

Returning Home:

Understanding the Perspectives of Veterans in Ukraine after the 24th of February 2022



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About reSCORE Ukraine

reSCORE Ukraine, which is a joint initiative funded by the USAID and UNDP, and implemented by SeeD, continues to serve as an annual assessment tool of societal resilience and recovery that informs the policies and programming of national, regional, and international partners. Like its predecessor, the Ukraine SCORE 2018 to 2021, it aims to identify pathways and respond to complex needs, geared at strengthening individual and collective coping mechanisms, and fostering a democratic, just, inclusive, and cohesive Ukraine.

About Partners

The Centre for Sustainable Peace and Democratic Development (SeeD) works with international development organisations, governments, and civil society leaders to design and implement evidence-based, people-centered strategies for the development of peaceful, inclusive, and sustainable societies. Working globally, SeeD provides policy advice for social transformation that is based on citizen engagement strategies and empirical understanding of the behaviour of individuals, groups, and communities.

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 in its efforts to eliminate poverty, develop the population's capacity, achieve equitable results, sustain the environment, and advance democratic governance.

Democratic Governance East Activity (DG East) is an 8-year programme of The United States Agency for International Development (USAID). DG East works with civil society, local government entities, and independent media outlets in and from eastern and southern Ukraine to strengthen the connection and trust between citizens and their government. The overall objectives of DG East are to 1) support greater acceptance of a shared civic culture based on common values and understanding; and 2) promote participation to improve Ukraine's governance, reform processes, and help resolve community problems. The programme addresses immediate war-response needs, promotes good governance, and strengthens an inclusive civic identity.

USAID's **Transformation Communications Activity (TCA)** is a six-year activity of the United States Agency for International Development (USAID), which aims to strengthen Ukrainian democracy through comprehensive research, innovative communication initiatives, and the creation of socially meaningful content.

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Introduction

Russia's full-scale invasion of Ukraine on the 24th of February 2022 has created Europe's largest armed conflict since World War II⁷ and has triggered dramatic changes across Ukraine and Europe overall. Among its manifold ramifications is the upsurge in the number of Ukrainian veterans, with estimates in 2023 placing this figure at 1.2 million⁸. As soldiers actively engage in defending Ukraine, their eventual transition to veteran status is an inevitability, underscoring the need to investigate the unique perspectives and experiences of these men and women. The multifaceted experience of Ukrainian veterans, who have risked their lives and health to defend their country, also offers a crucial perspective on the current situation in Ukraine. Furthermore, with an increasing number of veterans facing the long-term consequences of war, understanding their essential needs and priorities becomes critical. Additionally, their reintegration into civilian life presents specific challenges.

The present report aims to explore key areas that shape the post-war lives of Ukrainian veterans. It investigates veterans' perceptions about the current situation in Ukraine, their essential needs and priorities, as well as pinpointing any aspects which could form challenges to their reintegration into civilian life. The study uses quantitative data to understand these topics and, based on these findings, draws evidence-based recommendations for policies and programmes to aid veterans' reintegration.

This report follows on from findings from veterans in Ukraine by UNDP and SeeD in 2021⁹, a key difference being that the 2021 research focused on understanding the experiences of ATO/JFO¹⁰ veterans, rather than veterans who were in service after the beginning of the full-scale invasion on 24th February 2022. In contrast to the aforementioned aims of the 2023 report, the research from 2021 also focused on the challenges of social exclusion, intergroup relations, citizenship and political attitudes of ATO/JFO veterans in the post-deployment period.

By understanding veterans' needs and their military experience, existing work such as the "Pathway of a veteran" concept¹¹ or the Veterans Lifetime Journey Map¹² focuses on ensuring veterans' proper reintegration into civilian life. Recognising that the reintegration process can be both positive and negative, with the latter potentially involving destructive behaviours, the process of moving from active service to veteran status is impacted by the lived experiences of veterans, underscoring the necessity of understanding these. Veterans' adaptation to their environment post-military service is also influenced by their wellbeing, which encompasses subjective and objective factors that impact their quality of life, such as health, material needs, relations, and life skills¹³.

7 United Nations Political and Peacebuilding Affairs. 2024. [Under-Secretary-General Rosemary A. DiCarlo's Remarks to the Security Council on Ukraine](#).

8 FBA.se. 2023. [Ukraine's Critical Journey: Effective Veteran Reintegration](#).

9 Guest Alexander, Panayiotou Orestis, Pissarides Christoforos, Cheryba Nestor, SeeD. 2022. [Reintegrating ATO & JFO Veterans](#).

10 ATO – Anti-Terrorist Operation, JFO – Joint Forces Operation.

11 [Шлях ветеранів та ветеранок](#) ["Pathway of a veteran"]. Veteran Hub.

12 VA Veterans Experience Team. [Journeys of Veterans Map](#).

13 [Шлях ветеранів та ветеранок](#) ["Pathway of a veteran"]. Veteran Hub.

The Ukrainian government has taken several steps to support veterans during the full-scale invasion, including through increased funding for targeted programs and services, simplified procedures for accessing services¹⁴, and increased public awareness about available services, coupled with a system of the reintegration¹⁵, which entails state benefits and free-of-charge services.

Nevertheless, the government faces challenges in meeting veterans' needs. These include a lack of coordination and cooperation between various government bodies responsible for veteran policy, a lack of awareness among veterans about the services and benefits they are entitled to, and difficulties in accessing services due to bureaucratic hurdles¹⁶. Informal circles, veterans' unions and organisations play a crucial role in their reintegration into civil life¹⁷, although the lack of synergy and consolidation of efforts between various veterans' organisations, and between civil society and state institutions have been identified as barriers¹⁸.

Although the rights and benefits of veterans in Ukraine are enshrined in legislation, these are regulated and implemented by different agencies, and are periodically amended and supplemented. A comprehensive policy on informational support regarding state benefits, the system for evaluating veterans' needs, and the unified register of veterans' unions and non-governmental organisations (NGO) are also currently lacking¹⁹. While studies note that veterans in Ukraine tend to focus on the most pressing issues, namely, the end of the war, or recovery after injury²⁰, it remains essential to understand their expectations and preferences about the state of affairs in the country, given that they constitute an integral part of Ukrainian society. In 2023, around half of veterans and military personnel surveyed reported that the state does not fulfil its obligations to veterans, alongside increasingly negative assessments of the performance of the state in this field²¹. This demonstrates a need to continue understanding their perceptions about the future of Ukraine.

In 2023, the most pressing needs of veterans included assistance for supporting their health, housing and financial support, improvement of their living conditions, education, employment, psychosocial support, and entrepreneurial investment²². In accordance with this, veterans were most dissatisfied with medical services, financial assistance and pensions, and psychological rehabilitation²³. Physical rehabilitation and mental health and psychosocial support (MHPSS) services for veterans merit special attention, given their utmost importance for those exposed to multiple war-related adversities²⁴. Prior to the full-scale invasion, studies identified gendered differences in access to MHPSS services among veterans²⁵, evidencing the need for further investigation into veterans' tendencies when using these services.

14 Верховна Рада України прийняла [Verkhovna Rada of Ukraine]. 2023. [Верховна Рада України прийняла Закон, яким спрощено Порядок отримання статусу учасника бойових дій](#) [The Verkhovna Rada of Ukraine adopted a law simplifying the procedure for obtaining the status of a participant in hostilities].

15 Government Portal. [New veterans policy](#).

16 Martsenyuk Tamara, Kvit Anna. 2022. ["Successes and challenges of ATO/JFO veterans' involvement in the public and political life of Ukraine"](#). DOI: 10.18523/2617-9067.2022.5.50-59.

17 IREX, Veteran Hub, KIIS. 2021. [Результати дослідження «Реінтеграція ветеранів» щодо досвіду реінтеграції ветеранів, стигматизації з боку суспільства та мережі підтримки ветеранів](#) [The results of the study "Reintegration of Veterans" on veterans' experience of reintegration, stigmatisation by society and support networks for veterans].

18 Tilikina Natalia, Yatsura Oleksandra. 2022. [Аналітичний звіт за результатами кабінетного дослідження у рамках операційного дослідження "Повертаємось з війни!"](#) [Analytical report of results of desk research in frames of operational research "returning from war!"].

19 Tilikina Natalia, Yatsura Oleksandra. 2022. [Аналітичний звіт за результатами кабінетного дослідження у рамках операційного дослідження "Повертаємось з війни!"](#) [Analytical report of results of desk research in frames of operational research "returning from war!"].

20 Tilikina Natalia, Yatsura Oleksandra. 2022. [Аналітичний звіт за результатами кабінетного дослідження у рамках операційного дослідження "Повертаємось з війни!"](#) [Analytical report of results of desk research in frames of operational research "returning from war!"].

21 Ukrainian Veterans Foundation of the Ministry of Veterans Affairs of Ukraine, Sociological Group "Rating". 2023. [The needs of veterans 2023](#).

22 Ukrainian Veterans Foundation of the Ministry of Veterans Affairs of Ukraine, Sociological Group "Rating". 2023. [The needs of veterans 2023](#).

23 Ukrainian Veterans Foundation of the Ministry of Veterans Affairs of Ukraine, Sociological Group "Rating". 2023. [The needs of veterans 2023](#).

24 Tilikina Natalia, Yatsura Oleksandra. 2022. [Аналітичний звіт за результатами кабінетного дослідження у рамках операційного дослідження "Повертаємось з війни!"](#) [Analytical report of results of desk research in frames of operational research "returning from war!"].

25 IREX, Veteran Hub, KIIS. 2021. [Результати дослідження «Реінтеграція ветеранів» щодо користування послугами охорони здоров'я та психологічної допомоги та їх детермінанти](#) [Results of the study "Reintegration of veterans" regarding usage of healthcare services and psychosocial support and their determinants].

Women veterans face distinct challenges along their reintegration journeys, with the lack of a comprehensive approach to assessing the needs of demobilised women and men said to render the reintegration system gender-neutral rather than gender-sensitive²⁶. SCORE findings from 2021 further demonstrated that women veterans were more likely to report increased tendencies for depression, while men reported higher levels of aggression²⁷.

Negative trends and perceptions surrounding veterans' employment²⁸ predate the full-scale invasion; in 2019, 24% of unemployed respondents reported experiencing work-related discrimination because of their veteran status²⁹, and in 2021, 32% of employed and 25% of unemployed veterans faced such difficulties³⁰. In 2021, SCORE data also found that veterans experienced higher unemployment rates, and qualitative findings at the time also highlighted anti-veteran bias that deterred employers³¹. While employers mention emotional instability as a concern when hiring veterans, they also identify the positive traits that veterans possess, such as stress resilience, responsibility, civic values and discipline, which make them promising candidates in the civilian job market³². In the context of employment for veterans with disabilities, personal networks and specialised community organisations contribute as key facilitators in the job search process. Veterans demonstrate a strong inclination to participate in civic initiatives and projects, particularly offering support to fellow veterans, promoting development, and contributing to the common good³³.

The present research addresses these topics and provides current data surrounding the state of veterans' affairs in Ukraine, along with policy recommendations by answering the following questions:

Perception of the current situation in Ukraine

- How do veterans assess the overall state of affairs in Ukraine?
- What is their position on where the country is heading and what are their expectations moving forward?

Essential needs and priorities of veterans

- What are the key needs and priorities of veterans, particularly with respect to resources, services and information? Are these influenced by their demographic profile?
- Do veterans experience more economic challenges than the rest of the sample?
- What is the status of veterans' mental health?

Reintegration of veterans, barriers and challenges

- What is veterans' profile on life skills and other civic indicators?
- Are there any barriers to veterans' participation in Ukraine's post-war recovery?

Across research questions, a focus is placed on determining the main differences between veterans and the general population, and between different demographic groups of veterans, as well as detecting any differences in the profile of veterans from 2021³⁴ compared to 2023.

26 Martseniuk Tamara, Kvit Anna, Hrytsenko Hanna, Vasylenko Lesia, Zvyahintseva Maria. 2019. «Невидимий Батальйон 2.0»: Повернення ветеранок до мирного життя [“Invisible Battalion 2.0”: Return of female veterans to peaceful life].

27 Guest Alexander, Panayiotou Orestis, Pissarides Christoforos, Cheryba Nestor, SeeD. 2022. [Reintegrating ATO & JFO Veterans](#).

28 Ukrainian Veterans Foundation. 2023. [Needs and obstacles of veterans in employment](#).

29 IOM. 2020. [Life after conflict: Survey on the sociodemographic and socioeconomic characteristics of veterans of the conflict in eastern Ukraine and their families](#).

30 IREX, Veteran Hub, KIIS. 2021. [Результати дослідження «Реінтеграція ветеранів» щодо поточних умов працевлаштування](#) [Results of the study “Reintegration of veterans” regarding current conditions of employment].

31 Guest Alexander, Panayiotou Orestis, Pissarides Christoforos, Cheryba Nestor, SeeD. 2022. [Reintegrating ATO & JFO Veterans](#).

32 Ukrainian Veterans Foundation. 2023. [Needs and obstacles of veterans in employment](#).

33 Dariivska Snizhana, Martseniuk Tamara. 2020. [Досвід працевлаштування людей з інвалідністю в Україні \(на прикладі ветеранів Антитерористичної операції\)](#) [Employment experience of people with disabilities in Ukraine (on the example of veterans of the Anti-Terrorist Operation)].

34 Guest Alexander, Panayiotou Orestis, Pissarides Christoforos, Cheryba Nestor, SeeD. 2022. [Reintegrating ATO & JFO Veterans](#).

How to Read SCORE

The reSCORE quantifies the levels of societal phenomena using indicators based on questions from the reSCORE survey. Using several questions to create one indicator allows us to reliably measure that phenomenon from different perspectives. Scores for each indicator are given a value from 0 to 10, where 0 corresponds to the total absence of a phenomenon in an individual, location or in society, and 10 corresponds to its strong presence.

For example, the indicator Scepticism about reforms is measured using three questions, on a scale from 0 ("Strongly disagree") to 3 ("Strongly agree").

- Q1. To what extent do you agree that reforms in Ukraine are mere publicity stunts, and they will not be effective?**
- Q2. To what extent do you agree that reforms in Ukraine will not benefit the ordinary people?**
- Q3. To what extent do you agree that reforms are gradually improving our country's situation?**

This scale is then summed and rescaled from 0 to 10 to calculate scores based on the equation:

$$(Q1 + Q2 + (3 - Q3)) * \frac{10}{9}$$

Methodology

This report is based on a sample of 526 **veterans who are currently not in service but participated in combat after February 24th, 2022**. Data was collected between 14 of July and 14 of August 2023. A small proportion of veterans (N = 25) was captured in the national representative sample, from all oblasts of Ukraine excluding Donetsk and Luhansk oblasts and the Autonomous Republic of Crimea. The remaining veteran respondents were surveyed through snowball sampling (N = 501) at the national level from all oblasts of Ukraine, excluding Donetsk and Luhansk oblasts and the Autonomous Republic of Crimea. Respondents were reached through unions and veterans' funds, military sanatoriums or hospitals. The average duration of interviews was 66 minutes.

◆ **Table 1:** Demographic outline of samples in the present report

		General Population	Veterans
Male		47%	88%
Female		53%	12%
18 to 35		29%	36%
36 to 44		18%	29%
45 and above		54%	36%
Rural		35%	11%
Urban		65%	89%
No money for food		7%	2%
Money for food but not clothes		32%	16%
Money for clothes but not expensive goods		46%	59%
Enough money for expensive goods		16%	23%
Employed		51%	53%
Running a household / maternity leave		8%	4%
Pensioner		26%	7%
Student		5%	0%
Unemployed		11%	36%
Disability status	No	91%	80%
	Yes	9%	20%
War-related injuries	No		34%
	Yes		66%

Comparative data refers to the general population, surveyed through random sampling, representative at the national level for all government-controlled areas of Ukraine, excluding Donetsk and Luhansk oblasts and the Autonomous Republic of Crimea. Data was collected between 26th of March and 12th of June 2023. The total sample size of the general population sample was 5,889.

Where mentioned, comparative data from 2021 refers to a sample of 519 ATO/JFO³⁵ veterans³⁶. The data was collected using snowball sampling between January and May 2021. The average interview duration was 53 minutes. **In 2021, 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.**

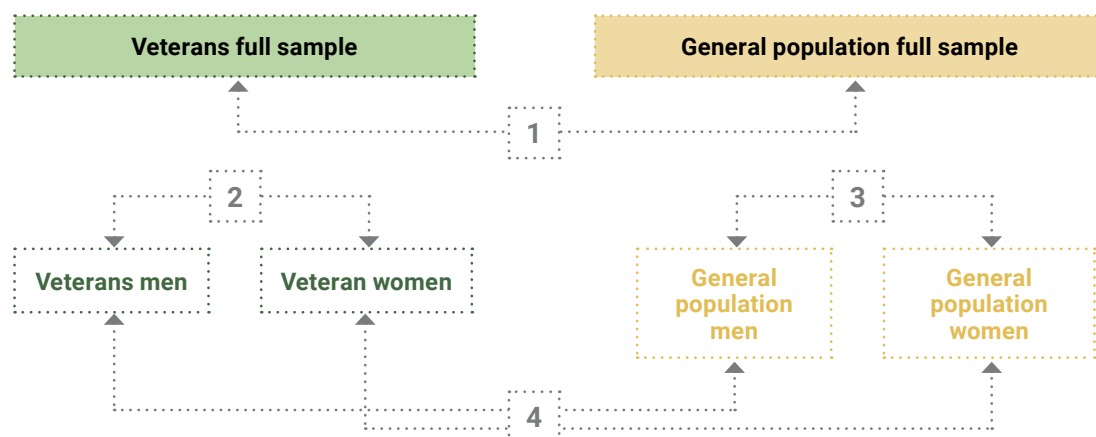
Analysis of variance (ANOVA) was used to determine the statistical significance of differences between various groups of respondents in this analysis. The significance level was $p < 0.05$. Differences are considered marked in cases where the F statistic is larger than 20, or in cases where the Cohen's d effect size is "large" (greater than 0.8) or "medium" (greater than 0.4).

When comparing veterans to the general population, demographic factors were considered throughout. This ensures that the differences observed are due to veteran status, rather than due to underlying demographic characteristics. This was performed as follows (Figure 1):

1. Statistical significance of differences between veterans and the general population was detected using ANOVA.
2. For indicators with significant differences, the indicator is checked for significant differences across demographic groups within the veteran sample. Demographic groups scrutinised include: gender, age and urbanity.
3. The indicator is also checked for significant differences across the same demographic groups within the general population.
4. For indicators with significant differences, the indicator is also checked for significant differences within demographic groups across the veteran sample and the general population.

Additionally, when comparing within veterans, statistically significant differences between demographic groups within the sample of veterans were cross-checked for the same demographic differences in the general population, in order to determine whether these were unique demographic differences only observed in veterans.

◆ **Figure 1:** Flow chart of ANOVA comparisons, with Gender as an example demographic group.



Gender differences, age differences and differences between other demographic groups were investigated throughout the report and are mentioned where significant.

The findings detailed in the present report were validated in a qualitative consultation with six experts from organisations that work with veterans in Ukraine.

35 ATO – Anti-Terrorist Operation, JFO – Joint Forces Operation.

36 Guest Alexander, Panayiotou Orestis, Pissarides Christoforos, Cheryba Nestor, SeeD. 2022. [Reintegrating ATO & JFO Veterans](#).

Results

Summary of key findings

Perception of the current situation in Ukraine

- Veterans report lower levels of trust in central and local institutions, in the police, and the Ministry of Reintegration, than the general population. They also report higher levels of Perceived corruption, and a lower Tolerance of corruption.
- Veterans are also less trusting of daily news on television and of social media, and tend to use online media more than the general population.

Essential needs and priorities of veterans

- Women veterans reported lower availability of mental health and psychosocial support services, and greater difficulty in accessing these services compared to men veterans.
- No differences in depression and anxiety were identified between veterans and the general population.
- Men veterans have higher levels of Aggression than men in the general population, and this is higher in veterans who have experienced multiple war-related adversities.
- Men veterans report marginally worse physical health than men in the general population, a difference that is especially notable among urban men veterans aged 18-35.
- Veterans report higher levels of Economic security, income, and Employment opportunities than the rest of the sample, though working-age veterans are slightly less likely to be currently employed compared to the general population. Women veterans do not report more economic challenges than men veterans in the sample.
- Veterans in rural areas perceive fewer job opportunities and are more likely to be unemployed compared to veterans in urban areas and compared to the general population in rural areas.

Reintegration, barriers and challenges

- Veterans report higher levels of Entrepreneurship mentality, Distress tolerance, Growth mindset, and Critical thinking than the rest of the sample.
- Veteran women report higher levels of Gender equality mindset and Belief in human rights compared to both veteran men and women in the general population.
- Veterans feel higher levels of social threat towards people who worked with the occupying forces and towards pro-Russia oriented people. They also report lower social proximity towards men avoiding military service.
- Veterans are more likely to characterise Ukrainian identity as readiness to defend Ukraine against threats.

Perception of the current situation in Ukraine

Key findings

Overall, with regards to the current state of affairs following the full-scale invasion of Ukraine, veterans report

- High levels of trust in the Ukrainian Armed Forces (95%), the State Emergency Service of Ukraine (80%) and NGOs (74%).
- Lower levels of trust in central and local institutions including the police, and the Ministry of Reintegration than the rest of the sample.
- Notably higher levels of perceived corruption, particularly systemic corruption, than the general population with a lower tolerance for corruption. High scores of perceived corruption were found to be linked to lower levels of trust in the police as well as central and local institutions.
- Lower levels of trust in the daily news on television and social media compared to the general population, with a mere 23% fully or trusting the daily news on these outlets. Higher levels of trust for daily news on television among veterans were associated with higher trust in central and local institutions, lower levels of perceived corruption, and lower scepticism towards reforms.
- Lower usage of traditional media and a higher level of online media consumption compared to the general population.

Regarding the future of Ukraine, veterans report

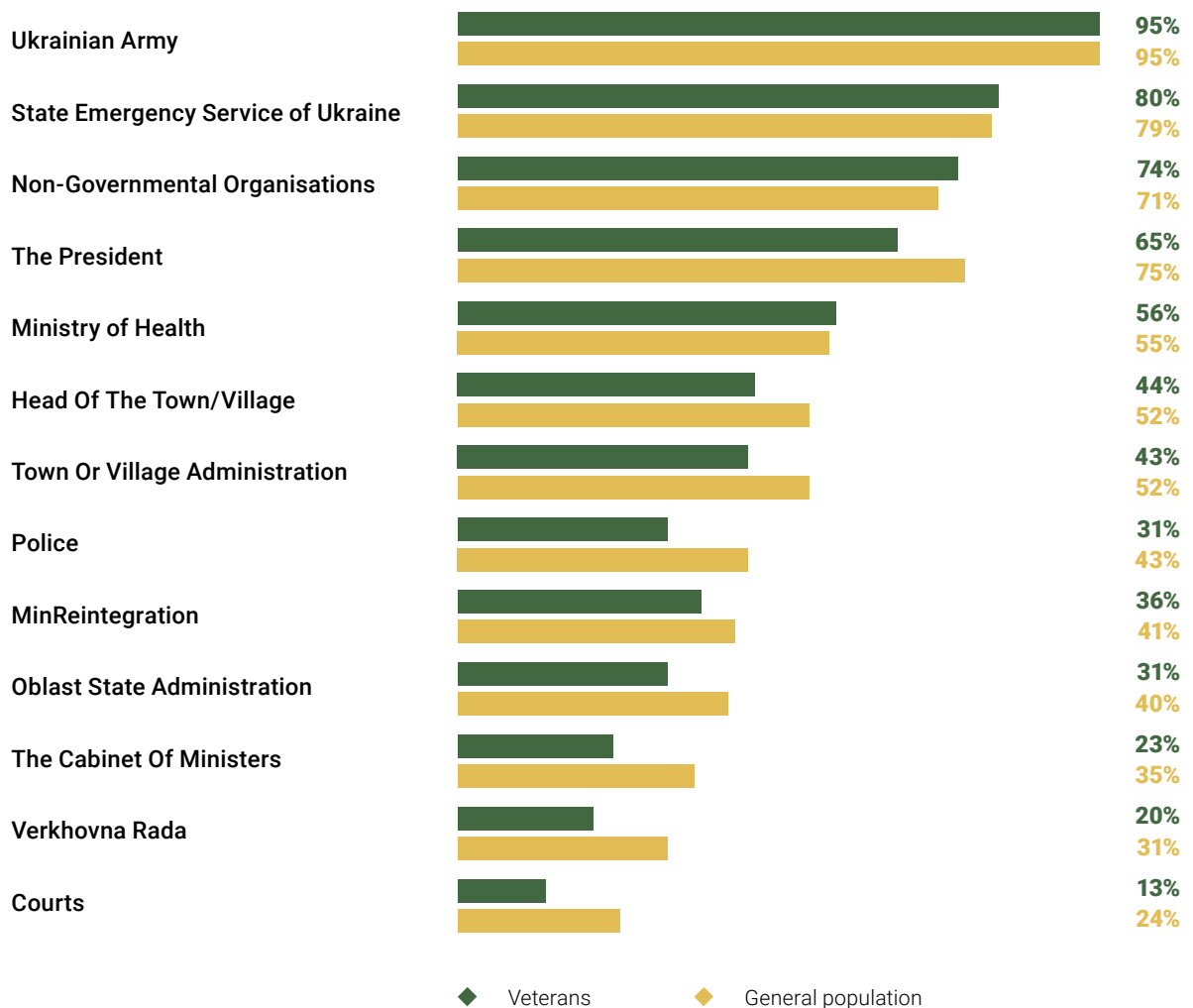
- Lower levels of support for special status for the non-government controlled areas (NGCA) of Donetsk and Luhansk oblasts.
- High levels of support for the NGCA of Donetsk and Luhansk oblasts to remain part of Ukraine with the same legal status as all other oblasts, similar to the general population at 88% and 84%, respectively.
- Optimism for the future of Ukraine, with 56% of veterans reporting that the next generation in Ukraine will be better off, compared to 14% who think it will be worse off.
- Similar levels of support with the general population for Ukraine joining NATO and the European Union, with 87% of veterans agreeing that Ukraine should join NATO and 84% agreeing that Ukraine should join the European Union.

Trust in institutions

Veterans demonstrate a high level of trust in the Ukrainian Armed Forces, the State Emergency Service of Ukraine, and non-governmental organisations (NGOs) (Figure 2), and alongside the Ministry of Health, these levels of trust are the same between veterans and the general population.

◆ **Figure 2.** Proportion of responses for trust in institutions in the general population (N = 5,889) and veterans (N = 526)

To what extent do you trust...



However, compared to the general population, veterans demonstrate lower levels of trust in central³⁷ and local institutions³⁸, as well as the police³⁹ and the Ministry of Reintegration⁴⁰ (Figure 2). This marks a change from 2021, in which veterans and the general population had comparable levels of trust in institutions⁴¹.

37 ANOVA, $F = 84.86$, $p < 0.01$. Trust in all central institutions – the President, Courts, Verkhovna Rada and Cabinet of Ministers – is significantly lower in veterans than the general population, ANOVA $p < 0.01$, F between 48.69 and 60.55.

38 ANOVA, $F = 27.60$, $p < 0.01$. Trust in all local institutions – the oblast state administration, town or village administration, head of town or village or MCA – is significantly lower in veterans than the general population, ANOVA $p < 0.01$, $F = 31.44, 20.30, 13.62$, respectively.

39 ANOVA, $F = 46.03$, $p < 0.01$.

40 ANOVA, $F = 26.64$, $p < 0.01$.

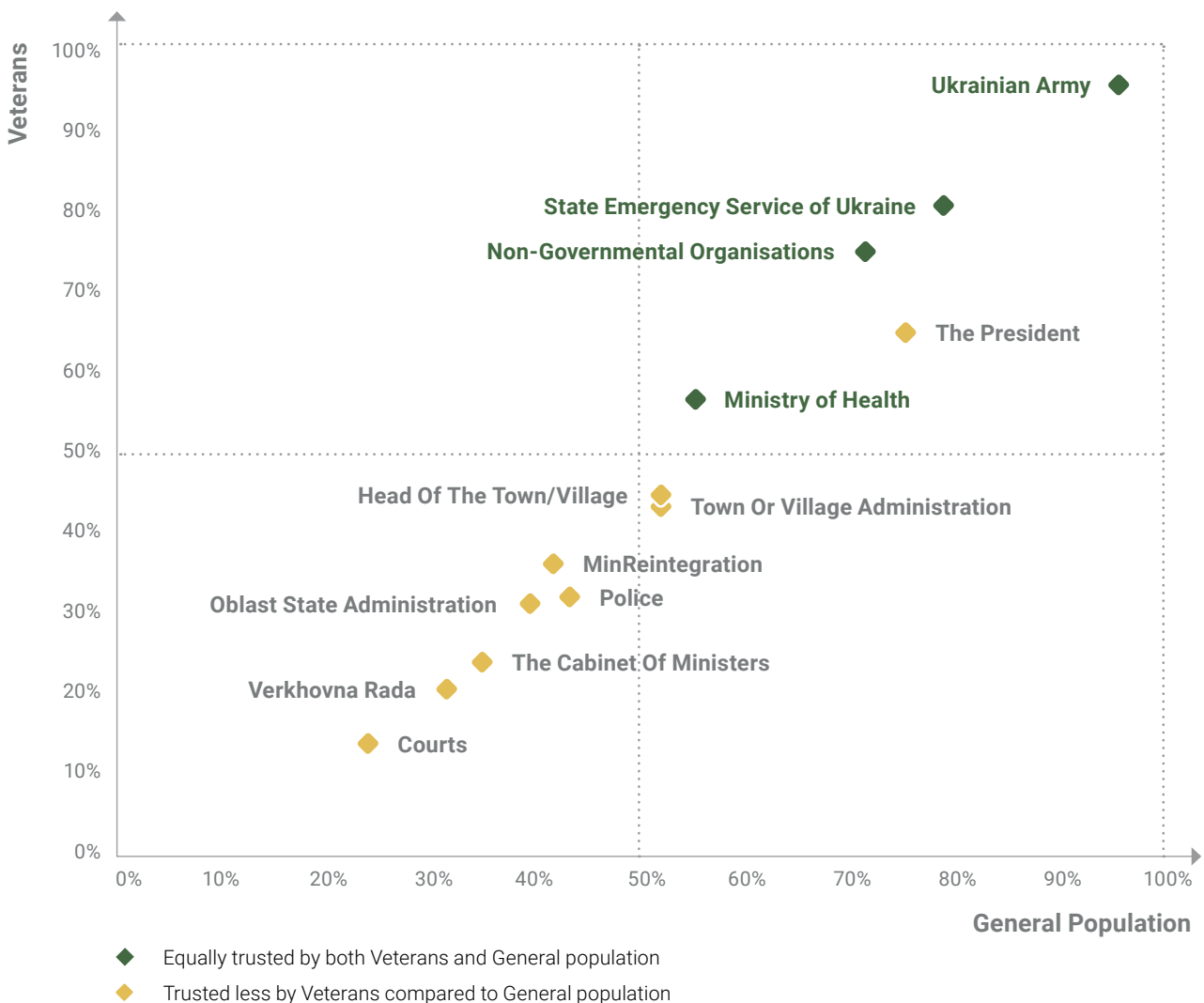
41 Guest Alexander, Panayiotou Orestis, Pissarides Christoforos, Cheryba Nestor, SeeD. 2022. [Reintegrating ATO & JFO Veterans](#).

Among both veterans and the general population, trust in the President is higher than trust in other central institutions, although veterans still trust the President less than the general population does⁴², and the former also have lower perceptions that Ukrainian authorities care⁴³ (Figure 4).

Both veterans and the general population rank the trustworthiness of institutions similarly (Figure 3) providing insight into the overall sentiment of the Ukrainian public. In contrast, the aforementioned significantly lower level of trust that veterans report in central and local institutions, in the police and in the Ministry of Reintegration, indicates that veterans' views on the current state of affairs in Ukraine may diverge from those of the general public.

Despite these differences in trust, veterans and the general population agree on their perceptions of Accountability of authorities, with mean scores of 3.9 and 4.1 out of 10 (not shown). No gender differences were observed within the veteran sample.

◆ **Figure 3:** Comparison of the proportion who “fully” and “somewhat” trust institutions between veterans (N = 526) and the general population (N = 5,889).

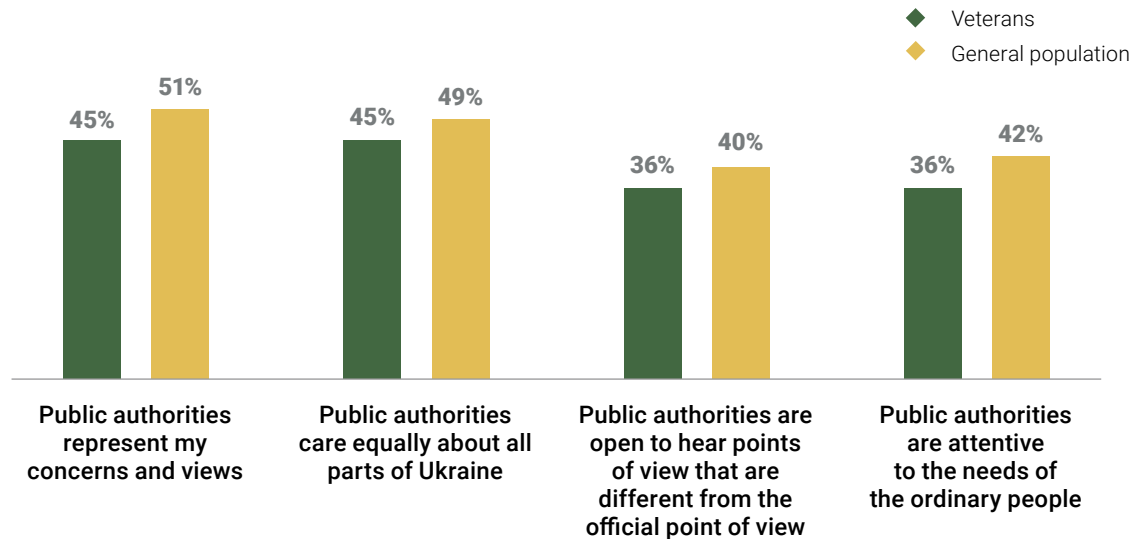


42 ANOVA, $F = 51.95$, $p < 0.01$. Mean score veterans 6.0 out of 10, general population 6.9.

43 ANOVA, $F = 20.44$, $p < 0.01$. Mean score veterans 4.1 out of 10, mean score general population 4.6.

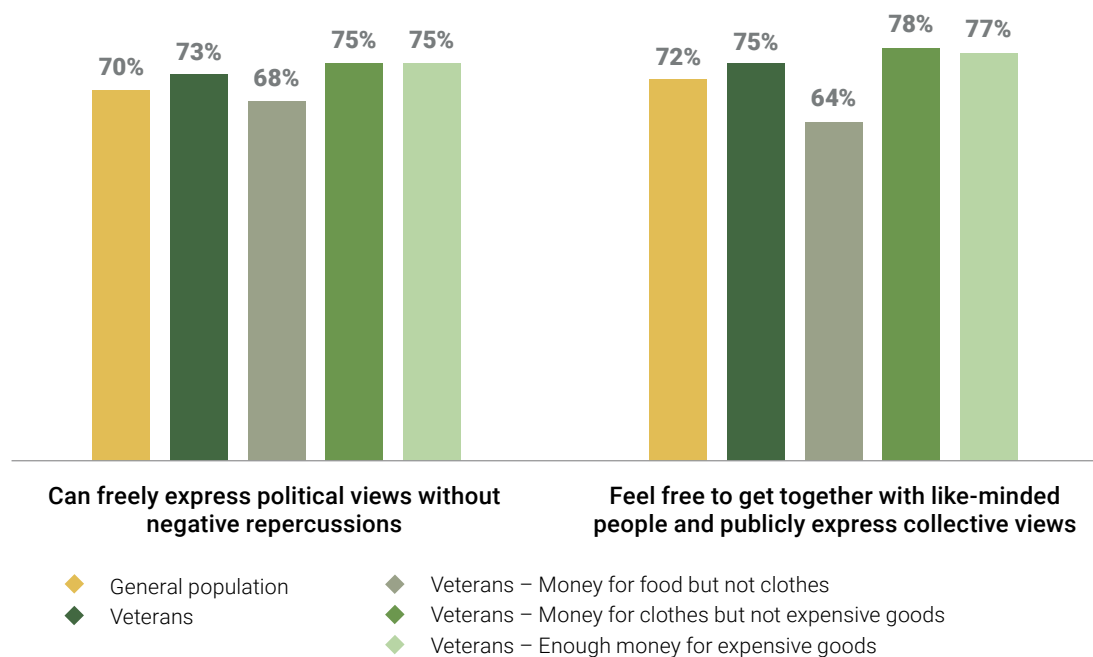
◆ **Figure 4:** Proportion of responses for Ukrainian authorities care in veterans (N = 526) and the general population (N = 5,889)

Please tell me to what extent...



While there are no differences between veterans and the general population, veterans with lower income levels report lower levels of Political security (Figure 5), a pattern also reflected in the general population. This is different from findings in 2021, in which veterans had lower Political security than the general population⁴⁴.

◆ **Figure 5:** Proportion of responses for Political security in veterans (N = 526) and the general population (N = 5,889), and for veterans by income status (Veterans – Money for food but not clothes N = 83; Veterans – Money for clothes but not expensive goods N = 302; Veterans – Enough money for expensive goods N = 120)



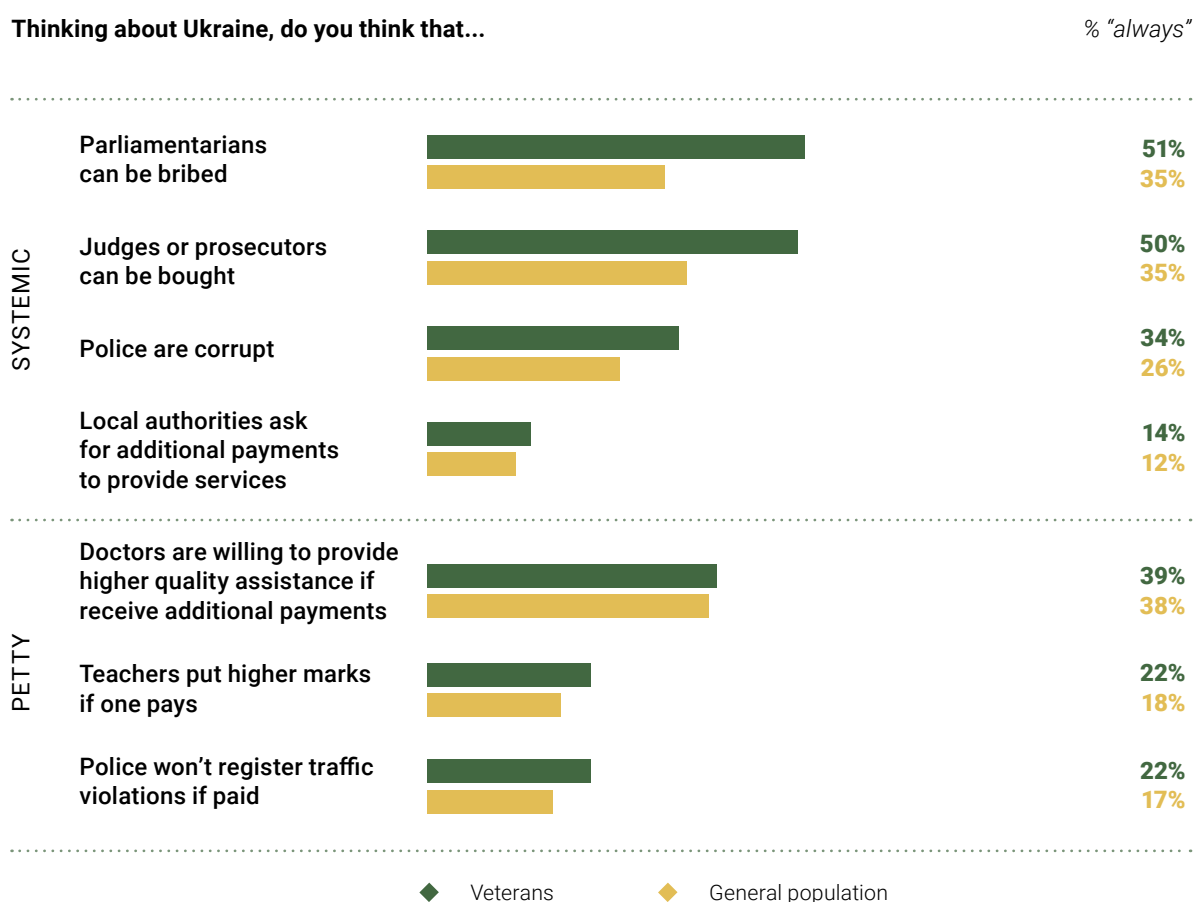
44 Guest Alexander, Panayiotou Orestis, Pissarides Christoforos, Cheryba Nestor, SeeD. 2022. [Reintegrating ATO & JFO Veterans](#).

Perceived corruption

Perceived corruption among veterans in Ukraine is notably higher than in the general population⁴⁵ and is also accompanied by lower tolerance for such practices⁴⁶. When evaluating various forms of corruption, veterans identified systemic corruption as the most prevalent, surpassing most indicators for petty corruption. The belief that the police are always corrupt was held by 34% of veterans, 8% higher than the general population. The notion that judges or prosecutors can be bribed was even more pronounced, with 50% of veterans expressing the view that this is a constant occurrence, 14% higher than the general population. Similarly, 51% of veterans believe that parliamentarians can always be bribed, exceeding the general population's perceptions by 15%. Although there are no differences between veterans and the general population regarding the perception that doctors are willing to provide higher quality assistance if they receive additional payments, 39% of veterans believe this is a frequent occurrence (Figure 6).

Higher levels of perceived corruption are associated with lower trust in various institutions. Specifically, there is a negative correlation between perceived corruption and trust in the police, central, and local institutions⁴⁷.

◆ **Figure 6:** Proportion of responses for Perceived corruption in veterans (N = 526) and the general population (N = 5,889)



45 ANOVA, $F = 58.14$, $p < 0.01$. Mean score veterans 7 out of 10, mean score general population 6.3.

46 ANOVA, $F = 40.73$, $p < 0.01$. Mean score veterans 2.9 out of 10, mean score general population 3.6.

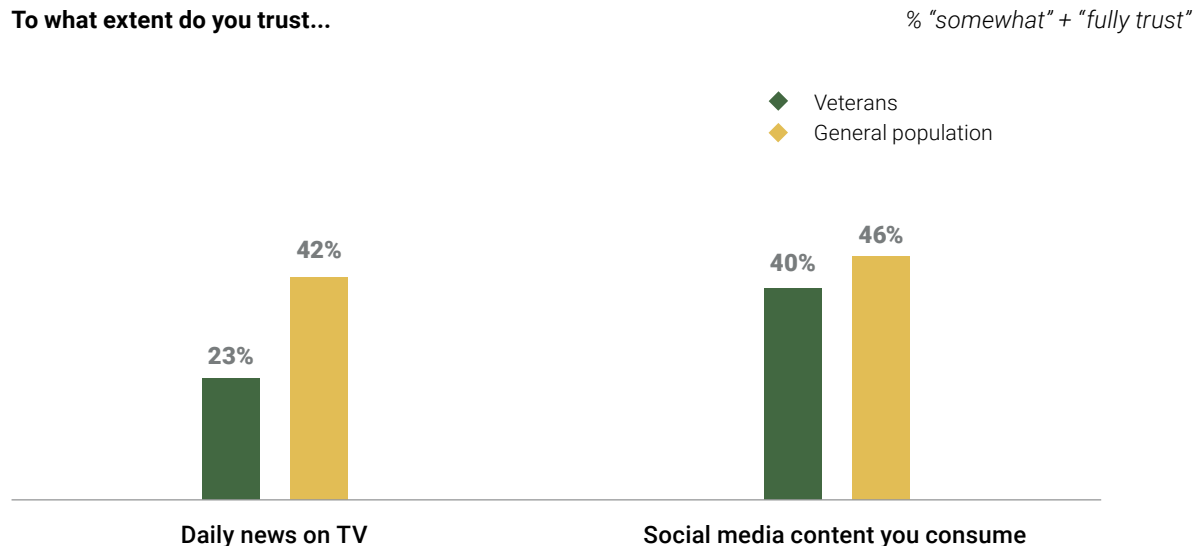
47 Correlation coefficients: trust in the police $r = -0.41$, central $r = -0.36$, and local institutions $r = -0.31$, $p < 0.01$ in the sample of veterans.

Trust in media and media consumption

Veterans report lower trust in the daily news on television⁴⁸ and social media⁴⁹ compared to the general population. Just 23% of veterans report that they “somewhat” or “fully” trust the daily news on television, marking a drastic difference of 19% from the general population (42% trust “somewhat” or “fully”). Meanwhile, 40% of veterans trust the content they consume on social media, which is 6% lower than the general population (Figure 7). Experts noted that veterans are less likely to take the single news marathon seriously, perceiving that this source does not always provide relevant news coverage, unlike online media where information is less likely to be censored.

A higher level of trust in daily news on television among veterans is correlated with increased trust in central and local institutions⁵⁰. Additionally, higher trust in daily news on television is associated with a lower level of perceived corruption and reduced scepticism towards reforms⁵¹.

◆ **Figure 7:** Proportion of responses for Trust in media in veterans (N = 526) and the general population (N = 5,889)



Regarding media consumption habits, veterans report lower usage of traditional media, including the highest differences in daily news and political shows on television. This contrasts with their online media consumption, which is higher than the general population’s (Figure 4), a finding detected in SCORE 2021⁵².

According to experts, people in active military service consume online media, particularly Telegram channels (which are usually led by their brothers-in-arms or other soldiers/veterans), as they cannot consume television content, resulting in a habit of continuing to consume online media after service.

48 ANOVA, $F = 118.86$, $p < 0.01$. Mean score veterans 3.1 out of 10, mean score general population 4.5.

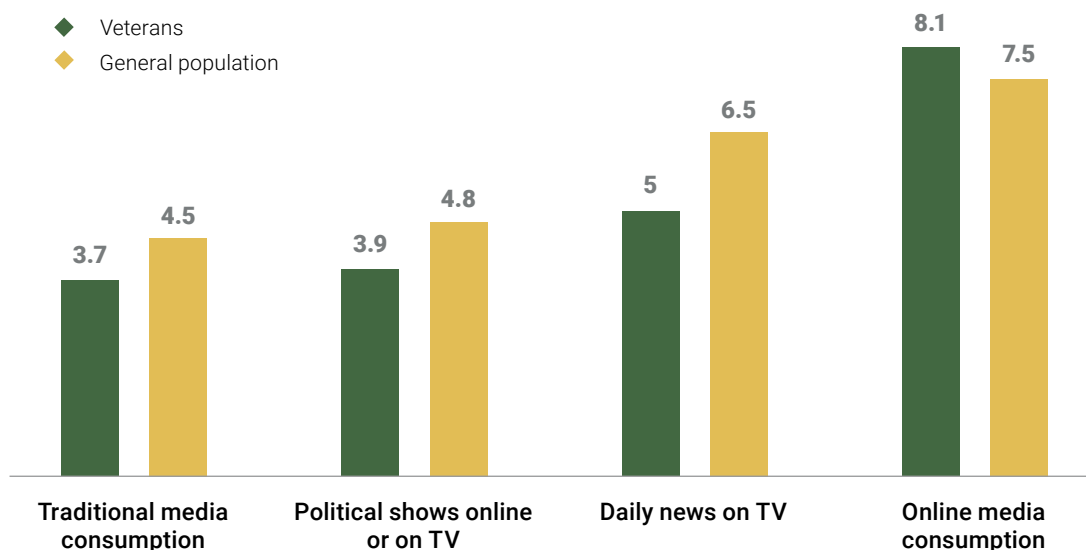
49 ANOVA, $F = 26.13$, $p < 0.01$. Mean score veterans 4.3 out of 10, mean score general population 4.9.

50 Correlation coefficients: trust in central $r = 0.40$, local institutions $r = 0.30$, $p < 0.01$.

51 Correlation coefficients: perceived corruption $r = 0.20$, scepticism towards reforms $r = -0.29$, $p < 0.01$.

52 Guest Alexander, Panayiotou Orestis, Pissarides Christoforos, Cheryba Nestor, SeeD. 2022. [Reintegrating ATO & JFO Veterans](#).

- ◆ **Figure 8:** Mean values on a scale from 0 to 10 for media consumption habits in veterans (N = 526) and the general population (N = 5,889). ANOVA F = 50.63, 29.10, 72.86, and 18.37 respectively, p < 0.01



- ◆ **Table 2:** Proportion who use media outlets to keep up with political affairs (not including the use of social media for messaging) in veterans (N = 526) and the general population (N = 5,889)

Which three social media outlets do you use to keep up with political affairs?

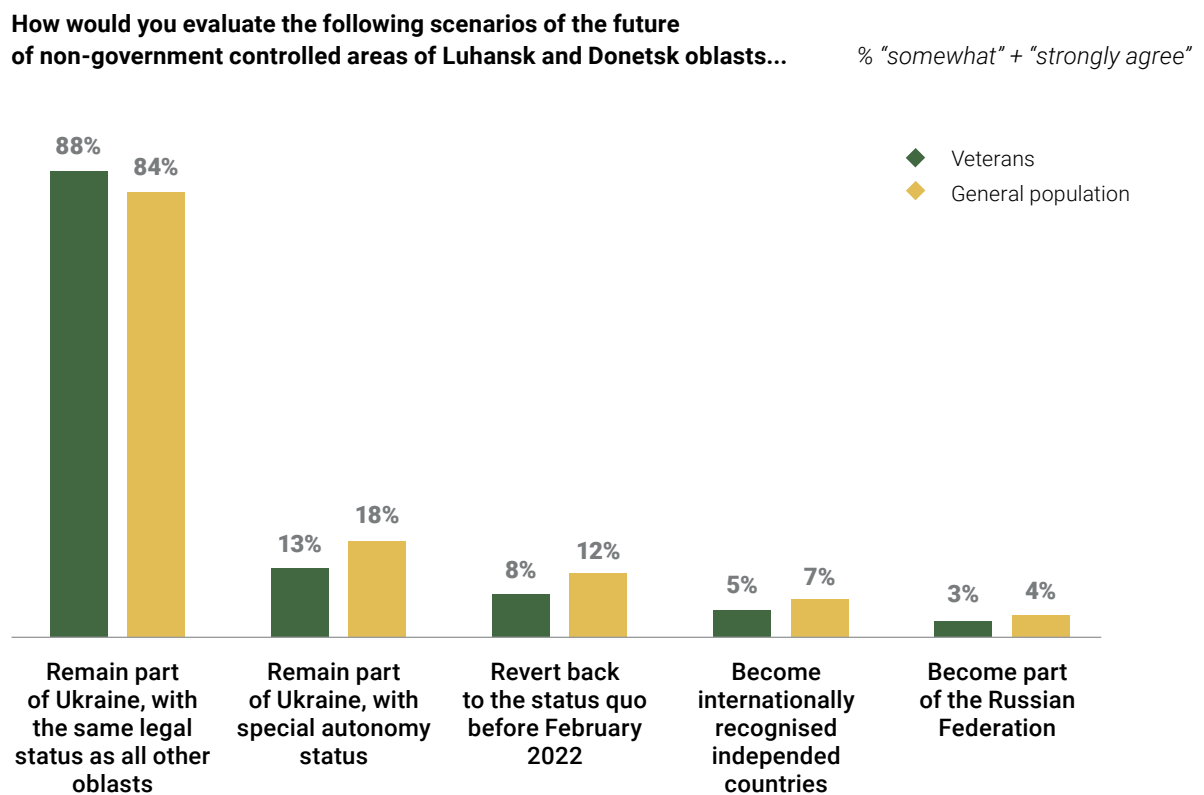
	General Population	Veterans
Telegram	47%	54%
Facebook	51%	54%
YouTube	40%	51%
Viber	32%	30%
Instagram	22%	26%
TikTok	12%	19%
Twitter	2%	4%

Proportion who selected these outlets, only asked to respondents who said they ever use social media for news and current affairs

Future visions for NGCA and Ukraine as a whole

Although marginal, veterans report significantly lower⁵³ support for special status for the non-government controlled areas (NGCA) of Donetsk and Luhansk oblasts compared to the general population (Figure 9). There are no differences in the level of support for other scenarios. Over 8 in 10 respondents overall believe that the NGCA of Donetsk and Luhansk oblasts should remain part of Ukraine with the same legal status as all other oblasts, a finding consistent with 2021.

