GENDER-BASED VIOLENCE SERVICE PROVISION IN SELECTED COMMUNITIES OF LUHANSK AND DONETSK OBLASTS UKRAINE

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RATIONALE

Domestic violence/intimate partner violence (DV/IPV)[1] and gender-based violence (GBV)[2] are relatively widespread in Ukraine[3]. Yet, despite positive developments in Ukrainian GBV legislations introduced in 2019, GBV-specialized service providers still struggle with understanding and applying newly-introduced legislative norms[4]. Particularly considering the ongoing armed conflict in Ukraine's eastern regions and the recent COVID-19 related movement restrictions, existing challenges related to DV/IPV and GBV prevention are likely exacerbated, in turn limiting an adequate inter-sectoral response.

To identify the main gaps and challenges related to GBV service access and provision, IMPACT Initiatives (IMPACT) has conducted 252 facility key informant interviews (FKIs) with representatives of GBV service providers working in various sectors, such as healthcare, social, and administrative services. This method has strived to capture, on the one hand, the capacities of service providers to assist survivors of GBV, and on the other hand, the demand for GBV-specific service and care. In parallel, IMPACT conducted focus group discussions (FGDs) in 23 different settlements, consulting a total of 152 women. The FGDs were undertaken to collect information on the population of Donetsk and Luhansk oblasts on: (1) the forms of violence present in their settlement; (2) the services available for survivors of GBV; and (3) possible barriers accessing those services.

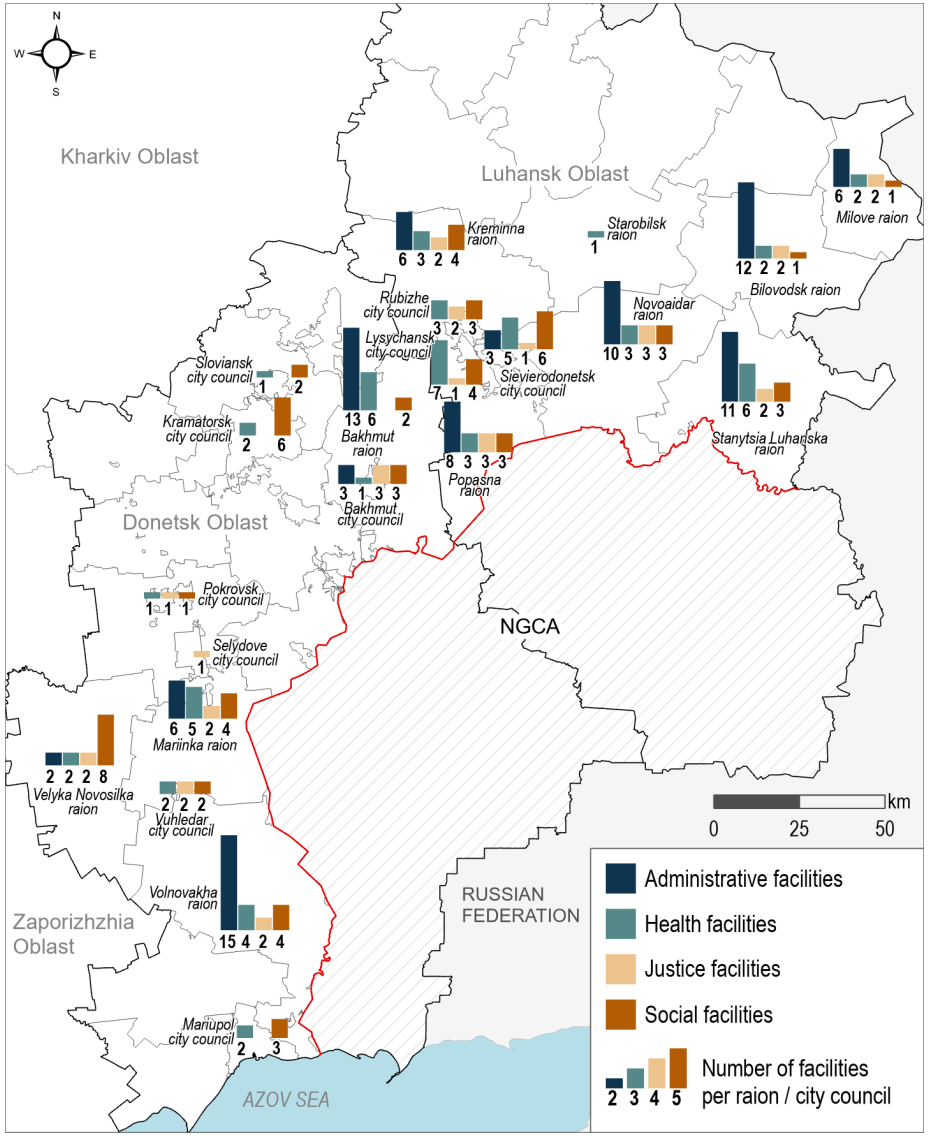
The findings of this study aim to support the promotion of community resilience to GBV and complete a large-scale Hromada Capacity and Vulnerability assessment aiming to support local authorities and development actors with evidence-based local planning. This assessment is part of the 5-year "EU Support to the East of Ukraine - Recovery, Peacebuilding and Governance" project, implemented by the United Nations Recovery and Peacebuilding Programme.

Assessment coverage information

252 **facility key informant interviews** with representatives of GBV service providers and **114 COVID-19 specific follow-up interviews** with representatives of GBV service providers

23 **focus group discussions** with 152 female participants* from local communities

Map 1: Area overview map of facilities providing GBV services



* FGD participants were not necessarily surivors themselves, but mostly reported the experiences they had witnessed in their community.

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ABBREVIATIONS AND ACRONYMS

DV	Domestic violence
FKIs	Facility key informants
FGD	Focus group discussion
GBV	Gender based violence
GCA	Government controlled area
IDP	Internally displaced person
IPV	Intimate partner violence
KIs	Key informants
NGCA	Non-government controlled area
NGO	Non-governmental organization
PwDs	Persons with disabilities
SOP	Standard operating procedure

AGORA Localised Response Inclusive Recovery Effective Stabilisation

AGORA is a joint initiative of ACTED and IMPACT Initiatives, founded in 2016. AGORA promotes efficient, inclusive and integrated local planning, aid response, and service delivery in contexts of crisis through applying settlement-based processes and tools. AGORA enables more efficient and tailored aid responses to support the recovery and stabilization of crisis-affected communities, contributing to meet their humanitarian needs, whilst promoting the re-establishment of local services and supporting local governance actors. AGORA promotes multisectoral, settlement-based aid planning and implementation, structured around partnerships between local, national and international stakeholders. AGORA's core activities include community mapping, multisector and area-based assessments, needs prioritisation and planning, as well as support to area-based coordination mechanisms and institutional cooperation.

KEY FINDINGS

Findings suggest that survivors of GBV regularly face social stigma and rejection in assessed communities in Donbas hindering help-seeking and GBV service privision. **Raising awareness among the population about GBV and DV/IPV** was one of the most commonly mentioned ways to overcome GBV. The establishment of **more efficient coordination mechanisms and improving technical and soft skills of GBV service providers** were also frequently reported demands for improving access to GBV services.

GBV service providers generally reported that the most common types of GBV cases encountered were **psychological or emotional abuse**, as well as physical assault, which was partly confirmed by FGD participants who reported **psychological and economic violence** as the most prominent forms of GBV in their communities. Findings furthermore suggested that **women and children** were generally perceived by service providers to face the highest risk of being exposed to any form of GBV, while FGD participants also identified **elderly and persons with disabilities (PwDs)** as population groups particularly vulnerable to GBV incidents.

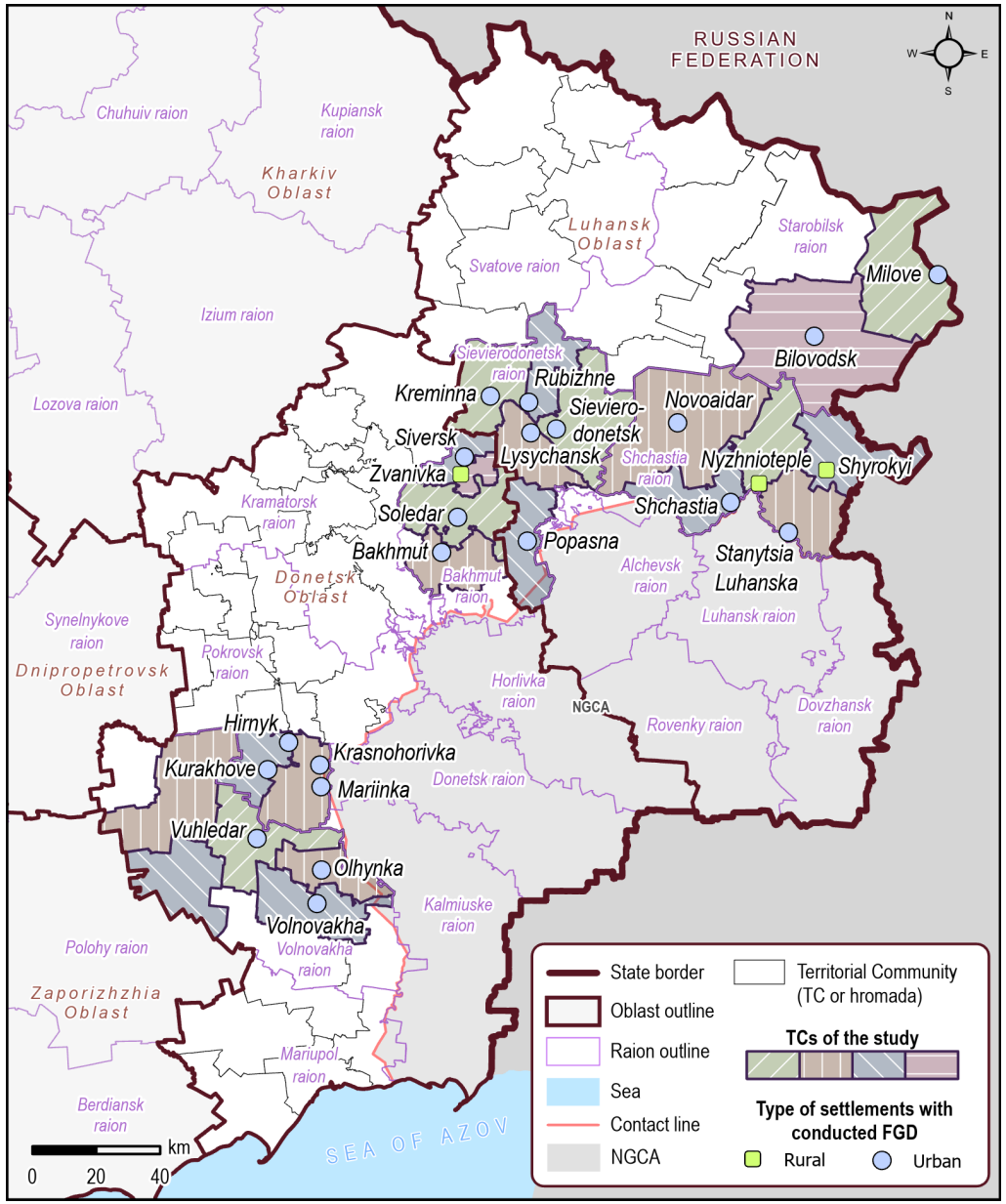
GBV service providers reported various challenges in providing timely and quality assistance to survivors of GBV, including the lack of shelters for survivors of GBV, the lack of qualified specialists, especially psychologists, and resources for rapid response.

