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SUPPORT FOR SURVIVORS OF WAR-RELATED SEXUAL VIOLENCE IN UKRAINE

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Abstract. Sexual violence is one of the weapons against Ukraine and its citizens. Professionals, who work in state services and civil society organizations that care for victims of war-related sexual violence, need additional knowledge about how to provide effective psychosocial and legal support to survivors. A series of expert interviews were conducted with representatives of NGOs and state social centers to understand their needs in working with victims (n=44). The experience of specialists can help identify victims' problems and provide guidance to professionals on how to work more effectively to assist survivors of sexual violence.

The author analyzes the capabilities of the state and public organizations to provide assistance to survivors of sexual violence that occurred during the war against Ukraine.

Key words: psycho-social support; survivors of sexual violence, compensation, social workers, psychologists, law enforcements.

Introduction. War is a shocking and bloody phenomenon in every country. Ukraine never expected that its closest friends, and in many cases even relatives, would become the enemies. Since February, 2022 till May, 2024, the Russians destroyed more than 250,000 residential buildings (27,000 multi-storey buildings), 4,000 schools, 1,000 hospitals and medical centers, and 160 social security facilities (Build Portal, 2024). But the most shocking information was reported by the Office of the United Nations High Commissioner for Human Rights (OHCHR), which confirmed 35,160 civilian casualties during Russia's invasion of Ukraine as of July 31, 2024. Overall, 11,973 civilians have been killed, including 622 children, since the start of the full-scale Russian invasion in February 2022, according to the UN human rights office (UN News, 2024).

Not only shells and bombs that destroy human lives, but also rape and other forms of sexual violence. The most prevalent forms of sexual violence in wartime include rape, forced prostitution, forced pregnancy, threats of sexual violence, forced witnessing of sexual abuse, forced abortion, genital mutilation, sexual slavery and forced nudity. While men or women are fighting at the front-line, their loved ones are being violated while no one can protect them. Sexual violence by soldiers is a weapon of war, as victims suffer serious psychological trauma and physical pain, post-traumatic stress disorders, mental health problems, and very often attempt suicide.

In 2014, Russia began its invasion of Ukraine, and people living in Ukraine have been exposed to evidence of war crimes, including sexual violence, committed by Russian aggressors. Survivors reported sexual violence at checkpoints while trying to enter Ukraine, in places of detention, and in occupied villages and towns. In 2022, Russia launched a full-scale invasion,

characterized by attacks on Ukrainian citizens, including the frequent use of sexual violence and its forms. There is no real number of victims, the Prosecutor General's Office of Ukraine recorded 322 cases (Media Center, 2024), but some experts estimate that this figure could be 10 times higher. The number of affected people who seek help from different organizations is very high, but the official number of registered cases is not that high: 207 women and 115 men, including 14 girls and 1 boy. Victims are often afraid and embarrassed to report their cases. One way to influence people to testify as well to support them financially, is through urgent temporary compensation, which has been recommended by the Global Survival Fund and the Government Commissioner for Gender Equality in Ukraine.

However, for Ukrainian psychologists and social workers, who usually provide effective psychosocial support, working with survivors of sexual violence committed by foreign servicemen is a relatively new area. These professionals, who work in state services and civil society organizations that care for victims of war-related sexual violence, need additional knowledge about how to provide effective psychosocial support to survivors of war-related sexual violence and how to do so.

Analysis of scientific publication. At present time many studies have focused on the problem of wartime related sexual violence and rape. But even in 90-th Ruth Seifert (1993) identified the 5 characteristics of wartime rape. It can be stated that the enemy is convinced that rape and sexual violence are powerful weapons in war. Another researcher, Daria Zavirsek, who analyzed survivors of rape in the war in Bosnia and Herzegovina, wrote that rape and other forms of sexual violence, sometimes committed in front of relatives (husband, children, parents), are an effective tool of war, another weapon to destroy social ties, families, and communities (Zaviršek, 2008). Researchers from Indonesia who have worked with cases of sexual violence, have provided a list of stages of the therapeutic process that aims to facilitate the healing process of sexual violence survivors (Ersa Kireina Kiblatti et al., 2024).

