

Communicating about gender and violence in Ukraine

“People believe there are more important issues [than GBV] at the moment. I’m not saying it’s wrong, but there should be a balance.”

Summary: what you absolutely need to know

This report summarizes CLEAR Global’s findings from a study exploring how different groups in Ukraine – different genders, Roma community members, and lesbian, gay, bisexual, transgender, intersex, queer/questioning, and asexual (LGBTQIA+) individuals – talk about and understand gender-based violence (GBV). Oxfam funded the study and we collaborated with six Oxfam Ukraine partner organizations (Gay Alliance Ukraine, Peaceful Heaven of Kharkiv, Rokada, The Tenth of April, Voice of Romni, and Women Consortium of Ukraine) and other partners (I CAN and the organization Vira, Nadiia, Liubov). We also spoke with community members in four cities in Ukraine. The research aimed to provide an evidence basis to help organizations working on GBV prevention and response in Ukraine to challenge harmful beliefs and narratives that can perpetuate violence and stop individuals from seeking help.

- **Although there has been significant investment, humanitarian efforts to communicate about GBV prevention and response have not always matched communities’ communication and language preferences.** This research found that communication campaigns could be more effective if they are developed and tested locally with different target audiences in different contexts.
- **Communities do not always understand the language that humanitarian service providers use to talk about GBV.** Terms are hard to understand because they often come from English and are mostly used by people who work in the humanitarian sector. For example, people often associate the word “gender” with discussions about sexual orientation, possibly because of negative portrayals in the media and traditional beliefs. Research participants suggested other terms that service providers – community-based organizations (CBOs), national and international non-governmental organizations (NGOs) and government services – could use in their outreach. These terms should be tested locally with different audiences.
- **Current communication is not engaging the diversity of GBV survivors.** Communication campaigns against GBV are not targeting men and LGBTQIA+ individuals as potential survivors. Participants from these groups wanted to see themselves and their concerns reflected in communication around GBV prevention and response. While women are the largest recorded group of survivors, a more diverse communication effort would challenge the widespread belief that they are the only group at risk.
- **Communication encouraging survivors to seek help can misdirect them to law enforcement rather than specialist support.** Study participants stressed that GBV survivors who go to the police or the legal system rarely obtain justice and often face increased risk, stigma and even fines for doing so. This discourages people from seeking help, especially when they don’t understand that specialized services are

available through other channels. GBV communication campaigns don't explicitly state that there are other referral pathways that are safer. Partners also reported that it is not clear to them how they can use a survivor-centered approach when engaging with state organizations.

- **Community members prefer to learn about services for survivors of GBV in a familiar language and through a mix of channels like the internet, social media, and community events.** It is important to use understandable, plain language so that everyone can access information about GBV and associated services. LGBTQIA+ and Roma communities ask for specific channels to access help. Their priorities are safety, privacy and to avoid any further discrimination. Digital channels are important to some audiences, including delivering tailored information on GBV and services for survivors through more advanced technologies and apps. However, study participants asked for a balance between this and traditional media to avoid being overwhelmed by the amount of information they receive online.
- **Certain groups face particular challenges which discourage talking about GBV.** Men say there are no services for them, and rural community members worry about their safety when they disclose GBV, because they experience the pressure of traditional gender roles. The LGBTQIA+ community tends not to seek help for GBV very often because some people are afraid that if they do they may be "outed" by service providers. Roma women say they have historically often been criticized and discriminated against and not supported when they ask for help, and that the state-led system often fails to offer adequate support. Services are available in Ukrainian and to a limited extent in Russian, Romani and English. Individuals who speak Russian or a minority language like Romani may struggle to talk about sensitive topics in Ukrainian or may prefer to do so in their own language, even if they are trying to switch to Ukrainian in the context of the war.
- **Communities say that service providers do not address their fears that if they speak out about GBV male family members will be conscripted into the armed forces.** Many participants fear that if a woman asks for help from state institutions, the men in the family could be conscripted. This would leave families without their primary breadwinner. The challenges of living in frontline areas are made worse by limited social and educational services. This burdens women with more unpaid care work and makes them even more vulnerable to informal employment, discrimination and abuse.

Recommendations to responding organizations

- **Use familiar words to communicate with community members.** Pilot communication materials with different target audiences at the most local level. This will help you to understand which terms are complex or could be misunderstood. Remember that humanitarians may not consider these terms complex. It is also important to add information about different types of violence to help communities understand that physical abuse is not the only type of GBV.
- **Adapt campaigns and communication materials about available support to different groups, especially groups that are now missed by GBV communication.** Alongside campaigns targeting women as potential survivors of violence, humanitarians should also develop campaigns for men and others at risk. Communication geared to each audience, including marginalized groups like LGBTQIA+ and Roma communities, should address their specific concerns and barriers related to reporting.
- **Support service providers, including NGO staff, state service providers, CBOs and community leaders by training them to communicate clearly on GBV.** Teach them how to recognize when survivors are using indirect language to describe GBV, especially non-physical forms of violence. Train all categories of service providers to address cultural barriers to recognizing and reporting GBV, using safe reporting mechanisms that are part of the Ukraine response.

