

Rapid GBV Assessment

Krasnograd, Shevchenkove, and Kharkiv city hromada's
Kharkiv Oblast



Image 1: GBV awareness raising session, Kharkiv Oblast

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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 war in 2022, with a 2019 study found that 67% of women reported they have experienced physical, psychological, or sexual violence at the hands of a partner or non-partner since the age of 15². Nearly 30% of women report that they have experienced sexual and/or physical violence from an intimate partner, and a further 24% of women reported experiencing non-partner physical and/or sexual 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 Krasnograd, Shevchenkove, and Kharkiv city hromada's, in Kharkiv Oblast, which are DRC's areas of operations. The assessment was completed to understand the main GBV risks in the targeted locations, as well as patterns of help-seeking behaviour for GBV survivors, and social norms and beliefs around gender and GBV. The assessment was not designed to be an in-depth study, but rather a brief overview of the key GBV risks in the targeted locations as identified by assessment participants. The assessment was intended to complement ongoing and regular protection monitoring activities carried out by DRC in the targeted locations.

Assessment methodology

The rapid GBV Assessment was conducted in Krasnograd, Shevchenkove, and Kharkiv city hromada's, in Kharkiv Oblast. The data collection was conducted from the 10th to the 28th of June 2024.

DRC conducted six focus group discussions (FGDs) consisting of 38 women, including IDPs and non-displaced people, and six key informant (KI) interviews (5 women, 1 man) with service providers, local authorities, and community representatives in Krasnograd, Shevchenkove, and Kharkiv city hromada's, in Kharkiv Oblast. The KI respondents are individuals in the community. 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. All interviews were carried out in person. While the rapid assessment aimed to include diversity among the ages, locations, and vulnerabilities, it is not representative of all diverse groups in Ukraine. The assessment was carried out by the GBV team by staff members who have received training in GBV assessments, GBV core concepts, and responding to disclosures.

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

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

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

Assessment Findings

Safety and Security

In a country at war security is a constant concern for the population as a whole, but women in particular are often at heightened risk and face specific safety concerns. According to FGD participants and KIs, **women feel most uncomfortable in the dark** – they mentioned feeling unsafe walking in the streets at night due to the lack of streetlights due to fears of sexual harassment and violence, the presence of stray dogs roaming, the lack of pedestrian crossings and sidewalks, as well as erratic and unsafe driving at night. Overall, women felt a high sense of danger at night and self-restricted movements in the evening to avoid being outside of the house after dark. Moreover, crowds of people or places where men are drinking were mentioned as locations and situations women avoid; parks were considered by female FGD participants as the most dangerous place in their respective areas. The **power blackouts and lack of- or bad- mobile service means that women are sometimes unable to call for help when they need it**, which makes them feel further insecure. In general, women residing in the collective sites feel generally safe there at night. They mentioned that they are able to lock their doors, non-residents are not allowed in, and there are watchmen who check the floors at night and are available to support them if needed.

“It’s scary to walk down the street in the dark as the lights don’t work.” (Female FGD Participant, Krasnograd hromada).

“Drunk people can make a place dangerous.” (Female FGD Participant, Krasnograd hromada)

The main threats that women mentioned were drunk men, including drunk armed soldiers, in the community. Drunk men were perceived as more likely to act inappropriately and aggressively, including shouting at them, making inappropriate comments, and potentially becoming physically aggressive, towards women and children. **Indeed, this was mentioned by every single FGD participants as well as KIs as the main risk that women and girls in their respective communities faced.** In Ukraine where alcohol is both readily available and relatively affordable, substance abuse as a negative coping mechanism to cope with high levels of stress and trauma has shown to be an increasing issue heightening the sense of insecurity amongst the female population. FGD participants mentioned that they have witnessed men abusing alcohol more since the escalation of the conflict in 2022.

“There is a fear of returning home in the evening as you can meet men drinking.” (Female FGD Participant, Shevchenkove hromada)

“There are also men in the dormitory who drink alcohol and sometimes behave inappropriately.” (Female FGD Participant, Kharkiv hromada)

Moreover, the majority of FGD participants as well as KIs said they have first-hand knowledge of instances when a husband who has been drinking physically and/or psychologically abused his wife – sometimes with fatal consequences.

Women mentioned that **men in their community returned from the frontlines “mentally broken”**, and overall speak and act more aggressively towards their spouses compared to pre-escalation or before they were mobilized, which is further heightened when they have been drinking. Evidence has noted that persons serving in and associated with the armed forces face unique stressors and this can increase vulnerability factors and contribute to higher rates of intimate partner violence⁴. As such women whose

⁴ [GBV AoR Helpdesk, 2020, Evidence Review: A summary of the links between intimate violence, military personnel and veterans.](#)

current or former are associated with the armed forces should be noted as potentially being at increased risk of intimate partner violence.

