GENDER DYNAMICS AND EXPERIENCE OF VIOLENCE AT HOME:

Deep Dive into Intimate Partner Violence in Ukraine

December 2024

NCA DCA
actalliance
UKRAINE JOINT COUNTRY PROGRAMME

Art therapy in Odesa. At the Safe Space for Women and Girls in Odesa, art therapy is used as a tool for processing trauma from the war in Ukraine.
Photo: Håvard Hovdhaugen/HEKS/EPER

PREFACE BY NORWEGIAN CHURCH AID

The war in Ukraine has led to an unprecedented crisis that has put millions of Ukrainian women, men, and children at grave risk, with massive displacement, both within the country and the region, deprivation of basic services, and exposure to increased trauma and mental health issues that impacts their wellbeing and quality of life. Thousands of civilians have lost their lives or sustained life-changing injuries or have family members who have done so.

Before the full-scale invasion, Ukraine had made progress toward gender equality, including the establishment of gender -responsive policies and the introduction of response services such as shelters, helplines and psychosocial support. The war has heightened women and girls' exposure to gender-based violence; greater domestic burdens; and a severe mental health crisis. Gender-based violence has surged since 2022 and war-related distress has contributed to intimate partner violence.

Norwegian Church Aid has responded to the humanitarian crisis in Ukraine since the full-scale invasion started in 2022, as part of a joint programme with DanChurchAid and in partnership with Swiss Church Aid and national organisations, providing support and services to survivors of gender-based violence and to women and girls at risk.

With this study our intention is to contribute to increased knowledge and understanding of gender dynamics and the situation for women and girls after three years of full-scale war, with a focus on intimate partner violence. It is our hope that the study will be useful for policymakers, donors and practitioners to ensure that quality response and prevention services are available and accessible for survivors.

Arne Næss-Holm
Interim Secretary General
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Addressing IPV and Domestic Violence in Conflict-Affected Ukraine

Shifting Gender Dynamics and IPV in Ukraine: Challenges and Solutions

BACKGROUND

2022

Progress pre-war:
- Gender-responsive policies
- Shelters
- PSS services

Post-2022 challenges:
- Mass displacement
- Resource diversion
- Increased IPVs

FINDINGS

Shifting Gender Roles

Women take on **frontline roles** and caregiving responsibilities.

Increase in **single-headed households**, particularly in rural areas.

Marginalized groups (LGBTQI+, persons with disabilities) face **heightened barriers**.

IPV Trends

Women reported that war resulted in a rise in psychological and physical violence.

Rural women: isolation, stigma, and limited service access.

Survivors often **dismiss non-physical violence** as less critical during war.

Barriers

Limited awareness of rights and services.

Services inaccessible to marginalized groups.

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> I am convinced that, today, when Russia commits terrible crimes against civilians and commits violence and murder, we, as a society, should not tolerate and hide domestic violence in families," said Kateryna Pavlichenko, Deputy Minister of Internal Affairs of Ukraine.

Дівоче медіа, cited in NGO Girls and World Vision, 2024.

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Acronyms

AoR	Area of Responsibility
CSOs	Civil Society Organizations
DCA	DanChurchAid
FGDs	Focus Group Discussions
GBV	Gender-Based Violence
GBV AoR Ukraine	Gender-Based Violence Area of Responsibility Ukraine
GoU	Government of Ukraine
HEKS/EPER	Swiss Church Aid
IASC	Inter-Agency Standing Committee
ICG	International Crisis Group
IDIs	In-Depth Interviews
IDP	Internally Displaced Persons
IPV	Intimate Partner Violence
KIs	Key Informants
KIIs	Key Informant Interviews
LGBTQI	Lesbian, gay, bisexual, transgender, queer and intersex
MHPSS	Mental Health and Psychosocial Support
MoSP	Ministry of Social Policy
NCA	Norwegian Church Aid
NSSU	National Social Service of Ukraine
NGOs	Non-Governmental Organizations
OECD	Organisation for Economic Co-operation and Development
PSS	Psychosocial Support
RGA	Rapid Gender Analysis
UNFPA	United Nations Population Fund
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
WLOs	Women-Led Organizations
WROs	Women's Rights Organizations

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Executive Summary

This 'Deep Dive' examines shifting gender roles, responsibilities and dynamics in Ukraine in the context of the ongoing conflict, and their correlation with intimate partner violence (IPV)/domestic violence[1]. The study further evaluates the relevance and limitations of existing legislation and services aimed at addressing IPV/domestic violence in the context of the war.

The study utilised a mixed-methods approach, with the primary focus on a phone-based survey targeting 200 respondents, of which 104 participated (89 women, 15 men). This was complemented by qualitative methods, including 12 key informant interviews with representatives from UN agencies, NGOs, women's organisations, and GBV service providers, as well as three focus group discussions with 15 women in Odessa, including internally displaced persons and women with disabilities. Additionally, 19 in-depth interviews were conducted with women across Ukraine to gather detailed insights into their personal experiences, perceptions of IPV risks, and access to services. A literature review further informed the research findings, ensuring alignment with existing knowledge on IPV and domestic violence.

Before the full-scale invasion in February 2022, Ukraine had made considerable progress toward gender equality, including the establishment of gender-responsive policies and the introduction of response services such as shelters and psychosocial support. However, these achievements were already under pressure due to persistent gender inequalities and the compounded impact of the COVID-19 pandemic. The war has exacerbated pre-existing challenges and increased vulnerabilities associated with mass displacement, trauma and the diversion of attention and resources away from IPV prevention and response.

The war has led to significant changes in gender roles, with women increasingly assuming frontline and taking on additional caregiving roles, often without the help and support of a partner and other family members. However, these shifts have not led to greater political participation or decision-making power for women and the redirection of resources towards the war effort has further marginalized their involvement in social issues. Displacement has resulted in an increase in single-headed households, which has compounded the unpaid care responsibility on women and girls in particular. Marginalized groups, including LGBTQI+ individuals and persons with disabilities, face additional challenges accessing services, due to pre-existing and exacerbated social, economic and physical barriers.

Rural women are particularly affected by compounded challenges such as geographic isolation, fear of social stigma and limited access to services. These barriers, in conjunction with low awareness of rights and available assistance, hinder women from seeking support. Many women have taken on new roles as heads of households, leading to heightened emotional and physical burdens, with many now balancing caregiving and income-generating responsibilities.

The research identifies a clear causal link between the war, increased IPV and domestic violence and psychological violence. Both men and women acknowledge the multiple forms of IPV and domestic violence yet awareness of the full scope of violence and the availability of support services remains limited, especially in rural areas. Barriers to seeking help remain substantial, with many survivors reluctant to approach formal support services, particularly for non-physical or non-sexual forms of violence. A significant lack of trust in

[1] While the focus of this study is explicitly on intimate partner violence (IPV), relevant national legislation refers to broader domestic violence. Also, despite their distinction, the terms are often used interchangeably. Therefore, in the section, 'Language Matters', both terms are defined.

law enforcement further contributes to underreporting and hinders women's willingness to seek assistance. In addition, women and girls often relegate or dismiss their experiences of violence as less worthy of immediate or indeed any attention within the context of the ongoing war.
In conclusion, while addressing IPV and domestic violence in Ukraine requires continued advocacy and policy improvement, the key to addressing these issues lies in strengthening existing systems. A comprehensive approach that focuses on enhancing the accessibility and effectiveness of services, building trust with law enforcement, and raising public awareness is essential to ensuring that all women and girls, particularly the most marginalized, can live free from IPV and other forms of domestic violence.

Recommendations

1. NCA to support the Government of Ukraine and its CSO partners to adhere more fully to existing legislation and policies related to IPV/domestic violence, while continuing to advocate for addressing the remaining legal and policy shortcomings.

2. So as to avoid further fragmentation of services, focus on consolidating, improving and expanding existing service delivery rather than introducing new types of services. NCA instead should focus on disseminating information about the availability of the services, including channels and formats for disseminating such information so as to reach a broad and diverse audience.

3. In future research and programming, consider more fully the compounding effects of displacement, group identity, age and disability. - A standalone of the need for research of the gender roles and responsibilities of older women and women with disability and their experience of GBV

4. Help prepare partners, to the extent possible, for the inevitable end of international donor support. This would include the following:
   - → Further training of GBV response services in the survivor-centred approach to supporting survivors of IPV and other forms of domestic violence.
   - → Further awareness-raising campaigns to prompt increased knowledge and discussions about experiences of sexual violence in the intimate partner relationships.
   - → Specialised training for members of the Ukrainian police force – i.e. beyond POLINA - to address their attitudes and response to IPV and other forms of domestic violence and the women and girls who experience it.
   - → More holistic support to women and girls to meet their evolving needs. In a resource-constrained environment that has extensive needs for MHPSS, it would be important to establish more community-based activities to which women and girls – as well as men and boys who experience trauma and stress - would have greater proximity and access. Community-based activities would also address the challenges posed by continuity and sustainability of services.
   - → GBV prevention programming and the long-term funding it demands, is required to support changing attitudes and building skills on supporting survivors. These efforts need to go hand-in-hand with the adoption of the Istanbul Convention.

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Language Matters

Intimate Partner Violence and Domestic Violence

The focus of this study is explicitly on intimate partner violence (IPV). Therefore, it is important that we define the phenomenon and also its connection with 'domestic violence', as both terms are used throughout the study.

The Inter-Agency Standing Committee's (IASC) *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery* ('The IASC GBV Guidelines', 2015) makes the distinction between IPV and domestic violence very clear: "While these terms are sometimes used interchangeably, there are distinctions between them. 'Domestic violence' is a term used to describe violence that takes place within the home or family between intimate partners as well as between other family members. 'Intimate partner violence' applies specifically to violence occurring between intimate partners (married, cohabiting, boyfriend/girlfriend or other close relationships) and is defined by the WHO as behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours. This type of violence may also include the denial of resources, opportunities or services" (IASC, 2015, p. 321). The IASC GBV Guidelines refer throughout to "intimate partner violence and other forms of domestic violence."

The Council of Europe Convention on preventing and combating violence against women and domestic violence (CETS No. 210; 'The Istanbul Convention'), as the title suggests, refers specifically to domestic violence. While the Convention does not refer explicitly to IPV, the accompanying Explanatory Report (2011) notes that "domestic violence includes mainly two types of violence: intimate-partner violence between current or former spouses or partners and inter-generational violence, which typically occurs between parents and children". The Report also goes on to explain that "domestic violence as intimate-partner violence includes physical, sexual, psychological or economic violence between current or former spouses as well as current or former partners" and "inter-generational domestic violence includes physical, sexual, psychological and economic violence by a person against her or his child or parent (elderly abuse) or such violence between any other two or more family members of different generations".

Two additional points in the Convention and Explanatory Report support our understanding and analysis in this study: Firstly, the Convention provides that "women" includes girls under the age of 18. Secondly, the Explanatory Report stipulates that, in the case of both intimate and intergenerational violence, "joint residence of the victim and perpetrator is not required".

Victim and Survivor

The Istanbul Convention defines 'victim' as "any natural person who is subject to" violence against women and domestic violence. Neither the Convention nor the Explanatory Report refer to 'survivors'.
The IASC GBV Guidelines defines both a 'survivor' and a 'victim' as "a person who has experienced gender-based violence". The Guidelines note the terms "can be used interchangeably. 'Victim' is a term often used in the legal and medical sectors. 'Survivor' is the term generally preferred in the psychological and social support sectors because it implies resiliency". The definition of 'victim' adds that the "term recognises that a violation against one's human rights has occurred" (2015, p. 326).

