

Reintegrating ATO & JFO Veterans

JANUARY 2022



IDENTIFYING AND OVERCOMING CHALLENGES USING
THE UKRAINE SOCIAL COHESION AND RECONCILIATION INDEX

DISCLAIMER

This analytical report was prepared prior to the outbreak of the war in Ukraine in February 2022. Considering the expected influx of veterans and the growing importance of reintegration measures, we believe the analysis presented in this paper retains value in the immediate post-war period and provides valuable insight and evidence-based recommendations for relevant programming by responsible agencies and parties.

ABSTRACT

Upon their return from the conflict, many ATO/JFO veterans in Ukraine find it difficult to return to their pre-conflict lives. Major challenges they often face include economic and social reintegration, responding to conflict-related trauma, navigating a complex system of provisions and services, receiving psychosocial rehabilitation, and re-connecting with their communities and social networks. Failing to reintegrate veterans (ATO/JFO veterans and veterans will be used in the report interchangeably) puts them at risk of social exclusion, economic insecurity, and mental health issues. Such chronic challenges can lead to an increased risk of radicalisation and exacerbates social cohesion in the country.

The present study aims to provide quantitative and qualitative evidence of the current challenges that ATO/JFO veterans in Donetsk, Dnipropetrovsk, Luhansk, Zaporizhzhia, and Zhytomyr oblasts experience post-deployment, by comparing them to a sample of citizens coming from the same oblasts. Specifically, the current study focuses on the challenges of economic security and employment, mental health, intergroup relations and social inclusion, citizenship, and political attitudes. It presents evidence-based recommendations by which policymakers and other relevant stakeholders can facilitate ATO/JFO veterans' reintegration into their communities and into Ukrainian society in general.

SCORE results show that unemployment is higher among veterans, particularly among young male veterans living in small towns and rural areas. Further, results show that veterans experience higher levels of aggression relative to the comparable sample, while female veterans in particular are more likely to face depression. Analyses identify factors that underlie these mental health challenges and reveal entry points for intervention. SCORE results also show that veterans are not feeling particularly alienated from their communities, however they tend to report increased tensions with groups that seemingly hold divergent views about the conflict (e.g., people living in NGCAs). Most Ukrainian citizens do not report high tensions with JFO personnel. Nonetheless, certain oblasts and communities are found to feel distant towards and threatened by veterans. Further analyses reveal potential reintegration pathways which can ameliorate intergroup relations in these areas.

Veterans tend to be more active and civically engaged than non-veterans. Importantly, veterans tend to also exhibit higher violent political and civic tendencies. Analyses identify radicalising factors and present potential entry points to prevent violent civic tendencies. SCORE results show that veterans have very distinct political preferences and future visions for the conflict. Specifically, they tend to be more strongly in favour

of accession to the EU and to NATO than their non-veteran peers. They also tend to endorse military operations over negotiations, reject special status for NGCAs as a potential solution, and are not particularly enthusiastic about policies like improving access to Ukrainian media or to Ukrainian universities for those in the NGCAs. This study also includes a series of predictive analyses revealing entry points for addressing the challenges veterans face.

To assess the validity of our findings, two focus group discussions (FGDs) with veterans were conducted. FGDs were held separately for male and female veterans as the two groups often have distinct experiences and challenges when returning to civilian life. These discussions informed the interpretation of the SCORE results and contributed to the generation of solutions to the issues faced. We end the report with a series of policy and programmatic recommendations to improve veterans' mental wellbeing, their economic security, and their social reintegration, with the overall aim of increasing veterans' wellbeing and, more widely, improving social cohesion in Ukraine.

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Authors Alexander Guest
Orestis Panayiotou
Christoforos Pissarides
Nestor Cheryba

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*Contributors
and reviewers
(in alphabetical
order)* Dr. Ilke Dagli-Hustings
Andrii Dryga
Tetiana Lialka
Marian Machlouzarides
Hanna Manoilenko
Nadiia Novosolova
Nina Potarska
Darina Solodova
Anton Tyshkovskyi

Designer Daria Stetsenko

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The views, conclusions, and recommendations presented in this document do not necessarily reflect the position of USAID, UNDP, the government of the Kingdom of Netherlands or their partners.

ABOUT THE SCORE

The Social Cohesion and Reconciliation Index (SCORE) for eastern Ukraine is a joint initiative funded by USAID to support the Democratic Governance in the East program (DG East) and implemented by the Centre for Sustainable Peace and Democratic Development (SeeD) in partnership with the United Nations Recovery and Peacebuilding Programme (UN RPP).

The aim of the SCORE Index is to assist national and international stakeholders in their peacebuilding efforts, providing an evidence base for developing policies and programs that strengthen national unity and social cohesion, as well as for monitoring the progress of their implementation.

The SCORE Index in Ukraine is implemented on an annual basis, and findings presented in this report are based on 19,292 face-to-face interviews conducted across Ukraine between January and May 2021, alongside 638 CATI interviews in the non-government-controlled areas.

The SCORE Index uses a mixed-methods participatory research approach, including multi-level stakeholder and expert consultations to design and calibrate indicators and develop relevant conceptual methods that can answer the context-specific research objectives. The SCORE Index was developed in Cyprus through the joint efforts of SeeD and UNDP's Action for Cooperation and Trust programme (UNDP-ACT), with USAID funding. Among other countries, it has been implemented in Afghanistan, Bosnia Herzegovina, Côte d'Ivoire, and Liberia.

ABOUT THE PARTNERS

The Centre for Sustainable Peace and Democratic Development (SeeD) works with international development organisations, governments, and civil society to design and implement people-centred and evidence-based strategies for promoting peaceful, inclusive, and resilient societies. Through its global project portfolio, SeeD provides social transformation policy recommendations that are rooted in citizen engagement strategies and an empirical understanding of the behaviours of individuals, groups, and communities. SeeD's approach focusses on understanding the root causes of societal challenges by developing an evidence-based theory of change which is empirically tested using the SCORE Index.

The United Nations Development Programme (UNDP) supports strategic capacity development initiatives to promote inclusive growth and sustainable human development. Through partnerships with national, regional, and local governments, civil society, and the private sector, UNDP strives to support Ukraine

to eliminate poverty, develop people's capacity, achieve equitable results, sustain the environment, and advance democratic governance.

To respond to the negative impacts of the Russian military invasion of Ukraine, the UNDP has designed a new comprehensive Resilience Building and Recovery (RBR) Programme. The RBR is intended to provide an umbrella for nexus work across the country and will be continually updated to respond to the scope and scale of needs, as well as emerging realities relating to UN access and the prevailing security environment, and possible future scenarios. The overall objective of the Programme is to preserve development gains in Ukraine as fully as possible, mitigating risks of descent into protracted crisis, embedding activities for recovery from the onset of the humanitarian effort, and facilitating a swift return to development pathways and processes for national attainment of the SDGs. The RBR is based on the experiences, methodologies, partnerships, and lessons learned from implementing other UNDP-led actions, including a comprehensive UN Recovery and Peacebuilding Programme (UN RPP).

USAID has partnered with Ukraine since 1992, providing more than US\$3 billion in assistance. *USAID*'s current strategic priorities include strengthening democracy and good governance, promoting economic development and energy security, improving healthcare systems, and mitigating the effects of the conflict in the east.

USAID's DG East program is a five-year activity to improve trust and confidence between citizens and government in eastern Ukraine, building opportunities for the region to lead Ukraine's democratic transformation. DG East aims to strengthen the connection and trust between citizens and their government in eastern Ukraine by promoting good governance and inclusive civic identity, increasing interaction between citizens and civil society, and increasing collaboration between government and citizens and citizen participation in community development and local decision-making.

ACRONYMS

ATO	Anti-Terrorist Operation	MoVA	Ministry of Veterans Affairs
DDR	Disarmament, demobilization, and reintegration	NATO	North Atlantic Treaty Organisation
EEU	Eurasian Economic Zone	NGCA	Non-Government Controlled Area
EU	European Union	NGO(s)	Non-Governmental Organisations
FGD(s)	Focus Group Discussions	SCORE	Social Cohesion and Reconciliation Index
IDP(s)	Internally Displaced Persons	SDG(s)	Sustainable Development Goals
IOM	International Organisation for Migration	SSU	Security Service of Ukraine
JFO	Joint Forces Operation	UNDP	United Nations Development Programme
MHPSS	Mental Health and Psychosocial Support	UN RPP	United Nations Recovery and Peacebuilding Programme
MoH	Ministry of Health		

METHODOLOGY

The data analysed in this report was part of a larger effort of quantitative survey data collection for the Ukraine SCORE 2021. The SCORE comprised face-to-face interviews with a nationally representative sample of 12482 citizens, alongside additional sampling of 18 cities/towns from the eastern and southern oblasts of Ukraine (N = 3600), people with disabilities (N = 325), ATO/JFO veterans (N = 519), youth (N = 1000), and an extended sample of respondents living along the contact line of government-controlled Donetsk and Luhansk oblasts (N = 1010), as well as computer-assisted telephone interviews with 638 respondents in Donetsk and Luhansk NGCA. Respondents were selected using stratified random sampling unless otherwise stated in the report methodology.

This report is based on data from 5768 Ukrainian citizens in Donetsk, Luhansk, Zaporizhzhia, Dnipropetrovsk and Zhytomyr oblasts, collected between January and May 2021. This sample consists of 519 ATO/JFO veterans selected using snowball selection. Of these, 53% were back checked for quality control. The average duration of veteran interviews was 53 minutes.

The remaining portion (N = 5249) of the analysed sample represents a comparable sample, drawn from the general population of the same five oblasts. It naturally includes a small percentage of veterans as identified randomly from the main survey, in accordance with national statistics (<1%) (1). For the purposes of this analysis, respondents were defined as ATO/JFO Veterans if they reported being members of the hostilities and also reported as currently not serving in any military service.

The phenomena explored in this report are presented through scores. Score being an indicator ranging from 0 to 10 where 0 means a complete absence of the phenomenon while 10 means its absolute presence.

Differences in mean indicator scores between veterans and the comparable sample were tested for statistical significance using an ANCOVA, at a significance level of $p < 0.05$ and controlled for age, gender, and type of settlement. For all analyses, the sample was also weighted to ensure that the distribution of veteran respondents was representative of oblast population distributions according to the State Statistics Service (1).

To ensure the inclusion of veterans in the process of developing this report, the results, conclusions, and recommendations were discussed with focus groups of veterans. These included veterans and organisations working with or representing veterans¹.

Throughout this report, when discussing veterans, it is implied that we refer to individuals who took part in the armed conflict in Donetsk and Luhansk oblasts, and not other groups of veterans in Ukraine.

1 Given the highly gendered experience of reintegration, focus groups discussions were held separately for male and female veterans. The FGD with males was comprised by 7 veterans. Their age ranged from 34 to 52 years. All male veterans interviewed were from the Donetsk oblast, with 6 of them coming from small cities with population between 60 000 to 150 000 inhabitants, and 1 person coming from a city of population 450 000 inhabitants. Three of the male veterans interviewed were also CSO representatives of the following organisations: Union of Veterans of ATO Donbas, Pokrovsk City Organisation of Veterans and Disabled ATO participants, and Union of Donbas ATO Veterans in Druzhkivka. The FGD with females was comprised by 5 veterans. Their age ranged from 38 to 50 years. Two of the female veterans interviewed comes from a small city of approximately 150 000 inhabitants, while the other three come from bigger cities of 450 000 to 1 000 000 inhabitants. One of the female veterans interviewed was also a CSO representative of the Association of ATO participants in Melitopol.

INTRODUCTION

The armed conflict in the eastern part of Ukraine has devastated communities, disrupted economic livelihoods, displaced more than two million people (2), and killed and injured tens of thousands more (3; 4). It also led to the creation of nearly 400 thousand ATO/JFO veterans (3; 4; 5; 6; 7). Having returned to their home communities, many of these ATO/JFO veterans find it extremely difficult to go back to their pre-conflict lives.

Upon their return, ATO/JFO veterans have to deal with challenges without the support of a coherent reintegration policy, often struggling through administrative hurdles to receive their veteran status (or disability certificate), health care, and psychological rehabilitation (4; 6). They face major challenges in economic reintegration, in responding to the intense trauma of the conflict, in re-establishing links with their communities and being accepted into their old social networks, and in finding a sense of direction and purpose after the tumults of armed conflict. Consequently, the risk of substance abuse, domestic violence, and suicide among veterans increases, as the conflict-related traumas are left unaddressed (3).

Concerns have been raised that failure to address ATO/JFO veterans' needs, and inadequate reintegration could increase the risk of marginalising them, potentially pushing them to the fringes of society and within the orbit of radical groups (6; 8). The SCORE will investigate the civic behaviour of veterans using an array of indicators which measure active, passive, and violent civic tendencies and the openness to using violence for political means. The effective reintegration of veterans is thus essential, as it would not only enable veterans to return to their civilian lives but would also foster social cohesion in Ukraine.

At the same time, ATO/JFO veterans represent an important group which has profoundly influenced Ukrainian politics and society, and they are key stakeholders in the process of conflict resolution in Ukraine. If lasting social cohesion is to be achieved, Ukrainian civil society and institutional actors need to address the challenges they face and adapt to the emergence of this group as an important stakeholder and include their voice and concerns in decision-making about the resolution of the conflict and the future direction of Ukraine. Reintegration thus emerges as a key priority for any actor interested in rebuilding the social fabric that has been so violently rent asunder in recent years. Further, SCORE has also integrated attitudes towards JFO personnel into metrics of social cohesion in Ukraine (9).

Among the largest challenges ATO/JFO veterans face is unemployment, often due to disability sustained during their service, inadequate care and psycho-social rehabilitation, unfair treatment by employers (10), incomplete reintegration, or a feeling of loss of direction and purpose (5; 6; 8; 13). Equally important, however, is the fact that there is a lack support for veterans' transition from military service to post-service employment. Although steps are being taken in that direction by the Ministry of Veteran Affairs (MoVA) (11), a recent study showed that more than a quarter of veterans' pre-deployment jobs were not secured² for them, while of those secured only 70% were allowed to return (4). Female veterans are found in an even more precarious position with only 45% allowed to return. Others have highlighted low employment especially among younger veterans (12). Lack of economic security renders veterans increasingly fragile to exacerbation of mental health challenges, social isolation, and ultimately failure to reintegrate into civilian life.

Female ATO/JFO veterans' efforts and sacrifices in the hostilities in eastern Ukraine have often been overlooked. Even though more than 19,000³ of women have served during the conflict, it was not until October of 2019 that female veterans were made eligible to apply for veteran status (16; 17). Despite recent efforts⁴ to address gender disparities, the veteran reintegration system needs to do more to recognise and resolve the distinct challenges female veterans face (13). Female veterans often face hurdles in getting their veteran status (18; 19), and

2 Article 119 of the Labour Code of Ukraine holds that the places of work of individuals leaving for military service should be secured until their return (The Labour Code of Ukraine: <https://zakon.rada.gov.ua/laws/show/322-08>).

3 Reported estimated figure was recently announced by the Deputy Minister for Veterans Affairs Oleksiy Ilyashenko in his speech at the Kyiv Forum of Equal Rights and Opportunities in September 2020.