- **Ensure that communications campaigns direct survivors towards services that are known to support their needs.** Clearly signpost specialized services for survivors run by groups like women's or LGBTQIA+ rights organizations and other NGOs and CBOs, differentiating them from services like the police and the legal system, which may not provide the right support and could cause further harm.
- **Share more information with communities in rural areas** by distributing printed materials in administrative facilities like hospitals and police stations to inform people about safe services for survivors of GBV.
- **Recognize sensitivities around survivors seeking help for GBV and how this interacts with narratives around military personnel in Ukraine** and adapt communication accordingly.
- **Directly address survivors' concerns and questions in communication.** These include fears about confidentiality and perceptions that seeking help is a sign of weakness or that individual suffering is of little consequence compared with the national suffering brought about by war.

Recommendations for further study

- **Comparative research to understand how perceptions of violence have changed during the conflict.** This could inform preparedness for GBV prevention in future conflicts, and would involve retroactive research on perceptions of violence.
- **A systematic review of current communication campaigns and their effectiveness, including collecting community members' perceptions of current messaging.** This could be a collaborative effort by the clustered humanitarian response, as a basis for future communication geared to the needs of survivors.
- **Assessment of reporting and referral mechanisms** with recommendations on messaging for survivors. This would identify any gaps, and any less well-served groups of survivors, as a basis for action.

What did we do?

This study used a mixed-methods approach, including an online survey, key informant interviews (KIIs) and both remote and in-person focus group discussions (FGDs). In total, we spoke with 156 people: 61 service providers from international and national NGOs and CBOs, and 95 community members. The research was conducted in Odesa, Uzhhorod, Kharkiv and Kyiv (see Box 1), between January and March 2024. See Annex 1 for more information about the overall research design, including ethical considerations and limitations.

Box 1: Description of the research locations and participants in each location

The research was mainly conducted in four urban settlements. To make sure that rural communities and other regions of Ukraine were also represented, we also included internally displaced people (IDPs).

In Uzhhorod, we spoke with married and unmarried women from Roma communities with the support of Oxfam's partner organization Voice of Romni. The participants were from the Radvanka and Shakhta districts of Uzhhorod and from Kharkiv city. There have been no missile attacks in Uzhhorod and it is considered a safe zone for many IDPs. Many participants had received only basic or no formal education

and came from poorer socio-economic backgrounds. All spoke Ukrainian, but at home, they preferred to combine Romani, Hungarian, Russian and Ukrainian. Few could read. Only one of 12 participants in Uzhhorod had participated in training or events about GBV.

In Odesa, we spoke with participants from LGBTQIA+ communities who self-identified as homosexual, bisexual and lesbian, with support from Oxfam's partner Gay Alliance Ukraine (GAU). All were from Odesa, had a higher education, were unmarried and gave Ukrainian as their main or preferred language. We also spoke with married, unmarried and divorced men and women from Odesa, Kherson, Kakhovka, Mykolaiv, Nikopol and Donetsk – with the support of Oxfam partner The Tenth of April and the organization Vira, Nadiia, Liubov. Most men spoke Ukrainian and Russian. Most women we spoke with were unemployed and receiving social benefits. Most men were working; all the unemployed respondents were IDPs.

In Kharkiv, with the support of Oxfam's partners Peaceful Heaven of Kharkiv and I CAN, we spoke with married and unmarried men and women from war-affected communities in Slobozhansk, Bohodukhiv and Zolchiv. Many were IDPs and most spoke Ukrainian. All sessions in Kharkiv were conducted remotely, because of heavy aerial bombardments at the time of the research.

In Kyiv, we spoke with women, men and members of the LGBTQIA+ community, with the help of Oxfam partners Women Consortium, Rokada and GAU. Respondents represented both urban and rural areas and most had a higher education. Around half said Ukrainian was their first language and half said Russian. The two LGBTQIA+ groups we spoke with included homosexual, lesbian and transgender individuals from Kyiv, Kharkiv, Lviv, Kryvyi Rih, Poltava, Vynohradiv, Donetsk and Oleksandriia.

Humanitarians use unfamiliar and confusing terminology to talk about GBV

Humanitarian agencies in Ukraine have run various nationwide campaigns providing information about GBV on TV, via social media channels (on Facebook, Telegram, Instagram), at in-person events, and through printed leaflets. This study did not map communication campaigns and service providers but did collect participants' responses to communication efforts.

A range of government agencies and local and national NGOs run communication campaigns, but community members often can't tell the difference between sources. Many are not aware of the distinction between state services like the police and NGO-run services for survivors of GBV.

Most non-state service providers and community members we spoke with felt that GBV campaigns are not always clearly understood. Aid providers often use formal professional language and humanitarian terminology, including English words and abbreviations, that many people outside the aid sector find confusing. Unfamiliar terms that are used include sexual exploitation and abuse (SEA), protection from sexual exploitation, abuse and harassment (PSEAH), and gender-based violence (GBV). These are not the

terms people use when they are looking for information about GBV, so search engines may not direct them to the information that is available online. The sections below describe the main challenges.

Humanitarian definitions of gender and GBV don't match communities' perceptions and experiences

Humanitarians use the term "gender," but community members prefer "sex." This is challenging, as one man in Odesa explained: "In Ukraine, the definition of gender is not as widespread as in Europe and America. If [...] many people there consider themselves to be something other than the gender binary of male and female, then in Ukraine this simply isn't common. And so, in Ukraine, gender-based violence is not often understood at its core."

Community members often think of GBV as something that affects only women. But the men and LGBTQIA+ individuals we heard from understand that anyone can experience this kind of violence. Heterosexual individuals often associate "gender" with discussions about sexual orientation and react negatively to messages that use this term. "Social roles" or "social identification" could be used to expand and explain the broader understanding of "gender."

For some groups, the term "gender" was particularly challenging. Roma women we spoke with in Uzhhorod often live in small patriarchal communities. They said they had never heard the term "gender" and didn't know the meaning of "gender" or "gender-based violence." However, the Roma organization we consulted explained that the importance of traditional gender roles and the understanding of violence vary in Roma communities. These findings may not apply to other Roma communities in Ukraine. It is important to test levels of knowledge and understanding locally.

People are less likely to disclose GBV if they don't understand the words used to describe it

Communities often do not clearly understand humanitarian terminology used in leaflets and communication campaigns. As one member of a partner organization in Uzhhorod said: "The information about GBV... on all these formal leaflets, frankly speaking, doesn't say much... I believe that the language used about GBV is not ... accessible... or acceptable enough to convey this information to those who need it."

When NGO staff use specialized GBV terminology and abbreviations, these terms are mostly irrelevant to the population. Communication materials are rarely tested for comprehension before they are translated and printed. Meaning can also be lost in translation. It is important to use plain language alternatives to humanitarian terms and to adapt materials so the intended audience will understand them. Some service providers say they already prefer to use plain language when speaking directly with people who need support. They use non-technical language that people in the communities they work in use themselves (for example: "domestic violence," "bullying," "he doesn't give me money," "he hits me"). Both service providers

and communities ask for humanitarians and other service providers to use other words to describe GBV (see Box 2).

Box 2: Which words to use instead of “GBV”?

All terms below are in Ukrainian unless otherwise indicated.

LGBTQIA+ community: Насилля (violence), Злочин на ґрунті ненависті (hate crime), Аб’юз (abuse), Домагання (harassment), Цькування (bullying), Емоційне насилля (emotional violence), Пасивна агресія (passive aggression), Зневага (disparagement), Гомофобія (homophobia), Мізогінія (misogyny), Сексизм (sexism), Мужененавистничество (*Russian*) (misandry), Женоненавистничество (*Russian*) (misogyny)

Roma community: Насильство (*Ukrainian*) (violence), Дискримінація (*Ukrainian*) (Discrimination), Іздивалинелпес (*Romani*) (bullying), Проблема Андрю Чаладос (*Romani*) (family problem), Лавенца Мундарел (*Romani*) (killing with words)

Other community members: Насилля (violence), Насильство (violence), Домашнє насильство (domestic violence), Дискримінація (discrimination), Насильство за ознакою статі (sex-based violence), Сексизм (sexism), Злочин (crime), Сварки (fighting)

The term “gender” can evoke negative feelings and prompt a backlash

Homosexuality was decriminalized in Ukraine in 1991¹, but discrimination against the LGBTQIA+ community has continued since and has worsened during the war. It is difficult for transgender and non-binary individuals, and others who don’t identify as men but have official papers saying that they are, to avoid military conscription.² Many IDPs in particular don’t register for assistance and healthcare as a result.³ The war has also polarized beliefs about gender roles. Masculinity is associated with self-sacrifice on the battlefield and the defense of the country, and femininity with caregiving.⁴ This creates even more barriers for people who don’t fit these norms and expectations, especially LGBTQIA+ individuals.

The term “gender” has negative connotations for many people who participated in the study. Heterosexual individuals in all locations associated “gender” negatively with discussions about sexual orientation. One member of a partner organization in Kharkiv mentioned that they were surprised that women associate the term ‘gender’ with the LGBTQIA+ community “[...] They delve into discussing how the aggressive policies of Western funds [supporting] LGBTQIA+ communities are excessive for us. And gender-based violence... is [also associated] the same way.”

People don’t have the words to describe non-physical violence and struggle to talk about it

When presented with the Oxfam definition of gender-based violence (see Box 3), some research participants were surprised to learn that it includes threats, and not only physical violence. Members of the

¹ [Rapid Gender Analysis. CARE International. 2023](#)

² [Ukraine: Gender-based violence: Secondary Data Review, Protection Cluster and UNFPA, April 2022](#)

³ [Rapid Gender Analysis. CARE International. 2023](#)

⁴ [Rapid Gender Analysis. CARE International. 2023: Women in Ukraine: How have gender roles and attitudes changed? BBC Media Action, 2023](#)

LGBTQIA+ community wanted “public assaults” to be mentioned in the definition used by humanitarians, to reflect their experiences. Participants also saw psychological violence resulting from the war, associated stresses, and economic burdens on families as forms of GBV.

Participants said they lack the words to describe non-physical violence and struggle to talk about it to service providers. In the words of one staff member of an organization in Kyiv: “It’s very difficult when you’re a survivor and you also have to prove that you’re a survivor. It’s like: ‘Prove it! Prove that it really happened!’” Our research found that when they deal with state services like police and the courts, survivors are responsible for proving cases of GBV. Survivors are often stigmatized and accused of making false reports, which they are then fined for. Individuals who have negative experiences when they disclose instances of violence are less likely to ask for help again. One member of a partner organization in Odesa explained: “Very often the police refuse to accept reports... If someone has already had this experience of being refused, they are afraid to apply again. They are afraid that they will be refused again.”

