

MALE SURVIVORS OF SEXUAL VIOLENCE



“It's more difficult for men to admit sexual [violence] and tell about it, they will think that they won't be believed.”

LGBTIQ+ Person

“Men won't report violence.”

Adolescent Boy, Lviv

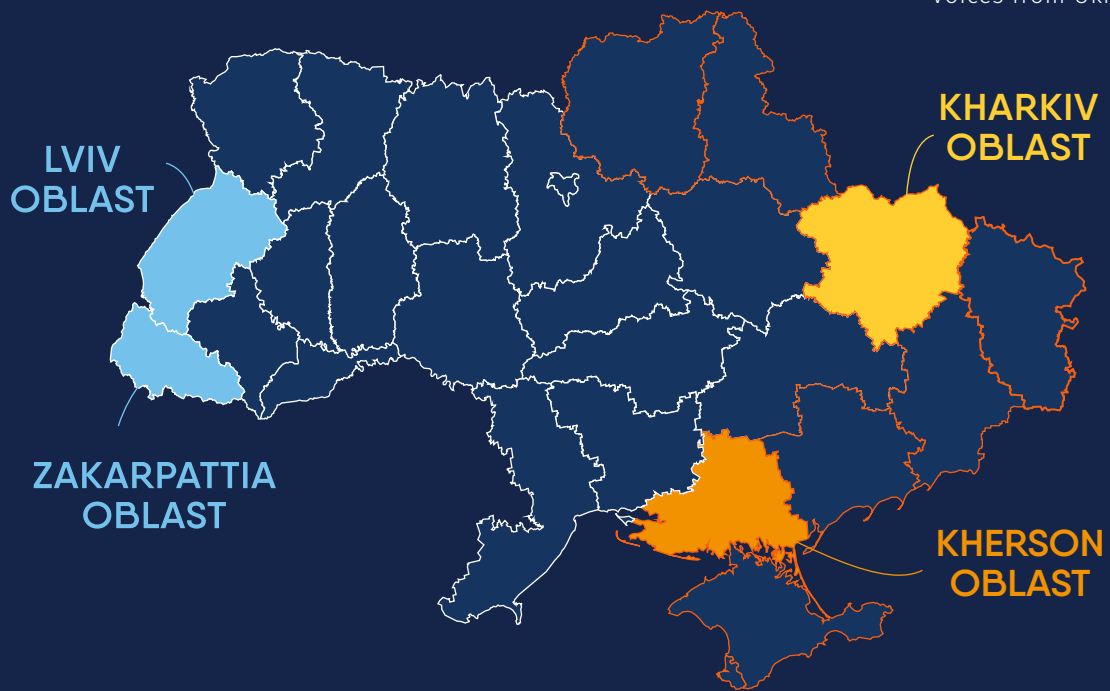
“We don't know about such services for men.”

Man in a Rural Area, Kherson

6



REGIONAL ANALYSIS



a. EAST REGION: KHARKIV OBLAST

- ▶ Lack of public lighting, growing substance abuse in communities, and militarized presence in the area leading to safety concerns and reducing mobility for women and girls, especially at night
- ▶ Stress, people spending more at home, and lack of work opportunities increasing tensions and IPV/DV in the household
- ▶ Shared living in collective sites exacerbating IPV/DV and risks of sexual violence
- ▶ Insecurity and fear of shelling affecting safe access to humanitarian assistance and GBV services, as well as inaccessibility of transport in rural areas
- ▶ Reduced provision of assistance and staffing shortage for specialists reported, particularly for public services and in rural areas
- ▶ Significant presence of older women and people with mobility constraints, many of whom are on their own with limited family support
- ▶ Lack of socialization of children due to online education contributing to aggression and posing limitations for GBV awareness-raising; lack of entry points to GBV services for adolescent girls



b. SOUTH REGION: **KHERSON OBLAST**

- Heavy military presence, public lighting turned off (due to electricity cuts and security considerations), and growing substance abuse in communities leading to safety concerns and reduced mobility for women and girls, especially at night
- Stress, people spending more time at home, and lack of work opportunities increasing tensions and IPV/DV in the household
- In some areas, there were references to there being fewer men in certain areas, with women taking on the head of household role; in another area, there was a reference to mostly men staying to take care of the home and many women and children being away, contributing to substance abuse: ***“What I see in my neighbourhood is that the women with children have left and the men are left to look after the housing, they just drink, not all of them, but a very large percentage.”*** (Woman Caregiver, Kherson)
- Insecurity and fear of shelling affecting safe access to humanitarian assistance and GBV services, as well as inaccessibility of transport in rural areas
- Reduced provision of assistance and staffing shortages of specialists reported, particularly for public services and in rural areas
- Long waiting times, crowding, and challenges in organization of distributions increasing the sense of insecurity felt by women
- Significant presence of older women and people with mobility constraints, many of whom are on their own with limited family support
- During the occupation, reports of incidents and fear of CRSV with restricted mobility for women and girls; difficulties for survivors of CRSV to seek support (e.g. shame; fear of being seen as collaborators)
- Lack of socialization of children due to online education contributing to aggression and posing limitations for GBV awareness-raising; lack of entry points to GBV services for adolescent girls
- Pressures to show solidarity and not discuss GBV until after the war; deprioritization of GBV due to the ongoing hostilities in the area



c. WEST REGION: LVIV AND ZAKARPATTIA OBLASTS

- ▶ Lack of public lighting and increasing substance abuse in communities leading to safety concerns and reduced mobility for women and girls, particularly at night
- ▶ Stress and limited work opportunities increasing tensions and IPV/DV in the household
- ▶ Shared living in collective sites exacerbating IPV/DV and risks of sexual violence
- ▶ Intercommunal tensions and discrimination reported at times for IDPs and Roma communities, with women and girls at heightened risk
- ▶ Shifting resources to frontline areas leading to significant reduction in provision of humanitarian assistance and services
- ▶ Long waiting times, crowding, and challenges in organization of distributions posing safety and access concerns for vulnerable women and girls
- ▶ Closures of GBV programming and other social support services reported



d. NON-FRONTLINE IDP-HOSTING REGIONS

- ▶ Areas typically hosting IDPs experiencing both prolonged displacement and recent evacuees
- ▶ Significant cuts reported in humanitarian assistance, including for vulnerable displaced persons; change in national policy reducing assistance to IDPs, contributing to risks of exploitation
- ▶ Underfunding, strain on public services, and shortage of staff reported, including for health and social support services

- ▶ Gap identified in support to vulnerable groups within non-displaced conflict-affected community – with pre-existing inequalities and vulnerabilities deepening due to the impacts of the war – contributing to risks of intercommunal tensions and exploitation
- ▶ Some barriers for IDPs to “integrate” and access public services and assistance related to discrimination; obtaining an IDP certificate; registration with health services and schools; and intention to return home (e.g. some not registered with local doctors, maintaining online learning for children to stay with their class, etc.)
- ▶ Barriers for employment opportunities due to difficulties finding work or intending a temporary stay
- ▶ Increased risks and violence widely reported in collective sites, namely IPV/DV within families and sexual violence, due to crowding; unrelated persons sharing living spaces; substance abuse as a form of negative coping by men; and lack of security measures in particular related to toilets
- ▶ Displaced women and girls feeling more insecure in situations of shared living
- ▶ Large presence of vulnerable populations such as older women, women with disabilities, and women caregivers with dependents (e.g. children, people with disabilities) identified within collective sites
- ▶ Cases of intercommunal tensions and discrimination, at times related to accent and use of Russian language by displaced persons; bullying of displaced children reported in schools and play spaces
- ▶ Reports of increasing risks of labour and sexual exploitation due to deepening vulnerabilities among displaced and vulnerable non-displaced conflict-affected populations
- ▶ Difficult conditions at collective sites along with limited availability and high cost of rental housing, reported to be contributing to some returns to insecure areas (as well as serving as a deterrent from leaving from these areas)





