

RAPID GENDER ANALYSIS

Ukraine

September 2026

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Contents

List of Acronyms **5**

Executive Summary **6**
Key Findings 6
Overarching Recommendations 7

Introduction **9**
Background Information [to conflict or disaster] 9
The Rapid Gender Analysis Objectives 11

Methodology **11**
Ethics and Limitations 12

Findings and Analysis **15**
Gender Roles and Responsibilities 15

Access to Resources and Services **19**
Livelihoods 19
Health 22
Mental Health and Psychological Support 25
Youth Priorities and Aspirations 26
Safety and Protection 27

Recommendations **30**
Overarching 30
Inclusive Livelihood Approaches 30
Health (including MHPSS) 31
Safety and Protection 31

Bibliography **33**

List of Acronyms

ART	Antiretroviral Therapy
CRSV	Conflict-Related Sexual Violence
FGD	Focus Group Discussion
GBV	Gender-Based Violence
GiHA	Gender in Humanitarian Action
HNRP	Humanitarian Needs and Response Plan
IASC	Inter-Agency Standing Committee
IDP	Internally Displaced Person
KII	Key Informant Interview
LGBTQI+	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex and Other Diverse Identities
MHPSS	Mental Health and Psychosocial Support
NGO	Non-Governmental Organization
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OECD	Organisation for Economic Co-operation and Development
PFA	Psychological First Aid
PTSD	Post-Traumatic Stress Disorder
PSEAH	Protection from Sexual Exploitation, Abuse and Harassment
SDR	Secondary Data Review
SME	Small and Medium Enterprise
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
TCC	Territorial Centre of Recruitment and Social Support
TFGBV	Technology-Facilitated Gender-Based Violence
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WGSS	Women and Girls Safe Spaces
WHO	World Health Organization
WRO	Women's Rights Organization

Executive Summary

More than four years into Russia's full-scale invasion, the war continues to reshape gender roles, livelihoods, wellbeing, and social relations across Ukraine. While many of the gendered impacts identified in previous Rapid Gender Analyses (RGAs) remain evident, this assessment suggests that Ukraine is entering a new phase in which the cumulative effects of war are increasingly shaping people's lives. Respondents consistently described a growing burden of overlapping challenges, including economic hardship, caregiving responsibilities, disability, declining wellbeing, displacement, and uncertainty about the future.

Throughout the RGA, vulnerability according to respondents was rarely linked to a single characteristic or population group. Instead, respondents described how war-related stressors, including family separation, military service, displacement, disability, economic pressures, caregiving responsibilities and uncertainty regarding the future, compound to create cumulative and reinforcing stressors that limit the ability of communities and individuals to build resilience.

Key Findings

Vulnerability is increasingly cumulative and interconnected. Rather than experiencing a single source of vulnerability, many households are navigating multiple overlapping pressures simultaneously. Women-headed households, caregivers, older people, people with disabilities, LGBTQI+ individuals, veterans and their families, and households experiencing economic hardship reported some of the greatest challenges.

Women continue to bear a disproportionate share of responsibility for sustaining households and communities. Women increasingly act as caregivers, income earners, household managers and community support providers simultaneously. While women's economic and decision-making responsibilities have expanded, traditional expectations regarding unpaid care work remain largely unchanged. The growing care burden emerged as one of the most significant factors influencing women's wellbeing, economic participation and resilience.



The humanitarian impact of the war is increasingly expressed through chronic stress and exhaustion. Across demographic groups, respondents described emotional fatigue, uncertainty and prolonged psychosocial strain. Young people expressed concern about future opportunities, while caregivers, veterans' families and households supporting family members with disabilities reported growing pressure on their wellbeing and coping capacities.

Social cohesion emerged as a significant and increasingly important finding. While communities continue to demonstrate solidarity and resilience, respondents also described growing loneliness, shrinking support networks and fewer opportunities for meaningful social participation. Many linked social connectedness to wellbeing, resilience, protection and recovery, suggesting that social cohesion is becoming an increasingly important determinant of community resilience.

Economic recovery remains uneven and constrained by structural barriers. Rising costs of living, limited employment opportunities, caregiving responsibilities, disability-related barriers and labour market disruptions continue to affect livelihoods. Respondents highlighted particular challenges for women with caregiving responsibilities, people with disabilities, older people, veterans and young people entering the labour market.

Protection concerns continue to evolve. Domestic violence and household stress remain significant concerns, particularly in the context of prolonged economic and psychosocial pressures. Respondents also highlighted the importance of veteran reintegration, rehabilitation and family support, while key informants identified technology-facilitated forms of gender-based violence and abuse as emerging protection concerns. Overall, protection risks are increasingly shaped by the long-term social consequences of war rather than acute emergency impacts alone.

Direct war-related risks remain a defining feature of daily life. Ongoing attacks, threats to civilian infrastructure, family separation, military service, displacement and concerns for loved ones continue to shape perceptions of safety, wellbeing and future planning across all demographic profiles.

While the findings point to a growing focus on the longer-term consequences of war and direct war-related risks, including ongoing attacks, displacement, family separation and concern for loved ones serving in the military, continue to underpin many of the challenges described by respondents.

Overarching Recommendations

Fund and fill data gaps through the collection and use of sex-age and disability disaggregated data, RGAs and intersectional vulnerability analysis to inform immediate and long-term response plans and adaptations.

Increase flexible multi-year funding for WROs delivering protection and community-based support services in alignment with Ukraine's Protection Cluster Guidance. Ensure that funded programs center the direct, equal, meaningful and safe participation and leadership or women and adolescents across coordination and decision-making structures.

Support safe veteran reintegration across all members of the household recognising that recovery and reintegration affect entire families (including spouses, caregivers and children) through integrated approaches that combine livelihoods, rehabilitation, health, psychosocial support, protection, GBV response and social support systems.

Develop inclusive and complementary programming for men and boys a as allies for gender equality by addressing caregiving responsibilities within the household, decision making norms, barriers to help-seeking, social isolation and mental health needs.

Strengthen community-based wellbeing and psychosocial support networks. Support peer groups, safe spaces and community-led wellbeing initiatives, especially for young people, and socially marginalised groups, that reduce social isolation, strengthen resilience and promote positive coping strategies among war-affected populations.

