

A Community-Based Approach to Addressing Gender-Based Violence in Ukraine's Recovery

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Summary

The full-scale Russian invasion of Ukraine in 2022 has caused a humanitarian crisis, exacerbating pre-existing social issues and causing a significant surge in gender-based violence (GBV) across the country. As Ukraine embarks on a protracted recovery process, addressing and preventing GBV is crucial for fostering long-term stability and social cohesion, aligning with the government's commitment to gender equality and inclusion strategies outlined at the 2022 Ukraine Recovery Conference in Lugano.

Encompassing physical, sexual, psychological, and economic abuses, GBV disproportionately affects women and girls due to unequal power dynamics and economic vulnerabilities. The full-scale war has introduced new dimensions of violence, including conflict-related sexual violence (CRSV) perpetrated by Russia's military forces in the occupied territories, with devastating consequences for individuals and communities. Reports of war crimes, including rape, torture, and indiscriminate attacks, underscore the urgent need to address CRSV and mitigate its long-term impact.

Statistics reveal a stark increase in domestic violence cases, with an 83.6% rise from 2021 to 2023. Economic instability, unemployment, and displacement have further exacerbated vulnerabilities, particularly for internally displaced persons living in precarious conditions.

Since 2017, Ukraine has been updating its legislation to address domestic violence and GBV, including the ratification of the Istanbul Convention in 2022. However, effective implementation remains a challenge, necessitating comprehensive and sustained efforts at all levels. Hromadas—local administrative units broadly equivalent to municipalities—play a crucial role in recovery as they are on the front line of rebuilding local infrastructure and restoring social services. Equipping them with the necessary expertise and knowledge is essential to ensure they can effectively respond to GBV, and thus foster a just and equitable recovery for all members of society.

Addressing GBV in Ukraine requires a multifaceted holistic approach that combines integrating prevention and support strategies into gender-sensitive recovery and development processes at the local level to ensure that the needs of survivors and their families are properly met. To support this approach, several key actions are needed. These include increasing public awareness of GBV through education initiatives and media campaigns, and institutionalizing continuous training for frontline responders such as social workers, police officers, psychologists, and healthcare professionals. It is also important to implement measures that prevent burnout among social service providers and to adopt strategic, long-term planning for projects with flexible funding mechanisms. Enhancing public access to information through diverse communication channels is essential, as is the development of an effective, survivor-centered referral pathway system. Additionally, the introduction of clear indicators and transparent feedback mechanisms will help monitor and evaluate the quality of services. Finally, empowering women to make decisions in their recovery and building trust among all stakeholders are critical steps in ensuring a coordinated and effective community response to GBV. Together, these efforts can create a safer, more supportive environment for survivors and contribute to long-term social resilience and gender equality in Ukraine.

Introduction

Russia's full-scale, unprovoked military invasion of Ukraine in 2022 has caused significant loss of life, extensive destruction of infrastructure, and widespread displacement of people that has led to a humanitarian crisis, with millions requiring urgent assistance. As of December 2023, more than 3.7 million people had been internally displaced, 59% of them women.¹ Combined with the exacerbation of preexisting social problems, these developments have contributed to an increase in gender-based violence (GBV) across the country. Ukraine's recovery process will take a long time and it cannot wait for the war to end; laying the foundation for social rebuilding during the conflict is essential for a stronger postwar future. To ensure that the country's recovery is sustainable and just, it is critical that it includes an effective strategy for combating and preventing GBV and domestic violence. This will not only mitigate the direct consequences of the invasion but also promote long-term stability and social cohesion.

Recovery can be defined as including "all initiatives that seek to repair the damage done by the conflict to physical infrastructure as well as to political, economic and social structures". However, simply restoring things to their previous state will be neither productive nor effective way of rebuilding Ukraine. In the context of the country's pursuit of EU membership, recovery must be seen as a holistic, deep, and forward-looking transformation that includes multiple dimensions such as economic development, infrastructure modernization, governance reforms, and social cohesion.

The government has stated its commitment to implementing gender equality and inclusion strategies in recovery at the Ukraine Recovery Conference in Lugano in 2022. The conference declaration states that

The recovery process has to be inclusive and ensure gender equality and respect for human rights, including economic, social and cultural rights. Recovery needs to benefit all, and no part of society should be left behind. Disparities need to be reduced.³

Combating and preventing GBV and supporting survivors must be at the heart of achieving these objectives and of fostering a just and equitable recovery for all members of society, which requires comprehensive and sustained efforts at all levels.

Ukraine's hromadas—local administrative units broadly equivalent to municipalities—play a crucial role in recovery as they are on the front line of rebuilding local infrastructure, restoring social services, and redistributing humanitarian help. They are also vital in preventing and combating GBV as they are well placed to ensure that support reaches those most in need during the recovery process. Unlike national or regional government bodies, hromadas are uniquely positioned to understand local dynamics and can provide more immediate, tailored responses to the needs of GBV survivors. Although some have begun addressing this issue, there is often a lack of comprehensive resources and expertise at this level, leaving a gap in policy and governance. Focusing on hromadas can ensure that responses to GBV are rooted in community realities, which is at the core of effective intervention and long-term recovery. Therefore, it is important to equip them with the necessary expertise and knowledge to ensure they respond to GBV effectively.

This paper addresses the rapidly increasing problem of GBV in Ukrainian society and provides recommendations for implementing its prevention and survivor-support strategies as part of holistic, gender-sensitive recovery and development processes at the local level. The research consisted of an analysis of, among other sources, reports from international organizations, local civil society organizations (CSOs), and government agencies that provide data and analysis on GBV in Ukraine, as well as of interviews with experts, activists, local government officials, CSO representatives from Ukraine, Bosnia and Herzegovina, and Georgia. The recommendations with short- and long-term perspectives are tailored to hromadas that either need to rebuild their infrastructure and restore their governance bodies, or where the primary challenge is to adapt to wartime conditions and ensure the continued provision of essential services and support to the most vulnerable members their communities.