4 Law #2523 "On the amendments to certain laws of Ukraine concerning the provision of Equal Rights and Opportunities for Women and Men Throughout their Service in the Ukrainian Armed Forces and other Military Formation".

reintegration procedures lack assessment of veterans' needs, rendering psycho-social rehabilitation blind to female veterans' distinct needs (e.g., reproductive health). Such challenges are compounded by gender stereotypes, discrimination, and marginalisation (5). This is specifically important in light of the Order #313 released by Ministry of Defence⁵ in October 2021 by which women in Ukraine might be more involved in the military service starting from the end of 2022. Accordingly, this study approached veteran issues with a gender lens, reporting all SCORE scores separately for female and male veterans, to reveal key gender differences, thus generating recommendations which are sensitive to the challenges male or female veterans face.

Since the establishment of the MoVA in 2018 (14), policymaking around reintegration of veterans is beginning to formalise. However, while some have criticised the legal framework underpinning veteran's access to certain benefits as lacking (15; 16), others have criticised reintegration policy as focussing too much on social benefits and welfare (6; 8). Additionally, attention has been drawn to tensions between veteran groups and local service providers, further compounding the issue (8).

Several actors are contributing to the amelioration of the situation. The UNDP-led United Nations Recovery and Peacebuilding Programme (UN RPP) has worked on the psychological rehabilitation and reintegration of veterans (23; 24). The MoVA has published plans towards veteran support reform focussing on psychological support (17), housing benefits, and integrating veterans into the civil service (7; 18). UN RPP has also worked with local communities and veterans under the framework of community-based reintegration (CBR), as has the International Organisation for Migration (IOM) (19). The UN RPP has focussed on psychological and physical rehabilitation, reintegration and reinsertion of veterans into communities, supporting NGOs/CSOs that support veterans, and on the particular challenges that female veterans face when returning to their communities. Furthermore, the UN RPP has given grants to CSOs that work towards the cooperation between local authorities and veterans, in Dnipropetrovsk and Zhytomyr oblasts. Since August 2021, the USAID's DG East project has begun work on the veterans' reintegration in the local communities of Donetsk oblast. DG East supports the platforms for addressing the veteran's issues, e.g., National Forum of ATO/JFO veterans that also intended to inspire, showcasing the positive changes achieved in the conflict-affected region.

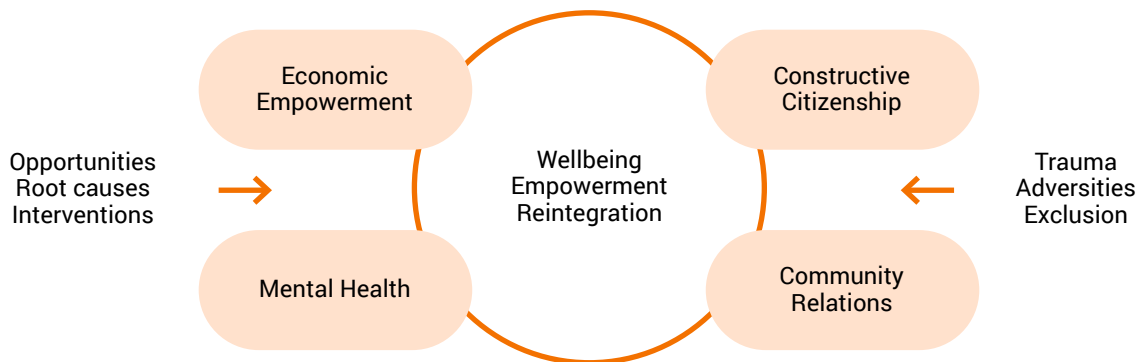
5 Order 313, October 11, 2021 "On approval of the List of specialties and / or professions related to the relevant military accounting specialties, after which women are entered into the military register of conscripts" <https://zakon.rada.gov.ua/laws/show/z1566-21#Text>.

Effective policies on veteran reintegration will also contribute significantly to Ukraine’s progress on three Sustainable Development Goals (SDGs), particularly to SDG 5 on Gender Equality, SDG 8 on Decent Work and Economic Growth, and SDG 16 on Peace, Justice and Strong Institutions.

Given the calls for unified and comprehensive policies on veterans’ reintegration (8; 10; 14; 22), we adopt a framework (see figure 1) which takes into account the multidimensionality of veterans integration, including economic integration, mental health, positive community relations, and constructive civic participation of veterans as outcomes. Successful reintegration of veterans will occur when these four outcomes are achieved. These outcomes are inter-dependent and affect each other, and are collectively affected by a series of social, economic, individual, and communal factors, which may serve either as enabling factors, or as barriers disrupting progress on integration. Thus, the added value of the SCORE will be to uncover which factors are the root causes or barriers of these outcomes, as well as pathways for effective change. Using SCORE data⁶ we aim to resolve gaps in the evidence about veterans and the challenges they face. We present statistical analyses to uncover quantitatively validated pathways of change, which can serve as policy entry points for actors working on veterans’ reintegration.

FIGURE 1

Schematic of a conceptual framework of the overlapping and inter-dependent dimensions of ATO/JFO veterans’ issues. Achieving the four outcomes will contribute to veterans’ wellbeing, empowerment, and reintegration. Also visualised are various factors which may either contribute to positive outcomes (left) or disrupt reintegration (right). This report presents predictive analyses which uncover which factors are key for each outcome.



This report begins by discussing the demographic profile of the veteran sample (Section 1). Then, we investigate the particular mental health challenges faced by ATO/JFO veterans and how to resolve them (Section 2). In the following Sections

6 This report is based on a quantitative face-to-face survey of 519 ATO/JFO veterans using the SCORE methodology, and a series of focus groups, which included ATO/JFO veterans and representatives of organisations working with veterans’ issues.

we investigate the challenges in veterans' reintegration in their home communities, by first looking at economic integration and employment (Section 3) and then social reintegration and community relations (Section 4). Next, we examine to what extent the civic behaviour and political participation of veterans is different to the comparable sample (Section 5), followed by a review of veterans' views on various political and social issues (Section 6).

The research addresses these topics by answering the following research questions:

- Do ATO/JFO veterans face specific challenges when compared to the those without the veteran status? How do these challenges differ between male and female veterans?
- Do veterans face challenges in economic reintegration and employment in Ukraine? Which demographic groups need most support?
- Are communities ready to accept veterans back into their social networks? Are veterans ready to accept all social and political groups of Ukraine? What entry points are there to achieve social cohesion and integration, and what interventions are required?
- What is the nature of veterans' civic behaviour compared to other Ukrainians? How can veterans be supported to facilitate their constructive participation in the civic and political life of their communities and of Ukraine?
- What are veterans' concerns and desires about the future of Ukraine in terms of key political and social dilemmas?

The results and recommendations in this report are validated in two focus group discussions (FGDs), one with male veterans and one with female veterans. FGDs⁷ were held separately for males and females as they two often have distinct experiences and challenges when returning to civilian life.

Finally, the key conclusions from each of the sections are reviewed and evidence-based recommendations that could be undertaken by governmental, inter-governmental and non-governmental institutions and groups, to resolve some of the challenges veterans face, are proposed.

7 In terms of the FGDs procedures, following the analyses of SCORE Ukraine 2021, the research team prepared a summary document of the key findings along with questions aimed to better understand veterans' challenges for reintegration. The FGDs focused primarily on three key themes: Mental Health, Active & Violent Citizenship, and Economic Security & Inclusion, while also briefly touching upon Community Integration & Social Inclusion.

1 ATO/JFO VETERANS' DEMOGRAPHIC PROFILE

Understanding the socio-demographic profile of the ATO/JFO veterans in Ukraine is a crucial prerequisite to any research on quantifying their needs, challenges, and strengths. In this section, we present an estimation of the number of veterans in the country, and per region, as well as the demographic characteristics of the veterans in our sample.

The SCORE survey was administered to a random sample of more than 12000 adult citizens across the whole of Ukraine⁸. From that random national sample, 64 individuals self-identified as ATO/JFO veterans⁹. Extrapolating this prevalence rate implies that, nationally, $0.5 \pm 0.1\%$ citizens are veterans. Extrapolating the national rate gives a number of $215,000 \pm 44,000$ veterans. Other sources report a larger number of ATO/JFO veterans, 370,000 (4) or 385,000 (3).

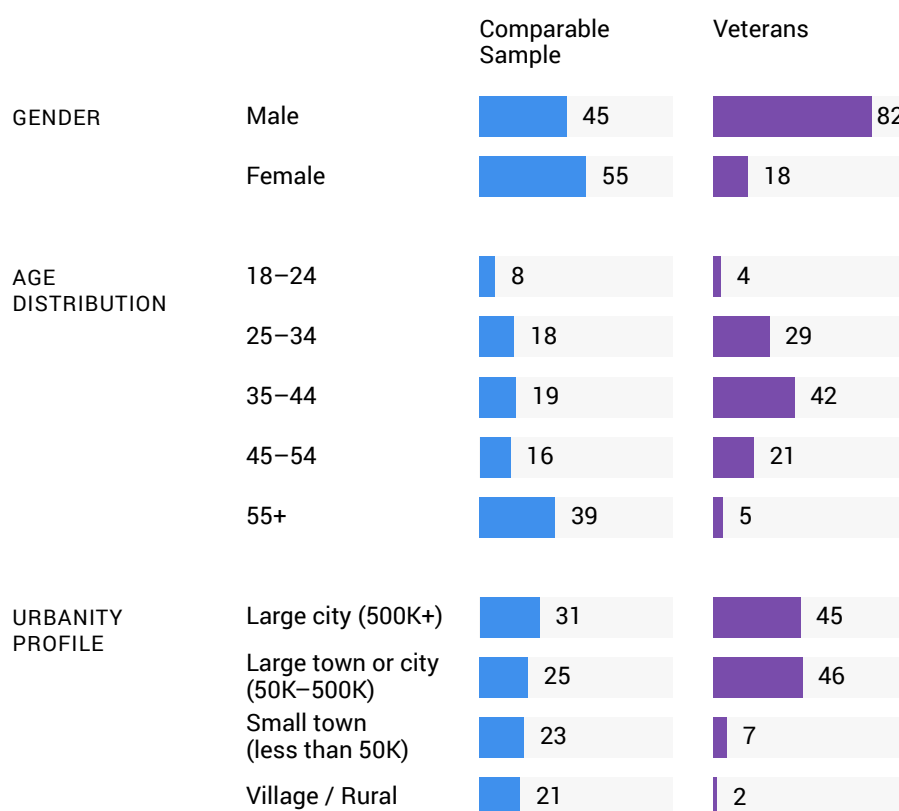
8 Excluding non-government-controlled areas.

9 Because these were randomly identified, and not collected using snowball methodology, they give a more accurate picture of the geographic distribution of veterans in Ukraine.

Four in five respondents in the surveyed veteran sample were male.¹⁰ Veterans tend to be much younger than the comparable sample, with a large majority between 18 and 44 years old (74%, compared to only 45% in the comparable sample). Veterans' average age is 39 years, compared to 48 of the comparable sample. The age distribution among male and female veterans is also different. Male veterans are younger than female veterans on average. 37% of male veterans are below 35 years of age, compared to only 21% of female veterans.

FIGURE 2

Demographic Characteristics of the Veterans and National sample, %.
Comparable sample, N=5249; ATO/JFO veterans booster, N=519.



10 For more information, see the Methodology Section.

Veterans surveyed also tend to live in larger towns (46%) or cities (45%), rather than small towns or villages. Veterans tend to be more educated than the comparable sample (possibly because of their younger age), with a slightly higher proportion having received higher education. The veterans in our sample also have higher levels of income, while a much lower proportion could not regularly afford clothes (17%, compared to 40% among the comparable sample). These results match similar surveys of veterans (4).

FIGURE 3

Education and Income Distributions across samples, %.
Comparable sample, N=5249; ATO/JFO veterans booster, N=519.

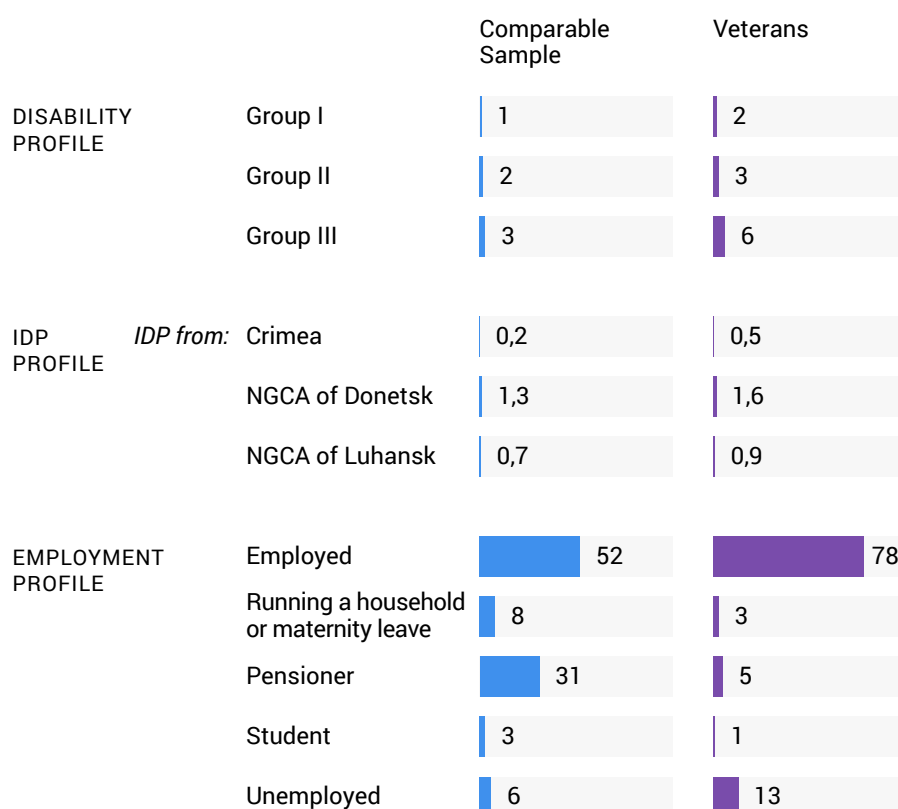


Veterans are slightly more likely to be disabled (11% compared to 6% among the comparable sample). Most veterans who are disabled, are in Group III¹¹ (6% of all veterans). Veterans tend to have more children, and to live in households with more residents. 58% of veterans have at least one child, compared to 34% of respondents in the comparable sample. Veterans have a slightly higher proportion of IDPs among their ranks compared to the comparable sample (3.0% versus 2.2%).

11 People from Group III of disability have persistent, moderate functional disorders in the body due to disease, injury, or birth defects, which led to moderate limitation of life, including one's ability to work, but in need of social assistance and social protection.

FIGURE 4

Economic, Employment, and Disability profile Distributions across Samples, %.
Comparable sample, N=5249; ATO/JFO veterans booster, N=519.



In terms of employment, veterans show a thought-provoking profile. Because they are mostly between 25-45 years old, and more male, veterans tend to have a lower proportion of pensioners, people running a household, or students. They therefore have a higher proportion of employed (78%) which matches other surveys (4). However, because of difficulties in economic integration, they also have higher rates of unemployment, which is 13%, compared to only 6% in the comparable sample. Employment and economic integration of veterans is discussed in more detail in Section 3.

Most veterans surveyed served in the Armed Forces of Ukraine (73%), followed by the National Guard (12%) and Volunteer battalions (10%). Other departments had less than 3% participation. Male and female veterans have slightly different profiles of service: 78% of male veterans served in the Armed Forces of Ukraine compared to 50% of female veterans. 29% of female veterans surveyed served in the National Guard, but only 8% of male veterans did. Around three in five veterans served for more than a year (61%).