“There are [GBV] cases, and there are many of them. Most of them are hidden because the victims do not speak about it.” (Male KI, Shevchenkove hromada)

All FGD participants and KIs were aware of GBV instances in the community, both inside and outside of collective sites. Women mentioned instances of harassment, emotional abuse, intimate partner violence (IPV), and domestic abuse and violence. **In collective sites, the issue of sexual harassment by men of women was raised including instances of men “spying” on women showering.** The FGD participants mentioned that instances of domestic violence have become more frequent since the full-scale invasion in 2022, which they

explained by a deterioration in mental health and an increase in stress related to the war. Generally, **all agreed that GBV is not something that women speak about openly, but they all know someone who has experienced it, overheard GBV instances happening such as hearing yelling, hitting and crying through the walls, or saw bruises or injuries on women as a result of IPV or domestic violence.** The reluctance of women to speak openly about GBV indicates that stigma is and remains a substantial issue in Ukraine and deters people from seeking support, not only from service providers but also from friends/family. Indeed, many women are afraid of community condemnation and the shame and stigma associated with GBV. Given that former combatants and active members of the armed forces are often associated with authority and specifically in Ukraine such individuals are considered ‘defenders’ of the country, there is an increased risk that survivors may not be believed, or the abusers’ violence may be minimized.

According to KIs, teenage girls (13-17 years of age) and women without male partners present, including single women and those whose male partners are not physically present) are generally considered the most vulnerable and at risk of GBV. Due to the lack of in-person schooling and as parents are under more pressure and stress, teenage girls are left with less supervision than pre-escalation and often lack a mentor or someone who they can talk to about difficulties, and consequently be more vulnerable to sexual exploitation and abuse from adult men who are perceived by the girls to give them attention and care. Indeed, **KI reported they more often see girls getting into relationships with much older men or military men than before the escalation of the conflict.** Elderly women (60+) living alone were also mentioned as an especially vulnerable group as most families left after the escalation, leaving elderly people behind without support systems – making them especially vulnerable to exploitation and abuse.

Concerningly, **cases of conflict-related sexual violence, where women have been sexually exploited** by male community members or by Russian Federation soldiers (mainly the latter) for work or support while the area was not under Ukrainian government control were raised by two KIs.

KIs also expressed concern regarding continued instances of sexual exploitation of women in the community the area becoming government-controlled again; both noted it remains very hidden and secret due to shame and stigma.

“There are women who are forced to give consent out of hopelessness.” (Male KI, Shevchenkove hromada)

“Women feel lonely; sometimes men take advantage of this” (Female KI, Krasnograd hromada)

Although no cases of sexual exploitation at the hands of humanitarian workers were reported, the situation of the community, and women especially, makes them vulnerable to exploitation by humanitarian workers

– as such it is critical that PSEA information and reporting mechanisms are proactively disseminated within the communities and that PSEA awareness sessions are held.

FGD participants agreed that women are overall experiencing more strained relationships with their husbands since the new mobilization law and since the escalation of the war in general. Men have become more afraid to go outside or go to work due to fear of conscription couples with a general lack of income-generating opportunities in the community, they are unable to provide for their family and feel “less than” or inferior. Men feel a strong sense of pressure to provide for their families, especially in a patriarchal society like Ukraine, and these gender norms can be internalised into men's sense of identity. The self-imposed movement restriction movement linked to conscription combined with the reduced economic opportunities was identified as impacting men’s sense of masculinity and exacerbating GBV. Specifically, it was noted that **men take out their anger and dissatisfaction with their financial situation on their wives and children** through domestic violence, according to the FGD participants and KIs.

Moreover, the female FGD participants also mentioned that they have witnessed a general increase in **worsening communication and tension between spouses/partners after the escalation** as people became more stressed, nervous, and anxious, and are becoming more short-tempered. It is important to note that deteriorating communication and increasing tension between spouses/partners is often used as a proxy by communities to describe increasing intimate partner violence in communities where GBV is not openly discussed and/or is viewed as a

“Strained relations with men in families are now common due to the new mobilization law, as many men are afraid to go to work—or work from home for fear of being drafted into the army. If they quit and stay at home, they cannot provide for the family and feel inferior in this regard and take out their anger and dissatisfaction with their financial situation on their wives and children.”
(Female KI, Shevchenkove hromada).

Gender Norms

When it comes to the division of household chores, women said **women generally do the majority of the labour—tasks such as childcare, cleaning, cooking—and do not feel supported and helped by their husbands/partners**. Positively, it was mentioned that in young families, men are more family-oriented and offer more support and that tasks are shared more equally between the man and woman.

When it came to paid labour, the FGD participants felt strongly that **women could do any job and see themselves as capable of doing any type of work, including those generally considered to be a “man’s job”**. This mentality has likely increased since the full-scale invasion, as men went to fight, and women remained at home and had to take on additional responsibilities and work. Linked to this, although the FGD participants agreed that men are typically the main decision-makers in the household, **women said that they were able to take part more in decision-making** since the escalation as their men are often away.

