

# Saving Lives: Gender-Based Violence Interventions in Ukraine



88% of GBV cases in Ukraine are cases of violence against women

Women and IDPs living in conflict zones resort to survival sex to provide the most basic needs for their families

Highest HIV/AIDS prevalence rates in Europe and Central Asia

The conflict in Eastern Ukraine is having a devastating impact on the lives of women and girls, including Internally Displaced Persons (IDPs). Women and girls are increasingly forced into and are resorting to transactional sex, also called “survival sex”, to provide for their families’ most basic needs. Given the high HIV/AIDS infection rates in Ukraine, survival sex has far-reaching psychological and life-threatening health implications, particularly in conflict areas, such as Donetsk and Luhansk<sup>1</sup>. The conflict has also severely undermined men’s ability to fulfill their traditional gender roles, particularly among displaced and military families. This has led to a breakdown of the family support system and has led men to resort to a negative coping mechanisms, such as domestic violence, neglect and alcohol abuse<sup>2</sup>.

Like in many places, gender-based violence (GBV) is under-reported, making it even more challenging to fully comprehend the magnitude of the issue. A recent study by the United Nations Population Fund (UNFPA) on GBV (October 2015) reveals widespread negative stereotypical attitudes toward GBV. In particular, sexual violence is highly stigmatized and there is widespread acceptance of intimate partner violence, which is considered normal and not requiring external interventions. The study also reveals that trust in public authorities providing services to GBV survivors is extremely low. In part, this explains why GBV cases are so under-reported as women believe they would “fail to get proper assistance” from service providers in the health, legal and protection sectors<sup>3</sup>.



Photos: Maks Levin/UNFPA Ukraine

## Spotlight on Sub-Cluster



The failure to provide survivor-centered services, coupled with a culture of impunity toward perpetrators, creates a disempowering environment for survivors and those at risk of violence. Despite the challenges around documenting GBV, the Ukrainian Foundation for Public Health (UFPH)/UNFPA mobile psychosocial counselling teams have registered a prevalence of physical (27%) and psychological violence (51%), through outreach operations in 26 locations of eastern Ukraine since November 2015.

### THE GBV SUB-CLUSTER RESPONDS

The GBV sub-cluster in Ukraine is chaired by UNFPA and operates in Kyiv at national level, as well as in the conflict affected regions of Donetsk, Luhansk, Kharkiv, Zaporizhzhia and Dnipropetrovsk.

One of the main priorities for the GBV sub-cluster in the coming months, and as part of the longer-term recovery process, is to strengthen the referral pathway for GBV survivors in conflict-affected areas. In Ukraine, most services are government-led, hence making strong partnerships with the Government and key stakeholders is vital in order to achieve tangible and fast results. NGOs also play a crucial role in ensuring that survivors and those at risk of violence have immediate access to life-saving services, in particular to psychosocial support.

In NGCA humanitarian actors are struggling to be granted access to freely deliver services there. In government controlled areas, the sub-cluster partners are cooperating with the Government in order to provide psychosocial support via mobile clinics, train doctors on survivor-centered approaches to clinical management of rape, and sensitize police on GBV prevention and response mechanisms.

# Spotlight on Sub-Cluster

The sub-cluster, together with partners, has identified the following gaps that require special attention to ensure survivors have access to services:

- ❑ **The police lack the resources and capacity to adequately respond to GBV.** So far, more than 800 police officers were trained in conflict-affected areas with the aim to ensure appropriate GBV response. However, their capacity remains insufficient, particularly in places where military are present, and more must be done.
- ❑ **Medical doctors do not have the appropriate drugs, training and guidelines to treat survivors of sexual violence.** Moreover, medical staff rarely refers beyond their own services, which severely limits a survivor's access to critical services such as to HIV prevention treatment, protection, psychosocial support and legal services. To address these issues, the GBV sub-cluster members have trained approximately 774 medical professionals in clinical management of rape and treatment and prevention of sexually transmitted infections (STIs).
- ❑ **There are not enough social workers to meet the overwhelming needs for trauma counseling in the state system.** Since the beginning of the crisis, the number of individuals who need specialized care is on the rise and conversely, the number of government social workers has dropped by 12,000. To fill in the gap, 26 mobile psychosocial support teams, managed by UNFPA, began operating in conflict-affected regions in November 2015, providing psychosocial assistance to the most vulnerable and remote population. Sub-cluster partners have jointly provided immediate psychosocial assistance to approximately 20,000 GBV survivors. Furthermore, a nation-wide 24/7 hotline in support of GBV survivors became operational in February 2016, strengthening the sub-cluster's outreach capacity.
- ❑ **Vulnerable women and girls need livelihood activities to support their empowerment.** Women and girls living in conflict zones, as well as IDPs, are more likely to have no other options but to resort to survival sex in order to provide for even the most basic needs of their families.
- ❑ **Survivors of violence and those at risk of violence do not have access to safe spaces.** The few available shelters designed to protect women are now populated with IDPs. This leaves other women and girls experiencing intimate partner violence and other forms of violence in unsafe living environments.

To address the lack of existing and reliable data a working group was created to roll-out the GBV Information Management System (GBVIMS), a global ethical and safe tool that enables the recording of incidences of violence. Trends are subsequently generated from anonymous data to inform future programming and mitigate immediate protection risks. By the end of 2016, the IMS was tested by the UNFPA funded national NGO, the Ukrainian Foundation for Public Health, and is currently being promoted with other service providers for adoption.

Through the country's 2016 HRP, the GBV sub-cluster continued to strengthen GBV prevention, risk mitigation and response by enhancing multi-sectorial coordination (including SOPs, functional referrals, sharing of data) among key stakeholders and by building the capacity of service providers to adequately respond to the acute humanitarian needs of the most affected by the conflict. This aims to create an environment where GBV survivors have free and non-discriminatory access to quality services (psychosocial, health and legal aid) based on a survivor-centered approach. Furthermore, to reach and support women in remote areas and near the 'contact line', mobile and online consultations are being scaled up. Sub-cluster partners are looking into establishing shelters and safe spaces for GBV survivors. Humanitarian actors have been encouraged to offer coping strategies to vulnerable women and men with livelihood activities. Lastly, community engagement and mobilization in support of GBV survivors are being pursued.

1) See UNAIDS "Country Progress Report, 2014" at [www.unaids.org/en/regionscountries/countries/ukraine](http://www.unaids.org/en/regionscountries/countries/ukraine)

2) See the Ukrainian Scientific Methodological Center of Applied Psychology and Social Work of NAPS of Ukraine, UNICEF and National University "Kyiv Mohyla Academy" Final Report on "Enhancement of Psychosocial Responses for Children and Families in Eastern and Central Regions of Ukraine".

3) See UNFPA Report "The Prevalence of Violence Against Women and Girls" 2014.

# Zhanna\*



*\*Name and potentially distinguishing details have been changed to protect the identity of the survivor.*

Zhanna\*, 36 years of age, is a HIV-positive mother of two who lives in the Donetsk region. She is one of the very few brave women who agreed to share her experience in the hope to inspire other women who have endured GBV. She hopes her story will shine a light on other cases of GBV and ultimately facilitate change in the country.

She recounts the story of how she contracted HIV when her then-new partner raped her.

*"I was begging [my partner] to stop. But he didn't. Afterwards, I felt ashamed and I did not share my story with anyone. It's only during a regular check up for my second pregnancy that I find out I was HIV positive."*

Zhanna currently receives support from Novyi Den, a local NGO located in Donetsk region that provides HIV prevention and services to HIV-positive individuals and other vulnerable groups. Women and girls like Zhanna are in dire need of rapid life-saving assistance following sexual violence to prevent life-threatening consequences such as HIV and unwanted pregnancies.

Providing post-rape treatment kits, provided by UNFPA, to service delivery points such as maternity hospitals, family planning centers and AIDS centers is critical. These kits include life-saving access to emergency contraception, post-exposure prophylaxis and antibiotics for treatment of sexually transmitted infections, and basic tools for health personnel to conduct gynecological examinations.

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