Nearly one third of Ukrainians have been forced to flee their homes since the Russian attack.\(^1\) It is one of the largest humanitarian displacement crises and also a profoundly gendered and intersectional protection crisis. Even before the war began two thirds of women in Ukraine had experienced some form of gender-based violence (GBV) in their lifetime. The war has sharply increased the risk of multiple forms of violence against women and girls – including domestic violence, sexual violence, sexual harassment, exploitation, and abuse (SHEA), commercialized sexual exploitation and trafficking in persons.\(^2\) As Europe responds to the humanitarian challenges in Ukraine and its neighbourhood, we must learn from the reception of large numbers of refugees in Europe, especially in countries of first reception that hosted and still host the largest refugee communities. This brief provides an overview of the 10 key learnings and best practices from inside Europe that should inform and strengthen the current response. Learnings and best practices were informed by findings from the European “Survivor Project: Enhancing Services for Refugee and Migrant GBV Survivors”, based on reports on site visits to Greece, France, and Bulgaria in 2019.

**LESSONS LEARNED\(^1\)**

1. **Know that GBV is happening.**

Due to the social stigma and the fear of repercussions, survivors of GBV are often hesitant to disclose incidents. Therefore, reporting data is not an appropriate indicator of the real levels of violence against women and girls. “All humanitarian personnel ought to assume GBV is occurring [...] regardless of the presence or absence of concrete ‘evidence’” (Global Minimum Standards on Gender-Based Violence). In contexts like Ukraine, where GBV has been normalized before the outbreak of conflict or the arrival of refugees and where conflict related experiences lead to high rates of Post-Traumatic Stress Disorder (PTSD) it has to be assumed that GBV is very prevalent.

Services should be in place for refugees arriving in host countries to help cope with trauma related to experiences of GBV. The guidance to provide GBV services regardless of the presence of “evidence” has been poorly implemented in the humanitarian response to refugees arriving in Europe in 2015 and the following years. Consequently, GBV programming was not adequately reflected in needs assessments and remained severely underfunded.

The Ukraine crisis is a protection crisis, in which the vast majority of people affected by it are women and girls. But at this point it remains unclear how much funding is available to deliver lifesaving GBV services for survivors and to protect those at risk of experiencing abuse in Ukraine and Poland\(^3\) and to what extent it meets the needs of displaced women and girls.

In Poland the situation for women and girls fleeing Ukraine is exacerbated by the pre-existing legal barriers to sexual and reproductive healthcare (SRH). Abortion is illegal in almost all situations and emergency and other forms of oral contraception can only be provided with a prescription.\(^4\)

---

\(^1\) The lessons learned and best practices outlined in this paper are informed by findings from “The Survivor Project: Enhancing Services for Refugee and Migrant GBV Survivors”, based on site visits to Greece, France and Bulgaria in 2019, experiences of IRC WPE frontline responders, as well as information by the GBV AoR as well as technical briefings by frontline responders on the current situation in Ukraine and Poland.
Restrictive national laws make it difficult to integrate lifesaving SRH services, including for GBV survivors, into the humanitarian response and limit the operating space for civil society organisations to provide SRH services.

2. Mitigate GBV risk from the get-go.

The 2019 reports of the “Survivor Project” report for Greece and France criticize a lack of state and EU funds allocated towards mitigating and responding to GBV during early arrival, asylum process and early integration. Experts also reported that many refugee facilities were not designed with risk mitigation in place. For example, in Bulgarian detention facilities there were no efforts to separate unaccompanied girls or women from men in sleeping quarters (2019); in Greece, of the 44 refugee sites profiled by UNHCR in 2019, over 60% lacked separate toilet and shower facilities for women and girls.

For Ukrainian refugees and internally displaced people, safe shelter, especially in the coming winter months, remains an issue. The reported risk of GBV in collective centres, bomb shelters or accommodation offered by private, unvetted hosts, is very high. The lack of registration means people can slip under the radar of humanitarian agencies. All sectors should apply the Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action to set up safe structures, right from the start, including providing information how to access safe and vetted accommodation.

3. Understand and remove barriers to seeking support.

In nearly all contexts, survivors’ risk social stigma and repercussions, if they decide to disclose incidents of GBV. This can stop people from seeking help and exacerbates the risk to survivors’ overall well-being. In Greece, the provision of female only safe spaces with non GBV related recreational activities, where women were able to connect with other women and feel safe enough to disclose incidents of GBV with trained experts, provides a good example of best practice to encourage safe disclosure.

Besides social barriers to reporting, a lack of information on and access to GBV response services was described in France and Greece as a main barrier to survivors reporting incidents of GBV.

