

**UKRAINIAN CENTRE FOR SOCIAL REFORMS**

**GENDER-BASED VIOLENCE IN THE CONFLICT-AFFECTED  
REGIONS OF UKRAINE**

**ANALYTICAL REPORT**

**November KYIV 2015**



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## ABBREVIATIONS

ATO	Antiterrorist operation
CPC	Criminal Procedural Code
CSO	Civil society organization
CSSFCY	Centre of Social Services for Family, Children and Youth
DV	Domestic violence
ICS	Interdepartmental Coordination Staff
IDP	Internally displaced person
GBV	Gender-based violence
MoI	Ministry of Interior
MoSP	Ministry of Social Policy
NAS	National Academy of Sciences
NGCA	Non-Government controlled area
NGO	Non-governmental organization
PGO	Prosecutor General's Office
PTS	Post-traumatic syndrome
SRPI	Single Register of Prejudicial Investigations
UNFPA	United Nations Population Fund

## EXECUTIVE SUMMARY

1. In summer of 2015, UNFPA commissioned a survey on gender-based violence (GBV) in the conflict-affected regions of eastern Ukraine, in particular in the government-controlled areas of Donetsk and Lugansk oblasts, and in Dnipropetrovsk, Zaporizhzhya and Kharkiv oblasts, those which host the main influx of internally displaced persons (IDPs). The survey tasks were focused on reviewing the available administrative data on related criminal offences, content analysis of secondary data on GBV, conducting a special sample population survey on GBV issues, focus group discussions with representatives of local communities and in-depth interviews with key informants (experts involved into various aspects of GBV response in the regions of the study).

2. Administrative data on GBV describes only the “tip of the iceberg”, as only a few survivors usually ask for help due to social and cultural barriers, failing legislation and overly institutionalized environment. In the conditions of an on-going conflict and the loss of control by central authorities over large territories, the reliability of administrative data is declining, as the registered crime rates are influenced by problems with the statistical audit of criminal offences and total population numbers. The regions of the study have been traditionally characterized by high crime rates; intensive fighting in Donetsk and Lugansk oblasts and large-scale flows of IDPs resulted in a further aggravation of the crime situation there. Even accounting for the significant underreporting of criminal offenses, a small increase in the number of registered rapes was observed in the regions bordering the antiterrorist operation (ATO) area; the number of women surviving theft and fraud has also grown.

3. The problem of GBV in the conflict setting has gained largescale public attention in the Ukrainian society with certain cases being widely discussed in the mass media. However, the quality of this information has significant gaps in terms of reliability and representativeness; use of anecdotal evidence could lead to “mythologizing” selected episodes and distorting the general picture. In times of armed conflict, information on GBV can be also used as means to manipulate public attitudes or even as propaganda – a direct instrument of the information war. As monitoring of the mass media revealed, news reports paid more attention to highlighting which party to the conflict perpetrated the acts rather than focusing on the prevention policies or practice of bringing those liable to justice.

4. Sociological surveys remain reliable sources of information, as data aggregation through statistical procedures provides depersonalization of all findings, while the method of individual interviews allows for establishing a rapport with respondents and gives the opportunity to clarify specific points. However, GBV surveys are challenging with regard to the high sensitivity of the topic and possible stigmatization of survivors in the community. In the conditions of an on-going conflict, such surveys require increased attention to safety of all participants, ethical standards and confidentiality. That is why the survey was conducted by specially trained interviewers. In order to raise the population’s awareness of the services available for GBV survivors, information on these services was updated and generalized in all regions covered by the study. The survey tools were developed in accordance with the approaches of the Gender-based Violence Tools Manual in Conflict-Affected Settings adjusted to Ukraine’s social and cultural context with the involvement of a broad range of national and international experts. The survey topics were focused on the experience of various forms of violence outside the family during the conflict (and during displacement for IDPs), partner violence and the general public’s attitudes to this problem, the practice of survivors seeking help and their coping strategies in cases of GBV. During the fieldwork, interviews were conducted with 1,505 women from the conflict-affected regions, and 1,007 displaced women staying in host communities there.

5. The survey confirmed the increased vulnerability to various forms of violence in the conflict setting – the share of IDP women reporting at least one instance of violence outside the family before their displacement was three times higher than that of local women during the entire conflict (15.2% against 5.3% of respondents). The survey program suggested a study of various types of psychological, economic, physical and sexual violence. Among the most prevalent forms of abuse during the conflict, both groups of respondents reported instances of humiliation, insults, intimidation, blackmail, verbal threats, physical violence (being hit or slapped), confiscation of money or property, confiscation of official documents, forced labour without pay or for a pittance, and being subjected to

improper sexual comments. In spite of the wide-spread taboo towards sexual violence, some episodes were also documented during the survey.

6. The conflict's impact on GBV risks is also seen through the generalization of circumstances of the most serious episodes of violence. In particular, violent situations survived by women in local communities reflected a snapshot of the everyday life of the Ukrainian society: most episodes were caused by one perpetrator whom the victim knew personally; they were alone at the time and did not face any particular threat to personal safety. In contrast, the prevailing numbers of IDP survivors have encountered violent situations caused by groups of people that the survivors did not know personally; they faced direct threats to their lives at the time of the incident, and confirmed that witnesses were also in danger. The checkpoints at the demarcation line were regarded among the most dangerous locations in terms of vulnerability to all forms of violence.

7. The experience of violence is not just reflected in physical health (although the survivors of violence during the conflict mostly mentioned minor injuries, there were serious traumas reported, as well as sexually transmitted diseases and exacerbations of other diseases); it could also result in important psychological consequences, including life-long effects for the victim. As a result of displacement, the deprivation from normal life, these psychological effects are much more intense among IDPs. The most prevalent disorders included intrusive memories (flashbacks), significant changes in sleep patterns and repeated nightmares, and a permanent feeling of fear or guilt. These problems could adversely influence resistibility to conflict among IDPs, potentially provoking the risk of increased domestic violence and violence outside the family. This is why the need for accessible services of psychological support is acute not only for the reported survivors of violence, but also for the broader contingents of IDPs.

8. According to the survey results, there is no common practice to seek assistance from specialized institutions in cases of violence. The overwhelming numbers of survivors have not applied for psychological or legal support, neither have they applied for medical assistance. The main causes for not applying for assistance according to respondents were unawareness of the availability of services, absence of proper institutions in communities and mistrust in service personnel. One in ten IDP survivors hadn't sought the assistance of law enforcement bodies because of the fear of further violence. As a whole, survivors of violence usually share their experience with those they are the closest to (such as family members and friends). The emotional support provided by friends and loved ones is regarded as the most effective coping strategy in cases of violence. Some expectations of help were expressed for the assistance of psychologists and representatives of NGOs and women's support groups.

9. One of the survey components was focused on partner violence in terms of the personal experience of respondents and the general public's attitudes to this problem. The focus group discussions revealed that in many minds, there is a clear distinction between those forms of violence that may occur in the family and sexual violence that happens in the outside society. The attitudes to these problems differ in terms of the perception of criminal liability and the severity of the offence. While the facts of sexual abuse cause a criminalisation of the attacker among community members, domestic violence is primarily considered a usual phenomenon that should not attract a lot of attention. Though women do not justify physical violence and controlling behaviour in marriage, they accept the assistance of outsiders in spousal conflicts only in extreme cases which if unchecked may lead to severe injury.

10. The survey not only confirmed the sustainable stereotypical attitudes to gender roles within a Ukrainian family; it also provided grounds to argue for the strengthening of such stereotypes during the time of military conflict and humanitarian crisis. Despite the fact that there is a subjective assessment of an increased amount of conflicts within the society and in the family, the survey has not revealed any significant influence of the military conflict in Donbas on partner violence (7.9% of IDPs and 7.5% of local women reported that they faced intimate partner violence (IPV) before the conflict, while the corresponding reported rates were 6.9% and 8.2% during the last 12 months). Some decrease in the IPV rates among displaced persons may be explained by women's transition to more traditional, patriarchal models of marital relations in front of the new challenges of survival at the time of a deep crisis. As focus group discussions revealed, the "value" of men as breadwinners is increasing because

of the large-scale mobilization of men to the army; this may influence female perceptions of domestic violence and identification of its particular forms.

11. Experience of IPV is leading to significant health issues among survivors (12% of married women confirmed some sort of physical injury perpetrated by their husband/partners), including issues of reproductive health. At the same time, public disapproval of applying for specialized assistance in cases of domestic violence and the prevalent stigmatizing of survivors in communities inhibits the efficiency of any support. Population awareness on available services for GBV survivors and specific service providers remains low; there is no proper planning of safety strategies – almost a half of IPV survivors do not know how to deal with a repeat situation. Thus, there is a need for awareness raising campaigns, targeted at disseminating information on safety planning and coping strategies for IPV.

12. The systematic character of problems that restrain the efficiency of public policies on GBV prevention was acknowledged by in-depth interviews with regional experts from various institutional sectors. The new challenges related to the military conflict and appearance of IDPs have just lead to a further aggravation of the existing gaps. Among the basic institutional failings are poorly established systems of coordination of activities and cooperation among experts, absence of regular information exchange and a single database of GBV cases, lack of skilled experts in the field of GBV and retention of such experts, the residual principle of funding for respective activities. The provision of timely and efficient support to GBV survivors is restrained by a lack of 24-hour hot lines at the regional level, absence of any emergency psychological support in local communities, lack of shelters for survivors of domestic violence, scarce correctional programs for abusers and the absence of compulsive instruments to make them attend these programs. The prevalence of GBV in the society roots also in the insufficient consideration of gender concepts in the education system, and in the underdeveloped system of comprehensive training of young people to prepare them for adulthood.

13. The assessment of the needs in improving GBV policies provided grounds for recommendations on institutional policy reforms (full adjustment of Ukraine's legislation on GBV issues into compliance with international standards, strengthening penalties for abusers and ensuring the abuser's isolation from survivors of domestic violence, including a system of protection orders), capacity building of multi-sectoral service providers (improving functional coordination among participating bodies, creation of a single interdepartmental database on GBV cases that would enable providing timely referrals to proper services for survivors, training of skilled experts in all fields of GBV response, in particular crisis psychologists), improving the system of support of GBV survivors (expansion of the network of providers of social and psychological services, development of emergency psychological services and ensuring their accessibility at the local level, creation of shelters for survivors of domestic violence, state support of NGOs and CSOs involved in GBV response, implementation of corrective programs for abusers), and expansion of information campaigns for those at risk of GBV through awareness raising programs (safety planning, support of the 24-hour hot lines at the regional level, fostering the practice of applying for psychological and social support) and educative work with disadvantaged families and vulnerable population groups. The target group of social and psychological support should include families of demobilized military personnel returning to their families after participating in the ATO. In light of the on-going military conflict, particular attention should be paid to the prevention of any form of violence against the civil population, as well as biased attitudes towards internally displaced people, and the support of their comprehensive integration into hosting communities.

## INTRODUCTION

Gender-based violence (GBV) is regarded among the most common human rights violations, occurring all over the world. According to empirical evidence, GBV disproportionately affects women because of the unequal distribution of powers and resources between women and men, women's economic vulnerability and their dependent position in the family. Women and girls are not only facing high risks of GBV, but suffer from a lack of capacity and resources needed to prevent or avoid situations of GBV, to seek justice and support. They are also particularly vulnerable to the negative effects of violence, including unwanted pregnancy, unsafe abortions and the issues of reproductive health, the risk of sexually transmitted diseases and HIV infection. Psychological stress and attributes of post-traumatic syndrome can lead to long-term negative consequences that affect all dimensions of women's lives.

It is acknowledged that risks of GBV increase in conditions of military conflict and humanitarian crisis. Degradation and ruination of the community level public service system, the lack of law enforcement, limited access to health facilities and providers of social and psychological support result in an increased vulnerability of violence survivors in times of armed conflict. The scales of domestic violence can increase in these circumstances, while the spread of poverty and deprivations of a normal lifestyle pave the way for new forms of GBV, such as human trafficking or forced prostitution.

The political destabilization and start of the military conflict in eastern Ukraine in 2014 were accompanied by numerous cases of human rights violations, including evidence of gender-based violence in the regions affected by military operations. The creation of large-scale flows of internally displaced persons (IDPs) resulted in new humanitarian challenges related to the need to provide social support to numerous contingents of people forced to leave their homes due to armed conflict, to adapt them to new conditions of life and to integrate them into the society.

In these crisis conditions, some international organizations initiated situational analyses and assessments of humanitarian needs of the population, and provided an adequate response to the new challenges through the development of targeted strategies of support. However, in spite of a common acknowledgment of the high risks of GBV during the conflict, most of these assessments did not provide a deep analysis of GBV prevalence in the conflict-affected regions. Respectively, the lack of reliable information on the extent and manifestations of GBV restrained the development of effective measures of policy response at the national and community levels.

In summer of 2015, using the support of international donors and its own funds, UNFPA launched a situational analysis on the prevalence and features of GBV in the conflict setting. The tasks of the study were focused on the collecting and aggregation of reliable information on GBV rates in the conflict-affected regions (Terms of Reference are presented in Annex A). The methodological grounds of the study were based on basic international standards and recommendations for GBV assessment in conflict settings<sup>1</sup> adjusted to Ukraine's socio-cultural context with the involvement of a wide range of national and international experts. The study comprised a desk review of available publications and legislation related to GBV, a sample survey among permanent residents and IDPs, focus group discussions to enrich and refine the survey findings, and also key informant interviews to better understand the design and performance of the national GBV prevention and response machinery. The study tools development was coordinated by the leading developer of international methodology to ensure compliance with international technical and ethical standards; to validate the results, an international consultant was involved in the interpretation of data and the preparation of the analytical report.

Specific objectives of the study included:

- collection and generalization of official data of administrative statistics regarding GBV prevalence in five regions covered by the study;

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<sup>1</sup> UN IASC *Guidelines for Gender-Based Violence Interventions in Humanitarian Settings* (2005), the RHRC *Consortium Gender-based Violence Tools Manual For Assessment & Program Design, Monitoring & Evaluation* in conflict-affected settings (2004) and the WHO *Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies* (2007).



- content analysis of the secondary data on GBV, in particular – coverage of the relevant information in the mass media and information environment;
- GBV prevalence survey in the conflict-affected regions, analysis of GBV forms and dimensions, determination of the risk factors and aggregation of survivor’s coping strategies in case of violence;
- a study of public attitudes towards GBV and public opinions on its causes and consequences, assessment of community attitudes to GBV survivors and analysis of practices of survivor’s sought for help;
- generalization of the expert assessments of GBV prevalence and trends, including the impact of military conflict on GBV, main problems and gaps in policy response to GBV and effective instruments to address the gaps.

The study was conducted by experts of the Ukrainian Centre for Social Reforms in the government-controlled areas of Donetsk and Lugansk oblasts, and in Dnipropetrovsk, Zaporizhzhya and Kharkiv oblasts hosting the main inflow of IDPs. The fieldwork was implemented by the permanent network of interviewers of the sociological agency “Centre for Social Monitoring” in September and October of 2015. To assess respondents’ personal experience of GBV and to estimate and compare their vulnerability to manifestations of violence during the conflict, two target groups of respondents were selected: women among IDPs and women among permanent population of the regions. The survey was conducted by specially trained interviewers in accordance with all technical standards and ethical considerations of similar surveys; to raise population awareness of GBV and provide referrals in cases of need, relevant information on the available services for GBV survivors was updated in all regions covered by the survey.

To clarify and refine certain findings of the study, 10 focus group discussions with local community members were conducted in all regions; the discussion topics covered general attitude to GBV in the society, understanding its forms and dimensions, assessment of the possible impact of the military conflict in Donetsk and Lugansk regions on domestic violence and GBV outside the family, justification of the need for services for survivors at the community level, public opinion on the effective instruments to combat gender-based violence.

In all regions covered by the study, situational analysis was conducted based on in-depth interviews with experts in the field of GBV response representing various institutional sectors - local authorities and CSOs, law enforcement agencies and providers of social services, medical institutions and the legal aid sector.

The results of the study translated into a range of recommendations and proposals for further development of policies on GBV which can be applied at different levels of decision-making by representatives of various sectors and institutions of civil society involved in GBV response.

The study report was prepared by a team of researchers under the supervision of Professor **Ella Libanova**, Academician of the NAS of Ukraine, Doctor of Economics: **Ganna Gerasymenko**, Ph.D. in Economics (introduction, Section 2, Section 3), **Olena Makarova**, Doctor of Economics (conclusions and policy recommendations), **Svitlana Nychyporenko**, Ph.D. in Economics (Section 4), **Oleksiy Pozniak**, Ph.D. in Economics (Section 1.1), **Svitlana Polyakova**, Ph.D. in Economics (Section 1.2), **Oksana Khmelevska**, Ph.D. in Economics (conclusions and policy recommendations). To develop the survey tools and coordinate the fieldwork, the experts of Yaremenko Ukrainian Institute of Social Studies and the “Centre for Social Monitoring” were involved, including **Olga Balakireva**, Ph.D. in Sociology, **Tatyana Bondar**, Ph.D. in Sociology, and **Oleg Vasylenko**. Expertise at all stages of the study was provided by **Jeanne Ward**, Global Consultant on Violence Against Women and Girls, the leading developer of the international methodology of GBV assessment in conflict settings.

# SECTION 1. GENDER-BASED VIOLENCE IN THE CONFLICT-AFFECTED REGIONS IN THE PRISM OF OFFICIAL STATISTICS AND SECONDARY DATA

## 1.1. ADMINISTRATIVE DATA ON GENDER-BASED VIOLENCE IN THE CONFLICT-AFFECTED REGIONS: THE RECENT TRENDS AND DATA GAPS

### *Survey background: internal displacement in Ukraine and its socio-demographic consequences.*

The conflict-affected regions covered by the study (Dnipropetrovsk, Donetsk, Kharkiv, Lugansk and Zaporizhzhya regions or oblasts) have been the most populated regions of Ukraine. As of early 2014<sup>1</sup>, Donetsk and Dnipropetrovsk oblasts were at the first and the second positions among 27 regions of Ukraine by the total population number, while residents of the five oblasts altogether made almost one-third of the total population of Ukraine (31.7%).

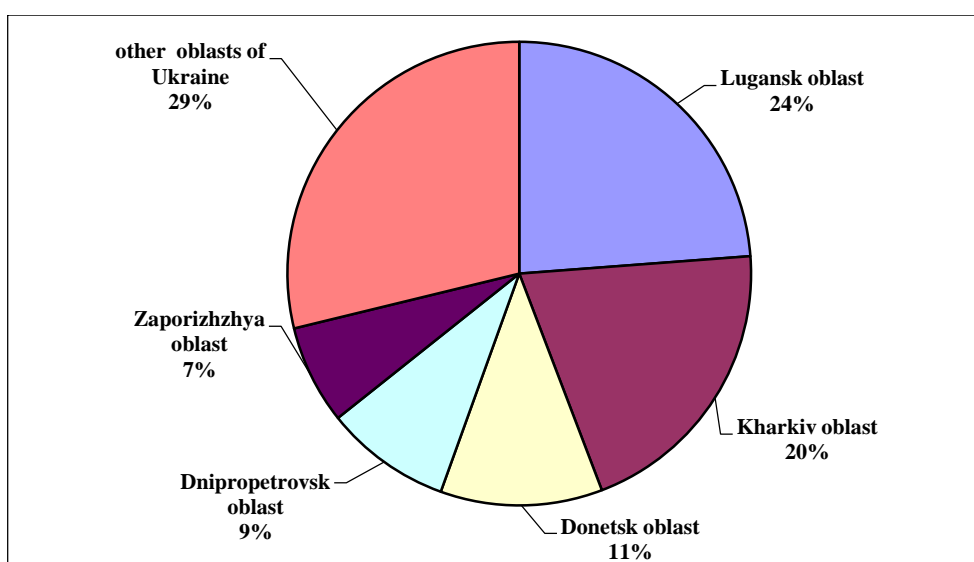
As a result of political destabilization in Ukraine and development of the military conflict in Donetsk and Lugansk regions, a new type of migrant has emerged caused by appearance of the internally displaced people (IDPs) in Ukraine. Presently, the registration of IDPs is provided by the Interdepartmental Coordination Staff (ICS) and the Ministry of Social Policy of Ukraine. The ICS registers those persons who have applied for assistance in re-settlement and displacement; the relevant information is collected in the register of citizens of Ukraine displaced from the NGCAs and ATO-affected areas. The MoSP registers individuals who have applied for pensions and social allowances at their new places of residence. In reality, the MoSP registration system captures not only the displaced persons, but also those who actually live in the NGCAs but periodically visit the government controlled areas (GCAs) to collect their pensions or social allowances (the phenomenon is called “pension tourism” by experts). Therefore, the ICS data on IDP movements can be regarded as more accurate for any research purpose.

According to the operative information of the ICS, the total number of internally displaced people was 970.1 thousand persons as of 29 October 2015<sup>2</sup>. Moreover, about several hundred thousand IDPs are still non-registered due to various reasons. Among the registered IDPs, 21.3 thousand people have moved from the Autonomous Republic of Crimea, while 948.8 thousand people (almost 98% of their total number) fled the areas covered by the ATO. The largest numbers of displaced people are situated in the regions covered by the study program, including GCAs of Lugansk oblast (230.9 thousand people), Kharkiv oblast (198.0 thousand people), GCAs of Donetsk oblast (110.0 thousand people), Dnipropetrovsk oblast (85.4 thousand people) and Zaporizhzhya oblast (66.5 thousand people). In total, more than 70% of the total number of IDPs are placed in these 5 regions (Fig. 1.1). Some studies, in particular the survey of the Scientific Research Institute of Social and Judicial Psychiatry and Narcology of the Ministry of Health of Ukraine, reveal that at least some IDPs will try to settle in their current transit region and will not try to return home after the completion of the ATO. As a result, important transformations of population’s territorial distribution will take place in Ukraine.

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<sup>1</sup> There is no reliable data on the total population at the beginning of 2015: the State Statistics Service of Ukraine collects information regarding registered events only (births, deaths and migrations related to permanent re-settlement), while there were large-scale non-registered migration movements over 2014; there were also numerous cases of non-registered deaths.

<sup>2</sup> Web-site of the State Service of Ukraine on Emergency Situations: <http://www.mns.gov.ua/news/34232.html> (as of 29 October 2015).



**Fig. 1.1. Distribution of internally displaced people by the regions of Ukraine, as on 29.10.2015.**  
*Source: data of the Interdepartmental Coordination Staff.*

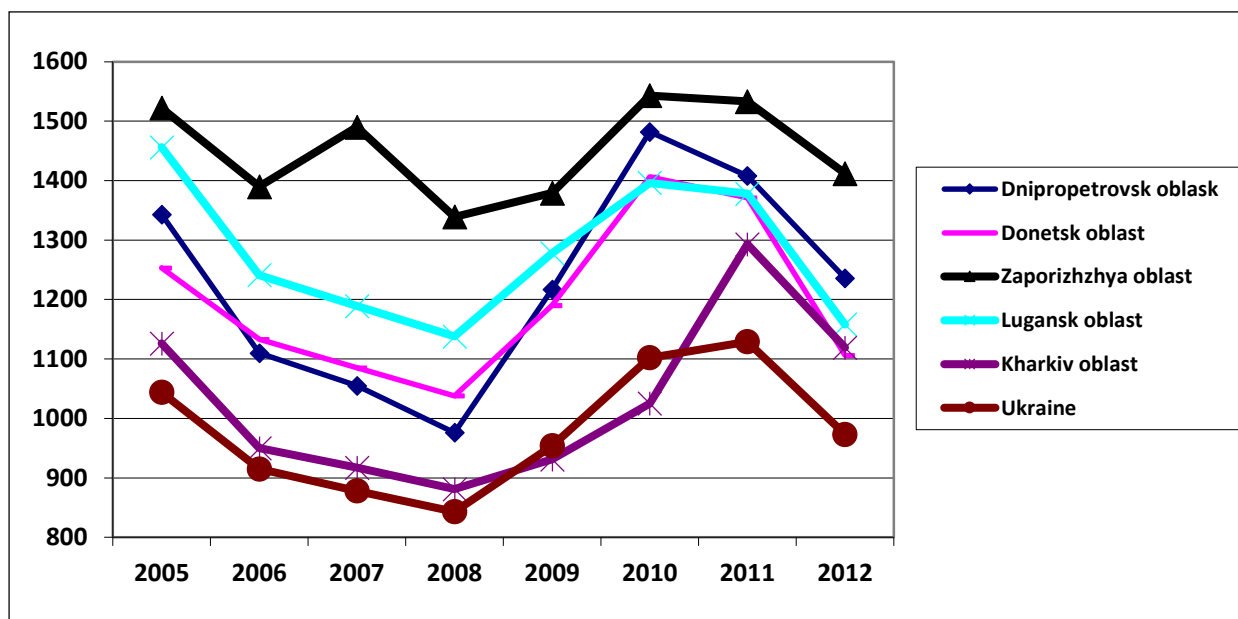
The major share of displaced persons is formed by the elderly and the disabled: as of 17 September 2015, more than 60% of IDPs belonged to these categories in five regions of the study (Table 1.1). Among the working age IDP population, the number of women almost twice exceeded that of men. Unfortunately, there is no available data on the sex composition of children, the disabled and the elderly. But, since there are more women than men in the total population above the retirement age in Ukraine, an assumption can be made that women also prevail among older IDPs. Thus, IDP movements are not only changing the territorial distribution of the population of Ukraine; these movements also transform the population's sex composition in the conflict-affected regions.

**Table 1.1. Distribution of internally displaced persons by age, sex and ability to work as of 17 September 2015.**

Oblasts	A share in the total number, %				Number of men per 1,000 women among working age population
	Men of working age	Women of working age	Children	Disabled and elderly persons	
Dnipropetrovsk	10.9	23.2	18.8	47.1	471
Donetsk	13.6	25.9	20.5	40.0	525
Zaporizhzhya	14.0	30.4	25.1	30.5	461
Lugansk	5.3	7.3	7.9	79.5	724
Kharkiv	8.9	13.3	11.6	66.2	667
5 Oblasts Total	9.3	16.4	14.1	60.3	566
Ukraine Total	12.0	21.9	16.9	49.2	551

*Source: estimated based on ICS data*

**Crime levels in the conflict-affected regions: statistical assessment.** The conflict-affected regions have been characterized by significantly higher crime rates than the average Ukrainian indicators prior to the conflict in Donetsk and Lugansk oblasts (Fig. 1.2). An exception was made by Kharkiv oblast, as its regional crime rate has approached the all-Ukrainian rate since mid-2000's. Regarding the crime rate (the number of criminal offences registered per year per 100,000 population), Zaporizhzhya, Lugansk and Dnipropetrovsk oblasts occupied the top three positions among all regions of Ukraine in 2005, while Donetsk oblast shared the fourth position with the city of Sebastopol. In 2010, these four oblasts were also among Ukraine's 6 highest crime rate areas.