“Women have to take on the work that was done by the man as no one else [was doing it].” (Female FGD Participant, Kharkiv hromada)

“Women can do the same work as men—even better” (Female FGD participant, Shevchenkove hromada)

Access to GBV services

As aforementioned, according to FGD and KI participants, GBV is something the community, and especially women, do not speak openly about. Most **women remain silent due to fear or stigma of speaking out, retaliation or due to threats by the perpetrator, and rumours, accusations, and condemnation.** The lack of openness about GBV acts as a significant barrier to accessing services as even asking for help can be stigmatised.

If they want to seek support for GBV, women generally saw their sole options to either go to the police or the hospital (for the latter, after physical injuries because of GBV). However, FGD participants and KIs said that **women do not go to the police for support because they do not think they will be helpful, nor do they trust them.** Several FGD participants as well as KI had heard- or knew- first-hand of instances when a woman went to the police for support regarding GBV and nothing was done, or they had a bad experience with the police (accusations, victim blaming, shame). They said such stories were common and made women unlikely to turn to the police for support. Similarly, KIs said that the **police often view GBV as a “domestic issue” or “family issue” that women should solve themselves.** Such experiences have overall created and/or contributed to a **high distrust in government services.** As a result, women in reality do not know where to turn for support and consequently often do not seek our support at all and keep the issues and experiences to themselves.

“They don’t go to the police because there is no result.”

(FGD Participant,
Shevchenkove hromada)

“The police never protect us”

(Female FGD Participant,
Krasnograd hromada)

GBV Services: None of the FGD participants knew where to go to access (specialised) GBV services. Women were aware of international and national NGOs providing humanitarian services but were unsure of which, if any, provide GBV services. There was a **lack of knowledge and awareness of who provides GBV services, what GBV services are available in the community,** and if they are present, how to access them. None of the FGD participants were aware of any GBV services for men or boys. An additional challenge highlighted by KIs was that by the time communities are familiar with- and trust – the humanitarian organisations present in the community, their programming ends or changes.

Another barrier to accessing services highlighted by FGD participants and KIs was the **lack of public transportation options linking more rural settlements and villages with the larger towns and cities where GBV services are usually located.** They are expensive and irregular, sometimes only operating a few times a week. This acts as the main physical barrier to accessing services and indicates that remote GBV services are especially important to ensure meaningful access to services for people with mobility issues or who reside outside of the cities.

Women and Girl Safe Spaces (WGSS): FGD participants as well as KIs were unaware of the presence of WGSS (even in locations where WGSS are present) but mentioned that this is something they would like, and the **women said they desire a female-only space where they can feel comfortable.** In a female-only space, they would like to do activities such as drawing, yoga, stretching, games, painting, and sewing. Preferred opening hours for a WGSS were mentioned to be after 11:00 until later afternoon for women who are not working, and afternoons and weekends for women who have work. It was noted that WGSS as well as GBV services should end/close at a time so that women do not have to return in the dark.

Feminine Hygiene: No reports of barriers to accessing menstrual or other feminine hygiene product—they are available in most pharmacies and general stores/markets. However, **women mentioned that hygiene products were expensive**, especially for elderly women who live only on government pension payments.

Recommendations

1. There is a lack of awareness of available GBV services (for all genders), thus it is recommended that GBV service providers (both government and humanitarian) increase awareness of GBV services and disseminate information on available services more widely and through several channels.
2. The lack of public transportation options was identified as the key physical barrier in accessing services – GBV service providers should offer to cover transportation costs where relevant and offer remote or mobile GBV services to ensure meaningful access.
3. Although feminine hygiene products are available, assessment participants noted that these items are not accessible due to the high cost. It is recommended that hygiene and/or dignity kits to vulnerable women, especially elderly women, single female-headed households, and survivors and those at risk of GBV.
4. Due to the sensitive nature of GBV services and the stigma and shame associated with GBV, it is recommended that (humanitarian) organisations providing GBV services have a long-term mindset to their services as building trust with the community and women and raising awareness of available services takes considerable time.
5. Due to the risk of sexual exploitation, PSEA awareness and information dissemination is critical. Reporting mechanisms need to be meaningfully accessible to the community, with the option for anonymous reporting in place.
6. There is a need and desire amongst the community to have a safe space for women and girls (WGSS); women have specific ideas about what types of activities they would like to do and which services they want, and it is important that the opening hours are adjusted to ensure women do.
7. Due to the patriarchal nature of Ukrainian society and strong societal norms which contribute to an environment of toxic masculinity, it is recommended for GBV organisations to look into having specific activities or services targeting men and addressing toxic masculinity.

