



Rapid GBV Assessment

Chernihiv and Sumy Oblasts

February 2024



Image 1. Photo from DRC GBV awareness session in Zhukivka in Chernihiv Oblast, January 2024

Introduction

The 24th of February 2024 is a grim mark that the Russian Federation's military offensive to Ukraine has already lasted two years. Over 14.6 million people, approximately 40% of the Ukrainian population, need humanitarian assistance¹. The war has severely impacted people's access to basic services as well as the protective environment in Chernihiv and Sumy oblasts, with an estimated 386,000 people in Chernihiv and 703,000 people in Sumy in need of humanitarian assistance².

The escalation of the conflict has also exacerbated existing gender-based violence (GBV) risks for women and girls, men and boys across Ukraine, while also creating new risks including conflict-related sexual violence and risks regarding sexual exploitation and abuse related to humanitarian assistance. Before February 2022, there was a high prevalence of violence against women and girls in Ukraine³. A study found that 67% of women reported they have experienced physical, psychological, or sexual violence at the hands of a partner or non-partner since the age of 15. Nearly 30% of women report that they have experienced sexual and/or physical violence from an intimate partner, and a further 24% of women reported experiencing non-partner physical and/or sexual violence. While nearly half of the women advised they had experienced sexual harassment. A 2023 assessment on sexual violence completed by JURFEM, noted that 59% of participants surveyed reported experiencing sexual violence, including rape, sexual assault, and sexual harassment. Of the women who experienced sexual violence, 71% experienced sexual violence in the workplace, 35% on public transport, and 24% at home. The GBV AoR estimates that there are 2.5 million people in Ukraine in need of GBV assistance.

In 2023, DRC established GBV programming in Kharkiv, Mykolaiv, Chernihiv, and Zaporizhzhia Oblasts. DRC completed a rapid GBV assessment in Sumy and Chernihiv Oblasts to understand the main GBV risks in the targeted locations, as well as patterns of help-seeking behaviour for GBV survivors, and social norms and beliefs around gender and GBV. The assessment was not designed to be an in-depth study, but rather a brief overview of the key GBV risks in the targeted locations as identified by assessment participants. The assessment was intended to complement ongoing and regular protection monitoring activities carried out by DRC in the targeted locations.

Assessment methodology

The rapid GBV assessment targeted all five raions in Chernihiv Oblast (Chernihivskiyi, Koriuiskyi, Nizhynskiyi, Novhorod-Siverskiyi, and Prylutskiyi) as well as all six raions in Sumy Oblast (Konotopskiyi, Okhtryrskiyi, Romenskiyi, Shostkynskiyi, and Sumyskiyi). The data collection took place from December 2023 to January 2024. DRC completed three focus group discussions (FGDs) and 34 key informant interviews (KIIs), with 61 participants, including 10 males and 51 females ranging in age from 18-60+ years. DRC used a mixture of random and purposive sampling to identify participants from the assessment. Assessment participants included community members, as well as representatives from healthcare actors, government social services and hromada authorities. While the assessment aimed to include diversity considerations among the participants, it was not representative of all diverse groups in Ukraine. The assessment was carried out by GBV team members who are trained in GBV assessments, safe referrals, and responding to GBV disclosures.

¹ [OCHA, Humanitarian Needs and Response Plan Ukraine 2024](#)

² *Ibid*

³ [OSCE, 2019, Survey on Violence against Women: Ukraine](#)

Assessment Findings

Safety and Security

The assessment identified common safety risks for women, men, girls, and boys in the community including risks associated with the ongoing conflict, such as the threat of missile and drone attacks. However, when asked about the safety and security risks faced by women and girls in the community, **intimate partner violence was identified as the main risk**. The main types of intimate partner violence noted, included physical and psychological violence. More than half the assessment **participants reported that they were aware of at least one instance of GBV occurring within their family, community and/or workplace**, with the majority of these cases identified as incidents of intimate partner violence, reflecting the entrenched nature of this particular form of GBV within the target locations. Several factors were noted as contributing to the increased risk of intimate partner violence faced by women in the assessed locations.

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 dependence was identified as a factor that leads to increased vulnerability amongst some women, heightening their risk of GBV. It was noted that some adult men are limiting their movement as a coping mechanism to reduce the risk of conscription, this finding is supported by similar findings of by DRC's protection monitoring activities. The limitations on movements among adult men were identified as a factor that impacts their access to the labour market and is reported to be exacerbating the financial strain on households and placing additional burdens on women and girls. The impact of the self-restriction of movements by men in some communities where traditional gender norms dictate the roles of men and women was identified as **impacting men's sense of masculinity and exacerbating emotional distress**. Alcohol misuse was reported by participants as a common negative coping mechanism among men to manage the stressors associated with the conflict, including fears of conscription and the impact of self-movement restrictions. **Alcohol misuse was also identified as a key contributing factor to instances of intimate partner violence**. The relationship between limited economic opportunities and traditional gender roles and responsibilities highlights the complexity of intimate partner violence and the need for a comprehensive and integrated response to address the root causes of GBV.

Female participants reported feeling unsafe when navigating unlit streets at night, a concern exacerbated by the inconsistent functioning of street lighting due to the ongoing conflict. **The increased and largely male presence of the military in communities was reported by female several participants as contributing to feelings of vulnerability and insecurity among women**. To address these challenges, participants proposed measures to improve safety measures including repairing and/or increasing street lighting. Additionally, they recommended increasing the presence of the police, to serve as a protective counterbalance to the military presence.