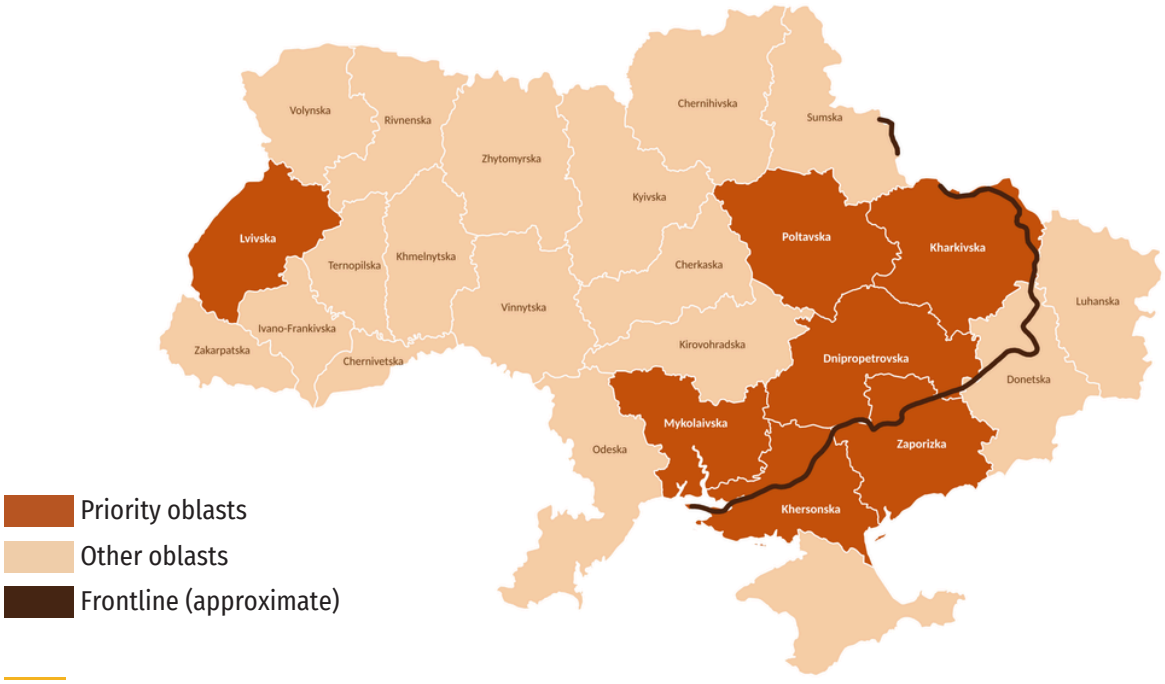
Introduction

Background Information

More than four and a half years after Russia's full-scale invasion of Ukraine in February 2022, the humanitarian crisis remains extensive and complex. By 2026, an estimated 10.8 million people remain in need of humanitarian assistance, while attacks on civilian infrastructure, displacement, economic disruption and insecurity continue to affect daily life across the country. The prolonged nature of the full-scale war has simultaneously required both the expansion of humanitarian response and investment in recovery and adaptation programming.[1] Despite continued collective adaptations to the uncertainty of war, strategies must employ a humanitarian-development nexus approach where immediate life-saving humanitarian relief works hand-in-hand with long-term development recovery,ensuring gender equality is centred and local leaders meaningfully contribute to shaping an enabling environment towards recovery.

The seven oblasts covered by this RGA encompass diverse demographic profiles shaped by displacement, return movements, and proximity to the frontline. Women constitute the majority of the population across all oblasts (50-62%), while older people represent a substantial share of the population, particularly in frontline oblasts such as Kharkivska, Mykolaivska, and Zaporizka, where approximately one third to two fifths of residents are aged 60 years and above. Children account for 15-24% of the population, although their share is notably lower in some frontline oblasts, reflecting prolonged displacement and demographic change. Children also comprise a relatively larger proportion of displaced populations than host populations in several oblasts, underscoring the continued impact of the war on family composition and mobility patterns. Dnipropetrovska, Kharkivska, and Zaporizka have some of the highest proportions of internally displaced persons (IDPs), 16-22% of their

Fig. 1. Locations of primary data collection



1 OCHA, *Ukraine Humanitarian Overview 2026*, 2026; OCHA, *Ukraine Humanitarian Needs and Response Plan 2026*, 2026.

populations, while Kharkivska (25%) and Mykolaivska (20%) have particularly large returnee populations. IDP populations are predominantly female (55-60%), reflecting ongoing displacement patterns in which women, children and older people are more likely to relocate while many men remain due to military service obligations. Settlement patterns vary considerably, with Zaporizka and Dnipropetrovska being predominantly urban, while Poltavska and Mykolaivska have larger rural and small-town populations. Across all oblasts, households containing at least one person with a disability are common (29-46%), with the highest prevalence in Kharkivska, while current figures are also likely to be underestimated given continued impacts of the war. Collectively, these demographic characteristics highlight the need for responses that address the distinct vulnerabilities and capacities of women, children, older people, people with disabilities, displaced populations, returnees, and rural communities.[2]

The impacts of the war are not experienced equally across the population. Vulnerability is increasingly shaped by the interaction of displacement, disability, age, gender, economic insecurity, caregiving responsibilities and geographic location. Women, children, older people, people with disabilities, households affected by military service and its consequences[3] and displaced populations continue to face unique barriers to accessing services, livelihoods and support. As humanitarian resources become increasingly constrained by aid cuts and risk-based prioritisation has become increasingly common, these groups face growing risks of exclusion from assistance and recovery processes, underscoring the need for a deeper understanding of how vulnerability has evolved for different groups.[4] In an environment where millions of Ukrainians remain displaced and women are increasingly assuming responsibilities traditionally shared across households and communities, these evolving gender dynamics are at the heart of response and recovery in Ukraine.

Alongside these shifting roles and responsibilities, the war has also driven profound demographic and social changes. Extended military service, injury, disability and loss of life have altered household composition and family dynamics across the country. Women have increasingly assumed responsibility for income generation, caregiving, household management and community leadership, while men of military age face mobility restrictions, uncertainty and changing social roles.[5] These changes are occurring while Ukraine simultaneously prepares for the long-term reintegration and recovery of an estimated five to six million war veterans and their families, creating significant implications for health, livelihoods, protection and social cohesion.[6]

Social and demographic changes have unfolded in parallel with continued attacks on critical civilian infrastructure. Repeated strikes on energy systems, transport infrastructure, logistics hubs, shopping centres, gas stations, healthcare facilities and public services have disrupted access to electricity, water, healthcare and livelihoods. While service provision continues in many parts of the country, interruptions, rising costs and reduced household purchasing power have increasingly affected people's ability to access essential services. Economic pressures have become a defining feature of the crisis, with respondents across Ukraine reporting rising prices, housing costs, medicine expenses and declining purchasing power.[7]

Alongside physical and economic impacts, the prolonged nature of the war has created significant psychosocial consequences. Many Ukrainians continue to live with uncertainty regarding their future, concerns for the safety of loved ones and the cumulative effects of years of stress and disruption.

2 International Organization for Migration (IOM), *Ukraine Oblast Profiles: General Population Survey Round 25*, October 2026.

3 Households with serving personnel, veterans, family members who were killed or injured during the war, family members who are missing, and families supporting veterans with disabilities.

4 UN Women. *Trapped by War, Energy Attacks and Funding Cuts: Women and Girls in Ukraine Face a Deadly Triple Crisis, 2026.*

5 PRIO, *The Reintegration of 5 Million Veterans May Be Ukraine's Next Major Battle*, 2025.

6 PRIO, *The Reintegration of 5 Million Veterans May Be Ukraine's Next Major Battle: Results from a Recent Survey in Ukraine, 2025;* DCAF, Building Diverse and Inclusive Reintegration Policies and Practices for Veterans in Ukraine, 2026.

7 OCHA. *Ukraine Humanitarian Overview 2026;* United Nations Office at Geneva, *Ukraine's Women at Breaking Point after Four Years of War as Attacks on Energy and Healthcare Continue, 2026.*

Mental health concerns, social isolation and exhaustion are increasingly reported across all population groups. Households are adapting to conditions that many respondents no longer describe as temporary, but rather as a prolonged and uncertain reality.[8]

The humanitarian response has likewise evolved. In the early stages Russia's invasion, emergency assistance focused on displacement, shelter, food, cash assistance and lifesaving services. Almost five years later, humanitarian actors increasingly operate in an environment where immediate humanitarian needs coexist with longer-term recovery. These include war veteran reintegration, disability inclusion, rebuilding livelihoods, restoring social cohesion, strengthening care systems and addressing the cumulative impacts of prolonged war on individuals, households and communities.[9]

At the same time, declining humanitarian funding presents additional challenges. Reductions in international aid have disproportionately affected sectors such as gender equality, protection and support for women's rights organisations. As resources become more limited, risk-based prioritisation has become increasingly common, placing greater importance on understanding how vulnerability has evolved and identifying groups most at risk of exclusion.

Rapid Gender Analysis Objectives

Examine how the prolonged war is reshaping vulnerability, resilience and wellbeing among women, men, girls and boys, and people of diverse gender identities, with particular attention to how vulnerability is increasingly shaped by the accumulation of multiple pressures over time rather than by acute shocks alone

Analyse how gender roles, household dynamics and care responsibilities are evolving in the context of prolonged war with a focus on how military service, disability, displacement, economic pressures and demographic change are influencing household roles, decision-making, unpaid care responsibilities and protection outcomes.

Understand the distinct experiences, priorities and future aspirations of women, men, youth, people with disabilities, displaced populations and households affected by military service and its consequences with attention to barriers to access, opportunities, risks and recovery pathways.