FIGURE 5

Household Characteristics of Veterans and Comparable Sample, %.
Comparable sample, N=5249; ATO/JFO veterans booster, N=519.

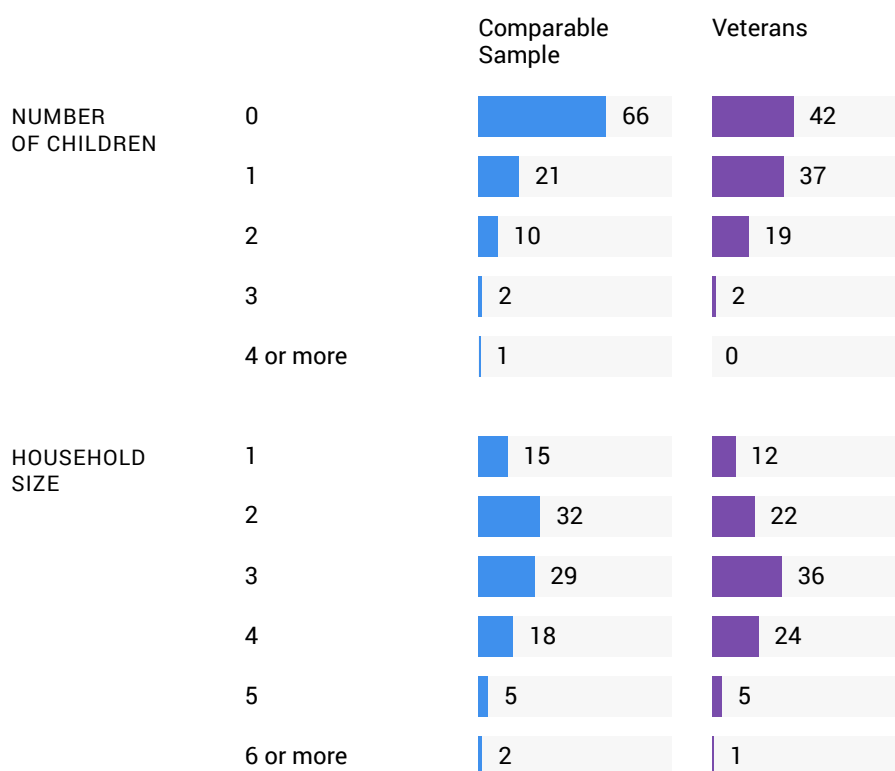
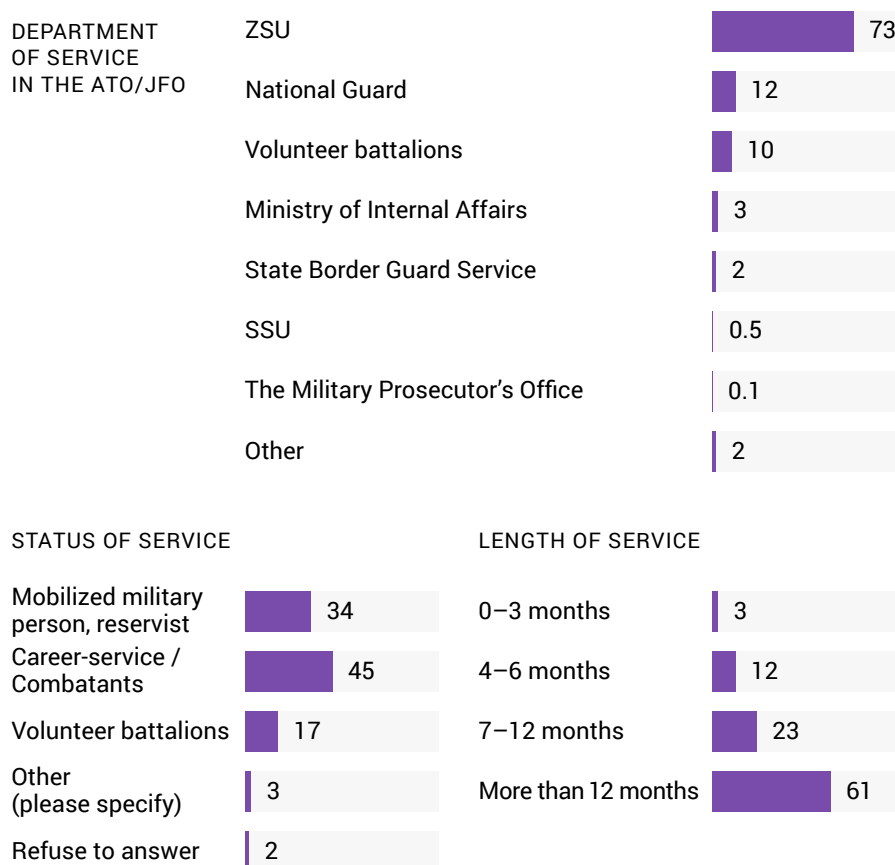


FIGURE 6

Military Service Characteristics of Veterans ATO/JFO veterans booster, %, N=519



2 MENTAL HEALTH CHALLENGES OF VETERANS

This section presents the mental health profile of veterans, and reviews what other indicators may be underpinning the challenges male and female veterans face. Challenges which compound mental health issues for veterans include the complexity of returning to civilian life after combat, the inaccessibility of healthcare systems, and the lack of a comprehensive psychosocial rehabilitation policy (6).

TABLE 1 SCORES 0–10 *Comparisons of mental health indicators by sample and gender.
Comparable sample, N=5249; ATO/JFO veterans booster, N=519.*

Indicator Name	Comparable Sample	Veterans	Male Veterans	Female Veterans	Significant differences between Veterans & Comparable Sample ¹²	Significant differences between Male & Female Veterans ¹³
Aggression	1.1	2.3	2.4	1.7	Yes	No
Anxiety	4.3	3.9	3.7	4.7	No	Yes
Depression	3.2	3.5	3.3	4.3	No	Yes

12 Differences between veterans and comparable sample statistically significant to p<0.01, F>40, after controlling for gender (using an ANCOVA).
13 Differences between male veterans and female veterans significant to p<0.01, F>40.

Table 1 shows the scores of veterans (disaggregated by gender) and the comparable sample in key mental health indicators: aggression, anxiety, and depression. Anxiety is on average higher among female veterans compared to male veterans, but not different than female non-veterans. Anxiety is, therefore, not an issue specific to the veteran population but a general phenomenon in Ukrainian population, and particularly among female citizens¹⁴ Self-reported evidence of depression is more pronounced among all women in our sample, but it is on average higher among female veterans, compared both to male veterans and female non-veterans, motivating further study. It is important to recognise that veterans' experiences differed greatly for men and women who served, and that gender expectations and stereotypes hinder both women, as their status as veterans is often questioned, and men, who often feel the need to live up to unrealistic standards and avoid talking about mental health problems (7; 8; 29). Indeed, male veterans may also be under-reporting depression, and other mental health issues they face, due to gender stereotypes and the expectation to not reveal weakness.

Aggression is higher among veterans (v. comparable sample). Aggression, as measured by the SCORE, refers to the psychosocial tendency to lash out, respond violently when angry, or have difficulty in containing anger. Aggression represents a clinical challenge for mental health providers and tends to be prevalent in a variety of post-conflict contexts. Aggression has, in fact, been highlighted as a particular issue for ATO/JFO veterans mental health by previous studies (6). Aggression has been found by SCORE to be a barrier to social cohesion and to be closely linked to adversarial or violent forms of citizenship and socio-political expression (20). Crucially, for veterans, aggression is a risk factor for developing anti-social behaviours post-deployment (31; 32). Accordingly, in Section 5 of the current report, the role of aggression as a driver of adversarial forms of citizenship is examined. Moreover, depression, anxiety and aggression tend to co-occur in veterans¹⁵ This suggests that veterans struggling with one mental health challenge are more likely to also struggle with other mental health challenges. It is telling that there have been calls from veterans themselves who believe that every veteran who has been in contact with active combat should have psychological support (4).

14 Note systematic gender differences in reporting mental health issues, with male participants often underreporting any challenges they may have (5). Given that these are self-reported measures it is likely that levels of depression and/or anxiety might be underreported.

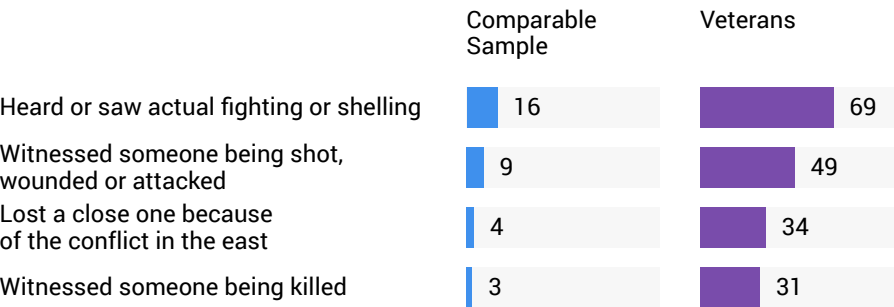
15 Aggression and Depression are positively correlated ($r = 0.43, p < .001$). Anxiety is also correlated with both depression ($r = 0.63, p < .001$) and aggression ($r = 0.22, p < .001$).

VETERANS' TRAUMATIC EXPERIENCES

Veterans' experiences of the conflict and their exposure to potentially traumatic experiences, are pivotal in their mental health profile. Most veterans surveyed either heard or saw fighting/shelling (69%). Approximately half of the veterans sampled witnessed someone being shot, wounded, or violently attacked. Losing a close one or witnessing someone being killed are comparatively less frequently occurring events with 31% of veterans reporting having experienced these. These figures tend to be higher among veterans from small towns, and lower among veterans living in large cities. In all cases they are much higher than citizens in the comparable sample.

FIGURE 7

Percentage of Veterans Personally Exposed to Traumatic Experiences during the Conflict, %. Comparable sample, N=5249; ATO/JFO veterans booster, N=519.



FACTORS ASSOCIATED WITH HIGHER LEVELS OF AGGRESSION IN VETERANS

To better understand what generates aggression in veterans, a predictive analysis was conducted with aggression as the outcome. Statistically significant predictors are shown in Table 2, ranked by the strength of their effect on the outcome. Results are weighted and controlled for gender. Positive β coefficients are associated with higher aggression, and thus can be seen as triggers of aggression. Negative β coefficients are associated with lower aggression. These can be seen as resilience and protective factors which can buffer aggressive tendencies; thus, these are good entry points for mitigating aggressive tendencies.

Results show that the strongest predictor of aggression is marginalisation. This suggests that when veterans feel excluded and marginalised by civilians, this can lead to increased aggression, corroborating qualitative work (5). The second most important predictor of aggression is endorsement of radical nationalist narratives. Excluding veterans may, in fact, lead them to radical fringes of society where they may find it easier to relate and belong (see Section 5 on the link between aggression, nationalist organizations, and violent civic tendencies). Taken together, these findings highlight the need of community-based programming that can facilitate veterans' social integration and promote greater awareness and interaction between civilians

TABLE 2

Results of the predictive model which reveal the factors that influence ATO/JFO veterans' aggression

Predictors which increase Aggression ¹⁶	Strength of effect (standardised β)
Marginalisation	0.23
Ukrainian nationalism	0.21
Depression	0.20
Length of service	0.11
Personal experience of combat in the conflict in the East of Ukraine	0.09
Predictors which decrease Aggression	β
Executive functioning skills	-0.18
Family cohesion	-0.08

and veterans, to resolve aggression. Also, family coherence (i.e., harmonious family relations) mitigates aggression. This suggests that psychological rehabilitation and interventions should work on the family level, with family counselling and training of family members (21). Interventions working on mitigating aggression should therefore consider both the social and family context¹⁷ FGDs validated our findings including marginalisation and nationalistic sentiments as key factors associated with aggression and the pivotal role of family support for effective reintegration and psychological rehabilitation. FGDs further revealed that feelings of marginalisation often emerge due to anti-veteran bias, limited access to the social benefits they have been promised, and a general lack of understanding of veterans' deployment experiences.

"You would meet a classmate, who would ask you: is it true that there are Russians, is it true that there is shooting, did you come by car, did you bring gold from there, what was your role, did you kill people, how many did you kill, I have heard you finished sniper courses, and Vladimir Putin is great, and we are brothers. My first teacher doesn't talk

16 All statistically significant to $p < 0.05$, weighted, controlled for gender (which is significant showing male being more aggressive than female veterans) and income (which becomes not significant once the other indicators are included in the model). $R^2 = .44$, $F(9, 510) = 43.737$, $p < .001$

17 Building family coherence in urban areas is particularly important, as the survey shows it is lower among veterans who live in large cities.

to my mother [or her] anymore – that’s what kills. I have already learned how to put up the wall, but previously I just wanted to do like this [the speaker mimes twisting someone’s neck to kill them] – and that is it. And still, by the way, quite often I want to do so, and frankly, sometimes I do not refrain from doing it. This makes me feel better.”

– Female Veteran, 50

FGDs further revealed that feelings of marginalisation often emerge due to anti-veteran bias, limited access to the social benefits they have been promised, and a general lack of understanding of veterans’ deployment experiences.

Further, important predictors of aggression are the length of service and exposure to conflict. Veterans who were deployed for more than 12 months show higher aggression, especially compared to individuals that served for less than 6 months. Similarly, veterans who have had higher exposure to traumatic events including violence because of the conflict are more likely to show higher aggression. Both indicators are risk factors which increase aggression, and veterans who have served longer or have had high exposure to the conflict should be the main target group of mental health practitioners. Veterans living in smaller towns and rural areas tend to score significantly higher in conflict exposure, motivating particular focus in less urban areas.

Additionally, results show that veterans’ aggressive tendencies often stem from poor regulation of their cognitive and affective mental states including inhibition/control over their impulsiveness and depressive symptoms. While impulsivity and aggression are sometimes posited as desired and valued traits on the frontline, allowing combatants to make split-second decisions and act assertively, these are ill-suited for civilian life and often lead to anti-social behaviour. Policy should provide psychosocial rehabilitation specifically tailored to veterans’ challenges e.g., Trauma-Focused CBT and/or Eye Movement Desensitisation and Reprocessing which have been designed to tackle impulsive aggressiveness and other post-traumatic symptoms (34; 35). Also, although the SCORE did not track substance abuse, other studies have identified alcohol use as a factor which adversely affects mental health among veterans (4; 5), and it could be a coping mechanism to deal with the intense experiences and traumas sustained while in service. Mental health interventions should also take heed of potential substance abuse when designing protocols to respond to veterans’ needs.

To design a response to the higher prevalence of depression among female veterans, we investigated the indicators associated with depression in female veterans. Depression in female veterans is strongly associated with aggression, anxiety, and poor executive functioning. The associations between cognitive and affective processes imply that (female) veterans often face several psychological challenges which highlight that psychological rehabilitation should be multi-faceted.

TABLE 3

Correlations between depression and other indicators for Female Veterans, while controlling for aggression

	Strength of association ¹⁸
Anxiety	0.40
Executive functioning	-0.45
Health security	-0.31
Trust in Ministry of Health	-0.25
Provision of health care	-0.25
Sense of civic duty	-0.31
Active citizenship orientation	-0.27
Fear of economic instability	0.30

Depression is lower in female veterans who have higher scores in health security, trust in the Ministry of Health, and provision of health care. This suggests that depressive symptoms among female veterans are exacerbated by the lack of healthcare provisions and the uncertainty around it. Indeed, previous reports highlighted that one of the most significant challenges veterans in Ukraine face involve the complex system of healthcare provisions, raising concerns over gender inclusivity in veteran provisions (7; 8). This highlights the need for a comprehensive policy by the Ukrainian Ministry of Health (MoH) and the Ministry of Veterans Affairs (MoVA), to support psychosocial rehabilitation of veterans, and particularly female veterans, as a key component of health policy.

