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Rapid GBV Assessment

Dnipropetrovsk and Zaporizhzhia Oblasts



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Introduction

The impact of the war in Ukraine continues to be felt across the country. Over 14.6 million people, approximately 40% of the Ukrainian population, need humanitarian assistance, including 2.5 million people in need of gender-based violence (GBV) assistance¹. GBV was a risk facing women and girls in Ukraine before the escalation of the conflict in 2022; a 2019 study found that 67% of women surveyed reported they have experienced physical, psychological, or sexual violence at the hands of a partner or non-partner since the age of 15². Nearly 30% of women surveyed experienced sexual and/or physical violence from an intimate partner, and a further 24% of women reported experiencing non-partner physical and/or sexual violence³. The war has severely affected the protective environment for women and girls in Ukraine, exacerbating existing GBV risks and creating new risks.

In 2023, DRC established GBV programming in Kharkiv, Mykolaiv, Chernihiv, and Zaporizhzhia Oblasts. DRC completed a rapid GBV assessment in Dnipropetrovsk and Zaporizhzhia 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. Please see below for a summary of the key findings from the assessment:

Key Assessment Findings:

- The lack of street lighting was observed as increasing GBV risks for women and girls in the community.
- Intimate partner violence was identified as a key GBV risk for women in the community, sexual exploitation and abuse was also identified as a GBV risk facing women and girls in frontline communities.
- Approximately 70% of respondents in the Apostolivska hromada of Dnipropetrovsk Oblast, as well as Petro-Mykhailivska and Vilnyanska hromadas in Zaporizhzhia Oblast, and approximately 50% in the Pershotravenska, Mezhyvska hromada's of Dnipropetrovsk Oblast and Dolynska hromada of Zaporizhzhia Oblast, advised that they would not report cases of GBV, including cases of intimate partner violence.
- Fears regarding stigma and confidentiality were also noted as key barriers to reporting for GBV survivors.
- There is a shortage of qualified specialists capable of dealing with different types of trauma informed approaches for working with GBV survivors and GBV-related issues.

Assessment methodology

The rapid GBV Assessment was conducted in Dnipropetrovsk and Zaporizhzhia Oblasts from the 1st of February to the 31st of March 2024 targeting five hromadas in Dnipropetrovsk Oblast (Apostolivska, Mezhyvska, Tomakivska, Chervonohryhorivska and Pershotravenska) and four hromada's in Zaporizhzhia Oblast (Petro-Mykhailivska, Vilnyanska, Novomykolaivska and Dolynska).

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

² [OSCE, 2019, Survey on Violence against Women: Ukraine](#)

³ *ibid*

DRC completed six focus group discussions (FGDs) with 71 women aged 18-60+ participants of IDP and hosting community and 14 interviews with key informants (KIs). 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.

Assessment Findings

Safety and Security

The humanitarian situation in Dnipropetrovsk and Zaporizhzhia Oblasts has gradually deteriorated in from January to March 2024 due to the ongoing conflict. Since January 2024, both oblasts have been affected by increased shelling attacks, which have particularly impacted communities close to the front line. The increased security risks negatively affect people's ability to meet their basic needs, their access to services, including social and administration services, as well as having a wider impact on the wellbeing and mental health of the affected population. All FGD participants in both Oblasts identified **the continuation of hostilities and increased shelling attacks** across Ukraine as the primary and most significant threat to their safety and lives. It was noted that some assessment participants have been displaced from their area of origin due to the conflict and are currently living in collective sites that are hosting people of different age, sex, and social status. A lack of privacy and single sex accommodation in collective sites can increase the risk of GBV violence against women and adolescents. In all assessed hromada's in Zaphorizhzhia Oblast, intimate partner violence was identified as a key GBV risk for women in the community.

'Abusers collect information about individuals living alone or in vulnerable households without male presence, potentially breaking into homes to commit crimes resorting to physical violence.' – mentioned KI from Dnipropetrovsk Oblast

The enrolment of men into the Armed Forces of Ukraine was noted as a factor impacting the protective environment for women. Women living in households in rural 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.

The lack of street lighting was observed by FGDs representatives as increasing GBV risks for women and girls in the community. Women reported that they were afraid of returning from work and moving around the streets at night by themselves due to the risk of sexual harassment and physical violence. Abandoned and neglected buildings, which are increasingly prevalent due to continued displacement of populations in the assessed areas, were identified as specific risky locations for GBV due to the perception that perpetrators may be hiding there.

'Women avoid dangerous streets and take longer routes.'
– informed KI from Dnipropetrovsk Oblast.

FGD participants in Dnipropetrovsk Oblast and in Zaphorizhzhia Oblast reported, without disclosing identifying information, about **unreported cases of sexual exploitation and abuse** among adolescent girls and single women allegedly perpetrated by security actors. It was noted that these cases were not reported due to a low level of awareness of GBV issues and GBV response services. In Zaphorizhzhia Oblast, assessment participants reported the reduced economic opportunities and income in rural and remote areas are increasing GBV risks for women. Not only is access to cash limited or suspended (through for example ATMs), but many women are unable to work due to a lack of relevant qualifications or vacancies suitable for women

in rural areas. It was noted that the lack of income and economic opportunities increases women's dependence on social benefits or identifying alternative sources of income, this was noted to increase the risk their risk of sexual exploitation and survival sex. The increased risk of survival sex and/or sexual exploitation was identified as a specific risk in raions in Zaporizhzhia located near the frontline.

In Dnipropetrovsk and Zaporizhzhia Oblasts, the lack of job opportunities in remote and rural areas has prompted women to seek job opportunities in central areas of hromada's. However, the absence of public transport in rural areas has been identified as a factor contributing to women hitchhiking lifts with strangers. This was noted to increase women's vulnerability to incidents of sexual harassment and abuse.

Gender Norms

GBV is rooted in harmful gender norms and the unequal distribution of power and resources between men and women. Evidence indicates that transforming gender norms and power relations is one of the most effective ways to address GBV. In Ukraine, patriarchal social norms are often reinforced by gender stereotypes and beliefs regarding traditional gender roles and have been impacted by the conflict.

During the assessment, it was reported that the impact of the conflict in Ukraine, including the widespread mobilisation of men into the Ukrainian Armed Forces, has led not only to women taking on the household duties traditionally performed by men, but also to participating in professions which were traditionally dominated by men. Examples of professions that women are increasingly participating in include tractor drivers, combine operators, drivers, and agricultural equipment technicians, which was not common before February 2022. Assessment participants noted that during the last two years, they have learned to undertake some tasks that were traditionally completed by their husbands/partners and are now carrying out some of these tasks independently.

'Nowadays, women and men stand on equal ground. We've acquired the skills to handle any task. For instance, my friend is currently setting up a well; she's taken charge of the installation herself, proficiently wields a chainsaw, and handles various other tools. We're fully capable of handling all tasks independently now.' - informed FGD participants in Zaporizhzhia Oblast.

The changing gender roles was also noted to have specific economic consequences. Specifically in rural areas, it was noted that there is a **shortage of specialists proficient in operating large agricultural machinery** such as combines and tractors as these professions were traditionally carried out by men. The shortage of specialists poses a significant obstacle to field cultivation and future harvests. Additionally, the majority of FGDs female participants reported that they lack the requisite qualifications and skills to operate such equipment. However, caring responsibilities including caring for children and other family members, is predominately carried out by women and this limits some women's ability to engage in vocational training or livelihood skills-building activities.

Access to GBV services

Approximately 70% of respondents in the Apostolivska hromada of Dnipropetrovsk Oblast, as well as Petro-Mykhailivska and Vilnyanska hromadas in Zaphorizhzhia Oblast and about 50% in the Pershotravenska, Mezhyvska hromada of Dnipropetrovsk Oblast and Dolynska hromada of Zaphorizhzhia Oblast, advised that they would **not report cases of GBV, including cases of intimate partner violence**. The main identified barriers to reporting include a delayed response by duty bearers, limited mechanisms for accountability of perpetrators and the perception that the system to support GBV survivors is ineffective, including a lack of services and concerns regarding confidentiality. Women and girls may refrain from seeking assistance if they believe they will not receive it, or if previous reports were ineffective.

'In our village, we know of one case where a woman reported abuse by her husband to the police, but unfortunately, there was a breach of confidentiality, and the incident became known in the village. The family situation deteriorated significantly - She regretted reporting it and now, in case of aggression from her husband (even if he threatens to kill her), she is unlikely to seek help.' – informed KI in Zaporizhzhia Oblast

In some villages in Apostolivska hromada, Dnipropetrovsk Oblast, and Vilnianska hromada, Zaphorizhzhia Oblast, the lack of local police presence was identified as a barrier to GBV survivors to engage in help-seeking behaviours. In some villages in these hromada's, the nearest police units are 15-25 km away and assessment participants from these villages noted that GBV survivors do not seek help from the police due to the reported lengthy response time and the perceived inefficiency of the prosecution of perpetrators. Assessment participants noted that in some situations reporting to the police can escalate the GBV risks for survivors to the risk of retaliation by the perpetrator when there is a lack of prosecution of the perpetrator.

'A woman from our community sought help from the police due to violence from her husband, who threatened her life. Despite restraining orders issued by the police, they proved ineffective due to a lack of enforcement. She confided in her colleagues that if she didn't show up the next day, they should look for her Tragically, one day, her worst fears came true - she was found deceased.' - informed KI in Zaphorizhzhia Oblast

The perpetuation of high levels of stigma and condemnation in society regarding GBV, including intimate partner violence, was reported by KIs and FGDs participants. Fears regarding stigma and confidentiality were also noted as key barriers to reporting for GBV survivors, including concerns that community members could become aware of the report, and this would increase stigma and potentially worsen the situation.