e. FRONTLINE HEAVILY CONFLICT-AFFECTED REGIONS

- ▶ Insecurity combined with lack of accessible transport and poor infrastructure leads to significant barriers in mobility for women and girls accessing assistance, services, and opportunities, including GBV services
- ▶ Shortage and reduction in health specialists including for SRH and MHPSS; pharmacies; and other services, particularly in rural areas, requiring women to travel further to reach services
- ▶ Lack of work opportunities due to damaged facilities, insecurity, and limited accessible transport, especially the case in rural areas
- ▶ More time spent at home due to insecurity exacerbating IPV/DV
- ▶ Lack of public lighting, destroyed and abandoned buildings, and depopulated areas identified as increasing risks of sexual violence
- ▶ Heavy militarized presence causing some women and girls to feel less secure due to the large number of unknown men, proximity of weapons and military equipment, and risks of areas being targeted for shelling
- ▶ Men and boys remaining in de-occupied areas reported to have increasingly turned to alcohol and drugs as a negative coping mechanism; some areas described as mostly men staying in the house (with many women and children away) increasing the sense of insecurity for some women
- ▶ Reported significant number of older women and other at-risk groups away from family support structures and facing heightened barriers and risks within frontline areas
- ▶ Hosting displaced populations in some areas, with some returnees also identified, with IDPs in collective sites facing increased risks of IPV/DV and sexual violence
- ▶ Risks identified for evacuees during evacuation and displacement-related movement from insecure areas – such as in transit sites and on trains – as well as upon arrival at destination, including risk of sexual exploitation and other forms of sexual violence
- ▶ Risks of CRSV in areas near frontlines and under occupation; CRSV in areas that were previously occupied
- ▶ Risks of shelling posing barriers for women and girls seeking humanitarian assistance and GBV services, with exposure increased due to gatherings and long waiting times
- ▶ Significant social expectations and pressure to stay silent about violence and deprioritization of GBV related to the war efforts

7



ANNEX



a. VOICES FROM UKRAINE APPROACH & METHODOLOGY

I. Aim of *Voices*

Voices from Ukraine centres around and amplifies the voices of women and girls. It provides a critical opportunity to hear directly from women and girls in all their diversity across Ukraine about their lived experiences and the risks of Gender-Based Violence (GBV) they face. *Voices* facilitates an understanding of GBV trends in the context of Ukraine. It also identifies the barriers and risks women and girls face to accessing specialized GBV services and humanitarian assistance more widely.

The **aim** of *Voices from Ukraine* is to **elevate the voices and narratives of women and girls in Ukraine in order to inform humanitarian planning, programming, advocacy, and policy for 2025**. *Voices* serves as a resource to:

- 1) **Inform prevention and response strategies to address GBV;**
- 2) **Identify and support mitigation of GBV risks and access barriers for women and girls across the humanitarian response;**
- 3) **Support visibility and resourcing of GBV programming.**

Research Objectives

Voices seeks to amplify the experiences and narratives of women and girls and provide an understanding of the types of GBV and how they take place in Ukraine. To achieve this, the three main **research objectives** of *Voices 2024* are to understand:

- 1) **Forms of GBV in the context;**
- 2) **Availability of and access to GBV specialized services and programming;**
- 3) **Barriers and risks for women and girls to accessing humanitarian assistance.**

Target Audience

Voices supports **direct meaningful consultation with women and girls** and elevates their voices to feed into the development and implementation of humanitarian programming. The initiative **facilitates a link between women and girls in Ukraine and the humanitarian planning process to influence decision-making** at different levels.

To achieve this, the **target audiences** for the *Voices from Ukraine* Report are the following:

Target Audience	Objective
GBV Area of Responsibility (AoR) partners and actors implementing GBV programming in Ukraine	<ul style="list-style-type: none"> Enhance interventions supporting prevention and response to GBV, including specialized services for GBV survivors Serve as a resource for GBV actors to be able to leverage resourcing of GBV programming and advocate on GBV concerns
Other humanitarian clusters in Ukraine supporting sectoral interventions	<ul style="list-style-type: none"> Support GBV risk mitigation within the humanitarian response, including for SEA Facilitate the safe meaningful access of women and girls and other at-risk groups to humanitarian assistance and services
Humanitarian leadership, government, and donors	<ul style="list-style-type: none"> Ensure humanitarian decision-making, policies, and resourcing are informed by the voices of women and girls in Ukraine

II. Scope of Voices

Geographical Coverage

As part of the first-year pilot in 2024, *Voices from Ukraine* was conducted in select locations to test and adapt methodological approaches for the context in Ukraine.

Data collection took place across **three regions of Ukraine** so as to reflect the geographical diversity of the country and capture trends in different types of operating contexts. Consultations took place both in heavily conflict-affected regions within the frontline crescent of Ukraine, as well as non-frontline areas with a significant presence of displaced populations.

Four oblasts took part in participatory consultations with communities and GBV experts, one per region: **Kharkiv oblast in the East; Kherson oblast in the South, and Lviv oblast in the West.** A second oblast, **Zakarpattia oblast**, was added in the West due to challenges reaching Roma communities in Lviv oblast. Focus Group Discussions (FGDs) were organized and conducted in **two hromadas¹³⁷ per oblast** – one urban and one rural setting – to capture differences in urban versus rural contexts.

In the subsequent year, it is anticipated that there will be a **national scale-up** for *Voices from Ukraine 2025*.

¹³⁷ In some hromadas, as hromadas are equivalent to communities, this may include more than one city/location.

Target Groups

The core of the **Voices from Ukraine** methodology is based on meaningful consultation with women and girls – as well as other groups in the community – through **structured FGDs**¹³⁸. Primary data collection took place as part of **Voices** with two target groups: **communities** and **GBV “experts”**¹³⁹. At the community level, **Voices** consulted directly with **women and girls**, as well as **men and boys**, with attention to **diversity considerations**. In Ukraine, these considerations included **age, ability, displacement status, ethnicity, and Sexual Orientation, Gender Identity and Expression, and Sex Characteristics (SOGIESC)**.

In communities, FGDs as part of **Voices** were organized primarily with **women and older adolescent girls**, to be in alignment with the focus of the **Voices** initiative centring around the voices of women and girls. FGDs were also conducted with **men and older adolescent boys** to obtain their perspectives on social norms and identify specific risks of sexual violence or access barriers based on gender that they face in the context. Targeted group discussions were conducted with **IDP women and girls, including in collective sites; older women; women and girls with disabilities and their caregivers; Roma women, girls, men, and boys; and LGBTIQ+ persons**. Participants within wider FGDs also included people from **non-displaced conflict-affected communities and returnees**. Geographical diversity was taken into account, with FGDs organized with participants in **different regions of Ukraine; heavily conflict-affected and IDP-hosting settings; urban and rural areas, and collective sites for displaced persons**.

GBV “experts” refers to personnel engaged in the design, implementation, and management of GBV programming, including provision of GBV specialized services. For consultation at the expert level, FGDs took place with **GBV programme managers and technical leads**, as well as with **staff directly engaged with communities conducting GBV programming and providing GBV services** (e.g. GBV case managers; WGSS facilitators). Consultation with GBV experts served to triangulate the findings from communities, as well as providing indirect feedback from GBV survivors¹⁴⁰ to whom specialists provide support.

The table that follows describes the two groups targeted for consultation.

¹³⁸ Structured FGDs refers to pre-organized groups targeting participants based on determined locations and population profiles. FGDs were conducted using a semi-structured FGD Guide and Notes Form.

¹³⁹ GBV experts encompasses GBV programme managers, technical leads, and coordinators who support GBV programmes in Ukraine.