◆ **Figure 9:** Proportion of responses for Future visions for the NGCA of Donetsk and Luhansk oblasts in veterans (N = 526) and the general population (N = 5,889)

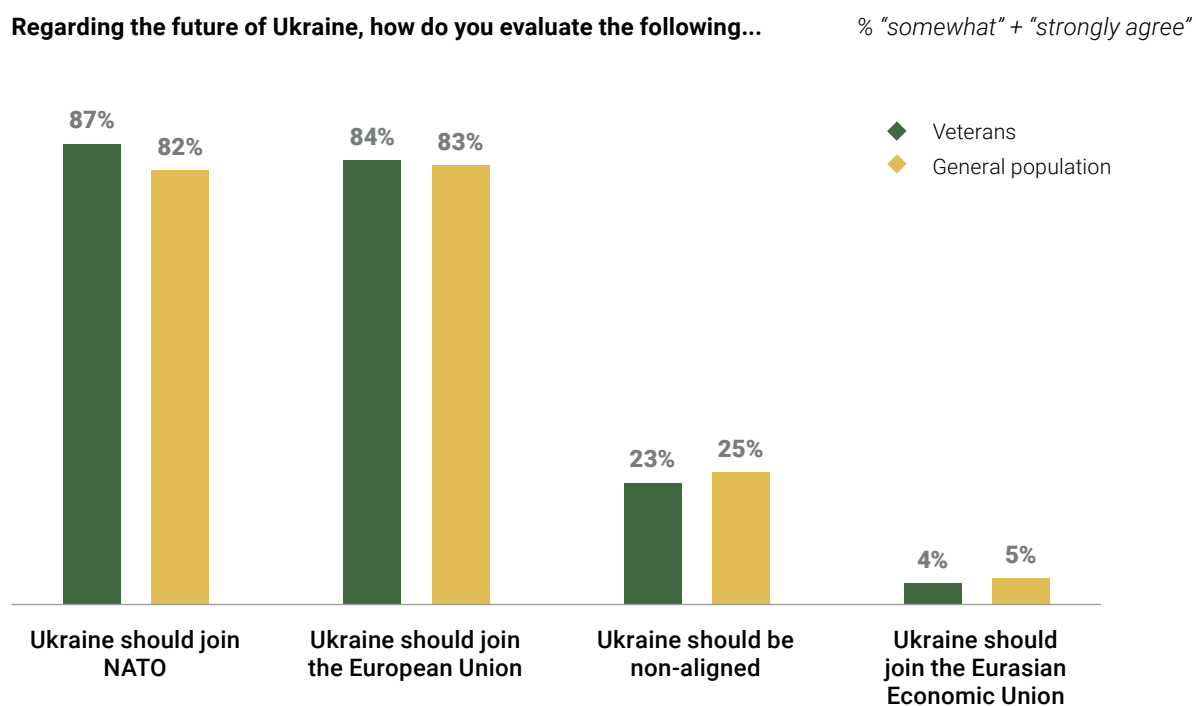


There are no significant differences in the level of support for Ukraine's geopolitical future between veterans and the general population (Figure 10), nor between demographic groups within the sample of veterans. This marks a difference from 2021, when veterans were significantly more supportive of EU and NATO membership than the general population, and when they were significantly less supportive of Ukraine joining the Eurasian Economic Union⁵⁴. In addition, both veterans and the general population are somewhat optimistic about the future of Ukraine; 56% believe that the next generation in Ukraine will be better off, compared to 14% and 12% who think it will be worse off, respectively.

⁵³ ANOVA, $p < 0.01$, $F = 22.37$.

⁵⁴ Guest Alexander, Panayiotou Orestis, Pissarides Christoforos, Cheryba Nestor, SeeD. 2022. [Reintegrating ATO & JFO Veterans](#).

◆ **Figure 10:** Proportion of responses for Future visions for Ukraine in veterans (N = 526) and the general population (N = 5,889)



Essential needs and priorities of veterans

Key findings

Regarding the key needs and priorities of veterans with respect to resources, services, and information

- Veterans living in rural areas perceive the provision of welfare payments as less efficient compared to urban veterans, with 8% less rural veterans reporting that welfare payments are provided “somewhat” or “very” efficiently, at 56% compared to 64%.
- Veteran women reported lower availability of mental health and psychosocial support services, and greater difficulty in accessing these services compared to men veterans.
- Veterans with war-related injuries report high availability of medicine and psychological support and counselling.

Regarding veterans’ wellbeing, the report found

- No differences in depression and anxiety were identified between veterans and the general population.
- Higher levels of Aggression for men veterans compared to men in the general population, with veterans who have experienced war-related adversities reporting even higher levels of Aggression than the rest of the veteran sample. In addition, veterans with war-related injuries faced more war-related adversities than those without.
- Veterans who have experienced war-related adversities, particularly exposure to violence or death, report slightly but statistically significantly, higher levels of Aggression than veterans who have not experienced such adversities. Veterans with war-related injuries report a noticeably higher availability of psychological support and counselling.
- Men veterans report marginally worse physical health than men in the general population, a difference that is especially notable among urban men veterans aged 18-35 in comparison to urban men of the same age in the general population.
- The physical health status of veterans with war-related injuries is lower than that of other veterans. In addition, veterans with disabilities are more likely to experience unfair treatment due to their health status or disability; 20% report experiencing this at least sometimes, compared to 12% of veterans without disability status. In contrast, these figures do not differ greatly for veterans with war-related injuries, compared to those without.

Regarding the economic position of veterans, the report found

- Higher levels of Economic security, income, and Employment opportunities than the rest of the sample, though working-age veterans are slightly less likely to be currently employed compared to the general population.
- Fewer job opportunities for veterans living in rural areas than veterans living in urban areas. Rural veterans are also more likely to be unemployed but not looking for a job (37%), compared to both urban veterans (15%) and the rural general population (3%).
- Veterans aged 18 to 60 are slightly more likely to be unemployed than the general population; 37% of veterans in this age group report that they are currently unemployed, compared to 15% of the general population.
- Similar income levels between veterans holding manual and non-manual jobs⁵⁵. However, veterans working in manual jobs reported lower levels of Economic security and physical health status. Veterans in manual jobs and unemployed veterans are more likely to have war-related injuries, and veterans working in manual jobs report encountering unfair treatment slightly more frequently than veterans holding non-manual jobs.
- Lower Employment opportunities, Economic security, Health security and physical health in veterans with lower incomes.

⁵⁵ Manual jobs refer to: Manual construction work, factory or mining work, cleaning work, beauty services, agricultural work, and technicians (plumber, electrician, machine operator, etc). Non-manual jobs refer to: clerical support work (e.g., secretarial or administrative), service sector or trade (chefs, salesmen), IT sector, healthcare workers, education sector, management, and professionals (e.g., engineer, lawyer).

Provision and usage of services

Overall, there are no significant differences in the provision of services reported by veterans compared to the general population (Table 3). There are also no significant differences in provision, usage, or availability of services by gender within veterans. Veterans in rural areas⁵⁶ perceive the provision of welfare payments as slightly less efficient compared to urban veterans, with 56% of rural veterans reporting that welfare payments are provided “somewhat” or “very” efficiently, compared to 64% of urban veterans. This difference remains when controlling for whether veterans use welfare payments or not. However, they report slightly better quality of healthcare services, with 82% of rural veterans reporting “somewhat” or “very” efficient provision of healthcare, compared to 70% of urban veterans (Figure 11). This difference remains when controlling for whether veterans use healthcare services or not. Veterans living in urban areas reportedly use healthcare and administrative services more frequently than both the urban general population and veterans from rural areas⁵⁷ (Figure 11). Despite the relatively high level of provision of healthcare services, veterans also report higher support for healthcare reform than the general population⁵⁸.

Insights from consultations with experts suggest that the quality of service delivery varies significantly depending on the hromada in which the service is provided. Additionally, experts note that the assessment of services is most likely influenced by the specific type of service within the broad categories of administrative and health services, as there are different experiences in the sub-institutions responsible for service delivery. These observations indicate that veterans’ experiences with service quality may vary widely.

◆ **Table 3:** Proportion of responses for Provision of services in veterans (N = 526) and the general population (N = 5,889)

How efficient do you consider the provision of these services?

	General population	Veterans	Veterans – Men	Veterans – Women
Access to the Internet	83%	90%	91%	87%
Emergency services	79%	83%	83%	87%
Provision of basic utilities	82%	82%	81%	89%
Public transportation	72%	73%	72%	83%
Health care	68%	72%	71%	74%
Administrative services	65%	67%	67%	66%
Welfare payments	70%	64%	61%	81%
Basic schooling	54%	57%	55%	71%
Quality of roads	42%	51%	51%	50%
Higher education	35%	46%	45%	53%
Justice services	36%	36%	36%	35%

Proportion provided “somewhat” + “very” efficiently

56 It’s important to note that the sample size of veterans in rural areas is relatively small (N = 61).

57 ANOVA, $p < 0.01$, $F = 27.84$, Cohen’s d effect size between urban and rural veterans 0.31, between urban veterans and general population 0.39.

58 ANOVA, $p < 0.01$, $F = 35.08$, mean scores for general population = 4.9 and for veterans = 5.5 out of 10.

◆ **Table 4:** Proportion of responses for provision of services by veteran status and urbanity
(General population – Rural N = 2,015; General population – Urban N = 3,874; Veterans – Rural N = 61; Veterans – Urban N = 464)

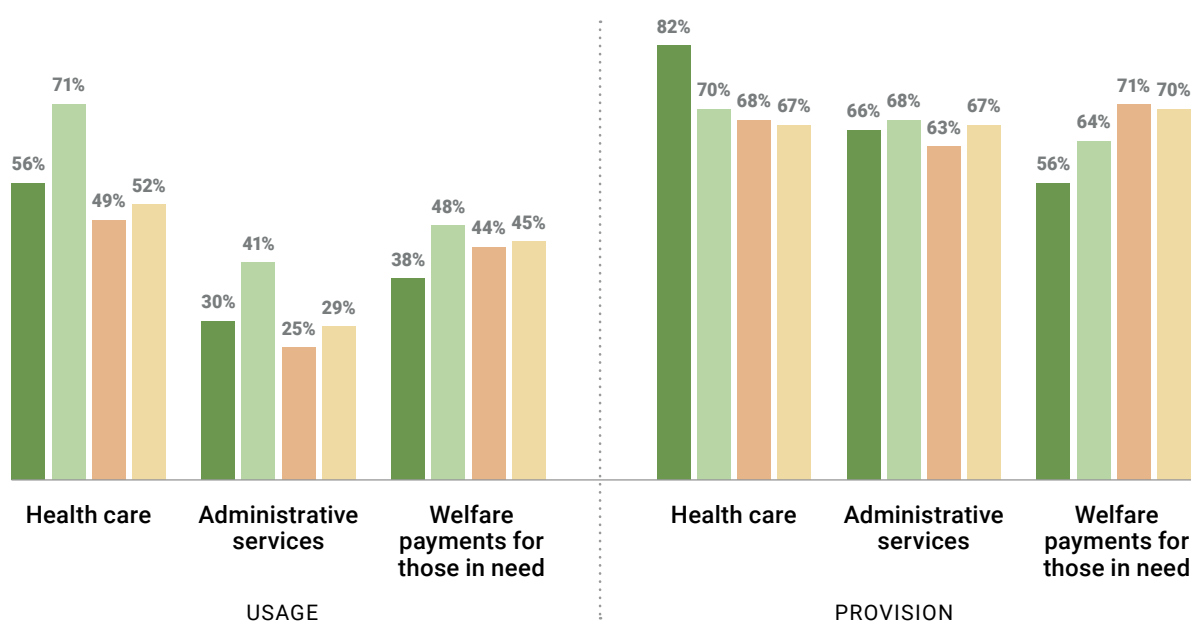
How efficient do you consider the provision of these services?

	General population – Rural	Veterans – Rural	General population – Urban	Veterans – Urban
Access to the Internet	81%	79%	84%	91%
Provision of basic utilities	79%	86%	84%	82%
Emergency services	78%	84%	79%	83%
Health care	68%	82%	67%	70%
Public transportation	67%	72%	75%	73%
Administrative services	63%	66%	67%	68%
Basic schooling	60%	68%	51%	56%
Welfare payments	71%	56%	70%	64%
Quality of roads	39%	43%	43%	52%
Higher education	28%	32%	39%	48%
Justice services	35%	32%	37%	36%

Proportion provided "somewhat" + "very" efficiently

◆ **Figure 11:** Proportion of responses for provision of services by veteran status and urbanity
(General population – Rural N = 2,015; General population – Urban N = 3,874; Veterans – Rural N = 61; Veterans – Urban N = 464). GP – General population

How efficient do you consider the provision of these services? % for "provided somewhat" + "very" efficiently



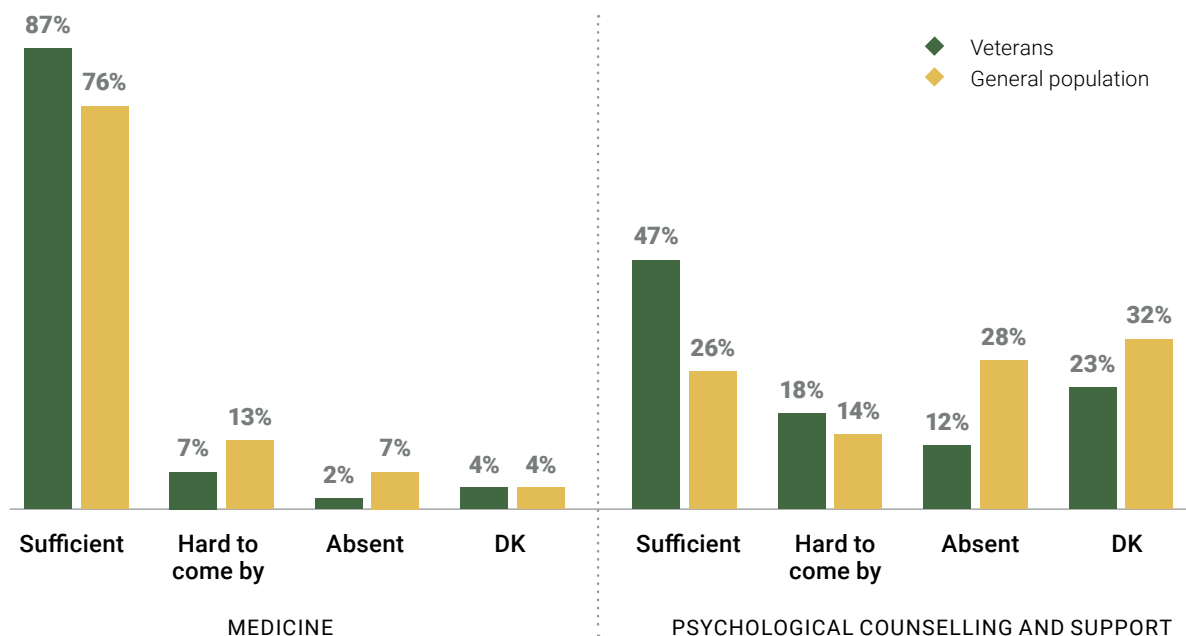
◆ Veterans – Rural ◆ Veterans – Urban ◆ General population – Rural ◆ General population – Urban

Access to medicine and psychological support

Veterans report a relatively higher availability of medicine and psychological counselling and support compared to the general population⁵⁹. Almost 9 in 10 veterans surveyed (87%) report that medicine is sufficient in their locality, and 47% that psychological counselling is sufficient, compared to 76% and 26% of the general population, respectively (Figure 12).

◆ **Figure 12:** Proportion of responses for Access to medicine and Access to psychological counselling in veterans (N = 526) and the general population (N = 5,889)

Please evaluate the availability of the following items and services



Notably, veterans in rural areas report lower access to these services than urban veterans⁶⁰, although they still report more access than the general rural population (Figure 13).

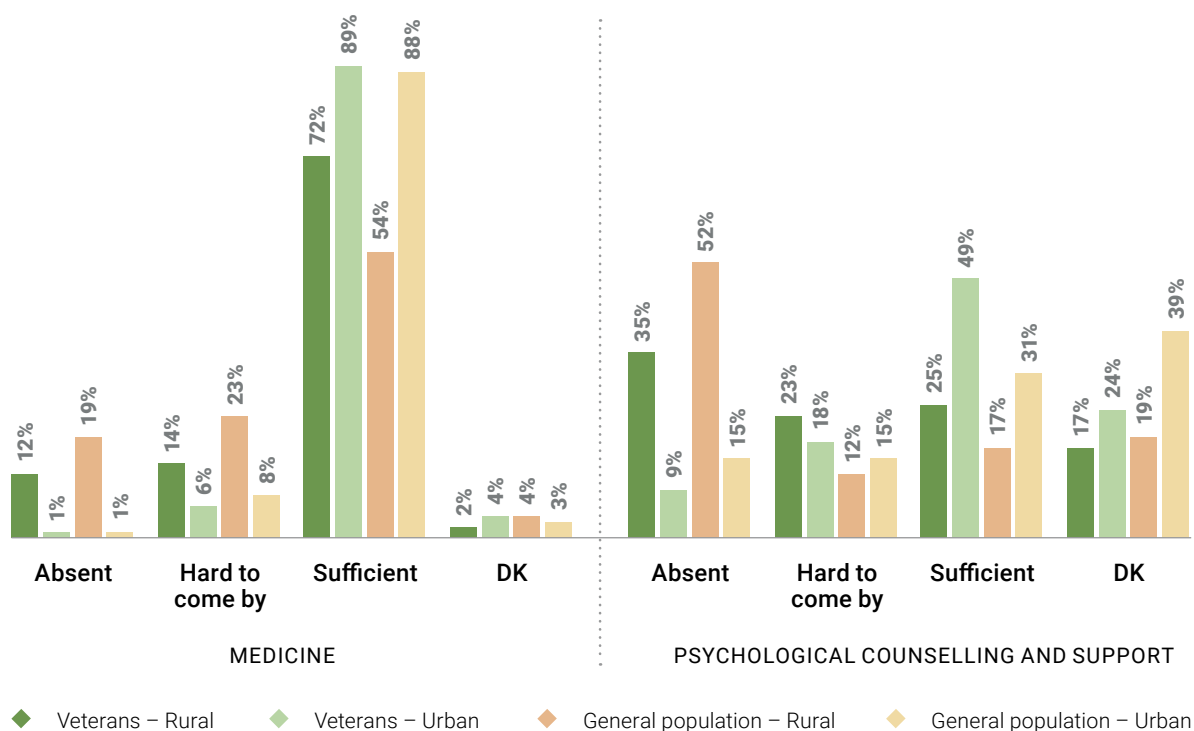
It is noteworthy that the proportion of veterans who respond that they do not know about the availability of psychological support services is lower than the general population, suggesting a higher level of awareness about the availability of psychological support services within this group.

