International Rescue Committee
Women Protection and Empowerment Program

# GBV Risk Assessment

Kharkiv region, Ukraine

March 2026



# Introduction

Since the onset of the full-scale armed invasion of Ukraine by the Russian Federation in February 2022, Kharkivska oblast has remained directly affected by active hostilities due to its proximity to the international border and the presence of frontline areas. The region has experienced extensive destruction of civilian infrastructure, repeated shelling, and significant population displacement.

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 Kharkivska 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.

Kharkivska oblast is located in the northeastern part of Ukraine along the border with the Russian Federation and remains under constant security threat. The line of demarcation between territories controlled by Ukraine and temporarily occupied areas runs directly through several northeastern border hromadas, including communities in Kupianskyi district as well as Lypetska, Vovchanska, and Dvorichanska hromadas. These areas remain particularly affected by renewed military offensives and are regularly subjected to shelling and attacks.

The administrative center of the oblast is the city of Kharkiv, the second-largest city in Ukraine and a major economic, industrial, and educational hub. Kharkivska oblast consists of 7 districts and 56 territorial communities. As of 2025, the total population of the oblast is approximately 2.3 million people, with women constituting the majority. Due to ongoing hostilities and repeated waves of displacement since 2022, Kharkivska oblast hosts a large number of internally displaced persons (IDPs). According to official data, 521,664 IDPs are currently registered in the region, of whom 59% are women (306,977) and 41% are men (214,687).

Currently, 2 evacuation hubs operate in the region. The evacuation hub in Kharkiv city receives civilians

**Kharkiv oblast**




***Location of Kharkivska oblast***




***Districts of Kharkivska oblast***

**2,3 m**
Total population

**521,664**
IDPs

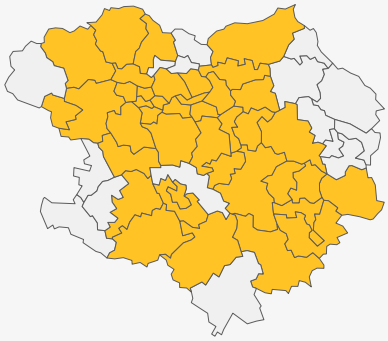



evacuated from high-risk areas within Kharkivska oblast, while the hub in Lozova accommodates evacuees primarily arriving from Donetska oblast. These locations serve as key transit and reception points for displaced populations. The WPE Kharkiv team actively supports the humanitarian response there, addressing urgent protection needs through the provision of essential support and life-saving information.

Since January 2023, the IRC WPE Kharkiv team has been delivering a systematic and multi-layered response to risks of GBV in Kharkiv oblast. Programme activities have reached 37 territorial communities across the oblast, and nearly 20,000 individuals have received services and support.

In Kharkiv oblast, the programme implements activities aimed at reducing GBV risks and mitigating heir impact. It focuses on raising awareness of GBV,

**Coverage**



**39**

hromadas in Kharkivska oblast reached by Programe activities since January 2023

**20 000**

individuals received Program services in Kharkivska oblast since January 2023

**6**

Supportive Spaces for women and girls have been established in Kharkiv oblast, providing access to awareness-raising and psychosocial support activities

**111**

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

**6**

Memorandum of Understanding were signed with key governmental authorities and local GBV actors to strengthen coordination and referral pathways.

providing psychosocial support and investing in women's and adolescent girls' empowerment. The programme actively delivers IRC structured interventions, including the psychosocial support programme Women Rise and the life skills–building programme Safe Space to Learn, as well as context-tailord structured programm for adolescent girls. Comprehensive support to GBV survivors is ensured through GBV case management. The programme invests in strengthening local GBV response systems by delivering capacity-building trainings for local actors and establishing safe spaces for women and girls within communities. Since 2023, the WPE team has established 5 gender-sensative Supportive Spaces for women and girls in Kharkiv, Solonytsivka, Chuhuiv, Zlatopil, and Valky, where regular information sessions and psychosocial support activities are provided. Six Memorandum of Understanding were signed with key governmental authorities and local GBV actors to strengthen coordination and referral pathways.

## Findings Overview

In Kharkiv oblast, GBV risks are significantly shaped by ongoing insecurity, repeated displacement, and evacuation dynamics. Women and girls evacuated from frontline and frontline-adjacent communities face heightened exposure to intimate partner violence (IPV), domestic violence, sexual exploitation, and other forms of coercion during transit and upon arrival in receiving communities. Chaotic evacuation conditions, dependence on others for transportation and protection, overcrowded temporary accommodation, and limited access to safe and private spaces increase the risks of physical, psychological, economic, and sexual violence.

Internally displaced and recently evacuated women experience additional vulnerabilities related to the loss of housing and livelihoods, economic instability, and increased reliance on partners or extended family members. These factors may reinforce dependency and reduce their ability to leave abusive situations. Secondary displacement within the oblast and interregional referrals further strain already limited support systems and expose women and girls to additional protection risks.

Adolescent girls face specific protection concerns linked to disrupted education, limited access to safe spaces, and weakened social support networks. Prolonged online engagement due to remote schooling increases exposure to technology-facilitated gender-based violence (TF-GBV), including online harassment, grooming, sexual exploitation, and image-based abuse. Women experiencing offline violence also report digital forms of abuse by current or former partners, including monitoring, controlling behaviors, threats, and harassment.

Persistent insecurity, including frequent shelling and nighttime attacks, contributes to psychological distress and increased household tensions, which in turn elevate risks of intimate partner violence. Key informant interviews indicate a rise in women and girls seeking GBV case management services primarily due to IPV. Women whose partners are servicemembers may face additional risks associated with trauma, reintegration stress, and access to weapons, which can intensify patterns of violence and intimidation within the home.