Lack of information on the availability of GBV services, especially in Ukrainian, is also a big concern raised in Poland and Ukraine, as well as a general sentiment by survivors that their cases do not merit attention given the ongoing war. Good practices from Greece that could be replicated included the provision of basic informative posters in relevant languages on available services and explanations of the multiple forms of GBV.

In Poland, refugees from the LGBTQI+ community reportedly face incidents of violence as well as discrimination and stigma, including in accessing the healthcare system. Experience shows that the systematic integration of intersectional analysis is necessary to ensure overlapping identities of refugees don’t exclude them from accessing humanitarian services, and that there are safe, appropriate services and service providers available for LGBTQI+ communities.

4. Ensure quality protection services for all women and girls.

A survivor-centred approach creates a supportive environment in which survivors’ rights and wishes are respected, their safety is ensured, and they are treated with dignity and respect. The 2019 report of the "Survivor Project" on France reports that at the visited sites no specialised actor was present that had procedures in place to address the empowerment of women and girls and to respond to GBV in a survivor-centred way, including through direct case management.
In France, specifically Lyon and Paris, the lack of a formal and updated referral pathway was reportedly a challenge to quality case management. Once survivors disclose violence, a clear referral system should be in place with all legal, medical, and psychosocial services, police, and other support services, working together to provide protection and support in line with the survivors wishes.

Both in Ukraine as well as Poland there are many organisations present with strong protection expertise. However, experts engaged in the local response have raised the need to promote a survivor-centred approach, for example through trainings. Likewise, there is urgent need for the training of health care workers in the clinical management of rape (CMR).

5. **Train staff across the humanitarian response on inclusive women/girl centred programming and understanding survivor centred approaches to GBV.**

Cases of GBV from refugee and migrant communities in France and Greece were reportedly often disclosed during “health checks”, and “social assessments”. This means professionals, such as doctors, psychologists, interpreters, social workers, and police officers are often the first in line of response to protect and assist GBV survivors. However, these professionals often lacked critical information GBV, how to report it safely and respectfully, and where to refer survivors, which was considered a major weakness by staff in detention and identification centres.

To improve the reception of refugees and IDPs from Ukraine, there should always be female interviewers at the reception area, who are trained on survivor-centred response and referral pathways. In the context of asylum interviews, it is critical to ensure the availability of female interviewers and interpreters who can carry out the interviews with women in private rooms, separated from potential abusers such as partners and family members. Ensure asylum interviewers must be trained on trauma-informed interviewing and referral pathways for survivors.

6. **Mitigate economic vulnerability.**

In Athens, among the most common reported factors that increase the risk of GBV were the limited or complete lack of access to livelihoods or cash assistance. Likewise, survivors of domestic violence were reluctant to disclose incidents of GBV, as economic support often went to the male head of the household and separating would mean being cut off from essential support for an unforeseeable amount of time.

Displaced female headed households in Ukraine and Poland with no access to financial support are especially at risk of exploitation and harmful coping strategies, including human trafficking. This risk increases due to the increasing cost of living, as global food and fuel prices continue to rise. Women continue to report difficulties in accessing the labour market. A recent assessment of the Polish labour market by IRC found that main barriers for refugees include lack of childcare, poor working conditions, and language barriers. It also surfaced protection concerns including sexual harassment during the job search, and employer discrimination against women with children, missed payments and other forms of abuse.

There is an urgent need to integrate protection into social safety nets and economic inclusion programming, for example, through cash programming. GBV risk mitigation measures should be applied as a priority and as routine. All providers should ensure that protection measures are mainstreamed in their processes. In person registration for cash assistance and national safety nets should be organized safely with GBV actors present, and feedback and complaint mechanisms are set up and linked to existing structures and GBV referral pathways.

7. **Harmonize humanitarian aid with local structures**

The example of Greece has been a cautionary tale for the wider Ukraine response. In Greece existing structures and actors delivering GBV services were marginalised by the international humanitarian response. The large but short-lived influx of humanitarian funding and the duplication of structures have put serious strain on local civil society actors.

In Poland and Ukraine partnership has been a key pillar of the early response. In both countries national and local actors have been a key player in delivering protection services and advocating for women’s rights before the war. However, in both countries civil actors have traditionally catered to
their own communities. Supporting displaced people and navigating the humanitarian system brings new challenges. In Ukraine, protection actors have traditionally focused on matters of child protection and rule of law, whereas GBV prevention and response services remain a gap.