Gender-Based Violence in Wartime

Gender-based violence is an umbrella term referring to harmful actions or behaviors inflicted upon individuals due to their gender or perceived gender roles. It encompasses physical, sexual, psychological, and economic abuses, including intimate partner violence, sexual harassment, rape, child marriage, female genital mutilation, "honor killings", and conflict-related sexual violence (CRSV). GBV also takes non-physical forms such as emotional abuse, coercion, and control. This paper uses the terms "gender-based violence" and "conflict-related sexual violence" to define two distinct types of crimes perpetrated against women, girls, men, and boys. While GBV covers a broader spectrum of violence rooted in gender inequality, CRSV specifically refers to acts of sexual violence committed during or in connection with armed conflict. The consequences of CRSV are profound, impacting society in the short and long term. This is a lesson learned from the experience of Bosnia and Herzegovina, which has been grappling with the repercussions of the Yugoslav Wars for the past three decades. Therefore, addressing CRSV and mitigating its consequences and developing effective GBV response systems must be equally important components of Ukraine's recovery efforts.

GBV is one of the most widespread human rights violations globally. It disproportionately affects women and girls due to the unequal distribution of power and resources between genders, women's economic vulnerability, and their usually dependent role within the family. The exposure of women and girls to GBV is multifaceted and involves various intersecting factors such as age, disability, sexual orientation, gender identity, ethnicity, and geographic location (rural or urban). GBV is thus a complex societal problem that requires comprehensive intersectional solutions. According to a 2021 study, 22% of Ukrainian women aged 15 to 49 have encountered at least one form of physical or sexual violence.⁴ The war has not only aggravated the societal problem of domestic violence, which had intensified during the COVID-19 pandemic;⁵ it has also introduced new layers of conflict-related violence perpetrated by Russian soldiers in the occupied territories. (As of February 2025, 20% of Ukraine's territory was under Russian occupation, including the regions around Chernihiv, Kharkiv, Kherson, Mariupol, Sumy, and Zaporizhzhia, as well as areas occupied since 2014, such as Donetsk, Luhansk, and Crimea.)

Reports of war crimes committed by Russian forces include torture, willful killing, rape and other sexual violence, unlawful confinement, and indiscriminate attacks affecting civilians and civilian objects.⁶ It is reported that in the

occupied territories, consistent with previously identified patterns,⁷ members of the Russian authorities have committed rapes and other forms of sexual violence during house searches and in detention⁸ as well as during "filtration" measures, which involve forced screening, checking, interrogation, detention, torture, and sometimes killing of individuals, often civilians, by Russian military forces. In 2022, researchers identified at least 21 filtration camps in the occupied territories.⁹ From the first day of the invasion in February 2022 to January 2023, the Office of the United Nations High Commissioner for Human Right documented 133 cases of CRSV against Ukrainians, involving 85 men, 45 women, and three girls as victims. Of these cases, 109 were perpetrated by Russian armed forces, law-enforcement authorities, or penitentiary staff, either in the occupied territories or in Russia.¹⁰

There is a gender discrepancy in documented cases of sexual violence cases: the UN Human Rights Monitoring Mission in Ukraine reports more men as survivors of CRSV, due to the focus on prisoners of war, most of whom very likely have been interviewed by UN investigators, while women's rights organizations report encountering more women and girls as victims. This suggests that official UN figures represent only a fraction of the true extent of CRSV.

Ukrainians in occupied territories as well as prisoners of war face severe forms of CRSV.

Ukrainians in occupied territories as well as prisoners of war face severe forms of CRSV, including rape, electrocution, burning, genital abuse, forced nudity, coercion to witness or commit sexual violence against others, unwarranted cavity or strip searches, homophobic insults, and threats of sexual violence directed at victims or their loved ones. Kateryna Cherepaha, the president of La Strada—Ukraine, a human rights organization working to ensure gender equality, peace building, and prevention of GBV—has said:

According to the testimonies we heard, Russian soldiers paid regular visits to Ukrainian households in the occupied regions. They would rape women and say 'now you won't give birth to any more Nazis'. This indicates rape was carried out as part of a deliberate strategy.¹²

This strategy has the clear-cut objective to terrorize and control the population, to inflict psychological damage, and to undermine community cohesion. As a result of it, many women can experience unwanted pregnancies, which can lead to the loss of their social standing in their community and ostracization. The fact that abortion is often inaccessible and that women are faced with societal and religious pressure to carry a pregnancy to term¹³ aggravates trauma, even after women manage to leave the occupied territories and settle in another region. Given the extreme difficulty in documenting CRSV cases in the occupied territories and the prevailing stigma surrounding survivors, even in de-occupied areas, it is challenging to gather exact statistics, let alone gender-disaggregated ones. According to Government Commissioner for Gender Equality Policy Kateryna Levchenko, among those who have experienced CRSV more men than women have applied for interim reparations, which challenges the perception that such violence exclusively targets women.¹⁴ The profile of survivors has likely changed over time, with children and the elderly now constituting a significant proportion of those who have endured CRSV by Russian military forces. According to the National Police of Ukraine, the age of the youngest survivor is four years and the oldest is 82 years.¹⁵

This shift in survivor demographics is part of a broader increase in violence, as evidenced by the rising GBV statistics across Ukraine since February 2022. The National Police of Ukraine registered 349,355 cases of domestic violence from January to May 2023, compared to 231,244 cases in 2022 and 190,277 in 2021 for the same period—an 83.6% rise over two years. This includes reports of intimate partner violence, sexual exploitation and abuse, sexual harassment, sexual violence (including CRSV), and economic abuse. With more than 6 million Ukrainian refugees in Europe, the overwhelming majority of whom are women in vulnerable life situations, the risk of trafficking for sexual exploitation has increased and is particularly high at borders where registration is inconsistent and there is little control over documents. GBV and abuse take place also in bomb shelters. As of September 2023, the United Nations Population Fund estimated that 3.6 million people in Ukraine require GBV prevention and response services. The majority of GBV and domestic violence survivors are women.

The reasons for such a dramatic rise in GBV are a complex mix of social, cultural, and economic factors, which play out against the backdrop of the war. One is increasing economic instability and unemployment, which exacerbate women's financial dependence on their partner. The gender pay gap is at 18.6%, although it has narrowed by 7.4 percentage points over the last seven years.²² In an International Organization for Migration survey, the proportion of respondents in very low-income households (monthly income per person below UAH 3,000) rose from 21 to 30 percent from February 2022 to the end of 2023.²³ In a survey of internally displaced persons (IDPs), in December 2023, 73% of respondents identified cash and financial assistance as their most urgent need.²⁴ Many IDPs cannot afford accommodation and find themselves in precarious living conditions, with families restricted to a limited space (very often one room in a dormitory), which leads to a lack of private space, resulting in disputes and tensions among family members, and often escalating into increased violence.