59 ANOVA, $p < 0.01$, $F = 190.84$.

60 ANOVA, $p < 0.01$, $F = 38.99$.

◆ **Figure 13:** Proportion of responses for Access to medicine and Access to psychological counselling by veteran status and urbanity (General population – Rural N = 2,015; General population – Urban N = 3,874; Veterans – Rural N = 61; Veterans – Urban N = 464).
GP – General population

Please evaluate the availability of the following items and services



Women veterans report lower availability of mental health and psychological support services compared to men, with 33% reporting sufficient access compared to 48% of veterans who are men.

Additionally, the difficulty in accessing these services appears to be more pronounced among women veterans, with 31% finding them hard to come by, in contrast to 16% of men veterans. However, access to medicine is reported to be at similar levels for both men and women veterans⁶¹.

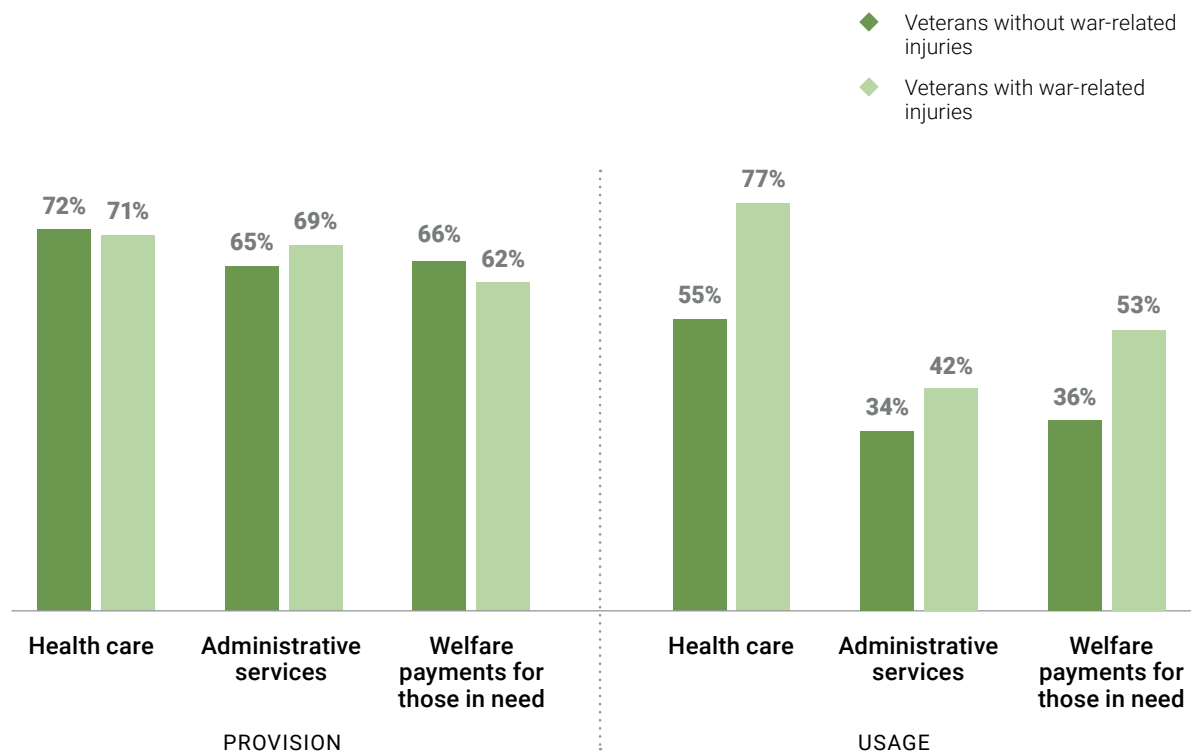
⁶¹ These observations underscore the critical disparities in healthcare service accessibility, particularly in mental health support for veterans, with an evident need for gender-sensitive approaches to improve the reach and effectiveness of MHPSS services. The data highlights the importance of targeted interventions to address the specific needs of veterans, especially those in rural areas and female veterans, to ensure equitable access to essential health services.

Perception of services by veterans with war-related injuries

Veterans with war-related injuries report using health care, administrative services, and welfare payments more frequently than veterans without war-related injuries (Figure 14). Despite these differences in service usage, veterans with and without war-related injuries perceive the availability of medicine equally, with 86% and 87% reporting sufficient access, respectively.

◆ **Figure 14:** Proportion of responses for Provision of services for veterans with and without war-related injuries (Veterans with war-related injuries N = 346; Veterans without war-related injuries N = 180)

How efficient do you consider the provision of these services? % for “provided somewhat” + “very” efficiently

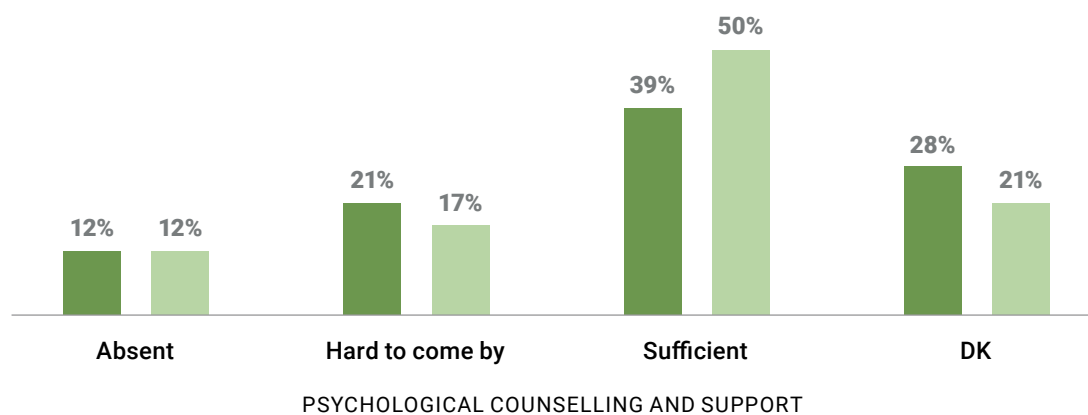


In contrast, veterans with war-related injuries report a noticeably higher availability of psychological support and counselling, which may reflect a greater need for, or use of, psychological support following the trauma of injury, and perhaps a system that is responsive to this increased demand (Figure 15).

- ◆ **Figure 15:** Proportion of responses for Availability of psychological counselling for veterans with and without war-related injuries (Veterans with war-related injuries N = 346; Veterans without war-related injuries N = 180)

Please evaluate the availability of the following items and services

- ◆ Veterans without war-related injuries
- ◆ Veterans with war-related injuries



Mental wellbeing and physical health status

There are no statistically significant differences in the levels of depressive and anxious tendencies when comparing men veterans to men in the general population, and similarly, no significant differences are observed between women veterans and women in the general population, or between veterans based on their gender. This marks a difference compared to SCORE findings from veterans in 2021⁶², in which women veterans had higher levels of both depressive and anxious tendencies compared to men veterans.

In contrast, men veterans report slightly higher levels of Aggression, with an average score of 1.7 out of 10, compared to 1.3 for men in the general population⁶³ (Table 5). This trend was also observed in 2021⁶⁴. Aggression is also slightly higher in men veterans compared to women⁶⁵, a finding mirrored in the general population.

- ◆ **Table 5:** Mean scores on a scale from 0 to 10 for Anxiety, Depression and Aggression, by veteran status and gender (General population – Men N = 2,774; General population – Women N = 3,115; Veterans – Men N = 461; Veterans – Women N = 65)

	General population – Men	Veterans – Men	General population – Women	Veterans – Women
Anxiety	4.3	4.2	5.5	4.9
Depression	3.5	3.4	3.9	3.7
Aggression	1.3	1.8	0.7	0.9

Mean scores on a scale from 0 to 10

- ◆ **Table 6:** Mean scores on a scale of 0 to 10 for Anxiety, Depression and Aggression, for veterans who have personally experienced loss of a close one due to conflict (N = 222), who have personally witnessed violence (N = 255), and who have personally witnessed death (N = 203), compared to veterans who have not experienced these personally (N = 304, 271, 323, respectively)

Veterans who...

	Lost a close one due to the conflict		Witnessed violence		Witnessed death	
	No	Yes	No	Yes	No	Yes
Anxiety	4.3	4.2	4.3	4.2	4.2	4.2
Depression	3.3	3.6	3.5	3.3	3.4	3.4
Aggression	1.5	2	1.3	2.1	1.5	2.1

Mean scores on a scale from 0 to 10

62 Guest Alexander, Panayiotou Orestis, Pissarides Christoforos, Cheryba Nestor, SeeD. 2022. [Reintegrating ATO & JFO Veterans](#).

63 ANOVA, $p < 0.01$, $F = 124.05$, Cohen's d effect size 0.28.

64 Guest Alexander, Panayiotou Orestis, Pissarides Christoforos, Cheryba Nestor, SeeD. 2022. [Reintegrating ATO & JFO Veterans](#).

65 ANOVA, $p < 0.01$, $F = 15.16$, Cohen's d effect size 0.52.

Veterans who have experienced war-related adversities, particularly exposure to violence⁶⁶ or death⁶⁷, and to a lesser extent those who have experienced the loss of a close one⁶⁸ or suffered war-related injuries⁶⁹, report slightly but significantly, higher levels of Aggression than veterans who have not experienced such adversities. Nevertheless, the levels of depressive and anxious symptoms among these veterans are not significantly different (Table 6). It is worth noting that these groups do not report statistically significant differences in access to psychological support and counselling, which may indicate a more specific need for MHPSS services to cover such aspects as Aggression.

Veterans with war-related injuries and disability status faced more war-related adversities than those without (Table 7). While certain experiences related to service, disability, or exposure to war-related adversity may diverge specific aspects of veterans' psychological health, such as Aggression, they do not uniformly affect all facets of psychological well-being, such as anxiety and depression. These results indicate the necessity to identify other mental health spectrums for more targeted support services to meet the specific mental health needs of veterans.

◆ **Table 7:** Proportion of responses for exposure to adversities for veterans with disability status or war-related injuries (Veterans – No Disability status N = 421; Veterans – With Disability status N = 105; Veterans No War-related injuries N = 180; Veterans with War-related injuries N = 346)

	Veterans without disabilities	Veterans with disabilities	Veterans without war-related injuries	Veterans with war-related injuries
Lost a close one due to the conflict	39%	56%	24%	52%
Witnessed someone being shot	46%	59%	32%	57%
Witnessed someone being killed	36%	49%	18%	49%

Proportion of each group of veterans who experienced these adversities personally

Although significant, there is no marked difference in the physical health status of veterans compared to the general population⁷⁰. While there are no significant differences between men and women veterans, nor between women who are veterans and women in the general population, men veterans report slightly poorer physical health than men in the general population⁷¹. This disparity is more pronounced among urban men veterans aged 18-35, with a difference of 1.1 out of 10 compared to urban men in the general population, compared to a smaller yet significant difference of 0.5 in urban men veterans aged 36 and above, compared to the same group in the general population. Predictably, the physical health status of veterans with war-related injuries is lower than that of other veterans⁷². In addition, veterans with disabilities are more likely to experience unfair treatment due to their health status or disability; 20% report experiencing this at least sometimes, compared to 12% of veterans without disability status. In contrast, these figures do not differ greatly in veterans with war-related injuries.

66 ANOVA, $p < 0.01$, $F = 22.74$, mean scores 1.3 and 2.1 out of 10.

67 ANOVA, $p < 0.01$, $F = 16.93$, mean scores 1.5 and 2.1 out of 10.

68 ANOVA, $p < 0.01$, $F = 9.36$, mean scores 1.5 and 2.0 out of 10.

69 ANOVA, $p < 0.01$, $F = 10.44$, mean scores 1.4 and 1.9 out of 10.

70 Physical health status is characterised by an absence of chronic illnesses and health problems.

71 ANOVA, $p < 0.01$, $F = 20.12$, Cohen's d effect size 0.3.

72 ANOVA, $p < 0.01$, $F = 60.76$, mean scores 6.6 and 5.2 respectively.

Health and economic security

Veterans generally report higher levels of Health security⁷³ and Economic security⁷⁴, as well as higher household income levels⁷⁵ and better access to Employment opportunities⁷⁶ than the general population. These trends persist even when accounting for variables such as urbanity, gender (Table 8), and age, and are consistent with findings from veterans in 2021⁷⁷. Moreover, men veterans from urban areas report more job opportunities than men from urban areas in the general population, independent of age. Higher levels of the aforementioned indicators are reported by younger veterans, although this trend is also detected in the general population.

◆ **Table 8:** Mean scores on a scale from 0 to 10 for Economic security, Income level, Employment opportunities, Health security, Health status for veterans by gender (Men veterans N = 461, Women veterans N = 65)

	Veterans – Men	Veterans – Women
Economic security	5.8	5.6
Income level	5.2	5.1
Employment opportunities	5.1	4.7
Health security	6.9	6.5
Health status	5.6	6.1

Mean scores on a scale from 0 to 10

◆ **Table 9:** Mean scores on a scale from 0 to 10 for Economic security, Income level, Employment opportunities, Health security, Health status by veteran status, age and urbanity (General population N = 5,889; Veterans N = 526; Urban men 18-35 years old (y.o.) who are not veterans N = 595; Urban men 18-35 y.o. who are veterans N = 150; Urban men 36 and above who are not veterans N = 1,237; Urban men 36 and above who are veterans N = 260)

	General population	Veterans	Urban men 18-35		Urban men 36 and more	
			Not veterans	Veterans	Not veterans	Veterans
Economic security	5.1	5.8	5.2	5.9	5.4	5.8
Income level	4.3	5.2	5.1	5.5	4.3	5
Employment opportunities	4.1	5.1	5	5.7	4.3	5
Health security	5.8	6.9	6.4	7	6.3	6.9
Health status	6.1	5.7	7.2	6.1	6	5.4

Mean scores on a scale from 0 to 10

73 Health security encompasses both access to essential and specialised healthcare services and the financial means of affording medications. ANOVA, $p < 0.01$, $F = 91.69$.

74 Economic security entails a reliable income source, the ability to satisfy household nutritional requirements, and confidence in the availability of social support payments if needed. ANOVA, $p < 0.01$, $F = 50.63$.

75 ANOVA, $p < 0.01$, $F = 90.31$.

76 ANOVA, $p < 0.01$, $F = 54.13$.

77 Guest Alexander, Panayiotou Orestis, Pissarides Christoforos, Cheryba Nestor, SeeD. 2022. [Reintegrating ATO & JFO Veterans](#).

A notable exception are veterans from rural areas, who perceive to have fewer job opportunities than urban veterans (mean score of 4.0 out of 10 for rural veterans versus 5.2 for urban veterans⁷⁸, Table 11). While the level of perceived employment opportunities of rural veterans is not significantly different from the rural general population (Table 11), they are less likely to be currently employed; 44% of the rural general population is employed, compared to 34% of rural veterans (Table 10). Rural veterans are also more likely to be unemployed but not looking for a job (37%), compared to both urban veterans (15%) and the rural general population (3%, Table 10). Overall, veterans aged 18 to 60 are slightly more likely to be unemployed than the general population; 37% of veterans in this age group report that they are currently unemployed, compared to 15% of the general population, consistent with findings in 2021⁷⁹.

◆ **Table 10:** Proportion of respondents by employment status (General population – Rural N = 2,015; General population – Urban N = 3,874; Veterans – Rural N = 61, Veterans – Urban N = 464; Veterans without war-related injuries N = 180; Veterans with war-related injuries N = 346)

	General population – Rural	Veterans – Rural	General population – Urban	Veterans – Urban	Veterans with war-related injuries	
					No	Yes
Employed	44%	34%	54%	56%	67%	46%
On maternity leave	3%	0%	3%	0%	0%	0%
Running a household / looking after family	8%	10%	4%	3%	3%	4%
Pensioner	28%	12%	25%	6%	4%	8%
Student	4%	0%	5%	0%	1%	0%
Unemployed and looking for a job	10%	9%	8%	20%	14%	21%
Unemployed but not looking for a job	3%	37%	2%	15%	12%	20%

Proportion of each group of veterans and general population who state the above as their main occupation

◆ **Table 11:** Mean scores on a scale from 0 to 10 for employment opportunities by veteran status and urbanity status (General population – Rural N = 2,015; General population – Urban N = 3,874; Veterans – Rural N = 61, Veterans – Urban N = 464)

	General population – Rural	Veterans – Rural	General population – Urban	Veterans – Urban
Employment opportunities	3.7	4	4.4	5.2

Mean scores on a scale from 0 to 10

Veterans with disabilities or war-related injuries report comparable levels of Economic security, income, Employment opportunities, and Health security to other veterans. In contrast, they are less likely to be currently employed compared to veterans without war-related injuries (46% compared to 67%, Table 10).

78 ANOVA, $p < 0.01$, Cohen's d effect size 0.47.

79 Guest Alexander, Panayiotou Orestis, Pissarides Christoforos, Cheryba Nestor, SeeD. 2022. [Reintegrating ATO & JFO Veterans](#).