HII has adopted the phrase 'IPV and other forms of domestic violence' or simply 'IPV/domestic violence'. We use the terms 'victim' and 'survivor' as defined in the IASC GBV Guidelines, except where we are quoting from a publication.

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Introduction

The first narrative of and images from the onset of the full invasion by Russia in Ukraine presented a very gendered picture; Ukrainian men aged 18 to 60 years joining and then being conscripted into the armed forces; women maintaining the home and family and joining in voluntary war efforts; and of mostly women, children and older people fleeing the country. The true picture is, of course, more nuanced than these contrasts present, with several issues contributing to the complex gender dynamics in Ukraine.

Firstly, prior to the full invasion, two-thirds of Ukrainian women had experienced some form of GBV in their lifetime (OSCE 2018). Since the invasion, women have faced increasing risk of GBV, including intimate partner violence (IPV). In August 2023, data from the Ukrainian National Police revealed that, between January and May 2023, registered cases of domestic violence increased by 51% when compared to the same period in 2022 (Human Rights First, 6 December 2023). National experts say that many more women diminish the extent of the abuse, do not acknowledge it and, in the face of stigma, they do not report it. Therefore, the extent of IPV is likely much higher. Experts also attribute the increase in the violence to war-related economic hardship, unemployment and trauma and fear that IPV numbers will increase further as the war continues.

Secondly, as revealed in primary research conducted by BBC Media Action Insight in 2023, gender roles and attitudes to these have changed and are, once again, complex and heterogeneous across diverse groups of Ukrainian women and men. This disruption of gender roles and, at the same time, entrenched conservative gender attitudes, have implications for women's and girls' protection and well-being, including in terms of gender relations and GBV.

Before and since the full-scale invasion, numerous organisations conducted gender analyses that explored changes in gender roles since the start of the full-scale invasion and the subsequent impact on gender relations and dynamics, as well as women's and men's differential access to humanitarian assistance and coping strategies for recovery and resilience. However, the prolongation and evolving nature of the war, including the resultant displacement and the return of trauma-affected soldiers and the consequential impact on IPV, is an area of research that has been relatively less explored.

NCA commissioned this research that explores women's and men's evolving gender roles and responsibilities; the impact of these changing gender dynamics on the lives, health and well-being of women and girls in their home and community; and the way these dynamics relate to the current legal, policy and programme environment of Ukraine.

This research was conducted in the context of the continuation and evolution of the war and the response, with high levels of displacement, injury requiring physical rehabilitation, trauma requiring MHPSS support and increasing calls and need for recovery, livelihoods and social cohesion initiatives. In such a volatile context, many of this report's findings and conclusions are likely to be time-bound.

Research themes and questions

The study seeks to explore the following three themes and associated questions:

The Legal and Policy Environment

1. What is Ukraine's key legal and policy provisions in relation to IPV and domestic violence?

Services: Availability, Quality, Access and Usage

2. What are the key IPV-related programmes that the Government of Ukraine (GoU) and other stakeholders offer?
3. What tools, practices and resources are utilised in preventing and responding to IPV?
4. What community-based strategies and mechanisms do internally displaced persons (IDPs) and host communities use in the prevention and response to gender inequality and IPV?

And, in view of the above:

5. What is the nature and quality of services that are available to women affected by IPV?
6. What barriers do women face in accessing these services?

Evolving Gender Roles and Perceptions, and Their Repercussions for IPV and Domestic Violence

7. What gender roles and responsibilities of women and men have changed since the onset of the war?
8. How have the gender roles and responsibilities at home and in the community changed the gender dynamic and, subsequently, women's and children's experiences of violence in the home?
9. What are women's perceptions of their roles before or during the war?
10. What are women's perceptions of their risks to IPV in relation to their roles at home and in the community?

Methodology

Overall approach

This study was designed with inclusivity in mind, in order to determine the experiences and responses of diverse groups of women. The research was participatory to ensure that the voices of programme participants, activists, service providers and stakeholders are all heard and reflected in this report. Their voices are contextualised to understand how people's perceptions and experiences evolve in the course of a volatile conflict and in a changing legal, policy and programming environment.

We developed a narrative on the basis of our own data as well as data and findings as they are reported in literature, which we have duly referenced throughout this report. Wherever literature and our own data lead to different conclusions, we say so.

Unless indicated otherwise, the examples and quotations used in this text are from our survey and interviews. They are used to illustrate or clarify points, not to substantiate them, as the latter is not normally possible with a single example. We did not use examples and quotations with the mere aim of showcasing the richness of our data; instead, we only used them if they strengthened or clarified the points we are making.

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Literature review

HII initially carried out a review of all pertinent academic and organisational literature, publications and media reports on IPV and broader topic of domestic violence. Due to the limited availability of specific data on IPV, the review identified, analysed and triangulated a variety of topics that helped build an understanding of the nature and extent of IPV and other forms of domestic violence, its prevention and responses, as well as of the access of different survivor groups to information, reporting mechanisms and quality response services. The findings of this review helped us to refine the research questions, guided the design of the research tools and helped frame this report.

Semi-structured qualitative key informant interviews

The research team conducted 12 key informant interviews (KIIs) with representatives from UN agencies, NGOs, women's organisations (WLOs and WROs) and GBV service providers. The interviews were aimed at gathering detailed information regarding the availability, quality and accessibility of response services for survivors of IPV or other forms of domestic violence. The participants shared valuable perspectives on the scope and nature of IPV and other forms of domestic violence, including risk factors and challenges, as well as opportunities for prevention and response, both prior to and during the ongoing invasion. Additionally, they provided insights into specific issues that were identified during the literature review.

Focus group discussions

HII conducted three Focus Group Discussions (FGDs) with a total of 15 women in Odessa. Five of the 15 women had disabilities. The participants represented diverse age groups, with three aged 25-34, six aged 35-44, four aged 45-54 and two aged 55-64. Nine of the 15 women were internally displaced.

Survey with women and men

HII conducted a phone-based survey with a combination of open-ended and closed questions to gather descriptive insights. The target sample size was set at 200 respondents, and 104 joined the survey (F=89; M=15)

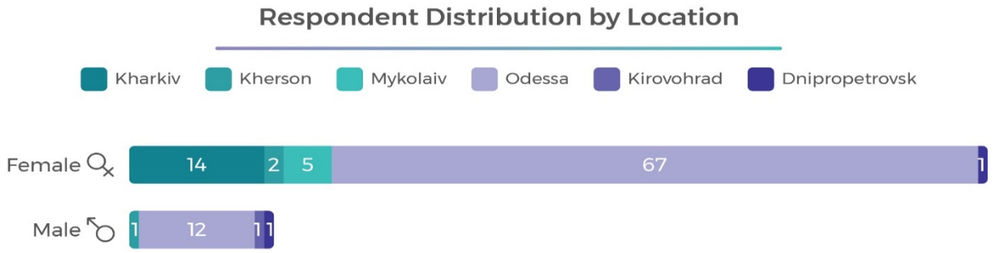


Figure 1. Distribution of respondents by location.

In-depth interviews with women

HII conducted 19 In-depth Interviews (IDIs) with female respondents across various regions of Ukraine. These interviews aimed to explore personal experiences, perceptions of IPV risks and access to services in greater detail than was possible through the survey.

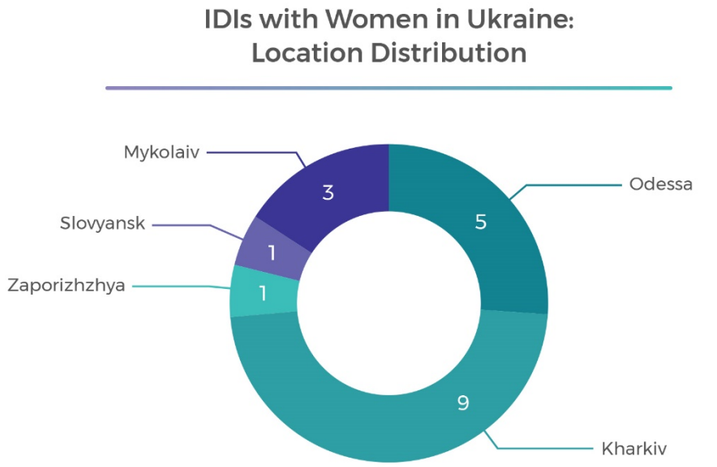
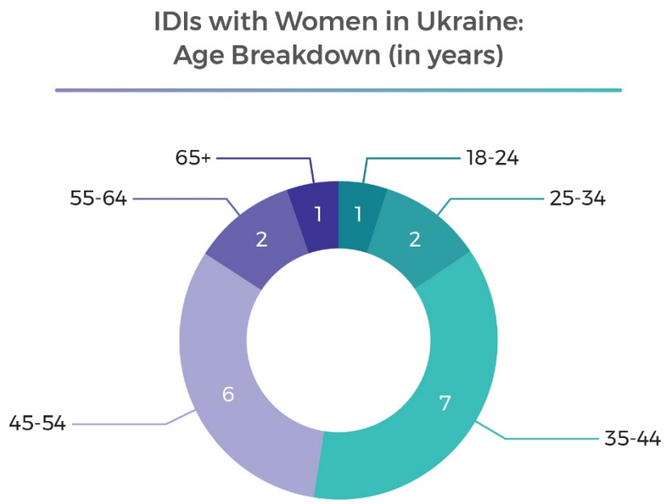


Figure 2. Gender and location distribution for IDIs with Women in Ukraine



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Limitations

For some issues, such as the prevalence of IPV in Ukraine and the emerging legal and policy framework relating to domestic violence in Ukraine, this report relies on external research. It was not always possible to assess how robust that research had been, but we did not see red flags or inconsistencies.

Acknowledging the challenges of accessing participants in territories close to the frontline, HII relied on guidance from NCA through its own DCA/NCA Joint Country Programme, its international partner organisation HEKS/EPER and its national partner organisations to ensure appropriate outreach and data collection. Even so, access constraints meant that this study was unable to reach all originally defined target regions and had to rely on IDIs, when FGDs proved hard to organise for security and logistical reasons. A lack of engagement from the respondents in particular regions, such as Mykolaiv, due to increasing security risks, also impacted participation.

To address these challenges, the HII:

- → Offered virtual participation options to ensure accessibility and safety.
- → Leveraged partnerships with local organisations to enhance outreach and build trust within communities.
- → Expanded the use of social media and other communication platforms to raise awareness of the research and encourage participation.
- → Conducted follow-up calls with potential respondents to reinforce the study's importance and ensure their voices were represented.

Notwithstanding these mitigating measures, these limitations reduced the opportunity for dynamic exchanges inherent to group discussions and led to a smaller number and geographical spread of respondents than originally envisioned. The implication is that this report does not do full justice to the heterogeneity across diverse groups of Ukrainian women and men, and that we do not always know the prevalence of the perceptions and actions that we are reporting.

The Legal, Policy and Programme Environment

The legal environment

The Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (the 'Istanbul Convention') is the primary document regulating measures to combat and prevent violence against women and domestic violence in Europe. Ukraine was among the first group of countries to sign the Istanbul Convention, on 7 November 2011, but did not in fact ratify it until 11 years later, on 18 July 2022, making it effective as of 1 November 2022, as a step to bring Ukraine closer to joining the European Union. An article in *VoxUkraine* on 24 May 2024[2] states that the main reason for the delay in the Convention's ratification was the numerous challenges from the religious community, particularly around the concept of "gender", which some perceived as replacing the terms 'women' and 'men' and, therefore, "posing a threat to the traditional family".

