Regional Refugee Response
for the Ukraine Situation

STAYING SAFE:
INTER-AGENCY INSIGHTS ON PROTECTION AND ACCOUNTABILITY FOR REFUGEES FROM UKRAINE

May 2025

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Acknowledgements

The analysis of general protection and AAP data was supported by Umar Galadima (UNHCR) and Milindi Illangasinghe (UNHCR). Principal author: Meron Yared, Associate Reporting Officer (UNHCR). The analysis of the child protection data was developed by UNHCR in collaboration with the UNICEF Europe and Central Asia Regional Office. Principal authors: Sergii Lavrukhin (Community-Based Protection Officer, UNHCR) and Anja Teltschik (Child Protection Specialist - Monitoring, Evaluation and Data, UNICEF). The GBV Analysis was developed by the United Nations Population Fund (UNFPA) Eastern Europe and Central Asia Regional Office (EECARO) in coordination with UNHCR and other agencies and INGOs. Principal authors: Mariana Santoyo Bahamón (GBV in Emergencies Preparedness Specialist, UNFPA) and Iuliana Gutu (Results Monitoring Consultant, UNFPA), with the technical support of Marta D'Agosto (Community-Based Protection Officer, UNHCR), Audrey Barthalot (Women's Empowerment Officer, IRC), Natalia Szulc (IRC), as well as the technical guidance of Ana Araújo (Regional GBV in Emergencies Specialist, UNFPA). The analysis of gender, age, and people with disabilities was developed by UN Women, principal author: Arianna Pearlstein (Research Consultant). The analysis of prevention from sexual exploitation and abuse (PSEA) was developed by UNHCR, principal author: Marta D'Agosto (Community-Based Protection Officer) with the support of Rawan Abukhadra, Global Specialist for safeguarding and ethics in humanitarian and high-risk environment for five regions for Save the Children. The work on the chapter was coordinated and reviewed by UNHCR, Angela Moore, Senior Community-Based Protection Officer, and Jad Ghosn, Senior Information Management Officer.

Cover photo

Poland: Kristina, 36 and her children Roma, 12, Emanuel, 9 and Gizella, 4, have found a place in Warsaw that has become a semblance of home for them. © UNHCR/Anna Liminowicz

Executive summary

Context

The war in Ukraine, now in its third year has triggered one of the largest displacement crises in Europe since World War II. As of February 2025, over 6.3 million Ukrainian refugees have been recorded across Europe, the majority of whom are women, children, and older persons. In support of Ukrainian refugees, the European Union extended the Temporary Protection Directive until March 2026, granting refugees access to essential health services, education, and other critical support. The Republic of Moldova, which also introduced Temporary Protection for Ukrainian refugees, has similarly extended this protection through March 2026.

With the objective of collecting comprehensive data on the situation and needs of refugees from Ukraine, UNHCR in collaboration with the regional sector leads has conducted a socio-economic insights survey (SEIS) in ten countries: Bulgaria, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Republic of Moldova, Poland, Romania, and Slovakia. The data collection exercise focused on various sectors, including education, healthcare, and protection. Throughout these sectors, attention was also focused on the impact of gender, age, and disability on access to protection and assistance.

This regional report, the second in the series, presents key findings related to protection, including child protection and gender-based violence, as well as accountability to affected populations (AAP) and protection from sexual exploitation and abuse (PSEA).

Key findings

Protection

- Nearly all respondents (99.9%) possess some form of legal status in their host country, with temporary protection being the most prevalent.
- Thirty-five percent of surveyed households reported having at least one member who needed to replace an identity document since leaving Ukraine, primarily international biometric passports. Of these, 20% were unable to obtain new identity documents in the host country, mainly due to restrictions arising from mobilization rules, with men being the most affected.

Accountability to Affected People (AAP):

- A comparatively higher share of vulnerable groups reported receiving aid within three months from the date of interview: women (51% compared to 38% of men), individuals with disabilities (62% of households with a person with a disability compared to 46% without), and those aged 60+ (69% compared to 47% of individuals aged 35-59 and 39% of those aged 18-34). This highlights the importance of aid to vulnerable groups, with any reduction or cut likely to disproportionately affect them.
- The majority (83%) of respondents reported having at least one priority need, with employment, healthcare, and accommodation being the most commonly cited priorities. However, there are significant differences based on gender, age, and disability. In particular, women report higher rates of employment and livelihood, adult training and education, and education for children as their top needs. Healthcare and medicines are the primary needs

for older adults (60+), while language support stands out as a key need for younger people (18-29).

- Forty-eight percent of respondents had received aid in the three months prior to the survey, and 95% of them expressed satisfaction with the assistance provided.
- Of those interviewed, 36% of respondents reported difficulties accessing information, primarily uncertainty about where to find information or which sources to trust. Refugees in rural areas, older persons, and households with a person with a disability were more likely to report barriers to accessing information. There are also differences in preferred means of accessing information among different genders, older persons, and persons with disabilities, highlighting the importance of tailored outreach initiatives.

Child Protection:

- Family separation continues to be one of the defining features of the Ukraine refugee crisis, which is one of the most stressful experiences for children, as evidence shows. Households headed by women with their own children constituted over one-third of all surveyed households, while six percent of all households with children reported that the children do not belong to the nuclear family. Concerns about risks for girls and boys in their neighbourhood remain high with over half (52%) of households surveyed reporting risks for girls and boys. The most commonly reported risks include psychological and physical violence in the community, online violence and risks of neglect or abuse. For girls, the risk of sexual violence in the community was also noted by eight percent of households.
- As in the previous year, most households (over 80%) reported feeling safe and comfortable to contact the police to report a case of violence, exploitation, or neglect of a child in their community.

Gender-Based Violence (GBV):

- Women, particularly in rural areas, demonstrate low levels of awareness of available GBV support services, including limited knowledge of legal assistance (37%), psychosocial support services (34%) and helplines (35%). This lack of awareness, which has worsened between 2023 and 2024, likely discourages disclosure and help-seeking behaviour.
- Barriers to accessing sexual and reproductive health (SRH) services affected 5% of women and girls, with long wait times (33%) and financial barriers such as transport costs (23%) and clinic fees (19%) being most commonly reported.
- Women report significantly higher concerns than men about the risks of technology-facilitated gender-based violence (8% vs 3%) and sexual harassment (10% vs 1%).

PSEA:

- Of 72% of respondents who reported interacting with aid workers, 96% were satisfied with the quality of interaction. However, nearly half of refugees (43%) are unaware of where to report concerns related to aid worker conduct, with Estonia showing the highest gap in this regard (63%).
- Preferences in reporting channels for misconduct vary across countries, with Moldova favoring phone calls (45%), Estonia preferring email (30%), and Latvia and Lithuania leaning towards social media (39% and 31% respectively).
- Vulnerable populations, particularly those in rural areas or with disabilities, expressed difficulty in finding information about how and where to report SEA-related concerns.

Recommendations

Protection

- Given the volatile situation in Ukraine, it is recommended to maintain legal status for refugees until conditions allow for safe, dignified, and sustainable returns. This can be achieved either through extending temporary protection or providing access to alternative residency options until return is feasible.
- Action should be taken to overcome administrative, legal, and practical barriers that limit refugees' access to identity documents and civil registration, with a focus on addressing the gender, age, and disability factors that impact these challenges.

Accountability to Affected People

- Ensure that programmatic decisions account for the disproportionate impact of reductions in assistance on vulnerable groups, given that at this stage of the response, they constitute a more significant proportion of the population receiving aid.
- Disaggregate assessment data reflecting needs and assistance gaps that may serve as the basis for programming, in recognition of the fact that priorities for assistance vary meaningfully across population groups.

Child Protection

- Child protection systems must consider the most serious risks identified for girls and boys and ensure that all refugee children have access to adequate prevention and response services.
- Concerted efforts are needed to make sure that referral pathways are functional, child-friendly and sensitive to the specific needs of refugee children, including unaccompanied and separated children.

Gender-Based Violence

- Increase GBV awareness-raising and outreach efforts, through accessible and relatable online and offline public information campaigns, focusing on both prevention and response, and grounded in a survivor-centred approach that respects the diversity of women's experiences.
- Address financial barriers to healthcare access for women through targeted interventions, such as providing transportation vouchers or subsidies.
- Prioritize gender-sensitive and trauma-informed care by deploying mobile teams composed of female staff trained on survivor-centred practices, ensuring women feel safe and empowered to seek support in remote and rural areas.
- To ensure effective interventions and support for affected populations, national and inter-agency stakeholders must pursue a more comprehensive understanding of GBV risks and experiences by utilizing diverse data sources and methodologies, including qualitative and quantitative approaches and implementing strategies to address the underreporting of sensitive issues, including through creating safe reporting mechanisms and fostering trust.
- Prioritize the development and implementation of targeted interventions to address the unique safety and security concerns of women - considering also that many households are headed by women with children - through partnerships with women-led organizations. Examples of interventions can include women and girls' safe spaces, GBV case management, and legal support. This should also include strengthening digital safety measures to prevent online GBV, enhancing security protocols in shared accommodations, and providing specialized support services for women facing discrimination and potential abuse in private settings.