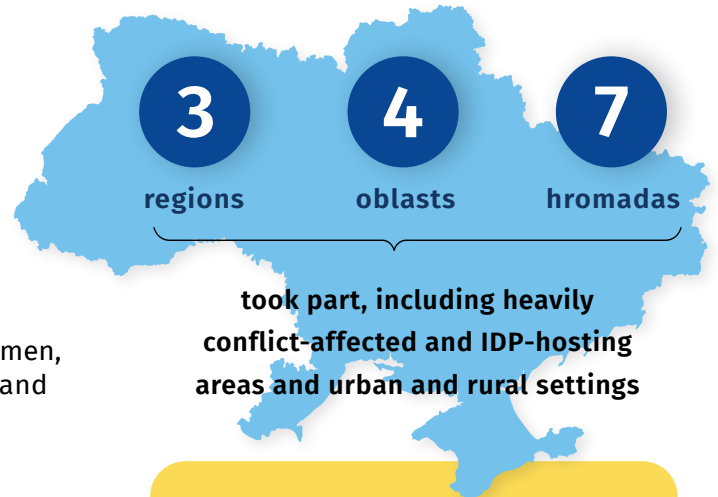
¹⁴⁰ Separate FGDs directly with GBV survivors were not organized in order to align with good practices for research on GBV and minimize risks of stigma, distress, and other harm. While it could be assumed that many participants in FGDs with women and girls have experienced GBV, FGD questions were asked more generally regarding risks and trends for women and girls in their communities in order not to solicit individual disclosures of GBV that could pose risks to survivors in group settings.

7.1 Target Groups for Primary Data Collection through *Voices from Ukraine 2024*

Level	Description	Geographical Considerations
<p>Community Level</p>	<p>Gender and age categories for core FGDs: Women, older adolescent girls, men, and older adolescent boys</p> <p>Targeted groups for separate FGDs: IDP women and girls, including in collective sites¹⁴¹; older women; women with disabilities, girls with disabilities, and/or their caregivers; Roma communities; LGBTIQ+ communities</p>	<ul style="list-style-type: none"> • Region • Heavily conflict-affected and IDP-hosting areas • Urban and rural settings
<p>GBV Experts Level</p>	<p>People engaged in the development and implementation of GBV programming from humanitarian agencies, civil society, and government/public services:</p> <p>1) GBV programme managers, technical advisors, and coordination leads</p> <p>2) GBV service providers engaged in direct provision of GBV services and implementation of GBV programming (e.g. GBV case managers, social workers, health focal points for clinical care of survivors, WGSS staff)</p>	<ul style="list-style-type: none"> • Region • Heavily conflict-affected and IDP-hosting areas • Urban and rural settings • Oblast and hromada level

¹⁴¹ Transit sites were also included within the targeting criteria; however, FGDs only took place in collective sites in Kharkiv oblast and did not take place also in transit sites due to transit sites being reportedly less populated at the time of the consultations.

Highlighted Achievements of Voices 2024



49 FGDs conducted with women, girls, and communities and with GBV experts

362 Participants in FGDs/ people reached

17 UNFPA and GBV AoR partners engaged

40+ People trained on data collection approaches and tools

The tables that follow provide the numbers reached through *Voices*, disaggregated by region and population group.

7.2 Total Persons Consulted and Reached through *Voices* from Ukraine 2024

	Total Number of FGDs	Total Number of Persons
Community Level	42	304
GBV Experts Level	7	58
Total	49	362

Diversity of geographical regions, types of contexts, and population groups:

People from different age, gender, and diversity groups provided with a safe space to participate and represented within *Voices*.

First time for *Voices* globally: consultation with LGBTIQ+ communities through LGBTIQ+ organizations operating in the context¹⁴²

Consultation as part of primary data collection for *Voices* reached a total of **362** people, with **49** FGDs conducted¹⁴³. **42** FGDs took place with communities, reaching **304** people including **224** women and girls.

¹⁴² FGDs with LGBTIQ+ persons were organized with and through LGBTIQ+ organizations in the context supporting pre-existing centres that could provide a safe space in order to ensure safe entry points and mitigate risks of harm.

¹⁴³ This total is solely for primary data collection and does not include stakeholders consulted as part of the *Voices* inception. Further information regarding consultation during the inception stage can be found under [IV. Methodology and Data Sources](#).

7.3 FGDs per Region for Voices from Ukraine 2024

Region	Target Group	Number of FGDs	Number of FGDs with Women & Girls
East	Communities	12	9
	GBV Experts	2	N/A
South	Communities	13	10
	GBV Experts	3	N/A
West	Communities	17	10
	GBV Experts	2	N/A

7.4 Community FGDs per Group Type

	Total Number of FGDs	Total Number of Persons
Women ¹⁴⁴	11	81
Older Adolescent Girls	6	44
Older Women	3	25
Women with Disabilities, Girls with Disabilities, and/or Caregivers	9	67
Men	6	43
Older Adolescent Boys	5	29
LGBTIQ+ Persons	2	15
Roma Communities	5	35
Solely with Displaced Women and Girls (Specifically in Collective Sites)	11 (4)	82 (32)
In Heavily Conflict-Affected Areas	8 (6 with women and girls)	68 (48 women and girls)
In Rural Areas	21 (16 with women and girls)	153 (118 women and girls)

7.5 GBV Expert FGDs per Group Type¹⁴⁵

	Total Number of FGDs
GBV Programme/Technical Leads	3
GBV Service Providers	6
From Humanitarian Organizations & Programmes	4
From Public/Government Agencies & Services	5
Specifically At Hromada-Level	2

¹⁴⁴ Total not inclusive of groups specifically with older women, women with disabilities, and women caregivers of persons with disabilities.

¹⁴⁵ Noting that some groups were mixed between types of GBV experts and are double-counted accordingly in the disaggregation.

Feedback from Women and Girls Participating in FGDs for Voices

“This is the first warning [to be aware of GBV], to have a conversation.”

Woman Caregiver, Kherson

“It was interesting to come to the meeting. To listen to [people].”

Woman Caregiver in a Rural Area, Kherson

“We can at least dream, thank you for this opportunity.”

Woman Caregiver, Kherson

“I really enjoyed our meeting today.”

Displaced Woman in a Collective Site, Kherson

“We don't really talk about that kind of stuff. This is the first time we have been able to discuss it out loud like this.”

Displaced Woman with a Disability/
Caregiver in a Rural Area, Lviv

“I realized there's a lot I don't know but that information is useful.”

Woman Caregiver, Kherson

III. Feminist Intersectional Research Approach and Key Principles

Key Guiding Principles for Voices 2024

Do no harm approach, including risk identification and mitigation

- Alignment with Guiding Principles and research ethics on GBV, including specific ethical considerations for minors
- Identification and mitigation of potential risks for participants and data collection enumerators
- Informed consent from participants (for adolescent participants: informed consent from their parents/ caregivers and informed assent from adolescents)
- Anonymized and non-identifiable data; data protection protocols

Participatory and inclusive process

- Adapting and piloting the research questions, approaches, and tools for the context of Ukraine
- Engaging diverse stakeholders to solicit feedback from the inception stage through the product development stage, including as part of the steering for the **Voices** initiative (e.g. inception consultations, inter-agency Voices Task Force, internal Voices Working Group)
- Ensuring to close the feedback loop with participating communities and other stakeholders



<p>Centring around and elevating the voices of women and girls</p>	<ul style="list-style-type: none"> ➤ Ensures the voices of women and girls are kept central throughout the process and held at the core of Voices
<p>Feminist Intersectional research approach</p>	<ul style="list-style-type: none"> ➤ Recognizes the lived experiences of women and girls as expert knowledge on the discrimination and violence they face ➤ Reflects how social categories interact with gender to reinforce marginalization and inequalities and compound risks of GBV



IV. Methodology and Data Sources

The methodology for **Voices** reflects and is aligned with its aim to listen to women and girls and keep their voices central. The core of the methodology for **Voices** is FGDs consulting with women and girls and other groups at the community level, aligned with good practice for GBV assessments. Two other sources of data were leveraged to triangulate – but not overshadow – the findings from discussions with women and girls. FGDs were also conducted with GBV experts. In addition, existing available secondary resources published in the previous year were identified and sourced as supporting data.