GBV specialists like social workers, psychologists and legal advisers play an important role in identifying abuse but they said that they don’t have a shared vocabulary to describe non-physical violence. As one staff member of a partner organization in Kyiv described, “If a person dares to [speak about GBV], they will explain it in their own words and share their own experience. Then there are questions for the experts [staff of service providers], about whether they could identify it correctly and report on it accurately... When we talk about people who are not involved in the humanitarian sector, it’s not always clear to them where abuse or harassment ends and violence begins.”

Box 3: Oxfam’s definition of GBV⁵

“When a person or group of people hurts another person or group of people because of their gender, including physical, sexual or mental harm and threats, in both public or private settings” (Oxfam protection glossary)

People don’t want to be called “victims”

Service providers and community members in all research sites reported that survivors don’t like to be called a “victim” but prefer more neutral or legal terms like “affected person” or “person in need of assistance.” A woman in Odesa described the term “victim” as demeaning because it doesn’t sound like “an independent adult who can handle their own problems. So this partly explains why women don’t want to seek help. Because immediately they are perceived not as equals, not as adult women.” There is no precise equivalent of the English term “survivor” in Ukrainian as an alternative. Legal and more neutral terms like “affected person” are considered less judgmental. Using these words avoids re-victimizing individuals and preserves their agency. You can find examples of terms that community members prefer in Box 4.

⁵ This definition is taken from the protection glossary that CLEAR Global developed for Oxfam in 2022.

Box 4: Which words to use instead of “victim”?

All terms below are in Ukrainian unless otherwise indicated.

LGBTQIA+ community: Постраждала/-й (affected person), Людина, яка звернулася по допомогу (person seeking assistance)

Roma community: Манушни Сави Мучинелпес (*Romani*) (woman who suffers), Тийринел (*Romani*) (one who endures)

Other community members: Постраждала/-ий (affected person), Потерпіла/-ий (affected person), Жертва насилля (victim of violence), Людина, яка зазнала насильства (person who has experienced violence), Людина, яка звернулася по допомогу (person seeking assistance), Пострадавшая/-ый (*Russian*) (affected person), Потерпевшая/-ый (*Russian*) (affected person), Женщина, которая подверглась насилию (*Russian*) (woman who has experienced violence)

Online campaigns use popular channels but don't reach everyone

Most participants in urban areas say they use the internet and social media like Telegram, Facebook and Instagram to look for GBV-related services and information. Our research found that people use plain language to search for information about GBV online, not specialized humanitarian terms like GBV, SEAH and PSEAH. LGBTQIA+ individuals reported using search terms like “help for LGBT people” or “LGBT+ organization,” without including the phrase “gender-based violence.” This means they may not find the available information. People from rural areas say they are less familiar with digital channels and that online campaigns have a limited reach.

Romani and Russian speakers may find it difficult to talk about GBV in Ukrainian

Most services and information about GBV in Ukraine are in Ukrainian, which can be difficult for some speakers of other languages to understand and express themselves in. This means it can be difficult to report GBV for people whose first language is not Ukrainian – including Romani and Russian speakers.⁶ Non-native speakers may prefer to talk about sensitive topics like GBV in their own language. And even if they wish to communicate in Ukrainian, it can be difficult for them.

Because of sensitivities around using the Russian language in Ukraine, which the war has made more acute, some CBOs and national and international NGOs don't produce external communication materials in Russian. But for in-person communication on GBV, they switch to the individual's preferred language or redirect them to a Russian-speaking specialist. A staff member of a local organization in Kyiv remembered: “Our organization had many discussions on this topic because some said that they are not ready to provide consultations in Russian if the person asks for it. Now we have a solution that simply redirects the person to a consultant who can communicate in Russian. We had this one case, and the organization took that

⁶ According to the sixth national poll “The language issue in Ukraine” (March 19th, 2022), around 20% of residents speak Russian and just under 32% are bilingual.

position. I believe that this is the [person's] right [to have a consultation in Russian]. But it was a painful topic for many.”

Some Roma communities may have specific needs and organizations may need to adapt their communication approach to them. In Uzhhorod, some Romani speakers preferred to receive information from humanitarian organizations and CBOs verbally at in-person meetings, while receiving humanitarian services, or in non-text formats. Because of language barriers and limited literacy, they prefer in-person verbal communication to written formats and plain language to humanitarian terminology. Roma women also said that trusted community members could get the information from TV or online and share it with a survivor. One Roma woman in Uzhhorod felt it was convenient to get GBV information through “posters around the district, on the street... Advertising boards, the internet. There are people in the community who can read and explain that to a survivor, so she will know.... Or the woman will be looking at the information and consider asking for help. This is a chance for her.”

Staff members of NGOs and CBOs should be aware that gender roles and GBV are sensitive topics in Roma communities. This research found that even Roma organizations often avoid talking about domestic violence directly. People who ask for help for domestic violence outside the community may be criticized, not supported. Participants highlighted that the staff of government services often discriminate against them systematically. Participants described cases where the police refused to help or offer shelter to Roma women and their children when they were fleeing abuse. Roma women often don't believe they will get help; they expect to face further discrimination. They don't know how to protect themselves from those who should protect them. One woman from the Roma community in Uzhhorod explained: “We all understand that the Ukrainians do not respect us. For example, we have a fight with our husband or something else happens. Who can guarantee that when we go to a place where help is provided, we will not be laughed at, or we will not be thrown out of there, you know?” Some women said they prefer to ask older family members or community leaders to help, rather than outside service providers.

