

GENDER-BASED VIOLENCE IN UKRAINE

Secondary Data Review, 27 April 2022

Date 27/04/2022



CRISIS OVERVIEW

The Russian military invasion on February 24, 2022 came as a shock to the country and the world ([CARE, 2022](#)) and is causing significant risks (including risk of GBV) to the affected population in Ukraine. The Ombudsman and Ministry of Interior of Ukraine reported cases of rape and sexual violence in non-government-controlled areas. Human Rights Watch documented "apparent war crimes", including rape, in Russia-controlled areas, and local officials in Bucha (Kyiv oblast) reported the discovery of a mass grave of civilians allegedly killed by Russian troops. The UN Secretary-General and UN High Commissioner for Human Rights has called for an independent investigation of these reports ([UNFPA, April 5, 2022](#)). After eight years of armed conflict – stemming from Russia's invasion of Crimea in 2014 -, the resulting humanitarian crisis in Ukraine has become protracted ([OCHA, 2022](#)). With the February 2022 invasion, Ukraine is rapidly emerging as one of the world's most complex emergencies ([ICG, April 5, 2022](#)).

Ukraine had made substantive gains on women's rights in recent years, with a developing state-level 'gender machinery' (See refer to relevant sections of this report for detail). These reforms were successful in contributing to the establishment of GBV response services in Ukraine with an investment of 200 million UAH from the Government committed to opening of shelters, crisis rooms and psychosocial support mobile teams for GBV in 2021. Prior to the invasion, these gains were already under threat from deeply entrenched and persistent gender and discriminatory-based inequalities, eight years of conflict in the east of the country, and the gendered social and economic stress wrought by the COVID-19 pandemic. This current crisis, with mass displacement inside and outside Ukraine, will add to that complex situation and put pressure on any gains that have been made ([CARE, 2022](#)).

Women's groups and civil society organizations (CSOs) have been quick to react to the immediate priorities of their communities, but face many challenges as they

attempt to provide support to large numbers of internally displaced people, host-communities and those directly affected by violence and insecurity ([UN Women, 2022](#)). UNFPA has continued its service provision and preventive work without interruption.

Multiple forms of GBV are being reported, with particularly high insecurity and risk for women and girls on the move, at border crossing points and transit/collective centres, and in bomb shelters. This includes reports of intimate partner violence, sexual exploitation and abuse, sexual harassment, sexual violence (including conflict-related sexual violence), and economic abuse. There is a high risk of trafficking for sexual exploitation at borders where registration is patchy, little control of documents, and young women are often not accompanied by other family member. In some cases, volunteers may offer accommodation and transportation without vetting. Those who are traveling with children, who are pregnant, living with disabilities, or older persons may remain behind in vulnerable circumstances including volatile militarized locations and face life-threatening risks. Importantly, violence is taking place where GBV risk mitigation measures should be in place, such as collective centres and bomb shelters (GBV AoR, April 1, 2022). Conflict-related sexual violence is being reported in war-affected militarized areas with Human Rights Watch reporting cases of rape in Kharkiv ([HRW, April 4, 2022](#)) and The Guardian highlighting that women across Ukraine are grappling with the threat of rape as a weapon of war as growing evidence of sexual violence emerges from de-occupied areas. ([The Guardian, April 3, 2022](#)). Within Ukraine more than 7 million people have been displaced internally since February 24, 2022, and over 12 million have been affected in the areas hardest hit by the war and are believed to be in need of assistance ([OCHA, March – May 2022](#) and [IOM, April 1, 2022](#)). 59% are believed to be female ([IOM, April 1, 2022](#)). In addition, by the 30 of March, [UNHCR](#) estimated that there were over 4 million refugees, making this the fastest growing refugee crisis since World War II ([UNHCR, March 24, 2022](#)).

This is a profoundly gendered and intersectional crisis. Under martial law in Ukraine, men aged 18 to 60 have to stay in the country and remain available for

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military conscription ([Deutsche Welle, 2022](#)). The vast majority of refugees fleeing the country are women and children - believed to be 90% ([UN website](#)) - including minoritized women and children such as Roma ([Deutsche Welle, 2022](#)). There are challenges for members of vulnerable groups, for example, the LGBTI+ community, including trans and non-binary people, whose gender according to their legal documents becomes a deciding factor in whether they remain in Ukraine or have the scope to flee the country ([OHCHR, March 22, 2022](#)).

Humanitarian needs within Ukraine, and in destination countries, are increasing exponentially. Many people remain trapped in areas of escalating conflict and, with essential services disrupted, are unable to meet their basic needs including food, water and medicines. The delivery of lifesaving aid remains challenging, with a lack of safe humanitarian access ([UNHCR, March 24, 2022](#); [OCHA, March 28, 2022](#)).

KEY TAKEAWAYS

Women and girls in Ukraine need urgent action to prevent GBV and respond to its life-threatening consequences. Two thirds of women in Ukraine had experienced some form of GBV in their lifetime before the war began ([OSCE 2018](#)); the deterioration of the security context has sharply increased the risk of multiple forms of violence – including conflict-related sexual violence, sexual exploitation and abuse (SEA) and trafficking in persons (GBV AoR, April 1 2022). The numbers of people in need including internally displaced people and refugees increase daily ([UNHCR, 2022](#)).

● Key priorities

- The GBV subcluster continues to support GBV specialized actors to provide comprehensive GBV response services (GBV case management, psychosocial support) and access to legal aid for GBV survivors.
- **Coordinating with UN actors, local and international health actors** to ensure that the full package of lifesaving GBV and SRHR services and supplies guided by the Minimum Initial Service Package (MISP) for Sexual and Reproductive Health (SRH) in crisis situations are available to women and girls in Ukraine (including IDPs) and Ukrainians who have left the country. This includes updating the presently fragmented referral pathways.
- **Rebuilding GBV referral pathways** where these have been broken or disrupted to help survivors access to support services which meet their range of needs (eg. GBV case management, PSS, CMR, legal advice and counselling, etc.)
- **Ensure continuous support to 30 shelters, crisis rooms and daycare centres** that remain operational across Ukraine for gender-based violence survivors.
- **Ensure continuous support to two national hotlines** for survivors of gender-based violence operating 24/7 in Ukraine.
- **Ensure continuous support to mobile psychosocial health teams**, staffed by 48 trained psychologists and social workers, deployed to 12 regions in Ukraine.
- **Engaging with and supporting Ukrainian women leaders, mediators, and organizations and representatives** of vulnerable groups like Disability Rights Organizations and the Roma community, as well as pregnant women, networks of women living with HIV, sex workers, and lesbian, bisexual, queer, trans and non-binary women to understand the needs

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identified by them, to increase their influence in making humanitarian decisions in and for their communities and support their efforts.

- **Coordinating with Ukrainian national Government and local Government and providing them with GBV technical capacity** support to enable life-saving service provision to survivors. This includes working to ensure prosecutors and police are applying a survivor-centred approach to investigations and prosecutions.
- **Integrating GBV risk mitigation** as a priority across the humanitarian response. All sectors should apply the Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action ([IASC, 2015](#)) across and throughout the response including collective centers, border crossings and the delivery of humanitarian assistance in areas affected by military operations. Given the specific GBV and SEA risks to women and girls highlighted in this report **GBV risk analysis and GBV risk mitigation measures should be applied to humanitarian cash transfer programming** as a priority and as routine. The Gender-Based Violence (GBV) Sub-Cluster/Working Groups and Cash Working Groups in Ukraine and Moldova have outlined the key considerations for women and girls in relation to cash in Ukraine and the regional response. ([UNFPA, March 29, 2022](#)).
- **Engaging with and supporting Ukrainian women leaders, mediators, and organizations and representatives with GBV risk mitigation and prevention efforts.** Women's Rights Organizations have a key role to play in disseminating information on risks and GBV services available within Ukraine and across borders into neighboring countries.
- **GBV coordination mechanisms in Ukraine and neighboring refugee host countries working closely together to prevent and respond to GBV.**
- **Partnering with civil society organizations in neighboring countries to document rights violations related to gender-based violence** among refugees and assisting with referrals to national services.

- **Collecting relevant and appropriate demographic data on GBV, as the situation permits:** The priority at this time should be the delivery of life saving and life sustaining GBV response services to GBV survivors. As the situation permits collecting gender, age, race/ethnicity and disability data through the provision of GBV response services with the informed consent/assent of women and girls will be important to inform the humanitarian response meets the specific needs of women and girls in all their diversity

([UN Women, 2022](#); [CARE, 2022](#); [CARE and UN Women, 2022](#); GBV AoR, April 1, 2022, [UNFPA, April 19, 2022](#)).

- **Key geographic areas**

Overall: As stated above IDPs are travelling to border areas to attempt to cross-over into neighboring countries to seek refuge.