The **lack of shelters, social housing, and safe spaces for survivors of GBV** emerged as a major gap in GBV service provision in eastern Ukraine, especially in Luhansk Oblast. FGD participants confirmed the lack of **psychologists, shelters, and formal peer support groups for survivors of GBV.**

The lack of **information regarding available services for survivors of GBV** was widely mentioned by FGD participants. Thus, participants suggested **increasing the level of knowledge about the services available** in each respective communities as a means to better address consequences of GBV. Also, some emphasis was given to improving the **awareness of the existing framework of legal restraining orders** (both emergency as well as long-term orders) against perpetrators.

Finally, the need to increase the **capacity of services for survivors of GBV** was widely discussed, as well as the need to **improve the quality** of these services, in particular by strengthening case processing, creating incentive programmes or accountability mechanisms and reinforcing existing SOPs regarding confidentiality.

Map 2: Area overview map of prospective communities and settlements where FGDs were facilitated



OVERVIEW OF THE SECURITY AND GBV SITUATION

This section outlines the main findings on the broad range of violence experienced by participants in their communities, the several types of GBV incidents, and the potential effect of the COVID-19 pandemic on pre-existing levels of GBV and DV/IPV in the Government Controlled Area (GCA) of Donetsk and Luhansk oblasts.

Community perceptions of the security situation in their settlements

Overall, FGD participants expressed relatively mixed views when assessing the levels of security in their settlement, with roughly a third of participants reporting their settlement to be "safe", another third reporting it to be generally "unsafe", and remaining the third reporting it to be "unsafe at night", which was commonly contributed to a lack of lighting. Apart from the lack of lighting at night, the presence of people under the influence of drugs or alcohol was the second most reported factor of insecurity (mentioned by participants in 10 of the 23 FGDs), followed by the nuisance of stray dogs, the presence of soldiers, and the perceived insufficiency of police presence or response. When asked about the dangers that they might face in a public environment, participants commonly mentioned the presence or response of people under the influence of drugs or alcohol as the main potential source of danger (in 15 of the 23 FGDs), followed by robbery and theft, and verbal abuse. Places that were most commonly considered as "unsafe" were outskirts of the city or abandoned areas, as well as drug or alcohol selling points, and areas with a military presence.

Participants were largely in agreement that the security situation had worsened due to the conflict, though participants from some settlements stated that the conflict had not considerably affected their settlement's security situation either way, and a handful of participants mentioned that the situation had improved. Threats of weapons, explosions, and mines were cited as tangible negative consequences of the conflict, as well as fear, anxiety, and psychological discomfort. As reported above, the presence of soldiers with weapons was a common response to several questions, while the "fear of military people" was specifically mentioned as one of the direct impacts of the conflict in their everyday life.

Some participants reported that the security situation had not considerably changed as a result of COVID-19. However, its potential impact on mental health was underlined, with participants mentioning an increase of general fear and anxiety, fear of infection and illness, and a fear of other people's behavior in general, including Internally Displaced Persons (IDPs), which was mentioned by only a few participants. Interestingly, some participants across all FGD sessions observed no effect of the COVID-19 outbreak on DV/IPV in their communities while other participants reported perceiving an increase, commonly contributing this to an increase of psychological abuse, economic difficulties, emotional stress, anxiety, frustration, and aggressiveness as a result of the quarantine and restricted freedom. In addition, the reported consequences on children were related to anger, aggressivity, and learning difficulties.

Community definitions of violence and GBV

In order to discuss and explore GBV issues on an equal footing with other forms of violence, FGD participants were asked to jointly define what they considered and characterized as GBV violence and what forms they considered DV/IPV, economic violence, sexual violence, and emotional violence could take.

DV/IPV was described to be a relatively gender-neutral form of violence since it was mostly defined as a conflict occurring between different parties living in proximity to each other (between husband and wife, between family members and also neighbors), mentioned in almost all FGDs (18 out of 23 FGDs). In 15 FGDs, participants mentioned that children were a group particularly affected by DV/IPV.

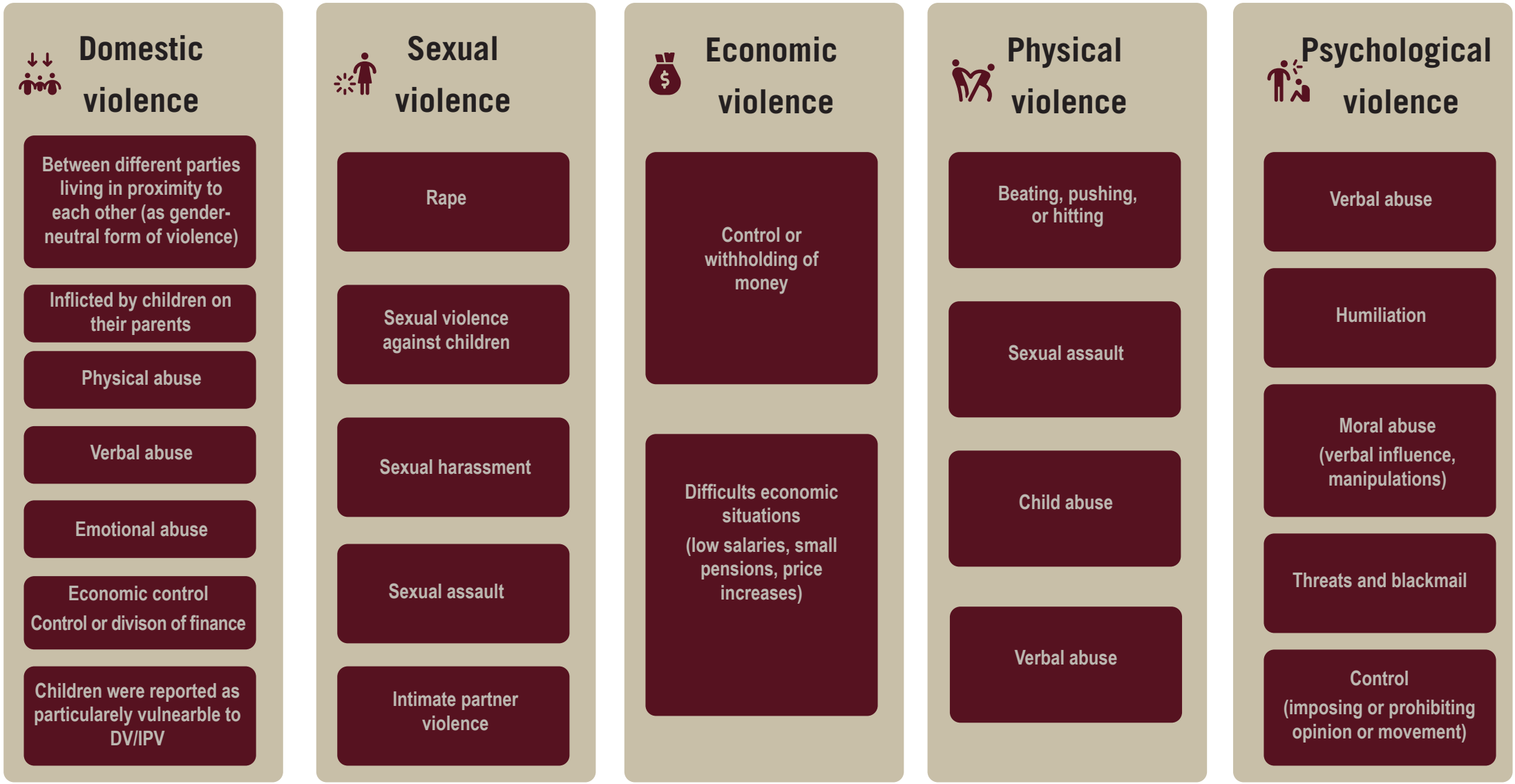
> *"Psychological violence. There is pressure at work (from management and colleagues), and at home, the husband allows rudeness, beatings". –*
>
> FGD participant from Zvanivka, Donetsk Oblast

Participants primarily defined DV/IPV as physical, verbal, and emotional abuse. Violence inflicted by children on their parents and economic violence as control or division of finance was also reported as DV/IPV, although by a minority of participants.

Some participants interpreted **economic violence** as "control or withholding of money", a definition which was shared by participants in almost all FGDs (19 out 23 FGDs). Factors of difficult economic situation such as low salaries, small pensions, or increasing prices were also associated with economic violence from the government.

Sexual violence was commonly defined by FGD participants as rape; a definition that was relatively widespread across 20 out of 23 FGDs. In addition, some participants reported defining sexual violence as pedocriminality (sexual violence specifically against children). Sexual harassment, sexual assault, and intimate partner violence were also mentioned by participants in most of FGDs when asked about forms of sexual violence. In 20 out 23 FGDs, and by more than half of participants; **physical violence** was defined as beating, pushing, or hitting. Other less common definitions of physical violence were also reported, such as sexual assault and child abuse.

FIGURE 1: **Types and factors of violence reported by FGD participants**

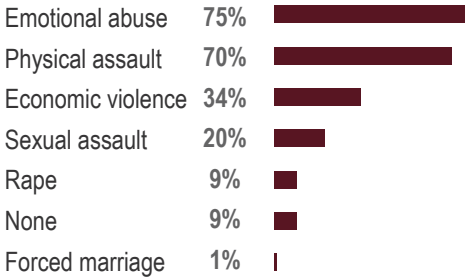


Finally, **emotional violence** was commonly described as verbal insults and humiliation as an attempt to lower self-esteem with harsh words. Emotional violence was also explained and defined as moral abuse in the way of verbal influence and manipulation, threats and blackmailing, and control as forcing doing something, imposing, or prohibiting opinion.