While **Voices** is a primarily qualitative research exercise, available quantitative data from this year’s Multi-Sectoral Needs Assessment (MSNA) and other reports were also taken into account.

Primary and secondary data were coded and analysed through qualitative data analysis software using an adaptive coding tree based on the initial **Voices** research framework.

Three Key Data Sources for Voices

<p>Core Data</p>	<ul style="list-style-type: none"> ➤ Primary Data 	<p>1) Conducted FGDs at the community level with women and girls, as well as men and boys, with disaggregation by diversity considerations</p>
<p>Other Data Sources for Triangulation</p>	<ul style="list-style-type: none"> ➤ Secondary Data 	<p>2) Conducted FGDs with GBV experts</p> <p>3) Secondary Data from 2023-2024, including Multi-Sectoral Needs Assessment data</p>

Inception consultations were conducted with technical and coordination leads at national and regional level in order to inform the design of the **Voices** research approaches and tools during the inception stage¹⁴⁶. The research framework, tools, preliminary findings, and report went through rounds of consultation and revision with the inter-agency Voices Task Force and internal Voices Working Group. Data collection tools were also piloted and adapted together with the data collection teams in each region to ensure local relevance and alignment with a do-no-harm approach. FGD facilitators and note-takers in each region were provided with an in-person orientation on the **Voices** data collection tools and approaches (orientations took place in Dnipro for the East, Mykolaiv for the South, and Lviv for the West).

V. Limitations and Lessons Learned

Summary of Limitations and Challenges for *Voices* 2024

Data Collection	Data Analysis
<ul style="list-style-type: none"> ▶ First year exercise required initial design and piloting of approaches ▶ More limited geographical scope as a first-time pilot ▶ Time limitation for preparation and organization of FGDs ▶ Structured participatory consultation through FGDs is a newer approach for many partners and communities; range of capacities for agencies participating in data collection; and limited systematic community-based approaches in the context ▶ Limited time capacity available from teams and partners due to their workload, especially in heavily conflict-affected areas ▶ Security conditions and travel approval needed for data collection in heavily conflict-affected areas ▶ Challenges conducting data collection in the summer (e.g. heat, electricity cuts, summer leave schedules) ▶ Expectation of incentives by communities to participate in FGDs (reports received of incentives having been previously provided in the context) ▶ Challenges in outreach and mobilization of hard-to-reach groups (e.g. men, older adolescent girls and boys, Roma communities) ▶ Limited available resources for transporting people with mobility constraints and the time required for multiple passenger transport ▶ Need for further streamlining of GBV AoR and <i>Voices</i> consultation, as well as advancing <i>Voices</i> before the HNRP process 	<ul style="list-style-type: none"> ▶ Time/labour-intensive due to qualitative nature and volume of data ▶ Limited time available for coding, analysis, report preparation, and revision ▶ Delays in translation of primary data due to electricity shortages

¹⁴⁶ 20+ inception consultations were conducted with UNFPA and GBV AoR focal points at national and sub-national levels; coordinators from different clusters and working groups (e.g. Protection, Protection Strategic Advisory Group [SAG], Child Protection, PSEA, SRHR, Gender in Humanitarian Action [GiHA], Assessment and Analysis Working Group [AAWG]); and other GBV actors, including organizations that had previously conducted GBV and gender assessments in the context. A preliminary desk review was also conducted to identify available relevant secondary resources, methodological approaches in the context, and gaps in information. Initial working sessions to validate the research framework and methodology took place with the inter-agency Voices Task Force and internal Voices Working Group, also informed by lessons learned from *Voices* in other contexts.

It is important to note that there was **no access to women, girls, men, and boys in currently occupied areas** of Crimea and Luhansk, Donetsk, and Zaporizhzhia, and Kherson oblast, and the report is not able to speak to the situation there.

Based on the challenges and learning from the first-year pilot, key lessons include the following:

- **Integrate *Voices* within annual workplans** for the GBV AoR, UNFPA, and GBV partners; designate focal points (UN and NGO [Non-Governmental Organization] co-leads) in each region to support the roll-out of data collection
- **Expand *Voices* next year** for wider geographical coverage and engagement of additional partners; include more participation from WROs
- **Continue to adapt and streamline data collection tools and approaches** based on the first-year pilot; develop additional supporting guidance
- **Maintain the in-person orientation** of facilitators, note-takers, and partners supporting the organization of FGDs; **increase capacity-building and support** of data collection teams (e.g. expanded duration of training, facilitation supervision/coaching, and phased ToT model)
- **Further adapt approaches to reach and engage hard-to-reach groups** for their safe meaningful participation; expand targeting to include more direct feedback from additional marginalized groups as possible if approaches are deemed not to place them further at risk of harm (e.g. GBV survivors and HIV+ women, only through existing service providers and networks)

It would also be important to continue to support participatory assessment with women and girls throughout the year and invest further in community-based approaches, with capacity-building of GBV and humanitarian partners.

Key learning that came out of the ***Voices*** process reinforces the need for systematically consulting with women, girls, and wider communities and widely sharing the message that it is possible to organize FGDs with them, including in heavily-conflict affected areas¹⁴⁷.



¹⁴⁷ While making sure of integrating a do no harm approach to identify and mitigate risks beforehand.

b. KEY DEFINITIONS FOR VOICES

Abduction / Kidnapping

Abduction is a criminal taking away a person by persuasion, by fraud, or by open force or violence. It is the unlawful interference with a family relationship, such as the taking of a child from its parent, irrespective of whether the person abducted consents or not. Kidnapping is the taking away of a person by force, threat, or deceit, with intent to cause him or her to be detained against his or her will. Kidnapping may be done for ransom or for political or other purposes.¹⁴⁸

Access Barriers

Access barriers refer to barriers and risks faced by affected people when trying to reach and benefit from humanitarian assistance and services, including specialized GBV services. Access barriers can occur on the way to and from and at distributions and service facilities. Access barriers can be related to distance, lack of transport, limited availability/conflicts in scheduling/delays, safety risks, poor organization and conditions in queues/at facilities, etc. In addition to physical barriers, access barriers can also be due to other factors. For instance, barriers can include limited awareness of available humanitarian assistance and how to access it, challenges in registration, gender imbalance of humanitarian personnel, mistreatment and SEA by those involved in providing assistance and services, etc.

Underlying gender norms and other social norms and inequalities contribute to access barriers for women and girls and other at-risk groups. For example, women and girls can face specific barriers to safely access and benefit from assistance due to heightened risks of sexual violence, discrimination, limited time available related to gendered division of household responsibilities, limited decision-making power, and inequitable distribution of resources in the household.

Case Management

“Case management is a collaborative process that engages a range of service providers to meet a survivor’s immediate needs and support long-term recovery. Effective GBV case management ensures informed consent and confidentiality, respects the survivor’s wishes, and provides inclusive services and support without discrimination. GBV case management is responsive to the unique needs of each survivor. It is important that survivors are provided with comprehensive information so they can make informed choices, including choices about using multi-sectoral GBV response services (health, psychosocial, legal, security) and the possible consequences of accessing those services (e.g. mandatory reporting)”¹⁴⁹

¹⁴⁸ US Legal. [“Kidnapping v. Abduction”](#).

