

Surviving as We Can

Risks of Gender-Based Violence and Sexual Exploitation and Abuse Relating to Private and Collective Accommodation, Livelihoods, and Service Accessibility for Persons Fleeing Ukraine: Hungary

**SUMMARY REPORT
August 2023**

UNHCR, in collaboration with the Budapest Municipality, Budapest Pride, Dorcas, IOM, Menedék, MEOSZ, Romaversitas, Terre des Hommes, The Interagency PSEA Task Force, The European Disability Forum, Strázsa Tanya, Voice, UNICEF and Unity.

INTRODUCTION

Since the escalation of hostilities in Ukraine in February 2022, almost 6 million people have fled the country and sought refuge across Europe. Over 36,000 people have applied for Temporary Protection status in Hungary. Additionally, approximately 20,000 individuals reside in the country under various statuses, including residence permits and tolerated status.¹

Right from the outset of this crisis, humanitarian organizations have highlighted the gendered aspect of the crisis.² A significant 76% of the adult displaced population are female, and 38% are children, implying a substantial number of women-headed households.³ The gendered dynamics intersect with concerns about safety and displacement for women and girls, putting them at a heightened risk of gender-based violence (GBV) including sexual exploitation and abuse (SEA).

The challenges faced by those fleeing the conflict extend beyond the immediate dangers of armed conflict. The situation has underscored the need for specific attention to the unique vulnerabilities of women and children in these dire circumstances. Addressing and mitigating the risks of GBV and SEA is of paramount importance to ensure the safety and well-being of those affected by the ongoing humanitarian crisis.

It is well-established that persons from marginalized communities often encounter higher risks of GBV and other protection challenges. However, there still exist significant knowledge gaps when it comes to fully grasping the complexity of risks faced by all those fleeing Ukraine. Within Hungary, a worrying 33% of households reported having at least one family member with specific needs related to a disability or serious medical conditions.⁴ This situation raises concerns regarding GBV, as there is compelling evidence of a bi-directional relationship between disability and intimate partner violence (IPV) victimization - meaning that disability can be both a risk factor (for reasons such as potential physical dependence on the intimate partner as caregiver, as well as higher levels of poverty, social isolation and perceived vulnerability by a perpetrator) and an outcome of IPV victimization.

This assessment finds that Romani women fleeing Ukraine are found to be especially vulnerable to GBV due to the pervasive anti-Roma discrimination they experience. Understanding and addressing these intersecting factors is crucial for creating effective protection and support systems for those seeking refuge.

The Regional Protection Profiling and Monitoring data⁵ reveals that almost half of the refugees live in privately rented accommodation: 37% of the respondents have their rental agreement, and another 10% are hosted by relatives and others. This situation poses significant challenges in terms of visibility, access, risk monitoring, and complaint mechanisms, among other concerns. A dearth of reliable data on private accommodation was reported by actors across the region. Private accommodation is recognized as an area with which humanitarian actors are less familiar, with limited pre-established guidance and standards.

¹ UNHCR Operational Data Portal – Ukraine Refugee Situation, July 2023, [Link](#)

² UN Women: Brief analysis on the gendered impacts of the crisis in Ukraine: a focus on Moldova, 2022, [Link](#)

³ Ukraine Situation: Regional Refugee Response Plan - January-December 2023, [Link](#)

⁴ Disabilities include difficulties walking, seeing, hearing, remembering, communicating, or in self-care. Data source: Regional Protection Monitoring and Profiling Data as of July 2023, [Link](#).

⁵ Regional Protection Monitoring and Profiling Data as of July 2023, [Link](#). See also: Regional Protection Analysis #2 Hungary, Poland, Republic of Moldova, Romania and Slovakia, April 2023, [Link](#)

The efforts to integrate a focus on private accommodation in the safety audit exercise yielded valuable insights. By shedding light on this underexplored aspect, which can assist with addressing the specific needs and vulnerabilities of those relying on private accommodation. Findings may pave the way for improved strategies and support systems to ensure the well-being of individuals across the region and beyond. These results may not only be relevant within Hungary but also extend to other countries participating in the Regional Response Plan.

AIM

The Safety Assessment is a collaboration between UNHCR and the Budapest Municipality, Budapest Pride, Dorcas, IOM, Menedék, MEOSZ, Romaversitas, Terre des Hommes, The Interagency PSEA Task Force, The European Disability Forum, Strázsa Tanya, Voice, UNICEF and Unity.