18 Given the relatively small sample size of female veterans (n=93), and to maintain robustness, we refrained from modelling what predicts depression and instead examined what correlates with depression once its association with aggression has been accounted for.

Depression is also adversely linked with citizenship behaviour. Female veterans scoring higher on depression, tend to have lower scores in active citizenship and sense of civic duty. This foreshadows the increased risk of female veterans becoming alienated and disengaged, if not radicalised. Furthermore, depression may be occurring because of fears of economic instability, necessitating the added focus of mental health practitioners to communities where economic downturn is present, and among lower-income female veterans less insulated against economic instability.

Depression was not openly discussed in the FGDs, however, experiences relevant to depression were mentioned by both gender groups: feelings of being lost, social isolation, and alcohol abuse. The FGD revealed that male veterans often struggle with depression and other mental health issues, yet these are often suppressed and left unaddressed out of fear of being stigmatised as 'weak', or 'sick', due to unrealistic gendered expectations and toxic masculinity. FGD participants emphasised the need for systematic psychosocial rehabilitation that would allow them to effectively reintegrate to Ukrainian society and resume their civilian life, while highlighting the dangers of failing to do so.

"At war, to survive, to win the war, a person would become a beast. To return home, the power of the beast has to be transformed into the wisdom of a warrior. Only those who passed the transformation were awarded the honorary title of a hero and were allowed to be in a family, in society..."

— Female Veteran, 46

3 ECONOMIC SECURITY AND ECONOMIC INCLUSION

Economic security and integration are key concerns for the well-being of veterans. Many have highlighted the need for gainful means of employment, the difficulties in reintegrating economically following the great change in their lives after taking part in the conflict (4), and the importance of economic integration as a key to social inclusion (22).

SCORE results show that unemployment among veterans is higher than in the comparable sample (13% compared to 8%). This effect is more acute among men between 36 and 60, where unemployment is 7 p.p. higher compared to other age groups of veterans. The focus group discussions validated this finding, noting that veterans' social benefits, as well as anti veteran bias often deter employers from employing them.

"What was your last job? Army. I am sorry, you do not suit us, because you have a social package, extra leave – you are uncomfortable for us. That is what people say."

— Male Veteran, 46

"I was told that they could not accept me because the staff is from all over the world, and the fact that you have some issues with Russians is none of our business. We do not know what can happen in your head."

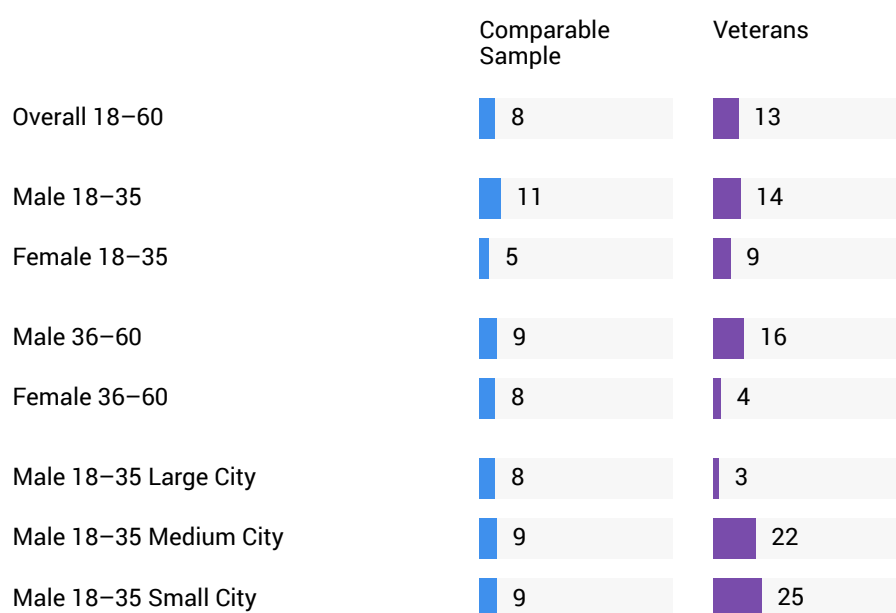
— Male Veteran, 51

SCORE has also discovered that unemployment dynamics are very different among young men in large cities compared to smaller settlements. In large cities, young male veterans tend to not be facing a serious issue with unemployment (only 3% are unemployed). However, in cities with population between 50 and

500 thousand the unemployment rate of young male veterans soars to 22% and in cities smaller than 50 thousand, one in four veterans is unemployed. In contrast, the unemployment rate among the comparable sample of young males is independent of settlement size. This implies that rural young male veterans are facing particularly challenging barriers in finding employment, which their non-veteran peers are not facing. Civil society representatives have highlighted the importance of finding a job as part of the socio-economic integration of returning veterans, who need to find a place and a meaningful routine, or risk mental health issues including suicide (23). Interventions must focus on reducing the unemployment rate among rural veterans. Linking urban veterans' organisations with rural ones, to give support and access to opportunities, could be a good first step. This could be followed by economic integration programmes which must be tailored to each areas' local economy.

FIGURE 8

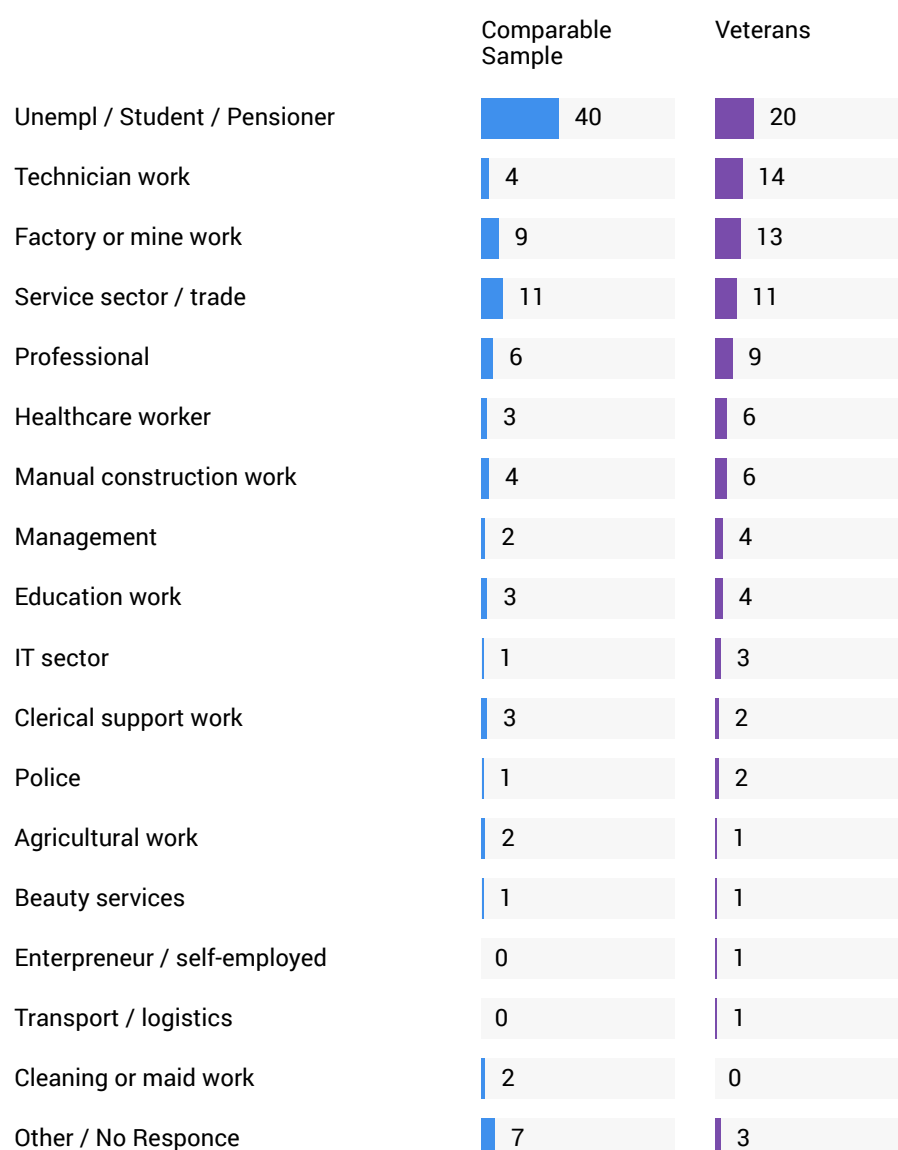
Unemployment rates in veterans and the comparable sample, %.
Comparable sample, N=5249; ATO/JFO veterans booster, N=519.
Here “large city” includes cities with population of at least 500.000,
“medium city” includes cities with populations over 50.000,
and “small cities” are defined to have less than 50.000 residents.



Furthermore, among 18- to 35-year-olds, veterans are much less likely to be in education, since 2% of veterans aged 18–35 are students compared to 11% in the comparable sample. This may imply a lack of interest or motivation for further education, a lack of incentives for veterans to train or educate, or a disruption of a more mainstream trajectory of higher education followed by employment due to participation in the conflict. The focus group discussions revealed that the costs of further education and courses for developing new skills often deter veterans from joining such programmes, and even when they are free, they take up too much time to make a living while attending them. Pathways to higher education and vocational training must remain open and affordable to veterans, and incentives should be instituted to absorb unemployed veterans into education programmes.

FIGURE 9

Employment sector distribution of ATO/JFO veterans and the comparable sample, %. Figures exclude students, unemployed and pensioners. Comparable sample, N=5249; ATO/JFO veterans booster, N=519.



Veterans who do work tend to work in different sectors than the comparable sample. The charts below (Figure 9) show distributions of employment sectors among veterans and the comparable sample, after excluding students, the unemployed, and pensioners. Veterans are more likely to be working as technicians, in factories, or in mines. Three in ten veterans work in those sectors put together, compared to only 13% in the comparable sample. There is also a strong gender difference in employment sector, with 27% of female veterans working in healthcare, compared to only 1% of male veterans. Also, male veterans are much more likely to be technicians than female veterans (19% vs 0%), a difference wider than what we see in the non-veteran sample.

Overall, in other economic indicators, veterans are not doing worse than the comparable sample, and in many cases, they are doing better. Even after controlling for urbanity, age and gender, veterans have a significantly higher level of income, economic security, employment opportunities and entrepreneurship mentality. Both male and female veterans are doing equally well in economic indicators compared to the comparable sample, as are veterans living in smaller towns. Around 17% of veterans in our survey report they are thinking of starting a business (compared to only 13%), while 6.5% have already started a business, which is similar to previous surveys (4). Veterans are also much more likely to be open to starting a business than the comparable sample and this likelihood is even among veterans living outside big cities. This implies that targeted grants for small businesses may be a welcome and effective intervention to boost veterans' employment in less urban areas. Such grants could be designed to include economic incentives encouraging new businesses to employ a larger number of other veterans. This should simultaneously stimulate local economies, encourage entrepreneurship among veterans, and combat the high levels of unemployment among young male veterans in smaller towns. Veterans provided recommendations of how existing grant programmes can improve, while highlighting that veteran business initiatives would allow job creation for other veterans. One veteran suggested a concrete plan:

"Give me the opportunity for tax exemptions if a veteran opens his own business. Roughly speaking, the first three years I work without taxes. During that time, I rose, expanded the business, hired three people. I should be charged with 15%, discount me 5% for the fact that I hired three more people. I hired 10 people – discount me not with 5%, but with 7%. I will be interested in hiring people, expanding, moving forward. And we have the opposite: the company has just opened, and you already owe something."

— Male Veteran, 50

TABLE 4

SCORES 0–10

*Comparison of Employability and economic indicators by sample and gender.
Comparable sample, N=5249; ATO/JFO veterans booster, N=519.*

Indicator Name	Comparable Sample	Veterans	Male Veterans	Female Veterans	Significant differences between Veterans & Comparable Sample ¹⁹	Significant differences between Male & Female Veterans ²⁰
Income	4.2	5.1	5.0	5.7	Yes	No
Employment opportunities	3.4	4.6	4.5	4.7	Yes	No
Economic security	4.6	5.4	5.4	5.5	Yes	No
Fear of economic instability	7.5	7.1	7.0	7.5	No	No
Entrepreneurship mentality	6.2	7.4	7.5	7.0	Yes	No

Veterans report a slightly better level of provision of all the services which the SCORE asked about (health, education, public transport, administrative services, etc.), with a previous survey reporting similar results (4). In particular, 67% of veterans report that administrative services are provided at least somewhat efficiently, while 65% of veterans feel that welfare payments are provided at least somewhat efficiently. Further, when asked about access to payments, 57% of veterans reported they could rely on social payments if needed, compared to only 38% of the comparable sample. Similar results are observed regardless of type of the settlement, implying that even in rural areas veterans have at least a satisfactory level of access to services and welfare.

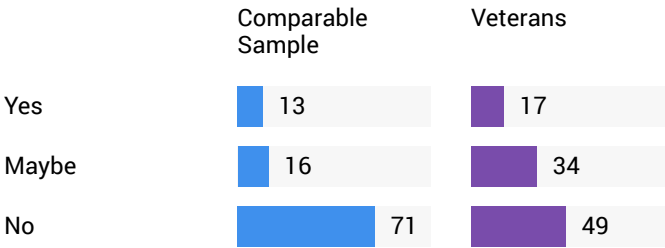
19 Differences between veterans and comparable sample statistically significant to $p < 0.01$, $F > 40$, after controlling for gender, age, and settlement type (using an ANCOVA).

20 None of these indicators have differences between male veterans and female veterans significant to $p < 0.01$, $F > 10$.

FIGURE 10

Comparison of responses to Intentions of starting own business for ATO/JFO veterans and the comparable sample, %.
Comparable sample, N=5249; ATO/JFO veterans booster, N=519.

Are you thinking about starting your own business in the next year or two?



Overall, given that economic security, entrepreneurship, and income indicators are higher among veterans, as are access to services and social welfare, we can conclude that policies on economic integration and the social safety net for veterans have been effective. Results show that more care should be invested in veterans living in small towns, to ensure they have gainful employment and are fully economically integrated.

4 COMMUNITY INTEGRATION AND SOCIAL INCLUSION

The aim of this Section is two-fold: first, to examine how well-adjusted and integrated veterans feel in their localities and in Ukrainian society in general, and in turn, assess how prepared and accepting Ukrainian citizens are to welcome veterans back into their communities. Accordingly, in the first part of this Section veterans' social relations with other groups and their community are examined. In the second part, the focus is shifted to Ukrainian society's readiness to interact and reintegrate ATO/JFO veterans, with the aim to uncover any potential tensions. We do this by investigating an array of intergroup indicators including social proximity (the tendency to which one would accept members of different socio-demographic groups as their close friends and colleagues), social threat (the feeling that presence of another group will undermine the unity of the community), and contact (the frequency of direct contact with members of various groups in society).

HOW DO VETERANS FEEL ABOUT THEIR COMMUNITIES AND UKRAINIAN SOCIETY?

