

REPORT

on the findings of a research of the impact of security challenges on girls and boys, women and men, taking into account age, place of residence, and other social characteristics, as well as the interests of different social groups in post-war recovery in 2024-2025

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ABBREVIATIONS

ATO	Anti-Terrorist Operation
CRSV	Conflict-Related Sexual Violence / sexual violence related to the armed aggression of the Russian Federation against Ukraine
GBV	Gender-Based Violence
HIV	Human Immunodeficiency Virus
IDPs	Internally Displaced Persons
JFO	Joint Forces Operation
MoSP	Ministry of Social Policy of Ukraine
NAP 1325	National Action Plan for the implementation of UN Security Council Resolution 1325 “Women, Peace and Security”
NGOs	Non-Governmental Organizations
PLHIV	People Living with HIV
pp	percentage points
TG	Target Group
UN	United Nations
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
UNSCR 1325	United Nations Security Council Resolution 1325 “Women, Peace and Security”
WPS	Women, Peace and Security

INTRODUCTION

UN Women is a United Nations entity dedicated to gender equality and the empowerment of women. UN Women was established to enhance the fulfillment of the needs of women and girls around the world.

UN Women supports UN Member States in setting global standards to achieve gender equality and works with governments and civil society partners to develop the laws, policies, programs, and services required to implement these standards. The organization advocates for the equal participation of women in all areas of life and focuses on five strategic priorities: increasing women's leadership and participation in development processes; ending violence against women; engaging women in all aspects of peacebuilding and security processes; empowering women economically; and prioritizing gender equality in public planning and budgeting. Additionally, UN Women coordinates and supports the United Nations systemic work on improving the situation with gender equality.

This publication was prepared within the framework of the UN Women project “Building a Democratic, Peaceful, and Gender-Equal Society in Ukraine – Phase II,” funded by the Government of Norway, initiated and

implemented in cooperation with the Ministry of Social Policy of Ukraine (MoSP), and in partnership with the research agency Info Sapiens. It is dedicated to the implementation of the National Action Plan (NAP 1325) for the fulfillment of the United Nations Security Council Resolution 1325 (UNSCR 1325) “Women, Peace and Security” (WPS) for the period up to 2025.

The views expressed in this publication are those of the authors and do not necessarily reflect the positions of UN Women, the United Nations, any of its affiliated organizations, or the official position of the Government of Norway.

UN Women and the Ministry of Social Policy express their gratitude to the research agency Info Sapiens for preparing the “Research on the impact of security challenges on girls and boys, women and men, taking into account age, place of residence and other social characteristics, as well as the interests of different social groups in post-war recovery in 2024–2025.”

Info Sapiens is a research organization specializing in public opinion studies, behavioral measurements, and the analysis of data from secondary sources.

RESEARCH METHODOLOGY

Purpose of the research

The purpose of the research is to:



·Identify the impact of security challenges on girls and boys, women and men, taking into account age, place of residence, and other social characteristics during the large-scale invasion of Ukraine by the Russian Federation for the period of 2024–2025, as well as the interests of various social groups in Ukraine's post-war recovery;



Conduct a comparative analysis of the results of the sociological research from 2021, 2023, and 2025, carried out by the research agency Info Sapiens at the request of and in partnership with the Ministry of Social Policy and UN Women, and to provide recommendations for the responsible implementers of the National Action Plan for the implementation of UN Security Council Resolution 1325 "Women, Peace, and Security."¹ These recommendations should focus on ways to address barriers and improve access for vulnerable groups of women and men, girls and boys to administrative, social, educational, and healthcare services, as well as to psychological, humanitarian, and legal assistance, taking into account the impact of the war in Ukraine. They will also cover support formats for women's initiative groups, self-help groups, and civil society organizations.

¹ <https://zakon.rada.gov.ua/laws/show/1544-2020-%D1%80#Text>

Design of the research

To ensure comparability of results, the survey methodology fully aligns with that used in the 2021 and 2023 research. To enable accurate comparison between target groups, 200 face-to-face interviews were conducted within each age group. Subsequently, a data weighting procedure was applied, proportionate to the share of each age group according to the most recent data from the State Statistics Service of Ukraine:

- Adolescents (girls and boys) aged 16–18
- Young adults (women and men) aged 19–35
- Women and men aged 36–59
- Women and men aged 60–79
- Women and men aged 80+.

The following categories of the adult population and geographic territories were excluded from the sample:

- The Autonomous Republic of Crimea and temporarily occupied territories, in accordance with the Order of the Ministry for Reintegration of the Temporarily Occupied Territories of Ukraine dated 22.12.2022, No. 309 “On the approval of the list of territories where hostilities are (were) taking place or temporarily occupied by the Russian Federation”²;
- Residents of the Chernobyl Exclusion Zone
- Individuals performing compulsory military service
- Incarcerated persons
- Residents of dormitories, boarding houses, care homes, and institutions for the elderly, etc.
- Individuals temporarily displaced abroad due to the Russian Federation's full-scale military aggression in Ukraine.

Additionally, supplementary surveys were conducted among the following target groups:

200
face-to-face
interviews

were conducted with each of the following target groups: members of the Roma ethnic community; people living with the human immunodeficiency virus (HIV); veterans of the Anti-Terrorist Operation/Joint Forces Operation (ATO/JFO) and of the operation to repel and deter the armed aggression of the Russian Federation against Ukraine, who participated in national security and defense activities; and representatives of women's initiative groups, self-help groups, and non-governmental organizations (NGOs);

100
face-to-face
interviews

with single-parent families raising a child or children under the age of 18;

200
telephone
interviews

with individuals residing in areas close to active combat zones (line of contact) in Kherson, Donetsk, and Sumy regions.

150
face-to-face
interviews

with large families (three or more children);

Thus, the total
sample size
amounted to

2250
interviews

The data in the report is analyzed according to the following gender-sensitive criteria for respondents:

Age criteria:

- adolescents (girls and boys) aged 16–18,
- young people (women and men) aged 19–35,
- women and men aged 36–59,
- women and men aged 60–79,
- women and men aged 80+.

Categories of respondents:

- 1) employed persons,
- 2) unemployed persons,
- 3) persons with disabilities and other low-mobility groups (including parents of children with disabilities, low-mobility people with musculoskeletal disorders, vision and hearing impairments)
- 4) persons living close to the areas of military (combat) operations (line of contact),
- 5) internally displaced persons (IDPs),
- 6) single-parent families raising a child/children under the age of 18,
- 7) large families (3 or more children),
- 8) Roma ethnic communities,
- 9) people living with human immunodeficiency virus (PLHIV),
- 10) volunteers,
- 11) veterans of the ATO/JFO and of the resistance and deterrence of the armed aggression of the Russian Federation against Ukraine who participated in national security and defense activities,

12) representatives of women's initiative groups/self-help groups/NGOs.

In designing the questionnaire, the researchers relied, among other things, on the indicator descriptions outlined in Annex 2 of the NAP 1325 for the implementation of UN Security Council Resolution 1325 “Women, Peace and Security” for the period up to 2025³.

Since new questions were added to the questionnaire during the current research, comparisons with previous surveys commissioned by MoSP in 2021 and 2023 were made only for questions that were present in those earlier research.

The duration of a completed interview was up to 20 minutes.

The data collection was carried out in November 2021, November–December 2023, and February 2025.

Target group designations (TGs)

Table 1. Target group designations in graphs and tables

Target group	Designation
Adolescents (girls and boys) aged 16-18	16-18 years old
Young people (women and men) aged 19-35	19-35 years old
Women and men aged 36-59	36-59 years old
Women and men aged 60-79	60-79 years old
Women and men aged 80+	80+
Population in general	Population
Employed persons	Employed
Unemployed persons	Unemployed
Persons with disabilities and other low-mobility groups (including parents of children with disabilities, low-mobility people with musculoskeletal disorders, vision and hearing impairments)	With disabilities
Persons living close to the areas of military (combat) operations (line of contact)	Line of contact
Internally displaced persons	IDPs
Single-parent families raising a child/children under the age of 18	Single parents
Roma ethnic communities	Roma
People living with HIV	PLHIV
Volunteers	Volunteers
Veterans of the ATO/JFO and repulsion and deterrence of the armed aggression of the Russian Federation against Ukraine who participated in the implementation of measures to ensure national security and defence	Veterans
Representatives of women's initiative groups/self-help groups/NGOs	Women's groups

³ <https://zakon.rada.gov.ua/laws/show/1544-2020-%D1%80#Text>

RESEARCH FINDINGS

| Access to services: experience and level of satisfaction

Over the past two years, **administrative services** were most frequently accessed by volunteers (73%), women's initiative groups (63%), single parents (62%)⁴, veterans (60%), and IDPs (59%). The lowest rates of access to administrative services (ranging from 18% to 29%) were recorded among older respondents, Roma communities, and unemployed individuals. Among the general population, 35% of respondents reported receiving administrative services as per their request. It is worth noting that 9% of those living near the line of contact reported needing administrative services but were unable to access them (see Chart 1).

Respondents who needed but did not receive administrative services were asked about the reasons for this. The sample size of such respondents was too small for statistical analysis (17 respondents among the general population); however, the most commonly cited reasons included: "the facility was closed / the service was not available," and "it is expensive / time-consuming / the respondent has limited mobility."

Over the past two years, 70% of the general population received **medical assistance in public healthcare facilities**. Among all target groups, medical services were most frequently accessed by PLHIV (90%), veterans, persons with disabilities, individuals aged 80 and above, and single parents (ranging from 85% to 86% within each group). The lowest rates of access to medical services were reported by respondents living near the line of contact (49%) and unemployed persons (54%). Additionally, 9% of those living near the line of contact stated that they needed medical services but were unable to access them (Chart 2).

Respondents who needed but did not receive

medical care in public facilities were asked about the reasons for this. The sample of such respondents was too small for statistical analysis (17 respondents from the general population); however, the most frequently mentioned reasons included: "unable or hesitant to visit the hospital," "lack of money," and "the required specialist/services were not available."

Over the past two years, 32% of the general population received **medical assistance in private healthcare facilities**. Among all TGs, the highest rates of accessing private medical care were reported by representatives of women's initiative groups (57%), single parents, and large families (43% in each group). The lowest rates were observed among individuals aged 80 and over (7%), unemployed persons (19%), respondents living near the line of contact (20%), and members of Roma communities (21%). Additionally, 6% of respondents in each of the following three groups—those living near the line of contact, persons with disabilities, and IDPs—needed private medical services but were unable to access them (Chart 3).

Respondents who needed but did not receive medical care in private institutions were asked about the reasons for this. The sample size of such respondents was too small for statistical analysis (28 respondents from the general population). The most frequently mentioned reasons included: "lack of money," "unable or hesitant to visit the clinic," and "the required specialist/services were not available."

More than half (ranging from 51% to 62%) of veterans, persons with disabilities, single parents, parents of large families, and people aged 80 and older received **social protection services**. The lowest levels of access were reported among by respondents aged 16–18 and volunteers, with only 4% to 9% having used such

services. Overall, 23% of the population received social protection services based on their requests. It is important to note that 16% of those living near the line of contact and 5% of persons with disabilities needed such services but were unable to access them (Chart 4).

Respondents who needed but did not receive social protection services were asked about the reasons for not accessing them. The sample size of these respondents was too small for statistical analysis (31 respondents from the general population). The most frequently cited reasons were: “staff refused to provide assistance” and “the process of obtaining support was too complicated.”

Only 6% of the population sought and received **social services** over the past two years. Most often, such services were used by people aged 80 and over (19%) and persons with disabilities (17%) (Chart 5).

Overall, only 4% of the population sought **psychological services** over the past two years. Among all TGs, veterans were the most likely to seek such services (29%), followed by PLHIV (26%), and members of women's initiative groups (19%). Among other TGs, no more than 12% of respondents accessed psychological services (Chart 6).

Educational services at public institutions were most frequently accessed by respondents and/or their family members from the following TGs: those aged 16–18 (83%), single parents (81%), and parents of large families (80%). The lowest access was reported among people over the age of 60 (ranging from 6% to 10%), those living near the line of contact (18%), persons with disabilities (18%), and the unemployed (20%). Among the general population, 32% reported having accessed educational services at public institutions (Chart 7).

Educational services at private institutions were most often accessed by parents of large

families (17%), single parents (14%), respondents aged 16–18 (11%), and volunteers (11%). Among the general population, 6% said they had received educational services at private institutions (Chart 8).

In total, only 2% of the population sought **services related to starting their own business**. Among TGs, volunteers had the highest rate (9%), followed by women's initiative groups (6%) and IDPs (5%). Persons with disabilities, adolescents aged 16–18, and respondents over the age of 60 did not seek services related to starting a business (Chart 9).

Over the past two years, **services related to professional requalification** were received by 10% of surveyed volunteers and single parents, as well as 8% of women from initiative groups. Among other population groups, this figure was 5% or lower. Individuals over the age of 60 and persons with disabilities did not receive services for career change (Chart 10).

Employment services provided by employment centers over the past two years were accessed by 12% of unemployed respondents, 10% of IDPs, and 9% of single parents. Among other population groups, the rate was 7% or lower. Overall, only 3% of the general population sought employment services (Chart 11).

The primary recipients of **humanitarian aid** over the past two years were people living near the line of contact (87%) and IDPs (67%), followed by persons with disabilities (48%). The least likely to seek humanitarian aid were salaried workers and people under the age of 60 (ranging from 14% to 17%) (Chart 12).

The highest proportion of **legal aid** recipients was found among volunteers (27%), veterans (21%), and members of women's initiative groups (18%). The lowest demand for legal aid (2%) was reported by the oldest (80+) and youngest (16–18) age groups of respondents (Chart 13).

Regarding gender differences, women were more likely than men to receive the following services:

- public health care services (women in the general population, unemployed women, single mothers, women aged 19-35, mothers with multiple children, Roma women, and women living with HIV),
- private health care services (women in the general population, women aged 19-35 and 60-79, employees, unemployed, women with disabilities, single mothers),
- administrative services (unemployed women, mothers aged 36-59, women with multiple children, and employees),
- social protection services (women in the general population, women aged 35-59, employees, mothers with multiple children, and Roma women),
- public education services (women aged 36-59, employees and volunteers),
- humanitarian aid (women in the general population, mothers aged 35-59, employees, women with multiple children and Roma women),
- services in employment centres (women employees),
- social and psychological services (women with disabilities).

Men in the general population, particularly those aged 19–35, were more likely than women to seek services related to starting their own business. Additionally, men living near the line of contact were more likely to seek legal aid (Annex 3).

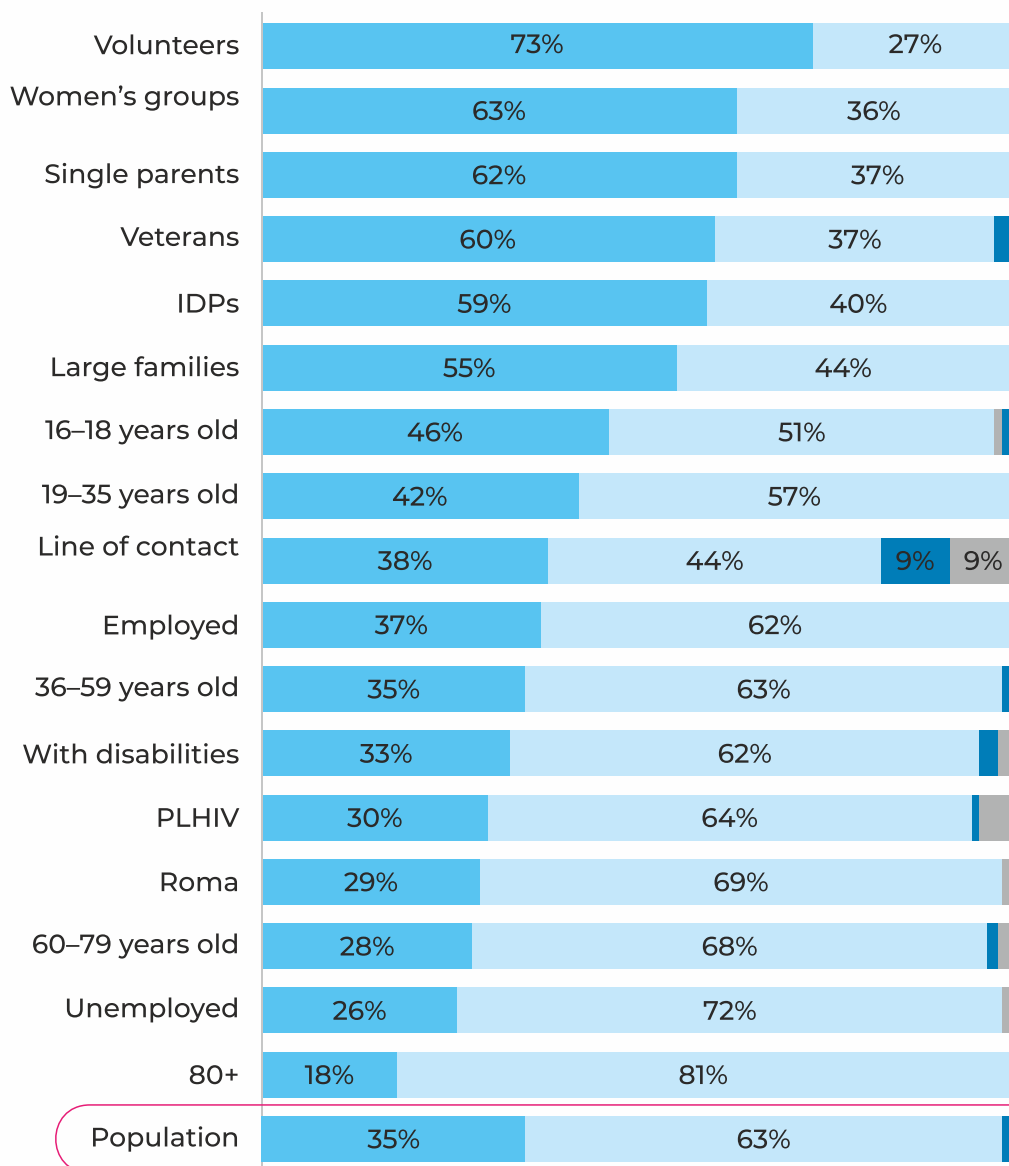


Team of NGO 'Girls' distributes humanitarian kits for the vulnerable categories of women and girls in Sumy.
Photo: NGO 'Girls'/Yana Batarina

Chart 1

Responses to the question

«Have you received any administrative services over the past two years?»,
(% of respondents)



Yes

No, such services were not needed

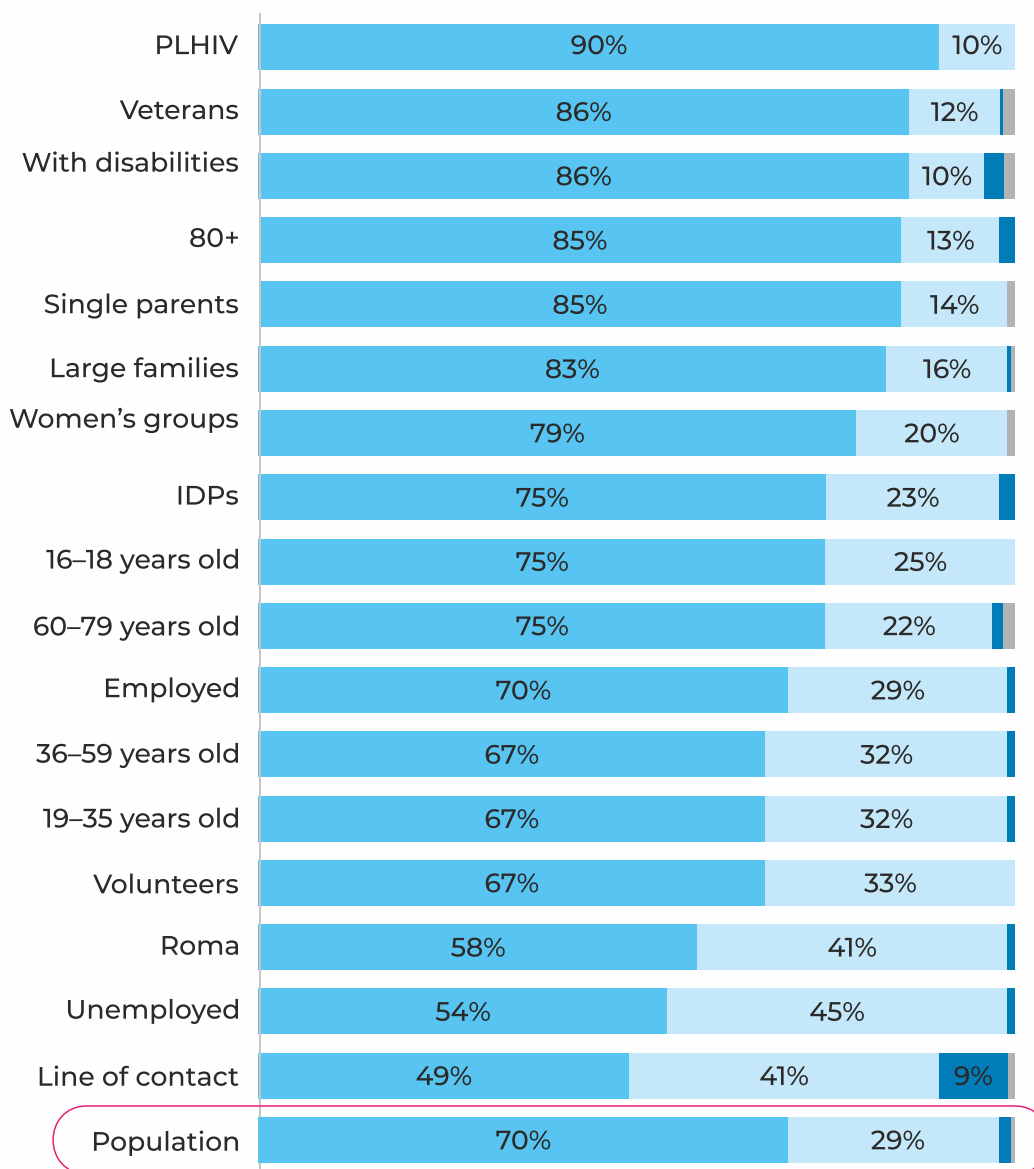
I needed these services, but I couldn't get them

Not sure/Hard to say

Chart 2

Responses to the question

«Have you received any medical care in public facilities over the past two years?»,
(% of respondents)

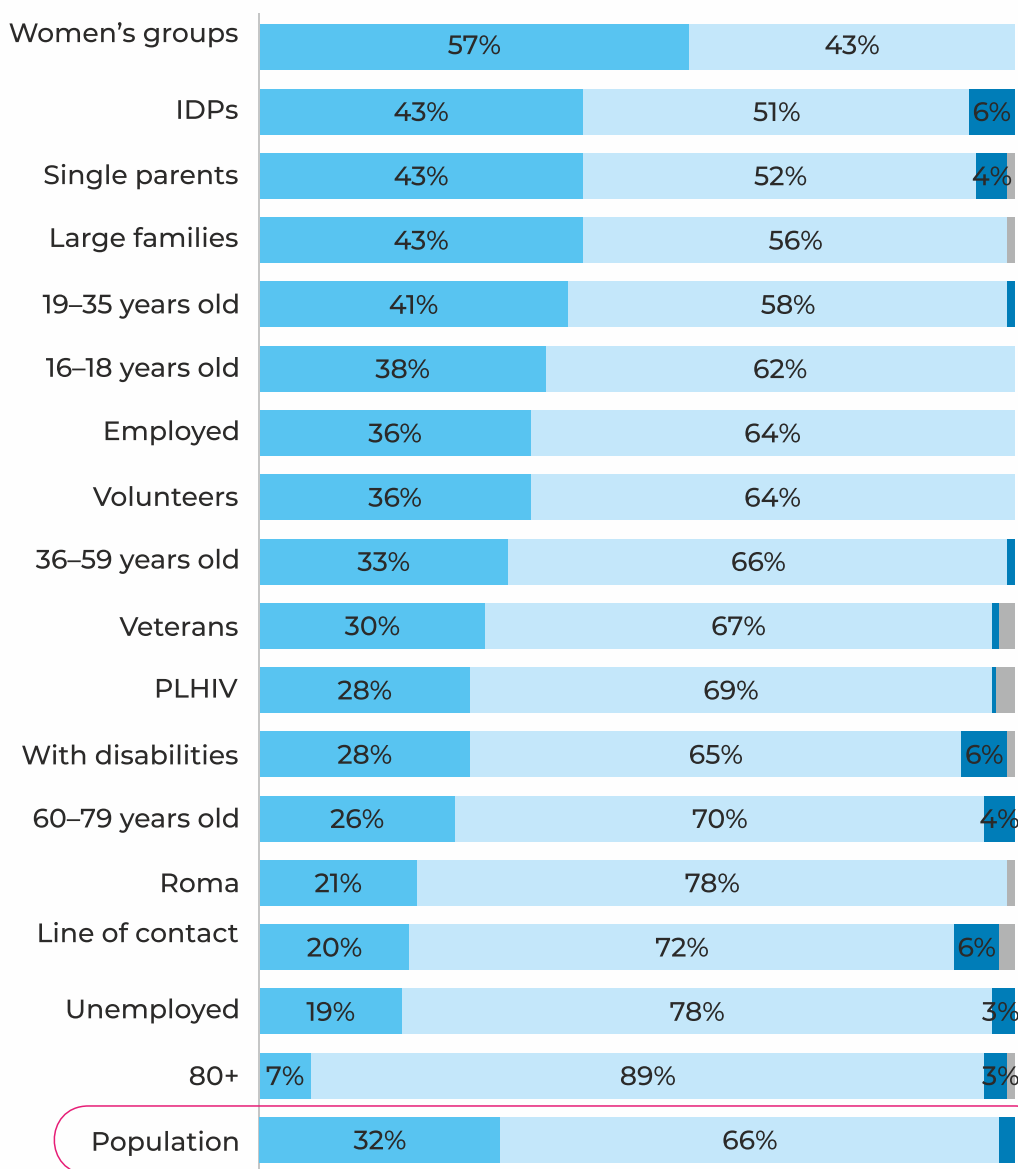


- Yes
- No, such services were not needed
- I needed these services, but I couldn't get them
- Not sure/Hard to say

Chart 3

Responses to the question

«Have you received medical care in private facilities over the past two years?»,
(% of respondents)



Yes

No, such services were not needed

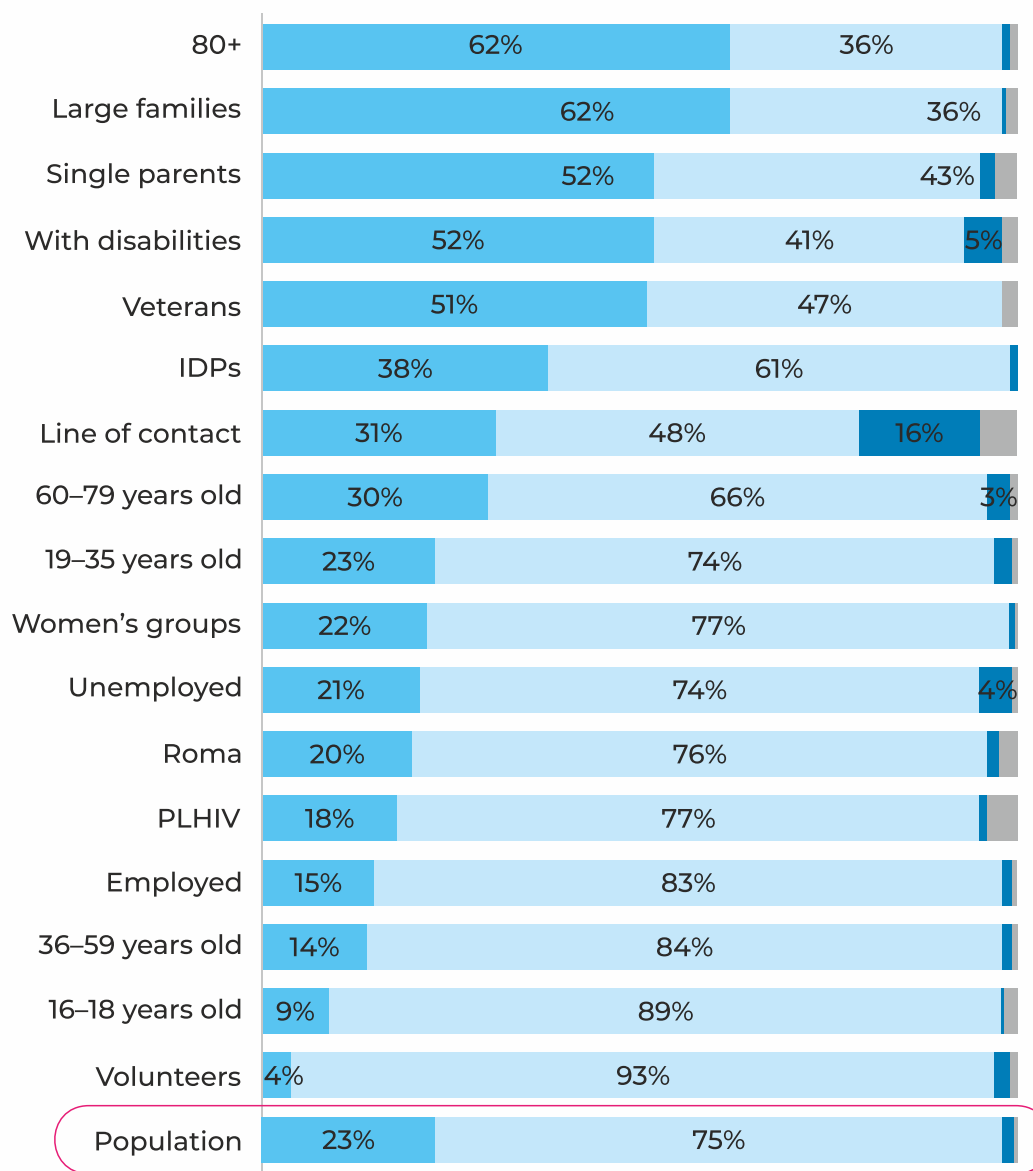
I needed these services, but I couldn't get them

Not sure/Hard to say

Chart 4

Responses to the question

«Have you received social protection services over the past two years (e.g., subsidies, child benefits, utility benefits)?», (% of respondents)



Yes

No, such services were not needed

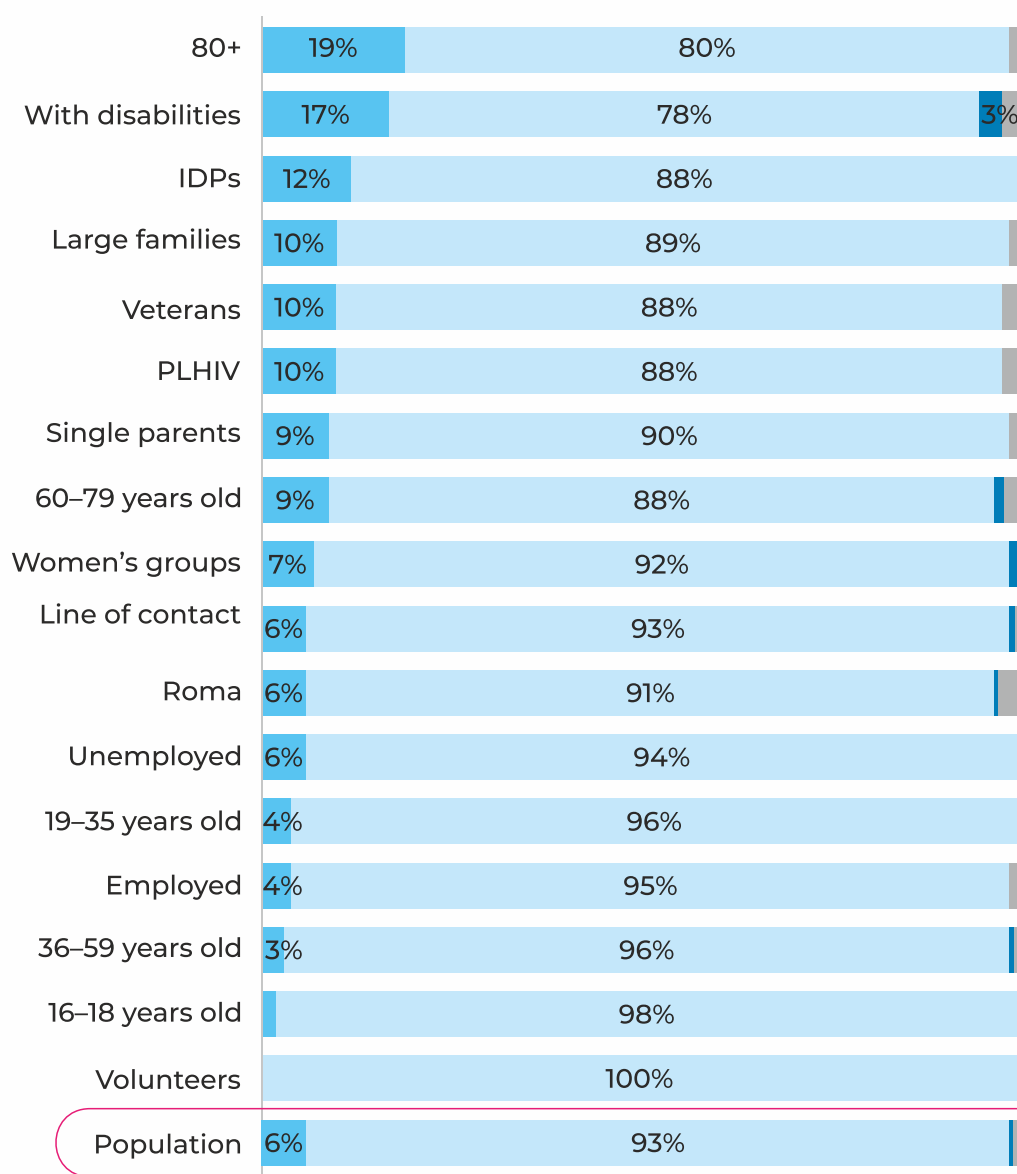
I needed these services, but I couldn't get them

Not sure/Hard to say

Chart 5

Responses to the question

«Have you received any social services over the past two years (social services include, for example, care for the elderly or persons with disabilities, social support, including during inclusive education, employment, etc.)?», (% of respondents)



Yes

No, such services were not needed

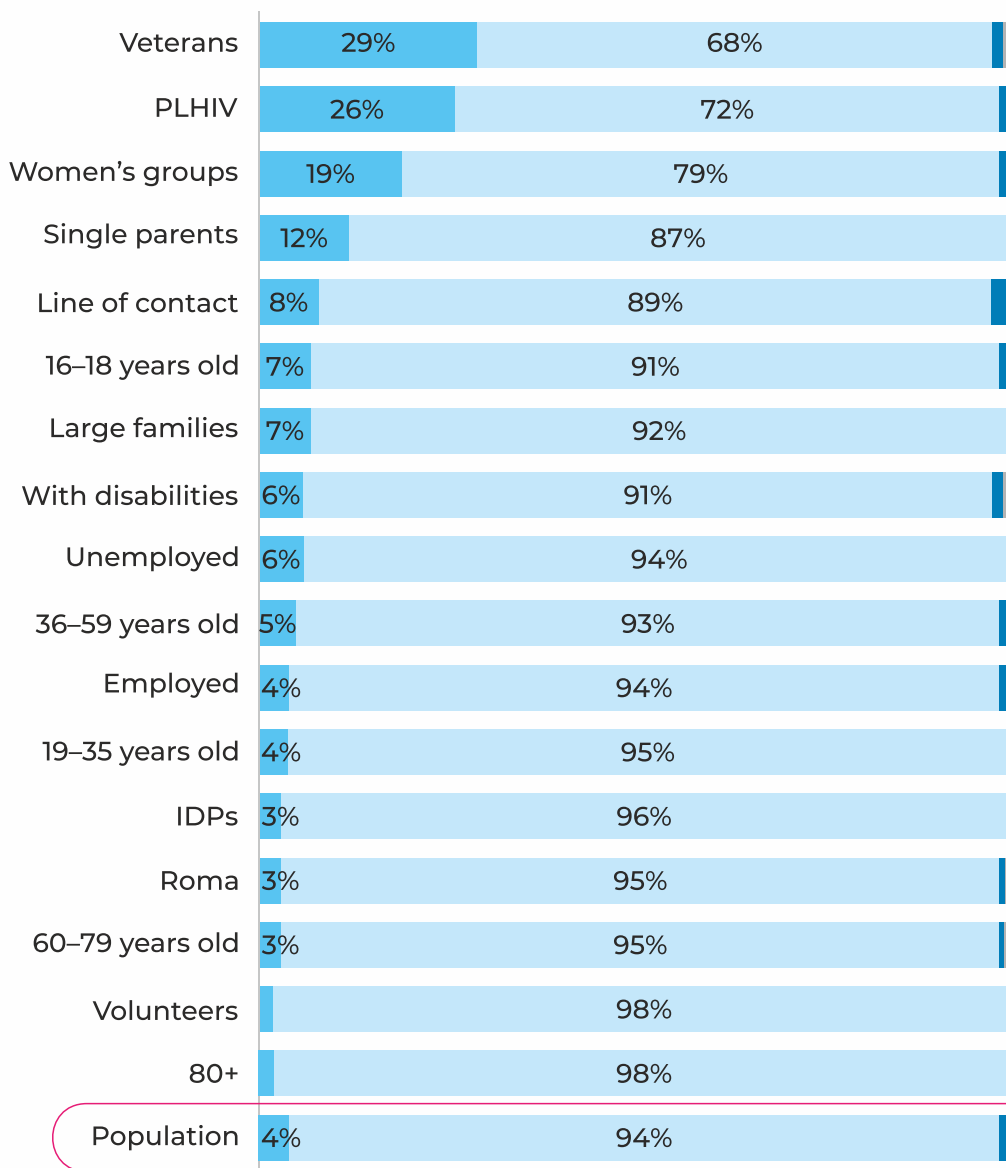
I needed these services, but I couldn't get them

Not sure/Hard to say

Chart 6

Responses to the question

«Have you received any psychological services over the past two years?»,
(% of respondents)



Yes

No, such services were not needed

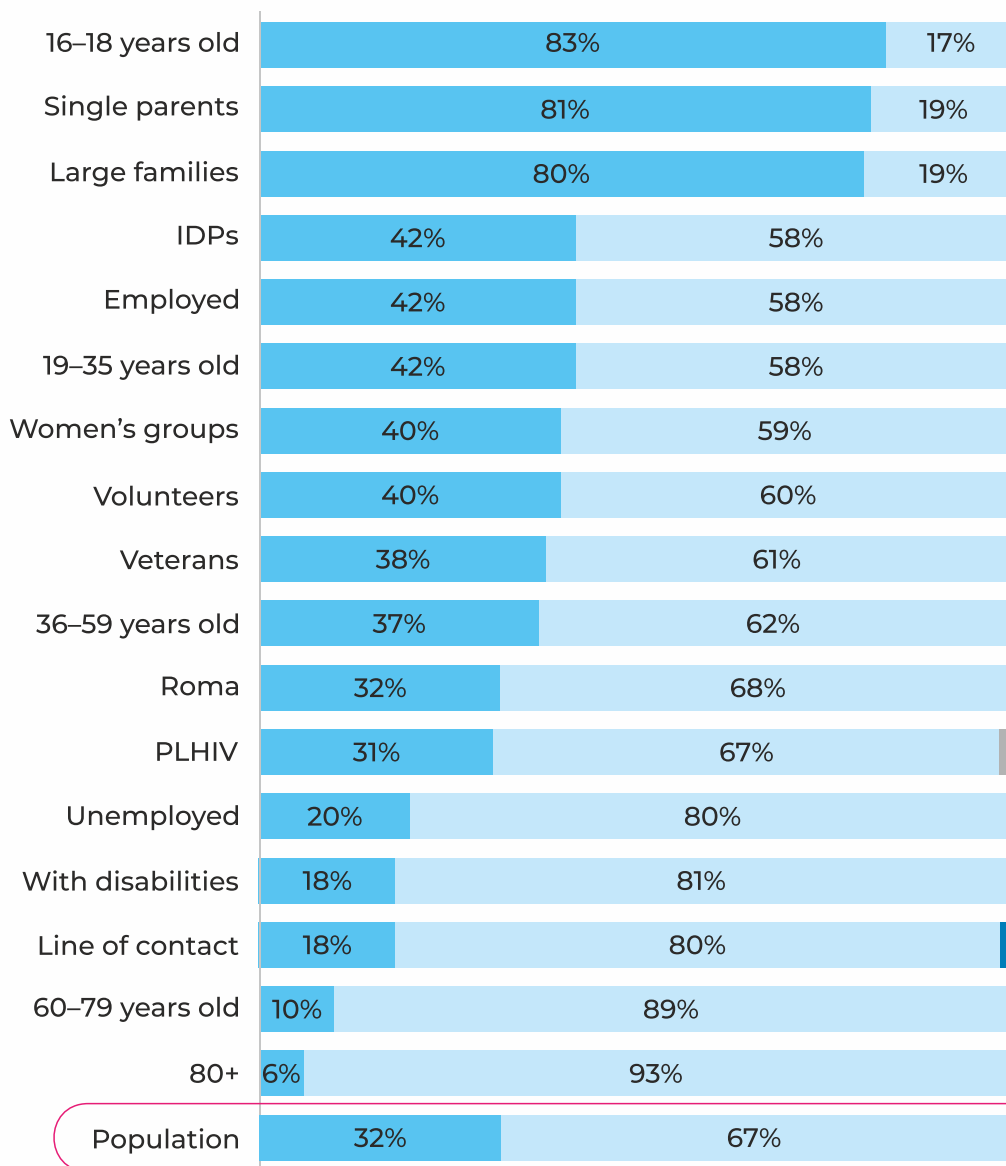
I needed these services, but I couldn't get them