The reasons for such a dramatic rise in GBV are a complex mix of social, cultural, and economic factors, which play out against the backdrop of the war.

By 2021, the government had invested UAH 200 million to establish shelters, crisis rooms, and psychosocial support teams for GBV survivors.²⁵ However, since 2022, these facilities have been used to accommodate IDPs, which has led to a reduction in the number of safe spaces for the GBV survivors. In early 2024, there were 57 functioning round-the-clock shelters, covering all Ukraine except Luhansk, Ternopil, and Chernihiv oblasts.²⁶ This falls far short of the Istanbul Convention's standard of one shelter per 10,000 people, which would require approximately 3,000 shelters nationwide. Budget constraints and limited capacity caused by the war contribute to this gap.

Very often interpersonal conflicts and escalation of domestic violence is regarded as a private "family affair", which reinforces a culture of non-interference and silence around such violence. In a 2019 survey, 41% of women respondents in Ukraine said that the issue should be resolved within the family when a husband perpetrates violence against his wife.²⁷ This tendency is strengthened by the general swing typical for societies affected by war toward "traditional values", which rigidly assign women to caregiving and homemaking roles subordinate to their male partners.²⁸

New forms of violence have emerged due to the war. Women's rights organizations have reported several cases in which men who did not live with their family attempted to force their children to live with them to avoid being conscripted, with men even resorting to kidnapping in some instances.²⁹ Women with their partner in military service are also now more exposed to domestic violence and GBV. Cases of psychological, emotional, and physical intimate partner violence have increased in families where the husband or partner returns home from military duty for periods of 10–15 days.³⁰ This can be explained by the latter experiencing post-traumatic stress disorder and psychiatric problems, sometimes exacerbated by substance abuse. Such a limited time at home also poses a challenge for combatants in effectively transitioning their psychological state from the wartime to the domestic setting, which can lead to aggression against family members.

Existing Efforts Against Gender-Based Violence

Since 2017, Ukraine has been updating its legislation to address domestic violence and gender-based violence. In 2018, the Law on Preventing and Combating Domestic Violence came into effect, making domestic violence punishable under administrative and criminal law and expanding its definition to include sexual, economic, and psychological violence.³¹ The National Action Plan for the Implementation of UN Security Council Resolution 1325 on Women, Peace and Security for the Period Until 2025 emphasizes creating systemic responses to gender-based and conflict-related violence against women, men, girls, and boys.³² In a major step forward, Ukraine ratified the Istanbul Convention in 2022. Although this was an initial step and implementing the convention requires significant legislative and institutional changes to ensure comprehensive protection against GBV, this was a clear signal that Ukraine is committed to taking responsibility for detecting, investigating, and preventing crimes related to violence against women and domestic violence. As part of the implementation, several important measures have been introduced, including the adoption in May 2024 of Law 10420 on aligning public prosecution with the provisions of the convention.³³ The law introduces key reforms to strengthen protections against sexual and domestic violence, including:

- o Allowing proceedings to be initiated at the request of any person, not just the victim.
- o Ensuring timely forensic medical examinations while reducing the number of traumatic interrogations for victims.
- o Prohibiting reconciliation agreements initiated by offenders in certain cases.
- o Introducing additional mechanisms to protect minors and juvenile victims of violence.

These measures amount to a significant step forward in creating a more victim-centered approach to addressing domestic violence and GBV. Also important is Law 8329 on liability for sexual harassment, adopted in May 2022, which amends the Code of Administrative Offenses in line with the ratification of the Istanbul Convention. The law defines what constitutes sexual violence and requires introducing administrative liability for sexual harassment, including cyber harassment. This is particularly significant in the context of Ukraine's integration into the EU, especially as the Council of the EU in May 2024 approved a directive to combat violence against women and domestic violence, which criminalizes cyber violence against women within the union.³⁴ Complementing this, Draft Law 12088 seeks to criminalize stalking and cyberstalking.³⁵ Until now, stalking has not been recognized

as a crime under Ukrainian law, making the introduction of this draft law an important step in aligning national legislation with international standards and further strengthening protections for individuals vulnerable to such forms of violence. A further crucial step forward is Law 10132 on the Status of Survivors of Sexual Violence Related to the Armed Aggression of the Russian Federation against Ukraine and Urgent Interim Reparations, adopted in November 2024, which aims to establish the legal status of survivors of sexual violence related to Russia's armed aggression against Ukraine and to set the legal framework for providing them with urgent interim reparations as well as ensuring comprehensive support for them, including medical, psychological, and legal assistance. However, despite these legislative advances, significant gaps remain in terms of enforcement and implementation. Key areas requiring attention include the development of robust institutional mechanisms, improved coordination between local and national authorities, and the need for adequate resources and training to support survivors and prevent violence effectively.

Ukraine's hromadas play a crucial role in preventing and combating GBV.

Ukraine cooperates closely with international organizations to address humanitarian issues related to the full-scale invasion, further showing its commitment to addressing and preventing GBV. In May 2022, the government signed a Framework of Cooperation with the UN, under which both parties aim to undertake joint actions to prevent and address CRSV, and to strengthen survivor-centered responses by supporting national mechanisms and institutions, 37 UN Women Ukraine also provides gender-sensitive humanitarian aid to people living near the front line and in recently liberated areas, and it also conducts trainings for the National Police, the State Emergency Service, the Ministry of Internal Affairs, and other institutions to enhance their capacity to address CRSV.38 The International Criminal Court has offered similar trainings on witness protection and support for CRSV survivors.³⁹ The European Union Advisory Mission in Ukraine has conducted activities including training sessions for law-enforcement agencies to address internal sexual harassment, 40 integrating CRSV as part of investigations into international crimes committed by Russia, 41 and supporting the authorities in strengthening the implementation of the Istanbul Convention.⁴² The Office of the UN High Commissioner for Refugees and its partners in Ukraine have intensified their efforts to address service gaps in GBV prevention and survivor support by deploying multifunctional mobile teams, which include social workers, lawyers, and psychologists, and can reach hard-to-get or unsafe areas (usually small towns and villages, especially in the frontline regions) with disrupted social and protection services.⁴³ Similar services are offered by the Ukrainian CSO Girls in cooperation with the international humanitarian organization CARE, supported by the Ukraine Humanitarian Fund (managed by United Nations Office for the Coordination of Humanitarian Affairs).⁴⁴ The country office of the United Nations Population Fund runs a program dedicated to preventing GBV, including the Cities and Communities Free from Domestic Violence project. This initiative focuses on developing municipal systems to prevent and address domestic and genderbased violence.⁴⁵ This exemplifies how empowering local governance can create sustainable change in the fight against GBV.