It has four aims:

1. Engage various stakeholders, including government entities, Hungary-based women's organizations, and representatives from different humanitarian sectors. The objective is to enhance the integration of GBV and SEA risk reduction and response measures across all sectors.
2. Adapt and test GBV Safety Assessment Tools for use with the Ukrainian refugee community within Hungary. They can be shared with different stakeholders to increase capacity to assess and mitigate GBV and SEA risks across different humanitarian programmes and in additional locations.
3. Identify risk factors related to GBV and SEA, to explore the broader protection risks faced by the Ukrainian refugee community in selected locations within Hungary. This includes site-specific risks within collective accommodation centres and those linked to privately rented or hosted accommodation. Moreover, gather community perceptions relating to livelihoods, access to services and the availability and accessibility of services including GBV response and complaint and reporting mechanisms. From the findings, the report formulates cross-sectoral recommendations for risk reduction.
4. Evaluate the capacity of key stakeholders in protecting refugees from SEA, based on the Eight Core Standards for PSEA Capacity; and formulate recommendations that will strengthen PSEA interventions and ensure better protection for the refugee community.

Through these efforts, its intended to foster a safer and more protective environment for the Ukrainian refugee community in Hungary, while equipping all relevant parties with tools and knowledge to mitigate, prevent and respond to GBV and SEA effectively.

METHODS

The Safety Assessment employed adapted, contextualized, and translated versions of qualitative data collection tools from the global **UNHCR Safety Assessment Toolkit** to facilitate collection of qualitative data. Methods used included Focus Group Discussions (FGD), Key Informant Interviews (KII), and use of an Observational Checklist. Additionally, the assessment incorporated a focus on both PSEA (Protection from Sexual Exploitation and

Abuse) and accessibility for persons with disabilities, with support from IRC and The European Disability Forum.

To ensure ethical practices, the exercise followed international guidance and standards for research involving human subjects, particularly addressing concerns related to GBV, including in emergency settings.⁶ The data collection team received thorough training on handling safety discussions and potential disclosures of GBV. The assessment employed purposive and chain sampling techniques and sought to involve individuals from marginalized communities or positions of vulnerability. For strict data protection, proper measures were taken for data recording and storage.

Data analysis utilized both top-down and bottom-up approaches to provide a comprehensive understanding of the gathered information. To validate and enhance the feasibility of recommendations based on the findings, a collaborative in-person workshop was conducted among relevant stakeholders.

Data collection took place between October 2022 to February 2023 and was comprised of eight FGDs involving 48 participants, eleven key informant interviews, and site observations. Three FGDs were held with women residing in privately rented or hosted accommodations across Budapest and Pest County, totaling 14 participants. The remaining five discussions included 34 women and adolescent girls living in collective accommodation centres located in Pest County, Somogy County, Debrecen and in Hajdú-Bihar County. Several of these discussions were held among women and adolescent girls of Roma origin. In one discussion, participants were holders of dual Ukrainian-Hungarian citizenship. Two key informants represented different national organizations working with Ukrainians with disabilities and their families. One key informant represented an organization working on LGBTQI+ rights in Hungary, and another contributed expertise from a PSEA perspective within Hungary, as well as working in a variety of roles within national women-led organizations. A total of four key informants contributed their perspectives on working from either a managerial or a coordinating role within collective accommodation. The team also employed the Observational Checklist to assess two municipality-managed collective accommodation centres in Budapest. The capacity of collective centres visited ranged from 30-85 residents.

RESULTS: RISKS OF GENDER-BASED VIOLENCE AND SEXUAL EXPLOITATION AND ABUSE

PRIVATE ACCOMMODATION

The majority of FGD participants living in privately rented or hosted accommodations shared compelling testimonies of psychological stress, relating to fear of eviction, persistent rumination stemming from isolation and inability to plan, and a decline in self-esteem associated with encountering discrimination in their housing search.

⁶ Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence against Women. WHO, Geneva, 2002. Ethical and Safety Recommendations for Interviewing Trafficked Women. WHO, Geneva, 2003. Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. OHCHR, New York and Geneva, 2004. Researching violence against women: a practical guide for researchers and activists. WHO, Geneva, 2005. Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies. WHO, Geneva, 2007. Ethical and Safety Recommendations for Research on Perpetration of Sexual Violence, Sexual Violence Research Initiative. Medical Research Council, Pretoria, South Africa. 2012.