¹⁴⁹ GBV AoR. [The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming](#), 2019: 44 (Standard 6).

Child or Minor

“Article 1 of the Convention on the Rights of the Child (CRC) defines a child as ‘every human being below the age of 18 years unless under the law applicable to the child, majority is attained earlier.’ The Committee on the Rights of the Child, the monitoring body for the Convention, has encouraged States to review the age of majority if it is set below 18 and to increase the level of protection for all children under 18. Minors are considered unable to evaluate and understand the consequences of their choices and give informed consent,” such as for marriage.¹⁵⁰

Child Labour

“The term ‘child labour’ is often defined as work that deprives children of their childhood, their potential and their dignity, and that is harmful to physical and mental development. It refers to work that is mentally, physically, socially or morally dangerous and harmful to children and interferes with their schooling by depriving them of the opportunity to attend school; obliging them to leave school prematurely; or requiring them to attempt to combine school attendance with excessively long and heavy work. In its most extreme forms, child labour involves children being enslaved, separated from their families, exposed to serious hazards and illnesses and/or left to fend for themselves on the streets of large cities, often at a very early age. Whether or not particular forms of ‘work’ can be called ‘child labour’ depends on the child’s age, the type and hours of work performed, the conditions under which it is performed, and the objectives pursued by individual countries.”¹⁵¹

Child Marriage (or Early Marriage)

“Child marriage is a formal marriage or informal union before age 18.” Both girls and boys can be affected, although girls disproportionately experience child marriage globally. “Even though some countries permit marriage before age 18, international human rights standards classify these as child [or early] marriages, reasoning that those under age 18 are unable to give informed consent. Therefore, child or early marriage is a form of forced marriage as children are not legally competent to agree to such unions.”¹⁵²

Child Survivor (of Sexual Abuse)

A person under the age of 18 who has experienced any form of gender-based violence. A person under the age of 18 who has experienced an act of sexual abuse.

¹⁵⁰ UN. “Convention on the Rights of the Child.” 1989. IASC. *Guidelines for Integrating Gender-Based Violence Interventions*, 2015: 324 (Annex 4).

¹⁵¹ International Labour Organization (ILO). “What is Child Labour.” IASC. *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*, 2015: 324 (Annex 4).

¹⁵² IASC. *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*, 2015: 321 (Annex 3).

There is no set definition of child sexual abuse. The World Health Organization (WHO) defines child sexual abuse as “the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person. This may include but is not limited to: the inducement or coercion of a child to engage in any unlawful sexual activity; the exploitative use of a child in prostitution or other unlawful sexual practices, the exploitative use of children in pornographic performances and materials.”

According to the International Rescue Committee, “child sexual abuse is defined as any form of sexual activity with a child by an adult or by another child who has power over the child. By this definition, it is possible for a child to be sexually abused by another child. Child sexual abuse often involves body contact. This could include sexual kissing, touching, and oral, anal or vaginal sex. Not all sexual abuse involves body contact, however. Forcing a child to witness rape and/or other acts of sexual violence, forcing children to watch pornography or show their private parts, showing a child private parts (‘flashing’), verbally pressuring a child for sex, and exploiting children as prostitutes or for pornography are also acts of sexual abuse.”¹⁵³

Clinical Management of Rape (CMR) / Clinical Care for Survivors

Clinical care for persons who have experienced rape, sexual assault, and other forms of sexual violence. Care for survivors of sexual violence includes treatment of injuries, provision of Post-Exposure Prophylaxis (PEP) Kits (as soon as possible after exposure within 72 hours), collection of forensic evidence, and referral to other specialized services through a confidential, non-judgmental, survivor-centred approach. Clinical management of rape/clinical care for survivors describes best practices for medical care of survivors. Survivors of rape and other forms of sexual abuse have a right to receive good quality health services, including reproductive health care to manage the physical and psychological consequences of the abuse, and within this, prevention and management of pregnancy and Sexually Transmitted Infections (STIs). It is critical that health services do not in any way “revictimize” rape survivors. At a minimum, this requires providing equitable access to quality medical care, ensuring patients’ privacy and the confidentiality of their medical information, informing patients and obtaining their consent before any medical intervention, and providing a safe clinical environment.¹⁵⁴

Confidentiality

A GBV guiding principle associated with survivor-centred service delivery. “Maintaining confidentiality requires that service providers protect information gathered about clients and agree only to

¹⁵³ IRC. *Caring for Child Survivors of Sexual Abuse Guidelines*. 2012: 14-15.

¹⁵⁴ WHO & UNHCR. *Clinical Management of Rape Survivors*. 2005. Inter-Agency Working Group on Reproductive Health in Crisis (IAWG). *Minimum Initial Service Package (MISP) for SRH in Crisis Situations*. 2020.

share information about a client’s case with their explicit consent. All written information is kept in locked files and only non-identifying information is written down on case files. Maintaining confidentiality about abuse means service providers never discuss case details with family or friends or with colleagues whose knowledge of the abuse is deemed unnecessary.” There are limits to confidentiality while working with children, in contexts with mandatory reporting, in cases of Sexual Exploitation and Abuse (SEA) perpetrated by humanitarian workers, or with clients who express intent to harm themselves or someone else.¹⁵⁵

Conflict-Related Sexual Violence (CRSV)

“Refers to incidents or patterns of sexual violence, that is rape, sexual slavery, forced prostitution, forced pregnancy, enforced sterilization, or any other form of sexual violence of comparable gravity, against women, men, girls, or boys. Such incidents or patterns occur in conflict or post-conflict settings or other situations of concern (e.g. political strife). They are also part of a direct or indirect nexus with the conflict or political strife itself, i.e. a temporal, geographical and/or causal link. In addition to the international character of the suspected crimes (that can, depending on the circumstances, constitute war crimes, crimes against humanity, acts of torture or genocide), the link with conflict may be evident in the profile and motivations of the perpetrator(s), the profile of the victim(s), the climate of impunity/weakened State capacity, cross-border dimensions and/or the fact that it violates the terms of a ceasefire agreement.”¹⁵⁶

Consent / Informed Consent

“Refers to approval or assent, particularly and especially after thoughtful consideration. Free and informed consent is given based upon a clear appreciation and understanding of the facts, implications, benefits, [risks,] and future consequences of an action. In order to give informed consent, the individual concerned must have all adequate relevant facts at the time consent is given and be able to evaluate and understand the consequences of an action. They also must be aware of and have the power to exercise their right to refuse to engage in an action and/or not to be coerced (i.e., being persuaded based on force or threats). Children are generally considered unable to provide informed consent because they do not have the ability and/or experience to anticipate the implications of an action, and they may not understand or be empowered to exercise their right to refuse. There are also instances where consent might not be possible due to cognitive impairments and/or physical, sensory or intellectual disabilities.”

Informed consent means making an informed choice freely and voluntarily by people in an equal power relationship. A survivor must be informed about all available options and fully understand

¹⁵⁵ IASC. [Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action](#). 2015: 324 (Annex 4).

¹⁵⁶ IASC. [Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action](#). 2015: 321 (Annex 3).

what she is consenting to as well as the risks, including the limits of confidentiality, before agreeing. The full range of choices should be presented to the survivor, regardless of the service provider's individual beliefs. The survivor should not be pressured to consent to any interview, exam, assessment, etc. A survivor is allowed to withdraw consent at any time. Informed assent is the expressed willingness to participate in services.

"For younger children, who are by definition too young to give informed consent but are old enough to understand and agree to participate in services, the child's 'informed assent' is sought."¹⁵⁷

Coping Strategies / Mechanisms

Ways and mechanisms for people to cope after being at risk of or experiencing GBV in order to try to mitigate the adverse effects of violence and prevent or minimize further risks of harm. Survivors of GBV each have "different strengths, [available] resources, and coping mechanisms." Each survivor reacts differently to GBV and thus, has different needs as a result. Commonly used terms of "positive" and "negative"/"high-risk" coping mechanisms are not a judgment of survivors and their coping strategies.