Despite an absence of visible differences in economic indicators between veterans who are employed and those who are unemployed, differences arise when comparing between sectors of employment. Among veterans, those who work in manual⁸⁰ jobs report lower physical health status⁸¹ and Economic security⁸², although there are no differences in household income level (Table 12). Veterans working in manual jobs and unemployed veterans are more likely to have war-related injuries, and veterans working in manual jobs report encountering unfair treatment slightly more frequently than their counterparts who work in non-manual sectors (Table 13).

◆ **Table 12:** Mean scores on a scale from 0 to 10 for Economic security, Income level, Health status for veterans who work in manual jobs (N = 89) or non-manual jobs (N = 138), or for those who have no job or do not respond about their employment sector (N = 299)

	Veterans		
	No response or job	Manual workers	Non-manual workers
Economic security	5.8	5.1	6.2
Income level	5.2	5	5.4
Health status	5.2	5.7	6.7

Mean scores on a scale from 0 to 10

◆ **Table 13:** Proportion of responses for Marginalisation due to health status or disability and for War-related injuries for veterans who work in manual jobs (N = 89) or non-manual jobs (N = 138), or for those who have no job or do not respond about their employment sector (N = 299)

	Veterans		
	No response or job	Manual workers	Non-manual workers
Marginalisation due to health status or disability (% at least sometimes)	14%	18%	10%
Suffered a physical injury due to war (% "yes personally")	72%	63%	54%

Proportion of each group of veterans who report experiencing

Although no specific subgroup of veterans consistently reports lower income levels, income remains the most critical factor in determining overall health and economic status. This is evident from the lower scores in Employment opportunities⁸³, Economic security⁸⁴, Health security⁸⁵, and physical health status⁸⁶ that the poorest veterans report (Table 14).

80 Manual jobs refer to: Manual construction work, factory or mining work, cleaning work, beauty services, agricultural work, and technicians (plumber, electrician, machine operator, etc). Non-manual jobs refer to: clerical support work (e.g., secretarial or administrative), service sector or trade (chefs, salesmen), IT sector, healthcare workers, education sector, management, and professionals (e.g., engineer, lawyer).

81 ANOVA, $p < 0.01$, $F = 30.53$, Cohen's d effect size compared to those in non-manual jobs 0.6.

82 ANOVA, $p < 0.01$, $F = 7.83$, Cohen's d effect size compared to those in non-manual jobs 0.52.

83 ANOVA, $p < 0.01$, $F = 8.74$, Cohen's d effect size compared to "Enough money for expensive goods" 0.56.

84 ANOVA, $p < 0.01$, $F = 12.76$, Cohen's d effect size compared to "Enough money for expensive goods" 0.83.

85 ANOVA, $p < 0.01$, $F = 7.77$, Cohen's d effect size compared to "Enough money for expensive goods" 0.67.

86 ANOVA, $p < 0.01$, $F = 4.67$, Cohen's d effect size compared to "Enough money for expensive goods" 0.45.

- ◆ **Table 14:** Mean scores on a scale from 0 to 10 for Economic security, Employment opportunities, Health security and Health status for veterans by income group (Veterans – Money for food but not clothes N = 83; Veterans – Money for clothes but not expensive goods N = 302; Veterans – Enough money for expensive goods N = 120)

	Veterans		
	Money for food but not clothes	Money for clothes but not expensive goods	Enough money for expensive goods
Economic security	4.9	5.8	6.5
Employment opportunities	4.5	4.8	6
Health security	5.9	7	7.2
Health status	5.3	5.7	6.2

Mean scores on a scale from 0 to 10

Reintegration, barriers and challenges

Key findings

Regarding veterans' life skills and civic behaviour, the report found

- Higher levels of Entrepreneurship mentality, Distress tolerance, Growth mindset, and Critical thinking than the rest of the sample.
- Higher Sense of civic duty in veterans compared to the general population, and higher Civic engagement in veterans who also have family members taking part in combat.
- Higher readiness for political violence than the rest of the sample.
- Higher levels of Gender equality mindset and Belief in human rights reported by veteran women, as well as lower levels of Support for gender stereotypes and Normalisation of domestic violence against women.
- Higher levels of social threat⁸⁷ were reported by veterans towards people working with the occupying forces and towards pro-Russia oriented people, compared to the rest of the sample.
- Lower levels of social proximity towards men avoiding military service than the general population.
- Higher feelings of tension with IDPs due to draft evasion by men.
- 54% of veterans characterise Ukrainian identity as readiness to defend Ukraine against threats, significantly higher than the general population at 34%.
- Similar to the general population, 84% of veterans hold the notion that despite all wars Ukrainian people are one, and 76% agree that all people living in Ukraine can be Ukrainians; these correspond to 86% and 76% respectively for the general population.

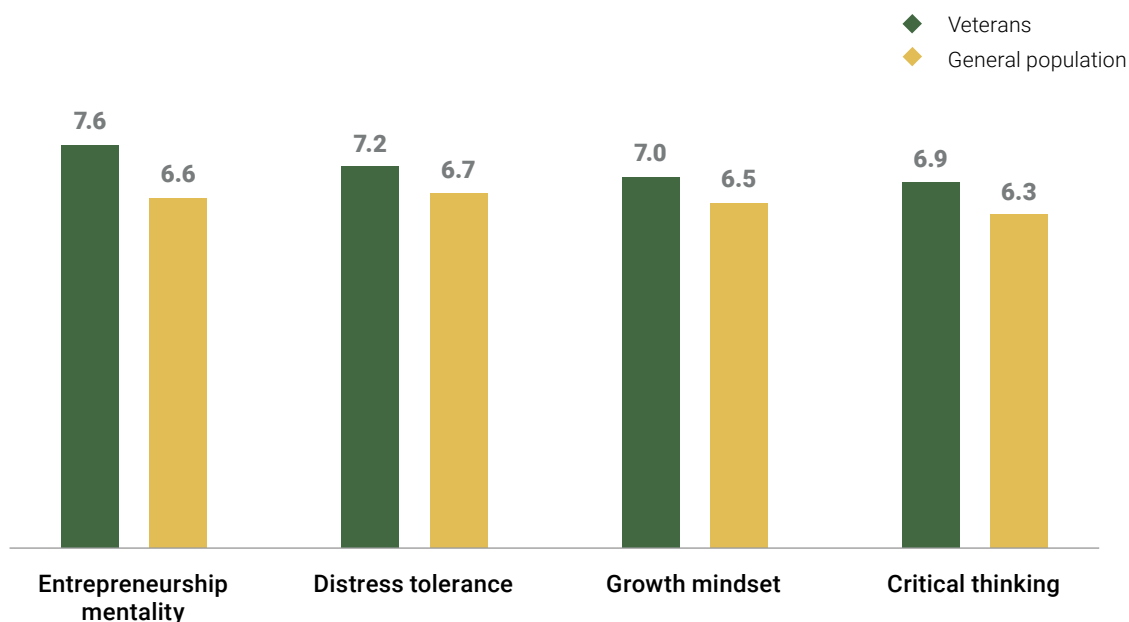
⁸⁷ Social threat is defined as feeling that increasing numbers of the particular groups will undermine the unity of their community.

Life skills and resilience

Veterans generally report higher levels of adaptability skills than the representative sample of the general population. The biggest difference is observed in Entrepreneurship mentality, which corresponds to separate findings from 2023, where the majority (64%) of veterans surveyed reported a desire to engage in their own business and entrepreneurship⁸⁸.

It also agrees with findings from SCORE in 2021, in which veterans reported higher levels of Entrepreneurship mentality and intentions to start their own business⁸⁹.

◆ **Figure 16:** Mean scores on a scale from 0 to 10 for Entrepreneurship mentality, Distress tolerance, Growth mindset, Critical thinking in veterans (N = 526) and the general population (N = 5,889). All differences are statistically significant, $p < 0.01$; $F 27.28 - 88.86$; Cohen's d effect sizes $0.24 - 0.44$

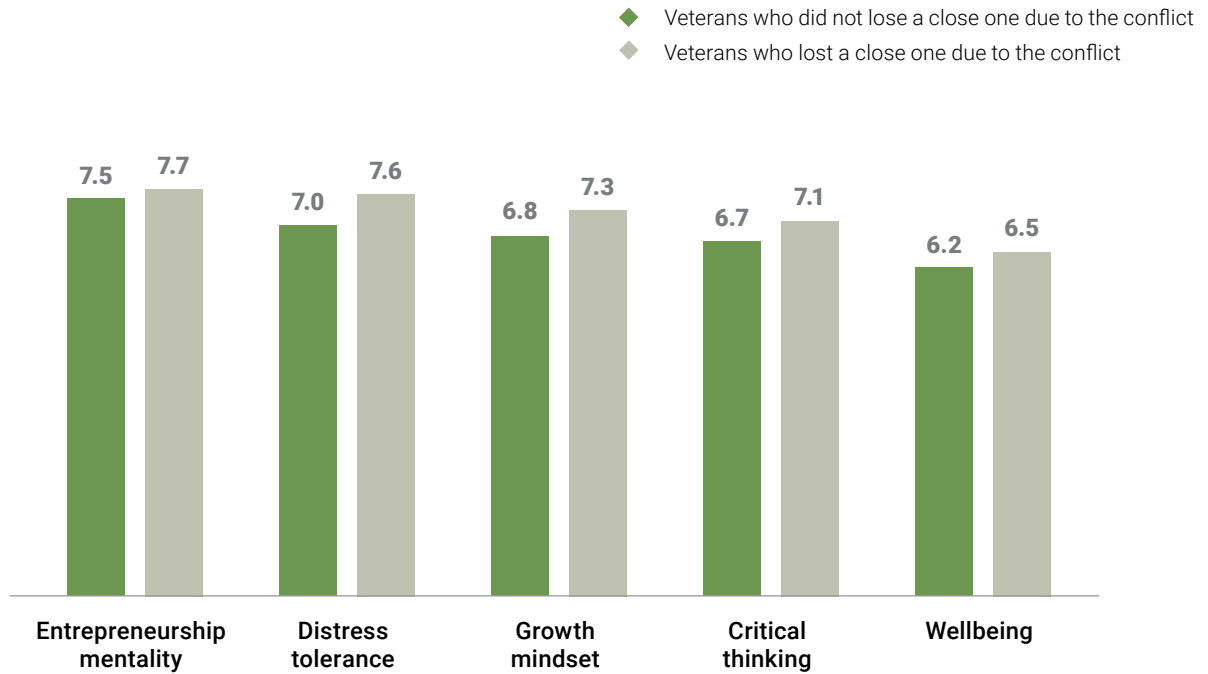


Veterans who have lost a close one due to war do not report big differences in Distress tolerance, Growth mindset, Critical thinking and general Wellbeing, compared to both the general population and to other veterans.

88 Ukrainian Veterans Foundation of the Ministry of Veterans Affairs of Ukraine, Sociological Group "Rating". 2023. [The needs of veterans 2023](#).

89 Guest Alexander, Panayiotou Orestis, Pissarides Christoforos, Cheryba Nestor, SeeD. 2022. [Reintegrating ATO & JFO Veterans](#).

◆ **Figure 17:** Mean scores on a scale from 0 to 10 for Distress tolerance, Growth mindset, Critical thinking, Wellbeing, for veterans who lost a close one due to the conflict (N = 222) and those who did not (N = 304). All differences are statistically significant, $p < 0.01$; $F 4.27 - 16.53$; Cohen's d effect sizes $0.18 - 0.36$

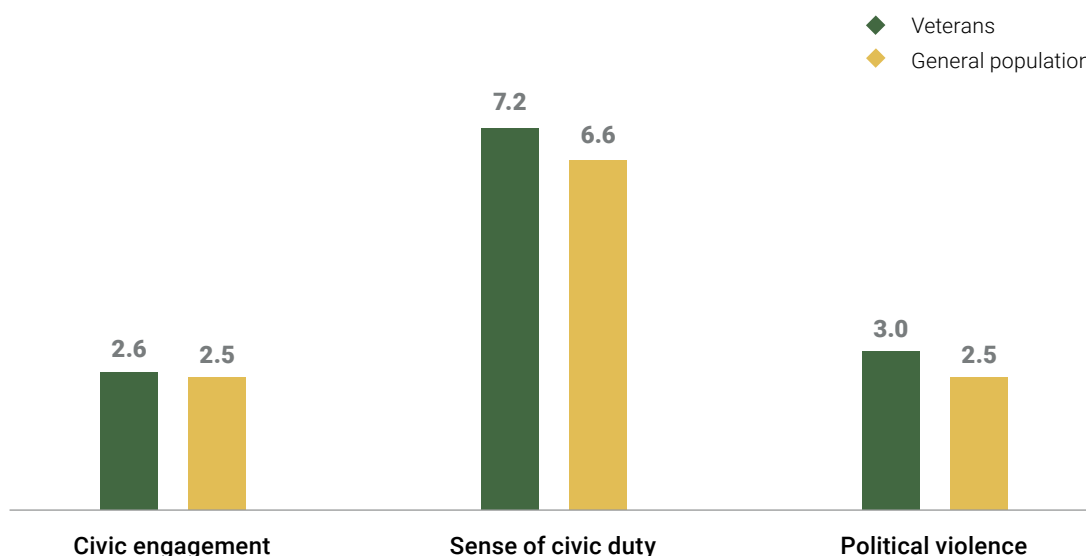


Civic attitudes

The levels of Civic engagement are similar between veterans and the general population (Figure 18), a change from 2021, when veterans were significantly more engaged⁹⁰, which is attributed to slightly lower scores in Civic engagement for veterans in 2023 and slightly higher scores in Civic engagement for the general population. Both veterans and the general population who have family members taking part in combat are more likely to volunteer or donate, reported by 68% and 62% respectively (compared to 54% and 55% of those without family members taking part in combat, Table 15). Beyond this and voting, veterans with family members taking part in combat are generally more likely to participate in all other civic activities, compared to both veterans without family members taking part in combat, and compared to the general population (Table 15).

Veterans report higher levels of Sense of civic duty than the general population⁹¹ (Figure 18), a finding consistent with 2021. Veterans report higher readiness for political violence, an indicator which measures how much respondents believe the use of violence is justified to achieve political goals, compared to the general population⁹² (Figure 18) and which was also mirrored in 2021⁹³. They are also more likely to report that they would use any means of change necessary, including violence, to change their community for the better, and are less likely to report that they would do nothing at all (Figure 19, Figure 20).

◆ **Figure 18:** Mean scores on a scale from 0 to 10 for Civic engagement, Sense of civic duty, Political violence in veterans (N = 526) and the general population (N = 5,889). Differences in scores between general population and veterans in the indicators of Sense of civic duty and Political violence are statistically significant, $p < 0.01$, respective $F = 32.2$ and 15.59 , Cohen's $d = 0.26$ and 0.18



90 Guest Alexander, Panayiotou Orestis, Pissarides Christoforos, Cheryba Nestor, SeeD. 2022. [Reintegrating ATO & JFO Veterans](#).

91 ANOVA, $p < 0.01$, $F = 32.2$, Cohen's d effect size 0.26 .

92 ANOVA, $p < 0.01$, $F = 15.59$, Cohen's d effect size 0.18 .

93 Guest Alexander, Panayiotou Orestis, Pissarides Christoforos, Cheryba Nestor, SeeD. 2022. [Reintegrating ATO & JFO Veterans](#).

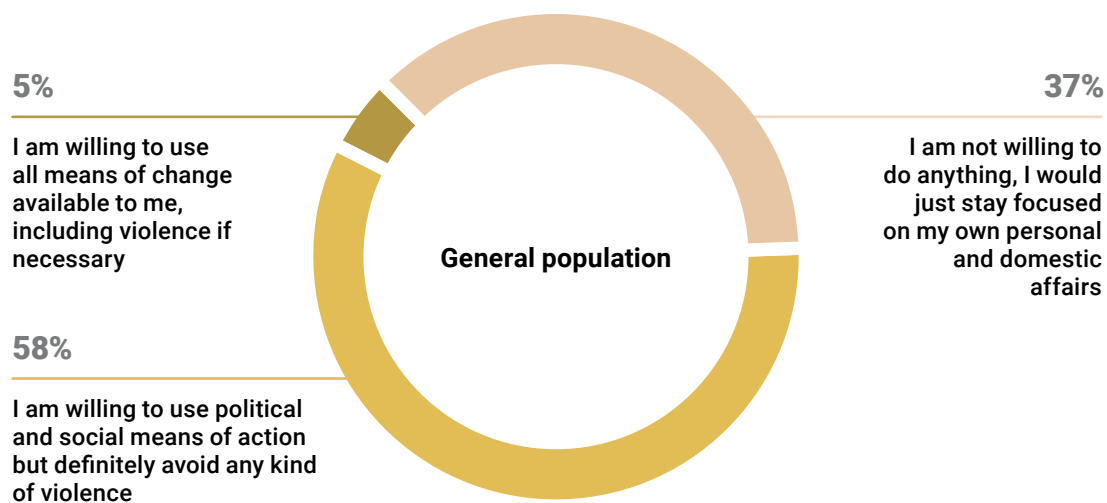
Table 15: Proportion of responses for Civic engagement by veteran status and for those with family members taking part in combat (General population N = 5,889; General population with no family member taking part in combat N = 4,318; General population with family member taking part in combat N = 1,571; Veterans with no family member taking part in combat N = 373; Veterans with family member taking part in combat N = 153)

	General population			Veterans		
	Full sample	Family member taking part in combat		Full sample	Family member taking part in combat	
		No	Yes		No	Yes
Vote in elections	88%	90%	89%	88%	89%	89%
Volunteer or donate	57%	58%	64%	58%	56%	69%
Sign a petition	46%	48%	52%	53%	54%	60%
Participate in events organised by NGOs	41%	43%	48%	48%	46%	60%
Participate in activities aimed at improving neighbourhood	53%	56%	56%	50%	53%	54%
Post and debate social issues online	36%	38%	41%	42%	40%	49%
Participate in public demonstrations	28%	31%	35%	35%	32%	46%
Attend an event organised by local authorities	16%	17%	20%	20%	19%	26%

Proportion of responses "sometimes" + "often" + "very often"

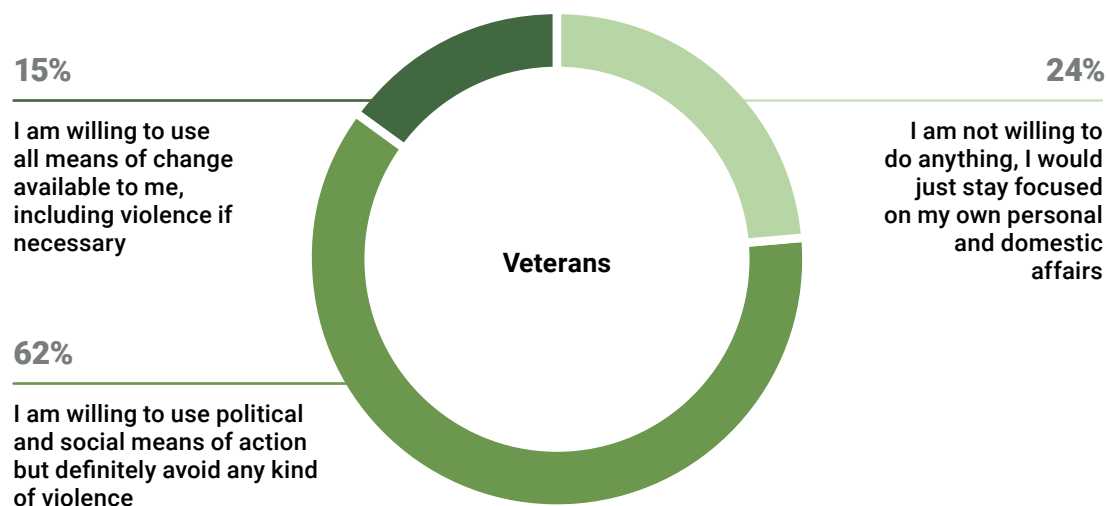
Figure 19: Proportion of responses for Citizenship orientation in the general population (N = 5,889)

Which of the following are you willing to do in order to change the current conditions in your community or in society more generally?



◆ **Figure 20:** Proportion of responses for Citizenship orientation in veterans (N = 526)

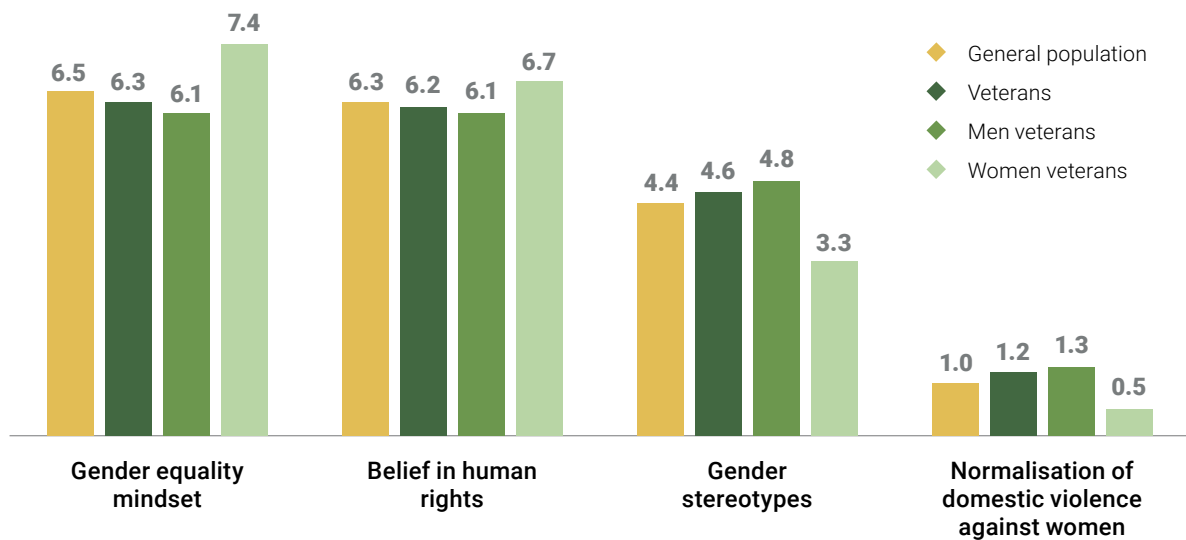
Which of the following are you willing to do in order to change the current conditions in your community or in society more generally?



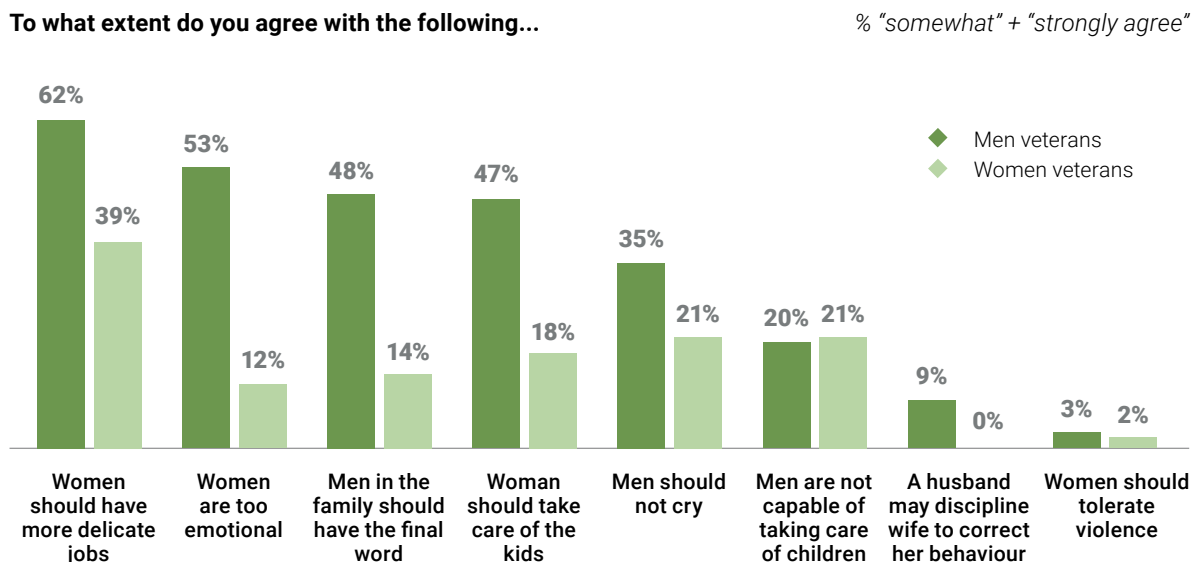
Human rights and gender equality

Overall, there are no significant differences between veterans and the general population. Within veterans, women report higher Gender equality mindset and Belief in human rights, alongside lower levels of Support for gender stereotypes and for the Normalisation of domestic violence against women. More than one in two men veterans (53%) agree with the statement “women are too emotional and this affects their rationality and judgement”, while 62% agree with the statement “women should have more delicate jobs”. In contrast, these figures correspond to 12% and 24% of women veterans (Figure 22).

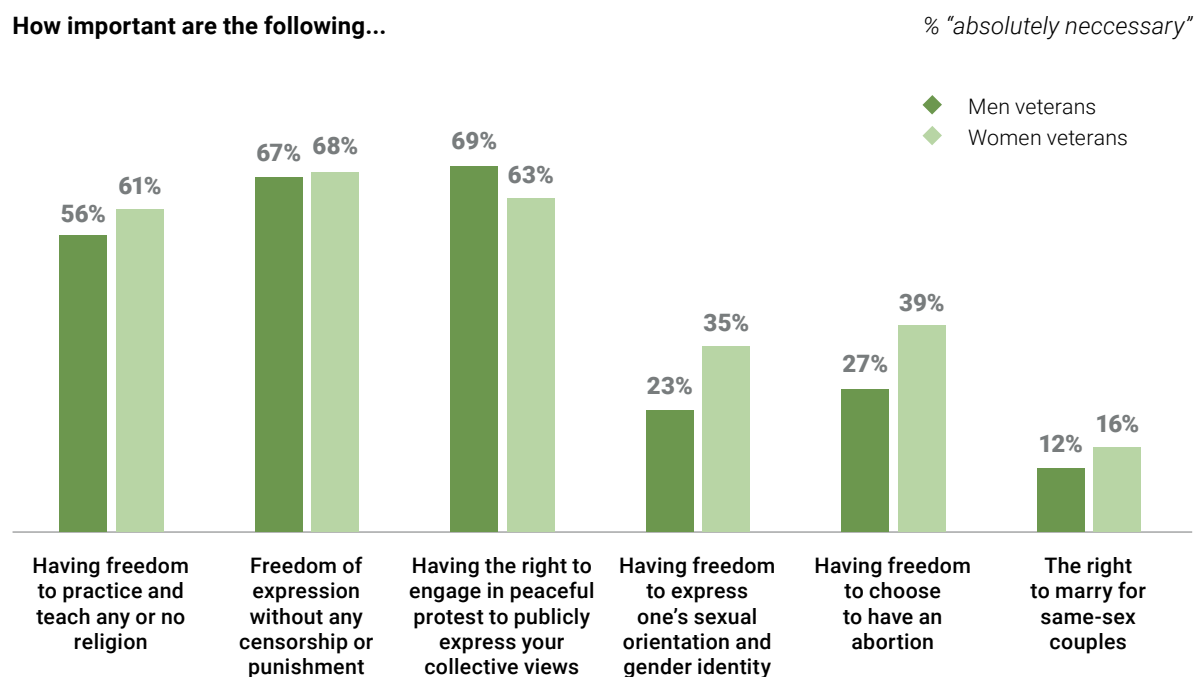
◆ **Figure 21:** Mean scores on a scale of 0 to 10 for Gender equality mindset, Belief in human rights, Gender stereotypes and Normalisation of domestic violence against women (General population N = 5,889; Veterans N = 526; Men veterans N = 461, Women veterans N = 65). Differences between general population and veterans are not statistically significant. Differences between men (N = 461) and women (N = 65) veterans are statistically significant, $p < 0.01$, $F 4.34 - 30.21$, Cohen's d effect sizes 0.28 – 0.74



◆ **Figure 22:** Proportion of responses for Gender stereotypes in veterans (Men veterans N = 461; Women veterans N = 65)



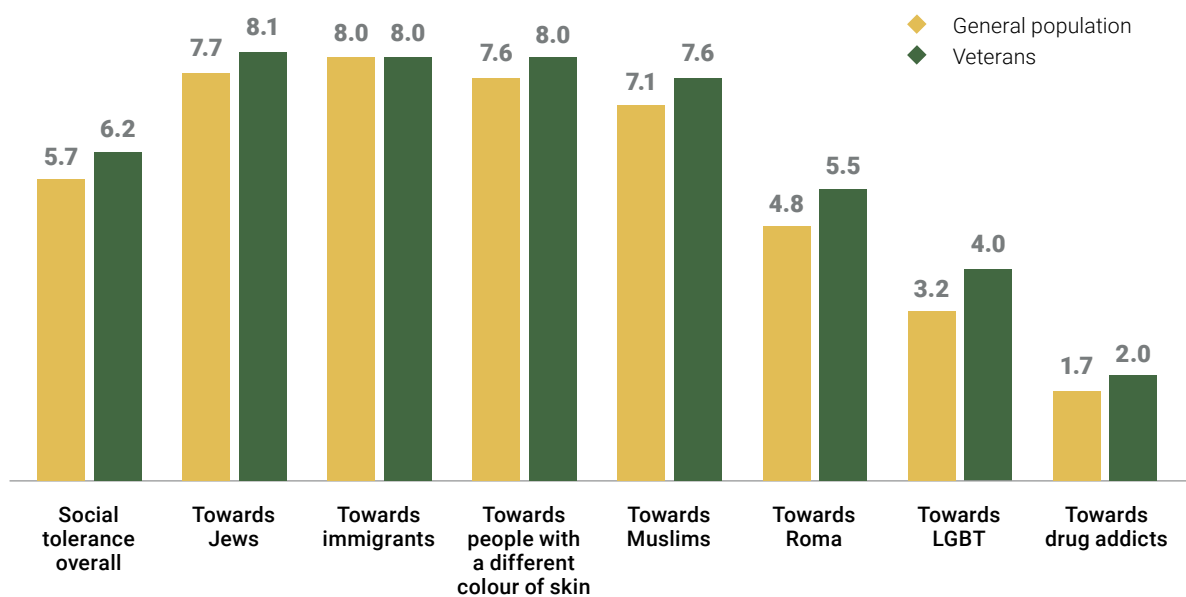
◆ **Figure 23:** Proportion of responses Belief in human rights in veterans
(Men veterans N = 461; Women veterans N = 65)



Intergroup relations and social tolerance

While Social tolerance⁹⁴ towards marginalised groups is similar between the general population and veterans, the latter have statistically significantly higher tolerance towards members of the LGBTQ community⁹⁵ (Figure 24), and this is particularly higher in women veterans⁹⁶ compared to both men veterans and women in the general population. For both veterans and the general population, Social tolerance is higher in urban respondents.

◆ **Figure 24:** Mean scores on a scale from 0 to 10 for Social tolerance (General population N = 5,889; Veterans N = 526). The only significant difference of a large effect size between veterans and the general population is tolerance towards the LGBTQ community



Veterans report slightly higher Social threat⁹⁷ towards people working with the occupying forces⁹⁸ and towards pro-Russia oriented people, compared to the general population⁹⁹, and lower Social proximity towards Ukrainians who left Ukraine after the war started¹⁰⁰ (Table 17).

Regarding intergroup relations towards men avoiding military service, veterans report lower feelings of Social proximity¹⁰¹ towards this group, marginally lower feelings of Social threat¹⁰² and lower Readiness for dialogue¹⁰³. Also, veterans report higher feelings of tension with IDPs due to draft evasion by men¹⁰⁴ (Table 16).

94 A score of 0 on Social tolerance indicates that respondents would prefer if these people left their community, a score of 5 indicates that they would accept them in the community but personally avoid communication, and a score of 10 indicates that they would accept to interact with them personally.

95 ANOVA, $p < 0.01$, $F = 20.05$, Cohen's d effect size 0.2 between general population and veterans.

96 ANOVA, $p < 0.01$, $F = 12.07$, Cohen's d effect size 0.42 between women veterans and men veterans, 0.55 between women veterans and women in the general population.

97 Social threat is defined as feeling that increasing numbers of the particular groups will undermine the unity of their community.

98 ANOVA, $p < 0.01$, $F = 31.81$.

99 ANOVA, $p < 0.01$, $F = 22.56$.

100 ANOVA, $p < 0.01$, $F = 25.09$.

101 ANOVA, $p < 0.01$, $F = 42.91$.

102 ANOVA, $p < 0.01$, $F = 7.93$.

103 ANOVA, $p < 0.01$, $F = 5.37$.

104 ANOVA, $p < 0.01$, $F = 46.91$.

- ◆ **Table 16:** Mean scores on a scale from 0 to 10 for Readiness for dialogue, Social proximity and Social threat towards men avoiding military service, and Sources of tensions due to draft evasion by men in veterans (N = 526) and the general population (N = 5,889)

	General Population	Veterans
Readiness for dialogue with...	4	3.7
Social threat from...	3.2	3.6
Social proximity towards...	4.1	3.1
<i>Men avoiding military service</i>		
Sources of tensions: Draft evasion by men	1.7	2.9

Mean scores on a scale from 0 to 10

- ◆ **Table 17:** Mean scores on a scale from 0 to 10 for Readiness for dialogue, Social proximity, and Social threat towards different groups in veterans (N = 526) and the general population (N = 5,889)

	Readiness for dialogue		Social proximity		Social threat	
	General population	Veterans	General population	Veterans	General population	Veterans
People from western Ukraine	6	6.7	6.8	7	2.3	1.7
Pro-EU oriented people	5.4	6.1	5.9	6.1	2.6	2.3
People from eastern Ukraine	5.3	5.6	6	5.7	2.9	2.8
Russian-speaking Ukrainians	5.1	5.4	5.7	5.6	2.9	2.8
IDPs	5.3	5.3	5.8	5.3	3	3.3
Ukrainians who left Ukraine after the war started	5.2	4.9	5.8	5.1	2.6	2.6
People living under occupation since 2022	4.6	4.5	5.3	4.5	3.6	4
People from Crimea	4.3	4.2	4.9	4.5	3.8	4.2
People living in NGCA	3.5	3.5	4.1	3.4	4.3	4.7
Pro-Russia oriented people	1.4	1	1	0.7	6.3	7.2
People working with the occupying forces	1.3	0.9	1	0.6	6.2	7.3

Mean scores on a scale from 0 to 10

Veterans report similar levels of Marginalisation compared to the general population (Table 18). Notably, there are also no significant differences between veterans and the general population regarding Community cooperation and Community cohesion, which may suggest that veterans do not feel socially excluded in comparison to the general population (Table 19).

- ◆ **Table 18:** Mean scores on a scale from 0 to 10 for Community cooperation and Community cohesion in veterans (N = 526) and the general population (N = 5,889)

	General Population	Veterans
Community cooperation	5.5	5.7
Community cohesion	7	7

Mean scores on a scale from 0 to 10

- ◆ **Table 19:** Proportion of responses for Marginalisation in veterans (N = 526) and the general population (N = 5,889)

Marginalisation due to...