In the article Vjollca Krasniqi (2024) described the instruments of transitional justice in Kosovo since 1999, structured as long retributive and restorative mechanisms, namely criminal justice, reparations, and memorialization, and analyzed how transitional justice infrastructure evolved on the ground regarding recognition and reparations of wartime sexual violence. Of the approximately 20,000 women who have been victims of sexual violence in Kosovo, only 1,992 have applied for compensation, and 1,606 have received a reparation of 230 euros per month.

The aim of the work. The problem of providing assistance to survivors is further complicated by the fact that sexual violence still remains a taboo in Ukrainian society. People who have suffered from it are often afraid or ashamed to seek help from specialists. "Inhabitants of the isolated and enclosed rural villages are strongly acquainted with their fellow villagers, making social anonymity and personal privacy difficult to achieve. Simultaneously, senior teachers, community leaders, and other public figures regularly travel between these villages and are strongly connected to and interpersonally influential with large numbers of citizens across this network. These individuals might not have medical training and might lack the non-judgemental professional standards aspired to by the partnering humanitarians; instead, they might harbour locally prevalent prejudice and stigmatizing views. As such, survivors of war-related sexual violence might be deterred from sharing such sensitive information in clinics for fear of confidentiality breaches and social stigmatization" (Armitage, R., 2022).

It is why victims rarely go anywhere and talk about what happened to them. "*She was silent for two years. She was an elderly woman, over 60 years old,*" Olena, a case manager at the Center for Assistance to Survivors who helps victims receive medical, legal and social assistance, recalls one of the appeals. "*The Russians found her in the basement where she was hiding, dragged her into the house, and forced her to cook for them. It was March, it was cold and she was wearing a winter coat, they undressed her and raped her. She doesn't even know how many men raped her, it was more than*

ten people. And a person of respectable age... these horrors continued for several days. She could not do anything. She was crying all the time. She had a feeling of very great shame. A person in a small village, she was afraid that people would point fingers at her;” Olena shares the details. *“A man was captured, he was severely abused. There was torture, they burned the letter Z on his buttocks with cigarettes... He suffered a lot. And one day they took him and threw him in a field, they shot his fingers with a machine gun, and he was raped. He was left alone, completely naked, in a field,”* Olena tells about one of the recent cases (Sysak Iryna, 2024). As can be seen from the above facts, both women and men are subjected to sexual violence during the Russian-Ukrainian war.

In three regions of Ukraine (Kyiv, Lviv, and Dnipro), we conducted a series of interviews with governmental and non-governmental organizations that provide social services to various categories of people, including women and girls who have experienced sexual violence. The aim of these interviews was to collect information on how social workers and other professionals who work in welfare services identify the problem and what type of psychosocial support is offered to the victims of war-related sexual violence. It was conducted a series of in-depth interviews with social work specialists and psychologists (n=43). The results of the in-depth interviews were transcribed verbatim. Preliminary coding was performed to identify descriptive themes, and then refined and interpreted using the MaxQDA10 program (Shved et al., 2024). Additional interview was conducted with the Project Officer for Ukraine of the Global Survivors Fund.

Employees of state social services and public organizations are faced with the need to provide assistance and counseling of people who have become survivors of sexual violence during the war. Public organizations that provide assistance to victims of sexual violence include the Ukrainian Foundation for Public Health (UFPH), *SafeWomenHUB*, the Aurora online platform (psychotherapeutic assistance to victims), the Information Advisory Center for Women, and La Strada-Ukraine (gender equality, peace building, prevention of gender-based violence). These organizations were interviewed as part of the study.

Survivors seek help because sometimes the unresolved situation leads to severe mental health problems including suicide attempts, psychosocial well-being disorders and other health issues. Help is needed immediately but usually *“they are not ready to speak immediately. For a person to start talking about such things, it takes two or even four meetings. Sometimes a person says: “I don't want to talk, but it happened.” And we understand that this is a very traumatic experience for a person, so we work in a “closed-frame” format, when a person does not have to talk about the situation itself.”* – explained one of the psychologist.

Some of the findings have already be presented in another research *“Psychosocial support for victims of sexual violence during the war in Ukraine: challenges for social work”* (Shved O. et al., 2024)

Since the beginning of the war, many specialists have been actively involved in helping those in need among them also survivors of war-time sexual violence. But many of the professionals have not yet worked in supporting women who experienced rape in peace time, therefore, lack of specialized knowledge affected their work: *“I see that the woman is stressed, I try to ask questions, but she cries only. I don't know how to calm her down”* (social worker); *“Sometimes we heard from children that the mother was raped, and we discussed among ourselves what to do”* (social worker). Many social workers gave similar responses of how they *“know about organizations that specialize in this topic and we refer these women to them as they need long-term psychotherapy, but we provide only humanitarian support, housing and employment”*.