PSEA

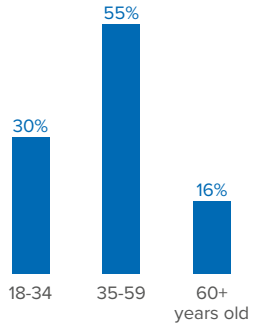
- Strengthen outreach, ensuring accessible reporting channels and reinforcing accountability remain key priorities.
- Leverage local leadership by engaging trusted community figures in reporting mechanisms.
- Customize feedback systems to ensure transparency, inclusivity, and regular follow-up tailored to country contexts.
- Expand safeguarding training to local partners for a stronger protection network.

Additional recommendations regarding age, gender, and persons with disabilities

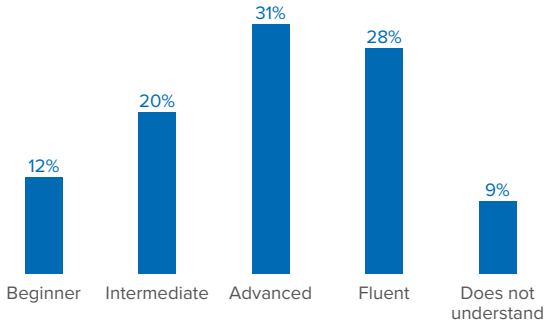
- In the context of reductions and cuts in aid, targeted support must be undertaken to maintain assistance for women, older persons, and persons with disabilities who continue to report higher reliance on aid.
- Across all protection, AAP, child protection, and GBV programming, information provision must be tailored to the preferences and access challenges of groups based on factors such as age, gender, and disability.
- Aid workers should receive training on the respectful provision of aid to vulnerable communities, particularly persons with disabilities.
- AAP programming should target the gender-dimensions that make employment and livelihoods assistance, adult training, and child education more highly reported priority need among women. Likewise, the distinct need of older persons and persons with disabilities to access healthcare and medicine should be specifically integrated into programming.
- Programs regarding access to healthcare and MHPSS must tailor outreach and service provision to the distinct needs of women, men, persons with disabilities, and older persons.
- Particularly for persons with disabilities, language support should be provided to facilitate access to GBV services.
- GBV interventions must also provide support to overcome the gender-specific concerns of refugees accessing such services, particularly the perceived stigma, shame, and fear of retaliation more highly reported among women.
- Provide targeted MHPSS support for older refugees, who report higher levels of mental health needs, potentially reflecting heightened vulnerabilities due to isolation, loss of community ties, health challenges, or caregiving responsibilities. Ensuring that MHPSS services are accessible and tailored to the specific needs of all age groups—including older adults—is critical to fostering well-being and resilience across the displaced population.

Demographic profiles

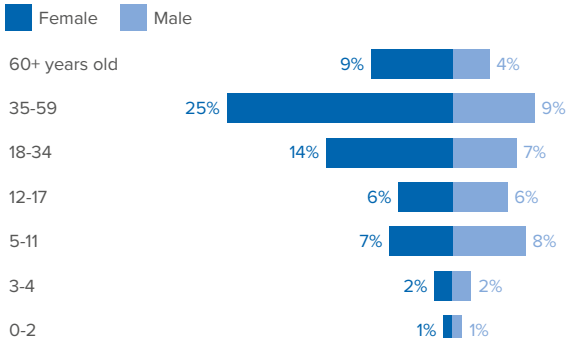
AGE OF RESPONDENTS



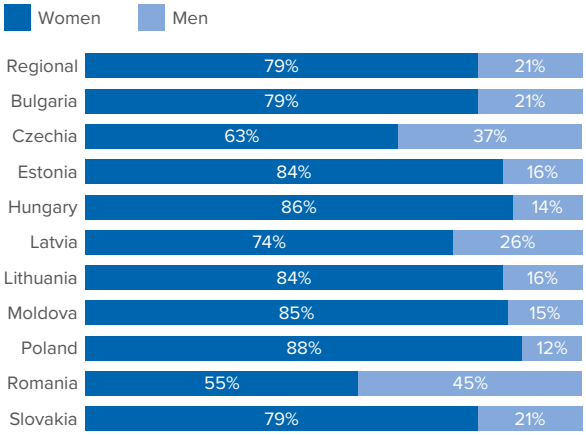
KNOWLEDGE OF LOCAL LANGUAGE



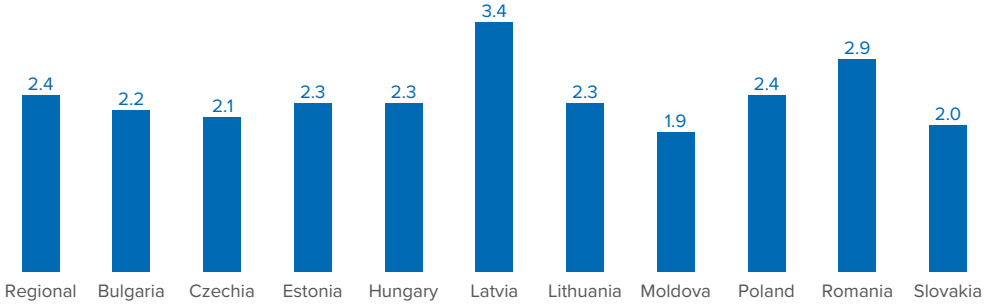
AGE AND GENDER PYRAMID



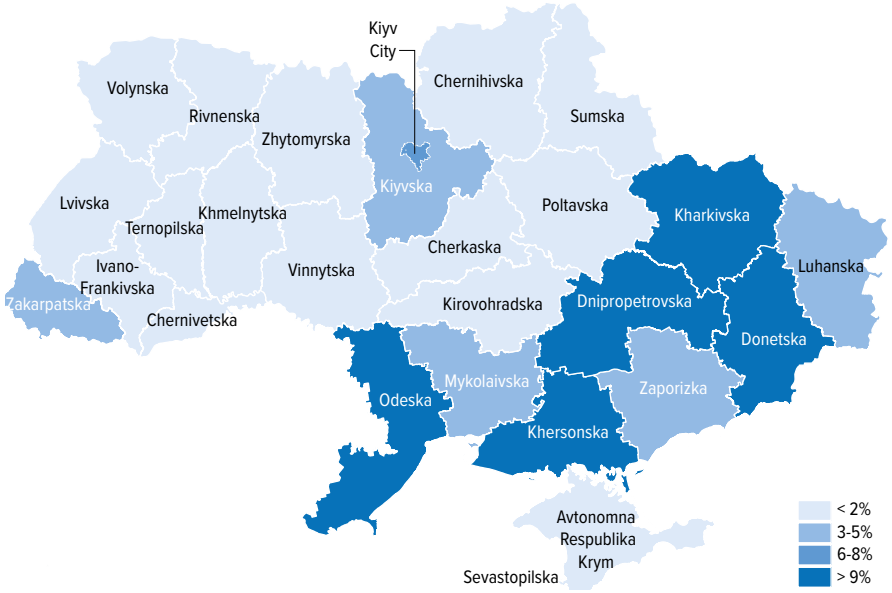
% RESPONDENTS BY GENDER



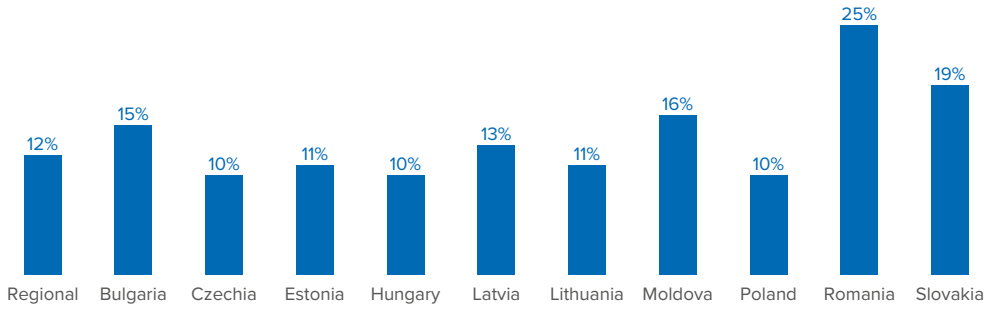
AVERAGE HOUSEHOLD SIZE



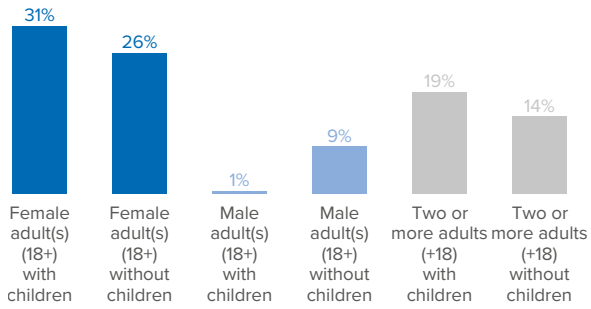
OBLAST OF ORIGIN OF REFUGEES FROM UKRAINE



% OF HOUSEHOLDS WITH AT LEAST 1 MEMBER WITH A DISABILITY



REGIONAL HOUSEHOLD COMPOSITION



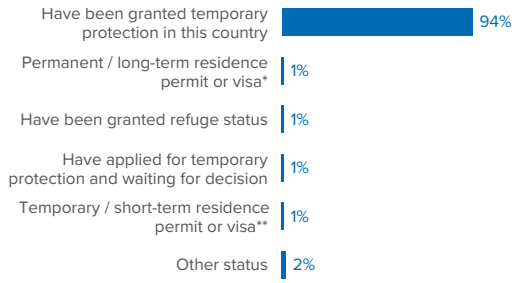
- Among those surveyed, households headed by women with children make up the largest household category, accounting for 31 percent of households, followed by women without children at 26 percent. The exceptions are Latvia and Moldova, where the largest household category consists of women without children, comprising 31 percent and 42 percent of households, respectively.
- About 37% of households with one member with a disability reported having no family member employed, relative to 20% of households without a member with a disability. The composition and employment status of households suggest that it is important to increase access to employment and livelihoods assistance tailored to the situation of these households, as is further indicated by the priority needs discussed below.

