The conflict in the eastern part of Ukraine has a devastating impact on the lives of women and girls. The large majority of registered Internally Displaced People (IDPs) are women and children who have been forced from their homes and communities with very little resources and few strategies to cope with the economic hardships and growing stress.\(^1\) As noted by OHCHR, those still trapped in areas of fighting, are at an intensified threat of sexual violence by armed military men.\(^2\) Women living in conflict zones as well as IDPs are at risk of increasingly resorting to trading sex as a means of providing the most basic needs for their families (survival sex). Survival sex has far-reaching psychological implications, and life-threatening health implications given the high HIV/AIDS infection rates in Ukraine, particularly in conflict-affected areas such as Donetsk.\(^3\)

In addition there is a long history of violence against children in Ukraine. A recent survey revealed that 61% of children between the ages of 2-14 years had experienced psychological aggression or physical punishment within a month of being surveyed.\(^4\) The conflict has also severely undermined men’s ability to fill their traditional gender roles as “providers” and “protectors” of the family particularly among displaced and military families. This has led to a breakdown of family support systems, which increases the caregivers’ reliance on negative coping strategies such as perpetrating domestic violence, neglect and alcohol abuse.\(^5\)

Globally gender based violence (GBV) is grossly under-reported which makes it more difficult to fully comprehend the magnitude of the epidemic. One of the main reasons women in Ukraine don’t report cases of GBV is because they believe they would “fail to get proper assistance” from service providers in the health, legal and police/protection sectors.\(^6\) 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.

**The GBV sub-cluster responds**

The GBV sub-cluster in Ukraine, chaired by UNFPA, is a coordination mechanism composed of UN agencies, NGOs, and Government partners who strive to coordinate prevention and response services for women, men, boys and girls living in the eastern conflict areas. Under the leadership of a dedicated international Coordinator hosted by UNFPA, there are now regional working groups functioning in Kharkiv, Kramatorsk, Severodonetsk, Dnipropetrovsk and Zaporizhia.

**The referral pathway is broken**

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 survivors of GBV in the conflict-affected areas. In Ukraine most services are government-led and a strong partnership with the Government and all partners is key to achieving tangible and fast results.

NGOs play a crucial role in making sure that survivors and those at risk of violence have immediate access to life-saving services, particularly to psychosocial support. They need access and the freedom to deliver services in both the government and non-government controlled areas. Members of the sub-cluster are currently working with the Government to provide psychosocial support in mobile clinics, train doctors on a survivor-centered approach to clinical management of rape, and sensitize police on GBV prevention and response mechanisms.

For more information please contact the Coordinator of the GBV sub-cluster: Ekaterine Kristesashvili at kristesashvili@unfpa.org or +380442530053
The sub-cluster, together with partners has identified the following gaps that will need to be addressed to ensure that survivors have access to services:

- **Police lacks resources and capacity to adequately respond to GBV.** Therefore, survivors have little means to protect themselves from future acts of violence. This is especially relevant given that violence against women accounts for 90% of reported cases of violence in Ukraine. Historically, domestic violence increases during times of crisis as traditional coping mechanisms begin to disintegrate.

- **Medical doctors do not have the requisite drugs and training to treat survivors of sexual violence.** They also rarely refer beyond their own service, which severely limits a survivor’s access to HIV prevention treatment, protection, psychosocial support and legal redress.

- **The state system does not have enough social workers to meet the overwhelming need for trauma counseling.** In recent years the number of government social workers was reduced by 12,000 posts. At the same time, the number of individuals who need specialized one-on-one care has greatly increased since the beginning of the crisis.

- **Vulnerable Women and girls need to be targeted for livelihood activities.** Women and girls living in conflict zones as well as IDPs are under the risk of resorting to survival sex as a means of providing the most basic needs for their families.

- **Survivors of violence and those at-risk of violence do not have access to “safe spaces.”** The few shelters designed to protect women are now full of IDPs. Women and girls experiencing domestic and other forms of violence are forced to remain in unsafe living environments because there are no alternatives.

- **To address the lack of reliable data a small working group was formed** to roll-out the GBV Information Management System (IMS), which is a global tool that records incidences of violence in an ethical and safe manner. Trends are then generated from the anonymous data, which helps inform future programming and mitigate immediate protection risks.

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7. See UNDP, “UN Resident Coordinator Speaks at the Parliamentary Hearings ‘Equal Rights between Men and Women’,” of 6 October, 2013 at [http://www.ua.undp.org/content/ukraine](http://www.ua.undp.org/content/ukraine).