UKRAINE

Child Protection Assessment

In South-Eastern Ukraine

July 2024

Ukraine CP AoR
Гуманітарна координація
у сфері захисту дітей
Child Protection

IMPACT Shaping practices
Influencing policies
Impacting lives

Assessment funded by:

Conducted in partnership with:

Ukraine CP AoR

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Cover picture: Impact Initiatives

About IMPACT

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IMPACT's teams implement assessment, monitoring & evaluation and organisational capacity-building programmes in direct partnership with aid actors or through its inter-agency initiatives, REACH and Agora. Headquartered in Geneva, IMPACT has an established field presence in over 15 countries. IMPACT's team is composed of over 300 staff, including 60 full-time international experts, as well as a roster of consultants, who are currently implementing over 50 programmes across Africa, Middle East and North Africa, Central and South-East Asia, and Eastern Europe

SUMMARY

According to the 2024 Humanitarian Needs and Response Plan (HNRP), there are 14.6 million people in need of assistance in Ukraine, of whom 3.17 million (22%) are children.[1] Children in Ukraine are exposed to a range of protection risks, several of which have been exacerbated by the 2022 escalation of the war in Ukraine. Protection risks are higher for children in frontline areas and along the Russian border, including Kharkivska, Luhanska, Donetska, Zaporizka, Khersonska, Sumska, and Mykolaivska oblasts.[2]

Sponsored by UNICEF and in collaboration with the Child Protection Area of Responsibility group in Ukraine, IMPACT Initiatives conducted an in-depth mixed-methods assessment to better understand the landscape of child protection threats, needs, access to child protection services, and barriers to access. Overall, 2917 household surveys, 105 Key Informant Interviews and 24 Focus Group Discussions were conducted between April and May 2024.

The assessment was focused on the South-Eastern macro-region of Ukraine, covering 7 oblasts, where protection needs are the most strongly pronounced: Dnipropetrovska, Kharkivska, Sumska, Mykolaivska, Zaporizka, Donetska, and Khersonska.[3] Methodology sought to capture perspectives of the children, caregivers and key child protection actors living in these areas.

When reading the findings, it's important to consider the main limitations of the study: potential respondent bias and difficulties in accessing certain areas. Focus group discussions (FGDs) were conducted only in oblasts with a better security situation at the time of data collection, to ensure the safety of interviewed children: Dnipropetrovska, Mykolaivska, Kharkivska, and Sumska. Due to security considerations, some settlements initially identified for household survey data collection had to be replaced. The household survey is only indicative at the oblast level for Donetska, as the difficult security situation prevented the collection of a full representative sample.

The sensitive nature of the topics discussed posed the risk of respondent bias, as participants might have been inclined to present themselves or their community in a more favourable light. To reduce this bias, the assessment combined a household survey with child FGDs and interviews with representatives from educational, healthcare, social, and legal services, to gather opinions and insights from various groups. Additionally, it is important to remember that the findings of this assessment represent the perspectives of community members on risks to children, and are not statistics on the prevalence of threats. The findings on perspectives were triangulated with available statistical data.

Key findings

The most significant risks to children according to communities

Overall, 84% of households with children believed that there was at least one safety concern for children in their location, including risks directly and indirectly related to war. Concerns for safety were slightly higher among urban than rural areas. The three most commonly indicated risks to children's safety were bombing and shelling (73%), family separation (36%), and substance abuse by children (16%). A quarter of respondents (25%) identified mental health issues and psychosocial distress as a risk to children. Additionally, 15% reported presence of explosive hazards in their location, while over half of households declared that children did not know how to identify or act if found explosive hazard. Most respondents stated that risks significantly increased since the beginning of full-scale invasion. However, many risks, particularly those within households, appeared to be underestimated by respondents, while key informants confirmed their prevalence.

The main perceived drivers of child protection risks

Many risks and risk factors are intertwined. Frequently mentioned factors increasing children's vulnerability included armed conflict, household's financial difficulties, family separation and displacement, children's and parents' mental health problems, limited supervision of children due to online schooling. Conversely, protective factors included the household's good financial standing, higher education levels of family members, a complete family unit, and good communication and support within the family.

Access to child protection services

Access to and quality of child protection and essential (healthcare, education) services appeared mostly satisfactory, although higher availability and a wider range of services was noted in urban areas. Nonetheless, some gaps in child protection services provision were noted, including **shortages of staff, insufficient availability of MHPSS services and premises for children removed from families**. Meanwhile, barriers to accessing child protection services included **safety concerns** at the facility or when travelling there, **long waiting time** to access the service or prolonged procedures, and **high costs**.