**Fig. 1.2. Dynamics of crime rates (number of crime offences per 100,000 average annual population), 2005-2012.**

*Source: estimated based on data of the Interior Ministry of Ukraine*

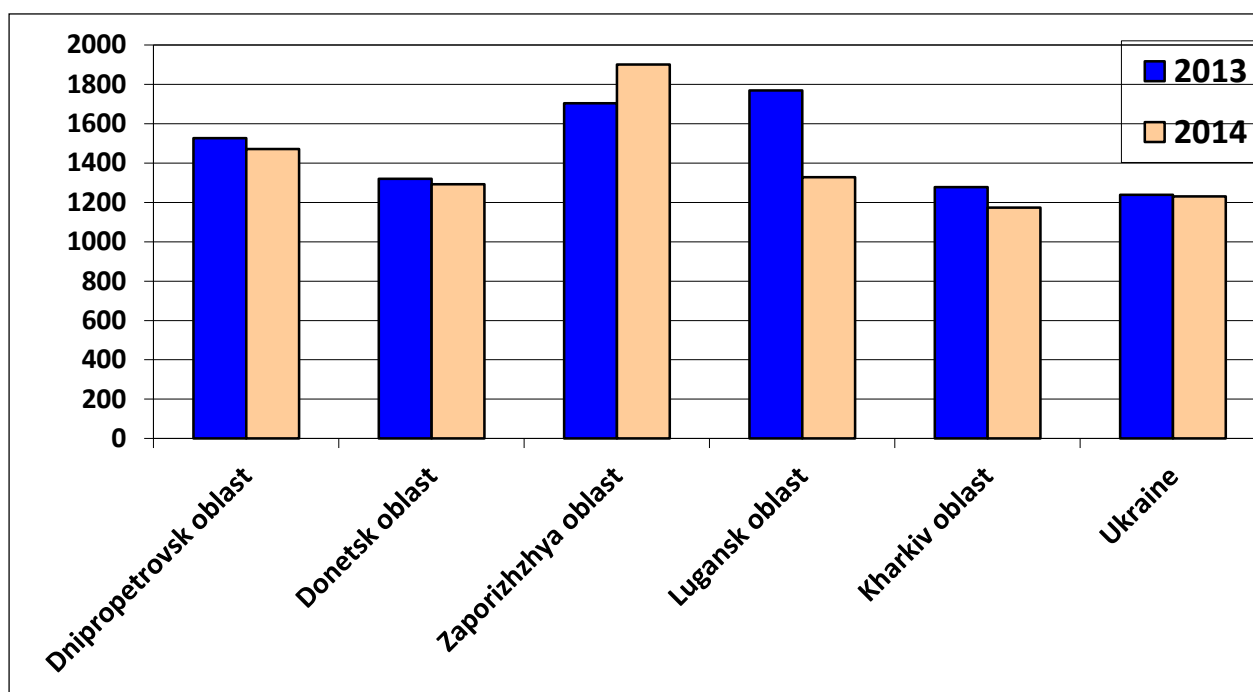
Until 2013, the registration of criminal offences was done by the Ministry of Interior (MoI) of Ukraine, with all types of criminal offences being registered. In 2012, radical changes took place in the system of registration of criminal offences related to the adoption of the new Criminal Procedural Code of Ukraine on 13 April 2012<sup>1</sup>. Due to changes in the registration methodology, crime indicators for 2013-2015 are not comparable with the data from previous periods. According to para. 22 of the Transitional Provisions of the Code, the Single Register of Prejudicial Investigations had to be created (SRPI)<sup>2</sup>. The Prosecutor General's Office is defined as a holder of the Single Register of Prejudicial Investigations; since 20 November 2012, the Prosecutor General's Office (PGO) is also authorized to collect and maintain all crime statistics. According to the Provisions, the SRPI is providing the unified audit of all criminal offences and decisions made as a result of prejudicial investigations; crime offenders and results of criminal proceeding; operative control over law violations at time of prejudicial investigation; analysis of the status and structure of criminal offences in the country. Data on crime offences are provided in the Single Register on Crime Offences, the corresponding statistics reporting Form №1 (monthly) was approved by the Decree of Prosecutor General's Office of 23 October 2012 № 100 by agreement with the State Statistics Service of Ukraine. The unified reporting on crime offences, offenders and criminal proceedings is formed by the Prosecutor General's Office, Prosecutor's Offices in oblasts of Ukraine and in Kyiv city based on the information on crime offences and results of prejudicial investigations. The number of registered crime offences by types of offences is fixed during the reporting period, as well as information about law enforcement bodies that registered the offences, information on victims of offences and material damage, compensations and withdrawals of crime objects. Statistical data are summarized monthly, with gradual accumulation during a year. The total number of registered crime offences does not include crimes with criminal proceeding closed due to certain legitimate reasons specified in respective laws of Ukraine.

<sup>1</sup> Criminal Procedure Code of Ukraine. Web-site of Verkhovna Rada of Ukraine [Electronic Resource]. – Access mode: <http://zakon3.rada.gov.ua/laws/show/4651-17/page>

<sup>2</sup> Provisions on the Single Register of Prejudicial Investigations. Web-site of Prosecutor's General office of Ukraine [http://www.gp.gov.ua/ua/file\\_downloader.html?\\_m=fslib&\\_t=fsfile&\\_c=download&file\\_id=178961](http://www.gp.gov.ua/ua/file_downloader.html?_m=fslib&_t=fsfile&_c=download&file_id=178961)

As a result, a situation is possible where the number of crime offences registered during the month of reporting is smaller than the number of crimes during the preceding month. It can be possible in cases where the number of crime offences with closed proceedings exceeds the number of newly registered crimes during the same month. That is why, unfortunately, the analysis of monthly dynamics of crime offences does not provide reliable data, and any dynamic changes can be traced only based on annual statistics or through period-to-period comparisons between the years.

According to the Prosecutor General’s Office, four out of five conflict-affected regions have been still characterized by notably higher crime rates (based on the new methodology of registration) than Ukraine’s averages in 2013-2014. As for Kharkiv oblast, its crime rate was also significantly higher than the average Ukrainian rate in 2013, but it has dropped below the average indicator in 2014 (Fig. 1.3). The available data also reveal a decline in the intensity of criminal offences in Donetsk and Lugansk oblasts. But, it obviously results from underreporting of criminal offences by central authorities at the NGCAs of these regions. Moreover, statistical estimation of crime rates largely depends on the gaps in the assessment of the total population numbers. The real numbers of current population in Donetsk and Lugansk oblasts are smaller than those reported by the State Statistics Service; respectively, the officially reported crime rates are underestimated.



**Fig. 1.3. Crime rates in the conflict-affected regions (number of registered criminal offences per 100,000 population), 2013-2014.**

*Source: estimations based on data of the Prosecutor General’s Office of Ukraine*

In contrast, the intensity of particularly serious crimes has grown in the conflict-affected regions in 2014 as compared with 2013 (Table 1.2); presently, it is almost twice as high as the Ukraine’s average rate. In particular, high intensity of such crimes is observed in Donetsk and Lugansk oblasts – the rates are correspondingly 3.5 and 3 times higher than in Ukraine on average (Annex B, Tables B1-B4). As compared with 2013, the number of particularly serious crimes has grown 3.6 times in the conflict-affected regions in 2014, including 7.1 times in Donetsk oblast and 4.5 times in Lugansk oblast. The same trends of increase were observed in the regions in 2015. In five regions covered by the study, the total number of serious crimes was almost 1.4 times higher over the first half of 2015 as compared with the same period of 2014. The number of serious crimes also grew in 2014, while the aggregated rate of serious crimes in these regions is almost by 15% higher than the average Ukrainian indicator. The highest intensity of serious crimes is observed in Dnipropetrovsk and Zaporizhzhya oblasts.

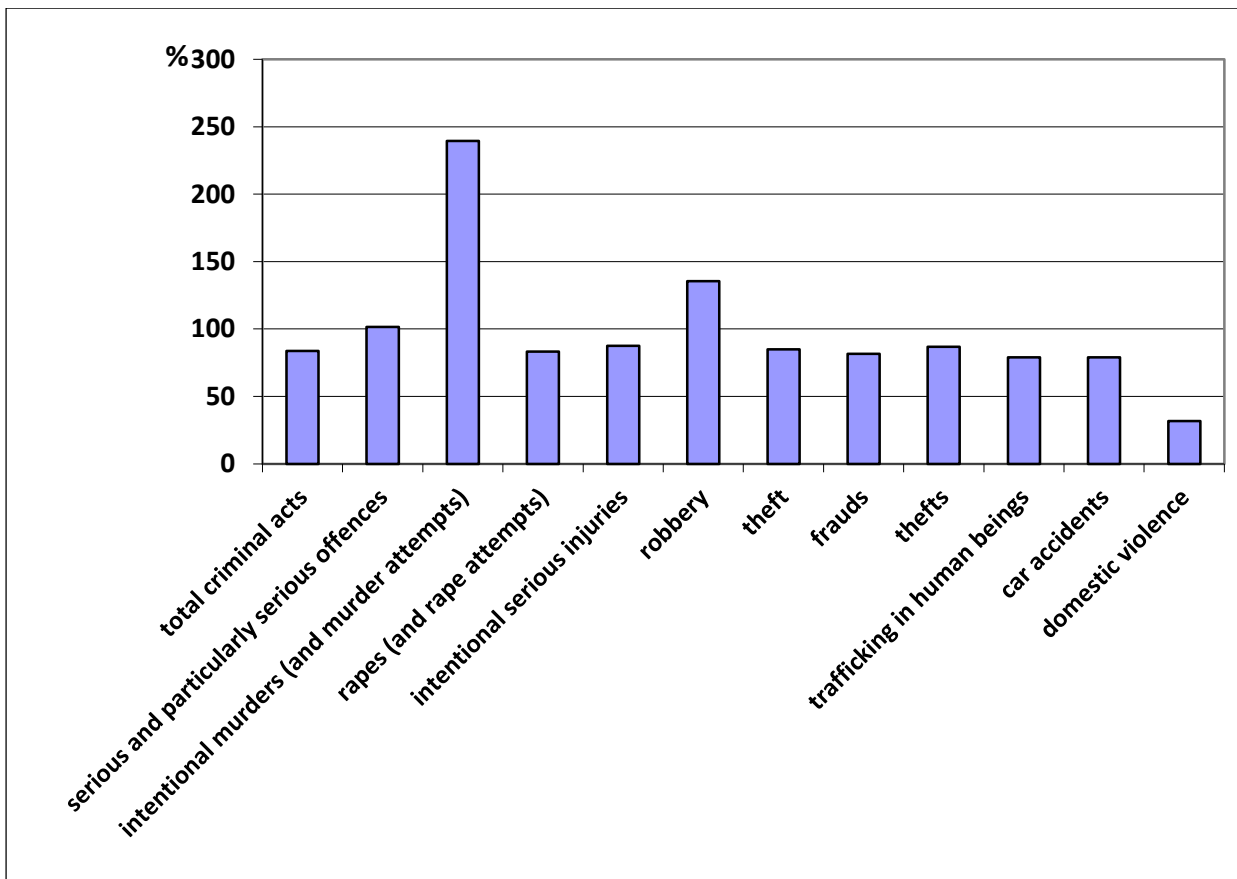
**Table 1.2. Crime rates by various types of criminal offences, 2013-2014 (number of registered criminal offences of various type per 100,000 population)**

Types of criminal offences	2013		2014	
	5 regions of the study	Ukraine	5 regions of the study	Ukraine
Criminal offences registered over the period of reporting, including:	1,476.7	1,238.9	1,391.4	1,230.5
- particularly serious criminal offences	30.3	30.3	109.7	60.2
- serious criminal offences	405.1	343.2	411.1	358.6
Criminal offences related to domestic violence	4.6	4.9	1.4	2.1
Criminal offences against sexual freedom and sexual inviolability, including:	2.4	2.5	1.7	2.1
- particularly serious	0.5	0.6	0.4	0.5
- serious	0.8	0.8	0.5	0.6
- moderately serious	1.1	1.1	0.7	0.9
Rapes	1.1	1.1	0.9	1.0
Violent unnatural gratification of sexual desires	0.7	0.6	0.4	0.5
Sexual intercourse with a sexually immature person, Art.155	0.2	0.2	0.1	0.1
Debauchery of minors, Art.156	0.4	0.6	0.3	0.5

*Source: estimated based on data of the Prosecutor General's Office of Ukraine*

**Gender-based violence in the prism of official statistics of criminal offences.** Official data reveal lower intensity of criminal offences related to domestic violence and sex crimes in the conflict-affected regions as compared with Ukraine as a whole. However, there are some negative trends observed in these regions as well. For example, in Dnipropetrovsk oblast, the number of rapes grew by 8% in 2014 compared with 2013 (in particular, there were 37 rapes registered in the oblast in 2013 and 40 rapes registered in 2014) and by 35% over the first half of 2015 compared with the same period of 2014. An increase in the number of rapes was also registered in Kharkiv oblast in the first half of 2015 (there were 10 rapes registered in the first half of 2014 and 11 rapes registered in the first half of 2015).

According to the Prosecutor General's Office of Ukraine, there were 68.4 thousand women who survived criminal offences in the conflict-affected regions in 2013; 57.2 thousand women who survived criminal offences in 2014, and 26.9 thousand women who survived criminal offences in the first half of 2015 (Annex B, Tables B5-B7). As compared with 2013, the total number of female victims of murder and murder attempts grew almost 2.4 times in these five regions in 2014 (Fig. 1.4), while this number grew 4 times in Donetsk oblast and almost twice as much in Lugansk oblast. The total number of female victims of robberies grew by 35.4% during the period (an increase by 88.4% was observed in Zaporizhzhya oblast). During the first half of 2015, an increase in the number of women who survived serious and particularly serious criminal offences was observed in Dnipropetrovsk, Zaporizhzhya and Kharkiv oblasts (as compared with the same period of 2014). In the same regions characterized by settlement of the numerous contingents of IDPs and placement of many military units, the number of women surviving robberies, thefts and fraud situations has also increased.



**Fig. 1.4. Increase in the number of female victims of criminal offences (by various types of offence) over 2013-2014, as % (indicator of 2014 as % of indicator of 2013)**  
*Source: estimates based on data of the Prosecutor General's Office of Ukraine*

In total, women constituted 38.5% of all registered victims of criminal offences in five conflict-affected regions during the studied period (from the beginning of 2013 to midyear 2015). The share of women is particularly large among survivors of rapes, crimes related to human trafficking and domestic violence, and victims of robberies (Table 1.3). Though Ukrainian experts argue about a recent increase in the number of men surviving human trafficking, the statistics of the Prosecutor General's Office reveal that women suffered from such crimes 5-13 times more often than men in the conflict-affected regions. It is also notable that the share of women who have experienced theft (which is rather related to psychological violence) is significantly larger than the share of women who have survived robberies (rather physical violence).

In total, the share of women among survivors of crime offences is higher in the conflict-affected regions as compared with Ukraine's averages (Annex B, Tables B8-B10). It particularly concerns the sex structure of survivors of human trafficking, theft and fraud. However, the share of women among victims of crime is currently decreasing; it could result from partial non-reporting of crime offences by women due to various reasons.

The share of women among victims of crime in 2014 was higher in Dnipropetrovsk, Zaporizhzhya and Kharkiv oblasts as compared with Donetsk and Lugansk oblasts, although the opposite trends were observed in 2013. In other words, an increase in violence against women is observed in the regions bordering the areas of the ATO. In total, women who have survived any criminal offense in the conflict-affected regions made 38.3% of the total number of female survivors of crimes in Ukraine during the period from the beginning of 2013 to midyear 2015. This share is notably larger than the share of the conflict-affected regions in the total number of population of Ukraine and in the total female population, given the general demographics of the country.

**Table 1.3. Shares of women among victims of criminal offences (by various types of offenses), 2013-2015, %**

	2013		2014		1 <sup>st</sup> half of 2014		1 <sup>st</sup> half of 2015	
	5 regions	Ukraine	5 regions	Ukraine	5 regions	Ukraine	5 regions	Ukraine
Total number of victims of criminal offenses, of them:	41.0	39.9	36.3	37.6	38.5	38.1	37.5	37.4
- serious and particularly serious crimes	40.8	39.8	32.6	35.8	36.1	36.9	33.5	35.9
- intentional murders (and murder attempts)	30.3	30.2	15.2	18.9	20.3	23.4	11.5	16.3
- rapes (and rape attempts)	83.9	81.6	86.0	90.6	88.1	90.7	94.6	93.0
- intentional serious injuries	18.1	18.8	14.7	16.2	14.8	16.3	16.0	17.6
- robberies	45.3	44.4	38.7	42.2	43.9	45.0	42.0	44.6
- theft	57.7	53.6	58.1	53.7	55.9	52.6	55.3	51.2
- frauds	48.4	42.9	47.6	43.9	47.6	44.1	49.7	46.8
- thefts	41.8	41.3	39.4	39.5	39.5	39.5	38.7	37.8
- trafficking in human beings and related criminal offences	92.7	65.2	88.2	76.5	84.2	73.7	92.9	65.6
- car accidents	35.6	35.7	33.1	33.6	32.1	32.4	32.9	31.7
- criminal offences related to domestic violence	70.5	69.4	69.4	73.5	71.1	75.2	74.1	76.0

*Source: estimated based on data of the Prosecutor General's Office of Ukraine.*

Thus, the conflict-affected regions can be regarded as areas with traditionally high crime rates, while the military conflict in Donetsk and Lugansk oblasts and related IDP flows and increased numbers of military personnel have led to a further aggravation of the crime situation in these regions. The registered indicators of crimes are largely influenced by statistical gaps related to both counting the number of criminal offences and verifying the real total population numbers; therefore, a reliable analysis of the recent trends in crime rates is very complicated. Also, it has to be acknowledged that the administrative data on GBV rates do not reflect the actual prevalence of this phenomenon among the population, as they are based exclusively on the reported numbers of appeals and cases of registered offenses. Administrative statistics describe only the “tip of the iceberg”, as only a very small share of survivors apply for assistance – due to social and cultural barriers and because of drawbacks of legal and institutional support systems. Therefore, a further study of GBV prevalence in the conflict-affected regions was conducted based on multiple data sources, including the analysis of secondary data, i.e. coverage of similar cases in the mass media and information space and summarizing the results of other monitoring reports, studies and reviews.

## **1.2. COVERAGE OF THE PROBLEM OF GENDER-BASED VIOLENCE IN THE MASS-MEDIA AND INFORMATION ENVIRONMENT: ANALYSIS OF SECONDARY DATA**

Analysis of secondary data is a valid option for collecting and processing information, especially if the research issue causes significant public response. Among available data sources suitable for a desk study are official reports of government agencies, thematic research reports, special monitoring reports



of international and national human rights organizations, reports of NGOs and public associations, mass media publications, newsfeeds and so on. Obviously, these data sources are characterized by some important gaps: e.g. they are fragmented since focusing on individual cases does not provide a comprehensive picture of the phenomenon and does not allow for an assessment of its prevalence. However, the advantage of this method is seen in the opportunity for an in-depth analysis, assessment of public attitudes to the subject of study through comments in the media space. At the same time, this information is usually emotionally expressed, thus attracting the attention of the public. To this end, emotional, vivid mass media publications could also be a good channel for sharing the study results.

The problem of violence in the conflict area and adjacent regions remains one of the most common topics discussed in the society recently. However, despite the rapid dissemination of information on such cases in the media space and significant response of the civil society, the quality of information is often hampered by a number of gaps in accuracy and representativeness. In contrast to the constraints of formal administrative data-based statistics, analysis of secondary data on GBV can be complicated by the trend of mythologizing individual cases, where common gossip talks tend to reveal new sensational details over again and magnify the case.

In the on-going military confrontation, information on the facts of gender-based violence can be used as means of manipulating public opinion or even as instruments of the information war. As Olha Vesnyanka, researcher of the "Respect" organization argues, the theme of sexual violence is sometimes used as instrument of propaganda nowadays: *"In social networks and news sites, it looks very often like such information is purposefully given in a way to make the society hate the simulated enemy"*<sup>1</sup>. Thus, media monitoring revealed that such news reports paid more attention to which side in the military conflict the abusers belonged instead of focusing on preventing similar situations or the prosecution of offenders. Therefore, a critical analysis of secondary data from various sources and separating facts from rumours is very important when studying any social problem, in particular such sensitive as gender-based violence.

A stable feature of the last decade has been seen in Ukrainians' distrust towards official sources of information<sup>2</sup>. However, international observers are generally trusted by the public. International monitoring missions emphasize the increased prevalence of GBV in the regions affected by military operations. In particular, there was a statement at the meeting of the UN Security Council declaring that, along with other criminal offences, there are many rapes of women in the Donbas area. "There are facts of mass crimes, detentions, abductions, torture, intimidation. According to the latest information of monitoring groups, there is violence against women – a lot of rapes", as mentioned by Raimonda Murmokaite<sup>3</sup>, Representative of Lithuania to the United Nations. The resolution clearly identified the problem expressing the concern of the UN: "There is information about cases of sexual violence and gender-based violence, including rapes and murders, tortures and abuse of women, committed by armed groups in the self-proclaimed "Donetsk People's Republic" and "Lugansk People's Republic"; reports on cases of violence and discrimination against women, as well as allegations of reprisals against women's rights activists in the territory of Crimea, which is the de facto subordinated to the Russian Federation; mass violation of rights of the refugee women in the territory of the Russian Federation".

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<sup>1</sup> <http://povaha.org.ua/pro-sajt/>

<sup>2</sup> According to the study of the Fund "Democratic initiatives" and the Razumkov Centre in the second half of July 2015, volunteers are the leaders of public trust - 67% Ukrainians trust them completely or partially. This is the highest trust rate among all public and social institutions in Ukraine. Among other leaders of trust: church (62% of respondents), Armed Force of Ukraine (55%), volunteer battalions (53%) and civil society organizations (46%). 47% of respondents trust to the Ukrainian mass media, but almost the same percent of respondents don't trust to the mass media. The very low rates of trust is expressed by prosecutors (13% of respondents), courts (13%), Verkhovna Rada of Ukraine (15%), police (18%) and Government (18%). Correspondingly, these institutions have the proportional impact on a society in the context of public perceptions.

<sup>3</sup>[http://ostannipodii.com/a/201410/mizhnarodni\\_sposterigachi\\_povidomlyayut\\_pro\\_masovi\\_zvaltuvannya\\_na\\_donbasi-100004564/](http://ostannipodii.com/a/201410/mizhnarodni_sposterigachi_povidomlyayut_pro_masovi_zvaltuvannya_na_donbasi-100004564/)

International experts emphasize that the concealment of cases of sexual violence in the NGCAs is wide-spread. According to the report of the monitoring mission by the Ukrainian Helsinki Human Rights Union entitled “Problems of gender-based violence in the conflict area”, the conclusions are made that cases of human rights violations and violence exist in these areas, but it is highlighted that survivors are not ready to talk about these facts. The report states that:

- simulating threats and violence, including sexual violence, is not perceived as violence, although it is causing deep wounds to survivors and is hard to overcome in the long-term;
- there are no grounds to argue that there were mass rapes used as means of war during the temporary occupation, unlike some other conflict zones (Rwanda, Bosnia etc.);
- there is indirect evidence that human rights violations, violence, and particularly sexual abuse in the non-government controlled areas are more cruel, occur frequently and are not documented.

The experts of the Helsinki Union together with the “Women’s Information Consultative Centre” collected data on gender-based violence in the conflict area to analyze the situation and develop recommendations for responsible institutions and to protect the survivors. Thus, one of the respondents told the mission about the complicated epidemiological situation in the occupied territories. According to her, female physicians from a dermatovenerology clinic had to conceal the real diagnoses [of sexually transmitted infections] from their “local militia” patients because they feared reprisal:

*“Every second one of them has AIDS, this is the epidemic and no jokes. Syphilis is transmitted through domestic contacts. Venerologists carry gauze, they photograph the place where he sat down, stood up etc. A doctor revealed a disease in him, but it is impossible to find him. Then he came again saying that it hurt more. She says she could not tell him that he’s got AIDS because he would shoot her; and so she was silent or said something else. The infected man walks free with the disease and spreads it. Eventually, this epidemic will pass on to the peaceful areas. They ride freely throughout the territory of “Donetsk People’s Republic” to the government-controlled areas”*- told a woman in Kramatorsk.

The national information space circulates lots of references to the facts of women becoming “small coins” used by different criminal gangs to settle the scores in the occupied territories. Thus, a daughter of the local “ataman” (gang leader) was kidnapped as ordered by the leadership of the so-called “Lugansk People’s Republic”; she was raped and severely beaten, and dumped on the roadside. The girl was later put into the intensive care unit of the local hospital<sup>1</sup>.

The content analysis of the media reveals different attitudes to the facts related to rapes and criminal abusers in the different cities of the NGCAs. While in some cities such cases are not hushed up and investigated, survivors are threatened in the case of disclosure; there are public punishments for abusers in others settlements. In particular, there was information on the internet that a “local commandant of Lugansk People’s Republic” in Alchevsk raped a 22-year-old girl that he had to protect. As a punishment, his “comrades” gave him a plaque with the inscription “I am a rapist” and he had to hold it whilst walking around the city. The process of punishment was that photographs and videos of him holding the plaque were later posted on the internet.

The ban on women from visiting cafes and other entertainment venues in Lugansk can also be regarded as a manifestation of gender-based violence. The initiator of this “innovation” believed that women should be “*mothers and homemakers and sit at home, doing embroidery, baking pies and celebrate the 8<sup>th</sup> of March*”<sup>2</sup>. Later a video was posted on the internet showing the public flogging for visiting cafes of a women named Natalia.

Obviously, in order to talk about the facts of violence, the evidence base should be available. Lisa Rai, Director of the Department of Communications of the International Women’s Rights Centre “La Strada Ukraine” noted: *‘since there are no police in the NGCAs, it is impossible to document evidence of cases of sexual violence. We asked this question to the law enforcement agencies, but they just shrugged because nothing can be done*<sup>3</sup>’. According to L. Rai, there have been about a hundred

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<sup>1</sup>Source: <http://iz.com.ua/ukraina/66310-boeviki-lnr-izbili-i-iznasilovali-doch-atamana-kosogora.html>

<sup>2</sup>Source: [http://joinfo.ua/sociaty/1045987\\_Situatsiya-Luganske-LNR-devushkam-grozit-arest.html](http://joinfo.ua/sociaty/1045987_Situatsiya-Luganske-LNR-devushkam-grozit-arest.html)

<sup>3</sup>Source: <http://povaha.org.ua/pro-sajt/>

calls to the “La Strada Ukraine” help hotline caused by spousal quarrels and misunderstandings due to different views of the political situation in the country. Typically, the suffering party was women. If they tried to leave with a child to go to GCAs and the husband or his family found out, they would be prevented from leaving.

However, the information about crimes, especially those committed by people in uniform, is spreading in the government controlled areas of Ukraine, and increasing in dramatic detail. It can be partly explained by the situation where a significant share of the population of the region does not support the current government and the presence of military personnel in the eastern regions. In October-November of 2014, there were rumors about an extremely violent mass rape of women by Ukrainian military personnel in Mariupol city. Ordinary citizens telephoned reporters and reported seemingly reliable facts about victims in hospitals or intensive care units. In order to find out whether these facts were true, journalists did an investigation. The results were published on the official website of the city of Mariupol.