To understand how well-integrated veterans feel following their return from the conflict, veterans' levels of attachment to settlement, region, and country, as well as the degree of involvement in their communities and satisfaction with their localities were contrasted to the comparable sample. Veterans were found to have similar levels of belonging to their settlement, region, and country as the comparable sample. Reported levels of community cooperation are also similar. Furthermore, veterans tend to be prouder of their communal connections and the safety of their localities than the comparable sample.

TABLE 5

SCORES 0–10

Comparisons of community integration indicators between ATO/JFO Veterans and the comparable sample.

Comparable sample, N=5249; ATO/JFO veterans booster, N=519.

Indicator Name	Comparable Veterans ²¹ Sample		Significant differences between Veterans & Comparable Sample ²²
Community cooperation	5.1	4.8	No
Sense of belonging to the region	7.2	7.0	No
Sense of belonging to the settlement	7.2	7.0	No
Sense of belonging to the country	7.5	7.6	No
Pride in local community bonds	5.3	6.1	Yes
Pride in a local safety	4.2	5.4	Yes

While veterans tend to feel well-integrated, they are less willing to accept people who might hold different views about the conflict (e.g., people from Crimea or NGCAs, pro-Russian oriented people, and people who support NGCA separation) as close friends or colleagues (see Table 6), as they have lower social proximity to these groups. Social proximity with people living in the NGCAs is particularly low for male veterans (4.5) while for female veterans it is similar to the comparable sample. Additionally, veterans who were members of the Armed Forces of Ukraine reported more intergroup tensions with various groups, which is higher compared to veterans who served under other departments (like the National Guard or volunteer battalions). Their lower social proximity and readiness for dialogue can be targeted by working with networks of male veterans from the armed forces in particular. It is important to retain scores in social proximity above 5 for such social groups, if post-conflict social cohesion is to be achieved. The reintegration of NGCAs is less likely to be successful when groups on either side of the line of contact lack social proximity to each other.

21 No statistically significant gender differences were found among veterans on all indicators reported in the table above.

22 The reported differences between veterans and the comparable sample are statistically significant at $p < 0.01$ and $F > 20$, after controlling for gender, age, and settlement type (ANCOVA).

TABLE 6

SCORES 0–10

Comparisons between feelings of social proximity that ATO/JFO veterans and the comparable sample feel towards different socio-political groups. Note that these scores are calculated by asking veterans (and the comparable sample) what they feel about people from Crimea, the NGCAs, and so on. They do not indicate the feelings that people from Crimea or the NGCAs might have about veterans. Comparable sample, N=5249; ATO/JFO veterans booster, N=519.

Social proximity felt towards the below groups, by veterans and the comparable sample	Comparable Sample	Veterans ¹³	Significant differences between Veterans & Comparable Sample
People from Crimea	5.9	5.2	Yes
People living in the NGCAs	5.6	4.7	Yes
People supporting NGCA separation	5.1	4.0	Yes
Pro-Russia oriented people	5.4	4.0	Yes

Conversely, no systematic differences between veterans and the comparable sample on social proximity with groups that are likely to hold similar views about the conflict including, Pro-EU oriented people, Ukrainian Nationalists, and people from western oblasts of Ukraine were found. Also, relative to the comparable sample, ATO/JFO veterans tend to believe that nationalists, people from western Ukraine, Pro-EU oriented people, and JFO military personnel are more willing to engage in dialogue (3). This reinforces the idea that veterans feel greater affinity and thus project in a more positive light, groups that they may perceive having similar views to them about the conflict and politics. The FGDs validated this finding, with respondents highlighting patriotism and support of the Ukrainian state as key criteria to accept someone.

HOW DOES AN AVERAGE UKRAINIAN SEE JFO MILITARY PERSONNEL?

Do Ukrainian citizens on average feel more tension towards JFO personnel compared to other groups? There have been reports of negative perceptions of host communities towards veterans (8). Using the national sample (of 12482 interviews), the SCORE shows that, while not the most widely accepted, JFO military personnel are seen in a more positive light compared to other groups, including people living in NGCA or support NGCA separation and pro-Russia oriented people.

Broadly speaking, JFO military personnel enjoy moderate levels of acceptance (5.9) and are attributed low levels of threat (2.4) by Ukrainian citizens (see Table 7). This confirms other studies, which show generally positive sentiments towards veterans, but do find variation across the regions (24). The SCORE has identified certain communities where social proximity is low and social threat is high (see Figure 11 & Table 8). To avoid tensions between veterans and other inhabitants, such communities may need support in the process of community reintegration of veterans. Accordingly, the aim of the second part of this section is first to identify the oblasts and communities in which veterans experience low levels of acceptance and, in turn, investigate the factors that influence feelings of social proximity.

TABLE 7 SCORES 0–10

Levels of social proximity and Social Threat felt by the national representative sample, towards various social and political groups, ranked by most socially proximal to least socially proximal. Comparable sample, N=5249.

	Social proximity	Social threat
People from western Ukraine	6.3	2.1
People from eastern Ukraine	6.2	2.1
Pro-EU oriented people	6.0	2.1
JFO military personnel	5.9	2.4
IDPs	5.7	2.6
People from Crimea	5.6	2.4
People living in NGCA	4.9	3.4
Ukrainian nationalists	4.9	3.2
Pro-Russia oriented people	4.6	3.7
People who support NGCA separation	4.4	3.6

COMMUNITIES' WILLINGNESS TO ACCEPT ATO/JFO MILITARY PERSONNEL

To check for the places that are most willing or unwilling to accept JFO military personnel, using the representative sample of cities in the eastern Ukraine, levels of social proximity and social threat towards JFO military personnel on the city level were examined. The cities presented were selected by programmatic interest of Democratic Governance in the East programme and present a wide swath of the biggest cities in the Eastern and Southern Ukraine.

Adopting a city level lens may enable the identification of potential societal problems at the most granular level currently available with SCORE. Table 8 shows top five and bottom five cities scoring in social proximity to JFO military personnel (in green and red respectively). The bottom five cities are cases where citizens are much less willing to accept and positively engage with veterans.

TABLE 8 SCORES 0–10

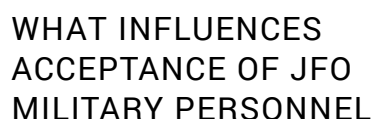
CRank of cities by levels of social proximity towards ATO/JFO military personnel. Top and bottom five cities highlighted green and orange respectively. Scores in social threat and contact with ATO/JFO personnel also shown. City booster, N=200 interviews per city.

Oblast	City	Attitudes of the public to JFO personnel:		
		Social proximity	Social threat	Contact
Luhansk	Starobilsk	7.3	2.0	2.8
Luhansk	Stanytsia Luhanska	7.2	1.2	2.7
Donetsk	Popasna	6.9	1.4	2.3
Luhansk	Lysychansk	6.7	3.2	3.1
Donetsk	Kramatorsk	6.5	3.2	3.0
Zaporizhzhia	Berdiansk	5.3	2.4	2.7
Donetsk	Druzhkivka	5.3	4.3	1.0
Zaporizhzhia	Zaporizhzhia	5.1	3.6	2.9
Donetsk	Kostyantynivka	4.7	3.5	1.9
Zaporizhzhia	Melitopol	2.3	1.1	0.6
National average		5.9	2.4	5.9

Perceptions of JFO military personnel in Ukraine were also examined at the Oblast level. Maps presented below show the average score of an oblast on intergroup feelings towards JFO military personnel. Oblasts that have a high level of social threat to military personnel should be handled with care – these communities are likely to face social tensions in the process of reintegrating JFO military personnel.

Heatmaps showing average scores in Social Proximity (above) and Social Threat (below) to ATO/JFO personnel per oblast. Areas where relations are particularly strained should be targeted and prioritised for reconciliation. Social reintegration of veterans in such areas might face challenges relating to local concerns. The scores are calculated by asking non-veterans about their feelings of threat or proximity towards ATO/JFO personnel. National sample, N=12482.





To identify indicators which bolster social proximity towards veterans, we assessed the effects of different economic, social, intergroup, and psychological pathways on social proximity towards ATO/JFO military personnel (Table 10).

Results of the predictive model which reveal the factors that influence Social proximity towards ATO/JFO military personnel

Positive predictors of social proximity to JFO military personnel	Strength of effect (standardised β) ²³
Readiness for dialogue with JFO military personnel	0.44
Social tolerance	0.14
Contact with active JFO military personnel	0.12
Empathy	0.08
Political security	0.06
Economic security	0.04
Negative predictors of social proximity to military personnel	Strength of effect (standardised β)
Marginalisation because of sexual orientation, religion, nationality, gender, and political views	-0.15
Social threat from active JFO military personnel	-0.07

The analysis shows that Readiness for dialogue with JFO military personnel is the strongest driver of social proximity towards this group.²⁴ Contact with JFO personnel also has a positive effect on social proximity towards this group. This suggests that increasing contact and the willingness of citizens to engage in dialogue with ATO/JFO personnel, should increase social proximity. Further, another reintegration pathway identified is Social Tolerance of marginalised groups (incl. IDPs, immigrants, Roma, etc.), which also has a positive effect on social proximity towards JFO military personnel. This demonstrates that enhancing cultural diversity and social tolerance of marginalised and diverse groups within Ukrainian society should strengthen the social fabric, including social proximity to veterans.

Moreover, Empathy has a positive effect on social proximity towards JFO personnel. This suggests that empathetic understanding may help citizens to relate with veterans' experiences and concerns. Taken together, programs designed to promote positive contact, empathy, and dialogue between citizens and veterans, will facilitate veterans' reintegration into society.

Citizens who feel marginalised or unsafe to express their political views (low political security), report lower proximity towards JFO military personnel. Following this, for reintegration programmes to be effective, policymakers should ensure that communities feel free to express their tolerant and inclusive political opinions and are not marginalised and do not feel threatened by veterans.

23 All predictors are statistically significant to $p < 0.05$, are weighted to ensure regional proportionality, and are controlled for gender, geographic location of respondents. $R^2 = .31$, $F(9, 12472) = 600.492$, $p < .001$.

24 This link between Social Proximity and Readiness for Dialogue confirms earlier work done using the SCORE in 2018. For more, see: https://api.scoreforpeace.org/storage/pdfs/Dialogues2018_EN.pdf.

5 ENCOURAGING POSITIVE CITIZENSHIP

Veterans have a significantly different profile of citizenship behaviour. Table 11 shows the scores of veterans (disaggregated by gender) in various civic indicators. The results show that veterans are on average much more civically engaged. In particular, more veterans have participated at least once in events organised by local authorities (35% versus only 18% among the comparable sample). They have participated at least once in NGO events (55% versus 35%) and in public demonstrations (46% versus 21%). They, therefore, appear to take a much more active role in public civic events and in political engagement. This is evident for both female and male veterans. Interestingly, only male veterans had a higher score in sense of civic duty, meaning they feel responsible for the future of their society and country.

The nature (or “orientation”) of veterans’ citizenship also has significant differences compared to the comparable sample. The SCORE measures the nature of citizens’ citizenship behaviour by posing respondents with a scenario of socio-political tension and asking respondents how they would react. Some potential responses to the scenario involve disengagement and avoidance (“passive”), some are constructive and engaged (“active”) and others are aggressive and adversarial (“violent”) – this is what we mean by the orientation of one’s citizenship behaviour. Interviewees are free to choose any combination of preferred reactions, meaning that one’s citizenship orientation can have any combination of these three dimensions. The overlap of active and violent citizenship has troubled many who work in building civic participation.

Veterans have significantly higher active and violent citizenship orientation, and lower passive orientation. They are also much more open to using violence for political aims. Veterans have

a particular citizenship behaviour profile: more engaged, but also more likely to respond in both active and violent ways to political crises in their communities. Other studies have raised the concern of the lack of focus on potential radicalisation of veterans (6; 25), and the SCORE here shows that indeed veterans are much more at risk of developing violent and adversarial citizenship behaviour. According to veterans in our focus groups, this is in part because violent activism is seen as an effective way of being taken seriously by, and promoting their interests to, dysfunctional and non-responsive institutions.

“There were protest moods because we wanted things to change for the better, but it did not work.”

— Male Veteran, 50

In fact, FDGs participants posited that the lack of trust in the state exacerbates the use of violence, suggesting that its instrumental use often stems out of desperation for being ignored. Violence is, thus, seen as a legitimate way to put pressure to relevant institutions to satisfy their needs and demands. Importantly, participants mentioned the centrality of veteran organisations, not only in communicating the government agenda to veterans but also acting as a mediator between veterans and the government, thus highlighting its crucial role in preventing matters from escalating into violent protests.

On the other hand, FDGs participants suggested that heightened active citizenship among veterans may be due to their increased willingness, compared to other citizens, to act and take matters in their hands to better society²⁵

“I think that volunteers are insane people, from the very beginning, in their way. A person goes to war voluntarily being aware that he may die — this is not normal, but the world relies on such abnormal people, on those people who are ready [to do something] not for themselves, but someone else.”

— Male Veteran, 51

Active and violent citizenship orientations are correlated with each other among the comparable sample (0.36, $p < 0.01$) and even more strongly among veterans (0.51, $p < 0.01$). Civic engagement is also correlated with violent citizenship orientation. This means that veterans who are more civically engaged and active, also tend to have higher scores in violent citizenship orientation.

Thus, it is necessary to investigate the interplay between violent and active citizenship among veterans. Figure 12 shows the distribution of citizens across two dimensions: active civic tendency and violent civic tendency (a combination of violent

TABLE 10 SCORES 0–10

Comparisons between ATO/JFO veterans and the comparable sample as well as between male and female veterans on citizenship indicators.

Comparable sample, N=5249; ATO/JFO veterans booster, N=519.