Mechanisms and cooperation of child protection services

Most informants reported that local child protection response was in line with the national policy and that child protection services were collaborating with each other, as well as with basic services' providers (including healthcare and education). Additionally, cooperation between governmental and non-governmental actors was noted. Informants, including representatives of healthcare and education institutions, declared that they would **report** child abuse or other risks to relevant child protection services or to the police. Additionally, particularly education providers, reported conducting **preventive checks and monitoring** potential child protection risks. They communicated with parents and children, highlighting their crucial role in ensuring children's safety from the outset.

Attitudes to reporting child protection risks within communities

The majority of respondents stated they would report domestic abuse (78%) or other child abuse (83%), primarily to the police, child protection services, or a member of the child's family. Households also demonstrated a relatively strong recognition of child autonomy and a low tolerance for behaviours that could endanger children. However, domestic violence appeared less likely to be reported. Reasons for this included limited trust in the effectiveness of child protection services, reluctance to become involved in other households' problems, concern about the potential removal of the child from the family, and tolerance for corporal punishment, signalling an ambivalent attitude toward domestic violence.

Access to information and awareness of child protection

Satisfactory community awareness of child protection risks and rights was often reported by informants, highlighting numerous child protection awareness campaigns, mostly conducted by public institutions, including schools, and NGOs. Most indicated satisfactory child awareness of rights, emphasizing campaigns on risks such as explosives or bullying conducted mostly at schools. However, **about a third of the households (34%) needed additional information** on child protection, including present risks, child protection services and ways to access these services.

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List of acronyms

AAAQ	Availability, Accessibility, Acceptability, Quality
CP	Child Protection
CRSV	Conflict-related sexual violence
ERW	Explosive remnants of war
FDG	Focus Group Discussion
GBV	Gender-based violence
HNO	Humanitarian Needs Overview
HNRP	Humanitarian Needs and Response Plan
IDP	Internally Displaced Person
IO	International Organisation
IOM	International Organization for Migration
KAP	Knowledge, Attitudes, Practices
KI	Key informant
KII	Key Informant Interview
MHPSS	Mental health and psychosocial support
MSNA	Multi-Sectoral Needs Assessment
NGO	Non-governmental organisation
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OHCHR	Office of the United Nations High Commissioner for Human Rights
PAF	Protection Analysis Framework
PTSD	Post-traumatic stress disorder
SDR	Secondary Data Review
UN	United Nations
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime

Geographic classifications

Oblast	The highest administrative unit in Ukraine below the national level
Raion	Second level of administrative unit in Ukraine, a part of an oblast.
Hromada	Third level of administrative unit in Ukraine, a part of a raion.

List of maps and figures

INTRODUCTION

According to the 2024 Humanitarian Needs and Response Plan (HNRP), there are 14.6 million people in need of assistance in Ukraine, of whom 3.17 million (22%) are children.[4] Children in Ukraine are exposed to a range of protection risks, several of which have been exacerbated by the escalation of the war in Ukraine on February 24th, 2022. These risks include physical violence, psychosocial distress, protection risks in schools, hospitals, and residential care institutions, denial of humanitarian access, family separation, trafficking in persons, transfer to other occupied territories or the Russian Federation, detention, Gender-Based Violence (GBV), and child labour. These protection risks are higher for children in frontline areas and areas along the Russian border, including Kharkivska, Luhanska, Donetska, Zaporizka, Khersonska, Sumska, and Mykolaivska, where severity of needs was assessed to be highest in 2023.[5]

Between February 24th, 2022 and October 8th, 2023, OHCHR recorded 27,768 civilian casualties as a result of the large-scale armed invasion by the Russian Federation, including 9,806 killed and 17,962 injured. Of these casualties, 1,756 were children (560 killed and 1,196 injured).[6] Killing and maiming of children have predominantly been caused by the use of explosive weapons with wide area effects, and explosive ordnance.[7] Additionally, in 2022, the UN verified 2,334 grave violations against 1,482 children in Ukraine (629 boys, 474 girls, and 379 sex unknown). Such violations include the killing and maiming of children, rape and other forms of sexual violence perpetrated against children, use of children by armed forces or armed groups, attacks on schools, hospitals, and protected persons, the abduction of children, and denial of humanitarian access to children. It is worth noting that the real number of such violations is likely higher due to low reporting rates and difficulty confirming such information.[8] In addition, the risk of GVB has been heightened since the escalation of the war, although up-to-date information on the scale and exact nature is unavailable. Reports however highlight 3.6 people in need of GVB prevention (2023 Humanitarian Needs Overview, HNO),[9] and have documented conflict-related sexual violence (2022-2023 OHCHR).[10]