Communication campaigns miss the real and urgent needs of different types of survivor

Humanitarian organizations and CBOs use a number of platforms to communicate about GBV and related services:

- online channels like Facebook, Telegram and Instagram
- in-person events and meetings
- nationwide television campaigns, flyers, posters and hotlines.

Most GBV communication campaigns focus on women only, so men and people from LGBTQIA+ communities in particular may be excluded.

Women call for diversified communication channels and communication that is adapted for at-risk groups

Women across all four research locations said they saw many communication campaigns about GBV. They confirmed they perceived them as campaigns tailored to them. Digital channels and hotlines suit women's needs, especially in urban areas. But they also mentioned several limitations. Humanitarian organizations and local service providers called for more advanced technologies to deliver messages about GBV. A staff member of an organization in Odesa providing services for women who have experienced GBV suggested "some kind of common [digital] platform with a developed algorithm, where a person could go and, by answering questions, they would receive automated responses like, 'It seems you're not doing very well. Here is a list of contacts for organizations you should reach out to.'"

Women agreed that this would be useful but also want information on support and services in more traditional media like advertising boards, printed leaflets, and bulletin boards in state organizations, public transport, stores and other public spaces. One woman from Kyiv felt that "If a person has a problem, she will pay attention to [that information]. It doesn't mean that she will call today specifically. She might go tomorrow or in a month, and she could take a photo of that phone number, address, and she might go there." Others suggested it would be a good idea to include messaging about GBV on cosmetics or other products women typically use, and to extend communication campaigns to the younger population, for instance in schools.

The women consulted also felt that existing communication campaigns and materials have limited reach and should consider the needs of the most vulnerable groups, especially those who live outside urban areas. Staff members from the organizations we spoke with highlighted that some vulnerable women may not think of themselves as survivors of GBV, so it is important to adapt communication materials to these women.

Men don't feel communication campaigns address their needs

At the time of the study, participants could not recall having seen any communication campaign targeting men or LGBTQIA+ communities. All campaigns targeted women, because they are the largest recorded group of GBV survivors.⁷

Men involved in the research said that for this reason, they don't feel communication campaigns reflect their concerns. Male GBV survivors often hesitate to seek help because they're afraid of being judged, especially by service providers. They worry about keeping their families together and fear that court decisions around child custody will favor women. They also doubt that there are services specifically for male survivors, and don't know where to go for help. One man in Kyiv suggested GBV campaigns could speak more directly to male survivors: "I remember seeing an ad, something like 'violence has no gender'. It was really cool... But there was no call to action or contact information. It would be great if there was

⁷ According to official data from the [National Police of Ukraine](#), in 2023, 76.5% of GBV reports were made by women, more than 20% of reports received by the police were from men, and more than 3% were complaints from children.

information with a call to action. Like: 'Be a man – go to a psychologist'... Or 'showing weakness is strength'. Something that is aimed at a male audience... And the words should be simple. And it should indicate that there is a guarantee of anonymity and no judgment."

Another issue is that there are no campaigns that support prevention by promoting healthy coping strategies for potential abusers. This appears to be an important gap, because exposure to violence during war and military service can trigger post-traumatic stress disorder and lead to negative coping strategies like alcohol abuse.

Figure 1. GBV campaigns use images and colors associated with femininity



Translation: Break the cycle of violence

"I saw it in the metro. There was something about 'break the circle of violence,' a hotline number. But it's all in shades of pink. And aimed more at women." Male participant, Kyiv

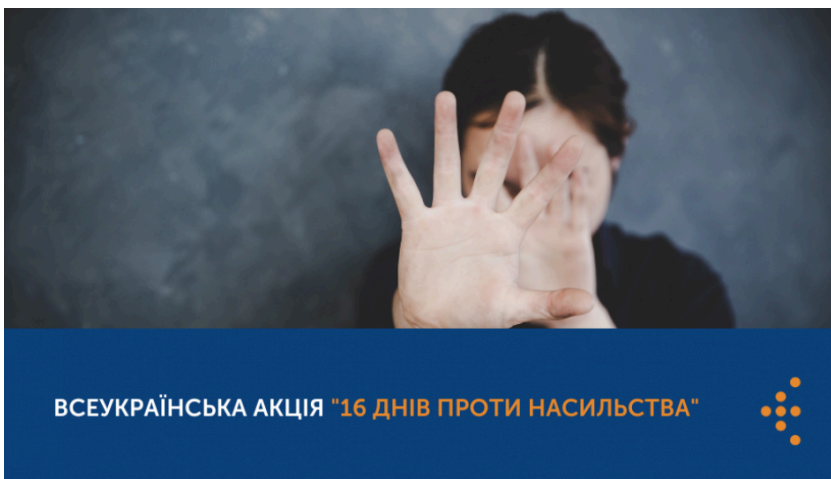
LGBTQIA+ individuals don't feel GBV campaigns represent them and are wary of public hotlines

Members of the LGBTQIA+ community also feel excluded by most GBV campaigns. One FGD participant in Kyiv said, "I think everyone saw this announcement in the metro: 'Violence, Say No to Violence,' about domestic violence... Yes. But this is purely for heterosexuals... Purely even for women, I would say."