> *"This topic [sexual violence] has always been taboo for telling to other people, everyone doesn't care what, from whom, and how it happens. Economic dependence is very strong, so many women just suffer". –*
>
> FGD participant from Vulhedar, Donetsk Oblast

Most commonly experienced forms of GBV and GBV caseload analysis

FIGURE 2: **Most commonly reported types of GBV cases encountered, by % of FKIs**



Psychological or emotional abuse was the most commonly encountered form of GBV by service providers (75%), followed by physical assault (70%). Economic violence[6] (34%) and sexual assault cases (20%) were less commonly encountered. Nine percent (9%) of service providers encountered rape cases, with FKIs employed in the justice sector reporting no cases, and 1% of FKIs overall reporting cases of forced marriage (Figure 2).

Psychological violence was also a commonly spread form of GBV as reported by FGD participants, as it was raised by more than half of participants and in most FGDs (20 out of 23). Economic violence came in the second position, having been reported in a third of FGDs.

DV/IPV was the third most commonly reported experienced type of violence, followed by physical violence, both expressed by almost a quarter of participants. From a geographical point of view, only participants from Krasnohorivka reported sexual violence as one of the biggest GBV problems in their settlements. Other types of GBV that were less commonly reported were: gender stereotyping, DV, and sexual violence.

Gender inequality in the workplace and gender stereotyping were reportedly one of the most common forms of GBV in Volnovakha and Vuhledar, where women commonly mentioned negative experiences with gender wage gaps and women's underrepresentation in leadership positions, mentioning that "*all leadership positions were held by men*" and "*men have higher salaries*."

> *"The community does not talk about this, everyone is used to it – there is more work for men, on all leadership positions there are men, there is not a single woman in the local council, for a woman there is less salary – when bonuses are distributed, men are given more, because bosses are mostly men. Men do not consider a woman as equal; they seem to be doing a favor when they help a female colleague with something". –*
>
> FGD participant form Vuhledar, Donetsk Oblast

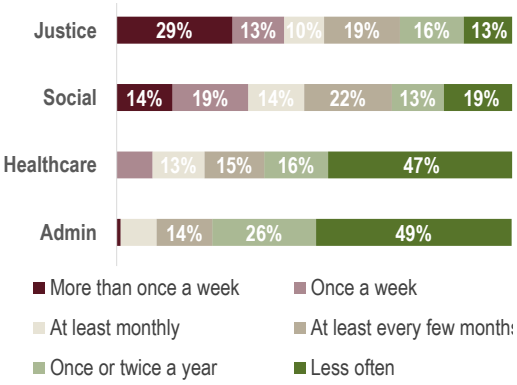
Thoughts on the impact of conflict on GBV were varied, with some participants mentioning that the conflict did not have a significant impact on GBV, while others mentioned that the conflict increased psychological violence, while others reported the increase of GBV due to corruption and bureaucracy in the access to services.

In the same manner as what has been done for the FGDs, FKIs were asked to define GBV in order to better introduce and describe the topic with a commonly shared definition. Almost all FKIs defined GBV as being rape, and/or sexual assault, infliction of pain or injury, intimidation or threat, controlling access to resources and forced marriage; there were no FKIs who reported being unable or unwilling to define GBV.

Regarding the frequency of GBV cases reported to service providers, the FKIs working in the justice sector reported the highest prevalence of GBV cases in the year prior to this assessment, with 52% reporting cases between once per month up to more than once per week. Among social FKIs[7], 47% reported GBV cases within the same range of frequencies (Figure 3).

> *"Yes, it got worse – the legal framework was not ready for this, there is no order in the country. Humiliations in social services are constant, women – heads of families, must go and humiliate themselves and defend their interests, go to different offices to look for the truth. Awareness is very low. All IDP women have much more problems with documents than men". –*
>
> FGD participant from Volnovakha, Donetsk Oblast

FIGURE 3: **Most common frequency of GBV cases reported to service providers in the previous year, by % of FKIs**



In terms of the frequency of DV/IPV cases in the previous year, the figures were almost equivalent to the frequencies of GBV cases, with 65% of justice FKIs reportedly dealt with cases at least monthly to more than once a week, while 56% of social FKIs reported similar frequencies.

FIGURE 4: **Percentage of FKIs reporting encountering GBV cases more than once a week in the previous year, by oblast**

As illustrated in Figure 4, findings suggest that facilities in Luhansk Oblast might be dealing with a slightly higher frequency of reported GBV cases, with a higher proportion of FKIs from Luhansk Oblast mentioning having received/dealt with GBV cases more than once a week.

Overall, FKIs commonly reported that GBV reports were mostly filed by survivors themselves, although some reported social service providers or friends and relatives to be the most common profiles to file reports at facilities (Table 1).

More than half (53%) of FKIs at administrative facilities cited informal networks such as survivors of GBV' friends or neighbors being the main sources of GBV case reports.

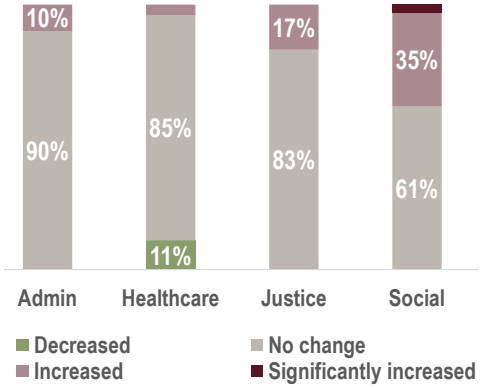
TABLE 1: **Most commonly reporters of GBV cases, according to % of FKIs**

	Admin	Healthcare	Justice	Social
Survivors	31%	68%	84%	64%
Friends or neighbours	53%	19%	23%	17%
Police	29%	16%	3%	45%
State service providers	33%	24%	32%	64%
Family members	15%	18%	3%	16%
NGOs	2%	3%	16%	14%
Local authorities	13%	5%	6%	23%

Impact of COVID-19 on GBV prevalence and service provision

A majority of FKIs (80%) reported having perceived no particular change in the frequency of GBV and DV/IPV cases since the start of the COVID-19 outbreak in Ukraine, while 16% of FKIs reported facing an increased GBV caseload in their facilities. Among all assessed facility types, a relatively high proportion of interviewed social service providers reported having perceived changes in the frequency of GBV and DV/IPV cases, with 35% of FKI from social services reporting an increase and 3% reporting a significant increase (Figure 5). The increase in GBV and DV/IPV cases may be indicative of an increase in the workload of social service providers, which can lead to a

FIGURE 5: **Most commonly reported changes in frequency of GBV and DV/IPV cases since March 1st 2020[8], by % of FKIs**



deterioration in the quality of care related to insufficient staffing, equipment, and materials, or longer waiting times.

As for healthcare facilities, the opposite trend emerged, with 11% of FKIs reporting that the frequency of GBV and DV/IPV survivors seeking medical support at their facility decreased during the pandemic time. This slight decrease might be due to increased caution on the side of survivors to prevent contracting COVID-19, or the belief that healthcare facilities should not

> *"In our city, women are with children all the time, while husbands are at work abroad. But during the quarantine, everyone was together for 1.5 months – domestic violence increased (reproaches, insults, etc.)"* –
>
> FGD participant from Siversk, Donetsk Oblast

> *"Quarantine has greatly affected people's lives. In other countries, people are paid money in quarantine (financial compensations). And [here] we had conflicts at home because of money"*. –
>
> FGD participant from Popasna, Luhansk Oblast

be "*overburdened*" with any care requests other than COVID-19.

Opinions on the impact of the COVID-19 pandemic and restrictions on GBV cases were mixed among FGD participants, with some reporting not perceiving any aggravation of cases, and others either remaining indecisive or mentioning that DV/IPV had likely increased due to COVID-19.

The changes reported in the aggravation of GBV due to COVID-19 were commonly related to emotional difficulties such as anxiety, frustration, or aggression; effects of quarantine (inactivity at home and restricted freedom); and an increase of economic difficulties. Participants also mentioned that children became angrier, more aggressive, and that they had problems concentrating.

> *"Quarantine has affected people. The whole day, the whole family at home – it's noise, pressure, conflicts"*. –
>
> FGD participant from Popasna, Luhansk Oblast

Perceived vulnerabilities to survivors of GBV

Vulnerable groups to GBV according to FGD participants

To further explore vulnerability characteristics with regards to GBV, FGD participants were asked to identify groups that may be more likely to experience such violence. Participants agreed that age was key factor and raised the concern that elderly individuals and children are often unable to properly protect themselves. Similar concerns were disscused about women and PwDs. Participants mentioned several factors that are believed to drive vulnerability to GBV, such as the financial situation of families (due to lack of incomes or jobs), the size of families (larger families being reportedly more likely to experience GBV), and alcohol addiction problems in families.

> *"Everyone suffers from economic and psychological violence, and women from domestic violence".* –
>
> FGD participant from Nyzhnioteple, Luhansk Oblast

> *"Children, girls from 10 to 17 years old, young women. Old grandmothers can be offended. Mostly men engage in violence".* –
>
> FGD participant from Popasna, Donetsk Oblast

FIGURE 6: **Main reported groups of people to be more likely to experience GBV, surfacing from the FGDs**

- The elderly
- Children
- Women
- PwDs
- Singles or isolated individuals
- Youth

Concerning groups that were more likely to experience violence **inflicted by a family member**, the consensus in most FGDs was that children were the most vulnerable in this regard, while women, the elderly, and PwDs were mentioned as particularly vulnerable as well. Children and the elderly were identified as being more vulnerable by being economically dependent and not being able to support themselves.

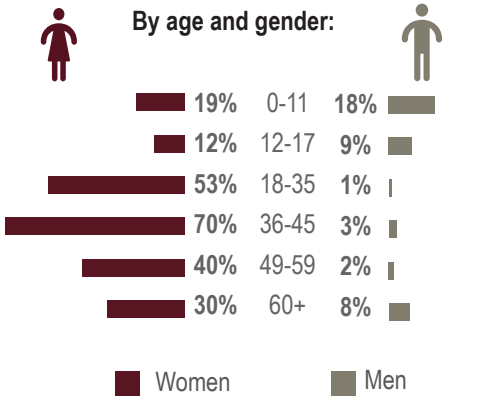
Household financial instability (generally characterized by low incomes or job loss), as well as unstable marriages, divorce, and poor parenting were among the more commonly reported wider household dynamics that were linked to an increased risk of GBV. Individual characteristics like poor psychological health of the perpetrator and weak physical condition of the survivor were also reported as risk factors.