Families and communities may also exercise coping mechanisms, community-based protection strategies, and customary/informal justice mechanisms to try to minimize safety risks for women and girls and "protect" them or "resolve" situations of GBV. Family and community mechanisms such as mediation may not necessarily prioritize the safety and interests of survivors over "keeping the family together" and "avoiding shame" and thus, may not be aligned with a survivor-centred approach.

GBV interventions such as provision of case management and PSS try to support positive/less-risky coping mechanisms for survivors and their families. Interventions also seek to raise awareness of and address risks of coping mechanisms by families and communities that may undermine the safety, well-being, and opportunities for women and girls in the long-term (e.g. child marriage).¹⁵⁸

Denial of Resources, Opportunities, or Services

"Denial of rightful access to economic resources/assets, livelihood opportunities, and education, health, or other social services. Examples include a widow [deprived] from receiving an inheritance, earnings forcibly taken by an intimate partner or family member, a woman prevented from using contraceptives, a girl [restricted] from attending school, etc. Economic abuse is included in this category. Some acts of confinement may also fall under this category."¹⁵⁹

¹⁵⁷ IASC. *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*, 2015: 324 (Annex 4). GBV AoR. *The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming*, 2019: 8 (Standard 1).

¹⁵⁸ GBV AoR. *The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming*, 2019: 4 (Standard 1); 36 (Standard 5).

¹⁵⁹ IASC. *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*, 2015: 321 (Annex 3).

Denial of Rights

Denial of and active repression of rights, including the right to work, education, health, housing, inheritance and housing, land, and property, freedom, expression, privacy, and movement. Examples including restrictions imposed by families on the movement, attire and dress, and ability to work or go to school for women and girls. Denial of Rights includes Denial of Resources, Opportunities, or Services as part of a wider category.

Dignity Kits

Dignity kits are typically distributed to women and girls, linked to and forming part of other GBV activities. They contain hygiene and sanitary items, as well as other items explicitly tailored to the local needs of women and girls in particular communities. Dignity kits provide the essential material needs that women and girls often struggle with in order to enhance their safety, facilitate basic hygiene, and enable access to humanitarian services.

The contents may vary based on the specific needs of the women and girls in the community being served – typically dignity kits contain menstrual hygiene materials, soap, underwear and information on available GBV services, including where and how to access those services. Dignity kits should also include items that may help mitigate GBV risks such as LED flashlights, radios, whistles, etc.¹⁶⁰

Disability

People with disabilities include those who have long-term physical, mental, intellectual, or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.¹⁶¹

Domestic Violence and Family Violence

Domestic Violence and Family Violence are often used interchangeably and refer to violence between family members or within the household. Domestic violence is a term used to describe gender-based violence that takes place within the home or family between intimate partners as well as between other family members. It includes IPV but can also refer to violence from parents, siblings, in-laws, and other relatives or household-members. Family violence refers to violence more widely that takes place within the family and household, which can also include abuse of children by parents. **See also Intimate Partner Violence (IPV).**¹⁶²

¹⁶⁰ GBV AoR & WASH Cluster Ukraine. [Beyond Basic Needs: Understanding the Role and Difference of Dignity Kits and Hygiene Kits in Humanitarian Assistance](#). 2024: 1.

¹⁶¹ UN. "Convention on the Rights of Persons with Disabilities." 2006.

¹⁶² IASC. [Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action](#). 2015: 321 (Annex 3).

Economic Abuse / Violence

An aspect of abuse where abusers control victims' finances to prevent them from accessing resources, working or maintaining control of earnings, achieving self-sufficiency, and gaining financial independence.¹⁶³

Emotional Abuse / Psychological Violence

Infliction of mental or emotional pain or injury. Examples include threats of physical or sexual violence, intimidation, humiliation, forced isolation, social exclusion, stalking, verbal harassment, unwanted attention, remarks, gestures or written words of a sexual and/or menacing nature, destruction of cherished things, etc.¹⁶⁴

Empowerment of Women and Girls

"Empowerment is a process although the results of the process may also be termed empowerment. The outcome of empowerment should manifest itself as a redistribution of power between individuals, genders, groups, classes, castes, races, ethnic groups, or nations. Empowerment means the transformation of structures of subordination, through radical changes in law, property rights, control over women's labour and bodies, and the institutions which reinforce and perpetuate male domination."¹⁶⁵

Femicide

The intentional killing of women and girls based on their gender and/or their gendered behaviour and self-presentation, usually by a male (former) partner or a male family member. Femicide can be the final result of IPV and domestic abuse. It can be a form of enforcement, backlash, and retaliation for women and girls not fulfilling socially ascribed gender roles and expectations. As part of this, it can also be applied against women and girls accused of causing social shame and murdered under the guise of protecting "honour" and "reputation".

Forced Marriage

A forced marriage is the marriage of an individual or both persons against her or his will. It includes cases in which a person does not have the capacity, is unable, or does not feel they have the power to provide informed consent. The pressure put on people to marry against their will may be physical

¹⁶³ IASC. *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*. 2015: 321 (Annex 3).

¹⁶⁴ IASC. *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*, 2015: Annex 3.

¹⁶⁵ International Medical Corps (IMC) & IRC. *Women and Girls Safe Spaces: A Toolkit for Advancing Women's and Girls' Empowerment in Humanitarian Settings*. 2020: 11.

IASC. *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*. 2015: 324 (Annex 4).

violence or other forms of coercion, such as making someone feel they are bringing shame on their family. Child (or early) marriage is a form of forced marriage, as children are not legally competent to agree to such unions and thus, it is given that one and/or both parties have not expressed full, free, and informed consent. **See also *Child Marriage***.¹⁶⁶

Gender

“Refers to the social attributes, [roles,] and opportunities associated with being male and female and the relationships between women and men and girls and boys, as well as the relations between women and those between men. These attributes, opportunities, and relationships are socially constructed and are learned through socialization processes. They are context/ time-specific and changeable. Gender determines what is expected, allowed, and valued in a woman or a man in a given context. In most societies there are differences and inequalities between women and men in responsibilities assigned, activities undertaken, and access to and control over resources, as well as decision-making opportunities. Gender is part of the broader socio-cultural context.”¹⁶⁷

Gender-Based Violence (GBV)

“An umbrella term for any harmful act that is perpetrated against a person’s will and that is based on socially ascribed (i.e., gender) differences between males and females. The term ‘gender-based violence’ is primarily used to underscore the fact that structural, gender-based power differentials between males and females around the world place females at risk for multiple forms of violence. As agreed in the ***Declaration on the Elimination of Violence against Women*** (1993), this includes acts that inflict physical, mental, or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty, whether occurring in public or in private life. The term is also used by some actors to describe some forms of sexual violence against males and/or targeted violence against [individuals or groups with diverse SOGIESC], in these cases when referencing violence related to gender-inequitable norms of masculinity and/or norms of gender identity.”¹⁶⁸

Gender Equality

This “refers to the equal rights, responsibilities, and opportunities of women and men and girls and boys. Equality does not mean that women and men will become the same but that women’s and men’s rights, responsibilities, and opportunities will not depend on whether they are born male or female. Gender equality implies that the interests, needs, and priorities of both women and men are taken into consideration, recognizing the diversity of different groups of women and men. Gender equality is not a women’s issue but should concern and fully engage men as well as women. Equality

¹⁶⁶ IASC. [Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action](#). 2015: 321 (Annex 3).