The Istanbul Convention applies in times of both peace and armed conflict, making the incorporation of its principles into Ukrainian legislation both appropriate and necessary. Victims of violence in conditions of armed conflict have legal guarantees to protect their rights and access assistance from specialised services (Yurfem, 2023).

Ukraine has introduced national legislation and policy on preventing and responding to domestic violence since 2018. In that year, the law called, "On Preventing and Combating Domestic Violence", became effective. The law defines "domestic violence" to include physical, economic, sexual and psychological violence. It also defines a list of entities that work to combat violence and assist victims and outlines the key pillars of state policy on the issue, which include prevention, effective response, protection and support of victims and investigation and prosecution of perpetrators.

In 2019, amendments to the Criminal Code of Ukraine became effective, introducing criminal liability for domestic violence (Article 126-1). Subsequent to the ratification of the Istanbul Convention, the Government of Ukraine (GoU) introduced new legislation to address domestic violence. Ukrainian legislation still contains provisions that hinder individual accountability for violence. The Family Code allows the perpetrator and the victim to reach a reconciliation agreement during the pre-trial investigation period with a specific stipulation that the victim must enter into the agreement voluntarily and without coercion.[3] However, this procedure has been called into question as it reinforces the mistaken belief that domestic violence is a private family matter; and the court cannot determine who initiated the agreement and whether, in fact, the victim is entering into it voluntarily. The Istanbul Convention clearly states that domestic violence is not a private family matter, and Article 48 of the Convention prohibits the use of alternative dispute resolution processes, including mediation and conciliation, in relation to all forms of domestic violence. Bill No. 5492, registered in 2021 and passed in its first reading in August 2023, enshrines this norm into Ukrainian legislation.

Two further bills, designed to bring domestic legislation closer to the requirements of the Convention, were registered in the Verkhovna Rada in 2023. The first of these concerns strengthening administrative liability for domestic violence and sexual harassment, and the second improves mechanisms for preventing and combating domestic violence and GBV.

[2] Vox Ukraine (24 May 2024). Will the new legislation help protect victims of domestic violence? Viktoriia Vyhovska.

[3] https://zakon.rada.gov.ua/laws/show/4651-17/conv#n3769

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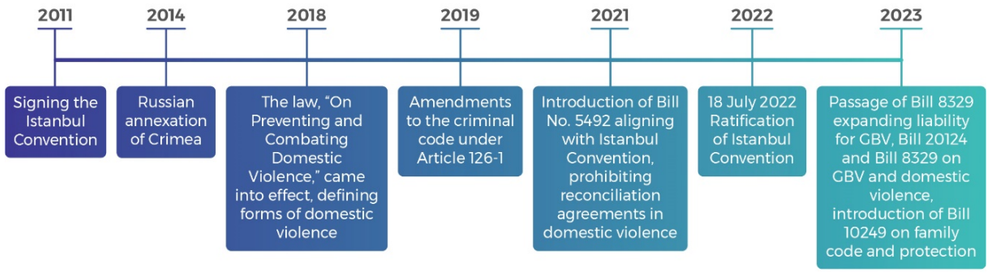
At the end of 2023, the Parliament passed Bill No. 8329 in its first reading. In accordance with the Convention, the law defines "sexual violence" and proposes introducing administrative liability for sexual harassment. Additionally, the bill improves and strengthens administrative liability for GBV. While, previously, the grounds for administrative liability were only acts of domestic violence and failure to comply with a restraining order, this new bill accommodates the imposition of fines for GBV, sexual harassment and failure to report incidents of domestic violence involving a child. The law comes into effect on 19 December 2024.

Also at the end of 2023, the Parliament introduced Bill No. 10249. This bill proposes amendments to the Family Code, laws on mediation, protection of childhood, ensures equal rights and opportunities for women and men and provides better protections for victims of domestic violence by changing legal norms and expanding the relevant infrastructure. The bill was supposed to go to its second hearing on 28 October 2024, but, at the time of writing, it was not possible to confirm if the reading went ahead and, if so, the outcome of same. Bill No. 10249 also incorporates provisions from Bill No. 5492. It contains guarantees of social and legal protections for victims of domestic violence, which align with European legislation and prohibits pre-trial reconciliation in cases of domestic violence or GBV.

Timeline of Key Moments in Ukraine's IPV/Domestic Violence Prevention Efforts



Despite the many advances, current legislation is not yet fully compliant with the provisions of the Istanbul Convention. Specifically, the Convention provides for criminal liability for forms of psychological, physical and sexual violence but not all the listed activities are grounds for criminal or administrative liability[4] in Ukraine, including, for example, the widespread criminal activity of stalking. Activists state that more

[4] The Law on Administrative Offence defines "an administrative offense (misdemeanor) [as] an illegal, culpable (intentional or negligent) action or inaction that encroaches on public order, property, rights and freedoms of citizens, on the established management procedure and for which the law provides for administrative liability. Administrative responsibility for the offenses provided for by this Code arises if these violations do not entail criminal liability in accordance with the law."

procedures are required to hold individuals accountable for domestic violence, to protect children from domestic violence; and to expand and improve the network of institutions that work on domestic violence/IPV prevention and response (*VoxUkraine*, May 2024).

In terms of the effectiveness of the legislation, while informants in research undertaken by NGO Girls and World Vision in early 2024,[5] generally believe that the legal framework is fundamentally effective, they point to a number of issues that still need to be resolved. In this, the research points to conflicts with the current Criminal Code in the application of the law, including the absence of a survivor-centred approach; the lack of criminalisation of technology-facilitated GBV; and the gaps in proving sexual violence, in particular around issues of voluntary consent and the presence or absence of physical injuries (*NGO Girls and World Vision*, 2024, p. 78). Finally, the informants of this research agreed that the state policy on combating and preventing GBV is currently 'not up to date' despite the ratification of the Istanbul Convention. The informants noted that compliance with the Convention requires the adoption of a number of necessary laws and bylaws (See p. 77). On average, half the respondents in the quantitative survey considered the legislation on GBV to be ineffective. The biggest gaps noted are the mechanisms for punishing perpetrators, which are insufficient (58% of respondents), and the lack of clarity of mechanisms for GBV case management (56% of respondents).

Half of our own key informants (KIs) (n=6) to this research referred to the legislation as a prevention mechanism with only two people specifically referencing the Istanbul Convention. Among these respondents, three NGO staff stated that, while the legislation is now in place, much of it has not yet been operationalised.

> *"There are legislative acts that speak about the topic of gender-based violence. But, in practise, there are no mechanisms for implementation."*
>
> – KII with NGO staff, Kharkiv, Ukraine

The policy and state support

The 2018 law on Preventing and Combating Domestic Violence defines central government authorities that are responsible for state policy in this area. The law includes a list of specialised institutions tasked with protecting survivors, preventing and responding to GBV. It also mandated a call centre to provide psychological support and a Unified State Register of Domestic and GBV Cases. The register is still not operational, and the call centre has been replaced by a hotline limited to receiving calls. Currently, there are no staff available for the hotline and there is a delay in responding to voice messages are responded.

The Ministry of Social Policy (MoSP) is the main executive authority responsible for developing and implementing state policy in the field of domestic violence prevention. In August 2020, the National Social Service of Ukraine (NSSU) was established under the MoSP and tasked with the following:

- → implementing state policy to prevent and respond to domestic violence
- → providing various social services, including those related to preventing domestic violence
- → coordinating the training of specialists who represent entities that carry out activities in this field
- → organising and conducting nationwide sociological, legal, psychological, pedagogical and other research on domestic violence, its causes and consequences
- → collecting, analysing and disseminating information on domestic violence in accordance with the legislation
- → ensuring equal rights and opportunities for women and men.

Bill 10249 (2023) established a network of specialised support services for survivors of domestic violence. As of early 2024, there were 57 shelters across all regions not including Luhansk, Ternopil and Chernihiv.

In 2021, the state funded 124 communities to set up 30 shelters, 38 centres, 58 counselling services and purchased 41 vehicles for mobile teams of social and psychological assistance to GBV survivors. As of 6 May 2022, 805 specialised services for survivors had been created, of which 649 were then operational. (Strelnyk and Shevtsova, 2024).

Between 2021 and 2022, there was a rapid increase in the number of calls to the National Hotline for the prevention of domestic violence, human trafficking and gender discrimination (from 53,000 to 130,000, respectively)[6]. According to La Strada[7], based on a survey of 212 women who contacted the National Hotline between September and November 2022, 71% of whom had experienced domestic violence before the beginning of the full-scale war, noted that the situation began to deteriorate after its onset. Three-quarters (75%) of the respondents noted their need for legal assistance, 67.5% for psychological assistance and 47% for information. In addition, 68% of the respondents reported that they knew about the services to which they could turn for assistance and the services in their communities (mainly the police and medical institutions). At the same time, 47% noted that the help offered by these services was ineffective due to the following factors:

- → stereotypical attitudes to violence;
- → the absence of an effective system for combating domestic violence, which leads to its recurrence;
- → survivors' lack of trust in the system of prevention and countermeasures against domestic violence;
- → inadequate police attention when responding to incidents of domestic violence;
- → lack of a system for responding to cases of domestic violence in which the perpetrators are persons with mental disorders; and
- → lack of an established system of protection for people with disabilities.

[5] Between February and March 2024, NGO Girls and World Vision conducted research on GBV in Ukraine, involving the collection and analysis of both secondary and primary (96 participants in FGDs, 19 KIIs and 2,800 participants in an online survey) data.

[6] It should be noted that official data in Ukraine do not facilitate the differentiation of the type of domestic violence by the type of relationship between the offender and the survivor.

[7] La Strada International Survey launched on trafficking-related risks with war in Ukraine 2022.

Services: Availability, Quality, Access and Usage

IPV response services

Before the war

The study could not find comprehensive information on IPV/domestic violence prevention services prior to the war in Ukraine. The KIIs with NGO representatives suggested that, before the full-scale invasion, there was less attention to IPV/domestic violence, with fewer projects or initiatives targeting the issue. The services available were largely limited to psychological support from state institutions and legal services from CSOs. This is in line with the evolution of the legal framework in the same time period, as described above.

CSOs offered legal counselling and psychological support, but the overall availability was limited, and many services existed "on paper". Many KIs mentioned that there were only a few social and psychological support services before the war. The KIs elaborated that many of these services were not readily accessible and, therefore, had limited coverage, and the few services that existed were dependent on the availability of financial and human resources at the local level.

Respondents in the 2024 NGO Girls and World Vision research mentioned a few services that they use as IPV/domestic violence prevention mechanisms. Within the research, some of the actions and reactions mentioned included the following (p. 75):

- → Turn to family members and friends; mentioned by the majority of respondents.
- → Turn to state services and shelters; less than 10% of respondents said they would definitely do this, and one-third said they would consider it.
- → Contact law enforcement agencies and seek legal assistance to bring perpetrators to justice, including filing a report with the police or contacting lawyers; many girls and boys believe this is the right thing to do, with some saying that they would take this action only after contacting their parents.
- → Seek psychological support. Some male respondents "displayed a prejudice [against] psychologists, believing they can cope with their [own] problems".
- → Attend therapy, family counselling, etc. to try to change their abuser's behaviour.
- → Stop communicating, end or limit the relationship with or move away from the abuser.

Current state

According to the Ukraine MoSP[8], the following state services are currently available in Ukraine for IPV/GBV prevention and response:

- → 21 social and psychological assistance centres.
- → 23 shelters or units for victims of domestic violence and/or gender-based violence.
- → 339 mobile teams of social and psychological assistance.
- → 12 centres for medical and social rehabilitation of injured persons.
- → 12 day-care centres for injured persons.
- → 142 phone centres.