Not sure/Hard to say

Chart 7

Responses to the question

«Have you or any of your family members received educational services in public institutions over the past two years?», (% of respondents)



Yes

No, such services were not needed

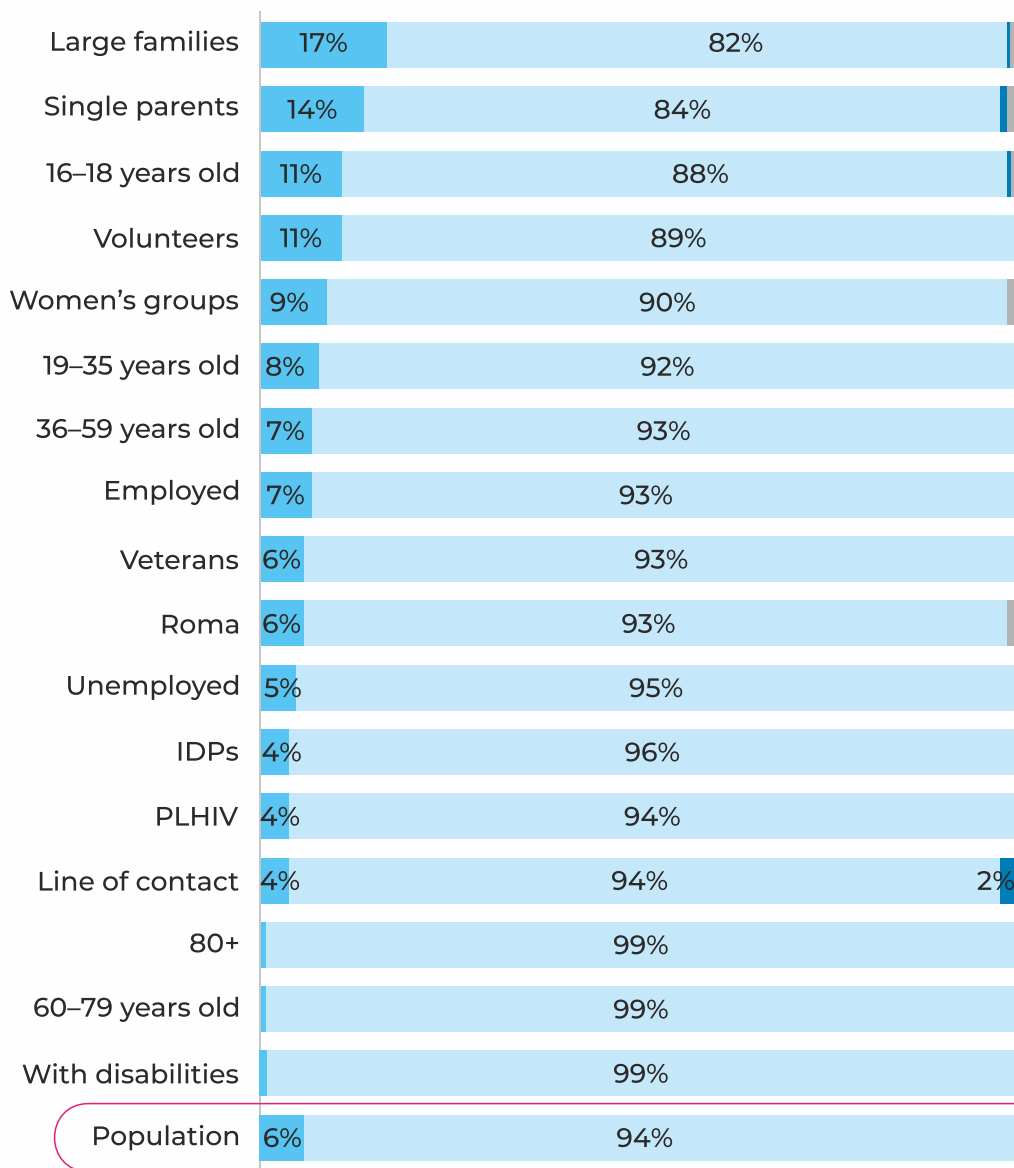
I needed these services, but I couldn't get them

Not sure/Hard to say

Chart 8

Responses to the question

«Have you or any of your family members received educational services in private institutions over the past two years?», (% of respondents)

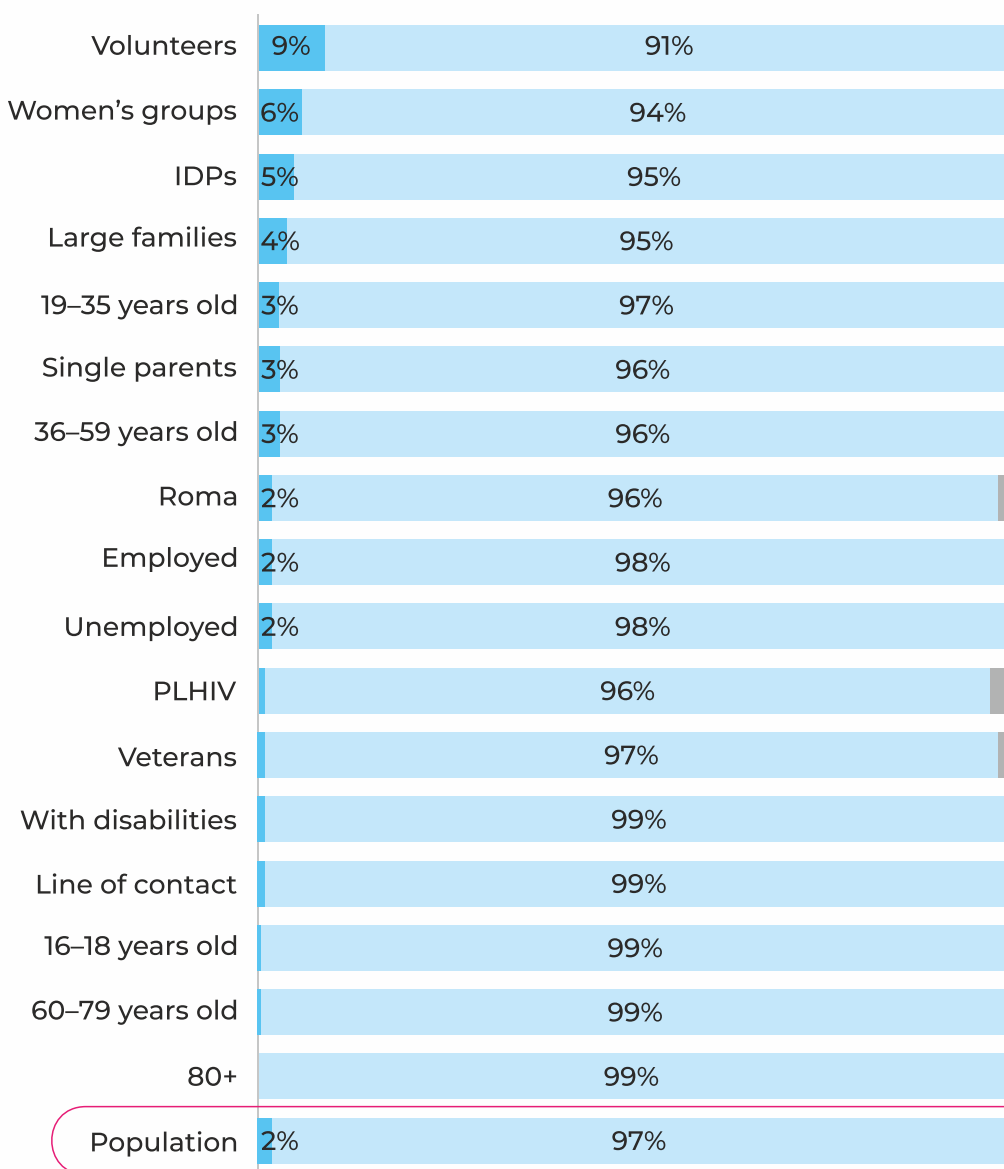


- Yes
- No, such services were not needed
- I needed these services, but I couldn't get them
- Not sure/Hard to say

Chart 9

Responses to the question

«Have you applied for services to start your own business over the past two years?»,
(% of respondents)

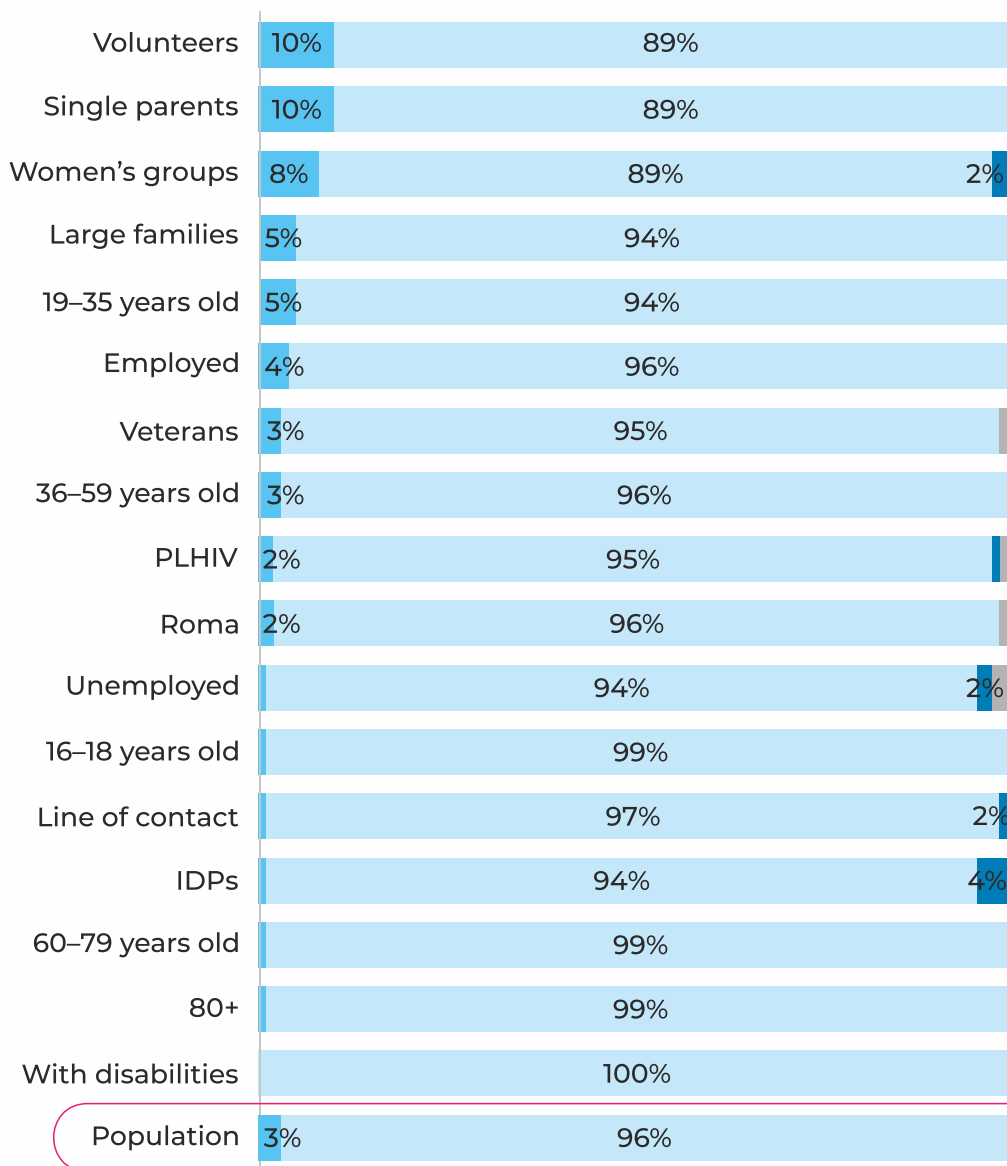


- Yes
- No, such services were not needed
- I needed these services, but I couldn't get them
- Not sure/Hard to say

Chart 10

Responses to the question

«Have you received services for changing your profession in public institutions over the past two years?», (% of respondents)

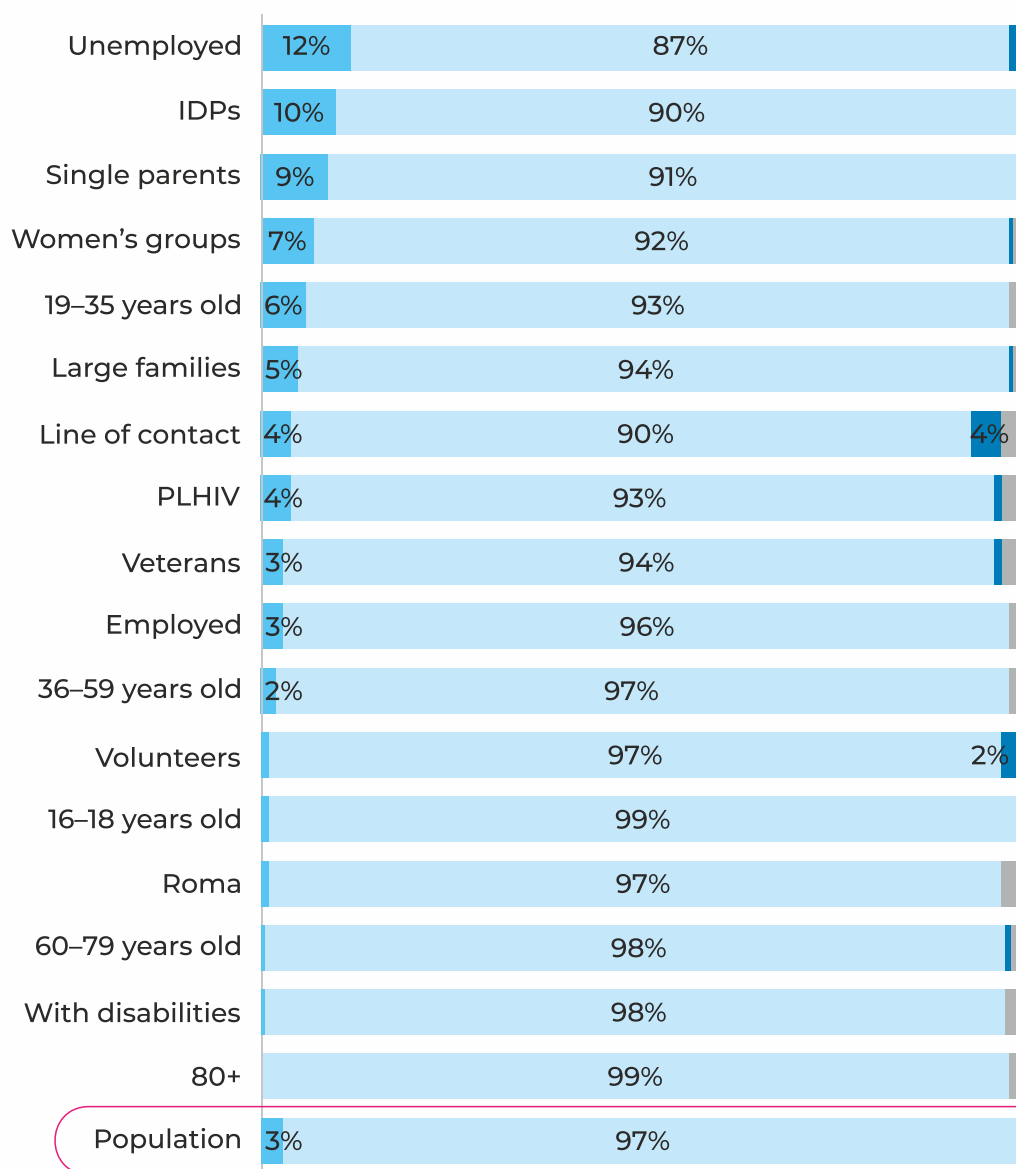


- Yes
- No, such services were not needed
- I needed these services, but I couldn't get them
- Not sure/Hard to say

Chart 11

Responses to the question

«Have you received employment services at employment centers over the past two years?», (% of respondents)



Yes

No, such services were not needed

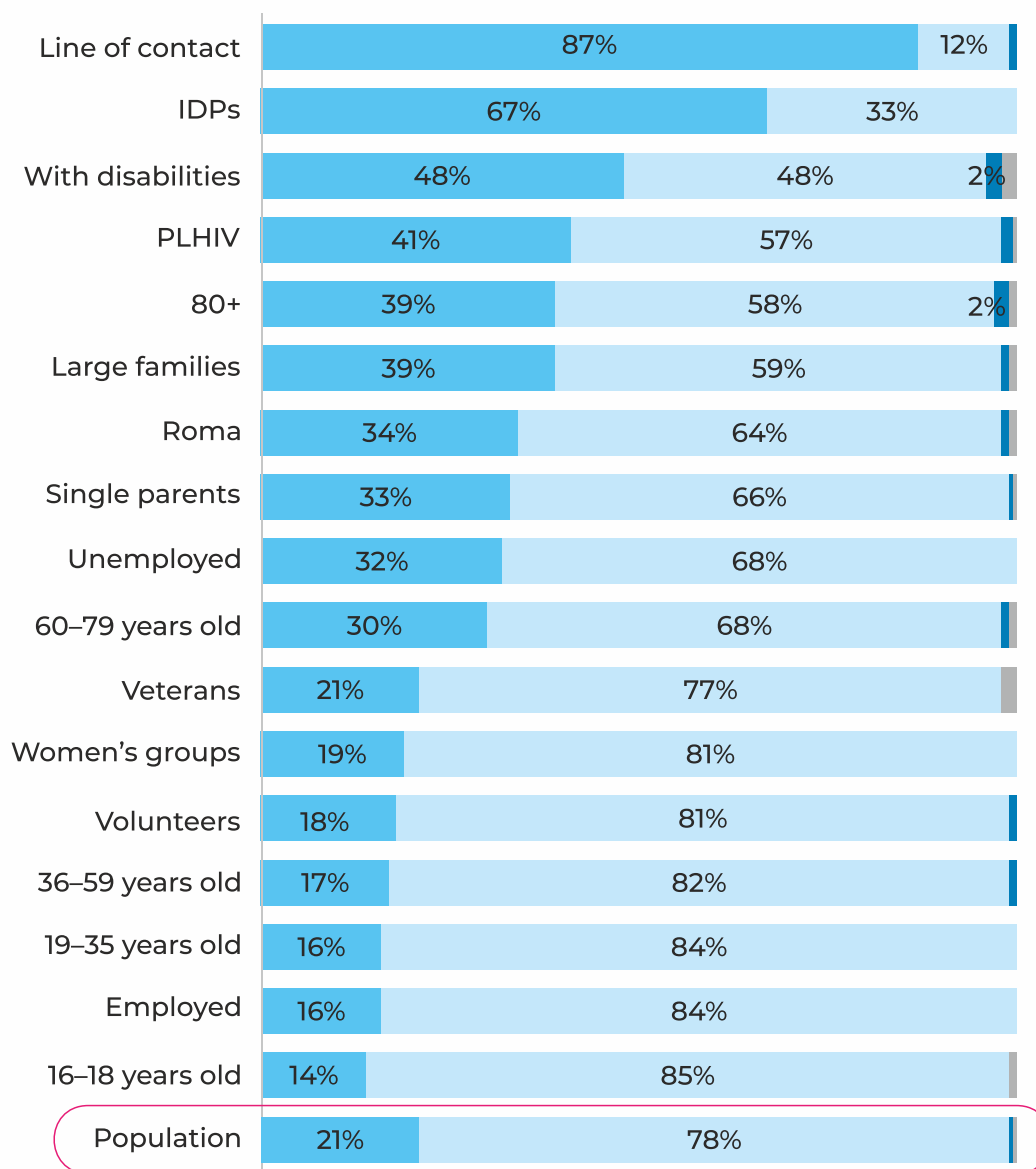
I needed these services, but I couldn't get them

Not sure/Hard to say

Chart 12

Responses to the question

«Have you received any humanitarian aid over the past two years?»,
(% of respondents)

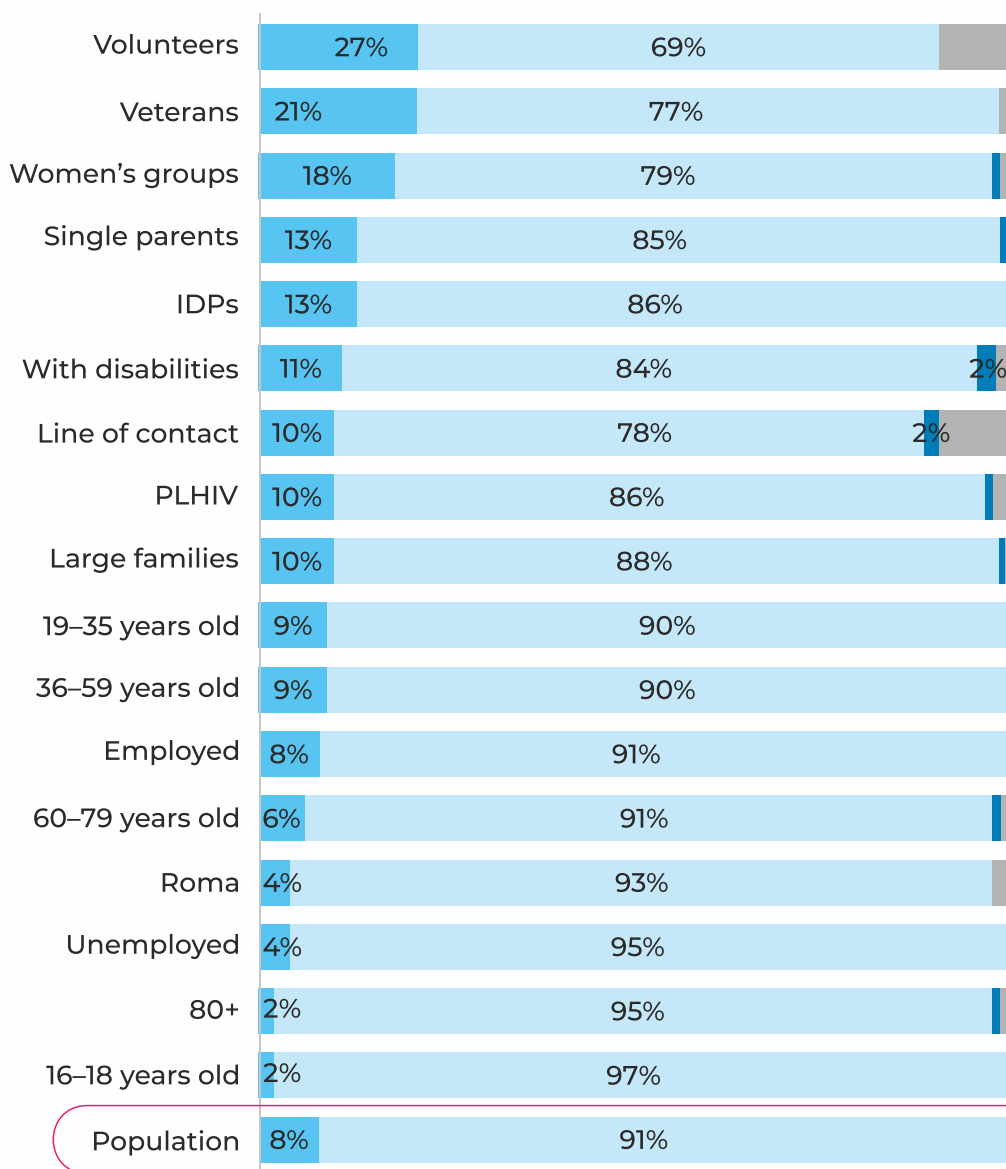


- Yes
- No, such services were not needed
- I needed these services, but I couldn't get them
- Not sure/Hard to say

Chart 13

Responses to the question

«Have you received any legal assistance over the past two years?»,
(% of respondents)



Yes

No, such services were not needed

I needed these services, but I couldn't get them

Not sure/Hard to say

Among those who received **administrative services**, people living near the line of contact, respondents aged 16-18 and 60-79, large families, and people living with HIV rated the quality of services the highest (over 70% of recipients in these groups rated the services as "excellent" or "good")⁵. The lowest ratings for administrative services were given by Roma, IDPs, and veterans (positive ratings ranged from 54% to 58%). A total of 68% of the population (compared to 77% in the previous wave) who used this type of services rated their quality positively, while 26% considered the quality average, and 6% rated them negatively (Chart 14).

Among the respondents who received **medical services in public facilities**, the percentage of those who rated the service quality positively was 77% among people living near the line of contact, 72% among IDPs, and 64% among individuals aged 16-35. The unemployed, Roma, the oldest age group, and people with disabilities rated the services the lowest (positive ratings were given by only 46% to 51% of respondents in these groups). In total, 57% of recipients of public medical services in the population rated their service experience positively, compared to 68% in the previous wave (Chart 15).

Among respondents who received **medical services in private facilities**, the percentage of those who positively assessed the quality of services in the general population stands at 86%. The highest ratings were given by large families, individuals aged 36-59 and 16-18, people living with HIV, and employees (88% to 92% gave positive ratings). Single parents and Roma rated private medical services the lowest (only 73% of respondents gave positive feedback) (Chart 16).

63% of the population who received **social protection services** rated the quality of these services as "excellent" or "good," meaning that the indicator has remained virtually unchanged compared to the previous wave (64%). The highest ratings (from 67% to 76%) were given by Employees, people living near the line of contact, members of women's initiative groups, and individuals aged 36-59 rated such services the highest (from 67% to 76%), while single parents

rated them the lowest (only 42% gave a positive feedback) (Chart 17).

60% of the population who received **social services** rated them as "excellent" or "good." Positive feedback was given by 70% of persons with disabilities and 50% of individuals aged 80 and older (Chart 18).

Among respondents who received **psychological services**, 98% of respondents from women's initiative groups, 80% of people living with HIV, and 65% of veterans rated the quality of these services positively. In the general population, this figure is 74%, compared to 63% in the previous wave (Chart 19).

The **quality of educational services in public institutions** was rated the highest by those living near the line of contact, respondents aged 60-79 and 19-35, and members of women's initiative groups (from 81% to 85% of service users) while Roma and single parents rated it the lowest (68% of service recipients in both groups gave positive assessments). In the general population, 76% of educational service recipients rated their quality positively, compared to 68% in the previous wave (Chart 20).

Respondents highly rated the **quality of educational services in private institutions** - 83% of service recipients in the general population gave positive feedback. Large families gave 88% positive ratings, and employees gave 87% (Chart 21).

As for **the quality of humanitarian aid services**, 79% of service recipients among the general population rated them positively - same as in the previous wave. Women's initiative groups rated the quality of humanitarian services the highest (88%), while single parents rated it the lowest (65%) (Chart 22).

60% of service recipients in the general population expressed satisfaction with **employment services**.

Among those who received legal assistance, 78% of employees, 74% of members of women's



*Distribution of humanitarian aid to IDP families in Dnipro.
Photo: CF "Pomahaem" / Olga Levchenko*

initiative groups, 71% of individuals aged 36-59, and 67% of veterans rated the quality of these services positively. Overall, 78% of service recipients rated legal assistance positively, compared to 80% in the previous wave (Chart 23).

Satisfaction with humanitarian aid and social protection services in 2025 has essentially remained at the same level as in 2023.

Thus, over the past two years, the proportion of people satisfied with state educational services has increased by 8 percentage points (likely due to at least a partial return to in-person learning), and satisfaction with psychological services has risen by 11 percentage points (pp) (possibly because more attention is being paid to them, including at the state level). At the same time, the proportion of people satisfied with administrative services has decreased by 9 pp, and satisfaction with state medical services has dropped by 11 pp (possibly due to a decrease in medical staff because of forced displacement or emigration) (Chart 25).

As for gender-based differences, women report higher levels of satisfaction with psychological services, as well as with state-provided medical and educational services, compared to men. Among PLHIV, women are more satisfied with the quality of private medical services than men. Administrative services are rated more positively by women living near the line of contact and by single mothers, while internally displaced women report lower levels of satisfaction compared to men from the same target group (see Annex 3).

The charts below present a comparative analysis of satisfaction levels with services for the years 2021 and 2023 (where data is available), and for 2025 (Indicator – % of “excellent” and “good” responses).

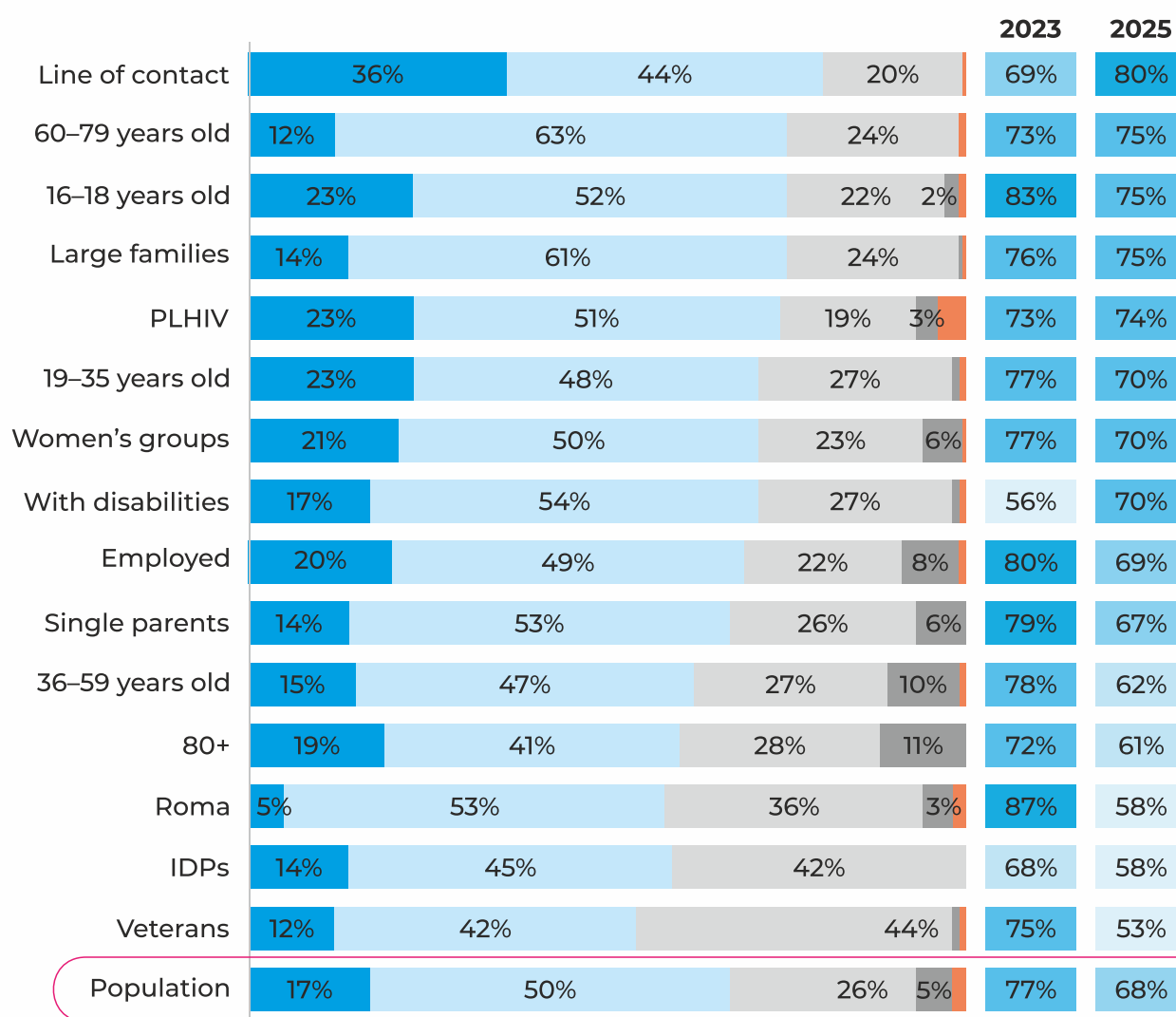
Chart 14

Responses to the question

«You said that you received administrative services. Now, please rate the quality of these services...», (% of respondents)

Only TGs with N ≥30 are shown

Indicator
% of “excellent”
and “good”
answers



Excellent
Average
Terrible

Good
Bad
Hard to say/Don't know

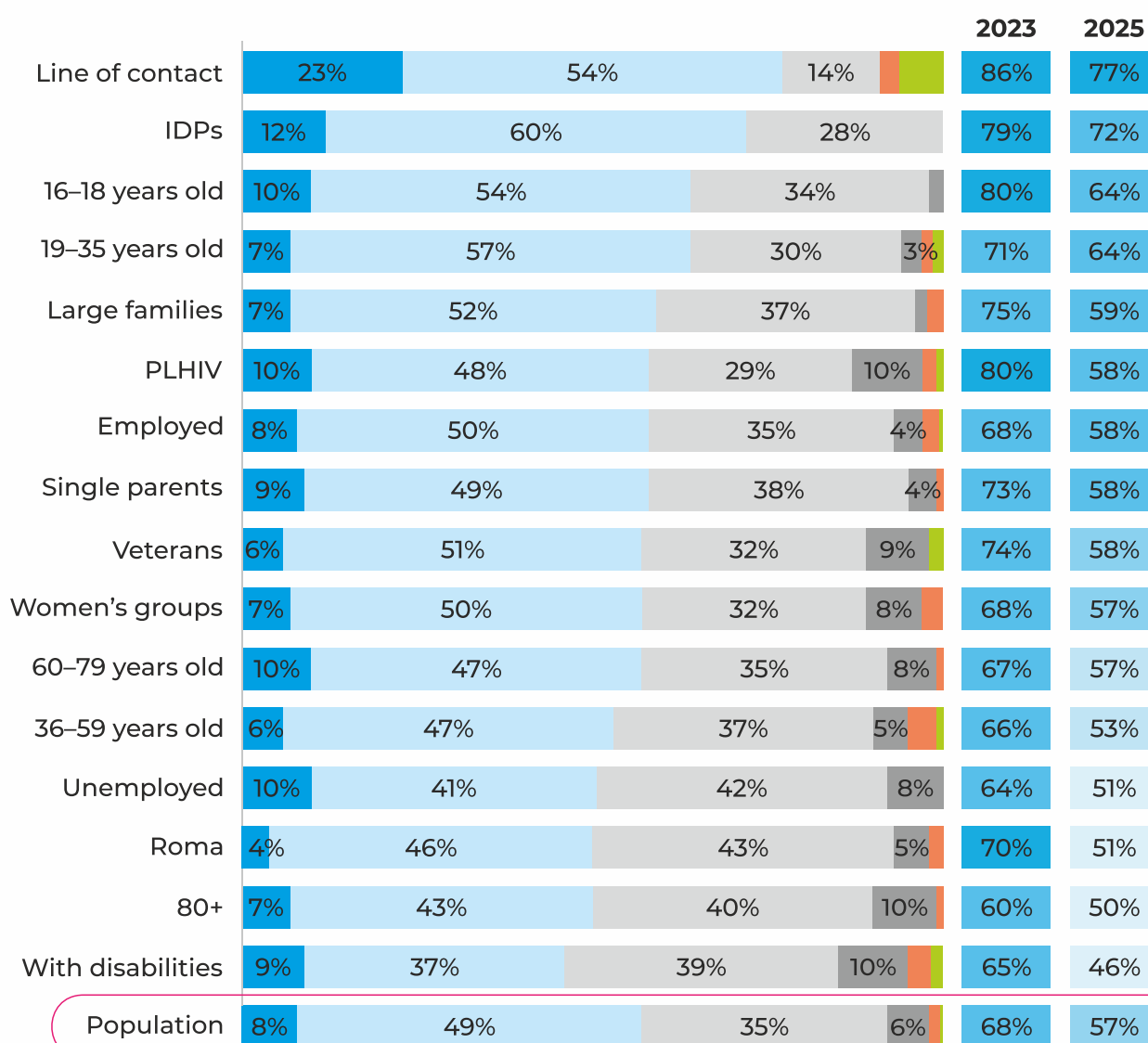
Chart 15

Responses to the question

«You said that you received medical care in public facilities. Now, please rate the quality of these services...», (% of respondents)

Only TGs with N ≥30 are shown

Indicator
% of “excellent”
and “good”
answers



Excellent
Average
Terrible

Good
Bad
Hard to say/Don't know

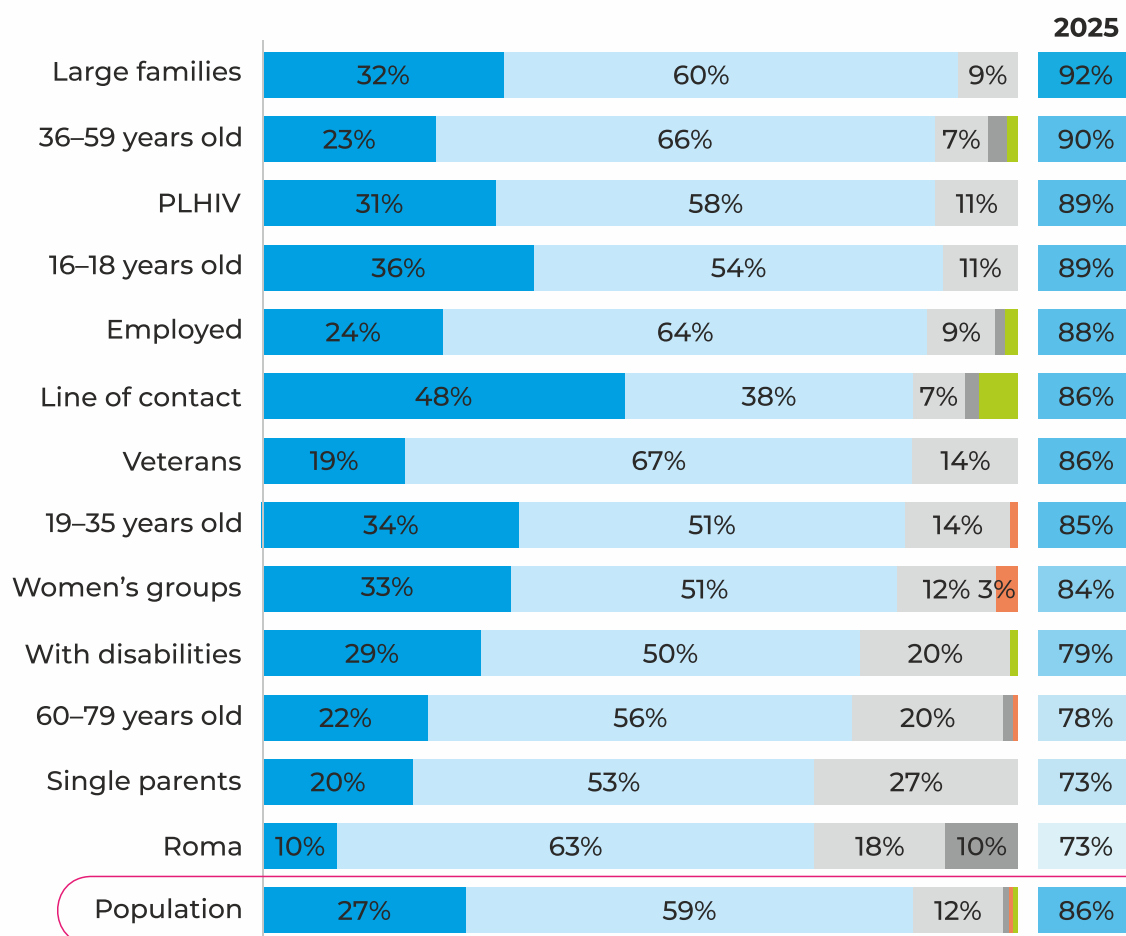
Chart 16

Responses to the question

«You said that you received medical care in private facilities. Now, please rate the quality of these services...», (% of respondents)