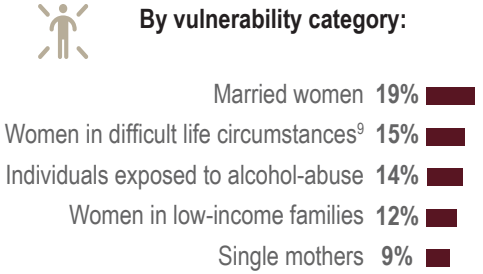
In terms of the groups that were more vulnerable to violence **inflicted by strangers,** participants most commonly reported the elderly, children, and PwDs. Other groups reported to be vulnerable to GBV were teenagers and singles. Participants linked individual characteristics such as low self-esteem, a trusting nature, fear, and weak physical condition to be factors of vulnerability to violence from strangers, as well as the survivor's appearance, their behavior, or their marital status. Alcohol or drug abuse of perpetrators were other key reported factors of vulnerability to this type of violence.

Profile of survivors of GBV according to GBV service providers

In comparison with the FGD findings mentioned above, service providers considered women to be reportedly more at risk of GBV than other population groups. Women aged 36-45 were reported to be the most common demographic group to be at risk or being subject to GBV, as identified by 70% of FKIs, followed by women aged 18-35 (reported by 53% of FKIs), and women aged 46-59 (reported by 40% of FKIs). Children were also commonly reported as being vulnerable to GBV, with 32% of FKIs citing girls from 0-17, and 27% of FKIs citing boys of the same age range as vunerable to GBV (Figure 7). Other FGD findings regarding categories of vulnerability to GBV were also reflected in the FKIs responses, including individual characteristics such as marital status of survivors, alcohol status, and complicated family economic situations.

FIGURE 7: **Most commonly reported demographic profiles of survivors of GBV, by % of FKIs**





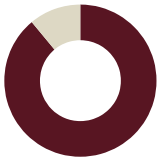
AVAILABILITY OF GBV SERVICES

Available GBV services, as reported by GBV service providers

Among the 18 FKIs that reported that the availability of resources within their settlements for survivors whose lives were in danger, 12 FKIs reported that they would refer clients to shelters, 4 FKIs would refer survivors to law enforcement, and 2 reported that they would refer them to NGOs.

The most commonly provided service was the referral to other service providers, as reported from all assessed service types (83%) (Table 2). Over half of FKIs (52%) reported providing public awareness and informational activities on GBV. Among administrative facilities, roughly half of FKIs also reported being first responders to incidents of violence (51%), and working with families (43%). A majority of health FKIs (94%) provided medical assistance to survivors of GBV, although only slightly more than half provided reproductive health services (53%), and psychological assistance (47%). A majority of justice FKIs reported providing legal advice and clarification of rights (65%) and legal assistance (58%) while a quarter of justice FKIs (26%) reported providing support in filing police reports, and support to survivors during court proceedings.

92% of FKIs reported that there was nowhere in their settlement for survivors to go if their life is in danger



89% of FKIs reported that survivors have the option of being attended to by same-sex staff members

A majority of social FKIs reported providing psychological assistance (72%) and social support (52%). Findings suggest that **the most underprovided services in terms of GBV in these oblasts are shelters/safe housing and rehabilitation programs for perpetrators**, both of which were only reportedly offered by 2% of FKIs.

The most commonly reported available health services for rape survivors were referrals to sexually transmitted infections/diseases (STI or STD) clinics (82% of healthcare FKIs), abortion counselling or information (74%) and pregnancy tests (53%). Only around a third of health FKIs reported that their facility provided post-exposure prophylaxis (31%), emergency contraceptives (34%) and testing for STIs or STDs (40%).

TABLE 2: **Available GBV services to survivors of GBV, by % of FKIs**

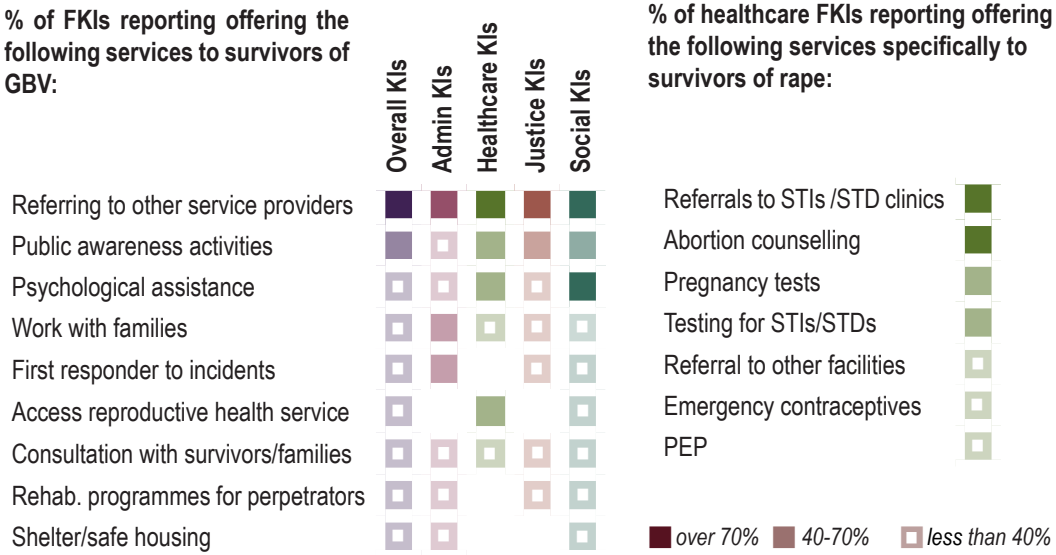
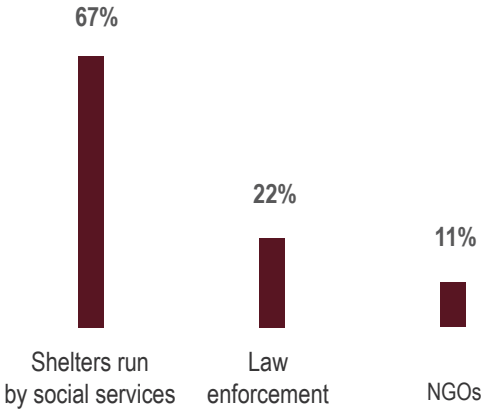


FIGURE 8: **Most commonly reported facilities for referral of survivors of GBV in life-threatening situations, by the 8% of FKIs who reported the existence of safe spaces**



Available GBV services, as reported by FGD participants

Informal personal networks of support emerged from the FGDs as the preferred forms of support, as opposed to formal services (health, justice, or social services). Most participants mentioned that survivors of GBV would likely seek assistance from their family, relatives, friends, and neighbors should they be exposed to GBV.

"[Survivors of GBV could seek assistance from the] Police, but they [police officers] do not support the woman. The woman pays the fine herself, and almost always woman stays silent about violence." –

FGD participant from Zvanivka, Donetsk Oblast

[speaking about potential support from certain services] "They will harm the survivor more than provide help." –

FGD participant from Kreminna, Luhansk Oblast

Participants further explained the possibility for survivors to seek assistance through official service networks such as the police, yet commonly mentioned the low levels of trust in these institutions. Social services or community organizations, as well as hospitals and psychosocial services, were also among the services which they would try to access. Despite this, **many participants mentioned that people often do not know where to look for assistance** if they or their loved ones experience GBV; a lack of services available in the communities was another commonly mentioned issue.

During the FGDs, very few participants mentioned the possibility for survivors to access psychological services, while many reported that there were no such services in their community, particularly during FGDs in Donetsk Oblast. Alternatively, friends or relatives, local administration, or NGOs were reported by some participants as potential people and places to seek out psychosocial support.

In terms of access to specialized medical care, participants commonly reported that survivors could go to the hospital, gynecologist, family doctors, or women's clinics. Finally, some participants reported that survivors of GBV could either go to another village doctor or should rather stay at home, with the lack of trust in medical services by the survivors of GBV being the main reason for reporting this statement.

Unavailable GBV services, according to GBV services providers

21% of FKIs reported that they were unable to provide some services that are normally part of their mandate. Overall, 17% of social service FKIs and 14% of administrative service FKIs reported that their facility did not have safe or private spaces for consultations with survivors of GBV to ensure confidentiality.

4% of facilities provide **shelter or safe housing** to survivors of GBV **in Donetsk Oblast** (as per FKIs)

0% of facilities provide **shelter or safe housing** to survivors of GBV **in Luhansk Oblast**[10] (as per FKIs)

"There are services but no one goes there because people do not trust." –

FGD participant from Soledar, Donetsk Oblast

Unavailable GBV services, according to FGD participants

"It is needed to establish a single center with psychologists, doctors, lawyers to help the survivors of GBV." –

FGD participant from Lysychansk, Luhansk Oblast

FGD participants were asked if, according to them, any services were lacking in their settlement. Overall, participants commonly reported **psychologists and consultation centres or centralized support centres for the survivors of GBV as services that were missing in their communities.** In terms of geographic differences, participants from Donetsk Oblast reported lacking lawyers or free legal aid, shelters, and police patrol, while participants from Luhansk Oblast reported lacking information on services available, training, prevention, and education for the young, and shelters. Lack of police patrol and doctors was also a notable concern, which was particularly commonly reported by participants from Olhynka.

In addition, some participants reported that **there were no peer support or groups for survivors of GBV, or that they did not know where to access such groups** if they themselves experienced some form of GBV; only a small minority of participants indicated believing that such groups were available in their communities, most of them mentioning that these groups could be accessed through NGOs.

In terms of legal aid, some participants mentioned that survivors of GBV could access legal aid through a lawyer or a notary, which some of them reported to be free of charge. Yet, there appeared to be no clear consensus on the availability of any legal services, as other participants mentioned instead that they did not know of any of such services being available in their communities.

Lastly, relating to safe places for survivors of GBV, participants either reported that there were unavailable for survivors of GBV in their settlement, or that they would not know where to go. A small number of participants considered churches as a place of refuge in case of necessity.