*“Then, in early October, the phone rang in our editorial office. A woman was calling. She said that there is a girl in the intensive care unit of city hospital №2 who has been brutally raped by the Ukrainian military. ‘she was just broken, she is unconscious now, and doctors are fighting for her life,’ - lamented the woman. We contacted the intensive care unit immediately, and my questions have surprised doctors there. “We do not have any rape victims” - was the short answer”<sup>1</sup>.*

At first, they were talking about 10 survivors, then about 80 survivors, while the journalists were “absolutely reliably” told that the number of Mariupol’s victims of the military’s violence exceeded 80 women in the end of October, while the police was not disclosing the actual number of crimes and protected the offenders. The journalists decided to verify all facts and visited all hospitals in the city where survivors of sexual violence could stay. No women treated after rape were found at the local hospitals. Not trusting official information, the journalists interviewed hospital patients, but the result was the same.

The press service of Mariupol City Department of Police informed the reporters that there were six documented cases of rape of women since the beginning of the year, but no military personnel were involved in the criminal cases. The abusers, detained for committing these crimes, included former convicts recently released from prison. In one case, the rape was linked to the theft of property; an attacker would first rob a woman, but changed his plans during the fight. According to the press service of the Interior Ministry, two 30-year-old men attacked a shop assistant who returned home late at night. They took away her bag and gold jewellery, but that was not enough. They raped the woman in the street, and then led her to the apartment of one of the attackers. They photographed parts of the attack using a camera phone so they could intimidate and blackmail their victim thus preventing her from seeking assistance from the police<sup>2</sup>.

In spite of the lack of “mass” facts, there are single cases of rape by the military personnel filed in the conflict-affected regions. In June of 2015, the police arrested a 40-year-old soldier of the Armed Forces of Ukraine in Kurakhovo, Donetsk oblast. He was suspected of raping a 16-year old girl<sup>3</sup>. *“A 16-year-old girl applied to the department of Maryino police station. She said that an unknown man raped her. Police detained the rapist ... It was established that the attacker was military” - Natalia Schyman, the chief of the press service of Donetsk oblast police. - “The injured girl said that she’d met that man the night before. She was with a friend when he invited her for a walk. They went to the recreation center Dubrava where it all happened. In the morning, she told police.”* Upon request, the police initiated a

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<sup>1</sup> Source: <http://www.0629.com.ua/news/672249>

<sup>2</sup> Source: <http://crime.in.ua/news/20140603/nasilie-v-mariupole>

<sup>3</sup> Source: [http://gazeta.ua/articles/np/\\_bijcya-28yi-brigadi-zatrimali-za-zgvaltuvannya-16richnoyi-divchini-u-kurakhovo/634096?mobile=true](http://gazeta.ua/articles/np/_bijcya-28yi-brigadi-zatrimali-za-zgvaltuvannya-16richnoyi-divchini-u-kurakhovo/634096?mobile=true)

criminal proceeding in accordance with Article 152 Part 3 of the CPC of Ukraine. The rapist could be sentenced to 7 to 12 years in prison.

A separate group at risk during the time of conflict was female volunteers who faced the most ill-treatment during detention by armed gangs, because they were treated as direct participants of armed confrontation. Below are the stories of two women. These women were detained after being arrested at checkpoints because someone alleged they carried food for the Ukrainian military.

*“I was pulled by the hair out of the car, snatching almost all of it. Pulled along the ground by hair. Beaten during the arrest. Daily death threats. Threatened with rape and mockery. Threatened to leave that place as pieces in plastic bags “- a woman, Kramatorsk.*

*“I was taken at the checkpoint between Kramatorsk and Slaviansk. We tried to escape but were caught by boards with nails thrown under the wheels. Blocked by a white van and another 2 cars. Dressed in plastic handcuffs, thrown on the ground face down, beaten on the back with a rifle butt. I was lucky being beaten by a man with a weapon because I was beaten with a butt. The other men had no weapons so they beat my friend with bats. She was beaten on her head and ears. Kept in solitary confinement. Threatened with rape and mocked. Stripped, humiliated, threatened. Those who interrogated wore masks. One of them had the eastern accent, but I do not know whether he was from there. There were threats – we will give you to the Chechens. They will do something with you. The man with the eastern accent cut my hair with a knife and threw into the toilet. I was interrogated by different men. They unbuttoned my shirt - “OK, you pass”, then pretended to shoot me. They told me to get up against the wall and pray. I started to pray, I didn’t know they were joking. Then another man came and said: “What are you doing? The brains will be all over the camera, bring a sheet!” Then they left and didn’t come back”- a woman, Kramatorsk.*

Regardless of the military conflict in the eastern regions, the problem of domestic violence remains important in the Ukrainian society. As it is “not acceptable” to speak openly about this experience in communities, in particular - to seek help from authorities, professionals and service providers, these cases only receive publicity when there are some particularly serious consequences.

*In Krasnoarmiysk, the city police department received a report that the body of a 31-year-old woman was found with obvious signs of violent death in one of the apartments of Ivanovka village. In the course of the investigation, it was found that the woman was abused by her cohabitant who hurt her to death<sup>1</sup>.*

*In Kramatorsk, the police were called because an unconscious woman with injuries was delivered to the hospital. As it turned out later, the woman received these injuries from her cohabitant for being in a state of alcohol intoxication. Not to cause a family quarrel go public, the man tried to treat her by himself for some time, but she lost consciousness and he had to call the ambulance. The woman is in a coma. If she dies from her injuries her attacker can be imprisoned for a term of 15 years<sup>2</sup>.*

With the expansion of the military actions, the problem of domestic violence has become particularly acute. Servicemen have returned home with unrecognized post-traumatic stress disorder and have not sought psychological assistance. Human rights activists from “La Strada Ukraine” noted that they recorded 7,725 complaints in 2014, of them 72.2% were related to domestic violence<sup>3</sup>. On average, the organization’s telephone hotline receives about 5.5 thousands of complaints a year, but the number of women’s appeals increased by 2,000 last year. In 2015, there were almost 6,000 appeals only in the first half of the year. The human rights activists allocate a separate category of complaints of women

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<sup>1</sup> Source: <http://www.06239.com.ua/article/963629>

<sup>2</sup> Source: <http://www.kramatorsk.info/view/166342>

<sup>3</sup> Source: <http://focus.ua/country/328870/>

who seek assistance because of their husband's violence after returning from the war; analysis of this information will allow for an assessment of the scale of this phenomenon in the future.

*“The problem of domestic violence because of the war is very serious. We have never faced such things before, and the problem is exacerbated by the lack of resources and expertise. Of course, the soldiers who have returned home suffer from stress and anxiety. And they often do not want to apply for psychological support. They think that alcohol is the best remedy. Then, they begin to feel as if their wives do not understand what they have gone through and what had seen. And this psychological suffering is then escalated into physical or sexual violence.”- Olena Zubchenko, La Strada - Ukraine.*

Even having avoided any wounds and injuries, people are returning home completely different. According to statistics, almost 80 percent of soldiers return home with the so-called “Donbass syndrome” which manifests itself in depression, loss of interest in life, alcoholism and nightmares. *“Back home, you cannot get rid of your instincts that saved your life yesterday: hard rules that suspicious sounds mean death, that you should hide in a deep trench, that the world is divided by front lines and the best solution is to shoot first. The subconscious is showing the bloody pictures all the time - that cannot fit the quiet, peaceful life around you. Soldiers fall into depression. They get unsociable and hide from the surrounding world. This is very serious. Because these men lose their understanding of why we live. Usually, manifestations of post-traumatic stress disorder start to occur a week after leaving the ATO area and can last up to six months. 80% of people who had been in combat face the risk of going through posttraumatic stress disorder”<sup>1</sup>- R. Tchaikovsky, a psychiatrist.*

Thereby, the content analysis of the national information space reveals not only the spreading signs of GBV in the Ukrainian society in general and in the conflict-affected regions; it also confirms the significant attention to these issues paid by civil society representatives, international observers and the media. Such an attention reiterates the need for reliable and objective data on prevalence, forms and manifestations of gender-based violence in order to avoid any speculation and manipulation of data, to identify reliable information in a wide range of news and comments in online resources and social networks.

## **SECTION 2. PREVALENCE OF GENDER-BASED VIOLENCE IN THE CONFLICT-AFFECTED REGIONS: KEY FINDINGS OF THE POPULATION-BASED SURVEY**

### **2.1. SURVEY METHODOLOGY AND DESIGN**

In order to obtain reliable information on GBV prevalence in the conflict-affected regions, a special sample population survey was initiated. Such studies remain reliable tools for collecting information, as the aggregation of data in the statistical analysis provides for full confidentiality of respondents and depersonalization of any results. The method of individual face-to-face interviews provides the possibility to establish direct rapport between interviewer and respondent, as well as to clarify any questions in cases of any misunderstanding or incorrect interpretation. However, GBV surveys are accompanied by a number of challenges with regard to the sensitive topics and possible stigmatization of survivors in local communities. In conditions of the on-going military conflict, the relevance of safety of all survey participants is increasing, as well as the need to comply with full confidentiality and ethical standards of the research.

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<sup>1</sup> Source: <http://tsn.ua/ukrayina/sered-biyziv-ato-shiritsya-noviy-donbaskiy-sindromom-yakiy-mozhe-prizvesti-do-epidemiyi-samogubstv-392067.html>

### ***Study Location and Timeframes***

In September-October of 2015, a special population-based survey on GBV was conducted in 5 conflict-affected regions of Ukraine: Dnipropetrovsk, Zaporizhzhya and Kharkiv oblasts, as well as in the GCAs of Donetsk and Lugansk oblasts. Initially the survey was designed to cover the NGCAs, but in July 2015 the de-facto authorities of the self-proclaimed “Donetsk People’s Republic” and “Lugansk People’s Republic” imposed a ban on any humanitarian or foreign assistance operations in the areas under their control, which prevented access to the NGCAs for the survey teams and field data collection.

### ***Sampling Methodology and Design***

The survey was conducted through individual interviews held at the residences of respondents. Two target groups of respondents were selected:

1) women aged 18+ years representing the general population of local communities in the survey regions (sampling design was developed based on the general demographics available at the beginning of 2015, with consideration of the gender-age composition of population and urban-rural structure of settlements), and

2) internally displaced women aged 18+ staying in these regions (sampling design was developed based on the official data on the distribution of registered IDPs among the host regions provided by the MoSP of Ukraine as of August 2015).

The total population sample was 2,512 women, including 1,505 women from the local communities and 1,007 women from the IDP population.

### ***Survey Instruments***

The contents and structure of questionnaires were developed in accordance with the “Gender-Based Violence Tools Manual for Assessment & Program Design, Monitoring & Evaluation in Conflict Settings”<sup>1</sup>. The approaches to formulating the questions and proposed options of responses were adapted by national and international experts to ensure a comprehensive relevance to socio-cultural features of the Ukraine’s society.

The logic of questionnaire’s composition suggested several blocks of questions:

- 1) socio-demographic characteristics of respondents;
- 2) experience of violence caused by perpetrators outside the family during the military conflict in the Donetsk and Lugansk regions;
- 3) experience of violence caused by perpetrators outside the family during displacement (for IDP respondents only);
- 4) experience of partner violence during the conflict (over the last year, preceding the conflict, and over the last 12 months), as well as the lifetime experience of respondents;
- 5) general attitude to gender-based violence and distribution of gender roles in the society;
- 6) current mental health of the survey respondents.

At the preparation stage, two types of questionnaires were developed: 1) for women from the general population sample representing local communities of the conflict-affected region and 2) for women representing internally displaced persons (Annex C1). Both target groups of the survey were asked identical questions to enable comparative analysis of their assessments; the IDP respondents were provided with extended questionnaires featuring additional blocks of questions related to the periods of internal displacement and their return home (if applicable). Such approach was used to provide opportunities to define at which stage of the conflict women face the highest risks of violence. Time frames for displacement periods were individually specified by respondents; January 2014 was used as time marker to outline the period related to the conflict beginning.

The draft questionnaires were translated into English in order to get them reviewed and receive feedback from the “GBV Tools Manual” developers in terms of their compliance with the methodology,

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<sup>1</sup> Source: [http://reliefweb.int/sites/reliefweb.int/files/resources/FC881A31BD55D2B3C1256F4F00461838-Gender\\_based\\_violence\\_rhrc\\_Feb\\_2004.pdf](http://reliefweb.int/sites/reliefweb.int/files/resources/FC881A31BD55D2B3C1256F4F00461838-Gender_based_violence_rhrc_Feb_2004.pdf).

technical standards and ethical considerations of similar surveys. The final adjustments of questionnaires were done during the training for interviewers and following the pilot test of questionnaires.

The questionnaires were printed in Ukrainian and Russian.

### ***Interviewer Training***

Specialized intense training was organized for interviewers and regional field supervisors at the beginning of September 2015. The training program was developed in a way to cover not only the issues related to the interviewing techniques and practicing the survey tools, but also to raise interviewer's awareness on the concepts of gender-based violence and ensure their non-judgemental attitude to women who could have survived GBV (Annex C2). Much attention was paid during the training to respecting confidentiality, safety and ethical considerations of GBV surveys, to developing basic skills in emergency psychological support to potential survivors and to learning about the existing opportunities to get assistance if required.

Finally, interviewers were provided with updated information on the available service providers for GBV survivors to be disseminated among the respondents towards the end of interviewing.

### ***Data collection and response rates***

The survey complied with all requirements of interviewing technology. Given the sensitive nature of the questions, all respondents were informed about the general topics of the research and clarified how the results will be used – before the interview began. The respondents were guaranteed the opportunity to refuse to participate in the survey at any of stage, to suspend or re-schedule the interview in case of interruption by third parties, as well as absolute confidentiality of all responses.

The fieldwork was conducted by 50 trained interviewers working with randomly selected respondents among the general population at 137 routes. 47 interviewers recruited respondents among internally displaced persons through many and varied channels of recruitment (Annex C, Table C1).

In total, the interviewers registered 854 refusals from potential respondents among the general population (the response rate was 63.8%) and 183 refusals from potential respondents among IDPs (the response rate was 84.6%). The regional variations in the rates of respondent accessibility are presented in Table 2.1.1.

**Table 2.1.1. The number of interviewed respondents by regions and response rates**

	<b>Oblast</b>	<b>Realized number, individuals</b>	<b>Total number of refusals, individuals</b>	<b>Response Rates, %</b>
<b>Questionnaire №1 (local women from the general population)</b>				
1	Dnipropetrovsk	438	71	86%
2	Donetsk	305	276	53%
3	Zaporizhzhya	236	130	65%
4	Lugansk	165	45	79%
5	Kharkiv	361	332	52%
<b>Total</b>		<b>1505</b>	<b>854</b>	<b>63.8%</b>
<b>Length of interview: min = 9 min., max = 150 min., average = 32 min.</b>				
<b>Questionnaire №2 (women of IDPs)</b>				
1	Dnipropetrovsk	125	50	71%
2	Donetsk	471	68	87%
3	Zaporizhzhya	108	25	81%
4	Lugansk	109	23	83%
5	Kharkiv	194	17	92%
<b>Total</b>		<b>1007</b>	<b>183</b>	<b>84,6%</b>
<b>Length of interview: min = 10 min., max = 140 min., average = 37 min.</b>				

Based on the results of the fieldwork, each interviewer recorded the specific number of refusals from potential respondents and the reasons thereof, as well as other comments on conducting the interviews, specification of questions etc. which respondents raised. (Table 2.1.2).

**Table 2.1.2. The number of refusals to participate in the survey and reasons of refusals**

Number of refusals:	Local women	Women of IDPs
		854
Reasons for refusal	<ul style="list-style-type: none"> <li>- no free time;</li> <li>- mistrust of sociological surveys;</li> <li>- because of the survey topics;</li> <li>- without explanation.</li> </ul>	<ul style="list-style-type: none"> <li>- fear of confidentiality;</li> <li>- because of the survey topics;</li> <li>- no free time;</li> <li>- mistrust of sociological surveys.</li> </ul>

Among basic complications faced by interviewers at time of interviews were:

1) complications with establishing channels for recruitment of the first several IDP respondents in the settlements; the process was facilitated through the “snowball effect” later. In some settlements, the search for IDPs had to be rearranged to coincide with the time of humanitarian aid delivery;

2) significant time spent to provide transportation of interviewers between multiple settlements of their individual routes in conditions of poorly organized transport infrastructure;

3) significant time spent to establish rapport with a respondent because of sensitive topics of the survey and due to mistrust towards sociological surveys among the population; the process of interviewing required a lot of time due to the length of the questionnaires and the sensitive topics covered therein;

4) low sincerity of respondents: many interviewers observed that respondents didn’t want to divulge information about their sexual partner’s violence and/or any information about their spouse. In particular, the procedure of random selection of respondents suggested collecting information about all household members; but, some women refused to continue to speak with interviewers after hearing these questions. Interviewers noted particularly low sincerity of IDPs (in particular, in the GCAs of Donetsk and Lugansk oblasts) and associated it with psychological state of these respondents, their disinterest and total mistrust.

#### ***Data entry and quality control***

At the time of primary data processing, all questionnaires were controlled for completeness and logic of completion. Information quality and interviewing quality were also validated at this stage. In the process of validation, responses of 148 respondents from the general population and 98 IDP respondents were verified in 5 administrative territorial units (9.8% of the total number of respondents). Verification was done based on the route lists completed by interviewers indicating the characteristics of the interviewed respondent. As validation revealed, all interviews were conducted in accordance with the instructions and in compliance with the requirements for similar population-based surveys.

The analysis of the realized sample allows us to certify its correspondence to the estimated sample, and the general representativeness of the received data for the target groups of the survey.

#### ***Data analysis***

The layout of data arrays was developed and tested in the SPSS format. The coding was applied to the respondents’ answers, while data were entered into electronic format in SPSS PC software. The database was developed with subsequent verification for quality over data entry and logic. Special interval variables were developed for selected questions. Based on the aggregated database, the primary data analysis was conducted using SPSS to provide frequencies and percentages for the main variables; detailed multivariable analysis was completed in the SPSS software environment.



## 2.2. SOCIO-DEMOGRAPHIC CHARACTERISTICS OF THE SURVEY RESPONDENTS

### *Background socio-demographic characteristics*

The background socio-demographic characteristics of respondents of the GBV prevalence survey in the conflict-affected regions are presented in Table 2.2.1. In line with the sample design, 1,505 women who represented the general population of the local communities were interviewed, including 438 women in Dnipropetrovsk oblast, 361 women in Kharkiv oblast, 305 women in Donetsk oblast, 236 women in Zaporizhzhya oblast and 165 women in Lugansk oblast, as well as 1,007 women were interviewed among IDPs, including 471 women in Donetsk oblast, 125 women in Dnipropetrovsk oblast, 108 women in Zaporizhzhya oblast, 109 women in Lugansk oblast and 194 women in Kharkiv oblast.

The majority of women (52.2% among the general population sample and 66.2% among the IDP sample) were in their reproductive age (18-49 years). As a result of age-specific quotas applied in accordance with the demographic structure of the population, there were slightly more women of older age groups in the realized sample of local community women (30.3% of them were aged 60 and over), as compared with the realized sample of IDPs (correspondingly 20.4%). Their recruiting for the interviews depended on their accessibility.

The prevailing number of women in both groups of respondents had tertiary education (71.1% of women from local communities and 64.9% of IDP women), while about one-third of them had secondary education (including basic and complete ones). Only a few percent of women reported that they had primary education only. This closely correlated with the general structure of Ukraine's population by the level of educational attainment.

**Table 2.2.1. Background socio-demographic characteristics of respondents**

<b>Distribution of the interviewed women by background characteristics, in %</b>		
<b>Characteristics</b>	<b>Local women</b>	<b>Women among IDPs</b>
<b>Age group</b>		
18-29	18.5	21.5
30-39	17.6	28.1
40-49	16.1	16.6
50-59	17.5	13.4
60 and over	30.3	20.4
<b>Region of interview</b>		
Donetsk oblast	20.3	46.8
Dnipropetrovsk oblast	29.1	12.4
Zaporizhzhya oblast	15.7	10.7
Lugansk oblast	11.0	10.8
Kharkiv oblast	24.0	19.3
<b>Education</b>		
Primary (below 9 <sup>th</sup> grade)	2.4	1.0
Basic (incomplete) secondary (9 <sup>th</sup> grade)	5.1	3.4
Complete secondary / Vocational training school	29.9	29.7
Basic tertiary (college, high institutions of I-II accredit. levels)	26.4	30.8
Complete tertiary (university, high institutions of III-IV accredit. levels)	34.7	34.1
Scientific degree (Ph.D. etc.)	1.2	0.9
Other	0.3	
<b>Marital status</b>		

Currently married	45.7	46.2
Currently partnered	5.4	3.3
Currently non-married / non-partnered	37.2	40.8
Never married / partnered	11.6	9.7
<b>Total</b>	<b>1,505</b>	<b>1,007</b>

### *Marital status and composition of households*

The largest share of interviewed persons (31.4% of local women and 30.0% of women among IDPs) lived in households of 3 persons (including the respondent), a quarter of respondents – in households of two persons, another quarter of respondents – in households of 4 persons (Annex C, Table C.2.). Almost two thirds of the interviewed IDP women reported that they have moved together with all family members (63.8%), so their families did not differ a lot from the population of local communities in terms of household composition.

Almost 70% of the local women interviewed had no children under the age of 18 years; 22.4% of them had 1 child aged 18 or below, 7.8% of respondents had 2 children or more. Among the IDP women interviewed, the share of respondents living together with children under 18 years of age was larger – it was reported by almost a half of the respondents. The share of IDPs living with two and more children was also much larger (the maximum number of children reported was 10). A higher concentration of women with minor children among IDPs looks quite natural, as fears for children and expectations of better future for them were regarded among the motivating factors for displacement during the conflict.

As to the marital history, 9.7% of women among IDPs and 11.6% of women from local communities reported that they have never been married or lived with a partner (see Table 2.2.1). As to the current relationship status, more than a half of all ever-married / partnered women stated that they were currently married. Yet 3.6% of IDP respondents and 6.2% of women from local communities lived together with their partners being in a “serious” relationship at the time of interview. More than 40% of all ever-married / partnered respondents were not currently married / partnered at the time of interview.

Among those married / partnered women, about three quarters of both groups of respondents have been married once, about one-fifth twice, and only a few percent 3 times and more. The prevailing number of women reported their first marriage / serious partnership to happen before they were aged 25 (Annex C, Table C.3).

According to the survey results, the most recent relationship amongst the respondent group labelled as “women not currently married” ended due to various reasons, including divorce (38.0% of IDPs and 28.2% of local women), separation (respectively 22.6% and 18.8%) and death of partner (36.7% and 50.9%).

Among the total number of not currently married and never-married respondents, 4.4% of local women and 6.9% of IDP women reported having intimate partners with whom they are currently not living together.

Importantly, the marital structure of the survey respondents was somehow different from the general marital structure of the female population of the country. As mentioned, about 40% of the interviewed women reported that they were not married / partnered at the time of interview, while the corresponding proportion of women was 17.2% based on the data of Ukraine’s Demographic and Health Survey in 2007<sup>1</sup> (respectively, 55.3% of women were officially married, 4.9% of women lived together with their partners, 22.6% of women had never been married). The reasons of such discrepancies could be associated with the challenges of similar surveys in the on-going conflict that we mentioned earlier. It is probable that after several waves of military mobilization and raising the upper age limit for military recruitment in Ukraine, some women might be reluctant to provide information on their current marital status having doubts regarding the confidentiality of their responses and fear of possible consequences. This factor should be considered when conducting any subsequent analysis of the survey results and

<sup>1</sup> Source: <http://dhsprogram.com/pubs/pdf/FR210/FR210.pdf>

interpreting the data, as it could eventually result in data offsets for frequencies of responses related to experience of partnership and underestimation of intimate partner situations explored by the survey.

### ***Social-economic status at the labour market and income structure***

The contents of questionnaires provided opportunities to assess not only the composition of respondents by their socio-economic status at the labour market at the moment of interview, but also to trace some changes in the status of women's employment as a result of internal displacement (Table. 2.2.2). As compared with IDP respondents, local women practically have not experienced any changes in their socio-economic status due to the conflict in eastern Ukraine. In spite of a drop in the share of employed women by few percentage points (respectively, shares of unemployed women, women on maternity leaves and women engaged in household work have grown), this decline is rather insignificant in comparison with striking shifts observed in the employment structure of IDPs. According to the survey results, internal displacement caused an almost two-fold decline in the share of women in employment among IDPs (50% of respondents were employed before the conflict and only 27.1% remained employed at the moment of interview). At the same time, the share of unemployed IDP women has grown almost 6 times over this period (from 4% before the conflict to 24% at the moment of interview). The responses of the interviewed IDPs also confirm the impact of displacement on the opportunities for secondary employment for displaced women above retirement age and women still in education (students and schoolchildren). These results confirm that IDPs face problems with finding jobs in the hosting communities, which increases their vulnerability.

**Table 2.2.2. Socio-economic status of respondents at the labour market before the conflict in Donetsk and Lugansk regions and at the moment of interview, in %**

<b>Socio-economic status at the labour market</b>	<b>Local women</b>		<b>Women among IDPs</b>	
	before the conflict	at the time of interview	before the conflict	at the time of interview
Employed	48.1	45.5	50.0	27.1
Unemployed, but actively looking for a job	2.7	3.7	4.0	24.0
Unemployed and NOT looking for a job	1.6	1.9	1.0	2.9
Of pensionable age employed	7.0	6.6	6.6	2.7
Pensioner (unemployed)	24.1	26.8	17.4	21.9
In education (student, pupil) and employed	2.6	1.7	1.8	1.1
In education (student, pupil) and unemployed	4.8	3.3	3.0	2.2
Unemployed due to disability or inability to work	0.7	0.7	0.9	1.5
Engaged in housework (caring for children or other relatives)	4.1	4.5	5.3	5.9
On maternity leave	4.3	5.0	9.9	10.1
Other	0.1	0.3	0.2	0.7
Total	100	100	100	100

The survey revealed a very high dependency of IDPs on social benefits and cash allowances from the state (three quarters of IDP respondents had received such incomes at the moment of interview and 28.8% of them informed that social benefits were the main source of their incomes). As compared with local women, IDPs are also more dependent on financial assistance from other family members: 40% of the interviewed IDP women received support from relatives, while 17% of them regard this support as the main source of incomes (Annex C, Table C.4). As to the structure of incomes of local women, the main contribution is provided by official wages at the main job (50% of the interviewed women had such income, while it was the main income source for 44% of them).

As to other disparities in the structures of incomes of two groups of respondents, a larger share of incomes from secondary (additional) jobs is common for IDP women. A suggestion can be made that such structure of incomes is determined not only by a smaller role of wages, but also by a need for additional incomes to provide for the usual living standards at a new place. On the other hand, the share of incomes from subsistence farming is several times smaller in the structure of IDP's incomes as compared with respondents from local communities, because most displaced women have lost opportunities to cultivate their plots of land.