Bearing in mind the threats and risks faced by children and their parents in Ukraine, it is also crucial to explore their effects on psychosocial health. UNICEF and World Vision estimate that 1.5 million children are at risk of depression, PTSD, and other mental health issues.[11] A recent study conducted via a survey of mothers of Ukrainian children aged 3 to 17 years, commissioned by the "Ukraine Children's Action Project", found a marked decrease in the mental health status of children since the invasion – 80% of respondents perceived their child's mental health to be good or very good prior to the invasion compared to 65% in January – February 2023.[12] Contributing factors and stressors may include the experience of conflict events, displacement, family separation, loss of caregivers, disruption to education and day-to-day routines.[13]

Family separation has become an increasingly concerning risk for children in Ukraine since the escalation of the war, with Ukrainian NGO Magnolia having received over 2,500 requests to find children who have gone missing since February 2022.[14] The 2023 MSNA found that across Ukraine, 2% of households surveyed reported that at least one child (under 18 years old) was not residing in the household. The four main reasons why children were not residing in the household were that they left the house because they married or left with a partner, they left the house to study, they left the house to seek safety and security, or the child is with a foster family or kinship family or friends.[15]

Additionally, the most recent comprehensive study performed on child labour in Ukraine from 2014-2015, estimated that 9.7% of children in Ukraine were engaged in child labour across the agriculture, industry, and services sectors in Ukraine.[16] While the current prevalence of child labour in Ukraine is unknown, the escalation of the war in 2022 has increased the vulnerability of displaced children to exploitation in the worst forms of child labour (e.g., commercial sexual exploitation, recruitment of children by non-state armed groups, or forced begging), as well as of children in institutions, those with disabilities, stateless children, children from minority groups, forcibly transferred children, homeless and orphaned children.[17]

This assessment aims to extend and deepen the understanding of risks that children in the most affected areas face, their and their households' needs in addressing the risks, and relevant available services. Protection threats affecting Ukrainian children that could benefit from further evidence generation include psychosocial distress, child labour, family separation, and violence against children (including physical and sexual violence). While the UN has worked to systematically document protection threats against children in Ukraine, the scale of some of these threats is difficult to determine based on both the sensitivity of the topic of violence committed toward children and limited accessibility in frontline and Temporarily Occupied Areas.

Sponsored by UNICEF and in collaboration with the Child Protection Area of Responsibility group in Ukraine, IMPACT Initiatives undertook an in-depth mixed-methods assessment with the aim of better understanding the landscape of child protection threats, needs, access, and barriers to accessing services to address protection concerns. This assessment sought to address the following research questions:

1. Which child protection risks and concerns do communities consider to be the most significant, and what are the drivers of these risks?
2. To what relevant protection services do children and families have access, what are the barriers to access, and which service gaps exist?
3. To what extent do communities tolerate, condemn, and cope with violence and abuse against children?
4. To what extent do communities know about and use reporting mechanisms or existing resources for child protection issues?
5. Where relevant, how do these issues differ across children's demographic groups?
6. How does the need for and access to services vary across different geographic areas?

Findings from this assessment aim to improve understanding of the needs, vulnerabilities, and access to services of vulnerable children and adolescents and their parents, concerning key child protection risks and concerns. A deeper understanding of these issues will help inform ongoing or planned humanitarian interventions among the child protection actors, as well as strategic decision-making processes (including HNO and HNRP). Additionally, the findings aim to explore the existing child protection services and evaluate their capacity to address the child protection risks. Policymakers can use this data to design more effective and equitable policies that address the specific threats and needs of children in Ukraine and allocate resources more efficiently. The findings could also feed into supporting advocacy efforts targeted towards safeguarding children's rights.

Secondary Data Review (SDR) has been conducted as the first step of this assessment, to provide an overview of the main threats faced by children in Ukraine. The SDR resulted in the publication of a brief, "Child Protection in Ukraine," in December 2023, which provided the background to this in-depth assessment.