General Protection

Access to legal status

Almost all (99.9%) respondents have some form of legal status in their host country. As in the previous year, temporary protection[1] remains the most common legal status among refugees from Ukraine, held by 94% of respondents. An additional 1% of respondents have also applied for temporary protection but were waiting for a decision on their application at the time of the interview, while 1% of respondents indicated that they have refugee status. Comparatively, a higher proportion of refugees who have not applied for temporary protection were recorded in Lithuania (14%), largely because they have obtained temporary or permanent residency instead.

LEGAL STATUS IN HOST COUNTRY



* 12 months or more - unconnected to temporary protection
** less than 12 months - unconnected to temporary protection

Access to identity documents

Of those interviewed, 36% of households reported having at least one member who needed to replace an identity document since leaving Ukraine, primarily international biometric passports. Of these, 80% indicated that they were able to obtain a replacement in the host country. However, the remaining 20% reported being unable to obtain identity documents in the host country, with particularly high proportions of respondents unable to secure a replacement in Romania (56%) and Lithuania (55%).

The most commonly reported obstacle to obtaining identity documents in host countries is restrictions arising from mobilization rules, with men being the most affected.[2] The percentage of male respondents who reported an inability to obtain a replacement identity document is three times higher than that of female respondents (45% vs. 14%), primarily due to the mobilization rules.

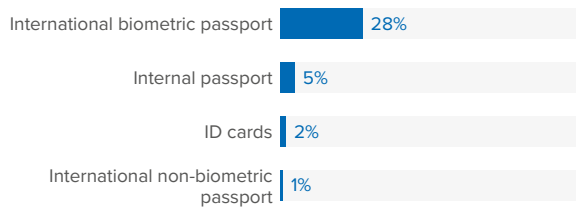
The non-issuance of certain identity documents in host countries is the second most commonly reported barrier. While most identity documents can be issued by Ukrainian consular institutions in host countries, certain documents – such as refugee and statelessness certificates – can only be obtained in Ukraine.

Long processing times are the third most frequently reported obstacle limiting access to identity documents. This is likely due to the gap between the high demand for identity documents and the capacity of Ukrainian consular institutions. The inability to afford administrative and associated costs is also identified as an important barrier. Comparatively, a higher proportion of older persons

1. In response to the mass influx of refugees from Ukraine, the European Union (EU), through the Council's Implementing Decision 2022/382 of 4 March 2022, triggered the application of the Temporary Protection Directive (TPD) 2001/55/EC, the duration of which has been extended until March 2026.
2. According to the mobilization law, Ukrainian men between 18 and 60 years of age who are residing or staying abroad (including refugees) are required to have an updated and valid individual military registration document to be able to access the full range of consular services (including issuance of documents) through consulates, and to access national ID cards or passports via the services of the State enterprise "Document".

report an inability to obtain a replacement identity document due to financial constraints (44%, compared to the 14% average).

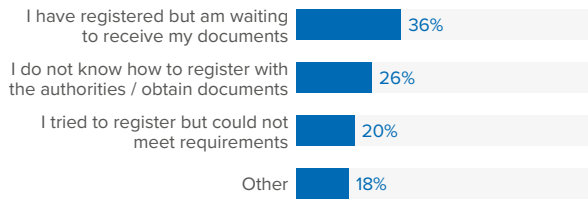
IDENTITY DOCUMENTS RESPONDENTS NEEDED TO REPLACE



Access to civil registration

Of those interviewed, 12% of respondents reported changes in their family composition since leaving Ukraine, including births, marriages, and deaths. Of these, 81% indicated that they did not face challenges registering these events with the civil authorities of the host country. However, the remaining 19% reported experiencing difficulties with the registration process. In comparison, a higher proportion of respondents in Bulgaria (24%) and the Czech Republic (23%) reported challenges with the civil registration process. Across all households, the main reported challenge was the long wait to receive civil status documents after registration. Inability to meet application requirements – including a lack of supporting documents – was the second most reported obstacle to civil registration. Unawareness of the registration process is also identified as an important barrier limiting refugees' access to civil registration.

BARRIERS TO CIVIL REGISTRATION



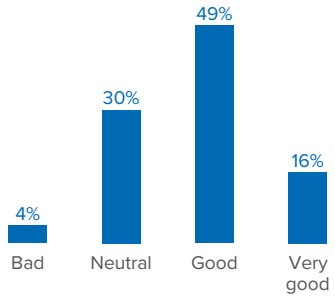
Social cohesion

Almost half (49%) of the refugees interviewed reported having a good relationship with host communities, while an additional 16% described their relationship as very good. Thirty percent of respondents described their relationship with host communities as neutral – neither good nor bad. Only a small percentage of respondents reported having a bad (4%) or very bad (<1%) relationship with host communities.

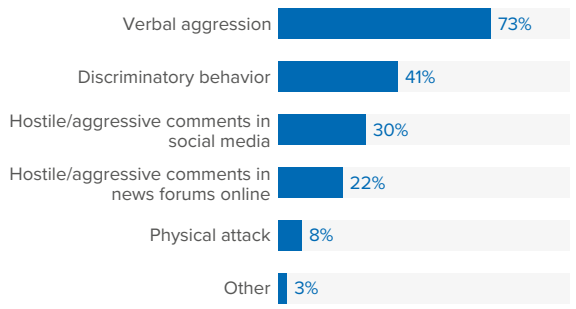
When asked if their relationship with host communities had changed since their first arrival in the host country, 61% of respondents replied no, while 10% reported an improvement. However, 21% of respondents mentioned that their relationship with host communities had worsened, with a higher proportion of respondents reporting such a change in Poland (29%).

Since their arrival in the host country, 65% of households reported that they have not experienced any hostile behavior from the local population. The remaining 35% of households reported experiencing some form of hostile behavior, predominantly verbal aggression (73%) and discrimination (41%).

RELATIONSHIP WITH HOST COMMUNITIES



TYPES OF HOSTILE BEHAVIOUR

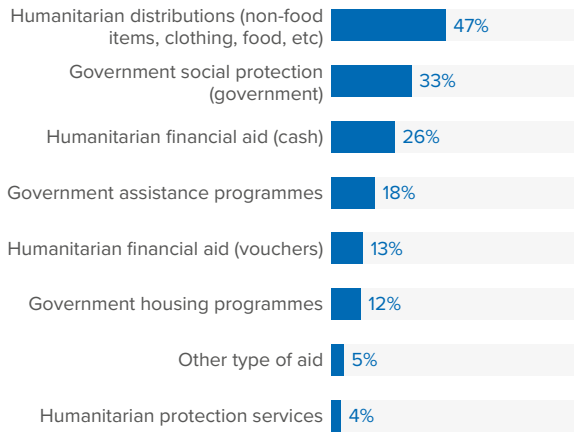


Accountability to affected people

Access to aid

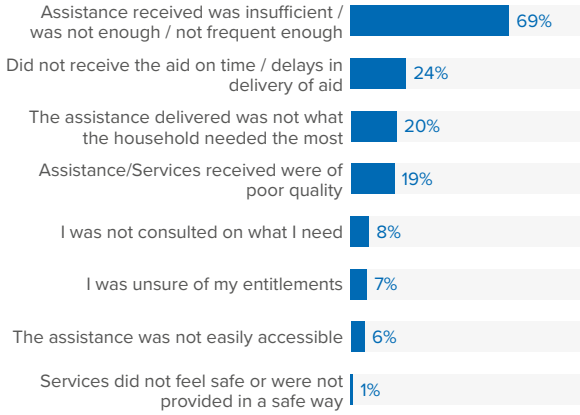
Of those interviewed, 48% of respondents had received aid in the three months preceding the survey, mostly in the form of humanitarian distributions (47%), government-provided social protection (33%), and cash (26%). Of those who reported receiving aid, 90% expressed satisfaction with the aid they received, a marked increase from the 82% recorded in the previous year. In contrast, 10% of respondents indicated dissatisfaction with the aid received, primarily with cash assistance and humanitarian distributions. The main reason for dissatisfaction was the insufficiency or infrequency of the aid received. Some respondents also highlighted delays in the delivery of aid and the provision of aid that did not align with their household needs.