Ukraine's hromadas play a crucial role in preventing and combating GBV due to this level of government being closer and more accessible to local communities. For example, hromada authorities can provide immediate support services, such as safe shelters and counseling, directly within their communities. Additionally, they are well-positioned to conduct awareness campaigns and implement preventive measures tailored to local needs,

making their involvement vital in addressing GBV effectively. Therefore, it is vital to equip hromadas with the necessary expertise and knowledge to ensure they respond to GBV and mitigate the direct consequences of the full-scale invasion effectively.

Challenges

Gender-based violence undermines the health, dignity, security, and independence of survivors, who often face sexual and reproductive health issues as a direct result of the traumatizing experience. Conflict-related sexual violence has a long-lasting psychological, physical and medical impact on survivors, distancing them from family and friends and disrupting their societal relationships.46 This pervasive trauma also undermines social cohesion, affecting society as a whole.

The experience of Georgia highlights the consequences of ignoring postwar trauma. Following Russia's war against the country in 2008, widespread post-traumatic stress disorder among ex-combatants and civilians was never properly addressed by the government, leaving many survivors without rehabilitation or support. The economic hardships that followed the war further exacerbated GBV, yet the authorities failed to implement necessary interventions. The silence surrounding these issues perpetuated cycles of violence and left survivors without protection or justice. Similarly, Bosnia and Herzegovina's experience demonstrates how decades of inaction create a culture of silence and shame. The 1992–1995 Bosnian War saw systematic sexual violence used as a weapon, yet for 30 years the lack of state support and public awareness left survivors to suffer in isolation. This failure reinforced patriarchal norms where women are often blamed for the violence inflicted upon them. Without a clear social paradigm that enforces accountability and fosters a culture of consent, GBV will persist for generations, leading to further suffering and injustice.

In patriarchal societies, survivors of GBV often remain silent out of fear and stigma. However, true peace is unattainable if GBV remains hidden and unresolved. It is crucial for states to take immediate action at the onset of conflict as well as of postwar recovery. Addressing GBV and CRSV is not just about justice for survivors; it is a fundamental requirement for social stability, equality, and lasting peace. Governments must acknowledge the link between war trauma, economic instability, and GBV, ensuring that survivors receive psychological, legal, and economic support. Without urgent and decisive intervention, the cycle of violence will continue, entrenching gender inequalities and undermining the very foundations of society.

The war amplifies the prevalence of GBV and CRSV while reinforcing a culture of impunity. The pervasive wartime sense of uncertainty, driven by the feeling that "tomorrow may never come", undermines accountability and emboldens perpetrators. Additionally, the constant threat of shelling and missile attacks contributes to widespread anxiety and chronic sleep deprivation among adults and children. This state of exhaustion depletes emotional, psychological, and physical resources, leaving individuals more susceptible to violent reactions and less capable of addressing violence or seeking help.

Adding to this crisis is the growing level of unemployment, particularly in small towns and villages, where opportunities for stable income have been severely disrupted by the full-scale invasion. Many men are unable to fulfill traditional roles as family providers, leading to feelings of frustration, inadequacy, and heightened tension within households. Internally displaced families face precarious living conditions and financial insecurity, particularly those who lost government support following a government decree in March 2024.47 These challenges, combined with social isolation, exacerbate their stress and vulnerability. These economic and social pressures, rooted in the invasion, contribute to the nationwide rise in GBV as families struggle to cope with the compounded effects of war and displacement.

Local governments, operating under severe strain, face immense difficulties in addressing these compounding issues. With limited resources, reduced budgets, and staff shortages, they often struggle to provide even basic social services or support to the most vulnerable populations, including GBV survivors and displaced families. This lack of institutional capacity further isolates affected individuals, leaving them without an adequate support system. The cumulative effects of these social, economic, and institutional pressures pose a stark challenge. Addressing these issues requires not only immediate humanitarian aid but also systemic reforms to tackle the root causes of rising violence and inequality. The key challenges in addressing these problems are set out below.

Suspension of the Decentralization Reform

Progress in decentralization, which started in 2014, has increased the resilience of hromadas and enabled them to effectively address the challenges posed by the war. They had the authority and resources to manage community security policies as well as the procedures for delivering humanitarian aid to IDPs and residents. Interviewed experts and representatives of hromadas assessed decentralization as one of the most successful reforms in Ukraine as it has created a healthy competition among hromadas to develop better services and life standards for their residents. However, because of the full-scale invasion, the decentralization reform was suspended in 2022 and resumed in the spring of 2023.48 Moreover, the process is gender-neutral and misses opportunities for gender mainstreaming. The Law on Service in Self-Government Bodies adopted in 2023 is entirely gender-blind.49 Feminist and women's rights organizations are underrepresented in local decision-making and their voices are often dismissed during the processes, limiting their influence on reforms. Most hromadas have limited knowledge or experience in gender mainstreaming or gender-sensitive recovery approaches, and thus they often disregard the need for comprehensive strategies to combat GBV and to ensure that it is systematically addressed in recovery efforts.

Insufficient Awareness of GBV and its Forms

A 2024 study by the CSO Girls highlights a significant gap in awareness regarding GBV and its various forms.50 Out of 2800 respondents of the inline survey, 36% said they were unaware of any GBV prevention measures in their community and 24% said that no such initiative had taken place. The lack of awareness about gender-based violence (GBV) extends to recognizing its various forms. In the same survey, participants who experienced at least one form of GBV in the past year were asked to identify these situations. The results showed that sexual violence was the most commonly acknowledged form, with 27% of survivors reporting it. However,

psychological and economic violence was significantly less recognized, each being identified by only 12% of survivors.51 Compounding this issue is the fact that most GBV survivors do not seek help, irrespective of the type of violence experienced. In the same survey, respondents who sought assistance did so more inclined to do so in cases of physical (24%) or sexual violence (24%). Men, in particular, are less likely to reach out for support, except in situations involving sexual violence.52 The study also found that teenagers and young adolescents tend to have a more nuanced understanding of GBV, recognizing it as a complex issue that extends beyond physical abuse, while adults tend to associate it primarily with physical and sexual abuse. This indicates significant gaps in adults' understanding of the broader spectrum of GBV. This highlights the need for more comprehensive education and awareness campaigns that address the various forms of GBV so that all age groups are equipped with a full understanding of the issue.

