International Rescue Committee
Women Protection and Empowerment Program

GBV Risk Assessment

Dnipro region, Ukraine

February 2026



Introduction

Since the onset of the full-scale armed invasion of Ukraine by the Russian Federation in February 2022, Dnipropetrovska oblast has remained one of the key frontline-adjacent and hosting regions significantly affected by ongoing hostilities, large-scale internal displacement, and recurrent attacks on civilian infrastructure. The oblast continues to serve as a critical transit and reception hub for internally displaced persons (IDPs), particularly those arriving from Donetsk, Luhansk, and Zaporizhzhia oblasts. As the security situation evolves and the frontline shifts closer to the oblast's borders, the number of conflict-affected and displaced populations remains high. This sustained influx places continued pressure on local authorities, the social protection system, and humanitarian service providers.

In a complex and evolving humanitarian context, a systematic Gender-Based Violence (GBV) Risk Assessment is an important tool to ensure the safe, inclusive, and accountable implementation of humanitarian programs. The purpose of this assessment is to provide an up-to-date evidence base on key risks, vulnerability factors, and gaps in services affecting conflict-affected populations in Dnipropetrovska oblast. The findings will inform the strategic planning and adaptation of IRC programs, support the development of risk mitigation measures, and strengthen intersectoral coordination in GBV prevention and response. The experience and results of this assessment will also guide recommendations for the planning and implementation of GBV prevention and response activities across the broader humanitarian context of the oblast.

Dnipropetrovska oblast is located in the central-eastern part of Ukraine. Its administrative center is the city of Dnipro, one of the country's largest transportation and logistics hubs. The oblast consists of 7 districts (Dnipro, Kamianske, Kryvyi Rih, Nikopol, Samar, Pavlohrad, and Synelnykove) and 86 territorial communities. As of 2025, the total population is approximately 3.18 million people. Women make up around 53% of the population (1,680,750 individuals), which has significant implications for gender-responsive humanitarian planning and GBV risk analysis. As of 2025, the oblast hosts 471,611 internally displaced persons (IDPs). Women account for 58% of the IDPs (274,989). Dnipro serves as the main reception and transit hub for displaced populations and currently accommodates more than 175,000 IDPs.

Since March 2022, the IRC Ukraine WPE Program has been delivering a systematic and multi-layered response to GBV risks in Dnipropetrovsk oblast. Programme activities have reached 44 territorial

Dnipropetrovska oblast



Location of Dnipropetrovska oblast



Districts of Dnipropetrovska oblast



3,18 m
Total population



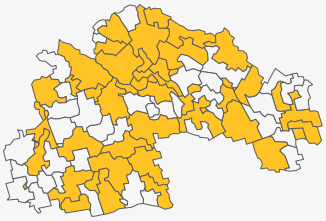


471,6
IDPs



communities across the oblast, and nearly 29,000 individuals have received services and support. The Program implements a comprehensive approach to GBV prevention and response, combining direct service provision for survivors with the strengthening of sustainable community-based protection mechanisms. It delivers the full cycle of GBV case management with Cash for Protection assistance, and implements IRC's structured programs - Women Rise, Safe Space to Learn, aimed at psychosocial support and empowerment of women and girls. The Program invests in strengthening the institutional capacity of the local GBV response system. A total of 23 gender-sensitive Support Spaces and School Safety Rooms have been established, functioning as safe entry points for GBV prevention and response services. 167 specialists enhanced their professional

Coverage



44

hromadas in Dnipropetrovska oblast have been reached by Programe activities since March 2022

28 751

individuals have received Program services in Dnipropetrovska oblast since March 2022

16 775

unique clients have been provided with services in the WGSS since August 2022

23

gender-sensitive Support Spaces and Safety School Zones were established to strengthen local capacity and provide safe and supportive environments

167

specialists strengthened their capacity through training on GBViE standards and integrated GBV prevention and response

4

strong partner cooperation were established with organizations with expertise in GBV prevention and response and women empowerment

4

Memoranda of Understanding signed with key government counterparts to strengthen coordination and referral pathways.

capacity through training on GBV standards and the integration of prevention and response approaches into professional practice. Four sustainable partnerships were established with organizations possessing expertise in GBV response and women's empowerment. Four Memoranda of Understanding were signed with key governmental authorities to strengthen coordination and referral pathways. The Women and Girls Safe Space (WGSS) in Dnipro operates as a key support point, providing a safe and protective environment, access to essential resources and comprehensive assistance for recovery and empowerment. Since August 2022, more than 16,000 unique clients received support.

Findings Overview

In Dnipropetrovska oblast, GBV reported incidents are primarily linked to intimate partner and domestic violence, with physical violence representing the most disclosed form, followed by psychological and economic abuse. Sexual violence is comparatively less frequently reported, which likely reflects significant underreporting driven by stigma, fear of retaliation and concerns around confidentiality, including concerns regarding the adequacy of confidentiality safeguards among service providers. (IRC GBVIMS data). The majority of incidents occur within the home, underscoring the heightened risks in private spaces where survivors have limited visibility and fewer safe options for disclosure.

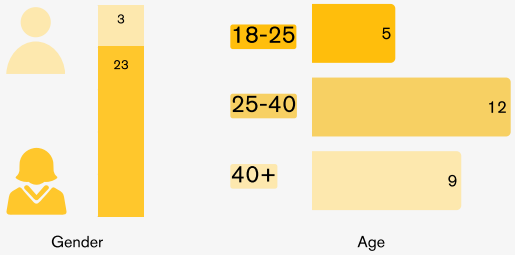
Women and girls at heightened risk include internally displaced persons (IDPs), women in transit, adolescent girls, women with disabilities, single female heads of household, widows, and women with military-affiliated partners. Displacement-related economic insecurity, loss of social networks, overcrowded or dependency-based living arrangements, and reduced access to livelihood opportunities exacerbate vulnerability among IDPs. Adolescent girls face increased exposure due to age-related dependency, restricted mobility, and limited access to youth-friendly and confidential services. Women with disabilities and those requiring continuous care experience compounded risks due to reliance on partners or caregivers, which can facilitate control, isolation, and abuse. In households of servicemembers, reintegration stressors, trauma exposure, and normalization of aggressive behaviors intensify risks of intimate partner violence and coercive control.

Despite the presence of specialized GBV services in the oblast, significant barriers to safe and timely access persist. Stigma against survivors, fear of being identified, and concerns regarding breaches of confidentiality remain critical deterrents to help-seeking. Transportation constraints, financial limitations, and uneven geographical distribution of services, particularly in rural and remote communities, further restrict access. Air raid alerts and insecurity-related disruptions also impede safe service delivery and mobility. For adolescents girls in particular, limited availability of age-appropriate, survivor-centered, and confidential support mechanisms reduces the likelihood of disclosure and engagement with services.