Assess how the prolonged war is affecting health, health-seeking behaviour and access to trusted information and services, with focus on SRH and MHPSS needs

Identify emerging protection risks and changing patterns of vulnerability through a cross-sectoral lens.

Generate practical recommendations to inform humanitarian response programming and humanitarian-development nexus initatives that strengthens resilience building and influences decision makers (ie donors, government institutions and humanitarian actors).

8 UN Women, *Trapped by War, Energy Attacks and Funding Cuts: Women and Girls in Ukraine Face a Deadly Triple Crisis, 2026*; United Nations Office at Geneva (UNOG), *Ukraine's Women at Breaking Point after Four Years of War as Attacks on Energy and Healthcare Continue*, 2026.
9 CARE Ukraine. *Rapid Gender Analysis Secondary Data Review.* 2026.

Methodology

Rapid Gender Analysis (RGA) provides information about the different needs, capacities and coping strategies of women, men, boys and girls in a crisis. By examining changes in household roles, livelihoods, health, wellbeing, protection concerns and future aspirations, this analysis seeks to understand how gendered experiences of the war continue to evolve and how humanitarian and recovery actors can better respond to the increasingly complex realities facing women, men, girls and boys in Ukraine.

The primary data was collected in July 2026, while continued secondary data and other CARE assessments were incorporated into the findings through September 2026 as the context evolved and more data became available. This report builds on previous RGAs conducted in Ukraine by CARE in partnership with UN Women and the Gender in Humanitarian Action (GiHA) working group in 2022, 2023 and 2024 and combines primary and secondary data to analyse how gender, age, disability, displacement status and other intersecting factors influence experiences of the humanitarian crisis. Rapid Gender Analysis is built up progressively: using a range of primary and secondary information to understand gender roles and relations and how they may change during a humanitarian crisis.

It provides practical programming and operational recommendations to meet the different needs of women, men, boys and girls and to ensure we 'do no harm'. Rapid Gender Analysis uses the tools and approaches of Gender Analysis Frameworks and adapts them to the tight time-frames, rapidly changing contexts, and insecure environments that often characterise humanitarian interventions. Research methods include:

- **Secondary Data Review**
- **22 Focus Group Discussions (FGDs)** with 141 participants including 33 young men aged 18 to-24 (23%), 37 young women aged 18-24 (26%), 39 adult women (28%), 10 health care providers equally representing men and women (7%) and 22 women working in mine action (16%).
- **26 Key Informant Interviews (KIIs)** representing 8 men and 18 women serving as humanitarian actors, government representatives, healthcare professionals, disability and inclusion specialists, women's rights organisations, youth representatives and organisations supporting veterans, Roma communities and LGBTQI+ individuals.

Overall, the data collection in total represented 103 women (73%) and 38 men (27%). Primary data collection was conducted across seven oblasts representing different humanitarian contexts, including frontline, war-affected and major displacement-hosting areas: Dnipropetrovska, Kharkivska, Khersonska, Lvivska, Mykolaivska, Poltavska, Zaporizka. These locations were selected to reflect diverse humanitarian conditions while maintaining alignment with oblasts prioritized within Ukraine's 2026 Humanitarian Needs and Response Plan (HNRP), allowing comparison with previous assessments and analysis of evolving trends over time. A purposive stratified sampling approach was used to ensure representation of population groups with different experiences of the war and varying levels of vulnerability. The primary qualitative data collection tools were intentionally designed to explore evidence gaps identified through the secondary data review and to generate deeper understanding of how documented trends are experienced in daily life.

Ethics and Limitations

The assessment adhered to humanitarian ethical standards and the Inter-Agency Standing Committee (IASC) Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action. Participation was voluntary and anonymous, and informed verbal consent was obtained from all respondents prior to participation.

Data collection was undertaken by a trained team of six enumerators (five women and one man). Enumerators completed training on key skills and principles of qualitative data collection methods; ethical and safe research practices; do-no-harm principles; Psychological First Aid (PFA); Gender-Based Violence (GBV) disclosure protocols; Protection from Sexual Exploitation, Abuse and Harassment (PSEAH); digital safety; security considerations in conflict-affected environments.

Several limitations should be considered when interpreting the findings. Ongoing insecurity restricted physical access to some locations and resulted in the use of remote data collection methods in some instances. Children under the age of 18 were not directly interviewed, meaning findings relating to adolescents below 18 are based on the perspectives of young adults, parents, caregivers and key informants. In addition, the assessment did not conduct focus group discussions with men of military age. This decision was taken due to anticipated challenges in safely and effectively recruiting participants, as many men in this age group are either serving in the armed forces or limiting their mobility and public engagement due to mobilisation concerns. Therefore, findings relating to men are primarily drawn from young men's FGDs and key informant interviews.




care


care




care

Key Findings

Findings and Analysis

Gender Roles and Responsibilities

Women are increasingly functioning as household crisis managers, central to household and community resilience.

All respondents within this RGA described a significant expansion of women's responsibilities since the start of the war. For example, in 2024, women reported spending at least 56 hours per week on unpaid childcare (seven hours more than before the war).[10] These figures have only increased reflecting the compounding pressures of displacement, service disruption, and absence of men due to military service. Across locations, respondents described how women's household responsibilities have become all-encompassing to include livelihoods, caregiving, administrative tasks, emotional support, and navigating humanitarian and social assistance systems.

Women describe their roles and expectations now in a more expansive lens beyond traditional caregiving role and inclusive of primary organisers of household survival and adaptation. These findings strongly reinforce pre-existing data across past RGAs highlighting how women have become increasingly central to the health, well-being and capacity of households and communities.

> Women have had to take on every possible role. They become both mother and father, the primary breadwinner, the person responsible for running the household, and the one raising the children.
> **Young Woman, 18–24, Dnipropetrovska Oblast FGD**

Increased responsibility has not consistently translated into increased power, agency or control for women. Power is dynamic and negotiated within each household and community context.

Women have shown that they can hold leadership in all spheres of society – such as key humanitarian and community leaders, innovators and also contributors to the military resistance.[11,12] For example, women in the military nearly doubled since the start of the war and one in every two businesses in Ukraine is founded by a woman bringing greater visibility to the essential roles of women in the evolving protracted war.[13,14] However, while men and women respondents of the RGA noted that women have gained greater visibility and influence within their households and communities, most framed these changes as the result of necessity rather than choice or principled action driven by gender equity or shifting gender norms.

All respondents recognized that the increased responsibilities of women were significant across all spheres but this did not necessarily translate to shifts in traditional expectations around authority, control over resources and long-term decision-making (such as on relocation), which remained typically held with men. Also, the idea of 'proper female behavior' or expectations (especially around childbearing) simultaneously remained traditional, which was noted as a particular challenge during wartime.

When veterans return, gender norms continue to be renegotiated in ways that can be both progressive and conflictual at both the household and community level. This transition can involve a destabilization of traditional identities for both men and women. Men may face difficulties re-entering civilian employment and reclaiming their roles as primary providers, especially when faced with war related injuries (including psychological) and trauma.

10 UN Women. *In the Ukraine War, Women are on the Front Lines and Leading Recovery*. 2025.

11 UN Women. *In the Ukraine War, Women are on the Front Lines and Leading Recovery*. 2025.
12 Julia Teek and Regina Mennig, *How the War Is Changing the Role of Women in Ukraine*, 2026.
13 UN Women, *In the Ukraine War, Women are on the Front Lines and Leading Recovery*, 2025.
14 Heidi Riley, Kseniya Oksamytna and Olena Sotnyk, *The Gendered Impact of the Russian Full-Scale Invasion on the Priorities of Ukrainian MPs*, 2025.



This complicates their renegotiation of authority within families. In other cases, more shared or negotiated decision-making structures emerge, reflecting the adaptations made during wartime. Some men reported adopted increased caregiving or domestic responsibilities, but these shifts have not been universally accepted or internalized.[15] This heightened tension within households with outcomes varying significantly around gender expectations, power and decision making. Wartime adaptations that defined household responsibilities cannot be automatically translated as long-term changes to gender norms.