Only TGs with N ≥30 are shown

Indicator
% of “excellent”
and “good”
answers



Excellent
Average
Terrible

Good
Bad
Hard to say/Don't know

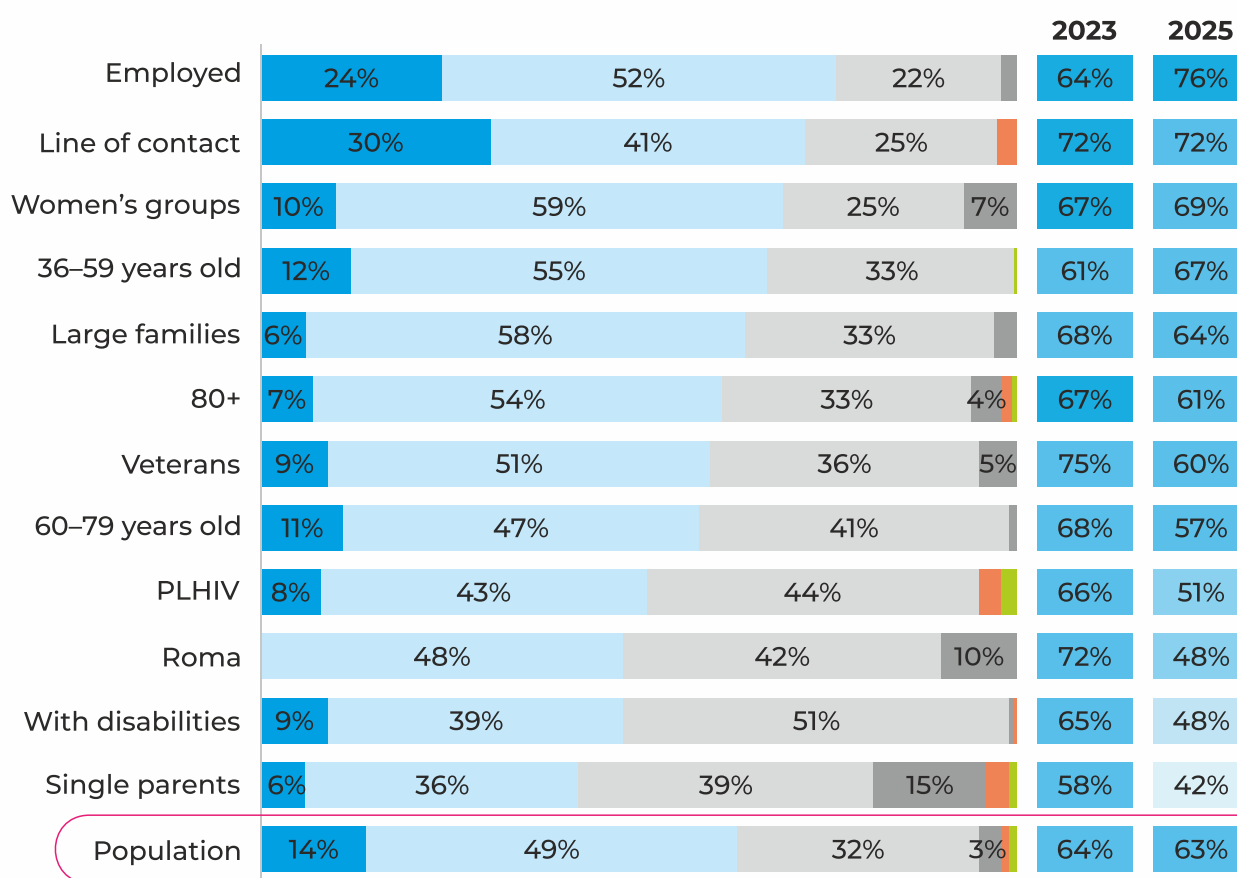
Chart 17

Responses to the question

«You said that you received social protection services in public facilities. Now, please rate the quality of these services...», (% of respondents)

Only TGs with N ≥30 are shown

Indicator
% of “excellent”
and “good”
answers



Excellent
Average
Terrible

Good
Bad
Hard to say/Don't know

Chart 18

Responses to the question

«You said that you received social services. Now, please rate the quality of these services...», (% of respondents)

Only TGs with N ≥30 are shown

Indicator
% of “excellent”
and “good”
answers

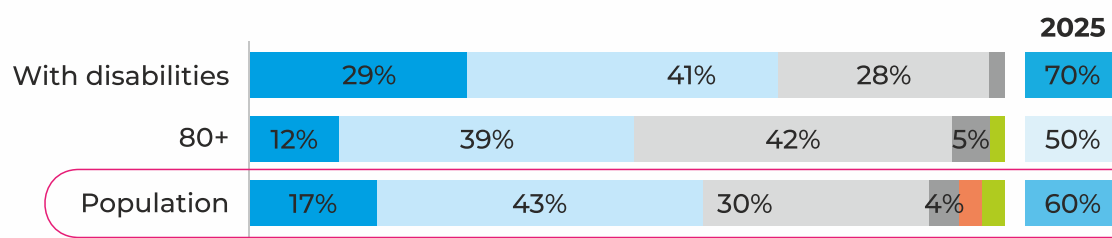


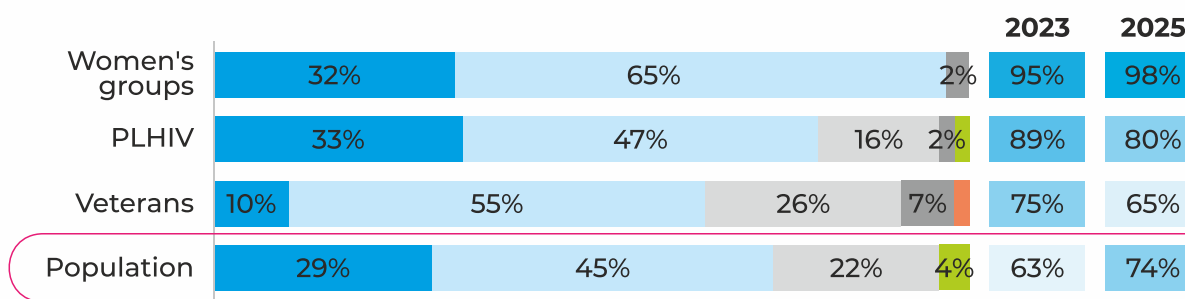
Chart 19

Responses to the question

«You said that you received psychological services. Now, please rate the quality of these services...», (% of respondents)

Only TGs with N ≥30 are shown

Indicator
% of “excellent”
and “good”
answers



Excellent
Average
Terrible

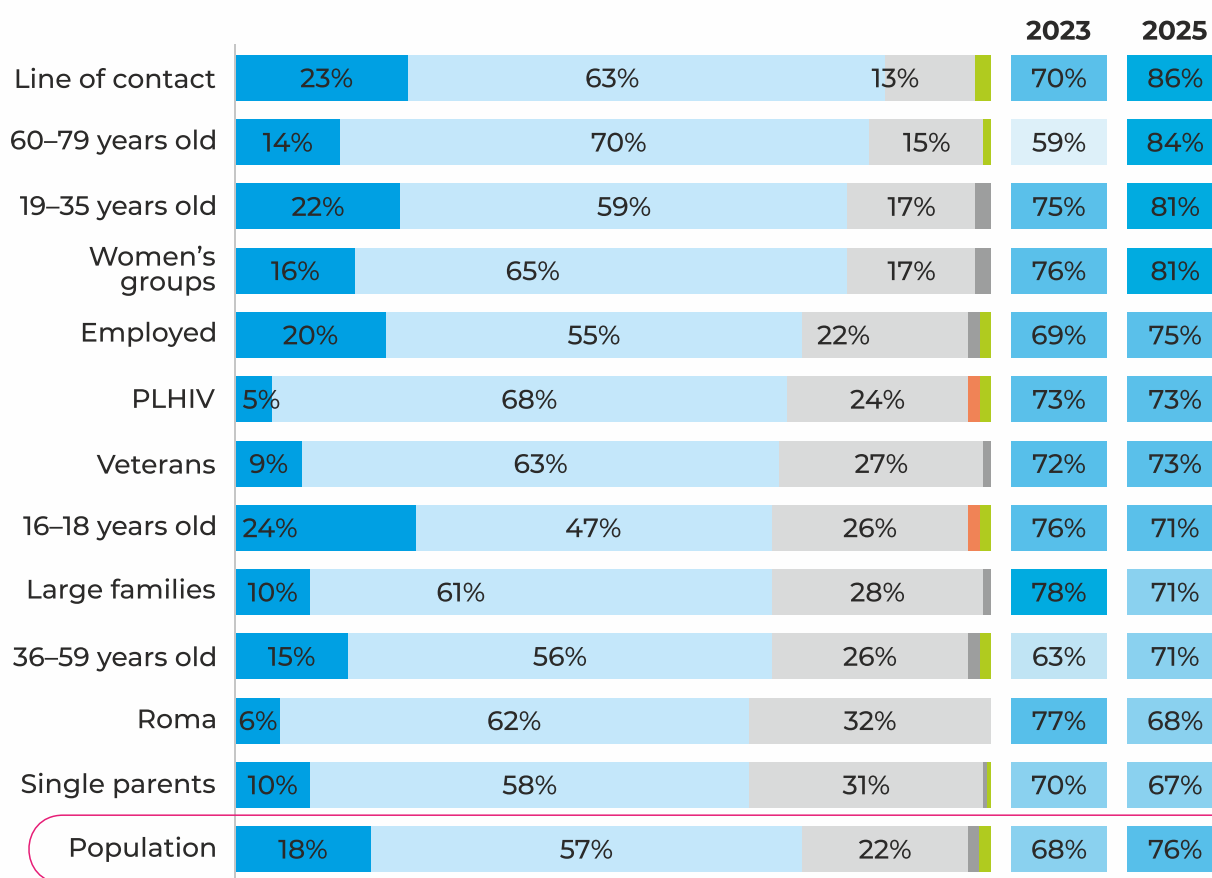
Good
Bad
Hard to say/Don't know

Chart 20

*Responses to the question**«You said that you or your family members received educational services in public institutions. Now, please rate the quality of these services...», (% of respondents)*

Only TGs with N ≥30 are shown

Indicator
% of “excellent”
and “good”
answers



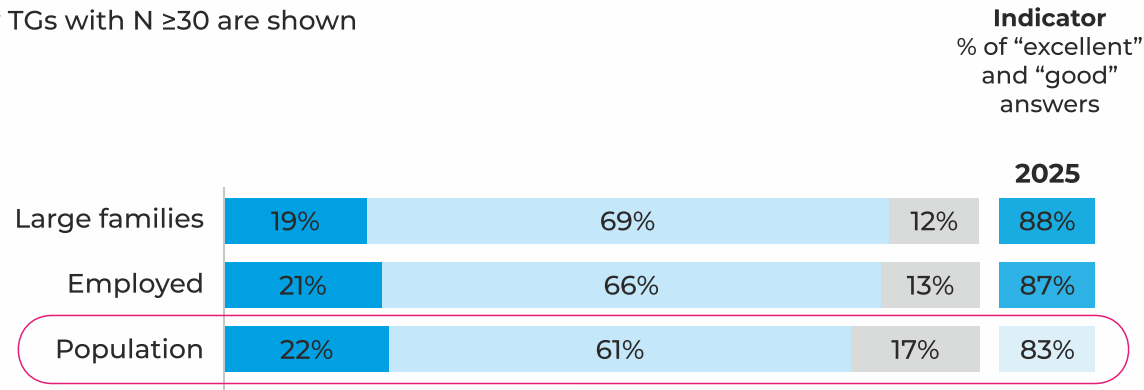
Excellent
Average
Terrible

Good
Bad
Hard to say/Don't know

Chart 21

Responses to the question
«You said that you or your family members received educational services in private institutions. Now, please rate the quality of these services...», (% of respondents)

Only TGs with N ≥30 are shown



Excellent
Average
Terrible

Good
Bad
Hard to say/Don't know

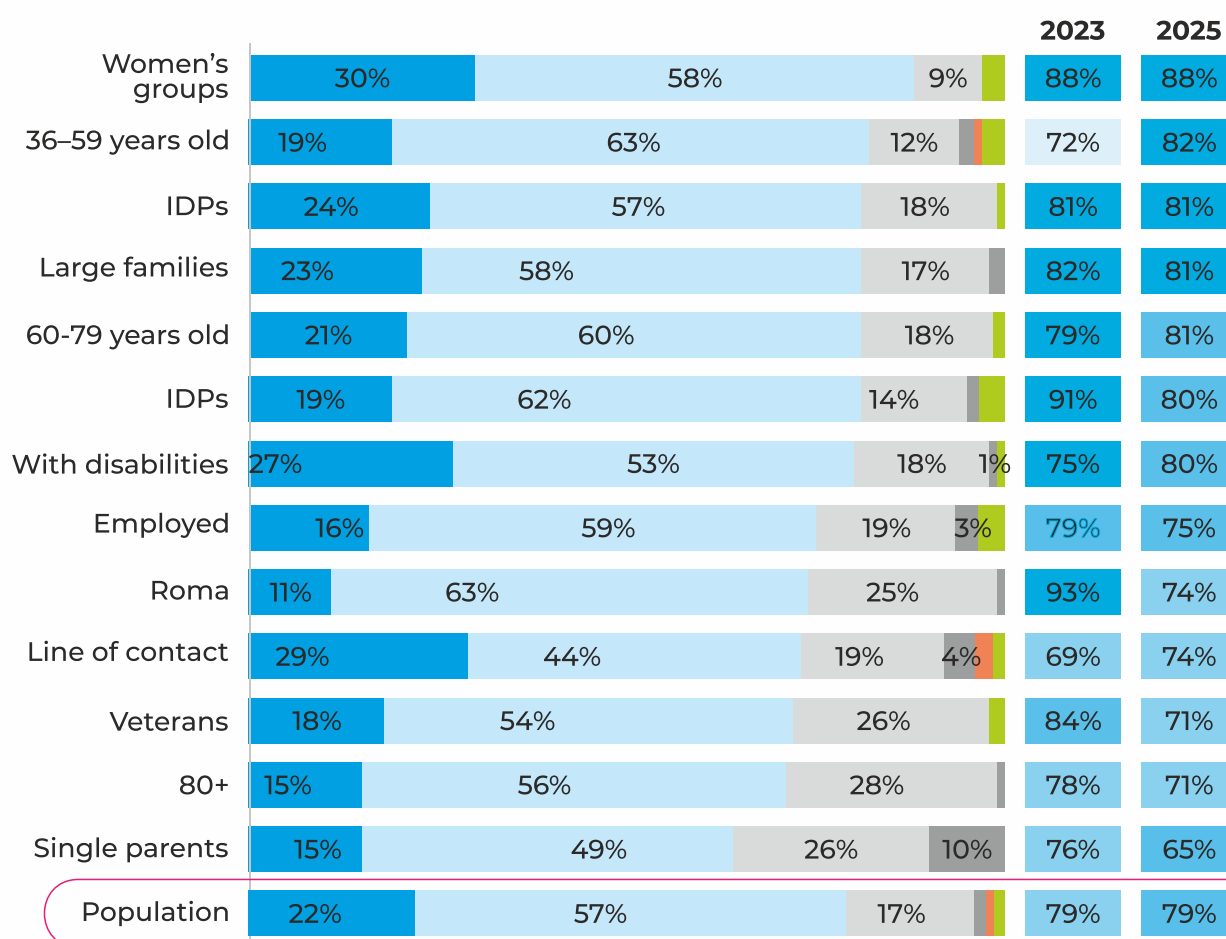
Chart 22

Responses to the question

«You said that you received humanitarian aid. Now, please rate the quality of these services...», (% of respondents)

Only TGs with N ≥30 are shown

Indicator
% of “excellent”
and “good”
answers



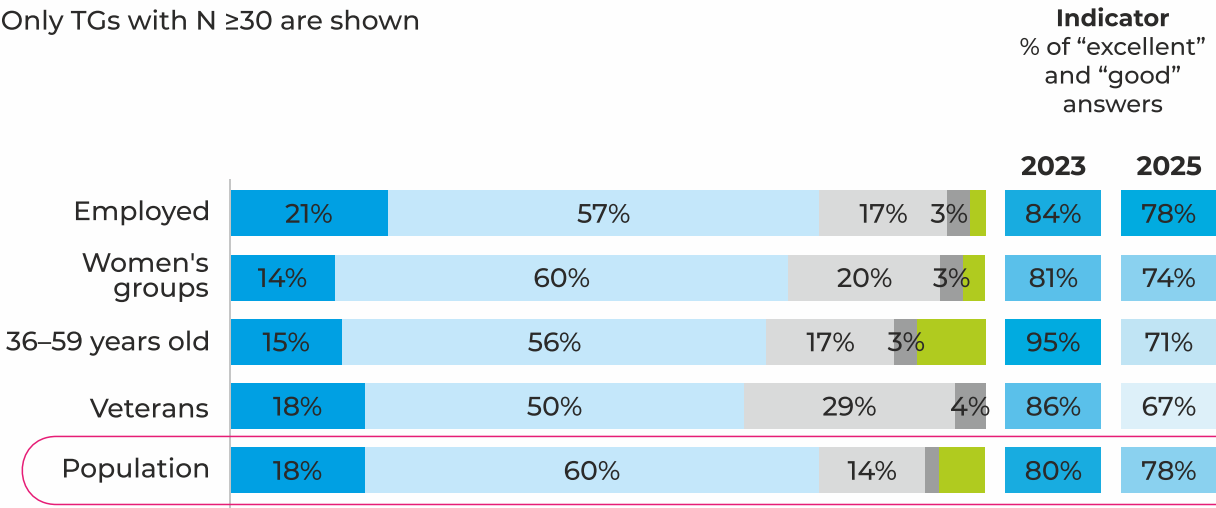
Excellent
Average
Terrible

Good
Bad
Hard to say/Don't know

Chart 23

Responses to the question
«You said that you received legal assistance. Now, please rate the quality of these services...» (% of respondents)

Only TGs with N ≥30 are shown



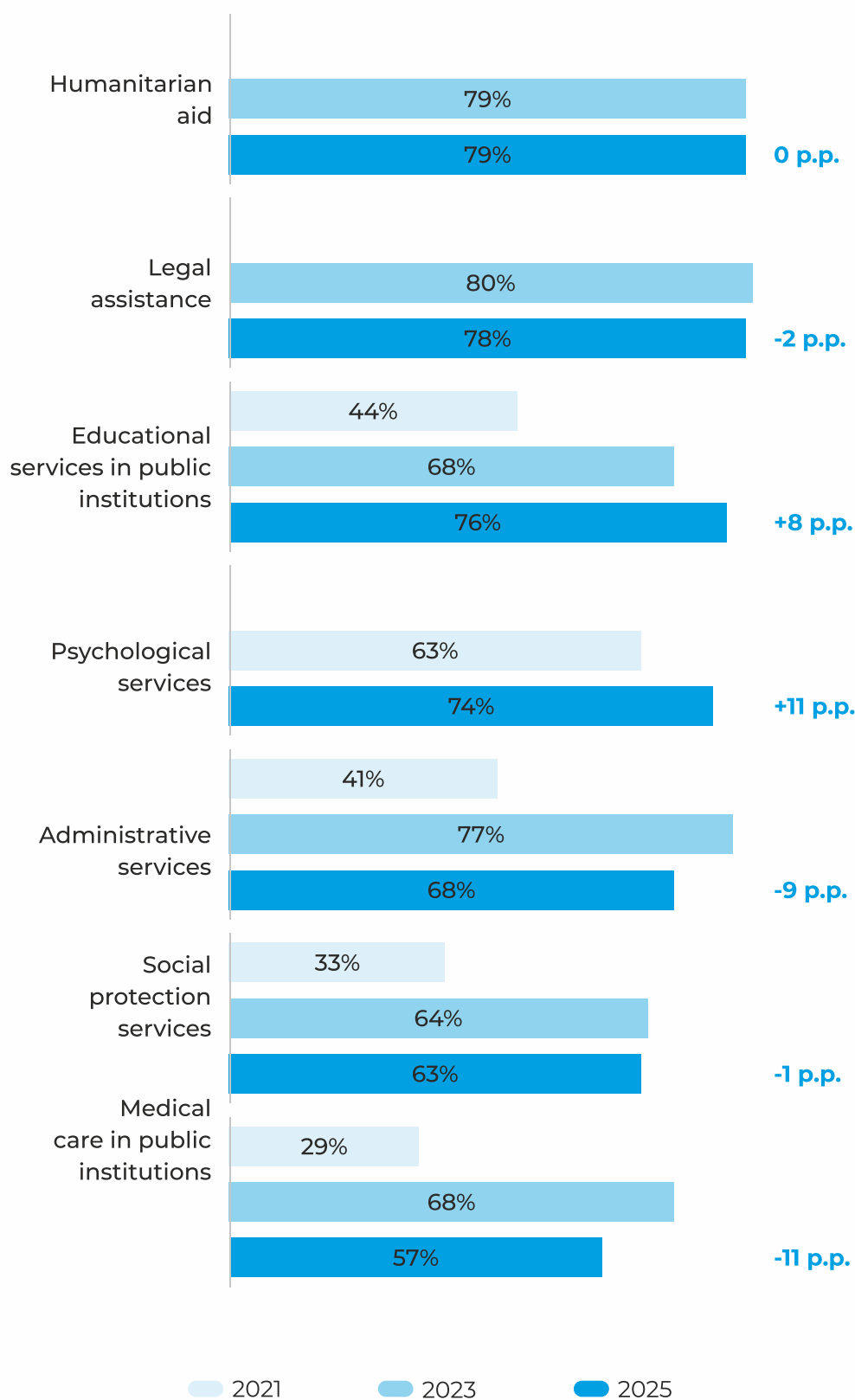
Excellent
Average
Terrible

Good
Bad
Hard to say/Don't know

Chart 24

Responses to the question

«Overall population satisfaction with the quality of services in 2021-2025,
% of those who rated them as «good» or «excellent»



Psychological aid was most frequently provided to respondents by non-governmental organizations and private psychologists (Chart 25).

Humanitarian aid was most often provided to respondents by charitable and non-governmental organizations, state institutions, and volunteers (Chart 26).

Legal aid was most frequently provided to respondents by private lawyers, non-governmental organizations, and legal aid centers (Chart 27).

80% of the population knows where to seek **psychosocial support** (they provided at least one relevant answer to the question). The best-informed groups were women's initiative groups (96%) and volunteers (94%). The least informed were people living along the line of contact, with only 36% knowing where to seek psychosocial support (Chart 28). In 2025, compared to 2023, the general awareness level of where to seek psychosocial support decreased by 2 pp. In terms of TGs, awareness increased among volunteers, large families, and IDPs. However, it decreased among people living along the line of contact, Roma, persons with disabilities, individuals aged 80+, and single parents.

As in 2023, respondents most frequently identified psychologists and psychotherapists, support hotlines, social services, family doctors, and healthcare institutions as places to seek psychosocial support. Representatives of women's initiative groups most often mentioned charitable and non-governmental organizations. Volunteers and veterans were more likely than other groups to name healthcare institutions and charitable NGOs. IDPs more frequently identified resilience centers as a source of psychosocial support (Chart 28).

Women aged 36-59 more often than men mentioned hotlines. Unemployed men mentioned health care facilities more often than women. Men aged 36-59, employed men, men volunteers, and men in general more frequently identified psychologists and psychotherapists than women. Women living with HIV were more likely than men living with HIV to mention charitable NGOs (see Annex 3).

Chart 25

Responses to the question

«You previously said that you received psychological services. This assistance was provided by psychologists of...», (number of responses)

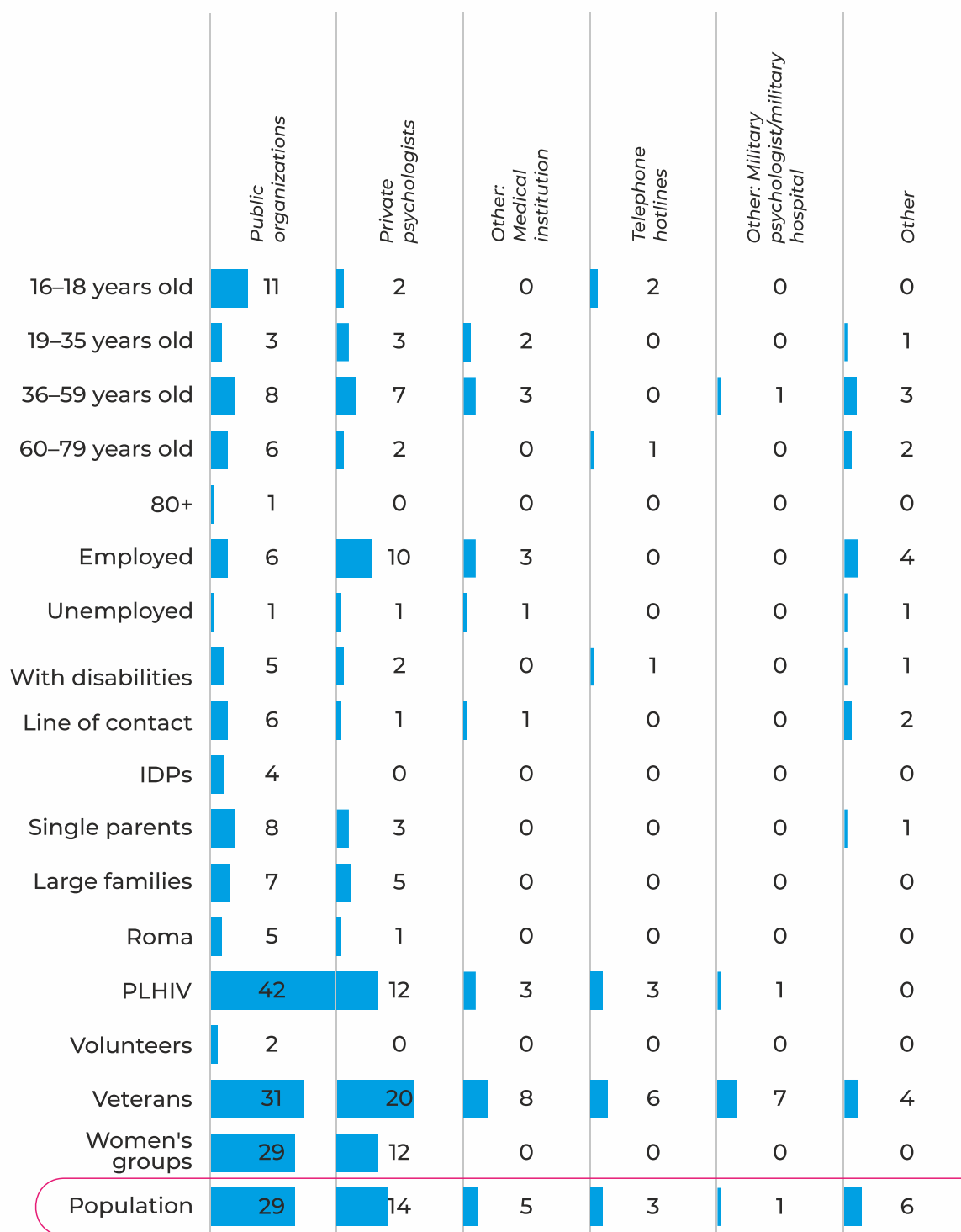


Chart 26

Responses to the question

«You previously said that you received humanitarian aid over the past two years. Could you please tell us where you received it?», (number of responses)

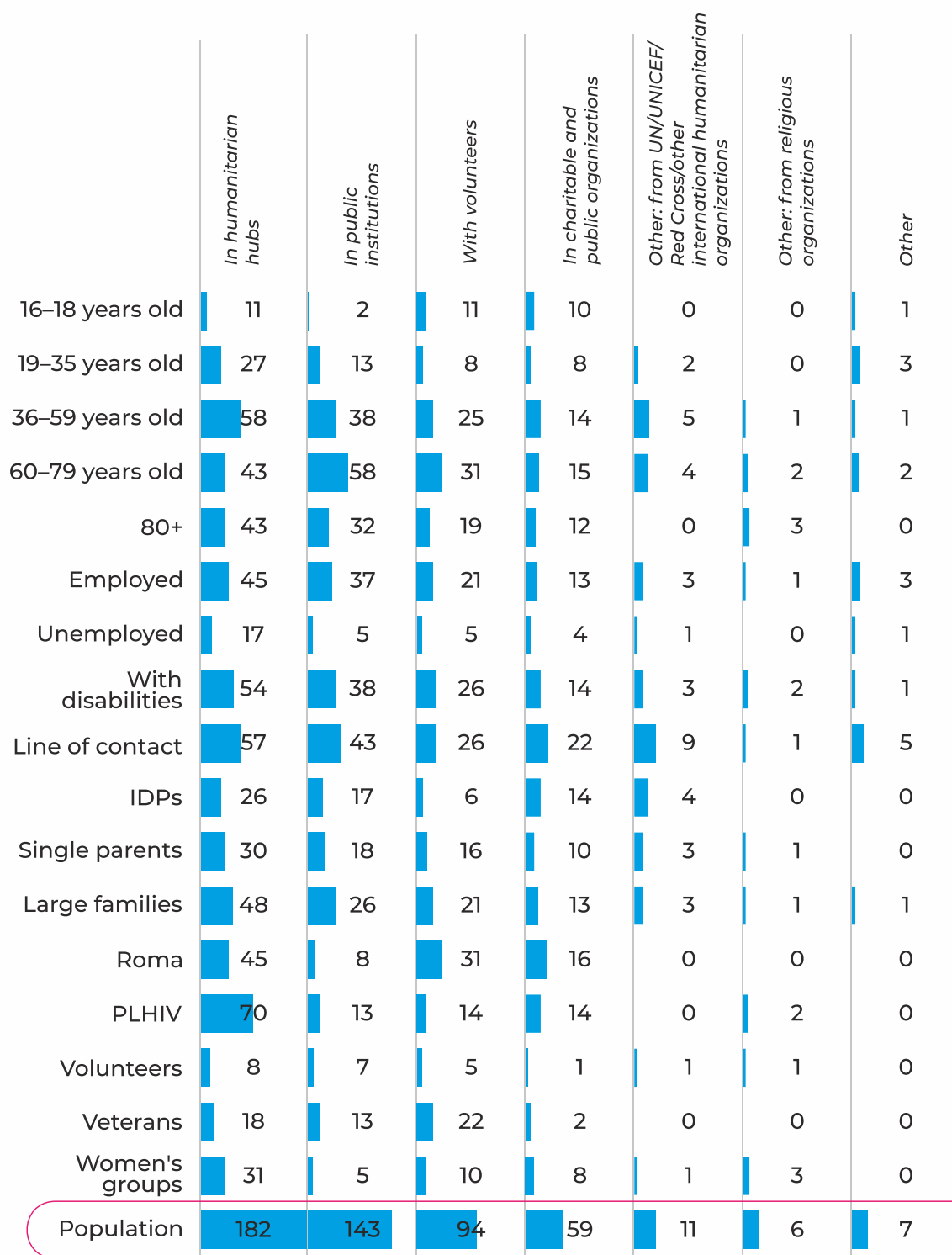


Chart 27

Responses to the question

«You said that you received legal assistance over the past two years. This assistance was provided by...», (number of responses)

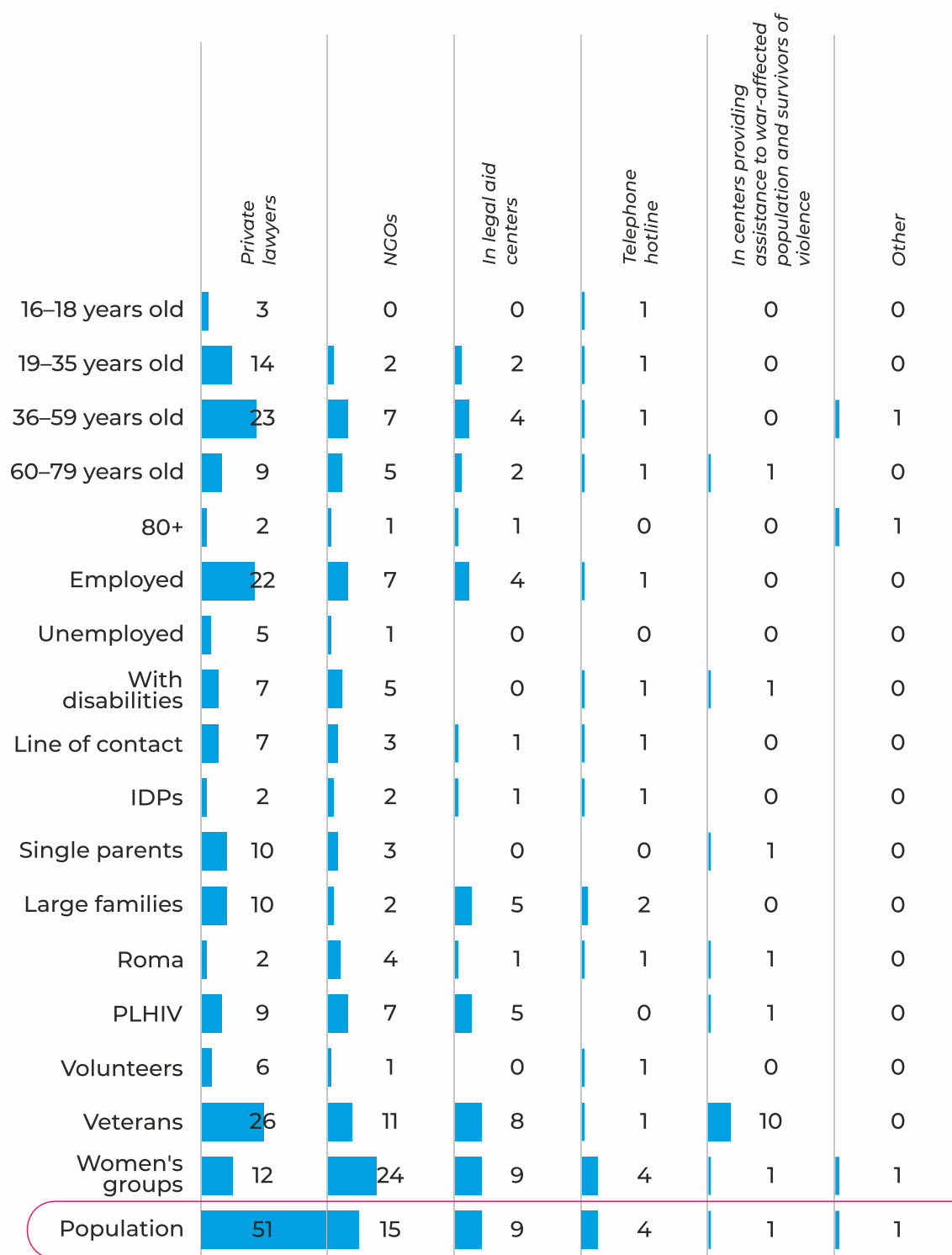
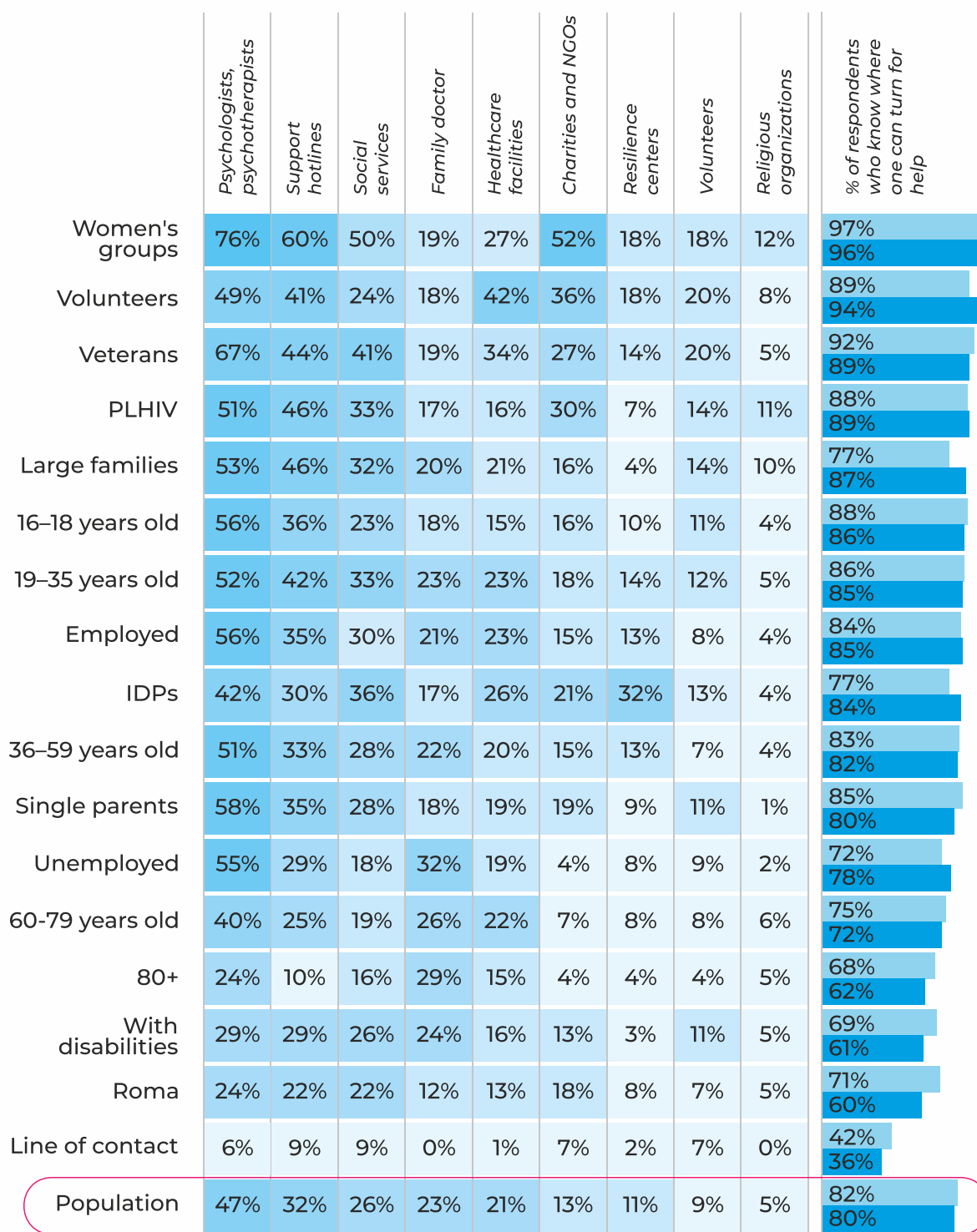


Chart 28

Responses to the question

«Do you know where people affected by the war can seek psychosocial support?»,
(% of respondents)

2023

2025

Awareness of identification, prevention and response to potential security challenges

In 2025, as in 2023, 80% of the population reported knowing **the location of the nearest shelter** (compared to 32% in 2021). Among the target groups, volunteers (95%) and women's initiative groups (91%) demonstrated the highest levels of awareness. The least informed groups were people aged 80 and older (54%), persons with disabilities (63%), and Roma (64%) (Chart 29).

A total of 99% of the population knows how **to contact the police, fire/rescue service, or ambulance** (99% in 2023 and 90% in 2021). Most target groups (from 98% to 100%) are aware of how to reach emergency services; this figure is slightly lower only among Roma people and individuals aged 80+ —at 92–93% (Chart 30).

90% of respondents stated they know what to do if they accidentally **discover an explosive device or a suspicious object resembling one** (compared to 82% in 2023 and 60% in 2021). The most knowledgeable groups include volunteers (100%), veterans (98%), unemployed individuals (97%), and employees (95%). The least informed are those aged 80 and older (63%) and Roma people (69%) (Chart 31).

92% of the population know how to act if they **find suspicious (forgotten) items in a crowded place** (85% in 2023 and 66% in 2021). Among target groups, the most informed are volunteers (99%), veterans (98%), unemployed

individuals (97%), and employees (96%). The least informed groups include individuals aged 80 and older (68%) and Roma people (69%) (Chart 32).

The level of **public awareness regarding the identification, prevention, and response to potential security challenges** (defined as the percentage of respondents who reported being informed about all four aspects listed above) reached 73% in 2025, which is 7 percentage points higher than in 2023. Among target groups, the most informed are volunteers (95%), veterans (86%), and women's initiative groups (85%). The least informed groups include persons aged 80 and older (41%), persons with disabilities (52%), and Roma people (53%).