At the systems level, gaps remain in coordination, coverage, and quality assurance. Service availability is uneven across communities, and existing structures face staffing constraints and high caseloads. Accessibility barriers persist for persons with disabilities, and not all facilities are adequately equipped to ensure privacy, safety during emergencies, and inclusive service provision. Referral pathways between social, health, legal, and protection actors are not consistently formalized or functional, resulting in fragmented support. Overall, while a network of services exists, structural, social, and operational barriers continue to limit equitable, confidential, and survivor-centered access to comprehensive GBV response.

Methodology

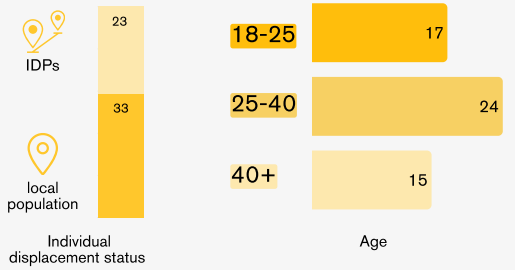
26 interviews with key informants were conducted



Areas of expertise



56 women participated in focus group discussions



Additional data used

Statistical data and analytical materials, from:
- Ministry of Social Policy, Family and Unity of Ukraine
- State Statistics Service of Ukraine
- National Social Service of Ukraine
- Ministry of Internal Affairs of Ukraine.

IRC Gender-Based Violence Information Management System (GBVIMS) data

IRC Cash for Protection (C4P) Post-Distribution Monitoring (PDM) data

Within the scope of the assessment, a total of 26 key informant interviews (KII) were conducted with 23 women and 3 men, including 5 participants aged 18–25, 12 aged 25–40 and 9 aged 40 and above. Participants represented the social protection and social service sectors, the healthcare system, law enforcement agencies, the Legal Aid Guaranteed by the State system of Ukraine, specialized survivor support services, as well as women informal leaders, women community coordinators, and representatives of local women-led and women's rights organizations. 8 focus group discussions (FGD) were conducted with 56 women aged 18-60 and above across communities in the oblast. The discussions aimed to explore in greater depth lived experiences, perceptions of risk, barriers to accessing services and existing support mechanisms.

As part of the assessment, statistical data and analytical materials were obtained from the Ministry of Social Policy, Family and Unity of Ukraine, the State Statistics Service of Ukraine, the National Social Service of Ukraine, and the Ministry of Internal Affairs of Ukraine. In addition, publicly available data from regional actors implementing GBV prevention and response activities were reviewed and analyzed. The analysis drew on data from the IRC Gender-Based Violence Information Management System (GBVIMS) and incorporated findings from the IRC Cash for Protection (C4P) Post-Distribution Monitoring (PDM) conducted in August 2025.

The collected data were consolidated and compared across groups to identify key risks and barriers to accessing services. Findings from KII and FGD were used to deepen understanding of lived experiences, risk perceptions, and contextual factors. The combined use of these approaches enabled a comprehensive analysis of the situation and strengthened validation of the main findings.

In light of the challenging operational context, including adverse weather conditions, blackout, frequent shelling, and participants' caregiving and livelihood responsibilities, combined data collection modalities were utilized within the framework of the assessment. With participants' consent, FGDs and KIIs were conducted both in-person and online formats, depending on contextual feasibility.

Limitations. The assessment includes findings related to adolescent girls; however, no direct data collection was conducted with minors, and all information was obtained indirectly from adult respondents, meaning the analysis reflects adult perceptions rather than the direct perspectives of adolescent girls themselves.

Data collection and processing were conducted in accordance with ethical, safety and confidentiality principles aligned with international GBV standards. All participants provided informed consent prior to participation, interviews and discussions were carried out in safe and confidential settings, in line with the "do no harm" principle. Particular attention was given to ensuring inclusivity and representation of IDPs, individuals from SOGIESC-diverse and LGBTQ+ communities, as well as persons from marginalized groups, including members of national minorities.

Risks and At-Risk Groups

Risks overview

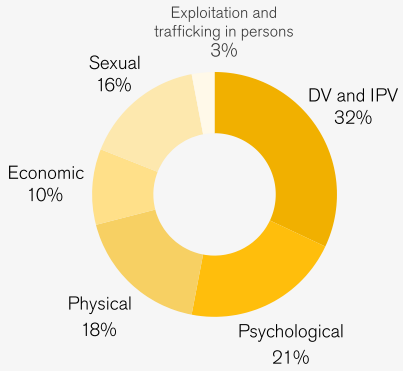
The analysis of data collected as part of the assessment indicates a high level of GBV risks affecting women and girls in Dnipropetrovska oblast. Survey findings identify domestic violence, intimate partner violence, and psychological violence as the most prevalent forms reported.

According to key informants, the most frequently reported risks affecting adult women are domestic violence and intimate partner violence, which together account for 32% of all mentions. Psychological violence was identified by 21% of informants, primarily described as controlling behavior, humiliation, and emotional pressure, while 18% referred to physical violence. Sexual violence was noted in 16% of responses, indicating significant protection concerns, particularly in the context of limited access to protective and legal mechanisms. Economic violence was reported in 10% of mentions and was mainly described as financial control, restriction of access to resources, and economic dependency on a partner or family members. Additionally, 3% of informants highlighted risks of exploitation and trafficking in persons, which remain relevant in the context of loss of livelihoods and ongoing economic instability.

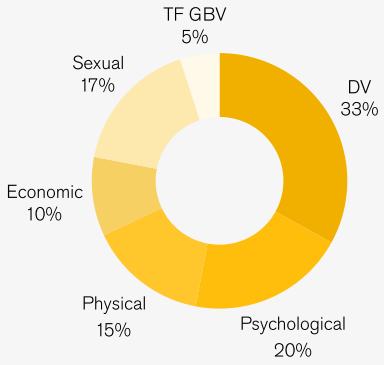
For adolescent girls, domestic violence was identified as the primary risk, reported by 33% of respondents. Psychological violence was reflected in 20% of responses, and sexual violence in 17%, frequently associated with controlling behaviors, manipulation, and restrictions on personal autonomy. Physical violence was reported in 15% of responses, while economic violence accounted for 10%, including limitations on access to financial and material resources. A distinct category of risk for adolescent girls relates to technology-facilitated gender-based violence (TF GBV), identified by 5% of informants. This includes online harassment, blackmail, non-consensual sharing of intimate materials, and other forms of digital abuse.

The assessment of risk trends over the past three months indicates an increase in certain forms of violence. 14 respondents reported a rise in incidents of domestic violence, while psychological and economic violence were each mentioned 12 times in this context. Informants attributed these trends to the deterioration of the socio-economic situation, heightened stress within households, income instability, and limited access to support services.