The Ukrainian Foundation for Public Health (UFPH) at the beginning of the war developed a special platform *SafeWomenHUB* to provide urgent psychological, humanitarian and social assistance to women and girls affected by the war. Clients can receive consultation face-to-face, by phone, or even via digital communication. During twelve months (from April 2022) the platform's specialists provided psychosocial counselling to 86 clients who had experienced war-re-

lated sexual violence. The clients who came with the war-related sexual violence were of the following age categories: 0–17 years old – 3 people, 18–59 years old – 83 people. It is noteworthy that 51 out of 86 people refused to indicate the region of residence, although the counselling took place on-line. That shows the fear of being identified and exposed, even when they seek help from professional helpers.

The consultants from other organizations also emphasized that women themselves mentioned the importance of maintaining anonymity. They often tell consultants over the phone or online that it is good to be invisible. In order for victims to be able to talk about what happened, trust must be established between them and social workers, psychologists or law enforcement officers. At the same time women have to feel safe and confident that their personal information will not be disclosed or spread. Women from liberated and occupied territories seek advice mainly through the online platform SafeWomenHUB or Aurora, or call to the La Strada Ukraine hotline.

Months or even years may pass before survivors are ready to testify about sexual violence, but the task of specialists is to provide psychosocial support, inform them about the rights of the survivor, and give them the choice of whether to speak about what happened, testify about the crimes immediately, testify later when they are ready, or choose not to testify at all. Among the forms of sexual violence reported by women in Ukraine who were interviewed by different welfare professionals are: 1. Rape (one-time, in the presence of family members, gang). 2. Forced nudity (for example, one expert said that “*clients were horrified when they were not allowed to go out and change clothes during the night arrest, they were forced to undress and dress in the presence of several soldiers*”). 3. Filming/shooting while undressing and in the nude (consultants testified that “*during searches, women were forced to undress naked, explaining that they could hide something on their bodies and filmed*”). 4. Sexual harassment, in the form of unwanted touching, squeezing, and comments (“*in the corridor of the prison, a woman was surrounded by 15 soldiers, lifting up her T-shirt, touching her breasts, looking into her pants, threatening her with gang rape*”). 5. Threats of sexual acts (“*threatened to rape her and promised to find and rape her daughter*”).

Experts told that not only women who were raped seek help but also children and other relatives who witnessed this violence. “*I worked with a child who left the occupied territory with his mother. The child reported what was done to his mother. The mother didn’t say anything about the rape. That is, we have two victims. Now psychologists work separately with the mother, separately with the child*”. That tells, that social workers and psychologists need to work with victims of violence and those who are secondary victimized as witnesses (Shved et al., 2024).

Psychologists and social workers reported that after admitting what they went through, all women and girls were concerned about the following questions: “How to live on?”, “Shall I share what happened with family members (parents) or will the story traumatize them too much?”, “How to build relationships?”, “Should I tell my husband what happened or it is better to keep silent?”, “Will my aversion to men ever go away, will I ever want to have sexual relations?”, “How to help a child who has suffered from sexual violence, what to say to her?”, “Maybe it is better to go abroad?”.

Most women are unwilling to go to the police to report a crime committed against them. Those who have survived do not go to the police because they do not believe that the perpetrator will be found and punished, or they are afraid that it is too late. Some of them do not have evidence of when they left the occupied territories or when the place where the crime was committed was destroyed as a result of hostilities. Women often believe that they behaved in a “wrong” way (were dressed too well, looked into the face of the perpetrator, or walked and drove in the wrong place). These examples show that women and girls internalize that it is their guilt when they are sexually attacked and not the responsibility and the crime done by the violator (Zaviršek, 2020).

It is necessary to share with the survivors that talking is a way to receive help, to restore life in its various aspects, and even to establish justice.

According to the testimony of a social worker of the NGO *Information Advisory Centre for Women*, law enforcement agencies sometimes traumatize women and children even more with the investigative procedure: *“One of the clients agreed to testify about rape during the occupation and went to the investigator. Then she called and said that she had decided to commit suicide after all those questions and humiliations. The social worker barely had time to save her. But there are cases where women, and even children, have committed suicide because of what they have experienced”*.