***Experience of internal displacement as a result of conflict***

According to the survey results, the first population displacements started as early as January 2014 (i.e. before the active phase of the military conflict in Donetsk and Lugansk regions) when several survey respondents left their homes. The last movements reported by the respondents took place in October 2015. However, the prevailing number of the interviewed IDPs (71.4% of respondents) left their homes in June-October of 2014. Another 15% of IDP respondents moved to new places in November 2014 – February 2015.

A half of IDP respondents (508 persons) made a single move to the current place of residence, while 29.6% of them changed several communities during the displacement period; 28.5% of IDP respondents also changed several places of residence within the same community.

Only 45 displaced women (4.5% of the total number of IDP respondents) returned home after their displacement; unfortunately, the small size of this sub-sample did not allow for a representative study of returnees' life circumstances.

As to the causes and circumstances which forced women to move, more than three quarters of respondents mentioned lack of safety in their home communities, including combat operations (Table 2.2.3). About one third of IDP respondents reported absence of safe housing (31.9% of women informed that their homes had been completely or partially ruined), inability to find a job (37.3% of respondents), receive social benefits (37.2% of respondents) and buy food (31.3%). Almost 30% of women reported that they hadn't seen any future for themselves or their families in those given circumstances.

**Table 2.2.3. Causes and circumstances which forced women to move as a result of military conflict in the Donetsk and Lugansk oblasts**  
(more than one response option could be selected, N=1,007)

	Positive responses, %
Home (apartment) was completely or partially ruined	31.9
No (limited) access to drinking water	15.6
No food products available or food was too expensive	31.3
It was unsafe in their settlement (including combat operations)	78.6
No electricity/water/gas supply	16.8
No access to medical assistance	24.9
No access to employment	37.3
No access to social benefits	37.2
No access to education (including for children)	17.5
No access to the needed medicine and treatments	22.4
Fear of persecution (on the grounds of political or religious beliefs)	10.6
Impossible to conduct business	4.9
No future for myself / family / children	29.3
Other	4.0

Although the survey has not revealed any significant exclusion of IDPs from basic public services as compared with local population (Annex C, Table C.5), women from both surveyed groups noted it was difficult for them to access some service providers in their communities. The largest share of respondents were unsatisfied with access to administrative services (30.7% of respondents), free medical care and receiving social benefits (28.4% of respondents each). Every fifth woman from the local communities said that it was difficult to access social services, legal services, psychological assistance

and medical services related to reproductive health. These results confirm a need for further development of an integrated system of socially important services in local communities and increasing their accessibility for all population groups, including permanent residents and internally displaced people living in these host communities.

### **2.3. PREVALENCE OF VIOLENCE OUTSIDE OF THE FAMILY DURING THE CONFLICT AND DISPLACEMENT**

The survey program was designed in a way to enable a comparative analysis of prevalence of violent situations faced by women in their communities during the military conflict, at time of displacement and after returning home (if applicable). Surveying two distinct groups of women allowed for comparing the experiences of IDPs and permanent population of the regions, estimating their specific vulnerabilities to gender-based violence in the conflict zones, and exploring their coping strategies. In order to clearly identify cases directly related to the armed conflict's impact, questions in the interviewing forms were arranged into separate blocks probing possible cases of violence by outsiders (out of family) and by intimate partners.

Because of low population's awareness of GBV and difficulties in identifying its manifestations in daily life, before asking questions the respondents were provided with clear definitions of possible situations related to psychological, economic, physical and sexual violence. The interview questions focused on exploring the circumstances and consequences of cases deemed most serious by the respondents.

Psychological violence by outsiders was assessed by asking women whether or not they have experienced a situation where they were: (1) intimidated, blackmailed, threatened with causing pain or harm to loved ones; (2) humiliated, insulted (privately or in front of other people); (3) subjected to improper sexual comments; (4) forced to watch someone being physically assaulted; (5) forced to watch someone being sexually assaulted.

Economic violence by outsiders was assessed by asking women whether or not they have experienced a situation where they were: (1) squeezed or denuded of their money / property; (2) deprived of their documents; (3) forced to work without pay or for a pittance; (4) not allowed to go to work or to study.

Physical violence by outsiders was assessed by asking women if they experienced a situation where they were: (1) slapped or hit; (2) choked; (3) beaten or kicked; (4) tied up or blindfolded; (5) threatened with a weapon of any kind; (6) shot or stabbed; (7) deprived of food, water or sleep; (8) assaulted causing bodily harm; and (9) detained against their will.

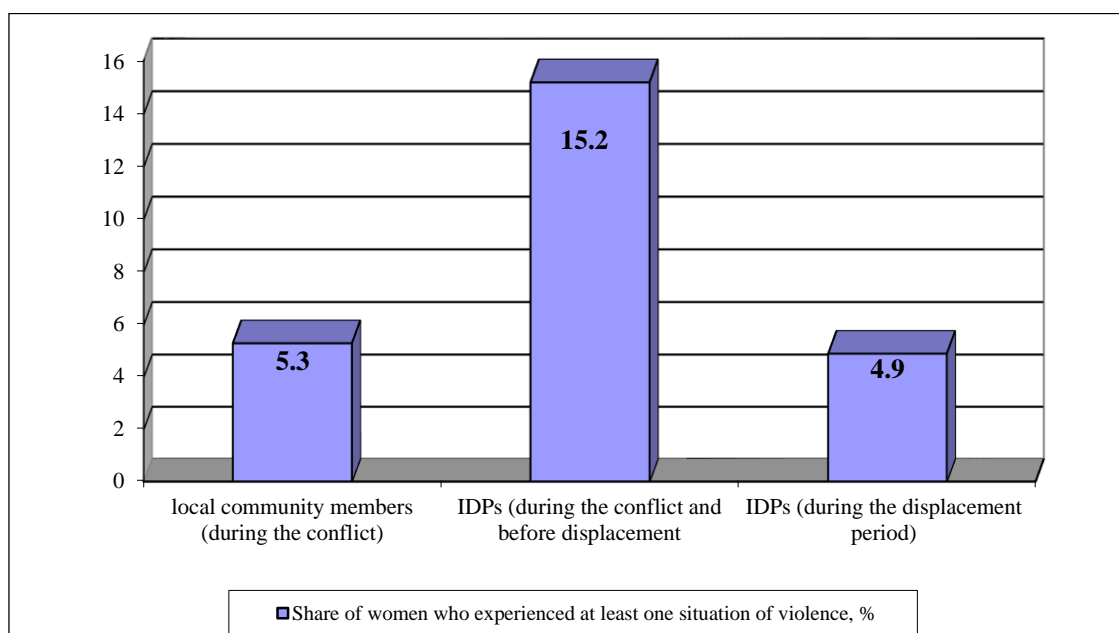
Sexual violence was assessed by asking women whether they: (1) were forced to remove or stripped of their clothing; (2) were subjected to unwanted kisses; (3) had their intimate parts touched; (4) had their intimate parts beaten; (5) were forced or threatened into a sexual intercourse; (6) were forced into sex for food, water, protection for their families, or other reasons; (7) forced to marry / live together with the violator.

Some women also reported other forms of violence, but they didn't provide any details to describe these specific situations. Such responses were aggregated as "other (unspecified) situations" in the subsequent analysis.

#### ***Experience of violence outside of the family during the conflict***

The survey confirmed higher vulnerability of internally displaced people to all forms of violence (economic, physical and sexual violence covered within the survey program) explored (Fig. 2.3.1). Indeed, the prevalence of all forms of violence (among IDP women almost thrice exceeded that among women from local population of the regions: 15.2% of IDP respondents (153 women) reported at least one case of violence during the conflict, while there were only 5.3% of local women surviving such situations (80 women). In the period after fleeing the territories directly affected by military actions, the prevalence of all forms of violence among IDPs dropped more than thrice, approaching the value observed among local women in the hosting communities. At large, only 49 displaced women (4.9% of

total IDP respondents) confirmed that they had experienced at least one situation of violence after their displacement.



**Fig 2.3.2. Percentage of women surviving at least one form of violence (from outsiders) during the conflict and displacement period**  
(local women: N=1,505, women among IDPs: N=1,007)

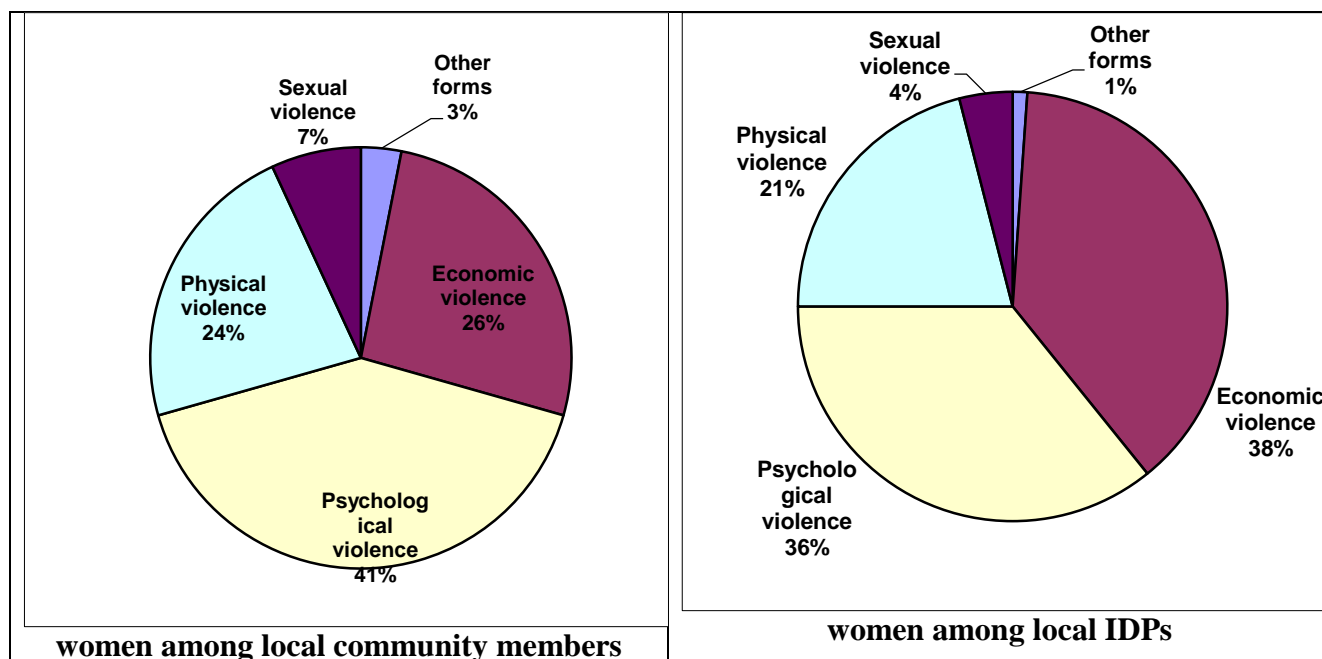
When disaggregated by region, the highest prevalence of any form of GBV was observed in Kharkiv oblast (almost one-quarter of IDP women and 7.2% of local women reported GBV cases). It was also quite high in Dnipropetrovsk oblast: 20% of interviewed IDPs and 4.6% of locals reported at least one situation of violence during the conflict. Many displaced women reported such experiences in Donetsk oblast (52 individuals), but given the high concentration of displaced people in the region, their proportion was only 11% among all IDP respondents. Relatively lower rates of reported violence during the conflict were observed in Lugansk and Zaporizhzhya oblasts (Table 2.3.1).

**Table 2.3.1. Distribution of women who experienced at least one case of violence (by perpetrators outside of the family) during the conflict, by regions of interviewing**

Regions	Women among local community members, N=80		Women among IDPs, N=153	
	Abs.	Percent of respondents	Frequency	Percent of respondents
Donetsk oblast	20	6.6	52	11.0
Dnipropetrovsk oblast	20	4.6	25	20.0
Zaporizhzhya oblast	10	4.2	13	12.0
Lugansk oblast	4	2.4	15	13.8
Kharkiv oblast	26	7.2	48	24.7

At large, internally displaced women reported significantly larger numbers of violent situations experienced during the conflict, both in absolute and relative terms. In total, they reported 352 situations related to any form of violence, including 134 incidences of economic violence, 126 occurrences of

psychological violence, 14 examples of physical violence and 14 incidents of sexual violence (Annex D, Table D.1). The total number of violent incidents reported by women from local populations was twice as less (160 episodes), including 42 incidences of economic violence, 66 incidences of psychological violence, 36 incidences of physical violence and 11 incidences of sexual violence (Annex D, Table D.2). However, the composition of all violent incidences by forms of violence was rather similar for survivors among local women and IDPs (Fig. 2.3.2); such proportional compositions provide grounds to argue the increased vulnerability of displaced persons to all forms of violence during the conflict. At the same time, the share of economic forms of violence was larger among IDP survivors, including situations when they were forced to give up their money and documents, to work without pay or for a pittance, or not allowed to go to work or study.



**Fig. 2.3.2. Composition of total violent incidences, reported by respondents of the Survey, by forms of violence, %.**

As to specific forms of violence, the most prevalent reported situations were related to humiliation and insults (5.9% of IDP respondents and 3.1% of local women). Among other prevalent forms, both groups of women mentioned being intimidated, blackmailed and threatened; slapped or hit, forced to give up their money or documents to a perpetrator; forced to work for free or a pittance; and subjected to improper sexual comments (Annex D, Table D.3). Notably, local women mostly reported sporadic cases of such mistreatment (the majority of cases happened only once or twice during the conflict), while IDPs who experienced similar situations before displacement reported they had been quite regular (see Annex D, Table D.1). After displacement, the frequency of all forms of violence has significantly dropped (Annex D, Table D.4).

It is widely acknowledged that sexual violence is underreported by sociological surveys due to its socially tabooed nature and possible stigmatization of survivors<sup>1</sup>. Obviously, such underreporting could yet increase at times of on-going military conflict due to mistrust in confidentiality of information and fears of reprisal from the assailants. Nevertheless, the survey has revealed several situations directly related to sexual violence by outsiders. In particular, 13 women (0.5% of all respondents) reported at least one situation of sexual violence during the conflict: 5 women were from local communities (0.3% of this respondent group) and 8 women were IDPs (0.8% of respondents).

<sup>1</sup> AMA (1995). Sexual Assault in America, American Medical Association.

Among the survivors, only two displaced women and three local women reported that they were forced to have a sexual intercourse. All others mentioned less severe situations (such as unwanted kissing or touching); however, they also confirmed some physical injuries and negative psychological effects caused by these episodes<sup>1</sup>.

**Experience of sexual violence during the conflict: survivor's descriptive stories**  
**Internally displaced woman (32 y.o., complete tertiary education, employed, separated), displaced in August 2014 and stayed in two different settlements since then**

Before her displacement, she was subjected to many situations of extra-familial violence, including forced confiscation of her documents, prohibition from going to work, intimidation and threats of causing pain or harm to loved one (4-6 times), slaps or beating (3-5 times) and choking (once in a month). She was detained against her will several times. Almost daily she was subjected to improper sexual comments, unwanted kissing, forced to remove her clothing, touched on her intimate parts and coerced into sexual intercourse. The woman also reported that she had been forced to live together with the perpetrator. Moreover, she was forced to watch other women being sexually assaulted several times; the woman confirmed that similar situations were experienced by other women she knew personally (e.g. by her close friend).

The gravest situation took place in July 2014. The woman was abused at her own home by a perpetrator she knew personally before. The reported case included intimidation, being choked, tied up, forced to have sex, forced to watch other persons being sexually assaulted. She reported an unwanted pregnancy and then miscarriage as a result of this incident. She had multiple injuries but did not apply for any medical assistance (no reasons for non-applying were given). She didn't contact law enforcement bodies as she was afraid of further violence. She also didn't tell anyone about her experience because she felt ashamed.

She suffered from psychological disorders after this situation, including intrusive memories, nightmares, distorted sleep, permanent feelings of fear or guilt. She mentioned deep depression and suicidal thoughts emerging after this episode. Later, she applied to a clinic for psychological assistance and was provided with much needed support. With regards to potential coping strategies, the woman noted that the assistance of medical workers would have been helpful, as well as the support of psychologists and a women's support group.

**Internally displaced woman (37 y.o., complete tertiary education, employed, divorced), left home in November 2014**

The reported situations of out-of-family violence before displacement included forced confiscation of documents, forced work without any pay or for a pittance, intimidation, blackmail, threats of pain or harm to loved ones, numerous cases of humiliation and beating. Moreover, she was subjected to unwanted sexual comments and forced to remove her clothing (once in a week), subjected to unwanted touching of her intimate parts. About once in a month she had a sexual intercourse against her will and was forced to live together with the perpetrator. She also reported situations where her female relative was beaten, had her documents confiscated, was detained and forced to have sex against her will.

In total, that woman reported seven episodes of forced detention during the conflict; she was detained at her own home and experienced physical and sexual violence there. The woman reported that some kind of relationship with her abuser developed, but stated that they were not together at the time of interview.

The worst episode took place in June 2014 when she was home alone. She received injuries, including bruises and scrapes, joint dislocations, but didn't apply for any medical assistance as she was afraid of further violence. After this episode, the woman often experienced psychological issues (nightmares, intrusive memories, changes in sleep patterns); she also mentioned the permanent feeling of fear and helplessness, detachment from reality and deep depression. The woman didn't apply for socio-psychological assistance or for support from law enforcement bodies. She also didn't tell anyone about this episode, but she believed that psychological support would be useful to cope with consequences of this situation.

She also experienced intimate partner violence before the conflict (including situations related to emotional violence and controlling behaviour, as well as hitting and detention against her will); some of these

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<sup>1</sup> Acknowledging common underreporting of sexual violence, a case study descriptive approach was applied to the analysis of reported women's experiences through a detailed review of each situation reported. The contents of questionnaire provided opportunities to explore the circumstances of all reported situations of sexual violence, as well as background characteristics of survivors.



situations took place during the last 12 months (before a divorce). The main provoking factors of intimate partner violence were related to her husband's issues with money. However, the woman reported that she now knew how to deal with the problems of domestic violence.

**Local woman of (31 y.o., basic tertiary education, non-married but had a partnership before, unemployed)**

She reported the following instances of violence outside the family during the conflict: she was humiliated and insulted (once in a month), experienced physical injuries (1-2 times), forced to remove her clothing, subjected to unwanted kissing, forced or coerced into sex, compelled into for rewards such as food etc.

The most serious situation took place in May 2013 and was committed by unknown perpetrators. As a result, she had many injuries (bruises and scrapes, deep wounds and cuts) and exacerbation of chronic diseases. She didn't apply for medical assistance as there was no proper medical institution in her community. Due to the same reason, the woman didn't refer to law enforcement bodies.

The woman mentioned having psychological problems after this situation (frequent intrusive memories, feeling of fear or guilt sometimes). But she didn't apply for any psychological support because of her mistrust of psychologists. To cope with this situation, the woman talked to a female family member, her friends and a lawyer about her experiences. She was listened to, but nothing was done to help her. She had no expectations of any help at the time of interview either.

***Circumstances of violence outside the family during the conflict***

As the survey revealed, the experience of violence faced by local women and IDP women is quite different in terms of the circumstances of GBV incidents. While about one third of all survivors of violence reported it had been committed by unknown individuals, displaced women more often reported violent incidents committed by military personnel. According to local women, more incidents of violence were committed by neighbours / community members, employers and bosses. Single incidents were reported as committed by law enforcement personnel, social workers, medical workers, teachers, priests and staff of humanitarian aid organizations.

To explore the circumstances of violent situations during the conflict, both groups of respondents were asked to specify the most serious episode (if they had encountered more than one). Even though both groups of respondents mentioned the same forms of violence as the most serious episodes, the generalized circumstances of these situations differ significantly between these groups (Table 2.3.2). Local women mostly reported situations committed by one aggressor they knew personally. They usually were alone at the time of the incident and didn't face particularly serious threats to their safety. It looks like most situations were hardly influenced by the on-going conflict; they rather reflect a snapshot of everyday life of the Ukrainian society. In contrast, displaced women mostly reported violent situations caused by a group of strangers, associated with direct threats of violence or death to them or witnesses. In contrast to local women, IDPs mentioned the checkpoints at the demarcation line as locations of increased risk for all forms of violence.

**Table 2.3.3. Circumstances of the most serious situations of violence during the conflict**

*(respondents, who have experienced at least one incident of violence)*

<b>Survivors among local women, N=80</b>	<b>Survivors among IDPs, N=153</b>
<b>Most serious violent incident experienced during the conflict</b>	
Situations where women were humiliated, slapped or hit, forced to give up their money / property, intimidated, had their documents confiscated, forced to work for free, threatened with any weapon.	Situations where women were forced to give up their money / property, threatened with any weapon, slapped or hit, humiliated, intimidated, had their documents confiscated, forced to work for free.
<b>Number of perpetrators</b>	
<u>Two thirds of survivors informed about 1 perpetrator</u> ; one fifth of respondents were perpetrated by a group of people; 15% of women found it difficult to answer this question.	<u>60% of survivors informed that a group of people was participating</u> ; one fourth of respondents suffered from 1 aggressor; 13.7% of respondents found it difficult to answer this question.
<u>Two thirds of survivors knew the perpetrator personally at the time of the incident</u> ; situations	<u>Most survivors did not know their perpetrators personally at the time of the incident</u> (85% of respondents surviving violence from a group of

caused by a group of people were mostly associated with strangers.	people, and 70% of women surviving violence from 1 person).
<b>Witnesses of violent incidents</b>	
<u>About a half of the women were alone</u> when the incident happened. Among witnesses to the incident, friends and colleagues were mentioned most often (one in ten women), only 7.5% of survivors reported that they'd faced violent experience in presence of husbands and children.	<u>Two thirds of survivors reported some witness at the time</u> ; among them 17% were together with their husbands, 20% with children, 11% with friends, 11% with colleagues.
<b>Threats at the time of the incident</b>	
<u>Only 3.8% of survivors reported direct death threats at the moment</u> ; 6.3% of them reported that persons who stayed with them at the time were in danger as well.	<u>35% survivors reported direct death threats at the time</u> ; one-third of respondents confirmed that people who witnessed this situation were also in danger. Most of them were intimidated (26.1%), some of them were beaten; one witness was sexually abused.
<b>Location of violent incidents</b>	
About one third of all respondents faced violent incidents in the streets of their settlements; about one fifth of survivors experienced violent incidents in their own homes, 15% of them at their places of work/study.	
	One in ten IDP women reported that they <u>experienced some violence at a checkpoint</u>

### ***Consequences of violent situations and applications for assistance by survivors***

In spite of low rates of reported physical and sexual violence, some survivors reported physical injuries or diseases obtained as a result of the most serious violent situations (Annex D, Table D.5). For example, one in five local women and one in ten displaced women who survived any type of violence confirmed getting minor injuries (such as bruises, scrapes and welts). Women also reported single situations of more serious traumas (deep wounds and bad cuts, joint dislocations), sexually transmitted diseases and traumas of reproductive organs, loss of consciousness and exacerbation of chronic diseases as a result of violent situations. The survey also revealed reproductive losses as several women reported miscarriages.

In addition to physical injuries, a lot of survivors confirmed a range of psychological disorders after the most serious situations (Annex D, Table D6). The most prevalent psychological problems mentioned by survivors were intrusive memories (two thirds of local women and almost three quarters of IDP survivors), significant changes in sleep patterns (almost 40% of local women and more than a half of IDPs) and recurrent nightmares (52% of IDPs), permanent feelings of fears or guilt (one third of local women and about 40% of IDPs), feeling of helplessness etc.

Psychological problems after surviving violence were not only more prevalent among IDP survivors, but also more intense in terms of frequency. The share of displaced women who frequently experienced negative psychological effects was two to three times larger than that of local women (depending on the form of disorder). Moreover, almost one fourth of IDP survivors reported having a deep depression after the episode, while about 5% of them told that they were so unhappy that had suicidal thoughts.

However, only one in ten survivors applied for socio-psychological support to any service provider. As to the reasons for non-applying, more than a half of local survivors and 41.5% of IDP survivors mentioned that they had no need of support (Table 2.3.3). At the same time, one fifth of IDP survivors didn't know where to apply to for psychological support (21.5% of respondents); 15.5% of local women and almost 10% of IDP women said that there were no proper providers available in their area. Also, 12.7% of local survivors reported that they hadn't applied for any psychological support as they did not trust the personnel and experts of these institutions.

The similar reasons for non-applying were also reported in terms of medical assistance, though the vast number of survivors did not apply for medical assistance as they had no need (Annex D, Table D.7). As to those women who applied to medical institutions (in particular to hospital emergency rooms, city

clinics, in-patient institutions and stations of primary medical aid), they used the assistance of traumatologists, surgeons, therapists, ophthalmologist, neuropathologist and otolaryngologist.

The prevailing number of survivors didn't report their attacks to the police (three quarters of GBV survivors among local population and 83.7% of survivors among displaced women) (Annex D, Table D.8). Among the most prevalent reasons for not involving the police was mistrust of law enforcement bodies among (15% of local survivors and 20% of IDP survivors) and not knowing where to ask for the assistance of police (13.3% of IDP survivors). Importantly, one in ten survivors among displaced women highlighted that they hadn't reported their situation to the police because they feared further violence (see Table 2.3.3).

**Table 2.3.3. Reasons for non-applying for various types of support by survivors of violence**

Reasons for non-applying for support	Survivors among local women, N=80			Survivors among IDPs, N=153		
	Medical assistance	Socio-psychological support	Law enforcement bodies	Medical assistance	Socio-psychological support	Law enforcement bodies
No need for support	81.4	59.2	61.7	82.0	41.5	32.0
Not knowing where to apply				3.1	21.5	13.3
Lack of relevant institution in my settlement	1.4	15.5	3.3	2.3	9.6	7.0
Fear of further violence	5.7	4.2	5.0	3.9	1.5	9.4
Being ashamed				0.8	2.2	1.6
Being afraid of publicity / stigma		1.4	1.7	1.6	4.4	2.3
Having no money	4.3	1.4	1.7	0.8	2.2	
Having no transport to get to institution				1.6	5.9	
Having no trust towards personnel / experts	2.9	12.7	15.0	1.5	2.2	20.3
Other	4.3	5.6	11.7	2.3	8.9	4.7
Total responses	100	100	100	100	100	100

Some women reported that they had wished to report their situation to the police but were discouraged or their appeals were not accepted, criminal proceedings were not initiated or not transferred to the courts (see Annex D, Table D.8). The survey also revealed no common practice to apply for any legal advice in cases of dealing with law enforcement bodies.

Generally, the survivors of violence were used to share their experience with other people (Annex D, Table D.9), but most of them talked to their nearest only. This included spouses, partners, other family members and close friends. Very few women (less than 5% of IDP survivors and 3% of local survivors) reported episodes of violence to some other people such as medical and social workers, humanitarian relief workers, NGO representatives, psychologists and religious authorities, police and lawyers. The GBV survivors among displaced women also shared their experience with humanitarian relief workers (5.2% of IDP survivors), NGO workers (4.6%) and psychologists (3.3% of survivors). As to those women who didn't tell anyone about their experience, they mentioned that they'd had no trust in anyone or believed that nothing could be done to improve their situation.