¹⁶⁷ IASC. [Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action](#). 2015: 325 (Annex 4)

¹⁶⁸ IASC. [Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action](#). 2015: 322 (Annex 3).

between women and men is seen both as a human rights issue and as a precondition for – and indicator of – sustainable people-centred development.”¹⁶⁹

Gender Expression

It refers to external manifestations of gender, expressed through one’s name, pronouns, clothing, haircut, behaviour, voice, or body characteristics.¹⁷⁰

Gender Roles

“A set of social and behavioural expectations or beliefs about how members of a culture should behave according to their biological sex; the distinct roles and responsibilities of men, women, and other genders in a given culture. Gender roles vary among different societies and cultures, classes, and ages and during different periods in history. Gender-specific roles and responsibilities are often conditioned by household structure, access to resources, specific impacts of the global economy, and other locally relevant factors such as ecological conditions.”¹⁷¹

Intimate Partner Violence (IPV)

Intimate partner violence “applies specifically to violence occurring between intimate partners (married, cohabiting, boyfriend/girlfriend, or other close relationships) and is defined by the World Health Organization (WHO) as behaviour by an intimate partner or ex-partner that causes physical, sexual, or psychological harm, including physical aggression, sexual coercion, psychological abuse, and controlling behaviours.” This type of violence may also include the denial of resources, opportunities, or services. IPV is rooted in gender inequality and power imbalance among intimate partners. This abuse is typically manifested as a pattern of abusive behaviour towards an intimate partner (ex- or current) where the abuser exerts power and control over the victim. “Domestic Violence” is a term sometimes used to refer to IPV, though it refers more widely to violence that takes place within the home or between family members. See also Family Violence and Domestic Violence.¹⁷²

(So-Called) “Honour” Violence and Killings

Violence, including murder, stemming from a perceived desire to safeguard family “honour” and punish behaviour that is perceived as socially unacceptable and challenging men’s control over women, based on sexual, familial and social roles and expectations assigned to women by patriarchal ideol-

¹⁶⁹ IASC. [Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action](#). 2015: 325 (Annex 4).

¹⁷⁰ IASC. [Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action](#), 2015: 319 (Annex 2).

¹⁷¹ IASC. [Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action](#). 2015: 325 (Annex 4).

¹⁷² IASC. [Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action](#). 2015: 321 (Annex 3).

ogy. Family “honour” is considered to be embodied in the behaviour and reputation of women and girls. Such behaviour may include adultery, extramarital sex, or premarital relationships that may or may not include sexual relations; rape and other forms of sexual violence; or dating someone unacceptable to the family, violations of restrictions imposed on women’s and girl’s dress, contact with men and boys, employment or educational opportunities, social lifestyle, or freedom of movement.

Outing

Exposing someone’s lesbian, gay, bisexual, transgender or gender non-binary identity to others without their permission, consent, or approval. Outing can involve telling someone else or sharing the information about a person’s SOGIESC more widely with others, including through viral dissemination. It can take place with or without harmful intent (e.g. a service provider not respecting confidentiality). As outing takes away the decision, power, and agency from the affected person – and frequently leads to negative consequences – it is considered a form of violence. Perpetrators of outing often commit this form of violence in retaliation or to bring shame and harm to the victim. Outing someone can have serious repercussions on their public and private lives, including in their education, employment, economic situation, mental health and well-being, access to services and opportunities, family situation, social inclusion, and personal safety.¹⁷³

Perpetrator

“Person, group, or institution that directly inflicts or otherwise supports violence or other abuse inflicted on another against his/her will.”¹⁷⁴

Physical Violence / Assault

“An act of physical violence that is not sexual in nature. Examples include hitting, slapping, choking, cutting, shoving, burning, shooting or use of any weapons, acid attacks, or any other act that results in pain, discomfort, or injury.”¹⁷⁵

Protection from Sexual Exploitation and Abuse (PSEA)

“As highlighted in the Secretary-General’s ‘Bulletin on Special Measures for Protection from Sexual Exploitation and Sexual Abuse’ (ST/SGB/2003/13), PSEA relates specifically to the responsibilities of humanitarian, development, and peacekeeping actors to prevent incidents of sexual exploitation and

¹⁷³ Human Rights Council. “Glossary of Terms”. 2023. WebMD. “What Is Outing?”. 2022.

¹⁷⁴ IASC. *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*. 2015: 325 (Annex 4).

¹⁷⁵ IASC. *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*. 2015: 322 (Annex 3).

abuse committed by United Nations, Non-Governmental Organization (NGO), and inter-governments (IGO) personnel, [and other actors involved in the delivery of aid] against the affected population; to set up confidential reporting mechanisms; and to take safe and ethical action as quickly as possible when incidents do occur.”¹⁷⁶

Psychosocial Support (PSS)

“Any type of support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorders,” including to help to heal psychological wounds after an emergency or critical event.¹⁷⁷ Mental health and psychosocial support (MHPSS) in emergencies includes four layers: basic services and support; community and family supports; focused non-specialized services; and specialized services. Focused PSS services can be provided for GBV survivors through individual or group support aimed at addressing the harmful emotional, psychological, and social effects of GBV. In some cases, additional specialized MHPSS services may be needed for GBV survivors. It is important that PSS for women and girls is informed by an understanding of their experiences of violence and discrimination.¹⁷⁸

Rape

“Physically forced or otherwise coerced penetration of the vagina, anus, or mouth with a penis or other body part. It also includes penetration of the vagina or anus with an object.” “Rape includes marital rape and anal rape/sodomy. The attempt to do so is known as attempted rape. Rape of a person by two or more perpetrators is known as gang rape.”¹⁷⁹

Reproductive Coercion and Abuse

Reproductive coercion and abuse refers to a range of behaviours such as pressure, manipulation, emotional blackmail, trickery, threats and the use of various kinds of abuse to dictate a person’s reproductive choices or interfere with their reproductive autonomy. Reproductive coercion and abuse interferes with decision-making related to reproductive health and childbearing. It is a violation of the right to decide freely whether to have and the number and spacing of children. This behaviour encompasses pregnancy coercion, birth control sabotage, and controlling the outcome of a pregnancy, including explicit attempts to impregnate a partner against her will, control outcomes of a pregnancy including forced abortion, coerce a partner to have unprotected sex, and interfere with contraceptive methods. These behaviours are often perpetrated by an intimate partner but can also

¹⁷⁶ UN Secretary General’s Bulletin. “[Bulletin on Special Measures for Protection from Sexual Exploitation and Sexual Abuse. ST/SGB/2003/13](#),” 2003. IASC.

¹⁷⁷ IASC. [Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action](#). 2015: 326 (Annex 4).

¹⁷⁸ IASC. [Guidelines on Mental Health and Psychosocial Support in Emergency Settings](#). 2007: 1.

¹⁷⁸ GBV AoR. [The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming](#). 2019: 36-39 (Standard 5).

¹⁷⁹ IASC. [Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action](#). 2015: 322 (Annex 3).

be perpetrated by wider families and institutions. Reproductive coercion and intimate partner violence are closely correlated. Consequences of reproductive coercion include unintended pregnancy and sexually transmitted infections (STIs).¹⁸⁰

Risk Factors

Factors that contribute to the risks of and exacerbate forms of GBV, including causal factors that underlie, normalize, and perpetuate GBV. Risk factors for GBV have an underlying gender dimension due to existing gender inequalities. Gender roles and norms that disadvantage women and girls globally across different aspects lead to them being disproportionately at risk of and impacted by GBV.

In humanitarian settings, gender disparities typically grow. Risk factors for GBV are compounded due to displacement, insecurity, social fragmentation, family separation, and other factors.

Sextortion

Sextortion or sexual extortion occurs when an individual has, or claims to have, a sexual image of another person or other materials (e.g. recordings, messages, etc.) implicating them and/or threatens to spread allegations about them in order to use this to coerce a person into doing something they do not want to do. This commonly includes coercion of a person to engage in nonconsensual and desired sexual acts. Sextortion is based on gender norms and expectations – related to the control over women and girls’ sexuality – and uses fear of “shame” to apply pressure on victims.