OHCHR reports 1,670 civilian casualties since the invasion. Additionally, with the mass displacement of people within and outside Ukraine since 24 February, the growing needs remain difficult to assess and effectively address amid a highly volatile security situation ([OCHA, 28 March 2022](#)).

Occupied areas, shifting control areas: the conflict is evolving and has been described by Ukraine's President Chief of Staff as entering a 'second phase' as of 18 March 2022 ([Reuters, March, 18, 2022](#)). Areas that were occupied by Russia in 'phase one' but which have now reverted to Ukrainian state control have been widely reported by media as 'devastated', contaminated and with surviving populations experiencing trauma and with reports of rape cases. Mass graves have been identified and recent autopsies are revealing evidence of rape prior to being killed in areas North of Kyiv. ([The Guardian, April 25, 2022](#)).

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Donetsk and Luhansk: For more than 8 years, conflict, movement restrictions and latterly the COVID-19 pandemic have been interlinked drivers of humanitarian needs in the war-affected areas of Donetska and Luhanska oblasts. Humanitarian needs arising from the armed conflict remain critical on both sides of the “contact line” - the 427-km frontline which divides Donetska and Luhanska oblasts into areas under Government control (GCA) and those outside it (NGCA meaning non-government controlled areas). With the “contact line” substantially closed since March 2020, the NGCA population has struggled to access basic services, social benefits and entitlements, for which they need to cross to GCA. Among the most affected are older persons living in NGCA, particularly women, as the effective closure greatly restricted their access to their pensions in GCA. Before the Russian invasion 30% of people in need of humanitarian assistance were older than 60 years of age. The majority (59%) of the people in need live in NGCA ([OCHA, February 2022](#)). Post-invasion needs remain severe and continue to deteriorate ([OCHA, 28 March 2022](#)). Civilian populations are fleeing as conflict becomes proximal to them. There are also reports of civilians becoming trapped (for example in the extensively reported siege in Mariupol) and at risk of violence including conflict related sexual violence and other forms of GBV. ([UN Security Council, SC/14834, 17 March 2022](#)).

The western part of Ukraine: IDPs are gathering in Lviv and other areas close to borders, including while waiting to transit. UNHCR started enrolling IDPs for its program in Lviv on the 17th March and will progressively expand to other cities and regions ([UNHCR, 18th of March, 2022](#)).

● **Key vulnerable groups:**

Particularly vulnerable groups due to the current crisis are:

- Women and adolescent girls and boys that are trapped in areas with ongoing military operations that experienced /are under the high risk of sexual violence and other abuses
- Survivors of sexual violence that have no access to life-saving services including CMR
- Older women and people with disabilities who are still in Ukraine because of immobility, and who are at risk of sexual violence and GBV including from military and armed actors.
- Women in Ukraine experiencing domestic violence.
- Pregnant and lactating women.
- Women supporting the Ukrainian response as soldiers/armed actors (some of whom may become PoW) and health workers who are vulnerable to attacks.
- Internally Displaced Persons (IDPs), female headed households that are on the move and at high risk of GBV.
- LGBTI+ people who experience harassment from armed actors, with trans people being denied passage out of Ukraine because of a lack of papers.
- Women and girls who are at risk of sexual exploitation and survival sex.
- Non-Ukrainians e.g. students and migrants especially black and minority ethnic non-nationals facing harassment and discrimination at borders.
- Women who use drugs who are struggling to access treatment and support.
- Women and girls who are HIV+ or with AIDS who are struggling to access medication treatment and support.
- Ukrainians who have fled to Poland, Romania, Hungary, Moldova, Slovakia, Belarus and elsewhere, who are almost all women and children and at risk of GBV, sexual exploitation and trafficking.
- Roma people who have experienced discrimination historically and continue to do so in the current crisis

More information on key vulnerable groups and references are provided in the section below on the socio-demographic environment.

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LEGAL SYSTEM AND JUSTICE

Rule of law: In 2014 the Ukrainian government embarked on an ambitious reform of the judiciary. Hundreds of judges resigned in response to the introduction of performance reviews and compulsory assets declarations in 2017. The Supreme Court was restructured in the same year, all its judges were dismissed, and new appointments were made through a transparent selection process. The High Anti-Corruption Court was launched in September 2019 ([Chatham House, 2019](#)). However, Ukraine's flawed judicial system has been the 'Achilles heel' of the country's reform efforts ([Halushka and Shevchuck, 2021](#)). The 2021 Rule of Law Index ranked Ukraine 74/139, with the country below the regional average on measures including absence of corruption, regulatory enforcement, and civil and criminal justice ([World Justice Project, 2021](#)).

CEDAW: Ukraine ratified CEDAW in March 1981 and since then has submitted 8 periodic reports of the implementation of the Convention.

Women's rights: Laws and national policies in place to protect women and girls:

- In 2017 Ukraine adopted the Law on Preventing and Combating Domestic Violence (Domestic Violence Law), as well as the Law on Amending the Criminal Code and Criminal Procedure to implement provisions of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention). Given that these legal changes are recent, their application in practice is not yet widespread or wholly consistent ([Mann and Gugaiets, 2020](#)).
- Act on Combating Trafficking in Persons adopted in 2011.
- National Plan of Action for the implementation of Security Council Resolution 1325 (2000) on women and peace and security (2016-2020) and on 28 October 2020, a new National Action Plan for the period up to 2025 was approved. ([OSCE, March 2021](#)).

- The Strategy for Prevention of and Response to the Conflict Related Sexual Violence in Ukraine was developed with the technical and financial support of the UN Women Ukraine and UN Human Rights Monitoring Mission in Ukraine in consultation with the Office of the Deputy Prime Minister on European and Euro-Atlantic Integration, Ministry of Foreign Affairs and Ministry of Justice of Ukraine ([UN Women, 2018](#)).
- National strategy on human rights and the action plan for its implementation (2016).

Accompanying programs have also been developed including the Program on the Equality of Rights and Opportunities between Men and Women (2017-2021) and the State target program to combat trafficking, in 2016 ([CEDAW, 2017](#)).

There has been progress on implementing the legal framework for GBV including the introduction of emergency protection orders and shelters, and special police units trained to address situations of domestic violence ([Amnesty International, 2020](#)). Ukraine has yet to advance further to ensure a consistent victim-centred, human rights-based approach in line with the requirements of the Istanbul Convention, CEDAW and the jurisprudence of the European Court of Human Rights (ECtHR) ([Mann and Gugaiets, 2020](#); [Amnesty International, 2020](#)).

Laws protecting Roma women and girls: In 2013, Ukraine adopted a Strategy and Plan of Action for the Protection and Integration of the Roma National Minority into Ukrainian Society. Neither of these addresses gender issues or the needs of Roma women and girls ([CARE, 2022](#)).

Definition of sexual violence/rape in Ukrainian law: Article 152 of the Criminal Code of Ukraine, defines rape as 'Sexual activities involving vaginal, anal or oral penetration into the other person's body with the use of genitals or any other items, committed without voluntary consent of the victim.' It includes such acts against a spouse. Article 153 defines sexual violence as 'Committing any sexual violence not involving the penetration of another person's body without the voluntary consent of the victim'. Article 154 defines 'Compulsion to engage in

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sexual intercourse' as 'Coercing an individual without his/her voluntary consent into a sexual activity with another person'. Article 155 regards 'Sexual intercourse with a person who has not reached the age of sixteen' committed by an adult, and Article 156 on 'Debauchery of minors' concerns debauched actions committed in relation to a person under 16 years of age. All are punishable by imprisonment, with terms depending on factors such as the age of the victim, relationship, frequency of the crime, number of perpetrators, and other factors ([OHCHR, 2019](#)).

Data available for rapes reported, prosecuted, and sanctioned in Ukraine in 2018 and 2019:

Criminal Code of Ukraine, Article 152 «Rape»	2018 year	2019 year
Reported	335	426*
Prosecuted	143	164
Sanctioned	98	108

**The meaning of the term «rape» was changed by Law № 409-IX of 06.12.2017 (came into force 11.01.2019). Source: [OHCHR, 2019](#)*

Marriage laws: In 2012 the Family Code of Ukraine was amended to raise the minimum age for marriage for girls from 17 to 18; the minimum age for boys was already set at 18. However, a court may grant permission for a person aged 16 years or older to marry if it is established that the marriage is in her or his interests (Article 23). Sexual intercourse and other activities of a sexual nature with persons under 16 years of age are illegal under Articles 155 and 156 of the Criminal Code, punishable by deprivation of liberty for up to five years ([UNFPA, undated](#)).

According to Family Code of Ukraine (Article 6), 'a child is a person aged under 18, when majority is attained'. An adolescent marrying before the age of 18 immediately acquires full civil capacity ([UNFPA, undated](#)).

A marriage must be registered at a state civil registry office, and religious marriages and cohabiting couples have no legal status ([UNFPA, undated](#)).