The most common reaction to reports of violence was emotional support from loved ones (reported by about 60% of all survivors). One in seven women admitted she had been listened to by others, but they did nothing to help her (see Annex D, Table D.8). Only a few women reported that they were referred to medical workers and police, psychologists, religious authorities and women's support groups.

So the analysis of coping strategies in case of violence revealed that survivors usually find their close friends and loved ones most helpful (Annex D, Table D.10). In general, three quarters of local women and 80% of IDPs surviving any violence said that their family members and friends have been the most helpful. A very few displaced women mentioned that NGO representatives and humanitarian aid workers have been the most helpful, as well as psychologists and religious authorities. One in ten local women reported that medical workers were also helpful.

As to possible coping strategies in case of violence in the future, the respondents' expectations are also associated with emotional support of loved ones (about one third of all survivors). As to other potential strategies, the respondents mentioned helpful assistance of psychologists (13.7% of IDPs and 8.8% of local women), women's support groups (almost 6% of displaced survivors) and support of NGOs. One in ten local women mentioned possible helpful assistance from representatives of law enforcement or local authorities.

### ***Special survival strategies during the conflict***

The survey revealed the emergence of the new forms of GBV related to special strategies of survival during the conflict and/or humanitarian crisis. Thus, 5 women from local communities of the surveyed regions (0.3% of respondents) and 6 women from IDP communities (0.6% of respondents) confirmed that they had non-forcibly undertaken some uncommon activities because they felt they needed to do so for survival during the conflict. Among them, three local women of different ages (26, 47 and 75 y.o.) reported that they had been engaged in sex work for money, food or services. Two displaced respondents (26 y.o. and 27 y.o.) also confirmed such experience before their displacement to the current place of stay. Other respondents have confirmed these uncommon patterns of forced behaviour during the crisis, but did not provide any clarifications in order for the report to understand the character and consequences of these episodes.

### ***Forced detention during the conflict***

The survey revealed several incidents of forced detention of women during the conflict. Such cases were reported by displaced women and local residents of the conflict-affected regions. However, the frequency of situations, circumstances and severity of mistreatments were quite different for these two groups of respondents.

Among women from local communities, only two respondents reported that they were forcibly detained during the conflict (since December 2013); yet 7 women refused to answer. Both local women who confirmed their forced detention reported that they had been detained at a checkpoint; they were held in detention for 6 and 8 hours, respectively, and didn't then experience physical or sexual violence. One of the respondents reported that she had experienced 7 situations of forced detention during the conflict.

Among the IDP respondents, 9 women reported at least one situation of forcible detention during the conflict (and before displacement). Most of these episodes took place at women's homes, 4 situations - at the checkpoints. One woman reported being forcibly detained for 3 days; 3 were detained for 9 to 24 hours; 4 women were detained for less than 9 hours. In contrast to local community members, displaced women reported situations of physical and sexual violence during their forced detention.

Therefore, the survey has confirmed that the military conflict in Donetsk and Lugansk oblasts resulted in the increased incidence of all forms of violence, including gender-based violence, in areas where combat operations took place. A comparison of experience of never-displaced women in local communities and women who were forced to leave their homes because of the conflict argues that the risks of all forms of violence are higher among IDPs. While there were 153 IDP women reporting at least one situation of violence before their displacement, only 49 women indicated they had survived at least one case of violence after displacement. With regard to relative numbers, the reported prevalence of violence among IDPs after their displacement has approached the prevalence rates reported by local women of host communities.

The conflict's impact on GBV is not only limited by the increased number of violent situations and the number of victims. The conflict also puts women through violence more severe and brutal than in peaceful times, often through direct threats to life and with more traumatic consequences. The absence of the customary practices to seek help in case of violence, usual lack of support services for GBV survivors and their total unavailability during combat operations, low level of people's trust towards personnel of the existing service institutions and loss of oversight of them in large areas by the government – these factors describe only part of the problems that make women who have survived violence mostly cope alone.

## 2.4. PREVALENCE OF INTIMATE PARTNER VIOLENCE DURING THE CONFLICT

A special block of questions was devoted to issues of intimate partner violence (IPV) in order to explore the dynamics of its prevalence as a result of the conflict in Donetsk and Lugansk oblasts. To assess the conflict's impact, the respondents were asked questions about their general attitude to IPV and their personal experience related to husband's / partner's mistreatment during the year preceding the conflict and during the last 12 months (at the time of the survey). Additional questions were devoted to the experience of IPV during their entire life and regarding all partners they've ever had. To assess the needs for developing services for survivors of domestic violence, we also studied the features of women's applications for help and their vision of IPV coping strategies.

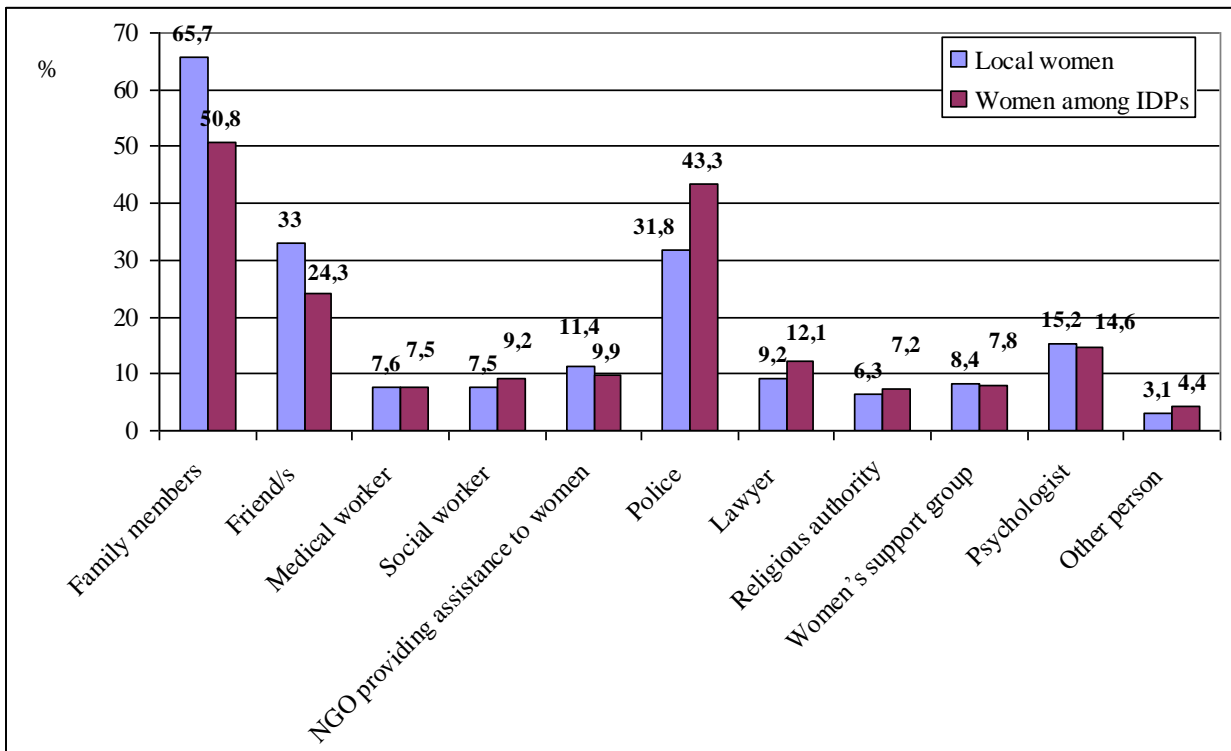
### *General attitude to IPV and assessment of the conflict impact on IPV prevalence*

The survey confirmed the high prevalence of the traditional stereotypes on the distribution of gender roles in the Ukrainian society. Regardless of current marital status, more than a half of respondents agreed it was important for men to show their wives who is the boss in the family (Annex E, Table E.1), while about 41% of the interviewed women responded that a good wife should obey her husband even if she disagreed. The public perception of spousal arguments (and conflicts between partners) as exclusively a private matter is very strong: more than 80% of respondents agreed that family problems should be discussed with family members only, while only 46.5% of women agreed that other people should intervene in a family conflict in cases where a man mistreats his wife.

In spite of the prevalence of stereotypical attitudes, the vast number of women did not justify the controlling behaviour of men in marriage / partnerships (three quarters of respondents agreed that women should be able to choose their own friends even if the husbands disapproved). The respondents were also categorical in saying that it was not justified for a man to beat his wife (over 90% of all interviewed women, except for situations of unfaithful wives). The vast majority of women agreed that women have the right to refuse sex to her husband in some circumstances (see Annex E, Table E.1).

As to helpful coping strategies in case of IPV, more than a half of all respondents stated that family members were the most helpful persons in these situations (Fig 2.4.1). Such responses were more prevalent among women from local communities (65.7% of respondents) as compared with displaced women (50.8% of respondents) who might have their family ties broken due to displacement. Probably friendship relations were also broken as a result of displacement, as only 24.3% of IDP women found friends helpful in coping with spousal violence in contrast to one third of women in local communities.

Surprisingly, the respondents demonstrated rather high expectations of assistance from the police, though only few actual GBV survivors applied for assistance to law enforcement bodies (as the survey revealed). Moreover, higher expectations of help from the police are common for IDPs (43.3% of displaced women believed that the police might be helpful in situations of IPV, while the corresponding share of local women was 31.8%). Some respondents also believed in the helpful assistance of psychologists (15% of all respondents); one in ten women mentioned lawyers and representatives of NGOs (those providing assistance to women) being helpful as well.



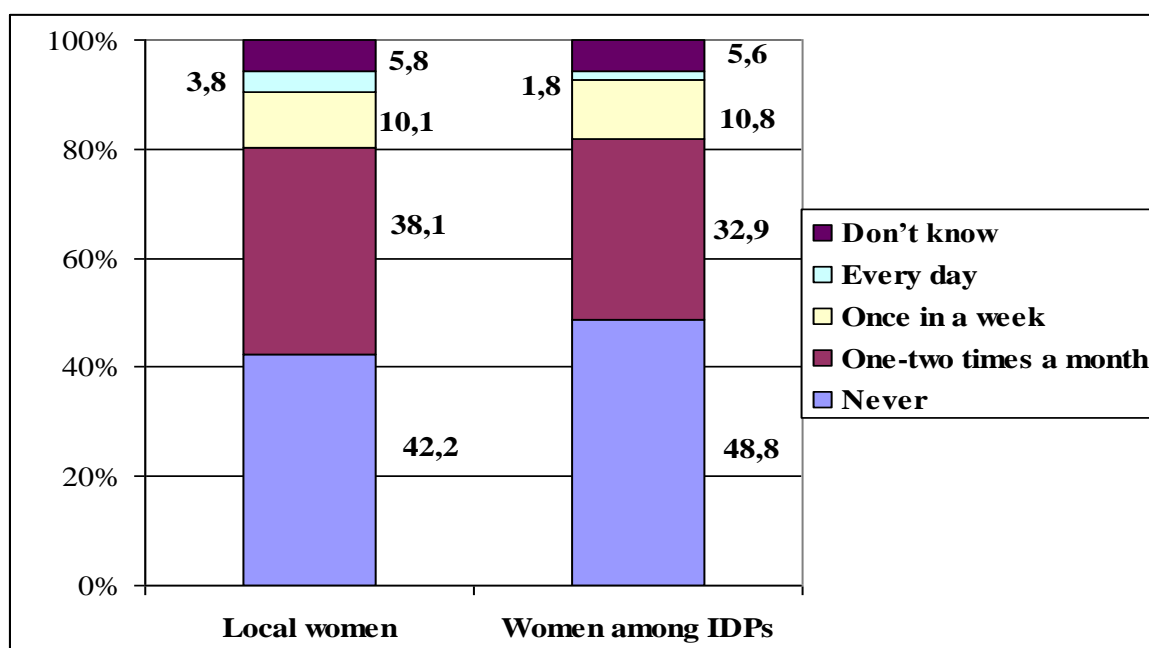
**Fig 2.4.1. Opinions on helpful coping strategies in case of intimate partner violence**  
*(distribution of responses to question "In your opinion, if a woman was being mistreated by her husband/partner, who can help her best?")*

All respondents were asked to provide their subjective assessments of the impact of military conflict in Donetsk and Lugansk oblasts on the prevalence of IPV. Almost 40% of all respondents mentioned that the number of arguments between partners increased (Annex E, Table E.2). This opinion was most prevalent among the displaced women (45% of IDPs against 36% of local women), as well as among respondents in Zaporizhzhya and Kharkiv oblasts (i.e. in those regions which haven't been directly affected by the military conflict but received a lot of displaced people).

At the same time, one fifth of all women responded that the number of arguments between partners has not changed (this opinion was more characteristic of local women as compared with IDPs), while 11.7% of all respondents even argued that the number of arguments in families has even decreased. The last opinion was more wide-spread among respondents in Donetsk oblast (17% of total respondents interviewed in the region). Such results could reflect the important changes in life priorities of residents of regions directly affected by the conflict: the problem of domestic violence could have become not so important at a background of more serious survival challenges. Also, the extreme conditions of the ongoing military conflict could have resulted in the real consolidation of people in front of more serious threats, leading in the respective changes in patterns of family behaviour.

#### ***Personal experience of intimate partner violence during the conflict***

Less than a half of all currently married / partnered women confirmed that they argued or had some sort of conflicts with their husbands / partners during the last month. One third of them stated that they'd had several conflict situations each month; one in ten women had some conflict with her partner once a week; about 3% of respondents reported that they argued with their husbands / partners every day (Fig 2.4.2). The share of women who hadn't argued with their husbands over the last month was larger among IDP respondents (almost a half of them as compared with 42.2% of local women). That may be caused by the temporary breakups with their husbands / partners due to displacement, and also by the consolidation of family members at new places of residence in front of new survival challenges.



**Fig 2.4.2. Frequency of conflicts between partners in families (distribution of responses to question “How often times a month would you say that you argue or have some sort of conflict between you and your husband/partner?”) (currently married or partnered respondents)**

As to the main causes of conflicts between partners, the vast number of women mentioned dissatisfaction with their living conditions (54% of all respondents) and lack of money (41.7% of all respondents). Financial and employment problems were more urgent for IDPs as compared with women from local communities (Annex E, Table E.3). Local women mentioned unequal distribution of household work as a source of conflicts between partners more often (22.2% of local women against 12.9% of IDPs). One fourth of all respondents reported that they argued with their husbands because of children, while women from local communities were also more concerned with alcohol / drugs abuse as a reason of spousal conflicts (12.8% of respondents of this group).

When speaking about their personal experience of spousal quarrels, a half of all respondents mentioned that the frequency of conflicts with their husbands / partners has not changed as a result of the conflict in Donetsk and Lugansk oblast. One in ten women highlighted that her spousal conflicts have become less frequent; only one fourth of all respondents reported an increased number of personal spousal conflicts (Table 2.4.1). The distribution of responses was also characterized by some regional variation: the prevailing number of respondents interviewed in Zaporizhzhya, Dnipropetrovsk and Kharkiv oblasts haven’t felt significant changes in the prevalence of spousal conflicts in their own families, while respondents from Donetsk oblast were more categorical in their opinions – regarding both positive and negative assessments.

Thus, when summarizing the survey findings related to the general public’s attitudes to IPV, not only the traditional stereotypes regarding gender roles in families should be noted, but also that they could possibly be reinforced as a result of the conflict. Such a re-orientation of women towards more traditional gender roles could be regarded as a strategy of survival in the conditions of humanitarian crisis. Women are not likely to justify the extreme manifestations of physical violence and controlling behaviour in a marriage, but usually do not accept interventions by outsiders when dealing with spousal issues, labelling it as a “private family matter”.

**Table 2.4.1. Respondents’ opinion on changes in the number of arguments with their husbands / partners as a result of military conflict in Donetsk and Lugansk oblasts (currently married or partnered respondents who reported any conflicts, N=770)**

Regions	“In your opinion, have arguments between you and your husband/partner become more frequent after the beginning of the conflict in Donetsk and Lugansk oblasts?”				
	More frequent	About the same	Less frequent	Don’t know	Total
Donetsk oblast	34.7	32.7	22.3	10.4	100.0
Dnipropetrovsk oblast	23.3	54.1	5.3	17.3	100.0
Zaporizhzhya oblast	18.1	71.7	8.7	1.6	100.0
Lugansk oblast	20.0	44.3	5.7	30.0	100.0
Kharkiv oblast	21.4	60.1	3.6	14.9	100.0
<b>Total 5 regions</b>	<b>24.9</b>	<b>51.6</b>	<b>10.4</b>	<b>13.1</b>	<b>100.0</b>

***Frequency and forms of intimate partner violence before and during the conflict***

To assess personal experiences of intimate partner violence, the respondents were provided with definite descriptions of situations related to various types of psychological violence and controlling behaviour, economic, physical or sexual violence committed by their current (most recent) husband/partner.

Psychological violence was assessed by asking the women whether or not their husbands / partners (1) said or did something to intimidate, threaten to hurt or harm her or someone close to her; (2) humiliated or insulted her or made her feel bad about herself (privately or in front of other people). Practices of controlling behaviour were assessed through asking about situations when husbands / partners (1) kept respondents away from medical care or refused to let them take medicines or receive medical treatments; (2) forbid them from seeing friends, parents or other relatives.

Economic violence was assessed by asking women whether or not their husbands (1) refused to give them money for household expenses even when they had money for other things, and (2) forbid them from working or studying.

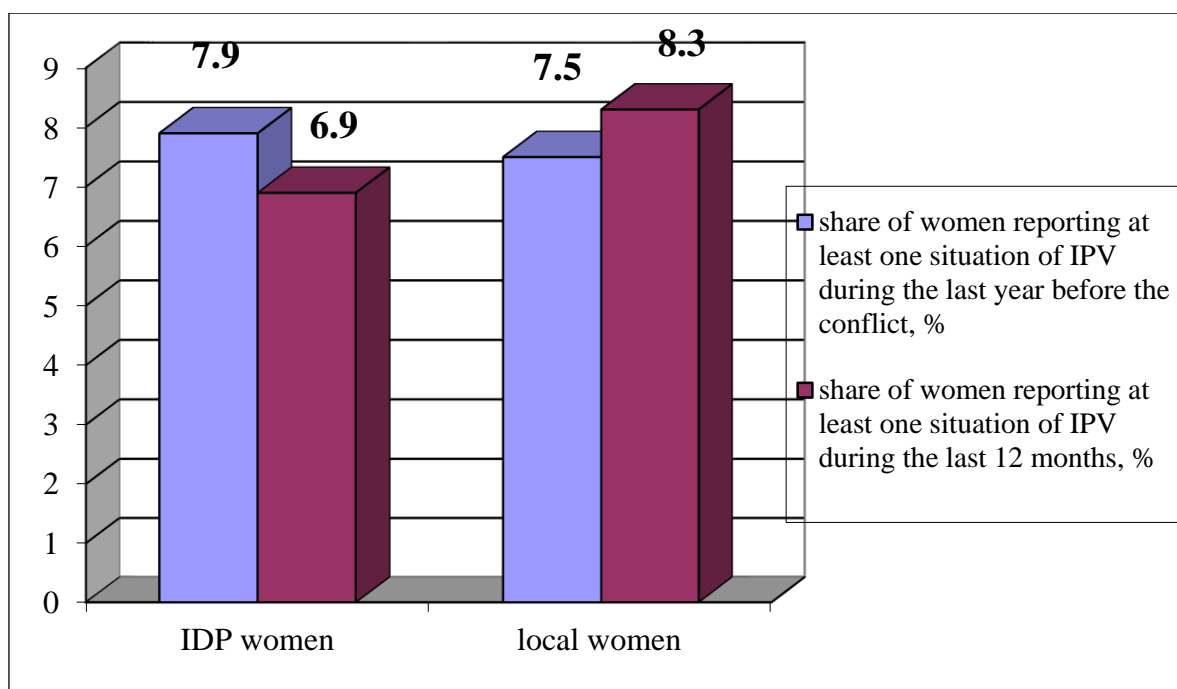
Physical violence was assessed by asking women if their husbands did any of the following: (1) slapped or hit her; (2) tried to choke her; (3) beat her, including punching and kicking; (4) threatened or attacked her with a weapon of any kind; (5) deprived her of food, water or sleep; (6) caused any other bodily injuries; and (7) detained her against her will.

Sexual violence was assessed by asking women whether their husbands did physically force or threatened her into sex, or forced her to have sex with his friends or strangers.

To assess the impact of the conflict on IPV rates, the frequencies of reported situations were compared for the last year preceding the conflict and during the last 12 months (at the time of interview).

The survey revealed that IPV rates haven’t practically changed among women who had husbands / partners during these periods (Fig 2.4.3). While 7.9% of IDPs and 7.5% of local women reported that they faced any IPV before the conflict, the corresponding reported rates were 6.9% and 8.2% during the last 12 months. Some decrease in the IPV rates among displaced persons supports the hypothesis of women’s transition to more traditional, patriarchal models of marital relations in front of the new challenges at times of deep crisis.





**Fig. 2.4.3. IPV rates (all forms of violence) in the surveyed regions before the conflict in Donetsk and Lugansk oblasts and during the last 12 months (respondents who confirmed that they'd had husbands / partners during the corresponding periods of time)**

In the regional aspect, the highest IPV rates were reported by respondents interviewed in Donetsk oblast: over 10% of women who were in marital / partner relationship during the periods of the survey reported that they experienced at least one form of IPV. However, there were no persistent regional variation in the outlined trends; the most dynamic changes were recorded in Kharkiv oblast where the share of women confirming IPV increased from 5.7% during the year preceding the conflict to 8.4% during the last 12 months (Annex E, Table E.4).

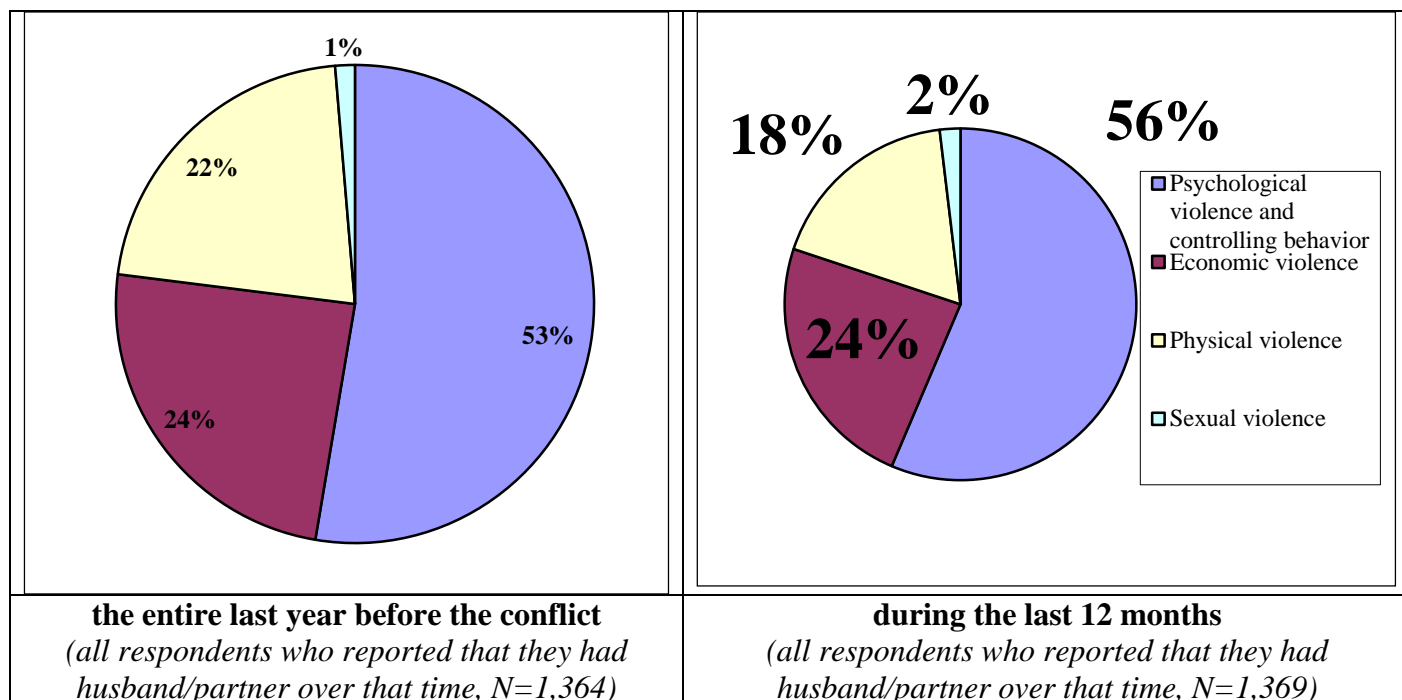
The obtained data on IPV look rather underestimated if compared with the results of previous sociological surveys, including the 2007 Ukraine Demographic and Health Survey (UDHS)<sup>1</sup>. According to UDHS-2007, 12.7% of married women reported physical violence committed by their most recent husbands/partners, while 22.4% of them faced emotional violence in their marriage / partnership, and 3.3% of women experienced some form of sexual violence by husbands / partners<sup>2</sup>. It can be suggested that underreporting of IPV situations might be caused by women's concerns about the confidentiality of information and fears of reprisal of abusers in the conditions of the on-going conflict. The rate of reporting might be also influenced by women's unwillingness to provide any information about male household members due to their feared possible mobilization to the army (see Paragraph 2.1). The outlined hypothesis of the traditional gender roles getting stronger in the conflict setting shouldn't be neglected. This phenomenon has to be studied in detail by social scientists and gender experts.

Compared to the period preceding the conflict in Donetsk and Lugansk oblasts, the total number of reported situations related to the intimate partner violence has decreased (Annexes E5 –E6), but the structure of these situations by different types of violence has not changed. Among the situations reported, psychological violence and controlling behaviour prevailed (53% of all IPV cases before the conflict and 56% of all cases during the last 12 months). About a quarter of all situations were related to forms of economic violence in marriage, one fifth of all situations – to forms of physical violence. Only

<sup>1</sup> Source: <http://dhsprogram.com/pubs/pdf/FR210/FR210.pdf>

<sup>2</sup> Obviously, these data cannot be directly compared with the current survey's results, as the UDHS was designed for another age criteria of respondents (women aged 15-49 were interviewed), and women of reproductive age might be more exposed to IPV than women of older age groups.

a few percent of all reported situations were related to forms of sexual violence, i.e. situations where husbands forced their wives into sex against their will (Fig. 2.4.4)



**Fig. 2.4.1. Composition of the total reported incidences of IPV by form of violence.**

As to the most prevalent forms of intimate partner violence, for both periods before the conflict and during the last 12 months, women reported the incidents when their husbands / partners humiliated or insulted them or made them feel bad about themselves (privately or in front of other people); refused to give them money for household expenses (even when the spouse had money for other things); forbid them from seeing friends; slapped or hit them; said or did something to intimidate them or threatened to hurt or harm them or someone close to them; forbid them to see parents or other relatives.