“In a good case, you have to be afraid that they might throw you out on the street at any moment.” FGD Participant living in Private Accommodation, Budapest

Participants reported varying perceptions of safety, as well as use of a range of coping and protection strategies. It was felt that individuals were largely left with the onus for self-protection:

“It’s all down to individual pathfinding and the search for individual solutions and compromises, which makes life difficult for many. But there is no other solution.” FGD Participant living in Private Accommodation, Budapest

Women reported a perceived lack of agency due to serious power imbalances between hosts and tenants:

“There are many cases of landlords wanting to get closer to single Ukrainian women subtenants. Some people do it because they have no other choice, some leave immediately, some manage to agree on the boundaries.” FGD Participant living in Private Accommodation, Budapest

Power imbalances among hosts/landlords and tenants are exacerbated by the absence of written contractual agreements or language barriers, leading to actual or perceived arbitrary rule-setting, and limited ability for tenants to resolve conflicts or report wrongdoings. Ukrainian women spoke of experiences of a lack of paper trails (e.g. where landlords requested cash and later asserted that rent was not paid), and situations where accommodation was connected to employment requests difficult to turn down (due to the host/landlord occupying a dual position of power).

Cross-cultural communication also poses challenges, due to language barriers and cultural differences. Miscommunications were seen to increase the risk of violence, where tenants were unable to make clear their refusal of hosts’ romantic interests. A theme that arose from the group discussions was that of shifting of hosts’ “return” expectations, especially with longer stays, in varying forms:

“It is not unusual for housing to start out as a charity and then later to ask for things in return.” FGD Participant living in Private Accommodation, Budapest

It was emphasised that, for some hosts, romantic or sexual exchanges were assumed when offering accommodation, placing the burden of clarifying the desired nature of relationships on tenants:

“He offered her the opportunity to live there. Later, after 2-3 weeks, he would try to intimate her, but she understood the signs and indicated that it was undesirable for her.” FGD Participant, living in Private Accommodation, Budapest

More often, rewards also relate to expectations of labour, often in the form of care-work:

“I couldn’t understand why they would want me to come and stay with them. There was not enough space for everyone. I don’t like the fact that I’m expected to do various household works for free regularly, or look after the children” FGD Participant living in Private Accommodation, Budapest

Moreover, Ukrainians of Romani origin and Ukrainians with disabilities face discrimination in accommodation searches, leading to a notable lack of accessible housing options. This can further disrupt social support networks, which in turn can be a risk factor for GBV.

Potential protective factors include renting/being hosted in pairs or as families where it was possible, establishing or drawing upon social supports within Ukrainian or host communities through for-free community initiatives, such as community libraries and community gardens; community-based hosting among marginalized communities where two-way monitoring and feedback mechanisms deter power abuse. Also, other community-based protection strategies such as the sharing of warning information on negative experiences with hosts via various platforms. Community-based hosting was reported as a potential protective practice that one CSO supporting LGBTQI+ Ukrainians to find temporary accommodation put in place. While unsuitable as a screening and preventative practice for hosts within the wider population, this type of structure may be well-suited to other communities wherein shared values opposing violence and social network/social capital play a prominent role.

At an institutional level, ‘oversight in private accommodation,’ in the form of a centralized platform that offers vetting and monitoring systems for private hosts and/or landlords to curb violence risks, was suggested by women and girls:

“We would not feel vulnerable if there was some kind of central database and associated financial support for housing.” FGD Participant living in Private Accommodation, Budapest

COLLECTIVE ACCOMMODATION

Power imbalances between staff and residents, as well as strained relationships among families and residents due to precarious living conditions and overcrowding, elevate the risks of GBV and SEA in collective accommodations. Some measures introduced with good intentions, such as the imposition of curfews to improve safety in the centres, contribute to perceptions of surveillance among residents, as well as placing staff responsible for oversight in relative positions of power.

Psychological distress also emerged as a challenge, often related to fears related to eviction, the unsettling experience of transitioning from smaller villages in Ukraine to larger cities within Hungary, uncertainty about the future and a loss of self-esteem linked to shifting expectations for prospects in Hungary.

The precarity of living conditions in the collective centres, compounded with the underlying psychological distress stemming from concerns for the future, were reported to also hinder the capacity of Ukrainian refugees to perform care-taking roles. Consequently, the lack of supervision for children and adolescents in collective accommodation, who are left exposed and more vulnerable to threats, was also reported as a concern.

Poor living conditions, overcrowding and a lack of privacy and proper and closely located hygiene facilities, also heighten the risk for GBV and SEA. Additionally, tensions with host communities were noted, and where collective accommodation was provided in the same vicinity or premises as housing provided to predominantly male industry workers housing, this was perceived as a risk, due to mixed access to spaces.

Residents in remote accommodation centres reported feelings of isolation and barriers to accessing services. Moreover, unverified offers of transport, including being pressured to enter vehicles, contributed to fear and reluctance to leave the centres.

Discrimination within access to collective accommodation was observed for Ukrainians of Romani origin and persons with disabilities. The latter’s lack of accessible accommodation increases dependence on few institutions and reportedly makes some remain in Ukraine as a

trade-off for sub-standard alternatives. The discrimination also appeared in the attitudes of local communities.