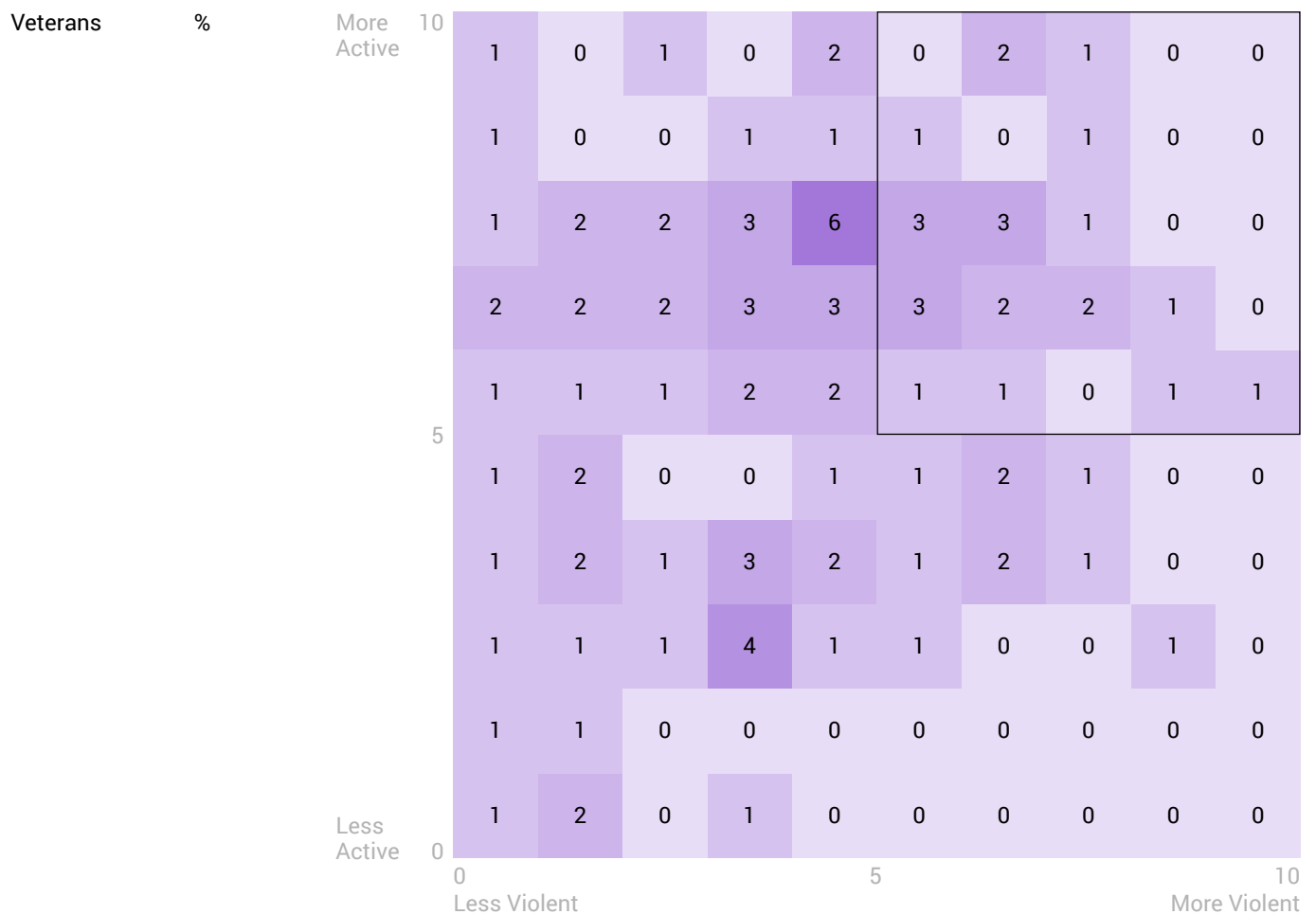
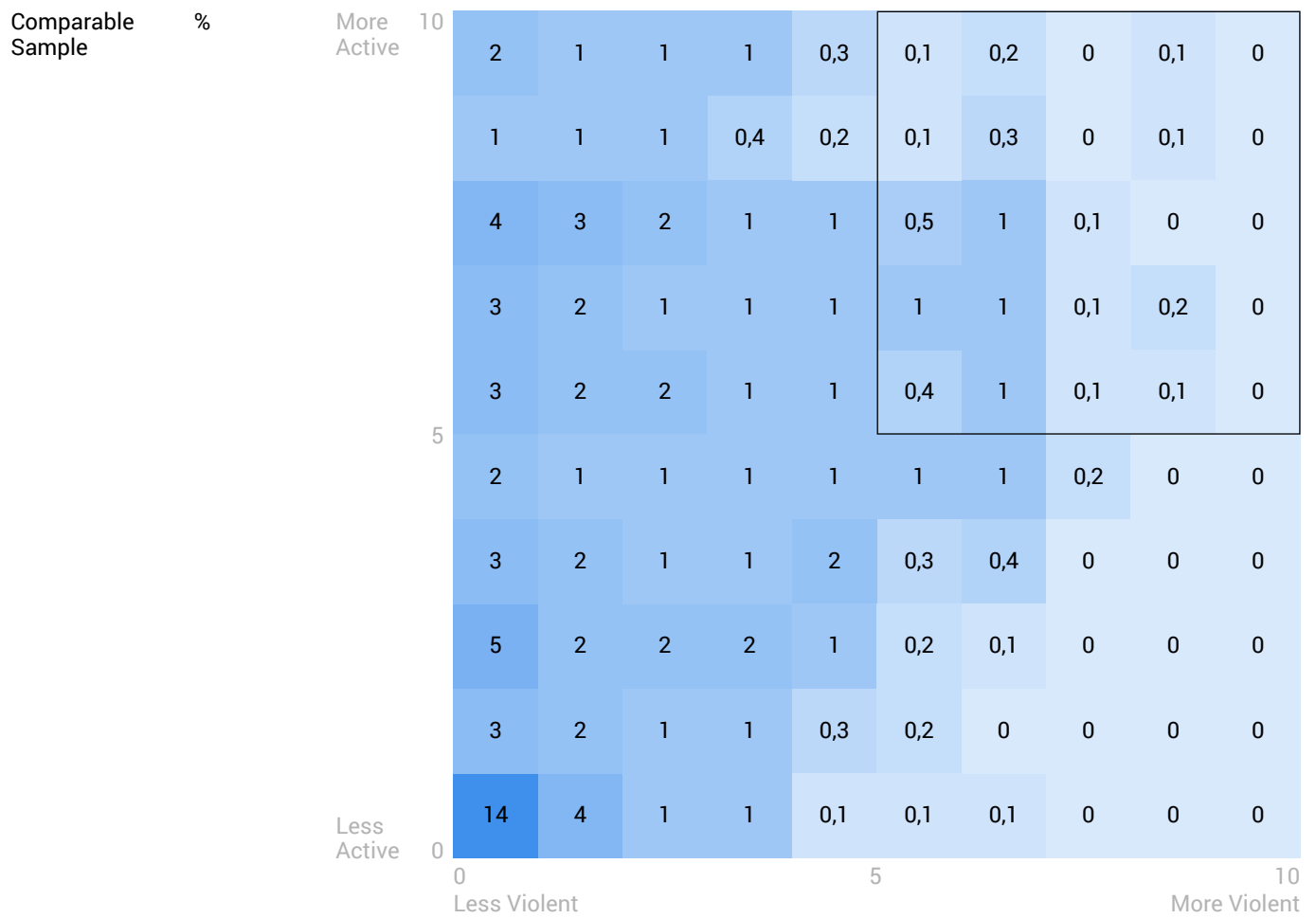
Indicator Name	Comparable Sample	Veterans	Male Veterans	Female Veterans	Significant differences between Veterans & Comparable Sample ²⁶	Significant differences between Male & Female Veterans ²⁷
Civic engagement	2.2	3.0	3.0	3.2	Yes	No
Sense of civic duty	5.2	6.1	6.3	5.1	Yes	Yes
Active citizenship orientation	4.0	5.6	5.8	4.3	Yes	Yes
Passive citizenship orientation	6.0	4.7	4.5	5.7	Yes	Yes
Violent citizenship orientation	1.5	4.0	4.3	2.7	Yes	Yes
Political violence	2.5	4.0	3.9	4.1	Yes	No

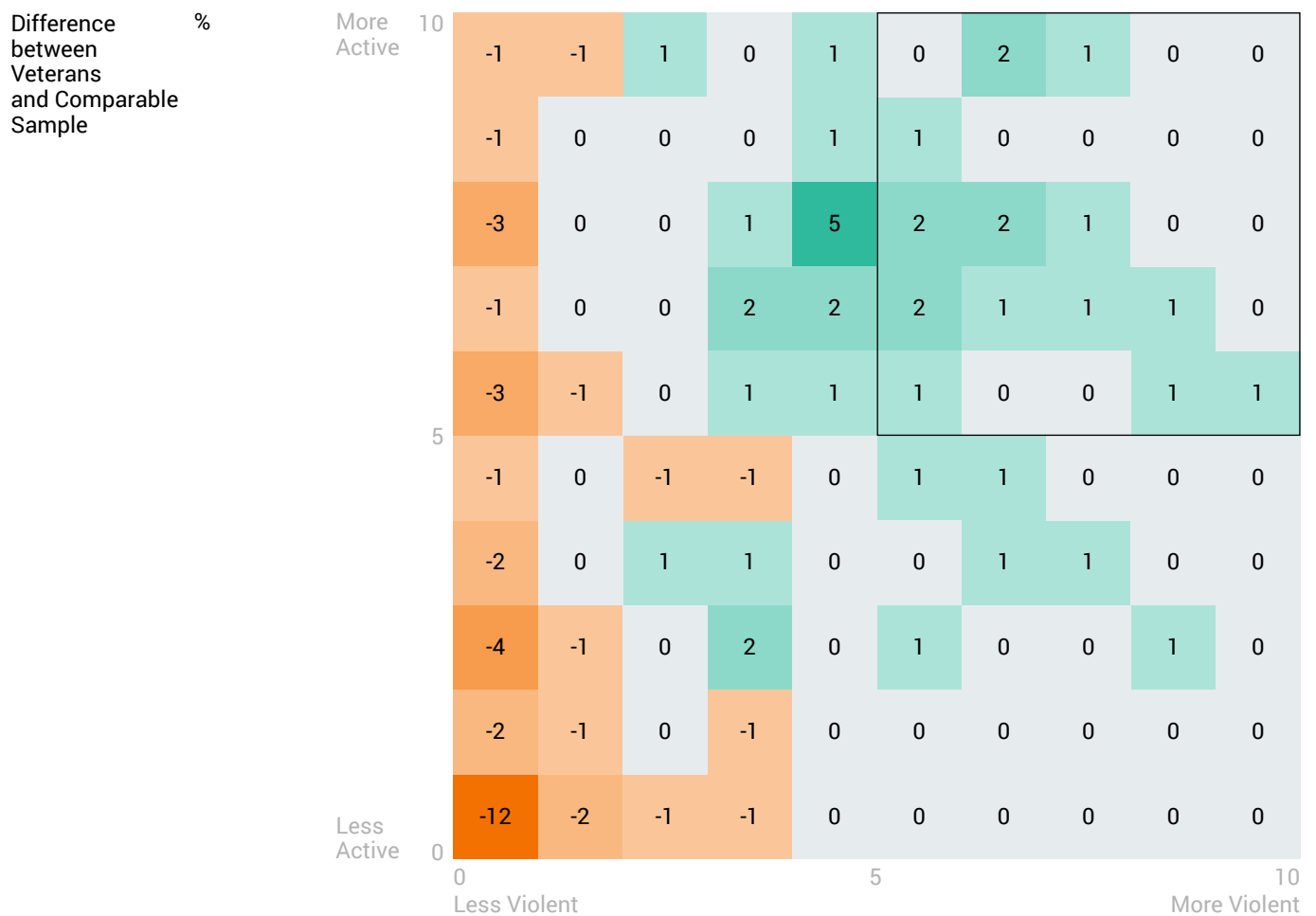
citizenship orientation and openness to political violence). The first grid shows the distribution of citizens in the comparable sample, the second shows the distribution of veterans, while the third shows the difference in the bins, with green signifying overdensity and orange underdensity of veterans. In the first grid, we observe that the bin with the lowest possible scores in both active and violent civic tendencies, is the most populous (14% of the comparable sample), — these are fully passive citizens: inactive and non-violent. Few of the respondents in the comparable sample are found with scores higher than 5 in the violent dimension, and most of the population is distributed on the left side of the grid.

Contrastingly, veterans are distributed more evenly around the grid, with many having scores over 5 in violent dimension. Only 11% of veterans score 0 in the violent dimension, and totally reject violent means for social or political aims (compared to 40% of the comparable sample). Veterans are therefore much less averse to violence as a political tool in their communities. The top right quadrant of the grids contains those who are both active and violent (scoring more than 5 in both dimensions). Here fall individuals open to violent political activism, and citizens

²⁶ Differences between veterans and comparable sample statistically significant to $p < 0.01$, $F > 40$, after controlling for gender (using an ANCOVA).

²⁷ Differences between male veterans and female veterans significant to $p < 0.01$, $F > 10$.





who may be at risk of radicalisation. Among veterans, 24% lie in this quadrant, compared to only 6% of the comparable sample. Many veterans (38%) however, are very active yet reject violence as a social and political tool (tending to fall in the top-left quadrant), compared to 35% of the comparable sample. Given the high active citizenship and rejection of violence, such citizens could be an important asset for building social cohesion in communities, as well as advocating for the rights of veterans.

However, the worrying trend among veterans is the higher scores on the violent citizenship indicators. Therefore, a predictive analysis was done with violent citizenship orientation and political violence as the outcome. Statistically significant predictors of violent civic tendencies are shown in Table 11, ranked by the strength of their effect on the outcome. Results are weighted and controlled for gender. These predictors are associated with higher violent civic tendencies, and they can be considered triggers of violent tendencies, or potential pathways towards radicalisation which should be mitigated. Interventions aiming to resolve these challenges could be good entry points to building more positive citizenship among veterans and mitigating the risk of radicalisation.

TABLE 11

Results of a predictive model which reveal the drivers of violent civic tendencies (outcome)

Predictors which increase violent civic tendencies ²⁸	Strength of effect (standardised β ²⁹)
Contact with Ukrainian nationalists	.23
Social threat and lack of social proximity to IDPs and residents of NGCAs	.18
Aggression	.18
Lack of a sense of belonging to the settlement	.13
Online media consumption	.12
Exposure to conflict: personal	.10

Results show that the strongest predictor of violent civic tendencies is contact with nationalists, implying that among some nationalistic organizations, there are tendencies to support adversarial civic engagement. Contact with Ukrainian nationalists was found to be particularly high among veterans who served in volunteer battalions, compared to those who served in the armed forces or the security services. Working with these groups would probably be the most effective, as they would dissipate the potentially radicalising networks. Also important are intergroup attitudes towards both IDPs and the residents of the NGCAs. Veterans who feel distant to or are threatened by these two groups tend to be more open to violence as a civic tool. Programming, therefore, needs to focus on reconciliation of veterans with IDPs and residents of the NGCAs. Strife between these groups in particular seem to be underpinning potentially radicalising processes among veterans and should be a central part of reintegration interventions (see Section 4 for integration and social relations of veterans). Aggression, as an individual psychological phenomenon, also is a driving factor of violent civic tendencies. Given that veterans have been found to have significantly higher levels of aggression than the average Ukrainian, it is important to understand how this aggression has risen and what psycho-social interventions can be designed to mitigate it (for analyses in precisely this direction, see Section 2).

28 All these drivers are statistically significant to $p < 0.05$, are weighted to ensure regional proportionality, and are controlled for gender. R-squared = 0.26.

29 Strength of the effect on the outcome is quantified by the calculated value of standardised beta (β). This value gives the expected increase in violent civic tendency if the driver in question is to increase by a unit of 1. In sociological studies, a value of more than 0.1 is considered medium to large, while more than 0.2 is considered large.

Also, important predictors of violent civic tendencies are exposure to conflict and online media consumption. Veterans who have higher exposure to conflict-related violence are more likely to develop violent civic tendencies, as do those who tend to spend more time reading or listening to news from online media. Both of these indicators can be considered factors markers of fragility, potentially leading to radicalisation. Veterans with high exposure to them should be focused on and given even more support and we have already seen that veterans in smaller towns tend to have more exposure to violent conflict than those in urban centres.

To mitigate violent tendencies, results highlight the importance of the social bonds of veterans with their close ingroups. Veterans who have a stronger sense of belonging to their local settlement tend to have much lower violent tendencies. Interestingly, sense of belonging to the country or to the region do not have a statistically significant impact, implying that the inclusion at the most local and proximal level is the most important factor. Also, family coherence was found to be negatively correlated with violent civic tendencies ($r = -.26, p < 0.01$), suggesting that veterans with more harmonious family relations tend to have lower scores in violent civic tendencies. Therefore, MHPSS interventions should work both at the communal level and at the family level, with family therapy and counselling both for veterans and their close family as a vital part of any reintegration or DDR strategy. Both family coherence and sense of belonging was found to be significantly lower among veterans in large cities rather than towns. Actors should tailor programmes in urban areas accordingly, ensuring a robust social network for veterans, to respond to the potential challenge of the inherent individualism and isolation of metropolises.