Caregiving responsibilities of women were frequently linked to reduced employment opportunities, emotional exhaustion, financial pressures and social isolation.

Female respondents consistently identified growing responsibilities as one of the most significant factors shaping daily life, wellbeing and economic participation, particularly women supporting children, older relatives, people with disabilities and veterans.

This responsibility is expected to continue rising as veterans return with rehabilitation and physical and emotional support needs.[16] Thus, women have been required to take on primary responsibility for the household, which then often limits opportunities for employment, political participation or mental health support.

> The wife of a service member may spend years acting simultaneously as caregiver, psychologist, treatment coordinator, mother and employee.
> **Medical Doctor KII**

Unpaid care work for children, older people, people with disabilities and veterans typically fall to women and have presented a growing challenge for Ukrainian households to thrive.[17,18] Respondents described caregiving not as a temporary challenge, but as an increasingly permanent feature of daily life and one of the most significant barriers limiting their access to employment and livelihoods opportunities.

15 Iryna Dobrohorska, *Reintegrating Ukraine's Veterans: Challenges and Policy Responses*, 2025.

16 Peace Research Institute Oslo (PRIO), *The Reintegration of 5 Million Veterans May Be Ukraine's Next Major Battle: Results from a Recent Survey in Ukraine*, 2025.
17 UN Women, *Ukrainian Women at the Front Lines of Resistance and Recovery*, 2025.
18 PRIO, *The Reintegration of 5 Million Veterans May Be Ukraine's Next Major Battle*, 2025.

Women across all locations within this RGA repeatedly described the intense challenge of balancing sustainable income generation, household administration, service access and emotional support simultaneously. Respondents frequently described a combination of economic strain, caregiving demands, emotional exhaustion and prolonged uncertainty.

> It shouldn't be the case that a man is hired simply because he's a man, while a woman is asked whether she's planning to have children.
> **Adult Woman, Poltavska Oblast FGD**

Men of military age described severe mobility limitations as a defining feature of life reshaping household and societal roles and responsibilities, combined with amplifying uncertainty and social isolation.

The war has profoundly impacted the mobility and daily lives of men, particularly those of conscription age. Martial law restrictions, including limits on international travel for men aged 18-60, combined with ongoing concerns about military mobilization, have significantly shaped men's movement and participation in public life. Across assessment locations, men reported avoiding public spaces, public transport, administrative institutions, and checkpoints due to fear of receiving mobilization notices. These dynamics have contributed to social isolation and have been reported to impede access to healthcare, social services, and livelihood opportunities.

In some instances, men described feeling limited to informal employment arrangements that minimize engagement with official systems, potentially increasing economic insecurity, contributing to household poverty and reducing access to labour rights and social protection mechanisms.

> Men are often reluctant to seek formal employment because, understandably, they fear mobilization. At the same time, employers are frequently hesitant to hire them because they know that these individuals may eventually be called up for military service, creating uncertainty and additional costs for the business.
> **Women in mine action FGD, Mykolaivska Oblast**

Concerns about mobilization, self-imposed isolation and the uncertainties of wartime have become significant sources of psychological stress for many men. Fear of conscription influences mobility, livelihood choices, and engagement with public services, contributing to anxiety, loneliness, and reduced participation in community life. The war has also generated tensions between men with different experiences of military service, including veterans, active service members, exempt individuals, and those seeking to avoid mobilization. While attitudes to conscription and perceptions of masculinity vary considerably across communities and households, these dynamics create social pressures[19] that affect mental wellbeing, family relationships and social cohesion.

> Many men can't even go to the hospital because, according to them, the hospital immediately notifies the TCC (Territorial Center of Recruitment and Social Support).
> **Young Man, 18–24, Mykolaivska**

This restricted mobility among men carries significant socio-economic ramifications for households and broader community structures across Ukraine. As men take up military duties or withdraw from the formal labour market to avoid detection, families increasingly rely on women to assume the roles of primary breadwinners, logistical coordinators, and public representatives for the household.

19 Sofie Rose, *"Nation of Heroes: State Stigmatisation of Ukrainian Men Who Flee the War," Critical Studies on Security*, 2026.



This shift places a dual burden on women, who must balance heightened economic responsibilities with existing caregiving duties, all while navigating the emotional toll of protecting male relatives.

> Employment is much more than a source of income. It represents the restoration of self-worth and a sense of control over their lives. Many veterans tell me that after being injured, their greatest fear is becoming a burden on their families.
> **Doctor, Poltavska Oblast KII**

Men and women reported increasingly fragile coping strategies amidst compounding hardships.

Women frequently manage the psychological toll through intensive volunteering, household devotion, social networks, family and mutual support and solidarity networks to endure the crisis. Conversely, men predominantly cope with hardship by focusing on seeking economic opportunities and ways to address immediate family needs. Both men and women in this RGA reflected on how keeping busy and focused on the war response have been ways to manage the hardships, grief and physical and psychological toll.

However, as years of war, displacement, and economic hardship accumulate, these strategies are shifting from signs of resilience to indicators of widespread burnout, emotional exhaustion, and social withdrawal.[20,21] Early coping strategies that were generative and helpful for the household; therefore, are now leaving them more depleted.

This erosion of communal coping mechanisms has intensified household vulnerabilities, particularly pushing female-headed households and single-parent families to experiencing greater isolation and reduced capacity to manage shocks. The household responsibilities on women continue to grow, amplified by a pressing need for practical skills to care for injured veterans at home. Ultimately, the combination of profound emotional exhaustion, strained family dynamics, reduced collective supports and economic precarity increased the potential risks and conditions for gender-based violence, coercive control of household resources, and reduced help-seeking behaviors.

20 UN Women, *Trapped by War, Energy Attacks and Funding Cuts*, 2026
21 PRIO, *The Reintegration of 5 Million Veterans May Be Ukraine's Next Major Battle*, 2025.

Access to Resources and Services

Livelihoods

The intersectional and compounding economic impacts of the war (such as the rise of energy costs) is continuing to drive instability and shape household decision making at every level, especially for those most economically at risk such as people living with disability, households experiencing multiple displacements, older populations, female-headed households and youth.

All RGA respondents consistently described rising living costs, declining purchasing power and economic uncertainty as major drivers of vulnerability to continued shocks. Respondents also frequently linked financial pressures to postponed healthcare, increased workloads, reduced food quality and inability to save for the future. Those that have been displaced, households affected by military service and its consequences, people with disabilities and youth experienced profound needs to pivot livelihood paths amidst the evolving war conditions and expressed an inability to rebuild stable lives due to perpetual economic strain and displacement.[22] Simultaneously, declining global aid support[23] and volatile employment markets[24] combined with unstable national markets leave many households unable to plan for the future.

Workforce participation has become highly fragmented due to the scale of disruptions to labour markets with millions displaced, injured, or engaged in military service. The expected reintegration of up to 4–5 million veterans (about 10% of the population) and their families further strains already limited employment systems.[25]

> I had to leave everything behind and start my life over from scratch. We had to find a place to live, and now we are looking again because the landlords want to raise the rent to a level we simply cannot afford.
>
> **Adult Woman IDP, Poltavska Oblast FGD**

Although opportunities for women have increased in traditionally male occupations due to wartime necessity, women and female youth highlight barriers related to workplace discrimination, occupational segregation, leadership and assumptions related to future caregiving responsibilities.

The Ministry of Social Policy reports that fewer professions are perceived as exclusively male or female, prompting a significant influx of women into non-traditional sectors such as heavy manufacturing, logistics, defence, and technology.[26,27] While RGA respondents expressed a strong interest in re-training for these traditionally male-dominated occupations, they face profound systemic roadblocks upon entry, including persistent stereotypes, lower salaries for identical work and lack of family accommodations.