FIGURE 9: **Main GBV services lacking in participants` settlement, as per FGD participants**

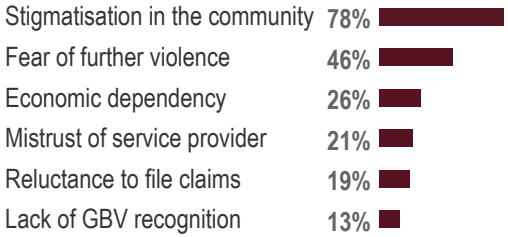
MAJOR BARRIERS IN GBV SERVICE PROVISION

Community barriers to accessing GBV services

Across all service providers, a majority of FKIs reported that survivors may not access the services their facility provide as a result of fear of stigmatization by the community for reporting a case of GBV. A majority of health FKIs (61%) reported that the fear of further or increased violence among survivors was a barrier to accessing their services. While almost half of justice FKIs (48%) reported that economic dependence on the aggressor was a barrier, and over a third (39%) reported that survivors wanting to avoid initiating a criminal case was a key barrier. Among social service providers, 38% of FKIs reported that a distrust of service providers was a likely barrier for survivors.

These findings were reflected in FGD findings, indicating that community members might experience similar barriers from the ones described by FKIs. Similarly to FKIs, FGD participants were asked if there would be any reasons for survivors of GBV to not seek help from service providers, with social stigma, community gossip, public condemnation, and indifference emerging from multiple FGDs as the main barriers in GBV service provision.

FIGURE 10: **Most commonly reported barriers to accessing GBV services, by % of FKIs**



It was commonly reported that **communities had not implemented any prevention mechanisms to reduce GBV.** The most commonly reported community prevention mechanisms to reduce GBV were related to conducting school lessons, sharing information about GBV in communities, and holding trainings. In terms of punitive justice, responses regarding how perpetrators were generally sanctioned for GBV in communities varied, with some participants reporting the impunity of aggressors, indicating that there were no sanctions, while others indicated that the perpetrators were generally sanctioned by fines, verbal warnings, administrative responsibility, or provisory detention.

Distrust in services and institutions as barriers to accessing GBV services

Several barriers to access to care were mentioned. Firstly, "the reluctance of service providers to help" was raised by participants

> *"There may be passivity [indifference] of the authorities, but there are no obstacles."* – FGD participant from Zvanivka, Donetsk Oblast

particularly with regards to police refusal to deal with GBV cases. Some participants point to the fact that police would not answer calls, others point to the serious difficulties encountered when trying to open legal proceedings, and finally other participants discussed pressure from the police to close GBV cases even after they were opened. Other discussions concerned the **general refusal of service providers to take care of survivors of GBV, and the attitude of indifference when responding to GBV cases**.

Many discussions also focused on the quality of services - for example, ambulances having no gasoline to help survivors was mentioned on several occasions. Likewise, it was mentioned that service providers were mostly busy and

> *"The police do not go on call [on GBV] they refuse to work and help, the ambulance too."* – FGD participant from Zvanivka, Donetsk Oblast

> *"If one of the relatives does not work in social services, then do not expect help from the services."* – FGD participant from Rubizhne, Luhansk Oblast

> *"There are cases when fines were issued, but restraining orders were not issued."* – FGD participant from *Shyrokyi, Luhansk Oblast*

under pressure, that the waiting time was too long, which ultimately affected the quality of the response provided. **More than half of the participants reported that survivors might choose not to access the various available GBV services due to a distrust of services, which refers to the perceived poor quality of these services, corruption, bureaucracy, and lack of confidentiality.** The fear of the community (victim-blaming) was also widely shared. In addition, the other reasons raised were related to a lack of survivors' finances, a lack of services in the settlement, a fear of repetition of violence, and a lack of knowledge of the laws and of the available services.

Distrust in services was shared by many participants. Among others, participants reported that they would not trust hospitals, counselors, or other forms of psychosocial support to take care of them. Trust toward security and justice services also appeared to be low; it was commonly reported by participants that they would not trust these service providers to respect their privacy and confidentiality. This was a shared opinion in nearly all of the FGDs conducted (18 out of the 23).

Lack of awareness of available services, according to FGD participants

Overall, only a few participants reported being aware of legal restraining measures against perpetrators.

Specifically, participants commonly mentioned not being aware of the existence of emergency restraining orders issued by police officers, nor that courts can issue longer-term restraining orders. Only participants from Vuhledar reported their awareness of the existence of the emergency and longer-term restraining orders.

> *"No, it's ineffective [existing legal restraining measures against perpetrators]. Nobody goes to the police, and if a survivor goes to the police, then the only punishment is a warning from the police officer."* –
>
> FGD participant from Krasnohorivka, Donetsk Oblast

Participants who were familiar with these measures discussed their effectiveness, which was generally disputed, with some participants reporting believing that they would not be effective, while others reported that these existing mechanisms would be effective. **Participants suggested that increased monitoring of such measures could be done to better ensure their effectiveness**.

> *"No, Ineffective measure! There will be no protection, we have one district police officer for three cities - Krasnogorovka, Vodyanoe, and one more settlement!"* –
>
> FGD participant from Krasnohorivka, Donetsk Oblast

Challenges to appropriate GBV service provision, from the FKI point of view

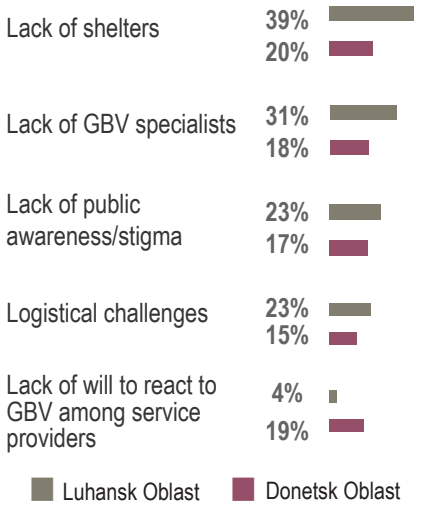
Overall, 21% of FKIs reported generally being unable to provide all necessary services to survivors of GBV. The reasons were often shared between representatives of different facility types, hinting at structural challenges across the essential services system (see Figure 12). The most commonly reported reasons for why facilities cannot offer all necessary services were limited financial resources and a lack of trained staff.

Most commonly reported suggestions to address challenges in responding to GBV, by % of FKIs:

- **Informing population on GBV prevention and services**
- **Training of service providers on GBV**
- **Hiring GBV specialists**
- **Improved access to shelters for survivors**
- **Funding GBV response**

This is reflected in the **suggestions provided by interviewed FKIs on how to improve the local GBV response, including the hiring of specialists, training of staff, and increasing the funding of the GBV response**.

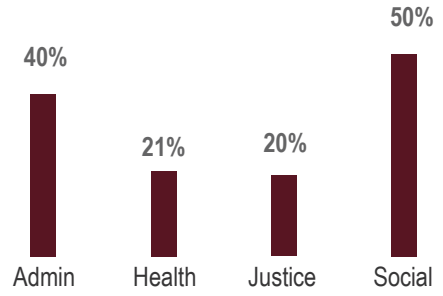
FIGURE 11: **Most commonly reported challenges faced by service providers in responding to GBV, by oblast, by % of FKIs**



Most commonly reported challenges in facilitating legal proceedings and investigations of GBV cases, by % of FKIs:

- Lack of means/will among survivors to be helped
- Lack of evidence of violence
- Lack of will/competence among courts and police

FIGURE 12: **Proportion of FKIs reportedly unable to provide services (21%), % reporting a lack of financial resources to be the main reason behind this inability**



Despite the progress in Ukrainian GBV legislation (expansion in the range of means and mechanisms for addressing DV/IPV and GBV)[11], and common efforts to strengthen GBV response, service providers reportedly still experience significant challenges while providing the necessary protection and help to survivors of GBV. **The main reported issues were lack of shelters for survivors of GBV, lack of staff, GBV stigmatization, logistical challenges, and lack of financing.** Overall, GBV service providers in Luhansk Oblast reported facing the above-mentioned challenges more often than their colleagues in Donetsk Oblast (Figure 11).

FOCUS ON GBV SERVICE PROVIDERS

Capacity building of GBV service providers

In terms of capacity building, 33% of FKIs reported not having received any GBV training for staff members in the year prior to this assessment. A lack of GBV training in the previous year was particularly commonly reported among representatives from health facilities (52%) and administrative facilities (43%).

A large majority of FKIs reported that their facility would benefit from further training on GBV (92%). The most commonly reported subjects of interest for GBV training among all service providers were national legislation in GBV (77%), multisectoral response to GBV and coordination (74%), GBV prevention for children (75%) and GBV prevention for adults (73%).

Overall, 84% of FKIs reported that their facilities disseminate information (through trainings, consultations, campaigns, leaflets) among their communities on GBV/DV/IPV issues. In the justice and security sector, the proportion

32% of FKIs reportedly did not have, or only partially had, SOPs in place for GBV

of FKIs reporting this was particularly high at 97%. However, those who reported not disseminating GBV information (15%) indicated lack of materials (66%) and lack of specific mandate of facility to disseminate (26%) as the main reasons.

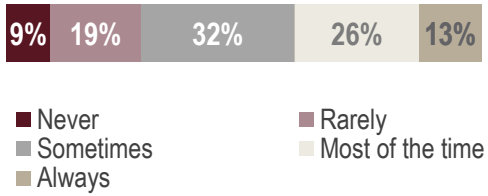
52% of healthcare FKIs reported that their staff were not trained on working with survivors of sexual violence, DV/IPV or other forms of GBV in the year prior to this assessment

92% of FKIs reported that their staff would benefit from training on GBV

Coordination between service providers

Considering that an adequate GBV response requires a multi-sectoral approach and the engagement of a wide variety of service providers, the assessment focused on exploring the efficiency of coordination between differen actors. In support of the assessment's assumptions, "referral mechanisms" was the second most commonly mentioned measure used by the assessed facilities to protect survivors of GBV and their families, with 89% of FKIs reporting having such mechanisms in place, and 39% of FKIs reportedly referring survivors to other providers either always, and/ or most of the time (Figure 13).

FIGURE 13: **Frequency of referral of survivors of GBV to other service providers, by % of FKIs**



Police, psychological, medical, and legal services were the most frequently cited services (each by over 80% of FKIs) for which facilities had established referral mechanisms. In contrast, accommodation and shelter or safe housing for survivors of GBV were less likely to be mentioned by FKIs, corresponding with the high level of unavailability of these crucial services in both oblasts (Figure 14).

As for coordination with other service providers on case management, law enforcement entities and social services were reportedly most likely to be engaged in GBV case response requiring the simultaneous intervention of several service providers such as doctors, police, social workers (Figure 15). Thirteen per cent (13%) of healthcare FKIs indicated that they were not coordinated with any other entity.