Despite the presence of specialized GBV actors in Kharkiv oblast, significant barriers to safe and timely access to services remain. Fear of identification, stigmatization, and breaches of confidentiality,

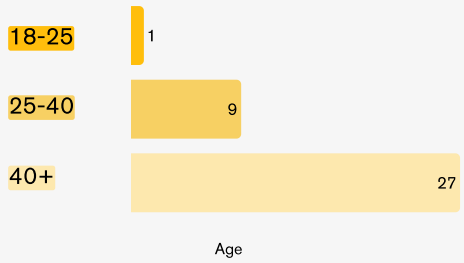
particularly in small or frontline communities, continues to deter help-seeking.

Low levels of trust in local law enforcement, limited awareness of available response mechanisms, and ongoing insecurity further reduce survivors' willingness to disclose violence. Operational constraints, including a shortage of qualified psychologists, uneven service coverage across frontline and rural areas, and limited shelter capacity, undermine the availability of survivor-centered and confidential support.

At the same time, GBV risks are closely linked to forced displacement, evacuation processes, economic hardship, psychological stress, the breakdown of social support networks, and exposure to militarized environments. These factors, combined with gaps in staffing, confidentiality safeguards, and coordinated referral pathways, continue to limit equitable, accessible, and comprehensive GBV response for women and girls affected by the ongoing conflict.

# Methodology

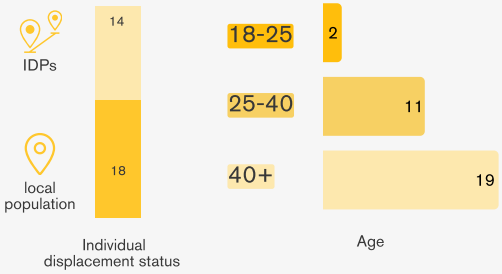
**37** interviews with service providers were conducted




**Areas of expertise**




**32** interviews with women from hromadas were conducted




**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

The WPE team conducted a GBV Risk Assessment to identify key safety risks, perceptions of the security environment, and access to services among women and girls in Kharkiv oblast.

The following methods were used during the GBV Risk Assessment:

- Key informant interviews (KIIs) with service providers: involved in the sectors of social services, local government, and GBV prevention and response sectors. The total number of key informants – 37.
- Key informant interviews with women: included local activists, informal women leaders, trusted women in the community for representation of situation with risks and barriers faced by women and girls in Kharkiv region. The total number of key informants from women community – 32.

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 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).

The collected data were consolidated and compared across groups to identify key risks and barriers to accessing services. Findings from KII 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.

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

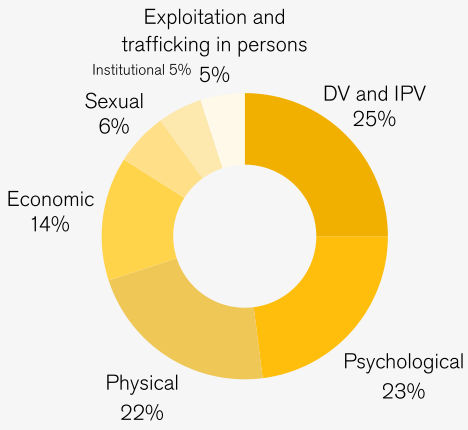
## Risks overview

The analysis of data collected through KIIs with service providers and individual interviews with women from communities in Kharkivska oblast indicates a high prevalence of GBV risks impacting women and adolescent girls. Findings consistently identify domestic violence, psychological violence, and physical violence as the most frequently reported forms of abuse across data sources.

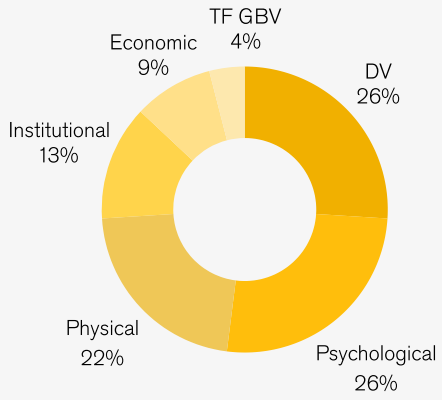
According to KIIs with service providers, domestic violence represents the most significant protection concern for adult women, accounting for approximately 25% of all reported risks. Psychological violence, described primarily as emotional abuse, controlling behaviour, humiliation, and intimidation, was identified in 23% of mentions. Physical violence was also widely reported, representing 22% of responses. These patterns reflect heightened household tensions, prolonged exposure to stress related to insecurity, and economic hardship. Economic violence, mainly characterised by restriction or denial of access to financial resources and increased dependency on partners or family members, accounted for 14% of reported risks. Sexual violence was noted in 6% of responses, indicating continued protection concerns linked to limited access to specialised support services and barriers to seeking support. Additionally, 5% of informants highlighted risks of exploitation and trafficking in persons, often associated with displacement, livelihood loss, and forced negative coping strategies. Institutional violence was also mentioned in 5% of cases.

Among reported risks affecting adolescent girls, domestic and psychological violence accounted for the largest shares (26% each), followed by physical violence (22%). Violence in institutional settings represented 13% of responses. In this context, institutional violence refers to incidents occurring within formal and informal institutions frequently attended by adolescent girls, such as schools, extracurricular activities, and other educational or community-based settings. Denial or restriction of access to resources accounted for 9% of responses. A separate category of risks identified for adolescent girls is technology-facilitated GBV (TF GBV), which accounted for 4% of responses, including online harassment, cyberbullying, and the non-consensual sharing of personal information or images.