***Circumstances of situations of IPV and survivors’ opinion on helpful coping strategies***

Women confirming any incidences of IPV were asked additional questions to explore the circumstances of these situations, in order to determine the provoking factors and to study the practice of seeking help by survivors. About 40% of IPV survivors reported that their husbands / partners started such misbehaviour in the first 4 years of marriage; many of them (24.7% of local women and 15.4% of women among IDPs) confirmed that the first situations of the intimate partner violence had taken place during the first year after marriage (Annex E, Table E.7).

Among the provoking factors of IPV leading to hurtful behaviour of husbands / partners, one third of all survivors mentioned problems with money. The second important factor mentioned by both groups of women was alcohol / drugs abuse (19.2% of IDP women and 16.5% of local women). One quarter of local women also mentioned that partner’s mistreatment was provoked by his jealousy, but only 7.7% of displaced women had the same opinion.

About one fourth of all women who survived any incident of intimate partner violence knew that their husbands / partners had previously experienced some violence in their own families as children or adolescents (see Annex E, Table E.7). These data allow tracing a link between patterns of behaviour in the family learnt in childhood and personal experience of marital relations.

In general, domestic violence is a controversial problem that may affect various household members, including men. Thus, 139 married or partnered women (6.2% of all respondents of this group) reported that had beaten their husband or partner while he hadn’t done them any harm. One third of them confirmed that they had such an experience during the military conflict in Donetsk and Lugansk oblasts.

The analysis of the life-long experience of IPV among respondents (with consideration of all their partners) reveals a significantly larger extent of the problem than what the experience of recent years demonstrates. Thus, more than 12% of all married or partnered women confirmed that they had been physically injured as a result of mistreatment by her husband / partner (these data are well-correlated with the rates of physical violence in marriage provided by UDHS-2007). As many as 7.2% of married or partnered respondents were forced to leave their homes because of husband's / partner's mistreatment; 3.3% of women received serious injuries as a result of such situations (such as deep cuts, broken teeth or bone fractures); 3.2% of women were forced to seek outpatient care because of the injuries, and about 1% of women were hospitalized after such incidents (Annex E, Table E.8). Importantly, among those women who sought medical care because of injuries, more than one third never told health workers the cause of their injuries (Annex E, Table E.9).

When analysing the consequences of IPV in the context of women's health, special attention should be paid to another unacceptable aspect of domestic violence. At the time of interviews, 77 women reported that they had been subjected to beatings by their husband / partner during pregnancy (3.4% of all women who reported ever being pregnant). One in ten women stressed that there were no special circumstances that would provoke her husband to such behaviour (Annex E, Table E.10). Among other respondents, about a half of women who have survived such incidents explained the situation happened because of alcohol or drug abuse by the husband; 27.3% of respondents believed that the incident was caused by jealousy. Among other reasons, the survivors mentioned spousal problems with employment and finances. The survey confirmed that such misbehaviour could result in significant reproductive losses – one fifth of women who had been beaten during pregnancy reported a miscarriage or premature birth after these attacks.

The study into individual coping strategies in cases of IPV showed no common practice of seeking any form of assistance in such situations. About 60% of survivors did not apply for any assistance and didn't share their experience with anyone (Annex E, Table E.11). Among women who sought support, most of them asked for help from their parents (one in ten survivors of domestic violence), other family members and friends. Only a few women sought help from the law enforcement agencies (4.4% of respondents); there were also single cases of appeals to medical workers, psychologists and religious workers. When reflecting on helpful coping strategies in case of IPV, women tend to trust their friends and close family members; some women showed expectations of support from psychologists and special women's groups.

It should be emphasized that more than one third of IPV survivors are desperate in terms of opportunities to get any help, because they believe that no one can help in similar situations (this share is significantly larger among displaced women - see Annex E, Table E.11). According to the survey results, about a half of all IPV survivors do not know how to deal with a possible attack from their husband or partner in the future. That makes the need for information and education campaigns on safety planning for survivors of domestic violence urgent, as well as raising their awareness of the system of services for women who face similar situations.

In general, the survey confirmed that the society still treats domestic violence as a common and usual practice and deals with it quite tolerantly, except for the extreme forms of physical violence. However, the military conflict in Donetsk and Lugansk oblasts has not resulted in a significant increase in the rates of intimate partner violence. This can be explained by the flaws of case under-reporting during sociological surveys in the conflict settings, particularly, by women's unwillingness to report such incidents fearing possible reprisal from abusers or subsequent mobilization of their husbands or partners into the military, and also by more complex social processes transforming the social norms and roles in the conditions of humanitarian crises.

## **2.5. CURRENT MENTAL HEALTH AND WELL-BEING OF RESPONDENTS**

Acknowledging the sensitive character of questions and their possible traumatic effect for women who have recently survived violence, the respondents were asked about their current mental health and well-being. These questions were posed to estimate possible psychological disorders and to provide

referrals to the proper service providers in case of a need. At the end of interview, all respondents were provided with updated information on institutions providing support to GBV survivors in the surveyed regions.

At the time of interview, most respondents did not demonstrate significant psychological disorders or stressful states: about a half of local women stated that they felt no psychological disorders more than usually (Annex F, Table F.1). Furthermore, from 10 to 35% of local women said they didn't feel any psychological issues at all. Only 7% of local women said that they were unable to enjoy their normal day-to-day life more often than usually, 6% of them lost sleep over worries and felt constantly under strain much more than usual. Less than 5% of respondents said that they'd lost self-confidence, felt unhappy and depressed.

However, the psychological status of displaced women interviewed during the survey was not so positive. Almost one third of them reported various stressful disorders expressed more than usual. The proportion of respondents who said they felt no psychological disorders at all was about twice as less as that of women from local communities. More than 15% of IDP women stressed that they had recently faced psychological issues much more often than usual: sleeplessness over worries, feeling constantly under strain, inability to enjoy a normal day-to-day life, lost self-confidence. Almost 14% of IDP women mentioned that they had been feeling unhappy, unable to face their problems and depressed much more than usual.

These results confirm the existence of negative psychological consequences of experiencing internal displacement, surviving humanitarian crisis and deprivation of the normal way of life faced by IDPs, as well as their increased vulnerability in terms of personal safety during the military conflict. Therefore, an urgent need for the development of accessible service of psychological assistance (including emergency psychological support) is important not only for those women who directly faced violence during the conflict, but also for other IDPs. Permanent anxiety, uncertainty and frustration in the future may lead to development of long-term psychological effects and affect the quality of life for this population in the future, causing the increased risks of violence in and outside the family.

As to the coping strategies for improving the emotional state, the vast majority of respondents mentioned the importance of family support (74% of local women and 69% of women among IDPs) and support of friends (47% of local women and 40% of women among IDPs). Among other means, the respondents called the assistance of psychologists, religious workers and women's support groups. Overall, IDPs demonstrated significantly higher expectations of support from external service providers, while expectations of local women were largely associated with help of family members and friends (Annex F, Table F.2). It might be assumed that such distribution of responses is caused by possibly broken ties among friends and relatives due to displacement, as well as by higher dependence of IDPs on the external help - both of public institutions and civil society organizations dealing with their problems.

At the end of interviews, all women were asked about their current well-being after questioning. Positively, the vast majority of respondents did not feel any negative impact of the survey: more than a half of women among IDPs and 62.7% of local women did not specify any changes in their emotional state after responding to the questionnaire. Moreover, about 30% of respondents of both target groups stressed that they felt good or better after talking with interviewers (Table 2.5.1). It proves the importance of any psychological support to GBV survivors, as even the opportunity to share their experience with someone else could improve the emotional state of these women.

**Table 2.5.1. Respondent’s psychological state after the interview**  
(all respondents, N=2,512)

Responses	“I have asked you about many difficult things. How has talking about these things made you feel?”	
	Local women, N = 1,505	IDPs, N=1,007
Good/better	29.2	30.9
Bad/worse	2.8	7.3
Same/no different	62.7	55.3
Don’t know	5.3	6.5
Total	100.0	100.0

### **SECTION 3. QUALITATIVE STUDY OF GENDER-BASED VIOLENCE IN THE CONFLICT-AFFECTED REGIONS BASED ON DATA OF FOCUS GROUP DISCUSSIONS WITH REPRESENTATIVES OF LOCAL COMMUNITIES**

#### **3.1. PUBLIC ATTITUDE TO THE PROBLEM OF GBV AND ASSESSMENT OF IMPACT OF THE MILITARY CONFLICT ON GBV PREVALENCE**

The qualitative assessment of situation with GBV prevalence and community attitudes in the conflict-affected regions of Ukraine is based on the data of focus group discussions conducted at the beginning of October 2015. Two focus group discussions (up to 10 participants each) were organized in each region covered by the study, including Kramatorsk town (Donetsk region), Severodonetsk town (Lugansk region), Dnepropetrovsk city (Dnepropetrovsk region), Berdyansk town (Zaporizhzhya region), Izyum and Lozovaya towns (Kharkiv region)

The target groups of the qualitative assessment were represented by women and men of various ages living in the settlements of these regions. Methodological approaches to recruiting and selection of participants are presented in Annex G. Considering the high sensitivity of topics investigated, separate groups were organized for men and women, while discussions were facilitated by the same-sex moderators. Thereby the maximum level of comfort was ensured for participants to provide frank and open responses in the absence of any pressure and biased attitude between genders.

The topic guide for focus group discussions covered the following issues:

- general moods in the society, changes to the routine life of communities, changes in relations between women and men as a result of military conflict in Donetsk and Lugansk regions;
- attitude to the internally displaced persons in local communities;
- assessment of the situation with GBV spreading in local communities and its linkages with the military conflict in Donetsk and Lugansk regions;
- understanding forms and dimensions of GBV, including domestic violence and sexual violence; identification of vulnerable population groups, assessment of risk factors that can influence GBV levels;
- general attitude to problems of gender inequality in the society, prevalence of gender stereotypes and their influence on interpersonal relations in communities.

The results of detailed analysis of protocols of focus group discussions in the conflict-affected regions demonstrated quite predictable disparities in perceptions of residents of communities of Donetsk and Lugansk regions situated closely to the area of military operations, and representatives of the neighbouring regions. Compared with respondents from Lugansk and Donetsk regions, residents of neighbouring territories have not felt such a strong effect of the conflict in eastern Ukraine in terms of their everyday life (*“basically, all things remain the same... - the bad, the good things. Just like in real life” - a woman, Dnipropetrovsk region*). Estimates of representatives of the liberated towns of Donbas who participated in the discussions are more drastic and emotional in most cases, while their positions on the proposed topics are more clear and stressed. It should also be noted that their statements were

more open; they did not demonstrate any willingness to evade the discussion of “uncomfortable” issues and sensitive topics or provide the “necessary” answers and the “expected” assessments.

### **The general public’s mood. Changes in day to day life and relations between men and women as a result of the conflict in eastern Ukraine.**

All participants of focus group discussions spoke about the general increase of stress levels in the society, and prevalence of feelings of anxiety and uncertainty of the future (“*A feeling of anxiety has appeared*” - a man, Novomoskovsk; “*A fear for the future, for the future of our children and grandchildren. There is no certainty*” - a woman, Izyum). These perceptions are expressed much more among residents of the liberated cities of Donetsk and Lugansk regions (“*A permanent nervous stress. A feeling of fear and oppression. I feel that I have no future*” - a woman, Kramatorsk). Representatives of the regions where combat operations were taking place reported general feelings of fatigue and indifference among the population (“*People are simply getting tired and they feel deeply indifferent towards what is going on around them.*” – a man, Severodonetsk ).

The respondents emphasize re-assessment of life’s priorities which took place in the mentality of local residents due to the conflict in eastern Ukraine: “*Values have changed ... people started to value simple things in life, in contrast to material goods*” - a woman, Kramatorsk.

When discussions concern specific situations concerning women and men, focus group participants acknowledge that women are more influenced by fears and concerns about the future and the destiny of loved ones. “*There are men who wish to go to the war. Women do not want to let them go, because they are breadwinners for families and children. Some arguments and disputes could probably appear*” (a woman, Berdyansk). It’s notable that the possible military mobilization of men is stressful for representatives of local communities in all regions covered by the study.

At the same time, all of them mention a slow improvement of the situation, so some people could return to their routine way of life and start thinking about the future. “*Over the last year, women have become more tranquil. Quite the contrary situation was observed in Kramatorsk a year ago, when there were shootings. All of them were frightened, they were “sitting on suitcases and bags”... If there were opportunities, they moved their children into bomb shelters. Presently, they are more or less tranquil. As soon as the front demarcation line was removed from here, our women become more calm and confident. Now, there are more talks about families, children, schools, kindergartens and about our common difficulties*” (a man, Kramatorsk).

The existing fears of focus group participants are mostly related to the deteriorated economic situation, lack of jobs and lower incomes: “*There is fear, uncertainty of tomorrow. Regarding work, employment...*” (a man, Kramatorsk); “*Instability... Wages ... People have no jobs .... That’s why people have become more embittered in some way*” (a man, Berdyansk); “*You are waiting for an increase in [utility] tariffs all the time, you are in a stress all the time..*” (a woman, Izyum).

But certain positive trends in the public mood should be noted as well, as the representatives of all regions report on the processes of consolidation in communities and uniting of residents over common values and tasks; they speak about a total increase in patriotism among citizens, development of solidarity and mutual support among people:

- “*People have become united, they are cooperating, coming together. They support each other. The volunteer movement has really achieved some certain level*” (a man, Berdyansk);

- “*I have mentioned that during military action and shooting people staying here started to be more caring toward each other. We had no water ... for a few weeks, people were sharing their last drops... The same care was observed among neighbours, men and women have become friendly. As a whole, it concerned relations, irrespective of views*” (a man, Kramatorsk).

## **Attitude to the internally displaced persons in local communities. Assessment of their vulnerability in terms of prejudice and violence.**

In the overwhelming majority, the participants of discussions from all regions demonstrated a tolerant attitude to the displaced persons, as well as an understanding of their problems and needs. Except for incidents related to an unwillingness to rent apartments to IDPs (Dnipropetrovsk oblast) or raising rents (Kharkiv oblast), the representatives of communities were unable to report on any specific cases of prejudice against IDPs. *“I haven’t noticed any displays that these people are distinguished as the displaced ones. They have dissolved in some way” (a man, Berdyansk)*. They are unanimous in their assessments of a high level of sympathy and willingness to assist the displaced persons demonstrated by residents of their settlements at the beginning of the conflict:

- *“We had sympathy to the displaced persons” (a woman, Berdyansk);*
- *“Our town responded to all displaced persons in a very friendly way. There were many displaced persons, and our people were bringing clothes, food. The headquarters were created, all of us understood that these people need to be supported” (a man, Novomoskovsk).*

However, the statements of focus group participants reveal some changes in the attitude of local communities to the displaced people as time passes: *“But later, as some time passed, when displaced persons refused employment, the attitudes started to change somehow... They make demands, as if we are obliged to do something for them. But they do not participate in the creation of their own well-being” (a man, Dnipropetrovsk oblast); “They demonstrate such a consumer attitude, as if all people are obliged to them” (a man, Izyum).*

Except criticism of “dependency” moods of the displaced persons, representatives of communities express some concerns related to the increased pressure on local budgets (*“As to modular houses, they are at the town’s balance. That means servicing, electricity, water supply... The budget is on Nikopol residents. That’s why many of them... have negative attitude to this modular town” - a man, Nikopol*), while young people – in terms of competitiveness at the labour market as a result of inflow of labour force: *“They have a priority in the employment centres ... They push aside our guys” (a man, 35 y.o., Nikopol)*, *“Displaced persons get employed... they occupy some part of jobs at the labour market” (a woman, Berdyansk); “Displaced persons are placed in jobs in the first turn, provided with social allowance. While the same low-income persons living here do not receive anything... just surviving” (a man, Severodonetsk).*

Another aspect of negative attitudes to IDPs should be paid attention, as it is gradually being formed in the communities of the host regions: the arrival of newcomers is associated with the deterioration of crime situation, increased number of thefts, robberies and car thefts (*“More thefts are observed. Everyone began to say that this is Donbass” - a woman, Izyum town; “Crime situation .... Bad things happen... near these houses [modular - ed.] ... “ - a man, Nikopol).*

However, none of the participants supported the assumption that IDPs face the increased risk of violence, including GBV, in the host communities. As a result of discussions, a possible risk group was outlined – minor children and adolescents evacuated from their settlements without parents or living without proper supervision at the moment (for example, students who moved away with their schools, children from boarding schools evacuated during the fighting or those children who have lost their parents). *“When a child is left alone, you can actually do anything with him or her... That’s for girls and adolescents, it is a very difficult situation now” (a man, Novomoskovsk)*. Focus group participants emphasize the vulnerability of this category of young people in terms of sexual abuse – not only due to their lack of life experience, but also because of a poor economic status, which can be exploited by perpetrators.

## **Assessment of the situation with GBV prevalence in the regions of eastern Ukraine and the corresponding changes caused by the impact of the military conflict**

The key finding of focus group discussions is as follows: in the mass perception of the population, there is a clear distinction between those forms of violence that may occur in a family, and gender-based

(sexual) violence that is happening outside the family. The attitudes to these problems differ, as well as perceptions in the context of criminal liability and severity of these offenses. While the facts of sexual abuse cause outrage among community representatives and a desire to bring those liable to justice, domestic violence is primarily considered a normal phenomenon that shouldn't attract the attention of the society. Involvement of law enforcement agencies in dealing with conflict situations within families is accepted only in cases of extreme forms of physical violence resulting in severe injuries to victims.

**Sexual violence in the society (outside the family).** Comparative analysis of statements of the focus group participants from various regions of eastern Ukraine allows tracing quite clear discrepancies in estimates of GBV prevalence expressed by representatives of Donetsk and Lugansk regions and residents of the neighbouring areas.

In particular, residents of Zaporizhzhya and Dnipropetrovsk oblasts didn't support the thesis that an increase in sexual violence has been observed in their regions due to the military conflict. Although the problem of sexual violence is recognized as a relevant one for most settlements represented by panellists, they agree that such facts are of a singular character. Moreover, those specific cases mentioned by participants mostly took place long before the conflict. As for the Kharkiv region, the position of the panellists was not so clear: several women suggested an increased rate of sexual violence after the beginning of military operations, but such assumptions were not supported by objective facts; they were expressed as subjective feelings.

At the same time, some panellists suggested that the media deliberately do not cover these aspects of criminal news presently, so as not to aggravate the situation in the society, not to promote a negative image of the country and its regions. There are opinions that some facts are purposefully hidden from the public, have been suppressed by the responsible authorities (*"We know only about official facts. But how many are there unofficial ones?" – a woman, Berdyansk; "Similar cases are very rare to be widely imposed to the public ... Only really high-profile cases ... which led to completely irreversible consequences" – a man, Berdyansk).*

All participants of group discussions agreed on the general aggravation of the crime rate in their towns including increased numbers of thefts and robberies in the streets. *"I think, there is less sexual violence recently, it has faded into the background, as compared with economic crime" – woman, Dnipropetrovsk region.*

They are also unanimous in recognizing the fact that women are more vulnerable to such manifestations of crime: *"I think that each of us has faced a robbery, at least a small one. I was robbed at night by three men. Indeed, it's scary" (a woman, Berdyansk); "It is easier to rob a woman" (a woman, Dnipropetrovsk region); "It is simpler, easier, for potential thieves to rob a woman" (a man, Kramatorsk).*

Compared with residents of the neighbouring regions, representatives of Donetsk and Lugansk regions are significantly more concerned with an increase in other forms of violence in their communities – in particular, physical and sexual violence: *"Of course, in our region, in particular in the area of the ATO, there is probably the highest rate of gender-based violence in Ukraine. First of all - men against women" (a man, Severodonetsk).* The respondents agree that the regions have traditionally been characterized by negative criminal situation and high rates of crimes of sexual nature (*"We always had violence against women. It is not just now. It has been always and probably will be forever" – a woman, Kramatorsk town).* They also trace a direct link between the military conflict and increased rates of sexual violence: *"Women always suffer at times of all armed conflicts, and women become the object of sexual violence often. I am sure that this happened more than once in this conflict also" – a man, Severodonetsk.*

In spite of non-acceptance of sexual violence in the society, the trends of victimizing the survivors are still common in the public mentality; survivors are considered partially responsible for their attackers' actions and in some cases even openly blamed for provocative behaviour. Both women and men quite unanimously suggested that a woman can be guilty of a sexual assault happening to her. *"If we consider violence against women, victims are to blame in 90 percent of cases. Not even the fact that she went to the wrong place. She is provoking often or behaving in an inappropriate way" (a man, Berdyansk).* Among the factors which can provoke sexual violence, the participants mention alcohol



drinking by women or girls, wearing scanty clothing and provocative behaviour, promiscuity in relations and choice of friends, lack of general norms of safe behaviour:

- *“Provocatively dressed”, “provoking appearance and behaviour” (a woman, Berdyansk);*
- *“It is not enough that she is drunk, she is returning home late at night”, “she can become drunk in a company of drunk or non-controlling persons” (men, Kramatorsk);*
- *“It is not even a matter of a short skirt, it’s about the culture of behaviour. And the culture of a woman, a girl herself. She needs to understand where she is going to and with whom” (a woman, Kramatorsk ).*

When analysing the trends in GBV since the beginning of the military conflict in Donetsk and Lugansk regions, focus group participants emphasize the contemporary stabilization and significant improvements as compared to the last year:

- *“You know, all those things are forgotten very quickly. The events of the last year emerge in my mind – it was very true, indeed. If you have conducted a discussion at least a few months earlier, there would be more impressions, more cases. There would be more stories to tell” (a man, Severodonetsk);*
- *“There was violence last year. Basically, in the villages, not so much in towns. Maybe, people were afraid to complain. Again, whom could they complain? To police? There are military personnel everywhere ... There is much less violence this year” (a woman, Severodonetsk);*
- *“Recently, I haven’t heard about sexual violence ... I had heard about it last year”(a man, Kramatorsk);*

- *“With the beginning of military operations, the influx of surviving women has grown significantly” (a woman, Kramatorsk); “After liberation of the city, the rate is decreasing [the rate of sexual violence] ...There were more cases before the occupation. Of course, a huge number was observed at the time of the occupation. It has been just an unbearable hell” (a woman, Kramatorsk).*

The respondents link normalization of the situation to presence of the organized patrols constraining possible (and, sometimes, well-familiar to communities) violence performed by the civilian population. *“Given such presence of military personnel in our city, the crime and violence rates have become much lower” (a man, Kramatorsk). “I think that with the arrival of the military men, there are less violent actions committed by civilian population” (a man, Severodonetsk).*

However, participants of discussions express concerns about the possible increase of violence in the future because of a large number of arms in hands of citizens and uncontrolled circulation of arms in the region: *“The rate of violence... has really become lower. But this is a hidden parameter. I think that given so many weapons distributed and circulating around Donbas, it can emerge any time ... It’s just enough to get weapons and camouflage, and to wear a mask” (a man, Kramatorsk ).*

On the other hand, the local residents associate their largest anxiety with presence of military forces; they perceive men in uniform as the main source of threat to their security. *“Armed men make a psychological impact, pressure” (a man, Severodonetsk).* The panellists informed about circumstances of physical violence by armed men in uniform (threats, beatings, confiscating documents etc.). *“It was hard in the first days after the arrival of military personnel. There are some people among my friends who were very hard to go over it” (a man, Severodonetsk).*

While discussing vulnerable population groups that run the increased risk of violence, the residents of areas neighbouring Donbas assert that women and girls are more vulnerable to robberies, theft and sexual violence. The representatives of Donetsk and Lugansk regions are not so unanimous in their assessments. There are some other voices: *“Women are even safer than men in the streets today” (Severodonetsk).* They highlighted the increased risks of physical violence against men due to the conflict: *“They start to look more closely at men” (a man, Kramatorsk).*

People from the Lugansk region are even more categorical in their statements: *“Men have suffered more in our region” (a man, Severodonetsk), “there was less violence against women” (a woman, Severodonetsk).* The panellists broadly talk about facts of men disappearing, kidnapping off the street in front of passers-by (*“There were so many cases when they were just picked up. A bag on his head... almost everyone was taken prisoner ... Who knows, where they were taken?” - a woman, Severodonetsk).* Among the circumstances associated with the increased risk of violence, the respondents noted checks of documents and examinations at checkpoints, simply being in the street, especially after curfew

“Conflict often happens when they check your documents. If you say something wrong, they begin” (a man, Severodonetsk). That is why some women subjectively feel themselves rather safer than men: “So it’s better that I go to the shop myself in the evening than send a man, honestly” (a woman, Severodonetsk).

The respondents have not heard about cases of sexual violence against men in their communities; they noted that “this can happen only in prisons” (a man, Berdyansk). However, they agree that such cases are more hushed than sexual violence against women and consider it highly unlikely that male victims will seek help and disclose their cases. “I think, such events are taking place. But I don’t think they will come out somewhere, that someone will talk about this” (a woman, Izyum).

Residents of Donbas say that the most dangerous places in terms of violence are the checkpoints on the demarcation lines. They focus attention on the impunity that can further produce illegal actions and demonstrate persistent expectations regarding probable silence and concealment of such violence by officials: “If there is some kind of violence made at the checkpoint, and the leadership is 100% aware of it, they still will not take any action. They encourage it”; “They will defend their men, not the population” (a man, Lugansk region).

Such hostile attitude to people in uniform can be traced not only in the cities directly affected by the conflict, but also among remote communities: “They believe that if they are wearing a uniform ... or they are on their duty, at some position, so they can afford everyone and everything. That is, there are no moral values, they lose their values” (a woman, Berdyansk), “They feel unpunishable. They often behave aggressively” (women, Izyum).

At the same time, the participants of discussions in Donetsk and Lugansk regions observed some changes in the patterns of women’s and girls’ behaviour, which can be related to specific survival strategies at times of crisis and military conflict:

- “There are such places where girls like to go. Because they know that there are military men. Military men have lots of money” (Kramatorsk town); “Now, our guys rarely can afford to relax ... and the girls are looking for some strangers, from another region. Girls hope that they will be taken away” (Severodonetsk town).

Representatives of neighbouring regions also noted the impact of numerous military contingents on the marital situation in the local communities:

- “Divorce rates have increased, even if not official, but families are not living together... The families are separated because women left for soldiers” (a woman, Izyum); “There were some episodes... When soldiers arrived, a wife left her husband for a soldier; they got married and now have ... their children... If girls are young, they are interested. They were bored with local guys.” (a woman, Izyum).

Finally, the panellists stress upon another aspect of the increased risk of GBV associated with the consequences of the armed conflict: “Young people who came back from the ATO, they are mentally compromised. Naturally, we cannot expect any good outcomes” (a woman, Berdyansk). Representatives of local communities are well aware of possible psychological disorders among demobilized soldiers returning to their families; they understand the need to provide them with psychological support in order to ensure a gradual adaptation and return to daily life. In this regard, the problem of domestic violence is very relevant, as it has a clear gender dimension.

**Domestic violence.** Participants of the focus groups from all regions are unanimous in their assessments of the increased aggression and number of conflicts in the society: “Arguments started to happen everywhere, even in waiting lines or on public transport, between neighbours” (a woman, Kharkiv region); “People become irritable. Most likely, even at home, in a family” (a woman, Berdyansk); “I think that women have become aggressive to all the events ... towards the authorities, towards actions of men” (a man, Dnipropetrovsk region).