Gender Stereotypes Perpetuating Inequality and Violence

Gender stereotypes are generalized beliefs about the characteristics of men and women, either describing what they are like or prescribing how they should behave.53 They contribute to assumptions about expected behavior in various situations and are reinforced by patriarchal and sexist views that legitimize violence to maintain male dominance. Cultural factors—such as normative expectations of femininity and masculinity, gender socialization, the perception of the family as a private domain under male authority, and the acceptance of violence as a way to solve conflicts or assert power—further perpetuate these stereotypes. There is a perception of women's sexuality as shameful or dangerous that, combined with the belief that men lack self-control and are easily provoked, means that women are often accused of being unreliable in their reporting of sexual violence and that their claims are frequently met with skepticism. The stereotypes faced by women includes assumptions that they are sexually available unless they explicitly refuse, that they are responsible for sexual attacks due to their behavior or appearance, and that they are likely to make false accusations of rape.54 The survivors of GBV in general, and of sexual violence in particular, are often unfairly shamed, blamed, or deemed guilty in relation to the assault. This discourages women and girls from reporting such crimes due to fear of retribution, prosecution, or social ostracism. The same concerns apply to male survivors of sexual violence, who fear they will not be believed, may face ostracism, or experience homophobia, irrespective of whether they are homosexual or not.55

The war has reinforced gender stereotypes by exacerbating power imbalances and normalizing violence as a means of control. In everyday life under stress, these stereotypes become even more pronounced, as constant fear, resource scarcity, and the breakdown of societal structures push individuals into traditional gender roles. Women often bear the brunt of caregiving and emotional labor, while men are expected to suppress emotions and act as protectors, perpetuating harmful expectations and deepening psychological strain on both.

This reinforcing of gender roles is compounded by the institutionalization of stereotypes within government structures, such as police forces and local administrations. Biases stemming from stereotypes often result in dismissive attitudes toward survivors, inadequate responses, and insufficient investigations, leaving many perpetrators unaccountable. The interplay between societal and institutionalized stereotypes creates a pervasive environment where GBV is not adequately addressed. This underscores the urgent need for training, policy reform, and accountability measures to ensure that survivor-centered approaches are implemented effectively.



Stereotypes and related fears severely hinder GBV survivors from seeking help and justice, thereby perpetuating their trauma and isolation, and they are recognized as a significant threat to human rights and gender equality by the international community. Article 5 of the Convention on the Elimination of all Forms of Violence Against Women, which Ukraine ratified in 1981, explicitly stresses the importance of dismantling gender stereotypes by modify[ing] the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women.⁵⁶

Effectively addressing these issues is crucial for a just and sustainable recovery in Ukraine, as it ensures that all survivors can access the support they need and rebuild their lives.

Significant Dependence on Individuals

Interviewed experts highlighted that the system for addressing GBV at the local level is deeply flawed due to over-reliance on individual initiative rather than a well-coordinated, systematic approach. The effectiveness or not of responses often hinges on the personal commitment of specific individuals, such as police officers, social workers, and it can vary significantly depending on the region and the people involved. This can be observed at the level of hromadas, where those in charge fail to recognize GBV as a critical issue that requires proper attention. As a result, these officials show little interest in securing the necessary resources, from the government or international donors, to establish effective local response systems. Moreover, individuals in power in small towns and villages frequently appoint their relatives to key roles, including those dealing with GBV survivors, despite their lack of qualifications. This undermines the professionalism and effectiveness of the response system, as unqualified personnel may lack the expertise to properly support survivors, further exacerbating the problem. Such appointments also contribute to a culture of favoritism and inefficiency, limiting the potential for meaningful progress in addressing GBV.

This dependence on individuals creates an uneven and inconsistent response to GBV, leaving many survivors without reliable support, particularly where resources or trained personnel are limited. Moreover, structured, state-level support or comprehensive policies that prioritize GBV are absent, which contributes to a fragmented and inefficient system. The lack of a unified approach from the government leads to poor coordination among different services and institutions, resulting in critical gaps in service delivery. Survivors may face delays, insufficient assistance, or even dismissal of their cases, depending on the attitudes and capabilities of those dealing with them. This systemic flaw not only undermines the overall effectiveness of GBV prevention and response efforts but also perpetuates the vulnerability of survivors, leaving them to navigate a patchwork system with varying levels of care and attention.

Ineffective Survivor-Centered Approach

One of the key issues in addressing GBV in Ukraine is the ineffective referral pathway systems: the structured framework that guides survivors of GBV through various stages of support by connecting them with relevant services like medical care, legal assistance, and psychosocial support, ensuring they receive the necessary help

efficiently and safely. The existing systems often fail to prioritize the needs of survivors, who are often passed from one service provider to another and are trapped in a cycle of frustration and uncertainty. The quality of services and the timeliness of data are significant concerns. Most of the referral pathway systems include healthcare services, mental-health services, psychological support, case management by a social worker, legal assistance services, safe shelters and spaces, safety and security services provided by the police, emergency basic-needs support, and economic-empowerment support.⁵⁷ Poor coordination and information exchange among the many stakeholders involved can create a hellish loop of referrals, which not only delays meaningful resolution of cases, preventing them from receiving the timely and comprehensive support survivors need, but also contributes to their re-traumatization.

Another issue is that survivors can only access municipal shelters after reporting their case to the police, which until then excludes them from a range of vital services. This approach does not allow for immediate protection and safety as the first priority. It not only delays access to crucial support but also places survivors in a vulnerable position where they may not feel safe or ready to involve the police. Furthermore, obstacles such as age, having children, a lack of registration in the community, or issues with identification documents—such as having a foreign passport or no passport—can also prevent survivors from accessing shelters and other essential services.

Additionally, medical professionals often hesitate to document physical injuries related to GBV, which complicates survivors' access to justice and support. This may stem from fear, a lack of proper training, or a reluctance to become involved in what is perceived as a "family matter", further hindering the survivor's ability to seek help and to navigate the legal and support systems effectively. Social workers can play a critical role in guiding survivors through the maze of referrals, ensuring they are supported at each step. However, without a comprehensive, survivor-centered approach that prioritizes safety and effective services, the system will continue to fail those who need help the most.