In 2025, compared to 2023, awareness increased among older age groups: those aged 60–79 (+17 pp), 80+ (+13 pp), as well as among volunteers (+11 pp), people living along the line of contact (+9 pp), and women's initiative groups (+8 percentage points) (Chart 33).

Men, overall, demonstrate slightly higher awareness of the correct procedures in case of accidental discovery of an explosive device or suspicious object in a crowded place. At the same time, unemployed women are significantly more aware than men of the location of the nearest shelter (see Annex 3).

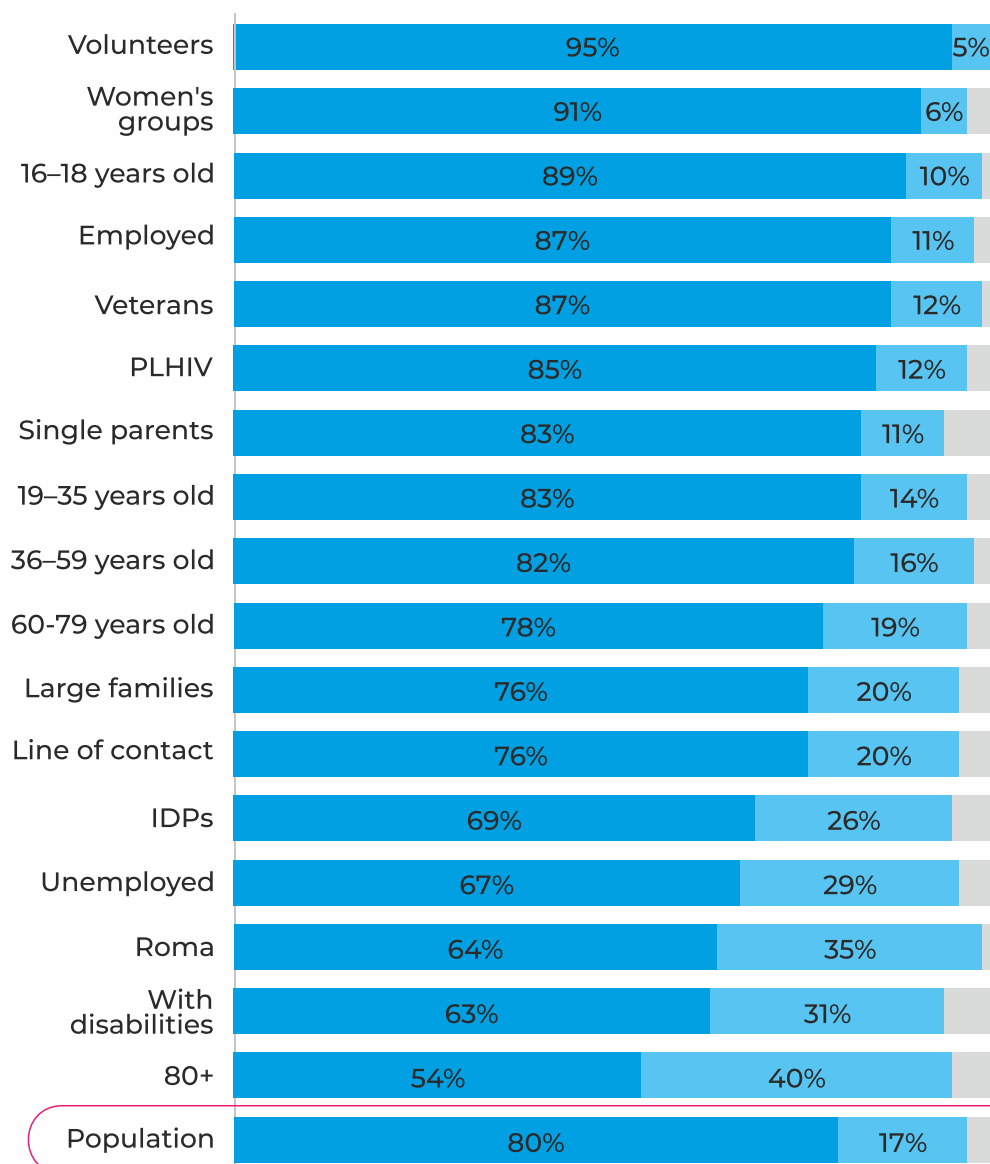


A woman deminer from The Halo Trust Ukraine is working in an area contaminated with mines and explosive ordnance.
Photo: Halo Ukraine/
Viacheslav Ratynskyi

Chart 29

Responses to the question

«Do you know where the closest shelter to your home/work is?»,
(% of respondents)



Yes

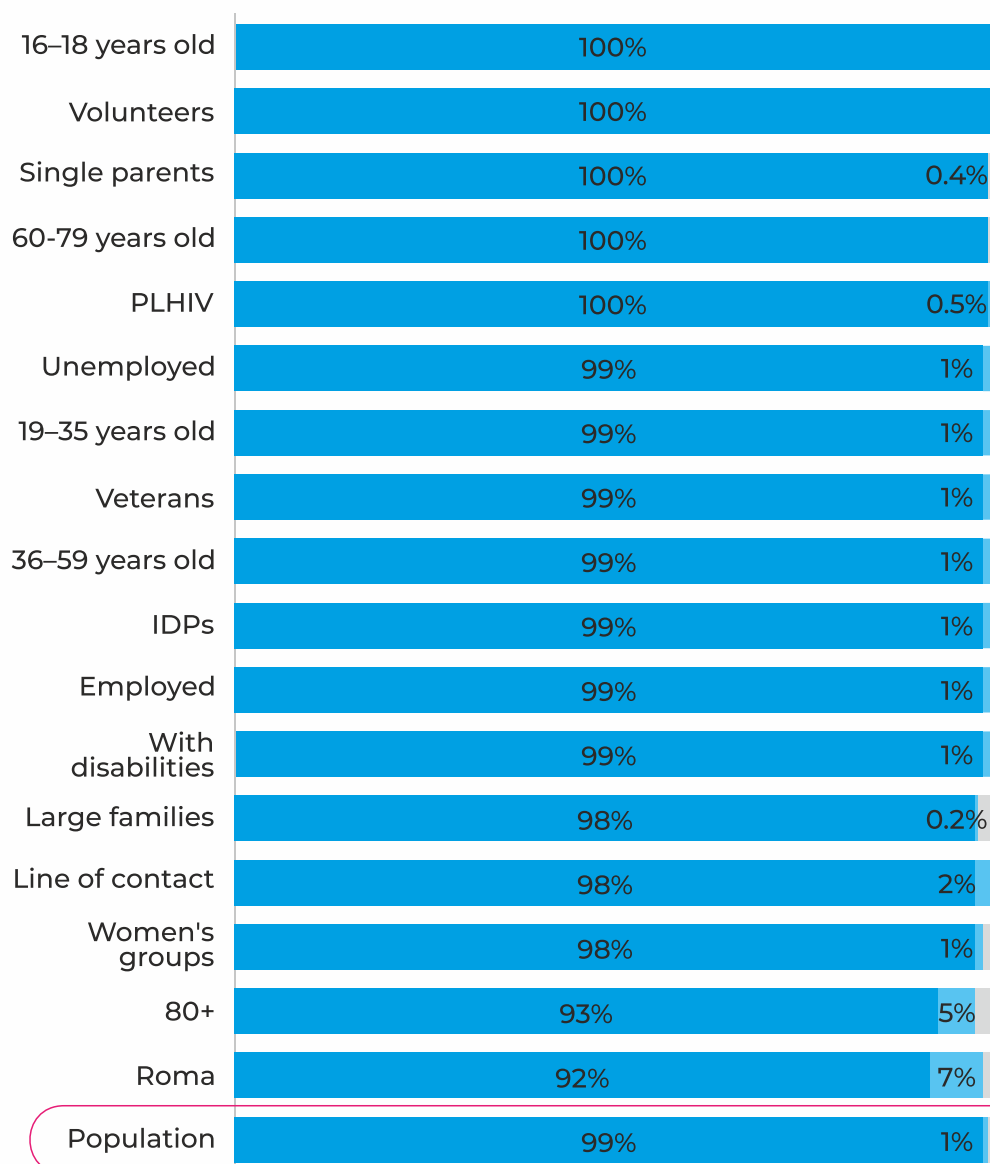
No

Not sure/Hard to say

Chart 30

Responses to the question

«Do you know how to call the police, fire/rescue service, or ambulance?»,
(% of respondents)



Yes

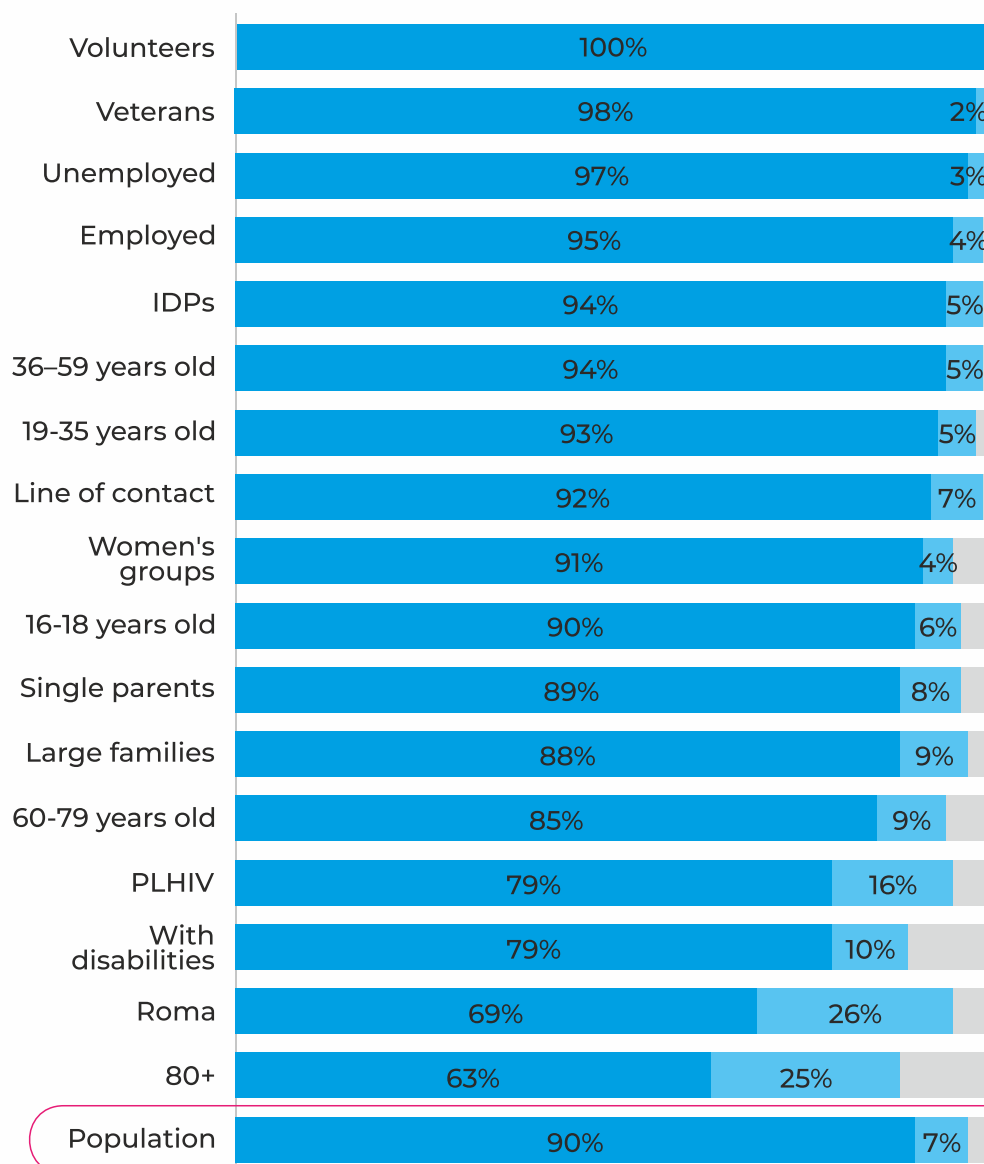
No

Not sure/Hard to say

Chart 31

Responses to the question

«Do you know the algorithm of actions in the event of an accidental discovery of an explosive device or an object resembling it?», (% of respondents)



Yes

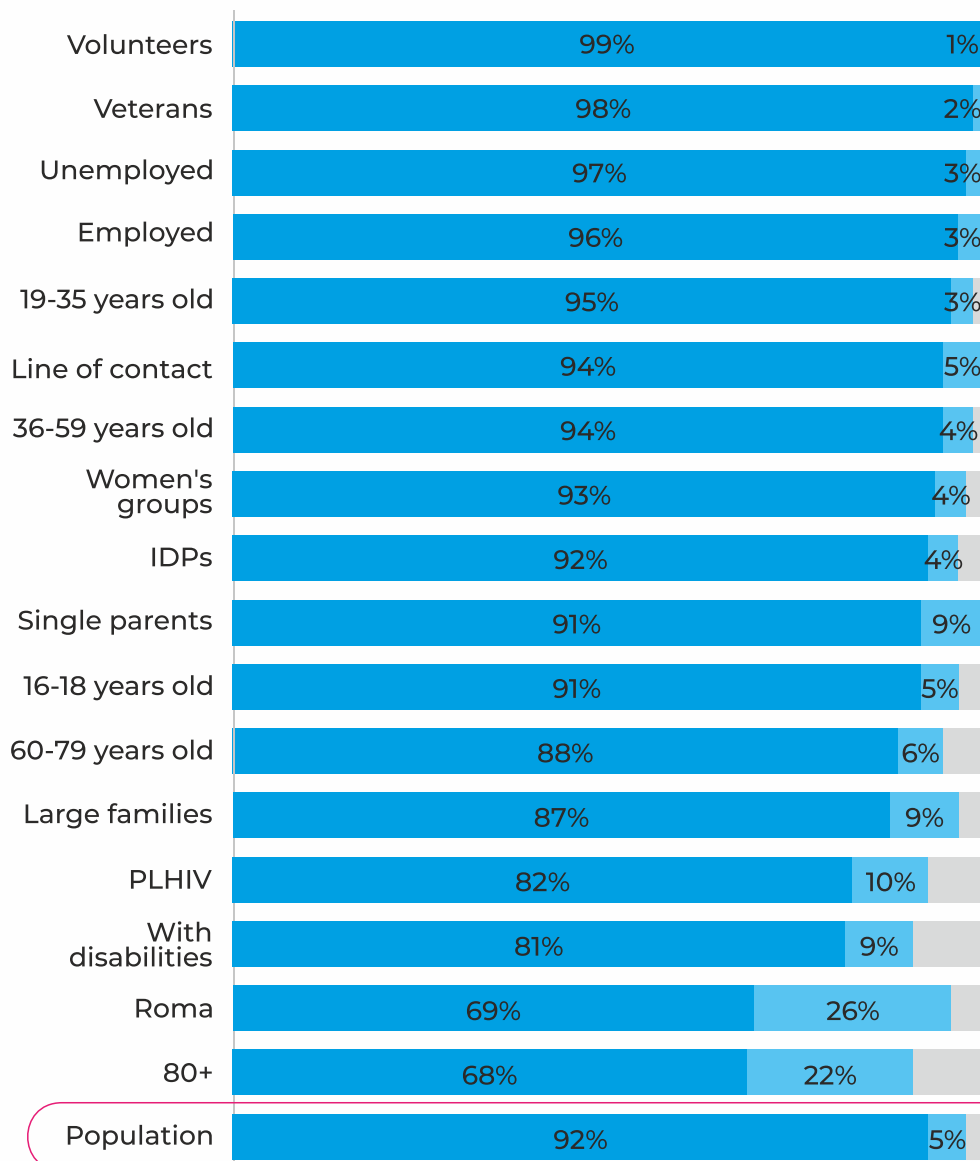
No

Not sure/Hard to say

Chart 32

Responses to the question

«Do you know what to do if you find suspicious (forgotten) items in a crowded place?», (% of respondents)



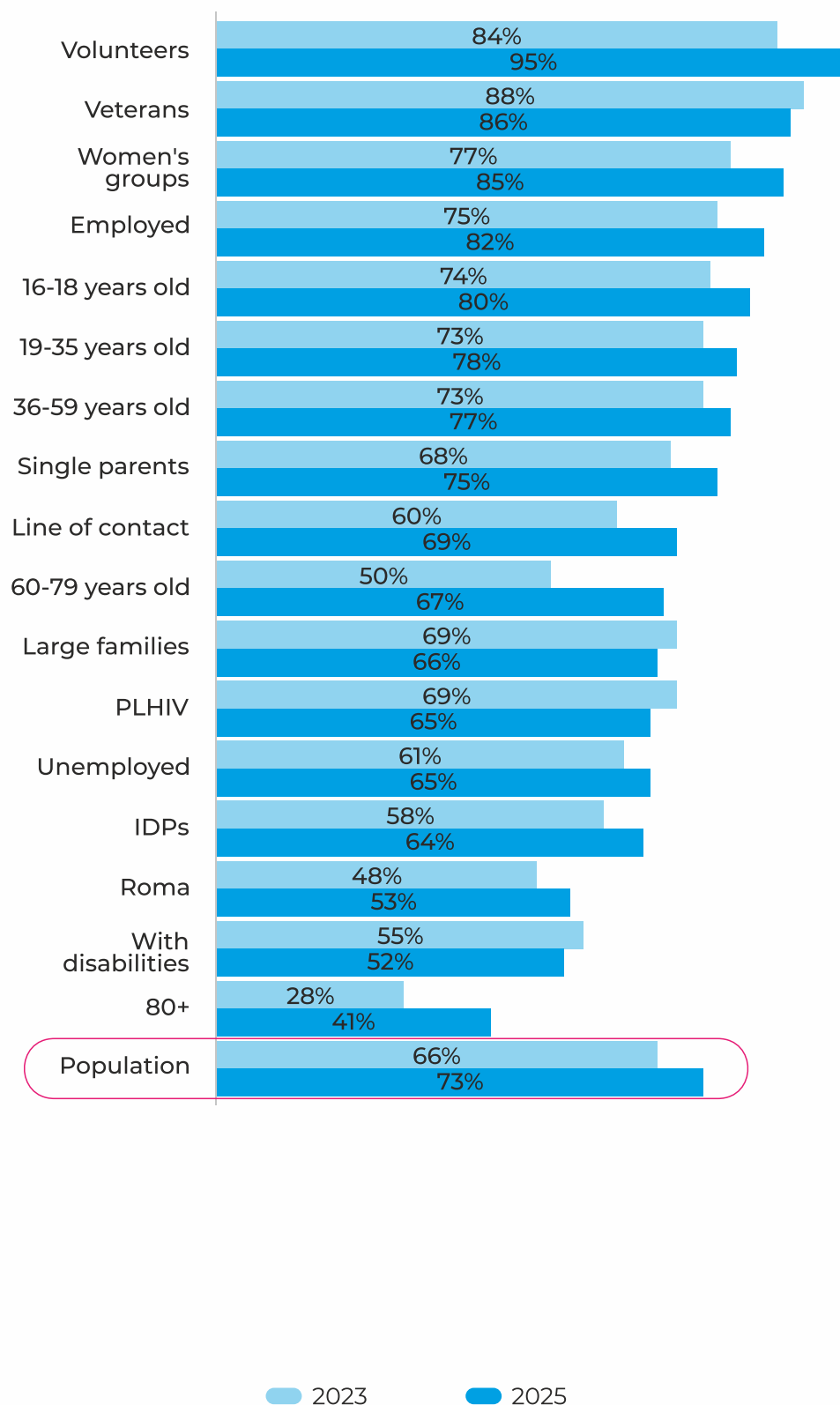
Yes

No

Not sure/Hard to say

Chart 33

Awareness of issues related to the identification, prevention, and response to potential security challenges, (% of respondents who answered "yes" to four respective questions regarding identification, prevention, and response to potential security challenges)



Self-perception of inclusion in decision-making on conflict resolution and post-war recovery

28% of the population fully or somewhat agree that their interests are considered **in community decision-making** (31% in 2023 and 28% in 2021). The highest percentage of such respondents is among people living along the line of contact (56%), volunteers (46%), and the unemployed (36%). Roma and people aged 80+ are less likely to believe that their interests are considered (Chart 34).

Only 18% of the population (22% in 2023) believe that their interests are taken into **when making decisions regarding the region's post-war recovery**. Positive responses to this question were nearly twice as common among people on the line of contact (46%) and volunteers (33%). IDPs, Roma, and people aged 80+ are less likely to believe their interests are considered (6%, 10%, and 13%, respectively) (Chart 35).

In total, 17% of the population believe that their interests are taken into account both in community decision-making and in decisions regarding the region's post-war recovery (this figure was 18% in 2023). A relatively higher percentage was recorded among the following target groups: people on the line of contact (38%), volunteers (31%), and the unemployed (26%). A significantly lower percentage was noted among IDPs (4%), Roma (8%), and people aged 80+ (12%). Positive dynamics compared to 2023 was observed among people on the line of contact (+12 pp), volunteers and persons with disabilities (+4 pp), and the population aged 60-79 years (+3 pp). Negative dynamics was recorded among IDPs (-18 pp), adolescents aged 16-18 years (-12 pp), and PLHIV (-10 pp) (Chart 36).

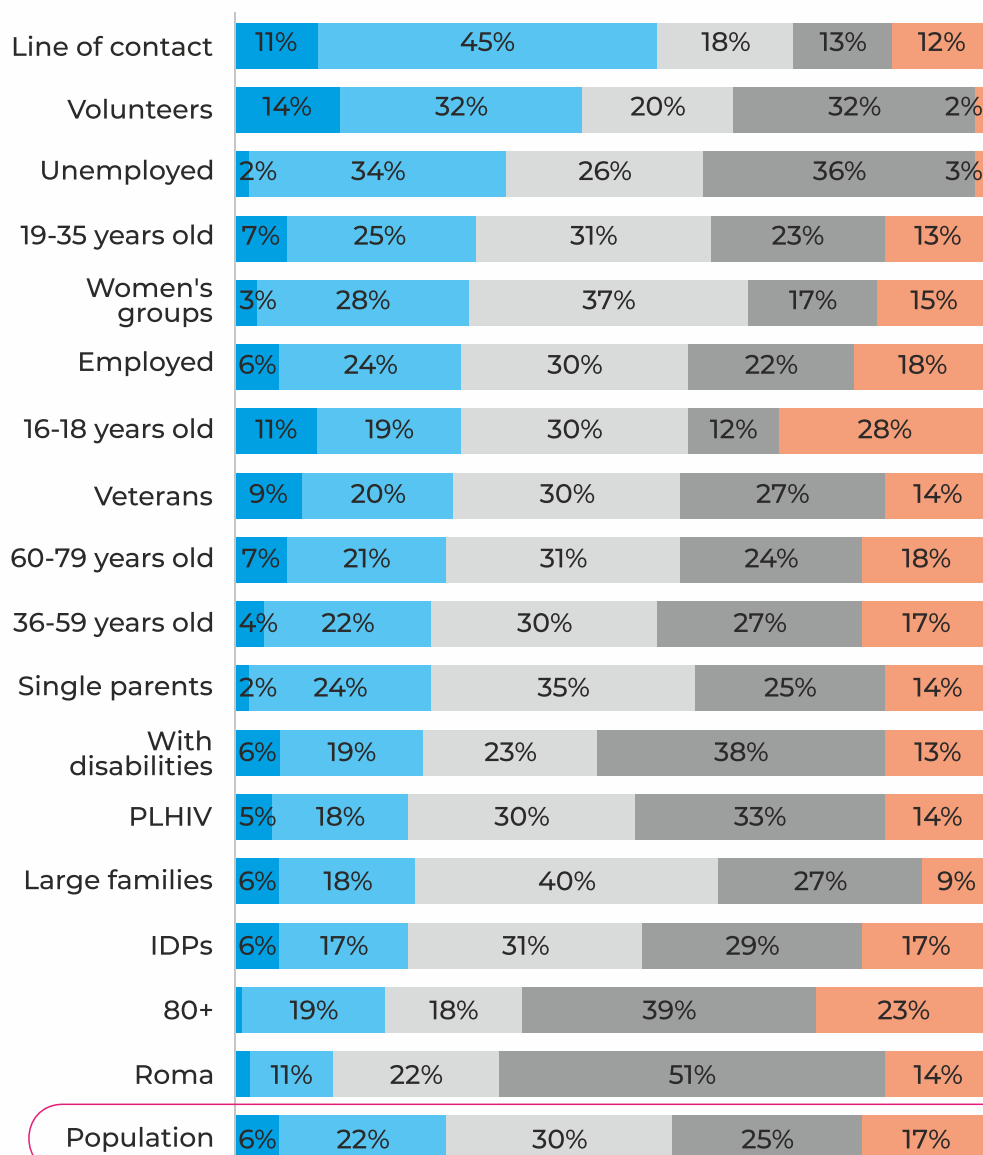
As for gender differences, the percentage of women veterans who believe their interests are considered in community decision-making

and in decisions regarding the region's post-war recovery is higher than the percentage of men veterans. Women aged 35-59 years are more likely than men to disagree that their interests are taken into account in community decision-making. Unemployed men and men living with HIV are more likely than women to strongly disagree that their interests are considered when making decisions about post-war recovery (see Annex 3).

Chart 34

Responses to the question

«Are your interests taken into account when making decisions in your community?»,
(% of respondents)



■ I completely agree

■ I tend to agree

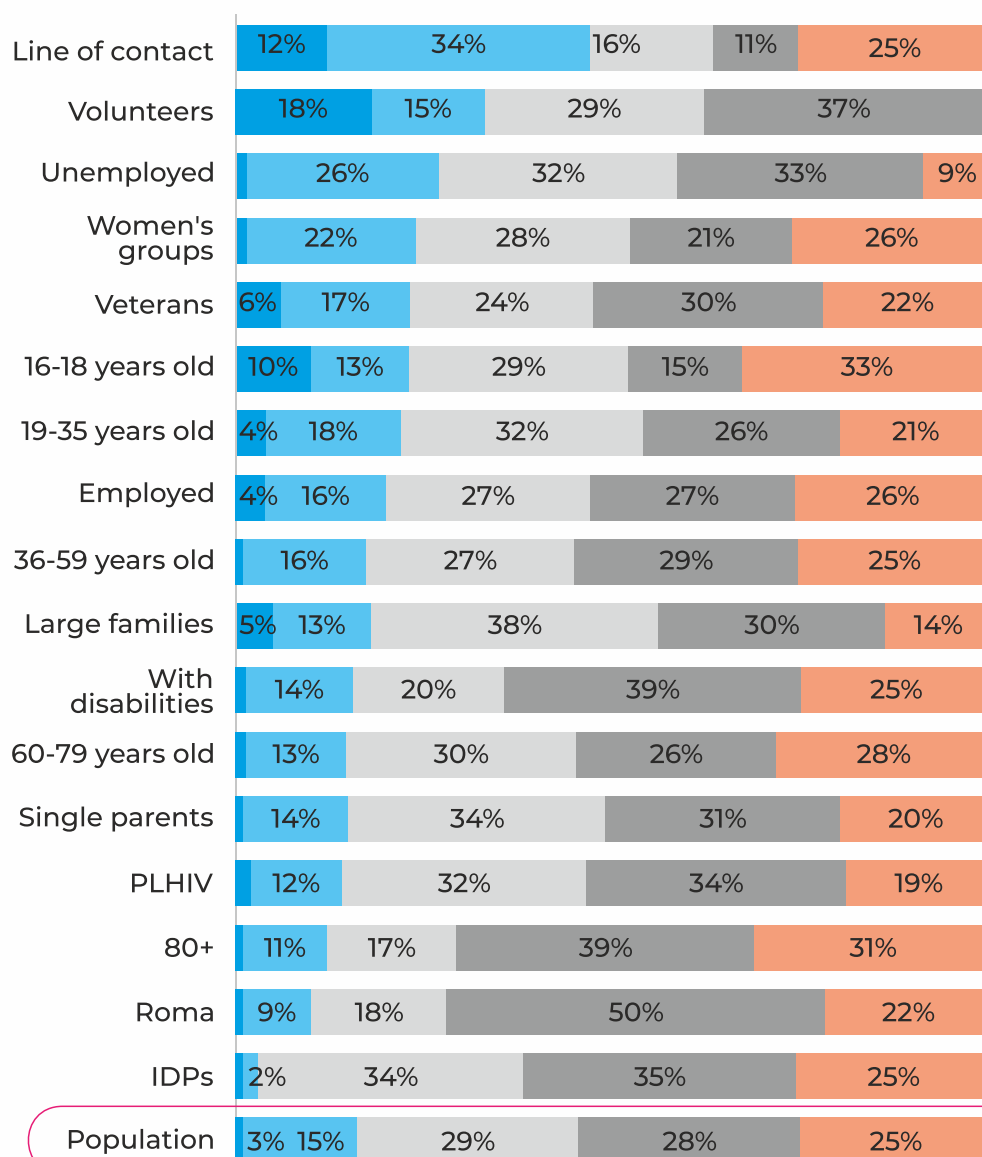
■ I tend to disagree

■ Hard to say / Refusal to answer

■ I tend to agree

■ I completely disagree

Chart 35

*Responses to the question***«Are your interests taken into account when making decisions about the post-war recovery of the region?», (% of respondents)**

I completely agree

I tend to disagree

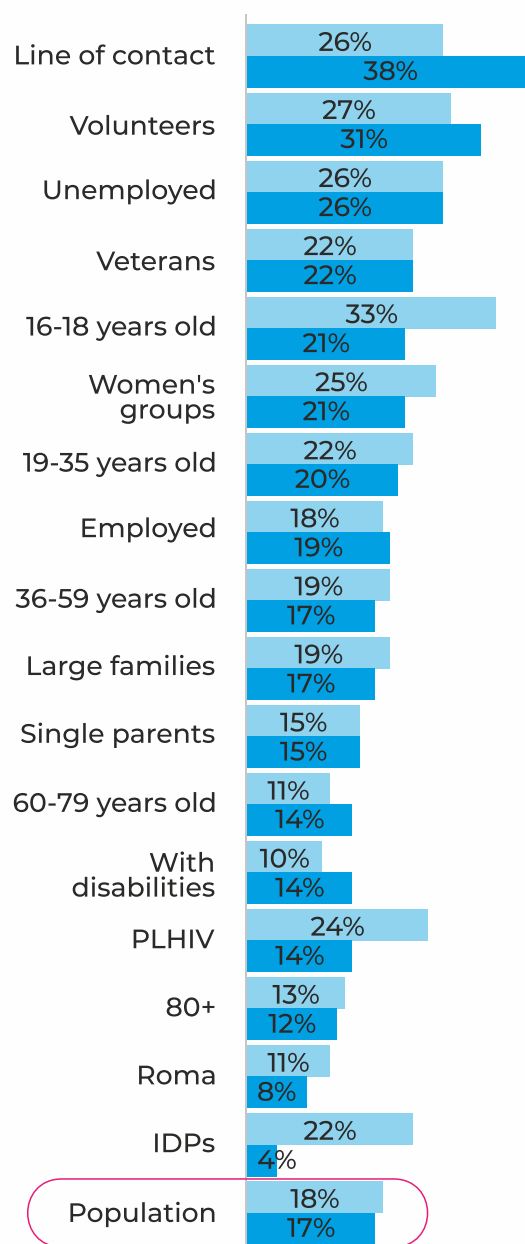
Hard to say / Refusal to answer

I tend to agree

I completely disagree

Chart 36

Consideration of interests in decision-making,
% of respondents who believe that their interests are taken into account in the community and regarding the post-war recovery of the region



2023

2025

| Willingness to adopt a child

In 2025, 10% of the population overall reported having considered the possibility of adoption, which is 3 pp higher than in 2023. The highest rates of considering adoption are observed among representatives of initiative women's groups (22%) and the unemployed (21%). The lowest rates are found among respondents aged 60+ and Roma (Chart 37).

Among respondents who have considered adoption, those most serious about adopting a child are representatives of initiative women's groups, employees, and people aged 19-59 (Chart 38).

In terms of gender, women living with HIV are more likely than men to have considered adoption (see Annex 3).

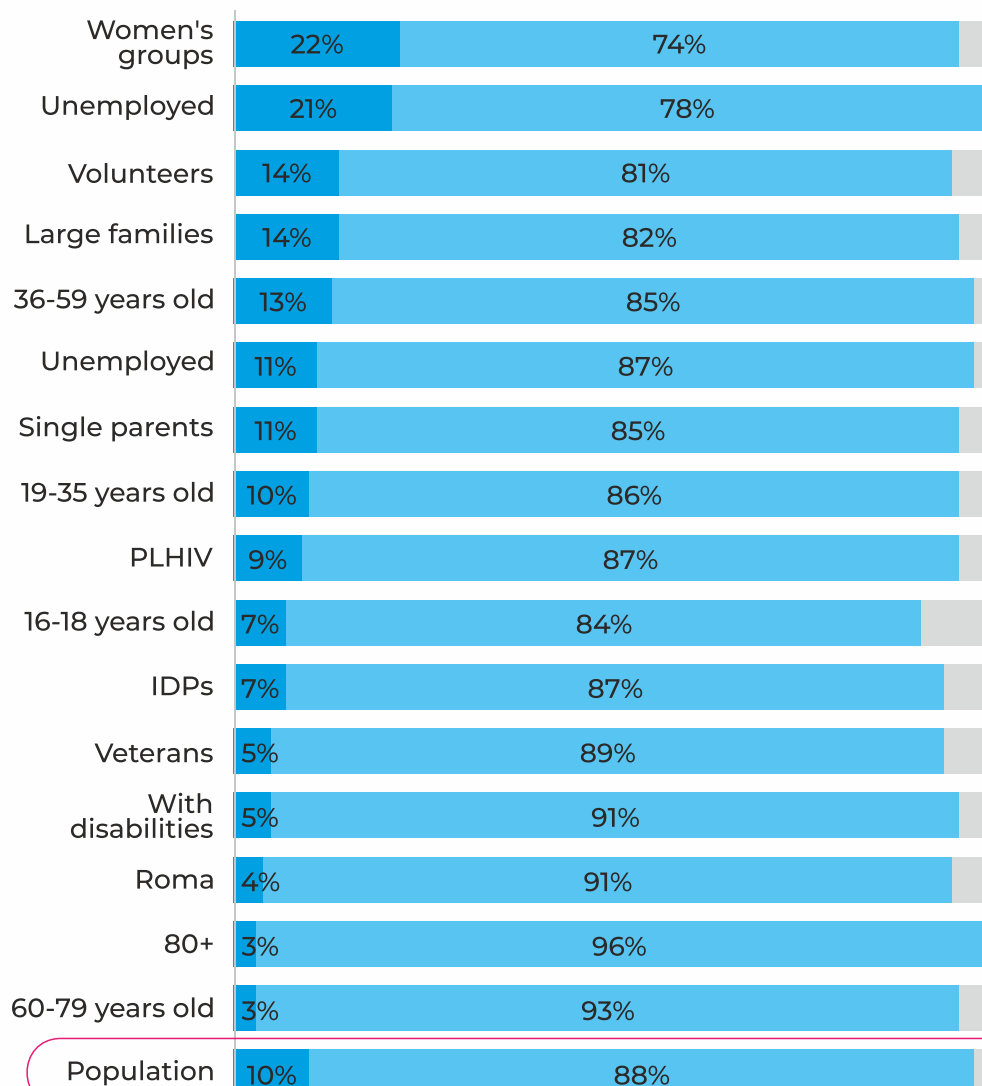


Tetyana Stepanenko, a speech therapist in her own medical office, the equipment for which was purchased with the financial support of Women's Peace and Humanitarian Fund.

Photo: NGO 'Fund 'Professional Development'/Tetyana Topchy

Chart 37

Responses to the question

«Have you ever considered or are you considering the possibility of adopting a child?»,
(% of respondents)

Yes

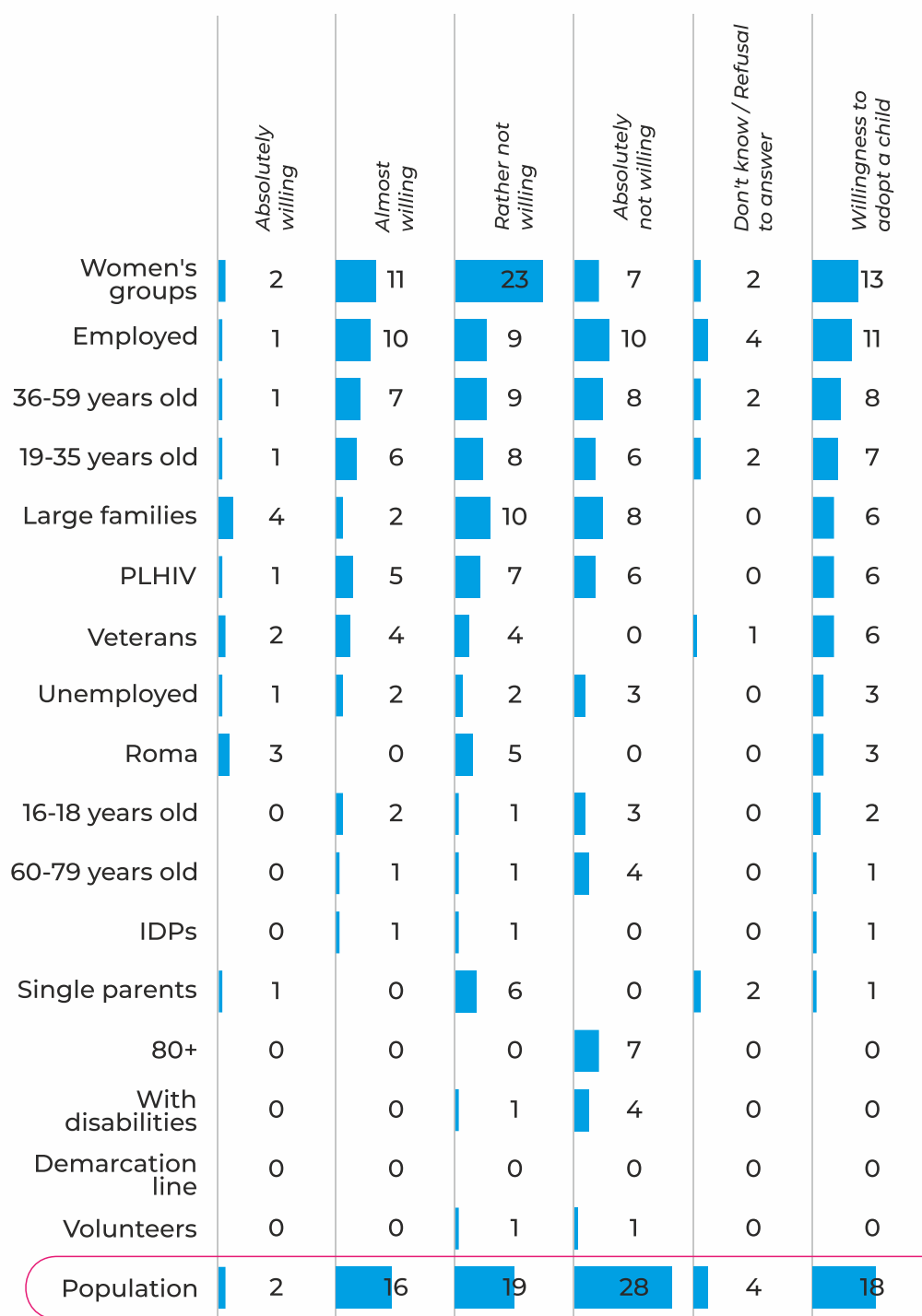
No

Not sure/Hard to say

Chart 38

Responses to the question

«How would you rate your willingness to adopt a child now?», number of responses



Awareness of gender-based violence (GBV) and/or conflict-related sexual violence (CRSV) related to the armed aggression of the Russian Federation against Ukraine.

88% of the population know where people who have suffered from gender-based violence and/or conflict-related sexual violence due to the armed aggression of the Russian Federation against Ukraine can seek help, meaning they provided at least one substantive answer to the question (89% in the previous wave). The most informed groups are women's initiative groups (98%), IDPs, and PLHIV (97-98%), who know where to seek help. The least informed are people living near the line of contact, with only 53% knowing where to seek assistance. In 2025, compared to the previous wave, awareness significantly increased among IDPs (+18 pp), while it decreased among people with disabilities (-16 pp) (Chart 39).

Among the places people can turn to for support in cases of GBV and/or CRSV, respondents most frequently mentioned the police, hotlines for survivors of violence, specialized support services for survivors of violence, and social services. IDPs, volunteers, and single parents more frequently indicated survivor relief centers as options for support. PLHIV more often referred to religious organizations, while volunteers mentioned healthcare institutions (Chart 39).