“We hear comments at the supermarket, about the “freeloaders” with vouchers being here again.” FGD Participant of Roma origin, Collective Accommodation, Hungary.

LIVELIHOODS

In the realm of livelihoods, several potential risks that contribute to GBV and SEA were identified. They include disruptions to functioning, which impact the ability to find employment and make individuals more susceptible to misinformation. Financial insecurity causes distress, while increased care burdens and language barriers (e.g., difficulty in understanding contracts) further complicate matters. Discrimination was evident to many, for example:

“When they heard that we were Ukrainians or saw that we were of Romani origin, they immediately said that there were no job opportunities.” FGD Participant of Roma origin, from Transcarpathia, Hajdú-Bihar County, Hungary.

Precarious employment situations arise due to exclusion from the formal economy, untrustworthy employment offers, and workplace rights violations, such as wage theft and forced labor, particularly concerning for Ukrainians of Roma origin. Requirements like providing an address card act as barriers to formal employment and contribute to power imbalances between Ukrainians living in private accommodations and their hosts or landlords.

Several participants living in private accommodation expressed discomfort with the set-up of labour exchanges within hosted accommodation. Participants said they would prefer to receive the payment in cash and directly as a form of empowerment:

“Instead of free hosting; it would be more humane to pay me for my work around the house and ask for a contribution towards the rent.” FGD Participant living in Private Accommodation, Budapest

Some Cash-Based Interventions among Roma communities have reportedly proven to be unsatisfactory to women, as they placed men as the standard recipients of cash or voucher assistance, which was found to cement pre-existing inequalities in household bargaining power.

Refugees formulated protective factors that counter these risks. Social networks offer support in employment searches, knowledge of the Hungarian language among dual citizens opens opportunities, and direct payments help alleviate power imbalances where hosting is linked to labour.

Barriers and enablers to service availability, accessibility, acceptability, and quality

Barriers to **service availability** encompass multiple aspects, including but not limited to funding structures leading to uncertainty in programmes offered by civil society organizations (CSOs). National systems faced challenges in providing sexual and reproductive health care and in domestic violence response, in particular access to safe houses. Some CSOs encountered difficulties in service provision due to political sensitivities and funding constraints, which have reportedly contributed to fragmentation of ideologies among national feminist organizations. However, the ongoing humanitarian response is viewed as an opportunity to bolster service provision within the national system.

Barriers to **accessibility** are varied. Refugees reported physical barriers to service access to include remote locations of collective accommodation. This particularly impacted the availability of sexual and reproductive health care, leading to disruptions in continuity of care. Social barriers included stigma around violence and mental health, lack of awareness about protection from violence, and lack of trust in service providers and managers of collective accommodations, in particular fear of negative impacts of disclosure, and a chilling effect of the restrictive SRH legislation that inter-alia, limits access to safe abortion.

Informational barriers involved difficulties in appraising information due to psychological distress, language barriers, lack of awareness of GBV-related service providers among communities, humanitarian and national actors, volunteers. Refugees also noted a lack of streamlined information flows. Administrative hurdles included extensive documentation requirements, especially concerning medical histories, and the lack of legal gender recognition. Financial barriers, such as reliance on public systems and the inability to travel abroad for services, exacerbated disparities in care provision, particularly in sexual and reproductive health. In general, among dual citizens, confusion persists among service providers regarding eligibility for benefits of temporary protection.

Stigma surrounding GBV was also identified as a barrier, manifested within an interplay of victim-blaming narratives and normalisation of violence, leading to acceptance of violence among survivors and/or minimisation of its impacts. Victim-blaming narratives, such as belief that only women deemed 'attractive' experience violence victimisation, or that women are responsible for modifying behaviour to 'avoid' victimisation, were noted as present among service providers as well.

Additional barriers faced by specific communities are distinct and complex. For women from Roma communities, they include cultural taboos, lack of documentation, denial of accommodation access, language barriers, and historical distrust of institutions. Anti-Roma discrimination, leading to lack of belief of victims/survivors of Roma origin, and 'gatekeeping' of service access were reported as barriers stemming from anti-Roma discrimination:

"They suggest going back to Ukraine and calling the ambulance there." FGD Participant with of Roma origin with dual citizenship, collective accommodation, Budapest

Persons with disabilities often face many of the same challenges related to service access as those among the general population, however, they also encounter distinct challenges related to ableism. Among these were the threat of institutionalization, lack of accessible transport and infrastructure, disruptions to care regimes during displacement, communication barriers affecting informed consent, immobile service points for temporary protection applications, and stereotyping that overlooked their need for sexual and relationship education and psychoeducation. Prevalent stereotyping of persons with disabilities, and lack of understanding surrounding disability, was reported as impacting not only persons with disabilities but their families as well.

Barriers to service **acceptability** encompass assessment fatigue compounded by perception that equivalent commitment to follow-up was often absent and inadequate inclusion of marginalized groups in humanitarian response. Moreover, confidentiality issues, insufficient staffing or improper training for changing professional roles, burnout, and compassion fatigue, especially among those with lived experiences of issues addressed (reflecting a lack of prioritization of self-care), harm the **quality** of services.

Other challenges include understanding violence dynamics, limited sustainable funding, difficulties in reaching mobile populations for MHPSS interventions, potential issues with national legislative frameworks regarding violence against women, and problems in implementing protection from discrimination.

On the other hand, several factors are reported to contribute to enhancing service availability, access, acceptability, and quality. Peer assistants, especially within Roma communities, as well as peer-led and community-based service provisions have proven effective. Additionally, technical capacity building for the integration of international standards and guidance (particularly for MHPSS practitioners). Building trust within and among communities, providing psychoeducation on the impacts of violence, and maintaining long-term programming are highlighted as significant enablers, especially in promoting disclosure.

PSEA CAPACITY AND ADHERENCE TO THE EIGHT CORE STANDARDS

Results regarding organizational capacity for PSEA are reported according to the Eight Core Standards for PSEA capacity.⁷⁸ All UN agencies abide by the UN Secretary General's [Bulletin on Special Measures for Protection from SEA](#) and have organizational policies in place to implement these measures. Their implementing partners are also required to abide by the same standards, in line with the [UN's Implementing Partner Protocol](#) and PSEA-related clauses incorporated into their contractual arrangements.

In the Ukraine refugee response, the scale and speed of the emergency and the high number of new individual actors and informal groups involved in the response - many of whom with limited or no prior experience on PSEA - made it imperative for the interagency community to focus efforts on building the PSEA capacity of aid organizations, from the early days of the response.

On top of the challenges of building organizational policies and mechanisms from scratch while scaling up to meet the needs of those fleeing Ukraine, a hesitancy to acknowledge SEA as a risk emerged as a key barrier to the advancement of PSEA. This was illustrated through dismissal of SEA as either an 'external threat' or as an isolated (as opposed to systemic) occurrence which is under reported.

Interestingly even some women's rights organizations dedicated to GBV were reportedly feeling unsure about what steps to take regarding the implementation of a PSEA policy for their own staff, due to their pre-existing knowledge of issues related to GBV and their commitment to combatting such violence:

"They want to acknowledge, they want to do some things, but they don't necessarily feel that the danger is within their staff." National PSEA expert, Hungary

Perceptions of a double standard, between UN and other INGOs versus local organizations were noted on behalf of several key informants, who particularly noted inherent tensions between the UN's aim for increased localisation and its expectation that all partners will be able to adhere to the PSEA core standards, whereas strengthening PSEA capacity is a process which requires time and resources, thus challenging to implement in the context of a large-scale emergency such as the Ukraine refugee response. The role of donors in fostering

⁷ The Common Standardized UN Partner PSEA Capacity Assessment Tool outlines the procedure adopted by few UN entities to assess the capacity of potential Partners to prevent and mitigate the risks of SEA, before entering any agreement. Partners are vetted against eight core standards. The same standards are considered in this report since they provide a useful and comprehensive framework of reference encompassing all necessary PSEA measures across different organizational policies, processes and functions.

⁸ Results reported reflect those arising from both Hungary, and the corresponding exercise within Poland are reported on jointly, given overlapping findings and key informants.

accountability among UN agencies and international non-governmental organizations was therefore perceived as crucial to foster an environment where SEA prevention is a gradual process, dependent on meaningful implementation of codes of conduct, as opposed to the mere presence of them.

Regarding organizational management, lack of timely prioritization and mainstreaming of PSEA was seen to increase risks, particularly in the contracting of implementing partners. Lack of prioritization was also emphasized as indicative of disinterest among management, in certain instances. Shifting of professional roles at the national level (e.g., taking up duties of social workers without corresponding qualifications) and the pop-up of a wide range of ‘de-facto humanitarian actors,’ were perceived as new challenges toward implementation of PSEA standards.

Barriers to aligning human resource systems with international standards related to vetting (e.g., confusion surrounding legality, challenges to reconcile international and national vetting systems, and reliance on informal procedures), oversight (beyond vetting procedures, e.g., toward shifting organizational culture). Rapid turn-over and organizational expansion were reported as additional challenges to applying vetting procedures and establishing effective oversight. Ensuring training of all humanitarian actors was also emphasised as a challenge due to the scale and speed of the emergency.

Regarding reporting, a lack of awareness of risks of SEA and/or reporting mechanisms was reported among participants taking part in FGDs (key informants related this to gaps in awareness raising and appropriateness of messaging). Potential barriers to reporting SEA mentioned by the interviewees included a perception of “gatekeeping” (i.e., where relationships with staff members were positioned as a viable alternative to anonymised and/or official reporting mechanisms), discrimination (particularly among the Roma community, or for those with disabilities), lack of anonymisation, and weaknesses in reporting mechanisms.

”They [service users of Roma origin] even say that they're used to this. They say that, you know, all these abuse situations, they have been happening even before crossing the border.” National PSEA Expert, Hungary

Regarding assistance and referral, while referral pathways have been developed for Hungary, a need for local/regional pathways has been raised. Collective efforts are needed to ensure the availability of services in different locations, as one of the major challenges is the concentration of service providers in Budapest.

Lack of administrative investigative capacity remains a key challenge for national non-governmental organizations and other actors. This was reported alongside a lack of clarity in procedures for the elevation of claims, limited capacity to apply a survivor-centered approach (particularly in ensuring confidentiality), and lack of understanding surrounding the protections and duties of whistle-blowers. It was emphasized that training opportunities for investigative capacity were increasingly being made available, including through the CHS Alliance and UN agencies.

Limited data was generated in relation to corrective measures among key informants interviewed, also noting that very few SEA cases have come forward to date. A key challenge reported by NGOs and national actors is related to the national legal frameworks. One key informant, for example, expressed concern that insufficiencies in the Hungarian legal framework regarding violence against women (e.g., lack of comprehensive prohibition/legal consequences for stalking, harassment, and image-based sexual abuse), may complicate the

application of appropriate corrective measures for cases of SEA involving these forms of violence.

STRENGTHS AND LIMITATIONS

The exercise showcased several strengths. Firstly, it addressed the concern of private accommodation and took a comprehensive approach by incorporating a disability lens, with a particular focus on addressing GBV and SEA. Moreover, it successfully included the perspectives of marginalized groups, lending valuable insights to the study.

As for limitations, the use of purposive and chain sampling restricted the overall representativeness of the findings. Additionally, there may have been respondent bias during key informant interviews and within FGDs, as participants might not have felt comfortable sharing safety concerns openly. Ethical considerations limited the extent of direct consultation with marginalized communities, leading to the reliance on key informants to represent their viewpoints (although many key informants were community members themselves).

CONCLUSION

This exercise sheds light on the multitude of risks faced by women and girls fleeing Ukraine, connected to GBV and SEA within both private and collective accommodations, as well as concerning livelihoods. The report also identifies protective factors that relevant actors can build on and enhance. It goes further to outline the key barriers and enablers affecting the availability, accessibility, acceptance, and quality of services for those fleeing Ukraine, with a specific focus on marginalized communities.

To address these challenges effectively, concerted, and collaborative efforts are necessary from government entities, women's organizations, and representatives from various humanitarian sectors. By mainstreaming GBV and SEA risk mitigation and response across all sectors, those in need can be better supported. Specific sector recommendations presented in this report, validated, and refined through an in-person workshop in March 2023 with input from a range of stakeholders, represent tangible steps that can be taken across sectors to achieve these goals.

SECTOR SPECIFIC RECOMMENDATIONS

SECTOR	RECOMMENDATION
PROTECTION (INCLUDING CHILD PROTECTION, EDUCATION)	<p>Availability of information</p> <ul style="list-style-type: none"> - Disseminate accessible, non-stereotyping messages on available services and programmes, including on GBV services. - Develop and share child-friendly messages in consultation with children and adolescents, ensuring that services' entry points are known to all children. <p>Non-discriminatory, improved access to services</p> <ul style="list-style-type: none"> - Apply anti-stereotyping approaches to protection work, including through dedicated awareness-raising campaigns / trainings. - Incorporate analysis of invisible barriers to accessing services from different community groups based on stigma and prejudices in programming and implementation of activities. - Improve accessibility of services and assistance programmes, including via provision of transport and the incorporation of AGD considerations in the implementation of activities. <p>Risk analysis</p>