Another social worker explained: *“When consulting online or in-person, trained social workers and psychologists do not ask about details, “the conversation goes without details”, but the investigators demand the confirmation of facts, which provokes tragic memories of trauma”*. Therefore, many social workers accompany victims of sexual violence to law enforcement agencies to ensure that the process does not cause further trauma.

The social workers also should provide emotional support, identify the needs of the affected person, that can include the medical or material assistance, temporary shelter, and talking to relatives before the victim returns to them (Shved, & Myroshnichenko, 2022).

Some social workers and psychologists have already received training and specific guidance on responding to and dealing with cases of sexual violence during wartime, but there are many actors who organize such trainings, and we are not sure about the quality. Moreover, special training should be provided to law enforcement agencies. There should be more informed on where victims should go to seek help, as well as information on what sexual violence is and why one should not be afraid to talk about it.

During the interviews, social workers and psychologists confirmed that it is very important to be able to start a conversation, and to react sensitive: *“It turned out that before you hug a woman or a child, when you want to calm her/him down, you need to ask her/him if it is possible. After being raped, they do not accept any touch”*; *“Such clients often have a stupor, and they look at one point and are silent – it is necessary to provide time for silence, offer tea, water, or ask to do something”*; *“The client was scared of the word ‘psychiatrist’, so I had to explain that she needed medication for good sleep, appetite, and to reduce depression, and social workers could not prescribe, only a psychiatrist. Everyone is still afraid that they will be put in the category of being mentally ill and registered, so they refuse to come”*; *“It’s very difficult when a woman has a tantrum. You don’t know how to continue the conversation. She can’t hear what I’m telling her”* (Shved, et al., 2024). Specialists were suggested several initial questions to start conversation: *“Have you witnessed or participated in a traumatic situation?”*, *“Please, explain what happened?”*, *“When did it happen?”*, *“What emotions did you experience? Did it affect your health, behavior, communication with others?”*, *“Do you have relatives or friends who support you?”*, *“Is there someone you are afraid of?”*, *“What kind of help do you or your loved ones need?”*.

Currently professionals are looking for fundamental principles for improvement of professional responses when supporting survivors of warfare sexual violence in Ukraine, for ways to improve the procedures for working with victims of sexual violence. Some specialists who work with victims of sexual violence recommend using the Murad Code (Murad Code, 2022), written by Nadia Murad, a 2018 Nobel Peace Prize laureate. She is an Iraqi citizen of Yazidi origin, who survived sexual exploitation and abuse during the capture of Yazidis by Islamists. The Murad Code sets out existing minimum standards for the safe, effective, and ethical collection and use of information about a survivor of conflict-related sexual violence. Ukrainian professionals see the main principles of the Murad Code as fundamental knowledge for training social workers, psychologists, and law enforcement officers, without which it is impossible to start working with a person who has suffered from sexual violence. There are some of these rules which will be useful during work with survivors:

1. Adapt to survivor's individuality (age, gender, resilience, socio-economic situation).
 2. Ask survivors (adults and children) about their priorities, concerns and risks.
 3. Avoid making assumptions about survivors of sexual violence, their trauma, and their vulnerability.
 4. Do not contact the survivors unexpectedly or through intermediaries.
 5. Allow survivors to maintain control over their information and maintain confidentiality.
 6. Provide support in decision-making.
 7. Do not contact family members or legal authority without the authorization of the survivor.
 8. Do not offer benefits in exchange for information, but help to solve financial problems. Not providing commercial incentives to people close to victims to pressure victims or force them to talk to you.
 9. Set realistic expectations without promises which cannot be keep. If you are unable to adapt your approach to the survivor's wishes, explain why.
 10. Honestly and clearly explain limitations in term of what can be done and what not in order to keep your professional boundaries.
 11. Inform survivors of the possibility of withdrawing consent at any time during or after the process of providing help.
 12. Provide support to survivors with dignity, respect, understanding and respect for their decisions. Explain that it is not the survivor's fault what happened.
 13. Avoid stigmatization, overcome your own prejudices and fears. Do not broadcast with your intonation, words, body language what can shame, blame, humiliate, ridicule the victims.
 14. You can interview child victims only if you have the appropriate competencies, skills and experience working with children (adapted to their age, gender, needs, etc.). If there are no such specialists in the team, then it is necessary to find the appropriate specialist.
 15. With the victim, especially if it is a child, it is necessary to discuss in advance who she/he would like to see next to her/him during the interview. If you are unable to accommodate the victim's choice of a support person (family, guardian or legal representative), the choice must be respected if she/he chooses not to proceed with the interview.
 16. Create a supportive and safe environment for a face-to-face or remote meeting; It is necessary to reduce the risk that the victim will be able to be monitored or interrupted by the conversation and its narration.
 17. Respect personal space (often victims do not want to be touched).
 18. Any questions related to the sexual violence should be asked carefully, the professional has to express gratitude to the victim for the courage to talk about their experience and discuss how the next communication will take place.
 19. Questions should be open-ended. Closed-ended questions should only be used in exceptional situations, and the interviewer should refrain from asking questions about graphic details of sexual violence.
 20. Specialists have to provide the opportunity to the survivors to choose how they will talk about the experiences with own words and at own pace.
 21. Access to justice should be supported (effective remedy, truth about enemies, and reparation).
- International humanitarian law recognizes sexual violence in war time as a war crime. Therefore, it is important, when a country uses sexual crimes as a tool of war, that not only those who directly rape or sexually abuse, but also those who send these people to commit such crimes are punished. Specialists now recommend to the survivors of war-related violence to testify their cases. There are several reasons to testify cases of sexual violence related to the war in Ukraine: "Your testimony is a bullet against Putin and Russia", "We have already found several criminals and will look for ways to punish them" or "You can get compensation of 3,000 euros" etc.

The right to an effective remedy for violations of human rights is well established in international human rights law, including under the treaties to which both Russia and Ukraine are parties¹. Since 2023, the Global Survival Fund (GSF) team has been working with the Ukrainian Office of the Deputy Prime Minister of European and Euro-Atlantic Integration, Ukraine Government Commissioner on Gender Equality Policy, The Dr. Denis Mukwege Foundation, International Organization for Migration (IOM), REDRESS, La Strada Ukraine, and other partners to implement recommendations for urgent interim reparations. GSF recommend to support and fund projects and initiatives aimed at responding to the needs of conflict-related sexual violence (CRSV) victims and survivors while ensuring that all such initiatives and projects are survivor-centered, trauma-informed, and gender-sensitive, in line with key principles set out in the Murad Code, a global code of conduct distilling existing minimum standards to ensure information from survivors of conflict-related sexual violence is collected in a safe, effective, and ethical way; Take concrete action to further survivors' access to a remedy and reparations including through the provision of technical assistance to the Ukrainian Government and exploring means to finance interim and comprehensive reparations, including through the repurposing of sanctioned assets (Reparation, GSF, 2022)

GSF is working with survivors, the Mukwege Foundation, and the International Organization for Migration to support victims through financial compensation. This money called "urgent interim reparation" because cannot cover the loss of health, dignity, and self-confidence of survivors, but with the hope of receiving the real reparation from Russia. For November, 2024, 523 people applied for urgent interim reparation, from which is 292 men and 220 women, 9 girls and 2 boys. 274 people have already received money².

Conclusion and recommendation. To conclude, the major findings of this article are that there identified several main problems and challenges: the problems faced by victims of sexual violence: they suffer serious psychological trauma and physical pain, post-traumatic stress disorder and various mental health problems. Survivors are often afraid and embarrassed to seek help from specialists and often keep silent about their experiences. Specialists face different challenges when providing assistance to survivors of war-time violence, as this type of work is relatively new for Ukrainian professionals. Therefore, the article provides some recommendations for specialist working in public services and non-governmental organizations to become more effective in supporting survivors of war-related sexual violence, protecting their rights and providing psychosocial assistance and recovery during and after the war. Specialists should correctly conduct a conversation/interview with the survivor, for which the professionals must have sufficient training and expertise. Professionals should inform and support survivors' ability to testify in cases of sexual violence, explaining the several goals of this activity: to punish perpetrators, to bring this information and cases to international human rights organizations and public, and to get reparation.

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¹ Article 8 of the Universal Declaration of Human Rights; Article 2 of the International Covenant on Civil and Political Rights, Article 13 of the European Convention on Human Rights (ECHR); Article 14 of the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment; Article 6 of the International Convention on the Elimination of All Forms of Racial Discrimination; Article 24 of the International Convention for the Protection of All Persons from Enforced Disappearances.

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