Unsystematic and Sporadic Training for Professionals

While numerous trainings are organized by international donors and CSOs, these lack a coordinated, systematic approach. The quality of these is often insufficient, with many sessions focused on theoretical information rather than providing practical, actionable guidance. While they provide important foundational knowledge, they frequently fail to address how to respond effectively in specific situations. Additionally, their content often lacks coherence, with noticeable overlaps and unnecessary repetitions across sessions conducted by different actors. This fragmented approach not only wastes resources but also leaves professionals without a clear and consistent understanding of the subject matter.

This gap in practical knowledge is particularly evident among young professionals in the field, including social workers and police officers, who often learn on the job or rely on older colleagues for guidance. However, this informal, ad hoc approach fails to ensure consistent and comprehensive skills development. A unified, nationwide state program is urgently needed to provide regular, high-quality, and practical training for all those working with GBV. It would ensure coherence, eliminate unnecessary repetitions, and equip professionals with the skills and knowledge necessary to provide effective and survivor-centered support.

Lack of Systematic Approach to Financing of Projects

CSO experts and members of local authorities point out significant challenges due to the absence of a systematic and sustainable approach to financing initiatives that address GBV. The current funding mechanisms, dominated by short-term projects and grants with a typical duration of no more than a year, hinder long-term progress and sustainability. Additionally, the short-term nature of funding prevents stakeholders from retaining skilled professionals. Developing expertise to provide trauma-informed care takes time and resources, yet these investments are often lost when projects end prematurely.

For hromadas, the lack of sustainable financing also creates barriers to establishing and maintaining an effective support system for GBV survivors. Many face chronic underfunding, leaving them reliant on international donors or short-term grants from partner international CSOs and charity foundations to deliver critical services. This financial insecurity undermines their ability to implement consistent, high-quality programs tailored to local needs. Hromadas and CSOs also struggle with the bureaucratic complexities of short-term funding. Grants are often accompanied by onerous administrative requirements, including detailed reporting and compliance processes, which consume valuable time and resources. As a result, limited staff capacity is diverted from frontline services, reducing the overall effectiveness of interventions. To address these issues, there is a need for a coordinated, long-term financing strategy that prioritizes sustainability and reduces administrative burdens. Such a strategy should support hromadas and CSOs in building resilient, survivor-centered systems that deliver consistent, high-quality services. By investing in sustainable funding models, stakeholders can ensure lasting impact and continuity in addressing GBV.

Gaps in Awareness-Raising, Informational, and Educational Campaigns

Preventive and educational efforts by social workers are limited in scope and lack systematic implementation. There is a lack of legal awareness, especially among people in rural settings, who are not provided with adequate information regarding their rights and often fail to recognize different forms of violence. As a result, these communities are less equipped to identify and address GBV effectively. A primary initiative in this area is the annual international campaign 16 Days of Activism Against Gender-Based Violence, which is supported by women's rights CSOs and their international partners. However, most activities linked to this campaign focus predominantly on educational work with school-aged children in local communities. Engagement with the adult population is far less common, leaving significant gaps in outreach and awareness-raising efforts among broader community members. Such a narrow approach overlooks the need to educate adults, who play a key role in creating safe and supportive environments and in fostering community resilience against GBV.

This reflects a broader issue in Ukraine, where the emphasis is primarily on addressing the aftermath of GBV rather than its prevention. Prevention initiatives, such as community-based education campaigns, programs to challenge harmful gender norms, and early-intervention strategies, are often neglected or underfunded. This reactive approach misses an essential opportunity to address the root causes of GBV and to reduce its prevalence. A balanced strategy that prioritizes prevention and response is critical to building long-term resilience and reducing the societal and individual toll of GBV.

Another major challenge is the inadequacy and insufficiency of mapping systems, which often lack recent, accurate, and comprehensive data, as mentioned above. Current mapping efforts fail to provide updated information on available services, resources, and referral pathways for survivors of GBV. This not only complicates the process of directing survivors to the support they need but also highlights a systemic weakness in the coordination of services. To address these issues, it is essential to expand and diversify informational and educational campaigns to ensure they reach all age groups, particularly adults. Simultaneously, mapping systems must be improved to include regularly updated, reliable data, which will enable better coordination and accessibility of services for survivors.

Lack of Qualified Experts

Since February 2022, the outflow of professionals from Ukraine has significantly contributed to a shortage of qualified experts capable of supporting survivors of GBV and CRSV. This is particularly alarming given the increasing number of cases as the war persists. The demand for services has outpaced the availability of trained personnel, creating overwhelming workloads for those who remain in the field. Professionals working in support services in the CSO sector and governmental structures face heightened risks of emotional burnout due to prolonged exposure to traumatic cases, excessive workloads, and inadequate mental-health support. Many struggle to manage the psychological toll of their work, leading to emotional exhaustion, decreased effectiveness, and eventual departure from the field. This not only exacerbates the staffing crisis but also diminishes the quality of care available to survivors, compounding their challenges. The dual challenge of a rising number of cases and insufficient personnel undermines the effectiveness of response systems for GBV, CRSV, and domestic violence, leaving survivors without adequate support and prolonging recovery efforts.

Limited Accessibility of Support in Rural and Frontline Areas

People in many rural and frontline communities face significant barriers in accessing GBV support services. The destruction of infrastructure, ongoing security risks, and displacement have made it even harder for survivors to access shelters, psychological support, legal aid, or medical services. In some regions, there is a complete absence of specialized GBV services, forcing survivors to travel long distances, which is often impossible due to financial constraints or safety concerns. The lack of mobile support units or remote assistance exacerbates the issue, leaving many survivors without any form of help. Strengthening outreach programs and investing in mobile crisis-response teams could help bridge this gap and ensure more equitable access to support across all of Ukraine.

Recommendations

Since February 2022, gender-based violence has increased significantly in Ukraine, primarily due to the ongoing Russian war. This is expected to continue as the conflict goes on. GBV is a pervasive issue that not only harms individuals but also undermines the collective well-being of communities. Addressing it is therefore crucial for creating a safe and secure environment, which is needed for the rehabilitation and reconstruction of Ukrainian

society. In this context, hromadas play a key role in responding to the needs of their communities and fostering resilience. They are well-positioned to lead the fight against GBV by prioritizing preventive measures, providing services for survivors, and ensuring that resources are allocated effectively. They can take a more active role by enhancing the coordination between local institutions, improving the support system for survivors, and ensuring the training of professionals working with victims of GBV. By strengthening their involvement, hromadas can contribute to reducing GBV while ensuring that survivors receive the assistance they need. Furthermore, they should collaborate with international partners to gain additional resources, expertise, and guidance in the fight against GBV, while amplifying local knowledge and solutions. The recommendations set out below are aimed at enhancing the effectiveness of hromadas' response to GBV and ensuring that their actions are sustainable and impactful.