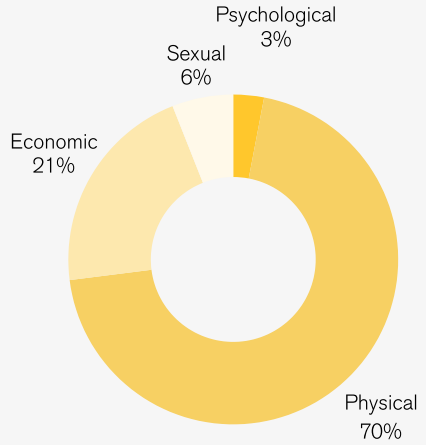
Data obtained through key informant interviews and focus group discussions are consistent with trends reflected in the IRC GBVIMS, which captures data on reported GBV incidents and case records. Data covering the period from October 2025 to February 2026 indicate that physical violence accounts for the largest share of reported cases - 70% of all recorded cases. Physical violence involves the use of force that results in harm, injury, or physical pain, ncluding pushing, inflicting bodily injuries, restricting movement, and systematic beatings. Economic violence accounts for 21% of reported cases and is often takes the form of financial control, restriction of access to resources through damage to documents, and the creation of material dependency. Sexual violence accounts for 6% of the total




***Types of GBV experienced by adult women (KII)***

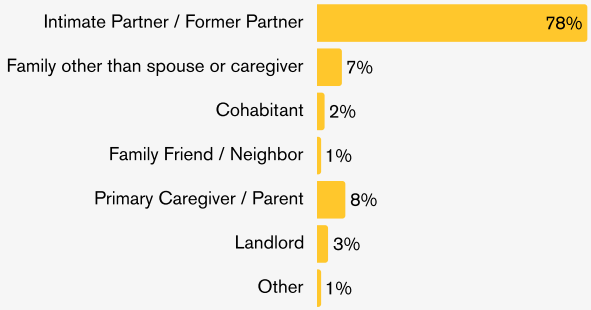



***Types of GBV experienced by adolescent girls (KII)***




***Types of GBV (GBVIMS)***

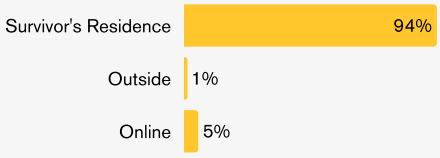
number of reported cases. At the same time, the relatively low level of reported sexual violence may indicate significant barriers to disclosure and reporting, including stigmatization, fear of exposure, risks of re-traumatization, and limited trust in formal protection mechanisms, especially in cases where the perpetrator is a member of law enforcement or military structures. Reports of psychological violence are significantly lower, at 3%. This reflects the use of non-physical forms of control, including repeated threats, humiliation and other forms of emotional abuse, which subsequently escalate into cases of physical harm.



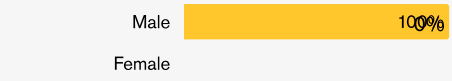

***Relationship with the perpetrator (GBVIMS)***

## Relationship to the Perpetrator and Location of the Incident

GBVIMS data indicate that in a significant proportion of cases, perpetrators were in close or family relationships with the survivors. In 78% of cases, violence was committed by intimate partners or former partners, while in 15% of cases the perpetrator was another family member or primary caregiver. This highlights the elevated level of risk within the private sphere, regardless of the specific form of violence. At the same time, some incidents involved individuals outside the family circle, including neighbors (1%), landlords (3%), and unknown persons (1%), indicating the presence of risks in rented premises and public spaces, primarily manifested through restriction of access to resources, sexual harassment, threats, etc. The Kharkiv region is also characterized by common sharing, particularly for women among IDPs, who, due to displacement, often evacuation, are forced to share living spaces with other IDPs, which leads to cases of violence by cohabitants - 2% of reported cases.

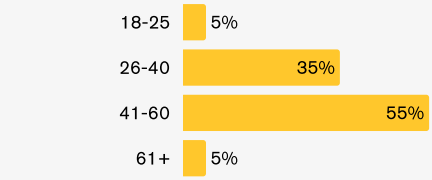



***Location of the incident (GBVIMS)***

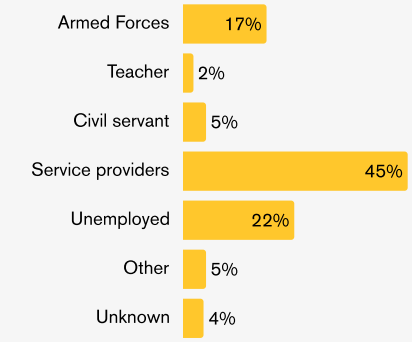



***Gender of perpetrators (GBVIMS)***

The distribution of cases by incident location reflects the circumstances in which survivors experience violence. The largest share of reported cases occurred in the survivor's residence, accounting for 94% of cases. Incidents that occurred online accounted for 5% of reported cases, while only 1% occurred outside the home. This distribution highlights that, although the place of residence remains the most frequently reported location, cases are documented across various environments, including digital spaces. In 100% of reported cases, the perpetrator was a male, which corresponds to general trends where perpetrators are predominantly intimate partners, former partners, and other male family members. The most frequently reported age groups were 41–60 years (55%) and 26–40 years (35%). Regarding the main occupation of perpetrators, 45% according to reports were service providers, 22% were unemployed, and 15% were military personnel. Civil servants accounted for 5% of cases, while 2% were teachers. In 9% of cases, the perpetrator's occupation was unknown or related to informal employment.