Sexual Abuse

“The term ‘sexual abuse’ means the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.”¹⁸¹

Sexual and Reproductive Health (and Rights) (SRH, SRHR)

WHO defines sexual health as a state of physical, emotional, mental and social well-being related to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all individuals must be respected, protected and fulfilled.

¹⁸⁰ IAWG. *Field Manual on Reproductive Health in Humanitarian Settings: Gender-Based Violence*. 2018: Chapter 10.
¹⁸¹ IASC. *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*. 2015: 322 (Annex 3).

Good sexual and reproductive health is a state of complete physical, mental and social well-being in all matters relating to the reproductive system. It implies that people are able to have a satisfying and safe sex life, the capability to reproduce and the freedom to decide if, when, and how often to do so. To maintain one's sexual and reproductive health, people need access to accurate information and the safe, effective, affordable and acceptable contraception method of their choice. They must be informed and empowered to protect themselves from sexually transmitted infections. And when they decide to have children, women must have access to skilled health care providers and services that can help them have a fit pregnancy, safe birth and healthy baby. Every individual has the right to make their own choices about their sexual and reproductive health. Universal access to sexual and reproductive health and rights, including family planning, is a human right.

The term “sexual and reproductive health” can be defined as a person's right to a healthy body; the autonomy, education and healthcare to freely decide who to have sex with; and the knowledge and healthcare products to avoid sexually transmitted infections or unintended pregnancy. Sexual health is an integral part of overall health and well-being, ensuring people can have pleasurable and safe sexual experiences, free of coercion, discrimination or health risks.

Access to sexual and reproductive health services enables people to exercise this right. Sexual and reproductive healthcare can take the form of medical care related to the reproductive system, for example, to treat a sexually transmitted infection, or services that support reproductive choice with the provision of contraception and abortion care.¹⁸²

Sexual Assault

“Any form of non-consensual sexual contact that does not result in or include penetration. Examples include attempted rape, as well as unwanted kissing, fondling, or touching of genitalia and buttocks.”¹⁸³

Sexual Exploitation

“The term ‘sexual exploitation’ means any actual or attempted abuse of a position of vulnerability, differential power, or trust for sexual purposes, including, but not limited to, profiting monetarily, socially, or politically from the sexual exploitation of another. Some types of forced and/or coerced prostitution can fall under this category.”¹⁸⁴

Sexual Favour

The term “sexual favour” or simply “favour” refers to acts of sexual exploitation and abuse and specifically demands for sex acts in exchange for something, such as money or humanitarian assistance.

¹⁸² WHO. “Sexual and Reproductive Health and Rights.” UNFPA. “Sexual and Reproductive Health.” MSI. “What Is Sexual and Reproductive Health?” 2022.

¹⁸³ IASC. *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*, 2015: 322 (Annex 3).

¹⁸⁴ IASC. *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*, 2015: 322 (Annex 3).

Sexual Harassment

“Unwelcome sexual advances, requests for sexual favours, and other verbal or physical conduct of a sexual nature.”¹⁸⁵

Sexual Orientation, Gender Identity and Expression, and Sex Characteristics

The acronym SOGIESC combines different terms to refer to individuals and groups that do not fit within normative (heterosexual and cisgender) standards of sexuality, gender identity, and gender expression. Sexual orientation (SO) is understood to refer to each person’s capacity for profound emotional, affectional, and sexual attraction to and intimate and sexual relations with individuals of a different gender or the same gender or more than one gender. Gender identity (GI) is understood to refer to each person’s deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth, including the personal sense of the body (which may involve, if freely chosen, modification of bodily appearance or function by medical, surgical, or other means) and other expressions of gender, including dress, speech, and mannerisms.

Sexual Violence

“Sexual violence is ‘any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic a person’s sexuality, using coercion, threats of harm or physical force, by any person regardless of the relationship to the victim, in any setting, including but not limited to home and work.’ Sexual violence takes many forms, including rape, sexual slavery and/or trafficking, forced pregnancy, sexual harassment, sexual exploitation and/or abuse, and forced abortion.”¹⁸⁶

Sex Work / Transactional Sex / Survival Sex

The terms “sex work,” “transactional sex,” and “survival sex” are often used interchangeably and can overlap. Sex work is when persons over the age of 18 receive money or goods in exchange for sexual services, either regularly or occasionally. Sex work may vary in the degree to which it is “formal” or organized. Transactional sex refers to the exchange of sex for money, goods, or services in return. Survival sex uses sex as a commodity in exchange for goods, services, money, accommodation, or other basic necessities.¹⁸⁷

Survivor / Victim

A survivor, or victim, “is a person who has experienced gender-based violence.” The term recognizes that a violation against one’s human rights has occurred. “The terms ‘victim’ and ‘survivor’ can be used interchangeably. ‘Victim’ is a term often used in the legal and medical sectors. ‘Survivor’ is the term generally preferred in the psychological and social support sectors because it implies resiliency.”¹⁸⁸

¹⁸⁵ IASC. *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*. 2015: 322 (Annex 3).

¹⁸⁶ IASC. *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*. 2015: 322 (Annex 3).

¹⁸⁷ UNAIDS. “HIV and Sex Work.” 2021. UNFPA. “Survival Strategies that Put Women at Risk.”

¹⁸⁸ IASC. *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*. 2015: 326 (Annex 4).

Technology-Facilitated GBV (TFGBV)

The use of technology, digital tools, and online platforms to perpetuate gender-based violence, especially against women and girls as well as against persons with diverse SOGIESC. It includes already existing forms of GBV such as sexual harassment, movement control through stalking and monitoring, and social violence through online hate speech and threats. However, it also quickly broadens the scope of violence that perpetrators subject women and girls to, such as defamation, doxing (wide disseminating of personal data), and sextortion. It also facilitates new forms of GBV such as image manipulation, non-consensual distribution of intimate images and videos, broadcasting sexual assault, impersonation, and networked violence. Tech-facilitated violence interacts with offline forms of GBV, sometimes leading to the furthering of physical forms of sexual violence and vice versa.

Trafficking in Persons

The “recruitment, transportation, transfer, harbouring, or receipt of persons, by means of the threat or use of force or other forms of coercion, abduction, fraud, deception, the abuse of power or a position of vulnerability, or the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation includes the exploitation of the prostitution of others or other forms of sexual exploitation; forced labour or services, slavery or practices similar to slavery; servitude; or the removal of organs.”¹⁸⁹

Unaccompanied and Separated Children (UASC)

The term “unaccompanied children” refers to children who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so. “Separated children” are those separated from both parents, or from their previous legal or usual caregivers, but not necessarily other relatives. As a result, this may include children accompanied by other adult family members.

Women and Girls Safe Spaces (WGSS)

A WGSS is “a structured place where women and adolescent girls’ physical and emotional safety is respected and where women and adolescent girls are supported through processes of empowerment to seek, share, and obtain information, access services, express themselves, enhance their psychosocial wellbeing, and more fully realize their rights.”¹⁹⁰

¹⁸⁹ IASC. *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*, 2015: 323 (Annex 3).

¹⁹⁰ IMC & IRC. *Women and Girls Safe Spaces: A Toolkit for Advancing Women's and Girls' Empowerment in Humanitarian Settings*, 2020: 26.

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**For more information on the
response to GBV in Ukraine refer to:**

ukraine.unfpa.org

response.reliefweb.int/ukraine/gender-based-violence

For more information on *Voices from Ukraine* refer to:

[Voices from Ukraine Resources: UNFPA](#)

[Voices from Ukraine Resources: GBV AoR](#)