Enhance Awareness and Prevent GBV Through Education and Media Campaigns

To address the lack of awareness about GBV, substantial investment in education is required, particularly focusing on children and parents. A more comprehensive understanding of GBV must be fostered, highlighting that it encompasses various forms rather than just physical violence and rape. Many forms of GBV are invisible and it is essential to raise awareness about them. So is fighting stereotypes surrounding GBV as well as to dismantle the victim-blaming culture as these often perpetuate harmful attitudes and hinder progress. This can be achieved through collaboration with local CSOs that provide sexuality-education services for school children and their parents so as to ensure a broader and more inclusive approach to addressing GBV. Additionally, teachers must be trained to recognize signs that students may be experiencing GBV in their family and how to report such cases effectively and sensitively. By equipping educators with the tools to identify and act on potential cases of GBV, schools can become safer spaces that contribute actively to prevention and early intervention.

Media campaigns, such as through social media or podcasts, could be an effective means of engaging local communities. These should be simple, presenting real-life personal stories rather than sensationalized accounts. The power of personal narratives can resonate deeply and inspire action. Women's voices are often silenced because they believe their experiences are not valuable, so amplifying these voices is crucial. In addition, cost-effective means like radio advertisements and local Telegram channels can be employed to reach a broader audience and to inform them about existing services. Importantly, media efforts should avoid portraying GBV solely through harrowing, hopeless stories as this can lead to disengagement. Instead, more focus should be placed on successful stories of overcoming violence that offer hope and practical guidance. This positive shift can empower survivors and increase community involvement in combating GBV.

Institutionalize Systematic Training and Education for Responders

A systematic and institutionalized approach to training professionals interacting with GBV survivors is needed. This training should be integrated in regular professional-development programs for key stakeholders, including police officers, prosecutors, doctors, and social workers, with mandatory updates every one to two years to keep knowledge current. Good examples of such practices included the abovementioned training sessions for the National Police of Ukraine and other law enforcement bodies to address internal sexual harassment and the training

on gender-based and sexual violence offered by the Prosecutors' Training Centre of Ukraine.⁵⁸ Addressing personal biases, particularly among men in leadership positions and law-enforcement bodies, must be a core focus.

Mandatory, in-person, off-site training should be prioritized to ensure full engagement, while interdisciplinary sessions can enhance coordination among actors involved in GBV response. Institutionalizing these programs in the mandates of police, prosecutors, social services, and health authorities will make them a permanent part of professional development. Training must be tailored to ensure relevance and engagement for different audiences.

Psychologists, as critical providers of support to GBV survivors, require specialized training in trauma-informed care, culturally sensitive practices, and strategies to avoid re-traumatization. Regular supervision is needed to help them navigate complex cases, maintain their well-being, and address potential biases so as to ensure ethical and compassionate care. These initiatives can be effectively implemented through close cooperation with not only the government but also local CSOs with expertise in the GBV prevention and support.

Prevent Burnout Among Social Workers

Preventing burnout among social workers should be a strategic priority for local authorities, given the essential role they play in addressing GBV and domestic violence. As frontline responders, they face high workloads, challenging environments, and emotionally taxing situations that can lead to emotional trauma and burnout. To maintain their well-being and long-term resilience, local authorities must incorporate recovery activities for them in professional-development frameworks. These can include regular offline and online psychological support sessions tailored to their needs. International actors should support these efforts by funding comprehensive mental-health and emotional-care programs, ensuring social workers remain equipped and motivated to provide effective support to survivors.

Adopt a Strategic Approach to Projects

One of the key challenges faced by local social services and CSOs addressing GBV is the prevalence of short-term project support and insufficient coordination efforts among stakeholders. To ensure sustained impact, it is necessary to develop long-term cooperation models that allow for more flexible budget management, such as permitting funds to carry over into subsequent years. The experience from Bosnia and Herzegovina shows that survivors of CRSV often seek help decades after atrocities. Given the long-term and devastating consequences of Russia's war against Ukraine, local authorities, supported by international donors and the government, must prioritize building durable, strategic partnerships. These will ensure a stable framework for addressing the current and future needs of survivors. Apart from that, hromadas can support shelters directly through initiatives like charity markets, community fundraising events, or local partnerships, thus fostering a sense of collective responsibility and sustainable local engagement. Local businesses can also play an important role by offering financial support, in-kind donations, or services to shelters and support programs. For example, businesses could sponsor events, provide space for fundraising activities, or offer employment opportunities for survivors.

Drawing inspiration from effective practices in Europe, additional enhancements to the support system for survivors can be adopted. For example, establishing interagency specialized bodies dedicated to coordinating

efforts against domestic violence can significantly improve service delivery. These bodies can serve as centralized entities to align the activities of police, social workers, healthcare providers, and CSOs so as to ensure a more cohesive response.

Introduce Diverse Channels to Inform Citizens

Establishing diverse and sustainable information channels are needed to ensure effective communication and access to support for GBV survivors. These should include tools like chatbots, which can provide quick access to information; however, their functionality must be maintained beyond initial funding periods. Telegram and Viber groups or chats can are useful interactive platforms for sharing resources and updates. Additionally, creating regularly updated service maps for every oblast and ensuring that each hromada has its own mandatory map of available services is crucial. These maps should be accessible and user-friendly, helping citizens to quickly locate the necessary support. Visual materials, such as leaflets or stickers with attention-grabbing designs and minimal text, can also be distributed alongside humanitarian aid to increase awareness. Stickers, in particular, can be placed visibly in public spaces, where they can be an innovative and accessible way to share vital information.

To reach wider audiences, hromadas should also consider using nontraditional communication channels. For instance, providing information during church services can be highly effective, as priests often are held in significant respect and have influence in communities. This approach can help disseminate vital information to groups that may not access traditional or digital platforms in order to ensure broader awareness and access to support. By combining digital tools, localized resources, creative visual materials, and nontraditional channels, authorities can ensure all citizens, regardless of where they are, have reliable access to information and support.