Additionally, FGDs participants highlighted considerable **challenges in accessing life-saving information, including information about the**

availability of specialized GBV services in hromada's where they reside. This information is not only vital for responding to GBV cases but also supporting help-seeking behaviours among GBV survivors. The assessment noted that in remote and rural areas, reporting to hotlines or seeking assistance from other service providers may not be considered by GBV survivors as they may simply be unaware of their existence. Additionally, service providers highlighted a **low awareness level of referral pathways for GBV services** and the availability of updated service maps for GBV providers has been disrupted in various hromada's. This disruption is exacerbated by the increasing number of IDPs, the departure of service providers, shifts in the priorities of protection organisations, and other factors related to the conflict. Consequently, there is limited access to critical information, including information about specialized GBV services, for IDPs, local residents, Civil Society Organisations (CSOs), and even government service providers. In Nikopolskyi raion Dnipropetrovsk Oblast KI noted that in the villages within the hromada, individuals seeking assistance are directed to approach the female or male heads of the villages who have often limited capacity to handle the requests

and are not trained on safe referrals to the appropriate service providers for assistance. **The access to medical services** including medical facilities, pharmacies was reported as limited due to the lack of public transportation between settlements and centres of hromada's in remote and rural areas.

The assessment noted that government services addressing GBV in rural areas are facing significant challenges due to a shortage of qualified personnel. KIIs in Zaphorizhzhia Oblast have highlighted **a shortage of qualified specialists capable of dealing with different types of trauma informed approaches for working with GBV survivors and GBV-related issues**, with a lack of qualified staff highlighted as a specific challenge in rural areas. The need for support for the reintegration of former combatants into society and their family members was highlighted. A lack of reintegration for former combatants and their families, including increased psychological distress, was noted as a contributing factor to increased risks of intimate partner violence. Among all assessed hromada's only Mezhyvska hromada Dnipropetrovsk Oblast has trained specialists to implement **a programme for perpetrator interventions**. As noted by social specialists, judicial duty berries and police do not refer perpetrators to undergo the programme despite repeated official requests. However, it should be noted that guidance from the [GBV AoR Helpdesk- Overview of the Evidence on Perpetrator Intervention Programmes for IPV](#) indicates that such programmes are not generally effective in high-resource contexts and the existing evidence base does not provide a strong justification for the allocation of resources to perpetrator programmes in humanitarian contexts.

Recommendations

When considering the urgent need for action in response to the escalating gender-based violence crisis in conflict-affected regions of Ukraine, it is imperative for humanitarian leadership, international donors, and the government of Ukraine to take immediate and targeted steps to address the pressing challenges faced by women and vulnerable populations. The following advocacy recommendations are specifically designed to guide each stakeholder group in contributing effectively to the prevention, response, and mitigation of gender-based violence in Ukraine. By implementing these recommendations collaboratively, we can work towards creating a safer and more supportive environment for survivors and at-risk individuals in the midst of ongoing conflict and crisis.

Government of Ukraine

- Invest in infrastructure improvements such as street lighting to enhance safety for women and girls moving around at night.
- Implement awareness campaigns to promote reporting mechanisms for survivors of gender-based violence and ensure accountability for perpetrators.
- Establish vocational training programs to empower women with the skills needed for new opportunities emerging from changing gender roles.

Humanitarian actors

- Work with GoU to provide training programs for local officials and service providers on safe referrals and trauma-informed approaches to support survivors effectively.
- Invest in strengthening the capacity of local authorities, governmental institutions involved in GBV services provision, and local community-based organizations. This can be achieved by organising trainings and workshops on GBV-related topics to enhance their expertise.

Humanitarian leadership

- Prioritize the establishment of safe spaces and support services for survivors of gender-based violence.

- Collaborate with local organizations to ensure community engagement and participation in GBV prevention and response initiatives.
- Increase efforts in GBV service mapping activities to enhance referral mechanisms. This should involve collaboration with various service providers, including NGOs, INGOs, governmental bodies, and public structures.
- Continued dissemination of information regarding the availability of GBV services and increase outreach efforts to tackle the stigma associated with help-seeking behaviour among GBV survivors.
- Address the specific risks faced by internally displaced persons living in collective sites, including targeted GBV prevention and response measures.

International donors

- Ensure that funding and resources for GBV prioritise the establishment of GBV response and prevention activities over support for programmes working with perpetrators of GBV.
- Support programming around GBV prevention that focuses on social behavioural change to address the root causes of GBV. GBV prevention efforts should be integrated with Mental Health and Psychosocial Support (MHPSS) activities that are focused on addressing contributing factors for GBV, such as alcohol misuse, among populations at increased risk of exposure to trauma, including current and former combatants, to strengthen GBV prevention efforts.
- Invest in capacity-building initiatives to enhance the skills of service providers and officials working in GBV response.
- Support initiatives that promote gender equality and address changing gender norms resulting from the conflict.
- Encourage collaboration and partnership among donors to maximize impact and ensure sustainable support for GBV response efforts.



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