Participants in the assessment **identified female IDPs and single women as groups most at risk of GBV**. For single women was reported that the vulnerability is linked to the perception that these individuals lack the protection and/or support that is typically provided by a male partner, guardian etc. increasing their risk of exploitation and abuse. Elderly women were also reported to be an increased risk due to their age-related physical limitations and dependency on others for care and assistance. Assessment participants also reported **adolescent girls from IDP households, particularly those from economically marginalised households are at increased risk of exploitation**. 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. Participants advised that in economically marginalised household's adolescent

girls are assuming more caregiving responsibilities, which is impacting their well-being. Recognizing the intersectionality of gender, displacement, and socio-economic factors is crucial in understanding the specific risks faced by adolescent girls in the assessed locations.

Gender Norms

According to respondents, there has been a shift in dynamics around gender roles and responsibilities in the household since the full-scale invasion. Many participants highlighted how the conflict and decreased economic resources have prompted a transition towards collective decision-making regarding expenditures and household decision making. It was also noted that men's participation in the Ukrainian armed forces resulted in some women assuming the role of sole breadwinners and decision-makers within their households. While **some women are assuming increased roles as the breadwinner and decision-makers**, the participants report that there has not been any noticeable change in the traditional division of labour, with women continuing to bear the primary responsibility for main household chores. For some women, this was reported to be **increasing the workload and pressures on women as they must assume additional responsibilities** that were previously managed by male family members while also still managing their existing caregiving responsibilities. For respondents who reported that their male partners/relatives were self-restricting their movement, they shared that the participation of men in caregiving responsibilities has increased, although is still not equal, partially alleviating the burden on women while also introducing new dynamics to household responsibilities.

Access to GBV services and help-seeking behaviour

Social norms and harmful beliefs surrounding GBV amongst communities and service providers were identified as major barriers for GBV survivors to seek support and services. Assessment participants reported that many women and girls refrain from reporting instances of GBV due to several intersecting factors. The presence of **stigma and feelings of shame among GBV survivors was highlighted as a barrier to help-seeking behaviour**, including fears of being judged by family, friends and the wider community. Participants expressed concerns regarding potential consequences GBV survivors may face, such as being ostracized from the community or facing further harm, particularly in cases involving child custody disputes. In Chernihiv and Sumy Oblasts, several respondents reported different anecdotal examples of survivors of intimate partner violence in their community and/or neighbouring community who unsuccessfully attempted to seek assistance and were reportedly killed by the perpetrator. Some respondents highlighted the prevailing **notion that women should endure abuse silently**, leading to reluctance in seeking assistance for GBV, which is perceived as shameful. These concerns were particularly noted in small and rural communities, where issues of confidentiality were exacerbated by the perception that everyone is aware of each other's affairs. Additionally, respondents noted that violence **against women is normalized in certain households and communities**, contributing to survivors' inability to recognize GBV due to its normalization from early childhood. The entrenched social norms compound the challenges faced by survivors of GBV, as stigma and victim-blaming attitudes discourage individuals from seeking help and speaking out about their experiences, leaving survivors isolated.

Lack of awareness about the availability of GBV services was also highlighted as a barrier to help-seeking behaviour for GBV survivors, with several respondents highlighting that women do not know where to seek support. Additionally, logistical barriers, such as the **physical inaccessibility of services due to the limited availability of transportation, pose significant challenges for survivors seeking help**. Service providers also highlighted the difficulties faced by GBV survivors in physically accessing support centres, exacerbated by transportation issues and limited infrastructure. This underscores the urgent need for comprehensive interventions to address not only the availability of support services but also ensure that services are physically accessible. A lack of training provided to staff members was reported to impact service providers'

ability to effectively respond to the complex needs of survivors. Service providers reported that burnout was a challenge in providing GBV services as the demanding nature of their work was identified as impacting their well-being and capacity to provide quality care. Addressing these gaps and challenges requires concerted efforts to strengthen the capacity of service providers and promote service provider well-being, as well as expanding access to essential resources such as transportation. Participants identified the need for women and girl's safe spaces to provide a range of services to women and girls in the community, including GBV survivors. It reported that these spaces should offer psychosocial support activities, recreational programs, community gathering areas, educational classes, and individualized psychological support.

Recommendations

1. Given the identification of alcohol misuse as a contributing factor to intimate partner violence, GBV prevention activities should be integrated with mental health and psychosocial support (MHPSS) activities focused on addressing the misuse of alcohol and promoting help-seeking behaviour among men.
2. Provision of targeted economic recovery support for women that considers the impact of caregiving responsibilities in their participation in training courses and other economic recovery opportunities.
3. Training and capacity building of service providers on working with GBV survivors to ensure services are survivor centred and provided in line with GBViE Minimum Standards. Provision of psychosocial support and supervision support for service providers working with GBV survivors to mitigate against staff burn-out.
4. GBV actors consider the implementation of GBV programming targeting adolescent girls focused on providing them with the skills and knowledge to identify types of GBV and seek support if they experience or are at risk of GBV.
5. GBV actors to focus on the establishment of multiple entry points for GBV survivors to access specialised GBV services, including psychosocial support and GBV case management, including provision of online and phone-based services as well as in-person services.
6. GBV actors to consider targeted awareness raising activities focusing on addressing stigma and social norms that discourage GBV survivors from seeking support and speaking out.

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