Figure 2. GBV information campaigns portray women as the only ones affected



Translation: Stop the violence! National hotline number 8 800 500 335 or 386 from cell phone (free)



Translation: Ukraine-wide action "16 days against violence"

The hotline details in these campaigns do not meet the needs of LGBTQIA+ individuals. Members of this community hesitate to ask for help through public hotlines and prefer to get help from specialized NGOs because they worry about confidentiality and discrimination.

LGBTQIA+ individuals indicated that LGBTQIA+ rights organizations better understand how to address their specific needs and concerns. When looking for information, many participants prefer internet searches to hotlines. As one LGBTQIA+ individual from Kyiv mentioned: "There is an organization called 100% Life, which even has a premium account on Hornet [an LGBTQIA+ dating and social networking app]. Of course, there are Alliance Global and Gay Alliance Ukraine, which are less known. There's also Convictus. So, through Google, you search for the organization's website... If the website is dead, then you start looking on social media."

Service providers and community members agree that there can be discrimination and stereotypes in digital spaces too, so there is a need for a closed channel with proper moderation and account verification. One community member in Kyiv reflected "I see that on social media, there's a devaluation of the concept of gender and a lot of mockery." In these more discreet channels, individuals can access resources and

support without fear of judgment or backlash. However, closed groups and channels have a limited reach. Another member of the LGBTQIA+ community in Kyiv explained: "Information is obtained from LGBTQIA+ Telegram channels, for example, or Facebook pages. If you're not subscribed to them, you won't find out about this information."

Service providers are aware of gaps in their communication strategies. A staff member of one LGBTQIA+ organization recalled: "Last year, we conducted a survey, and almost 7% of respondents said they did not see our messages about [GBV] assistance, even though they needed it. And these were people who were already using these channels. Either people have information overload, or they simply do not see it... We plan to try to develop an application for community representatives, which might provide an opportunity to receive such specialized messages directly."

Some participants feel there are better ways to address their needs and concerns. They felt that GBV communication efforts could learn from successful information campaigns for other vulnerable groups whose needs are already highlighted without reinforcing stereotypes. One LGBTQIA+ individual in Kyiv suggested: "For example, Suspilne⁸ or Hromadske⁹, which are more popular on social media. In addition to promoting assistance for pensioners, they could also highlight places where military personnel or LGBTQIA+ individuals can seek help. In other words, it needs to be approached equally. Because through word-of-mouth, this information will reach very few people. So a policy is needed to eliminate this fear. And it needs to be addressed at the state level."

Campaigns should reflect the real concerns of people who experience GBV and offer a practical and safe response

Participants felt that GBV campaigns should reflect worries about the fact that reporting GBV to government and state service providers does not always result in redress. As one member of a partner organization in Uzhhorod described: "We tell everyone how to ask for help and how wonderful everything is. And when a person starts taking steps to seek help, they find that everything in the world is against them. There's no system of punishment for offenders. We all work with victims, but no one works with abusers, there's no real corrective action for them, and no system of forced rehabilitation." This was of particular concern in Odesa, where participants described the police as especially negligent about GBV and domestic violence. They told us this was the case before the war as well: the police didn't investigate cases, just waited for the time limit for investigation to expire and then closed them. Until attitudes and practices change within the police, survivors have little incentive to report to them.

"[Although reporting to the police] is recommended by human rights activists [...] the reality is that the police say it is a false report, or 'Why are you calling us? Nothing is happening here.' [...] And even if you systematically call, they will not come later, when something worse happens."
LGBTQIA+ individual, Odesa

⁸ Suspilne is the national public broadcaster in Ukraine.

⁹ Hromadske is a non-governmental organization in Ukraine that functions as a digital broadcasting station.

Community members across all research locations were concerned that seeking help from state authorities might result in men being forcibly conscripted. Women especially worried that if they asked for help their husbands could be called up for military service. This was a major concern in families where a man is the main breadwinner. This aligns with other research data¹⁰ indicating that men often avoid formal registration or participation in state processes because they fear conscription. This also limits how many people apply for jobs and services from both government and non-governmental organizations.¹¹ One woman from the Roma community in Uzhhorod explained: “The woman doesn’t seek help because she’s afraid for her husband, fearing that he’ll be taken and sent to the war... Men lost their jobs and became aggressive. They can’t leave the country [because of conscription] to earn money to support their family... The woman sacrifices herself; she doesn’t go anywhere because of him.”

When abusive men avoid forced mobilization, their partners often lack the privacy needed to seek help safely. A staff member of an organization in Kharkiv explained: “Men can hide from conscription, and they... spend most of their time at home with their wives. How can this increase the level of domestic violence? The victim is constantly near the abuser, she simply doesn’t have the time to seek help in a way that the abuser wouldn’t find out about it.”