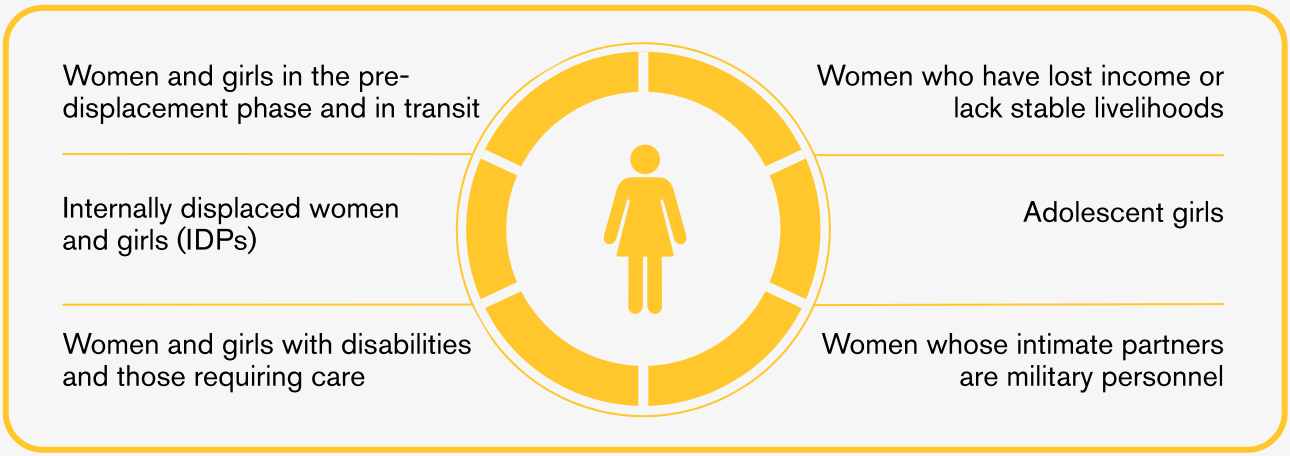



***Perpetrators' age groups (GBVIMS)***




***Perpetrators' primary occupation (GBVIMS)***

## Groups at risk of GBV




### Women and girls in the pre-displacement phase and in transit

Women and girls in the pre-displacement phase and in transit face heightened risks of GBV at various stages, including during preparation, transit, and settlement in new locations. Stress associated with relocation, especially when partners or family members choose to stay behind, can trigger psychological or physical violence. The broader context of instability, uncertainty about onward movement, disagreements over safety, property, livelihoods, or family unity often escalate tensions, and women may face coercion, threats, or restrictions on movement, limiting their ability to leave unsafe situations.

Dependence on third parties for safety, resources, or care, combined with unfamiliar surroundings, further increases vulnerability and limits access to timely support or protection services.During displacement, women and girls may also face risks in overcrowded or temporary shelters where privacy is limited and protection systems are weak.

### Internally displaced women and girls (IDPs)

Women and girls displaced due to hostilities face increased risks of GBV, including intimate partner violence and abuse by family members. Loss of social networks, disrupted support systems, and economic instability exacerbate these risks.

Living in rented accommodations, collective centers, or with host families often exposes women and girls to dependence on landlords or hosts and unequal power dynamics in household decision-making. These conditions can increase risk of economic, psychological, and sexual violence, as women may have little control over their living arrangements or the distribution of household resources.

In the search for income, many women engage in informal or unregulated employment, where labor protections are minimal or absent. In these environments, they are at increased risk of exploitation, including delayed or withheld wages, excessive working hours, psychological abuse, and sexual harassment or violence perpetrated by employers, supervisors, or colleagues. Fear of losing income and lack of awareness of rights further discourage reporting.

### Women and girls with disabilities and those requiring care

Limited mobility and dependence on third parties, family members, caregivers, and others for care and decision-making significantly increase the risk of physical, psychological, economic, and sexual violence for women and girls with disabilities and those requiring care. Limited mobility and a lack of private space increase barriers to accessing specialized support services, which deepens the social isolation of people with disabilities and those requiring care. Additional barriers to accessing specialized support in cases of GBV include a lack of physically accessible facilities, the absence of adapted and accessible forms of communication, and limited opportunities to seek confidential support, especially when the perpetrator is a caregiver or cohabitant. This is particularly acute during evacuation, when women and girls with disabilities and those requiring care are completely dependent on caregivers and unprotected by mechanisms to respond to cases of violence. Women and girls with disabilities and those requiring care often face stigmatization and victimization when reporting experiences of violence, as well as the devaluation of their traumatic experiences due to assumptions about their limited cognitive capabilities. The factors mentioned above often lead to increased risks of economic violence, denial of access to essential services, restrictions on autonomy, and exploitation.

### Adolescent girls

Adolescent girls face heightened GBV risks due to increased dependency and limited decision-making power. Within the family context, when violence occurs, whether perpetrated by parents, aregivers, or other adult family members, adolescent girls frequently do not seek help due to their reliance on these adults for basic needs such as housing, food, and emotional support.

In addition to risks within the family environment, the increasing digital engagement of adolescent girls exposes them to higher risks of TF GBV. Online platforms, social media, and messaging applications, while offering social connection and educational opportunities, also create risk of harassment, stalking, grooming, sextortion, and other forms of abuse. Limited digital literacy, social pressures, and lack of awareness of protective measures increase the risk of exploitation and intimidation in online spaces among adolescent girls.

**Women who have lost income or lack stable livelihoods**

Women who lack stable income or have lost their livelihoods constitute a highly risk group in the context of GBV. This includes women pre-retirement age who are unemployed, women who have lost their jobs due to the war, and women caring for preschool and primary school-aged children. Across these categories, the absence of stable economic resources increases their exposure to various forms of GBV, including psychological abuse, coercion, economic control, and, in some cases, physical aggression.

Women pre-retirement age face specific structural barriers in the labor market. Age-based discrimination often limits their employment opportunities, as employers may perceive them as less adaptable or nearing retirement. Consequently, many women are excluded from formal employment despite being willing and able to work, creating a critical gap in economic security. Financial dependence on relatives or partners in such circumstances increases vulnerability to GBV, as women may feel unable to leave unsafe living situations or seek support.

Similarly, women who have lost their jobs due to the war face heightened risks of GBV. The destruction of infrastructure, relocation of enterprises, and overall economic downturn have reduced local employment opportunities, particularly in the Kharkiv region. The resulting loss of stable income forces some women into economically precarious situations, including sex work in certain communities, and increases their susceptibility to violence from intimate partners due to financial dependence.

Women caring for young children experience additional vulnerability due to the disproportionate burden of unpaid care responsibilities. With education often conducted online, childcare duties limit their ability to engage in paid employment, restricting economic empowerment and further increasing dependence on partners or relatives. This dependency heightens exposure to GBV, as financial and household reliance on potential perpetrators reduces women's capacity to seek assistance or leave unsafe environments.