Under Ukrainian law, marriage is a family union of a woman and a man. Currently Ukraine does not officially recognize same-sex spouses ([Suleymanova, Moroz and Gubin, 2020](#)).

Divorce is allowed. The formal grounds for divorce are:

- Breakdown of the marriage.
- Breakdown of common housekeeping (when the spouses are no longer living together as husband and wife).
- Failure of one of the spouses to perform marital rights and obligations towards the other.
- Physical or moral harm toward the other spouse or the children.

([Suleymanova, Moroz and Gubin, 2020](#)).

Housing, land, and property rights: There is no legal discrimination regarding inheritance rights. Regarding land, property and other non-land assets, the legal framework provides married and unmarried women with the same rights as married and unmarried men to ownership, use, decision-making and use as collateral including after divorce or separation. However, rural women face increased poverty, especially in conflict-affected areas where their rights to productivity, livelihood and access to land are regularly violated and they face the destruction and looting of property ([OECD, 2019](#)).

Documentation: Many of the Roma population in Ukraine lack civil status documents, creating difficulties in accessing education, employment and health services. About 55.6% of Roma who were internally displaced in 2017 who were

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interviewed by the Roma Women Fund, Chiricli, were not registered, which limited their access to humanitarian assistance ([Chiricli, 2017](#), cited in [CARE, 2022](#)).

Access to justice: The legal framework for addressing domestic violence in Ukraine remains relatively new and is still evolving. Relevant stakeholders throughout the system have new competencies and standards to apply in a novel domain ([Mann and Bugaiets, 2020](#)). The 2018 Strategy for Prevention of and Response to the Conflict Related Sexual Violence in Ukraine is also relatively new. It states that the existing legal system was not suited to prosecute the different types of conflict related sexual violence and was not adapted to the situation of conflict ([UNFPA, 2018](#)).

Several legal and operational gaps result in limited, if any, actual protection for survivors for GBV. Interagency coordination and cooperation in addressing individual cases remains weak and largely unstructured ([Mann and Bugaiets, 2020](#)). Reporting GBV of any type is considered a taboo and not many women access the justice system when they experience violence ([OSCE et al, 2019](#)).

COVID-19 restrictions exacerbated instances of domestic violence yet undermined reporting. GBV cases are also less likely to be reported in conflict areas due to military presence, a lack of security, the absence or erosion of the rule of law and the pervasiveness of actual or perceived impunity of the perpetrators ([Amnesty International, 2020](#)).

It is not clear how or if the justice system is functioning since the February 24, 2022 invasion. However, on March 22, 2022, Ukraine's attorney general, Iryna Venediktova, announced the first rape charges against a Russian soldier ([Venediktova, 2022](#), also [Hollowood, 2022](#)).

Access to police: A hotline survey conducted among victims of domestic violence and other forms of violence against women, regarding their experience in litigation, found that 61% reported the incident to the police of which 38% said that they did not think it would help; 15% did not trust the police ([Watson et al,](#)

[2019](#)). Earlier UNFPA reports found that 1 in 10 women who experience violence seek help and two-thirds have never sought assistance. (UNFPA, 2018, [UNFPA 2016](#)).

Ukraine's legislation gives police officers the authority to issue so-called emergency protection orders, which prohibit alleged perpetrators from entering and staying on the premises a survivor may reside in, and from contacting the survivor for 10 days. These powers are rarely enacted and if they are, are not effectively enforced ([Amnesty International, 2020](#)).

A recent March 2022 UN Women report indicates that women's access to police has been impacted by the current crisis. *"There is no reaction from the police to cases of domestic violence, we called – the application was not accepted."* – Representative from local CSO. *"The work of the police is now reoriented, so cases of gender – based violence remain out of focus."* – Representative from local CSO. ([UN Women, 2022](#)).

Standing in court: In Ukraine, domestic violence falls both under administrative and criminal legislation. Currently, unless a perpetrator has accrued two administrative penalties for domestic violence, criminal prosecutions cannot be initiated. In addition, members of the military and police are exempt from administrative proceedings in courts of general jurisdiction, which effectively serves to protect them from criminal prosecution for domestic violence ([Amnesty International, 2020](#)).

Of 142 women who reported domestic violence to the police (and participated in the survey about domestic violence and experiences of litigation), 27 reported that the case file had been submitted to court and 114 said it had not ([Watson et al, 2019](#)).

HEALTH SYSTEMS

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Prior to the Russian invasion, in Eastern Ukraine around 1.5 million people needed healthcare assistance ([Health Cluster Ukraine, December 2021](#)), with access to facilities restricted because of active hostilities and landmine contamination. The insecurity and curtailed access to referral hospitals and pharmacies have undermined the health care system's ability to cope with both new and preexisting health care needs, especially for people living in rural areas. Conflict-affected people living along the contact line often faced barriers in access to healthcare such as distance, cost of travel, cost and availability of medication, availability of medical personnel, and limited accessibility of ambulances due to the security situation. Persons with disabilities and GBV survivors have been particularly affected by lack of access to health services ([Protection Cluster Ukraine, 2019](#)).

The disrepair of health facilities because of the lack of resources for maintenance also limits their functionality, particularly in rural conflict-affected areas. The fourth wave of COVID-19 infections in GCAs and NGCAs since December 2021 has added to the strain on health services in the area ([ACAPS, 2022](#)). Violations of healthcare workers' rights (83% of whom are women) led to a shortage of healthcare staff in Ukraine which has also negatively affected the right to health of the general population ([OCHA, 2022](#)).

Since the invasion of February 24, 2022, the health system is collapsing and access to essential health services including sexual and reproductive health care is drastically reduced in those parts of Ukraine that are under severe attack, and is acutely jeopardized in other parts of the country. ([UNFPA press conference, March, 10, 2022](#)).

Verified attacks on health-care facilities have risen to the rate of 2-3 per day (for up to date statistics on the numbers of health facilities affected, see the [WHO Surveillance System for attacks on health care \(SSA\)](#)), meaning that already stretched healthcare services, including for sexual and reproductive health and clinical management of rape, have even less capacity to respond to sexual violence or to effectively refer to law enforcement bodies (GBV AoR, April 1, 2022).

Many NGOs working on sexual and reproductive health rights (SRHR) in the region and beyond are concerned that in Hungary, Poland, Romania and Slovakia a range of pre-existing legal and policy restrictions on SRHR and cost-barriers are severely impeding access to urgent and essential sexual and reproductive health care for those fleeing Ukraine ([Amnesty International et al, 2022](#)).

Clinical Management of Rape Protocols: [The 2018 Strategy](#) for Prevention of and Response to the Conflict Related Sexual Violence in Ukraine references WHO's clinical management guidelines for rape survivors. Additionally, there is the Order of the Ministry of Health on the Identification and Treatment of domestic violence (this contains a protocol for CMR for cases where this is applicable). The Inter-ministerial Order of Ministry of Interior and Ministry of Health on sharing information regarding clinical trauma cases, obliges health care institutions to inform National Police on traumas/wounds etc. that could be presumed as the result of a criminal offence being committed ([Ministry of Health, February 1, 2019; Anishchenko et. Al, April 2021](#)). Treatment is to be provided in any case and registration of criminal cases is not required. CMR is presently available within Ukraine and sexual violence survivors are receiving treatment where there can reach these services (UNFPA, April 2022)

GBV-related services including state-run services: The Council of Europe's project "Combating Violence against Women and Children in Ukraine" (carried out in line with the priorities laid out in the Council of Europe Action Plan for Ukraine for 2015-2017), foresaw the provision of expertise for the setting up and running of shelters and/or other specialized services for survivors of violence against women and domestic violence in Ukraine by 2021 ([Council of Europe, 2018](#)). However as already stated Ukraine has yet to ensure a consistent victim-centred, human rights-based approach ([Mann and Gugaiets, 2020; Amnesty International, 2020](#)).

UNFPA and NGOs have also supported GBV response and prevention programs and established accessible and highly specialized services for survivors, including shelter, crisis rooms, daycare centres, mobile police groups, national toll-free hotlines, psychosocial support mobile team and health service delivery points

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([UNFPA, 2022](#)). In Ukraine day care centres are a drop-in facility where psychosocial support plus other types of linked support are available. (GBV AoR, April 26, 2022) In late 2020, UNFPA with the support of the UK Government established an online women's career hub "Break the Circle". The hub aims to develop the professional potential and financial capacity of women survivors, or women at risk of GBV, to help them build their life free from violence. ([UNFPA, 2022](#))

At the current time, GBV specialized services continue to operate in a number of municipalities (including many of largest cities of Dnipro, Vinnytsia, Lviv, Odessa, Uzhhorod), except those communities where active hostilities are taking place, though essential services are currently affected by significant gaps and limitations.