29%
of FKIs reported that there were mechanisms to refer survivors **to shelter (safe housing)**

7%
of FKIs reported that there were mechanisms to refer survivors **to accomodation (temporary flat or house)**

FIGURE 14: **Proportion of FKIs reporting that their facility was unable to refer survivors to accomodation or shelters due to a lack of these services in their area**

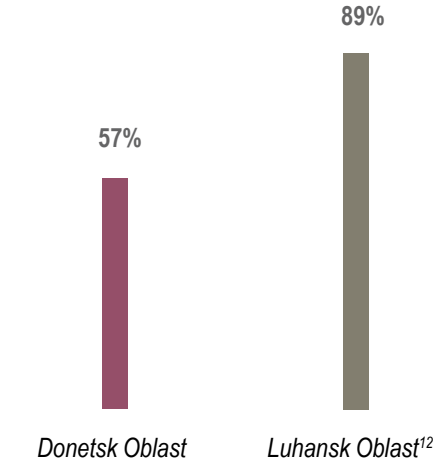
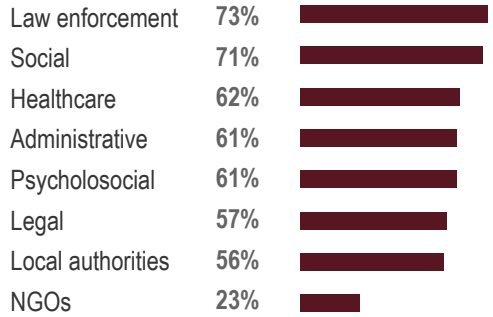
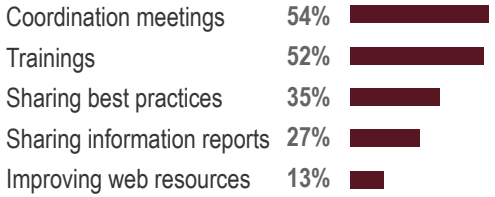


FIGURE 15: **Most commonly reported service providers for coordination on the issue of GBV or case management, by % of FKIs**



According to FKIs, there are several effective ways to strengthen communication among multiple entities, including **setting regular coordination meetings** (54%), **enhancing capacity building programmes** (52%), **sharing of best practices** (35%), **sharing of information and reports** (27%), and **developing GBV-specific web resources** (13%).

FIGURE 16: **Most commonly reported ways of improving communication between service providers, by % of FKIs**



ENDNOTES:

[1] Intimate partner violence (IPV) is considered as "any behaviour by a man or a woman, or a boy or a girl, within an intimate relationship, that causes physical, sexual or psychological harm to the other person in the relationship. IPV may sometimes be referred to as 'domestic violence' or 'family violence', although these terms also encompass violence by and against other family members." A framework to underpin action to prevent violence against women, UN Women, 2015

[2] Gender-based violence (GBV) is "an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (gender) differences between males and females", Declaration on the Elimination of Violence against Women, Article 1, United Nations,1993 (A/RES/48/104)

[3] OSCE-led Survey on the Well-being and Safety of Women, Organization for Security and Co-operation in Europe (OSCE), March 2019

[4] «Ukraine's legislation on domestic violence gets a reboot - but is it enough?», Open Democracy, March 2020

[5] According to the Ukrainian legislation, GBV or DV service providers are institutions at all levels that provide medical, educational, administrative, legal, social services.

[6] According to glossary for The European Institute for Gender Equality, economic violence is any act or behaviour which causes economic harm to an individual. It can take form of property damage, restricting access to financial resources, education or labour market, etc.

[7] Since most KIs from childrens' affairs services self-identified as social service providers, they were included in the social service facility sample.

[8] Signifies the start of first restrictions measures related COVID-19 outbreak.

[9] Difficult social circumstances could include inability of selfcare, survivors of natural disasters, people in need of social rehabilitation, etc.

[10] According to the United Nations Population Fund (UNFPA) website, at the time of reporting, a new safe house for survivals of GBV was opened in Rubizhne, Luhansk Oblast.

[11] "Victim of domestic and gender-based violence: how does the new legislation protect?", Mike Sorochyshyn for "The Tenth of April", February 2018

[12] According to UNFPA website, at the time of reporting shelter was opened in Rubizhne, Luhansk Oblast.

ANNEX 1: METHODOLOGY

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KEY INFORMANT INTERVIEWS

Data collection was conducted from **23 March to 12 June 2020** through phone interviews with certified GBV specialists. A secondary data review was undertaken to map out all facilities responsible for provision of GBV services within the target geographies.

Prior to data collection, a system of prioritization of facilities was implemented, which considered **top priority facilities** to be those that are first responders to cases of GBV, engaging directly with survivors or their immediate networks. Secondary priority facilities were those facilities less likely to be first responders in cases of GBV, with less consistent and more context-dependent provision of GBV services. All non-responding top priority facilities were called back a second time, and enumerators were able to interview a total of **252 service providers.** Due to the assumed underrepresentation of GBV service providers in some targeted communities, the list of potential key informants (KIs) was extended with GBV-focused non-governmental organizations (NGOs), GBV hotlines and additional key GBV service providers of Donetsk and Luhansk oblasts to gain a more complete picture of the full extent of GBV services available to the local population.

COVID-19 related questions were added to the questionnaire after FKI data collection began, and as a result of which, the sample of interviewed KIs is smaller and amounts to **114 representatives of GBV service providers (FKIs).** FGDs, on the other hand, were all conducted after the COVID-19 outbreak and subsequent government restrictions.

23
FOCUS GROUP DISCUSSIONS

Twenty-three FGDs were facilitated between 15 July to 6 October 2020, including a total of **152 participants** across **12 settlements** in Luhansk Oblast and **11 settlements** in Donetsk Oblast. Groups included **up to 8 participants** covering different ages, ranging from 21 to 87 years old. In order to better facilitate responses and capture differing views among women in the targeted communities, the FGDs were conducted in single-sex settings with **women only**, and were hence conducted by female enumerators.

The aim of the FGDs was to **assess the population's specific needs and identify their difficulties in accessing basic service provision, including services for survivors of GBV in communities.**The FGD questions were intended to capture participants' experience related to the security situation, their awareness on different forms of GBV, COVID-19 related changes in terms of security and GBV situation, as well as the challenges and barriers to accessing GBV services.

LIMITATIONS TO THE METHODOLOGY: Due to the purposive sampling methods, findings from FKI interviews and FGDs should be considered as indicative, rather than representative, of the communities' experiences with GBV, as well as the barriers to both GBV service provision and uptake. It should be taken into account that the answers provided by FKIs and the FGDs during the interviews are based only on their **personal experience and views**, which potentially may not fully reflect the actual situation and the experiences of all community members[5]. We only engaged with participants self-identified as women, not all gendered perspectives are captured by design. Any factors and drivers to GBV that are mentioned in this report are in no ways reflecting any ideas from our organization (AGORA/ IMPACT), but are reported by participants themselves. In addition, considering the highly sensitive and emotional nature of the topic, it is likely that, for some questions, findings are over- or under-reported.

ANNEX 2: Hromada level analysis of FGDs with female representatives of local communities

Luhansk Oblast

Sievierodonetsk, 6 participants aged 50 to 67

Participants considered the city to be safe except for remote or unlit areas, as well as areas where people under the influence of alcohol and/or drugs were commonly present. Groups identified as more likely to experience violence were the elderly, children, and socially isolated people. Physical and psychological violence were commonly identified as the most prevalent forms of GBV in the settlement, while the subject of sexual violence was raised with difficulty. Participants mainly identified GBV as being perpetrated against children and adolescents, and the GBV situation in general has been reported as having deteriorated due to the conflict and COVID-19.

Condemnation by the community (social stigma), indifference, inaction of dedicated services, and mistrust in these services, as well as the lack of information regarding available services in the settlement, were considered to be the main obstacles to accessing assistance and help regarding GBV. Participants reported that the community had not implemented any preventive mechanisms to reduce GBV, and suggested the creation of a single consulting center and a shelter/safe house. Finally, participants were generally not well-aware about the existing legal measures in place against perpetrators and expressed their doubts about the effectiveness of such measures, as well as about the cooperation of the police in issuing them.

Novoaidar, 6 participants aged 30 to 66

Participants generally considered the city to be safe, apart from poorly lit or remote places. Feelings of insecurity were also sometimes associated with the possible loss of employment and income, which might be further reflected in the common mentioning of economic violence as the most prevalent from of GBV in the settlement, including men holding primary positions of power, inequality in employment for women, and the gender pay gap. Children, people with disabilities, pensioners, young families, low-income families, and families with many children were considered to be the groups most vulnerable to GBV. Participants generally reported resolving issues related to GBV internally within the household, despite many reporting being aware of the existence of dedicated available hotline. Overall, participants were not commonly aware of any other procedures and services available to survivors of GBV in their settlement.

Condemnation of the community (social stigma) and a lack of financial resources were considered to be the main obstacles for seeking help or accessing assistance in case of GBV. Participants suggested the creation of a support service as well as increased financial support, shelters/safe houses, and psychologists. Finally, participants had little knowledge about the existing legal measures in place against perpetrators, and reported the efficiency of the restraining orders to be determined by their widespread and effective control of their implementation by the police.

Popasna, 7 participants aged 24 to 63

Participants considered the city to be safe, except for areas with poor lighting, high prevalence of stray dogs, and the presence of people under the influence of alcohol and/or drugs. Physical violence and economic violence surfaced as the most common forms of GBV and DV/IPV in the settlement. The elderly, teenagers, and women were considered to be the groups most vulnerable to GBV, and appearance and behavior were identified as important factors that might make someone more vulnerable to violence. Participants reported that quarantine and related economic problems increased the level of DV/IPV. They mostly indicated the possibility to seek assistance from relatives or friends, while the police and the hospital were cited only secondarily.

Condemnation of the community (social stigma), distrust in the police, lack of information on where to seek assistance, and lack of finance were considered as the main obstacles to accessing assistance or reasons to silence cases of GBV. The participants suggested the creation of safe spaces for survivors and educational programs at school. Finally, participants appeared to generally have limited knowledge about the existing set legal measures in place against perpetrators, and doubted the long-term efficiency of “restraining orders”.

ANNEX 2: Hromada level analysis of FGDs with female representatives of local communities

Kreminna, 7 participants aged 23 to 67

Participants considered the city to be safe, except at night time and in some specific places (near liquor shops, the railway station and highway to Rubizhne, Petrovsky district, Dubovaya Roshcha and mining areas). All types of violence were identified quite openly by the participants; while economic, domestic and physical violence were commonly identified as the most prevalent forms of GBV violence in the settlement. Children, women, and the elderly were considered to be the groups most vulnerable to GBV, with family instability and financial issues emerging as the main drivers of domestic violence according to the participants. Notably, they indicated a deterioration of the situation with the introduction of quarantine, most notably because of its impact on jobs and loss of income.