**Women whose intimate partners are military personnel**

A notable and concerning trend in GBV cases across the region involves violence perpetrated by intimate partners affiliated with armed structures. Reports indicate that incidents most frequently occur during periods of leave, when partners return home from active duty or deployment. These periods, while often anticipated as opportunities for family reunification, can instead become high-risk moments characterized by heightened tension, difficulties in readjustment to civilian life, and the potential impact of trauma-related conditions. In such contexts, women may be exposed to various forms of violence, including physical, psychological, economic, and, in some cases, sexual violence.

Survivors often face significant barriers to seeking support. Fear of retaliation or escalation of violence remains a primary concern, particularly given the perpetrator's access to weapons, authority, or combat experience. Additionally, many women report reluctance to disclose abuse due to concerns about damaging the reputation or career of their partner within the armed forces. This is compounded by strong societal norms that valorize military service, which may contribute to stigmatization or disbelief toward survivors. Women may also fear social isolation, blame, or pressure from family members and communities to remain silent or preserve the relationship.

# Factors contributing to GBV

The analysis shows that the prevalence of GBV in the Kharkiv region is driven by a complex interplay of social, economic, security, and conflict-related factors. Across both KII with service provider perspectives and KII with women community, respondents emphasised that the persistence and perceived increase in GBV risks are closely linked to the worsening socio-economic situation, income instability, unemployment, displacement-related stress, and reduced access to protection services. Limited availability of psychosocial support, legal assistance, and safe community spaces was identified as contributing to heightened vulnerability among women and adolescent girls. These risks are further exacerbated by ongoing hostilities, proximity to the front lines and prolonged instability, which collectively weaken protective mechanisms and increase the vulnerability of women and girls.

### Social norms, prejudices, and stereotypes

Harmful social norms, gender stereotypes, and entrenched prejudices remain key drivers of GBV and significant barriers to help-seeking. In many communities, violence, particularly within intimate and family relationships, continues to be perceived as a private matter, which discourages disclosure and limits access to external support mechanisms.

In the Kharkiv region, the excessive glorification of military service in society contributes to additional barriers to help-seeking among women experiencing violence from partners affiliated with armed structures. Women may face pressure from their immediate social environment, and, in some cases, from service providers, not to disclose abuse and to prioritize their partner's role as a defender. This dynamic reinforces a "culture of silence," where violence is normalized or minimized, and survivors may perceive seeking help as socially unacceptable or disloyal.

At the same time, persistent gender norms that position women as resilient, patient, and self-sacrificing further constrain disclosure. Women may internalize responsibility for the abuse, experience feelings of shame, and fear negative social consequences, including stigma, blame, or loss of social standing. Due to concerns about stigmatization and escalation of violence, women often do not help in cases of psychological violence and only reach out after physical harm or direct threats to life and health occur.These factors significantly reduce the likelihood of seeking support and contribute to prolonged exposure to violence.

### Unsafe Environment within Communities

The physical environment in conflict-affected communities significantly contributes to increased risks of GBV. The lack of adequate street lighting, combined with the presence of damaged, destroyed, or abandoned buildings, creates unsafe public spaces for women and girls. These areas are often poorly monitored and lack basic security measures, which heightens the risk of harassment, assault, and other forms of violence.

The deterioration of community infrastructure and safety conditions reduces overall protection mechanisms and contributes to a heightened sense of insecurity, particularly in areas close to the frontline or heavily affected by hostilities.

### Increased military presence in communities

The increased presence of military personnel contributes to heightened perceptions of insecurity among women and girls. Women and girls report feeling particularly unsafe during evening and nighttime hours, as well as in less

***"People still believe that what happens within a family should stay within the family. Women are often discouraged from seeking help."***
(KII, social worker)

***"There is a strong perception that a woman should endure for the sake of the family, especially during wartime"***
(KII, community representative)

***"Survivors are afraid of being judged or not believed, especially in smaller communities"***
(KII, social service provider)

***"There are many abandoned and damaged buildings where people gather to drink. It feels unsafe, especially for girls."***
(KII, local activist)

***"In the evening, many areas are completely dark. Women are afraid to go out alone"***
(KII, local activist)

***"There are many military personnel in the city now, and it feels unsafe, especially in the evenings. They are armed, and both I and my friends feel a constant sense of risk. I am particularly worried about my teenage daughter – I don't allow her to go out alone, especially after dark"***
(KII, local activist)

***"I would like to work, but I have to stay at home with my child. Kindergartens are not operating, and I have no one to rely on for childcare"***
(KII, local activist)

***"After displacement, women often lose their support networks and feel completely alone"***
(KII, social worker)

***"We are observing an increase in violence in some families when men return home on leave from military service."***
(KII, social worker)

populated or poorly lit areas, where visibility and access to immediate support are limited.

These risks are further compounded for vulnerable groups, including internally displaced women and girls, those living alone, or those with limited social support networks. As a result, many women and girls adopt negative coping strategies, such as restricting their movement, avoiding certain areas, or relying on others for accompaniment, which can limit their access to livelihoods and receiving assistance

### Economic vulnerability, dependence, and risks of exploitation

Limited access to formal and adequately paid employment, particularly among internally displaced women (IDPs) and those evacuated from conflict-affected areas, creates significant economic vulnerability. This economic instability is further compounded by caregiving responsibilities, including childcare or support for elderly family members, which restrict women's ability to pursue income-generating opportunities.

The combination of financial insecurity and limited employment options increases women's dependence on partners, relatives, or other household members, making it difficult for them to leave situations of domestic violence or seek protection services.

