

FINAL ANALYTICAL REPORT



THE SOCIAL REINTEGRATION OF VETERANS IN UKRAINE

WITH A SPECIAL FOCUS ON THE
INCLUSIVITY OF PARTICULARLY
VULNERABLE VETERANS AND THE ROLE
THAT VETERANS' ORGANIZATIONS
CAN PLAY IN BUILDING INCLUSIVITY

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IOM is committed to the principle that humane and orderly migration benefits migrants and society. As an intergovernmental organization, IOM acts with its partners in the international community to assist in meeting the operational challenges of migration; advance understanding of migration issues; encourage social and economic development through migration; and uphold the human dignity and well-being of migrants.

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About SREO

SREO Consulting Ltd. (SREO) is an independent monitoring & evaluation, and research consultancy committed to serving humanitarian, stabilization, and development actors operating in the most challenging environments around the world by providing unbiased and actionable data, analysis, and research. SREO's international team combines local insight with interdisciplinary expertise to deliver information from those in need to those who need it most.

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About IOM

The International Organization for Migration's (IOM) Mission in Ukraine was established in 1996 when Ukraine became an observer state of IOM. In 2001, Ukraine requested membership in IOM, which was formalized with the Ukrainian Parliament's ratification of the IOM Constitution in 2002. In line with IOM's global strategy, IOM Ukraine aims to advance the understanding of the opportunities and challenges of migration in the Ukrainian context. Maximizing those opportunities and minimizing the challenges presented by migratory movements are the guiding principles of all activities and programs the Mission is engaged in.

The IOM Mission in Ukraine provides assistance to internally displaced persons (IDPs) and war-affected people, fights trafficking in human beings, assists the Government in dealing with irregular migration and improving its migration management systems, creates migrant-inclusive health practices and policies, and engages in harnessing the development potential of migration.

Since the start of the full-scale war in Ukraine, IOM has refocused its programs and projects and, from February 2022 to September 2023, has reached over five million people with humanitarian support that includes the provision of non-food and hygiene items, water, sanitation, and hygiene support; multipurpose cash; emergency health and mental health and psychosocial support; assistance to collective centers; protection and other types of support.

ACRONYMS AND ABBREVIATIONS

CPT	– Cognitive Processing Therapy
EU	– European Union
FGD	– Focus Group Discussion
GoU	– Government of Ukraine
IOM	– International Organization for Migration
KII	– Key Informant Interview
MHPSS	– Mental Health and Psychosocial Support
MoVA	– Ministry of Veterans Affairs
PE	– Prolonged Exposure
PTSD	– Post-Traumatic Stress Disorder
SREO	– SREO Consulting Ltd
SSI	– Semi-Structured Interview
TBI	– Traumatic Brain Injuries

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EXECUTIVE SUMMARY AND KEY FINDINGS

IOM has been engaged in enhancing Ukrainian communities' resilience through socio-economic support for veterans and their family members since in 2018. Today, IOM is building on its previous and current initiatives and leverages long-standing partnerships with government stakeholders, oblast state administrations and local councils, as well as non-governmental organizations to continue its work on veterans' reintegration. From 15 January 2023 to 15 July 2024, IOM is carrying out a project titled "Path of Resilience: Enhancing Ukrainian Resilience through Strengthened Capacities of Psychosocial Support for Veterans", funded by the German Federal Foreign Office. In this light, IOM has collaborated with SREO Consulting in June 2023 to conduct a survey on factors that enhance or hinder veterans' social integration and their active contribution to the social life of their communities. The study included a nationwide survey of veterans, including female veterans, veterans with disabilities, family members of veterans and the families of fallen veterans. It also included interviews and focus group discussions with veterans' organizations.

This report presents the findings, conclusions and recommendations from the survey and interviews conducted. It focuses on various aspects of veterans' social reintegration, with a special emphasis on the inclusivity of particularly vulnerable veterans and the role that veterans' organizations can play in promoting inclusivity. IOM plans to utilize the findings to engage in further discussions with various stakeholders and translate the recommendations into concrete actions that will shape veterans' policies. To inform the analysis, 1,000 surveys were conducted with veterans and veterans' families. 593 of these surveys were conducted with veterans (including 25 women and 182 veterans with disabilities) and 407 of the surveys were with veterans' families, including families of the fallen. In addition, 50 Key Informant Interviews (KIIs) and 3 Focus Group Discussions (FGDs) were conducted with veterans' organizations, and 5 semi-Structured Interviews (SSIs) were conducted with veterans.

- Key findings include the following areas:
- Displacement and lack of housing

- Psychological and mental health challenges
- Physical disabilities and health issues
- Increasing impact on physical and mental health since February 2022
- Unemployment, underemployment, and lack of access to education and training
- Social stigma and social isolation
- Family and relationship issues

Overall, the survey highlights how veterans in Ukraine, especially those with disabilities, need comprehensive support in physical and mental health, social integration, and economic empowerment. This entails ensuring access to quality medical care, mental health and psychosocial support services. While a range of services, including individual counseling sessions is crucial, lay counselors, trained community members without formal counseling degrees, can offer empathetic listening and basic mental health support. Awareness campaigns to reduce mental health stigma for veterans can encourage service uptake and promote community understanding. Economic initiatives should encompass education, skills training, employment services and creating inclusive workplaces. Peer support groups and engagement with community organizations can contribute to enhancing social activities and building connections within the community. Accessible housing with necessary adaptations is crucial for veterans with disabilities.

Supporting veterans' organizations is essential to supporting veterans' reintegration. Financial aid through grants and funding programs can empower these organizations while capacity-building in organizational management can enhance their effectiveness. Networking opportunities can foster collaboration and community among veterans' organizations. Raising awareness of available services for veterans and families, including the process for obtaining the status of a family member of a Fallen Defender of Ukraine, is also crucial. Additionally, providing assistance in navigating bureaucratic requirements and advocating for simplified administrative procedures with government agencies can further support vulnerable veterans and their families.

1. INTRODUCTION

The successful reintegration of former combatants is universally recognized within the Inter-Agency Standing Committee (IASC) Durable Solutions Framework as an essential element of reducing the vulnerabilities that displaced populations experience — including those that veterans and their families may undergo. Veterans in civilian life are not only a crucial building block for future socioeconomic development, but also have an important role to play in local conflict resolution. They are part of a societal effort to foster resilient and cohesive communities and mitigate the risk of future displacement. Moreover, veterans and their families are often first responders to provide assistance in their communities when crises occur.

Since 2018, IOM Ukraine's Veterans' Reintegration programme has been supporting veterans to reintegrate into civilian life productively and effectively. The Government of Ukraine estimates that the number of veterans and their family members following the war could reach between five to eight million. Many veterans face significant challenges when reintegrating into society on account of their experiences on the battlefield. In

partnership with the Government of Ukraine, IOM works closely with veterans and associated groups at the national, community, family and individual levels. To date, IOM's Veterans' Reintegration programme has reached over 50,000 people through the provision of capacity-building support, community cohesion activities, mental health and psychosocial support services (MHPSS) and livelihood assistance.

The current study has been conducted within IOM's 'Path of Resilience: Enhancing Ukrainian Resilience through Strengthened Capacities of Psychosocial Support for Veterans' project (15 January 2023 – 15 July 2024). The project aims to build the capacity of the Ministry of Veterans' Affairs of Ukraine as well as other ministries, local authorities and veterans' organizations, and to raise awareness on and improve the accessibility to mental health and psychosocial support (MHPSS) services. The study contributes to the overall objective of the project by analyzing various aspects of veterans' social reintegration with a special emphasis on inclusivity for particularly vulnerable veterans and the role that veterans' organizations can play in promoting inclusivity.

2. METHODOLOGY

Summary of Data Collected

The following data was collected to inform this report:

Type	Target Group	Collected
Key Informant Interviews (KII)	Veterans Organizations	50
Focus Group Discussions (FGD)	Veterans Organizations	3
Surveys	Veterans	593
Surveys	Families of Veterans	407
Semi-Structured Interviews (SSI)	Veterans	5

Fig 2. The survey was distributed nation-wide using Kobo Collect. Due to the challenges incurred during data collection (described in detail later in this report), the sample size has been set to 1,000.

Survey Sampling

Due to the sensitivity of the subject-matter, and since reliable lists of veterans were not readily available for protection

and security reasons, it was not possible to apply probability sampling. As such, the survey relied on snowball sampling. Respondents for the study were initially identified by reaching out to non-governmental and government organizations working with veterans to facilitate introductions in each geographic area. Key informants were also requested to provide contact details and introductions where possible. These initial contacts were asked to recommend and provide contacts of other potential respondents (veterans and/or families of veterans) living in their local area, or in any of the other areas covered by the survey.

The sample was divided 50/50 into two groups: (1) veterans, and (2) family members of veterans. Each of these groups responded to a different survey instrument prepared by IOM. Targets were set for gender within each of these groups. Among veterans, the aim was to ensure at least 5% of respondents in each geographic location were women. This figure was based upon previous surveys of

veterans conducted by IOM, in which approximately 5% of veterans were found to be women¹. The current figure may be slightly higher, as the proportion of women in the armed forces is reported to have increased since the beginning of the full-scale invasion. As such, 5% was considered a minimum target, to be exceeded where possible. Among family members of veterans, the aim was to ensure a 50/50 gender balance among the respondents.

Targets were established for veterans living with a disability (10% of surveyed veterans) and for family members of the fallen (10% of family members).

As reliable data regarding the number of casualties in the present war is not widely available, it was difficult to reliably establish the numbers of those fallen and/or those veterans who may be living with disabilities. Previous surveys conducted by IOM have found 10% of veterans living with disabilities, hence this was adopted as a target for the present survey.

In terms of the fallen, in December 2022, the Ukrainian government confirmed that there are up to 13,500 fallen among the Ukrainian armed forces². American estimates in August 2023 placed the figure at up to 70,000 fallen and 100,000 to 120,000 wounded³. As such, a target of 10% of family members was established.

Geographical Distribution

The sample was divided geographically to set a target for each oblast of Ukraine and the city of Kyiv, in proportion to the population of each oblast. Population figures were drawn from the latest available Displacement Tracking Matrix (DTM) for Ukraine.

- Since some oblasts of Ukraine are partially or completely occupied and are therefore inaccessible for data collection, a weighting was applied to adjust the sample size for each area.
- For areas which were completely inaccessible (Donetsk, Luhansk, Autonomous Republic of Crimea, Sevastopol), the target was set at zero.
- For areas which were partially accessible (Kherson and Zaporizka), a weighting was applied to reduce the sample size, reflecting the comparative accessibility of the oblast.

- To compensate for the reduced sampling in inaccessible areas, a positive weighting was applied to some other areas.
- In Dnipro, Kharkiv, Mykolaivska and Odeska, a weighting of 130% was applied since they are the four oblasts closest to the most heavily war-affected oblasts in the south and east of Ukraine.
- The city of Kyiv was also weighted at 130%, reflecting its status as capital city.

Survey of Veterans Organizations

As per the Terms of Reference (ToR), SREO planned to conduct 50 interviews with the veteran's organizations in all the oblasts and the city of Kyiv (territory under the control of the Government of Ukraine). Depending on the availability of specific respondents, these interviews were conducted via phone or online application. SREO was able to collect all 50 interviews, as planned.

IOM provided contact details and facilitated introductions to Veteran's Organizations they were already aware of. As with the survey, a snowball sampling approach was adopted, asking each of these veteran's organizations to suggest others they may be aware of. In addition, SREO liaised with local government officials and Ministry of Veterans Affairs of Ukraine for introductions to veteran's organizations. SREO aimed for a good geographic spread of organizations, aiming for approximately two interviews per oblast. **In total, 102 veterans' organizations were contacted; with 50 veterans' organizations ultimately participating in the study.**

Focus Group Discussions (FGDs)

As per the ToR, SREO planned eight FGDs with selected veterans' organizations. These were small group interviews with managers, staff and/or volunteers from the veterans' organization, to gain qualitative insights to complement the survey. Three veterans' organizations were selected to participate in the FGDs, depending on their availability, location, size of veteran population they serve, and their ability to speak to the key topics of interest in this study. Open-ended semi-structured discussion guides were used to help participants elucidate and explore topics or research questions as needed.

1 IOM, February 2022, Veterans' Reintegration in Ukraine, National Survey.

2 BBC News, 2 December 2022, Ukraine war: Zelensky aide reveals up to 13,000 war dead, online: <https://www.bbc.com/news/world-europe-63829973>

3 New York Times, August 18 2022, Troop Deaths and Injuries in Ukraine War Near 500,000, U.S. Officials Say, online at: <https://www.nytimes.com/2023/08/18/us/politics/ukraine-russia-war-casualties.html>

Each FGD was planned to last a maximum of 60-90 minutes to prevent fatigue and was audio-recorded with the participants' verbal consent. FGDs took place in a private, neutral location where participants could speak freely and have their confidentiality protected.

Survey data quality control

To ensure quality and quality control of survey data, SREO took the following measures:

- Hire local professionals:
- Providing adequate incentives:
- Train interviewers:
- Use local translators:
- Conduct pilot surveys:
- Regular communication and ongoing data quality checks:
- Use KoboCollect data collection technology:
- Conduct data analysis:

Strategies for building trust and rapport with respondents

To build trust with the participants and their families, and encourage their participation, the study used several strategies:

- Training field staff to build rapport and use a respectful and empathetic approach:
- Explaining the purpose of the study and outlining the survey/interview process:
- Seeking the help of trusted intermediaries:

Analytical Approach – Literature Review

The study includes a literature review of existing research, scholarly articles, project documents, publications from IOM and other agencies working on related issues, books, and related sources to help provide a thorough understanding of what has already been studied and published in relation to the reintegration of veterans.

Analytical Approach – Quantitative Analysis

To extract findings from the two survey datasets, a range of descriptive and inferential statistical techniques has been deployed to systematically analyze and interpret the (primarily) numerical data collected. This type of analysis provides valuable insights into the relationships between

variables and allowed for some generalizations to be made about the population of veterans and veterans families.

Qualitative Analysis

Focus group discussions, key informant interviews, and semi-structured interviews have offered a platform for participants to express themselves more openly, providing richer narratives that capture the nuances and subtleties of their experiences. The study used MaxQDA software to analyze the qualitative data, using a coding approach to systematically label segments of the data with descriptive codes that captured key themes, concepts, or patterns. These themes helped provide a framework for analysis and drafting of the report.

Challenges and Limitations

The study faced some challenges due to delay in the survey data collection process. However, the workplan and target have adjusted accordingly. The KIIs were collected as planned, and five additional semi-structured interviews with veterans were added to help understand some of the challenges identified in engaging veterans. FGDs were challenging to organize with the target group (veterans' organizations), but the researcher has managed to complete three FGDs.

Key challenges and mitigating measures taken:

- Veterans were largely reluctant to participate in the survey. Veterans and veterans' families may live in difficult circumstances, grappling with the ongoing insecurity and war, and with legacies of trauma, grief, mental health issues, and physical disability. Discussing such personal issues with strangers may be difficult, especially since the experiences are current or recent. Many of those who were reached did not see how participating in a survey would help to change their situation and remained unconvinced of the benefits of participating. Those who did participate were often unwilling to share contacts of friends and colleagues who might also participate.
- Refusals were not systematically recorded. However, the data collection team reported that the estimated refusal rate was around 30% or higher. Reasons for refusal included time constraints, privacy concerns, lack of interest, and skepticism about the survey process and it leading to a meaningful change. High

refusal rates can introduce nonresponse bias, where the characteristics of those who refused to participate differ significantly from those who participated. In the context of the present study, it is possible that some of those who declined to participate might be among the hardest to reach, most marginalized, or more vulnerable individuals. As such, caution must be applied in generalizing from the survey results since some perspectives and experiences may not be fully reflected in the data. Future surveys with veterans and veterans' families should consider targeted outreach and communication strategies and incentives to encourage greater participation.

- The data collection work was emotionally difficult for some of the data collection team and some staff requested days off to rest. The field team were speaking to respondents who have been experiencing trauma, grief, and other very difficult circumstances, and this was challenging for them also. Overall, field researchers witnessed significant proportions of respondents who appeared to need support. All field researchers were provided with details of the MHPSS hotline, and offered those details to all survey respondents, particularly any who expressed any distress or need for support. The field researchers shared the contact details of IOM's MHPSS hotline with survey respondents.
- The use of snowball sampling methodology for the surveys led to uneven geographical coverage across the country. For example, some oblasts in the Western region are less well represented than others, due to the initial distribution of survey leads and contacts. This does not necessarily imply lower willingness to participate among respondents in those areas but rather reflects the limitation in the number of contacts available to kickstart the survey process. Where initial survey participants are concentrated in certain areas, the subsequent referrals are more likely to be from those same areas, creating a regional bias. This means that the survey results may not fully represent the diversity of opinions or experiences across all regions and for this reason, it is not possible to disaggregate the survey findings by region or oblast. In a large and diverse country like Ukraine, it is possible that certain local nuances and specificities may not be fully reflected in the findings.
- Comparative analysis of survey data is a valuable analytical technique for gaining a more nuanced

understanding of survey results by examining variations within specific subgroups or categories. The datasets collected allowed for some level of comparison between specific subgroups (for example men and women, veterans with disabilities, families of the fallen, etc.) to identify patterns, disparities, and trends that may not be apparent when analyzing the data as a whole. However, the sample size for each subgroup is small (around 5-10% of the total survey sample), meaning that findings for these subgroups should be understood as indicative and was interpreted with caution.

- The study's findings have been comparatively analyzed against the results of previous surveys conducted by IOM in 2020 and 2022. *Life after Conflict: Survey on the Sociodemographic Characteristics of Veterans of the Conflict in Eastern Ukraine and their Families* was published in January 2020, while *Veterans Reintegration in Ukraine National Survey* was published in February 2022. Both surveys therefore cover the period from 2014 to 2022. Caution must be applied in interpreting these comparisons, since the surveys all used different data collection instruments with different questions and applied different sampling approaches. All three surveys were based on non-random snowball methodology, which means they are not statistically representative. Therefore, comparing the findings between these surveys can only provide a general indication of a trend, rather than a robust quantitative measure of change over time.

Snowball sampling has its advantages, such as reaching hard-to-reach populations. However, it also introduces certain limitations because it is not a truly random sample. By clearly defining a specific target population (veterans and veterans' families) and their relevant characteristics, and setting targets for variables of interest (disability, gender, families of the fallen), the study aimed to manage these limitations and help to ensure the data is representative.

Nonetheless, it is important to recognize that snowball sampling is a non-probability sampling method and can lead to some degree of homogeneity and/or bias in the survey samples. This means that each member of the target population does not have a known and equal chance of being included in the sample, which limits the ability to make broad generalizations. It is important to exercise prudence and caution when interpreting and discussing the implications of the findings, to avoid making overly broad or unsupported claims about the wider population. Using literature and qualitative data to triangulate findings will help to ensure their validity.

Snowball sampling can also introduce bias because non-respondents may differ from respondents in ways that affect the results, making it challenging to generalize to the entire population – for example, it is possible that the most vulnerable veterans are the ones who have declined to participate most frequently.

Confidence Intervals (CI) and Margins of Error (MoE) are statistical concepts used in inferential statistics to quantify the uncertainty or variability associated with estimating population parameters based on sample data. According to the Government of Ukraine (GoU), around 1,200,000

people in Ukraine have veteran status⁴. If we were to assume that the survey samples were truly random, then the samples would be statistically significant as follows:

Survey target group	Sample size achieved	Estimated population size	Indicative Confidence Interval	Indicative Margin of Error
Veterans	593	1,200,000	98%	5%
Veterans' families	407	1,200,000	95%	5%

Fig 3.

3. FINDINGS - VETERANS

Overview (veterans)

593 surveys were conducted with veterans, together with five Semi-Structured Interviews (SSIs), intended to provide additional qualitative insights to complement the survey findings. Slightly less than 5% of the respondents were women, which matches the findings of the survey conducted by IOM in 2022.

Total	Frequency	Percentage of total
Men	568	95.77%
Women	25	4.23%
Living with disability	182	30.80%

Fig 4.

Veterans' Survey Demographics

Geographic distribution of respondents (veterans)

Oblast	Frequency	Percent
Kyiv	202	34.10%
Kyiv Oblast	118	19.90%
Dnipropetrovsk	72	12.10%
Mykolaiv	40	6.70%
Vinnytsia	34	5.70%
Khmelnitskyi	28	4.70%
Kirovohrad	24	4.00%
Zaporizhia	20	3.40%

Lviv	16	2.70%
Kharkiv	11	1.90%
Odessa	8	1.30%
Kherson	8	1.30%
Cherkasy	5	0.80%
Luhansk	3	0.50%
Poltava	2	0.30%
Rivne	1	0.20%
Zhytomyr	1	0.20%

Slightly more than half the respondents (55.80%) lived in large cities of more than 500,000 residents. Slightly less than a third (29.70%) lived in towns of 51,000 to 500,000. The rest (14.50%) lived in small towns and villages.

Fig 5.

Age distribution of respondents (veterans)

In terms of age distribution, most survey respondents (both veterans and veterans' families) were between 25 and 55 years of age, with many in the 35-to-44-year age category. This reflects that the survey focused on veterans who have served since the 2014 invasion of Crimea. The age distribution aligns with the likely typical age cohorts of individuals who would have been in active military service during or after the specified timeframe and is similar to the age distribution noted in IOM's 2022 survey of veterans. Veterans aged 35 to 44 years likely represent a substantial proportion of those who served during the post-2014 period.

4 Government of Ukraine, Veterans Support Reform, online at: <https://www.kmu.gov.ua/en/reformi/bezpeka-ta-oborona/veteran-support-reform>

Age range	Percentage of total	Number of Surveys
18-24	15	2.50%
25-34	145	24.50%
35-44	245	41.30%
45-54	152	25.60%
55-64	26	4.40%
65 and over	10	1.70%

Fig 6.

Household size, marital status, and educational level of respondent

Most of the surveyed veterans lived with family members. 17.40 per cent of the respondents reported living alone, while around one quarter (25.40 per cent) lived with one other person. About half of the respondents (52.30%) were officially married, while 19.20 per cent reported being in a civil marriage (without official registration).

Household size	%	Frequency	Marital status	%	Frequency
Living alone	17.40%	105	Married (officially registered marriage)	52.30%	309
Living with one other person	25.40%	150	Civil marriage / without registration	19.80%	117
Living with two other people	30.30%	179	Single/never married	14.20%	86
Living with three other people	18.40%	109	Divorced	7.60%	45
Living with four other people	6.90%	41	Married but live separately	3.20%	19
Living with five other people	1.40%	8	Widowed	1.90%	11
Living with six other people	0.20%	1	No response	1.00%	6

Fig 7.

What is the highest level of education you have successfully completed?

Full higher education (have graduated from higher educational institution, received a bachelor's, master's degree, or Academic degree)	36.00%	215
Technical-vocational education (graduated from vocational school: high school or other vocational school, artisan school, etc., with a skilled worker)	29.40%	174
Non completed higher education (graduated from technical school, school (medical, pedagogical, etc.), received a degree of junior specialist or junior bachelor's degree)	28.10%	166
Upper secondary education (completed 10-11 years of school)	5.80%	34
Lower secondary education or lower (9 years of school attendance)	0.50%	3
No response (do not read)	0.20%	1

Fig 8.

Displacement Status

Only a minority of the respondents had experienced displacement. Most (62.90 per cent) were living in their habitual place of residence at the time the survey was conducted, and only 8.90 per cent had been forced to flee from their habitual home. Just 2.40% had registered with the social service as an Internally Displaced Person (IDP) – which is slightly lower than the 5 per cent registered as IDPs in IOM's 2022 survey of veterans. However, the fact that 36 per cent of respondents were living somewhere other than their habitual place of residence at the time of survey suggests that many veterans may have chosen

to move, even if they do not perceive themselves to be displaced. For example, many people have moved to Kyiv for economic reasons during the war, since Ukraine's economy has been disrupted and the chances of finding work are perceived to be better in the capital. Whatever their motivations for relocating, veterans who have moved within Ukraine, may face challenges of integration in their new community. For instance, cities such as Kyiv, which have received large numbers of newcomers from other parts of Ukraine, are experiencing rapidly increasing house and rent prices, making it more difficult for those in an economically vulnerable situation to afford a place to live.

According to local organizations, homelessness in the capital has soared and those with disabilities and mental health issues are most at risk.⁵ It is likely this includes a proportion of veterans. Housing in Ukraine holds a particular cultural significance for integration because home ownership is widespread and associated with people's sense of identity, wellbeing, and security. Not having access to appropriate housing, including home ownership, has been suggested to be detrimental for integration of displaced people in Ukraine, and may therefore be a factor in reintegration of some veterans.⁶

It is interesting to note that according to a study conducted in 2021 in Ukraine, many of the challenges faced by veterans are like those faced by displaced people. Both IDPs and veterans were noted to have encountered elevated levels of psychological stress symptoms, encompassing depression, isolation, anxiety, and intrusive memories. Despite facing distinct traumas, both IDPs and veterans acknowledged difficulties in social adaptation, experiencing a sense of isolation and misunderstanding from their communities. Both cohorts also reported relational conflicts within and beyond their families. Recognizing the importance of social support mechanisms, they emphasized the role of positive social interaction as a crucial aspect of maintaining mental well-being and fostering healthy functioning.¹⁵

Are you currently residing in your habitual place of residence?

Yes	62.90%	374
No	36.00%	213
No response (do not read)	1.00%	6

Fig 9.

Have you ever been forced to flee from your habitual place of residence?

No	90.90%	340
Yes	8.90%	33
No response (do not read)	0.30%	1

Fig 10.

Are you currently residing in your habitual place of residence?

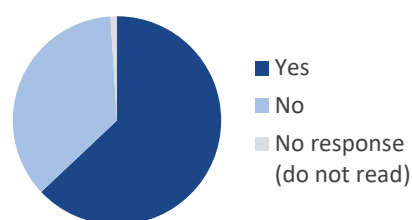


Fig 11.

Have you ever been forced to flee from your habitual place of residence?

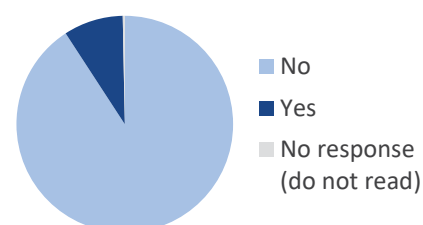


Fig 12.

Have you registered at the social service as internally displaced person (IDPs)?

No	97.60%	365
Yes	2.40%	9

Fig 13.

Veteran Status

All survey respondents had been directly involved in the execution of official military tasks since April 2014. Most (74%) had their combatant certificate. Among those who did not have their combatant certificate, most were in the process of having it issued. See table below for details. Among the survey respondents, the majority (67.50 per cent) were involved in execution of official military tasks from February 2022 onwards, while a significant minority (32.50 per cent) were active during the period from 2014 to 2022.

5 'With help, we might survive': Kyiv sees sharp rise in homeless people; The Guardian, June 2023; Online at: <https://www.theguardian.com/world/2023/jun/22/with-help-we-might-survive-kyiv-sees-sharp-rise-in-homeless-people>

6 Housing and integration of internally displaced persons: The case of Ukraine in 2018; Zavisca, et al.; Frontiers in Human Dynamics, April 2023, online at: <https://www.frontiersin.org/articles/10.3389/fhumd.2023.1086064/full>

Have you been directly involved in the execution of official military tasks since April 2014 to the present day?

Status	%	Frequency
Yes, with a combatant certificate	73.70%	439
Involved in the activity of the territorial volunteer battalions. Currently in the process of issuing the combatant certificate.	16.50%	98
Involved in the activity of the territorial volunteer battalions. Did not receive the combatant certificate	9.40%	56
Prefer not to answer (ineligible)	0.20%	2
Not involved in the execution of military (official) tasks since April 2014. No certificate of participation in military operations or disability certificate (ineligible)	0.20%	1

Fig 14.

When were you involved in execution of official military tasks?

February 2022 onwards	67.50%	401
2014-2022 (before February 2022)	32.50%	192

Fig 15.

Do you have the status of a participant in hostilities and when did you receive it?

Yes, after the start of a full-scale invasion on February 24, 2022.	64.60%	384
Yes, after 2014	30.60%	181
No, but I am released from military service	3.60%	21
Yes, before 2014	1.20%	7

Fig 16.

Most of the respondents were either volunteers (39%) or had a service contract with the military (23 per cent). See details in the pie chart below. 63 per cent had served in the Armed Forces of Ukraine, 18 per cent in the National Guard, and 16 per cent in the Territorial Defense Forces.

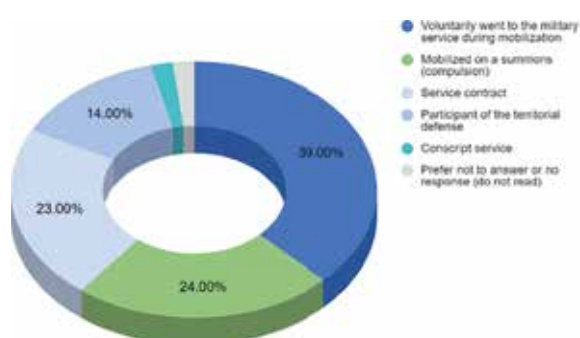


Fig 17.

Burden of Disability

The survey indicated a high prevalence of disability and illnesses resulting from military service. Approximately 73 per cent of respondents reported sustaining an injury or illness directly related to their military duty, while 31 per cent had been diagnosed with a disability (see charts below for details). This suggests an increase in the burden of disability and health issues from previous surveys. For example, in 2022, an IOM survey found that only 10 per cent of respondents had received a disability certificate, while in 2020 the figure was 6 per cent. While caution should be applied in comparing these figures, it does seem to indicate a large increase in disability of veterans. This may be due to the increased severity of fighting since the 2022 invasion.

Did you sustain an injury or illness as a direct result of performing duties during military service?

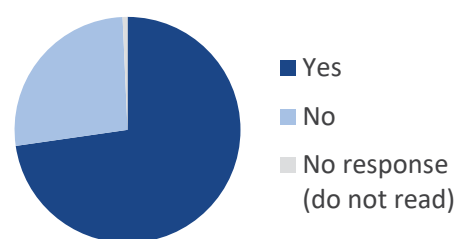


Fig 18.

Have you been diagnosed with a disability as a result of participating in active combat operations?

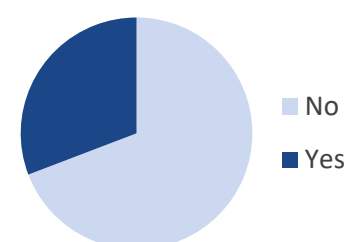


Fig 19.

Among those diagnosed with a disability, which group of disability was established for them?

Disability Group	Frequency	Percentage
I disability group (refers to individuals who have fully lost their ability to work and require constant care)	12	6.60%
II disability group (refers to individuals who can take care of themselves but cannot work in regular conditions)	83	45.60%
III disability group (refers to individuals who can work in facilitated conditions).	87	47.80%

Fig 20.

Veterans' Access to Services

There were mixed results regarding veterans and veterans' families attempting to obtain services and assistance. While 58 per cent of respondents had received free medicines according to doctors' prescriptions, and 47 per cent had received discounts on the use of communal services such as gas, electricity, and water, only 7.4 per cent had received grants for self-employment and

retraining. A significant number had tried to access various services and failed, as shown in the chart below. Slightly fewer than half of the respondents (48.4 per cent) were familiar with the work of the Ministry of Veterans Affairs in Ukraine to support the transition of veterans from military service to civilian life. This suggests a significant gap in terms of awareness of the support available from the government.

Have you or your family tried to obtain the services or assistance declared by the list of the benefits and social protection guarantees for veterans and their families when it was necessary? (veterans w/ disabilities)

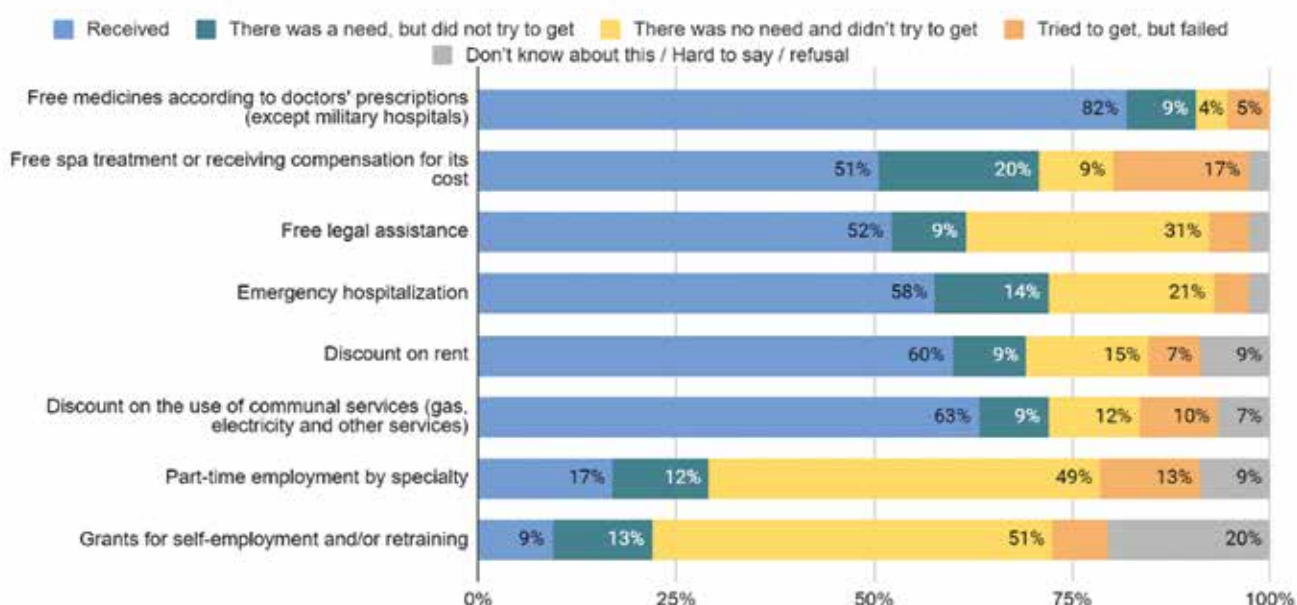


Fig 20.

Respondents to the semi-structured interviews (SSIs) suggested that accessing support services for veterans varies by region and between rural and urban areas, with awareness of available services dependent on local organizations and individual efforts to promote them. While there are support services and organizations aimed at assisting veterans, their reach and effectiveness can vary widely. Many veterans encounter difficulties when attempting to access these services, and non-governmental organizations (NGOs) often play a crucial role in helping veterans navigate the complex bureaucratic processes involved. Veterans have diverse needs, and they prioritize different types of support. One of the interviewees suggested adopting a "one-stop shop" approach where organizations provide comprehensive assistance across various aspects of veterans' lives. They recommend that organizations should provide clear, relevant, and easily accessible information in one place to improve outreach

and support for veterans. This approach can help streamline support services and make them more accessible.

“Veterans don’t know where to go with their problems. Others are ashamed. Some think that other people should come to them and help, not vice versa.”

(SSI Respondent, Veteran)

According to some of the respondents, many veterans typically prioritize support related to paperwork, land benefits, transport, and housing. However, there is a general lack of awareness among veterans regarding the existence and specifics of these services. This lack of awareness is a significant barrier, and disseminating information about these services remains a challenge.

Accessing support services, including transport benefits, can be difficult and may involve conflicts with service providers. One interviewee highlighted a shortage of information on where to seek help, and this limited awareness can hinder veterans from accessing the support they need. It is suggested that support organizations should focus on providing advocacy and ensuring that veterans are aware of the benefits they are entitled to.

Overall, the survey respondents were neutral regarding the availability of infrastructure services and amenities in their community, with 38 per cent neutral rating and 33 per cent saying that it is somewhat good.

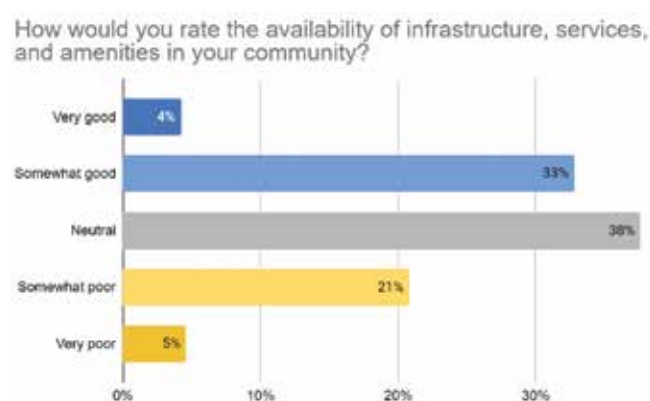


Fig 21.

Veterans were also asked for their perceptions of community safety. Half of the veterans surveyed felt that their community was either somewhat or very dangerous, with major reasons being the ongoing war, landmines and unexploded ordnance and unsafe buildings. Some respondents also mentioned crime and lack of community cohesion and support.

Do you feel that your community is safe?

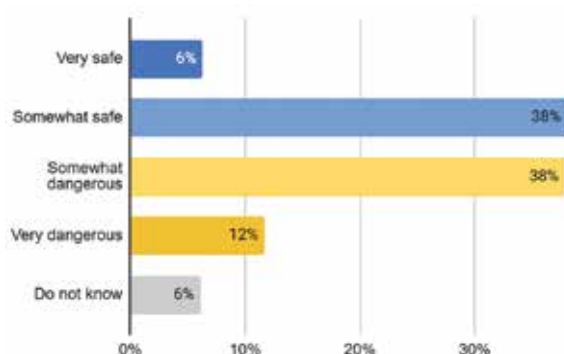


Fig 22.

What are the main reasons that you feel your community is dangerous?

Reason	%	Frequency
Ongoing war	97%	286
Land mines and unexploded ordnance	33%	97
Unsafe buildings (e.g., booby traps, damage)	20%	60
Crime	18%	52
Lack of community cohesion and support	11%	33

Fig 23.

Engaging with veterans involves addressing negative stereotypes and rumors about support services that can deter them from seeking assistance. One of the respondents recommends the creation of a comprehensive guidebook for veterans as a starting point to inform them about available resources and benefits, addressing the issue of limited awareness. Legal aid, particularly regarding issues like land entitlements, is identified as a valuable service for veterans. One of the interviewees emphasized the effectiveness of word-of-mouth recommendations from personal connections in reaching veterans, building trust, and recommending services. They suggest that legal aid should be specialized in military matters to address veterans' specific needs. Organizations seeking to engage with veterans should employ various outreach methods, including word of mouth, social media, and community engagement. Messaging should focus on helping veterans rather than implying they have a problem, aiming to empower them to seek assistance without stigma. Collaboration between organizations and local veteran support groups is seen as essential for effective support and outreach. Effective communication channels for reaching veterans include messengers and social media, with messaging centered around topics such as rehabilitation and employment.

Household Finances

Regarding household financing, 69 per cent of the surveyed households benefited from a regular salary (down from 82 per cent in IOM's 2022 survey) while 38 per cent depended on irregular earnings (up

from 14 per cent in 2022). 15 per cent received aid for internally displaced persons (IDP), 13 per cent received a disability pension, and 12 per cent were in receipt of humanitarian aid. Just over one-third of respondents (35.5 per cent) had enough money for food but needed to save or borrow money to purchase essentials such as clothes and shoes. This figure appears to have increased from 15 per cent at the time of IOM's 2022 survey of veterans. Overall, the financial situation of veterans appears to have worsened since 2022, which may reflect the significant deterioration of the economic situation in

Ukraine during 2022 because of the war. A significant minority of 15 per cent indicated that they needed to save on food to make ends meet. In terms of housing itself, 47 per cent of respondents lived in their own apartment or house, while 24 per cent rented. Additionally, 17 per cent were living with parents or relatives. These findings suggest that a significant minority of veterans are living in a degree of financial precariousness and may benefit from financial aid to support their basic needs, such as food, housing, clothing, etc.

How would you rate your household's financial situation over the past 12 months?

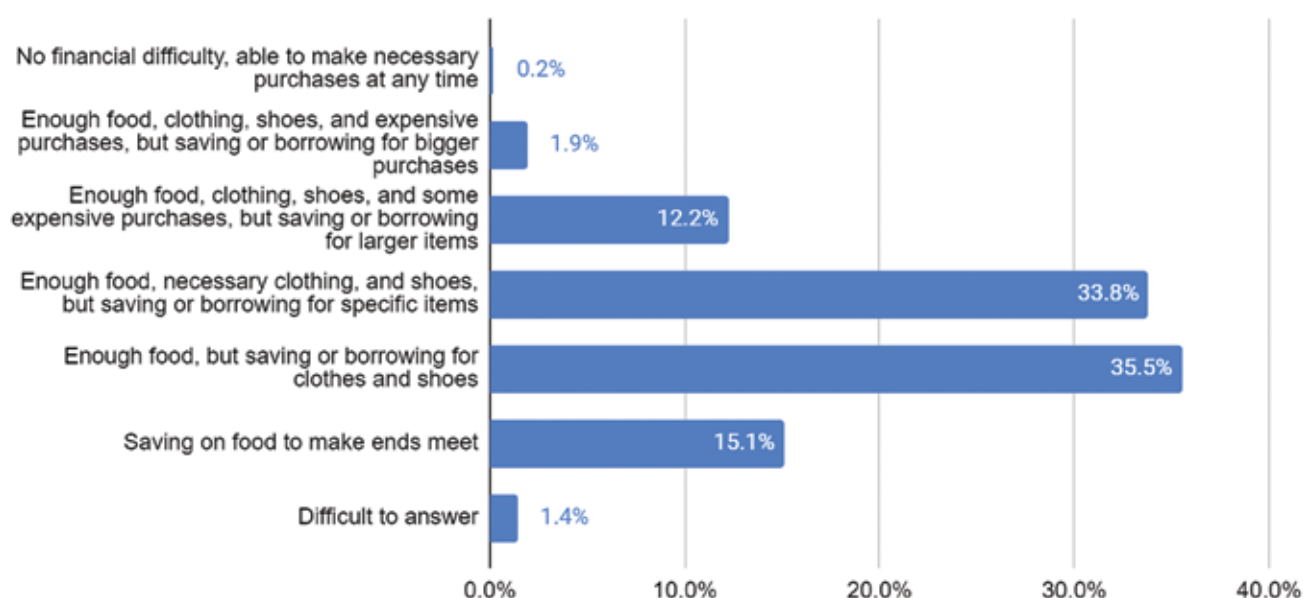


Fig 24.

Veterans' Social Integration

For most respondents, their military experience has not influenced their sense of belonging or connection to their community, with 52 per cent reporting no change. Almost 25 per cent believed that their sense of connection had improved, while almost 19 per cent reported deterioration. However, female veterans were more likely to report that their sense of belonging and connection to their community has worsened a lot (24 per cent of women versus 5 per cent of men). This suggests a significant gender difference between male and female veterans in how they perceive the impact of the military service on their lives. Some potential

factors that might explain this discrepancy include traditional gender roles and stereotypes that influence societal expectations regarding the roles of men and women after their military service. Female veterans may face specific challenges in reconciling their military experiences with societal expectations of a woman's role in society, cultural notions of femininity, and specific expectations about balancing family life with military service. This could contribute to a greater sense of isolation or misunderstanding or greater discrimination from the community. Additionally, women may receive less visibility and recognition compared to their male counterparts, leading to being overlooked or undervalued. When returning to civilian life, it may also

How has your military experience influenced your sense of belonging and connection to your community?

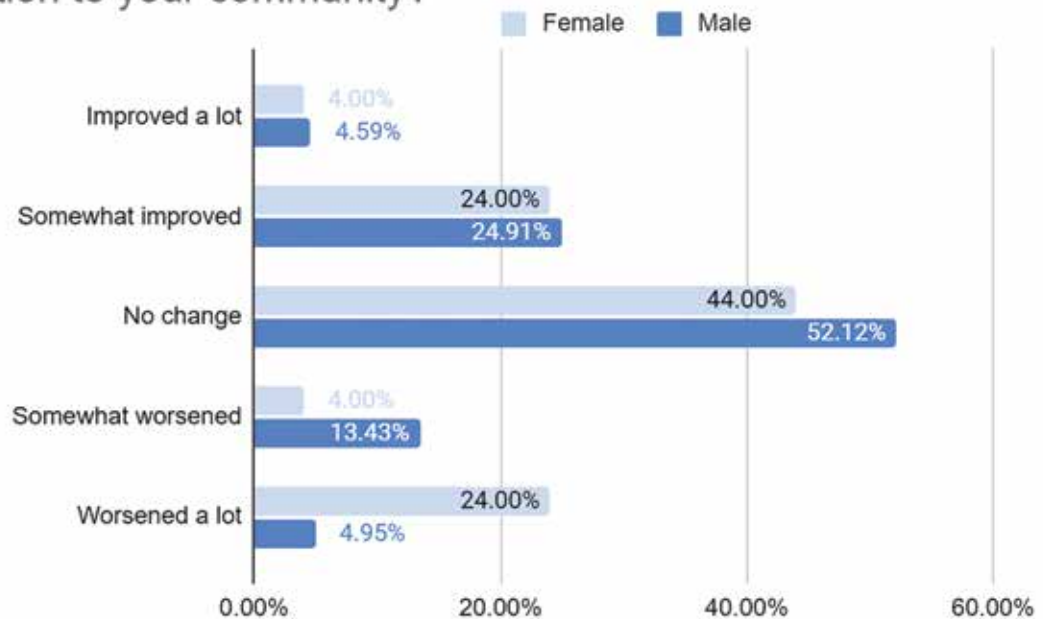


Fig 25.

be more difficult for female veterans to find support networks due to their lower numbers.

For all veterans, both those with and without disabilities, attending social gatherings and meetings specifically for

veterans was their most preferred activity, facilitating the social integration of participants. For veterans without disabilities, this was closely followed by engaging in volunteer work or community service. For veterans with disabilities, they preferred support groups or

Top 7 activities/initiatives that have facilitated the social integration of the involved participants (w/o disabilities)

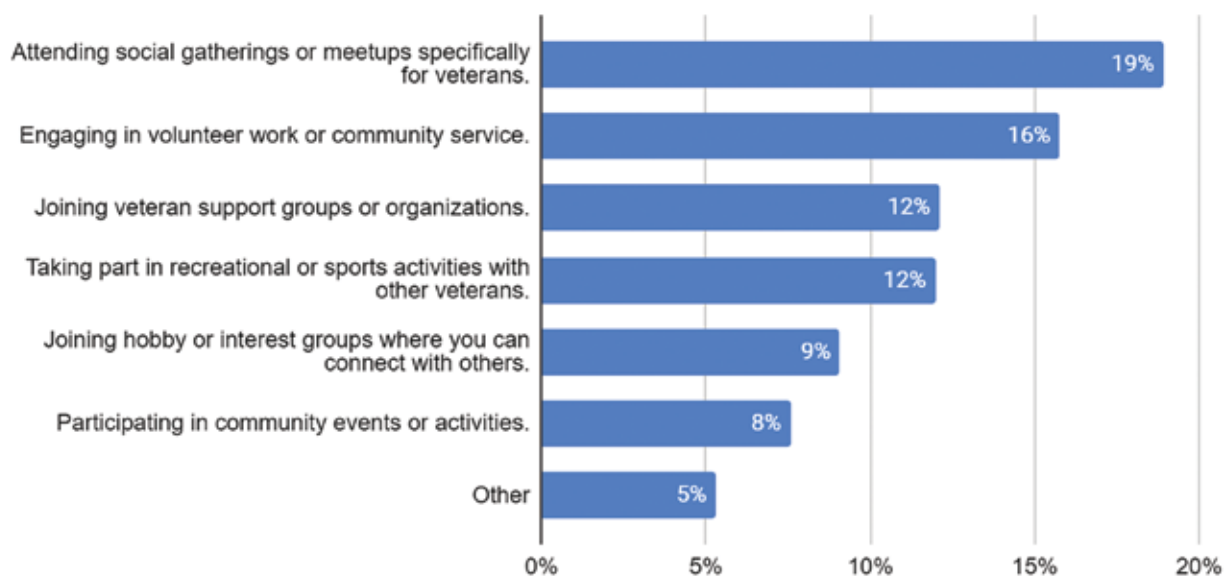


Fig 26.

Top 7 activities/initiatives that have facilitated the social integration of the involved participants (w/ disabilities)

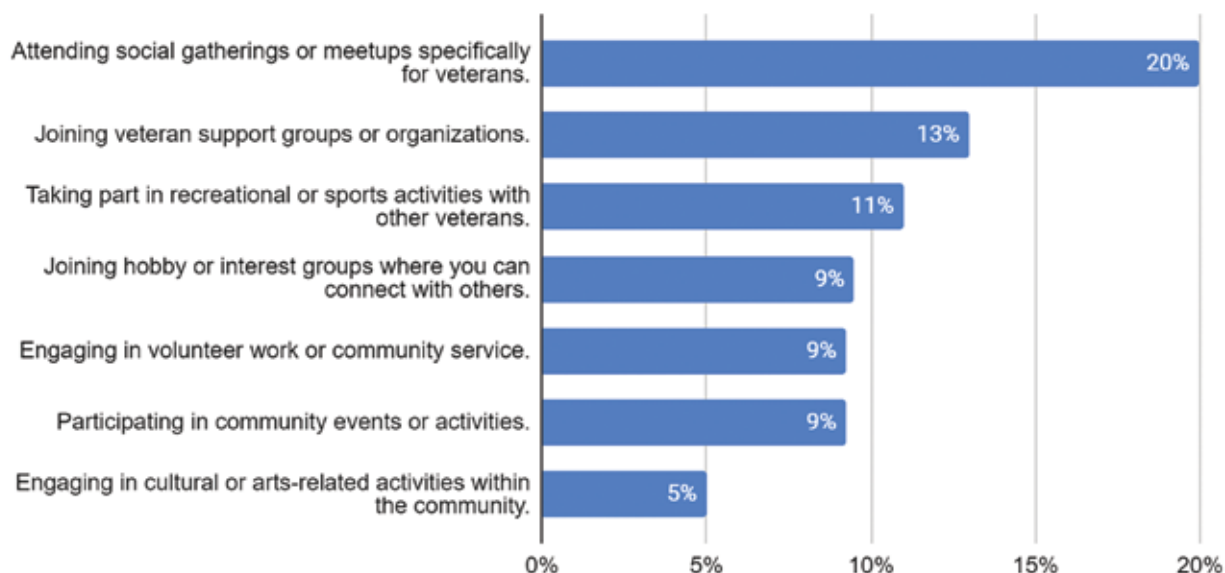


Fig 27.

support organizations. This difference may reflect that many veterans with disabilities believe they are not able to undertake volunteer work or community service.

Just over seven per cent of the survey respondents had experienced barriers or obstacles in contributing to the social life of their community. Major challenges faced when transitioning from military life to civilian life included coping with the physical or mental health consequences of

military service and navigating the complexities of civilian bureaucracy and paperwork. In this respect, it is important to note that the Ukrainian Cabinet of Ministers has decided to simplify procedures for obtaining combatants' status. As of August 2023, only one certificate is required to obtain the status, which simplifies the procedure, including for veterans with disabilities. Interestingly, female veterans were slightly more likely to report that one of their major challenges was dealing with the loss of a sense of purpose

Top 7 biggest challenges reported by female respondents that have been faced when transitioning from military life to civilian life

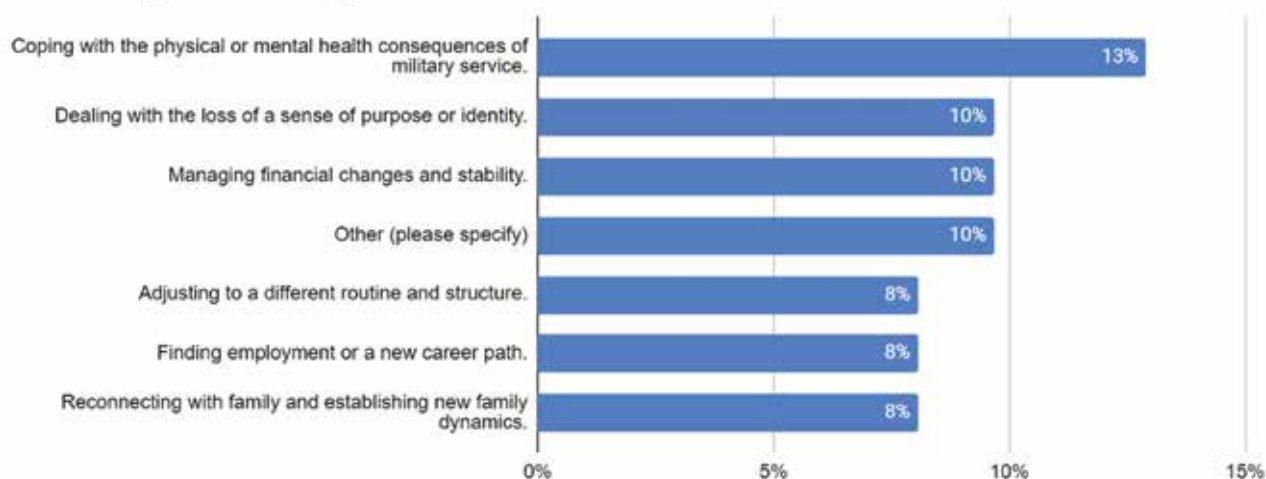


Fig 28.

Top 7 biggest challenges reported by male respondents that have been faced when transitioning from military life to civilian life

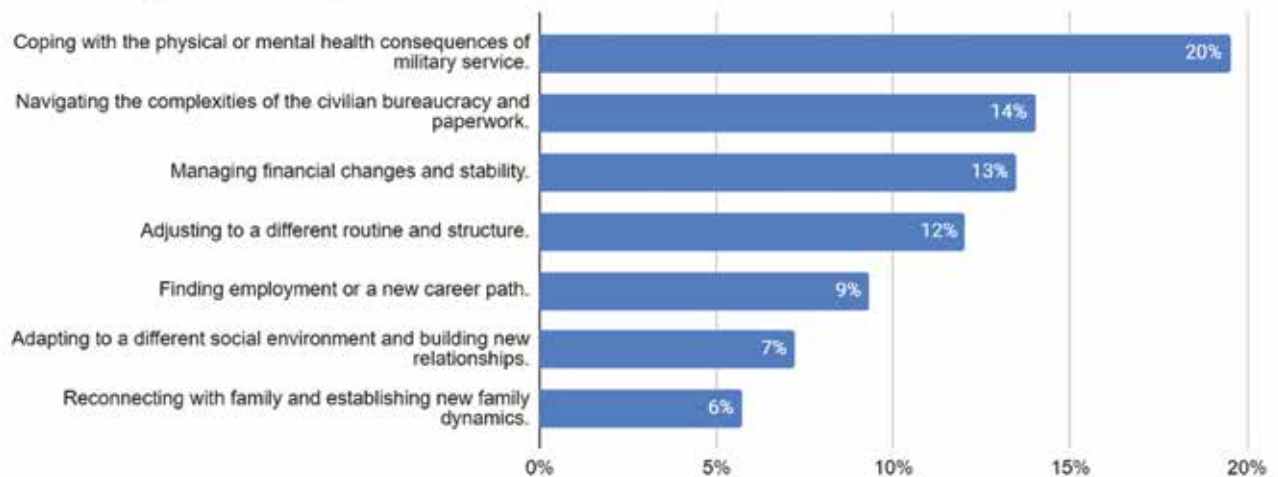


Fig 29.

or identity after military service. For both male and female veterans, managing financial changes and stability was the third most faced obstacle.

When veterans were asked which factors they considered important for being integrated into their communities, their answers focused primarily on basic needs and practical matters. For example, 76 per cent stated that regular income was important, 69 per cent mentioned employment, and 69 per cent stated housing. This was followed by access to public services and having families and friends nearby. Interestingly, these factors were given much higher ratings than issues such as acceptance by the local community, access to administrative services, and the ability to vote.

“I have seen employers telling veterans to work with a psychologist first and then come back to work. That makes sense, since a veteran needs some time for adaptation, and it would be better if there is a specialist who can accompany him during this period. Then, a veteran can take his time. So, employers should contribute to this process...”

(SSI Respondent, Veteran)

What factors do you consider important for being integrated in a community?

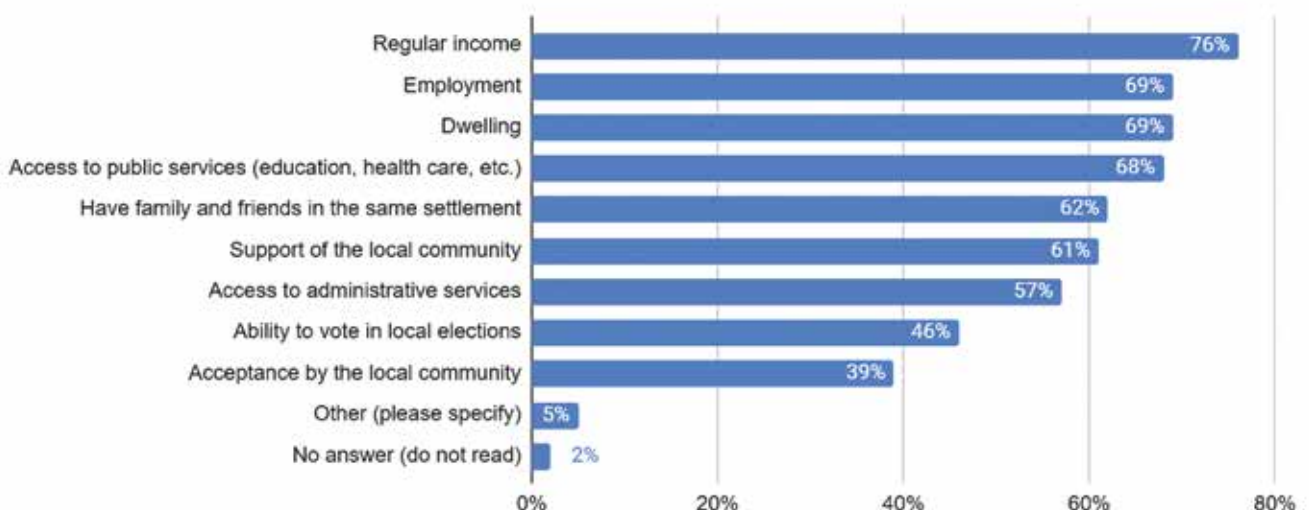


Fig 30.

Society's View of Veterans and Discrimination

Interview respondents suggested that veterans generally take immense pride in their military service and hope that the public understands that they are not “sick” but may have had unique and challenging experiences during their service. They believe that society should be more understanding and avoid asking insensitive questions about their experiences, highlighting the need for greater empathy. Veterans greatly appreciate gestures of respect and understanding from society, such as maintaining personal space and refraining from intrusive questions. They recognize that misunderstandings can arise between veterans and society, and emphasized the importance of improved communication and empathy from both sides. Moreover, veterans wish to be seen as regular individuals and not be perceived as inadequate due to their military service. However, one interviewee pointed out that Ukrainian society is not fully prepared to appreciate and value veterans' service, highlighting a significant gap in understanding between military and civilian life. Another interviewee emphasized the need for a realistic portrayal of veterans, highlighting that many are ordinary citizens who were compelled by circumstances to serve. They believe that heroism should be viewed in a broader context, including the routine aspects of veterans' lives, and that communication skills are crucial for all Ukrainians to better understand veterans' experiences and challenges.

There is also a perception of discrimination among veterans in a range of social contexts. As many as 15 per cent of veterans had personally experienced or witnessed instances of discrimination or unfair treatment against veterans in the past six months. This figure was double for female veterans (32 per cent). Interestingly, when compared with previous survey results, discrimination against veterans seem to be decreasing. When IOM conducted its veterans' survey in 2020, 49 per cent of veterans reported that they have faced discrimination in the last six months, while in 2022 the figure was 43 per cent. While this finding is only indicative, it may suggest that Ukrainian society is beginning to view veterans more positively, perhaps because of the country's experiences in the current war.

The situation most frequently reported for instances of discrimination was during the registration of benefits for veterans and their families, with 43 per cent (n=38) of respondents indicating that they have experienced discrimination or unfair treatment. Following closely,

28 per cent (n=25) reported that they have faced similar challenges in public transportation and when seeking medical services. Employment-related discrimination was noted by 24 per cent (n=21) of respondents. Other categories, including seeking administrative services (19 per cent, n=17), seeking administrative services in social protection institutions (7 per cent, n=6), and seeking services from banking institutions (7 per cent, n=6), also featured in respondents' experiences of discrimination. A smaller percentage, 2 per cent (n=2), reported instances during the pursuit of educational services.

In the past 6 months, have you personally experienced or witnessed any instances of discrimination or unfair treatment against veterans on the basis of their veteran status?



Fig 31.

Veterans' Civic Engagement and Confidence in Public Institutions

When asked which civic engagement activities they had participated in or would like to participate in, veterans surveyed displayed some degree of disengagement from civic life. Less than half of veterans responded were interested in or had participated in public hearings, meetings on political issues, participation in political parties, and other public service and political issues. There was one exception, which was helping other veterans, with 29 per cent of veterans having participated in veterans' support groups in the last year and a majority being interested in participating in the future. It is not clear how these figures compare to the Ukrainian population in general since the survey did not cover the general population. However, as civic engagement in general is not especially high in Ukraine, with fewer than 20 per cent of Ukrainians being members of civil society

Have you ever participated in the following activities/ would you like to do the following

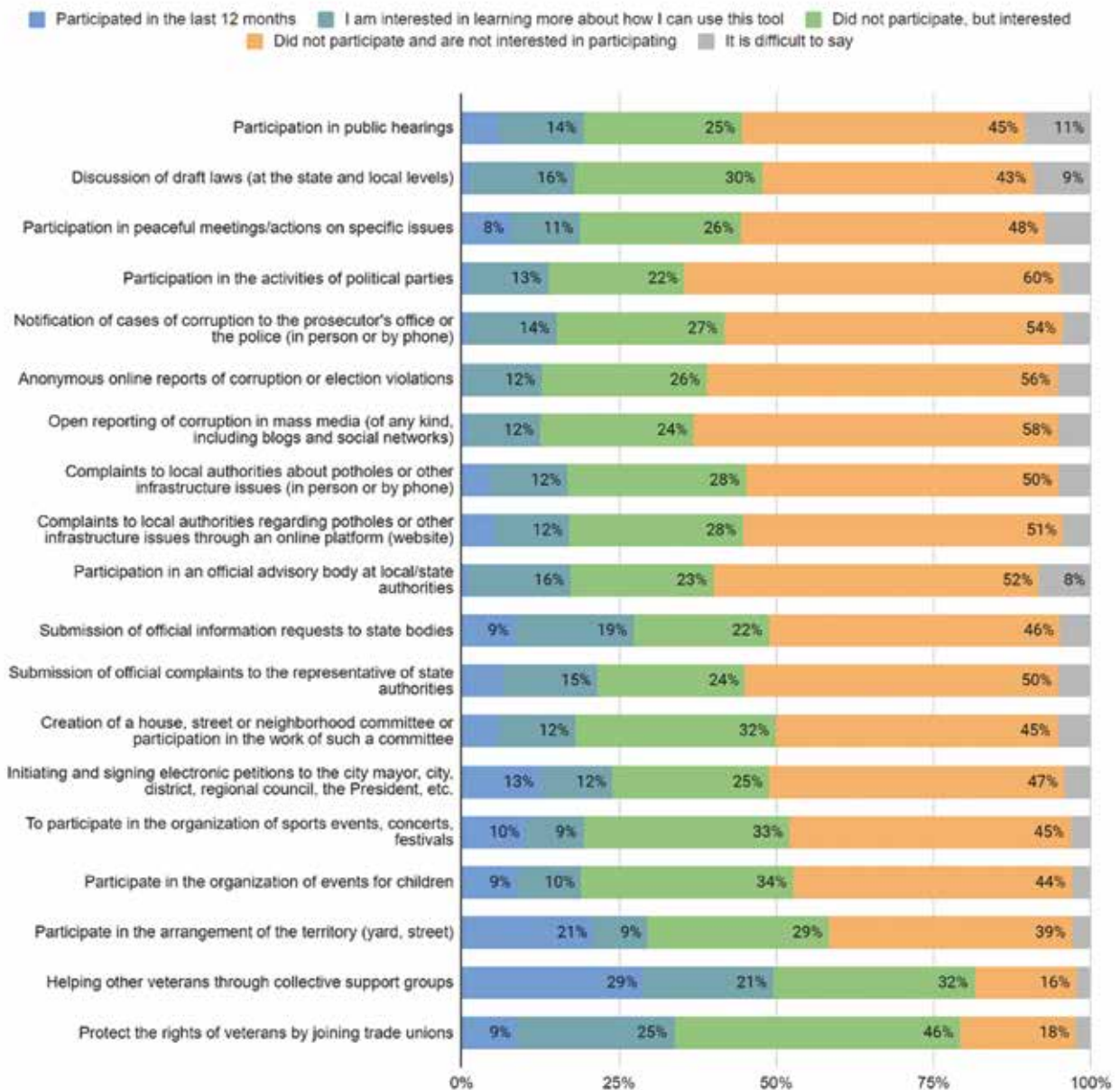


Fig 32.

organizations.⁷ the veterans surveyed for this report do not appear to be particularly disengaged.

When veterans were asked how much confidence they have in various public groups and institutions, they gave the highest rating to the armed forces, with 48 per cent indicating a great deal of confidence and 40 per cent indicating quite a lot of confidence. This was followed by public associations of veterans, NATO, international organizations in Ukraine, and the Ministry of Economy of Ukraine. High ratings of the armed

forces, veterans' organizations and NATO may be due to their military service experience. Much lower ratings were given to political parties, parliament, local authorities, the government, the civil service, etc. Interestingly, when asked about their level of confidence in the government and civil services in general, veterans gave low ratings. However, when asked to give ratings for specific ministries, such as the Ministry of Social Policy, the Ministry of Health, and the Ministry of Defense, they gave more positive ratings.

7 EU Roadmap for engagement with civil society in Ukraine. Online at: https://www.eeas.europa.eu/sites/default/files/roadmap_for_cs.pdf

Please indicate how much confidence you have in.

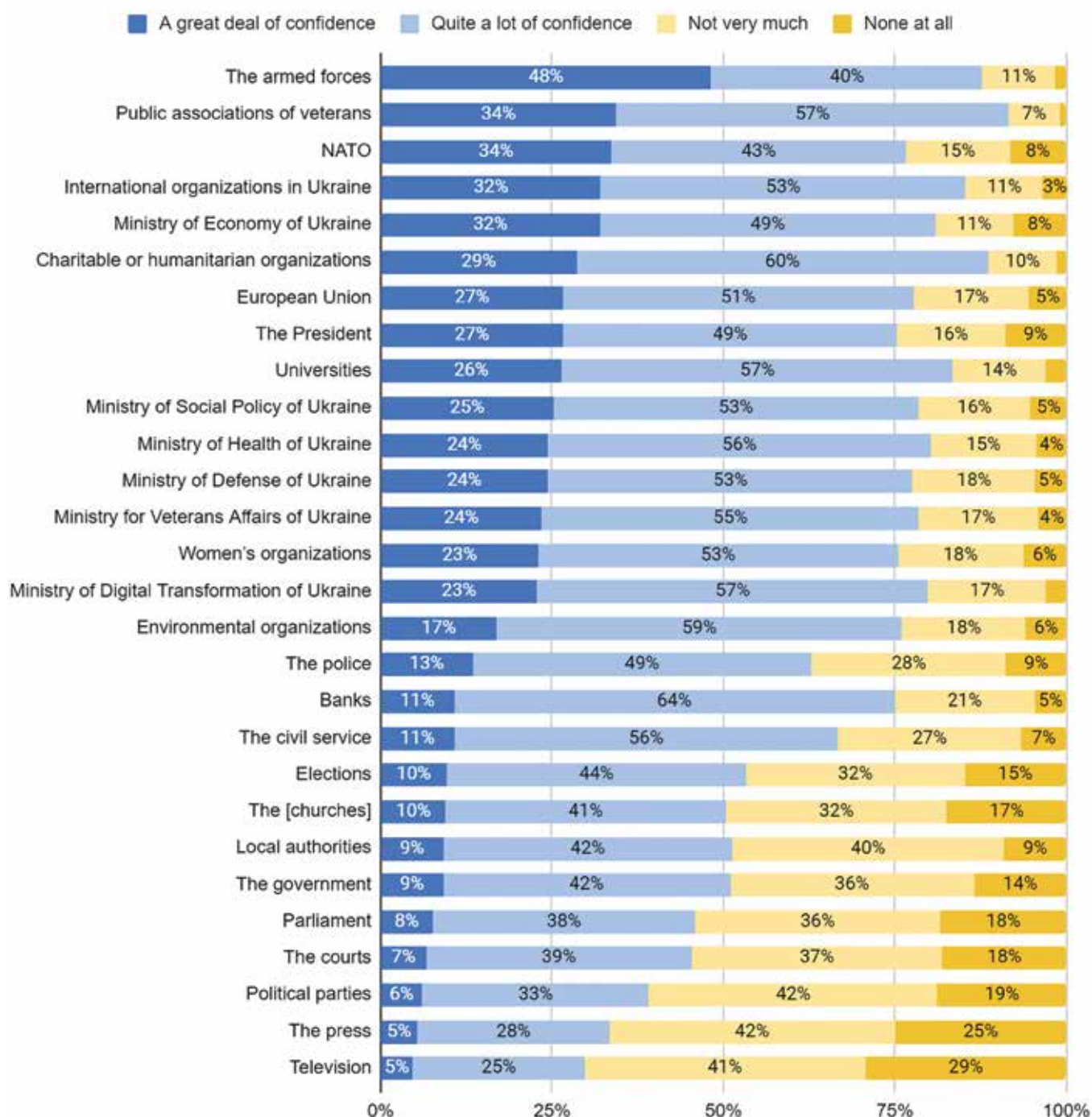


Fig 33.

Personal relationships and life satisfaction

Most veterans did not believe that their relationships have deteriorated since they returned home from military service. More than 40 per cent reported no change in their relationships with family, at work, with friends, with neighbors and members of the local community, and with wider society. 36 per cent believed relationships with their family and friends had improved, and only eight per cent reported deterioration in family relationships. This is broadly similar to the findings from IOM's 2022 survey, where 15 per cent of respondents believed

their family relationships had worsened. In terms of the overall quality of life, when asked how satisfied they were with their life in general these days, 48 per cent of respondents gave a neutral rating, 27 per cent said that they were somewhat satisfied, 18 per cent said that they were somewhat dissatisfied, only 1.7 per cent said that they were very satisfied, and a significant minority of 5.2 per cent being very dissatisfied. The burden of physical and mental health challenges is likely a contributing factor. Veterans with disabilities gave similar responses to veterans without disabilities.

How have your relationships changed since you returned home? (veterans w/o disabilities)

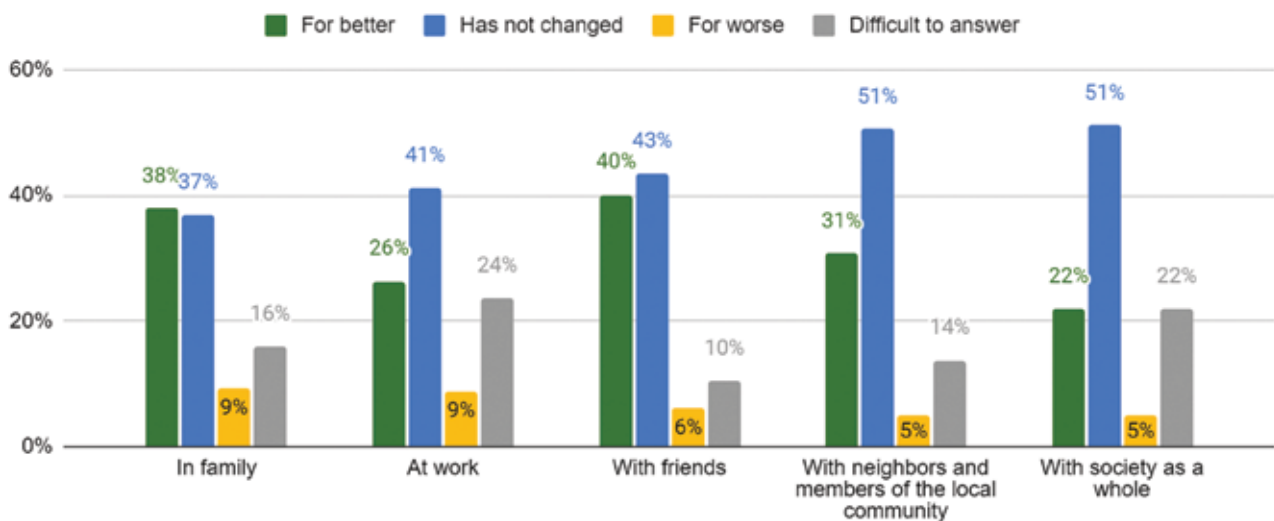


Fig 34.

How have your relationships changed since you returned home? (veterans w/o disabilities)

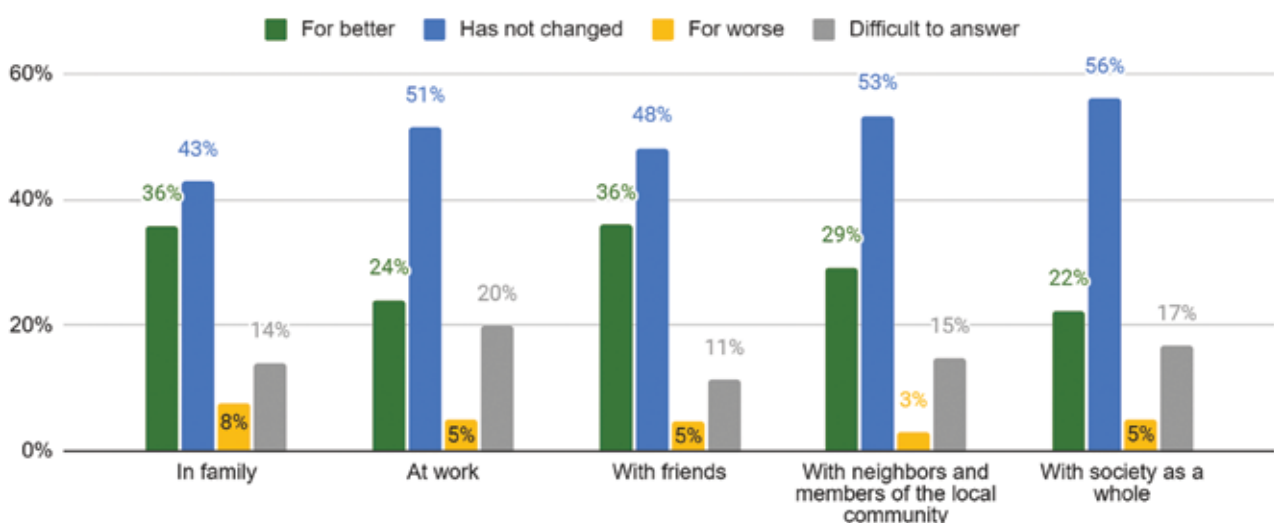


Fig 35.

All things considered, how satisfied are you with your life in general these days?



Fig 36.

For each of the following, indicate how important it is in your life would you say it is

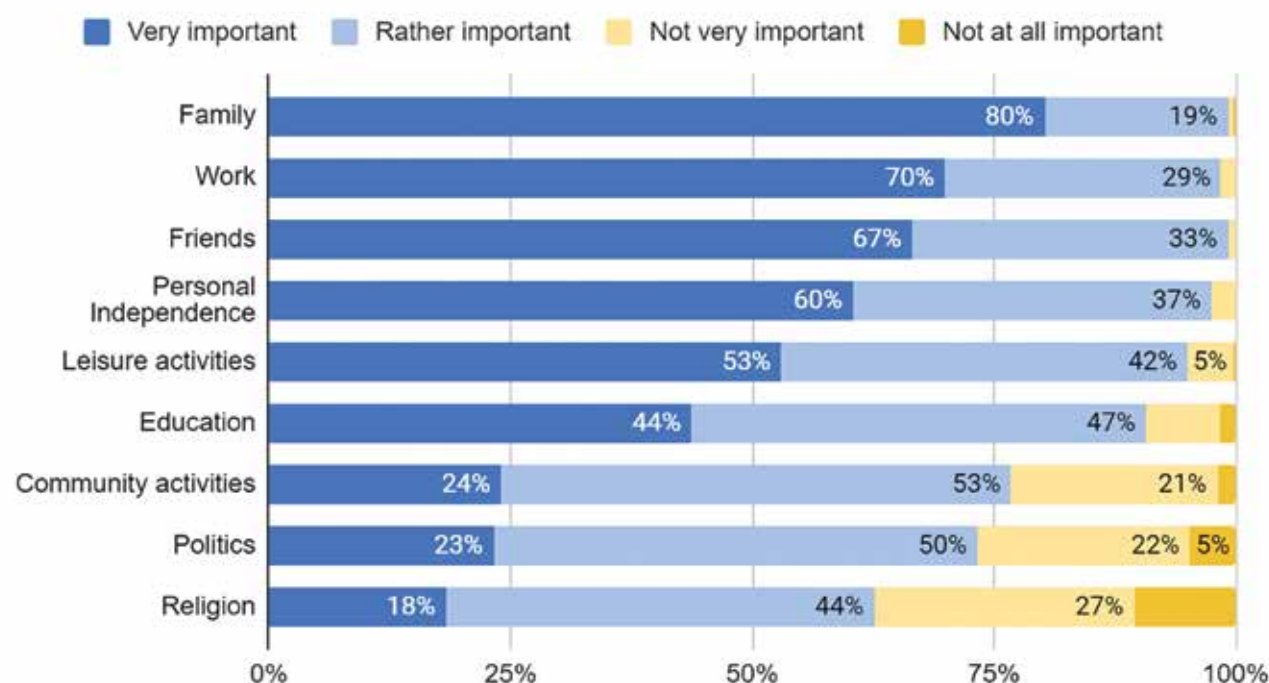


Fig 37.

20 per cent of veterans agreed with the statement, "Veterans can be understood only by those who have fought," and 48 per cent agreed to some extent. 40 per cent believed that participation in hostilities had changed their life forever. This may be due to the burden of disability and mental and psychosocial support needs among the survey respondents. Veterans were asked if they thought it would be likely for veterans to organize or support mass protests, rallies, or demonstrations to advocate for their rights. Only 5 per cent thought this

When asked to indicate which factors were most important in their personal lives, respondents overwhelmingly stated family as their priority, with 80 per cent of respondents ranking it as very important. This was followed by work, friends, personal independence, and leisure activities. Issues such as politics and religion were ranked lower.

was very likely, and 22 per cent believed it was somewhat likely. The majority believed it was somewhat or very unlikely. Only 24 per cent planned to participate in such events if they were to occur.

Mental health and psychosocial support

Regarding the need for mental health and psychosocial support, 53 per cent of the veterans surveyed had received free psychological support and rehabilitation since being

discharged from military service. Almost 10 per cent were unaware that this support existed, and 32 per cent had not received such support. However, 75 per cent believe that there is a pressing need for veterans to receive psychological support immediately after ending their service – which is consistent with the findings in IOM's 2022 survey of veterans. Moreover, 46 per cent of veterans report they would like to receive psychological support. Male veterans and those living with disabilities were slightly more likely to say they would like to receive psychological reports.

There was an increase in demand for mental health services among veterans who served from February 2022 onwards, compared with those who served from 2014 to 2022. Among veterans who served from 2014-2022 (before February 2022) 35.9 per cent have said that they would like to receive psychological support, while among those who served from February 2022 onwards 51.4 per cent indicated that they would like support. This is consistent with the findings on veterans with disabilities, where an increase was also noted. The increased intensity of the war since 2022 has left veterans with greater physical and mental health needs.

There was no significant difference in the demand for mental health support by veterans who had been conscripted and those who had volunteered or served in the regular army. Among conscripted veterans, 47 per cent stated they would like mental health support, while among volunteers and regular army the rate was 46 per cent. As such, the important factor in demand for mental health support appears to be the fierceness of the war.

When asked which type of psychological assistance they would like to receive, the most highly ranked response was individual counseling with a psychologist (70 per cent) and consultation with a psychologist specific to their experience in military service (58 per cent). Group therapies and courses were less popular, with 35 per cent believing that meetings with other veterans and veterans' self-help groups would be helpful. These were also the most popular options in IOM's 2022 survey of veterans. Family consultations (32 per cent), group counseling (22 per cent), and stress management training sessions (31 per cent) also received lower rankings. When asked who they had turned to for emotional support, the most common response from veterans was that they had turned to family members, friends, and colleagues. The second most popular option was public associations of veterans, veterans' spaces, hubs, and centers, or their

family doctors. One interviewee expressed skepticism about the effectiveness of psychological support services, noting that they often seem to follow standardized approaches and templates and may not address veterans' specific individual needs adequately. Encouraging longer-term individual collaboration with specialists, including psychologists and therapists, is suggested to address veterans' psychological needs effectively.

Would you like to receive psychological support

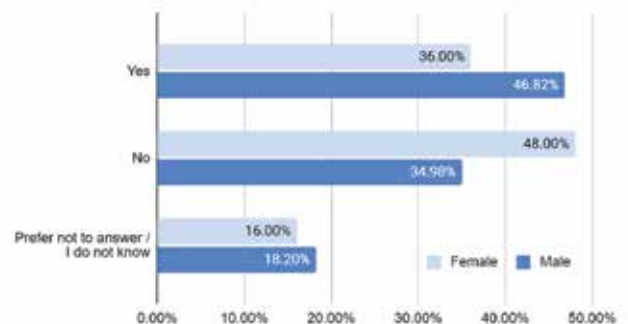


Fig 38.

Would you like to receive psychological support?

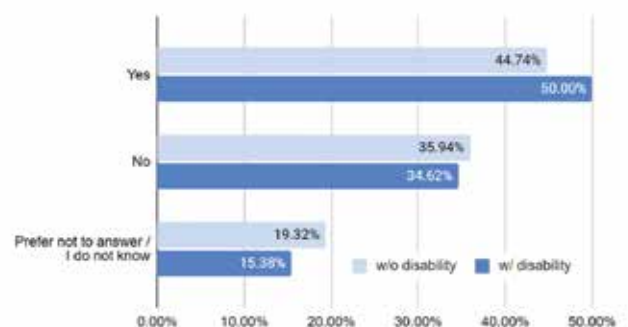


Fig 39.

When you have needed emotional support, whom have you turned to?

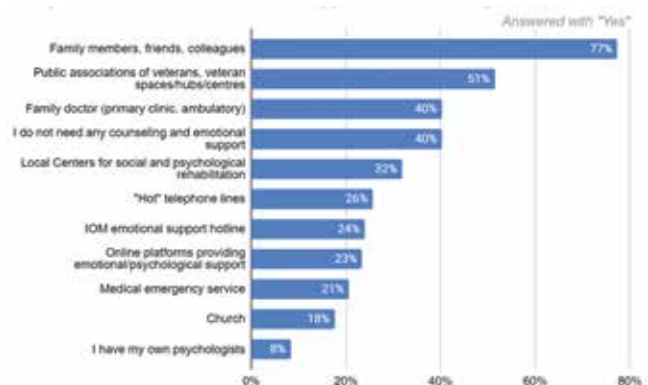


Fig 40.

“I don’t know what kind of support I need. I have talked a lot to psychologists, they are of no use to me personally. They work according to templates and that is it.”
Veteran, SSI respondent

Veterans were asked about the reasons why other veterans may not seek or contact specialists or organizations to receive psychological support. Half of the respondents stated that stigma or shame associated with seeking help would be the primary reason, while 40 per cent believed that veterans did not want to show their problems. Additionally, 36 per cent believed that lack of awareness about the available resources was a factor. These findings suggest that efforts to raise awareness of and reduce the stigma associated with accessing mental health support would be beneficial. Reducing the stigma and shame associated with seeking mental health support is complex and may require multifaceted public awareness campaigns that aim to change public attitudes and educate veterans about the services available. Sharing personal stories and testimonials from individuals who have benefited from mental health support, especially respected and high-profile figures, can make the experience more acceptable and relatable. Encouraging the use of non-stigmatizing language when discussing mental health and avoiding perpetuating negative stereotypes can also help. Community events, workshops, and forums can facilitate discussions and promote the availability of anonymous support services, providing a safe and confidential space for those who may otherwise hesitate to seek help. Collaboration with existing mental health and veteran advocacy organizations is important to amplify messages and reach the intended audience. It is also crucial to involve individuals with experience of these challenges in the planning and execution of campaigns to ensure their authenticity.

What are some reasons why veterans may not seek out or contact specialists or organizations to receive psychosocial support?



Fig 41.

Challenges for Veterans Discussing Their Experiences

Responses given in some of the interviews highlighted that for many veterans, discussing their experiences after military service can be a daunting task due to the emotional burden associated with revisiting traumatic memories. These emotions often act as a significant barrier, making them hesitant to open up about their past. Veterans tend to find it more comfortable to discuss their experiences with fellow veterans who have shared similar trials. In these discussions, they can openly and honestly recount their stories without fear of judgment or misunderstanding.

Respondents suggested that when engaging with civilians or those outside their military circles, veterans often adopt a more reserved approach, offering more concise and guarded responses. There is a prevailing belief that civilians may not fully grasp the depth of veterans' experiences and the emotional challenges they face, leading to this restraint in communication. Moreover, misunderstandings can arise when veterans do choose to share their experiences, as society may perceive these stories as either horrifying or, conversely, not understand their significance to the veteran. Veterans can feel that those who have not undergone similar trials might struggle to comprehend their narratives. In this context, societal perceptions play a significant role, with veterans sometimes seen as “crazy” by society. As a result, one respondent suggested some veterans employ unconventional methods, such as pretending to be mentally unstable, to navigate bureaucratic processes and access the support they need.

Respondents also discussed how transitioning from military to civilian life introduces complexities, and veterans may perceive civilian life as somehow less honest than their military service. This transition can be challenging, and some respondents suggested veterans may feel reluctant to share their experiences, in some cases driven by a sense of shame or concerns about their behavior during their service. The traumatic nature of their experiences can lead to an overarching hesitancy to talk openly about life after the military. Even within their families, veterans may withhold details to shield loved ones from the potential trauma associated with their stories.

4. FINDINGS - FAMILIES OF VETERANS, INCLUDING FAMILIES OF THE FALLEN

407 surveys were collected with families of veterans, including 31 families of the fallen (7.6 per cent of the families of veterans surveyed). IOM understands this is the first time a nationwide survey has been conducted specifically with veterans' families. Women are over-represented, 77.60 per cent of the total sample, because most veterans are men and, therefore, family members, in most cases, are wives and female partners.

Overview of progress (families of veterans)

	Number	Percentage of total
Total		
Men	91	22.40%
Women	316	77.60%
Families of the fallen	31	7.60%

Fig 42.

Veterans' Families Demographics

Gender of respondents

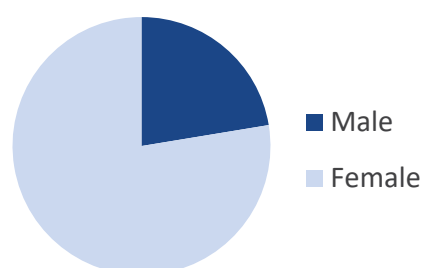


Fig 43.

Families of fallen veterans

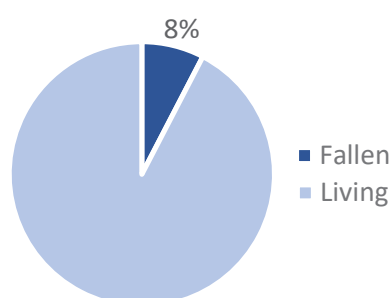


Fig 44.

Age distribution of respondents (families of veterans)

Age range	Number of Surveys	Percentage of total
18-24	34	8.40%
25-34	82	20.10%
35-44	129	31.70%
45-54	89	21.90%
55-64	57	14.00%
65 and over	16	3.90%

Fig 45,

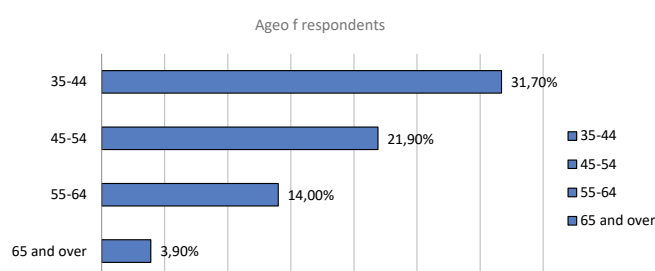


Fig 46.

Geographic distribution of respondents (families of veterans)

Oblast	Number of Surveys	Percentage of total
Dnipropetrovsk	108	26.50%
Kyiv	96	23.60%
Mykolaiv	40	9.80%
Odessa	34	8.40%
Kharkiv	33	8.10%
Kirovohrad	26	6.40%
Zaporizhia	23	5.70%
Vinnytsia	18	4.40%
Kyiv Oblast	9	2.20%
Kherson	7	1.70%
Cherkasy	4	1.00%
Sumy	3	0.70%
Poltava	2	0.50%
Zhytomyr	2	0.50%
Khmelnyskyi	1	0.20%
Ivano-Frankivsk	1	0.20%

Fig 47.

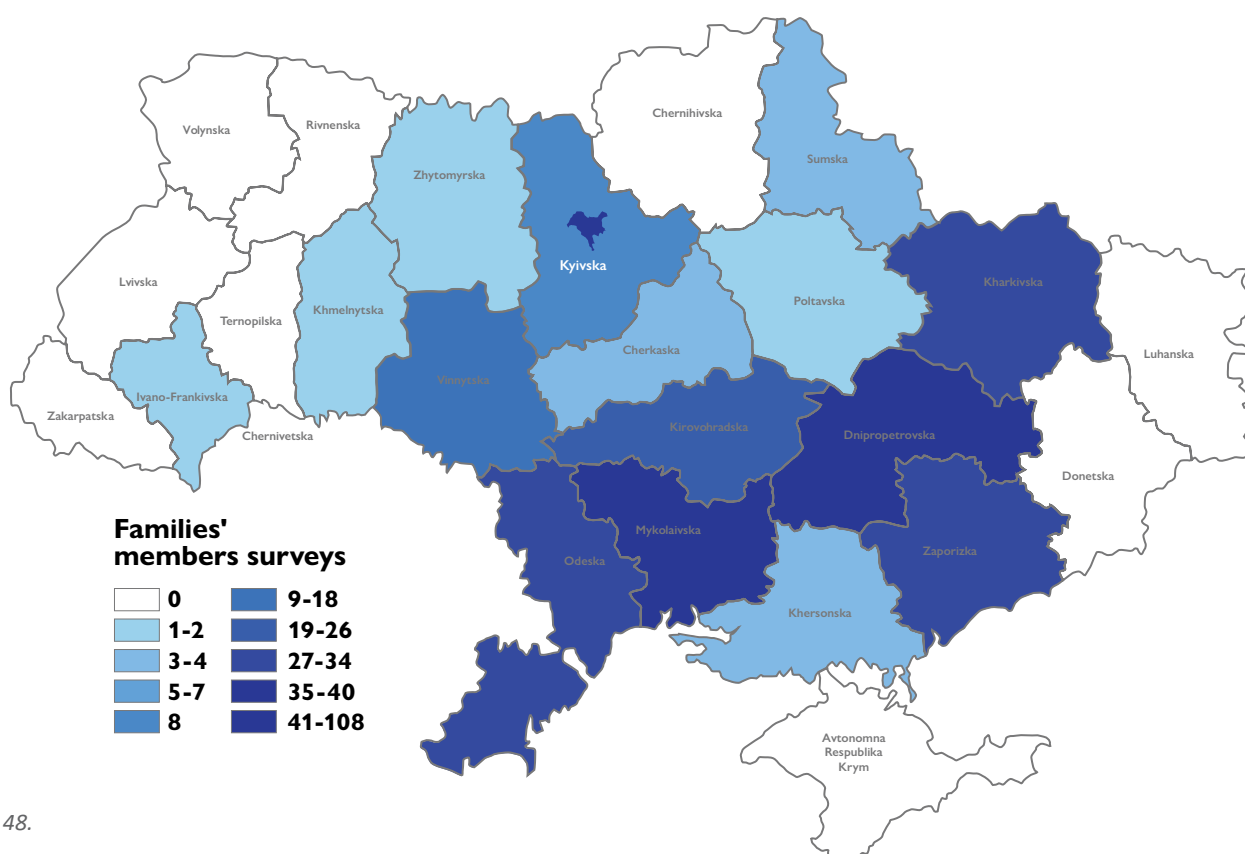


Fig 48.

Respondent household size, education

Including yourself, how many people – including children – live with you regularly as members of your household?

0	0.80%	3
1	4.70%	21
2	28.50%	115
3	35.00%	140
4	21.90%	90
5	7.60%	32
6	1.30%	5
7	0.30%	1

What is the highest level of education you have successfully completed?

Full higher education (have graduated from higher educational institution, received a bachelor's, master's degree, or Academic degree)	41.00%	165
Non completed higher education (graduated from technical school, school (medical, pedagogical, etc.), received a degree of junior specialist or junior bachelor's degree)	29.50%	119

Technical-vocational education (graduated from vocational school: high school or other vocational school, artisan school, etc., with a skilled worker)	24.00%	98
Upper secondary education (completed 10-11 years of school)	5.00%	23
Lower secondary education or lower (9 years of school attendance)	0.50%	2

Fig 49.

Displacement Status

Are you currently residing in your habitual place of residence?

Yes	74.70%	298
No	25.30%	109

Have you ever been forced to flee from your habitual place of residence?

No	80.10%	235
Yes	19.90%	63

Fig 50.

Have you ever been forced to flee from your habitual place of residence?

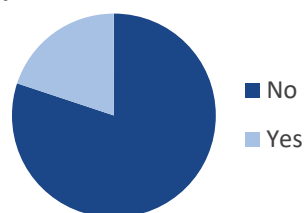


Fig 51.

Are you currently residing in your habitual place of residence?

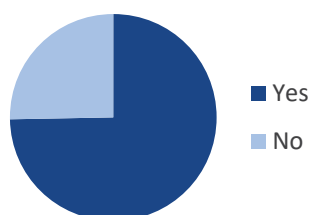


Fig 52.

Veteran Status

Under what conditions was your veteran involved in the Armed Forces of Ukraine, the National Guard of Ukraine or other Power structures?

Mobilized on a summons (compulsion)	38.00%	143
Voluntarily went to the military service during mobilization	36.00%	133
Service contract	26.00%	99
Participant of the territorial defense	6.00%	24
Conscript service	2.00%	7
Other (specify and write down)	0.00%	0
Prefer not to answer or no response (do not read)	0.00%	1

In which departments was your veteran involved in the performance of combat (service) tasks?

Armed Forces of Ukraine	76.00%	281
National Guard	22.00%	85
Territorial defense	7.00%	28
State border service	2.00%	7
National Police	1.00%	2
No answer (do not read)	1.00%	3
Ministry of Internal Affairs (except the police)	0.00%	0
Security	0.00%	0
State Emergency Service	0.00%	1
Other (specify)	0.00%	0

Fig 53.

Health Status

Did your veteran sustain an injury or illness as a direct result of performing duties during military service?

Yes	59.80%	241
No	37.10%	152
Prefer not to answer / No response	3.10%	14

Fig 54

Has a member of your family been released from military service due to health reasons?

No	61.60%	147
Yes	38.40%	94

Fig 55.

Did your veteran sustain an injury or illness as a direct result of performing duties during military service?

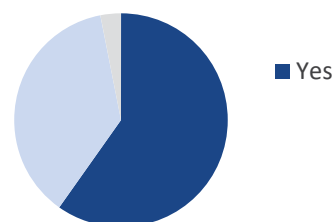


Fig 56.

Has a member of your family been released from military service due to health reasons?

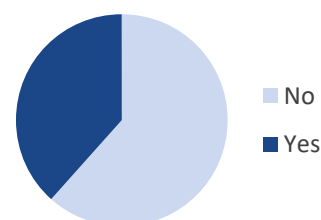


Fig 57.

Health and disability status

As noted in the survey with veterans, a large proportion of respondents (60 per cent) reported that their veteran had incurred an injury or illness as a direct result of their military service. 38 per cent stated that their veteran had been released from military service for health reasons. This supports the findings from the survey of veterans, suggesting a significant health and disability burden.

Household finances

When asked to describe their household's financial situation over the past 12 months, 47 per cent of respondents stated that they had enough money for food, clothing, and shoes but needed to save or borrow money for more expensive items. None of the veterans' households reported needing to save on food to make ends meet, although some needed to save or borrow money for essentials such as clothes and shoes. 56 per cent of respondents stated that they live in their own home or apartment, while 24 per cent rent an apartment or house, and 17 per cent live with parents or relatives. 79 per cent of respondents stated that their main source of income was a regular salary, while 34 per cent mentioned regular earnings. Additionally, 17 per cent stated that they receive a pension, and 17 per cent stated that they rely at least partially on humanitarian aid.

In many households, there has been a change in the primary breadwinner following the veteran's military service. Prior to military service, 40 per cent of households reported that the veteran was the primary breadwinner, falling to 21 per cent after military service. On the other hand, the survey respondent was the primary breadwinner in just 7 per cent of households before military service, rising to 23 per cent of households after military service. Given that most of the survey respondents were women, this suggests that women are taking on a greater income-generating role in some households. However, it is notable that in many households (around 44-45 per cent), all family members contribute equally to the household finances, and there appears to have been little change in this.

64 per cent of surveyed family members believe that the state does not provide sufficient support to veterans, veterans' families, and families of the fallen, with only 21 per cent believing that it does provide enough support.

Discrimination

11.5 per cent of respondents reported that their family has personally experienced or witnessed instances of discrimination or unfair treatment in the last six months. Discrimination was most observed when registering benefits for veterans and their families or on public transport.

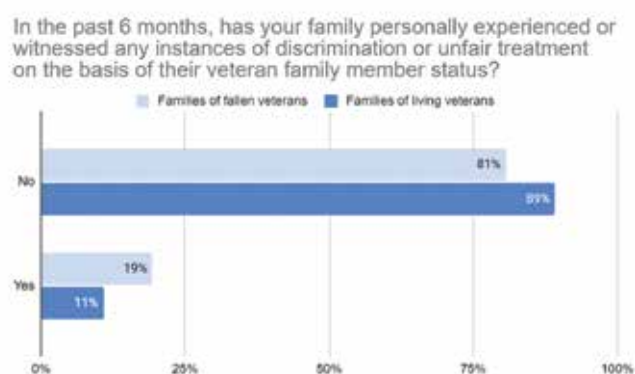


Fig 58.

If yes, when did your family personally experience or witness instances of discrimination or unfair treatment based on their veteran family member status? (select multiple answers)

When registering benefits for veterans and their families	41%	18
In transport	41%	18
When seeking administrative services	30%	13
When seeking administrative services in social protection institutions	27%	12
When seeking medical services	14%	6
When seeking Employment	11%	5
When seeking services from banking institutions	5%	2

Fig 59.

Fallen Defenders of Ukraine

35 per cent of families of the fallen had not received the status of a family of fallen defender of Ukraine. 16 per cent stated they had received the status but had been unable to access all the relevant benefits. 64 per cent of those who had not received the status of a family of fallen defender of Ukraine believed there was no point in having this status, while 18 per cent did not know how to obtain the status. This suggests many families of the fallen might benefit from raising awareness of the process by which the status is obtained and the benefits of doing so, and perhaps providing practical support to more vulnerable families (such as support in filling in and submitting forms, etc.).

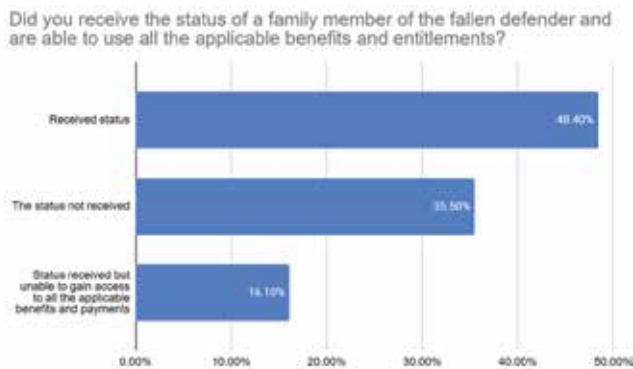


Fig 60.

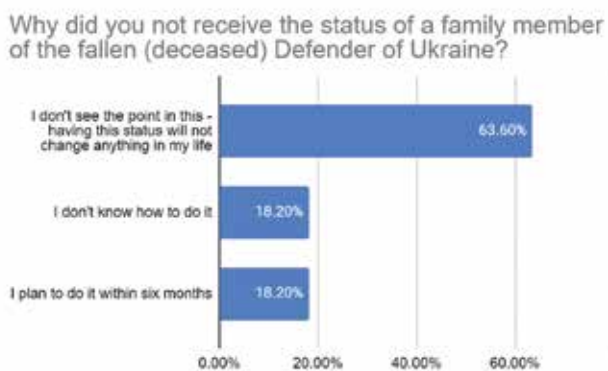


Fig 61.

Personal relationships and social interaction

56.40 per cent said their family's social interactions and relationships were unaffected by their veteran's military service. More than half of the respondents did not notice any changes in their veteran's social behaviour. However, about 17 per cent of the respondents reported that the behaviour of their family member had worsened somewhat or a great deal.

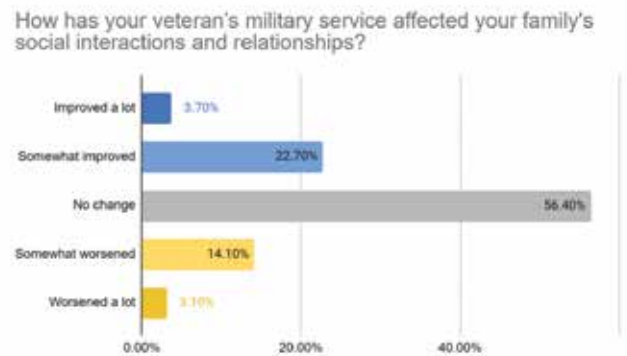
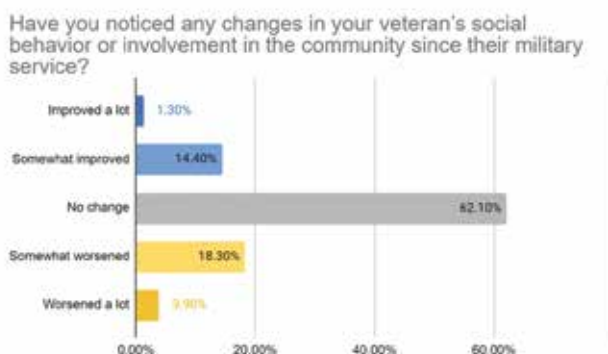


Fig 62.

Families of veterans report low levels of social engagement, with fewer than a quarter having participated in social and community initiatives and projects. Families of fallen veterans were slightly less likely to participate in such initiatives, suggesting a greater risk of social isolation and disconnection from the community.

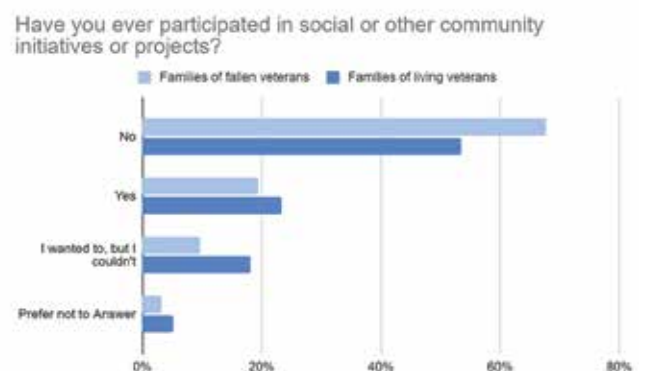


Fig 63.

Confidence in public institutions

When asked how much confidence they have in various public institutions, veterans' families provide similar responses to veterans. The armed forces were the most highly rated organization, followed by veterans' organizations, charitable and humanitarian organizations, and international organizations.

Mental health and psychosocial support

There was a low level of awareness among veterans and their families regarding state services that provide psychological support. Only half of the veterans' families were aware of these services, and 70% expressed a desire for more information about them.

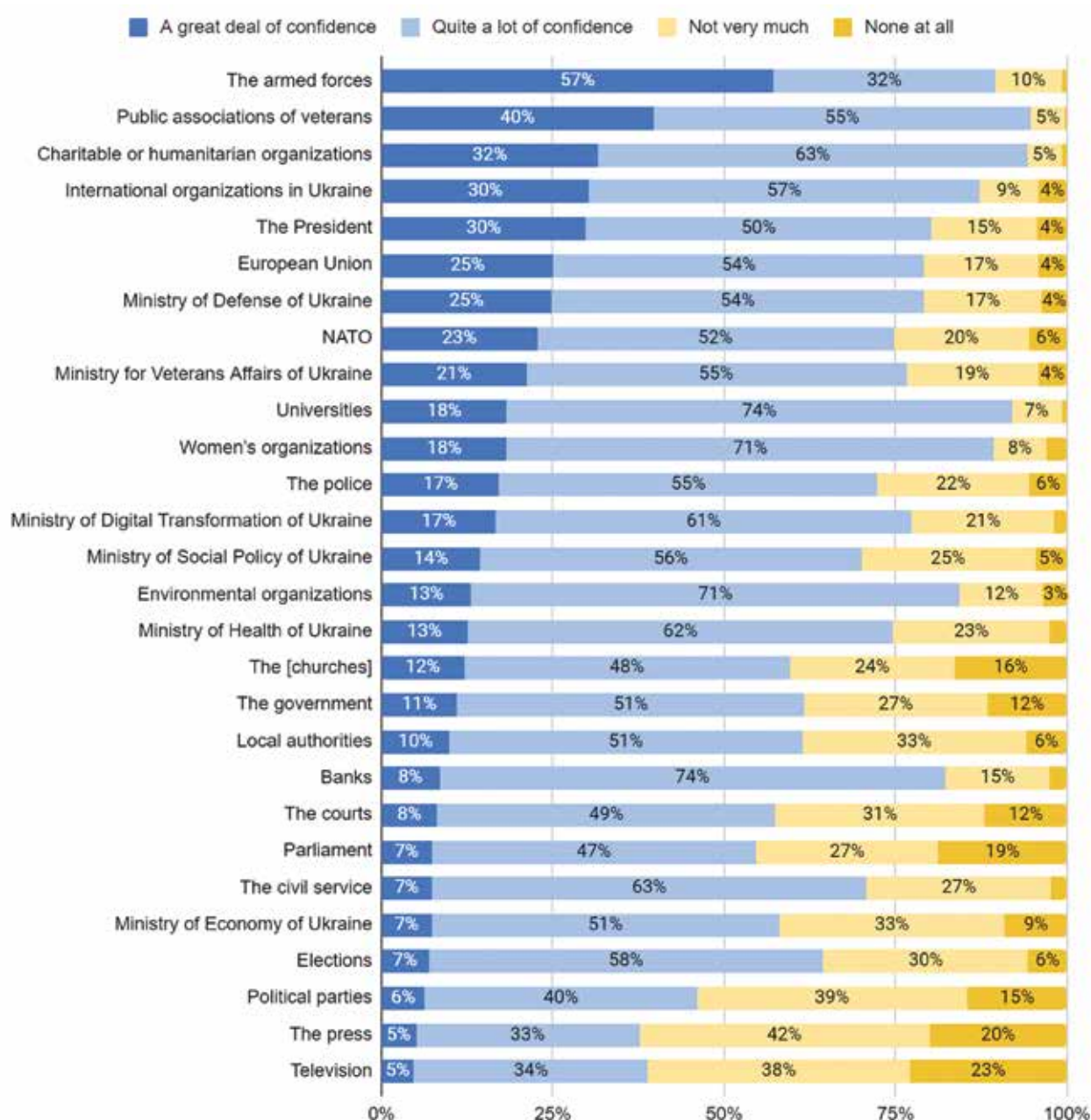


Fig 64.

Respondents were asked about their capability to provide psychological support to veterans during their transition to civilian life at the household level, as well as whether they had received any special training for this purpose. The results showed that 35 per cent responded “no” or “I don’t know,” 8 per cent believed they were capable and had received training, 29 per cent believed they were capable but had not undergone training, and 27 per cent expressed an interest in learning about providing psychological support.

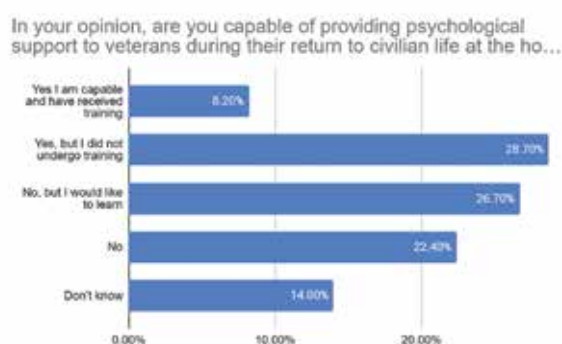


Fig 65.

These findings suggest that with appropriate training, family members may be able to provide basic mental health and psychosocial services to veterans and their families. For example, lay counselors are individuals without formal professional training in counseling or psychology but who receive specialized training to provide basic mental health support and assistance. They can offer empathetic and active listening to individuals experiencing emotional distress or facing personal issues. Additionally, they can help educate individuals and communities about mental health and reduce the stigma surrounding it. In times of crisis, they may be able to provide immediate support and psychological first aid, and they can also help individuals and families connect with professional psychologists and mental health services when necessary.

Furthermore, 49 per cent of respondents expressed a desire to receive psychological support themselves, indicating a

significant unmet need for mental health and psychosocial support. Most family members rely on their relatives, friends, and colleagues for emotional support, in addition to public veterans' organizations. In terms of which type of psychological assistance veteran families would like to receive, 77 per cent preferred individual counseling with a psychologist, 67 per cent felt they would benefit from family consultations with psychologists, 52 per cent believed the stress management training sessions would be useful, and 41 per cent felt that it would be valuable to meet with other veterans' family members. The top reasons why veterans may not seek out psychosocial support were reported to be the veterans, or family members may not be aware that he or she needs help. They do not wish to show their problems and that there is a lack of qualified specialists available to handle the specific issues faced by veterans and their families.

5. FINDINGS – VETERANS ORGANIZATIONS

50 key informant interviews (KIIs) were conducted with veteran organizations across Ukraine, together with 3 FGDs with selected veteran organizations' staff. These were small group interviews with managers, staff, and/or volunteers from the veteran's organization to gain qualitative insights to complement the survey.

Veterans Organizations' Demographics

Summary of Veterans Organizations' Participation

Organizations identified by IOM	89
Organizations identified by SREO	13
Total	102
KIIs conducted	50
FGDs conducted	3

Fig 66.

Geographical Distribution of KIIs

Oblast	Number of Interviews
Vinnitsia	7
Kharkiv	6
Kyiv	6
Ivano-Frankivsk	4
Kirovohrad	4
Lviv	3
Odesa	3
Poltava	3
Sumy	3
Chernihiv	2
Khmelnitskyi	2
Dnipropetrovsk	1
Luhansk	1
Mykolaiv	1
Ternopil	1
Volyn	1
Zakarpattia	1
Zaporizhzhia	1

Fig 67,

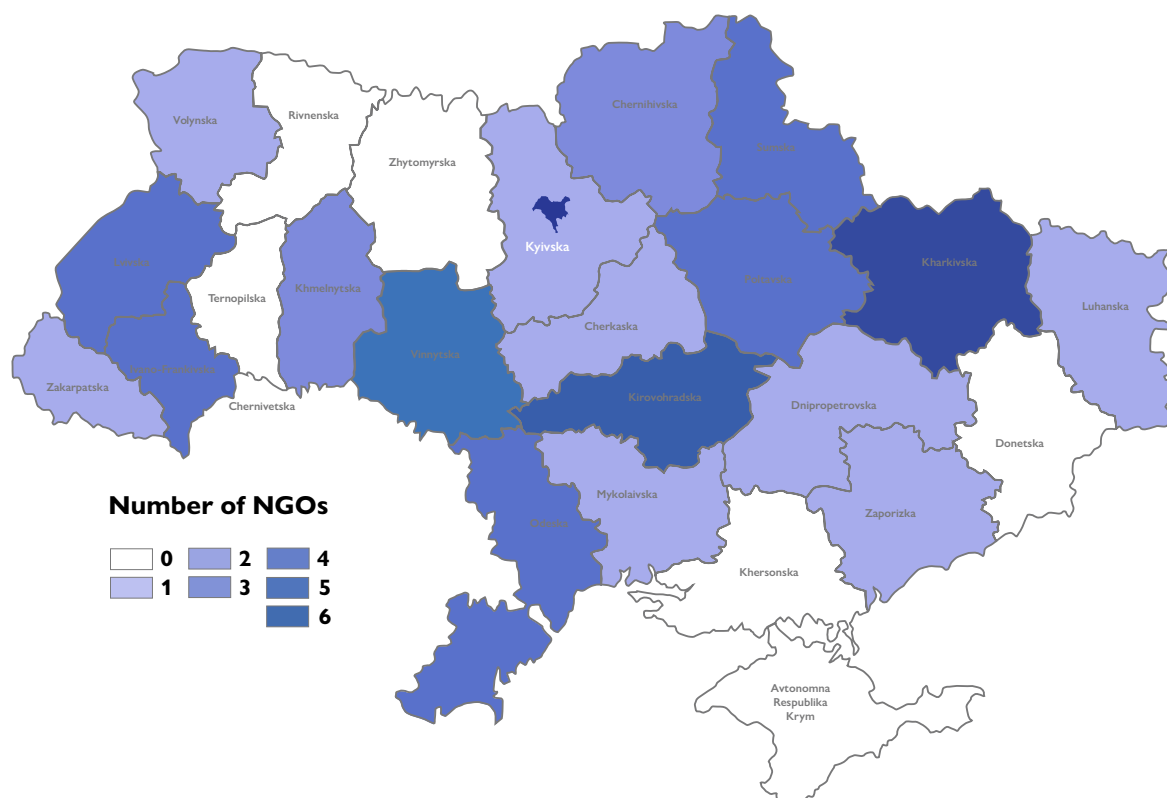


Fig 68.

Services provided by veterans' organizations

Veterans' organizations were asked to specify the main services they provide to veterans and veterans' families.

The most common services included informational and legal support, activities for children and resilience training.

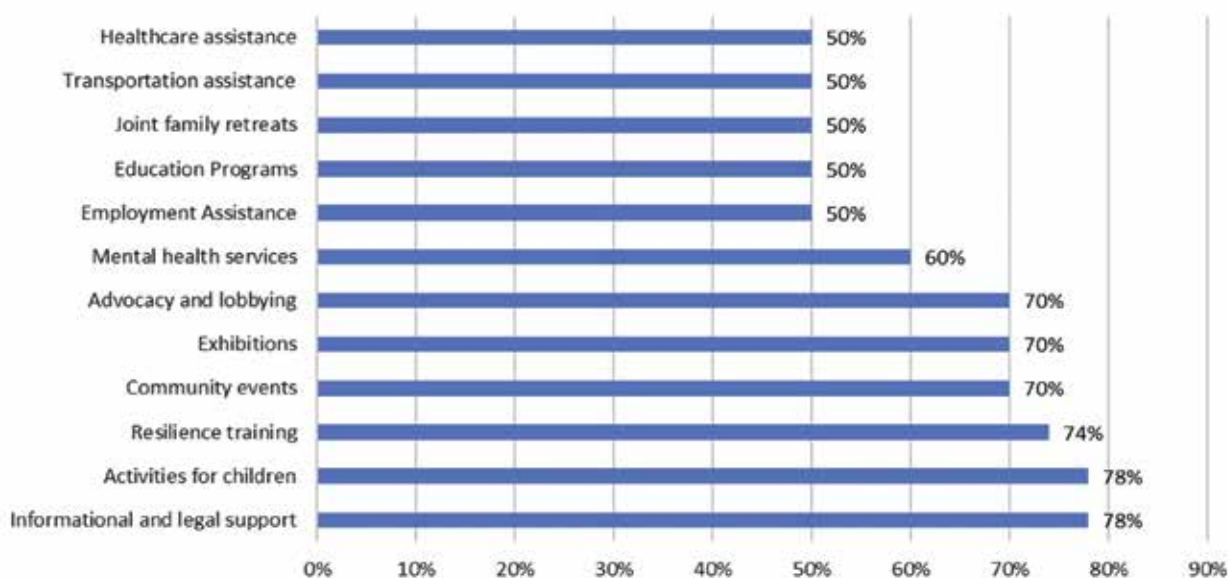


Fig 69.

During the FGDs, the organizations discussed their activities in more detail. Many organizations have programs and initiatives in place to help veterans with their social integration and community involvement, including community outreach and the provision

of spaces for veterans to meet and interact. Other initiatives offer families and children free English classes, cultural and creative activities, and psychological assistance. Legal support and training are also provided, as well as physical rehabilitation for veterans with

physical disabilities, injuries, and health needs. Some organizations also provide financial assistance, such as grants and loans, to those in need. Some of the organizations also provide resources to help veterans find employment, including counseling, training, and linkages to employment centers. The organizations report that they collaborate with local community organizations to enhance veterans' social integration. They initiate the inclusion of veterans in decision-making teams, engage in roundtable meetings with local self-government bodies, and conduct community visits. They provide legal aid and collaborate with state and public institutions, conducting joint projects for veterans and their families. They work directly with local organizations, forming memoranda of cooperation and creating spaces for networking. They refer veterans to relevant organizations and work with hospitals and other local NGOs as necessary.

68 per cent of veteran organizations surveyed reported having psychologists on their team, and 64 per cent stated they have lawyers available. Other staff and volunteers include administrators, social workers, experts in working with children, teachers, career guidance counselors, and, in a few cases, doctors and psychiatrists.

Are the following groups beneficiaries of your organization's services?