In addition, the GBV AoR Ukraine has developed a comprehensive map of GBV response services across all Oblasts in Ukraine.[9]

In total, there are 549 individual services listed, as follows, noting that some services are grouped together in the same static or mobile facility:

- → 61 Safe Spaces for women and girls
- → 114 Case management services
- → 186 Psychosocial Services (PSS) mobile teams
- → 21 Legal Aid centres
- → 31 Police GBV/Domestic Violence mobile teams
- → 95 Service Delivery Points
- → 12 GBV services within a 'Survivor Relief Centre'
- → 29 sexual and reproductive health (SRH) mobile teams

The vast majority of the services are supported by UN agencies and international NGOs in partnership with local organisations; 31 are operated by the National Police through the hotline number (102); and approximately eight by national NGOs.

Coverage across the four oblasts in which NCA works, through DCA/NCA Joint Country Programme and through partners, is uneven. There are 36 services available across Kharkivska, 12 across Khersonska, 22 in Mykolaivska and 33 in Odeska.

KIs mentioned several services that form the current IPV prevention and response system in Ukraine, which is a combination of efforts from local and national governments alongside donor-supported initiatives. The services reported by the KIs are listed in the infographic below:

[8] Ministry of Social Policy Ukraine "Resilience Centres may appear in every community" 2024

[9] Map of GBV Services: Entry Points for GBV Referrals/Карта послуг щодо ГЗН: точки – https://www.arcgis.com/apps/dashboards/91c2ab3ed6f042f9b6d94f27bdaa2a19

Reported IPV/Domestic Violence Prevention & Response Services in Ukraine

1 City Administration Mobile Groups

Target
IPV/domestic violence survivors, particularly IDPs and underserved populations

Reported Strengths
- Reach isolated areas
- Facilitates access to services

Reported Weaknesses
- Limited resources (e.g., vehicles, equipment)

2 State Shelters & Crisis Rooms

Target
Temporary housing and support for IPV/domestic violence survivors

Reported Strengths
- Immediate safe spaces
- Essential support services

Reported Weaknesses
- Funding shortages
- Lack of long-term support

3 POLINA (Police Intervention)

Target
IPV/domestic violence survivors through trained police teams

Reported Strengths
- Specialized support and evidence handling

Reported Weaknesses
- Limited coverage (only in selected regions)
- Dependent on officer training and commitment

4 Safe Spaces for Women & Girls

Target
Women and girls (therapeutic services, art therapy, educational classes)

Reported Strengths
- Secure, female-only environment for healing and support

Reported Weaknesses
- Limited availability and coverage
- Located far from regions with high need

Awareness and accessibility

The 2024 research report from NGO Girls and World Vision concludes succinctly that, *"In general, although there are positive trends in the current response to GBV and the provision of support for victims, there are serious problems. In particular, key informants point out that the situation, with regard to GBV in Ukraine, is complex, with chaotic responses and a lack of coordination between different actors, including governmental and [CSOs]. Information about available support services for GBV survivors is insufficient, especially in rural areas. Stigma and stereotypes among response and assistance workers, themselves, also remain a problem. Public awareness of GBV and the availability of free psychosocial support is growing. However, these changes have not yet reached the national level and have not solved all the problems in the system".* (p. 5)

Regarding the work of response actors, informants in the 2024 NGO Girls and World Vision research noted:

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- → Problems of coordination and interaction: No processes of intersectoral work have been established, meaning that most response actors rely on personal contacts rather than systematic processes.
- → Lack of clarity about areas of responsibility in the multi-sectoral response space.
- → "Regulations are developed without taking into account the situation on the ground, without discussion and building best practices."
- → Lack of safe spaces for survivors.
- → Insufficient work with families in difficult life circumstances to prevent possible GBV.
- → Lack of training to build capacity to detect and respond to GBV: All informants noted that the amount of training for response actors on GBV, recognition of GBV and the importance of recording cases of GBV has increased. However, according to the informants' experience, this is not sufficient.
- → Issues of stigma and stereotypes among responders persist.

FGD participants to the same research noted that GBV survivors encountered difficulties to find free psychological and legal assistance. Information about such services is not accessible to everyone, as advertising is limited to such channels as the official websites of charitable organizations. Women engaged in the research believe that information about support services for GBV survivors should be more widely disseminated and accessible.

The role of NGOs was particularly highlighted, with women stating that NGOs, like Crisis Psychological Care Centres, play a role in providing assistance to GBV survivors. However, not everyone may be aware of their work and services. In general, some mentioned several organizations that provide support for survivors of GBV, such as crisis rooms, shelters and organisations that provide psychological and legal assistance.

The research highlights a general consensus that it is better to seek advice from NGOs than from state organisations as NGOs can provide faster and more effective assistance.

Q15: Are you aware of any services that support survivors of IPV/domestic violence in your community?

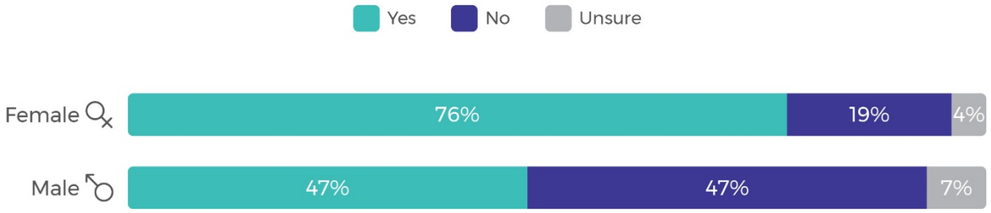

Figure 3. Awareness about services that support survivors of IPV.

Based on our survey results, most respondents (72%) reported being aware of IPV/domestic violence services available in their community. It is important to note that the survey exclusively included participants of the NCA programme, which likely influenced the awareness levels. Therefore,

these findings are not representative of the broader population.

Contradictory to the survey, discussions with women in Kharkiv revealed a low awareness about the IPV/domestic violence services. During the in-depth discussions, while some participants acknowledged the existence of services provided by international organisations, the majority were unaware of specific support options. It was mentioned to them that hospitals, police and various organisations could assist IPV/domestic violence survivors. However, several respondents emphasised a lack of detailed information about these services.

One woman noted:

> *"We hear about humanitarian aid, but when it comes to IPV services, there's no clarity about what is available or how to access it."*
>
> – IDI, Woman, Kharkiv

A few women in Kharkiv stated the urgent need for improved information dissemination, particularly targeting diverse demographic groups, such as parents and the elderly. This was seen as an opportunity not only to inform but also to prevent IPV/domestic violence through education and awareness.

In contrast, respondents from Mykolaiv and Odesa demonstrated greater awareness of available IPV services. During these interviews, respondents identified hospitals' free medical services for IPV survivors being the most accessible services in urban areas, followed by the governmental and civil society services. Among the civil initiatives, women pointed out that psychological and legal support are critical resources. One KI from Odesa mentioned that these services often benefit the elderly, men and children. As a state resource, police and police tools were frequently mentioned as a first point of contact after IPV. However, several women stated that police officers sometimes dismiss IPV as a "family matter" and suggest survivors handle it themselves. Furthermore, respondents emphasised the need for broader public awareness initiatives.

> *"Most often, victims of IPV turn to the police for protection. However, the police are not always ready to protect, especially if it is domestic violence. Sometimes you can hear, 'These are your family matters. Take care of it yourself.'"*
>
> – IDI, Woman, Mykolaiv

This is a common and country-wide problem. Trust in the police remains low, with several respondents stating that survivors are often discouraged by the police from filing reports. Within these discouragement efforts, the police reportedly advise "not to exaggerate", "seek solutions" or to "keep it in the family".

In April 2022, the GBV Area of Responsibility (AoR) in Ukraine developed the 'Gender-Based Violence in Ukraine: Secondary Data Review' report. One key finding of this report was concerning reporting to and trust in the police. According to the findings by the GBV AoR's review, in 2016 and 2018, the United Nations Population Fund (UNFPA) reported that only 10% of women who experienced violence sought help, and two-thirds never sought assistance. In 2019, a hotline survey conducted among women who experienced domestic and other forms of violence found that 61% had reported the incident to the police. Although a higher proportion of women in this particular subgroup (i.e., the group that phoned the hotline) had reported to the police, 38% of those who had reported violence said that they did not think it would help, and 15% said they did not trust the police. In March 2022, a report by UN Women indicated that women's access to police is impacted by the current crisis with little or action by the police or priority given to the issue of domestic violence.[10]

In Zaporishia, one respondent said that, while medical services and an online psychologist platform called "Conversation" are available in the region, the scope of the service is limited. There is a critical lack of shelters for women and children, who are affected by IPV, to go. The respondent also noted a concerning gap in community awareness, particularly in reaching marginalised populations. An interview conducted in Sloviansk reported inconsistent engagement from law enforcement, indicating that police responses to IPV incidents vary in reliability and urgency.

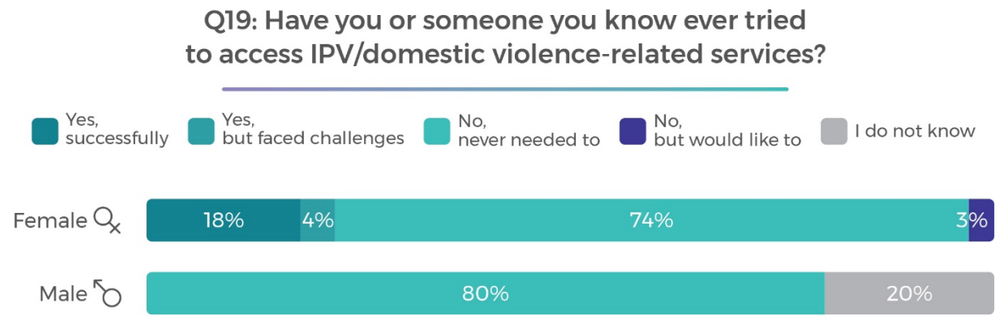

Figure 4. Access to IPV related services

To the question about the accessibility of the services, the majority found accessing IPV services to be a challenge, with 35% finding it "somewhat difficult" and 22% "very difficult".

Within the IDIs, surveys and FGDs, the main barriers were listed in the following order:

Frequently mentioned:

1. Fear of judgement and social stigma: Many women fear that their community will judge or blame them for the abuse. Social condemnation, particularly in rural areas, creates an unwelcoming environment for survivors to share their experiences.
2. Shame and embarrassment: Many women reported that shame and embarrassment play a significant role – as internal barriers – to seeking help. In Ukraine, phrases such as "not to take garbage out of the house" highlight the cultural expectation to keep family problems private. During the IDIs, older women respondents, in particular, noted that it is culturally

[10] "There is no reaction from the police to cases of domestic violence. We called. The application was not accepted," said a representative from a local CSO. "The work of the police is now reoriented, so cases of gender-based violence remain out of focus," said another representative from a local CSO.

expected for Ukrainian women to prioritise maintaining the unity of their home, even at the expense of addressing IPV.

3. Traditional and cultural norms: Linked to the two points above, the majority of interviewed women said that family traditions discourage speaking about IPV outside the household. Societal upbringing instils silence about IPV from a young age (e.g., "imposed from childhood").

Occasionally mentioned:

1. Fear from retaliation or revenge: Women in the survey and IDIs highlighted a common belief that reporting IPV could provoke retaliation. Respondents noted that they fear seeking help might escalate the situation, with the abuser responding with either physical or emotional retaliation.
2. Service limitations: Low availability and accessibility of IPV services, particularly in rural areas. KIs reported that services are not tailored to the needs of survivors, and staff often lack adequate training.
3. Distrust in local authorities: Low trust in police and public authorities, compounded by reports of inadequate police responses.