More information on GBV services and their operation in-crisis is provided under the section on GBV capacities.

SOCIODEMOGRAPHIC ENVIRONMENT

Ukraine already has an unusual demographic population profile with many more women (54%) than men (46%). Gender is featuring as a key factor in this crisis since most of the people fleeing conflict affected areas of Ukraine are women, girls and boys. Because of the Martial Law introduced on 24 February 2022, men aged 18 to 60 years are remaining in Ukraine. Older people (both women and men) are fleeing the conflict-affected cities and leaving the country. This means the demographic profile of affected people is likely to be quite distinctive in terms of gender and age depending on where people are located ([CARE, 2022](#)).

LGBTI+ people: Victor Madrigal-Borloz, UN Independent Expert on protection from violence and discrimination based on sexual orientation and gender identity, expressed his deep concern about evidence being brought to his attention

confirming that exposure to dangers faced by people who seek protection during this time is greatly exacerbated for those who identify as LGBTI and/or gender-diverse. *"LGBTI and gender-diverse people are vulnerable to acts of stigmatization, harassment and violence from both armed combatants and civilians, whether such acts are opportunistically motivated, connected to larger social discriminatory patterns, or the result of explicit, targeted political repression.[...] I lament that the military operation by the Russian Federation and the ensuing armed conflict will destroy decades of progress in the fight against discrimination and violence based on sexual orientation and gender identity in law, in access to justice, and in public policy, including the health, education, employment and housing sectors"* ([OHCHR, March 22, 2022](#)).

In Ukraine people are now allowed to change their gender marker without surgery and get a new birth certificate. Although there has been progress towards legal gender recognition the process remains onerous, which has deterred many Ukrainians from updating their documents. Without accurate gender markers on their identification, transgender people are left vulnerable to discrimination when travelling or accessing healthcare and aid. It appears also that transgender women who are listed as 'male' in government documents, and transgender men and masculine-presenting women are seen as potential recruits and are not allowed to leave Ukraine ([Burgess, 2022](#)).

Older people over 65 years represent 22% of the population. Older women are more marginalized and economically vulnerable than older men with the gender pay gap leading to a gender pension gap (32% in 2018). Because the number of women of retirement age is higher than men, women are more dependent on state pension and social policy measures. ([HelpAge, 2018](#)). 57% of IDPs are over 60 and 58% of the non-displaced population ([IOM, April 1, 2022](#)).

Gender, age, disability, displacement status and other characteristics further affected access to employment and financial resources in the pre-war period and are likely to impact the socioeconomic situation of the citizens of Ukraine during the war.

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Persons with disabilities: Pre the Russian invasion that started in February 2022, there were approximately 2.8 million people with disabilities in Ukraine, more than 1 million of whom are women of working age. Only a third of them had a job, and all others were in need of employment. 65% of women with disabilities visit a doctor less than once a year, 11% of them practice self-treatment, and 76% have no access to a gynecologist. Each year, the number of single mothers with children with disabilities in Ukraine is increasing. In 2015, there were 154,000 single mothers with children with disabilities in Ukraine, and in 2017, this figure rose to 160,000 (from a Parliamentary Hearings on the Prevention of and Addressing the Discriminations of Women from Vulnerable Social Groups - reported in [UN Women et al, 2019](#)).

The number of people with disabilities is expected to be growing, as anecdotal reports from women's CSOs in the southeast regions tell of increasing numbers of women, men, and child amputees in hospitals. Due to the dangers and challenges of the journey, caregivers of **older people and family members with disabilities** are making impossible decisions between fleeing and staying to care for their family members.

Persons with disabilities, including children and older people, face challenges in accessing shelter and are at high risk of abandonment and family separation. Shelters in Kyiv are not accessible, and while others rush to safety, people with physical impairments with limited mobility are left behind. Due to stigma around disability and the lack of specialized services, adults and children with disabilities are often placed in institutions away from home. There are huge concerns about their access to services and safety in the current context ([CARE and UN Women, 2022](#)).

The Government of Ukraine is adopting measures to facilitate the cross-border movement of the most at-risk people, including persons with disabilities and unaccompanied minors ([CARE and UN Women, 2022](#)).

The Roma population faces ongoing discrimination. The last Census (2001) put the number of Romani in Ukraine at 47,600. However, according to various estimates, the Roma community comprises between 200,000 and 400,000 people living in all regions of the country. Despite the adoption of a Strategy and Plan of Action for the Protection and Integration of the Roma National Minority into Ukrainian Society, discrimination and violence against this group continue. Neither the Strategy nor Plan of Action are gendered ([CARE, 2022](#)) despite gender stereotypes that are prevalent in the Roma community, where girls' education is often not encouraged ([CARE and UN Women, 2022](#)). A report by Minority Rights Group Europe and the International Charitable Organization Roma Women's Fund 'Chiricli' (Chiricli) on the Roma in Ukraine noted the continuing discrimination and violence against the group, including an example of men in uniforms attacking Roma women and children at a square near the main railway station ([Bocheva, 2019](#)).

Roma people have experienced discrimination as they flee the current crisis; they not only face violence from the invading army but also from Ukrainian forces and from the states welcoming refugees. The break-up of families and loss of male breadwinners have hit Roma women particularly hard as they tend to rely heavily on men for support and protection. Because of their size, most Roma families have found it difficult to find accommodation in neighboring countries. In Moldova there are reports that they are separated by authorities from ethnic Ukrainians, in an attempt to prevent tensions. ([Popoviciu, March 7, 2022](#); [Benstead, April 5, 2022](#)).

Significant numbers of **Internally Displaced Persons (IDPs)** pre-date the current crisis. As of 1 April 2021 there are more than 7 million people who have been displaced internally. 59% are believed to be female, 5% infants, 57% are older than 60, 24% have a child under 5, 10% are IDPs from 2014-2015 (with or without formal status), 30% are chronically ill and 19% are living with a disability, ([IOM, April 1, 2022](#)) In addition, by the 30 of March [UNHCR](#) estimated that there were over 4

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million **refugees**, making this the fastest growing refugee crisis since World War II ([UNHCR, March 24, 2022](#)).

UN Women (March 2020) reported that internally displaced women face discrimination in attempting to access economic resources, public services, and decision-making processes. In the current conflict, there is a significant risk of double or triple displacement of those who were already displaced ([CARE, 2022](#)).

There is little sex disaggregated data on the humanitarian profile since the Russian invasion of February 2022. Available data includes:

- 59% of IDPs are female (from IOM survey, although absence of credible sources of IDP data - [IOM, April 1, 2022](#)).
- 90% of refugees are women and children ([UN website](#)).
- Women of reproductive age: 8% of IDPs are pregnant or breastfeeding ([IOM, 1 of April 2022](#)). According to the United Nations Population Fund, about 1,000 deliveries among Ukrainians are expected per week. The World Health Organization (WHO) estimates that 15% of pregnancies, in a war zone or not, will require skilled medical care for a potentially life-threatening complication ([Levy, 2022](#)).

Female headed households: in NGCA, 71% of heads of households are female. The percentage is even higher for the population aged over 60, where the share of female-headed households is 88%. While women are more likely to head households in the conflict-affected areas of Ukraine, they are also more likely to have multi-sectoral needs compared to men. The situation in NGCA is expected to be similar, but no reliable and consistent data are available ([OCHA, 2022](#)).

Girls: There are reports that adolescent girls are resorting to survival sex as a result of the impacts of conflict. Women and girls displaced by the war are at risk from sexual exploitation and face sexual violence ([UNODC 2022](#)).

Pre the current conflict girls tended to rate their health twice as worse as boys – one in three girls consider their health to be ‘so-so or ‘poor.’ This is almost twice

as high as the global average and six times higher than in countries such as North Macedonia. Every third adolescent reported feeling depressed, with girls more likely to report this ([UNICEF 2019](#)). Roma girls face discrimination and lack access to education compared to boys ([Roma Women Fund - Chiricli, 2017](#)).

People living with HIV: Ukraine has the second highest rates of HIV in Eastern Europe and Central Asia, affecting about 1% of the population. There are 260,000 people living with HIV in Ukraine, of which 120,000 are women over 15 years ([UNAIDS, 2021](#)). In 2019 80% of people living with HIV who needed treatment were taking ARVs ([UNAIDS, 2020](#)).

The World Health Organization (WHO) has estimated that at least 28,000 people living with HIV will have fled Ukraine and need access to HIV treatment elsewhere, including 14,589 men, 12,937 women, and 562 children. The overall number is likely to rise to 40,000 if numbers of refugees increase as predicted ([AIDSMap, 2022](#)).

People living in poverty (Economy): Ukraine is one of the poorest countries in Europe and Ukrainian women are more likely to receive social assistance than men. UN Women (May 2020) citing data from the State Statistics Service reported that, in 2018, women constituted 72.2% of those registered to receive social assistance and 73% of applicants for in-kind aid and cash assistance. ([CARE, 2022](#)).