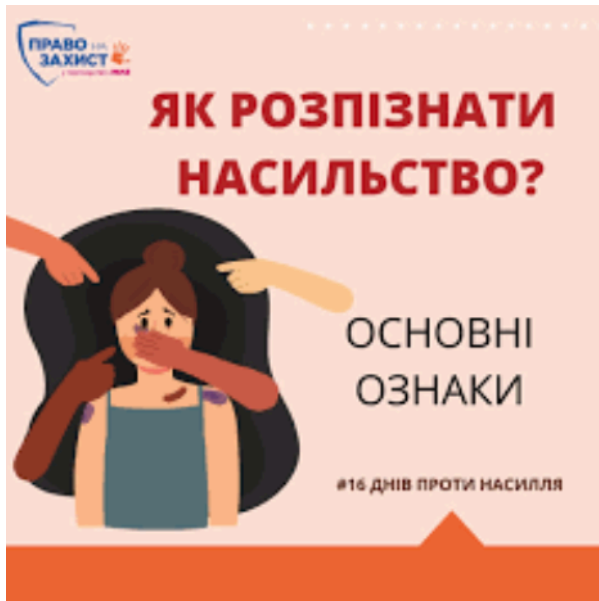
One NGO staff member told of an incident that highlights the police’s apparent lack of awareness of the 2018 law that defines and penalizes GBV. It also seems to show that they are not motivated to help in such cases: “We told a displaced woman who had experienced domestic violence to call the police [but they] charged her with making a false report and fined her 1,750 hryvnias [around £35]. These obstacles prevent victims from seeking help, leaving them without support.” In cases like this, the survivor will not receive help and her situation may become even worse because she reported it. People will not feel safe talking about abuse unless these real concerns about their safety are addressed.

Communication campaigns and materials should address these concerns and reassure GBV survivors that their confidentiality will be respected. NGO staff must also be aware of the need for confidentiality.

¹⁰ [Rapid Gender Analysis, CARE International, 2023](#)

¹¹ [Rapid Gender Analysis, CARE International, 2023](#)

Figure 3. GBV information campaigns lack details on available services and how to respond to rights violations



Translation: How to recognize violence / Main signs / #16 days against violence

Campaigns should challenge narratives around “strong women” which may be discouraging women from asking for help

People may not seek help in cases of GBV because traditional norms and values idealize family bonds and see it as a sign of strength to deal with abuse in private. Additionally, as one member of a partner organization in Kyiv described: “We have a belief that there has been equality [between men and women] for a long time because women are among the country’s leadership, so... it’s already a matriarchy. I understand that this is a male excuse, but it works. This misogyny, which women [adopt] too... [On] GBV, there’s an interpretation that everything is already equal. What else is there to fight for? Don’t you already have everything?”

As a result, survivors may fear being judged, blamed and rejected if they talk about the abuse they experience. In several communities people told us that they believe family matters like domestic violence should remain private, often citing the Ukrainian saying: “You shouldn’t take garbage out of the house.” Orthodox religious beliefs that emphasize patience, “strong women” and “family unity” can also make it hard for people to seek help. Women say they hesitate to ask for help because they are afraid of being blamed by their families and the wider community. Campaigns should address these ideas.

Feedback received from research participants showed that violence and traumatization experienced during wartime can desensitize individuals to certain forms of abuse. This makes it more challenging to recognize and address GBV. Some participants spoke of societal pressures to prioritize the needs of the nation and the challenges of war over personal concerns. This can create even more barriers because individuals feel that their own experiences of GBV are unimportant.

People want clear information about safe and appropriate support options for survivors

Communication campaigns may unintentionally direct survivors toward state services they could find unhelpful, in part because community members don't understand the differences between state services like the police and NGO-run services for survivors of GBV.

Service providers and community members said it is difficult for women to get access to justice when they report abuse to state authorities like the police or the courts. As a result, many choose not to speak out. A service provider at a local organization in Kharkiv explained what normally happens when women report abuse: "A woman begins to go through state circles: file a report with the police, undergo a medical examination, go to a lawyer. If the case goes to court, it will drag on for at least a year and a half. The person has experienced trauma and has to constantly recount this trauma. Perhaps someone will be found to accompany you, but there is no support from state bodies." This research found that GBV communication campaigns don't explicitly state that there are other referral pathways that are safer.

Communication campaigns should be cautious about inviting survivors to report GBV cases, because people tend to understand that they should report to state institutions. It would be safer to direct them to organizations that specialize in women's, LGBTQIA+ or Roma community rights, or others that are more likely to give appropriate assistance. Information campaigns and materials clarifying the mandates of relevant government bodies, NGOs and CBOs could also help survivors looking for support.

Figure 4. GBV information campaigns use directive language and encourage reporting



Translation: Violence has many faces / Only you get to choose what your life will be like! / *around the clock
 *confidential *free / from landline 1500 / from cell phone 044 272 1500

Survivors may not talk about violence by members of the armed forces and veterans

CBO and NGO staff members say that survivors are unlikely to speak out if they experience GBV from a member of the armed forces or other security personnel. As one member of an Oxfam partner organization in Kyiv mentioned: "In my opinion, the authority of the army and every individual representative of the military is a reason not to talk about a case of violence. These are very authoritative people, who often carry weapons... So there is a risk. [...] And the most dangerous abusers are from law enforcement agencies themselves." NGO staff members also suggested that people don't talk about GBV by current and former members of the armed forces because they are seen as heroes. A staff member of one organization in Kyiv said: "[People] try to conceal such crimes at all levels and not talk about them. Because they understand that the army is our defender. We cannot oppose the army right now. It's a very idealized image."