Women in communities located close to the frontline are increasingly compelled to adopt forced coping strategies in response to conflict-related economic hardship, including loss of employment and lack of stable income, with some resorting to transactional or survival sex as a means of meeting basic needs under conditions of constrained choice. These increase women's exposure to risks of sexual exploitation, abuse and other forms violence. Key informants highlighted the need to strengthen survivor-centred case management services combined with cash assistance to support women in meeting protection needs and reducing reliance on harmful coping mechanisms. In addition, informants emphasized the importance of livelihood and income-generation programming to address barriers to employment and improve women's access to sustainable sources of income.

### Social isolation due to war

Displacement resulting from conflict often leads to significant social isolation for internally displaced persons (IDPs), particularly women and children. Upon relocation, IDPs may face challenges in integrating into new communities, including limited social networks, unfamiliar surroundings, and reduced access to community support systems. This isolation can exacerbate feelings of vulnerability, stress, and anxiety, while also limiting awareness of available protection services and resources.

***"Women don't believe that if they ask for help, someone will help them"***
(KII, local activist)

***"Women are often told to be patient and understanding, even when they are experiencing harm"***
(KII, social worker)

***"I live in a small community where everyone knows each other, and if anyone finds out that you are experiencing violence, it will become the talk of the town. This can be very distressing for a woman who has survived abuse."***
(KII, local activist)

***"Care responsibilities, especially for children and elderly relatives, limit women's ability to work full-time."***
*(KII, social worker)*

***"Even when women want to leave abusive situations, they often cannot because they depend financially on their partner or relatives"***
(KII, social worker)

***"Providing cash assistance alongside case management is critical, as it allows women to meet urgent needs safely and reduces the likelihood of resorting to harmful survival strategies."***
(KII, social worker)

***"It is difficult for newcomers to integrate - they don't know the community, and the community does not know them."***
*(KII, local activist)*

***"Economic hardship forces women to prioritize immediate survival over safety, which increases their exposure to different forms of violence and abuse."***
(KII, social worker)

***"I am aware of several cases where women, after losing their homes due to the conflict, move in with a intimate partner and remain in abusive relationships because they have nowhere else to go."***
(KII, social worker)

# Capacity

**28** **specialized services for survivors in Kharkiv region**

**16** Mobile teams

**3** Crisis rooms

**5** Day centers

**2** Specialized primary counseling services

**2** Shelters

- Lack of trained staff, increase workload for service providers, delays in response due to staffing constraints
- Limited accessibility and uneven quality of services across communities
- Lack of sufficient shelter infrastructure and safe spaces
- Challenges in ensuring confidentiality due to the lack of a well-equipped space for services providers
- Limited inclusivity for persons with disabilities and women with children
- Need for stronger institutionalization of survivor-centered approaches
- Uneven access to services depending on location, type of service, and level of funding
- Growing demand for services in a context of limited resources

The capacity of the specialized GBV response system in Kharkiv region remains limited and highly affected by ongoing insecurity, proximity to the frontline, and repeated displacement.

According to the National Social Service of Ukraine[1] data, currently, a total of 28 specialized services operate across the region to support survivors of GBV. These include two shelters - one at the Center for Assistance to Survivors of Violence in Kharkiv city, and one operated by the Kharkiv Regional Council Municipal Institution “Crisis Social Center for Women”; five day centers providing social and psychological support; three crisis rooms; sixteen mobile teams delivering social and psychological assistance to survivors; and two services offering primary social and psychological counseling. When compared to other regions, the number of specialized GBV services in Kharkiv is relatively low. This limited service coverage in Kharkiv restricts access for survivors and increases pressure on existing facilities and personnel.

In communities close to active hostilities, social services operate under constant threat of shelling, which limits access for women and girls and forces some facilities to operate intermittently or temporarily suspend services.
De-occupied communities also face a shortage of specialists, especially those communities that, despite de-occupation, have become hosts to IDPs from more dangerous areas. Often, such communities do not have separate social workers who would work with cases of GBV.

These frontline areas also experience shortages of qualified specialists, as many have been displaced due to security risks.

De-occupied communities also face a shortage of specialists, especially those communities that, despite de-occupation, have become hosts to IDPs from more dangerous areas. Often, such communities do not have separate social workers who would work with cases of GBV.

According to the National Report on the Monitoring of Specialized Support Services for Survivors of Domestic Violence and/or Gender-Based Violence (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 UNFPA, systemic challenges persist at the national level. Despite the quantitative expansion of specialized services, structural imbalances, uneven territorial coverage, and disparities in institutional capacity remain evident. In frontline and conflict-affected regions, these gaps are particularly pronounced.

In Kharkiv oblast, the functioning of specialized GBV response services is significantly affected by ongoing insecurity. In communities located close to active hostilities, some services operate intermittently or are suspended due to shelling and safety risks for both staff and survivors. At the same time, relatively safer areas, including Kharkiv city, experience service overload because of internal displacement, evacuation movements within the region, and interregional referrals. This dynamic increases caseloads, places additional strain on specialists, and affects the timeliness and quality of response. Key challenges include limited qualified personnel, particularly psychologists trained in domestic and gender-based violence response, uneven availability of shelters and crisis

[1] Kharkiv region Information on the number of specialized support services for survivors of domestic violence and gender-based violence as of March 1, 2026. National Social Service of Ukraine. Specialized support services. URL: https://nssu.gov.ua/storage/app/sites/22/uploaded-files/na-sait-zvit-list26-7.pdf