Before the invasion the labor market reflected gender inequalities. According to the International Gender Gap Index Report 2020, Ukraine ranks 59th of 153 countries ([2020](#)). Since 2014, the pay gap between men and women has increased from 24% to 26% ([International Gender Gap Index Report 2020](#)). Only a small part of the gender pay gap is thought to be as a result of the differences in endowments (education, work experience, economic sector etc.) between men and women. Discriminatory practices may be underpinned by discriminatory gender attitudes ([Gatskova, 2021](#)). Female participation in the labor market is 46.7% compared to 63.1% for men ([UNDP, 2020](#)).

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Injecting drug users: About 317,000 Ukrainians inject drugs like heroin regularly ([NAM Aidsmap, 2022](#)). Women who use drugs are a particularly marginalized community; their social stigmatization as drug users is reinforced by their gender. Female drug users likewise face the discriminatory aspects of clause 164 of the Family Code of Ukraine, which states that a person can be deprived of his/her parental rights in case of alcohol or drug addiction which hampers their engagement in treatment/medical services ([AIDSfonds et al, 2021](#)).

As of January, 14,868 of drug users were receiving substitute opiates such as methadone and buprenorphine. Ukraine has been funding these treatment services since 2017 ([NAM Aidsmap, 2022](#)). Over 80% of those prescribed treatment in Ukraine are men. This may reflect lower numbers of female drug users but is also believed to be the result of the barriers women who use drugs face accessing services such as a potential risk that their children could be taken away ([AIDSfonds et al, 2021](#)).

Since February 2022 of the two main manufacturers of methadone in Ukraine, one factory has been evacuated and stocks are empty in the other. The Russian government is known for its hostility to treatment for drug users, and supplies were cut off in Crimea when it was annexed in 2014. Discussions on how to transfer methadone into Ukraine are ongoing ([NAM Aidsmap, 2022](#)).

Education: Ukraine has extremely high levels of literacy. UNESCO reports that women and men in Ukraine have almost 100% literacy. Ukraine has achieved gender parity in enrolment from the pre-primary up to tertiary level of education ([UNESCO website](#)). The greatest gender disparities in enrolment in educational institutions are seen in technical and vocational education. There are distinct gender patterns in fields of study, with young women and men channeled toward certain academic subjects, women, for example, are more likely to study healthcare and education (State Statistics Service, 2022 discussed in [CARE, 2022](#)).

Women's Rights Organizations exist in Ukraine and before the conflict were active throughout the country. The 2014 Maidan Revolution generated high levels of civic

activism, especially among young people using social media. Respondents to a UN Women (2020) study on the capacity of women's organizations and CSOs on gender equality and women's rights in Ukraine noted that the greatest challenges to progress on gender equality and women's rights are the lack of political and public support, and the lack of resources. They identified organizations focused on a range of themes including:

- Economic and political equality
- Gender-Based Violence
- Women Peace and Security
- Business leadership
- Law reforms and policy advocacy
- Poverty reduction
- Women with disabilities
- Sexual and reproductive health and rights
- Roma women
- Lesbian, bisexual, transgender, intersex and queer (LBTIQ) issues and rights

([UN Women, 2022](#)).

RESPONSE ENVIRONMENT (BASIC NEEDS)

Threats to Life (Lack of safety and security): Women and men, boys and girls across the country are facing unprecedented threats to their lives. Some people have fled their homes in search of safety and are struggling to find a roof over their heads and basic needs for their families. Others have no way to leave their communities due to a lack of transport, proximity of military violence, or physical

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mobility, among many other things. Many are seeking protection in nearby bomb shelters, while others are unable to leave their home ([UN Women, 2022](#)).

Many CSOs highlight the constant fear that women are under for themselves and their families. The psychological impact of threat, insecurity and instability is already taking a heavy toll on people, as they navigate the rapidly changing environment ([UN Women, 2022](#)).

Protection: Pre the Russian invasion in February 2022 approximately 2.5 million people, including 291,000 IDPs, were recorded as in need of specialized protection responses. Over 909,000 were recorded as in need of child protection services, with an additional 582,000 in need of GBV prevention and responses.

IDPs in Ukraine felt that local integration was the preferred durable solution. The main challenges around the protection of IDPs pre-invasion were related to de-linking access to services and benefits from IDP registration, expanding access to housing programs, promoting economic inclusion and finding solutions to IDPs still living in collective centres. These views of IDPs are not disaggregated by gender. In the NGCA GBV activities were still a major gap due to limitations imposed in the NGCA, while core and fundamental protection services such as psychological support, legal aid and individual counselling were still not available in the NGCA ([OCHA, 2022](#)).

Women participating in focus group discussions in settlements set up as a result of the conflict in the East of Ukraine pre-Russian invasion in February 2022, explained the impact of a number of factors related to the security of women and girls, such as lack of street lighting; the presence of aggressive stray dogs; and the fear of meeting people under the influence of alcohol or drugs. In addition, women living 0 to 5 km from the “contact line” reported as their main concerns the risk of being robbed (17%), being injured (16%), being victim of Mines/ERW (12%), and being killed (9%) ([OCHA, 2022](#)).

Child protection: One month of war in Ukraine has led to the displacement of 4.3 million children, more than half of the country’s estimated 7.5 million child population. This includes more than 1.8 million children who have crossed into neighboring countries as refugees and 2.5 million who are now internally displaced inside Ukraine. Despite intensive efforts to ensure safe, rapid and unimpeded humanitarian access and child protection, significant challenges remain in the most affected areas across the country. ([UNICEF, March 30, 2022](#))

Women’s Rights Organizations: Local women’s groups and civil society organizations (CSOs) are in need of support and funding to enable them to continue to respond to the immediate priorities of their communities ([UN Women, 2022](#)).

Food security: Over 20% of the population in Luhansk and 19% in Donetsk suffered from insufficient food consumption levels pre the Russian invasion. Farmers and workers are unable to access their workplaces or farms, and traders refrain from operating near the contact line given high insecurity levels. The limited access to income or income-generating activities and limited market functionality effect people’s food security levels. Because of various movement limitations, food prices are higher in NGCAs, meaning food insecurity is also higher in those areas than in GCAs. ([ACAPS, 2022](#)).

Most women’s organizations that participated in UN Women’s study mentioned the acute need for basic life-sustaining support. This includes a specific call for food (especially baby food), medicine/medical services and hygiene and sanitation items (such as diapers). It is clear from requests by women’s CSOs, that women are highly concerned for their children. ([UN Women, 2022](#)).

Livelihoods: In the current crisis, Women’s Rights Organizations CSOs are reporting the rapid loss of income. Not only is the access to cash limited or suspended (through for example ATMs), but people are not able to work and earn their livelihoods. In some cases, those reliant on pensions or other social support, have not been able to access their funds. At the same time prices are quickly increasing,

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as goods become increasingly unavailable and supply chains are halted ([UN Women, 2022](#)).

According to the Public Employment Centre, during the COVID-19 quarantine period, women and men were equally receiving the unemployed status, but men entered employment much more often than women ([OCHA, 2022](#)).

Female pensioners, particularly those residing in NGCA, are reported to be in a particularly vulnerable situation. As women's pensions were on average 30% lower than those of men, the costs involved for crossing the "contact line" or transit through the Russian Federation to collect pension payments in GCA have a higher negative economic impact on them ([OCHA, 2022](#)).

Increased economic challenges encountered by women compared with men put them at higher risk of GBV, and becoming targets of sexual exploitation and trafficking, particularly among the population affected by the conflict ([OCHA, 2022](#)).

Meet basic needs of women and girls to mitigate and prevent sexual exploitation including survival sex: Since the start of the conflict in 2014 in the regions of Donetsk and Luhansk, increasing numbers of women selling sex have been recorded. There are concerns that the current war may also impact the rates of sex work, as well as survival sex, as a negative coping mechanism particularly among women and adolescent girls in the severely war-affected settlements ([CARE and UN Women, 2022](#)).

Water, Sanitation, and Hygiene: Some areas report a lack of access to water and limited/no power supply or backup generators. This is particularly true for the people staying in temporary sleeping arrangements, such as schools or ad-hoc shelters ([UN Women, 2022](#)).

Health: Health statistics reveal that before the conflict, Ukrainian women outlive men by about 10 years. This data trend is similar to that observed in other East European countries but almost double that of Western Europe. The gap is

attributed, in part, to behavioral differences with men smoking and/or drinking alcohol more, working in unsafe jobs and not seeking treatment for health issues (reported in FAO, 2021). COVID-19 vaccination rates are also lower than the European average ([CARE, 2022](#)).