Humanitarians must communicate sensitively on GBV risk in relation to current and former service personnel

Participants described a higher tolerance for violence in Ukrainian society because of the war, so it tends to be normalized. Community members expect the number of GBV cases to increase as a result of traumatic events during the war, especially as veterans return to society. These issues must be handled sensitively, based on the situation and the concerns and preferences of survivors. On the other hand, some study participants saw a trend of veterans being stigmatized. A staff member of an organization in Kyiv explained: "There are certain expectations from men who protect us in the war that they will all return traumatized. And they will commit violence. That's a very big problem."

In this context, humanitarian communication must address the sensitivities around GBV and current and former service personnel to make it easier for survivors to seek help. Communication campaigns that can be seen as demonizing veterans are likely to provoke a backlash and could make it harder for survivors to come forward. Organizations should consult those directly affected on the safest and most appropriate messaging.

How CLEAR Global can help

CLEAR Global's mission is to help people get vital information and be heard, whatever language they speak. We help our partner organizations to listen to and communicate effectively with the communities they serve. We translate messages and documents into local languages, support audio translations and pictorial information, train staff and volunteers, and advise on two-way communication. We also work with partners to field test and revise materials to improve comprehension and impact. This work is informed by research, language mapping and assessments of target populations' communication needs. We also develop language technology solutions for community engagement.

The following resources to support effective two-way communication between people affected by the war in Ukraine and those aiming to support them are available on our website:

- How to work with interpreters and translators
- Practical tips for community interpreters
- Plain language tipsheet
- Interactive language map of Ukraine
- Language data platform
- Training to support effective humanitarian communication (topics include humanitarian interpreting, communication in emergencies, and plain language)

For more information visit our website or contact us at info@clearglobal.org.

Annex 1: Methodology

The research used a mixed-method approach with data collected between January and March 2024, including:

- **An online survey** of 29 respondents from Oxfam partner organizations and members of the Gender in Humanitarian Action Working Group to understand how they communicate about GBV in Ukraine.
- **Remote key informant interviews (KIs)** with eight staff members from partner organizations working on GBV issues.
- **Focus group discussions (FGDs)** with staff and community members. In-person FGDs (seven in total) were held in Odesa, Uzhhorod, and Kyiv, involving staff from partner organizations as well as diverse community members. Because of security concerns, five FGDs originally planned in Kharkiv were either relocated (2 FGDs) or conducted remotely (3 FGDs).

We organized remote preliminary validation workshops after the FGDs in each location, leading up to a final remote validation workshop.

Table 1: Focus group discussions participant matrix

Participant group	Odesa	Kyiv	Uzhhorod	Kharkiv
<i>Women</i>	8	10		10
<i>Men</i>	7	10		8
<i>LGBTQIA+</i>	8	22		
<i>Roma women</i>			12	
<i>Partner NGO staff</i>	8	10		6
	31	52	12	24
Total	119			

The research team used a purposive sampling strategy to select participants. The selection criteria included a mix of internally displaced persons and non-IDPs, participants from urban and rural areas (including those relocated from rural areas), with different education levels and marital statuses, those with and without children, and individuals with and without experience in GBV-related training or events. All participants expressed willingness to talk about gender, violence, and GBV.

GBV survivors were not intentionally listed or targeted for inclusion. However, their presence was acknowledged as they were recruited through the network of partners providing services for survivors of GBV.

Ethical considerations

We took several measures to ensure the research followed ethical guidelines when dealing with vulnerable research participants:

- Researchers were selected partly based on their experience in conducting research on sensitive topics related to gender and abuse.
- The research tools were designed so that survivors were never asked to share experiences of abuse directly. Trauma-sensitive tools were used during discussions, and comprehensive data protection measures were implemented.
- Remote KIs with partner organization staff and in-person/remote FGDs followed Oxfam's established security protocols. Partners provided bomb shelters or safe spaces in each city area so participants could engage comfortably.
- If a survivor wanted to share sensitive information or report a case of violence, a staff member from Oxfam's partner organization was present to offer follow-up support or refer a person to aid agencies, ensuring confidentiality.
- Participants were provided with contact details for organizations providing GBV-related services.
- All participants could participate in their preferred language, whether Ukrainian or Russian. Translation support was available for Roma communities.

Limitations

This small-scale, qualitative, exploratory study focused on better understanding perceptions around communication challenges related to gender-based violence and reporting as expressed by affected communities and service providers. The study did not set out to systematically map successes and barriers of reporting mechanisms and referral pathways, and did not measure the impact of communication campaigns focused on GBV prevention and response. It is not statistically representative for Ukraine.

The study has some limitations that you should consider when you interpret the findings. Firstly, some participants involved in the study had attended training or events focused on GBV. This may have given them a deeper or different understanding of the issue compared to the general population in Ukraine. Additionally, the participants were recruited through the network of NGO partners, which could lead to a bias toward NGOs and potentially result in a more favorable assessment of NGOs' GBV-related work. We conducted focus groups in big cities, where people are better informed about GBV and have better access to relevant services. A limited number of participants from rural areas participated in the research.

Annex 2: Acknowledgements

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