

TWO YEARS AFTER THE ESCALATION OF THE WAR IN UKRAINE

What Are the Major Challenges for Women and Girls to Access Quality GBV Services?

On 24 February 2024 it will be two years since Russia's war on Ukraine escalated.

The impacts of the situation disproportionately affect women, girls and marginalised groups, amplifying existing protection risks and creating new ones.¹ Since the escalation of the war, various forms of gender-based violence (GBV) have sharply increased. This includes intimate partner violence, conflict-related sexual violence, sexual exploitation and abuse as well as trafficking in persons.²

According to the Humanitarian Needs and Response Plan (HNRP) 2024, 2.5 million people in Ukraine are currently in need of GBV in Emergencies prevention, risk mitigation and response services. The highest needs are in the East and South of the country in areas close to the frontline, areas retaken by the Government of Ukraine and areas under Russian military control.

83 percent of the 810.000 people targeted with GBV services in the Humanitarian Needs and Response Plan for 2024 are women and girls.³

Ukrainian NGOs, especially women-led and women's rights organizations, are contributing significantly to the implementation of most of the activities relating to GBV in Ukraine.

For this paper, CARE's Ukrainian partners working on GBV prevention and response identified challenges and gaps in the GBV response and made recommendations to address them.

Limited Awareness of GBV

Even before the escalation of the conflict in Ukraine, there was limited understanding and low public awareness of GBV in Ukraine. Mainly three factors contribute to this:

- There is a tendency to keep silent about cases of GBV, especially when it comes to domestic violence. This is exacerbated by the fact that, in times of war, there is a general public perception that it is not the "right time" to focus on the issue.
- Cultural acceptance and stereotypes about the causes and consequences of GBV ("She probably provoked it") lead to a lack of reporting. This, together with victimization in cases of reporting, creates a barrier for survivors to seek assistance and legal support.
- Intimate partner violence is often perceived as a private issue which silences the problem in communities.

These factors make it difficult to identify GBV risks and to offer adequate response mechanisms.

Limited Access to Safe Spaces and Quality GBV Services

In the two years since the full-scale invasion of Ukraine, existing protection and GBV services continue to be overstretched.

There are different reasons for this: Many service providers have shifted their focus away from GBV to meet other humanitarian needs of internally displaced persons (IDPs). Additionally, many specialists were displaced themselves. Finally, some infrastructure has been destroyed in the ongoing war or the operation of GBV services has become too unsafe. This is especially the reality in areas close to the frontline.

¹ <https://www.care.org/wp-content/uploads/2022/05/Rapid-Gender-Analysis-of-Ukraine-en.pdf>; https://www.care-international.org/sites/default/files/2023-11/RGA_Ukraine_2023_ENG.pdf

² RGA_Ukraine_2023_ENG.pdf (careevaluations.org), p. 26

³ <https://reliefweb.int/report/ukraine/ukraine-humanitarian-needs-and-response-plan-2024-december-2023-enuk> p. 77



Distribution of hygiene kits for children to a mixed group of displaced people and local population, run by CARE's partner organization CfSSS.



Iziium, Donestk Oblast: In view of the widespread destruction of civilian infrastructure, the provision of quality GBV services is extremely challenging.

Especially close to the frontline, the shortage of trained staff and the destruction of infrastructure has led to a heavily increased caseload for still operating specialists.

CARE's partners report:

- There is a general lack of psychosocial, legal and medical support in remote rural areas. This problem intensifies when it comes to GBV: there is for example no access to anonymous medical examination possibilities for survivors or specific support structures that they can reach out to.
- There is limited availability and access to quality GBV services, particularly in areas close to the frontline and some formerly occupied areas.⁴ State institutions in areas close to the frontline have been evacuated. There are very few NGOs that can provide specialized GBV response services.
- Activities to respond to GBV have been significantly reduced due to the high security risks and the redirecting of resources due to the war. Additionally, case management⁵ cannot function adequately in a highly insecure environment.⁶ This leaves survivors, especially those who stayed in hard-to-reach areas, without access to life-saving assistance.
- GBV survivors have no safe place if they are facing protection risks as there is an insufficient number of Women and Girls safe spaces and GBV shelters. There is only one crisis room and one GBV shelter operational in Zaporizhzhia city. In Kherson oblast, GBV survivors have access only to one GBV shelter. Due to insufficient funding, there is not a single shelter available in some areas.
- Few GBV prevention programs actively engage men and boys, which means that harmful forms of masculinity as

a contributing root cause of GBV are currently not being adequately addressed. Also, programs that work with perpetrators hardly exist.

Lack of Specialists and Training

Besides the lack of structures and systems, the GBV response in Ukraine is also struggling with the shortage of trained staff. Especially in areas close to the frontline, many qualified specialists have left. The number of available case managers, social workers and psychologists to support and refer GBV survivors is limited. At the same time, due to the higher risks and incidence of GBV in times of war and humanitarian emergencies, the need for quality GBV services has increased significantly. As a result, the caseload for trained staff who are still providing GBV related services is huge. Burnout is no longer a risk but a reality for many. An additional challenge is insufficient number of health specialists and law enforcement officers who are trained in survivor-centred approaches.

Partners report that medical professionals, health workers and paramedics have hardly received training, whether it is training on first aid to GBV survivors (including psychological first aid in the initial examination) or more specialized training on the other aspects of clinical management of rape.