Because the war has severely disrupted childcare infrastructure and expanded the need for home-based care for elderly relatives and injured veterans, employers continue to operate under entrenched assumptions that younger women will inevitably prioritize future caregiving over professional consistency. Consequently, despite demonstrating record levels of professional resilience and a desire to assume leadership roles, women find their long-term economic mobility heavily curtailed by structural inequalities and the exhaustion of inaccessible public care services.

22 OCHA. Ukraine Humanitarian Overview 2026.
23 UN Women, *Major Funding Cuts Undermine Ukraine's Women's Rights Organisations*, 2026.
24 OECD, *OECD Economic Outlook, Volume 2026 Issue 1: Under Pressure*, 2026.
25 PRIO, *The Reintegration of 5 Million Veterans May Be Ukraine's Next Major Battle*, 2025.
26 UN Women, *Ukrainian Women at the Front Lines of Resistance and Recovery*, 2025.
27 UN Women. *Ukrainian Women at the Front Lines of Resistance and Recovery*



According to ILO-UNICEF led research, women's participation in the labour market is shaped by three interrelated factors: the availability and accessibility of childcare services, flexible working arrangements, and social norms and stereotypes.[28]

> Many training programs have emerged to help women acquire these professions. However, almost no one addresses the issue of discrimination they face after completing training when they enter traditionally 'male' sectors.
> **Association of Women Ambassadors KII**

Female veterans report having unique challenges accessing employment pathways, as well as housing and social benefits compared to other veterans.[29] Female veterans face distinct challenges upon reintegration, including social stigma as dominant stereotypes of "veterans" remain male-centred; the legacies of exposure to conflict-related sexual violence; and increased caregiving responsibilities.[30] Women veterans also reported being expected to resume traditional caregiving roles quickly, even after experiencing combat, which can introduce psychosocial support needs and challenge reintegration, while also pursuing economic opportunities.

Discussions regarding veterans and reintegration focused almost exclusively on men. The limited visibility of women veterans within respondent discussions may itself reflect persistent gendered assumptions regarding military service and recovery.[31]

Employers are often insufficiently equipped and/or unwilling to accommodate returning veterans, particularly those with disabilities or psychosocial support needs, highlighting a critical gap in inclusive labour market policies.

Respondents identified securing employment pathways as central to successful veteran reintegration. However, due to the high prevalence of trauma and psychological support needs of veterans, respondents reported that the lack of reasonable accommodation of employer and the absence of integrated mental health services inhibits the effectiveness of economic recovery efforts. Employer stigma around mental health conditions of veterans, such as PTSD, and physical disability accommodations present significant challenges to their workplace re-integration.

28 International Labour Organization (ILO) and UNICEF, *Access to Early Childhood Education and Care and Women's Economic Empowerment in Ukraine: National Study*, 2026.
29 PRIO, *The Reintegration of 5 Million Veterans May Be Ukraine's Next Major Battle*, 2025.
30 DCAF, *Building Diverse and Inclusive Reintegration Policies and Practices for Veterans in Ukraine*, 2026.
31 NGO Women Veterans Movement, No Longer Invisible: *How a Veterans Organization Is Securing a Place for Women in Ukraine's Armed Forces*, 2026.

> It is not enough to train veterans alone. We must also help businesses adapt workplaces, eliminate prejudice
>
> **Veteran Reintegration KII**

Key informants noted that employment quotas for people with disabilities often exist in practice, but opportunities are frequently limited to symbolic or low-skilled positions. Both male and female respondents repeatedly linked disability inclusion challenges to inaccessible infrastructure, weak pathways between rehabilitation, training and employment, combined with employer stigma and fragmented social support networks. Consequently, these barriers leave wounded and traumatized veterans isolated from the formal economy, reinforcing household financial vulnerability and undermining the sustainability of long-term community recovery.

> The public employment system still exists, but finding a job remains very difficult. Even if a person is exceptionally qualified, if they use a wheelchair, there is no guarantee that they will be able to access their workplace or even get up the stairs.
>
> **Kharkiv Health Cluster KII**

LGBTQI+ individuals face additional barriers to accessing housing, employment and services. Key informants reported that while LGBTQI+ people experience many of the same impacts of war as the wider population, including displacement, livelihood loss and housing insecurity, these challenges are often intensified by existing stigma and discrimination. Same-sex couples reportedly face difficulties accessing rental housing, while transgender individuals may experience barriers to employment, housing and healthcare when gender expression does not align with identification documents. Respondents also noted that these challenges become more severe when combined with other vulnerabilities, including disability, displacement and Roma identity.

Youth exclusion from formal economic pathways remains a critical concern for the ongoing recovery and future growth of Ukraine.

War-related disruptions to education and training have increased the risk of youth becoming disengaged from education and economically building Ukraine's future, particularly among young women and more vulnerable groups. Despite strong engagement in volunteerism and community initiatives, youth lack structured entry points and viable opportunities to sustainable livelihoods and formal economic systems.[32] Young people from rural areas, smaller communities, or Roma communities also face higher barriers to accessing education, employment and training.

Despite barriers and prolonged conditions of uncertainty, male and female youth participating in this RGA reported strong aspirations to pursuing their education, employment and independence. Given the economic hardships across the country, respondents reported that many young people increasingly seek employment earlier than previous generations.

> Many teenagers still want independence. They want to earn money themselves and have their own funds.
>
> **Young Woman, 18–23, Lvivska Oblast FGD**

Employment emerges as far more than just a source of income; young respondents explicitly frame it as a critical prerequisite for personal autonomy, social belonging, and the capacity to form long-term plans in Ukraine. For young women, these barriers are often compounded by entrenched assumptions regarding future caregiving responsibilities, while young men face unique mobility and safety constraints around conscription that effectively stall a generation's transition into stable adult roles and widen socio-economic vulnerabilities across households.

32 UNICEF and UN Women, *An Inclusive Future for Ukrainian Youth*, 2024.

Health

Routine preventive and long-term health care has been deprioritized as the war has prolonged. The health system is increasingly prioritizing emergency trauma care, rehabilitation and mental health services to respond to evolving war time needs.

This shift to immediate needs is mirrored in household coping strategies where individuals facing economic hardship, competing priorities and mobility constraints are more likely to delay or forego care unless it is urgent, leading to reduced continuity of care and worsening long-term outcomes. All respondents described delaying routine healthcare, preventive services, screening and treatment until conditions become severe, and instead prioritizing immediate survival needs. These findings were reported across multiple locations but appeared particularly pronounced in frontline, rural and hard-to-reach communities where access challenges are compounded by service limitations, insufficient workforce expertise and insecurity affecting the continuity of care.[33] This is also rippling into HIV support services, as testing volumes have declined, newly identified HIV cases dropped sharply (–22.7%), and testing efficiency fell suggesting gaps in case finding, outreach services and health seeking behaviour rather than a true epidemiological decline.[34] Additional reported barriers to health seeking that were highlighted by respondents (particularly women) include emotional and physical exhaustion, time limitations due to compounding care responsibilities and transportation barriers. For those with HIV, these factors also reinforce additional barriers to maintaining adherence to life saving antiretroviral therapy (ART).

Gender norms significantly influence help-seeking behaviour. All respondents frequently described women and girls as more likely to seek support or discuss health concerns, while boys and men were often described as delaying seeking help due to limitations around mobility due to conscription fears combined with social expectations around self-reliance and masculinity. This can have severe health consequences for some conditions, such as HIV, where men are currently the vast majority of newly diagnosed cases.[35]

> Girls are generally more likely to seek professional help... Boys, by contrast, are more likely to suppress their emotions because they fear being perceived as weak.
>
> **Doctor, Poltavska Oblast KII**

Disability and rehabilitation are among the fastest-growing areas of need in Ukraine, with increasing demand for long-term healthcare, rehabilitation and support services.[36]

Crucially, this domestic care crisis is deeply gendered, as women are disproportionately absorbing the secondary impacts of veteran rehabilitation by acting as the primary managers of care. While balancing pre-existing employment, household management, and childcare, women are overwhelmingly taking on the unpaid, exhausting responsibilities of coordinating medical services and supporting long-term rehabilitation. This unequal distribution of labour leads to severe caregiver burnout, financial strain from reduced employment opportunities, and a dangerous trend where women neglect their own health and well-being.

