

# Lessons from the field: Recommendations for gender-based violence prevention and treatment for displaced women in conflict-affected Ukraine

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Driven by the disruption of social networks, frail economic conditions and the breakdown of the rule of law, violence against women is widespread in humanitarian settings.<sup>4,5</sup> In Ukraine, the prevalence of gender-based violence (GBV) increased following the start of armed confrontations in 2014 (22.4% in 2014 vs. 18.3% in 2007).<sup>3</sup> Displaced women in eastern Ukraine experienced three times higher rates of GBV than local residents (15.2% vs. 5.3%)<sup>3</sup>; 62% of displaced women experienced GBV at home,<sup>9</sup> and one in five experienced violence at the hands of armed men.<sup>9</sup> Violence frequently occurred at border crossings and checkpoints and when interacting with the social institutions that were meant to protect them.<sup>9</sup>

Since 2014, the conflict in eastern Ukraine evidenced a need for trauma-informed mental health and psychosocial support services (MHPSS) for GBV survivors.<sup>3</sup> In response, HealthRight International and the Ukrainian Foundation for Public Health expanded and enhanced MHPSS for GBV survivors between 2015 and 2020. With support from the United Nations Population Fund (UNFPA), the project deployed over 52 MHPSS mobile teams that provided direct trauma-informed care to over 100,000 violence survivors in conflict-affected areas. The teams organized trainings on GBV prevention and response for its referral network partners in the region. The teams were integrated to local mental health care and social service networks through partnerships with medical facilities, police departments and social services, and were eventually absorbed by the Ministry of Social Policy and local authorities. The project also bolstered women-led social entrepreneurship aimed at increasing economic opportunities for women displaced by conflict.

GBV prevention and response is an essential component of humanitarian relief efforts during displacement and resettlement, and lessons learned from this program can inform the humanitarian response during the current hostilities.

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## Recommendations to prevent and respond to GBV in humanitarian settings

### Reduce the risk of GBV during conflict and war

- **Attend to the vulnerabilities of specific groups when planning GBV response efforts.** Displacement is a time of high vulnerability for women and girls. Young women displaced by conflict are at increased risk for sexual violence and exploitation.<sup>1</sup> Displaced older women are subject to economic violence, neglect and humiliation,<sup>7</sup> often associated with loss of independence and deepening of intergenerational conflict.<sup>7</sup> Protection systems should be tailored to the specific needs of these at-risk groups.
- **Provide mandatory gender responsive training to all humanitarian response staff.** All humanitarian response staff working with at-risk women and girls should receive gender responsive training on protection against sexual exploitation and abuse (PSEA) and other forms of GBV, including on adherence to ethical codes of conduct and reporting obligations.<sup>8</sup> Adequate humanitarian staff supervisory and accountability systems should be in place.
- **Increase protections against GBV along the humanitarian corridors, at checkpoints, and at border crossings.** Checkpoints, border crossings and reception centers serving internally displaced persons (IDPs) emerged as high-risk locations for GBV in eastern Ukraine.<sup>1-3</sup> Current reports alert of the potential risk for

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human trafficking and sexual exploitation at these sites.<sup>6</sup> PSEA training and increased security measures should be in place to protect women and children traveling alone along displacement routes.

- **Promote women's leadership & cultivate women's livelihoods.** Economic vulnerability due to conflict is a risk factor for multiple forms of GBV.<sup>5</sup> While transitioning from crisis to resettlement, women-led, skills-based opportunities may build economic resilience and empowerment to prevent GBV. In 2020, UNFPA Ukraine partnered with 10 social enterprises to develop the vocational skills and provide employment opportunities to more than 3000 displaced women

*Increase screening, detection and linkages to care for GBV survivors*

- **Invest in local civil society organizations and strengthen existing referral networks engaged in GBV prevention and response.** The GBV response network that was established pre-war has suffered severe setbacks. Flexible and responsive funding should engage trained civil society organization staff, especially in women-led organizations, to address the immediate care gaps and to implement sustainable solutions.<sup>6</sup>
- **Increase outreach efforts to address stigma related to sexual violence.** Partially due to shame and stigma, sexual violence survivors often do not seek help.<sup>1</sup> Specialized outreach efforts are needed to reduce stigma related to sexual violence and reduce access to care barriers.<sup>6</sup> National hotlines such as SupportME and La Strada are essential online resources. Further, emergency reproductive health kits should be part of standard care in the crisis response, which includes access to post-rape treatment.
- **Expand crisis MHPSS mobile teams to support trauma informed care and basic humanitarian needs.** Accessible screenings and referrals are a primary GBV response measure. Crisis mobile teams bridge the gap in care by meeting women at the household and community level.<sup>1</sup>
- **Support and respond to the needs of families, including current and former combatants' families, to prevent intimate partner violence and other types of domestic violence.** Domestic violence in conflict settings is exacerbated by the stressors of war.<sup>7</sup> By ensuring access to MHPSS, escalation of violence in the home can be prevented.

- **Strengthen procedures to respond to sexual violence.** Establishing clear post-rape care protocols for police and humanitarian response staff and wide distribution of post-rape care kits is urgent given limited services currently available to rape survivors in Ukraine.<sup>6,10</sup>

## Conclusion

The humanitarian crisis in Ukraine demands a strong response to protect conflict-displaced women and girls from GBV and to ensure access to MHPSS for GBV survivors. Civil society organizations, often women-led, were a cornerstone of the pre-war GBV response network. Humanitarian aid should uplift these local voices and engage them as leaders in immediate relief and long-term recovery efforts.

## Disclaimer

The views expressed are those of the authors and do not reflect those of the United Nations Population Fund.

## Contributors

AC: conceptualization, investigation, writing - original draft, writing - review & editing; HC: conceptualization, investigation, validation, writing - review & editing; JN: writing - review & editing; PZ: writing - review & editing; OK: writing - review & editing; PN: writing - review & editing; TPC: conceptualization, validation, writing - original draft, writing - review & editing

## Declaration of Interests

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