Among the places people can turn to for support in cases of GBV and/or CRSV, women more often than men mentioned survivor relief centres. Single mothers more frequently than men indicated the police and hotlines for survivors of violence. Additionally, women aged 36-59, women veterans, and single mothers and mothers with multiple children more often mentioned hotlines for survivors of violence than men. Women living with HIV more often than men referred to non-governmental organizations and volunteers. Meanwhile, men living with HIV more frequently mentioned social services. Specialized support services for survivors of violence were more often mentioned by men aged 80+ and unemployed women (see Annex 3).

Overall, 4% of the population (compared to 3% in 2023) know someone who has suffered from CRSV. The highest proportion of those who are aware of violence is among women's initiative groups (17%), IDPs (15%), and veterans (8%). Among other target groups, this figure does not exceed 6% (Chart 40). The proportion of those who know survivors of violence has increased compared to 2023 in the following target groups: women's initiative groups, IDPs, persons with disabilities, while it has decreased among veterans, adolescents aged 16-18, and people aged 80+ (Chart 40).

Among respondents who know survivors of CRSV, representatives of women's initiative groups and employees are more aware of cases where survivors have sought help compared to other target groups (Chart 41).

In 2025, 87% of the population know (provided at least one meaningful response to the relevant question) where people affected by GBV can turn for help. This is 3 percentage points lower than the 2023 figure. The best-informed groups are women's initiative groups (100%) and PLHIV (97%). The least informed are individuals living along the line of contact, with only 56% knowing where to seek support (Chart 42).

Among the places people affected by GBV can turn to, respondents most often mentioned the police, specialized support services for survivors of violence, and hotlines for survivors of violence. PLHIV and large families more frequently mentioned religious organizations. Representatives of women's initiative women's groups and unemployed individuals more often than others mentioned the ombudsman.

IDPs and volunteers more often mentioned survivor relief centers. Respondents living along the line of contact more frequently mentioned

healthcare facilities, psychotherapists, and psychologists compared to other target groups (Chart 42).

As for gender differences, unemployed men and single mothers more frequently than individuals of the opposite sex mentioned the police. Women aged 36-59 were more likely than men to mention social services. Unemployed women and women living with HIV more often than their men counterparts cited specialized support services for people affected by the Russian full-scale invasion in Ukraine. Women living with HIV more frequently than men mentioned survivor relief centers. Women aged 19-35, mothers with

multiple children, women living with HIV, and women veterans more frequently than men referred to hotlines for survivors of violence. Additionally, mothers with multiple children more often than men mentioned non-governmental organizations, while women aged 60-79 referred more often to the ombudsperson. Single fathers were more likely than single mothers to not know where people affected by GBV can seek assistance (see Annex 3).



*Elderly woman in a shelter of NGO 'Zaporuka' for survivors of gender-based violence.
Photo: NGO 'Zaporuka'/Danylo Sekunda*

Chart 39

Responses to the question

«Do you know where people who have suffered from gender-based violence and/or sexual violence related to the armed aggression of the Russian Federation against Ukraine can seek support?», (% of respondents)

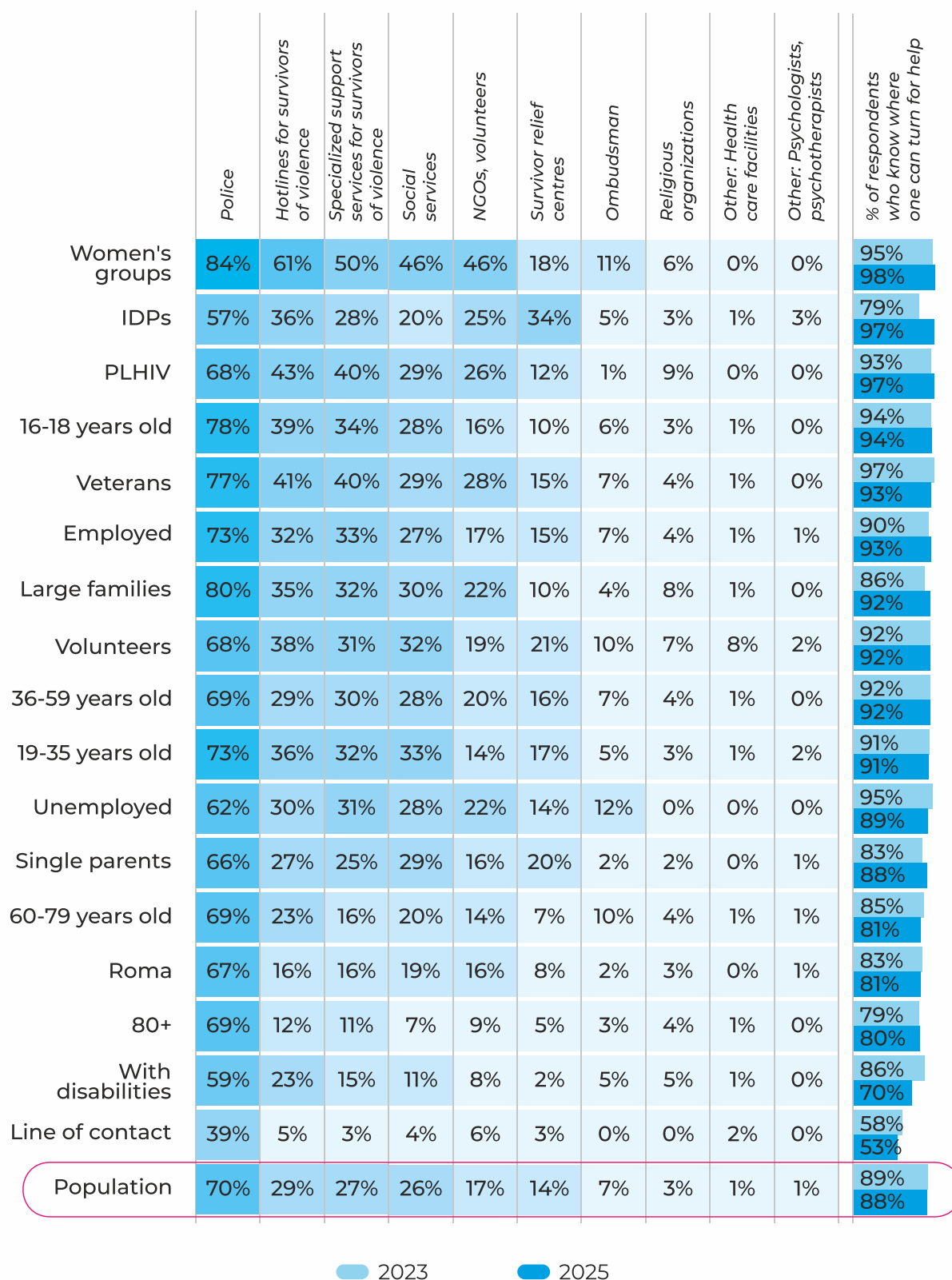


Chart 40

Responses to the question

«Could you please tell us if you personally know anyone who has suffered from sexual violence related to the armed aggression of the Russian Federation against Ukraine?», (% of respondents)

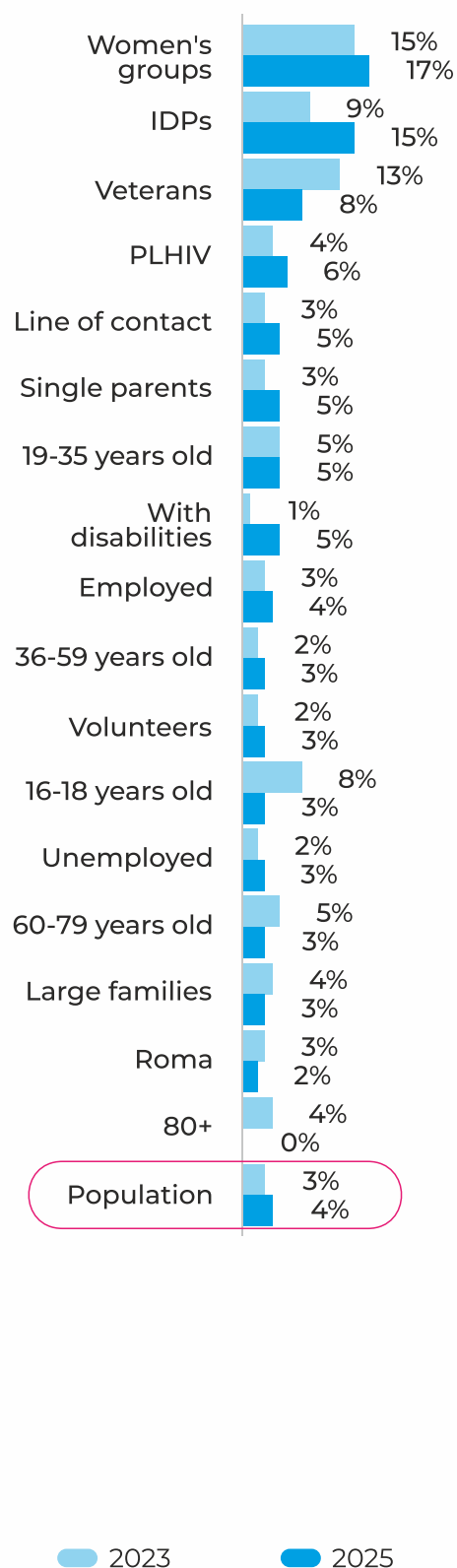


Chart 41

Responses to the question

«Do you know whether the survivors [of sexual violence related to the armed aggression of the Russian Federation against Ukraine] sought help?»,
number of responses

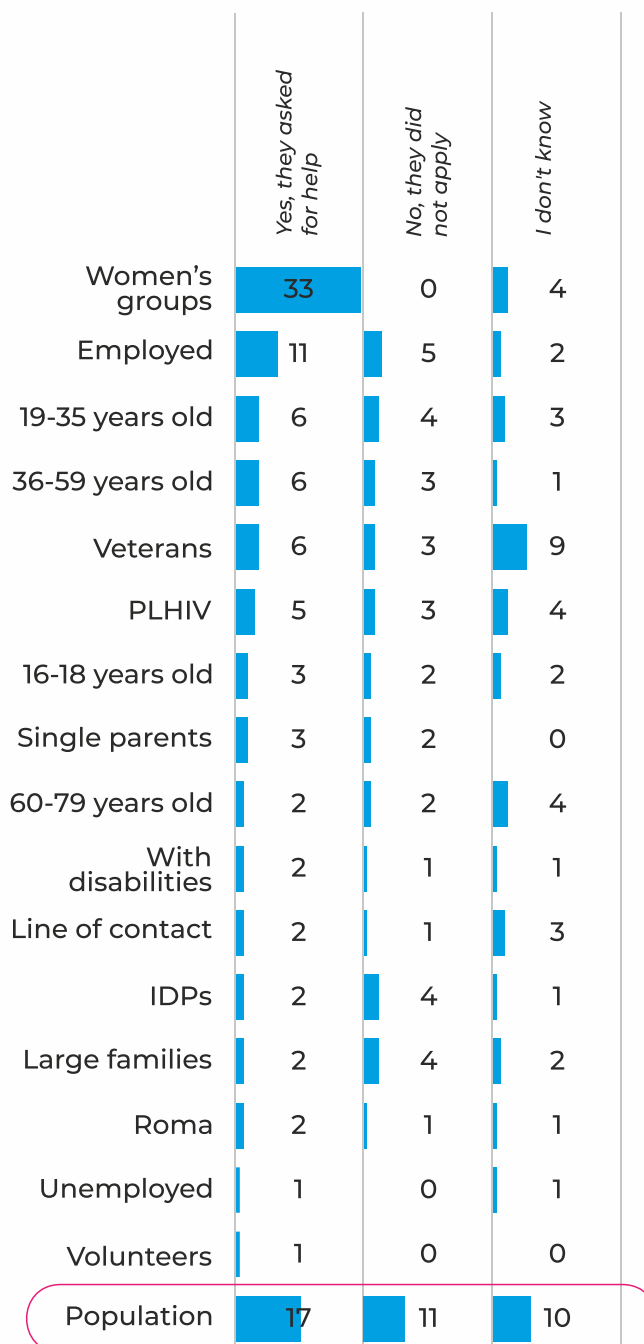
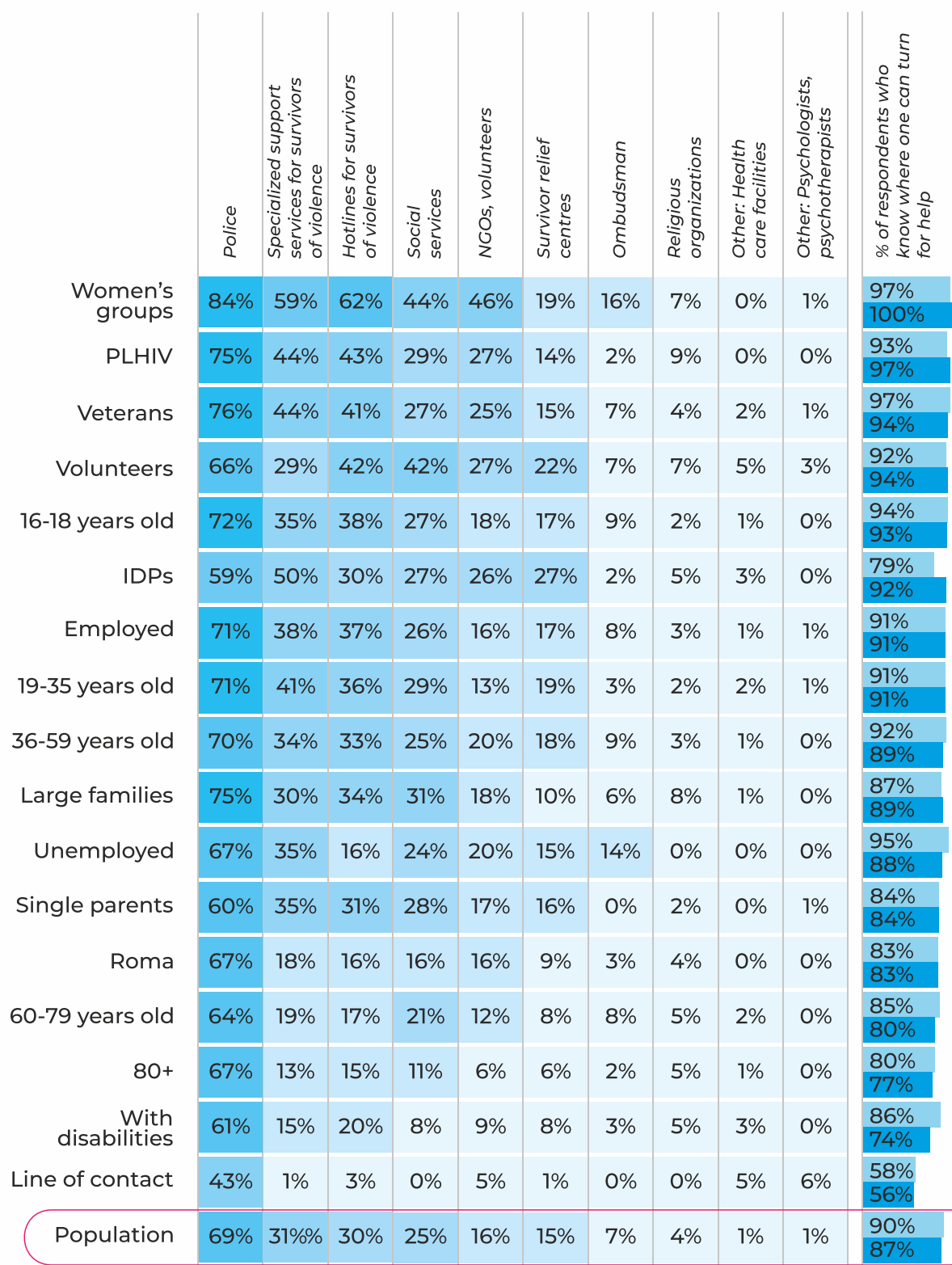


Chart 42

*Responses to the question***«Do you know where people who have suffered from conflict-related sexual violence can seek support?», % of respondents.**

2023

2025

Impact of changes on financial situation over the past two years

Over the past two years, 57% of the population as a whole have experienced changes that have significantly affected their financial situation (respondents gave at least one substantive answer to the relevant question). The unemployed and people living on the line of contact most often mentioned such changes. Respondents aged 16-18 mentioned such changes the least often.

The most common reason for changes in financial situation is a decrease in salary/income. The unemployed, people on the line of contact, IDPs, and PLHIV were relatively more likely than other key populations to say that their financial situation was affected by job loss. In addition, unemployed persons more often than other groups of people reported that their financial situation worsened due to forced transition to informal employment. Of all the civilian populations, people on the line of contact have the highest rate of those who have taken on family care responsibilities. Single parents and

parents with multiple children, persons with disabilities, and people aged 80+ are more likely than other target groups to lack income due to rising prices (Chart 43). People on the line of contact mentioned the termination of their entrepreneurial activity more often than others.

As for the gender differences in the indicators, men more frequently than women reported job loss and termination of their entrepreneurial activity, while women more often mentioned a decrease in salary/income and a lack of income due to rising prices. The transition to informal employment affected the financial situation of men more than that of women, particularly among the following TGs: men aged 19-35, salaried employees, Roma, and large families. Men aged 36-59, male salaried employees, and men with disabilities more frequently than women reported income changes related to additional caregiving responsibilities for family members (see Annex 3).

Chart 43

Responses to the question

«What changes have you or your family members experienced over the past two years that significantly affected the financial situation?», (% of respondents)

	Salary/income reduction	Lost their job	Added responsibilities for caring for family members	Informal employment instead of formal employment	Other: Lack of income due to rising prices	They stopped their business activities and could not find another source of income	They stopped their business activities and became employees	% of respondents that have experienced changes
Unemployed	46%	58%	5%	15%	0%	3%	1%	85%
Line of contact	46%	37%	25%	9%	1%	9%	5%	78%
PLHIV	57%	24%	5%	7%	1%	1%	1%	71%
Single parents	55%	17%	12%	5%	6%	0%	1%	71%
Large families	52%	16%	15%	3%	6%	0%	0%	69%
IDPs	42%	25%	13%	7%	1%	3%	0%	68%
With disabilities	55%	16%	13%	2%	6%	0%	1%	67%
Women's groups	58%	13%	9%	4%	0%	1%	1%	67%
Volunteers	50%	6%	15%	4%	2%	5%	0%	66%
36-59 years old	52%	18%	8%	7%	2%	2%	2%	65%
Veterans	47%	16%	7%	4%	0%	3%	3%	59%
Roma	42%	13%	11%	6%	0%	3%	0%	54%
Employed	45%	10%	7%	5%	2%	1%	3%	53%
60-79 years old	42%	8%	5%	2%	5%	1%	0%	53%
19-35 years old	37%	14%	9%	7%	1%	2%	2%	53%
80+	35%	4%	4%	1%	8%	1%	1%	47%
16-18 years old	25%	8%	2%	5%	1%	1%	1%	32%
Population	44%	14%	7%	6%	3%	2%	1%	57%

Issues identified in specific target groups

5–6% of surveyed **people with disabilities** reported being unable to access medical care in private facilities or receive social protection services. They also rated the quality of public healthcare and social protection services poorly. Members of this target group have limited knowledge of where to seek psychosocial support or where survivors of sexual violence can turn for help. They are also poorly informed about issues related to identification, prevention, and response to potential security threats.

Persons aged 80 and similarly rated the quality of public medical and social services as low. Members of this group are also poorly informed about safety issues and available assistance for survivors of CRSV. In addition, they frequently feel that their interests are insufficiently taken into account in decision-making related to conflict resolution and post-war recovery.

The Roma people rated the quality of administrative services, public and private healthcare, public education, and social protection services poorly. Members of this target group have limited knowledge of where to seek psychosocial support and are poorly informed about issues related to the identification, prevention, and response to potential security threats. They are also relatively more likely to feel that their interests are insufficiently considered in decision-making processes concerning conflict resolution and post-war recovery.

Between 6% and 16% of respondents **living near the line of contact** reported being unable to access administrative services, medical care in public and private facilities, or social protection services. This target group also shows the lowest level of awareness regarding where to seek psychosocial support and where survivors of GBV can turn for help.

6% of surveyed **IDPs** reported that they were unable to access medical care in private healthcare facilities. They also rated the quality of administrative services poorly and, more than any other TG, believe that their interests are insufficiently taken into account in decision-making related to conflict resolution and post-war recovery.

Unemployed respondents rarely use public medical services and, when they do, tend to rate their quality poorly. This group also has the highest percentage of individuals who reported changes over the past two years that have affected their financial situation.

Single parents rated the quality of private medical services, social protection services, humanitarian aid, and public education services as low.

Veterans rated the quality of administrative, psychological, and legal services poorly.

Among members of women's **initiative groups, IDPs, and veterans**, the percentage of those who personally know survivors of CRSV is relatively high.

Table 2

Categories of the population that have received services least often, tend to rate their quality poorly, and have the lowest awareness of security issues and available support services for survivors of violence

Type of service / assistance	The lowest level of service usage	Lowest ratings of service quality	Most often unable to access services	The lowest awareness
Administrative services	80+ years old Unemployed 60–79 years old	Veterans IDPs Roma	On the line of contact	×
Medical care in public facilities	On the demarcation line Unemployed Roma	Persons with disabilities 80+ years old Roma Unemployed	On the line of contact	×
Medical care in private facilities	80+ years old Unemployed On the demarcation line	Roma Single parents 60–79 years old	On the line of contact Persons with disabilities IDPs	×
Social protection services in public institutions	Volunteers 16–18 years old 36–59 years old	Single parents Persons with disabilities Roma	On the line of contact Persons with disabilities Unemployed	×
Social services in private institutions	Volunteers 16–18 years old 36–59 years old	80+ years old	Persons with disabilities	×
Psychological services	80+ years old Volunteers 60–79 years old	Veterans	On the line of contact	×
Educational services in public institutions	80+ years old 60–79 years old On the demarcation line	Single parents Roma 36–59 years old	—	×
Educational services in private institutions	Persons with disabilities 60–79 years old 80+ years old	Employees	On the line of contact	×
Services for starting your own business	80+ years old 60–79 years old 16–18 years old	n/a	n/a	×
Services for professional re-qualification	Persons with disabilities 80+ years old 60–79 years old	n/a	IDPs	×
Employment services in employment centres	60–79 years old Persons with disabilities 80+ years old	n/a	On the line of contact	×
Humanitarian aid	16–18 years old Employees 19–35 years old	Single parents 80+ years old Veterans	Persons with disabilities 80+ years old	×
Legal aid	16–18 years old 80+ years old Unemployed	Veterans	On the line of contact Persons with disabilities	×
Awareness of security issues	×	×	×	80+ years old Persons with disabilities Roma
Awareness of services for GBV survivors	×	×	×	On the line of contact 80+ years old Persons with disabilities

Legend: x - not relevant for this indicator; n/a - no data or insufficient data for statistical analysis.

RECOMMENDATIONS

In terms of service accessibility, particular attention should be given to the following TGs:

01

Those living on the line of contact: between 6% and 16% of respondents residing in this area reported being unable to access administrative services, medical care in public and private facilities, and social protection services;

02

Persons with disabilities, especially regarding access to social protection services and private medical care (5% and 6% of respondents with disabilities, respectively, reported being unable to access these services);

03

IDPs, particularly in the context of private medical care (6% of surveyed IDPs reported being unable to obtain such services).

It should also be taken into account that over the past two years, public satisfaction with the quality of administrative and public healthcare services has declined.

Although overall public awareness of security-related issues has improved, nearly one in five respondents still does not know the location of the nearest shelter. (This highlights a potential area for targeted information campaigns).

The most vulnerable TGs, who most frequently demonstrated low awareness across the indicators examined in this research, are:

- Persons with disabilities;
- The oldest age group (80+ years);
- Roma communities;
- Individuals residing on the line of contact.

Given the low level of respondents' assessments regarding the extent to which their interests are considered in decision-making about post-war recovery, efforts to raise these expectations can be directed toward local self-government and community leaders. This is supported by the fact that a higher proportion of respondents believe their interests are taken into account in community-level decision-making compared to decisions concerning regional post-war recovery.

Further efforts are needed to disseminate information on how to respond to, document, and refer survivors of CRSV, as well as on available opportunities for obtaining reparations.

As for gender differences, policy development should take into account the following:

- Women generally access public and private healthcare services, social protection, and humanitarian aid more often than men. Women aged 36–59 and employed women access administrative services more frequently than men in the same categories. Employed women also use employment centre services more often than employed men. Women with disabilities receive social and psychological services more frequently than men with disabilities. These patterns may be explained by several factors, including:

1) the traditional division of roles common in Ukrainian society, where women are often

responsible for managing education, healthcare, humanitarian, and other issues on behalf of family members;

2) during wartime, women face a disproportionately higher burden and responsibility for supporting their families, as many men are serving in the Armed Forces or other security units. Additionally, many families are affected by loss, captivity, or injury of male members.

- Women are less informed than men about the procedures to follow if an explosive device or a suspicious object is found in a public area.
- Among respondents aged 35–59, a smaller proportion of women believe their interests are taken into account in community decision-making, compared to men of the same age group.



Participants of two-day training with psychologists within the project NIZHNA (Women's Initiative for Persistent and Active).
Photo by CO «Light of Hope»/Iryna Solianyik, Stanislav Pantelei

ANNEXES

Annex 1. Indicators and their relevance to the questionnaire

Table 2
Indicators and their relevance to the questionnaire

Indicator	Description of the indicator
Number and share of respondents affected by the armed aggression of Russia who are satisfied with the services	Those who rated the quality of relevant services as “good” or “excellent”
Number and share of respondents who are aware of available social services for war-affected individuals in need of psychosocial support	Those who provided at least one meaningful response to the open-ended question: “Do you know where people affected by the war can seek psychosocial support?”
Number and share of respondents who are informed about the issues of identifying, preventing, and responding to potential security challenges	Those who answered “yes” to all of the following survey questions: - Do you know where the nearest shelter to your home/work is located? - Do you know how to contact the police, fire/rescue service, or ambulance? - Do you know the procedure in case of accidental discovery of an explosive device or an object resembling one? - Do you know how to act if you find a suspicious (forgotten) item in a crowded place?

Number and share of respondents who believe that their interests were taken into account in decision-making regarding conflict resolution and post-war recovery

Those who selected “strongly agree” or “somewhat agree” for both of the following survey questions:

- Do you agree with the statement: “Your interests are taken into account when decisions are made in your community”?
- Do you agree with the statement: “Your interests are taken into account when decisions are made regarding the post-war recovery of your region”?

Number and share of respondents who are willing to adopt a child

Those who responded that they are fully or rather willing to adopt a child (from the total number of respondents aged 18 and older)

Number and share of respondents who reported incidents of CRSV involving their relatives/friends/neighbors/acquaintances

Those who selected “yes” in response to the question: “Do you personally know anyone who has suffered from sexual violence related to the armed aggression of the Russian Federation against Ukraine?”

Number and share of respondents who are aware of referrals and assistance provided to survivors (out of the total number of respondents who confirmed they are aware of CRSV cases)

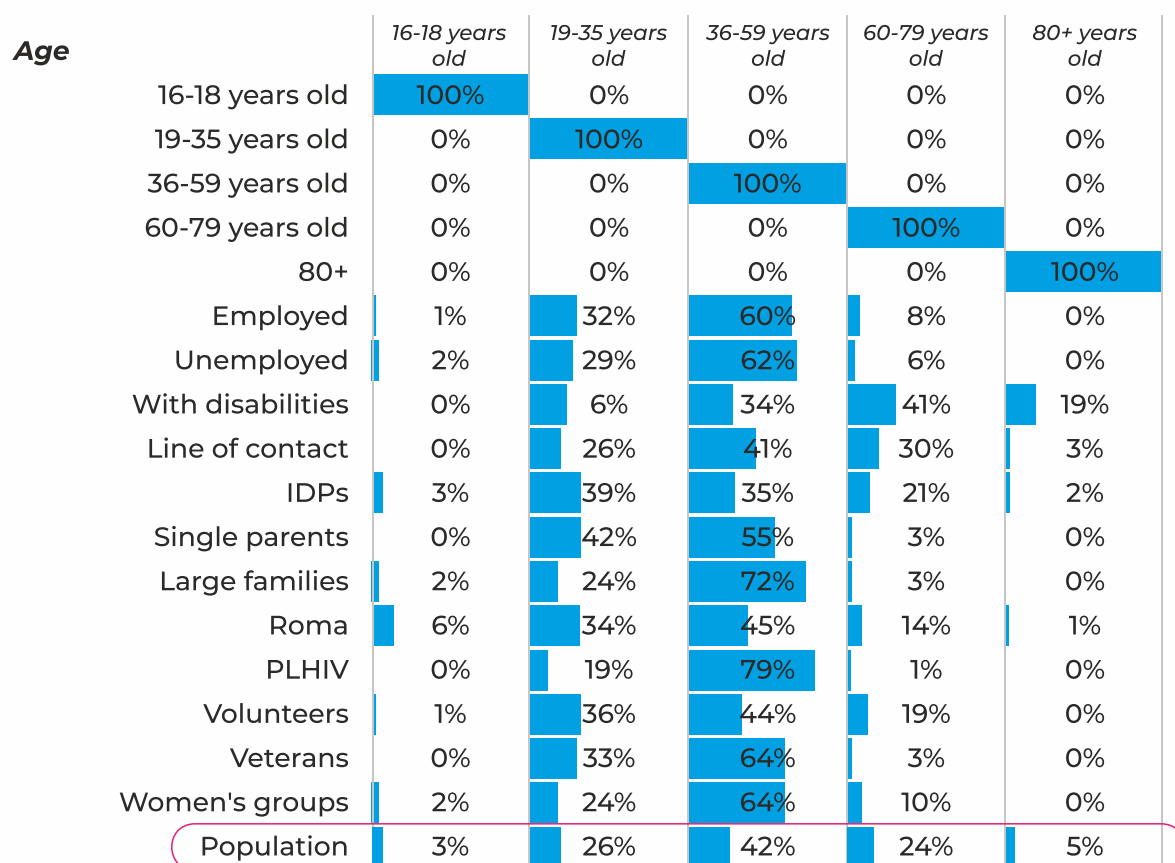
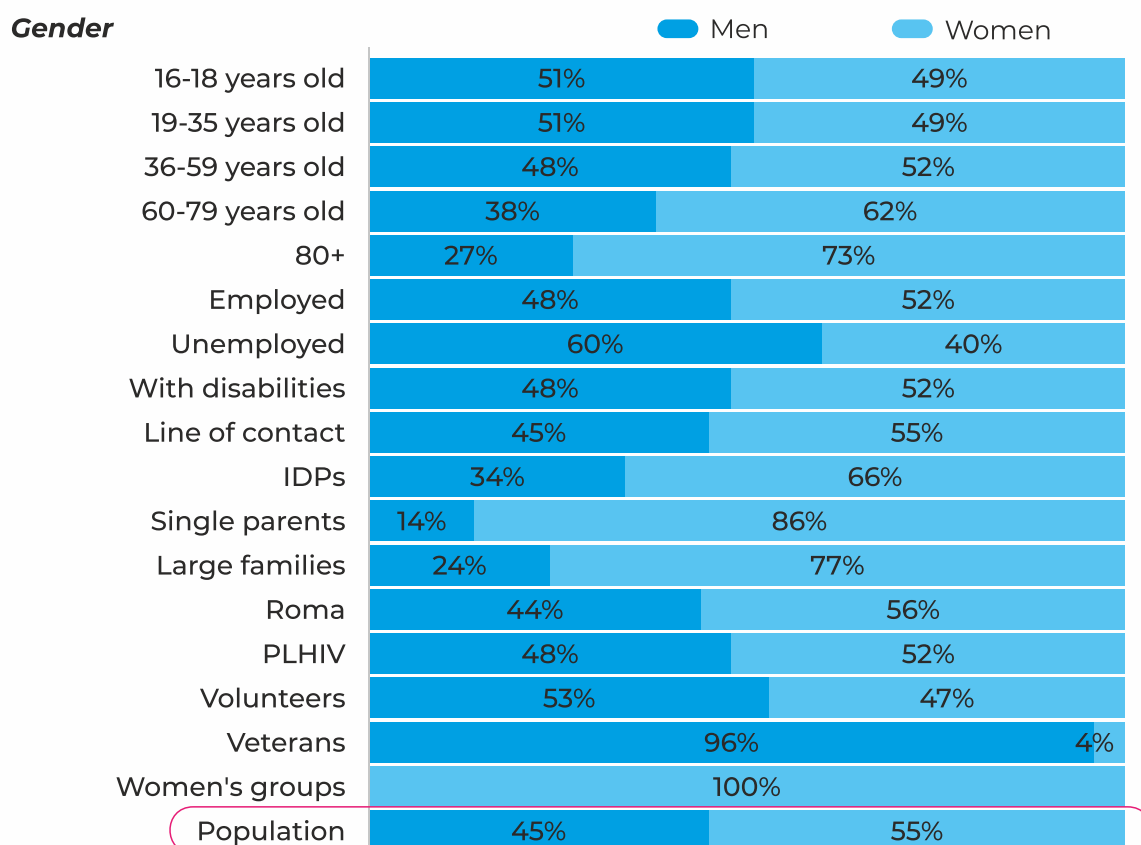
Those who selected “yes” in response to the question: “Do you know whether the survivors sought help?” — from the total number of respondents who reported incidents of CRSV involving their relatives, friends, neighbors, or acquaintances.

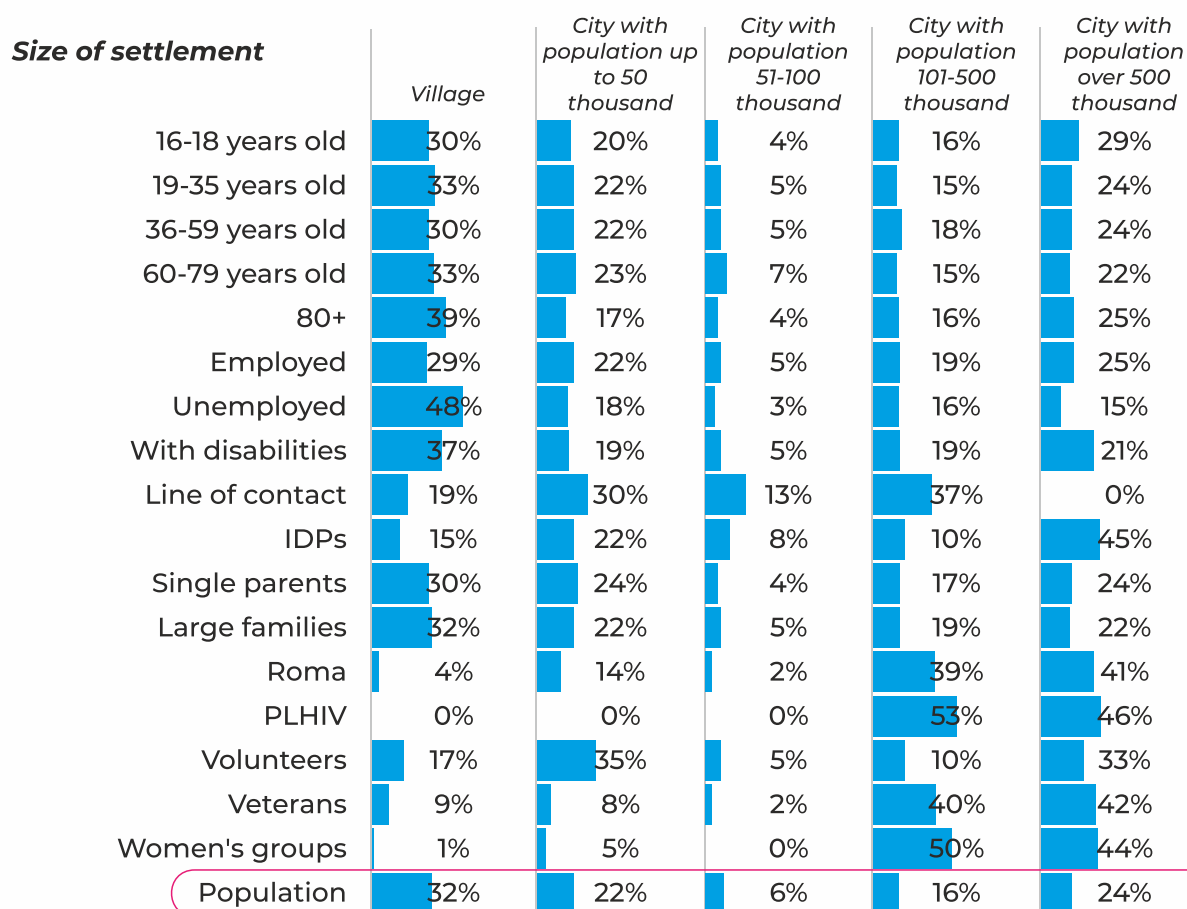
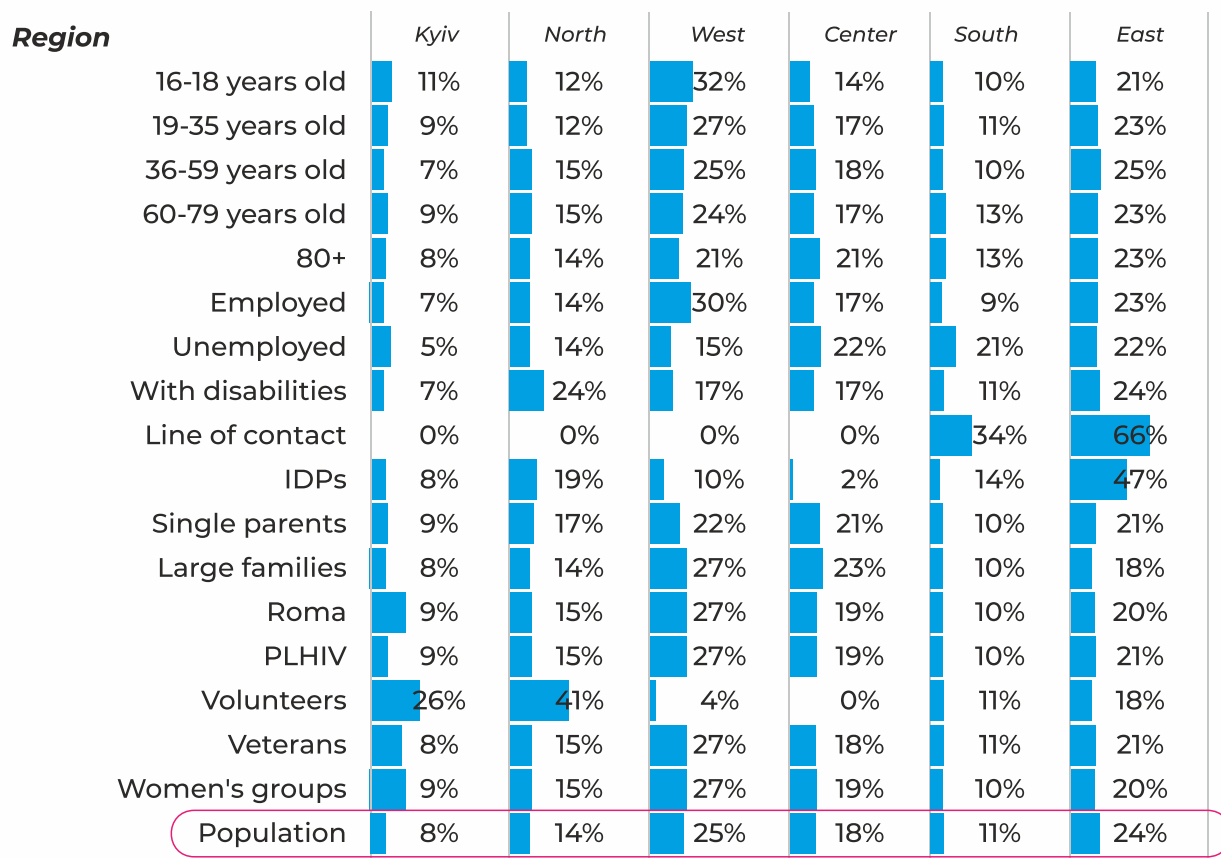
Number and share of respondents who are aware of available services for GBV survivors

Those who provided at least one meaningful answer to the open-ended question: “Do you know where people who have suffered from conflict-related sexual violence associated with the armed aggression of the Russian Federation against Ukraine can seek help?”

Annex 2.