All of the indicators found to predict violent civic tendencies can be thought of as the main factors contributing to the risk of violent radicalisation and should be considered as entry points that peacebuilding and reintegration interventions can focus on and include in their programming. Furthermore, they can be used as a radicalisation risk index. Individuals, groups, or communities who score high on the indicators revealed in table 11, can be considered to have a heightened risk of violent civic tendencies. Thus, these predictors can be seen as a tool, based on the SCORE, which can be used to quickly assess radicalisation risk of a particular veteran, community, or group. This tool would thus be a checklist of the factors presented in the table above, that can guide practitioners to respond to the needs of each veteran, be they related to psychological factors, their combat-time experiences, or their social and family relations.

6 POLITICAL VIEWS AND ATTITUDES OF VETERANS

Veterans have been found to have significantly different from the comparable sample views on various social and political issues in Ukraine. Table 12 below shows scores in various attitudinal and political indicators that veterans achieved on average (in cases where only one question was asked, percentage level of support is given).

Veterans do not have large significant differences compared to the comparable sample when it comes to views about what status the NGCAs should have in the future. The exception is that they are found to be more strongly opposed to a special status (only 26% support) compared to the comparable sample (44% support).

Veterans support that the NGCAs return to their pre-conflict status, slightly more than the comparable sample (86% compared to 82%). Interestingly, female veterans are much more open to other future arrangements for the NGCAs, with a much higher openness to other future visions compared to male veterans. While the majority of female veterans still reject these alternative options, at least three in ten female veterans support each of the options.

Regarding policies that are open to the Ukrainian government now, veterans tend to be less supportive of efforts for the reintegration of the NGCAs including making universities more accessible to NGCA residents and increasing broadcasting of Ukrainian media across the line of contact. Overall, veterans are on the fence about such initiatives (4.9 out of 10, compared to 6.1 among the comparable sample). Compared to the comparable sample, male veterans are also more open to using hostilities as a way of resolving the deadlock and the conflict, rather than negotiations — however the same is not true for female veterans

(4.4 among male veterans, 2.3 among female veterans, 2.3 in the comparable sample). Given the importance of veterans as political stakeholders, it is important to get their buy-in for any future developments regarding the peace process in the east of the country (6), and thus their concerns much be understood and addressed.

On geopolitical orientations, veterans have a distinct profile: they are decidedly more pro-western. Male veterans also are much more anti-Russian. Overall, veterans perceive a strong benefit of joining the EU (6.2 compared to 4.9 of the comparable sample). Male veterans are also more lukewarm about economic, cultural, social cooperation with Russia (4.7), but female veterans are somewhat open to it (6.6), same as the comparable sample (6.6).

In terms of geopolitical policy orientation, a majority of male veterans support both EU membership and NATO membership (75% and 63%), and strongly reject EEU membership (only 16% support). All these results mark them out as significantly different from the comparable population. Female veterans have a slimmer majority in support for the EU (64%) and are decidedly less enthusiastic about NATO (only 35% support). Instead, female veterans strongly support a conciliatory non-aligned status (71% v. 51% among male veterans).

Veterans also have slightly different views on various other policies. For example, they are more in favour of reforms and less sceptical about them, when compared to the comparable sample. They are much more optimistic about the future of the country (5.3 civic optimism v. 3.9 among the comparable sample). Veterans support a pluralistic view of Ukrainian identity, just as much as the comparable sample. However, female veterans have a lower degree of pluralistic Ukrainian identity. We do not find large differences between veterans and the comparable sample in other social attitudes, not shown in these tables, such as belief in human rights, gender equality mindset, gender stereotypes, normalisation of domestic violence against women, social tolerance³⁰

30 In some cases of these social attitude indicators there is a statistically significant difference, but in all cases $F < 23$, with a mean difference less than 0.5. It can be concluded that veterans do not largely differ from the comparable sample on these attitudes.

TABLE 12

Comparisons between the comparable sample and the ATO/JFO veteran sample on key indicators relating to geo-political and socio-political attitudes. Comparable sample, N=5249; ATO/JFO veterans booster, N=519.

Indicator Name		Comparable Sample	Veterans	Male Veterans	Female Veterans	Significant differences between Veterans & Comparable Sample	Significant differences between Male & Female Veterans
VIEWS REGARDING THE CONFLICT							
Future vision for NGCA:	Part of Ukraine	82%	86%	86%	89%	No	No
	Special status	44%	26%	24%	34%	Yes	Yes
	Status quo	17%	20%	16%	36%	No	No
	Part of Russia	17%	16%	12%	33%	No	Yes
	Independent countries	21%	16%	14%	29%	No	Yes
Support for efforts for Crimea reintegration		5.7	5.0	4.9	5.1	Yes	No
Support for efforts for NGCA reintegration		6.1	4.9	4.8	5.0	Yes	No
Endorsement of military operation		2.3	4.1	4.4	2.3	Yes	Yes
VIEWS REGARDING GEOPOLITICS							
Perceived EU benefit		4.9	6.2	6.1	6.5	Yes	No
Cooperation with Russia		6.6	5.0	4.7	6.6	Yes	Yes
Pro-Russia orientation		4.3	3.0	2.7	4.5	Yes	Yes
Support for EU membership		47%	73%	75%	64%	Yes	No
Support for NATO membership		36%	58%	63%	35%	Yes	Yes
Support for non-aligned status		58%	55%	51%	71%	No	Yes
Support for EEU membership		35%	18%	16%	33%	Yes	Yes
VIEWS REGARDING POLICIES							
Support for reforms		3.6	4.3	4.3	4.3	Yes	No
Scepticism about reforms		6.6	5.9	5.9	5.7	Yes	No
Civic optimism		3.9	5.3	5.5	4.4	Yes	Yes
Migration tendency		4.1	4.9	4.7	5.7	Yes	Yes
Pluralistic Ukrainian identity		7.2	7.1	7.2	6.8	No	No
Ukrainian nationalism		2.4	3.2	3.1	3.7	Yes	No

Figure 13 shows the frequency of marginalisation that veterans have felt due to their political opinions. Veterans indeed report a higher level of marginalisation than the comparable sample. Interestingly, female veterans feel more marginalised than male veterans, despite having views which are closer to the national sample than male veterans (38% report being marginalised at least once, compared to only 27% among male veterans and 16% among the comparable sample). This may suggest that female veterans, in their social circles, tend to be given less space to voice their opinions, and reveals a gendered aspect of accessibility to socio-political space (or lack thereof).

FIGURE 13

Frequency of Marginalisation due to political opinions, among veterans and the comparable sample, %.
Comparable sample, N=5249; ATO/JFO veterans booster, N=519.

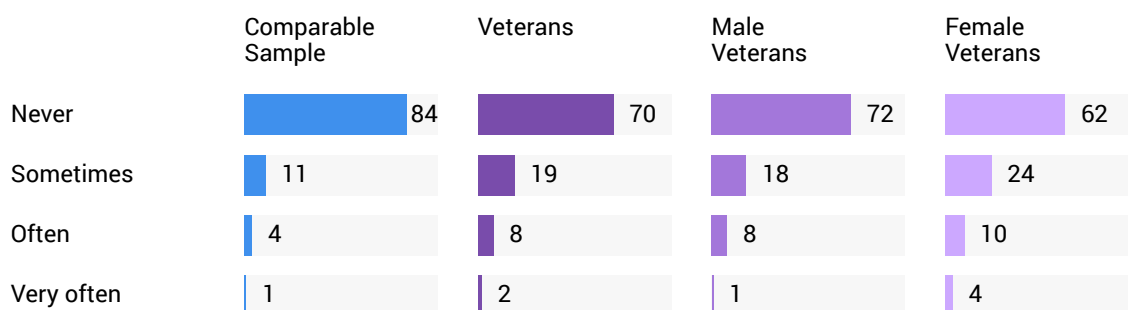


Table 13 shows views and assessments that veterans have made of institutions and authorities. Overall, there are few differences between veterans and non-veterans. Compared to the comparable sample, veterans feel it is more possible to hold authorities accountable in Ukraine, although the tendency is still to feel that authorities are unaccountable.

Female veterans feel much less political security than male veterans (only 5.3 compared to 6.5). Taking into account that female veterans tend to also feel marginalised for their political views, the above provides strengthens our postulation that female veterans are consistently excluded from socio-political conversations. Thus, more should be done to increase the voice of female veterans and respond to their concerns. Given that they may form a bridge between mainstream society and male veterans, their role in reintegration and social cohesion should not be overlooked, as it is currently the case.

Trust in institutions, both local and central, is slightly higher among veterans than the comparable sample. Most significant is the higher trust in the Ukrainian Army. Also interesting are the higher scores, particularly for male veterans, of trust in NGOs.³¹ Overall, most results are significant, but not with an effect size large enough to be worth reporting. Therefore, it can certainly be said that veterans are not more disappointed with institutions and their functioning in Ukraine, compared to the comparable sample.

TABLE 13 SCORES 0–10 *Comparisons between the comparable sample and ATO/JFO veterans sample on key indicators relating to institutions and authorities.*
Comparable sample, N=5249; ATO/JFO veterans booster, N=519.

Indicator Name	Comparable Sample	Veterans	Male Veterans	Female Veterans	Significant differences between Veterans & Comparable Sample	Significant differences between Male & Female Veterans
Accountability of authorities	2.9	3.7	3.6	4.1	Yes	No
Political security	5.9	6.3	6.5	5.3	No	Yes
Ukrainian authorities care	2.8	3.4	3.3	4.1	No	No
Trust in local institutions (overall)	4.2	4.5	4.4	4.7	No	No
Trust in central institutions (overall)	2.5	3.0	2.9	3.4	No	No
Trust in the President	3.5	3.8	3.7	4.3	No	No
Trust in Ukrainian Army	5.3	6.5	6.6	6.2	Yes	No
Trust in NGOs	4.9	5.6	5.8	5.1	No	No

31 For NGOs the F=25 and p<0.01, so the difference is indeed significant, but the effect size is rather small.

There are also different patterns among veterans when it comes to media preferences. As shown in Table 14, veterans tend to consume online media much more than the comparable sample. Female veterans tend to follow traditional media (newspapers, television, radio) slightly more than male veterans, although veterans overall are not greatly different from the comparable sample.

TABLE 14 SCORES 0–10 *Comparisons between comparable sample and ATO/JFO veterans' samples as well as between male and female veterans on media preferences. Comparable sample, N=5249; ATO/JFO veterans booster, N=519.*

Indicator Name	Comparable Sample	Veterans	Male Veterans	Female Veterans	Significant differences between Veterans & Comparable Sample	Significant differences between Male & Female Veterans
Online media consumption	6.3	7.7	7.7	7.6	Yes	No
Traditional media consumption	4.9	5.1	5.0	5.5	No	No

The particular sources of online or social media for information on political affairs also slightly differ. Veterans tend to use Facebook much more than the comparable sample to access information about politics.

In terms of viewership of television channels, veterans have a similar profile to the comparable sample. Their top watched channels include 1+1 and ICTV, both for political current affairs and entertainment. When investigating large significant differences from the comparable sample, veterans were more likely to watch ICTV for current affairs ($F > 20$, $p < 0.01$). All other comparisons did not yield large significant results. Furthermore, when checking for gender differences, no large significant differences were found (and thus we only present overall statistics for television channels).

TABLE 15

Comparisons between the Comparable sample and ATO/JFO veterans samples as well as between male and female veterans on use of social media for political affairs.
Comparable sample, N=5249; ATO/JFO veterans booster, N=519.

Use of social media for political affairs (%) ³²	Comparable Sample	Veterans	Male Veterans	Female Veterans	Significant differences between Veterans & Comparable Sample ³³	Significant differences between Male & Female Veterans ³³
Facebook	46%	69%	70%	67%	Yes	No
Youtube	42%	43%	47%	25%	No	Yes
Viber	25%	37%	38%	31%	No	No
Instagram	23%	32%	28%	49%	No	Yes
Telegram	11%	14%	14%	13%	No	No
Twitter	3%	6%	5%	11%	No	No
Vkontakte	3%	6%	3%	18%	No	Yes
Odnoklassniki	5%	3%	2%	10%	No	Yes

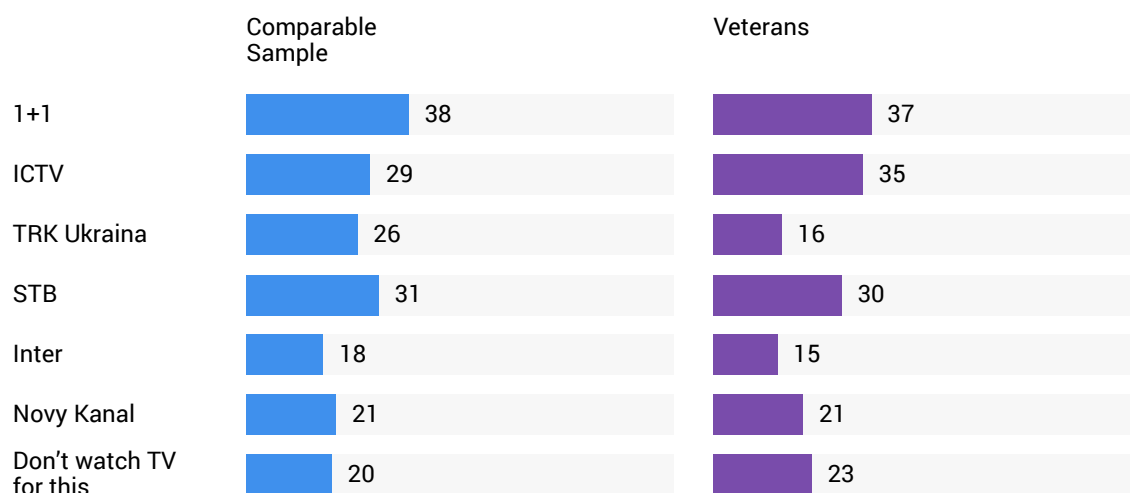
32 Social media and channels were asked for the top three out of a long list, percentages give the percentage of people who chose them as one of their three top choices.

33 Differences considered reportable in this table are those which are statistically significant to $p < 0.01$, $F > 40$, after controlling for gender (using an ANCOVA).

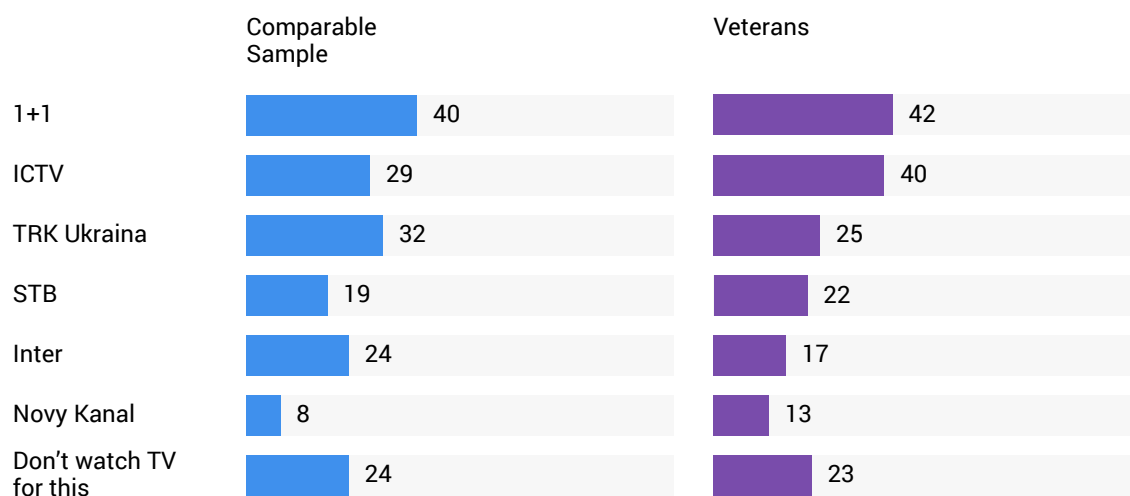
FIGURE 14

Percentages of channels watched for entertainment (above) and current affairs (below) for the ATO/JFO veteran sample and the comparable sample, %. Interviewees were asked to select their top 3 most watched channels in each category. Comparable sample, N=5249; ATO/JFO veterans booster, N=519.