TYPE OF AID RECEIVED IN THE LAST 3 MONTHS



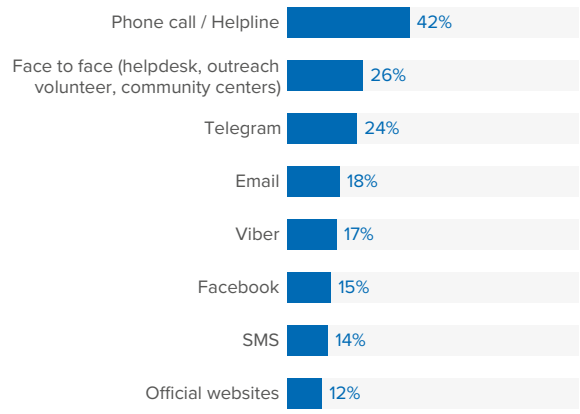
In comparison, a higher share of women reported receiving aid than men (51% of women compared to 38% of men). Similarly, 62% of households with a person with a disability reported receiving aid in the last three months compared to 46% of households without a person with a disability. Additionally, 69% of individuals aged 60+ reported receiving aid, compared to 47% of individuals aged 35-59 and 39% of individuals aged 18-34. This highlights the dependence of vulnerable groups on aid to support themselves in host countries, with any reduction or cut likely to disproportionately affect them.

REASON FOR DISSATISFACTION WITH AID



When asked about their preferred means of communication for providing feedback on the quality, quantity, and appropriateness of aid, respondents indicated phone calls/helplines (42%), face-to-face communication (26%), and Telegram (24%) as their top choices for communication methods, though other social media channels (Viber, Facebook, WhatsApp, Messenger, Instagram) were also highlighted. Particularly for older persons aged 60+, face-to-face remains the preferred form of providing feedback after phone calls and helplines. The absence of one platform offering the potential to reach the majority of the refugee population highlights the importance of facilitating communication through different channels in parallel, to ensure the widest coverage possible.

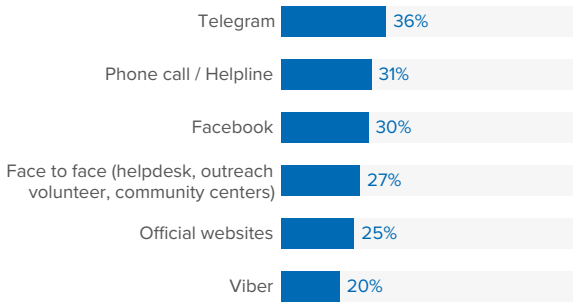
PREFERRED MEANS OF PROVIDING FEEDBACK TO AID PROVIDERS



Access to information

Overall, 64% of respondents reported experiencing no challenges in accessing information. The remaining 36% reported facing challenges, including not knowing where to access information or which sources to trust. In comparison, a higher proportion of refugees residing in rural areas, older persons, and households containing at least one person with a disability reported facing barriers to accessing information.

PREFERED MEANS OF RECEIVING INFORMATION

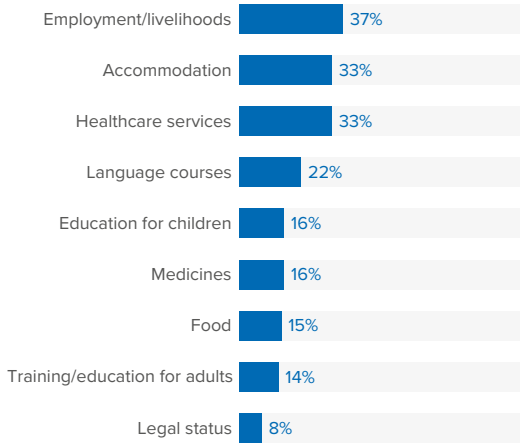


Refugees interviewed indicated Telegram as their preferred means of receiving information, followed by phone calls/helplines and Facebook. However, the preferred channel for receiving information varied by age: the majority of older persons reported phone calls and face-to-face communication as their preferred methods. There was also slight variation by gender as more men expressed a preference for receiving information by phone calls/helplines compared to women.

Priority needs

The majority (83%) of respondents reported having at least one priority need. In order of priority, employment, accommodation, and healthcare were the most commonly cited needs by refugees surveyed. However, there is a slight variation among different age groups, genders and households. For example, older persons and households containing a person with a disability reported healthcare and medicine as their most pressing need, while young people aged 18-29 cited language courses among their top three priority needs.. There are likewise salient gender differences. While the top three needs are the same among women and men, employment and livelihoods is more strongly reported as a top need by women compared to men (39% versus 33% respectively) while 15% of women also reported training/education for adults as a top need compared to 10% of men. Seventeen percent of women also reported education for children as a top need compared to 11% of men. This may, however, be explained by the fact that more women have come to host countries with children compared to men.

PRIORITY NEEDS



Access to safe and confidential reporting channels

The majority of respondents (77%) reported having access to safe and confidential reporting channels to obtain information, seek assistance, or report issues within their community. The remaining 23% indicated not having access to such channels, with higher proportions reporting access issues in Lithuania (44%), Poland (33%), and Estonia (31%). When asked if they had received an appropriate response through available reporting channels, including hotlines and community centers, 84% replied yes, 11% replied no, and 5% did not know they could report complaints or provide feedback through them.

Child protection

Family separation

Family separation continues to be one of the defining features of the Ukraine refugee crisis According to UNHCR's protection monitoring, 72% of refugees surveyed reported being separated from immediate family members.[3] In this context, many children have been separated from one or both their parents or primary caregivers. They often arrived in host countries accompanied by either one parent (primarily their mother), a relative, or another trusted adult, due to the inability or unwillingness of the parents/caregivers to leave the country.

Research shows that being separated from family is one of the most stressful experiences for children. Separation from caregivers is especially difficult and can have a greater long term psychological impact than the conflict itself, often resulting in psychosocial distress with short- and long-term consequences for children's development and their social and emotional wellbeing. Children who are separated from the families are also at an increased risk of becoming a victim of violence, exploitation, trafficking, discrimination, and other types of abuse.

Households headed by women with their own children constitute around 31% of all households surveyed across the ten countries and thus the largest household category for nearly all countries. Six percent of the households with children reported that the children do not belong to the nuclear family.

Risks faced by refugee children in displacement

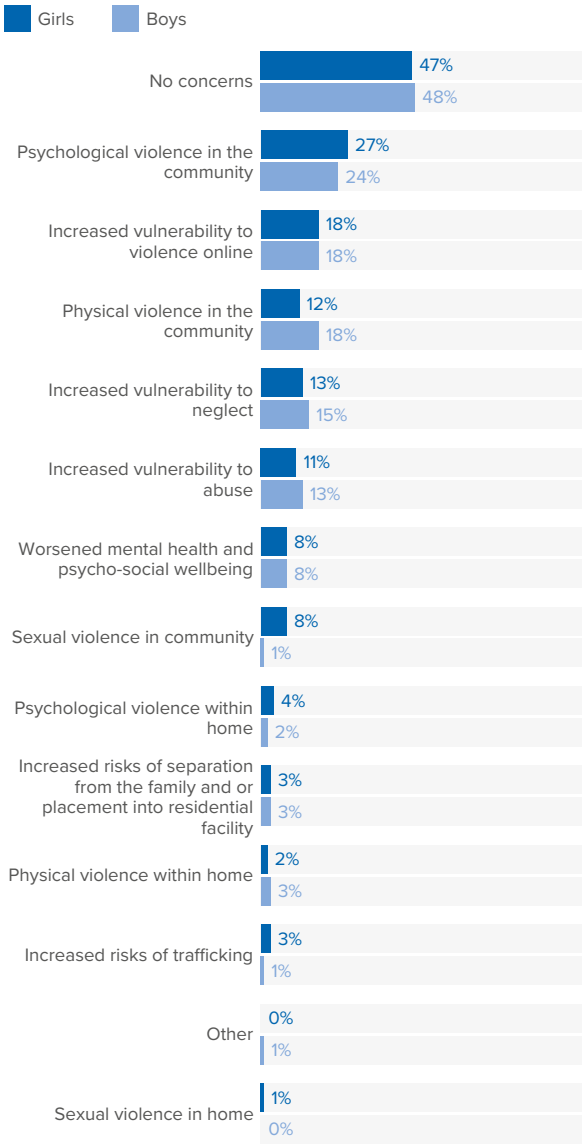
Refugee households with at least one boy or girl were asked whether the children face any risks in their neighbourhood and what the most serious risks are. Of these, 52% of households reported risks for boys and 53% for girls. There are variations across countries: households in the Czech Republic, for instance, were much more concerned about risks for boys and girls in their neighbourhood than the households in any of the other countries – risks were reported by almost 70% of households in the Czech Republic for boys and by 64% of households for girls. As there were changes made to the response options, the 2024 data cited here are not comparable with 2023 data.