Demographic profile of respondents

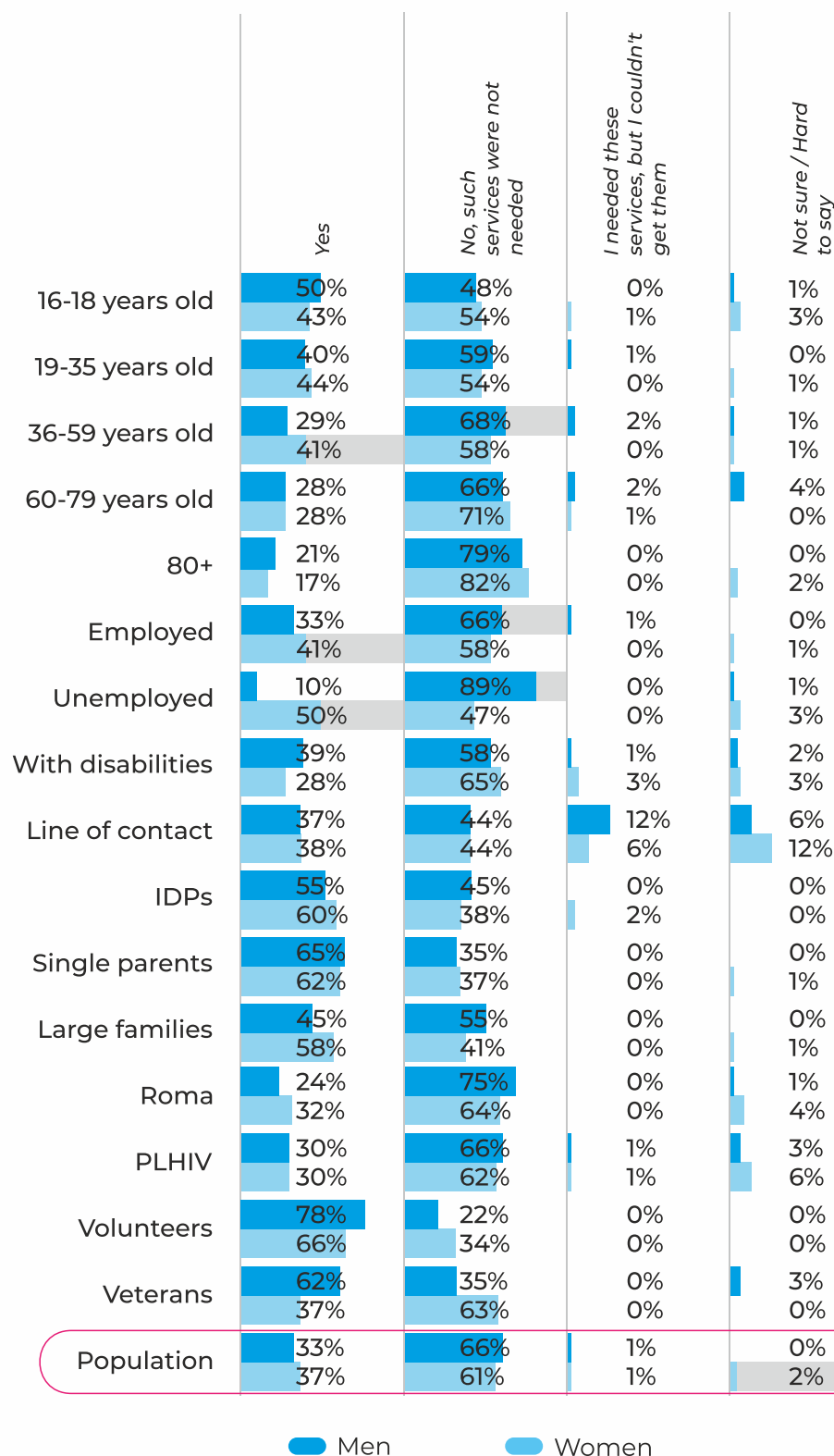




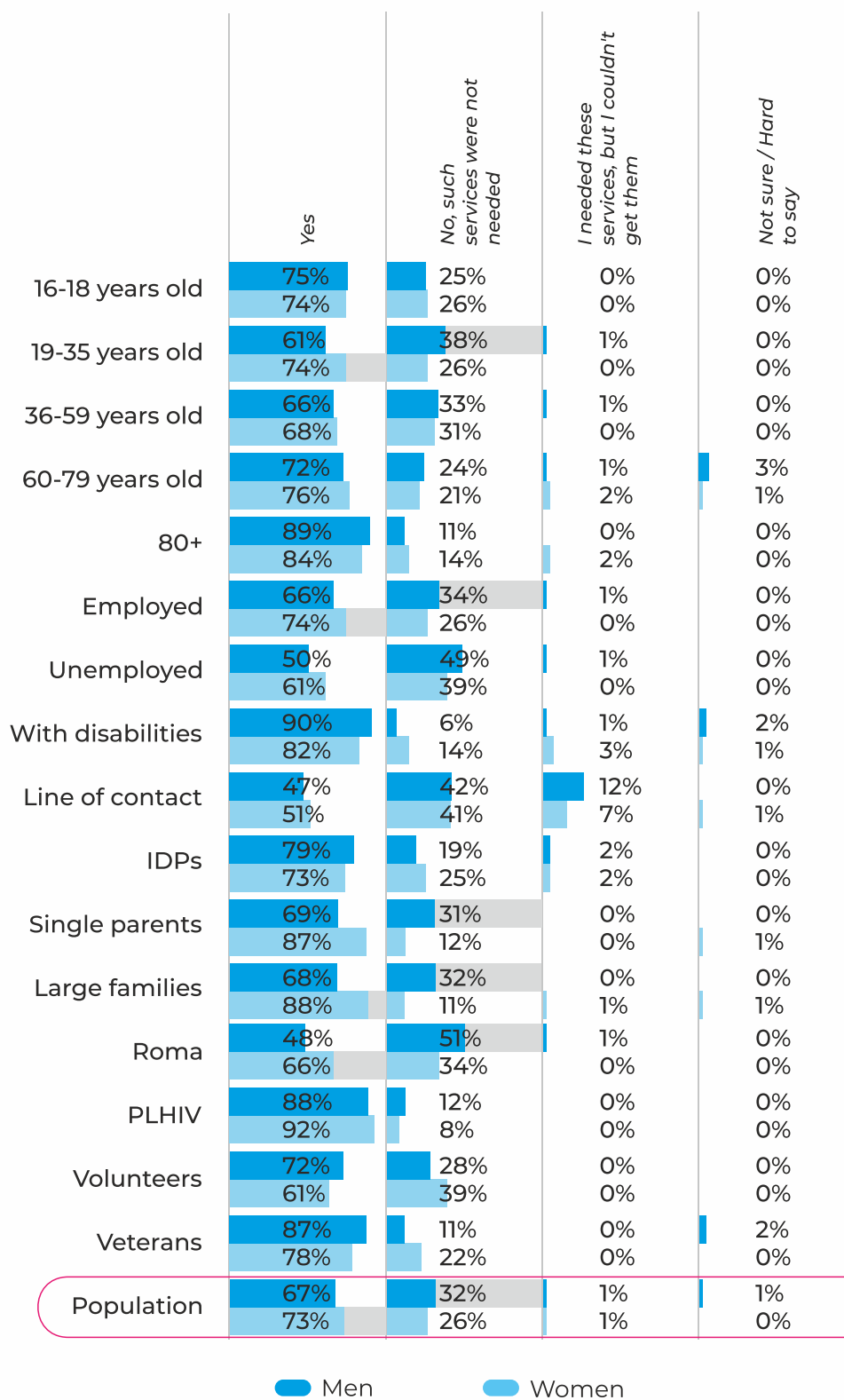
Annex 3.

Breakdown of answers by gender of respondents

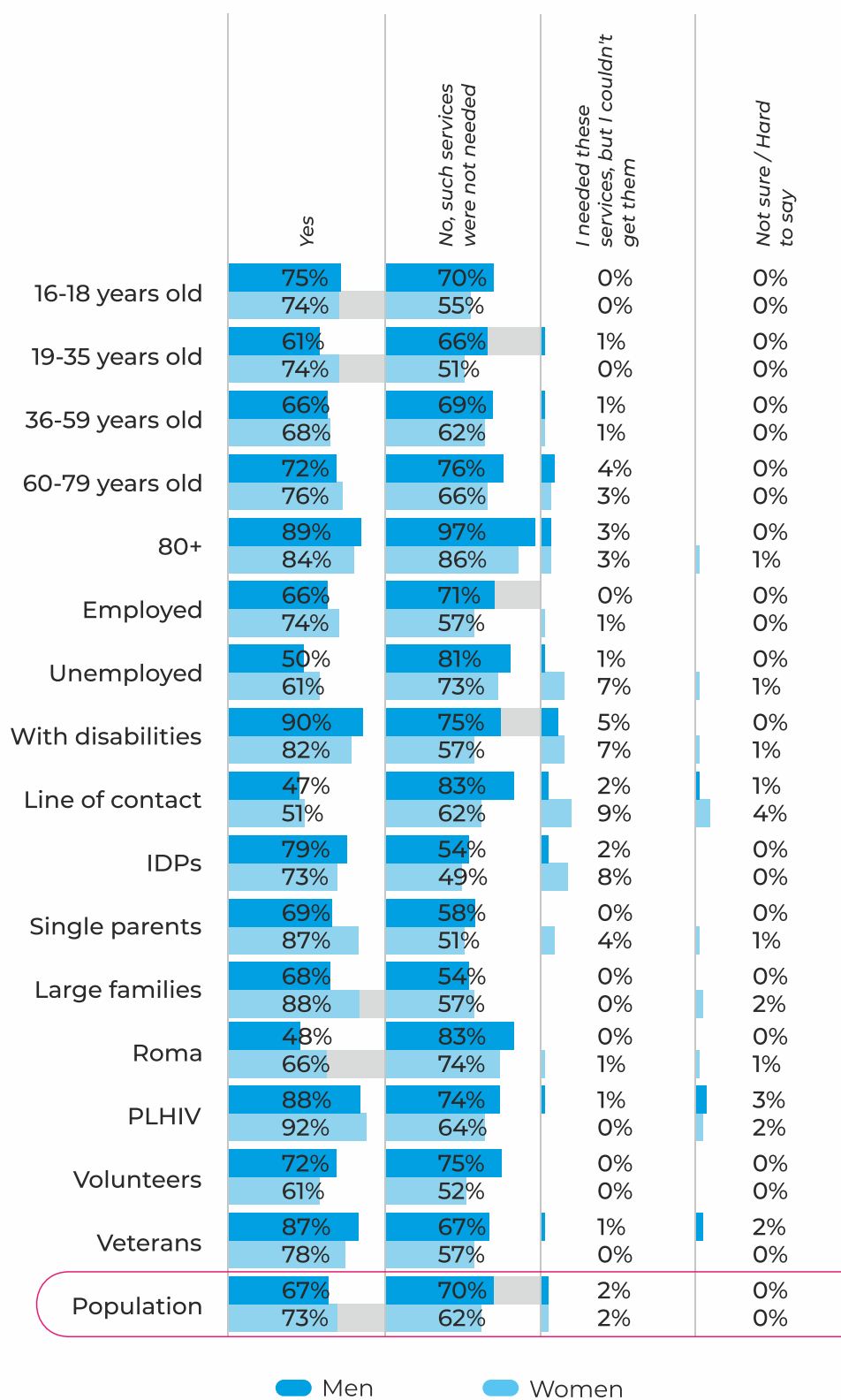
Have you received any administrative services in the last two years?



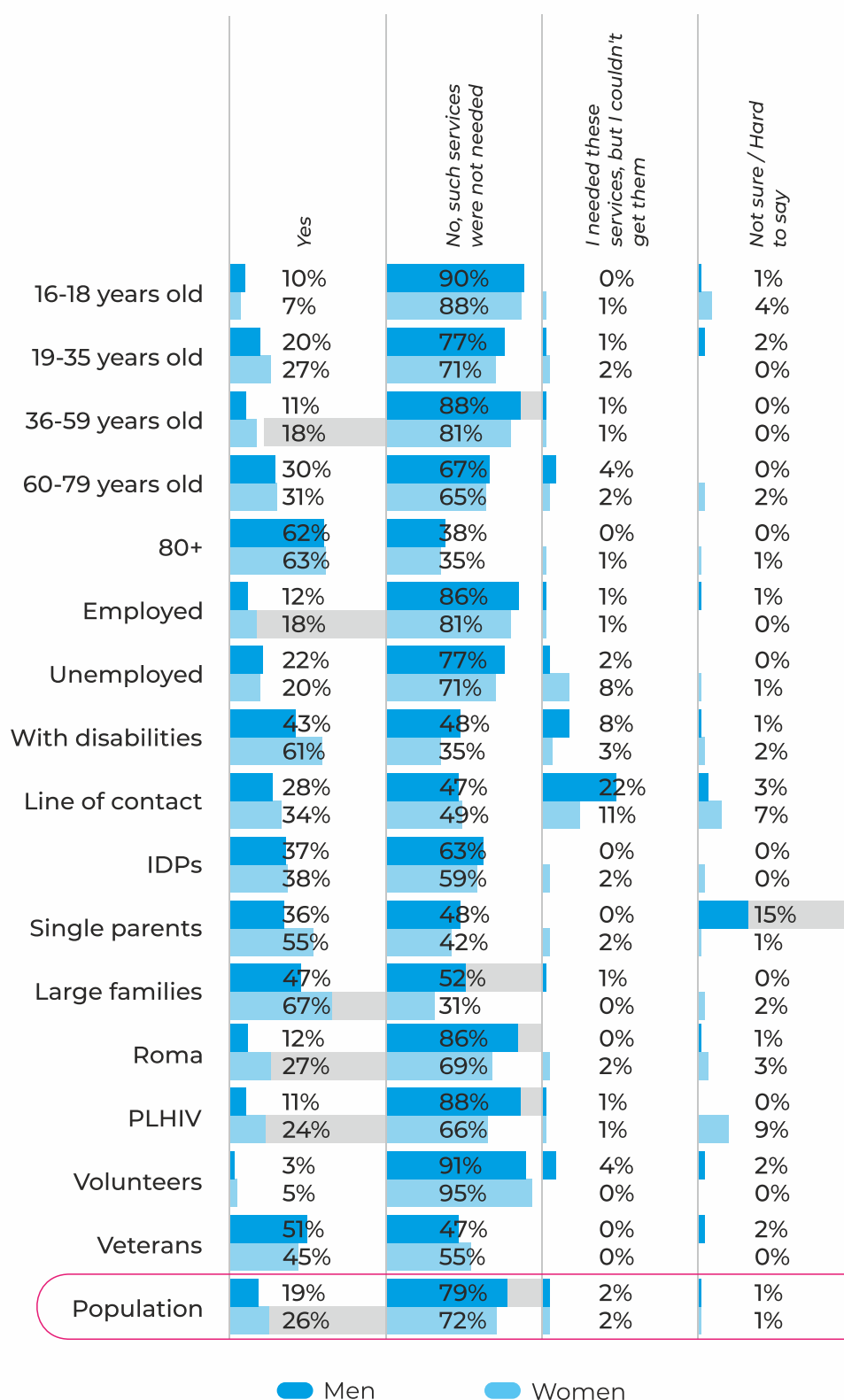
Have you received any medical care in public institutions in the last two years?



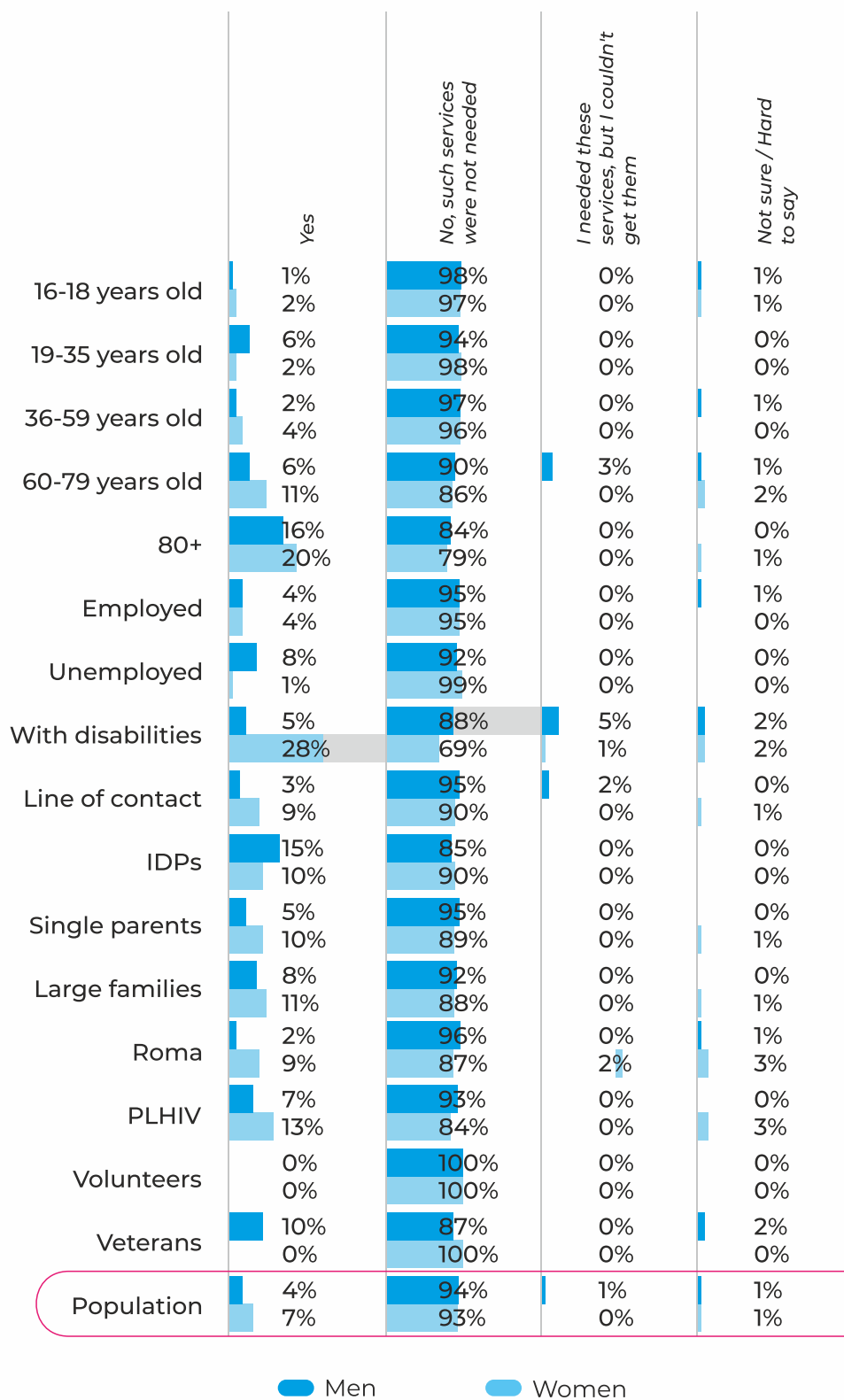
Have you received medical care in private institutions during the last two years?



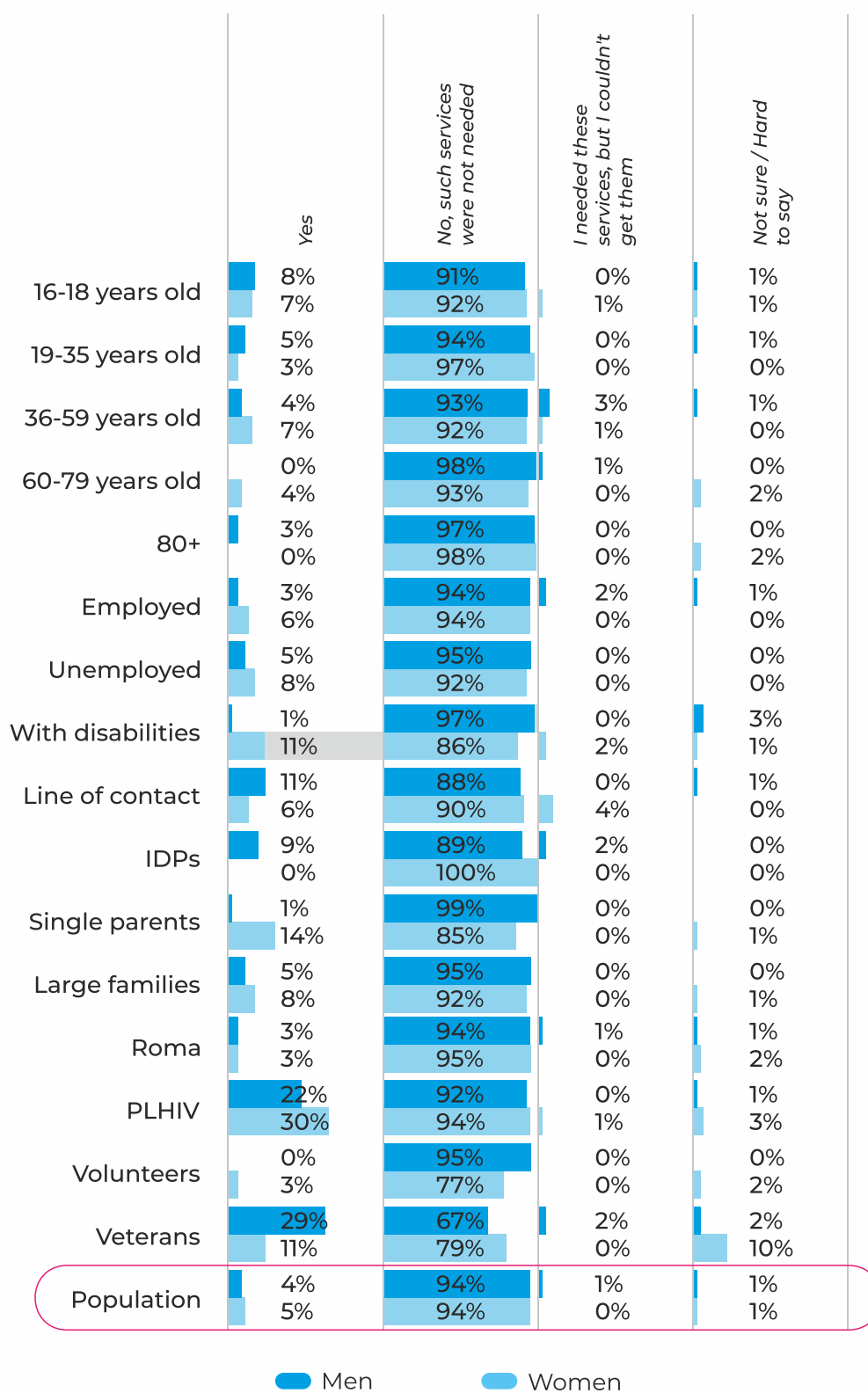
Have you received social protection services in the last two years?



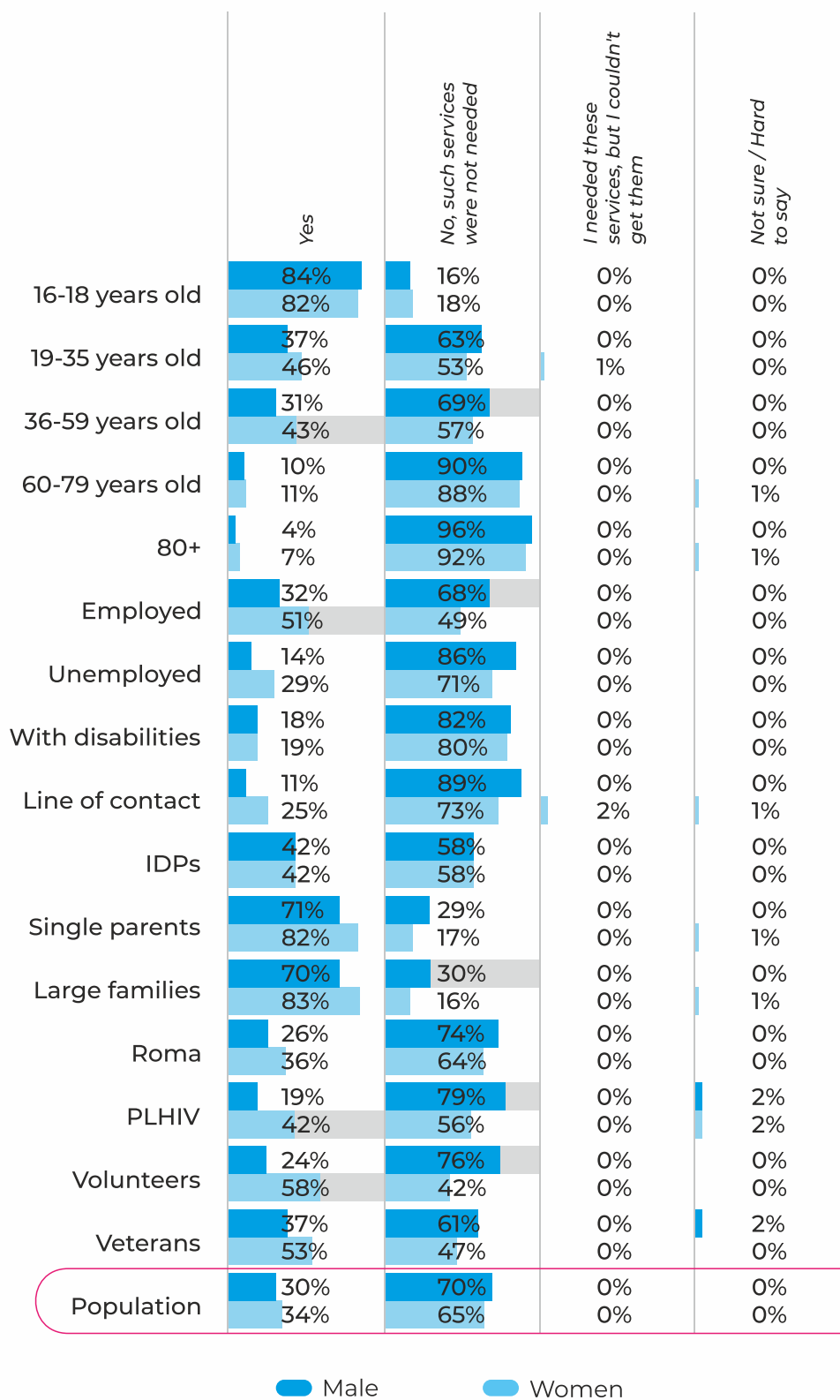
Have you received any social services during the last two years?



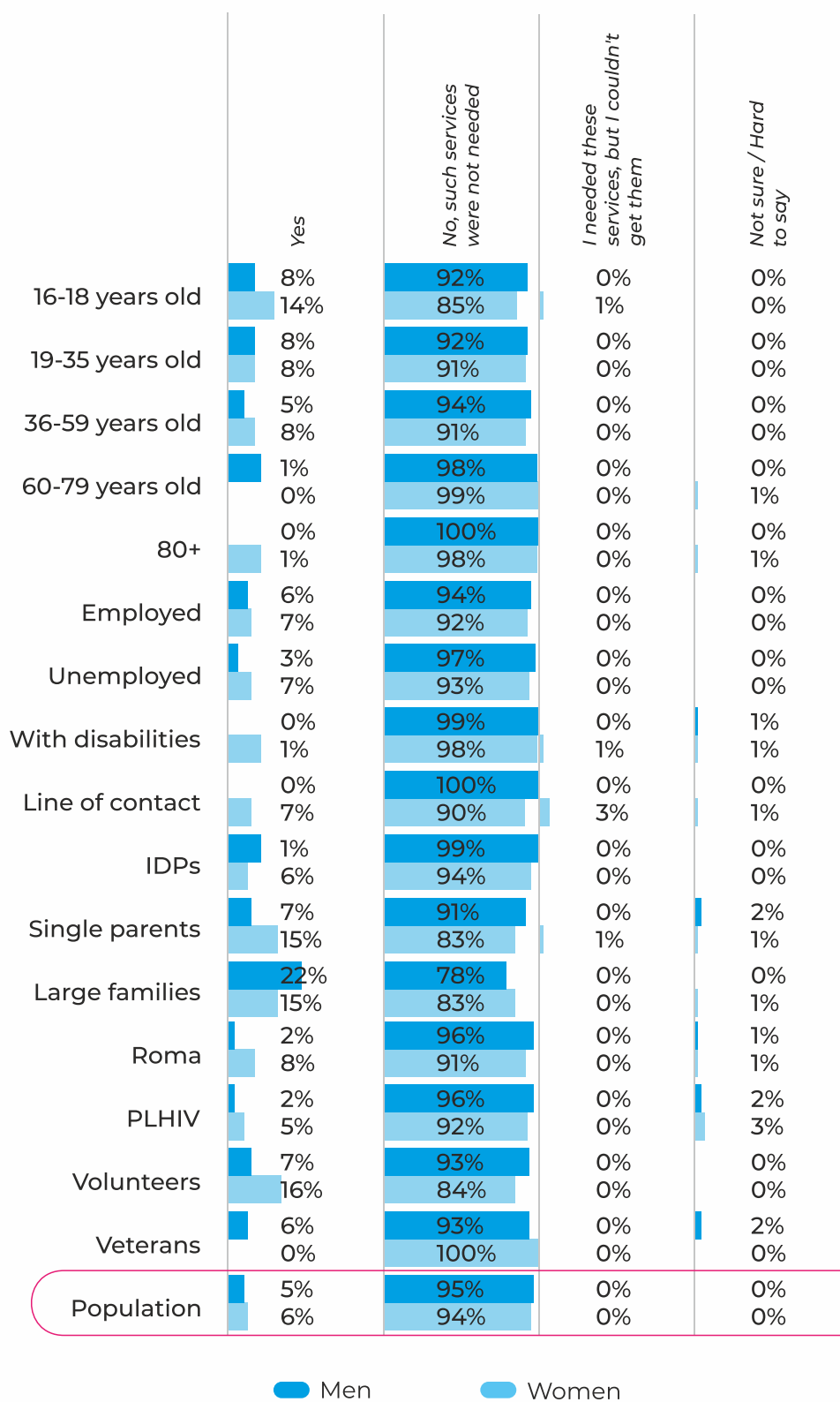
Have you received any psychological services in the last two years?



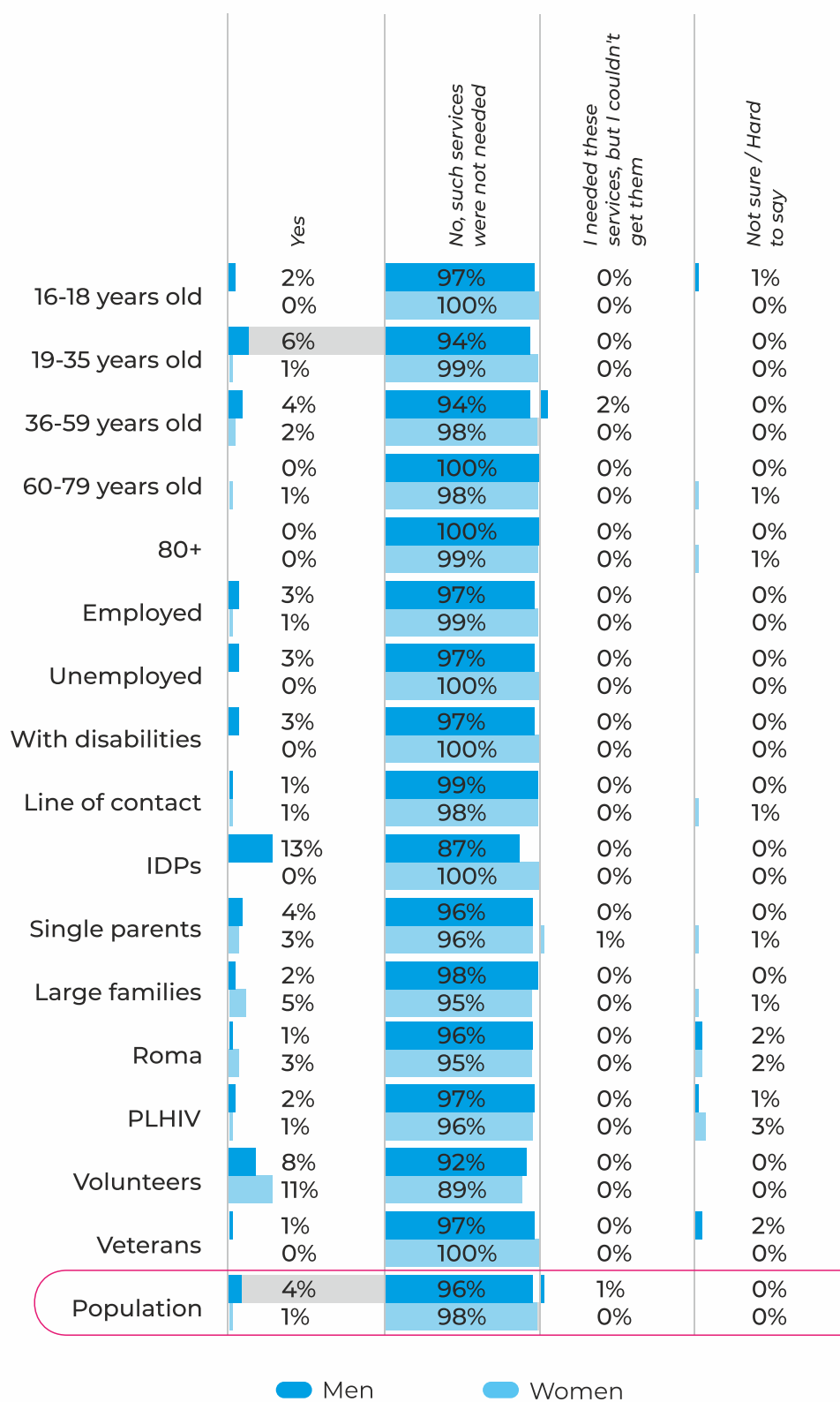
Have you or any of your family members received any educational services in public institutions in the last two years?



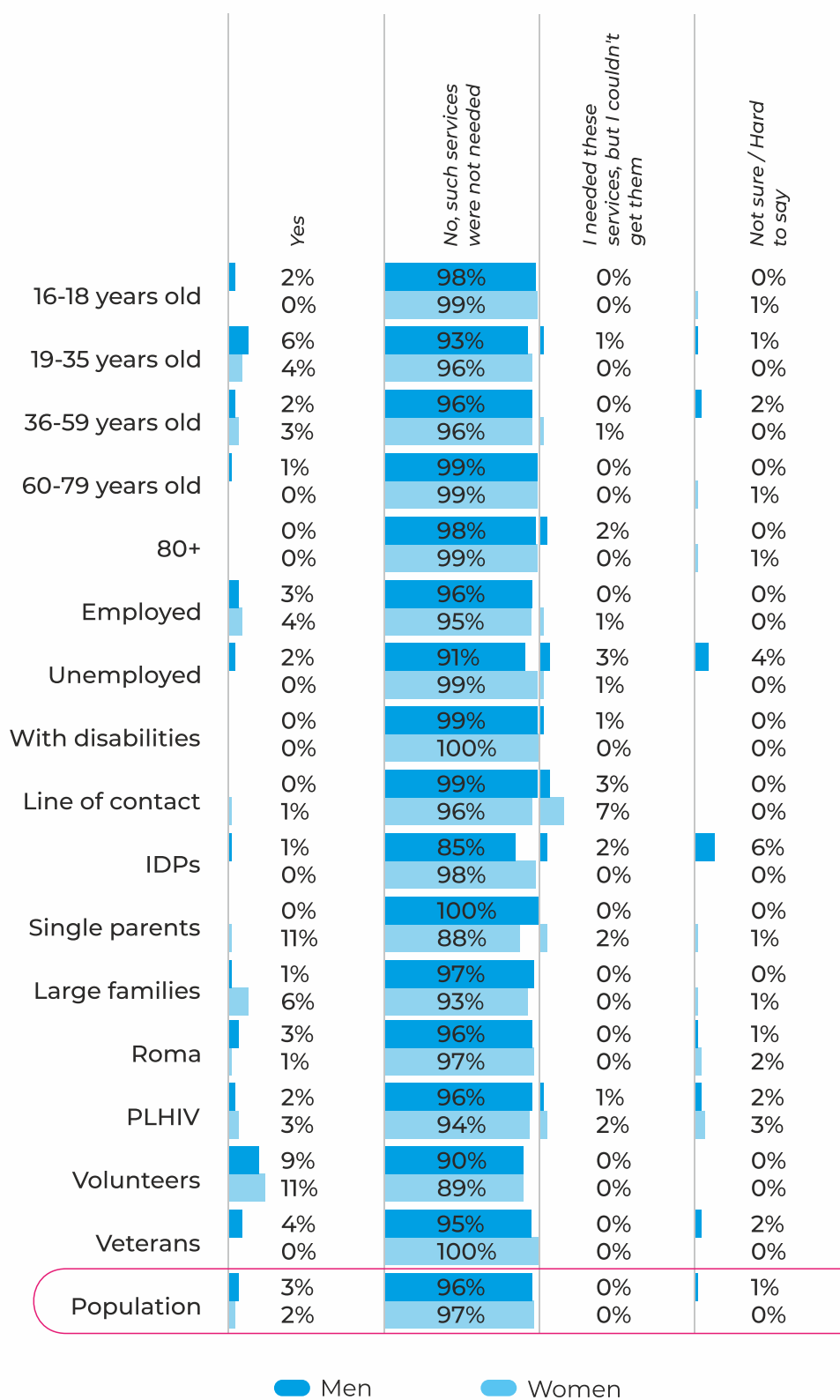
Have you or any of your family members received educational services from private institutions in the past two years?



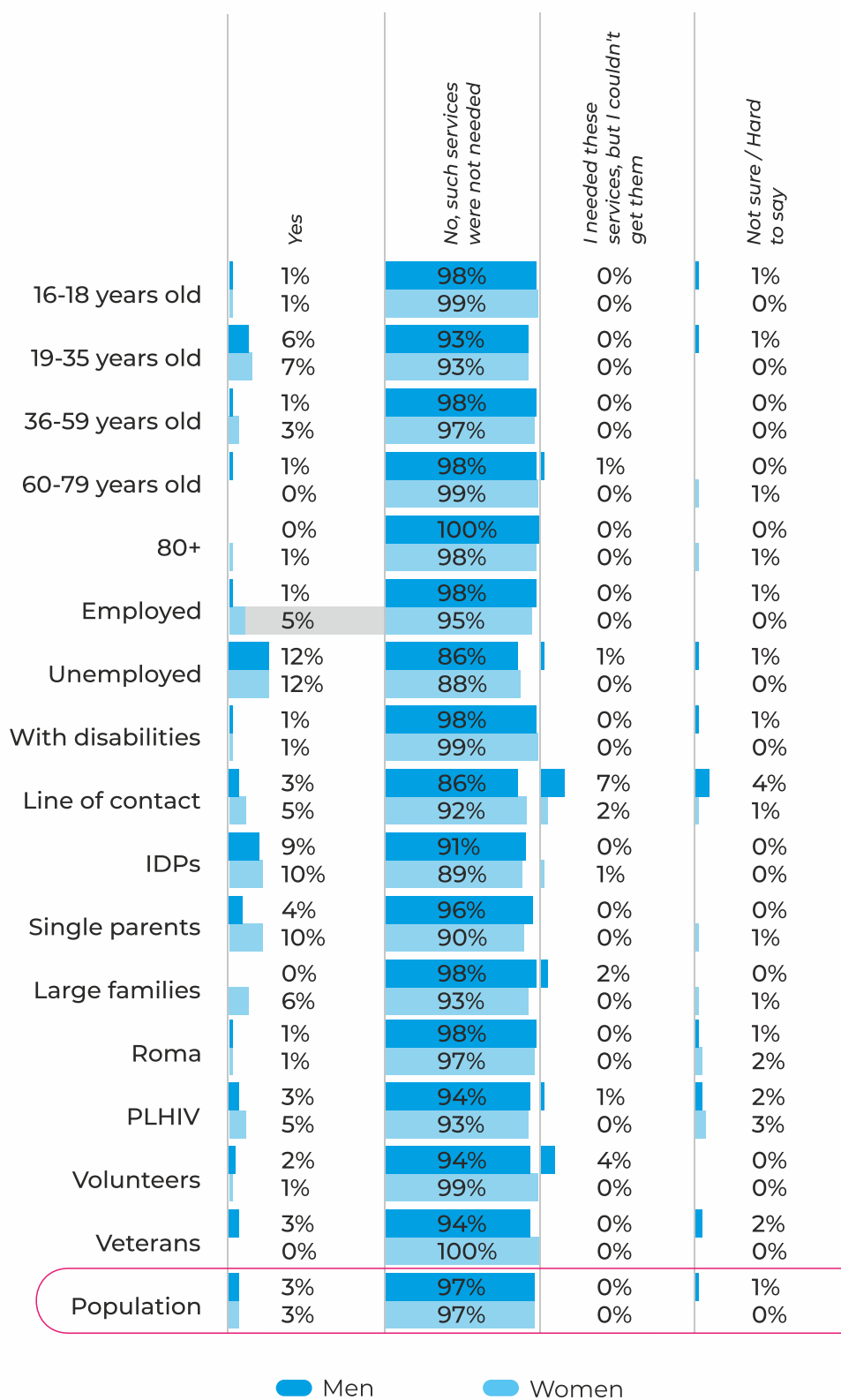
Have you applied for services to start your own business in the last two years?