CHANNELS WATCHED FOR ENTERTAINMENT



CHANNELS WATCHED FOR CURRENT AFFAIRS



KEY FINDINGS AND RECOMMENDATIONS

Having discussed analyses of the data in the previous sections, we now present some cross-cutting recommendations. Sector-specific recommendations following the tables below. The institutions and agencies that work with veterans integration could reconfirm, validate, or adjust their existing programmes and interventions accordingly.

CROSS-CUTTING RECOMMENDATIONS

Veterans' reintegration is not only multi-dimensional, but, as the SCORE has shown, interconnected. Mental health issues impact civic behaviour and participation, while belonging and social relations impact risk of radicalisation. Interventions focusing on only one dimension need at the very least to incorporate some components on other dimensions, otherwise they may be ineffective, or have a negative impact.

Ensure women are adequately represented on the MoVA's Veteran Council, and that veterans' organisations that send representatives to the Veteran Council, are inclusive of female veterans. Supplement participation of women in the Veteran's Council with representatives from the Women Veterans Movement (27). There should be awareness of and advocacy about the particular issues that female veterans face, including increased risk of depression symptoms, increased political marginalisation, and inadequate health services.

The MoVA should lead the way in *coordinating the work* of other ministries. Given that the MoVA's budget is dwarfed by that of other ministries (28), it is unlikely that the MoVA will be able to fully implement adequate reintegration of veterans by itself. Psychological and social integration needs to be implemented

with the support of the ministries of social policy, internal affairs, defence, and health. The MoVA should push for veterans' needs to be integrated into existing social and economic programmes, while also setting up its own integrated multi-dimensional policy response, with the buy-in of other ministries.

As results show, veteran reintegration is different in each community. A multi-dimensional policy should be set up at the strategic level, but it should be flexible enough to allow adaptation to the needs of each community. The appropriate experts to tailor the components of reintegration policies to communities are veterans and residents of those very communities. Set up community-based integration councils of veterans and others who will design their own reintegration strategy based on templates of best practises. Build upon existing local councils of veterans and give the responsibilities of participatory budgeting in each rayon or oblast, to achieve local ownership.

CSOs, NGOs and international agencies working on veterans' issues also need to coordinate and communicate better (8). This will help avoid overlapping work or implementing programmes which are not relevant to local communities' needs. An inter-agency coordination group should be set up, to liaise with veteran networks and government stakeholders, as well as putting themselves at the disposal of the participatory budgeting exercise.

MENTAL HEALTH CHALLENGES OF VETERANS

KEY FINDINGS

Veterans report higher levels of aggression relative to the comparable sample.

RECOMMENDATIONS

Design mental health interventions which focus on the mental health challenge of aggression among all veterans, and depression among female veterans. Such protocols should also be trauma-sensitive, given the high prevalence of exposure to potentially traumatic events. Move away from mental healthcare provision as access to sanatoria, and instead institute on-going psychosocial support to veterans, as part of a broader strategy of social and economic integration.

Interventions aiming to resolve aggression should include components on dealing with feelings of marginalisation and its gendered dimension, resolving family tensions, and building executive functioning and inhibition. Veterans who are more battle-hardened should be given priority participation in such projects. Such projects should recognise that nationalistic ideologies may be generating mental health issues and incor-

Predictors of higher aggression among veterans are:

- *Marginalisation*
- *Length of Service*
- *Personal Exposure to Conflict*
- *Poor executive functioning skills*
- *Less harmonious family relations*
- *Depression*
- *Ukrainian Nationalism*

Female veterans report higher levels of depression relative to male veterans and female non-veterans.

Depression among female veterans is associated with:

- *Poor access to healthcare*
- *Low sense of civic duty*
- *Fear of economic instability*
- *Anxiety*
- *Poor executive functioning*

porate projects which build resilience against aggressive or extreme versions of nationalistic ideologies.

Conduct psychosocial support needs assessments and tailor interventions to the specific needs of veterans. Recognise that female veterans are more susceptible to depression symptoms, and design interventions which are sensitive to gender differences.

Provide essential mental health and psychosocial support services in formats that are accessible to veterans, alongside accessible information on the availability of those services. This should be accompanied by revised guidelines ensuring the recognition and inclusion of female veterans in accessing health care services and benefits.

Provide essential psychosocial support to family members of veterans, as well as some basic mental health training. Family members can play an important role in providing support to veterans with mental health challenges.

Provide mental health training to veterans who are interested in supporting other veterans as assistants of a professional psychologist. Veterans tend to prefer discussing psychosocial challenges with other veterans (12). Existing veterans' networks can be approached to add mental health screening and basic counselling to the services they provide their peers.

Develop targeted initiatives that empower and encourage female veterans to become more actively involved in local community affairs. Convene networks of female veterans to provide mentorship and support to alienated or isolated female veterans.

Develop interventions that target polarising nationalist narratives on social media (particularly Facebook, given its increased use by veterans). Make veterans associations aware of online content's potential as a trigger of mental health issues.

Fund civil society working on raising public awareness of the challenges veterans often face when returning to civilian life. This should be accompanied by campaigns that tackle anti-veteran bias and foster social integration of veterans in their communities.

ECONOMIC SECURITY AND ECONOMIC INCLUSION

KEY FINDINGS

RECOMMENDATIONS

Unemployment is higher in veterans than the comparable sample. Most alarming is that one in four young male veterans living outside large cities is unemployed.

To reduce unemployment of veterans in rural areas, introduce incentives, technical and financial support for businesses and social enterprises employing veterans, particularly in small towns and rural areas. Develop state-level programs to cover veterans' social security and other expenses of employers.

There is low prevalence of students among young male veterans relative to the comparable sample.

Ensure funds in developing vocational training and education for unemployed veterans. Such programmes should be sensitive to the needs of veterans' process of reintegration, including psychosocial support as part of the re-training or educational process.

Veterans demonstrate similar, if not, better levels of economic security, entrepreneurship, and income, relative to the comparable sample.

Provide courses for developing new skills in the form of traineeships where veteran-trainees are paid and reimbursed for their time and effort as under the current format, available trainings exclude veterans who are financially insecure, thereby limiting them from undergoing career transitions to enhance their employability prospects.

Access to social payments is satisfactory among veterans, at least it is higher than in the comparable sample.

Provide accessible training and retraining opportunities to enhance the employability of veterans. Accessibility policies should be designed with the target group of rural young male veterans in mind, and therefore go beyond the focus on large urban centres. Introduce incentives, technical and financial support for veterans to pursue higher education. Career transitions should be affordable and incentivised by different programs including funds and flexible taxing to businesses that employ veterans on career transition.

Build upon existing veterans' networks, like the Veteran Hub, to create platforms which connect urban veterans' organisations with rural veterans, both online and through local events and campaigns. Establish a network which can help rural veterans access more opportunities for employment, training, and study. This can be built on existing mentorship programmes such as the one run by UNRPP.

Introduce incentives, technical and financial support to veterans interested in starting their own businesses. There is both desire and potential among veterans to set up businesses, and they should be seen as an untapped human resource.

Reinforce current policies on economic integration as these are particularly effective. Ensure fair access to social benefits by all veterans. Ensure that certain classes or groups of veterans are not excluded.

COMMUNITY INTEGRATION AND SOCIAL INCLUSION

KEY FINDINGS

RECOMMENDATIONS

Overall, veterans on average are not feeling rejected or alienated from their communities.

To reduce marginalisation of veterans, develop initiatives and networking events to bring veterans close to other groups of their communities, including youth. Veterans suggested entertainment and sporting events, as well as story-telling to help veterans to re-socialise with other members of their communities, intergenerationally.

Veterans report lower social proximity to people from Crimea, the NGCAs, as well as Pro-Russian people and people who support separation of the NGCAs. Social tensions remain.

Work closely with veterans to understand and unpack the narratives which underpin lack of social proximity with people from Crimea and NGCAs. Cultivate among veterans a mentality of acceptance of people from the NGCAs or Crimea, despite the intense political disagreements and history of conflict. Plant the seeds of social cohesion now, so that reintegration of non-government-controlled areas is more likely to succeed.

Ukrainians in general do not report particularly bad relations with ATO/JFO personnel, and are relatively open to accepting them in their communities. Certain rayons and communities, however, report low proximity and high threat to ATO/JFO personnel, and tensions may arise.

Use SCORE results to identify communities with low social proximity or high social threat to ATO/JFO veterans. Investigate the situation in communities and rayons found to have very low social proximity with ATO/JFO personnel, as reintegration in those areas may be very challenging. Listen to the concerns of those communities, which should be integrated into local reintegration strategies. Community-based projects (such as IoM and UNDP programmes) working in low social proximity communities should prioritise veteran-community relations before implementing the main parts of their programmes, to avoid generating tensions.

Social proximity with ATO/JFO personnel can be increased through:

- *Contact and dialogue projects between host communities and veterans*

To increase social proximity to ATO/JFO veterans among communities identified, set up dialogue and contact interventions between veteran groups and their local communities. Build partnerships, safe spaces, as well as dialogue and contact interventions in communities and rayons which have low proximity to ATO/JFO personnel, allowing citizens to positively engage with veterans thereby fostering acceptance and tolerance of veterans.

- *Resolving communities' feelings of social threat from ATO/JFO personnel*
- *Resolving feelings of marginalisation of communities*
- *Building overall generic tolerance and empathy from marginalised or minority out-groups*

Furthermore, focus on understanding the marginalisation, and threat that communities perceive. Their feelings and grievances must be addressed if veterans are to have a positive social re-integration process.

Develop targeted initiatives and awareness-raising programmes among rayons and communities found to have negative relations with ATO/JFO personnel to increase empathy and dispel preconceived notions citizens in these communities may have about veterans. Working on building general social tolerance to any out-group and overall acceptance, will help in the case of veterans.

ENCOURAGING POSITIVE CITIZENSHIP

KEY FINDINGS

RECOMMENDATIONS

Veterans are more active and engaged than the comparable sample. But they also have higher violent civic tendencies and are more open to using violence as a social or political tool.

Veterans are empowered and engaged, but intervention is necessary to channel their civic activism into more positive directions. The Ministry of Defence should take responsibility for parts of the process of demobilising military personnel and their transition back to civilian life, with proper psychosocial and educational support.

Drivers of Veterans' Violent Civic Tendencies are:

- *Contact with nationalists*
- *Online media consumption*
- *Intergroup tension with IDPs and NGCA residents*
- *Aggression*
- *Personal exposure to the conflict*
- *Lack of a sense of belonging to settlement*

To limit violent civic tendencies, ensure veterans have alternative spaces of socialisation, away from nationalist networks. Make cohesive counter-messaging to tackle potentially violent polarising narratives online (particularly Facebook). Work with networks of Ukrainian nationalists as a target group, especially where they overlap with veterans.

A frank dialogue between veterans' associations, civil society, activists, and the government needs to take place, to build consensus among veterans on how to handle the threat perceived by some Ukrainians about the aggressive minority among veterans (26). Veterans must partner with wider civil society in condemning the fringes, and delegitimising them as representatives of the majority of veterans.

Ensure fair access to social benefits promised by the state to all veterans. Promote and maintain communication between governmental bodies and veteran organisations to prevent tension between them.

Work with Veterans' organisations to convince them that violent protests are not constructive form of civic participation, that the fight for their rights must be non-violent. Help veterans realise of the massive responsibility they have for maintaining a level of civility among society, even while they are struggling for change. Get them to recognise that violent protests may lead to a breakdown of social cohesion, which is exactly what is feeding and perpetuating the conflict in the east.

Promote inter-group contact, dialogue, and collaboration interventions between veterans and IDPs, as well as residents of NGCAs to increase awareness of the challenges and concerns each group faces. Lack of empathy for and social proximity to these groups may be driving an openness for more radical or violent civic tendencies among veterans.

Develop consultations, trainings, and interventions for family members of veterans as well as community-based organisations to effectively resolve mental health issues like aggression using family and community-based counselling (MHPSS and peace-building). A holistic mental health support policy which recognises the link between mental health challenges, heightened aggression, and openness to civic violence must be designed for veterans, tailored to their needs. Such a protocol should consider their civic trajectory as activists, to reintegration in their communities.

Ensure veterans organisations are not isolated from their communities. Develop collaboration projects with local/community-based organisations, encouraging them to work closely, and foster trust in grass-roots community organisations, thereby allowing veterans to be actively engaged with non-violent civic actors.

Develop gender-sensitive programs to increase female veterans' participation in civil society.

Make space in the public sphere for moderate veterans who are active citizens and who promote social cohesion. Give a platform to such veterans, to counterbalance the sensationalist media which sometimes focuses on a vocal minority sharing more disruptive narratives.

POLITICAL VIEWS AND ATTITUDES OF VETERANS

KEY FINDINGS

Veterans have views which are much more pro-western and anti-Russian than the comparable sample.

Veterans are much less open to a special status for the NGCAs and are more likely to support a military solution to the conflict rather than dialogue and negotiations.

One in four male veterans and one in three female veterans have felt marginalised due to their political views. This is significantly higher than political marginalisation felt by the comparable sample.

Veterans tend to consume more online media than the rest of Ukraine and are more frequent users of Facebook. Veterans tend to watch ICTV more and TRK Ukraina less than the comparable sample, but their preferred.

RECOMMENDATIONS

Veterans' concerns need to be taken into account for the future of conflict in Ukraine. Their reluctance for dialogue and reintegration policies, and preference for a military solution, hints at the need to build support for a negotiated process, in the event that such an opportunity for serious negotiations arises. National policy makers on conflict resolution need to engage with veterans to bring them on board with any future policy development. More generally, there is a need for a wider discussion between civil society, the Ukrainian government, and veterans about the direction of the country both geopolitically and in regard to the conflict.

To limit the divergence of visions for the future of Ukraine, connect veterans with other Ukrainians who have different views in dialogue projects. Target groups could include those with a less pro-Western stance, and IDPs from the NGCAs. This divergence of views needs to be decoupled from social tensions and targeting of the other political group, if social cohesion between disparate groups in Ukraine is to improve.

Address veterans' feelings of marginalisation due to their political by including veterans more effectively in decision-making. Particularly, bring female veterans into decision-making for veterans. Dive deeper in understanding where this marginalisation is felt, and by whom: state actors, or other community members? Integrate veterans' concern of political marginalisation in mental health and community relations interventions, as grievances may flare up and inhibit the success of re-integration processes.

Interventions which aim to reach out to veterans through media should focus on outlets such as Facebook and ICTV with a slightly higher priority. This particularly relevant for raising awareness of the rights and opportunities that veterans have, and of making sure veterans are aware of the facilities available in their local area.

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