In Ukraine in 2021 for women aged 15-49, the contraceptive prevalence rate of any method was 53%, while the unmet need for family planning rate was 6%. The maternal mortality ratio was 19 deaths per 100 000 live births in 2017. There are no data available on sexual, reproductive and maternal health interventions in Donetsk and Luhansk oblasts. ([Health Cluster Ukraine, 2021](#)).

Women's access to SRHR services already fell rapidly during COVID-19 ([CARE, 2022](#)). Now the invasion is having a severe impact on women, girls and marginalized populations in Ukraine and is jeopardizing their SRHR ([UN Women, March, 29, 2022](#)). The risk of maternal and infant mortality and morbidity will increase rapidly in the coming months ([UNFPA website, 2022](#)). Global standards show that 8% of the displaced population is estimated to be pregnant women and girls ([IOM, April 1, 2022](#)) and 15% of them will require life-saving emergency obstetric newborn care for treatment of complications in pregnancy ([CARE, 2022](#)). For Ukraine specifically, UNFPA estimates there were 265,000 pregnant Ukrainian women at the beginning of the war, of which 80,000 will give birth in the next three months. ([UNFPA, April 19, 2022](#)).

As described in the section on health systems above women and girls fleeing into neighboring countries are struggling to access SRHR services.

HIV treatment and care: As of 11 April 2022, UNAIDS estimates that there may only be a three-week supply of antiretroviral therapy (ART) left in Ukraine and many of those fleeing the conflict within Ukraine and into neighboring countries are likely to experience difficulties in accessing regular supplies of the life-saving medicines. HIV prevention services have also been severely disrupted ([UNAIDS website, 2022](#)).

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According to the AIDS Healthcare Foundation (AHF), military assaults and bombings have forced the complete closure of its clinics in the eastern city of Kharkiv and the seaport of Mariupol in the south. The NGO, which provided treatment to about one in three people receiving antiretrovirals in Ukraine when the war broke out, said Russian military incursions have also limited the work of clinics in cities including Kherson, Mykolaiv, Severodonetsk, Slavyansk and Odessa ([Ryan, 2022](#)).

In order that people living with HIV who have been forced to leave Ukraine as a result of the invasion of Ukraine by the Russian Federation can access ART and other medical care, the Euro Guidelines in Central and Eastern Europe (ECEE) Group has launched the ART Initiative for Ukrainians Abroad in coordination with the Center for Public Health of the Ministry of Health of Ukraine and the L.V. Gromashevsky Institute of Epidemiology and Infectious Diseases of the National Academy of Medical Sciences of Ukraine (IEIH) ([UNAIDS website, 2022](#)).

Trans and intersex care: ILGA-Europe (the European branch of the International Lesbian and Gay Alliance) has mapped urgent needs from trans and intersex people in cities across Ukraine. There is a particular need for hormone therapy, as well as syringes and needles. If donations of hormone therapy can be secured, ILGA-Europe will work with WHO to try to include these in humanitarian aid packages ([NAM Aidsmap, 2022](#)).

Shelter: There is a large shortage of safe accommodation, as many people have been displaced and are on the move to safer locations ([UN Women, 2022](#)). Inside Ukraine, UNHCR has been delivering core relief items such as blankets, sleeping mats and emergency shelters and authorities in neighboring countries have set up temporary shelter for refugees. ([UNHCR, March 8, 2022](#)). UNFPA covered basic hygienic needs of women and girls by delivering dignity kits and essential packs to the most vulnerable ([UNFPA, April 2022](#)). There is lack of disaggregated data on shelter needs. The section on GBV capabilities describes the impact of the conflict on the operation of shelters for GBV survivors.

Camp Coordination and Camp Management (CCCM): Apart from a call to *ensure that all Cluster members apply in their work age-gender-diversity approach, work on prevention of SEA and implement accountability to affected populations policies*, the CCCM Cluster Ukraine's strategic framework ([CCCM Cluster, March, 17, 2022](#)) has no other disaggregated or specific information relevant to women, girls and gender diverse people.

Education: Disruption to education is impacting children, young people and their caregivers. The Education Cluster estimates that access to education for 5.7 million children and adolescents is at risk. Although school education is resuming online, many children and teachers, especially those displaced, may have difficulties accessing classes due to the lack of computers, internet access, books and stationery, as well as the lack of surroundings conducive to hours of studying. This will ultimately also have an impact on the family members and particularly mothers, who tend to take the main responsibility of home-schooling their children. While now all children will face access challenges to education, Roma women and girls of all ages face particular challenges in accessing education including barriers linked to poverty, gender stereotypes that devalue the education of girls, a lack of future employment prospects and a lack of civil status documentation. ([CARE and UN Women, 2022](#)).

Social services: CSOs highlight major gaps in service provision, including the lack of childcare and education for children, which causes disruption for adults and children alike. Many CSOs emphasize how the suspension of social services disproportionately affects different groups such as elderly women, women with disabilities or single mothers ([UN Women, 2022](#)).

Communication and Information: CSOs are drawing attention to the lack of information and poor communication lines. Women do not have access to the information they need to make informed decisions and internet/phone connections in some locations are intermittent. This includes information on legal

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aid, and how to navigate new complex systems of migration and access to social and protection services ([UN Women, 2022](#)).

not tolerate violence to save the family (80%). The perception informs behavior change. 5% more people state their willingness to intervene in a GBV incident to stop it (67%). Ukrainian society gradually grows more sensitive to GBV, disapproving its manifestations and offering support to survivors. There is an emerging recognition of GBV as a societal problem (rather than personal) that requires a consolidated response of the community. Changes in public perception and growing unacceptability of GBV also sends a powerful signal that Ukrainian society expects due response to GBV. ([UNFPA, April 2021](#)).

SOCIAL CULTURAL AND RELIGIOUS ENVIRONMENT

GBV perception: 41% of Ukrainians surveyed disagree that 'If a man mistreats his wife, others outside of the family should intervene' and 43% agree. 19% agree that 'It is a wife's obligation to have sex with her husband even if she doesn't feel like it' and 71% disagree. These statistics show that the Ukrainian population hold among the most discriminatory views on gender in the region ([OSCE et al, 2019](#)). However, 63% disagree that domestic violence is a private matter which is one of the highest rates in the region. The 2012 Multiple Indicator Cluster Survey (MICS) found that only 2.9% of women, 9.4% of men thought a husband was justified in hitting his wife in 5 given circumstances. ([UNICEF et al, 2012](#)) Later research in Ukraine also showed that 10% of men surveyed agreed that women should tolerate domestic violence to keep her family, and 32% of the surveyed men reporting having male friends who perpetrated physical violence against their wives or partners. This survey also showed that 19% of men surveyed agreed with the view that when a woman is raped she usually did something to put herself in that situation. ([UNFPA, 2018](#)). Conducted annually since March 2019, the UNFPA-led national study Omnibus captures a positive shift in perceptions and attitudes. The 2021 study found that most common beliefs that condone GBV have been challenged. 5% more people consider the statement 'If he beats you, it means he loves you' obsolete (reaching 87%). Another 5% more Ukrainians think that a woman should

Women in decision-making: Women report that they are being excluded from important decision-making processes at all levels, whilst at the same time being forced to play a critical role in the humanitarian response. ([UN Women, 2022](#)).

"The war started on February 24, 2022 and once again it showed how much women are ignored at the level of coordination and making decisions. Their suggestions and needs are ignored, and instead priority is given to the needs of Teroborona (voluntary local defense group), mostly represented by men, who dictate what to do and how to behave. At the same time when it comes to humanitarian needs of IDPs, locals, and households – women do most of the work – they drive, provide hospitals and locals with medication and food, they care about their disabled relatives and children. And this all remains unnoticed again and again." – Representative from local CSO. ([UN Women, 2022](#)).

Before the current crisis, more women were participating in Ukrainian decision-making, but men still dominate politics and leadership positions. The percentage of women members of parliament in Ukraine increased from 2.7% in the 1990s to 11.7% in 2014 and to 20.5% in 2019. A gender quota system for parliamentary elections has been in place since 2014 and for local councils since 2015. However, the absence of financial and other supports for women candidates and of a quota compliance mechanism, coupled with high levels of violence and abuse, including cyber-bullying, against women candidates, limited the impact of the system. In the

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2020 local elections, women’s representation grew from 15.3% to 28%. This latter figure reflects increased representation of women in large towns and cities but a drop of 12.6% on the local councils and 14.8% as settlement, village and city mayors. ([CARE, 2022](#)).

Ukrainian women leaders, mediators and organizations have been extremely active in efforts on women, peace and security with the launch of the 2020 campaign ‘Women Are Key to Peace’. ([CARE, 2022](#)).