Data obtained through key informant interviews and focus group discussions are consistent with trends reflected in the IRC GBVIMS, which captures data on reported GBV incidents and case records. Data covering the period from October 2025 to February 2026 indicate that psychological violence constitutes the largest proportion of recorded incidents, accounting for 55% of all registered cases. This reflects the widespread use of non-physical forms of control, including repeated threats, humiliation, intimidation, and other forms of emotional abuse. Physical violence represents 19% of cases and involves the use of physical force resulting in harm, injury, or physical pain. Economic violence accounts for 17% of recorded cases



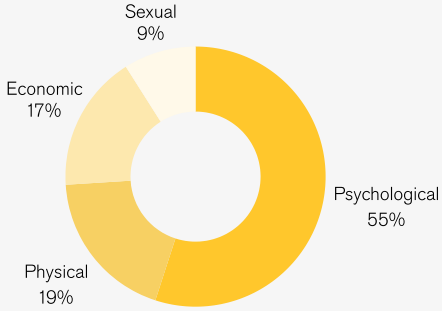
Types of GBV experienced by adult women (KII)



Types of GBV experienced by adolescent girls (KII)



Types of violence increased over the last 3 months (KII)



Types of GBV (GBVIMS)

and manifests primarily through financial control, restriction of access to resources, and the creation of material dependency. Sexual violence represents 9% of the total number of reported cases. At the same time, the relatively low level of recorded sexual violence may reflect significant barriers to disclosure and reporting, including stigma, fear of exposure, risks of re-traumatization, and limited trust in formal protection mechanisms.

Relationship to the Perpetrator and Location of the Incident

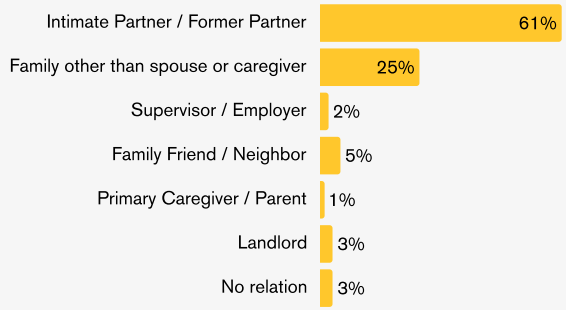
GBVIMS data indicate that in a significant proportion of cases, perpetrators were in close or familial relationships with survivors. In 61% of cases, violence was perpetrated by intimate partners or former partners, while in 25% of cases the perpetrator was another family member. This underscores the heightened level of risk within the private sphere, regardless of the specific form of violence. At the same time, a share of incidents involved individuals outside the family circle, including employers, neighbors, landlords, and other community members, pointing to the presence of risks within workplaces, housing settings, and public spaces.

The distribution of incidents by location reflects the contexts in which survivors experience violence. The largest share of recorded incidents occurred in the survivor's residence, accounting for 68% of cases. Incidents occurring online represented 5% of recorded cases, while 3% took place outside the home. Violence in the workplace accounted for 2% of incidents. This distribution highlights that, although the home remains the most frequently reported setting, cases are documented across multiple environments, including digital spaces.

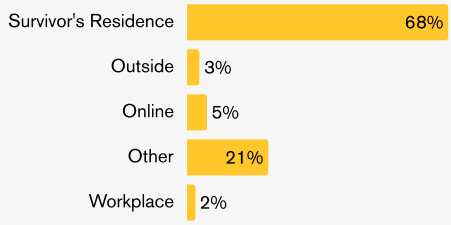
In 94% of cases, violence was perpetrated by a single individual, consistent with broader trends in survivor–perpetrator relationships, where intimate partners, former partners, and other family members predominate.

Based on information provided by survivors during case management, 94% of identified perpetrators were male. The most frequently reported age group was 26–60 years.

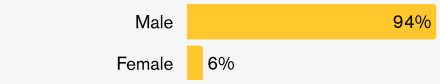
Regarding perpetrators' primary occupation, 21% of alleged perpetrators were reported as unemployed, 13% as service providers, and 8% as members of the Armed Forces. Civil servants accounted for 3% of cases, while 1% were reported as teachers and 1% as members of armed groups. In 6% of cases, no information on the perpetrator's primary occupation was recorded.



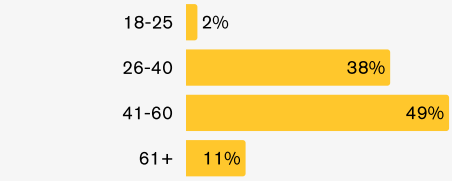
Relationship with the perpetrator (GBVIMS)



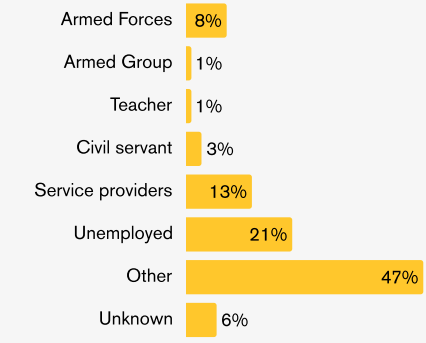
Location of the incident (GBVIMS)



Gender of perpetrators (GBVIMS)

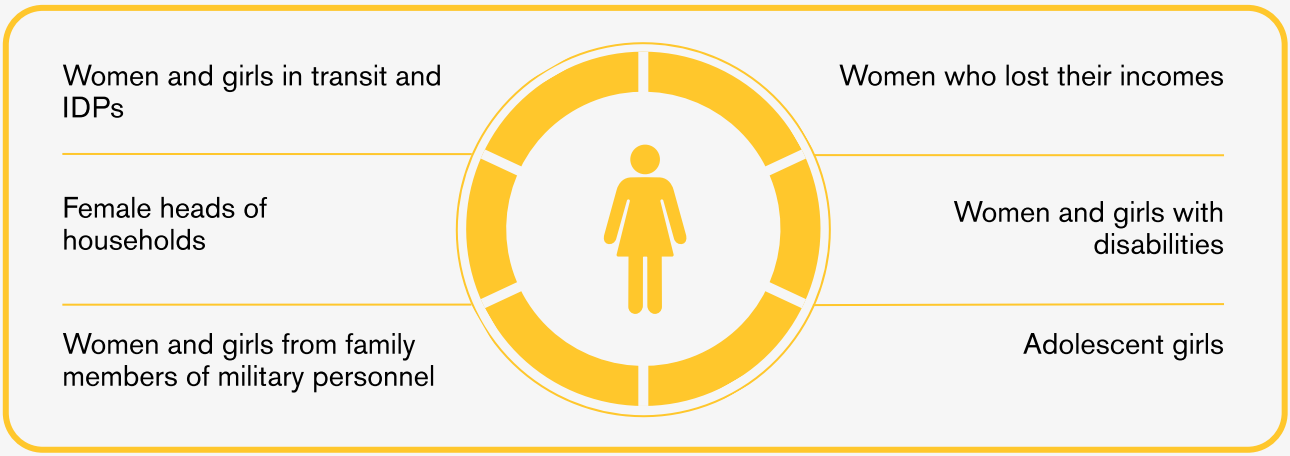


Perpetrator's age groups (GBVIMS)



Perpetrators' primary occupation (GBVIMS)

Groups at risk of GBV



Women and girls in transit

Women and girls in transit face heightened risks of GBV primarily due to short-term stays in overcrowded settings with a high turnover of residents. Transit centers and temporary accommodation facilities are often characterized by limited privacy, shared living and sanitation facilities, restricted personal space, and the constant presence of unfamiliar individuals. The rapid rotation of residents and the temporary nature of accommodation limit the establishment of protective social boundaries and increase the risk of sexual, psychological, and physical violence, particularly during evening and nighttime hours.

Women and girls in transit frequently travel alone or without a stable support network. They often experience elevated levels of stress and fatigue following displacement and are required to make rapid decisions regarding onward movement. The short duration of stay (typically 3–5 days) constrains opportunities to build trust and seek individualized support, even when information and services are available. For women and girls with disabilities, individuals with reduced mobility, and adolescents, these risks are further compounded by physical barriers, reliance on third-party assistance, and challenges in ensuring personal safety in overcrowded environments.

Displaced Women and Girls (IDPs)

Women and girls displaced as a result of hostilities face increased risks of GBV, including intimate partner violence and violence perpetrated by family members, compounded by economic instability and the loss of established social networks. Living in rented accommodation, collective sites, or with host families is often associated with limited privacy, dependency on landlords or hosting households, and unequal power dynamics in household decision-making. Financial insecurity, lack of stable income, and pressure to meet basic household needs may heighten exposure to economic, psychological, and sexual violence.

Additional risk factors include disrupted support systems, social isolation within new communities, and increased caregiving responsibilities for children or other family members. Displaced women and girls are frequently required to adapt rapidly to new environments and make decisions under conditions of uncertainty and constrained resources, which can weaken existing protective factors and increase vulnerability to violence.

Female heads of households

Women who are single heads of household face heightened vulnerability to GBV due to the combined impact of social and psychosocial stressors. The absence of a partner or another adult to share caregiving, domestic responsibilities, and decision-making often results in chronic overload and emotional exhaustion. Social isolation, limited support networks, and the continuous need to manage multiple roles reduce protective factors and increase exposure to psychological and domestic violence, while also limiting the ability to respond promptly to safety concerns.

An additional risk factor relates to constrained access to stable and dignified sources of income, particularly in smaller settlements. Full financial responsibility for the household, combined with unstable employment, limited livelihood opportunities, barriers to reskilling, and insufficient financial planning capacity, undermines women's economic autonomy. This, in turn, increases the risk of economic violence, financial dependency, and engagement in exploitative or unsafe income-generating activities, restricting women's ability to make longer-term, safety-oriented decisions.

Women and girls from family members of military personnel

Women and girls in families of military personnel may face increased GBV risks during periods associated with a family member's return from active duty and reintegration into civilian life. Changes in household dynamics during this transition, combined with limited access to specialized MHPSS services for conflict-affected families, may heighten tensions within households and increase risks of domestic, psychological, and physical violence against women and girls. The use of negative coping mechanisms

may further exacerbate existing patterns of violence.

These risks are compounded by social factors, including the widespread societal valorization of military service and the stigma surrounding disclosure of violence within military families. Such dynamics may reduce the likelihood of reporting incidents or seeking support, due to fear of social judgment, lack of confidence in response mechanisms, or concerns about harming the reputation of the family member.

Women who lost their incomes

Women who have lost their primary source of income - due to displacement, the loss of a partner, including as a result of the war, or the destruction of livelihoods - face increased GBV risks linked to a sharp decline in economic stability and heightened psychosocial stress. The loss of financial autonomy, inability to meet basic household needs, and persistent uncertainty regarding family provision may create conditions in which psychological pressure, controlling behaviors, and economic violence become more pronounced. Economic insecurity can also constrain available choices and increase the likelihood of resorting to coping strategies that may compromise safety.

Economic dependency on relatives, host families, community members, or humanitarian assistance may further limit women's autonomy in contexts where income recovery opportunities remain scarce. Existing economic support mechanisms, including start-up cash or in-kind assistance for small business development, are limited in scope and often concentrated in a small number of sectors characterized by high competition (notably agriculture). Restricted access to diversified livelihood pathways, reskilling opportunities, and start-up capital undermines sustainable economic recovery, increases exposure to exploitative forms of employment, and may hinder women's ability to safely exit harmful or abusive situations.

Women and girls with disabilities

Dependence on third-party assistance, including family members, caregivers, or individuals within the immediate environment, increases exposure to psychological, physical, sexual, and economic violence. Limited mobility, challenges related to evacuation or displacement, and lack of privacy within living arrangements may intensify control and isolation, thereby reducing protective factors.

Additional risks stem from barriers in accessing GBV services, including physical inaccessibility of facilities, the absence of adapted and accessible communication formats, and limited opportunities to seek confidential support. Women and girls with disabilities often face obstacles in having their experiences of violence recognized and taken seriously. Their disclosures may not be adequately acknowledged, and assumptions regarding their decision-making capacity can further restrict their autonomy and access to protection. Dependence on relatives or caregivers may also heighten the risk of economic violence and complicate safe exit from abusive or exploitative situations.

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Adolescent girls

Adolescent girls remain one of the groups at heightened risk of gender-based violence, including technology-facilitated GBV (TF GBV), due to high levels of digital engagement and limited awareness of safe online practices. A significant portion of their time is spent in digital environments for education, leisure, and peer interaction, increasing exposure to online bullying, harassment, psychological pressure, and controlling behaviors. Limited knowledge of online safety, digital rights, and available reporting mechanisms, as well as insufficient skills in protecting personal data, further elevate the risks associated with TF GBV.

At the same time, adolescent girls' vulnerability is shaped by limited life experience and still-developing life skills, including critical thinking, decision-making, and the ability to set and maintain personal boundaries. These factors may reduce their capacity to identify unsafe situations, resist pressure from peers or adults, and seek timely support. Social isolation, disrupted peer networks, and limited access to safe and adolescent-friendly spaces further weaken protective factors and highlight the need for targeted empowerment interventions and life skills sessions.

Across population groups, women's and girls' vulnerability to GBV in the region is shaped by intersecting risks, including disrupted networks, repeated displacement, unstable living conditions, and economic insecurity. Limited income and access to decent work, and reliance on external support, reduce economic autonomy and increase exposure to economic violence, exploitation, and unsafe coping, with cumulative effects for single heads of household, women with disabilities, and those who have lost livelihoods. Risks are further exacerbated by limited access to safe, adapted GBV services, stigma, harmful norms, and fear of disclosure, contributing to underreporting and repeated victimization.

Factors contributing to GBV

The analysis indicates that the prevalence of gender-based violence in Dnipropetrovsk olast is driven by the complex interplay of social, economic, psychological, and institutional factors, which are further exacerbated in the context of a protracted humanitarian crisis and ongoing armed conflict.

Tolerance of Violence and Stigmatization of Survivors

The persistence of social norms that justify or minimize violence remains a key contributing factor. In many communities, particularly in smaller settlements characterized by close interpersonal networks and limited privacy, violence is still perceived as a "private matter," which reduces the likelihood of survivors seeking support. Stigma, fear of social judgment, potential loss of social standing, and concerns about negative consequences for children further constrain disclosure and limit timely access to assistance.

Deteriorating Socio-Economic Conditions and Financial Instability

The protracted economic downturn, rising unemployment, unstable income sources, and increased costs of essential goods and services have intensified stress within households. Financial dependence on partners or relatives, debt burdens, and limited access to employment opportunities increase exposure to economic and psychological violence and create additional barriers to safely exiting abusive relationships.

Although various skills-development initiatives are available, many remain largely theoretical and do not fully align with women's practical livelihood needs. Study participants emphasized the importance of more practice-oriented support, including grant assistance, start-up resources for self-employment, and pathways to sustained employment, as critical components for strengthening financial independence and reducing vulnerability to GBV.

Shifts in Gender Roles in the Context of Male Mobilization

Widespread mobilization and related security risks have significantly affected the distribution of roles within many households. In some families, women have assumed primary responsibility for income generation, childcare, and household management due to their partners' military service. In other households, concerns related to mobilization have led some men to withdraw from formal employment or remain without stable income, similarly resulting in women taking on the role of primary breadwinner.

These shifts in traditional gender roles are occurring amid economic instability and limited social support, placing additional psychological and financial pressure on women. For some men, the loss or weakening of the traditional "provider" role may be associated with frustration, diminished self-esteem, and increased internal stress. In the absence of constructive coping mechanisms, such stress may manifest in controlling behaviors or violence toward partners and other family members.

"Everyone knows each other here. If you go somewhere for help, by tomorrow everyone will be talking about it."
(KII, local activist)

"Unless it results in serious injuries, most people do not see it as a problem."
(KII, social worker)

"In small communities, it is still considered a family matter. ... People say: don't interfere, they will resolve it within the family."
(KII, representative of social services)

"Many women are afraid they will be judged or told that it was their own fault."
(KII, PSS group facilitator)

"Financial dependence is a powerful constraint. Even when violence is present, a woman may fear being left with nothing."
(KII, psychologist)

"Even if a woman wants to leave an abusive relationship, she may have no independent income and fear she will not be able to provide for herself and her children."
(KII, Mobile Social and Psychological Support Team)

"Women need not only certificates, but real opportunities to earn an income."
(KII, Specialist, Day Center for Social and Psychological Support)

"If there were some kind of support to start a small business, it would be easier..."
(FGD participant)

"Before these changes, the man was the primary breadwinner. Now everything has changed, and for many this shift is difficult to cope with."
(KII, community head)

"In many families now, women are carrying everything on their own - children, incomes and household responsibilities."
(KII, social worker)

Limited Reintegration Support and Social Pressures

In communities affected by prolonged hostilities, security threats, and repeated displacement, family environments often experience elevated stress during periods of transition. These pressures may increase tensions within households and heighten risks of psychological, physical, and economic violence affecting women and girls. Prevailing social expectations and strong public recognition of military service can create additional barriers for women seeking support, as concerns about stigma, loyalty, or social judgment may discourage disclosure of violence within families of military personnel. Limited availability of mental health and psychosocial support (MHPSS) services, combined with stigma around seeking psychological assistance, further constrains access to support during reintegration. Without adequate resources and structured follow-up, women and girls may remain exposed to heightened risks of harm and barriers to safe support pathways.

Displacement

Internal displacement is accompanied by the loss of housing, income sources, social networks, and established support mechanisms, significantly weakening the protective capacities of women and girls. Living in temporary, overcrowded, or inadequately adapted accommodations with limited privacy increases exposure to physical, psychological, and sexual violence, including within households and shared living environments. Economic instability and reliance on external assistance further heighten the risk of exploitation and economic violence. Displacement is also associated with heightened psychosocial distress, uncertainty, and diminished sense of safety, which may reduce help-seeking behavior. Frequent relocation and residence in remote or underserved areas create additional barriers to accessing specialized GBV response services.

Limited Awareness of GBV Forms and Available Services

Limited awareness of gender-based violence may prevent survivors from recognizing that they are experiencing abuse. Certain social attitudes that normalize, justify, or minimize violent behavior further complicate the identification of harmful experiences as unacceptable. Insufficient knowledge of available services and referral pathways creates additional barriers to accessing support, even when women and girls are aware of potential risks.

At the same time, the mere existence of information does not guarantee effective access to assistance. Available materials are often fragmented, difficult to understand, insufficiently adapted to the needs of diverse groups, or disseminated through channels that do not effectively reach those most at risk. The lack of localized, comprehensive, and practically oriented information limits navigation within the service system and contributes to delays or reluctance in seeking support.

"Women speak about constant exhaustion — financial responsibility, childcare, household duties, all under conditions of uncertainty."
(KII, support group facilitator)

"In some families, fear of mobilization has led men to refrain from seeking formal employment."
(KII, psychologist)

"Many men return in a state of heightened tension ... readjusting to everyday civilian life can be challenging for them."
(KII, psychologist)

"When women are forced to leave, they lose not only their homes but also the people they relied on. In practice, they are left without meaningful support."
(KII, local community activist)

"In collective accommodation settings, privacy is extremely limited, and this often leads to conflicts that may escalate into violence."
(KII, psychologist)

"I have relocated three times already — each time starting over from nothing."
(FGD Participant)

"Psychological and emotional well-being is highly unstable... people are living in constant anticipation of further changes."
(KII, local social worker)

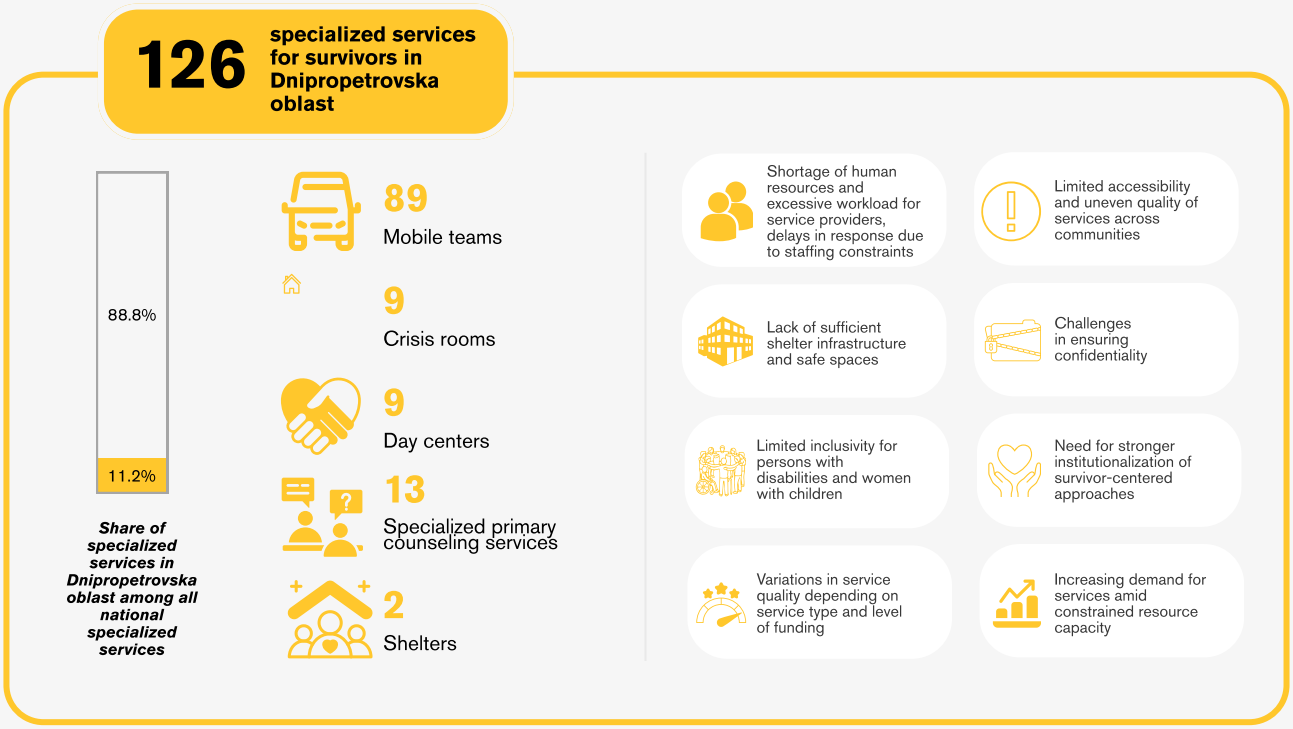
"Information is often not localized — people do not clearly understand what services are available within their community."
(KII, Day Center Specialist)

"In remote communities, women often do not know where to turn in cases of violence."
(FGD Participant)

"Even when information exists, it does not always reach those who need it most."
(KII, Local Informal Women's Community Leader)

"Information materials often fail to reflect the specific needs of different groups of women."
(KII, Social Sector Representative)

Capacity



The state GBV response system in Dnipropetrovska oblast is among the most developed in Ukraine in terms of quantitative coverage and the diversity of specialized services.

Dnipropetrovska oblast has the highest number of specialized support services for survivors of domestic and gender-based violence among all regions of Ukraine. A total of 126 specialized services operate in the oblast, accounting for approximately 11.2% of all such services nationwide, positioning the region as a national leader in the scale of its state-supported GBV response network.

According to the National Social Service of Ukraine[1] data, the oblast hosts 89 mobile social and psychological support teams, 9 crisis rooms for survivors, 13 specialized primary social and psychological counseling services, 9 day centers for social and psychological support, and 2 shelters for survivors. This service configuration provides formal coverage across different stages of response, from emergency crisis intervention to longer-term support.

According to data published in the National Report on the Monitoring of Specialized Support Services for Survivors of Domestic and Gender-Based Violence2 (Kyiv, 2025), prepared by the NGO “UA Experts” in cooperation with the National Social Service of Ukraine, at the initiative of the Ministry of Social Policy of Ukraine and with the support of the United Nations Population Fund (UNFPA), the analysis identified a number of systemic challenges in the functioning of specialized services, including at the regional level. The report notes that despite the quantitative expansion of the service network, structural imbalances persist, including uneven territorial coverage and varying levels of institutional capacity among service providers. In a number of communities, specialized services remain limited in accessibility, particularly for residents of remote areas and individuals with heightened vulnerabilities. Identified gaps also relate to the sustainability of funding, staffing capacity, and the integration of services into interagency coordination and response mechanisms.

In the context of Dnipropetrovska oblast, key challenges relate to the accessibility and quality of service provision. Some services operate with limited human resources, affecting staff workload and the timeliness of responses to survivors. In certain communities, facilities lack adequate physical accessibility, appropriate shelter infrastructure, or safe spaces - an issue of particular concern amid regular air raid alerts. Challenges also persist in ensuring confidentiality and inclusive service delivery for persons with disabilities, women with children, and internally displaced persons. There is a recognized need to strengthen data collection practices, conduct systematic analysis of service utilization, and further embed survivor-centered approaches at the level of individual service providers. The report further highlights disparities in service quality depending on the type of service and the level of financial support from local budgets and donor-funded programs. In some instances, referral pathways between social, medical, and law enforcement actors remain insufficiently formalized, limiting the comprehensiveness of assistance. Given the high concentration of IDPs and the oblast’s proximity to active hostilities, demand for GBV response services continues to increase, while available resources do not always correspond to actual needs. Collectively, these factors underscore the necessity of continued investment in institutional capacity strengthening in Dnipropetrovsk oblast, including improvements in service quality, procedural standardization, and the professional development of frontline specialists.

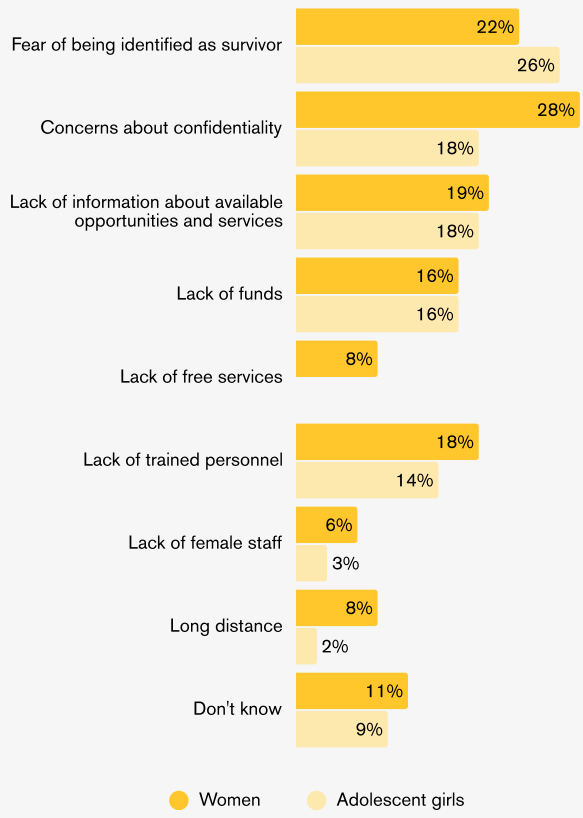
[1] Dnipropetrovsk region Information on the number of specialized support services for survivors of domestic violence and gender-based violence as of July 1, 2025. National Social Service of Ukraine. Specialized support services. URL: https://nssu.gov.ua/domashnye-nasilstvo/specializovani-sluzhbi-pidtrimki/dnipropetrovska-oblast.

[2] National Report on the Monitoring of Specialized Support Services for Survivors of Domestic and Gender-Based Violence / National Social Service of Ukraine. 2025.
URL: https://nssu.gov.ua/storage/app/sites/22/uploaded-files/national-monitoring-report.pdf

Despite the operation of an extensive GBV response system and the availability of specialized services for survivors, data from FGD point to ongoing barriers to accessing assistance. The findings highlight a gap between the formal availability of services and the practical use of support mechanisms.

Among adult women, concerns regarding confidentiality were the most frequently reported barrier to seeking services, cited by 28% of respondents. Limited awareness of available services and support options was identified by 19% as a key constraint, while 22% referred to fear of being identified as a survivor. Financial barriers, including insufficient funds for transportation or service-related expenses, were reported by 16% of surveyed adult women. Institutional constraints were also highlighted by respondents: 18% referred to the lack of trained specialists, 8% noted the limited availability of free services, and 8% indicated significant distance to service points. These findings reflect disparities in service accessibility for adult women across different communities within the oblast.

Among adolescent girls, the most frequently reported barrier is fear of being identified as a survivor, cited by 26% of respondents. Concerns about confidentiality and limited awareness of available services were each mentioned by 18% of respondents. Financial barriers, including lack of funds for medical examinations or treatment, were reported by 16%. A shortage of trained specialists was identified by 14% of respondents, including 3% who specifically noted the absence of female staff as a barrier. Limited access to



Barriers to seeking services (FGD)

"Many people are afraid that information will spread throughout the community."
(FGD, local resident)

"We know that support exists, but there is no clear understanding of what is actually available in our community."
(FGD, local resident)

"For many people, it is very shameful and difficult to admit that violence has happened to them."
(FGD, female IDP)

"Basic needs come first, so expenses for transport or services are postponed."
(FGD, female IDP)

"Unfortunately, not all institutions have sufficient experience and knowledge to work with survivors."
(FGD, local resident)

"Financial barriers remain significant, especially when it comes to examinations or treatment."
(FGD, female IDP)

"Most services are designed for adults, and almost nothing is adapted for adolescents… Not all specialists know how to talk to teenagers about topics like this."
(FGD, local resident)

"There are no such services in our community, so we have to go to the district center, and it is far."
(FGD, Local Resident)

"When the situation becomes serious, people primarily turn to the police."
(FGD, Local Resident)

"In women's organizations, it is easier to speak — they listen and do not judge."
(FGD, Local Resident)

"Girls tend to share more with each other — it is easier to tell a friend than an adult."
(FGD, Internally Displaced Person)

"I felt that my situation was handled formally, without real understanding."
(FGD, Internally Displaced Person)

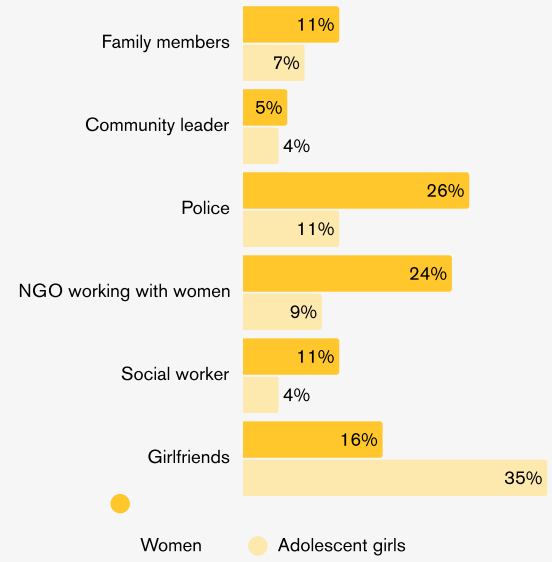
specialized services due to the distance to health facilities was reported by 3% of respondents.

Identified barriers to accessing assistance affect which sources of support women and girls prefer. According to respondents, in the absence of confidence in confidentiality and a clear understanding of how personal information is protected, survivors more often choose forms of support that are perceived as safer.

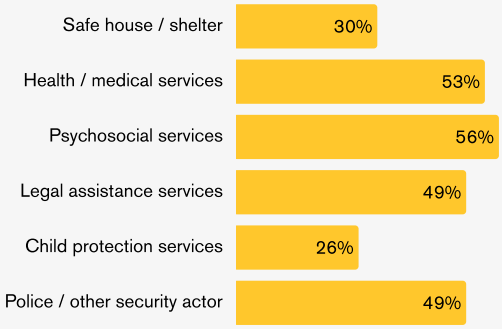
Among adult women, the highest level of trust was reported toward law enforcement authorities, cited by 26% of respondents. Trust in non-governmental organizations working with women was indicated by 24% of surveyed women. At the same time, 16% reported trusting friends, and 11% reported trust in family members. Among adolescent girls, friends remained the primary source of trust, as reported by 35% of respondents. Other sources of support were mentioned significantly less frequently. Trust in social services and community-based structures among adolescent girls was recorded at a lower level compared to informal support networks. Lower levels of trust in social workers and community leaders were also reflected in the responses. Participants associated this with prior service experiences that, according to their accounts, were not consistently delivered in line with survivor-centered principles, including considerations of safety, confidentiality, and respectful, sensitive engagement.

GBVIMS data show that a notable proportion of case management clients chose not to proceed with referrals to certain specialized services. The highest share of declined referrals was recorded for psychological support (56%) and medical services (53%). Refusals were also documented in relation to legal assistance (49%) and police (49%), while 30% of clients declined referral to shelter services and 26% to child protection services. These findings suggest that, despite the availability of specialized services, a significant share of survivors supported through case management choose not to engage with formal referral pathways, which may reflect concerns related to confidentiality, perceived safety, prior service experiences, or limited trust in institutional actors.

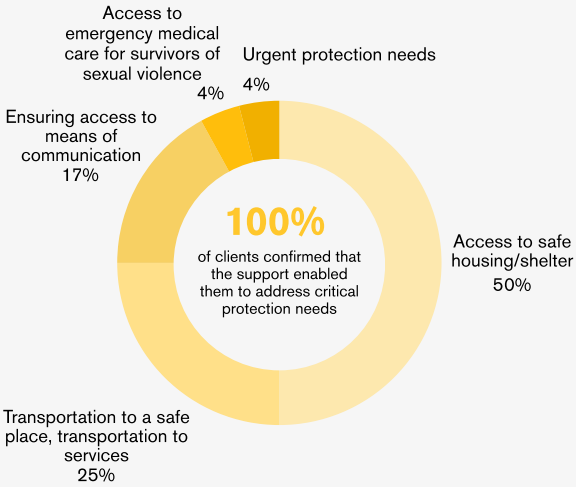
Economic vulnerability has a direct impact on increasing the risks of domestic and economic violence, forcing women and girls to reduce spending on basic needs, including health care and food, thereby deepening isolation and heightening the risk of re-traumatization among those who have already experienced GBV (IRC MSNA, December 2025). According to 2025 PDM data from the IRC WPE Cash for Protection, 100% of clients who received financial assistance through case management confirmed that the support enabled them to address critical protection needs. Specifically, 50% reported access to safe housing; 25% were able to cover transportation to services and safe locations; 17% used the assistance to maintain communication with family members, specialized service providers, and emergency support services; 4% accessed emergency medical care and sexual and reproductive health support following sexual violence; and 4% addressed other urgent protection needs. Additionally, 100% of respondents stated that the amount received was sufficient to enhance their safety, and 99% reported that the assistance contributed to preventing re-traumatization.



Who women and girls experiencing violence turn to for support (FGD)



Percentage of survivors who declined referrals within GBV case management (GBVIMS)



Cash for Protection allocation by categories in %

Recommendations

1 Psychosocial Support for Women and Girls

For many women and girls who have experienced or remain at risk of gender-based violence (GBV), access to long-term, comprehensive psychosocial support is critical. Such support should extend beyond short-term crisis intervention and provide sustained, structured assistance over time. Consistent and well-designed support modalities contribute to gradual emotional stabilization, reduced social isolation, and strengthened recovery processes.

Stable service delivery platforms, including Women and Girls Safe Spaces, play a particularly important role in ensuring continuity and safety. Equally essential is the adaptability of interventions to address the diverse and evolving needs of women and girls living in contexts of protracted conflict and prolonged stress.

2 Integrated Support within the GBV Response Framework

The needs of GBV case management clients frequently encompass interconnected safety, psychosocial, and material dimensions. Response approaches that acknowledge this complexity and integrate multiple forms of assistance within a single, coordinated process tend to be more accessible and effective for survivors.

Such integrated support contributes to the mitigation of immediate risks while enabling survivors to implement individualized safety strategies. In many cases, action plans and safety plans can only be effectively realized when complemented by targeted financial assistance, which has been shown to positively influence case management outcomes.

3 Strengthening Women's Leadership and Engagement in Peacebuilding Processes

Support for women's leadership contributes to restoring self-confidence, reinforcing social networks, and building the skills necessary for meaningful participation in community life. Expanding women's engagement in local initiatives, community dialogues, and social cohesion processes creates additional entry points for integrating gender-related risk considerations into peacebuilding and recovery efforts. It also supports the reduction of community-level tensions and strengthens women's roles as agents of change.

For adolescent girls, formats that combine life skills development, leadership capacity building, and safe participation in civic and community activities are particularly important.

4 Economic Empowerment and Livelihood Restoration

Economic stability is closely linked to safety and the capacity to avoid harmful coping strategies. Practical, action-oriented support aimed at restoring or expanding economic opportunities plays a critical role in reducing dependency and strengthening autonomy. This includes vocational skills training, business development and strategic planning support, as well as grant-based or in-kind assistance.

Alongside direct financial support, tailored approaches to workforce integration and entrepreneurship development are essential, particularly when aligned with local labor market conditions and the lived realities of women in Dnipropetrovska oblast. Integrating elements of financial literacy and basic income planning further contributes to the sustainable use of resources and longer-term economic resilience.

5 Trust, Accessibility, and Survivor-Centered Approaches

The quality and safety of assistance for GBV survivors are determined not solely by the number of available services, but by the system's ability to ensure coordinated, professional, and sustained response. In Dnipropetrovska oblast, specialized GBV support services, the social sector, and healthcare institutions play a central role in the response architecture. These actors operate under conditions of prolonged pressure, staffing instability, and constrained resources.

Strengthening their capacity requires systematic approaches to training and professional supervision that extend beyond one-off workshops. The integration of trauma-informed approaches, trauma care principles, and burnout prevention measures into daily practice is essential to maintaining service quality and reducing the risk of re-harm.

At the same time, aligning regional training and support mechanisms with broader national GBV response frameworks can foster harmonized standards, shared understanding of roles, and continuity of practice. This may include the use of online platforms for practitioners, structured knowledge-sharing, and dissemination of promising approaches. Such a systems-oriented approach gradually reinforces survivors' trust in formal support mechanisms and contributes to more effective and sustainable GBV response over the long term.

6 Supporting Adolescent Girls through Systemic and Age-Responsive Approaches

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7 Localizing GBV Response through Strengthening Women-Led Organizations

The region hosts networks of women's and women-led organizations that possess in-depth knowledge of the local context, social dynamics, and the specific needs of women and girls. These organizations are often the first to respond to GBV-related risks, providing accessible and trusted support at the community level, particularly in areas where formal services have limited presence.

Strengthening the role of such organizations requires targeted investment in their institutional and programmatic capacity. This includes access to evidence-based practices, standardized methodologies, and structured opportunities for long-term organizational development, enabling them to enhance the quality and sustainability of services delivered.

Ensuring predictable, multi-year funding remains critical. Without longer-term financial commitments, women-led organizations are constrained to short-term project cycles, limiting their ability to consolidate effective practices, scale interventions, and ensure continuity of support for women and girls. Advancing localization through stable and equitable partnerships is therefore a key prerequisite for building an accountable, effective, and sustainable GBV response system.

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