	General Population	Veterans
Political opinions	21%	26%
Level of income	21%	21%
Native language	15%	17%
Level of education	16%	14%
Health status or disability	12%	14%
Age	12%	12%
Religious beliefs and opinions	11%	11%
Nationality / ethnicity	8%	11%
Gender	8%	8%
Sexual orientation	5%	5%

Proportion of responses at least "sometimes"

Ukrainian identity

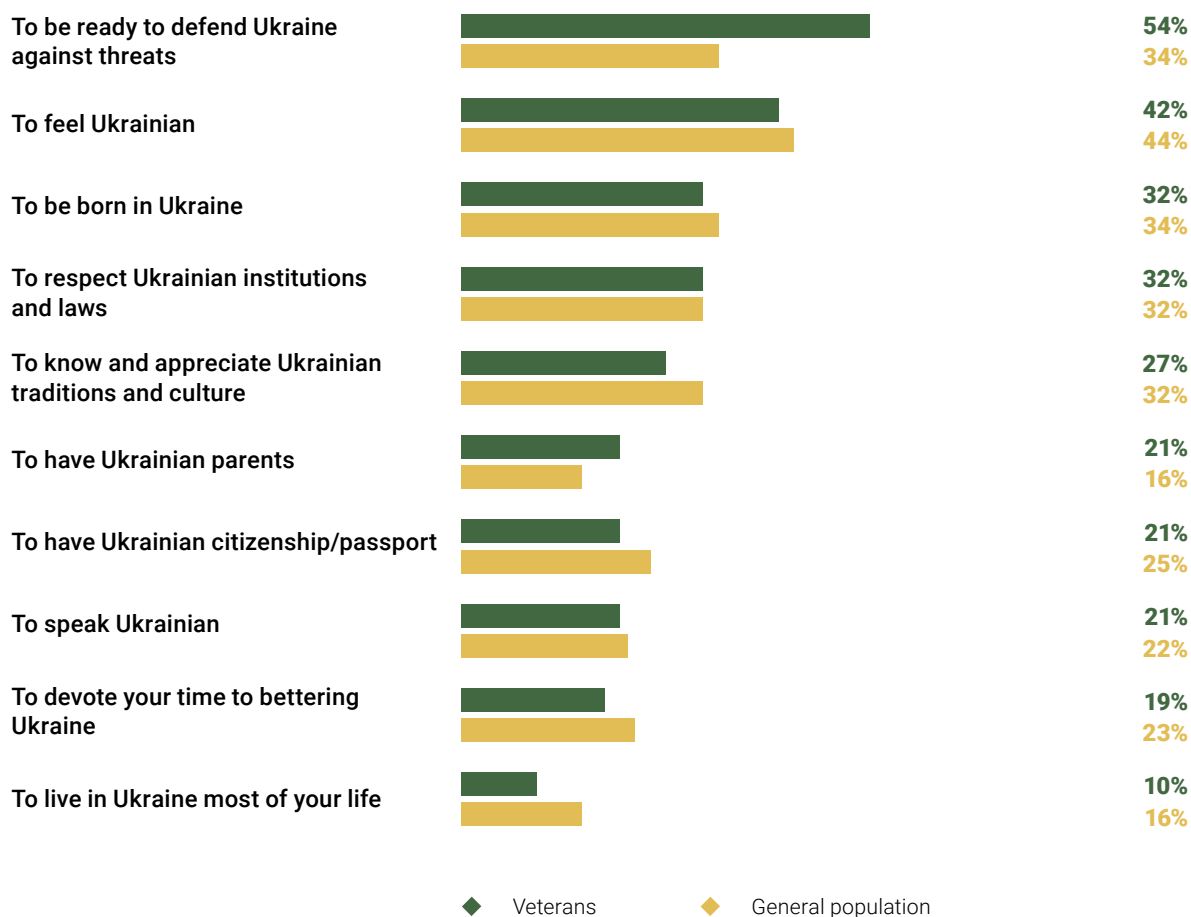
Ukrainian identity is perceived in inclusive terms in both – the general population and veterans – but with a nuanced difference in what is emphasised as the core marker of that identity. While both groups share similar attitudes on markers surrounding feeling Ukrainian and the importance of being born in the country, veterans are more inclined to view the willingness to defend Ukraine against threats as a defining characteristic (Figure 25).

In addition, there is a consensus between veterans and the general population on statements about unity and inclusivity (Figure 26).

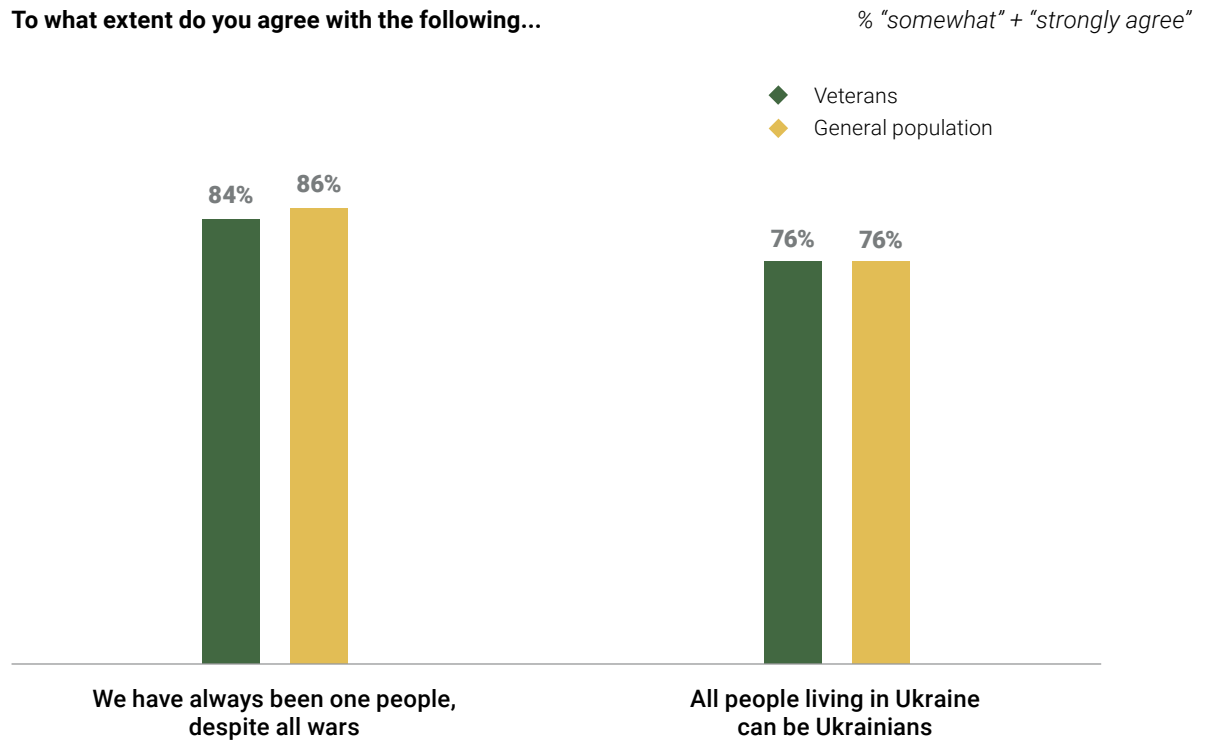
◆ **Figure 25:** Proportion of respondents who report the above factors as “top three markers of being Ukrainian” in veterans (N = 526) and the general population (N = 5,889)

In your opinion, what are the top three most important markers of being Ukrainian?

% who selected this marker



◆ **Figure 26:** Proportion of responses for Pluralistic Ukrainian identity in veterans (N = 526) and the general population (N = 5,889)



Recommendations

Findings:

Veterans report lower levels of trust in central and local institutions, including the police and the Ministry of Reintegration, compared to the rest of the sample. They also report higher intolerance of corruption and perceptions about the prevalence of corruption, particularly systemic corruption with half of veterans saying that parliamentarians can “always” be bribed, and that judges or prosecutors can “always” be bought.

Recommendations:

- Conduct additional, targeted research that aims to understand the underlying reasons and implications of the mistrust in institutions and corruption that veterans perceive. This is critical as a higher perception of corruption was found to erode trust, potentially impacting veterans’ engagement with these institutions and their overall reintegration into civilian life. It is also crucial as it may indicate increasing dissatisfaction with the overall state of affairs and direction of the country.
- Ensure the active involvement of veterans in decision-making mechanisms, including during recovery processes, particularly in the Ministry for Veterans Affairs and Ministry of Reintegration, for example, through the establishment of local veteran’s councils.
- Develop interventions that seek to rebuild the confidence that veterans have in local institutions such as oblast and town or village administrations, particularly in the context of these institutions being involved in the provision of services or benefits to veterans during their reintegration into civilian life.

Findings:

Veterans report high levels of trust in NGOs; with almost three-quarters (74%) saying they trust them somewhat or fully.

Recommendations:

- Continue to fund and expand civil society programs which support the multifaceted aspects of veterans’ reintegration into civilian life, leveraging NGO initiatives that have already gained veterans’ confidence to enhance their reintegration process further.

Findings:

Veterans report lower levels of trust in the daily news on television and social media compared to the general population. Just 23% of veterans trust news on the television to any extent, compared to 42% of the general population. There is also a noted lower usage of traditional media and a higher consumption of online media among veterans compared to the general population.

Findings:

Those veterans that do trust the news on television are more likely to trust central and local institutions, perceive less corruption, and be less sceptic about reforms.

Recommendations:

- Utilise digital platforms as effective communication channels, given veterans' decreased trust in television news and their increased reliance on online media. Platforms such as Telegram, Facebook, and YouTube, particularly those managed by fellow soldiers or military personnel, should be prioritised for their wide reach and the trust they garner within the veteran community.
- Deploy media literacy interventions for veterans, particularly as online and social media are less regulated, and given veterans' increased reliance on, and trust in, online sources.
- Use online platforms and social media to increase awareness among veterans on services and benefits available, including those services available electronically¹⁰⁵ and those aimed at aiding veterans' transition from military service to civilian life¹⁰⁶.
- Continue to showcase soldiers' and veterans' real stories in war reporting through interviews and documentaries, including on mainstream television media, with the aim of increasing veterans' confidence in these sources, particularly given their low trust in the news on television. This could also increase the exposure that the general population has to the experiences of veterans, which can increase empathy towards veterans.

Finding:

Veterans living in rural areas report lower efficiency of welfare payments than both the rural general population and urban veterans, with 56% of rural veterans reporting that these are provided somewhat or very efficiently, compared to 71% and 70% respectively.

Finding:

Veterans in rural areas also report fewer job opportunities compared to veterans living in urban areas, a finding mirrored in the general population. Veterans with lower incomes report lower Employment opportunities, Economic security, Health security and physical health.

Recommendations:

- Ensure that the coverage of, and registration for, welfare payments is equitable across urban and rural locations.
- Implement skills development training catered to veterans based on the needs of the area they are residing in. Consider combining this with strategies for revitalisation of employment in rural areas, catering to the needs of both veterans and the general population, taking into account the physical accessibility requirements that veterans with war-related injuries, or with disabilities, may have.

105 For example, the e-Veteran platform eveteran.gov.ua.

106 Such as the "Perehid" (Transition) system which was supported by UNDP and the Government of Japan, alongside the Ministry of Veteran Affairs.

Recommendations:

- Support small and medium-sized enterprises in rural areas through subsidies and grants during the recovery process of Ukraine to boost employment and development in these areas.
- Support from the international community and Ukrainian businesses for initiatives, such as The Free People Employment Centre¹⁰⁷, which form a bridge between employers and veterans as well as providing veterans with mentorship and educational grants, or other educational programs focused on reintegration¹⁰⁸ or leadership development¹⁰⁹.
- Build upon existing veterans' networks to create platforms that connect urban veterans' organisations with rural veterans, both online and through events, establishing networks and mentorship programmes that can help rural veterans access more opportunities for employment, training and study.

Findings:

Veterans aged 18 to 60 are more likely to be unemployed than the general population; 37% of veterans report that they are currently unemployed, compared to 15% of the general population.

Recommendations:

- Develop targeted employment support programs for veterans aged 18 to 60 to bridge the unemployment gap between them and the general population.
- Conduct detailed assessments to understand which sectors of the Ukrainian economy can benefit from the skills that exist within the veteran population, and design tailored pipelines to enable veterans to transition to these sectors as part of the demobilisation process. Examples could include roles in the technology sector, in which veterans can utilise the skills they acquired during military service, or partnerships with domestic and international employers that promote remote work for veterans.
- Provide financial support for employers to ensure that people in military service have the preferential right to keep their jobs and receive salary payments upon signing their military contract, and develop a state-run system for the compensation of university tuition fees for people previously in military service, which would crucially support their transition to civilian life, and secure their economic stability.
- Ensure funds are allocated for skills training and retraining, and continued tertiary education for veterans who are unemployed.

¹⁰⁷ czvl.com.ua.

¹⁰⁸ UKU, *Повернення з війни: розум, тіло, соціум* [Returning from war: mind, body, society].

¹⁰⁹ Such as scholarships for gaining

Findings:

Veterans holding manual jobs reported lower levels of Economic security and physical health status. Veterans in manual jobs and unemployed veterans are more likely to have war-related injuries, and veterans in manual jobs report encountering unfair treatment slightly more frequently than those in non-manual jobs; with 19% and 10% reporting this at least sometimes, respectively.

Recommendations:

- Address the needs of veterans employed in manual jobs, through a focused approach to ensure not just their health and well-being but also their sense of economic stability. Initiatives should include providing specialised healthcare services for veterans with war-related injuries to lessen concerns about job performance and stability.
- Establish legal protections against discrimination or unfair treatment in the workplace, which are essential to creating a supportive and inclusive work environment for veterans engaged in manual labour.
- Conduct awareness campaigns on the unique challenges faced by veterans with war-related injuries and the barriers they may face when returning to civilian employment.

Finding:

Veteran women report lower availability of mental health and psychosocial support services along with greater difficulty in accessing these services; 16% of men veteran say that psychosocial support services are hard to come by, compared to 31% of women.

Finding:

Veterans in rural areas also report lower availability of mental health and psychosocial support compared to urban veterans.

Finding:

Veteran men report higher levels of Aggression than men who are not veterans, with veterans who have experienced multiple war-related adversities reporting higher levels of Aggression than those who have not.

Recommendations:

- Continue to work with local and international partners¹¹⁰ to expand the reach and accessibility of mental health services for both veterans and their families¹¹¹ (including in rural areas). Conduct awareness-raising campaigns on the availability of these services.
- Enhance outreach and education about MHPSS services, aiming to address misconceptions and encourage utilisation among veterans who may be hesitant to seek these services.
- Expand MHPSS services to cover and identify wider mental health spectrums, paving the way for more targeted support services that meet the mental health needs of specific subgroups of veterans, including covering tendencies for aggression in addition to depression and anxiety.
- Continue to collect and analyse quality, disaggregated data on the short and long-term MHPSS needs of veterans.

110 The IOM Mental Health and Psychosocial Support Unit, Ukrainian Veterans Foundation, DTCare.

111 Reimbursement of psychological assistance services by the Ministry of Veterans Affairs for both veterans and their families.

Recommendations:

- Establish local support groups for veteran men and women to provide an accessible platform wherein veterans can build relationships with others, and discuss their daily lives. Support groups can be online, to enhance accessibility in remote or rural areas, or for veterans with disabilities. Such groups can be facilitated by service providers that enjoy high levels of trust among veterans (e.g., NGOs) as a formal part of the demobilisation progress.
- Design gender-sensitive, location-specific, multisystemic reintegration programmes that combine psychosocial support with livelihoods and employability strategies. Develop monitoring procedures for existing programmes to track best practices for their expansion at national level. Such programmes can be piloted with a smaller group of veterans to generate evidence on their effectiveness, before being rolled out on a larger scale as part of the reintegration policy.
- Ensure that when designing and delivering services, differences in gender roles and expectations for men and women in civil life are taken into account. Similarly, ensure that a comprehensive, gender-sensitive approach to assessing the specific needs of demobilised women and men is implemented.
- Ensure the MHPSS services remain responsive to the increased demand for psychological support, including for veterans with war-related injuries, as veterans transition to civilian life.

Findings:

Urban men veterans aged 18-35 report lower physical health compared to same group in the general population. Veterans with disabilities are more likely to experience unfair treatment due to their health status, with 20% reporting this at least sometimes.

Recommendations:

- Focus initiatives on addressing the specific physical health challenges faced by veterans, with an emphasis on those aged 18-35. Tailored health programs, increased access to healthcare services, and dedicated support mechanisms are essential to bridge this health gap.
- Conduct further research to understand the underlying causes of these health disparities, which can inform more effective health policies and support systems for men veterans, ensuring they receive the care and attention their health status merits, and that they are able to handle challenges related to their health status. This is vital given the high variability in war-related injuries, the consequences of which are not always obvious – particularly in terms of how these can affect reintegration and veterans' ability to adapt to challenges.
- Ensure that information about employment opportunities, services, and benefits is available in accessible formats for veterans with disabilities and war-related injuries, and that these services and rehabilitation centres are physical accessible, adequately funded, and equipped to continue supporting veterans with disabilities and war-related injuries.

Finding: Veterans report higher levels of Entrepreneurship mentality, Distress tolerance, Growth mindset and Critical thinking than the general population, demonstrating their resilience.

- Recommendations:**
- Provide training on entrepreneurship and business strategies to enable veterans to capitalise on their already existing entrepreneurial inclinations.
 - Continue to provide business-related benefits, such as favourable loans for veterans who are first time business owners, tax benefits and state funding.
 - Conduct skills assessments as part of the demobilisation process, that can be used to match veterans with vacancies or job opportunities, and prioritise them for these.

.....

Finding: Veteran women report higher Gender equality mindset and Belief in human rights than both veteran men and both genders in the general population. More than half of men veterans (53%) agree with the statement “women are too emotional and this affects their rationality and judgement”, while 62% agree with the statement “women should have more delicate jobs”. These figures correspond to 12% and 24% of women veterans.

- Recommendation:**
- Provide platforms that empower women veterans to share their experiences and showcase their stories, creating a space for them to challenge gender stereotypes on a wider scale in society.
-