Rarely mentioned:

1. Lack of awareness and education: Limited understanding of what constitutes IPV, its consequences (especially for children) and where/how to seek help is pervasive.
2. Humanitarian support gaps: Although many CSOs focus on assisting IDPs, support is often limited to material aid or psychological referrals, leaving gaps in comprehensive IPV response services.

The KIs highlighted specific barriers the IDPs face, revealing that economic vulnerability, social isolation and gaps in access to information significantly impact their ability to seek IPV support. Many IDPs struggle with dire financial situations – lacking stable housing, basic necessities and income – with women caregivers, particularly those with children with disabilities, facing acute material challenges. Social isolation further compounds these issues, as IDPs often lack social connections and trust in unfamiliar local authorities, leading to increased dependency on abusive family members. While some IDPs receive detailed information on IPV services through administrative centres or humanitarian organisations, others, particularly in rural areas, remain unaware of where and how to seek help. Despite efforts by CSOs to assist IDPs, their support often focuses on material aid or psychological referrals, leaving gaps in comprehensive IPV response services, including case management.

Quality of services:

Across all locations, women in FGDs and IDIs expressed reservations about the effectiveness and quality of IPV services. The majority of women and KIs highlighted the lack of coordination between state institutions and public organisations as a key challenge to both the coverage and the quality of services.

KIs shared mixed perspectives on the quality of services, noting that the dedication of individual service providers significantly influenced the effectiveness of support. Services delivered by motivated and empathetic providers were viewed as more effective, whereas those lacking commitment were seen as negatively impacting survivors' experiences.

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Psychological support was the most consistently available service; however, the overall service chain, which includes transitioning from immediate aid to securing employment or legal redress, was described as fragmented. This fragmentation often led to uneven experiences for survivors, with significant variations being dependent on the region. In areas with stronger local resources and institutional capacity, survivors reported better support, while those in regions with limited infrastructure faced greater difficulties accessing comprehensive services.

KIs suggested that several measures should be taken to improve IPV/domestic violence services. NGO workers, particularly those working in GBV prevention, recommended enhancing public awareness through increased information campaigns about IPV/domestic violence services, leveraging platforms such as social media, medical facilities and social services to reach a wider audience. Additionally, some NGO workers who were interviewed emphasised the importance of expanding and supporting mobile brigades, particularly in underserved areas. These mobile units were seen as crucial in reaching vulnerable populations. KIs suggested that further investment would help increase their reach and effectiveness. Some KIs identified improving the police and legal response as a priority. They stressed the need for better police training and accountability to ensure IPV/domestic violence cases are prioritised appropriately and handled effectively.

Finally, KIs highlighted the importance of securing longer-term funding for CSOs. Many IPV/domestic violence support projects are limited by short-term funding, and KIs suggested that stable financial support would ensure the sustainability and continuity of services for IPV survivors.

Evolving Gender Roles and Perceptions, and their Repercussions for IPV/Domestic Violence

In a report in 2017 on "Gender Equality and Women's Empowerment in Fragile and Conflict-Affected Situations", the OECD suggests that conflict and fragility can disrupt traditional gender roles and, at the same time, mobilise "in unprecedented ways" (p. 18). In Ukraine, it seems, both dynamics coexist, and opinions differ on the nature of the most prominent trend.

In the research conducted by NGO Girls and World Vision, male respondents in frontline regions were more likely to agree with the statement about the current irrelevancy of gender equality issues. In response to a question about gender roles, 39% of respondents agreed that traditional gender roles have changed significantly since the beginning of the full-scale invasion. Of these respondents, 49% could not specify how exactly the gender roles have changed; 14% said they have weakened and will continue to weaken; 15% said they have not yet weakened, "but there are prerequisites"; 15% believe that traditional roles have strengthened; and 7% say they have strengthened and may continue to do so.

A Rapid Gender Analysis (RGA) conducted by CARE International in October 2023[11] found that, since the beginning of the full-scale invasion, women and men have played distinct and specific roles and that the war has reinforced "traditional norms"[12]:

[11] This RGA draws on primary data collected in four oblasts – Kharkivska, Dnipropetrovsk, Odeska and Mykolaivska – as well as secondary data from before and during the crisis.
[12] Prior to the full-scale invasion, societal views and attitudes regarding gender roles, particularly with regard to unpaid care work, leaned towards traditional norms. Women were seen as having primary responsibility for childcare and housework, with a gradual rise in men's involvement in these responsibilities (Strelnyk and Shevtsova, 2023).

"… the mobilization of men is deeply rooted in beliefs around masculinity related to self-sacrifice on the battlefield and the defence of their country and family, which reinforces notions of feminine roles rooted in reproductive care. The implications of amplified and more polarised beliefs around gender roles will continue with the ongoing war and its aftermath, particularly for those who may not fit those social norms and expectations, such as people with disabilities and LGBTQI+ individuals."

(CARE International, October 2023, p. 6)

This aligns with the findings of Strelnyk and Shevtsova, who found that the prolongation of the war places additional burdens of unpaid care work on women, potentially impeding progress towards gender equality. Furthermore, they argue that Russian propaganda has intensified its discourse against LGBTQI+ individuals, ramping up its discriminatory rhetoric, seeking to fuel prejudice and intolerance and promote direct attacks on LGBTQI+ individuals within the Ukrainian military forces (Strelnyk and Shevtsova, 2023).

Conversely, the research by NGO Girls and World Vision in 2024 found that "the war has led to a redefinition of gender roles and demonstrated the need for society to adapt to new realities" (p. 3). FGD participants in that research noted the significant impact of the full-scale war on their values and views, which "has prompted them to rethink gender roles and the nature of violence. FGD participants in this research reported being more aware of and more likely to respond to signs of violence by confronting the perpetrator". At the same time, 60% of all respondents agreed that the war confirms that women need additional support and resources in decision-making at all levels (p. 21).

While perhaps too early to discern substantial shifts in public perceptions and societal attitudes, some data suggests that there are growing expectations within society for greater gender equality and LGBTQI+ inclusivity. These expectations emanate from the increased participation and visibility of women and LGBTQI+ individuals in the military, volunteering and civil society spheres, as well as progress towards Ukraine's integration into European structures.

Women's capacities and agency prior to the full-scale invasion

Prior to the full-scale invasion in February 2022, Ukraine had made substantial gains in women's rights, with a developing state-level "gender machinery". The gains, reforms and an investment from the GoU contributed to the establishment of GBV response services in Ukraine. This included a commitment in 2021 to open shelters and mobilise psychosocial support mobile teams. However, even prior to the invasion, these gains were 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 created by the COVID-19 pandemic. The current crisis, with mass displacement inside and outside Ukraine, adds to the complex situation and puts additional pressure on the gains that were previously achieved (CARE, 2022).

In the face of the full-scale invasion, women in Ukraine comprise the majority of frontline workers, volunteers and first responders. They are organised into formal and informal associations and ad hoc groups to support affected populations. However, as CARE International reported in 2023, this mobilisation of women has not translated into increased political decision-making. The redirection of human and financial resources towards the war effort has concurrently reduced the focus on social issues, and, with women stepping into filling much of this space in formal, informal and voluntary roles, they have little time for or access to participation and civic engagement.

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The large-scale displacement caused by the war resulted in family separations, the closure of schools and childcare facilities and reduced access to other social services. This, in turn, has increased the number of single, female-headed households, including adolescent girls, who take on an even greater share of domestic and unpaid care work than they did before, within those households. For older women – and, indeed, older men – who have lower levels of digital literacy than younger generations, an additional challenge is the reliance on digital platforms for civic engagement. For women from marginalised groups, pre-existing gender- and identity-based discrimination and inequalities[13] limit their participation and leadership (CARE International, 2023, p. 7–8). The issue of intersectionality in this and other fields has been under researched."

In terms of intra-household power dynamics, in survey data from the 2023 RGA, 80% of women and 78% of men indicated that decision-making within the household remained unchanged since the full-scale invasion. Where women did experience changes in decision-making patterns, the shift generally was due to separation from or the death of a woman's husband/partner and, in turn, resulted in women becoming the head of household and, consequently, absorbing responsibility for making household decisions, including those around work, paying bills and childcare. The survey for the 2023 RGA showed that household decisions, including buying and selling assets, migrating, accessing healthcare, having children and children's school attendance, are generally made jointly whereas women reported having independent decision-making around their personal healthcare. In terms of volunteering to support conflict-affected populations, 52% of women reported making their own decisions while 41% reported that it was a joint decision. (Ibid., p. 16)

The BBC Media Action's Brief #3 (2023; hereafter 'the Brief') on 'Women in Ukraine: How have gender roles and attitudes changed' finds that, while women have taken on a range of new roles and responsibilities, they both reflect and challenge traditional gender roles.

In FGDs about the Brief, respondents highlighted one of the main ways in which women's roles have changed during the full-scale invasion is the sole responsibility for their families many bear while their husbands/partners are away fighting. The situation for internally displaced women is particularly acute as they make decisions alone in a new and unfamiliar context and for women in rural areas who also have to assume farm work that men used to do. Women and men discussants recognised the role of women taking on more responsibility in their homes, families and communities and saw this as "a valuable contribution to the war effort".

The qualitative research undertaken for the Brief found that women's perceptions of their roles are also changing. Posed in terms of their concept of an "ideal" woman, women participants noted that "an ideal woman should be independent, brave, wise, strong, resilient and patriotic (particularly during wartime) while also being kind, a good mother and well-groomed" (p. 4).

[13] Making the Invisible Visible: An evidence-based analysis of gender in the regional response to the war in Ukraine, Regional Gender Task Force, October 2022 highlights the shortcomings in the response on intersectionality - "The overall analysis tends to view women or men as homogeneous groups, overlooking important aspects of their diversity. Similarly, analyses tend to focus on single identities to analyse exclusion or discrimination. Key groups highlighted in existing analyses include women, children and adolescents, older persons, persons with disabilities, Roma and other ethnic groups and LGBTIQA+ persons. Within these groups, there is a lack of consistent approaches to understanding how overlapping identities and intersecting characteristics may affect individuals' priorities, needs, capacities and experiences of exclusion and risk."

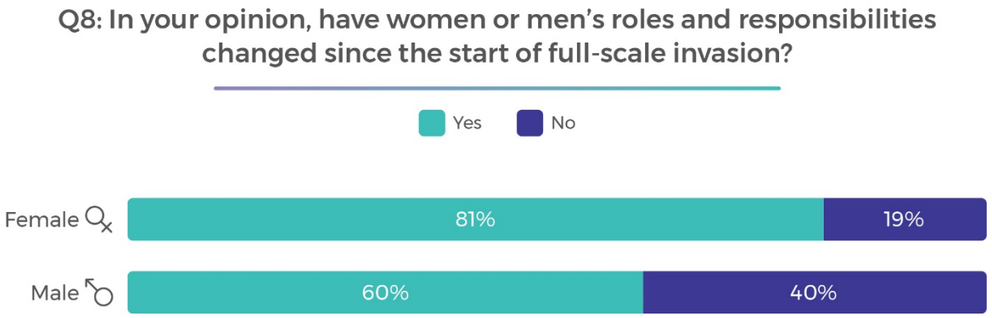

Figure 5. Respondents' perception about the changes in gender roles.

In line with existing literature, the primary data collection for this research identified several shifts in gender roles and their socioeconomic impact on women. The women interviewed reported that the most prominent change since the onset of the invasion is the significant shift in gender roles, with women taking on traditionally male responsibilities.