⁴ See also <https://reliefweb.int/report/ukraine/ukraine-humanitarian-needs-and-response-plan-2024-december-2023-enuk>, p. 77

⁵ GBV case management is a structured method for providing help to a survivor and an integral part of the response to GBV in humanitarian settings. In this process, the survivor is informed of all options available to them and receives emotional support. Issues and problems faced by the survivor are identified and followed up in a coordinated manner.

⁶ <https://reliefweb.int/report/ukraine/ukraine-situation-report-10-feb-2023>, p. 16

Similarly, law enforcement officers are not aware of survivor-centred approaches when survivors disclose GBV cases. Therefore, GBV survivors cannot rely on receiving adequate treatment and protection from law enforcement authorities. One partner cited cases where police officers did not even register GBV cases.

Although local authorities are in general technically involved in coordinating the GBV response in Ukraine, many local authorities have deprioritized responding to GBV due to being overburdened with other challenges like the response to displacement. Especially small and rural communities often do not have enough resources and sometimes also lack the political will to adequately respond to GBV with a comprehensive response system.

Local NGOs, including Women-Led Organizations (WLOs), do have the expertise and community networks and are well-positioned to provide legal and psychosocial training on GBV survivor centered approaches, including training relevant actors on managing GBV cases. However, they need the funding and technical support to do so at the required scale.

INGOs on the other hand provide a lot of training. However, for Ukrainian NGO partners, trainings can seem to follow a one-size-fits-all approach which could be better adapted to the specific realities of Ukraine.

Insufficient and Inaccessible Funding Remains a Key Bottleneck

The barrier to accessing funding for local organizations, including WLOs, remains an obstacle to improving access to and quality of GBV services.⁷ As most of the current funding is coming from the emergency response, it is mostly allocated to short-term projects with a duration up to one year. This lack of sustainable funding⁸ leads to planning uncertainty for organizations and the necessity for increased fundraising efforts. Additionally, it profoundly affects the survivors' ability to access longer-term support, such as psychosocial services, accommodation, safe spaces, legal services, GBV-related physical health support and referrals for ongoing recovery.

RECOMMENDATIONS

Sharing Capacities with Responders

- Donors, UN and INGOs should **share their expertise with local women responders to deliver survivor-centred services**. This should include specific training based on the specific needs of the organizations and must consider that marginalised groups face increased risk to GBV as well as specific barriers in accessing quality GBV services. Therefore, there has to be a focus on the specific needs of people living in poverty, people with disabilities, older people, male survivors, members of the Roma and the LGBTQIA+ community as well as an intersectional lens.
- Specialists should receive **specific training to work with perpetrators**.
- All actors have to ensure that **representatives of marginalized groups are included in designing prevention and response activities**.
- UN and INGOs should **coordinate with** relevant authorities (e.g. Ukrainian national and local government entities) **to build technical capacity** in order to ensure that the GBV services
 - are complementary to central and decentralised authorities' services and
 - fill gaps of services such as shelters and crisis centres.
- Prosecutors and police also have to **apply a survivor-centred approach in investigations and prosecutions**. Ongoing specific efforts to train the police and justice sectors should continue where failure to put the survivors' will and interests can have grave consequences, including significant protection risks. A **monitoring system** that guarantees safe and appropriate responses is also required.
- Support in setting up **specialized centres and services for survivors** should especially be provided to local authorities in rural areas, where many services do not operate at all.
- Donors, UN and INGOs should **integrate GBV risk mitigation measures across all sectors**, including by ensuring that all humanitarian actors are trained in GBV core concepts and safe referrals.

7 <https://www.care-international.org/sites/default/files/2023-02/Briefing%20Ukraine%20Conflict%20Making%20Funding%20Work%20for%20Women%27s%20Organisations%20%281%29.pdf>
8 <https://reliefweb.int/report/ukraine/ukraine-humanitarian-needs-and-response-plan-2024-december-2023-enuk-p.79>

Awareness Raising and Information

- **Awareness campaigns on preventing and ending GBV** have to be increased and intensified. This should include working with the media as well as engaging men and boys in order to address root causes of GBV and not just the symptoms.
- **Educational programs and courses** should target children and adolescents to address harmful gender stereotypes and social norms as well as the stigma related GBV.
- Organizations working in GBV response and prevention must **ensure that information about GBV services for survivors is made more accessible**. This includes the strategic use of technology in order to expand reach and access as well as efforts ensuring the inclusion of marginalized groups like people with disabilities, LGBTQIA+ people, Roma communities and male survivors.

Funding GBV Prevention and Response:

- Donors, UN and INGOs must ensure that the **complete package of lifesaving GBV services is fully funded**. Special focus has to be on funding for the availability and quality of services, particular Women and Girls' safe spaces and shelters, psychological support and the provision of mobile and remote services in order to reach those who are unable to access services.
- **Prevention requires more investments**. This includes programmes engaging men and boys in order to transform harmful gender norms and to promote more equal power and gender relations.
- The **volume of funding to Ukrainian organizations must be scaled up**, especially direct support for women-led, women's rights and LGBTQIA+ organizations, as well as organizations for people with disabilities and the Roma community.
- Funding needs to be **flexible and multi-year**. It has to **include core organizations' direct and indirect costs as well as requirements to deliver quality programs** that adequately meet the needs of GBV survivors to heal, recover and regain agency. Local organizations have to be able to reliably sustain their programming and operations through more predictable multi-year funding.
- GBV related funding should always **include budget for psychosocial support and wellbeing activities for local GBV responders** in order to prevent burnout and to support in dealing with potential traumas.

THIS BRIEFING HAS BEEN ENDORSED BY THE FOLLOWING ORGANIZATIONS:

