INTERNATIONAL RESCUE COMMITTEE

Adolescent Girls in the Digital Spaces: Technology-Facilitated GBV Risk Assessment

Dnipropetrovska oblast

September 2026



Key Findings and Recommendations on
TFGBV Prevention and Response for Adolescent Girls

01

Context

Dnipropetrovska oblast is a frontline region and a major host area, where the digital environment plays an increasing role in the lives of adolescent girls. In the conditions of war, mass displacement and limited access to offline spaces (especially in rural / remote areas), the Internet has become the main channel for education, communication, and psycho-emotional support.

According to WPE data collected in June - July 2026, adolescent girls spend between 7 and more than 12 hours a day online, with online learning accounting for 2-4 hours of this time. This indicates a high level of digital engagement and, accordingly, an increased exposure to the risks of technologically facilitated gender-based violence (TF GBV).

During program work with adolescent girls, TFGBV repeatedly emerged as a concern. Participants in the Girl Camp program described online harassment and insults related to their appearance or self-expression. They also reported unwanted sexualized or sexually explicit messages, unsolicited intimate images, and blackmail involving threats to disclose personal content or information as a means of pressuring them to comply with certain demands. Girls increasingly asked how to stay safe online and where to seek support.

These concerns were consistent with findings from earlier GBV risk assessments [1][2] in Dnipropetrovska oblast. TFGBV accounted for 18.8% of the GBV risks identified by key informants as affecting adolescent girls, including online stalking, blackmail and the non-consensual sharing of intimate images. The findings highlighted the need for a more focused assessment of the TFGBV risks faced by adolescent girls.

The purpose of this assessment is to obtain a detailed, data-based understanding of the forms, risk factors, consequences, support mechanisms, and barriers to access to care related to GBV among adolescent girls in the Dnipropetrovska oblast. The results will inform the planning of the program activities of the IRC and other stakeholders, including the development and improvement of evidence-based measures to prevent and respond to GBV, the adaptation of advocacy materials to the needs of adolescent girls, the strengthening of the capacity of specialists, and the strengthening of interagency coordination in the field of GBV protection and prevention.

Key points

War, displacement and limited access to offline spaces have made the Internet a primary channel for adolescent girls' education, communication and psycho-emotional support.

Adolescent girls spend 7–12 hours online each day, while only 3 hours on average are devoted to online learning, resulting in sustained exposure to digital risks.



[1] International Rescue Committee (IRC), GBV Risk Assessment: Dnipro Region, Ukraine, August 2025, ReliefWeb, reliefweb.int.
[2] International Rescue Committee (IRC), Women's Protection and Empowerment Program, GBV Risk Assessment: Dnipro Region, Ukraine, February 2026, ReliefWeb, reliefweb.int.

02

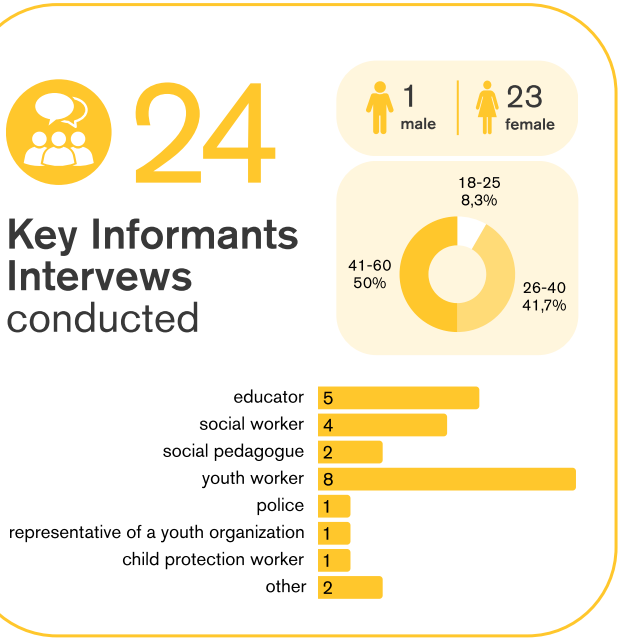
Methodology

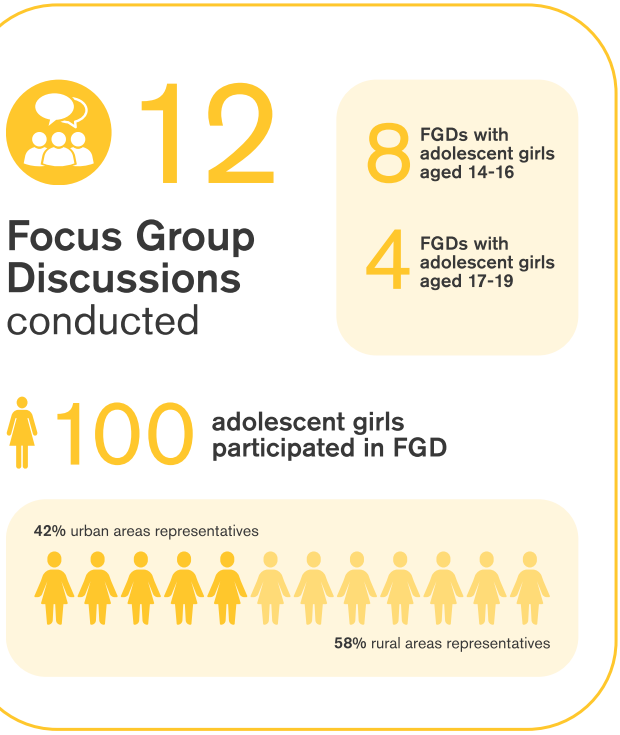
24 interviews with key informants (KII) and 12 focus group discussions (FGD) were conducted with the participation of 100 adolescent girls. The study covered the communities of Dniprovskyi, Kamianskyi, Kryvorizkyi and Samarivskyi raions - urban, rural / remote communities. Respondents represented different socio-demographic groups: age, status (IDP/local population), ethnicity, disability, employment, characteristics of SOGIES.

All participants were informed about the purpose of the assessment, the voluntary nature of participation, and the potential risks and benefits before data collection commenced. Informed consent was obtained from all participants. Data was collected from adult respondents, adolescent girls aged 14 years and older in a safe and confidential environment, in accordance with the do no harm principle.

Limitations: In line with risk management, evacuation requirements, child safety and security standards, data collection was conducted only in locations assessed as medium- or low-risk. The findings therefore reflect the situation in these locations and should be interpreted within this geographic and security scope. Communities in Synelnykivskyi, Pavlohradskyi, Nikopolskyi raions were excluded for security reasons.







03

Key findings

1 Limited access to safe and structured offline spaces reinforces adolescent girls' reliance on digital environments, particularly in rural and displacement-affected communities

Digital engagement is deeply embedded in adolescent girls' daily lives. Smartphones are their primary means of accessing the internet, while social media and messaging applications serve as the main channels for communication (100% of FGDs). Daily online use is extensive, with seven to nine hours emerging as the most common pattern (58%) and 10–12 hours also reported (33%).

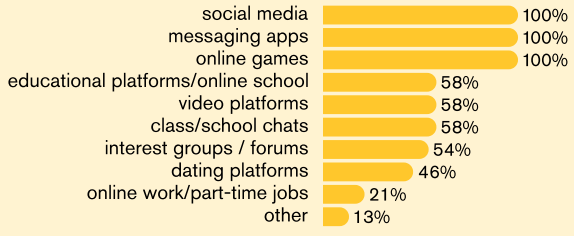
Girls' online activity is concentrated across several main types of digital environments: social media (Instagram and TikTok: 100%; Facebook: 67%), messaging applications (Telegram: 100%), online games (100%), video-sharing platforms (YouTube: 83%) and gaming-related communication platforms (Discord: 58%). Artificial intelligence tools are also becoming part of girls' digital routines, particularly for learning and accessing information.

Adolescent girls' leisure opportunities are largely confined to the home and informal public spaces, particularly streets and parks (100% of FGDs). Access to more structured opportunities decreases considerably across organized clubs and activities (58%), school-based spaces (50%), youth spaces (33%) and dedicated safe spaces (17%). Digital environments therefore also serve as an important setting for leisure and social interaction (58%), partly compensating for gaps in offline opportunities.

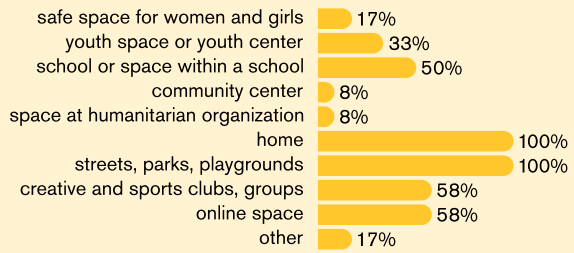
Informal public spaces do not consistently provide a safe alternative. Streets, parks, courtyards and other unsupervised outdoor locations are widely perceived as less safe for adolescent girls (75% of key informants). The combination of limited structured activities and safety concerns further increases girls' reliance on digital environments for maintaining social connections, accessing information, learning and recreation. This reliance is particularly pronounced among adolescent girls in rural communities and those affected by displacement. While digital spaces generally complement offline interaction in urban areas, in rural communities they may serve as the main means of compensating for limited social and recreational infrastructure.



Adolescent Girls' main uses of online spaces (KIIs)



Spaces where Adolescent Girls can spend their free time in their communities (FGDs)



2 Listen to and believe adolescent girls: professionals working with adolescents and youth have a different and narrower understanding of the violence and risks that adolescent girls actually face in regards to TFGBV

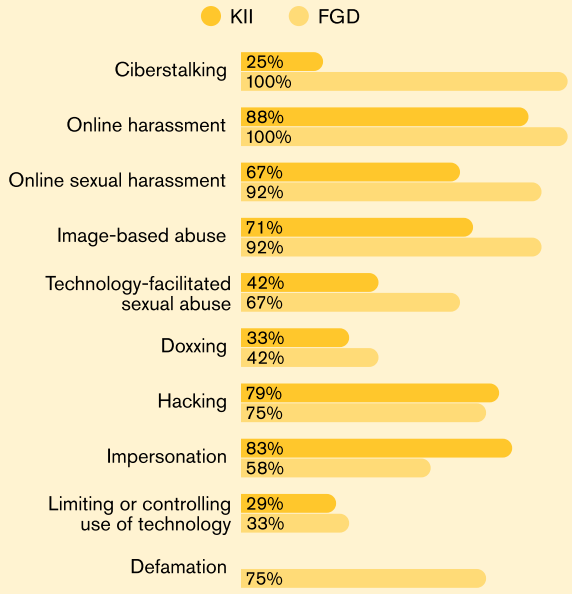
The assessment showed that adolescent girls experience multiple forms of TFGBV. Among the most frequently reported forms were cyberstalking, online harassment, online sexual harassment and image-based abuse.

When discussing cyberstalking, participants referred to persistent unwanted contact and the monitoring or tracking of girls' activity, location, accounts or contacts. Online harassment was associated with insults, humiliation and threats in games and group chats, while online sexual harassment involved unsolicited sexual content or propositions and pressure to discuss sexual topics. Image-based abuse was linked to non-consensual recording or sharing of intimate content, threats to share it, and AI-generated or altered images.

However, professionals working with children and young people perceive these risks differently and more narrowly. While professionals tend to recognize distinct and visible incidents, girls describe a broader pattern of persistent and overlapping harms, often occurring within private or trust-based interactions.

The largest gap concerns cyberstalking: only 25% of key informants named monitoring, tracking, or persistent unwanted contact as a distinct risk, against 100% of FGD groups, who described it as a routine experience. Sizeable gaps also appear for online sexual harassment (92% vs. 67%), image-based abuse (92% vs. 71%), and technology-facilitated sexual abuse (67% vs. 42%). This suggests that private and less frequently disclosed forms of TFGBV remain less visible to professionals.

Forms of TFGBV affecting Adolescent Girls: a comparison of KII and FGD findings



The perspectives are more closely aligned for online harassment (100% vs. 88%), doxxing (42% vs. 33%), digital control (33% vs. 29%), and hacking (75% vs. 79%) - forms with a more visible or technically verifiable trace. Impersonation is the one exception with a reversed gap (83% KII vs. 58% FGD): professionals tend to identify it as a distinct form, while girls more often describe it as a mechanism used to facilitate stalking, harassment or other abuse. Overall, professionals have a different and more limited understanding of the risks adolescent girls encounter. Consequently, early, overlapping and less visible forms may remain unrecognized until they escalate or produce more evident consequences.

The nature and relational context of TFGBV risks also change with age. Among girls aged 14–16, the risk profile is dominated by unwanted contact from strangers, cyberbullying and violations of digital privacy. Among those aged 17–19, TFGBV increasingly takes the form of abuse within romantic or intimate relationships, involving greater use of trust, coercion, blackmail and partner control. This age-related shift is particularly pronounced for blackmail (0% of FGDs with girls aged 14–16 versus 100% with girls aged 17–19), extortion involving intimate content (38% versus 100%) and the use of fake identities to establish trust (13% versus 100%). Technology-facilitated control by a partner follows the same pattern: partner checking of phones rises from almost 0% to 75%, while control over online activity reaches 50% among the older age group.

The impact of TFGBV is not confined to digital spaces. A clear online–offline continuum was identified across all FGDs (100%), with digital abuse leading to psychological harm, social isolation and in-person harassment, or being used as part of grooming to facilitate face-to-face meetings. Cyberstalking also illustrates this continuum, as monitoring girls' online activity and tracking their location can enable harassment to continue in physical spaces. This connection received less attention in key informant accounts, which may reflect limited professional recognition of the offline consequences of TFGBV, as well as the likelihood that affected adolescent girls do not disclose such incidents to service providers.

> ***"... He regularly checked her messages and demanded that she keep geolocation enabled so he could monitor where she was at all times. If she did not comply with his demands, he threatened to end the relationship or reveal her secrets to others."***
>
> - KII, social worker

> ***"Some social media groups publish posts encouraging others to insult and humiliate girls, and administrators do not remove the content even when it is reported."***
>
> - FGD, girls aged 17–19

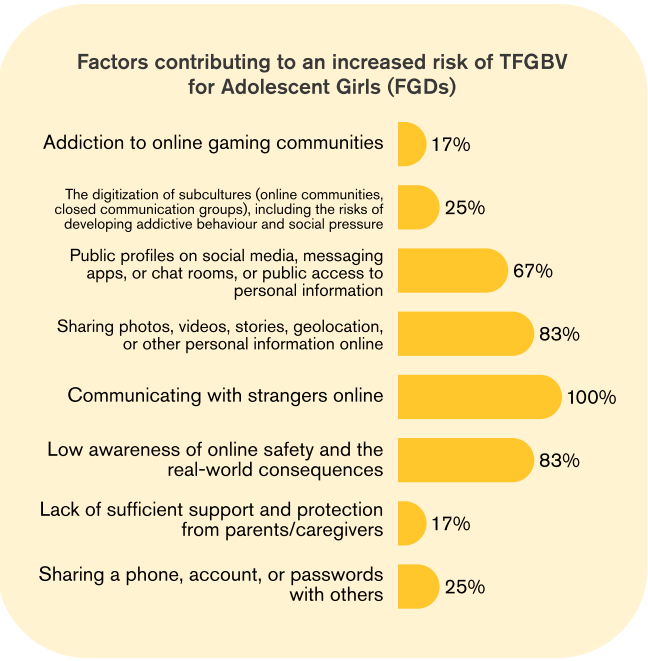


3 TFGBV risks affecting adolescent girls are shaped by the interaction of individual, social, and structural factors within their environment

At the individual level, TFGBV risks are linked to frequent contact with unknown users alongside gaps in digital safety knowledge and protective practices. Contact with strangers online was identified across all FGDs (100%), while limited digital safety literacy and extensive sharing of personal information were each identified in 83%, and insufficient privacy protection in 67%. These patterns reflect limited access to age-appropriate digital safety education.

At the social level, limited adult awareness and stigma weaken the support available to adolescent girls. Limited parental understanding of TFGBV forms and mechanisms (88% of KIIs) may affect adults' ability to provide appropriate guidance and support, while stigmatization of survivors (92%) can discourage girls from disclosing incidents and seeking help.

At the structural level, rapidly evolving digital threats, forced displacement and limited safe offline opportunities further weaken the protective environment. Account hacking (75% of FGDs) and the use of artificial intelligence to create falsified intimate images (67%) illustrate how digital threats are advancing faster than existing safeguards. The consequences of forced displacement (75% of KIIs) can disrupt social and support networks, while specialized safe spaces for girls are available in only 21% of communities and unstructured locations such as yards and streets remain dominant (96%). Together, these factors increase girls' exposure to TFGBV while limiting the protective resources available to them.



> ***"People often assume that they can trust someone after communicating with them online for a long time, but that person may not be who they claim to be."***
>
> - FGD, girls aged 14–16

> ***"We sometimes share more personal information online than we realise, such as where we live or study, the places we visit, our daily routines, photos and location, allowing others to learn much more about us than we intended."***
>
> - FGD, girls aged 17–19



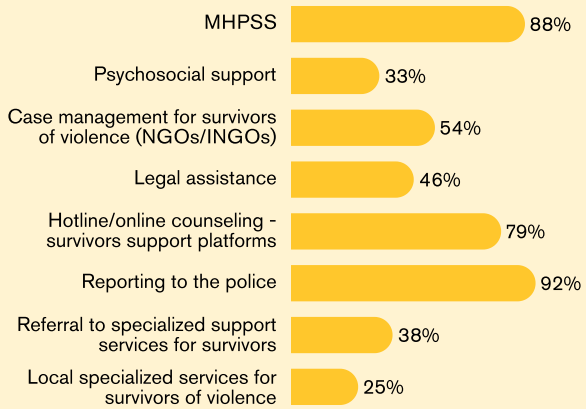
4 Rapidly evolving TFGBV risks are outpacing existing GBV prevention and response mechanisms, limiting their ability to identify digital harm and provide adolescent girls with timely, appropriate and survivor-centred support

General GBV response pathways are available, but they largely do not account for the specific risks and response requirements associated with TFGBV. Key informants most frequently identified reporting to the police (92%), MHPSS (88%), hotlines and online support (79%), GBV case management (54%) and legal aid (46%), while specialized services for minors affected by TFGBV were identified by only 25%. Qualitative accounts repeatedly described the available services as general GBV support, with limited capacity to address technology-related risks. This creates a gap between formal service availability and the provision of timely, appropriate and survivor-centred support. The gap is also reflected in expected service use: although 92% of key informants identified the police as an available response option, only 29% believed that adolescent girls would approach them following TFGBV. While the police in Ukraine provide protection in cases of cyberviolence, reluctance to approach them is more closely related to overall trust in this form of support, shame about disclosing such experiences, fear of formal procedures and uncertainty about whether the available response would address all forms of TFGBV they may have experienced.

System readiness is further constrained by uneven TFGBV knowledge across GBV service providers and professionals working in education, child protection, social services and youth programmes. Training for professionals was one of the most consistently identified areas requiring strengthening (92% of KIIs), while 33% identified the lack of professionals with relevant digital expertise as a barrier to help-seeking. This capacity gap was also reflected in the interviews, where familiarity with TFGBV terminology, mechanisms and less visible forms varied considerably. Digital harm was often understood primarily through cyberbullying, online fraud or general internet safety, with less attention to GBV. Although some local training opportunities exist, their content remains fragmented: GBV training rarely addresses technology-facilitated risks, while online safety training generally focuses on personal data protection, fraud and cyberbullying.

Risk reduction activities for adolescent girls reflect a similar gap. School-based digital safety activities were widely available (79% of KIIs), as were general GBV awareness activities (63%), but qualitative accounts indicate that these topics are usually addressed separately and do not consistently cover TFGBV risks, available support or safe response options. The formats used are also not always aligned with how girls prefer to receive information. Across all FGDs, girls favoured practical and interactive approaches using real-life scenarios, games, case discussions and direct engagement with trusted professionals (100%). Most groups also preferred short digital content shared through social media (83%) and combined with school- or community-based sessions (83%). These findings highlight a gap not only in the content of prevention activities, but also in their relevance, accessibility and age-appropriateness for adolescent girls.

Services available in communities to Adolescent Girls affected by TFGBV, according to KIIs



> ***"Unless the lack of accessible, comprehensive services is addressed, awareness-raising activities will have limited practical impact: even after learning how to recognise digital risks and seek help, girls may still have nowhere to turn for appropriate support."***
>
> - KII, remote rural community

> ***"It is easier to talk about online risks when someone we trust explains them through real examples, gives us a chance to discuss what we would do, and lets us ask questions without feeling judged."***
>
> - FGD, girls aged 14–16



5 Despite the availability of formal GBV services, limited trust, confidentiality concerns and a lack of adolescent-friendly support restrict adolescent girls' access to them, while girls tend to seek help first from friends and family

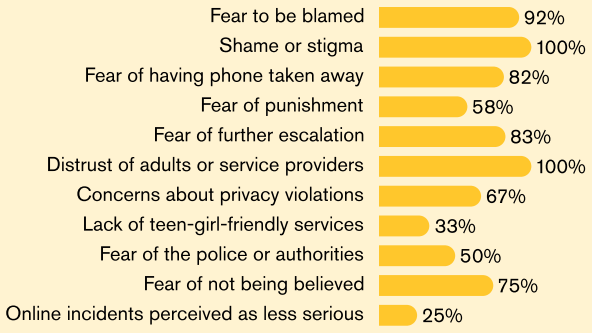
Although formal GBV services are available, they may remain difficult for adolescent girls to access because support is not consistently perceived as confidential, trustworthy or adolescent-friendly. According to FGDs, shame, stigmatisation and distrust of adults were identified as the most significant barriers to seek help (100%), alongside fear of being blamed (92%), having phones or internet access restricted (83%), the situation worsening (83%), not being believed (75%) and loss of privacy (67%). Participants reported that girls may remain silent because they expect adults to blame or punish them, confiscate their phones or increase control over their online activity. They also described fears that information would spread within schools or small communities, uncertainty about where confidential support could be obtained and concerns that formal mechanisms might escalate the situation without providing meaningful help.



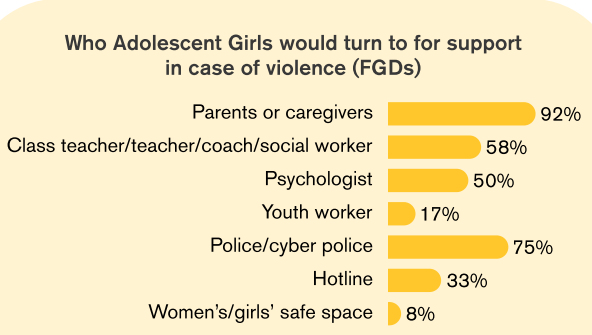
This lack of trust is also reflected in the sources of support identified by girls. Friends and parents were the most consistently named options (100% and 92% of FGDs respectively), while teachers (58%), psychologists (50%), hotlines (33%), youth workers (17%) and safe spaces (8%) were identified less frequently. Police were named in 75% of FGDs, but participants reported that girls would generally consider approaching them only in more serious cases involving threats, blackmail or the distribution of intimate images. Friends were often described as the first point of disclosure, while willingness to approach parents depended on whether girls expected a supportive and non-judgemental response.

Access to formal support is further limited by insufficient information about available assistance (58%) and the perceived lack of adolescent-girl friendly services (33%). Overall, the availability of services does not necessarily translate into their use: adolescent girls tend to rely first on trusted personal relationships and may avoid formal support unless it is clearly confidential, non-judgemental, age-appropriate and likely to improve the situation.