The most reported risks for boys were psychological[4] (24%) and physical (18%) violence in the community, online violence (18%), followed by the risk of neglect and abuse with 15% and 13% respectively. The most reported risks for girls by households were psychological violence in the community (27%), online violence (18%) and risk of neglect at home (13%), which was closely followed by physical violence in the community (12%), risk of abuse (11%) and sexual violence in the community (8%). While there were similar risks reported for girls and boys (e.g., psychological violence and online violence), it is noteworthy that the risk of psychological violence within the home was reported more often for girls (4%) than boys (2%), as well as the risk of sexual violence in the community (8% for girls, 1% for boys), and the risk of trafficking (3% for girls and 1% for boys). There are also notable variations across countries.

3. Data as of 17 February 2025
4. The International Classification of Violence against Children (ICVAC) (p. 32-34) defines psychological violence as follows: "Any deliberate, unwanted and non-essential act, verbal and non-verbal, that harms or has a high likelihood of harming the development of a child, including long-term physiological harm and mental health consequences". In line with the ICVAC, such acts include 'terrorizing a child (e.g., threat of abandonment, harm or danger against a child); harassing, spurning and humiliating a child (e.g., repeatedly belittling, degrading, shaming or ridiculing a child); exposure of a child to domestic violence or to other violent experiences (e.g., witnessing war crimes); and other acts of psychological violence against a child not elsewhere classified'.

Psychological violence, the most commonly reported risk for both boys and girls, can significantly impact children's emotional well-being, contributing to distress and a diminished sense of safety. Experiences of threats, humiliation, and emotional neglect, particularly in the context of displacement, highlight the need for accessible MHPSS services to support children's well-being and resilience. Strengthening mental health support within child protection systems, schools, and communities is essential to addressing these risks and ensuring refugee children receive the care they need.

THREE MOST SERIOUS RISKS FACED BY BOYS AND GIRLS UNDER THE AGE OF 18 MOST COMMONLY REPORTED BY REFUGEE HOUSEHOLDS IN THE TEN COUNTRIES SURVEYED



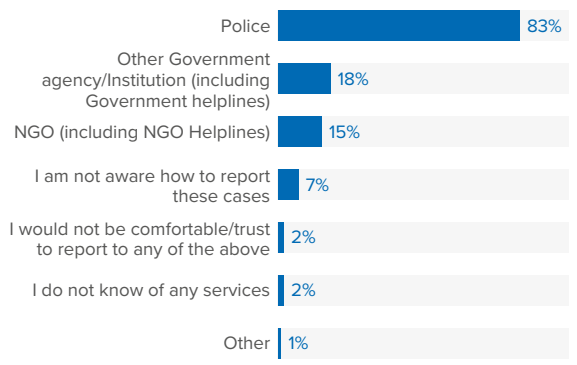
Reporting cases of violence, exploitation, or neglect of children in your community

Knowledge of where to turn to safely report violence against or exploitation of a child is an important component of the protective environment for refugee children. More than 80% of households surveyed reported feeling safe and comfortable to contact the police to report a case of violence, exploitation, or neglect of children in their community. Comparing the 2023[2] and 2024 responses to this option from the same seven countries shows that there has not been a change – with 84% and 83% of households respectively having indicated that they feel comfortable and safe reporting to the police.

Apart from the police, 18% of households surveyed in 2024 reported feeling safe and comfortable to report cases to other government agencies/ institutions (including government-run helplines) and 15% to NGOs (including NGO-run helplines) with some notable variations across countries.

Seven percent of respondents stated that they are not aware how to report a case of violence against a child or child exploitation, while 2% of the respondents would not be comfortable reporting these concerns, and another 2% said that they do not know of any services related to child protection. A comparison of the 2023 and 2024 responses to these three options from the same seven countries shows no change in the percentages over the course of the year.

% SAFEST AND COMFORTABLE TO CONTACT WHEN REPORTING CASES OF VIOLENCE, EXPLOITATION, OR NEGLECT TO CHILDREN IN YOUR COMMUNITY



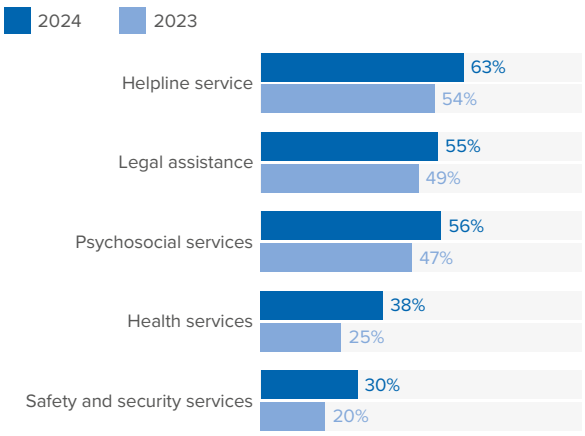
Gender-based violence

Awareness of GBV-related services

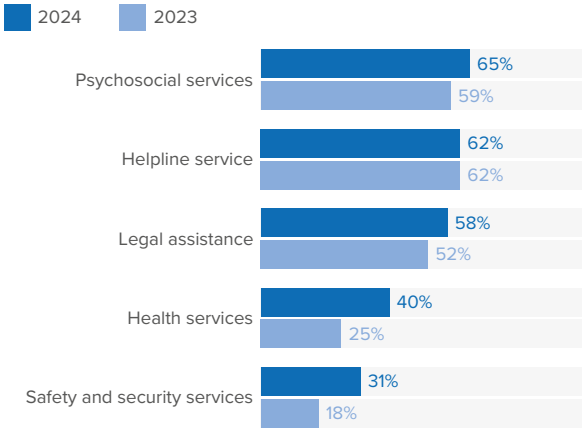
In 2024, awareness of GBV services remains critically low, even declining from 2023. This lack of awareness manifests differently between genders: while both women and men demonstrate limited knowledge of helplines, psychosocial services, and legal assistance, the specific areas of deficiency and the rates of awareness vary.

Households with female members, particularly those reporting security and safety concerns, demonstrate higher awareness of GBV-related services. This raises the question of whether this increased awareness is due to women and girls being disproportionately affected by GBV, or if these households are simply more attuned to available services because of their heightened security and safety concerns. Most respondents are unaware of psychosocial support (56% women, 65% men), helpline services (62% for both women and men), and legal assistance (55% women, 57% men) highlighting a critical gap in general knowledge about available resources.

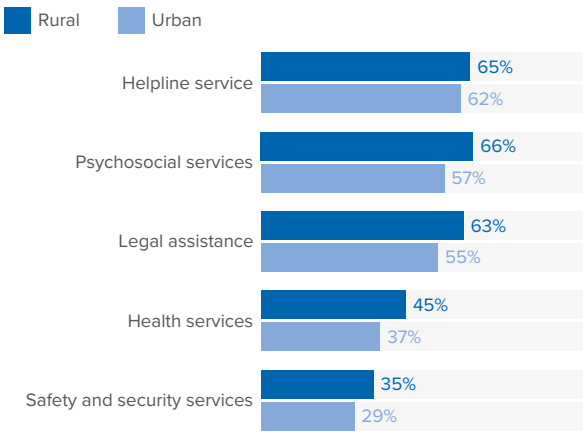
% OF FEMALE RESPONDENTS WHO ARE UNAWARE OF GBV-RELATED SERVICES, BY YEAR



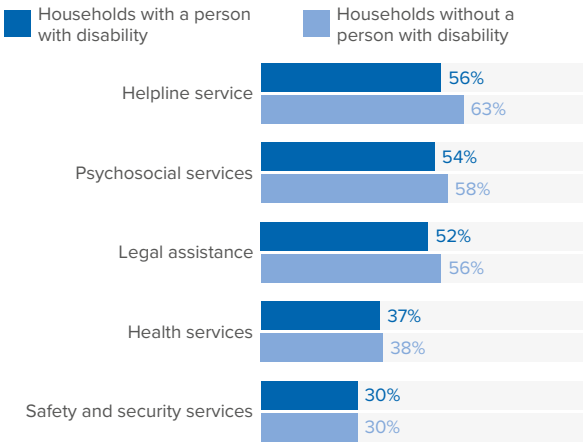
% OF MALE RESPONDENTS WHO ARE UNAWARE OF GBV-RELATED SERVICES, BY YEAR



% OF RESPONDENTS WHO ARE UNAWARE OF GBV RELATED SERVICES, BY LOCATION



% OF RESPONDENTS WHO ARE UNAWARE OF GBV RELATED SERVICES, BY DISABILITY STATUS



Disparities exist in awareness of GBV-support services between respondents in rural and urban areas, with rural respondents showing lower levels of awareness. Specifically, rural respondents exhibit significantly higher rates of unawareness regarding psychosocial services (66% vs. 57%), health services (45% vs. 37%), and legal assistance (63% vs. 55%). This underscores the need for targeted outreach in rural communities.