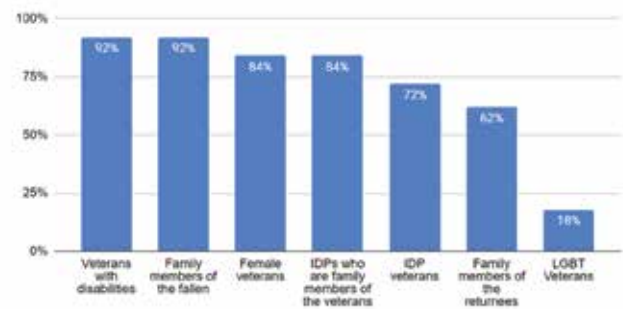


Fig 70.

The veterans' organizations serve a wide variety of veterans and family members, including those with disabilities, family members of fallen veterans, female veterans, IDPs, and returnees. The only notable group who are less well represented are LGBT veterans, who may be less visible due to the conservative and traditional institutional culture that prevails in the military. It may be beneficial for veteran organizations to adopt specific policies on the inclusion of LGBT people to ensure they are not excluded.

Most veterans find the veteran's organizations through mobile phones, social networks, word of mouth from other veterans and the veterans' community, or via local government agencies, suggesting that these may be the most effective channels for outreach to veterans.

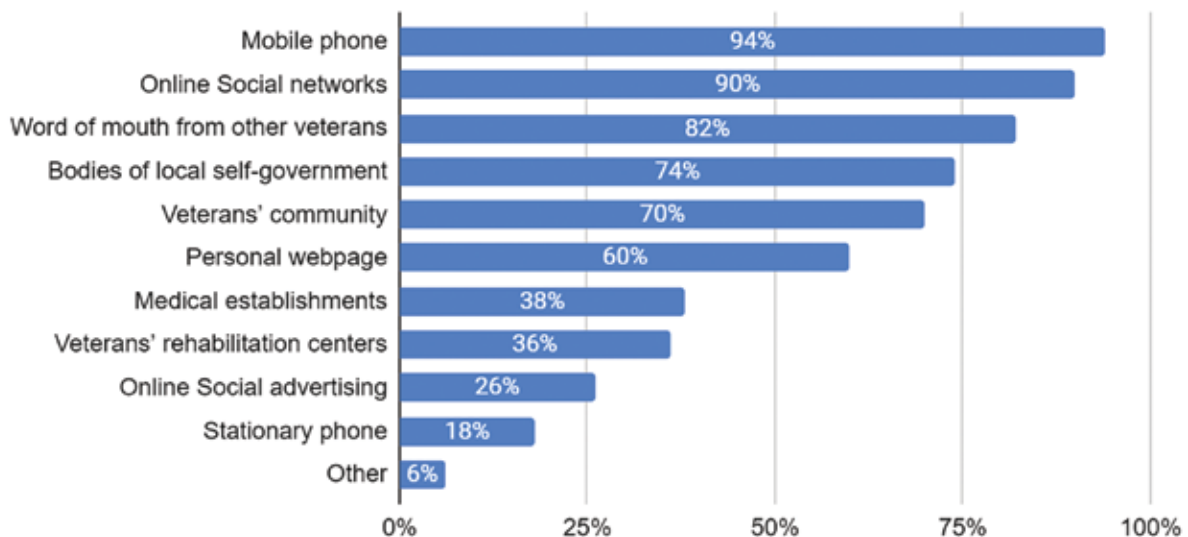


Fig 71.

Major challenges faced by veterans' organizations

A key challenge faced by most veterans' organizations is the lack of funding and resources. 72 per cent of veteran organizations mentioned this as a main challenge in attracting and engaging more veterans, while the lack of suitable venues for organizing meetings was the second most common issue. 44 per cent of veterans' organizations also mentioned the lack of coordination and communication within the community,

making it difficult to spread messages and raise awareness of services, events, and activities. 72 per cent of organizations also believed the lack of specific accommodations could create barriers for veterans with disabilities.

Barriers to social integration of veterans

Reintegration of veterans into their communities is hindered by several challenges, including a lack of sufficient

physical and emotional support, a shortage of specialists, bureaucratic obstacles, and strained family relationships. To tackle these issues, a rehabilitation center is being established, and a psychologist is being introduced to the military recruitment office. However, the primary obstacle lies in the severe psycho-emotional state of veterans. The key challenge is the outdated veteran policy that still adheres to Soviet principles. The overarching goal is to reshape the perception of veterans, facilitating their return to a wholesome life, family, and collaborative work.

What are the main challenges that your veterans' community faces in attracting and engaging more members?



Fig 72.

The situation of Ukrainian veterans is marked by bureaucratic hurdles, inadequate healthcare, undertrained psychologists, and a deficiency in rehabilitation services. Critical challenges include the imperative for a deeper understanding of veterans' issues at the local level and the establishment of a comprehensive center capable of addressing all concerns in a centralized manner. The transition from military to civilian life is intricate and characterized by a lack of preparedness

and accessibility for veterans to integrate seamlessly. Misunderstandings and stigmatization in interpersonal communication, coupled with a dearth of motivation to engage in reintegration processes, are compounded by flawed legislation. Consolidating efforts within a single organization would significantly enhance the effectiveness of addressing these multifaceted challenges.

What kind of difficulties do persons with disabilities encounter when finding/accessing your organization?

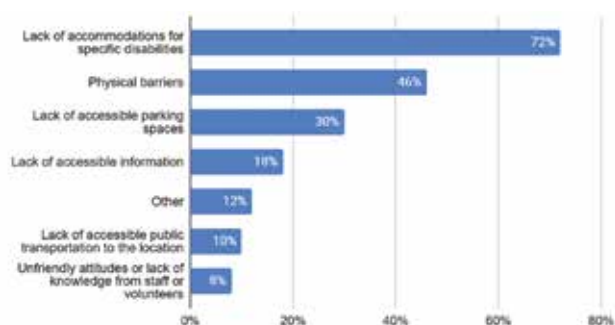


Fig 73.

The respondents also highlighted how veterans can face discrimination, particularly when using public transport, registering benefits for veterans and their families, when seeking employment, and when seeking medical services.

Engagement strategies for working with veterans

During the FGDs, veterans' organizations were asked which strategies have been most effective in engaging veterans, their families, and families of the fallen in the organization's programs and services. Key approaches included word of mouth from other veterans, awareness raising campaigns on traditional and social media channels, and asking veterans to help.

Strategy	Example quote
Word of mouth from other veterans	"When I come to a rehabilitation center, another veteran joins me and talks about his experience, and so others get involved in the services of our organization. So, veterans engage each other..."
Awareness raising through radio, social media, campaigns, etc.	"We need to bring the message across that veterans and military's contribution is extremely important and those who are in the civilian life want to support veterans as much as possible."
Ask veterans to help	"Our life-hack, based on experience, is when we ask a veteran to help us with something... it is the best way of engaging them. Veterans become more responsible because we will use their feedback to talk to other veterans. The best thing is to ask veterans what they want and then ask them to do something."

Fig 74.

Relationship with the Ministry of Veterans Affairs

The surveyed veterans' organizations were asked for their opinion of the work of the Ukrainian Ministry of Veterans Affairs (MoVA). Only 22 per cent gave a positive opinion. 10 per cent were not aware of the Ministry's work, while 32 per cent felt it was not particularly relevant to their organization. 34% raised concerns that the veterans' community is not adequately involved in MoVA's work and that communication is of low quality.

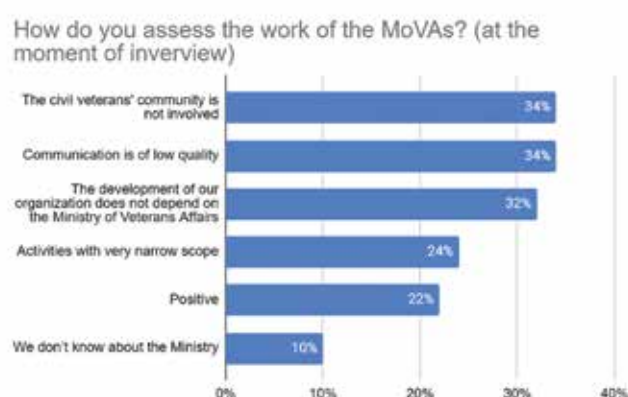


Fig 75.

Respondents believed that the Ministry for Veterans' Affairs and other state institutions can enhance their support to veterans through various means. This includes providing informative and administrative support to bolster capacity building and ensure more efficient assistance to beneficiaries. Key factors include facilitating access to specialized equipment and technology for veteran services, ensuring timely and adequate funding for programs, establishing clear and consistent policies and regulations, implementing tailored training for staff and volunteers, adopting systematic communication procedures for service users, simplifying

bureaucratic processes, fostering collaborative partnerships with government agencies, creating avenues for feedback on policies, ensuring access to relevant information and data, and providing legal support and guidance on veterans' rights and benefits. These measures collectively aim to improve the provision of support and services for veterans, with an emphasis on transparency, efficiency, and responsiveness to veterans' needs.

Veterans' organizations were also asked how the Ministry for Veterans' Affairs and other state institutions could best provide informative or administrative support to increase their organization's capacity and provide more efficient support to the beneficiaries. The key suggestions included:

- Tailored training and capacity-building programs for staff and volunteers
- Timely and adequate funding for programs and activities
- Access to relevant information and data regarding veterans and their needs
- Opportunities for feedback and input on policies and programs affecting veterans.

Recommendations from Veterans' Organizations

Veterans' organizations were asked to share their recommendations for improving the support and services provided to veterans, their families, and families of the fallen in the reintegration process. Key suggestions discussed in the FGDs included providing more funding to allow expansion of services to meet demand, particularly in MHPSS programming. There were also suggestions to find ways to show more recognition for veterans by the authorities, and to reduce bureaucracy to make services more accessible.

Strategy	Example quote
More funding and expansion of services	"We have resources, trainers, curricula etc., but we lack funding, therefore our niche is small."
Expansion and improvement of MHPSS programming, including for family members, and training for psychologists	"We have watched psychologists work with victims of violence, but only one of 5 psychologists persisted, as the pressure is too high. There should be specialized training for psychologists so that they can provide necessary support."
Greater recognition for veterans from authorities	"There should be recognition from the authorities. And they should do something so that veterans feel there is respect, and they are important for the society."
Reducing bureaucracy in accessing services	"There should be less bureaucracy for veterans, so that everything is accessible, and all necessary steps are explained clearly. Many veterans with injuries do not know what to do with paperwork. Even simple questions can disorientate veterans."

Fig 76.

6. CONCLUSION

The successful reintegration of veterans and their families is a crucial aspect of reducing their vulnerabilities. Reintegration efforts can provide them with access to the necessary resources and support to address any physical and mental health challenges they may face and improve their overall well-being and quality of life. By identifying and addressing mental health issues early on, such as post-Traumatic Stress Disorder (PTSD) or depression, reintegration can prevent these problems from becoming chronic and debilitating.

- **Displacement and lack of housing:** Many veterans and their families have been displaced from their homes due to the war, adding another layer of complexity to their reintegration efforts. Some veterans may struggle with homelessness or inadequate housing upon returning to civilian life. This is especially challenging when combined with mental health issues or disabilities.
- **Psychological and mental health challenges:** Veterans may experience PTSD, depression, anxiety, and other mental health issues because of their military service. Exposure to combat, loss of comrades, and traumatic experiences can have long-lasting psychological effects. Inadequate mental health support can exacerbate these challenges. For family members, living with and supporting a person facing such issues can be extremely challenging, causing stress and emotional strain. Veterans' families may need to adapt to changes in the veteran's behavior, mood, and overall personality due to the impact of military service. Veterans may find it difficult to talk to their loved ones about their experiences. In some cases, it can even cause secondary trauma, where a family member is psychologically affected by hearing about or witnessing the primary trauma of their loved one.
- **Physical disabilities and health issues:** Veterans may return with physical disabilities or injuries sustained during their service. Access to quality healthcare and rehabilitation services is crucial for addressing these issues and enabling veterans to lead productive lives. For families, caring for a loved one with new health needs can be challenging.
- **Unemployment, under-employment, and lack of access to education and training:** Transitioning from a military career to civilian employment can be challenging. Veterans may lack civilian job skills or face discrimination in the job market. In some cases, their military training may not align with available job opportunities. Education and training opportunities are essential for veterans seeking to transition into civilian careers. Limited access to educational resources can hinder their reintegration prospects.
- **Social stigma and social isolation:** Veterans and their families can face social stigma, which may arise from misconceptions about their experiences or conditions like PTSD. This stigma can hinder their ability to reintegrate into their communities and access support. The transition from a close-knit military unit to civilian life can also lead to feelings of isolation. Veterans may miss the camaraderie and sense of purpose they had in the military.
- **Family and relationship issues:** Deployment and the stresses of military life can strain family relationships. Families may experience stress, anxiety, and uncertainty about the safety and well-being of their loved ones when deployed, and family separations and relocations can place strain on relationships and family dynamics. Veterans returning home are sometimes changed in unexpected ways by their experiences, and reintegration may require support to rebuild these familial relationships and address family issues. In addition, families may face new financial pressures or practical issues such as childcare.
- **Increasing impact on physical and mental health since February 2022:** As might be expected, since the intensification of fighting in February 2022, a greater number of veterans are in need of physical and mental health support. The proportion of veterans diagnosed with a disability because of their military service appears to have increased significantly, based on the findings of IOM's 2022 survey, while the proportion requesting mental health support has increased from 36 per cent to 51 per cent.

Efforts to address these challenges often require a combination of government policies, social support networks, partnership with NGOs, and international

assistance programs to provide veterans with the necessary resources and assistance to successfully reintegrate into society. Comprehensive support might include components such as healthcare, mental health, and psychosocial support, support for those living with

disabilities, access to housing, legal services, training, and employment services. In addition, since services may be diverse and offered by different agencies, veterans, and families often need support in understanding and navigating the different kinds of support available.

7. RECOMMENDATIONS

Many veterans in Ukraine are living with disabilities and may require comprehensive, multifaceted support in various aspects of their physical and mental health, social integration, and economic empowerment. This might include ensuring access to quality medical care and rehabilitation services, providing mental health services such as counseling and therapy to address the psychological impacts of military service and war-related disabilities, and offering support and assistance to facilitate employment and other economic opportunities.

- Economic initiatives can involve education and skills training, job placement services, and promoting inclusive workplaces for disabled veterans. Supporting veterans' organizations to expand and improve their activities on livelihoods support will go some way to addressing this need. Such initiatives might include financial support through grants and funding programs to empower veterans' organizations to carry out their missions effectively. Strengthening government capacity to coordinate veterans' policy and business policies to develop a coherent framework for economic support to veterans may also prove beneficial.
- Addressing inclusivity and accessibility needs is critical to removing barriers to veterans' social and economic reintegration. Improving access to employment opportunities, raising awareness on psychosocial welfare associated with disability and supporting disability inclusion initiatives are all important steps to creating a more inclusive. Veterans with disabilities can benefit from peer support groups and networks where they can connect, share experiences, and provide mutual support. Engaging existing community organizations and volunteer networks to provide social activities and events can also be important.
- Further instilling a gendered dimension to veterans' reintegration is necessary to ensure that reintegration

efforts are suitably tailored to the specific needs of female veterans. In October 2023, Ukraine's Deputy Minister for Justice estimated there were more than 60,000 women actively engaged in the war in Ukraine. Women not only experience mobilization and military activities differently to men, but their transition to civilian life is also different, with unique gendered experiences, livelihood, mental health and psychosocial needs and issues confronted during the transition. The unique gendered experiences, trauma, and issues women must confront require gender sensitive reintegration approaches.

- There is a significant demand for mental health and psychosocial support. Supporting the provision of a range of mental health services, including individual counseling sessions, would be beneficial. Community members may also be able to provide basic mental health and psychosocial services to veterans and their families. For example, lay counselors are individuals without formal professional training in counseling or psychology but who receive specialized training to provide basic mental health support and assistance. They can offer empathetic and active listening to individuals experiencing emotional distress or facing personal issues. Additionally, they can help educate individuals and communities about mental health and reduce the stigma surrounding it. In times of crisis, they may be able to provide immediate support and psychological first aid, and they can also help individuals and families connect with professional psychologists and mental health services when necessary. Nevertheless, it will be important to have a clear approach on the extent to which such assistance should be provided, prior to professional support, to ensure clear adherence to 'do no harm' principles. Awareness-raising campaigns to reduce the stigma around mental health for veterans would be beneficial and help promote the uptake of services.
- Linking veterans' organizations to capacity-building and technical expertise in areas such as organizational management, program development, advocacy,

fundraising and strategic planning could help to enhance the capacities and capabilities of veterans' organizations. The work of these organizations' will be critical to Ukraine's ability to meet the future needs of veterans, given the estimated number of veterans and their family members by the end of the war.

- Facilitating networking opportunities for veterans' organizations to connect with each other, share best practices, and collaborate on joint initiatives may deliver a multiplier effect in terms of service provision. Such activities may also foster an increased sense of community and support.
- Helping to raise awareness of the services that are available to veterans and their families is critical to linking demand with supply. This should include raising awareness of the benefits and process for obtaining the status of a family member of a fallen defender of Ukraine. Providing support to help vulnerable veterans and family members navigate the bureaucratic requirements would benefit those who are deterred by these processes. Simultaneously, working with MoVA and other government agencies to advocate for simplified administrative procedures would be helpful.

8. REFERENCES

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IOM IN UKRAINE