Barriers to help-seeking among Adolescent Girls (FGDs)



Who Adolescent Girls would turn to for support in case of violence (FGDs)



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Recommendations



For educational institutions

- Provide systematic, age-appropriate education on TF GBV risk reduction. The content should focus on raising awareness of TFGBV risks, online safety, privacy and personal data protection, while being tailored to age-specific risks: for girls aged 14 - 16, it should emphasize recognizing manipulative and coercive behavior in online interactions; for girls aged 17 - 19, it should address risks within intimate relationships, including digital control, image-based abuse and technology-facilitated sexual violence, as well as digital consent and healthy personal boundaries. Risk-reduction activities should also engage adolescent boys and men to strengthen their awareness of TFGBV, digital consent and respectful online interactions, and enable them to take an active role in preventing TFGBV and promoting safer digital environments within their peer groups and communities.
- Use school safety rooms, school counselling and psychological services, and other safe spaces as accessible and confidential entry points where girls can receive information, disclose experiences of GBV experience , and be safely referred to specialized support services.
- Strengthen the capacity of teachers, school psychologists, and social workers through regular training on emerging forms of TF GBV, early identification of at-risk students, child-centred and survivor-centred response principles, and referral pathways to specialized GBV and child protection services.



For parents and caregivers

- Increase awareness of contemporary forms of TF GBV, while strengthening parents' and caregivers' capacity to respond to disclosures in a supportive and non-judgmental manner.
- Provide a supportive, non-punitive response to disclosures of TF GBV - through open communication, emotional support, and working together with girls to identify safe next steps. Confiscating mobile phones or restricting internet access should be avoided, as fear of this consequence is a major barrier preventing girls from seeking help.



Specialized GBV and Child Protection Services in the Social Workforce

- Strengthen the capacity of GBV, child protection, and mental health professionals through regular training on emerging forms of TF GBV and by implementing standardized, adolescent-friendly protocols for identification, risk assessment, safety planning, documentation of digital evidence, case management, and referral.
- Expand access to specialized, adolescent-friendly services for girls affected by TF GBV, particularly in rural, remote, and frontline communities where such services remain limited or unavailable.
- Strengthen interagency coordination among GBV and child protection services, educational institutions, law enforcement agencies, and mental health and psychosocial support (MHPSS) providers to ensure timely identification, safe referral, and comprehensive, survivor-centred support for adolescent girls affected by TF GBV.

For humanitarian organizations

- Integrate the response and awareness of TF GBV into psychosocial support, life skills, GBV response, child protection, safe spaces, and other programs for girls. Program content should include digital safety, digital consent, sextortion, grooming, digital control, image-based abuse, and risks associated with the use of artificial intelligence.
- Provide structured girl-centred activities, including adolescent girls' camps and facilitated life-skills groups as part of GBV response programming. These activities should create a safe, trusted and age-appropriate environment where girls can build peer connections, discuss GBV risks without pressure to share personal experiences and access information to appropriate support.
- Adapt awareness-raising and educational materials to the digital environment in which adolescents engage by using short, interactive video content, social media platforms, and other youth-friendly communication channels, complemented by offline activities.
- Strengthen engagement with parents, caregivers, and community-based professionals by integrating digital safety and TF GBV prevention into existing parenting, community outreach programs, with a focus on supportive responses to disclosure and early identification of risks.

For Local Governments

- Ensure sustainable funding and expand access to psychological, social, and counselling services tailored to the needs of adolescent girls affected by TF GBV, with particular attention to rural, remote, and frontline communities where specialized services remain limited.
- Support awareness-raising initiatives targeting adolescents, parents, educators, and communities to improve understanding of digital risks, online safety practices, available support services, and pathways for reporting and seeking help.
- Strengthen interagency coordination among educational institutions, child protection services, social services, women's organizations, law enforcement agencies, healthcare providers, and civil society organizations to ensure the timely identification, referral, and comprehensive response to cases of technology-facilitated gender-based violence affecting adolescent girls.

For Law enforcement agencies

- Strengthen the capacity of National Police and Cyber Police officers to identify and investigate modern forms of online sexual exploitation, including sextortion, grooming, image-based abuse, digital control, and the use of artificial intelligence to create fabricated intimate content.
- Improve mechanisms for handling digital evidence by ensuring its proper collection, preservation, and coordination with online platforms to remove illegal content and block perpetrators' accounts.
- Strengthen cooperation with educational institutions, child welfare services, specialized services for affected persons of gender-based violence, and civil society organizations to ensure the timely identification of cases of gender-based violence, the referral of affected persons, and the provision of comprehensive assistance.
- Raise the legal awareness among young people about the legal consequences of perpetrating digital abuse, available protection mechanisms, and safe reporting of cases of online abuse.