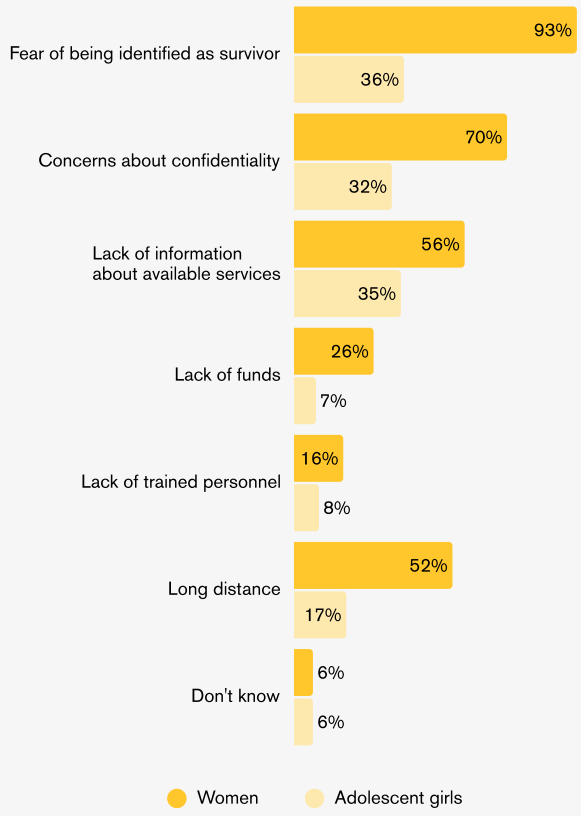
[2] National Report on the Monitoring of Specialized Support Services for Survivors of Domestic and Gender-Based Violence / National Social Service of Ukraine. 2025. URL: https://nssu.gov.ua/storage/app/sites/22/uploaded-files/national-monitoring-report.pdf

rooms, and insufficient physical accessibility in some facilities. Gaps persist in ensuring confidentiality, availability of protective shelters during air raid alerts, and inclusive access for persons with disabilities, women with children, and internally displaced persons. Referral pathways between social, health, legal, and law enforcement actors are not consistently formalized, which undermines the provision of coordinated and survivor-centered support. Given the high concentration of internally displaced persons, ongoing evacuation processes, and repeated displacement within the oblast, demand for GBV response services continues to grow. However, the resource base and institutional capacity of services do not always correspond to the actual level of need. Strengthening the system in Kharkiv oblast therefore requires targeted investment in qualified human resources, standardization of procedures, reinforcement of interagency coordination, and ensuring safe, confidential, and inclusive service provision in a context of protracted insecurity.

Despite the availability of administrative, social, and medical services across communities, findings from KIIs indicate persistent barriers that limit effective and timely access to assistance for women and girls.

Psychological and social barriers to accessing services are closely linked to limited trust in service providers, with respondents highlighting fear of being identified as a survivor (93%) and concerns regarding confidentiality (70%), alongside stigma, fear of social judgment, anticipated gossip, particularly in small or close-knit communities, as well as fear of retaliation from perpetrators and concerns that seeking help could worsen the situation, all of which contribute to reluctance to engage with available services and delay help-seeking. Lack of information about available services was identified by 56% of respondents as a key barrier. Women and girls are not always aware of existing services or do not fully understand how to access them, which limits engagement with available support mechanisms. Transportation and geographical barriers remain a major structural constraint. Difficulties related to transport access were reported by 52% of respondents.

Women and girls living in remote areas face challenges reaching services due to irregular transport schedules, long distances, and the need for advance arrangements. Access to specialized services often requires travel to other communities, further delaying assistance. These barriers disproportionately affect women and girls with disabilities or reduced mobility. Financial barriers were reported by 26% of respondents. Costs associated with transportation or service-related expenses limit access, particularly for economically vulnerable women. Institutional barriers were also identified. The lack of trained specialists was reported by 16% of respondents, indicating gaps in the availability of qualified service providers, particularly in smaller or remote communities.




***Barriers to seeking services (KIIs)***

***"It's different in small villages. Everyone knows each other there; they're practically family. How could a woman even ask for help? People would blame her for not keeping the family together and talk behind her back. It's unpleasant and very painful when there's no support. And where would she go if there's only one nurse and no buses run there?"***
(KII, local community activist)

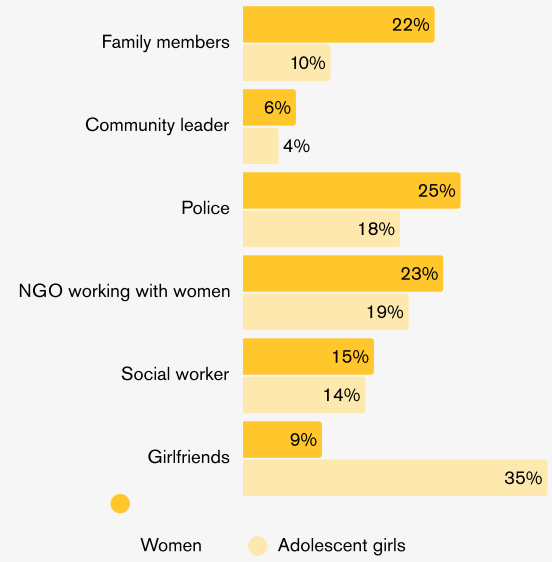
***"Imagine you've just arrived in a new place, survived a terrible experience, and then had to evacuate. Even if there's domestic violence, IDPs won't report it because they don't know what to do, and because they don't want to be a burden—they're afraid they won't be accepted if they do. They've already been helped with shelter; why burden others with their problems?"***
(KII, IDP community activist)

***"We've had cases like that. We didn't have a vehicle to use. The survivor was in a remote village, there were no buses, and she was hiding from her husband at a neighbor's house. We couldn't get to her, so we asked the neighbors and pleaded with them to take her in. She stayed with the neighbors for three days, and then she refused to leave"***
(KII Service Provider)

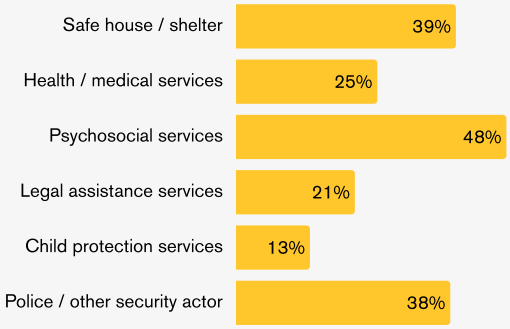
GBVIMS data show that a significant proportion of clients who received comprehensive support through the case management system declined referrals to specialized services or facilities. Nearly half of clients (48%) declined psychological support services, representing the highest rate of refusal, followed by referrals to specialized shelters (39%) and the police (38%); 25% of clients declined medical assistance, 21% declined legal assistance, and 13% declined child protection services. These results indicate both a low level of awareness regarding the mechanisms and functioning of specialized agencies and concerns related to breaches of confidentiality, as well as a low level of trust in formal response mechanisms to violence. The high refusal rate of psychological support services further reflects a persistently low culture of seeking mental health support in the region. Additionally, refusal of referrals to existing response mechanisms is influenced by previous negative experiences in seeking support, particularly with psychological, medical, and police services, including experiences of victimization and stigmatization of survivors.