Condemnation and indifference of the community, as well as a complete lack of trust in the institutions (police, hotlines and authorities) and excessive bureaucracy were considered to be the main obstacles to accessing assistance and help regarding GBV. The participants suggested the creation of a single consulting center where “humane and knowledgeable people would work”, as existing services “do more harm to the survivor than good”. Finally, participants generally had limited knowledge about the existing set legal measures in place against perpetrators, and particularly doubted of the applicability and efficiency of “restraining orders”.

Rubizhne, 8 participants aged 38 to 60

Most of the participants considered the city unsafe and the security situation dangerous mostly due to abandoned areas, the presence of people under the influence of alcohol or drugs, and lack of lighting. The participants considered that the conflict had aggravated the economic situation in the settlement, but did not particularly notice any impact of the COVID-19 restrictions. Psychological and economic violence was commonly indicated by participants as the most prevalent forms of GBV in the settlement. Women, children, and low-income families were considered to be the groups most vulnerable to GBV, while drug or alcohol addiction, financial issues, economic dependence to men, and impunity for the male in the society having surfaced as the main drivers to GBV. Participants reported not being aware where survivors of GBV could seek assistance and would generally refer to relatives or friends in case of GBV.

Condemnation from the community, as well as financial difficulties and distrust of service providers, were generally considered to be the main obstacles to accessing assistance for survivors of GBV. The participants suggested the creation of a shelter/safe house and an integrated GBV service consultation center to adopt a holistic approach in the settlement. Finally, participants appeared to have limited knowledge about the existing set of legal measures in place against perpetrators and considered such measures to only be effective if the police were to actively provide control.

Stanytsia Luhanska, 8 participants aged 30 to 53

Most of the participants considered the city to be unsafe due to the presence of military forces, lack of street lighting at night time and around mined areas. All participants had a general awareness of all types of violence, with physical and psychological generally being regarded as the most commonly experienced form of GBV in the city. Elderly people and children were considered to be more vulnerable to violence by strangers, whereas women and children were commonly cited to be vulnerable to violence within the family, most notably due to factors such as alcohol and drug addiction of the offender and financial dependence of the survivor. Every participant noted perceiving an aggravation of the GBV situation due to the conflict, most notably in terms of increasing of DV/IPV and violence from the military.

Indifference of the community, as well as reportedly dysfunctional existing institutions (especially police and medical services), were considered to be the main barriers to accessing help regarding GBV. Participants requested the creation of an integrated GBV service consultation center "capable of giving all kinds of assistance, including material support". Finally, participants were generally unaware of the existing set legal measures in place against GBV perpetrators but confidently added that “restraining orders” could be effective, if measures were to be monitored.

ANNEX 2: Hromada level analysis of FGDs with female representatives of local communities

Shchastia, 7 participants aged 45 to 65

Overall, the city was considered to be safe by the participants, except during evenings and night time because of the presence of stray dogs and people under the influence of alcohol and/or drugs. Participants noted psychological discomfort as the main change in the situation due to quarantine, and reported feeling "like being trapped in a cage". All types of violence were defined quite openly by the participants; with psychological and economic violence surfacing as the most prevalent forms of GBV violence in the settlement according to participants followed by “economic conditions provoking domestic violence”. Elderly people were generally considered to be the most vulnerable to violence by strangers, while children were mostly vulnerable to violence within the family. Most of the participants noted a deterioration of the GBV situation due to the conflict, especially through an increase of DV/IPV.

Participants commonly reported perceiving a generally positive attitude from the community towards the survivors of GBV, whereas distrust of services and bureaucracy were identified as main obstacles in accessing GBV services. Participants suggested the creation of a special center for survivors of GBV "with doctors, psychologists, lawyers, and temporary residence rooms". Finally, participants had no knowledge of legal restraining orders, however after having received explanations about those, the participants commonly believed such measure could be effective.

Nyzhnioteple, 8 participants aged 25 to 60

Participants considered the city to be safe, except at night time and for some places, in particular poorly lit areas and near military soldiers. DV/IDP, economic violence, and emotional violence were considered as the most prevalent form of violence in the settlement. One participant noted that "humiliation, rudeness, shouting […], make a person think that he or she is nobody; Women suffer more from violence". Teenagers and the elderly were considered to be more vulnerable to violence inflicted by a stranger, with the internet, physical weakness, and gullibility emerging as the main a drivers of violence towards teenagers and the elderly in the settlement; whereas women, children, and the elderly were more prone to be affected by DV/IPV, reportedly mostly because of alcohol intoxication of the offender.

Condemnation of the community, distrust in service providers, and lack of specialists (support groups, shelters, psychologists, pharmacies, and doctors) were considered to be the main obstacles to accessing assistance and help regarding GBV, "people have to go [for a doctor] to the village of Petropavlivka". Finally, participants were commonly unaware of the existing set legal measures in place against GBV perpetrators, yet, when explained the rough lines of these measures, some participants believed such measures would have positive effects.

Lysychansk, 6 participants aged 21 to 65

Participants considered the city to be dangerous, especially in areas with poor lighting, stray dogs, people under the influence of alcohol and/or drugs, presence of armed military, and some specific places in particular (near the rubber plant, Proletarsk area, the «Sputnik» store area, and the Podzemgaz area). According to the participants, psychological violence was generally regarded as the most common form of GBV in the settlement. Pensioners, PwDs, children, and women were groups of individuals thought to be most vulnerable to violence inflicted by a family member. Individual characteristics of the survivors, such as physical, emotional condition, and family’s economic situation were regarded as drivers of DV/IPV. Participants generally reported that the conflict had worsened the situation significantly.

Condemnation of the community (social stigma), lack of money, distrust in the institutions, institutions' indifference toward GBV cases, and the lack of information on where to seek assistance emerged as barriers to accessing assistance for survivors of GBV. The community was reported to have implemented some preventive mechanisms to reduce GBV, such as organizing GBV awareness trainings at schools. Participants suggested the creation of a single consulting center, and the creation of “a center with psychologists, doctors, lawyers" for survivors of GBV, as well as a shelter/safe house. Finally, participants were generally unaware of the existing legal restraining measures and, when explained these measures, doubted their effectiveness.

ANNEX 2: Hromada level analysis of FGDs with female representatives of local communities

Shyrokiy, 6 participants aged 35 to 60

Participants considered the village to be safe except for places with no lighting and areas with high prevalence of stray dogs. Transportation issues have been identified as a direct consequence of the conflict on the security situation of the inhabitants: "It took 20 minutes to get to Luhansk by car: to the hospital, to the market, to relatives, to the park, but now it is impossible due to the conflict". Most of the participants expressed awareness of all types of violence, commonly emphasizing the increase of violence in general in the settlement. Children and the elderly were considered the groups most vulnerable to GBV. In addition, participants generally reported an aggravation of the situation due to both the conflict and the COVID-19 quarantine, mostly because of their impact on people's mental health.

Community condemnation (social stigma) as well as indifference of service providers were generally considered to be the main obstacles to accessing assistance regarding GBV in the settlement. Additionally, participants highlighted "the need to do everything that will help reduce aggression among people", such as conducting information meetings, organizing cultural events, and creating support groups and places of temporary stay for survivors. Finally, participants were partially aware of the existing legal measures against perpetrators and commonly questioned the efficiency of restraining orders in particular.

Bilovodsk, 8 participants aged 26 to 67

The participants' opinions on the level of security in the city were divided, with about half of participants considering the situation to be generally unsafe, mentioning violence of people under the influence of alcohol and/or drugs, robbery, and the military as the main kinds of threats in public spaces. Participants mentioned physical and domestic violence as the most common forms of GBV in the settlement. Women, children and the elderly were considered to be the groups most vulnerable to GBV, with "trusting nature" surfacing as the main driver of violence from strangers, and poor parenting as the main driving factor of DV/IPV. Participants commonly mentioned perceiving a deterioration of the GBV situation due to the conflict, mostly towards families with members participating in the conflict; whereas the quarantine has reportedly increased the number of divorces.

Condemnation from the community and indifference of service providers were considered to be the main obstacles to accessing GBV services, while it was also commonly reported that a "lack of confidentiality prevents survivors of GBV from seeking help from services". In terms of missing services, participants requested the opening of a shelter/safe house for survivors. Finally, participants were unaware of the existing legal measures, and, after having been explained those measures, noted that "restraining orders" could be effective, but only if properly monitored.

Milove, 6 participants aged 26 to 62

Participants considered the city to be safe but expressed concerns about an uptick of hostilities, explosions, and shootings. Influence of COVID-19 and increased fear of catching the virus were highlighted as the main reason of the situation's deterioration. Knowledge of the forms of violence among participants appeared limited, especially regarding physical and sexual violence; while participants commonly identified DV/IPV as the most common form of violence in the settlement. Children and women were considered to be the groups most vulnerable to GBV. Participants generally believed that the community treats survivors of GBV with empathy.

Distrust in services, lack of finance and unavailability of services, as well as a high level of corruption were considered to be the main obstacles to accessing help regarding GBV. Furthermore, shame, fear of repetition of violence and public condemnation were emphasized as the main reasons why survivors would refuse to seek assistance from services. Participants highlighted an acute shortage of doctors and psychologists: "There are no doctors in the settlement, so people have to go to Kharkiv, Markivka, Novoaidar...". Participants generally had limited knowledge of legal restraining measures, and did not trust the police to monitor and apply those measures.

ANNEX 2: Hromada level analysis of FGDs with female representatives of local communities

Donetsk Oblast

Vuhledar, 6 participants aged 25 to 67

Participants considered the city to be unsafe due to the high crime rate. Women reportedly felt unsafe when walking alone in the evening, especially in unlit places, due to the presence of people under the influence of alcohol and/or drugs and stray dogs. Moreover, several participants directly linked assault cases to alcohol/substance abuse. Quite noticeably, this level of violence was associated with the overall adverse social and economic situation in the city: "mine, war, economy, alcohol – a constant cycle of violence", which, along with the outbreak of COVID-19, reportedly made DV/IPV to be the urgent issue in the settlement. Numerous testimonies were also focused on cases of gender inequalities in the workplace.