Gender roles: Gender roles are relatively rigid in Ukraine, however there are signs this is changing ([Ellner, 2022](#)). 80% of information technology students are males. Women’s STEM attainment (science, technology, engineering, and mathematics) is 14% for women compared to 38% for men ([World Economic Forum, 2021](#)). Only 3% of those who take paternity leave are men (fathers). ([UNFPA, 2021](#)) Yet one in five fathers surveyed would like to take parental leave and 45% of Ukrainian fathers said they would like to spend more time with their children. ([UNFPA, 2021](#)) 51% of Ukrainians interviewed for a OSCE et al ([2019](#)) survey on the well-being and safety of women agreed with the statement that it is important for a man to show his wife/partner who the boss is.

Traditional marriage practices: In Roma communities, marriage often takes place earlier than the legal age. ([UNFPA, undated](#)).

Religious and legal practices: Nearly 80% of Ukrainians are affiliated with an Orthodox denomination. Approximately 10% of the population, particularly in western Ukraine, belong to the Ukrainian Greek Catholic Church. Muslims, mostly of Crimean Tatar heritage, comprise about one percent of Ukraine’s population, along with a historically significant Jewish community numbering around 200,000 and small groups of Protestant Christians. ([United States Institute for Peace, 2022](#)).

The head of the Orthodox Church of Ukraine, wrote in November 2020 ‘Don’t be silent, and don’t tolerate violence against yourself or your children’ on the website

Stop Violence. However, although religious leaders have called for an end to domestic violence, they have allowed psychological harassment, the physical ‘upbringing’ or ‘admonishment’ of wives and children, and financial coercive control to continue. ([Centre for East European and International Studies website](#)).

The CEDAW Committee ([2017](#)) reports that women in Ukraine face barriers in accessing justice, notably due to corruption and lack of independence of the judicial system, lack of knowledge of rights by women and limited availability of legal aid. See also the sub-section above on access to justice.

TYPES OF GBV

According to a 2019 study by OSCE et. al, roughly 70% of Ukrainian women reported having experienced some form of violence since the age 15, with 30% reporting direct physical or sexual violence. ([OSCE et al, 2019](#)).

Prevalence of physical and/or sexual violence since the age of 15, by type of perpetrator

Current partner, %			Previous partner, %			Any partner, %			Non-partner, %		
PV	SV	PV or SV	PV	SV	PV or SV	PV	SV	PV or SV	PV	SV	PV or SV

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13	5	15	27	7	28	23	7	26	22	5	24
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- PV: Physical violence
- SV sexual violence

Physical and/or Sexual Intimate Partner Violence in the last 12 months: 7.6% (compared to 10.2% recorded in the [2007 DHS](#)).

Child Marriage: 9% ([Girls not Brides website](#)).

Trafficking/sexual exploitation: There is a lack of data but information from other conflicts suggest women and girls are at risk. ([UNODC, 2022](#)).

Prevalence before the February 2022 invasion of the different forms of intimate partner psychological violence:

- Economic violence - 20%
- Controlling behavior - 55%
- Abusive behavior - 53%
- Using your children to blackmail you or abusing your children - 12%

For all countries surveyed by OSCE et al (2019) in the region, sexual and physical violence was more common from a previous partners than a current one.

(All data above regarding types of violence is from [OSCE et al, \(2019\)](#) except where indicated. The OSCE carried out a survey with a sample representative of the adult population of women (2,048 women, aged 18–74), including 298 women living close to the contact line in the Donetsk and Luhansk regions, in an effort to better understand how conflict affects violence against women. The sample in Ukraine does not cover the Autonomous Republic of Crimea or non-government-controlled areas in the Donetsk and Luhansk regions.)

Domestic violence had already increased under COVID-19 before the most recent conflict began. Some 10% of respondents survived incidents of domestic violence before the quarantine, with half of them (56%) reporting worsening of domestic



violence during COVID-19 restrictions. It is likely that GBV cases have been significantly underreported while quarantine restrictions remained in place, since living with the perpetrators prevents women and girls from reporting incidents of violence. GBV cases are also less likely to be reported in conflict areas due to military presence, a lack of security, the absence or erosion of the rule of law and the pervasiveness of actual or perceived impunity of the perpetrators. Women generally report having a (misplaced) sense of shame and guilt, fear of further victimization, a lack of financial independence, stigma within their community, and lack of awareness of how and where to seek help as the main obstacles preventing them from reporting abuse and violence. ([OCHA, 2022](#)).

During situations of conflict and displacement, the risk of domestic violence tends to increase dramatically. According to a 2020 Amnesty International report, Ukraine saw a severe increase in reports of domestic violence in separatist areas in 2018: 76% increase in the eastern region of Donetsk and 158% in Luhansk. ([Amnesty International, 2020](#)). Among IDPs, the number of women and girls surveyed by OSCE et. al, who reported having experienced GBV was three times higher than local women who were not displaced. ([OSCE et al, 2019](#)).

In 2018, a baseline survey of conflict-affected older women and men in the government-controlled areas (GCAs) of Donetsk and Luhansk conducted by HelpAge International found that 20.5% of older people (75.8% of whom were women) experienced at least one type of violence and abuse. The most common form of abuse was emotional/psychological abuse. ([HelpAge, 2018](#)).

Between December 2019 and May 2021, the OSCE documented the receipt of multiple reports of episodes of transactional sex, a form of sexual exploitation and abuse, as a survival tactic. ([OCHA, 2022](#)).

For women in Ukraine, and those who have fled, there are grave concerns about the risks of GBV from non-partners.

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Within Ukraine, Ukraine's Deputy Prime Minister for European and Euro-Atlantic integration, Olha Stefanishyna, Foreign Minister Dmytro Kuleba, and MP. Maria Mezentseva, are among those who have been vocal about the use of rape in the current conflict. ([Venediktova, 2022](#) also [Hollowood, 2022](#)). There have been strong allegations of conflict related sexual violence - for example, gang-rapes, assaults taking place at gunpoint, and rapes committed in front of children are among the grim testimonies collected by investigators (reported in the press by for example [Fo, 2022](#), [Duffy, 2022](#); [McKernan, April 4th, 2022](#)).

Older women may be also vulnerable, as they are less mobile and may not be as able to flee as others. Ukrainian MP Lesia Vasylenko said Russian troops were sexually abusing senior citizens on the outskirts of Kyiv, while speaking during a press briefing in the UK. The abuse is happening to *“the most vulnerable of the vulnerable,”* she said. ([Hollowood, 2022](#)).

Outside Ukraine: There are serious concerns about the danger of sexual violence and human trafficking for women and girls fleeing Ukraine. Dagmar Schumacher, Director of the UN Women Brussels Office, stated on International Women's Day, *'The current situation jeopardizes the safety of all people in Ukraine, but it also puts women and girls at increased risk of sexual violence, especially those who are refugees or otherwise displaced from their homes.'* ([Walker and Lyons, 2022](#)). The Polish and German press include reports of rape, sexual violence and human trafficking of women and girls fleeing Ukraine, and there are concerns about the dangers for Ukrainian women and girls elsewhere. ([McGrath, 2022](#)).

Roma people and LGBTI+ people who are fleeing are particularly vulnerable to discriminatory attitudes in the countries they arrive in ([Time, 2022](#)). Unaccompanied children are at high risk of abuse and trafficking ([UNODC, 2022](#)).

GBV CONSEQUENCES

[OSCE et. al's](#) (2019) survey of GBV and its impacts found the following:

Physical injuries arising from the most serious incident of physical and/or sexual violence:

- 45% of women experienced bruises and scratches
- 12% - Wounds, sprains, burns
- 12% - Concussion or other brain injury
- 6% - Fractures, broken bones, broken teeth
- 2% - Internal injuries
- 1% - Infection or a sexually transmitted disease
- 1% - Pregnancy
- 1% - Miscarriage
- 1% - Infertility or inability to carry out a pregnancy
- 39% - No injuries

Psychological consequences of physical and/or sexual violence (most serious incident):

- 46% - Anxiety
- 34% - Feeling vulnerable
- 32% - Difficulties in relationships
- 28% - Depression
- 27% - Loss of self confidence
- 25% - Difficulty in sleeping
- 23% - Panic attacks
- 11% - Concentration difficulties
- 15% - None of the above

The psychological impact of violence perpetrated by a previous partner was generally more pronounced than that of violence perpetrated by a current partner or non-partner.

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Emotional responses to physical and/or sexual violence (most serious incident) by all perpetrators:

- 61% - Anger
- 60% - Fear
- 43% - Shock
- 41% - Annoyance
- 28% - Shame
- 27% - Aggressiveness
- 22% - Embarrassment
- 10% - Guilt
- 1% - None of the above

Most women had an emotional response to their most serious incidents of sexual harassment.

