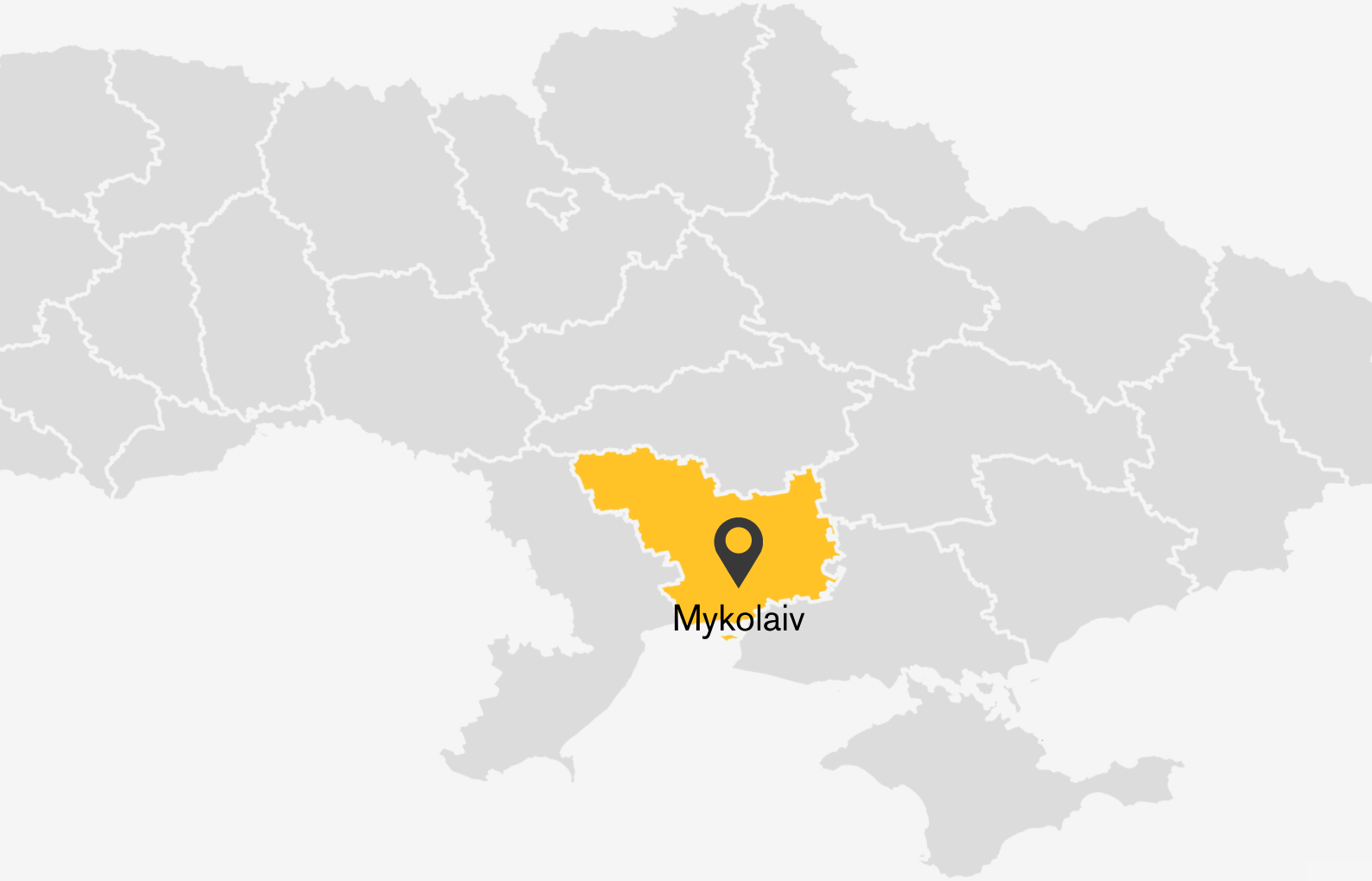
International Rescue Committee
Women Protection and Empowerment Program

GBV Risk Assessment

Mykolaiv region, Ukraine

August 2026



Introduction

The International Rescue Committee (IRC) operating in Mykolaivska oblast since March 2023, providing protection and empowerment for women and girls. The region significantly impacted by the ongoing armed conflict, hosts a large number of internally displaced persons, which places additional strain on local social services. Women and girls face increased risks of various forms of gender-based violence (GBV). Instability, limited access to basic services, and high levels of socio-economic risks exacerbate the situation.