Reduced economic capacity and limited access to work directly increase the risk of economic violence, particularly in the home environment, forcing women and girls to cut back on spending for basic needs, including healthcare and food, as well as increasing the risk of exploitation or trafficking, thereby deepening isolation and raising the risk of re-traumatization among those who have already experienced gender-based violence (Ukraine HNRP, 2026)[3]. Strengthening economic resilience is fundamental to minimizing the risks of repeated violence and overcoming its negative consequences; ensuring safe housing and strengthening the economic resilience of women and girls is a priority for humanitarian planning (IRC MSNA, December 2025)[4].

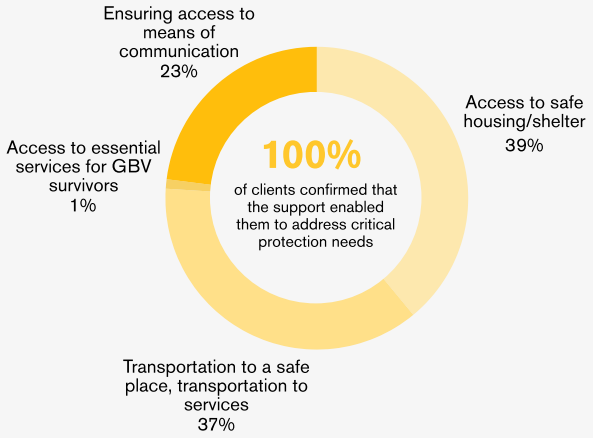
According to PDM data for October 2025 - February 2026, collected as part of the IRC WPE “Cash for Protection” program - 98% of clients who received financial assistance through individual support confirmed that this support enabled them to meet their protection needs. Specifically, 39% reported gaining access to safe housing; 37% were able to cover transportation costs to service providers and safe locations; 23% used the assistance to maintain contact with family members, specialized service providers, and emergency services; 1% gained access to essential services for GBV survivors, including support for coping with the consequences of traumatic experiences and counseling from a therapist. In addition, 100% of respondents noted that the amount received was sufficient to improve their safety, and 100% reported that the assistance helped prevent re-traumatization.




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




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




***Cash for Protection allocation by categories in %***

3 Ukraine Humanitarian Needs and Response Plan 2026. URL: https://www.unocha.org/publications/report/ukraine/ukraine-humanitarian-needs-and-response-plan-2026-january-2026-enuk

4 International Rescue Committee. Multisectoral Needs Assessment Report Ukraine. December 2025. URL: https://www.rescue.org/report/ukraine-multisectoral-needs-assessment-report-2025

# Recommendations

1

## Ensure sustained access to quality lifesaving services

particularly in locations hosting internally displaced populations and along evacuation and transit routes. Services should be delivered through safe, confidential, and accessible entry points and aligned with inter-agency standards on caseloads, supervision, and data protection. Strengthening supervision structures and outcome monitoring is critical to manage high-risk cases, address staff burnout, and maintain service quality in overstretched systems.

2

## Integrate targeted financial support as a protection measure

for survivors to reduce economic dependency and mitigate immediate safety risks. Flexible, needs-based cash assistance and emergency funds should be available to address urgent protection-related costs, including temporary relocation, medical needs, legal documentation, and essential items, while ensuring robust risk assessment and safeguarding mechanisms.

3

## Scale up GBV awareness-raising activities

that provide clear, safe, and context-appropriate information on GBV risks, available services, and referral pathways, with a particular focus on women and girls in displacement, evacuation, and transit contexts. Awareness activities should be adapted to high population mobility, limited privacy, and diverse literacy levels, and should prioritize anti-stigma messaging and survivor safety. Dissemination should occur through transit hubs, collective sites, and other safe community locations.

4

## Strengthen partnerships with local actors and humanitarian partners

operating in evacuation corridors and frontline settings to ensure continuity of information and referrals across locations. Local organizations should be supported through training on GBViE Minimum Standards, survivor-centered and trauma-informed approaches, and safe identification and referral principles, enabling timely handover of survivors and uninterrupted access to services despite displacement.

5

## Enhance GBV risk mitigation in communal and transit settings

through regular safety audits and site-level risk analysis. Findings should inform practical adjustments to site management, awareness-raising approaches, and referral pathways, and be coordinated with Protection actors and local authorities to address structural risk factors such as lack of privacy, inadequate lighting, and unsafe reporting mechanisms.

6

## Invest in strengthening local response systems and frontline service providers

by addressing capacity gaps related to high-risk case management, economic violence, work with military-affected families, and ethical, survivor-centered practice. Supporting staff well-being, supervision, and retention is essential to prevent system overload and ensure consistent, trustworthy support for survivors in protracted crisis settings.

7

## Ensure access to safe and sustainable accommodation for GBV survivors by combining immediate and longer-term support mechanisms.

Flexible, survivor-centered cash assistance should be available to enable rapid access to safe housing solutions on an individual basis, particularly in high-risk situations requiring urgent relocation. At the same time, strengthening local protection systems with sustainable support mechanisms, such as social housing, shelters, crisis rooms, is critical. While cash assistance can help address urgent individual cases, local systems require longer-term, structured solutions where safe accommodation is available and integrated with comprehensive support services for survivors.

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