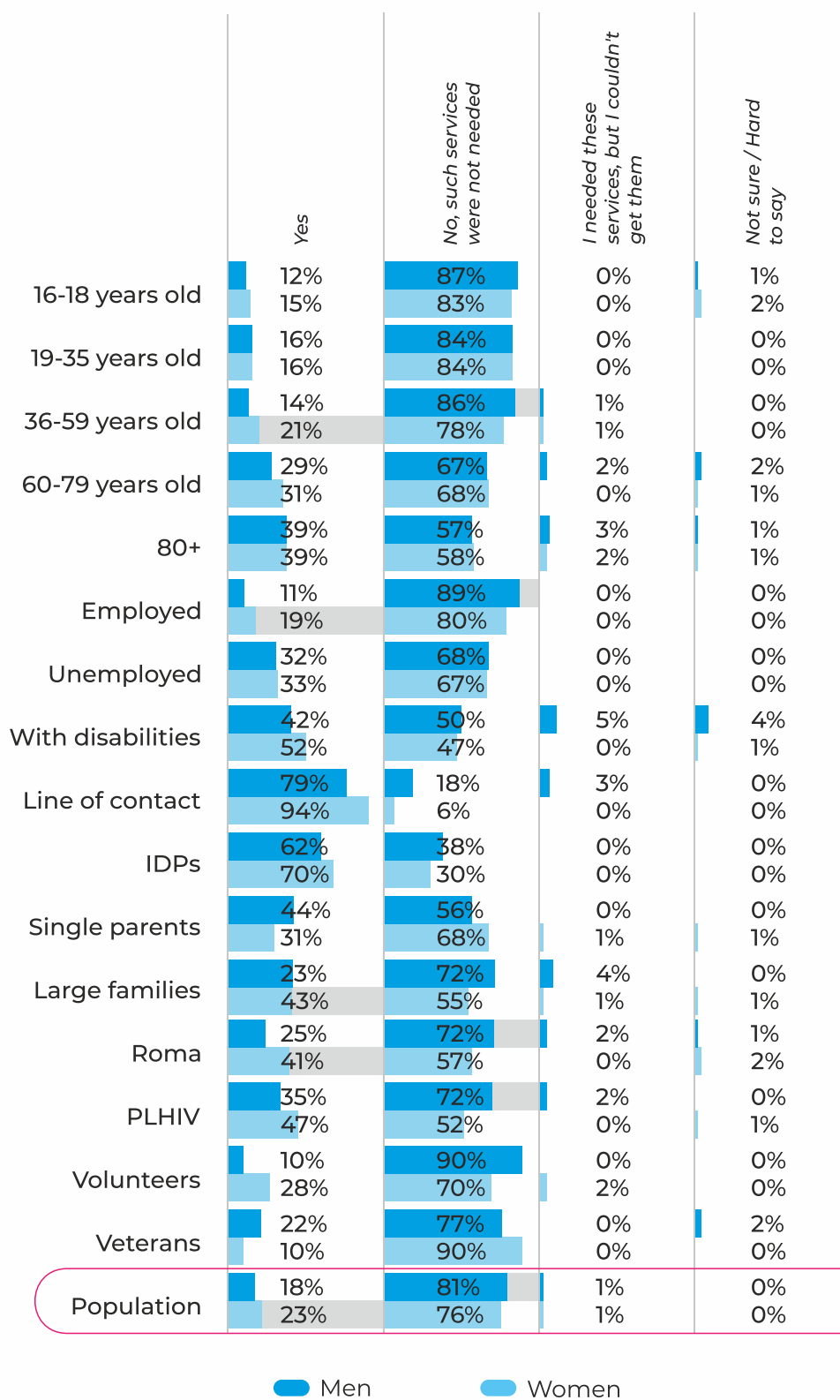
Have you received services for changing professions in the last two years?



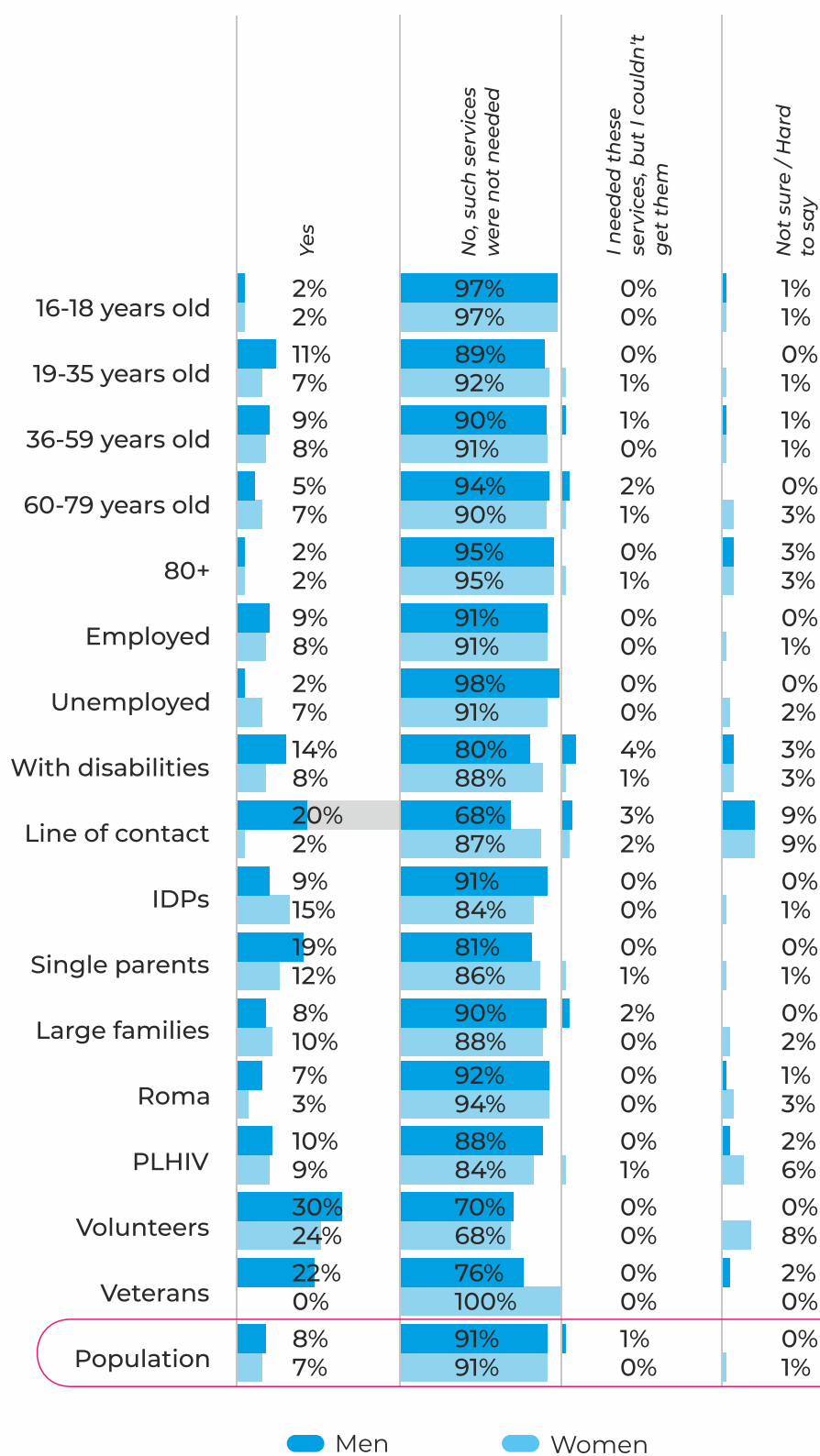
Have you received employment services from employment centers in the last two years?



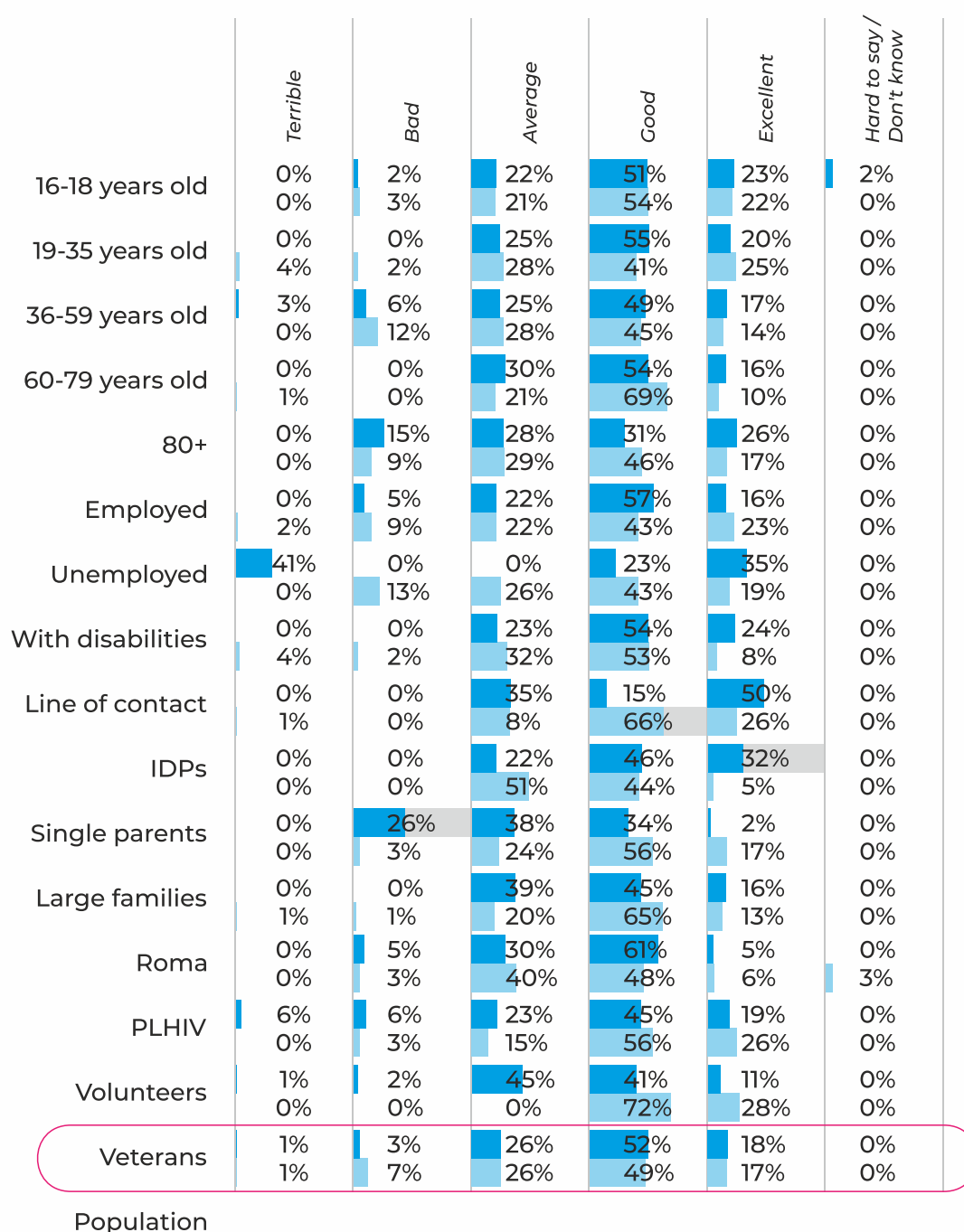
Have you received any humanitarian aid in the last two years?



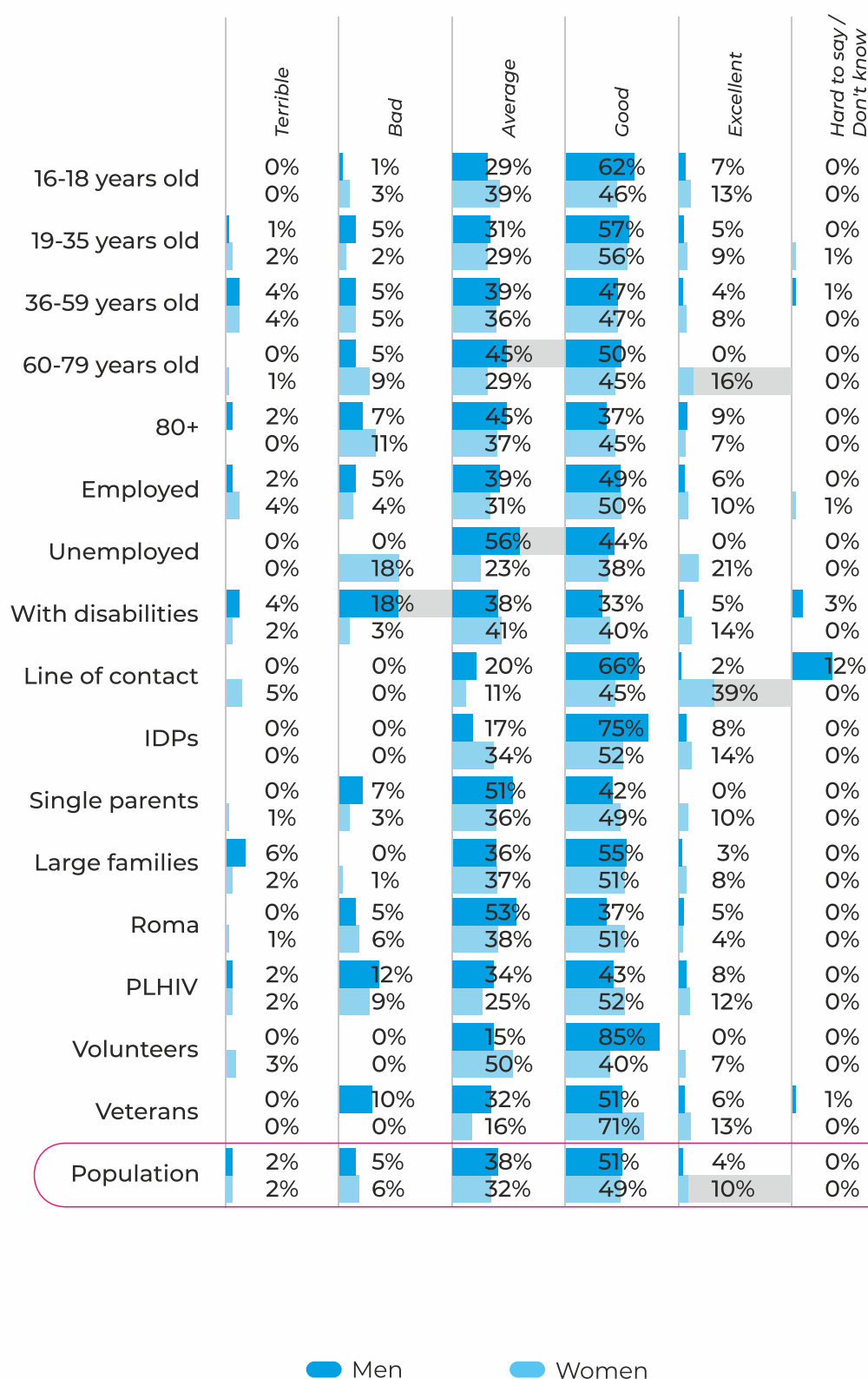
Have you received any legal assistance in the last two years?



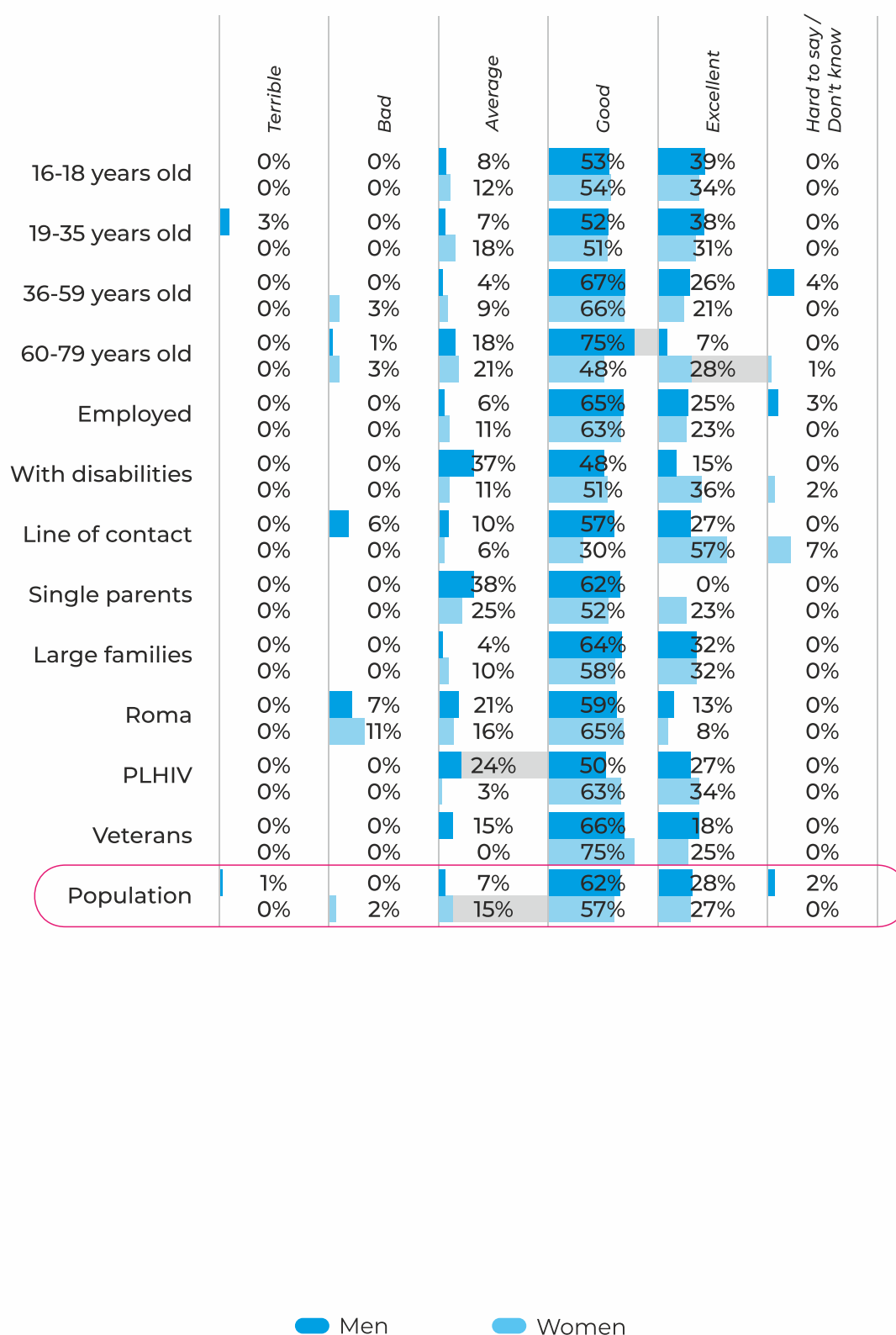
You said that you used administrative services. Now, please rate the quality of these services:



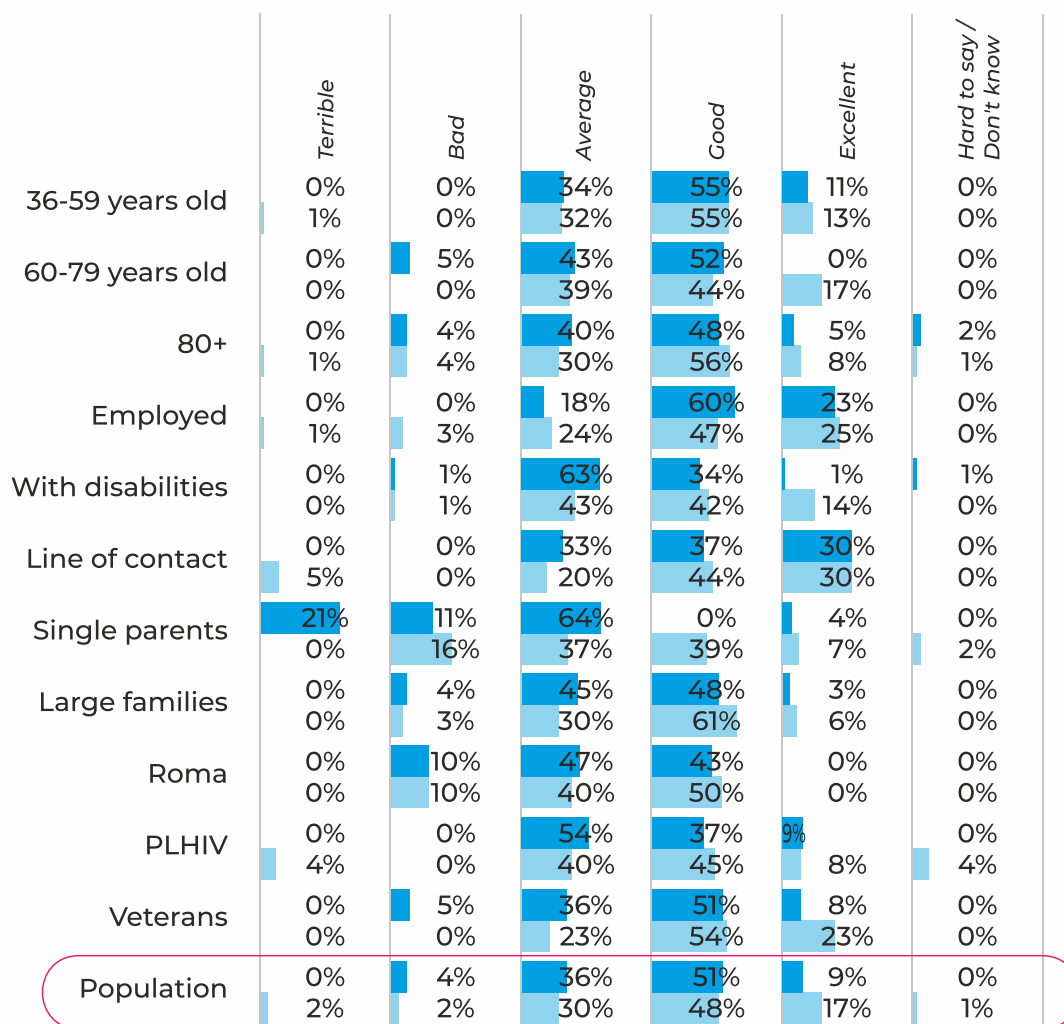
You said that you used medical care in public institutions. Now, please rate the quality of these services:



You said that you used medical care in private institutions. Now, please rate the quality of these services:



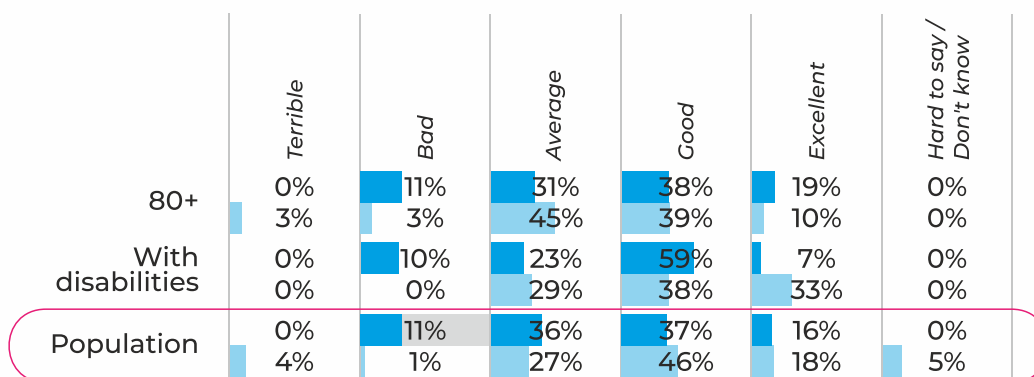
You said that you used social protection services. Now, please rate the quality of these services:



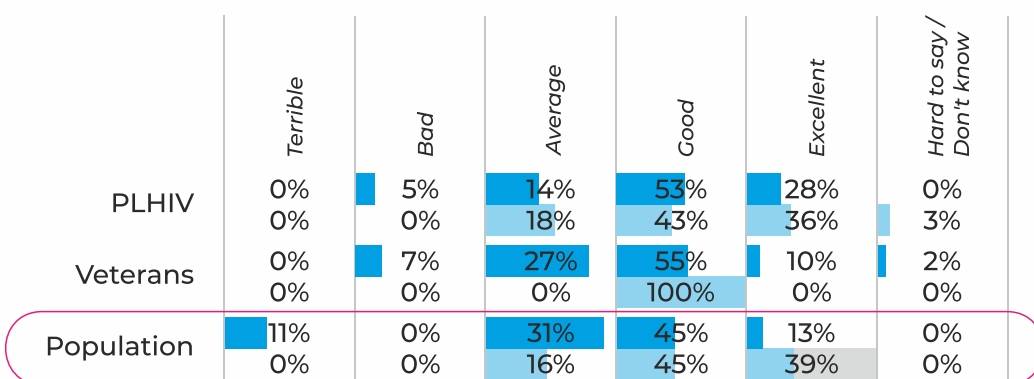
Men

Women

You said that you used social services. Now, please rate the quality of these services:



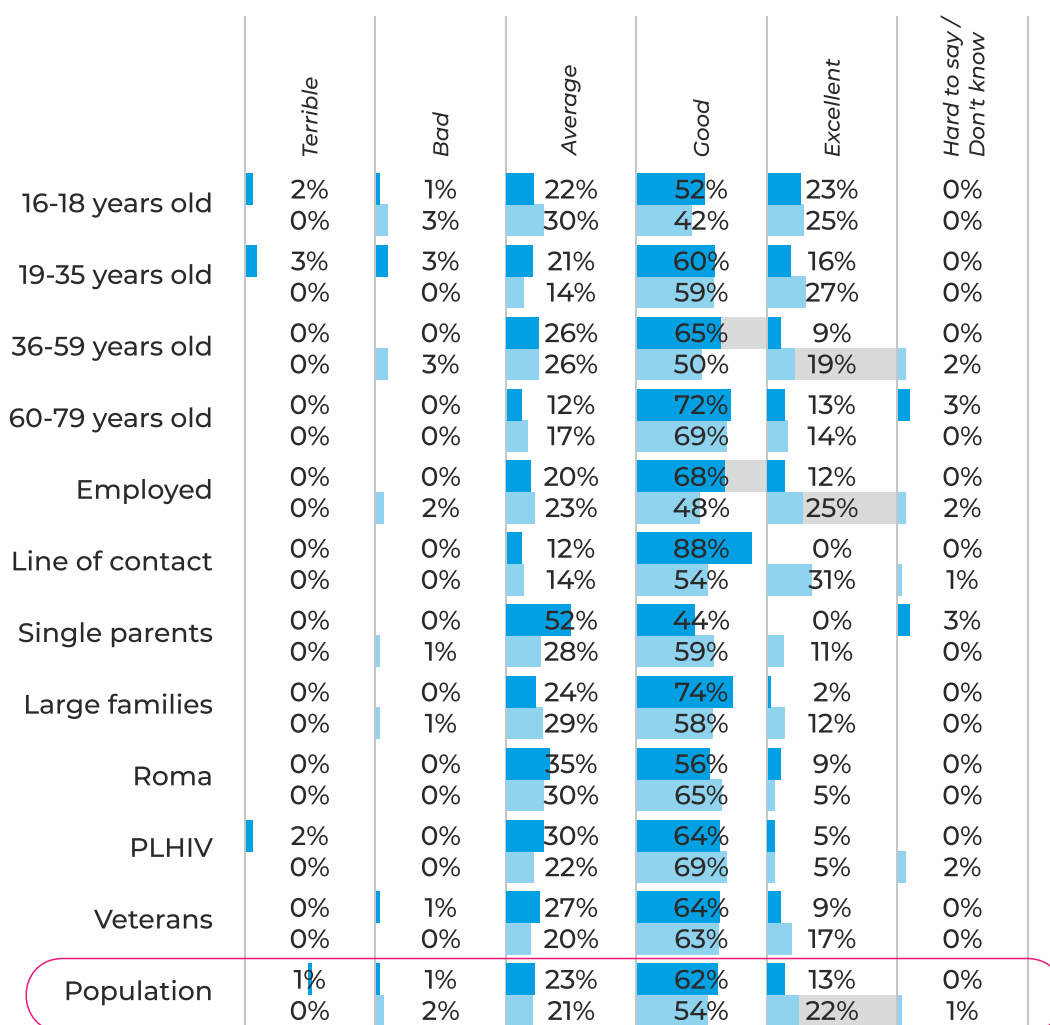
You said that you used psychological services. Now, please rate the quality of these services:



Men

Women

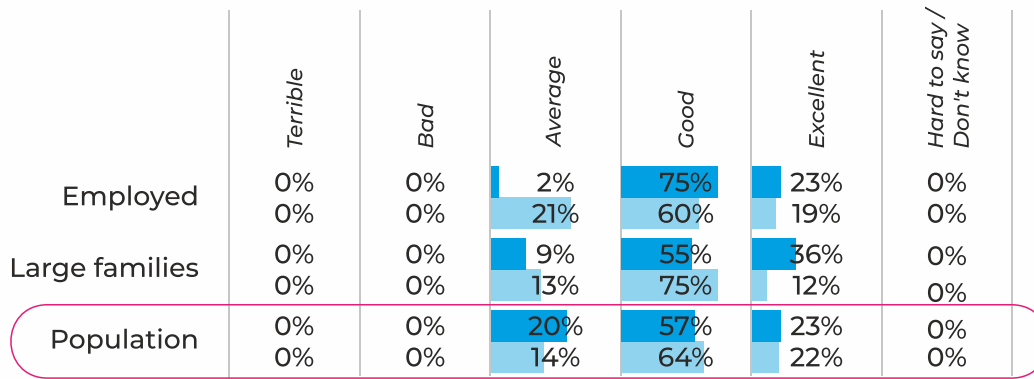
You said that you or your family members received educational services in public institutions. Now, please rate the quality of these services:



Men

Women

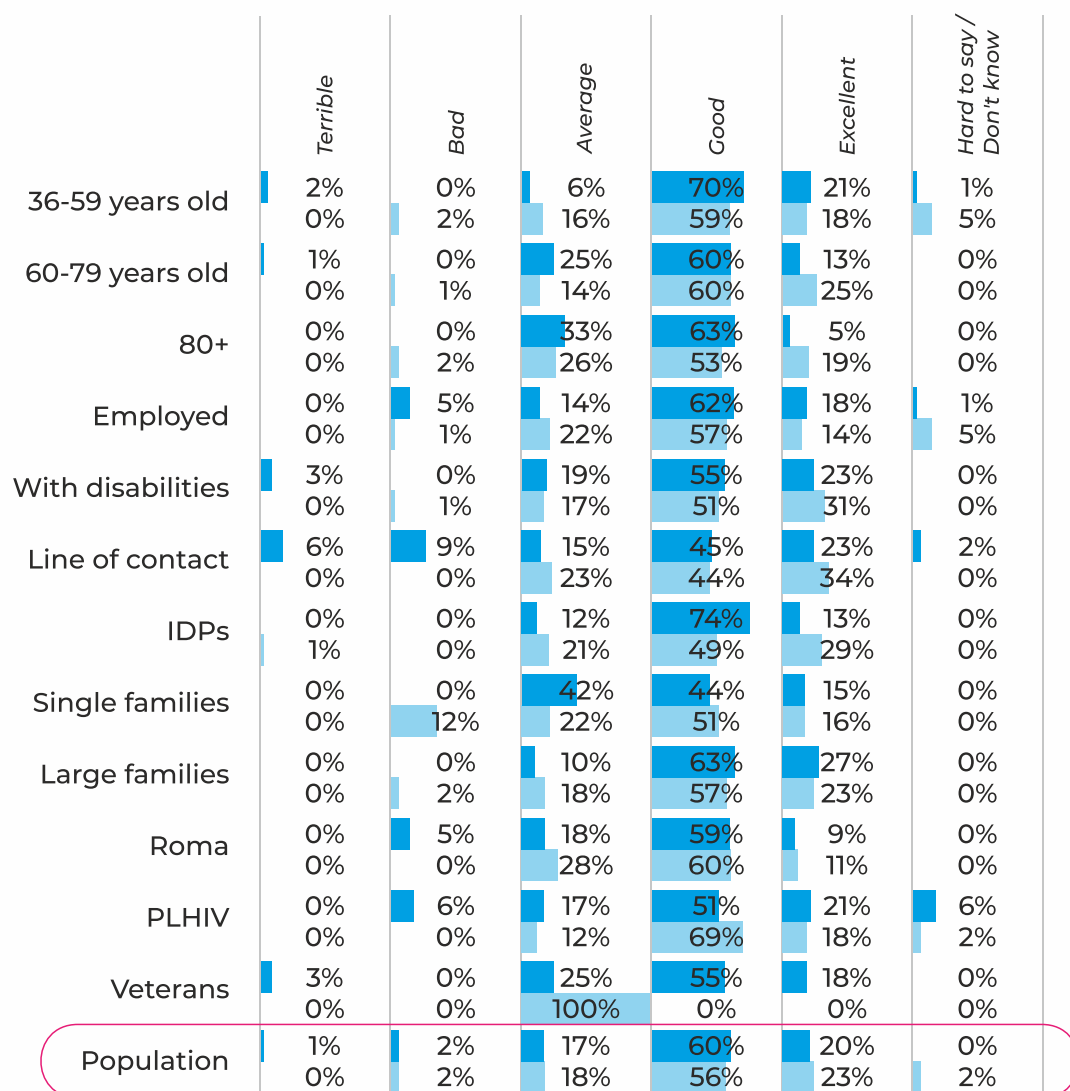
You said that you or your family members received educational services in private institutions. Now, please rate the quality of these services:



Men

Women

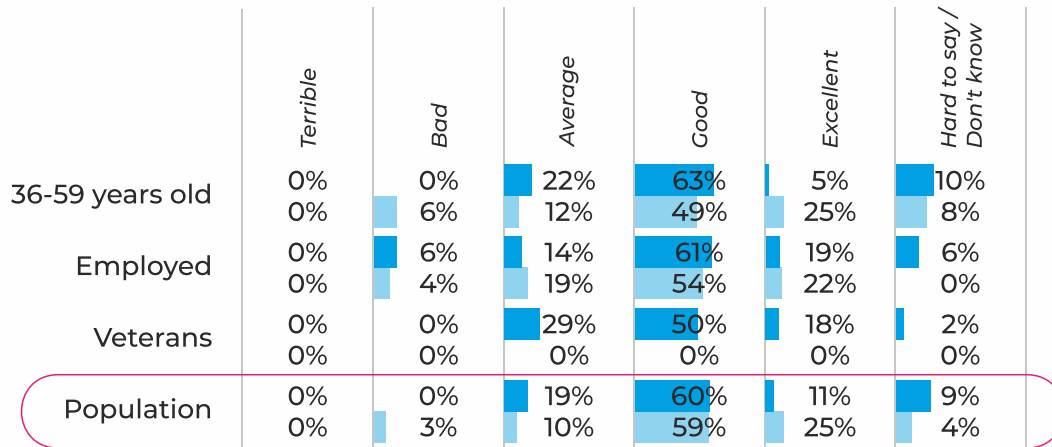
You said that you used humanitarian aid. Now, please rate the quality of these services:



Men

Women

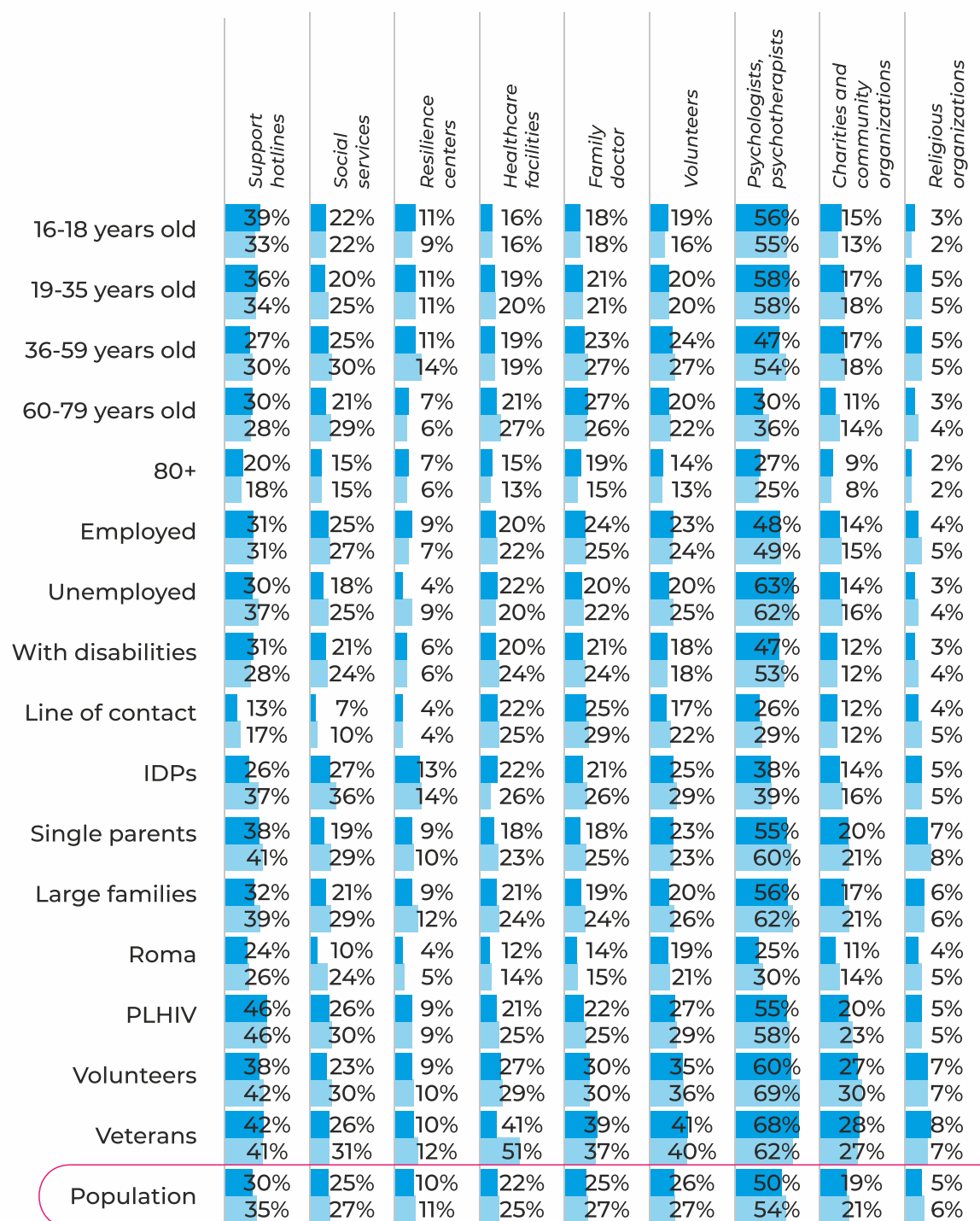
You said that you used legal assistance. Now, please rate the quality of these services:



Men

Women

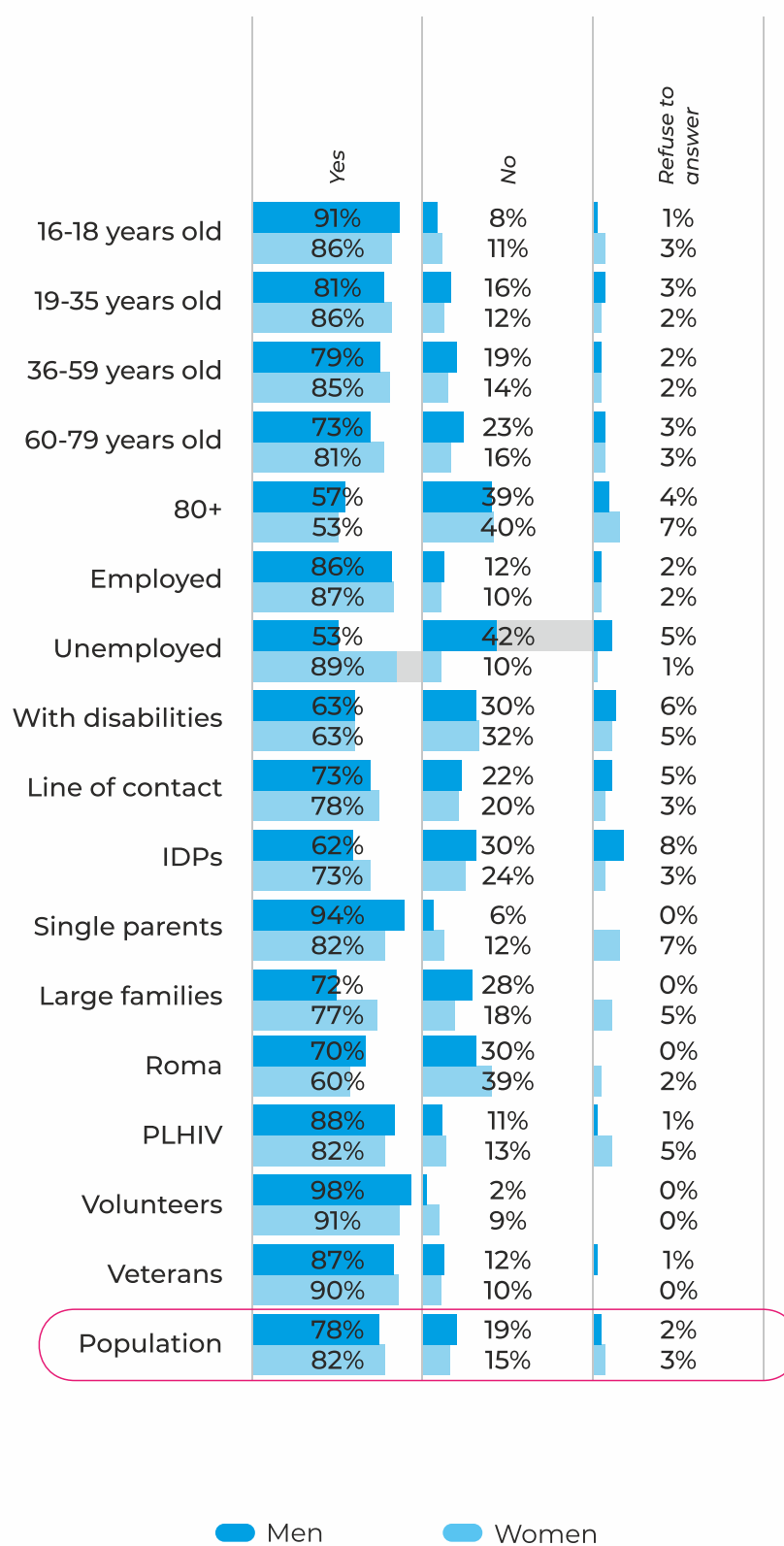
Do you know where people affected by the war can turn for psychosocial support?



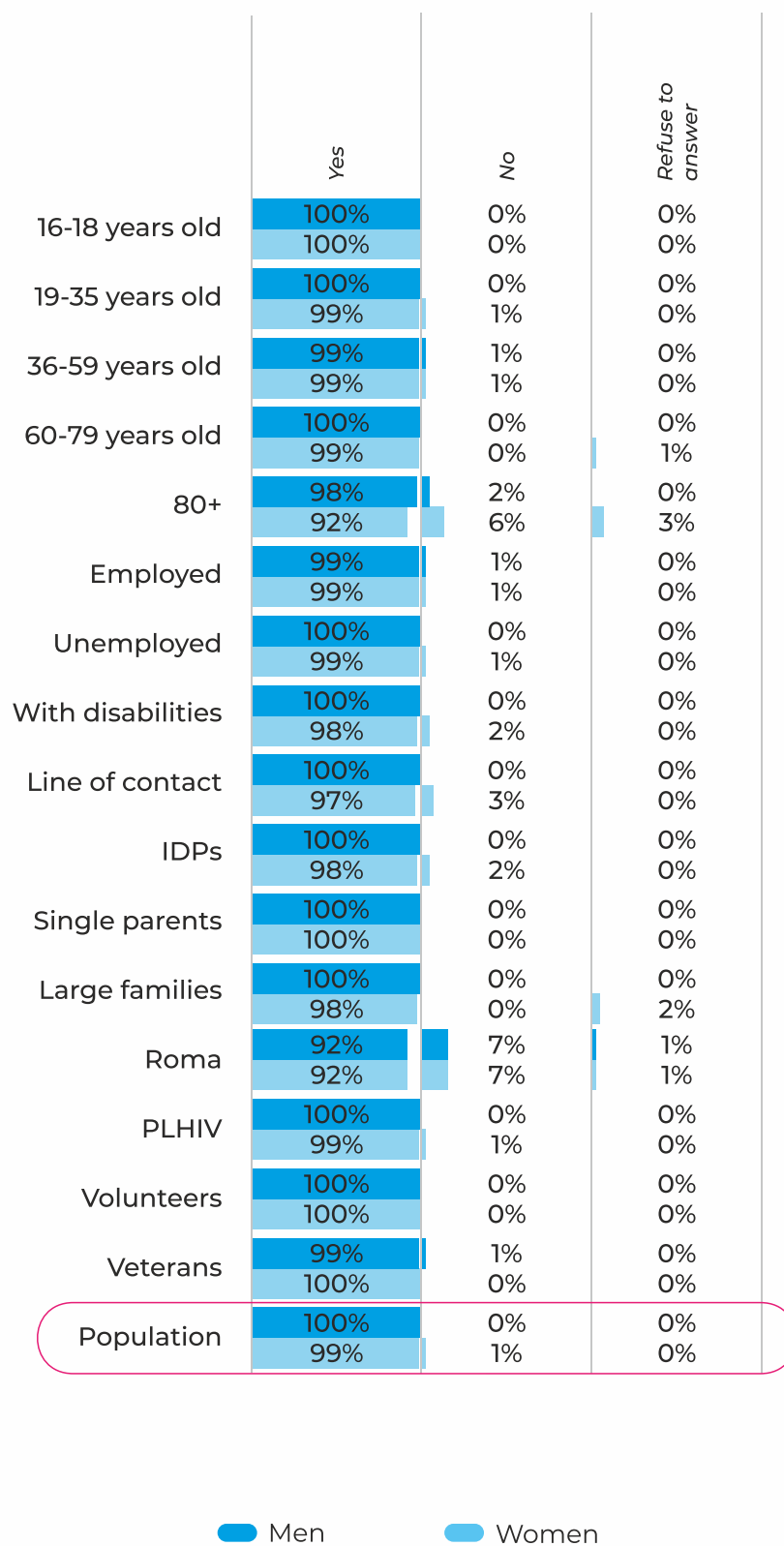
Men

Women

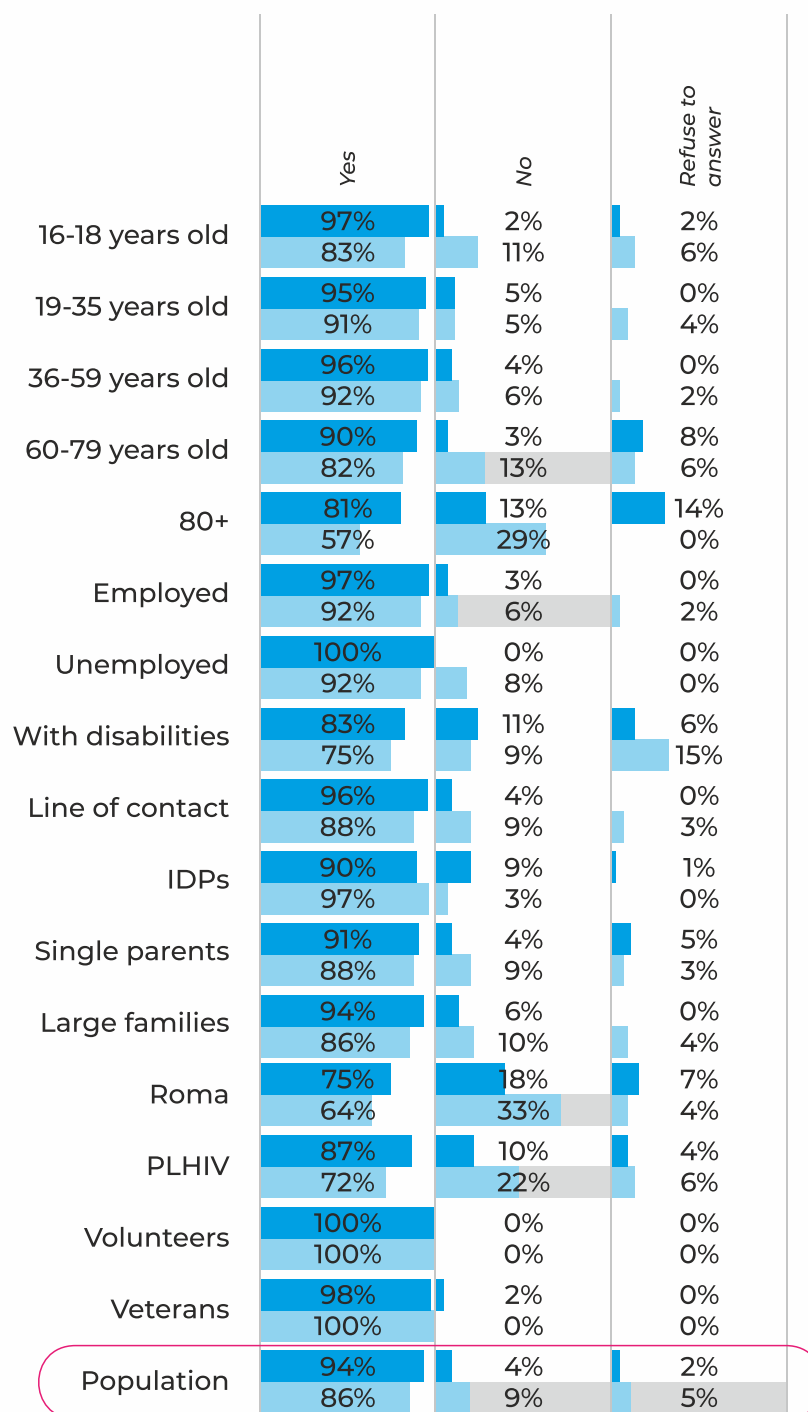
Do you know where the closest shelter to your home/work is?



Do you know how to call the police, fire/rescue service, or ambulance?



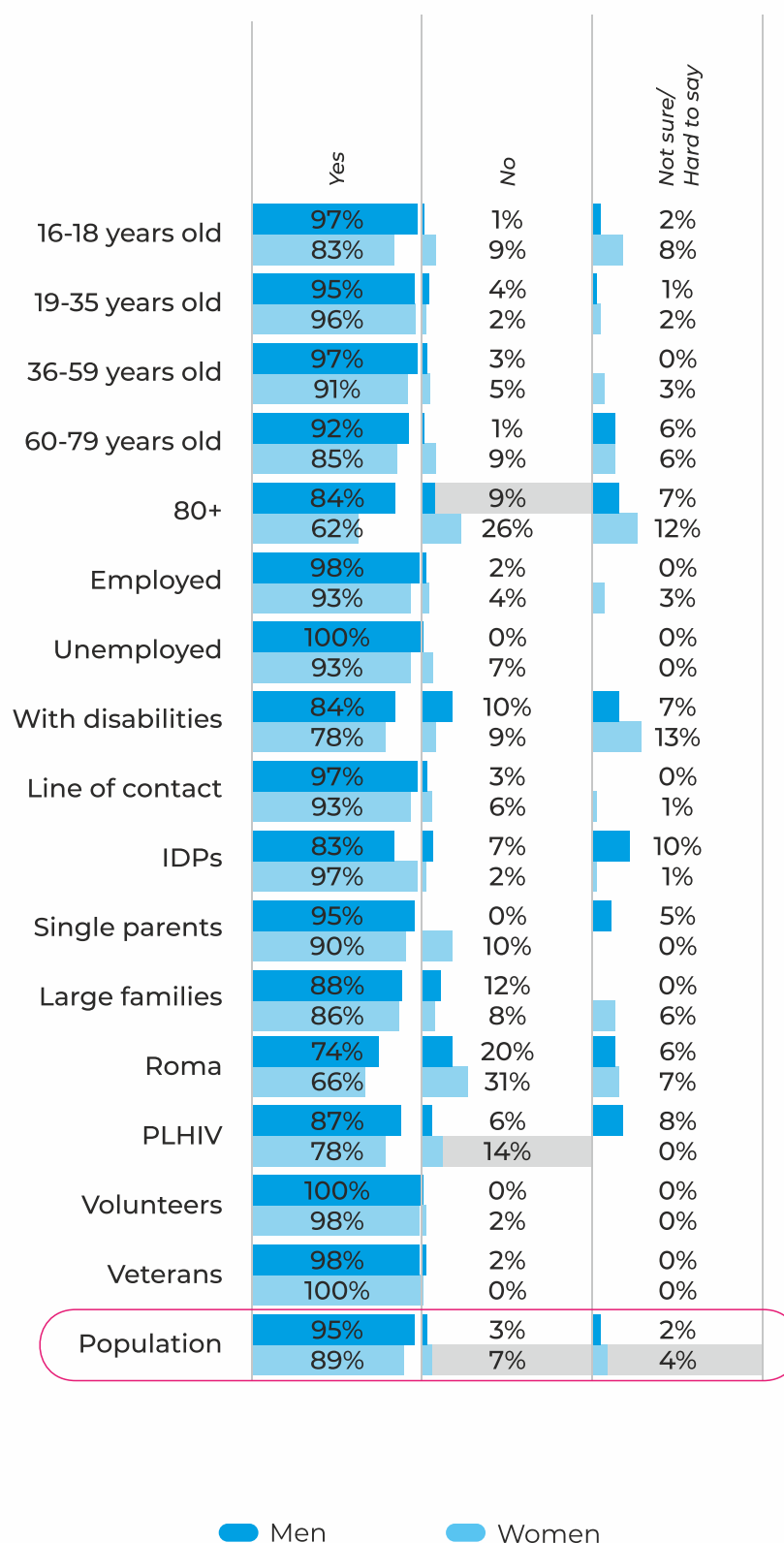
Do you know the algorithm of actions in the event of an accidental discovery of an explosive device or an object similar to it?



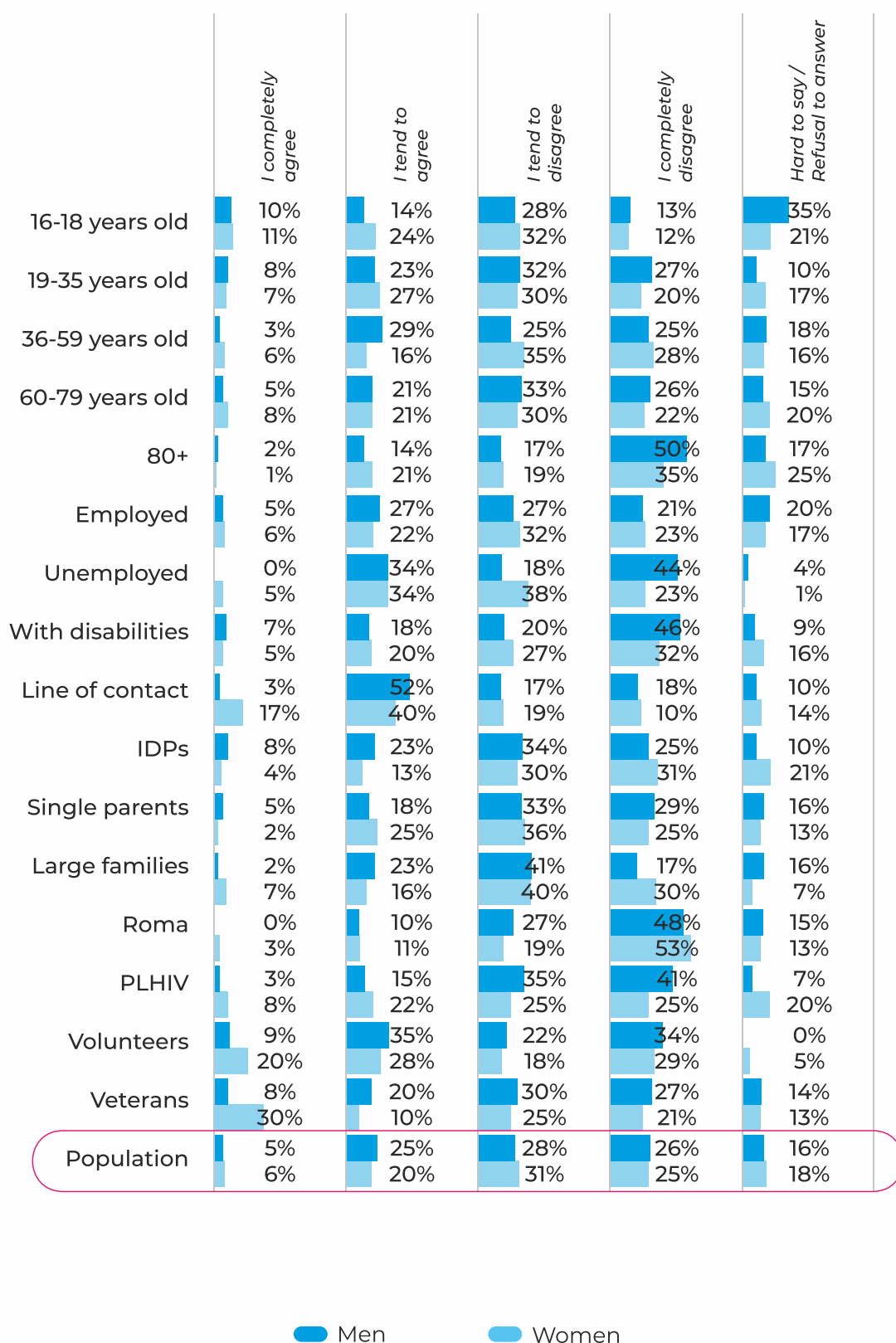
Men

Women

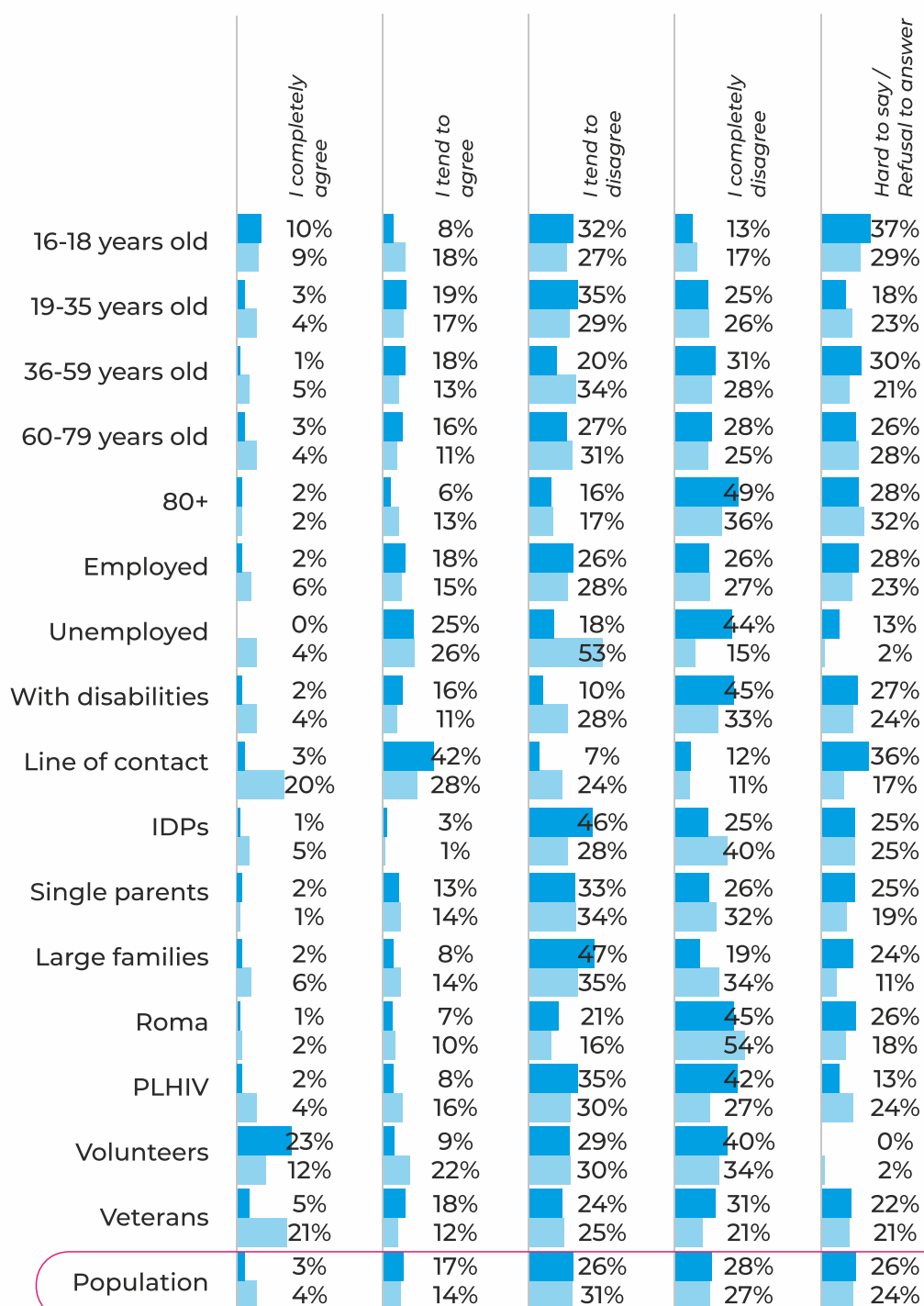
Do you know what to do if you find suspicious (forgotten) items in a crowded place?



Do you agree with the following statement: "Your interests are taken into account when making decisions in your community"



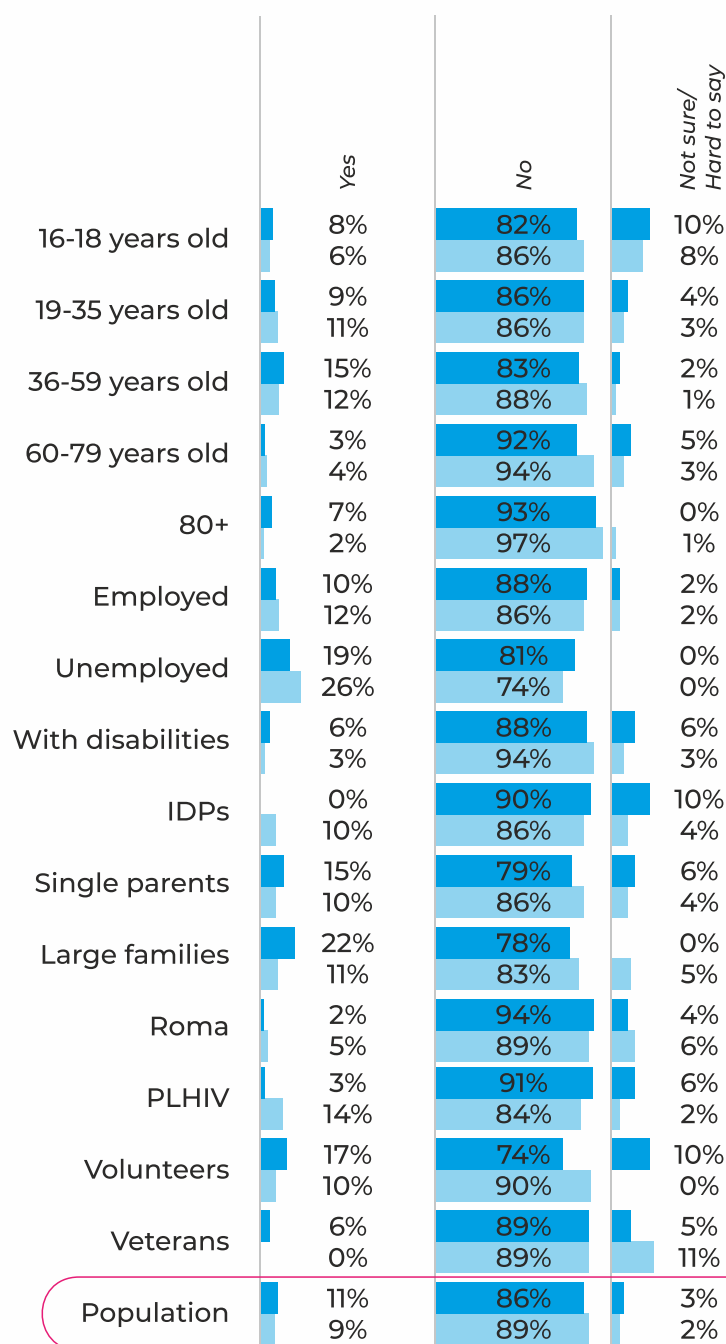
Do you agree with the following statement: "Your interests are taken into account when making decisions about the reconstruction of your region after the end of the war"



Men

Women

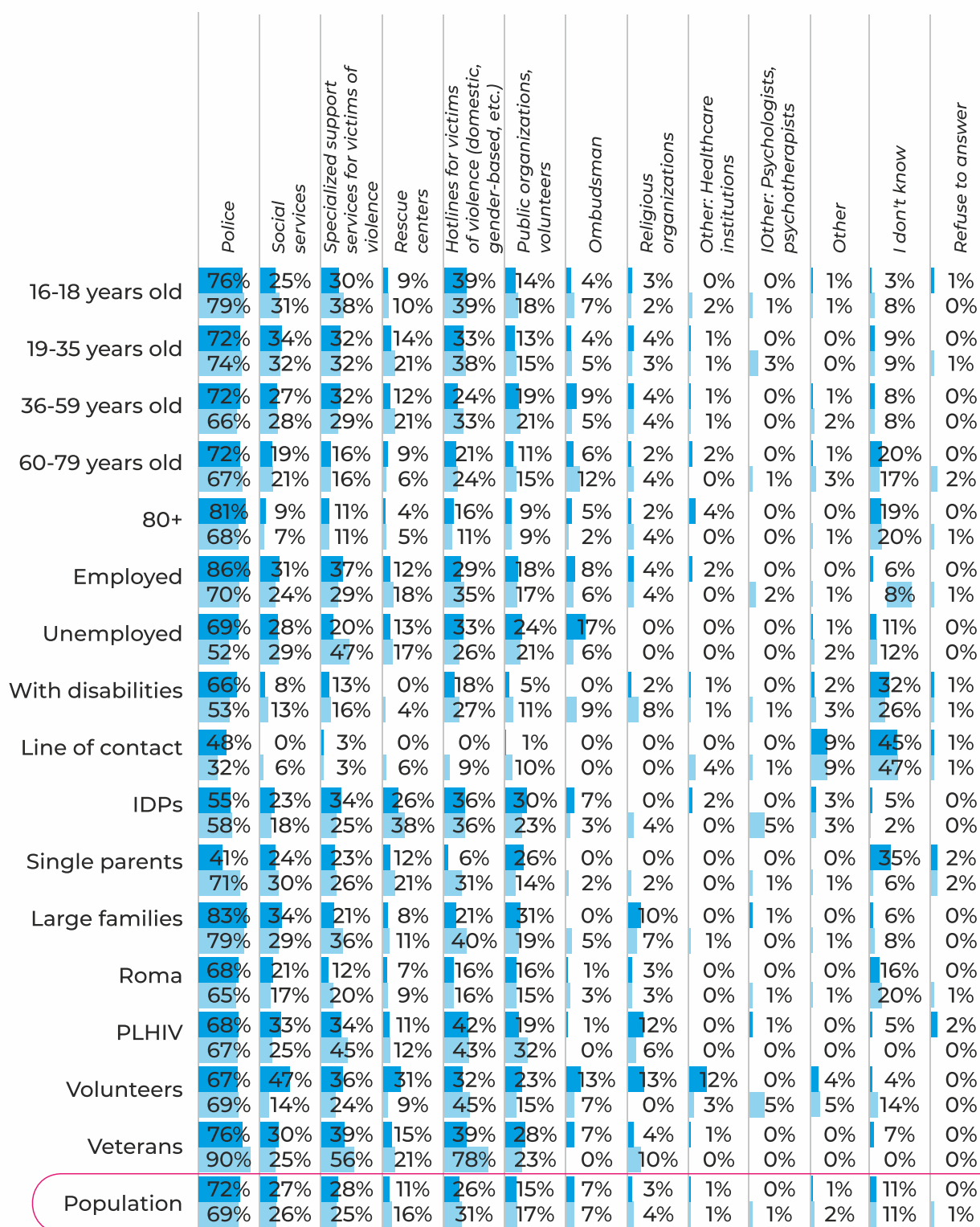
Have you ever considered or are you considering adopting a child?



Men

Women

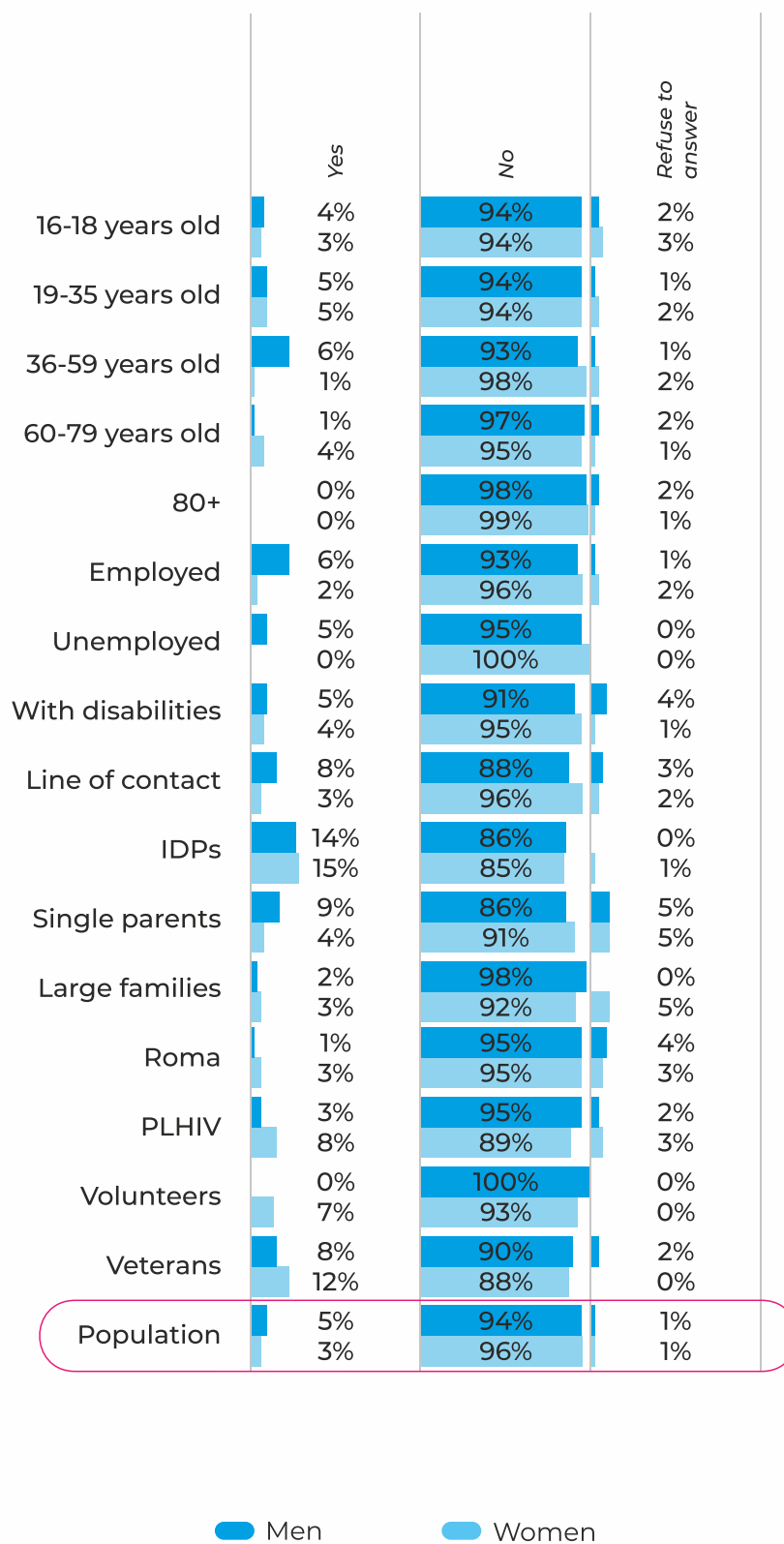
Do you know where people who have suffered from gender-based violence and/or sexual violence related to armed aggression of the Russian Federation against Ukraine?



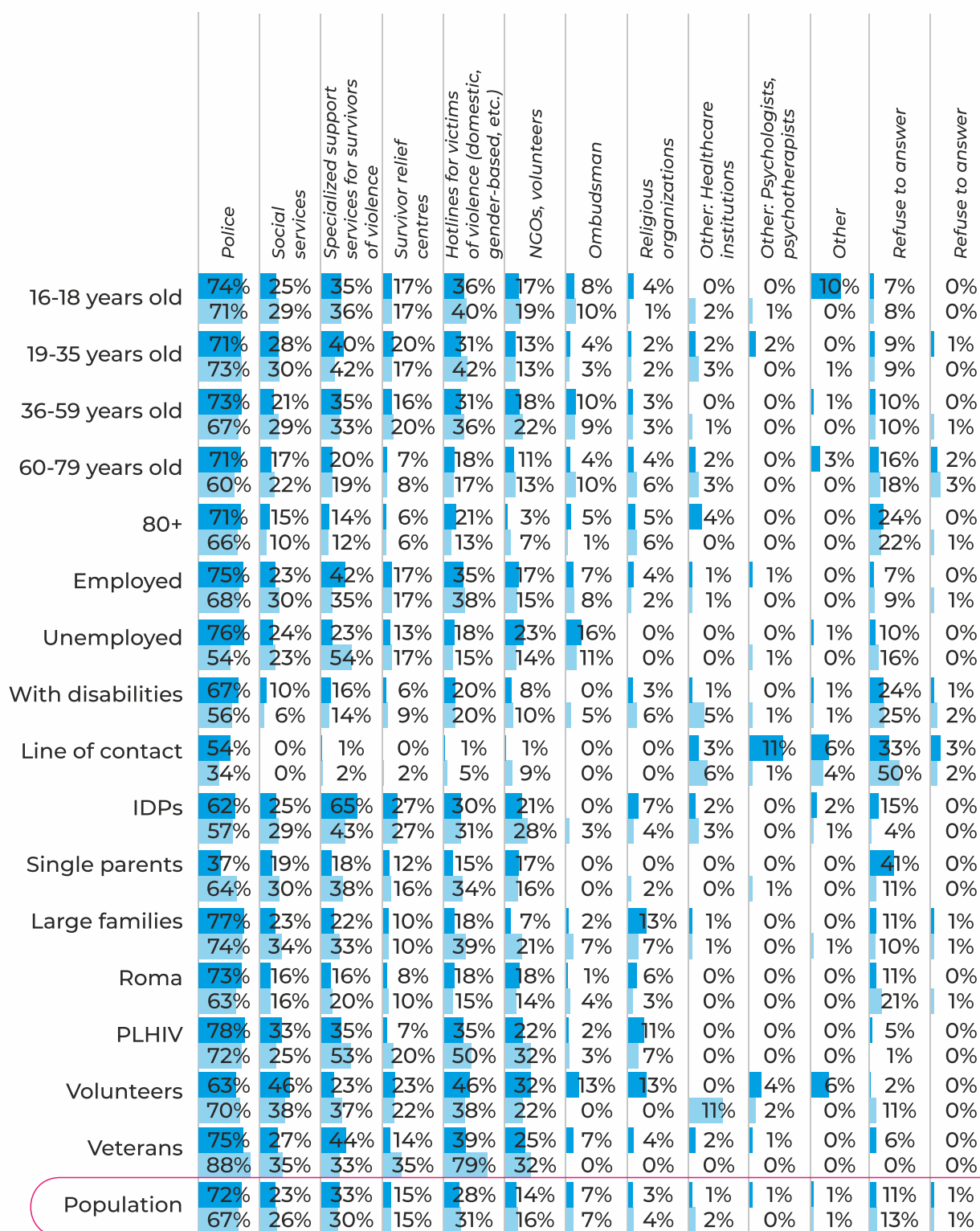
Men

Women

Please tell me, do you know anyone personally who has suffered from sexual violence related to the armed aggression of the Russian Federation against Ukraine?



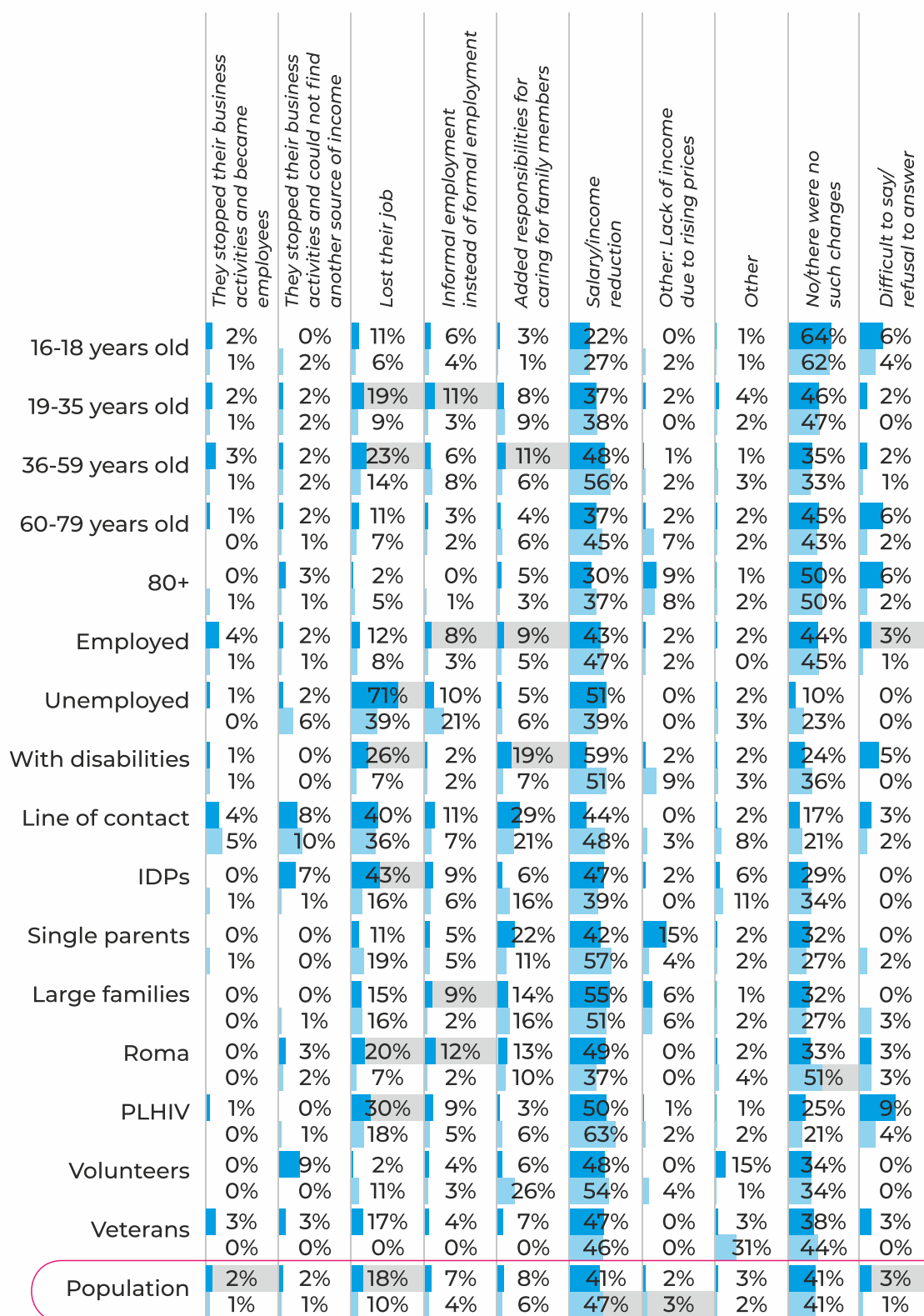
Do you know where people who have suffered from war-related sexual violence can turn to?



Men

Women

What changes have occurred with you or your family members during the last two years that significantly affected the financial situation?



Men

Women



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