In a complex and evolving humanitarian context, a systematic 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 Mykolaivska 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.

Since March 2023, the IRC Ukraine WPE Programhas been delivering a systematic and multi-layered response to GBV risks in Mykolaivska oblast. Programme activities have reached 34 territorial communities across the oblast, and 9267 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. 143 specialists enhanced their professional capacity through training on GBV standards and the integration of prevention and response approaches into professional practice. 9 sustainable partnerships were established with organizations possessing expertise in GBV response and women's support and empowerment. Expanded collaboration with specialized GBV service providers across the oblast, including shelters for GBV survivors, day centres, and other survivor support services.

Mykolaivska oblast

Location of Mykolaivska oblast

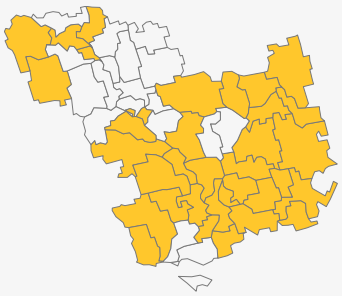


1,12 m
Total population

120 k
IDPs



WPE coverage



34
hromadas in Mykolaivska oblast have been reached by Programe activities since March 2023

9 267
individuals have received Program services in Mykolaivska oblast since March 2023

2
gender-sensitive Support Spaces were established to strengthen local capacity and provide safe and supportive environments

143
specialists strengthened their capacity through training on GBViE standards and integrated GBV prevention and response

9
strong partner cooperation were established with organizations with expertise in GBV prevention and response and women empowerment

Findings Overview

In Mykolaivska oblast, women and girls seeking support after experiencing GBV are primarily linked to intimate partner and domestic violence, with physical violence representing the most commonly disclosed form, followed by psychological and economic abuse. Sexual violence remains comparatively difficult to seek support and report, likely due to stigma, fear of retaliation, and concerns around confidentiality, including doubts regarding the effectiveness of data protection and privacy safeguards among service providers. According to GBVIMS data, most GBV abuses occur within the home, highlighting increased risks in private settings where survivors face limited visibility and fewer safe pathways for disclosure.

In addition to traditional forms of GBV, technology-facilitated gender-based violence (TFGBV) is emerging as a growing concern. Women and girls report experiences of online harassment, cyberstalking, and digital monitoring or control by intimate partners. Limited digital literacy, inadequate legal awareness, and restricted access to safe reporting mechanisms further compound survivors' vulnerability to TFGBV, particularly in conflict-affected settings.

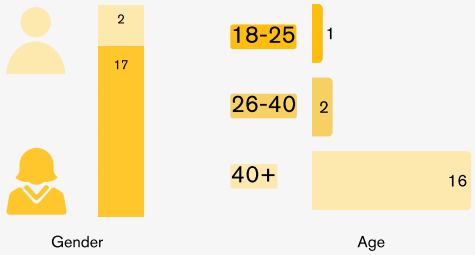
Women and girls at heightened risk in Mykolaivska oblast include internally displaced persons (IDPs), women living in recently affected or previously occupied areas, adolescent girls, women with disabilities, single female-headed households, widows, and women with partners affiliated with military actors, women caregivers of children with disabilities and persons with reduced mobility. Displacement-related economic insecurity, loss of social support networks, damaged infrastructure, and reduced access to livelihood opportunities exacerbate risks and limit coping capacities. Adolescent girls, in particular, face increased exposure to both offline and online forms of violence due to limited safe spaces, increased time spent online, and gaps in protective community structures.

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 key deterrents to seeking help. Transportation constraints, financial limitations, and the uneven geographical distribution of services, particularly in rural and remote communities, further restrict access. In many cases, there is insufficient transport connectivity from remote settlements to access services, and service providers themselves do not always have access to transport when support needs to be delivered. Air raid alerts and insecurity-related disruptions also hinder safe service delivery and mobility. For adolescent girls in particular, the 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: while some communities have relatively developed service networks that are at times overstretched, others are only beginning to build service infrastructure for GBV survivors or lack adequate support mechanisms altogether. At the community level, GBV remains insufficiently addressed, and in some cases, structured work with survivors is largely absent. Existing systems face staffing shortages 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, although a network of services exists, structural, social, and operational barriers continue to limit equitable, confidential, and survivor-centered access to comprehensive GBV response.

Methodology

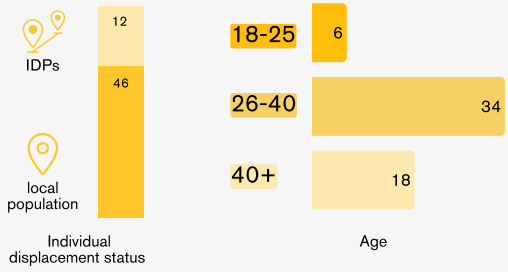
19 **interviews with key informants were conducted**



Areas of expertise



58 **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
- Department of Social Protection of the Mykolaiv Regional Military Administration

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 19 key informant interviews (KII) were conducted with 17 women and 2 men, including 1 participants aged 18–25, 2 aged 26–40 and 16 aged 40 and above. Participants represented the social protection and social services sectors, the healthcare system, law enforcement agencies, specialized survivor support services, as well as women informal leaders, women community coordinators, and representatives of local women-led or women's rights organizations. 8 focus group discussions (FGD) were conducted with 58 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. 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 April 2026.

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

In 2025–2026, GBV remains a significant protection concern in Mykolaiv oblast, with consistently high levels of reported cases. According to data from the Mykolaiv Regional Military Administration, 3,609 cases of GBV, inclusive of domestic violence which is part of GBV, were recorded in 2025, with women representing 85% of survivors. In the first quarter of 2026 alone, 531 cases were registered, 87% of which involved women.

The analysis indicates that physical violence constitutes the majority of reported cases (60%), followed by denial of resources, opportunities or services (25%), and psychological violence (15%). Reports also highlight multiple forms of GBV affecting adolescent girls, including domestic violence, psychological abuse, economic violence, and technology-facilitated GBV.

The analysis of risk trends over the past three months indicates an increase in certain forms of violence. 15 respondents reported an increase in cases of domestic violence, while psychological violence was mentioned 11 times and economic violence was mentioned 9 times in this context. Respondents attributed these trends to the deterioration of the socioeconomic situation, increased stress within families, income instability, and limited access to support services.

Relationship to the Perpetrator and Location of the Incident

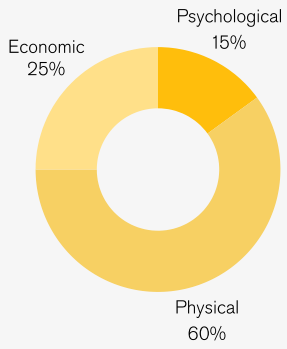
According to GBVIMS data, in most instances where women sought support, survivors experienced violence perpetrated by individuals with whom they had close or family relationships. In 86% of cases, the perpetrators were current or former intimate partners, while in an additional 11% they were other family members. This trend indicates a high level of risk of violence within private and family settings, regardless of the form of GBV. At the same time, recorded cases of violence perpetrated by other community members demonstrate that risks for survivors may also arise outside the family circle and home environment.

The distribution of incidents by location reflects the contexts in which survivors experience violence. The largest share of reported cases occurred in the survivor's home, accounting for 92% of incidents. Incidents that took place online accounted for 4% of recorded cases, while another 4% occurred outside the home. This distribution highlights that, although the home remains at the most frequently reported location, cases are recorded across different environments, including digital spaces.

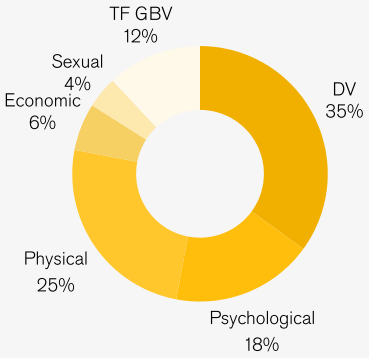
In 99% of cases, the violence was perpetrated by a single individual, which corresponds with overall trends in survivor–perpetrator relationships, where intimate partners, former partners, and other family members predominate.

Based on information provided by survivors during case management, 100% of identified perpetrators were men. The most frequently reported age group was 41–60 years.

Regarding the main occupation of perpetrators, 36% were unemployed, 23% reported other occupations, 4% were service sector workers, and 2% were members of the Armed Forces. In 35% of cases, information on the perpetrator's primary occupation was not recorded.



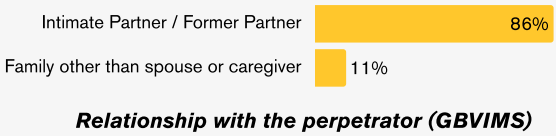
Types of GBV experienced by adult women (KII)



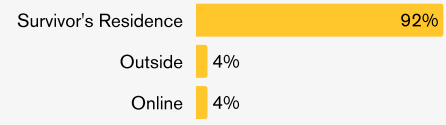
Types of GBV experienced by adolescent girls (KII)



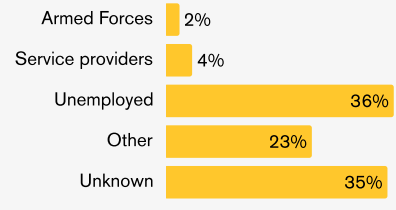
Types of violence increased over the last 3 months (KII)



Relationship with the perpetrator (GBVIMS)

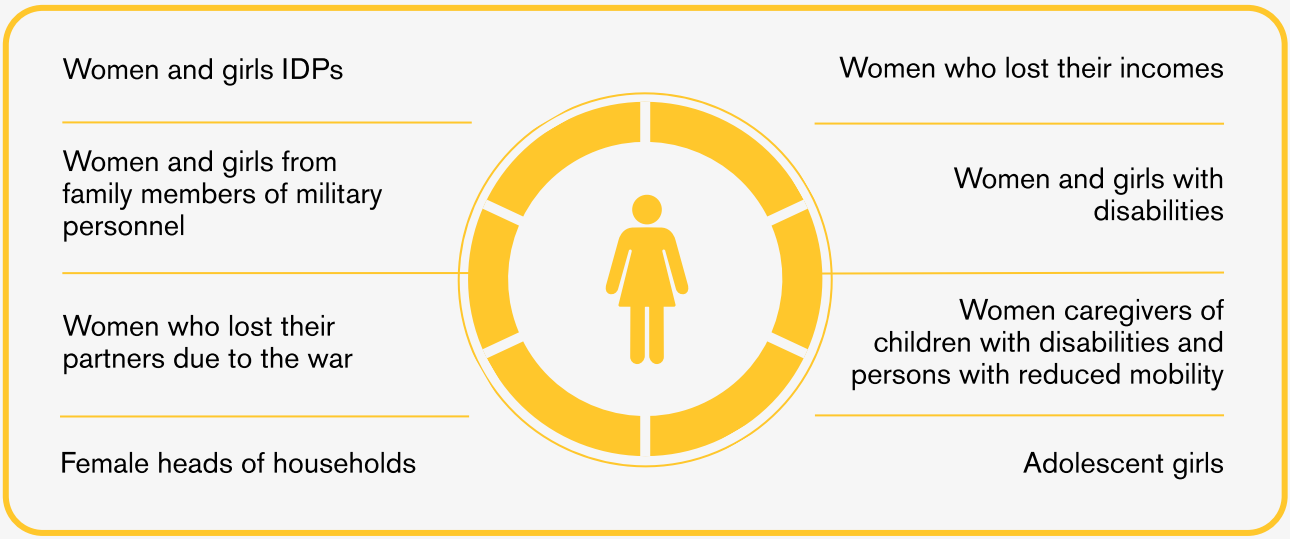


Location of the incident (GBVIMS)



Perpetrators' primary occupation (GBVIMS)

Groups at risk of GBV



Women and girls IDPs

In Mykolaivska Oblast, internally displaced women and girls (IDPs) represent one of the most at risk population groups. Women IDP face increased risks of GBV, which are exacerbated by economic instability, the loss of sources of income, unstable home, and their usual support networks. Living in collective accommodation or rented accommodation is often characterised by limited privacy, overcrowding and dependence on other household members or landlords. This can increase the risk of intimate partner violence, economic and psychological abuse, and limit women's ability to make independent decisions and seek help in a timely manner.

IDP girls are also at heightened risk due to the disruption of their usual social ties, limited access to safe spaces and leisure opportunities, and difficulties integrating into new communities. Social isolation, dependence on adults, a lack of awareness of available protection mechanisms and the active use of digital technologies can increase the risk of sexual violence, sexual exploitation, as well as TF GBV, including cyberbullying, online harassment and the sharing of private content without consent.

Women and girls who are in the process of displacement often have limited resources for decision-making, experience high levels of stress associated with displacement, and may lack a stable support network. This reduces their ability to seek help in a timely manner and access the necessary services.

Adolescents, persons with disabilities, and individuals with reduced mobility face particular risks, as they are more dependent on third-party assistance, encounter accessibility barriers, and have limited ability to ensure their personal safety.

Women and girls from family members of military personnel

IWomen from families of military personnel face heightened exposure and risks to GBV due to prolonged conflict exposure, family separation, and evolving household dynamics. Periods of deployment, injury, return from active combat, or loss of a family member significantly affect mental health, stability, and intra-household relationships, often increasing stress and tension. Women in these households frequently assume full responsibility for caregiving, household management, and income generation, often without adequate economic or psychosocial support. Often women are blamed for the abuse they are experiencing and dismissed

Increased psychosocial distress among military-affected families, including challenges related to trauma, reintegration, and shifting gender roles. These dynamics may contribute to elevated risks of domestic, psychological, and economic violence. At the same time, access to specialized GBV services remains limited, especially in rural and remote communities

Girls from military families experience emotional distress linked to their father's prolonged absence, trauma or the loss of a parent, which may affect their psychosocial well-being and coping mechanisms. Changes in family structure and a reduction in parental supervision may increase their vulnerability to psychological abuse, neglect, harmful coping mechanisms, sexual exploitation and technology-facilitated violence, including cyberbullying, online harassment and pressure to share intimate images. Difficulties in coping with grief and trauma also affect their sense of security and social relationships.

Women who lost partners due to the war

Widows, in particular, face acute economic insecurity, loss of social status, and emotional distress, which can expose them to exploitation, social isolation, and negative coping mechanisms. In addition to experiencing grief and emotional stress, they often take on sole responsibility for the care and financial support of their families. They also face stigma from the community. Women may also experience barriers to seeking help due to stigma, lack of tailored services, and insufficient outreach. Limited economic opportunities, particularly in smaller or conflict-affected settlements, further exacerbate dependency and reduce resilience.

Women and girls with disabilities

Women and girls with disabilities in Mykolaivska oblast face elevated risks of GBV due to their increased dependence on caregivers, limited mobility, and social isolation. Inaccessible infrastructure, displacement-related challenges, and lack of privacy within living arrangements further heighten exposure to psychological, physical, and economic violence while reducing protective mechanisms.

At the same time, significant barriers in accessing services, including physical inaccessibility, lack of adapted communication formats, and limited confidential support, restrict their ability to seek help. Dependence on caregivers or family members may also increase exposure to economic and psychological abuse and limit safe disclosure and access to protection.

Adolescent girls

Adolescent girls in Mykolaivska oblast face heightened risks of GBV, including TFGBV, due to high levels of digital engagement and limited awareness of online safety. A significant portion of their time is spent online for education, communication, and social interaction, increasing exposure to online harassment, cyberbullying, psychological pressure, and controlling behaviors. Limited digital literacy, knowledge of reporting mechanisms, and skills to protect personal data further increase vulnerability to online abuse.

At the same time, adolescent girls face risks linked to social isolation, disrupted support networks, and limited access to safe spaces, particularly in remote and conflict-affected communities. Limited life skills, restricted mobility, and barriers to accessing services reduce their ability to identify risks, seek help, and effectively respond to violence, both online and offline.

Women who lost their incomes

Women who have lost their primary source of income face increased vulnerability to GBV due to economic instability, displacement, and limited livelihood opportunities. This is particularly acute in rural and remote communities, where employment options for women remain extremely limited or not available. Many women are unable to restore their previous livelihoods due to damaged infrastructure, insecurity, and lack of access to resources.

The loss of financial independence, combined with ongoing household responsibilities, increases exposure to economic and psychological violence and may lead to dependency on family members or negative coping strategies. Limited access to income-generating activities, vocational training, and financial support further restricts recovery, reduces resilience, and increases the risk of exploitation and engagement in unsafe or informal work.

Female heads of households

Women heading households in Mykolaivska oblast face heightened vulnerability to GBV due to the combined impact of economic pressures and increased caregiving responsibilities. Many women bear sole responsibility for generating income, managing household needs, and providing care for children and other family members, often with limited resources and insufficient external support.

In rural and remote communities, access to livelihood opportunities remains particularly constrained. Ageism represents an additional barrier, as women 40+ frequently encounter discrimination in the labour market and may be compelled to accept low-paid and less secure employment that is only sufficient to meet the basic needs of their households.

The lack of stable income sources and limited opportunities for sustainable livelihoods undermine women's economic resilience. As a result, women heading households are at increased risk of economic violence, exploitation, and negative coping mechanisms, including engagement in unsafe, unstable, or informal work arrangements.

The cumulative burden of caregiving responsibilities, childcare, and domestic tasks further restricts women's ability to engage in full-time employment and achieve long-term economic security. Taken together, these factors reduce women's capacity for recovery and hinder their ability to attain sustainable well-being and self-reliance.

Women caregivers of children with disabilities and persons with reduced mobility

Women caring for children with disabilities and persons with reduced mobility face heightened risks of economic and psychological violence. Their vulnerability is largely driven by financial dependence on family members, social isolation, and limited livelihood opportunities due to the significant amount of time and effort required to fulfil caregiving responsibilities.

Limited access to flexible or remote employment opportunities, combined with inadequate availability of external support systems and care services, undermines these women's economic independence and resilience. The continuous demands of caregiving often restrict their mobility, access to services, and participation in community life, further contributing to social isolation and increased vulnerability.

Taken together, these factors increase the risk of emotional abuse, economic control, institutional violence, and other forms of gender-based violence. At the same time, they may reduce women's ability to safely seek assistance and access available protection and support services in a timely manner.

Factors contributing to GBV

The analysis indicates that the prevalence of gender-based violence in Mykolaivska oblast 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.

Harmful Gender Norms and Stigma.

Harmful gender norms, societal stigma, and deeply rooted perceptions of women's and men's roles continue to be a key driver of gender-based violence (GBV) and significantly restrict survivors' access to support services. In communities that have been exposed to prolonged conflict, beliefs around the need to "preserve the family at any cost," avoid disclosure of violence, and resolve issues within the household remain widespread. These social norms contribute to the normalization of certain forms of violence, particularly psychological and economic abuse, and foster tolerance toward controlling and discriminatory behavior. Women and girls often face fear of judgment, victim-blaming, and the risk of losing social support if they disclose experiences of violence.

Displacement

In Mykolaivska Oblast, internal displacement includes returns to de-occupied areas undergoing gradual recovery, alongside newly arrived IDPs and those who have lived in host communities for extended periods. Many households continue to experience the loss of housing, livelihoods, social networks, and established support mechanisms, weakening the protective capacities of women and girls.
Living conditions often remain temporary or inadequately adapted, with limited space and privacy, increasing exposure to physical, psychological, and sexual violence within households and shared living environments. Elevated psychosocial distress, uncertainty, and a diminished sense of safety may also affect help-seeking. Limited access to specialized GBV response services creates an additional barrier for women and girls in remote or underserved communities.
Women returning to damaged or de-occupied areas face further risks from ongoing insecurity, including shelling and explosive hazards. Overcrowded or shared living conditions may increase tensions and exposure to violence. Greater caregiving responsibilities, combined with challenges related to housing reconstruction, documentation, and recovery support, further limit women's access to services and coping capacities.

Conflict-Related Risks

The prolonged and volatile security situation contributes to the normalization of violence and the weakening of community-level protective mechanisms, thereby increasing the risks of gender-based violence (GBV), including domestic violence. At the same time, access to services and response mechanisms often remains limited or disrupted due to ongoing security challenges.
In addition, respondents and key informants from communities expressed concerns regarding the presence of military personnel stationed in frontline and near-frontline areas. While their presence is linked to security dynamics, it may also contribute to heightened protection risks for women and girls, particularly in contexts where community-level accountability mechanisms and safe reporting pathways are limited or insufficiently developed. Taken together, these factors may increase women's and girls' vulnerability to different forms of gender-based violence and further hinder their access to timely and safe support services.

Shifts in Gender Roles Due to Male Mobilization

Shifts in household roles caused by male mobilization and family separation have placed a disproportionate burden on women. During their partner's military service, women increasingly take on multiple responsibilities, including income generation, childcare, and household management, significantly intensifying both economic and social pressures.
Key informants and focus group participants highlighted that mobilization has also led to the loss of formal employment and stable income for many men, as they are required to leave their jobs. This further exacerbates household economic vulnerability and increases financial strain on women.
The combined effects of economic pressure, prolonged uncertainty, and insecurity contribute to rising tensions within households. This is reflected in increased incidents of psychological, physical, and economic violence against women. At the same time, these conditions may limit women's ability to safely seek help and access protection services, reinforcing cycles of vulnerability and abuse.

Deteriorating Socio-Economic Conditions and Financial Instability

Prolonged economic decline, limited jobs and functioning enterprises, unstable incomes, damaged infrastructure, and rising living costs continue to pressure households and restrict access to sustainable livelihoods.
Financial dependence on partners or family members, debt, and limited economic opportunities may increase the risk of economic and psychological violence and make it harder to safely leave abusive relationships. Unreliable incomes also heighten household stress and weaken coping capacities.
Damaged transport and civilian infrastructure, together with irregular links between remote or frontline settlements and urban centers, restrict women's mobility and access to employment, services, and livelihoods. These barriers deepen economic dependency and may force women to rely on informal, unstable, or unsafe income sources.

Capacity

36 **specialized services for survivors in Mykolaivska oblast**

- **17** Mobile teams
- **6** Crisis rooms
- **3** Shelters
- **8** Day centers
- **2** Specialized primary counseling services

- Shortage of human resources and high caseloads limit timely and quality response
- Limited accessibility and service availability across communities, particularly in rural and remote areas
- Lack of sufficient infrastructure in communities, where GBV response services are still underdeveloped or absent
- Challenges in ensuring confidentiality and safe service delivery, especially in emergency and displacement contexts
- Limited inclusivity of services, particularly for persons with disabilities and other vulnerable groups
- Transport barriers and lack of transport for service providers, restricting outreach and access

The state GBV response system in Mykolaivska oblast remains moderately developed in terms of quantitative coverage and diversity of specialized services; however, important gaps in accessibility, quality, and territorial coverage persist.

According to the National Social Service of Ukraine data, a total of 36 specialized services for survivors of gender-based violence are currently operational in the oblast. This includes 17 mobile teams, 6 crisis rooms, 8 day centers, 2 specialized primary social and psychological counselling services, and 3 shelters for survivors. This configuration allows for different entry points into the system, from emergency crisis response to longer-term psychosocial support.

However, despite the presence of these services, structural imbalances remain within the service network. Service coverage is uneven across area, with a higher concentration of services in urban centers, while rural and remote communities have limited or no access to specialized support. In some locations, services are overstretched, while in others, GBV response infrastructure remains underdeveloped or absent.

This analysis is informed by data from the National Social Service of Ukraine, the National Report on Monitoring of Specialized Support Services (2025), as well as secondary data from the GBV Area of Responsibility (AoR), Humanitarian Needs Overview (HNO), and other humanitarian analyses.

Key challenges in Mykolaivska oblast relate to both accessibility and quality of services. Limited transport connectivity significantly restricts access for survivors from remote settlements, while service providers often lack transport means to ensure outreach and case management coverage. In addition, some services operate with limited human resources, which affects caseload management and the timeliness of support.

Similar to national trends, challenges persist in ensuring confidentiality, safe service provision in emergency contexts, and inclusive access for persons with disabilities, internally displaced persons, and other vulnerable groups. Referral pathways between sectors are not always consistently formalized, which affects the continuity and effectiveness of support.

Given the ongoing impact of the armed conflict, displacement, and economic insecurity, demand for GBV services in the oblast continues to increase, while available resources remain constrained. These factors highlight the need for strengthened institutional capacity, improved interagency coordination, expanded service coverage, and further investment in survivor-centered, accessible, and inclusive GBV response systems.

Although the oblast has a relatively diverse network of specialized services, the identified gaps mean that their formal availability does not always translate into survivors' ability to access and use support in practice. This disconnect is further reflected in low help-seeking and is reinforced by a range of institutional, practical, and social barriers.

Low trust, confidentiality concerns, and fear of disclosure

A lack of trust in institutions, concerns about confidentiality, limited awareness of available services, and fear of negative consequences following disclosure further discourage survivors from seeking support. During consultations and needs assessments, some respondents reported avoiding specialized services because they feared not being understood, being judged, or having their experiences dismissed or not taken seriously.

Limited Awareness of GBV Forms and Available Services

Limited awareness prevents some survivors from recognizing psychological, economic or technology-

facilitated violence as abuse, particularly when such behaviours are normalized or minimized. Combined with insufficient or inaccessible information about available services and referral pathways, this makes it harder to navigate the support system and may delay help-seeking until the violence escalates or causes significant harm.

Stigmatisation and fear of negative consequences

The low reporting rate of sexual violence may be linked to stigmatisation, fear of judgement, the risk of re-traumatisation, and a lack of trust in the support system. Concerns about the reactions of family and community members, as well as the potential consequences of disclosure, may prevent survivors from seeking timely support.

Limited Access to Specialized GBV, Health and MHPSS Services

Access to specialized GBV, healthcare, and MHPSS services remains limited and uneven, particularly in rural and hard-to-reach areas. Long distances, lack of transportation, damaged infrastructure, and shortages of trained professionals restrict opportunities for early identification, referral, and timely support.

Gaps in interagency coordination and referral mechanisms further affect the continuity and quality of care, delaying referrals and making the support system more difficult for survivors to navigate. Although mobile teams play an important role in extending service coverage, limited resources prevent them from reaching all communities regularly.

Limited Capacity and Operational Readiness of GBV Service Providers

Several service providers face challenges related to insufficient technical and institutional capacities to ensure timely and quality GBV response. Key constraints include limited outreach and mobile service delivery capacity, inadequate material and operational resources, and high staff workloads, increasing the risk of burnout and potentially impacting the quality and continuity of service provision.



"Very often, women try to wait for things to calm down after an incident of violence by their partner and do not report it because they do not see it as violence."
(KII, Social Service Representative)

"Women often believe that putting up with abuse is just part of normal life."
(KII, Social Service Representative)

"In small communities, everyone knows everyone. Women are often afraid of being judged by their neighbors and worry about community pressure if others find out about their situation."
(KII, Community Representative)

"Many adolescent girls and women do not fully understand what gender-based violence is, especially in online spaces, or what they should do if it happens to them."
(KII, Women Community Representative)

"Most women are not fully aware of the different forms of violence they may experience."
(KII, Social Service Representative)

"Women often hear things like 'it's her own fault' or 'she should have just put up with it or stayed quiet.' These attitudes make it much harder for them to seek help or speak about what they have experienced."
(KII, Social Service Representative)

"Women are often afraid to seek help because they fear being judged or facing retaliation from the perpetrator. Some also do not believe that perpetrators can actually be held accountable in the current situation."
(FGD Representative)

Recommendations

1 Psychosocial Support for Women and Girls

For many women and girls who have experienced or remain at risk of 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.

Within this approach, the implementation of a structured psychosocial support program, alongside non-structured psychosocial support sessions and flexible psychosocial support interventions, ensures that services respond to diverse needs and coping capacities of participants. Consistent and well-designed support modalities contribute to gradual emotional stabilization, reduced social isolation, and strengthened recovery processes.

2 Strengthen survivor-centered case management services

Strengthening case management is essential, particularly in areas with limited service coverage or where survivors face multiple barriers to accessing support. Integrating cash or voucher assistance within case management can help survivors restore a sense of safety and dignity, meet their basic needs, and access essential services. This type of support is particularly critical for women who are economically dependent or have lost their income due to displacement or conflict, as it contributes to long-term recovery and stabilization.

3 Strengthening GBV Service Providers' Capacity, Operational Readiness, and Staff Well-being

Strengthening the capacity and operational readiness of GBV service providers at the community level is essential to ensure timely, accessible, and quality support for survivors of gender-based violence. This includes enhancing institutional and technical capacities to deliver effective services, strengthen case management, and improve coordination within local response systems.

In addition, targeted support to operational functionality, such as mobility, outreach capacity, and basic GBV service delivery infrastructure, enables providers to reach affected populations, particularly in remote or underserved communities.

At the same time, strengthening staff well-being is critical to sustain service quality and prevent burnout among workers exposed to high caseloads and complex protection cases. Integrated support measures contribute to a more resilient and responsive GBV service delivery system at the community level.

4 Strengthening Awareness on GBV, Including Technology-Facilitated GBV for Women and Girls

Strengthening awareness on GBV, including technology-facilitated GBV (TFGBV), remains a critical gap in the targeted communities, particularly among women and adolescent girls. Limited understanding of GBV risks, manifestations, and available response services continues to constrain timely disclosure and access to support.

To address this gap, it is recommended to implement structured, community-based awareness-raising interventions, including facilitated information sessions, group discussions, and tailored outreach activities. These interventions should integrate key messaging on different forms of GBV, with a specific focus on emerging risks related to digital safety and technology-facilitated violence.
Special attention should be given to ensuring age-appropriate and accessible formats for adolescent girls, combining awareness-raising with safe spaces for discussion and learning. Strengthening structured programming in this area will contribute to improved recognition of GBV risks, increased help-seeking behavior, and stronger linkages to available GBV response services at the community level.

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