	<ul style="list-style-type: none"> - Assess GBV risks (including digital risks) for refugees, also for persons with specific needs and from ethnic minorities and incorporate mitigation and response measures in the implementation of activities and programmes. - <p>Promotion of social cohesion</p> <ul style="list-style-type: none"> - Create accessible community spaces toward combating isolation and fostering social cohesion, without financial and other barriers to participation. - Expand child protection activities for refugee and host community children to foster integration, including adapted activities for children living with disabilities. <p>Child protection measures as a means to enhance livelihoods</p> <ul style="list-style-type: none"> - Explore community-led safe childcare options, which could be linked to women’s access to employment and livelihood opportunities. - Support the establishment of day-care systems within collective accommodation centres, so that parents can search for employment opportunities. <p>Support for Ukrainian-speaking teachers and learners</p> <ul style="list-style-type: none"> - Advocate for increased availability of Ukrainian-speaking teachers or learning support staff within schools. <p>Frontliners’ training on child protection, GBV, PSEA</p> <ul style="list-style-type: none"> - Ensure all frontliners are trained on child protection, GBV and PSEA and know what to do in case of disclosure (including from a child), in line with the survivor-centred approach and the best interest of the child.
<p style="text-align: center;">HEALTH</p>	<p>Availability of information</p> <ul style="list-style-type: none"> - Disseminate information materials in a variety of formats (and easy-to-read versions) on GBV risks, rights, and available services in healthcare centres, including sexual and reproductive health. - Ensure messaging and information for affected communities as well as service providers and medical practitioners, about available services and rights/regulations, including sexual and reproductive health. <p>Non-discriminatory, improved access to services</p> <ul style="list-style-type: none"> - Ensure availability of trained Ukrainian and Russian translators, including women, for improved accessibility to health services, including sexual and reproductive health. - Ensure availability of accessible/adapted transportation for healthcare service access. - Ensure financial sustainability of measures (e.g. existing hotlines, including the 1812 one). <p>Non-discriminatory, improved access to services</p> <ul style="list-style-type: none"> - Apply anti-stereotyping, diversity-sensitive approaches to healthcare provision, to ensure services reach those with additional access barriers, including but not limited to persons with disabilities and members of the Roma community. <p>Frontliners’ training on PSEA-GBV</p> <ul style="list-style-type: none"> - Ensure all frontliners are trained on GBV and PSEA and know what to do in case of disclosure, in line with the survivor-centred approach.
<p style="text-align: center;">MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT</p>	<p>Non-discriminatory access to services</p> <ul style="list-style-type: none"> - Strengthen capacity for community-based and evidence-based, low-intensity psychological interventions; provision of trauma-informed support, and where needed, psychological first aid. <p>Frontliners’ training on PSEA-GBV</p> <ul style="list-style-type: none"> - Ensure all frontliners are trained on GBV and PSEA and know what to do in case of disclosure, in line with the survivor-centred approach.
<p style="text-align: center;">ACCOMMODATION</p>	<p style="text-align: center;">PRIVATE ACCOMMODATION</p> <p>Government’s accountability</p> <ul style="list-style-type: none"> - Create a Code of Conduct incorporating GBV and PSEA considerations, and instate a centralised register of pre-screened landlords willing to rent to Ukrainians who commit to

hosting standards and the Code of Conduct, based on the [‘European Union Agency for Asylum \(EUAA\) practical recommendations on provision of emergency placement in private accommodation for persons displaced from Ukraine’](#), as well as mechanisms for monitoring and oversight that provide for removal from the register in case of breaches.

Availability of information

- Create a multi-language information campaign targeting (prospective) landlords and tenants, outlining administrative procedures, support options, expected standards of conduct, reporting mechanisms, etc. to ensure complete, transparent, accessible information is available to both.
- Provide (prospective) landlords and tenants with tools (e.g. bilingual rental contract templates; Hungarian-Ukrainian phrasebook, ...) and guidance (e.g. Safe Homes Guidance materials, ...).

Complaint and response mechanisms

- Ensure complaints and response mechanisms are available, accessible, functioning, and known to tenants, as well as landlords.
- Establish/take part in a clear and effective protocol for ensuring that timely access to alternative accommodation is available where abuse, exploitation, violence or safety risks have been reported.

Addressing language barriers

- Facilitate (prospective) landlords’ and tenants’ access to cultural mediators, as well as language classes.

Renting/hosting in pairs or as families

- Promote, wherever possible, renting or hosting in pairs or as families, as a safeguarding measure and a way to preserve family unity and social ties.

Cash for rent

- Extend cash for rent programmes or rent subsidies, combining them with assistance in identifying suitable, affordable housing, as a bridge to facilitate graduation out of collective accommodation arrangements.
- Ensure cash for rent programmes do not fail to target persons with disabilities, persons of Romani origin and other disadvantaged persons.

COLLECTIVE ACCOMMODATION

Availability of information

- Communicate conditions of stay and any relevant limits of duration to the residents in advance, and in a language that they can understand.
- Expand access to information (including but not limited to GBV and PSEA) through provision of information boards, access to internet, and access to the contact details of humanitarian organizations.