While some respondents acknowledged minor benefits, such as increased independence and skill development, these were generally overshadowed by the physical and emotional toll on women of taking on and adapting to new roles with limited resources and support.

> *"Women have had to become both the caregivers and breadwinners in their families, a responsibility that, while empowering for some, has largely resulted in physical and emotional fatigue."*
>
> – IDI with a respondent, Female, Zaporishia

The economic impact of these role shifts is another critical theme. KIs working in GBV response highlighted that women were stepping into unfamiliar job roles, sometimes without the necessary training, which could impact job performance and family stability. Many KIs described difficulties in maintaining the quality of work due to the overwhelming demands on their time and energy.

> *"The economic burden has forced many women into job roles they were unprepared for, impacting not only their well-being but also the stability of their households."*
>
> – IDI with a respondent, Female, Kharkiv

Additionally, with many families losing their primary male earner to mobilisation, the resultant economic strain has compounded the stress on households. This transition has exposed vulnerabilities in the social and economic fabric, underscoring the need for external support to address these challenges and prevent long-term negative consequences on family well-being and resilience.

Perceptions of changing gender roles

FGDs conducted for CARE International's RGA in October 2023 revealed two main perceptions about shifting gender roles and responsibilities for women, men and adolescents since the full-scale invasion.

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- → First, women recognised that they are responsible for an increasing amount of unpaid work, due in most part to growing unemployment and family separation.
- → Second, FGDs also recognised that the women, who are left behind by men going to fight, take on roles that were previously filled by men, such as house repairs, seeking work and registering for support from government and humanitarian organisations.

These shifts are perceived by women as an increase in responsibility while men perceived them as increased collaboration on shared tasks they would typically be responsible for to support the household. Adolescent girls in Dnipro, Mykolaiv and Odesa reported an increase in unpaid care work, especially in female-headed households, with the result that they have less time for education and leisure activities (p. 14).

For unemployed men not in military service, FGD respondents reported that access to work and to social support has become more difficult due to strategies they have had to adopt to avoid conscription. These include maintaining a low profile and not registering for unemployment benefits and cash assistance. LGBTQI+ respondents also reported the need to remain outside the system and challenges in securing work (Ibid, p. 15).

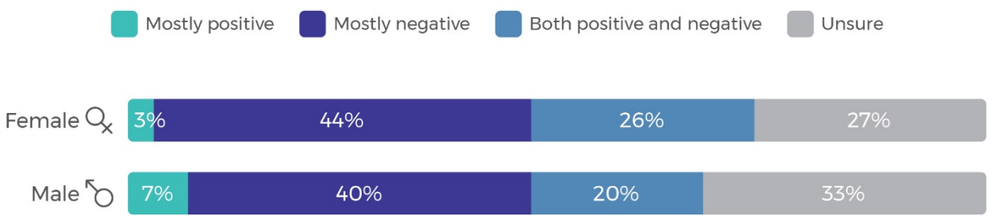

Figure 6. This shows how war-related gender roles have impacted the women in respondents' communities.

According to the survey responses, many respondents (41%) reported that the war had a negative impact on gender roles. FGDs and IDIs with women confirmed that the war has disrupted traditional gender roles, with many women now taking on new responsibilities that were previously held by men, especially in the absence or incapacitation of male family members. Women reported that they have had to step into roles both inside and outside the home that were traditionally occupied by men.

During the IDIs with women, many described men as they were prior to the war as emotionally stable and caring partners. Before the full-scale invasion, traditional gender roles were more prevalent, with men being the primary breadwinners and decision-makers, while women generally took on caregiving and domestic roles. Relationships seemed more balanced, with less tension arising from the role reversals.

> *"Before the war, my partner was very kind and gentle, but after he went to war and was injured, he*

started taking out his anger on me. I had to step in and manage things I wasn't used to, like dealing with finances and taking care of the children on my own."

– IDI with a woman, Odesa

Women across the locations expressed that, before the war, their role within the family was more passive, as they were not expected to take on leadership or decision-making roles, and they were mainly responsible for house duties.

"Before the war, I thought my role was mainly to support my husband, but now, with the war, I feel like I am being forced to do everything alone, and there is no one to help. There is a lot of hatred and anger in the air now, and that affects me."

– IDI with a woman, Odesa

Women, particularly in rural areas, reported being affected emotionally and psychologically by the war, which has altered how they view their roles in the family. Before the war, these women noted that they felt more secure in their traditional roles, but now they face the stress of uncertain futures, financial instability and the need to protect and care for their families in the absence of support.

"We are not robots. We cannot be programmed to be the perfect mom and dad, so that the children study with excellence. It doesn't happen like that. We are all different, and we need support."

– IDI, Woman, Odesa

A few women interviewed for this research described a sense of independence they acquired from the reversal of gender roles, where women became both the "man" and the "woman" in their families. However, others described a sense of dissatisfaction, especially when women had to take on roles that they did not traditionally perform.

"The roles and responsibilities of women and men changed when men went to the front [line] to fight. I don't see anything positive here, mostly negative consequences. Previously, roles and responsibilities were more or less distributed, but now everything is mixed, people have psychological problems, and psychologists have added work."

– IDI, Woman, Kharkiv

Overall, while a few of the interviewed women noted that they embraced their increased roles, the same majority pointed to the negative consequences of these changes. Women often had to take on increased workloads and responsibilities, leading to exhaustion and mental strain. Some reported that the quality of their work suffered due to the heavy burden of these dual roles. Only two of the interviewed respondents suggested that women's increased independence and taking on new responsibilities, including traditionally male professions, could be seen as a positive change.

The war also led some women to reassess their sense of self-worth. They are increasingly recognising the importance of self-love and self-respect as they navigate the trauma and challenges posed by the war.

"I was considering myself unworthy as a mother, a wife. I believed that my husband was always right. I think it's not good when there's violence. After my responsibilities have changed, I started feeling stronger and started recognising my worth."

–IDI, Woman, Odessa

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Militarism and its Impact on Gender Equality and Dynamics

An article by Olga Oliker, the International Crisis Group's Programme Director for Europe and Central Asia, in Foreign Affairs, explores 'How Gender Dynamics are Shaping the War in Ukraine', which, it is suggested, also provides some insights on the converse, how the war is shaping gender dynamics in Ukraine.

The article serves as an illustrative backdrop for the study on changing gender roles and responsibilities and the link with the changing nature and prevalence of intimate partner violence.

Oliker notes that Ukraine has been quick to highlight the feminine face of its armed forces, reporting, at one stage, that women made up approximately one-fifth of the total number.[14] This, Oliker suggests, also positioned Ukraine intentionally "in sharp contrast to Russia" where President Putin's branded Russia as being rooted "in what he called tradition but others might define as patriarchy". Having spoken with about a dozen Ukrainian and Western officials and analysts, Oliker concludes that "the Ukrainian military's claims of being a champion of gender equity fall short of reality", based on her findings that women make up just 9%–10% of the armed forces, a discrepancy with government figures that is, she claims, indicative of a larger issue: "Ukraine, like many societies, struggles to reconcile the strength and capacity of its women with antiquated attitudes about gender roles". For this claim, Oliker notes that while women played a central role in the Maidan protests in 2013–14, their role was diminished. Oliker also cites the issue of sexual assault and harassment in Ukraine's armed forces as another serious disparity between the rhetoric and the reality. Before the February 2022 invasion, Ukrainian military officials established a network of more than 400 advisers, including the Invisible Battalion, an advocacy project on female participation in the Ukrainian military, on gender-related issues, who have, according to the report "been removed or sidelined".

In the context of the protracted war, Ukrainian society is changing rapidly: More men are fighting and a growing number of women have become the heads of households and assumed leading roles in supporting the military and humanitarian efforts. As we have seen in conflicts around the world, out of the death, destruction and displacement, a window of opportunity opens for societal change. This could, Oliker suggests, be Ukraine's time for a "fundamental rethink of gender roles". But, just as we have seen in other conflicts, the window does not remain open for long, and decision-makers and power-holders must be ready to shift power and, in Ukraine's case, as Oliker says, "practise what it preaches".

At its height, approximately eight million people fled Ukraine, the vast majority of whom were women. Men who left legally — e.g., because they had three or more children — were, the report notes, often subject to sexist criticism online and to their face, with both men and women accusing them of "being

[14] The exact figure and percentage is not clear: Former Deputy Minister of Defence put the figure at 25%, President Zelensky is on record as saying the figure was 22%, and Ukraine's Ministry of Defence claimed that it was 15% at one point. The Ministry of Defence reported that, after the full-scale invasion, the number of women in the Armed Forces of Ukraine increased by 40%. As of 6 September 2024, the total number of women working and serving in the Armed Forces was more than 67,000, including 48,000 servicewomen. https://www.ukrinform.ua/rubric-society/3872977-u-minoboroni-rozpovili-skilki-zinok-narazi-sluzat-v-zsu.htmlu, accessed on 6 November 2024.

women" or "womanly". In addition, internally displaced men often encounter problems renting housing and getting work, where landlords and employers respectively do not trust their military exemptions.

While Kyiv's "narrative on gender equality is a sign of progress", the report concludes, it has "exaggerated women's role in the military and demonstrated a lack of responsiveness to the needs of female soldiers".

The impact of the war on mental health

In semi-structured interviews that included multiple choice responses, UN Women and CARE International (May 2022) found that 49% of women and 50% of men reported that their mental health was the area of their life most affected by the war. In 2023, the National Demographic Institute (NDI) also reported a deterioration in mental and physical health (64% and 50%, respectively) as key impacts of the war, with women more likely than men to report this.

This trend echoes BBC Media Action's survey findings in which war, safety and security were the top concerns for 62% of the women surveyed. They reported being anxious and concerned for their own safety and that of their families, especially male relatives and friends in the military. Women reported that the war created high levels of uncertainty with the result that they felt they could not plan for the future. The women discussed key challenges and concerns, such as having to work and care for their children alone and the economic impact of war, including unemployment and rising prices. Internally displaced women talked about the challenges of finding new jobs in new locations, and women in rural areas were impacted by the infrastructure damages, the increased cost of goods and damaged and mined farmland.

The survey conducted for the 2023 Brief also found that IDP women feel the health and income impacts most acutely: 48% of women IDPs compared to 36% of women who had not been displaced referred to the impact of the war on their mental and physical health. In addition, women IDPs reported a greater negative impact on their employment (52% compared to 31% of non-IDP women), safety and security (36% compared to 22%), access to health/social services (20% compared to 14%) and access to sanitation (9% compared to 5%).

KIIs conducted with women NGO leaders for the 2023 Brief echoed these concerns about mental health and emphasised a need for practical information for women on mental resilience and coping with the psychological impacts of war. The women NGO leaders highlighted the need for mental health support for IDPs in particular, some of whom are retraumatised by the current war after previously experiencing conflict in the east of Ukraine since 2014, and some of whom were experiencing violence in their current shelters.

A blog by Maya Fernandez-Powell for Human Rights First on 6 December 2023 cites activists as saying that part of the challenge of supporting survivors of GBV, including domestic violence, is overcoming stigma, with many women minimising the issue and reluctant to seek help:

> "Experts say that the increase in domestic violence is a by-product of war, and they fear that numbers will continue to climb as the war continues. Stress, economic hardship, unemployment, and conflict-related trauma are fuelling this increase, and the vast majority of victims of GBV are women".
>
> – Human Rights First, 6 December 2023

On the side of men as perpetrators of IPV/domestic violence, the blog also notes that "[p]art of the problem is the lack of support for men suffering from war-related trauma. There is a severe shortage in Ukraine of qualified psychologists to support soldiers and civilians, making it difficult … for men who seek help".

In our primary research, both key informants and respondents identified mental health challenges as a significant consequence of shifts caused by the war. For women, the increased workload and responsibilities have led to stress, fatigue, and, in some cases, a sense of burnout. Respondents frequently mentioned the psychological toll of balancing multiple roles, a sentiment that reflects concerns from the DCA/NCA Joint Country Programme and partner organisations about the heightened mental health risks women face in conflict-affected settings.

Many respondents noted that men, too, have experienced psychological problems. The absence of men from the household, due to mobilisation or social pressure to contribute to the front lines, has disrupted traditional family structures, leaving men who remain behind feeling inadequate or pressured. This sense of psychological distress has far-reaching implications for family cohesion and community resilience.

> *"I want to say that I observed among my acquaintances that the man's psyche turned out to be weaker than it had seemed to me. And they are more susceptible to depression. These days, they often take a passive stance. Some became more active, but only some of them. … Nowadays, men have a lot of fear about being asked to join the military. For example, men stay at home and try to appear less on the streets, in society. In general, fears are growing. Well, a woman is somehow more emotional, maybe she experiences all this, and men are more in their minds.*
>
> *What I observe, is that men, as it were, one part of them became stronger, because they went to the defence, and the other part became very weak, because they had fears and fear for their family. And then there is the fact that they do not have the opportunity to provide for their families, as before, for example."*
>
> –Respondent, FGD, Female, 51, Odesa

While some women reported a newfound sense of independence and skill acquisition, these positive aspects were often accompanied by exhaustion and stress. The few benefits of role shifts noted by respondents – such as increased decision-making power or adaptation to new professions – are overshadowed by the immediate negative consequences. Partner organisations were cautious in their assessments, noting that any positive outcomes were minimal and often situational.

> *"While some women noted increased independence and skills, these gains are often accompanied by exhaustion, limiting any sense of empowerment they might have otherwise felt."*
>
> –KI, NGO Representative, Mykolaiv

Perceptions of IPV/domestic violence

A study undertaken by the UNFPA in 2018[15] on men's attitudes towards gender

[15] The study methodology was based on the approaches of the International Men and Gender Equity Survey (IMAGES) adjusted to the local sociocultural context. The survey topics covered men's experience in childhood and marital relationships, division of powers in households and attitudes

stereotypes and violence against women found that almost 50% of survey respondents had done military service or training; 54% of them reported encountering ill-treatment from their officers, while 60% reported witnessing such actions against others, 25% witnessed their father or stepfather being physical violent towards their mother, while almost 15% of respondents suffered from parental negligence as they abused alcohol. The study concludes with "aggressive patterns of behaviour may be perceived by men as cultural norms, while physical violence might be regarded as a universal tool to resolve conflicts or stand one's interests".

The survey findings also found that men are quite tolerant to domestic violence. For example, 18% of respondents justify physical violence if a wife cheats on her husband, and about 50% of respondents queried whether an offence could be qualified as rape if the woman had taken alcohol or had a bad reputation. Almost 33% of the men confirmed using emotional violence against partners, about 14% of men used economic violence, 13% of men had used physical violence, while "a few percentage" of the men reported using sexual violence. The study found that men's controlling behaviours are "closely linked to their wish to dominate in partnerships" (Ibid, p. 7).

In more than 50% of the situations of domestic violence, men targeted their wives or partners, with over 80% of perpetrators of domestic violence committing the violence multiple times. Perpetrators associated their violence with social and economic factors. This included alcoholism, drug addiction, and gambling and financial hardships, respectively. They also associated the violence with problems in interpersonal relations, such as their partner's controlling or nagging and their partner's relatives' interference in marital relations.

Over 50% of the men who perpetrated domestic violence believed that it is a private issue that should be resolved within the family. At the same time, 25% of perpetrators believed that "all family members" should be involved in therapy with a psychologist or social worker "to break the cycle of violence", while 13% suggested that only the perpetrator should be involved for the intervention to be effective. In most situations, perpetrators of violence were more prepared to listen to their parents and friends than external parties. In addition, in spite of attending violence intervention and prevention programmes, only 7% of perpetrators strongly agreed that the violence would not occur again (Ibid., p. 8).

In more recent research undertaken by NGO Girls and World Vision in 2024, FGD participants indicated that the full-scale war is affecting their values and views, including on gender roles and the nature of violence. "Women say they have become more sensitive to signs of violence, sexism and more critical of gender norms and stereotypes" (p. 24). Some of the changes mentioned by the women and girls participants included: The war frees them from the fear of violating the social gender norms of being submissive and activates their strength to defend themselves and their family. Women participants also reported that the war contributes to increased self-awareness and self-knowledge, making some women and girls more aware of their rights and dignity and helping them identify and respond more confidently to violence in their lives. At the same time, some men in FGDs mentioned that they had become somewhat more empathetic towards GBV victims. This increased empathy appeared to be related

to parenthood, perceptions of the gender norms, awareness on gender-sensitive legislation and attitudes to GBV, more specifically VAW "as the underlying causes of this social problem are related to public perceptions of unequal gender roles and powers that could result in women's subordinated position". The target audiences of the study were randomly selected men aged 18–59 years old and men who perpetrated domestic violence and were directed to the mandatory intervention programmes. Overall, 10 FGDs were conducted, including five with male participants stratified by age, country regions and residential area.

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specifically to the disclosure of war crimes against women and children in Bucha in Kyiv region and, therefore, concerning non-domestic violence. They did not mention any other changes in traditional gender roles as a result of war (NGO Girls and World Vision, 2024, p. 22).

During the primary data collection for our research, interviewed women reported an increase in aggression and psychological strain among men, which many linked to the stress of the ongoing conflict. Men returning from the front line often displayed heightened aggression, including within intimate relationships. A few KIs highlighted the challenges of coping with this aggression without external support, stressing the need for psychological resources to address these issues.

> *"Now, sometimes there are problems when a man returns from the front [line] and becomes aggressive, in particular, in sex ... he can cheat easily and thinks these are trifles because he sees worse at the front [line]."*
>
> – IDI, Woman,Kyiv

Among women, there were frequent mentions of increased alcohol consumption among men who stayed behind, leading to increased aggression. Many respondents observed that these men were more likely to engage in physical and emotional abuse towards their partners. The absence or reduced involvement of male family members had led to women assuming more active roles, often becoming breadwinners and decision-makers. This shift in responsibilities has created tension, with some men struggling to cope with the changing power dynamics. In some cases, this frustration manifested as increased control or violence, as men attempted to "reassert" their dominance within the household. Some respondents mentioned instances of physical abuse as a way for men to reassert dominance. Others described emotional abuse, including degrading language, threats, and intimidation, aimed at undermining women's autonomy.

Diminishing the importance of IPV/domestic violence

In KIIs for CARE International's RGA (2023), WLOs/WROs working to end violence against women noted that one-third of women who report cases through their organisation's hotline to get psychosocial support (PSS) are IPV survivors. According to WLOs/WROs, before the full scale invasion, "IPV tended to develop gradually, starting with arguments, and escalating into psychological, emotional and physical abuse. Respondents reported that this trend has escalated and now occurs within a shorter timeframe, especially when husbands and partners return home from military duty for brief periods of 10–15 days". In addition, in FGDs conducted in Mykolaiv oblast for the RGA, women participants reported that "conflicts between couples have increased due to the conscription of Ukrainian men for military service and the post-traumatic stress disorder (PTSD) symptoms they experience". The same FGDs found that women fleeing home due to IPV "live with economic insecurities or inadequate housing, which exacerbates the adoption of coping mechanisms, including substance abuse to tackle anxiety and depression". (p. 27)

This minimisation of women's experiences of IPV is also reflected in an article in *The Guardian*, written by Ruchi Kumar in August 2024, titled 'Can I complain while we're at war?: Ukraine's domestic violence dilemma'. Drawing on conversations with representatives of the International Medical Corps and UNFPA, the article notes that IPV survivors "often prefer to keep quiet where servicemen are involved" … believing "that it might not be an appropriate time or that their personal situation is not comparable to the war in the country." An interviewee from UNFPA highlights the magnitude of the

issue when he notes that the return home of combatants "is a pressure-cooker situation".

When being asked to define IPV, all women of this research had some sort of answer. The most common approach that women took was to identify forms of violence. Women mentioned that in Ukraine, IPV appears in physical violence, as well as psychological violence. For many women, IPV is closely tied to physical abuse and psychological manipulation, such as coercive control and unwanted sexual behaviour. Some women were reluctant to speak about IPV in their own lives or communities, either because they have not encountered it personally or prefer not to discuss it. However, many acknowledged that IPV is happening in isolated cases.

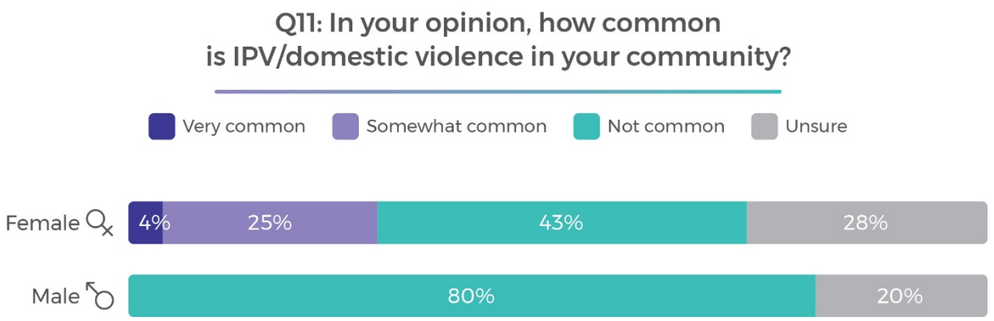

Figure 7: Respondents' opinion on the commonality of IPV.

The research found that IPV is largely hidden and not openly acknowledged. During the surveys, the majority of men (80%) and around 43% of women reported it as uncommon. The difference between males and females could be explained with a few factors: (1) The sampling consisted of far fewer males (n=15) compared to females (n=89). (2) Men were less likely to perceive or acknowledge IPV.

This is could potentially be linked to the lack of available services, underreporting and limited access to support. Many women cited fear of social stigma, a lack of trust in authorities and concerns about family reputation as major barriers to disclosing violence. Furthermore, the absence of accessible psychological and legal support perpetuates the cycle of silence, making it difficult for survivors to seek help or even recognise their experiences as abuse.

Key factors Impacting IPV

Primary data highlighted that the war has significantly disrupted social dynamics and heightened tensions within communities. IDIs with women identified several areas where changes in gender roles, influenced by the conflict, have directly impacted the prevalence and nature of IPV.

1. Substance abuse: The most common theme reported by the women was the psychological toll of the conflict, along with stress and substance abuse. According to the IDIs, this has heightened aggression in some households, especially affecting women and children. Women realised that the alcohol and drug consumption has increased among men, due to increased stress and aggression triggered by the war. This had a direct impact on the men's violent behaviours.

> *"There are a lot of unemployed men, problems related to the war – all this affects the psyche of a man, and not everyone can handle it. At the same time, the alcohol, drugs that they take as a sedative, and all this then affects women and children, unfortunately."*
>
> – IDI, Woman, Odessa

2. Shifts in Household Dynamics: Women interviewed in Kharkiv and Slovanysk observed that shifts in gender roles had a direct impact on male aggression. Women's increased independence appeared to trigger heightened jealousy among some men, leading to controlling behaviours and aggression. This jealousy was often driven by insecurities and a fear of losing authority within the household. Additionally, a few respondents reported increased demands from men for "unusual" behaviour in intimate relations, likely linked to trauma and desensitisation from their war experiences. This shift in expectations, such as men feeling that their needs were not being met, contributed to discomfort and an increased risk of sexual violence for some women.

> *"The reason is that women have become more active, and their husbands, who sit at home, are depressed. They have low self-esteem. They are more jealous of women. They become more aggressive."*
>
> – IDI, Woman, Slovanysk

3. Isolation and Fear: Several women noted that psychological strain from economic instability, fear and the uncertainty of the war has intensified aggression, particularly among men, while isolation has made some individuals more vulnerable.

> *"Due to today's situation in Ukraine, IPV has become more common, as the 'degree' of aggressiveness has increased. In particular, this applies to men who come from the front [line] and often see death in war."*
>
> – IDI, Woman, Kharkiv

4. Economic instability: Women across all locations expressed that economic instability, along with the psychological toll of the war, has compounded IPV risk, especially among men who are unemployed or fearful of conscription, which makes them more aggressive.

> *"Some of the men at the front [line], those who remain, are often afraid to leave the house, do not go to work, lest they be taken to the front [line]. In this situation, women and children are at the greatest risk."*
>
> – IDI, Woman, Odesa

During the IDIs, many respondents noted an increase in IPV incidents since the full-scale invasion, also among men who remained at home. These men felt frustrated and told their partners. This was linked to the psychological toll of the war, including feelings of powerlessness and depression among men who were not at the front line.

While some respondents acknowledged that IPV had increased, others noted that these issues were not openly discussed or addressed in their communities. There was a sense that IPV was a hidden problem, and many respondents did not have direct knowledge of its prevalence or they were not ready to speak about it.

Conclusions

This research explored the shifting gender roles in Ukraine during the ongoing war, and their implications for IPV and other forms of domestic violence. It also assessed the

relevance and limitations of existing legislation and services aimed at addressing IPV/domestic violence in the country.

Prior to the full-scale invasion in February 2022, Ukraine had made progress on gender equality, with a developing state-level 'gender machinery' and the introduction of GBV response services, including shelters and psychosocial support services. However, these gains were already under pressure due to long-standing and pervasive gender inequalities, ongoing conflict in the east, and the additional strain caused by the COVID-19 pandemic. The war had added further pressures on the already fragile gains, as it led to a loss of focus on IPV/domestic violence, and to additional vulnerabilities such as mass displacement and war-related trauma.

Women have taken on different roles in responding to the war, with many serving as frontline workers and caregivers. However, this increased involvement has not led to better participation in political decision-making, and the diversion of resources towards the war effort has further marginalized women's engagement in social issues. The displacement caused by the war has also led to family separations, increased single-headed households, and added to the unpaid care burden, especially for women and girls in these households. For older women, low digital literacy has added an additional barrier to civic participation. For marginalized groups, such as LGBTQI+ people and persons with disabilities, pre-existing social, economic, and physical barriers have further limited access to services, support, and mobilisation efforts. Persons with disabilitiess face heightened challenges due to inaccessible infrastructure, disruption of essential care services, and limited access to assistive devices. Pre-existing social and gender inequalities continue to restrict access to support and engagement.

Women in rural areas face compounded challenges stemming from geographic isolation, fear of judgement, and limited access to services. Social stigma remains particularly pervasive in these communities, where close-knit social structures often amplify fears of blame or condemnation when seeking support. This environment, combined with lower levels of awareness about rights and available assistance, makes it even more difficult for women to share their experiences or access help.

Significant changes in intra-household decision-making were reported, with many women assuming new roles as heads of households, particularly in the absence of male partners due to mobilization. While these shifts have resulted in more responsibility for women, they have also increased their physical and emotional burden. Many women are now both the primary earners and caregivers. This has contributed to increased fatigue and stress, and to the diminution of their own needs.

Research from the NGO Girls and World Vision in 2024 revealed a causal link between war, GBV and physical violence, as well as a growing awareness and discussion of psychological violence. Men and women recognize multiple forms of GBV but many people, especially in rural areas, remain unaware of the full scope of GBV or the available support services. Barriers to seeking help are also significant, with survivors often not turning to formal support – and even less so if the violence is not of a physical or sexual nature.

Lack of trust in the police and law enforcement is often justified, and this erodes women's willingness to report violence and seek help. This underreporting, and the lack of follow up on the side of police and law enforcement, is compounded by ongoing societal and structural barriers, including limited access to services, as well as by the challenges posed by a long-standing conflict. The awareness-raising work done by the NGO community, as well as advocacy efforts to improve policies, protection systems and services, remain relevant. However, for maximum effect these efforts must be part of a broader, more inclusive approach that addresses both the immediate and systemic issues contributing to GBV.

In conclusion, systematic challenges remain and are often compounded by shifting gender roles and other effects of war. Addressing these issues depends less on the introduction of new services than on a comprehensive approach to strengthening existing systems, increasing awareness, and improving the accessibility of services for all, especially the most marginalized. Trust-building efforts, particularly with the police force, and continued advocacy to improve protection policies, systems and services, are essential to ensuring that women and girls can live free from IPV and other forms of domestic violence.

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Recommendations

Recommendation 1:

Support the local authorities and civil society to adhere more fully to existing legislation and policies related to IPV/domestic violence, while continuing to advocate for addressing the remaining legal and policy shortcomings.

Recommendation 2:

So as to avoid further fragmentation of services, focus on consolidating, improving and expanding existing service delivery rather than introducing new types of services. Disseminate information about the availability of the services, including channels and formats for disseminating such information so as to reach a broad and diverse audience.

Recommendation 3:

More research and efforts are needed to attend to the vulnerabilities of specific groups when planning GBV response efforts. Protection systems should be tailored to the specific needs of these at-risk groups including older women, adolescent girls and women with disability.

Recommendation 4:

NCA to advocate for further Investment in local civil society organizations and strengthen existing referral networks engaged in GBV prevention and response. Advocate for increase screening, detection and linkages to care for GBV survivors.

Recommendation 5:

Increase outreach efforts to address stigma related to IPV and create nation-wide GBV prevention programs to change attitudes, behaviors and knowledge

Recommendation 6:

Build the skills of GBV case workers to address sexual violence in intimate partner violence. Partially due to attitudes to marital rape, shame and stigma, sexual violence survivors often do not seek help. And case workers should be able to support survivors to heal.

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Recommendation 7:

Help prepare partners, to the extent possible, for the inevitable end of international donor support. This would include the following:

- → Further training of GBV response services in the survivor-centred approach to supporting survivors of IPV and other forms of domestic violence.
- → Further awareness-raising campaigns to prompt increased knowledge and discussions about experiences of sexual violence in intimate partner relationships.
- → Specialised training for members of the Ukrainian police force – i.e. beyond POLINA - to address their attitudes and response to IPV and other forms of domestic violence and the women and girls who experience it.
- → More holistic support to women and girls to meet their evolving needs. In a resource-constrained environment that has extensive needs for MHPSS, it would be important to establish more community-based activities to which women and girls – as well as men and boys who experience trauma and stress - would have greater proximity and access. Community-based activities would also address the challenges posed by continuity and sustainability of services.

Annexes

Annex 1: Research Team

Siobhán Foran – Team Leader, Gender, Inclusion & GBV Adviser

Siobhán has 22+ years' experience in gender, diversity, inclusion and localization in the humanitarian and development contexts, including leading mixed-methods, primary source research and evaluation projects, mostly in Ukraine, MENA, Afghanistan, East and Central Africa. Siobhán has a track record of providing feminist leadership and working to increase inclusion and local leadership in humanitarian responses. She authored CARE International's Rapid Gender Analyses (RGA) for Ukraine in February 2022, for Ukrainian Refugees in Poland in March 2022. She also served as Regional Gender in Emergencies Coordinator (Ukraine) for CARE International, co-chairing the Regional Gender Task Force (RGTF) with UN Women, at which time she also managed the regional gender analysis, including drafting the chapter on intersectional gender. Finally, in Ukraine, Siobhán managed CARE International's Women Lead in Emergencies programme, liaising closely with many Ukrainian women-led and women's rights organisations.

Nil Turksen – Team Leader, MPCA & Livelihoods Expert

10 years' experience delivering 25+ mixed methods evaluation projects, mostly in Syria, MENA, Afghanistan and Ukraine using SPSS, Kobo, SurveyCTO, Nvivo, Stata with more than 80,000 respondents using OECD DAC, GAC RBM, CHS, QEDs and theory based evaluations. Between 2019-2022, Nil worked as the TPM Team Leader for UNOCHA Syria Humanitarian Fund (HF) located in Gaziantep, managing a team that undertook over 200 TPMs for iNGOs, NGOs, local organisations and national societies funded by UNOCHA under the Syria allocation. The sectors involved Food Security, WASH, Shelter, Education, Health, Protection and Livelihoods. She also worked with the TPM team for Global Communities Food Security program in Syria as MEAL Manager. She has recently served as a MEAL specialist for CARE Türkiye where she worked with the project quality MEAL team and Gender and Protection specialists to ensure tools and applied methodologies were gender and age-sensitive. Education includes multi-level statistical analysis focused Masters.

Dr. Lyubov Palyvoda – Researcher, Ukraine

Mrs Palyvoda has over 30 years of experience in project/organization development and program evaluation as a consultant/expert. She is an experienced trainer and facilitator since 1993. Designed and conducted over 150 evaluations of various development and humanitarian projects and programs in the areas of women's small business development, infant and maternity health care, children and youth, human rights, governance, regional strategic planning, elections, democratic development and gender equality dimensions, philanthropy and charity foundations, corporate and community philanthropy, training and education, advocacy and communication, institutional and organizational development, and cross-cutting programs in various sectors and multiple cultural contexts. She has extensive experience in working with UN Institutions (UN Women, UNDP, UNFPA) in the former Soviet Union and Central and Eastern European countries, USAID, the US State Department, Sida, CIDA, EU, and private foundations.

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Yevheniia Polshchykova – Research Coordinator, Ukraine

Yevheniia is a Senior Research and Learning Adviser at HII and has 20+ years' experience designing research programs that inform and evaluate interventions.
Yevheniia has a wide technical knowledge on participatory mixed methods research and is familiar with multiple donors and organizations and has previously developed M&E framework using OECD DAC criteria. She has been conducting research in Ukraine since 2003 and has delivered all of HII's fieldwork in Ukraine, including. Yevheniia has recently led research in Ukraine for projects and programs implemented by DePaul, DRC, Oxfam, Red Cross, AAH and ERIM. She manages and coordinates HII's team of 8 qualitative researchers in Ukraine for all the projects. She speaks Ukrainians, Russian and English.

Hussein Al Ali – Project Officer

Hussein is an experienced project management officer with extensive skills in coordinating between partners and stakeholders. He has supported teams in ensuring projects are delivered on time, within budget, and to quality standards. Hussein has delivered several evaluations in Ukraine and played a key role in coordinating fieldwork, ensuring efficient and effective execution of project activities.

Dr. Willem van Eekelen – Quality Assurance Director

Willem leads evaluations of donor portfolios in the $500 million to $5 billion bracket, and he assures the quality of smaller project and program evaluations. Much of his recent work has been in the humanitarian field – including migration, refugees, protection and MPCA. He is HII's Associate Director of Quality and will ensure that the value of this research study is maximised by leading a comprehensive QA process.

TOGETHER FOR A JUST WORLD

Norwegian Church Aid works to save lives and seek justice. Our support is provided unconditionally with no intetion of influencing anyone's religious affiliation.

Norwegian Church Aid is a member of the ACT Alliance, one of the world's largest humanitarian coalitions. Together, we work throughout the world to create positive and sustainable change.

To save lives and seek justice is, for us, faith in action.

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