In addition to the lack of a lawyer and psychologist in their settlement, participants commonly indicated that survivors encounter obstacles when trying to access assistance such as shortage of information about the services available, mistrust of services mostly due to a lack of confidentiality in the process. The participants particularly emphasized a common mistrust of law enforcement agencies, security and justice services and a lack of community support, and had no confidence that actual legislative support would help in case of GBV.

Volnovakha, 8 participants aged 22 to 50

All participants considered the city to be generally unsafe, and commonly noted cases of impunity of crimes committed both by citizens and police, with police forces reportedly often remaining silent about acts of violence committed by others in power, including newly-arrived militaries. In addition to the arriving military, IDPs were also reportedly arriving in the settlement. Participants mentioned all types of violence, with gender inequality in the workplace and gender stereotyping surfacing as the most common forms of GBV. These forms of violence were, according to the participants, often silenced and participants further expressed that women in political positions were commonly subject to (institutionalized) gender discrimination.

Participants generally mentioned a lack of information about GBV services and limited access to these services. According to the participants, there were no shelters/safe houses in Volnovakha; the closest one being located in Mariupol. Participants also expressed distrust toward services and police specifically, which was reported to not follow protocols as required by law, and to frequently dismiss or under-report DV cases. Another commonly mentioned concern was the lack of an anonymous gynecological office in Volnovakha. Finally, participants were not aware of the existing legal preventive measures.

Olhynka, 8 participants aged 50 to 87

Participants generally considered the settlement to be unsafe, due to lack of street lighting at night time and around abandoned areas. However, participants commonly reported that the introduction of military patrol had somewhat improved the security situation. Participants mostly defined violence in extreme terms, mentioning murder, rape, and bullying with mutilation. Participants indicated perceiving that economic and psychological violence were the most commonly perpetrated types of violence in the settlement, and reported lack of job opportunities and low incomes as contributing factors. Elderly and single people were identified as the groups most vulnerable to GBV.

Participants reported a lack of district police officers based in the settlement, a lack of information available on services where to seek assistance for survivors of GBV (such as the existence of hotlines), and were generally not aware of the existing legal preventive measures. At the community level, several factors were mentioned as barriers to seeking assistance for survivors, mostly in relation to the limited respect of confidentiality of law enforcement in case of GBV. Participants also mentioned the insufficiency of police services to be a particular barrier to seeking assistance, indicating either a refusal by the police to handle GBV cases or excessively long response time to provide assistance to survivors.

ANNEX 2: Hromada level analysis of FGDs with female representatives of local communities

Kurakhove, 3 participants aged 38 to 67

Participants generally considered the city to be safe, with lack of street lightning being the only major issue related to safety. The fear of strangers was also mentioned by some participants, who primarily believed it impacted the safety of children to be outside on the streets. Participants commonly considered DV/IPV to be among the biggest problems in the settlement, further noting that the incidence of DV/IPV had likely worsened with the introduction of quarantine.

Participants indicated the groups most vulnerable to GBV were women, followed by adolescents, children, elderly and single people. Participants generally indicated a lack of services for survivors of GBV in Kurakhove and commonly considered the quality of the services that were available to be unsatisfactory. Participants particularly noticed the absence of psychologists and the lack of a single consulting center. Another issue that was brought up by participants was a fear of public shaming, since survivors of GBV were reportedly often being exposed to condemnation of their community. Participants were generally not aware of the existing legal measures that survivors of GBV can take against offenders, and reported that women would generally take back their deposition due to fear of a repetition of violence and or/economic dependence on the perpetrator.

Mariinka, 6 participants aged 32 to 58

Participants considered the city to be unsafe, mostly because of the presence of mines, abandoned areas, the military personnel and the conflict itself, which reportedly greatly influenced the life of all residents of city, who "are constantly stressed out". It also impacted on access to services: "all services were closed and moved to Kurakhove and we need to go to Kurakhove to use the services or for temporary stay". Participants generally considered DV/IPV the most commonly experienced form of violence in their settlement. Children, the elderly, PwDs and IDPs were considered to be the groups most vulnerable to GBV.

Indifference of community towards survivors of GBV, a lack of service providers, a reportedly poor quality of police work, and a low level of trust in service providers, particularly concerning confidentiality were considered to be the main obstacles to access GBV services. Finally, most of the participants were not aware of existing legal restraining measures, and, when having been explained these measures, they generally believed that the measures would not be implemented consistently.

Krasnohorivka, 8 participants aged 30 to 62

Participants commonly reported feeling quite insecure in the city, most notably due to the conflict (because of buried mines and weapons in particular), and its impact on the economic situation, mostly for the young people, mentioning that "people are hostages of the situation: bad living conditions, lack of money, unemployment, stress". Economic, psychological and sexual violence were identified as the most common types of violence in the settlement. Low-income families, large families, the elderly and PwDs were identified by the participants as the most vulnerable group of people to GBV. Every participant mentioned believing that DV/IPV and violence from the military had increased since the beginning of the conflict.

Despite the reported lack of information about available services (especially, psychologists and lawyers), participants expressed general positive impressions on the work of social and medical services. Participants suggested a creation centralized center "with qualified social workers" for survivors of GBV and mentioned that "there must be information on where and what is available in the city". Most of the participants appeared to have only limited knowledge of existing legal restraining measures and, when having been explained those measures, generally doubted their effectiveness due to the poor quality of police work.

ANNEX 2: Hromada level analysis of FGDs with female representatives of local communities

Hirnyk, 7 participants aged 28 to 60

Participants commonly considered the city to be unsafe, reportedly because of the presence of stray dogs, teen gangs, people under the influence of alcohol and/or drugs, coupled with a lack of police patrol. Participants identified psychological violence and economic violence as being the biggest concern in the settlement. Children, adolescents, women, PwDs, and elderly were commonly considered to be particularly vulnerable to GBV. Participants indicated the main drivers of violence within the family to be financial instability of survivor and general impunity of the abuser, whereas the appearance of the survivor and substance abuse of the perpetrator emerged as common drivers of violence from strangers. Besides, participants generally believed that conflict and quarantine had contributed to an increase in DV/IPV and psychological violence.

Community condemnation (social stigma), distrust in services (mostly psychological services), as well as lack of finance of the survivor were considered to be the main barriers for survivors of GBV seeking to access service providers. In addition, a lack of confidence in the protection of privacy and confidentiality by the police was underlined by some participants to prevent help-seeking behavior. Finally, participants appeared to be generally unaware of the existing legal restraining measures, and, when having been explained these measures, commonly considered such restraining orders to be either partially or completely ineffective.

Zvanivka, 6 participants aged 43 to 53

Participants generally considered the village to be safe, except for some specific areas close to liquor-stores. All types of violence were identified by the participants; while domestic violence was commonly believed to be the most common form of GBV in the settlement, with elderly, children, and women reportedly being the most vulnerable to violence and financial dependence and economic instability emerging as the main drivers of violence, according to the participants. The participants generally reported that it was possible for survivors to seek assistance from the police, at the child services, and at the hospital. Yet, participants also reported on the lack of some services in the villages, particularly lawyers, support groups, and doctors.

Condemnation of the community, fear of repetition of violence, lack of money, and complete distrust in services (and especially in police or psychological services), were commonly considered to be the main obstacles to accessing assistance and help regarding GBV/DV, forcing some survivors to turn to their local priest instead. The participants suggested the creation of a shelter/safe house and the organization of specific trainings on GBV. Finally, participants appeared to have limited knowledge about the existing set of legal measures in place against perpetrators, and, after having been explained these measures, reportedly would not trust the applicability and efficiency of such measures.

Bakhmut, 5 participants aged 24 to 35

Participants considered the city to be safe, except at night time and for some places in particular near abandoned or remote places, such as tree-planting area called Opyshna. According to participants, psychological violence surfaced as the most prevalent form of GBV in the settlement. Elderly, children, and women were commonly identified as the groups most vulnerable to violence; with individual characteristics of the survivors, such as physical weakness or ignorance of the laws, as well as substance abuse by perpetrators being commonly believed to be among the main drivers of violence. Participants commonly perceived a deterioration of the security situation with the introduction of quarantine, mostly due to the induced economic and psychological difficulties.

The main reported obstacles to accessing services for GVB survivors in the settlement were stigmatization, fear of recurrence of violence, as well as distrust of the police: “I wrote a statement to the police, and after two hours the police released him [the perpetrator] (with) just a verbal warning”. Participants suggested the creation of a rehabilitation center for survivors and a psychological center. Finally, participants appeared to be generally unaware of the existing set of legal measures in place against perpetrators and, when having been explained these measures, commonly considered them to likely be effective.

ANNEX 2: Hromada level analysis of FGDs with female representatives of local communities

Soledar, 8 participants aged 30 to 72

Participants generally perceived a lack of security in the city, with high criminality being a particularly common concern since 4 women were murdered in the city, during 2009-2015, perpetrators were arrested. Participants generally identified emotional and physical violence as potential types of violence, with very few appearing to be aware of sexual violence. Elderly people, children and women were considered to be the groups most vulnerable to GBV, with participants generally believing that “weak physical conditions” were a main factor of DV/IPV. Interestingly, participants commonly mentioned perceiving that conflict and COVID-19 had not affected the prevalence and intensity of GBV in the settlement.

Fear of repeat violence and public condemnation, as well as lack of knowledge of where to go and a distrust in services, were the main reasons why survivors would not seek for GBV service providers, according to participants. "Shelter, psychologists, lawyers" were considered to be the most required services in the settlement, while participants also noted that it was necessary to improve police presence. Finally, participants had not heard about existing legal restraining measures against GBV perpetrators, and, when taking note of these measures, commonly believed that restraining orders would not be an effective way of punishment.

Siversk, 4 participants aged 32 to 64

Participants reported the settlement to be relatively safe, except at night time because of a lack of street lighting, as well as a certain level of anxiety due to the conflict. Participants reported prevalence of all types of violence and commonly identified psychological abuse as the biggest problem in the settlement. Specifically, psychological abuse at work was indicated as a common issue in the settlement. Participants generally perceived an increase in cases of GBV since the start of the quarantine period. As one participant stated: "The violence has increased. Men have lost their jobs, stay at home and are violent with their families".

Participants mentioned a general indifference of the community towards survivors of GBV. The fear of a repetition of violence, the lack of specialists, and the fear of condemnation emerged as the main obstacles to accessing assistance from service-providers according to participants. As one participant reported: "There is stigma. If a girl walks in a short dress, in make-up [...] people will say that she herself is to blame, provoking a man to violence". Moreover, participants reported a lack of psychologists, lawyers, and shelters/safe houses in the settlement. Finally, some participants were aware of legal restraining orders, but they were doubtful about the efficiency of such measures.