33 United Nations Office at Geneva (UNOG), *Ukraine's Women at Breaking Point after Four Years of War as Attacks on Energy and Healthcare Continue*, 2026.
34 UNAIDS, *Fifth Year of War: Impact on the HIV Response*, 2026.
35 *Ibid.*
36 United Nations Office at Geneva (UNOG), *Ukraine's Women at Breaking Point after Four Years of War as Attacks on Energy and Healthcare Continue*, 2026.

> I am also responsible for my elderly parents with disabilities, who require constant care.
> **Adult Woman, Mykolaivska Oblast FGD**

Adolescent girls and boys identified limited access to accurate, trusted, confidential and youth-friendly information as one of the most significant challenges, especially for sexual and reproductive health (SRH) issues.

Compounding structural barriers and long-standing social norms drastically restrict adolescent access to essential Sexual and Reproductive Health and Rights (SRHR) information and youth-friendly services. While the current war exacerbates these challenges through parental stress, displacement, and family separation— which severely disrupt caregiver-adolescent communication— the root causes extend beyond wartime disruption. Both male and female RGA respondents highlighted a pervasive absence of comprehensive health resources and a lack of trusted spaces for open discussion.[37] Consequently, youth are increasingly forced to rely on social media and digital platforms for health information, exposing them to significant risks regarding misinformation and unreliable digital content.

> The biggest challenge is the lack of awareness. There is insufficient education, too few trusted sources of information, and too few communication channels.
> **Health Cluster Representative KII**

Gender-specific vulnerabilities further dictate how youth experience these systemic barriers and navigate help-seeking behaviours. Girls face distinct challenges tied closely to relationship dynamics, institutional trust, and their willingness to seek support amidst shifting access to information. In contrast, boys are heavily constrained by gendered social norms and stigma, which restrict emotional expression and induce an acute fear of peer judgment when seeking assistance.

Rural communities experience compounded barriers, gaps and fragmentation to healthcare access rehabilitation and disability-related services.[38]

In rural Ukraine, the intersection of wartime destruction, systemic infrastructure collapse, the fragility of the energy grid and severe workforce shortages creates a compounded crisis that disproportionately harms more vulnerable groups, such as older people, individuals with chronic illnesses, and people with disabilities. Rural healthcare access is highly variable and dependent on a fragile network of local delivery systems that frequently face logistical hurdles such as the displacement of a single specialist, the destruction or defunding of local clinics, or the suspension of emergency response services.[39] For marginalized demographics—such as the high concentration of older women left behind in frontline or rural villages—who require consistent, long-term rehabilitation and medical treatments, these structural deficits are catastrophic. The targeting of energy infrastructure, combined with the lack of accessible public transport and long, insecure travel distances to urban centres, can potentially sever vulnerable rural populations from life-sustaining care and deepens their isolation.

37 UNICEF & UN Women. *An Inclusive Future for Ukrainian Youth.*

38 WHO, Health Cluster and sources reviewed in the Secondary Data Review regarding health system prioritisation, service disruption and continuity of care.

39 WHO, Health Cluster and sources reviewed in the Secondary Data Review regarding health system prioritisation, service disruption and continuity of care.



Additionally, gaps in the rural health system heavily intensifies the unpaid care burden and protection risks borne by women, who are typically responsible to navigate these fragmented networks to sustain the health of their households. Since specialized services (especially for those living with disability) and public transport are more limited, rural women must make difficult trade-offs around competing survival needs and, if they seek out health service, must dedicate extensive time, physical labour, and depleted financial resources to arrange private logistics and accompany disabled, elderly, or sick family members to distant urban clinics. This significant logistical burden, exacerbated by the instability of ongoing war drastically limits rural women's own economic participation, strains their mental well-being, and forces them to deprioritize their own reproductive and basic healthcare needs.

Despite this prioritization, disability services remain uneven and often fragmented. Rehabilitation and support services are frequently concentrated in urban centres, creating access barriers for rural and displaced populations. In addition, the system remains largely medicalized, with weak linkages to broader social and economic inclusion pathways. Demand for disability-related services has risen sharply due to the war, particularly among injured veterans and civilians. Ukraine now faces a growing population requiring rehabilitation, assistive devices, and long-term care, yet service provision has struggled to keep pace. Access to physical rehabilitation is identified as one of the most urgent challenges, reflecting both the scale of need and insufficient system capacity. Gaps identified include: limited accessibility of healthcare facilities; insufficiently trained rehabilitation professionals; and financial constraints and social stigma. Health-seeking behaviour among people with disabilities is therefore shaped by both supply and demand constraints, leading to delayed or incomplete care.

Mental Health and Psychological Support

The cumulative trauma of the prolonged war has shifted the dominant psychological experience in Ukraine from an acute crisis to a state of chronic, unremitting exhaustion, defined by anticipatory grief and loss. Mental health struggles were highlighted across all respondent groups, especially women and female-headed households who typically overlooked their own health needs to care for the household and veterans who face barriers due to social expectations and stigma.[40]

Rather than recovering from past events, households affected by military service and its consequences especially reported living in a continued state of uncertainty— emotionally preparing for the potential death, injury, or long-term disability of serving family members long before actual veteran reintegration occurs. Across locations, respondents described this persistent anxiety, combined with financial pressure, hypervigilance, and displacement, has triggered widespread sleep disruption, anxiety and emotional depletion. This theme emerged most strongly among spouses, children and other family members of serving personnel. Consequently, this collective psychological strain acts as a major structural barrier to healthcare access; households reported being so consumed by the logistics of daily survival and the stress of a prolonged war that they systematically postpone seeking medical care, feel unable to make long-term plans, and delay care-seeking, which would have a negative impact on long-term national health outcomes.

An experience of chronic exhaustion was reported consistently by female respondents as a key barrier over clinic availability.

> I am afraid for my husband and afraid that I might lose him. And every year this fear becomes stronger.
> **Adult Woman, Dnipropetrovska Oblast FGD**

Many shared the complex personal trade-off they faced between their own health needs and that of the family - leading them to skip medical appointments and ignore personal health needs to care for children, elderly relatives, and wounded or serving personnel.[41] Faced with rigid social expectations to maintain stability within the household, women are simultaneously acting as breadwinners, mothers, household managers, coordinators, and frontline psychologists for their household.[42]

Research on veteran reintegration and psychosocial impact increasingly emphasizes that approaches are a household process rather than solely an individual one.[43,44]

The influx of injured and disabled veterans is fundamentally reshaping the socio-economic fabric of Ukrainian households, shifting disability from an individual medical issue to a collective family crisis.[45] As the demand for long-term rehabilitation and specialized healthcare skyrockets, the physical and psychological toll of war-related injuries ripples across entire domestic units. Households are forced to completely restructure their daily routines, reallocate financial resources, and navigate complex, fragmented medical systems to coordinate appointments and support long-term recovery.

40 PRIO, *The Reintegration of 5 Million Veterans May Be Ukraine's Next Major Battle*, 2025.
41 UN Women, *Ukrainian Women at the Front Lines of Resistance and Recovery*, 2025.
42 UN Women. *Ukrainian Women at the Front Lines of Resistance and Recovery*, 2025.
43 PRIO, *The Reintegration of 5 Million Veterans May Be Ukraine's Next Major Battle*, 2025.
44 DCAF, *Building Diverse and Inclusive Reintegration Policies and Practices for Veterans in Ukraine*, 2026.
45 United Nations Office at Geneva (UNOG), *Ukraine's Women at Breaking Point after Four Years of War as Attacks on Energy and Healthcare Continue*, 2026.