The panellists also agree on the increased number of conflicts in families, in particular because of political grounds. Almost in all regions, they recall some cases of broken communication between relatives as a result of these disparities. “The society is divided. I know even cases where it came to separation of families (a woman, Berdyansk); “Families are breaking up, people are fighting with each other” (a woman, Kramatorsk). However, the mentioned contradictions are mostly expressed in the form

of emotional debates; they do make a significant influence on the rate of physical violence within families. “*There are more... verbal skirmishes. I think it does not reach the massacre*” (a man, Lozova).

The women’s group of respondents argues that those conflicts in families that increased during the military confrontation in Donbass, did not emerge directly because of the conflict; “*The long-standing problems and contradictions crop up*” during the conflict (a woman, Berdyansk). The respondents also emphasized the secondary nature of these domestic quarrels in front of the nation’s problems; it is particularly clearly recognized by residents of the liberated cities of Donetsk and Lugansk oblasts: “*These petty domestic quarrels are not so significant now*” (a woman, Kramatorsk).

While speaking about the increased number of conflict situations in “large” families, i.e. between different generations and relatives, the representatives of all communities of eastern regions claim that these processes are not so observable in marital and partner relations; in contrast, they say that “*men became more uncompromising in some political matters, but they treat their families softer and more attentively*” (a woman, Kramatorsk), “*A family that was on the verge of collapse, became closer due to this conflict*” (a woman, Severodonetsk). They noted some positive changes in the women’s attitudes towards their own husbands, including more compassion, increased desire to devote more attention and care to them: “*Women pay more respect to their men, take care and value them, because they can be taken away to war*”, “*As to women, their first thought arises about the loss of a breadwinner at time of mobilization ... Accordingly, the value of a close person, of a man, is increasing for women*” (men, Severodonetsk). Women from the liberated cities of the Donetsk region also tell about personal changes in attitudes towards their husbands: “*Presently, I even began to respect him. I’m looking at him differently*” (a woman, Kramatorsk).

Acknowledging the absence of correlation between the armed conflict in eastern Ukraine and trends of domestic violence, both women and men agree that domestic violence is very common in the Ukrainian society in general. Almost every discussion participant speaks about known cases of violence in the families of friends, relatives and neighbours. The respondents also remember situations when they had to provide direct assistance to survivors: “*I’ve seen many people, I’ve heard and read about... I had girlfriends which resorted to me in the night*” (a woman, Berdyansk).

Some women are even hesitant to share their personal experiences of violence in families: “*Among the reasons of my divorce, indeed, there was domestic violence. Physical violence, by my former husband... Emotional violence, by mother-in-law, her family. I don’t know how I’ve lived it all through. When he raised his hand at me twice, I’ve just realized – that’s it for me, it has already become systematic...*” (a woman, Berdyansk); in some cases, they recall the extreme manifestations of violence – beatings, threats of weapons, heavy injuries etc.

Women recalling their personal experience of physical violence by intimate partners belong to different age groups; they have different socio-economic status, different levels of education. Thus, an assumption can be made that the risks of domestic violence exist among all population groups of Ukraine regardless of their socio-demographic characteristics or material well-being.

The panellists were unable to come to a single conclusion on what gender is facing domestic violence more often: “*Women always suffer – morally, financially and physically*” (a woman, Berdyansk); “*It seems to me, that both parties may suffer*” (a man, Kramatorsk). They agree that women suffer much more from physical violence; however, there are suggestions that men could suffer from psychological violence as well: “*Women probably suffer from the physical point of view – because men are stronger. But there is some kind of psychological violence ... In this sense, men could be more exposed*” (a man, Kramatorsk). Among the manifestations of such psychological violence, male respondents mentioned “*insults and humiliation expressed by women*”, denial to communicate with children after divorce, accusations of low earnings and inability to feed the family.

The debates about the possibility of sexual violence in a marriage did not lead to a unified position of respondents; their assessments varied within a wide range regardless of gender or age: “*For example, I do not consider it a rape ... in fact, it’s the duty of a wife*” (a woman, 61 y.o., Berdyansk); “*It is definitely a rape – psychologically and physically*” (a man, Kramatorsk).

Among the risk factors of domestic violence, the respondents indicated the economic crisis, unemployment and scarcity of money: “*No work. Not enough money. Naturally, people are angry at*

*each other ... Of course, family relationships also get worse” (a woman, Severodonetsk). They also agree in foreseeing the increased risk of conflicts in families given further deterioration of the population’s living standards: “I think that conflicts and scandals will increase in families, as new bills for gas are arriving” (a man, Kramatorsk).*

However, the main factors of intimate partner violence are related to alcohol abuse (*“The main reason, of course, is alcohol” (a man, Dnipropetrovsk region)*), morbid spousal jealousy and disputes over child’s upbringing. The respondents also draw attention to some deeper, psychological prerequisites for domestic violence (*“Women are crying, while men keep it mostly inside ... At some point, all of this breaks down” (a man, Berdyansk)*). Some participants pay attention to the fact that propensity to domestic violence is laid as a result of careless upbringing of a child inherited as bad example of their parents or close friends; it may be caused by unwillingness to listen to the thoughts of others (*“People often quarrel because they are trying to remake each other” (a man, Kramatorsk)*).

Men are more likely to justify physical domestic violence, in particular they recognize husband’s right to punish his wife in case of *“cheating, inconsistency to a status of a good wife, neglect of children” (a man, Dnipropetrovsk region)*. Women mostly do not recognize such rights of men, but their views on obedience to their husbands differ. The attributes of patriarchal culture are more prevalent among older women who agree that *“a good wife should obey her husband in everything”*.

The statements of panellists confirmed high tolerance to domestic violence in the Ukrainian society. The respondents, both men and women, demonstrated a unanimous opinion that outsiders should not interfere in spousal quarrels (*“It’s their family, let them get out of it themselves. They are in a quarrel today, they will reconcile tomorrow”; “If you’re entering someone else’s family, then later you will be looked askance at”, “If you broke in, they will reconcile later and you will be sure to blame”*); such interruptions are accepted only in cases of extreme physical violence which can lead to serious, irreparable consequences (*“Depending on the severity of violence – if it can hurt health and safety – then yes. If it makes a danger for the life”*). The perception of domestic violence as a normal phenomenon determines some indifference to the particular facts of violence: *“It’s not as much the tolerance issue, but rather indifference ... Most people do not respond at all. For example, while the entire apartment building was hearing some cries, they don’t even pay attention... They will not even open the door” (a man, Kramatorsk)*.

These features of the public opinion largely reflect the high influence of traditional gender stereotypes that prevail in the Ukrainian society. The image of a “good wife” circulating in the mass opinion is still related to such features as patience, ability to find a compromise, *“to smooth out the rough edges”, “to not argue with her husband”*. Other attributes of a good wife include life wisdom, humility, desire to support and guide her husband (*“a man is the head, and a woman is the neck”*), ability to be a good hostess.

The participants of discussions recognize that generally women more often face unequal treatment in the Ukrainian society. Among the main manifestations of such prejudice are complications in finding a job and discrimination at the labour market: *“If you are trying to get a job... they look at your age – if you are young, they think like: “Hmmm, she will take a maternity leave” (a woman, Berdyansk); “If a woman has a small child, then she would often take sick leaves; they do not hire such women” (a woman, Izyum)*, as well as economic vulnerability of women, and unequal distribution of household duties: *“Men are exempt of duties which could be divided equally in a family” (a woman, Dnipropetrovsk region)*.

### **3.2. ACCESS TO SERVICES OF GBV SURVIVORS AND NEEDS ASSESSMENT AT THE LOCAL COMMUNITY LEVEL**

#### **Public attitudes to GBV survivors applying for assistance. Awareness of service providers for GBV survivors.**

Discussions about the current system of services for GBV survivors revealed that respondents do have a general idea of specialized services required to provide adequate support. Their first associations are related to the law enforcement bodies (the police, prosecutors, state security service) and healthcare

institutions. However, as discussions pass through, there were many conflicting opinions indicating a certain level of respondents' confusion, non-confidence in the need to seek help and availability of relevant services.

The most sceptical assessments were expressed towards the law enforcement bodies, both in terms of prevention activities, and regarding the prosecution of perpetrators: *"The police do not react to anything... They withdrew a long time ago"* (a woman, Severodonetsk); *"The police does not investigate cases of sexual violence. They say - yes, we will investigate, but no one would punish the perpetrator later"* (a woman, Izyum); *"They take actions when something has already happened. No one does prevention efforts...When you have wounds and bruises you should go and register all of them. Then we'll do something about it"* (a woman, Berdyansk).

The respondents argue that the law enforcement agencies are trying not to interfere in situations related to domestic violence: *"They say – it's your family business"* (a man, Berdyansk). The effectiveness of the law enforcement response to domestic violence is restrained also by the absence of a usual practice of asking for help in communities: *"We are not used to asking", "Why wash dirty linen in public?"* (women, Berdyansk). The respondents noted that it is the society that often condemns when a survivor of domestic violence seeks help from law enforcement authorities: *"People look askance at them", "They are treated with contempt", "Some people even mock such women"* (women, Berdyansk); it is considered extremely undesirable to provide wide publicity of domestic violence because people immediately *"begin to discuss the situation that has arisen, each considers himself a psychologist, an investigator"*. As a result, it is the survivor who is blamed by people: *"Finally they say that it's her fault"* (women, Kramatorsk).

In the public opinion, there is no opportunity to save a good family in case of survivor's application to the police; such an application will ultimately break up marital relations: *"You can go to the police and leave your family, but it is impossible to go to the police and stay in a family"* (a woman, Severodonetsk).

Another important problem is found in the reluctance of witnesses to testify in the courts for fear of possible complications, mistrust in transparency and impartiality of investigations (*"people do not help, because they are afraid of consequences"*; *"instead of being a witness, you can become a culprit yourself"*). The respondents also spoke about the lack of skilled experts in the law enforcement bodies who would have the basic skills of emergency psychological aid to GBV survivors, mentioned some situations of illegitimate attitude to survivors and non-compliance with basic ethical norms: *"Well, my friend was raped; she went to the police immediately and wanted to report it. They mocked over her, so she turned away and left in tears"* (a woman, Kramatorsk).

The respondents' attitude to the healthcare sector is more tolerant. They agree that survivors will receive emergency aid in case of a need, but they note that *"you will not be treated free of charge"*. The panellists express concerns about the availability of basic health services in the conflict-affected regions, as emergency aid cannot reach all areas at the moment. The panellists agreed that survivors seek medical assistance only in the extreme cases, when there is an imminent threat to their lives or some risk of irreparable harm, because they are afraid of publicity and judgmental attitudes in the society (*"there is no confidentiality of services"*).

The respondents' assessments of the availability of social, psychological and legal services for GBV survivors are controversial. The panellists are mostly not aware about specific organizations in their communities and types of assistance they can provide: *"I have not come across any information that we have a centre working with psychological rehabilitation"*; *"There are no announcements of such an organization, neither in the media nor on billboards. There are no organizations promoting their experience in dealing with such problems"* (men, Berdyansk). People from local communities provide a rather categorical assessment of the efficiency of social services: *"There are social services, but they do not work"* (a man, Kramatorsk).

According to the respondents, GBV survivors most often ask their close relatives and friends for help: *"Most often, they ask close persons for support. Those who they can trust", "They refer to those who are more trusted. As shown by practice, the authorities are doing nothing"* (men, Dnipropetrovsk region). They pay attention to the role of church and religion in providing moral support to people in

situations of psychological stress and difficult circumstances: *“The church is a free psychological rehabilitation centre”* (a woman, Berdyansk). However, an increase of expectations from the media should be noted, as the media are perceived as significant (and sometimes the only) instrument to influence the activity of public bodies: *“The police work only if journalists are involved. We call the TV, if needed”* (a woman, Dnipropetrovsk region).

At large, GBV survivors remain alone with their feelings and problems in most cases. Women who have a personal experience of domestic violence remember their feeling of complete hopelessness: *“I could not go to my mother, I could not tell her about anything. I could not go to my mother-in-law because she did not accept me. I had nowhere to go at all ... I just wanted to run out into the woods and scream. And I wanted to take my child somewhere, but where?.. I had nowhere to go. I suffered all this time, until my son had grown”* (a woman, Kramatorsk).

### **Assessment of the needs for services for GBV survivors in communities. Public opinions on policies to combat and prevent GBV.**

During the discussions, the respondents highlighted some gaps in the national legislation related to GBV. In particular, they mentioned a need to strengthen criminal liability for violent offences: *“If the abuser does not know that he will be punished, he will continue to rape”* (a man, Kramatorsk), ineffectiveness of administrative sanctions applied to perpetrators of domestic violence, unlawful application of financial penalties to the domestic aggressor, because they affected the well-being of the entire family. Certain provisions of the existing legislation were called “illogical”, as these provisions could create considerable inconvenience to victims. The respondents noted a need to enhance the legal awareness of citizens that will enable not only the protection of the rights of survivors, but also preventing the crimes: *“We need more information on legislation to know that if you commit violence, you will be punished by the law”* (a man, Kramatorsk).

Among the priority actions, the panellists mentioned strengthening the effectiveness of the law enforcement agencies to prevent and solve crimes: *“The credibility of the police should be enhanced. If they are really afraid of being found out and punished, there will be less violence. Now they can do whatever they want, no one is looking for them”* (a man, Kramatorsk). They mention the indispensable conditions of changes: to provide complete reforming of these structures, to renew the personnel and to change general approaches to work and interaction with public. A lot of expectations are related to the new police patrol enjoying a high level of public trust. The respondents suggest that these services will not only respond promptly to the facts of GBV in and outside the family, but also carry out some preventive work and ensure the adequate public safety in the streets: *“I have a lot of hopes in relation to our new police ... That it will work appropriately, deal with prevention of criminal offenses in this area ... That, at least, the trained people will come, with new approaches”* (a man, Berdyansk).

Participants of the focus group discussions pay attention to the absence of temporary shelters for women surviving domestic violence: *“As to domestic violence... She is beaten, with a child, at night, nobody takes care. Where women can go and spend some time to resolve the situation? There are no such services”* (a woman, Kramatorsk). They emphasize the need to develop a network of crisis centres for GBV victims not only in large cities, but also in small towns, at the level of districts and local communities. During the discussions about GBV crisis centres, the respondents express recommendations to ensure the availability of doctors, lawyers, human rights activists, experts providing social and psychological services within the permanent staff (*“A psychologist should be available there, because it is stressful for a woman”*). Women mentioned the need to enable temporary accommodation in these centres, including appropriate conditions to stay with children (*“A rehabilitation centre should be created, providing housing, as well as child’s stuff”*). It is important to provide financial accessibility of the service; the majority of the respondents argue that the service should be provided free of charge: *“I might attend a psychologist, but it’s too expensive”* (a woman, Berdyansk).

The community people are well aware of the need for public funding of such organizations (*“Until there is no governmental funding, the structure will not work”*), the need to develop some targeted social programs at the national and local levels. It is the primary responsibility of the state and public

institutions to develop and implement the efforts on GBV preventing and combating; however, a need to involve the representatives of NGOs and associations of volunteers is also emphasized: *“The church can do a lot”*.

Among efficient instruments of assistance, special women’s support groups are mentioned (*“Groups of self-support, mutual support, such as support groups for people with some diseases... Such groups can be useful for survivors of violence”*), because *“If a girl experienced a rape attempt, she will support another girl... just by telling where to call, whom apply to”*.

Community representatives mentioned the need for further development of information policies that promote public awareness on the existing services for GBV survivors, on types of services for which they can apply. Such information should be available to the whole population and actively promoted in public places and in the media, provided by public services on demand. Some possible information materials include *“distribution of booklets, so people somehow knew how to behave in such situations”*, *“city guides” (women, Berdyansk)*, *“on the Internet, this information should emerge in the first place” (men, Dnepropetrovsk region)*, billboards, newspapers, TV programs. The idea to support the information hotlines is particularly popular among participants, *“so that you can call at any time” (Berdyansk town)*; it is important that personnel of the hotline would guarantee a complete confidentiality of appeals (*“a complete privacy should be provided” (a woman, Dnipropetrovsk region)*).

According to their opinion, quite little attention is paid to the issues of GBV in the mass media (*“there are no talks about violence neither on TV, not on radio”*). But they believe that the media should disseminate information on the hotlines and organizations providing assistance to survivors. Among other possible tools of influence, they mention introducing certain controls over the content of information on the Internet as some provocative materials can be found there often, which may affect the personalities of adolescents and young people, their behaviour and values.

Respondents noted the high importance of family and school education as components of the comprehensive education and awareness raising campaigns to prevent gender-based violence (men, Kramatorsk town). They shared the useful experience of school courses on sexual education, ethics and psychology of family life, involving students in understanding behavioural patterns of marital relations.

Discussion participants also highlighted the need to develop the skills of safe and responsible behaviour among young people, to clarify the risks and possible consequences of non-compliance with basic safety rules: *“In my opinion, it is more important to train women and girls not to find themselves in such a situation where they can be raped or attacked ... – not to go late at night, not to stay alone ... They must realize what kind of a company they join, so that they are able to prevent violence against themselves” (a man, Kramatorsk)*.

Finally, the panellists agreed that the most effective approach to solving the problem of GBV and effectively assisting survivors is transformation of established stereotypical attitudes towards the survivors, elimination of their victimization and stigmatization and creating non-judgmental attitudes towards them in the society:

*“The best psychological support can be found in a different model of public attitude towards the victims. Some kind of programs on television and radio are required at the national level explaining why women or girls are afraid to contact the police, why they are afraid of public opinion, rumours of neighbours, work colleagues... It is necessary to educate the society, i.e. to explain that survivors of violence have to be supported. There is nothing wrong about it, as everyone could become a victim of violence. The attitude should not be changed in case of GBV; in contrast, people should become even more caring towards a survivor” (a man, Kramatorsk)*.

## **SECTION 4. SITUATION ANALYSIS OF GENDER-BASED VIOLENCE IN THE CONFLICT-AFFECTED REGIONS: KEY FINDINGS OF IN-DEPTH INTERVIEWS WITH EXPERTS**

The situation analysis was based on in-depth interviews with regional experts working in the field of GBV prevention. The topics of interview covered assessment of the current trends in GBV in the study regions and identification of some general gaps in the public policies on GBV, as well as specific questions targeted at experts from various institutional sectors, including local authorities, healthcare, law enforcement, justice, NGOs and social service providers.

In-depth interviews were conducted in five regions of Ukraine: Mariupol (Donetsk oblast), Zaporizhzhya, Dniprorudne and Vasylivka (Zaporizhzhya oblast), Lysychansk (Lugansk oblast), Kharkiv and Chuguyev (Kharkiv oblast), Dnipropetrovsk and Pavlograd (Dnipropetrovsk oblast). In total, 52 experts were interviewed, including 10 representatives of local authorities, 7 representatives of law enforcement bodies, 9 medical workers, 10 experts from social service providers, 6 experts from the sector of justice and 10 representatives of NGOs. The list of interviewed experts is presented in Annex H.

### **Overview of the current situation with GBV in the conflict-affected regions**

The majority of interviewed experts deal with domestic violence, in particular its psychological, physical and economic forms, in accordance with their professional duties. Practically all experts reported that they were actually working on this issue; some of them did not overlap with other types of violence in their work at all. For example, employees of the Centres of Social Services for Family, Children and Youth (CSSFCY) are dealing with manifestations of domestic violence only, as their main functions are providing assistance to families in difficult circumstances and families with children. The representatives of local authorities usually collect information and provide referrals of specific cases to the proper services. A wider spectrum of GBV forms and types, including sexual violence, are directly dealt with by representatives of the law enforcement and justice, as they are involved into investigation of sex-related criminal offenses, health professionals and experts of non-governmental organizations providing assistance to survivors.

According to the experts, women constitute the majority of victims (about 80-90% of total survivors); however, they argue that most survivors of violence do not seek any help and are not ready to share their problem with anyone, in particular with regard to sexual violence. There are stories of rape victims seeking assistance long after the incident. For example, one of the experts told about a young woman who applied for psychological support after she was raped by her father 14 years ago (psychologist of the socio-medical and psychological support unit of a youth-friendly clinic in Pavlograd).

Women mostly come to service providers with other issues (e.g. for medical or social support, assistance in housing or legal issues); they can talk about situations of violence in private conversations. According to the experts, the reasons for silence are associated with the mentality of Ukrainian women who often justify violence as a social norm (*“The morality “he is beating me, so he is loving me” is very common [in Ukraine]” (a representative of local authorities in Lysychansk)*); they are afraid of publicity and becoming stigmatized, have low awareness of the available services and see no sense in applying for assistance. The experts also emphasize that women often do not trust the law enforcement bodies and do not expect any positive results from such appeals: *“Women do not apply, and they are doing right. Our legislation is very imperfect...” (a representative of NGO, survivor of domestic violence, Lysychansk)*. But some respondents noted an increase in filed official complaints related to GBV after targeted information and education campaigns in the regions.

The experts refute the thesis that mostly low-income and low-educated women are exposed to domestic violence, providing examples of representatives of wealthy populations facing such situations as well: *“Our society is very archaic, so we confront the situations where successful women are subjected to violence and they do not disclose it” (a representative of NGO, Mariupol)*. In the opinion



of respondents, these groups of women are more inclined to conceal such problems (*a representative of NGO, Kharkiv city*), but they are also able to “*get out of a difficult situation*” by themselves. Unlike low-income women, wealthy women can purchase or rent another apartment and become separated from the perpetrator (*a representative of NGO, Zaporizhzhya*).

The expert assessments of vulnerability of particular categories of women are different: most of them cannot identify any age-specific characteristics of survivors making them more vulnerable. There were opinions that young women suffer from domestic violence more often (because of their being non-experienced), while elderly women could face violence by sons because of their helplessness. Violence most often occurs in families where alcohol abuse is common, and in families with unemployed members (one or both spouses). The experts confirmed that men also suffer from GBV, but their numbers are rather small, while public perception of “masculinity” prevent them from complains because of possible blaming and stigmatizing in the community (*a policeman, Zaporizhzhya; a representative of the CSSFCY, Kharkiv*).

With regard to sexual violence, the experts do not have a consensus as well; they highlight that any woman could become a survivor of sexual violence, but the reported situations indicate that young women (aged 20-25) are more vulnerable. Among the risk factors, the experts mentioned the night time, staying alone, alcoholic intoxication of women, availability of entertainment centres nearby (*a police officer, Dniprorudne*). Interestingly, psychologists also point out the seasonal dependencies in GBV intensity: in particular, spring and autumn are characterized by the increased number of appeals caused by GBV, as well as holidays (*a psychologist, Zaporizhzhya city*).

### **Determinants of gender-based violence**

As to determinants of GBV, the experts interviewed mentioned the poor economic situation and poverty leading to despair, when people start to abuse alcohol and cannot control themselves in violent behaviour: “*Men mostly are fighting and drinking*” (*a representative of NGO, Mariupol*). One of psychologists mentioned that “*domestic gender-based violence is just a consequence. The state pays no attention to its determinants. When there is nothing to feed the children, a woman nags her husband, and a husband is feeling flawed and can abuse his wife. Social housing has not been constructed for a long time, so, when several generations live in the same dwelling, it can result in conflicts and, as a consequence, in domestic violence*” (*a psychologist, Zaporizhzhya oblast*).

Representatives of the law enforcement pay attention to the recent changes in sentencing for crime offences related to domestic violence; according to the experts, instead of tightening, the new rules have rather eased the administrative liability for domestic perpetrators. Police officers highlighted that police inspectors or heads of department were able to make a decision on the penalties imposed for administrative violations before these changes; they also could assign administrative detentions at the moment of the first application. Presently, policemen can draw up a report, issue an official warning or put a perpetrator on the record. Having no permission of the household head, policemen have no rights to enter the room, to pick up a victim or her attacker; they are authorized only to detain aggressors for no more than 3 hours to proceed with a protocol (*representatives of law enforcement bodies in Kharkiv and Zaporizhzhya*).

The experts also mentioned some institutional failings constraining the efficiency of GBV prevention. Until recently, the courts usually made decisions on penalties in the form of a minimum fine (UAH 51 or roughly \$2), that obviously did not motivate perpetrators to change the models of behaviour. Also, such fines were usually paid by the aggressor’s wife (the survivor of the violence) from the family budget. Presently, the fines are cancelled and replaced with community works and administrative arrest; in the experts’ opinion, these measures cannot be effective as punishment as well.

At any stage of investigation and prosecution, a survivor has the right to abandon the charges, which entails the termination of criminal proceedings. According to representatives of the law enforcement, situations where survivors withdraw their charges as a result of financial compensation from the offender are rather wide-spread; about three quarters of women make an official

counterstatement requesting the withdrawal of the original statement (*representatives of the law enforcement bodies from Kharkiv, Dniprorudne, Lysychansk*).

In general, the experts believe that problems of GBV have a “chronic” character in the Ukraine’s society. The repeated appeals for violence are often circulating in the so-called “vicious circle”. In other words, when applying to a psychologist or social worker, women usually receive the needed support, but if they are not secured by economic factors (could not find a job, rent a separate housing etc.), 80% of women return home to their aggressors, and everything starts over again (*a representative of NGO, Zaporizhzhya*). “*The severity of a criminal offense is determined by the severity of injuries which are assessed by medical experts, and the length of treatment. If the treatment lasts 21 days or more, that is the indicator of a serious injury. Women cannot stay for so long in medical institutions because of family reasons, so they refuse hospitalization ... there is no one to care for children, and house*” (*a prosecutor, Zaporizhzhya*).

A separate problem is the excessive complexity of administrative procedures. The law enforcement agencies must forward information on a GBV survivor to the local social protection departments within three days. Social protection authorities must review the case and refer the survivor to get the required service during ten days. However, in reality the information is often delayed in the law enforcement agencies and in the social protection departments; sometimes, the materials reach social services when the situation is out of control and needs no intervention (*employees of CSSFCY in Kharkiv and Zaporizhzhya*).

### **The impact of the conflict in Donetsk and Lugansk oblasts on the prevalence of GBV in the regions**

In the Zaporizhzhya and Dnipropetrovsk regions, most experts have not associated the changes in GBV prevalence rates with the impact of the conflict. They mentioned that the registered number of criminal offenses has not changed significantly since the ATO beginning (*representatives of public institutions in Zaporizhzhya, Dnipropetrovsk oblast*). In contrast, some of them emphasized that stressful situations consolidate people and make families stronger (*a representative of social service provider, Kharkiv*). They also haven’t traced any links with the influx of displaced people, but some experts pointed out psychological non-acceptance of IDPs in local communities (*a representative of CSSFCY, Kharkiv*).

Some psychologists and police officers noted a decrease in the number of appeals related to GBV in the regions bordering the ATO area. In their view, some aggressors could try not to provoke the attention of the law enforcement at this time, perhaps due to fears of possible military mobilization (*a NGO representative, Zaporizhzhya*).