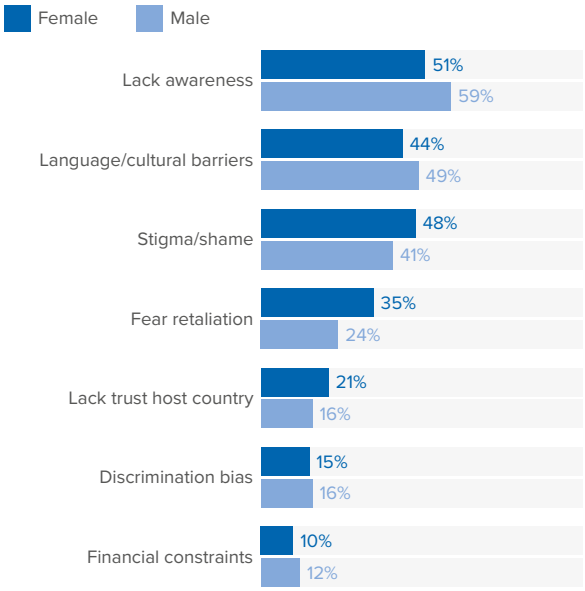
In general, households with a person with disability show a slightly higher awareness of GBV services compared to households without a person with disability. This disparity is particularly notable in relation to helpline services. Awareness of health and safety/security services is comparable among all households, with minor or no significant variations. Generally, this lack of knowledge and awareness poses a serious obstacle to effective support and underscores the urgent need for targeted awareness campaigns and programmatic interventions.

Perceived barriers to accessing GBV-related services

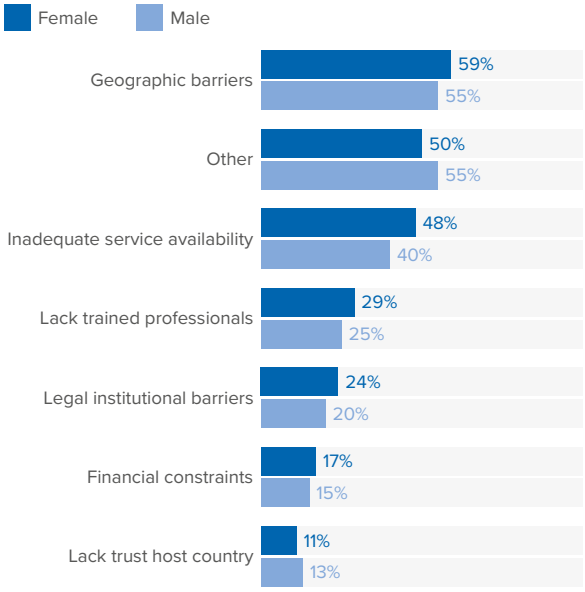
Perceived barriers to GBV-support services differ significantly between rural and urban areas. In rural areas, the main perceived barriers were lack of service awareness (51% of women, 59% of men), language/cultural barriers (44% of women, 49% of men), and stigma/shame (48% of women, 41% of men). Women in rural areas also report higher rates of fear of retaliation and distrust of the host country than men. Additional barriers in rural areas include discrimination/bias and financial constraints.

In urban areas, geographic barriers (59% for women and 55% for men) and inadequate service availability (48% for women and 40% for men) emerged among the top three barriers, followed by lack of trained professionals (29% for women and 25% for men) and legal or institutional barriers (24% for women and 20% for men). Some respondents in urban areas also reported 'other barriers' without specifying further. However, further research is needed to fully understand the nuances of these gendered experiences and avoid potential misinterpretation of the data.

TOP 7 BARRIERS TO ACCESSING GBV-RELATED SERVICES BY GENDER (RURAL AREAS)



TOP 7 BARRIERS TO ACCESSING GBV-RELATED SERVICES BY GENDER (URBAN AREAS)



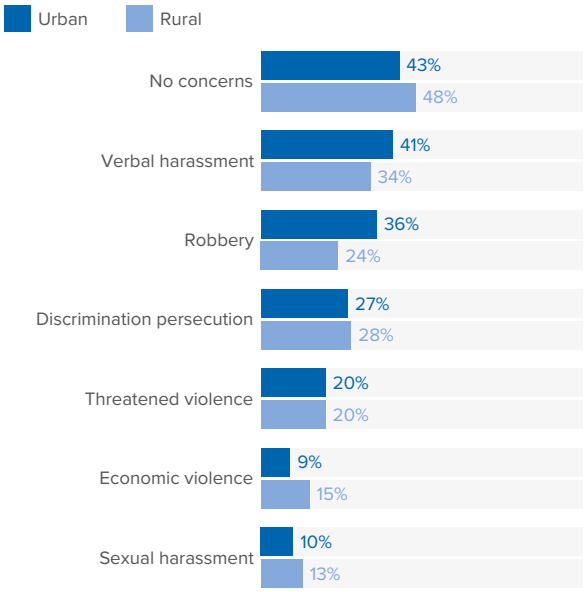
Safety and security concerns

Among respondents, 43% of women and 44% of men indicated they had no security concerns in the area of residence. Gender disparities exist among those expressing safety concerns: women reported **verbal harassment, robbery, and discrimination or persecution,** as their top concerns**,** while men's primary concerns centered on **deportation, robbery and verbal harassment**. Perceived safety and security concerns also varied by location. Women in urban areas reported more concerns related to robbery (36% vs. 24%) and verbal harassment (41% vs. 34%) compared to rural women. However, economic violence (15% vs 9%) and sexual harassment (13% vs. 10%) were perceived as greater safety and security concerns by women in rural areas.

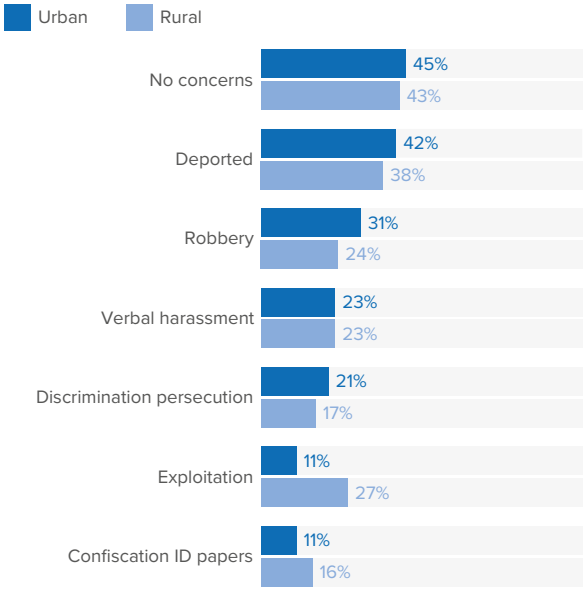
Further analysis reveals **specific vulnerabilities among households with a person with a disability.** These households report heightened concerns about **robbery** (42% compared to 34% in households without a person with disability) and **sexual harassment** (14% compared to 10%). Conversely, households with a member with a disability report lower levels of concern regarding verbal harassment (29% compared to 43%).

These findings underscore the importance of tailoring interventions to specific vulnerabilities and addressing the unique safety needs of both women and men. Further analysis is needed to understand the specific risks and vulnerabilities experienced by particular groups within the refugee population, such as adolescent girls, youth, elderly and persons with disabilities.

% OF HOUSEHOLDS REPORTING TOP 7 SAFETY AND SECURITY CONCERNS FOR WOMEN BY LOCATION

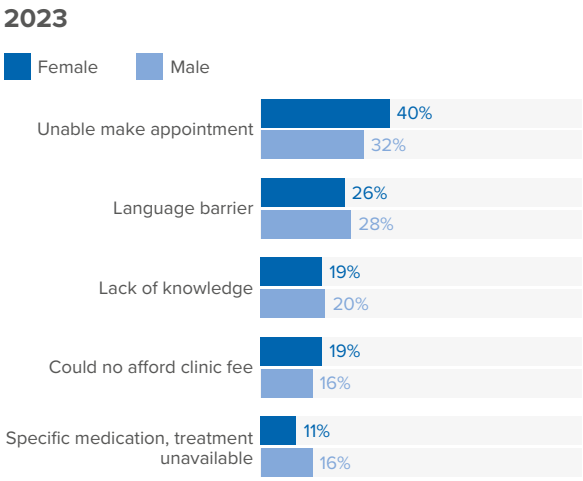


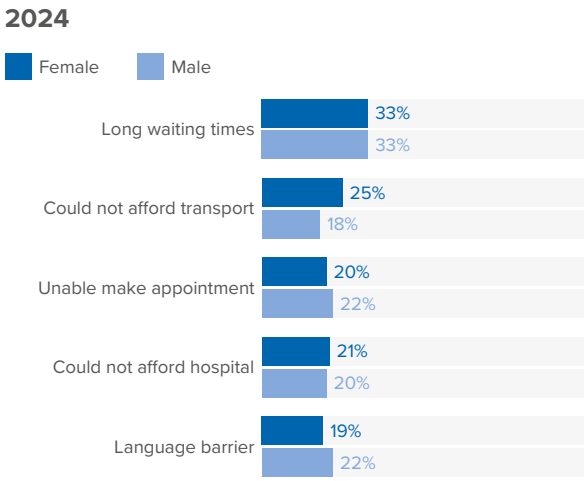
% OF HOUSEHOLDS REPORTING TOP 7 SAFETY AND SECURITY CONCERNS FOR MEN BY LOCATION



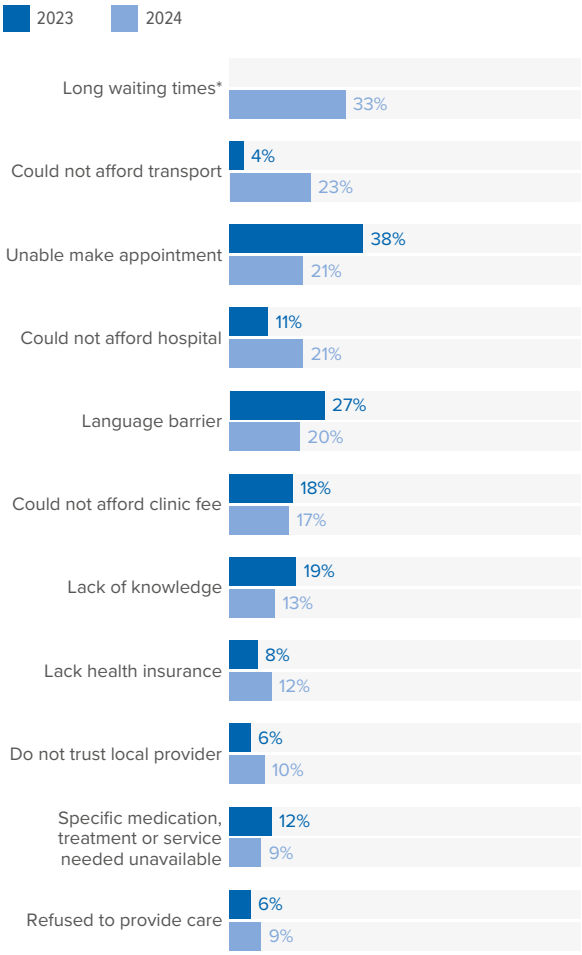
Access to health and MHPSS services

TOP 5 CHALLENGES ACCESSING HEALTH SERVICES (OUT OF THOSE WITH UNMET NEED)





BARRIERS TO ACCESSING HEALTH CARE

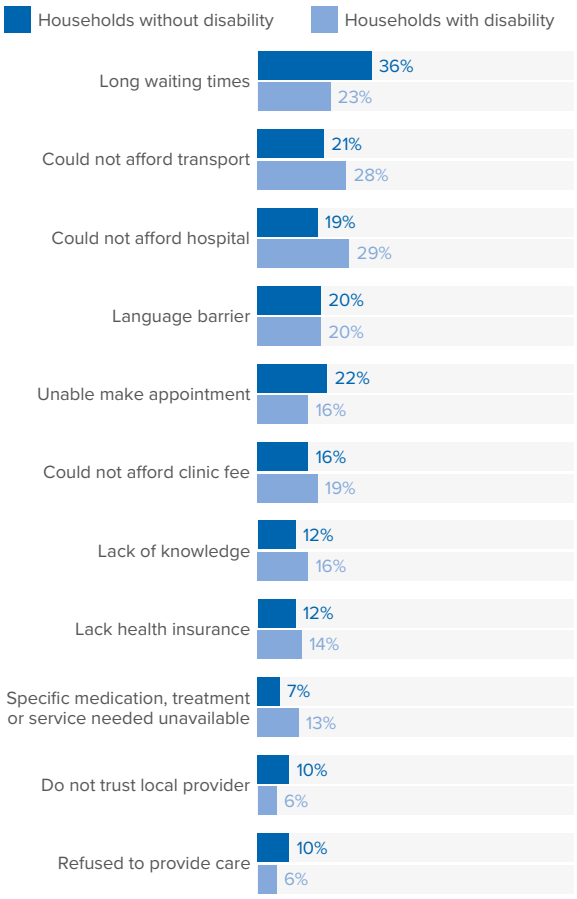


Access to health and MHPSS services is closely interlinked with GBV services and the wider protection of refugees. This report therefore provides a key summary of findings related to health and MHPSS, additional details can be found in the separate chapter Navigating Health and Well-Being Challenges for Refugees for Ukraine - 2nd Edition.

In the 30 days prior to the survey, 83% of the individuals requiring healthcare were able to access services, indicating a slight decrease from 88% in 2023 and affecting both women and men. Unmet healthcare needs were notably higher among persons with chronic illnesses (21%) and disabilities (18%) compared to those without these vulnerabilities (12%). Refugees' ability to navigate host-country health systems improved, reflected in a decrease of challenges in securing appointments which fell from 38% in 2023—when it was the top barrier—to 21% in 2024, aided by information and awareness efforts from health authorities and RRP partners. While the primary barrier to accessing healthcare reported by both women and men was long wait times, women reported unaffordable transport costs (25%) and hospital fees (21%) as their next most significant barriers. In contrast, men reported language difficulties (22%) and the inability to make an appointment (22%) as their top barriers after long wait times. Barriers to accessing sexual and reproductive health (SRH) services affected 5% of women and girls, with long wait times (33%) and financial barriers such as transport costs (23%) and clinic fees (19%) being most commonly reported.

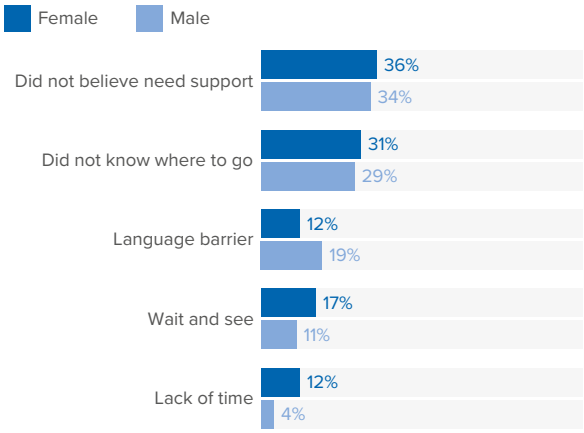
For households with a person with a disability, among those with an unmet need, the top barriers to healthcare access are related to transportation issues (including inability to afford transportation (28%) and lack of means of transportation (14%)), hospital costs (29%) followed by long waiting times (23%). These barriers are further compounded by lack of specialized medical treatment services (13%), that were not mentioned by households without a person with a disability. This analysis underscores the need for gender-sensitive and disability-inclusive interventions to address these challenges and ensure equitable access to healthcare for all.

ARRIERS ACCESSING HEALTH SERVICES (OUT OF THOSE WITH UNMET NEED) BY DISABILITY STATUS

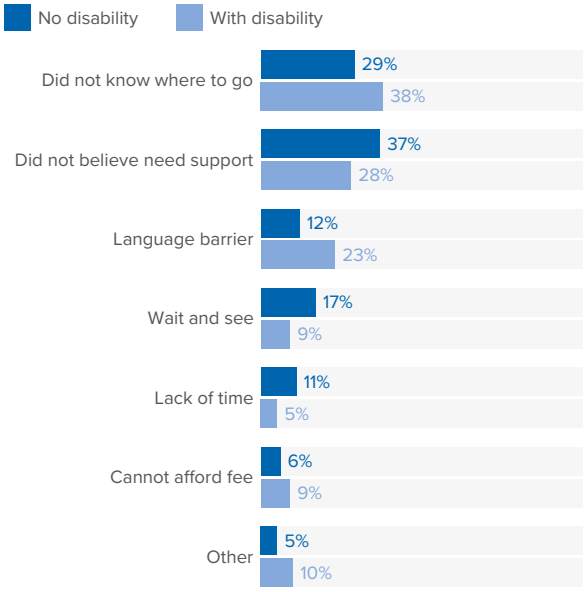


Mental health and psychosocial needs are a significant and growing concern for Ukrainian refugees, with 23% of individuals reporting mental health and psychosocial problems that affect their daily functioning and 36% of households reporting at least one member affected. This represents a rise from 19% of individuals and 30% of households in 2023. Women, especially those aged 35 and older, consistently reported higher levels of mental health problems compared to men. Individuals with chronic illnesses or disabilities reported higher MHPSS needs, with 41% of those with chronic conditions and 51% of those with disabilities experiencing mental health challenges. Among individuals reporting mental health or psychosocial problems affecting daily functioning, less than half (46%) sought support, highlighting the need to address barriers such as poor awareness about and confidence in services, stigma, and language and availability constraints. Experiences accessing support differed among women and men, with the later less often seeking support.

CHALLENGES ACCESSING MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT SERVICES (OUT OF THOSE WHO REPORTED CHALLENGES) BY GENDER



CHALLENGES ACCESSING MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT SERVICES (OUT OF THOSE WHO REPORTED CHALLENGES) BY DISABILITY STATUS



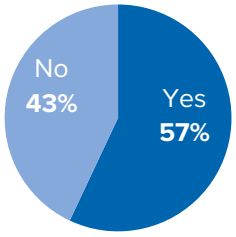
Prevention of Sexual Exploitation and Abuse

The socio-economic and humanitarian situation in Ukraine and neighboring countries remains complex and volatile, with ongoing displacement and resource strain heightening vulnerabilities among refugees. This underscores the critical need for robust and adaptive responses to address protection gaps, including those related to SEA, as highlighted by the 2024 Socio-Economic Insights Survey (SEIS). The SEIS has provided vital insights into perceptions of aid worker behavior, awareness of reporting mechanisms, and barriers to reporting concerns within the Ukraine refugee response. These findings underscore the importance of strengthening systems to protect refugees from Sexual Exploitation and Abuse while building trust and accountability in humanitarian operations.