International actors should continue to harmonise their support with the services that are already provided by the state or already established civil society organizations – including an assessment of the quality of services. This will allow the humanitarian response to add value sustainably, by strengthening the existing systems, and filling in critical gaps, for example by fostering an intersectional approach to include vulnerable groups, such as the Roma population in Ukraine or members of the LGBTQI+ community in the humanitarian response.

![Image](credit: F. Pistilli/IRC)

**BEST PRACTICES**

1. **Inclusive coordination on GBV**

   Regular GBV Inter-agency knowledge sharing and coordination between NGOs and state agencies is key to a quality GBV response. The GBV Sub-Cluster offers an explicit structure in which GBV coordination can be established. Such inter-agency coordination offers a joint space to coordinate multi-sectoral interventions for GBV, set up inter-agency accountability mechanisms to prevent sexual harassment, exploitation, and abuse (PSHEA), and to establish and update referral pathways. A good practice implemented in Greece was involving the National General Secretary for Family Policy and Gender Equality, in leading the GBV Sub-Cluster in the mainland and islands, jointly with civil society organization that do work around protection and empowerment of women and girls.

   The GBV Sub-Clusters in Ukraine and Poland can and should be an opportunity for strong NGO leadership, through the appointment of a co-chair from civil society. This co-leadership can go a long way to improve coordination and accountability between UN agencies, state functions and civil society.

2. **Joint documentation and standards**

   Documenting the current situation allows all actors to jointly establish the gaps in GBV service provision and ensure a coordinated approach to strengthen the existing system. This can take the form of service mapping, the production of a national strategy document, situation reports and Standard Operational Procedures (SOPs). SOPs are recognized as international best practice during an emergency humanitarian action to boost coordination and quality of GBV prevention and response interventions, when tailored to the specific needs of refugee and migrant women and girls.

   The GBV Sub-Clusters in Ukraine and Poland are pivotal to establish joint referral pathways, SOPs and joint documentation. These measures are key to improve collaboration, capacity sharing and ensure quality, survivor-centred services for survivors and women and girls at risk of GBV.

3. **Empower and engage civil society**

   In France and Greece, civil society actors working with survivors of GBV were involved in the development of action plans on preventing and responding to violence against women and girls, to help ensure that these can deliver practical, sustainable results for survivors. All actors should seek to ensure GBV experts from civil society can meaningfully inform and shape the national, regional and local response and are empowered to push for the adherence to the GBV Minimum Standards. Feminist organisations should be specifically invited to ensure service provision is inclusive of traditionally marginalised groups, such as LGBTQI+ communities. Financial support for
women’s movements in Ukraine and Poland can also go a long way to advocate against harmful legislation, such as mandatory reporting of GBV in Ukraine. They can foster spaces where survivors can find support and where women can join forces to push back at discriminatory practices, for example in the labour market.

THE WAY FORWARD

While considering the unique features of the protection crisis in Ukraine and neighboring countries, EU member states - both in their role as host countries as well as humanitarian donors -, IOs and INGOs must learn from the experiences in France, Greece, and Bulgaria, how to set up quality GBV services that meet the need right from the start.

The Ukraine crisis is in essence a protection crisis. Yet, it is unclear how much funding is currently available in both countries for GBV prevention and response services and to what extent needs are met.

- Donor governments should inquire how humanitarian funding is prioritized, how the need for GBV services is assessed and to what extent funding needs for GBV are currently met.

Humanitarian funding should be set up in a way that prioritizes the strengthening of local actors (including women’s rights organizations) and allows for better partnerships with INGOs:

- Calls for proposals should be set up with a timeframe that allows for the co-design of programmes between local actors and INGOs to facilitate meaningful partnerships.
- Funding should support integrated approaches to mainstream protection into other sectors such as economic recovery or health.
- Funding should ensure civil society organizations that provide vital services for GBV survivors in the absence of state services are sustainably funded and able to scale up their services to meet the needs of the displaced populations. It should be multi-year, flexible and able to cover operational costs to ensure staff retention and training.

International humanitarian actors should seek to strengthen the system in place and act in line with the GBV Minimum Standards. Donor governments should inquire how UN agencies are planning to strengthen the GBV Sub-Cluster in Ukraine for improved interagency coordination and collaboration.

Finally, the Ukraine crisis should serve as a learning opportunity, how to treat all refugees in Europe, irrespective of their nationality with the same level of dignity and humanity.

---

iii UNOCHA, FTS (17.10.2022) https://fts.unocha.org/countries/178/summary/2022
iv Regional Gender Task Force, October 2022. Making the Invisible Visible: An evidence-based analysis of gender in the regional response to the war in Ukraine