METHODOLOGY

This assessment relied on a mixed-method approach, combining a quantitative component (household survey) with qualitative components (Key Informant Interviews, Individual Interviews, and Focused Groups Discussions with children). This methodology allowed to capture perspectives of the children, caregivers and key child protection actors. Overall, 2917 household surveys, 105 Key Informant Interviews and 24 Focus Group Discussions were conducted between April and May 2024.

Geographical scope

The assessment focuses on the South-Eastern macro-region of Ukraine, covering 7 oblasts, where protection needs are the most strongly pronounced. Four of the chosen oblasts constitute de-occupied territories and/or are located on the frontline: Dnipropetrovska, Kharkivska, Sumska, and Mykolaivska. Another 3 oblasts are partially occupied: Zaporizka, Donetska, and Khersonska. Data collection in the 3 latter oblasts was limited to adult respondents (Key Informant Interviews and Household surveys) in consideration of children's safety. The assessment included areas with a large population of Internally Displaced Persons (IDPs) through data collection in Dnipropetrovska and Kharkivska oblasts.

Map 1: Map of Ukraine, including occupied and de-occupied areas

Sampling strategy

Population of interest of this study included children residing in South-Eastern oblasts of Ukraine, including urban and rural areas. Children aged 8-17 were interviewed about their own experiences, while caregivers and service providers (education, healthcare, social and legal services) supplied the assessment with their perception of the children's situation and insights on access to relevant services.

Sampling

Quantitative data collection (household survey) was conducted with caregivers, meaning that only households that included children were sampled. The sample size of the quantitative component has been calculated based on probability sampling, and findings are representative at the oblast level with a 95% confidence interval and a 5% margin of error. In total, 2917 surveys were successfully collected, achieving representativeness in every oblast except for Donetska, where restricted access due to the difficult security situation prevented collection of a full representative sample.

	13% male | 87% female	
2%	Over 60	7%
1%	50-59	6%
4%	40-49	24%
5%	30-39	36%
1%	18-29	15%
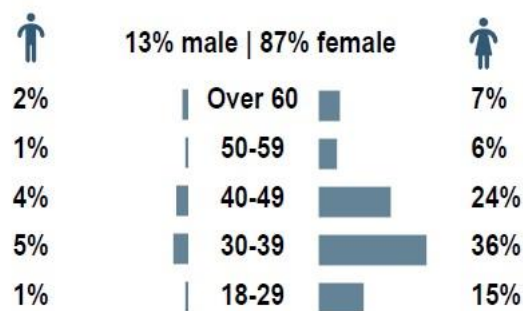
Figure 1: Household survey respondent demographics

A cluster sampling strategy was used where the primary sampling unit (PSU) were settlements within each oblast. Settlements were selected at random, and number of surveys per settlement was determined according to probability proportionate to size (PPT) so that each household in the targeted oblast population had an equal chance of being surveyed.

Qualitative data collection relied on purposive sampling to ensure additional insights from certain population groups. The Key Informant Interviews (KIIs) included representatives of three main sectors related to child protection and basic services: education, healthcare and social/legal services. Additionally, KIIs were disintegrated by oblast, urban and rural locations, and type of service provider: governmental/public, non-governmental, and private - in cases where NGO representatives could not be reached.

The Focus Group Discussions with children were conducted in 4 oblasts with better security situation at the moment of data collection: Dnipropetrovska, Kharkivska, Mykolaivska and Sumska. In addition, FGDs were disaggregated into groups based on gender and age (8-11y.o., 12-14y.o., 15-17y.o.).

Oblasts | Dnipropetrovska | Kharkivska | Sumska | Mykolaivska | Zaporizka | Donetska | Khersonska | Total

35 KIIs - Education

Governmental/Urban
Governmental/Rural
NGO/Urban
NGO/Rural
Private/Urban

35 KIIs - Healthcare

Governmental/Urban
Governmental/Rural
NGO/Urban
NGO/Rural
Private/Urban

35 KIIs - Social/legal assistance

Governmental/Urban
Governmental/Rural
NGO/Urban
NGO/Rural
Private/Urban

129 Total (all qualitative components)

8 FGDs - Children aged 8-11 y.o.

Boys
Girls

8 FGDs - Children aged 12-14 y.o.

Boys
Girls

8 FGDs - Children aged 15-17 y.o.

Boys
Girls

Oblasts	Dnipropetrovska	Kharkivska	Sumska	Mykolaivska	Zaporizka	Donetska	Khersonska
Urban	306	294	272	223	356	264	292
Rural	102	124	147	222	64	117	135