The survey revealed that **72%** of households interacted with aid workers; **96%** of these expressed satisfaction while 4% voiced dissatisfaction. The majority of respondents expressed satisfaction with the behavior of aid workers, reflecting a strong commitment to upholding professional standards. However, those respondents who voiced dissatisfaction, cited reasons such as a lack of empathy, perceived ineffectiveness of feedback mechanisms, and insufficient communication about entitlements. Among households with **disabilities**, about **86%** interacted with aid workers and of those, **94%** reported being satisfied with the way aid workers behave while **6%** were not[5].

Despite these positive findings, gaps remain in ensuring that refugees are aware of their rights and the mechanisms available for reporting inappropriate behavior. While **57%** of respondents indicated that they knew where and how to report concerns, **43%** were unaware of available reporting mechanisms, with significant disparities across countries. For instance, in Estonia, **63%** of respondents reported not knowing where to report concerns. These figures highlight the urgent need for targeted awareness-raising efforts to ensure that all individuals, particularly those in vulnerable situations, can safely and confidently report SEA-related concerns.

% OF HOUSEHOLDS WHO KNOW HOW/WHERE TO REPORT INAPPROPRIATE BEHAVIOUR FROM AID WORKERS



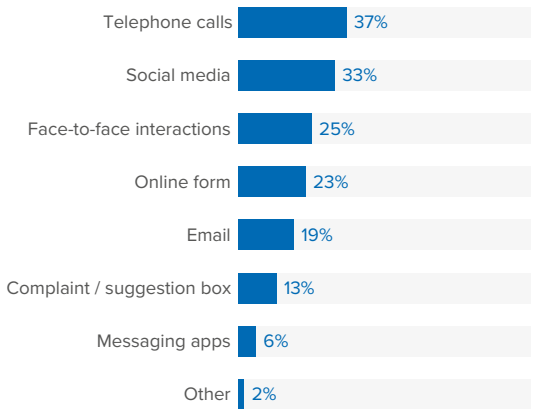
The barriers to reporting concerns were multifaceted. Key issues included a lack of awareness about reporting channels, concerns about privacy and confidentiality, and fear of retaliation. In some cases, individuals with limited literacy or those in remote areas also faced difficulties accessing reporting mechanisms. Vulnerable populations, particularly those in rural areas or with disabilities, expressed difficulty in finding information about how and where to report SEA-related concerns. This highlights the need to step-up awareness-raising efforts.

Preferred methods for reporting **inappropriate behavior** on sensitive issues varied among respondents, with many favoring telephone calls and social media platforms (Facebook, Instagram, Tik Tok) as accessible and trusted channels. These were followed by face-to-face interactions, online forms and email. However, there are notable variations by country. For example, Moldova strongly favors telephone calls (45%), while Estonia stands out with a preference for email (30%). Latvia leans heavily towards social media (39%), and Lithuania also shows high preference for social media (31%) over other channels. Approximately 1/3 of households with disabilities emphasized a

5. The sample size was too small to provide reliable data regarding the reasons for dissatisfaction with aid worker behavior among households with a person with a disability.

reliance on direct communication channels like phone calls, highlighting the importance of maintaining multiple feedback options.

% OF HOUSEHOLDS PREFERRED CHANNELS FOR PROVIDING FEEDBACK TO AID ORGANISATIONS ABOUT INADEQUATE BEHAVIOUR OF AID WORKERS AND OTHER SENSITIVE ISSUES



Methodology

The regional analysis is grounded in consolidated data from the Socio-Economic Insights Survey (SEIS), conducted across ten countries: Bulgaria, Czechia, Hungary, Moldova, Poland, Romania, Slovakia, Latvia, Lithuania, and Estonia. Data for the country-specific SEISs were collected through in-person interviews from May to July 2024.

The total sample size comprises **8,720 households** and **19,803 household members**, with respondents providing information on behalf of all individuals within their households.

COUNTRY	SAMPLE SIZE 2023	SAMPLE SIZE 2024
Bulgaria	1,054	1,072
Czechia	1,218	1,215
Estonia	-	600
Hungary	682	801
Latvia	-	600
Lithuania	-	638
Moldova	890	622
Poland	5,645	1,290
Romania	1,222	1,008
Slovakia	819	874
Total	**11,530**	**8,720**

Each country adopted a unique sampling approach, dependent on factors such as the availability of sampling frames and information regarding population distribution by geographic area and accommodation type. A combination of different sampling methods was used, typically incorporating multiple stages and blending convenience sampling, cluster random sampling, and simple random sampling (the latter being exclusive to Romania). It is important to highlight that Hungary and Moldova modified their sampling approach, which limits the comparability of its results across years.

For the regional analysis, population weights were applied based on the most up-to-date refugee population figures for each country, ensuring the findings accurately represented the broader regional refugee population. To maintain comparability, the figures for 2023 presented in this report were also re-estimated using survey weights.

This report utilises the criteria of the Washington Group on Disability Statistics Short Set on Functioning (WG-SS)[6]. The assessment included a comprehensive set of questions covering mobility, vision, hearing, cognition, self-care, and communication. For the purpose of this report, disability is defined as level 3 and above, indicating significant limitations in functioning ('a lot of difficulty' or 'cannot do at all'). For indicators related to chronic illness and vaccination, respondents self-reported whether they or any household members had a chronic illness and whether children in the household had received measles vaccine.

To facilitate trend monitoring, the questionnaires were standardized across all countries, ensuring consistency in the majority of indicators between 2023 and 2024. Since the 2023 regional survey did not include data from Latvia, Lithuania, and Estonia,

6. https://www.washingtongroup-disability.com/question-sets/wg-short-set-on-functioning-wg-ss/

values for these countries were excluded from the 2023–2024 comparison. To maintain accuracy, only valid responses were included in the calculations, with responses such as 'prefer not to answer' or 'do not know' excluded. To facilitate interpretation, certain response options were consolidated into broader categorical variables.

To protect data privacy and maintain confidentiality, informed consent was obtained and documented from all participants, with clear explanations provided regarding the purpose and use of the data. The complete questionnaires, along with the consolidated anonymized dataset, are available in the UNHCR Microdata Library.

Limitations

This analysis has several limitations that should be considered when interpreting the findings. First, due to sampling constraints (lack of complete sampling frame) and the non-probabilistic selection of respondents, the results may not fully represent the entire Ukrainian refugee population. Additionally, the choice of sampling locations may have introduced a bias toward more vulnerable segments of the population. Variations in sampling approaches and data collection periods across countries can also affect comparability.

The findings on disability, chronic illness, and vaccination are based on self-reports and were not verified against medical records, which may impact their accuracy.

A high non-response rate was observed for sensitive questions related to mental health, psychosocial well-being, protection, income and expenditure which could affect the completeness of the data. Additionally, the survey results for certain indicators, such as infant and young child feeding and SRH barriers, should be interpreted with caution due to the small sample size or low response rates. As a result, some indicators could not be further analyzed to assess how factors such as gender, age, disability, or place of residence impact access to health and MHPSS services.

It is also important to note that there were slight differences in the questionnaire across countries and years, such as adjustments to answer options. Therefore, the regional trend analysis was limited to questions that were consistently used across all participating countries and years to ensure comparability. Furthermore, certain indicators were excluded from the regional analysis due to insufficient sample size or the unavailability of data across all countries.

The survey methodology relied on a single household member (the respondent) answering health and MHPSS questions on behalf of all household members, which may have limited the ability to fully capture the unique needs and experiences of each individual. Furthermore, the questionnaire itself was constrained to a limited range of questions, which may have restricted the depth of data collected on complex and multifaceted topics, such as mental health and psychosocial well-being. Additionally, sensitive topics such as mental health and sexual and reproductive health may have been underreported, depending on the respondent's comfort level and the presence of others during the interview.

GBV limitations

Although this survey offers valuable insights into perceived safety and security concerns, due to methodological limitations the findings should be interpreted as indicative of broader trends and potential risk factors, nor as a measure of GBV prevalence. The survey reflects perception of risks rather than documented GBV incidents, and responders may underreport certain sensitive issues, such as fears of sexual violence or intimate partner violence, is possible, due to stigma, fear of repercussions, and as a protection mechanism. To effectively meet the needs of affected populations, it is recommended to combine multiple data sources and explore diverse methodologies. By utilizing available data sources from other assessments, conducting dedicated GBV assessments and audits at national level, and considering potential underreporting, it is possible to gain a more comprehensive understanding of GBV risks and experiences and to adequately tailor programmatic interventions.

STAYING SAFE: INTER-AGENCY INSIGHTS ON PROTECTION AND ACCOUNTABILITY FOR REFUGEES FROM UKRAINE

May 2025

Regional Refugee Response for the Ukraine Situation