> It is very difficult to live. You cannot sleep at night; all your health problems become worse because you are constantly under stress. You are constantly worried about your children, your loved ones, and yourself.
>
> **Adult Woman, Mykolaivska Oblast FGD**

While veteran trauma, PTSD, and physical disability impact the entire household, the core responsibilities are typically disproportionately absorbed by women who act as the primary, uncompensated shock absorbers of the reintegration crisis.[46,47] In conflict-affected contexts, this sudden influx of trauma and disability within the home severely strains household resilience, leading to widespread mental exhaustion (particularly for women), reduced economic mobility, and an overlooked need for family-centred psychosocial support that looks beyond the veteran alone.



Youth Priorities and Aspirations

Young women and men expressed a strong emotional attachment to Ukraine and a desire to contribute to their communities, while simultaneously describing growing difficulty imagining or planning their futures amidst growing uncertainty and gendered social pressures and expectations.[48,49]

Despite the systemic disruptions across all sectors as the war is prolonged, youth across demographic groups participating in the RGA consistently voiced ambitions centred on completing higher education, securing meaningful employment, achieving financial independence, and starting families. The experience of living in continuous uncertainty is defining feature of their experience - for which was described as a normalized adaptation. Young men more frequently associated uncertainty with future mobility, fear of lack of employment opportunities and the possibility of military service or injury. Young women also described uncertainty, but more frequently connected to concerns for family members, future caregiving responsibilities, relationships and balancing education, employment and household expectations simultaneously. To preserve a sense of purpose amid these structural barriers and sense of uncertainty, a coping strategy for many revolved around civic engagement and utilizing volunteering to strengthen social connections and local community initiatives.

> It often feels as though you are trying to build a future while standing on a sinking ship.
>
> **Young Woman, 18-24, Dnipropetrovska Oblast FGD**

46 PRIO, *The Reintegration of 5 Million Veterans May Be Ukraine's Next Major Battle*, 2025
47 DCAF, *Building Diverse and Inclusive Reintegration Policies and Practices for Veterans in Ukraine*, 2026.
48 UNDP and Ministry of Youth and Sports of Ukraine, *Impact of War on Youth in Ukraine 2025*, 2026.
49 UNICEF and UN Women, *An Inclusive Future for Ukrainian Youth*, 2024.

Social isolation, declining social participation and reduced opportunities for engagement are growing concerns affecting Ukrainian youth and experienced differently by male and female youth.[50]

For young women, isolation stems primarily from the physical loss of peer friendships, community activities, and dedicated safe spaces where they can build supportive relationships. They view these shrinking opportunities for social interaction not only as a detriment to their emotional well-being but as a structural barrier that actively prevents them from participating in public life and maintaining vital mutual-support networks.[51]

> Young people really need support at the community level. There is currently a critical lack of cultural and social activities.
> **Young Woman, Mykolaivska Oblast FGD**

Several young female respondents also described social connections as an important source of emotional support, resilience and belonging during a period of prolonged uncertainty. Conversely, young men associate social isolation with restricted physical mobility and an acute fear of military mobilization, which drives them to voluntarily withdraw from public life. This retreat leads to shrinking peer networks, deep loneliness, an avoidance of help-seeking behaviours, and a profound disengagement from community activities. These sentiments are particularly heightened for more rural communities for both women and men.[52,53] While both demographics referred to a desire to combat isolation and find spaces of connection, the distinct functions these spaces have distinct aims and functions. For example, young women more frequently emphasized social support for a sense of belonging, connection and safety, while young men more often discussed reducing isolation to remain informed with peers and maintain a sense of normality amidst uncertainty.

Safety and Protection

Despite increasing attention to the longer-term social consequences of war, respondents continued to identify physical safety as a central concern affecting daily life.

Air strikes, missile attacks, drone attacks, displacement, family separation and concerns for relatives serving in the military continue to shape perceptions of safety and wellbeing across locations included in this RGA. Adaptations to the evolving war vary across Ukraine and also relate to the compounding pressures of prolonged war and adjusted coping mechanisms, which leads to a range of responses to safety risks. Both male and female respondents highlighted the normalization and adaptation to risks of air alerts, drones and missiles, rather than a reduction in the risks themselves. Some examples of these adjustments include adjusting travel modalities and timing daily routines, as well as findings ways to continue with work, education and household responsibilities despite ongoing insecurity. This adaptation should not be interpreted as reduced risk or acceptance to war conditions but rather necessary means of survival and household management. Additionally, respondents highlighted concern for the increase of weaponry in the streets and the increase of petty crimes (such as theft), particularly in the context of prolonged war and future stabilization challenges. While not an immediate concern for respondents, it serves as a recognition that the safety of the public domain has normalized the availability and visibility of weapons that shape perceptions of safety for those that choose to carry or not carry weapons.

50 UNICEF and UN Women, *An Inclusive Future for Ukrainian Youth*, 2024.
51 UNICEF and UN Women, *An Inclusive Future for Ukrainian Youth*, 2024.
52 UNDP and Ministry of Youth and Sports of Ukraine, *Impact of War on Youth in Ukraine 2025*, 2026.
53 UNICEF and UN Women, *An Inclusive Future for Ukrainian Youth*, 2024.

Economic pressure, household strain, psychological distress and prolonged stress exacerbate conditions associated with increased GBV risks, combined with reduced help-seeking behaviour.[54,55]

Female respondents frequently linked trauma, economic pressure and family strain to increased household conflict, domestic violence and reduced help-seeking. Respondents across several locations reported that financial pressures, deteriorating mental wellbeing and prolonged exposure to stress were contributing to increased conflict within households. Across Ukraine, fear of stigma, concerns around confidentiality, and low trust in institutions discourage disclosure of GBV and service provision is further constrained by concentration of services in urban centres, transport barriers affecting both survivors and providers, staffing shortages and high caseloads, accessibility gaps for people with disabilities, and referral pathways that are not consistently formalized, resulting in gaps in timely and survivor-centred support.[56] In a number of locations, respondents expressed concerns regarding increased alcohol use and growing social tensions, compromising community and household safety. According to broad scale national surveys, alcohol usage during wartime has emerged as an individual coping strategy amplified by trauma exposure.[57] While men reported higher overall consumption, alcohol use as an emotional avoidant coping strategy arose higher among women.

> There are quite a number of families affected by GBV in the community. Many such cases exist, but they are usually kept silent and people do not seek help from relevant services. I think the number of such cases has increased significantly since the war.
>
> **Young woman, Kharkivska Oblast FGD**

GBV service providers, community-based organizations and volunteers face a humanitarian landscape that is shrinking, compromising essential service delivery such as CRSV survivors.

As humanitarian actors scale back services and protection needs become more complex, increasing demands are being placed on frontline social service workers. Recent assessments of Ukraine's social service workforce highlight the cumulative effects of war-related stress, heavy workloads, and limited professional support systems on staff wellbeing.[58] More than 60% of organisations providing GBV-related programming reduced or suspended services in 2025, affecting access to safe spaces, legal aid, psychological support and protection services.[59]

These funding constraints are also affecting support for survivors of CRSV, which remains an ongoing protection concern in Ukraine, while survivors face significant barriers to accessing support, including stigma, fear of disclosure, confidentiality concerns and limited awareness of available services. Maintaining accessible, survivor-centred GBV and protection services remains critical to ensuring timely support, justice and recovery for survivors.[60]

Participants expressed concern that insufficient psychological support, rehabilitation and reintegration assistance may place strain on veterans, their families and communities and that untreated trauma, psychological distress and difficulties adjusting to civilian life could contribute to increased tensions and aggressions within households and communities. Similarly, key informants highlighted the need for greater investment in psychosocial support and community-based reintegration activities to help address the long-term social impacts of war.