Develop an Effective Referral Pathway System

Establishing a structured and flexible framework for identifying, assisting, and referring survivors to appropriate services will ensure they receive comprehensive, tailored care. This system must be survivor-centered, prioritizing the unique needs and preferences of each individual. Survivors should be supported by social workers as dedicated case managers who guide them through the process, coordinate services, and advocate their rights and well-being. Collaboration among stakeholders—including medical, legal, counseling, and social service providers—is crucial for seamless access to support. For example, the village of Semenivka in Zhytomyr oblast has signed a cooperation memorandum with the police and free legal services, creating a coordinated framework for addressing GBV cases. This collaborative model ensures that survivors have access to legal, safety, and social services in an integrated and efficient manner.

Introduce Indicators and Transparent Feedback Mechanisms

Ensuring accountability and improving the quality of services for GBV survivors requires clear, measurable indicators of effective work. These should be unified and standardized by the government to ensure consistency and reliability across all service providers. These indicators should be designed to eliminate bias, nepotism, and lack of professionalism in the response process. Feedback should be collected from citizens and qualified CSOs to assess the effectiveness of the services provided. Secure and anonymous channels must be established for

individuals to provide honest, unobstructed feedback. The feedback can be collected via anonymous online surveys, hotlines, or suggestion boxes in service centers or health facilities.

Furthermore, to maintain the integrity and objectivity of the system, yearly independent audits should be conducted by a third party to assess whether the indicators are being met and to identify areas for improvement. The feedback and audit systems should cover not only the assessment of the responsible individuals in local administration but also the work of shelters and safe spaces in hromadas as well as their personnel and management.

A "secret client" system could be introduced to further ensure the quality of services. This system involves trained individuals visiting shelters or service centers anonymously to assess the quality of care, professionalism, and efficiency of the services provided. By simulating real-life scenarios, the "secret client" method provides an unbiased evaluation of the environment and processes, ensuring that the shelters and services consistently meet high standards of care for GBV survivors.

Empower Women To Make Decisions

Women should not only be viewed as survivors of GBV but also as powerful agents of change in shaping policies and response strategies. Empowering women to recognize themselves as leaders in their communities is essential for fostering long-term, sustainable solutions to GBV. When women are actively engaged in decision-making processes, they can demand policy changes that better address the realities of survivors and ensure that their needs are met with comprehensive, survivor-centered approaches.

Women in leadership roles—whether in local government, civil society, or grassroots activism—bring invaluable perspectives that lead to more effective policies and services. Their lived experiences often make them more aware of the gaps in existing GBV prevention and support. Furthermore, women leaders are more likely to advocate survivor-centered policies, to push for gender-sensitive budgeting, and to champion laws that strengthen protections for at-risk individuals.

This can be achieved by regular capacity-building training to enhance their skills, knowledge, and confidence to address GBV issues effectively. A good example of such practice is the German-Ukrainian project "She can!",59 which aims to empower women in politics. These measures will create a supportive environment for women leaders to contribute meaningfully to GBV prevention and support initiatives.

Revise and Improve the Survivors Support System

To strengthen the survivors support system, it is essential to develop a comprehensive and multistep approach that addresses immediate and long-term needs alike. Within shelters, programs should focus not only on ensuring safety and covering basic needs (which is often the case) but also on providing psychological healing and fostering economic empowerment. Survivors should have access to structured training with psychologists and psychotherapists to help them rebuild their confidence, to achieve financial independence and to establish clear boundaries in terms of physical and emotional interactions, which helps survivors regain control over their lives



and protect themselves from further harm or exploitation. These measures are needed to prevent re-victimization and to prepare individuals for reintegration in society.

Post-shelter support must also be improved. Survivors often require transitional housing, and financial assistance in this regard for the first three months can provide a buffer period that enables them to secure employment and childcare. Continued therapy and guidance during this transition are necessary to ensure stability and to address lingering challenges. Additionally, services for children must be expanded. Children accompanying survivors often witness violence and require tailored programs to aid their educational and social integration. In eastern Ukraine, police units are introducing specially equipped "green room" spaces designed for effective communication with children and teens who have come into conflict with the law or have witnessed crimes or experienced domestic violence.

The effectiveness of these efforts should be evaluated using comprehensive performance indicators. These might include metrics such as survivors' psychological well-being, the achievement of stable employment, and a reduced risk of re-victimization. Alongside survivor-focused efforts, addressing the behavior of offenders is equally important. Programs aimed at offender accountability and rehabilitation should replace punitive measures that have historically failed to produce meaningful results.

A robust crisis-response system is vital. Mobile teams composed of psychologists, social workers, local leaders, and police officers should be available to respond to incidents promptly. They can assess survivors' needs and connect them to appropriate resources, such as shelter, child assistance, or addiction-recovery services. This approach will ensure a coordinated response that addresses the complex dynamics of abuse and fosters a pathway to recovery.

Long-term recovery must be facilitated by offering survivors mentorship, employment support, and tools to sustain independence. Follow-up mechanisms are necessary to prevent survivors from falling back into cycles of abuse. By addressing these elements in an integrated manner, the support system can more effectively help survivors rebuild their lives and create a foundation for lasting change.

Build Trust

Building trust is essential for the successful implementation of any support system for survivors of GBV. To foster trust between survivors, service providers, and hromadas, several key actions must be taken. First, as transparency and communication are crucial, the local authorities and service providers should maintain open, clear communication about the services available, the processes involved, and the protections offered to survivors. Providing accessible and comprehensible information helps survivors understand their rights and the support they can receive, which in turn builds trust in the system.

Confidentiality and safety are also fundamental to building trust. Survivors must feel confident that their personal information and cases will be treated with respect and discretion. Legal and institutional frameworks should be in place to protect their privacy so that they are safe from retaliation or further harm.

Consistency and reliability in services are equally important. Survivors need to see that services are not only available but also dependable over time. Service providers should focus on delivering high-quality, accessible support, including psychological counseling, legal aid, housing, and employment assistance. Ensuring that these services are consistently reliable helps demonstrate a commitment to the well-being of survivors.

Finally, maintaining trust depends on accountability. Holding accountable service providers, hromadas, and CSOs, keeps the system responsive and transparent. Independent audits, regular assessments, and feedback systems are all critical in ensuring that services are effective and aligned with the needs of survivors.

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