Risk mitigation

- Ensure that the provision of collective accommodation mitigates GBV (and SEA) risks, in line with available international guidance and minimum standards, regional best practices and national legislation – addressing in particular the concerns highlighted in the audit.
- Reassess risks resulting from legislative changes affecting accommodation subsidies in Hungary of August 2023.
- Engage with children of all ages and parents staying at the centres, to identify main concerns related to GBV, and develop community-based safekeeping strategies, for example supervision in outside play areas or on the way to and from school.
- Establish entry and exit mechanisms for non-residents (such as ID checks) to strengthen the security of all tenants, specifically in areas where concerns have been reported or can be anticipated relating to GBV.

Privacy and safety considerations

- Ensure sleeping arrangements, dedicated communal safe spaces and facilities are separated by gender, but make adequate arrangements to give families the option of staying together.
- Maximise privacy for residents and mitigate risks by limiting access of staff and humanitarian personnel to sleeping areas, ensuring that bathrooms and showers are

	<p>lockable and not be visible from outside, providing private spaces for breastfeeding or pumping, etc.</p> <p>Non-discriminatory, improved access to services</p> <ul style="list-style-type: none"> - Ensure that residents living in centres in remote locations have access to reliable forms of transport to and from neighbouring cities, either private or public, that suit their needs for access to services (particularly schools) and opportunities. - Especially support persons with disabilities in their safety and access to facilities, developing strategies for long-term solutions to live independently, such as through cash-for-rent and livelihoods programmes. <p>Complaint and response mechanisms</p> <ul style="list-style-type: none"> - Put in place accessible and functioning complaints and response mechanisms developed on the basis of consultations with tenants, and make sure they are widely known. - Establish/take part in a clear and effective protocol for ensuring timely access to alternative accommodation is available where abuse, exploitation, violence or safety risks have been reported. <p>Staff and managers' training on PSEA-GBV</p> <ul style="list-style-type: none"> - Ensure shelter managers and staff are trained to respond to GBV (including SEA) disclosure and know how to make safe referrals, in line with the survivor-centred approach. - Humanitarian actors to invest in building capacity of shelter managers and staff in running prevention and response activities where specialised actors are not readily available.
<p>CASH-BASED INTERVENTIONS</p>	<p>Availability of information and targeting</p> <ul style="list-style-type: none"> - Ensure information and criteria for cash assistance is accessible and easily understood and targeting is gender-sensitive. <p>Complaint and response mechanisms</p> <ul style="list-style-type: none"> - Incorporate AGD considerations in the setup of complaint and feedback mechanisms and post-distribution monitoring. - Enhance community monitoring and invite feedback from communities, in particular women and girls, on the cash assistance process. <p>Frontliners' training on PSEA-GBV</p> <ul style="list-style-type: none"> - Ensure all frontliners are trained on GBV and PSEA and know what to do in case of disclosure, in line with the survivor-centred approach.
<p>LIVELIHOODS</p>	<p>Availability of information</p> <ul style="list-style-type: none"> - Increase awareness among refugees and prospective employers about necessary documentation for hiring and share good practices for employers on the process of recruiting refugee employees (including refugees with specific barriers). - Increase awareness among refugees on labour rights and where to report and seek for help in case of challenges and protection concerns linked to employment, including concerns related to GBV, SEA and exploitation. <p>Non-discriminatory, improved access to services</p> <ul style="list-style-type: none"> - Sensitize employers, including NGOs, to offer employment opportunities that are inclusive of older persons, members of the Roma community, persons with disabilities, single-heads of household, or persons with significant caring burdens – considering flexible hours, remote working options, limiting of reliance on manual labour, and childcare options. <p>Addressing language barriers</p> <ul style="list-style-type: none"> - Coordinate with actors providing language programmes to incorporate a specific orientation towards employment, e.g. focusing on useful phrases for interviewing, understanding contracts, performing service-jobs.
<p>ADDITIONAL CONSIDERATION ON PROTECTION FROM SEXUAL</p>	<p>PSEA awareness</p> <ul style="list-style-type: none"> - All actors engaged in the refugee response should ensure that the affected community has access to AGD-appropriate information on PSEA, in different languages as through

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different channels, and particularly on ways to report sexual misconduct by humanitarian workers.

PSEA capacity of humanitarian organizations

- All humanitarian organizations engaged in the refugee response increase technical capacity following the standards of the [United Nations Implementing Partners PSEA Capacity Assessment procedure](#), including but not limited to:
 - ensuring that all their staff and volunteers are trained on PSEA;
 - having in place functioning confidential complaint and response mechanisms and procedures for receiving allegations;
 - strengthening capacity to conduct safeguarding investigations.