In Donetsk and Lugansk oblasts, an increase in crime rates has been observed: criminal offenders were far from thinking that they can be punished by someone in the early and mid-2014. “*A splash of violence was seen clearly: robberies and theft.... and increased number of rapes. In fact, no one knows the exact number... A few people could refuse a man with a gun in his hands*” (*a prosecutor, Lysychansk*). According to experts, the current criminal situation has stabilized in the region, as some marginal population groups mostly stay on the other side of the demarcation line.

Regarding the conflict’s impact, the interviewed medical workers confirmed some non-registered cases of sexual violence against girls and women arriving from the ATO area. Such cases were often identified at times of confidential conversation with gynecologists, when displaced women were talking about incidents of rapes committed by “men in uniform” (*an obstetrician-gynecologist, Kharkiv*).

A representative of an NGO in Lugansk oblast reported on a spate of rapes observed a few months ago. With reference to the medical staff, she provided information about 1.5 thousand rapes in the region; however, none of these cases were reinforced by official confirmation. The NGO representative claimed that such incidents were forbidden to be registered, while victims were referred to other medical departments (such as surgical and therapeutic units). The survivors were scared and not willing to communicate. Similar situations were confirmed by a gynecologist who helped women from Donbas

who survived acts of sexual violence perpetrated by “men in uniform”, but did not report these incidents to the police or other services (*an obstetrician-gynecologist, Kharkiv*).

Medical experts reported cases where women had visible signs of beating and injuries of reproductive organs but refused to report on the causes of these injuries. However, some health care workers stressed that they are not obliged to identify the circumstances of injuries, their function is to provide the necessary medical care<sup>1</sup>. Doctors of public clinics emphasized that they don't have enough time to identify the causes of injuries even if they would like to. The standards of gynecological services have not changed since the middle of the last century; the normal length for a woman's examination is 12 minutes (20 minutes for pregnant women), and includes the entire range of services: medical history, examination, biopsy testing, filling documents (*an obstetrician-gynecologist, Zaporizhzhya*).

Medical professionals emphasize that they can only advise survivors to contact the police or make a forensic examination; they don't monitor the future progress of patients afterwards. All doctors interviewed highlighted the fact that they do not have the right to report their suspicions to the law enforcement agencies without the consent of the patient, but they have to indicate visual observations in their medical files. Among the problems the experts noted was the unavailability of psychological support in women's clinics for patients, and for doctors who burnout due to emotional stress.

In general, the experts stressed that the procedure for evidencing sex-related criminal offense is very complicated. Guilt could be proved if a victim reports to the police immediately and is able to present evidence (to take tests and certify the injuries). If some time has passed, the effectiveness of such a report would be very low (*a prosecutor, Lysychansk*). In this regard, there is an urgent problem with conducting forensic examination<sup>2</sup> in Donetsk and Lugansk oblasts, as many forensic centres with their laboratories stay in the NGCAs (for example, there are only 14 of 28 laboratories functioning in the GCAs of Donetsk oblast); the experts have to send the relevant materials to laboratories situated in Dnipropetrovsk oblast (*a forensic expert, Mariupol*).

However, the experts also stressed that there are rare cases of false information on rapes as women try to manipulate men for some material purposes. There are also cases of false information on sexual violence coming from the Donbas girls: “*Parents of a young girls contacted the police with complaints that she was raped by soldiers of the Azov battalion; it turned out that she was with her friends ... and had not slept at home ...*” (*a representative of NGO, Mariupol*).

The experts cited some other examples of manipulation with sexual violence during the conflict. Once a female soldier of the “Tornado” battalion reported being raped by a fellow soldier. During the investigation, it became clear that the man was falsely accused in order to conceal another crime that took place in the military unit (*a prosecutor, Lysychansk*).

However, according to the experts, a notable increase in GBV is expected in 1-2 years, due to the psychological state of demobilized soldiers returning to their families. According to the experts, people who survived the fighting will not be the same as before, they are going to reassess the values (*social service providers, Kharkiv*). After experiencing extreme situations, men can aggressively take any refusal or denial, believing that other people who have not been in similar situations have to perform any of their whims (*a prosecutor, Zaporizhzhya*).

The experts have already noted some single situations of GBV in the families of demobilized soldiers (*local authorities, Zaporizhzhya*). The interviewed medical workers confirmed that they had

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<sup>1</sup> In the case of sexual violence, there is a protocol of the urgent medical aid for women which provides a list of tests and risks, and is used for recommendations. In particular, women are informed about possible emergency contraception and medicines that can prevent unwanted pregnancy within 72/96 hours. For pregnant women surviving sexual violence, a procedure for interrupting unwanted pregnancies is suggested. If the pregnancy term is less than 6 weeks, medical abortions are done, if the term is more than 6 weeks – the surgery is applied (*a gynecologist, Chuhuiv*).

<sup>2</sup> The procedure for medical examination of survivors of sexual violence is carried out only by forensic experts based on the prescription from the law enforcement. The task of the forensic expert is to determine the severity of injuries to initiate criminal proceedings.

been treating women with signs of physical violence who privately complained of beatings by husbands who had returned from the ATO area (*an obstetrician-gynecologist, Zaporizhzhya*).

At the same time, women are also not always ready for the return of their “new” men with such psychological disorders, so the frequency of conflicts is increasing in families. The experts interviewed are unanimous that the demobilized military personnel need social adaptation and crisis counselling; but they emphasize that there is no such experience and training at the current social service providers (*a representative of CSSFCY, Kharkiv*).

### **Expert assessment of the main problems in the field of GBV prevention**

**Access to services.** The experts emphasize that there is only a national level 24-hour “hotline” on GBV issues. At the regional level, some hotlines are available at social service centres and NGOs, but they operate only during working hours. The 24-hour support for GBV survivors is missing at the oblast level. According to the experts, public institutions also do not provide emergency psychological support; it can be obtained only from some non-governmental organizations (such as NGO “Interaction” in Zaporizhzhya, that is the association of psychologists and psychiatrists).

There are practically no safe shelters for women surviving GBV; for many years, there has been no crisis centre in Kharkiv oblast (there are only five other regions with no crisis centres in Ukraine); obviously, the absence of shelters limits the effectiveness of providing protection to survivors (*a social service provider, Kharkiv*).

The experts from Kharkiv oblast noted that there are no NGOs working with women’s support groups and self-support groups for survivors of GBV (*a representative of CSSFCY, Kharkiv*). The regional NGOs are mainly engaged into providing information services and individual support to survivors. In general, there are no NGOs dealing with GBV in many small towns and district centres of Ukraine (Lysychansk, Chuhuiv, Vasilevka, Dniprorudne), not to mention rural areas.

A positive sign is seen by the experts in the creation of secondary legal support outlets providing advice and assistance to the vulnerable people.

Safety planning for witnesses and survivors is also non-developed (there is no funding, the programs are not operating); people refuse to testify in courts and try to conceal the facts of violence (*a prosecutor, Lysychansk*).

**Confidentiality.** All experts confirmed that they adhere to confidentiality guidelines following the Law of Ukraine “On Personal Data Protection”.

**Keeping records / data management.** The experts interviewed reported that there are special ways for reporting cases of GBV – either through special documents (e.g. Form 1-HC “Report on the situation with combating domestic violence” that indicates the registered appeals, protocols, registered cases and official warnings) or as a separate indicator in an aggregated table. All involved organizations collect some pieces of information on GBV, but there is no unified database accessible to all involved agencies.

**Coordination.** The experts from Zaporizhzhya and Dnipropetrovsk oblasts emphasized the cohesive work of the law enforcement agencies, CSSFCYs, the local authorities and some NGOs (such as NGO “Interaction” in Zaporizhzhya oblast) in the regions. There are memoranda on cooperation between organizations involved in activities on combating GBV.

At the time of the study, there was no established cooperation between the law enforcement agencies and centres of social services in Kharkiv oblast (*a representative of CSSFCY, Kharkiv*); social workers were also dissatisfied with the work of the law enforcement: “*Representatives of the law enforcement do not pay attention to appeals regarding domestic violence, they don’t possess the skills of primary counselling like the social services... there is no information exchange*” (*a representative of CSSFCY, Mariupol*); “*The police try not to interfere ... they say, this is your business, you will deal with it by yourself*” (*a representative of CSSFCY, Kharkiv*).

Representatives of CSSFCYs reported that even knowing about cases of violence, they cannot respond adequately: “*Until there is a criminal proceeding initiated, the police does not provide the*

information on such situations. The facts can be revealed at the time of inspection of a family, we can get information from neighbours or teachers. However, until this appeal has not gone through the procedure in the departments, we have no right to interfere” (a representative of CSSFCY, Kharkiv).

The system of coordination and cooperation is not working in Donbas due to political instability; there are no crisis programs, no coordination of experts in the regions: “Presently, the authorities consciously are not working well in Lysychansk, to show the negative side of Kyiv authorities, of Ukraine’s authorities...” (a representative of Military and Civil Administration in Lysychansk). “The war has left its marks, so you need to start it all over again” (a police officer, Lysychansk).

**Awareness rate and opportunities of training for experts in GBV prevention.** The experts from public institutions reported regular trainings, seminars, information programs on GBV prevention and counteraction. Medical workers spoke about PAC courses – the pre-accreditation cycles carried out once a year to improve qualifications; in the framework of these cycles information on supporting GBV survivors is also provided (a doctor, Chuhuiv). However, the experts from Donetsk and Lugansk oblasts indicated that they hadn’t had any training or retraining due to the difficult situation in their regions.

The representatives of CSSFCYs informed that there are psychologists available who have the proper training to support GBV survivors, including survivors of sexual violence, at the centres. However, the representatives of NGOs stressed that they lack training and professional development programs, they are not invited as listeners to such trainings and have to seek any information by themselves (a NGO representative, Zaporizhzhya).

**Staffing.** The representatives of all public institutions complained of the lack of skilled specialists; they also mentioned low wages of public servants as a problem preventing the care providers from retaining qualified workforce. For example, a number of agencies at the district level are staffed with specialists only by one third of the need (including the law enforcement agencies, departments of social protection, centres of social services). The representatives of all CSSFCYs reported the staffing is just catastrophic after the elimination of the institution of social work specialists, while the workload has increased and the experts have no time to cover the entire range of issues and provide comprehensive services to all people in need. In addition to the “ministerial” tasks, they need to conduct field trips, which is very difficult given the lack of transport and sufficient number of specialists. In rural areas, there are practically no social services (representatives of CSSFCY in Zaporizhia, Kharkiv, Pavlograd, Chuhuiv). The experts also emphasize the lack of staff with proper training, in particular at the district level, the lack of psychologists, social workers etc. (Pavlograd, Chuhuiv, Dnipropetrovsk). After the liquidation of departments of family and children, their functions were transferred to other departments, and the experts do not always have appropriate education and experience, they have to study the problems on their own.

### **Assessment of needs for improving the GBV policies**

In spite of involvement of the interviewed experts into various institutional sectors, all of them emphasize the common objectives and priorities to be taken into account when developing the policies to prevent and combat GBV. Most of them stressed that Ukraine has not developed the institution of psychological support, there is no culture of applying to psychologists in difficult situations, there is no proper system of education and training of young people into adulthood.

Most respondents agree on the need to **strengthen the penalties for offenders of violence**. The experts believe that the new CPC is quite humane. They noted, if there were penalties that would sentence at least one year of conditional imprisonment, “they would have behaved differently”. Some experts regard that introduction of community works would have a positive impact on rapists, while other respondents argue that such penalty is not sufficient to prevent and combat GBV: “Correctional programs do not operate in rural areas at all, the state does not finance the programs... The penalty was abolished, leaving only the public works and administrative detention, which do not solve the problem” (a lawyer, representative of NGO, Dnipropetrovsk).

The respondents also noted the lack of services to implement correctional programs; there are no trained professionals, while offenders are reluctant to attend such programs, and there are no compulsory

instruments of their rehabilitation. To raise the efficiency of support in the crisis centres, the work with aggressors should be conducted in the presence of police officers (*a representative of CSSFCY, Mariupol*). Moreover, the experts stressed the gaps in the regulatory framework that stipulates the mandatory character of corrective programs, but does not specify the respective authorities responsible. The experts proposed to assign the responsibility for making offenders attending such programs to the law enforcement agencies (*representatives of CSSFCY, Kharkiv, Zaporizhzhya*). “*Ideally, some budgets should be allocated to involve professionals in correctional programs, as psycho-correction is provided by senior psychologists*” (*a representative of CSSFCY, Zaporizhzhya*).

The experts believe that the current system makes it difficult to process the evidence of violence, including sexual violence. It is difficult to confirm the fact of sexual violence, as, besides the required forensic expertise, some witnesses of violence should testify to provide evidence. It is particularly difficult to confirm sexual violence committed by husbands against their wives (*a doctor, Chuhuiv*).

In the criminal proceedings, there is an opportunity of agreement between the survivor and the perpetrator. There are several forms of court verdict commutation for a person who admitted the offense and cooperates with the law enforcement bodies. During sentencing, the preferences of survivors are considered and if a survivor requires a more severe sentence, the court takes her opinion into account (*a judge, Vasylivka*). The new CPC prohibits detaining a suspect in case of domestic violence. The experts have reported a case where inspectors once have calmed down an aggressor but then had to come back in just 2 hours in response to the repeated call (*a law enforcement officer, Lysychansk*).

Ukraine has a practice of withdrawing women and children from their households in case of domestic violence. Despite the fact that women are the victims and suffer, it is exactly them who have to change their usual way of life, transfer children to another school, sacrifice their work sometimes, while the abusers just stay at home having no annoyance and enjoying even a more comfortable situation. The experts declare the need to **isolate abusers from survivors** through the legislation. According to the international experience, it is advisable to create specialized centres to temporarily host male abusers and put them through a compulsory correctional program (*representatives of CSSFCY and NGOs, Zaporizhzhya, Kharkiv*).

The experts stressed the need to **enhance the public awareness on GBV**. For this purpose, it is advisable to simplify remembering important information (e.g. GBV hotline numbers should be short and easily memorable), to spread information through handy means in public places, so that anyone could easily get information anywhere (e.g. at post offices or shops). Awareness creation campaigns should be targeted at specific audiences (different approaches have to be applied to parents, men and women) to ensure that “*men, as well as women, understand that they are protected and can seek help, and it will not be seen by society as a weakness*” (*a representative of CSSFCY, Kharkiv*).

Another suggestion is to improve the procedures and speed up the exchange of information between the authorities involved: “*If information [of violence] would come to the centre [of social services], not to the department, then the response would be much quicker; also, we are perceived not as officials, while the departments are taken as officials*” (*a representative of CSSFCY, Kharkiv*). Hence it is proposed to route GBV case information flow from the law enforcement agencies to both the departments of social protection and centres of social services.

The ban on placing social advertisement on outdoor carriers without the consent of local authorities makes reaching out with public information more cumbersome. Moreover, as nearly all street billboards and “city light” ad installations are privately owned, placing social ads there would cost money. Due to constrained funding, social services are not financially capable to place any socially important information there on the commercial basis. A solution could be found in signing social responsibility agreements between the centres of social services and advertisement carrier owners for using part of the carriers to deliver socially important messages from time to time (free of charge or at the expense of the local budgets) (*a representative of CSSFCY, Kharkiv*).

Staff of centres of social services believe that the recent **abolishment of the institution of social work specialists** has become an insurmountable barrier to delivering good quality social care to those in need: “*Social work professionals were working in each village, they were the emergency aid*” (*a representative of CSSFCY, Kharkiv*). All social services personnel stressed that the abolishment of this

structure had the disastrous consequences. At the district level, there are no trained specialists in social work at all, “no money, no transportation means, but you still must implement the programs” (*representatives of CSSFCY, Kharkiv, Zaporizhzhya*). Along with that, they believe that the newly established bureaucratic procedures are detrimental to employees of social services centres. Replacing the previously used inspection forms, a new reporting form “Child and family needs assessment” was adopted, which contains a lot of redundant information and requires more time for completion; in the experts’ opinion, switching to this new form reduces the time to be spent working directly with the families (*representatives of CSSFCY, Lysychansk, Pavlograd*).

For social work professionals who daily face extremely complicated situations, there is a need for qualified supervisors who can deal with professional burnout. A special *state psychological service* is needed to provide such services to social, medical and law enforcement workers facing intense stress (*representatives of CSSFCY, Kharkov, Zaporizhzhya*).

As already mentioned, there is an urgent problem of high *staff turnover* at social services. Due to low wages, many young professionals leave after working for a short period of time and look for better paid jobs; as a result, it is impossible to retain experienced professionals and effectively develop the system of social services. To enhance activity coordination and build professional links, it is necessary to conduct joint seminars on GBV prevention, to invite specialists from all institutional sectors dealing with GBV issues (*representatives of CSSFCY, Kharkiv*).

It is also necessary to foster a *culture of psychological support*. Many people believe that they do not need psychological help just because “they are not sick”. Therefore, there is a need to educate people about various forms of violence, their possible psychological sequelae and how to identify them, and how to apply for help from a psychologist when needed. Special programs are needed for women to help raise their self-esteem and understand their self-sufficiency. If a woman endured the abuse once, it just provokes the abuser for more violence (*a police officer, Lysychansk*).

The experts emphasize that people’s behavioural models all depend on the climate in families: “Gender stereotypes are passed from an older generation on to a younger generation. There is a common model of a family: an aggressive father and an enduring mother. The stereotypes get imprinted in education: boys must fight back, while girls have to endure... There is no training in terms of gender education, no educational model of a family” (*a lawyer, representative of NGO, Dnipropetrovsk*).

## CONCLUSIONS AND POLICY RECOMMENDATIONS

The current national institutional environment for preventing and combating domestic violence and gender-based violence has basic components necessary to make the response mechanism functional. Also there is a legislatively determined system of objectives, conditions, activities and tools for each institutional sector involved in GBV response, as well as a system of controls by public prosecution and parliamentary monitoring in this area.

However, the study has revealed that:

1. Selected procedures and response activities related to violence identification, case management and prevention need improvement;
2. The current institutional model of preventing and combating violence requires significant redesigning to be able to manage the social consequences of the antiterrorist operation (ATO).

It could be argued that for many years Ukraine has been failing to implement a systematic approach to solving socioeconomic issues that this way or another influence domestic and gender-based violence (including low living standards, high rates of poverty and unemployment, inefficient social protection of certain categories of the population, non-organized leisure of children and youth, archaic social norms etc.).

In addition, during 2014-2015, Ukraine has run the completely new social risks imposed mostly on IDPs, residents of the ATO area and the “grey zone” along the demarcation line, participants of the ATO, demobilized military personnel and their families. At the background of the military conflict in Donetsk and Lugansk oblasts, the risks of conflicts and aggression have grown in the society. Among

the main factors of such growth are changes in the usual way of life of many families, high emotional and psychological dependence of people on the situation in the ATO area, irregular circulation of unregistered military arms throughout the country, aggravated crime situation in the regions bordering the conflict zone, increased intensity of migratory movements, broken rule of law and access to justice in the NGCAs, distorted ethical norms and values due to atrocities of war, severed family ties due to ideological disagreements, and manifestations of post-traumatic syndrome among the demobilized soldiers. At the national level, an adequate and comprehensive assessment of the new social risks is still lacking, no effective response mechanisms have been yet developed – in particular, in terms of a broader use of administrative resources (e.g. coordination of civilian and military authorities), appropriate government support of the civil society initiatives (e.g. volunteering), and timely response to the needs of specific population groups.

### ***Common Issues: Identification of DV and GBV, Application Assistance***

#### **Problems:**

- a de facto narrowed mandate of field police units in responding to cases of domestic violence (including the abolishment of the institution of district police inspectors and juvenile criminal police);
- unwillingness of law enforcement officers to intervene in situations of domestic violence (because of its perceived intrafamilial nature);
- absence of a common practice by survivors to seek help of the law enforcement agencies (due to the generally low credibility of national law enforcement agencies, lack of female officers to comfortably discuss the case with, failure to comply with confidentiality requirements, fears of stigmatizing in the community, survivors' attempts to save the family relations "at any cost");
- persistent risks of procedural violations due to professional incompetence of staff accepting or processing survivors' applications and statements of domestic violence cases or threats;
- lack of skilled experts in the law enforcement agencies who would have basic skills of emergency psychological support to survivors and be able to refer survivors to services they need;
- existence of the option to withdraw filed statements of domestic or sexual violence by survivors (e.g. due to psychological or economic pressure from perpetrators);
- limited availability of help hotline services for survivors at the local level;
- "concealment" of the true causes of divorce from judicial institutions;
- flawed system of identifying survivors and witnesses of violence (which, inter alia, results in the rising number of cases of economic and physical violence against older persons committed by their children, grandchildren and other relatives).

#### **New Challenges:**

- restrictions of rights of IDPs and other de facto populations in the conflict-affected areas to file statements of domestic violence or its threat<sup>1</sup> (according to the existing legislation, such statements can be filed only in places of permanent residence of survivors);
- lack of an effective mechanism to protect survivors of physical, economic and psychological violence committed by members of the military groups.

### ***Common Issues: Protection and Support of DV and GBV Survivors***

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<sup>1</sup> Order of the Ministry of Interior of Ukraine dated 22 November 2012 No.1077 "On approval of the procedure for registration of place of residence and place of stay of individuals in Ukraine and samples of required documents".



### Problems:

- a de facto restriction of survivor's rights by defendant's rights<sup>1</sup>;
- existence of the option to classify minor and moderate offenses within a family as cases subject to private prosecution (based on survivor's consent);
- low level of clearance of rapes if they were committed by strangers;
- abuse by personnel of penitentiary institutions;
- ineffectiveness of administrative sanctions imposed on a person who committed domestic violence; negative impact of financial penalties on family's welfare (if offender / aggressor has no work or source of incomes);
- mismanaged timely isolation of survivors from aggressors and protection of survivor's property;
- absence of legislative norms that envisage mandatory establishment of crisis centres at the regional level, absence of procedures for regional needs assessments to guide the establishment of crisis centres;
- lack of temporary shelters for women and their children surviving domestic violence at the district level and in local communities;
- lack of social workers, psychologists and lawyers at the local level;
- severely underestimated normative duration of medical examination of survivors of gender-based violence<sup>2</sup>;
- lack of correctional programs for domestic offenders, lack of qualified specialists to deliver such programs (training of such specialists is either unavailable or unaffordable);
- absence of administrative liability of an aggressor for ignoring correctional programs (most perpetrators attend only the first "individual" part of the program and then they usually skip the second "group" training);
- lack of consistent oversight of attendants of correctional programs by the police (law enforcement just turn aggressors in to the crisis centres for correctional programs);
- lack of public awareness (sometimes complete ignorance) of any specific service providers and types of services available to support survivors of domestic and gender-based violence in communities.

### New Challenges:

- significant restriction of territorial and financial accessibility of medical and social services for DV and GBV survivors in the ATO area and along the demarcation line, including survivors from IDP populations.

## ***Common Issues: DV and GBV Prevention***

### Problems:

- low effectiveness of prevention work of the law enforcement agencies and social services among certain marginalized population groups (most importantly, among alcohol and drug abusing adults);
- lack of resources for strengthening public security in communities (e.g. installation of video surveillance systems);
- crisis of public confidence in various public institutions, people's orientation at resolving conflicts and complicated situations on their own (by family members, relatives and friends).

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<sup>1</sup> Art. 62 of the Constitution of Ukraine: "A person is regarded as non-guilty in criminal offense and cannot be subjected to criminal penalty until the guilt is proved through a legal procedure and established by a court verdict". Art. 91 of the Criminal Procedure Code of Ukraine: "In criminal proceedings, the following issues should be proved: 1) the fact of a criminal offense (time, place, method and other circumstances of criminal offense); 2) the guilt of a suspect in criminal offense, the form of guilt, the motive and purpose of a criminal offense".

<sup>2</sup> According to the existing regulations which have not been reviewed since the 1950s, a gynecologist is given 12 minutes to examine a woman and 20 minutes to examine a pregnant woman (including filling in medical documentation).

### New Challenges:

- lack of social adaptation services for ATO participants and demobilized soldiers;
- complete absence of communications with law enforcement and social services operating in the NGCAs (e.g. to request information on IDPs who might have been previously registered as abusers).

## **Proposals and Recommendations**

Reducing the vulnerability risks for survivors and potential victims could be set as the main goal when establishing institutional mechanisms of GBV response. However, the gravity of the socioeconomic situation in Ukraine predetermines the possibility of unpredictable growth of such vulnerability risks, hence the need for new approaches to policy development in this field.

Along with further improvement of the national legislative framework, including the ratification of the Istanbul Convention (2011)<sup>1</sup> by the Parliament of Ukraine, it is advisable to upgrade the contents of selected components of the national GBV response machinery to better address the needs of the emerging target groups of the policy, including IDPs, residents of the ATO areas and areas along the demarcation line, ATO participants, demobilized soldiers and their families.

In our view, particular attention should be paid to improving the effectiveness of preventive mechanisms and mechanisms of support; the latter must be supplemented by measures to overcome possible social exclusion of DV and GBV survivors. Considering the variety of actors already involved into GBV response and new institutions that might get on-board (the Ministry of Defence of Ukraine, military prosecution offices, military and civil administrations, patrol police), as well as the diversity of their mandates, there is a definite need for improving coordination of their activities, especially in working with target populations and situation monitoring.

The improved policies on DV and GBV should focus on both the traditional and innovative sources and channels of public communications to deliver information about institutions and services available for help. This information should be able to reach everyone and cover all service providers and vulnerable groups (including the elderly). The good practice of disseminating visual public service announcements, posters and other printed materials (booklets, postcards, calendars etc.) should be expanded, as well as the practice of national social campaigns and mass events on GBV prevention and response. The increasing role of the mass media in shaping the public discourse should be harnessed to reinforce the communications strategy and get messages delivered to every home. Of special importance is collaboration with television and radio stations that remain the main source of information for many people, especially in rural and remote areas. However, it should be noted that access to the mass media may be limited in selected areas affected by the military conflict.

Scarcity of reliable information on GBV prevalence and features, inherent limitations of information sources that collect data on the number of registered offenses, applications of survivors for various services, results of administrative or criminal proceedings and court verdicts, willingness to make policy actions grounded on solid evidence altogether testify for the need to establish and operationalize an integrated inter-agency database to manage and share comprehensive information on GBV cases. Such an instrument would facilitate the efficient information exchange, timely and well-targeted referrals for survivors, monitoring of the provided services, analysis of GBV features and trends, as well as evaluation of the entire GBV response policy at the outcome level.

### Other suggested policy measures and instruments:

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<sup>1</sup> Council of Europe Convention on preventing and combating violence against women and domestic violence (CDCE № 210).

- GBV monitoring in areas of temporary residence of IDPs involving GBV experts and human rights organizations;
- developing integrated programs of resocialization of demobilized persons at the regional and local levels;
- endorsement of standards of services introducing 24-hour support to GBV survivors;
- prevention work with offenders to eradicate repeated offences;
- expanding the network of crisis centres and temporary shelters for GBV victims at the local level in line with international standards;
- outsourcing social services to GBV survivors to NGOs;
- improving DV and GBV information management systems;
- popularizing education about human rights and ways to protect them;
- fostering special peer support groups for women surviving violence;