54 Danish Refugee Council (DRC) and Government of Denmark, *Rapid GBV Assessment: Chernihiv and Sumy Oblasts*, 2024.
55 Global Protection Cluster, *Ukraine Protection Analysis Update*, 2025.
56 International Rescue Committee (IRC), *GBV Risk Assessment: Mykolaiv Region, Ukraine*, August 2026.
57 Myshakivska et al., *"Stress, Coping, and Alcohol Use in Wartime Ukraine: Findings from a National Cross-Sectional Survey,"* 2026.
58 UNICEF and Maestral International, Supervision for the Social Service Workforce in Ukraine: Current State, Challenges and Recommendations, 2026.
59 UN Women, I*mpact of United States Funding Suspension on Ukrainian Women's Organizations*, 2025.
60 Jurfem, Data, Patterns and Systemic Nature: an Overview of the New Report on Sexual Violence in the Context of the Russian Federation's Full-Scale Armed Attack Against Ukraine. 2026.

Intimate partner and domestic violence remain the most prevalent forms of GBV within Ukraine, associated with wartime exhaustion and stress.[61]

Building from the 2024 RGA,GBV associated with returning military personnel and mental health struggles continued to be thematized among RGA female respondents. Existing research finds that higher rates of intimate partner violence are likely among military populations and civilians exposed to war.[62]

Across locations, respondents rarely discussed GBV as an isolated issue. Instead, they described a combination of daily stressors, between economic struggles, displacement, family separation, and trauma (including PTSD), contributing to heightened GBV fears within the household.[63] Respondents across several locations describing increased household tension, aggression and domestic violence and increasingly discussing protection through the lens of investing in veteran reintegration efforts. Respondents emphasized the importance of rehabilitation, psychosocial support, employment opportunities and family assistance to facilitate successful reintegration, safety and strengthen community resilience.

> Some men return from the front carrying the psychological effects of war... I do think domestic violence has become more common.
> **Woman, Zaporizka Oblast FGD**

Technology-facilitated gender-based violence (TFGBV) is an emerging protection and safety concern, while at the same time technology platforms continue to represent a source of social cohesion and more expanded access to essential service (including GBV support services).[64,65]

As young people increasingly rely on digital platforms for information, learning and social engagement, key informants identified increasing



concerns and experiences regarding online abuse and its impacts on wellbeing and safety. Although there was a recognition that resources provided online eliminated transportation risks and financial barriers to access, there has also been an increase in online harassment reported (particularly targeting women and girls). Additional online risks include account hacking, scams, online sexual harassment, cyberstalking and image-based abuse.[66]

Although TFGBV did not emerge as a priority safety concern in FGDs, respondents frequently described shrinking support networks, loneliness, social isolation and reduced opportunities for social connection. While online spaces and digital opportunities seem to respond to this evolving configuration of community (especially for displaced youth, those with mobility limitations or rural populations), there is a lack of awareness of the safety repercussions and risk management protocols for users of these new digital resources or their related accountability structures (if they exist). The technology is growing faster than safety and accountability infrastructure around it, both for the war itself[67] and for humanitarian interventions.[68] Meanwhile, technology remains essential for the adaptations of daily life and for many participants, protection was increasingly understood not only as freedom from violence, but also as access to trusted resources, relationships, community supports systems and a sense of belonging.

61 Ministry of Social Policy, Family and Unity of Ukraine, *New Campaign Launched to Combat Domestic Violence* (government announcement), 2026.
62 Botchkovar et al., "'S/he Loves Me Not': War and Intimate Partner Violence in Ukraine," *European Journal of Criminology*, 2026.
63 Global Protection Cluster, *Ukraine Protection Analysis Update*, 2025.
64 Lala Zinkevych, *Digital Lifelines: Addressing Gender-Based Violence in Ukraine*, 2024.
65 UNFPA, *Technology-Facilitated Gender-Based Violence: A Growing Threat*, 2026.
66 International Rescue Committee, *Adolescent Girls in the Digital Spaces: Technology-Facilitated GBV Risk Assessment, Mykolaivska Oblast*, September 2026.
67 OCHA, *Technology Is Outpacing Accountability in Ukraine, UN Relief Chief Tells Security Council*, 2026.
68 Protection Cluster Ukraine, *GBV-Data Ethics and Technology (GBV-DET) Task Team Updates*, April 2026

Recommendations

Overarching

- **Fund and fill data gaps through the collection and use of sex-age and disability disaggregated data, RGAs and intersectional vulnerability analysis to inform immediate and long-term response plans and adaptations.**

- **Increase flexible multi-year funding for WROs delivering protection and community-based support services in alignment with Ukraine's Protection Cluster Guidance**. Ensure that funded programs center the direct, equal, meaningful and safe participation and leadership or women and adolescents across coordination and decision-making structures.

- **Support safe veteran reintegration across all members of the household** recognising that recovery and reintegration affect entire families (including spouses, caregivers and children) through integrated approaches that combine livelihoods, rehabilitation, health, psychosocial support, protection, GBV response and social support systems.

- **Develop inclusive and complementary programming for men and boys as allies for gender equality** by addressing caregiving responsibilities within the household, decision making norms, barriers to help-seeking, social isolation and mental health needs.

- **Strengthen community-based wellbeing and psychosocial support networks.** Support peer groups, safe spaces and community-led wellbeing initiatives, especially for young people, and socially marginalised groups that reduce social isolation, strengthen resilience and promote positive coping strategies among war-affected populations.

Inclusive Livelihood Approaches

- **Partner with local actors to deliver inclusive livelihoods and economic recovery programs targeted for women, youth, veterans, LGBTQI+ individuals, people with disabilities and displaced populations.** Provide holistic support including skills training, mental health support, employer trainings, peer-to-peer support, and job placement opportunities.

- **Invest in social and behavior change initiatives that address restrictive gender roles in the workplace, reduce stigma and gender-related barriers to employment.** Expand accessible childcare and community-based care solutions, flexible work and training arrangements. Provide targeted support for veterans (including female veterans), people with disabilities and women balancing caregiving and income-generation responsibilities through mandatory employer anti-discrimination audits, and tailored psychological support.

- **Provide micro-grants directly to small-and-medium enterprises (SMEs) for low-cost, decentralized workplace adaptations** to incentivize local workplace re-integration programming as part of both short-term and long-term recovery.

- **Support and fund inclusive career transition and workforce re-entry pathways for first-time job seekers and individuals returning to employment** through paid internships, apprenticeships, vocational training, mentorship programs, and first-job opportunities.

Health (including MHPSS)

- **Identify and address barriers to safe, equitable and gender-sensitive health and psychosocial support services.** Prioritise access for rural and hard-to-reach communities, older people, people with disabilities, displaced populations and households affected by war.

- **Improve access to trusted health information and non-judgmental services for young people.** Partner with youth-led organisations to develop tailored, accessible and confidential channels that provide accurate information on mental health, SRHR, digital safety and available services.

- **Build trauma-informed, gender responsive and non-discriminatory capacity for healthcare providers** to identify and respond to mental health concerns, caregiver stress, GBV, disability-related barriers, and the distinct needs of youth, LGBTQI+ individuals, older people, veterans and war-affected families.

- **Expand flexible health and MHPSS delivery models that reinforce existing local structures,** including mobile teams, telehealth services, hotlines and other remote modalities to maintain continuity of care in frontline, insecure and hard-to-reach areas.

Safety and Protection

- **Strengthen community-based protection systems.** Expand outreach, case management, referral pathways, particularly in rural, frontline and hard-to-reach areas, while bolstering capacity, coordination and sustainability of local protection actors, networks and service providers.

- **Strengthen GBV prevention and response through survivor-centred, accessible and adaptable service delivery.** Ensure continuity of services through community awareness, referral pathways and flexible delivery modalities, including Women and Girls Safe Spaces (WGSS), mobile and outreach services, psychosocial support, hotlines, case management and digital services, with attention to domestic violence, intimate partner violence and conflict-related sexual violence (CRSV).

- **Strengthen awareness of digital safety and bolster training of frontline service providers to recognize and respond to technology-facilitated GBV.** Integrate online harm prevention protocols and digital literacy into existing resources and tools for survivors (especially targeting adolescent girls).

- **Promote social cohesion by increasing funding and formalized youth programming** for girls, boys and marginalized groups that strengthen social connections, peer-to-peer support, and cultivate safe and trusted spaces to access information.

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