CAPACITIES TO ADDRESS GBV

GBV prevention and preparedness: As a result of the ongoing conflict in the east of Ukraine GBV services had gradually expanded as government and local communities started to provide specialized services in addition to those supported by humanitarian partners. However, it is arguable whether they provided sufficient preparation to address GBV in the current crisis. Services were largely located in the eastern and western Oblasts. Referral pathways, access to specialized services and quality of responses were insufficient and continued to require complementary humanitarian GBV responses. Health-care service delivery points and mobile clinics offered improved opportunities to the most vulnerable groups of GBV survivors; however, access was still limited. ([OCHA, 2022](#)).

As already stated Ukrainian and regional women's organizations are active in addressing GBV, but face many challenges as they attempt to provide support to large numbers of IDPs, host-communities and those directly affected by violence and insecurity. They are in desperate need of support. ([CARE, 2022](#); [UN Women, 2022](#)).

GBV response: Pre the Russian invasion in February 2022 consultations with people affected by the conflict in the East highlighted several gaps in the GBV response: the insufficient response by the police, slowness of ambulance services to reach the villages, the absence of social workers and the discontinuation of day care services at the nearest hospital. The women consulted also explicitly underlined the lack of information on useful contacts for the protection of children and cases of domestic violence. ([OCHA, 2022](#)).

At the current time, GBV specialized services continue to operate in a number of municipalities (including many of largest cities of Dnipro, Vinnytsia, Lviv, Odessa, Uzhhorod), though essential services are currently affected by significant gaps and limitations:

- The State was the primary service provider before the war; among the services that are still operational, many have shifted their focus away from GBV as they work to meet other urgent needs of IDPs including temporary accommodation, social protection, caring for the wounded, etc.
- Many service providers are affected by lack of human and financial resources – some staff have fled to save their own lives and are now IDPs themselves.
- There are more people in need of services, with IDPs contributing to high population concentrations in new/different areas where humanitarian operations and GBV services were not previously established or where the existing services are not able to adequately respond to the demand.
- Many referral pathways are broken (varying region by region due to military activities, increase in IDPs, border crossings and other factors).

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- IDPs have limited access to life-saving information, including on the availability of specialized GBV services in hosting communities (GBV AoR, April 1, 2022).

GBV actors on the ground report that although specialized services - including GBV hotlines - remain partially functional, access is extremely difficult for both staff and survivors due to ongoing conflict and movement restrictions. La Strada national hotline switched to online operation and faced some initial disruption to full 24/7 operation but has returned to 24/7 phone operation as of 11 March. An online modality remained available. 1547 Hotline continues to provide 24/7 services. ([Protection Cluster Ukraine, March 6-9, 2022](#)). However, reaching those in settings where active hostilities are taking place remains a challenge.

“We have had several calls to our emergency hotline from women and girls seeking assistance, but in most cases, it’s been impossible to help them physically. We haven’t been able to reach them because of the fighting” said Kateryna Cherepakha, the president of La Strada Ukraine, a charity that supports survivors of trafficking, domestic violence and sexual assault. ([McKernan, April 4, 2022](#)).

By 12 April, 10 Partner organizations reported on their activities/people reached in 25 Oblasts of Ukraine. ([GBV Sub-cluster Ukraine, April 14, 2022](#)).

Clinical care for GBV survivors in Ukraine: Medical and psychological care units are usually located at multidisciplinary hospitals, have medical equipment, diagnostic kits (or rapid test systems), medicines, etc. for protection of reproductive health, HIV prevention, treatment of sexually transmitted diseases, prevention of unwanted pregnancies and provision of emergency care to survivors of rape. There are 17 such units in Ukraine. Six of them are in the Donetsk Oblast, 5 in the Luhansk Oblast; others are located in Vinnytsia, Mykolayiv, Kharkiv, Kryvyi Rih, Odesa and Kherson. Each unit provides 24-hour free assistance on the basis of anonymity. In addition, most of them have a separate entrance. (GBV AoR Helpdesk, March 1, 2022).



UNFPA report that only 29 out of 65 local health care facilities that cater to survivors of GBV, providing shelter or crisis solutions for women and girls are operational and one-third of the cities in which it operates are now occupied by Russian forces. ([Lei Ravelo, March 11, 2022](#)).

Coordination and systems: Pre the Russian invasion in February 2022 interagency coordination and cooperation in addressing individual cases was weak and largely unstructured. ([Mann and Gugaiets, 2020](#)). However, according to the GBV partners, local authorities and the national police, the number of registered GBV incidents consistently increases in Donetsk and Luhansk GCA due to the strengthening of response mechanisms and coordination at the local level. Decentralization processes, however, created some new challenges in strengthening the response system, particularly due to lack of capacities and human resources in duty bearers, turnover of the social services’ staff and weak coordination mechanisms. Essential services for survivors of GBV were not equally accessible everywhere and remained an acute problem in remote and rural areas close to the “contact line”. ([OCHA, 2022](#)).

UNICEF together with UNHCR established 26 “Blue Dots” across Moldova, Romania, Belarus, Slovakia, Poland, Hungary, and Czech Republic. These hubs are designed to have the capacity to support 3000 to 5000 people per location. These are hubs to support refugee children, women and families with integrated services. These include child friendly spaces, family reunification, information and advice desks, mother and baby/ toddler spaces, psychosocial, hygiene, health and nutrition, legal counselling, first aid, referral services for cases of violence, and basic needs. (GBV AoR Helpdesk, March 1, 2022).

GBV Sub-Cluster is primarily focused on ensuring referrals and emergency care for survivors of GBV (including emergency contraception and PEP to prevent transmission of HIV) are prioritized throughout the response.

In terms of mental health and psychosocial support (MHPSS), multiple shelters have areas set aside for psychological counseling, but as with the medical staff,

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staffing these is a challenge, and counselors are working as volunteers, coming when they can, to support as much as they can. Counselling sessions generally occur with a translator, as Ukrainian-speaking psychologists are not readily available. A recent assessment found only limited case management services for women, children, or persons with special needs. ([IRC, 2022](#)).

GBV risk management: UNFPA has delivered over 12,000 dignity kits to at risk women and girls in Ukraine, Moldova and Belarus ([UNFPA, April 19, 2022](#)) and has developed GBV awareness-raising materials that include information about GBV risk reduction and specialized services in Ukraine and neighboring countries. The materials are being distributed jointly with WHO at border crossing points and in cities with highest numbers of IDPs. ([Protection Cluster Ukraine, March 6-9, 2022](#)).

INFORMATION GAPS AND NEEDS

- The service mapping is difficult to complete due to the fluid and shifting situation and the broad scope of topics to cover.
- Sex disaggregated data for the current crisis is lacking. The disaggregated information that is available on the conflict is from the protracted conflict experienced in East Ukraine since 2014. Few resources document the experiences and priorities of women and girls themselves.
- There is little sex disaggregated data intersecting with age, ethnicity, disability, drug use, HIV status available although some is available from pre the Russian invasion in February 2022.
- Sex disaggregated data on IDPs and intersections with other vulnerabilities as well as information on the response to GBV is needed.

LESSONS LEARNED

- Some lessons from the earlier conflict in East Ukraine (such as documentation challenges and barriers to accessing services) will be relevant for humanitarian response to factor for and others will be less applicable, given the scale and magnitude of the present conflict and affected persons it will be necessary to ensure current needs are assessed and responded to as access permits.
- Women and girls' engagement in decision making processes within Ukraine at all levels local, regional, national will be key to supporting safety, improving GBV response, prevention and risk mitigation measures.
- Local and national WROs that remain within Ukraine urgently need support from the international community in order to continue to support their communities. This support includes material support and funding support. It is likely that there will be on-going technical support needs and collective care needs for GBV responders and therefore these should be identified in consultation with those responding, be well-resourced and coordinated efforts.
- Women and girls who face intersecting forms of marginalization and oppression (eg. older Roma women) are least likely to be able to access timely, quality GBV response services when they experience violence. It is therefore essential that there are diverse service points, with trained female staff and widespread messaging about the services available.
- SEA risks exist within all humanitarian crises and emerging findings indicate that it is necessary to prevent GBV risk mitigation and ensure PSEA measures are in place with robust PSEA networks and focal points.
- Women and Girls Safe Spaces, the provision of GBV clinical care in health facilities and other safe spaces and GBV hotlines are essential life-saving services which should be prioritized within the response.

LIMITATIONS

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- Given the urgency of the response and the gap in a prior SDR it was necessary to produce this SDR within a condensed timeframe in order to inform the responses therefore, it is feasible that not all relevant information and sources are included.
- This crisis is unfolding and evolving in real time with the possibility of new frontiers/contact lines in the conflict opening up. The data contained within is therefore a catalogue of prior data and currently relevant data but may require updating regularly to account for the fast-moving changes.
- There is not a lot of quantitative evidence available, the number of GBV incidents presented does not necessarily imply prevalence and cannot be interpreted as such.
- Unreliability of certain sources is a possibility.
- Lack of assessments and inclusive methodologies that capture the views of women and girls, particularly women and girls who experience intersecting forms of marginalization.