2918 Total household surveys

Data collection methods

Quantitative surveys were conducted at the household level. FGDs with children were conducted in separate gender (male, female) and age groups (8-11, 12-14, 15-17). Discussions were conducted in a child-friendly manner, regarding the questions asked and methods used. The older age group (15-17) was interviewed using a Focus Group Discussion method. The younger age groups (8-11, 12-14) were interviewed relying on the following group consultation, child-friendly methods:

Body Mapping (for 12–14-year-olds either Body Mapping or FGDs was used): Body mapping is a participatory tool, which uses the drawing of a body and body parts to explore children's needs and experiences. Children draw an outline of a body on a flipchart – as they draw different body parts, they are asked about relevant experiences (e.g., drawing the eyes – asked about what they see; drawing the heart – asked about how they feel, etc.).

Yes, No, Maybe: This tool allows to gather children's feedback on a series of statements. Children are presented with a statement and give their response using "Yes", "No" or "Maybe" signs, to indicate whether they agree/identify with the statement.

Helping Hands: This tool involves participants identifying what type of support they and their peers and families need, in the form of recommendations. Children are asked to draw outlines of their hands and draw/write the main ideas about how adults and children can help other children.

Picture 1. Body mapping   Picture 2. Yes, No, Maybe   Picture 3. Helping hands

Analysis

Quantitative analysis
To ensure accurate representation of the rural and urban areas, records were weighted accordingly with the size of the population within urban and rural areas of each oblast.

Qualitative analysis
The methodology of this assessment is embedded within the Protection Analysis Framework (PAF) and the Availability, Accessibility, Acceptability, Quality (AAAQ) framework. The PAF concept relies on analysing the context (i.e., factors that shape the crisis dynamics and the resulting protection issues), current threats to the population (i.e., threats affecting different population groups in various geographic areas), threats' effect on the population (i.e., how and why are certain population groups in

specific geographic areas vulnerable to and/or affected by the threats) and existing capacities to address protection threats (i.e., the resources and capabilities to address the consequences and/or drivers of the threats, including individual capacity and institutionalized mechanisms).

The AAAQ framework aims to identify potential barriers to accessing services in humanitarian settings. It includes analysis of the existent services in a given location, their physical, financial, administrative, social and informational accessibility. The framework allows as well to explore the acceptability, i.e., adequateness of the services for a given population (incl. ethical and cultural considerations), and quality of the available services. The AAAQ and PAF frameworks served to develop quantitative and qualitative tools of the assessment.

The analysis of FGDs is comparative across different gender (female, male) and age groups (8-11, 12-14, 15-17) and across oblasts where relevant. The analysis of KIIs is comparative across oblasts of informants' residence, type of area (urban/rural) in which they reside and work, type of sector in which they work (education/healthcare/social or legal services), and type of institution in which they work (governmental/NGO/private). Distribution of key informants was equal at the oblast and sector level and varied at the area and institution type level. The most pertinent comparison levels were included in this report.

Challenges and limitations

- This assessment analyses perceptions and subjective experiences of the households, complemented by experiences of service providers, not statistical data on the prevalence of existing child protection risks. Furthermore, the assessment explored the perceived most significant child protection risks in communities (not as experienced by the households) to provide an insight on how these perceptions compare to available statistical data. It needs to be noted that the results of the household survey could have been impacted by visibility bias - if a particular issue or phenomenon is highly visible and known within the community, such as a prominent case of the protection risk in question, multiple households may be aware of it, which does not necessarily reflect the prevalence or significance of the issue.

- The sensitive nature of discussed topics posed the risk of respondent bias, as participants may have been inclined to present themselves or their community in a favourable light. Moreover, it is important to acknowledge that household survey respondents may not have possessed adequate awareness or understanding of the issues being assessed. They may have overlooked symptoms or struggled with the terminology used in the survey questions, potentially resulting in underreporting or misclassification of cases. To reduce the bias, the assessment supplemented the household with key informant interviews with representatives of educational, healthcare, social and legal services' providers, to gather perspectives and insights of various professional groups.

- Due to security considerations some settlements previously identified for the household survey data collection had to be replaced. Additionally, the household survey is indicative only at the oblast level for Donetska, as the difficult security situation prevented the collection of a full representative sample.

- All comparisons presented in this report are indicative only. The absence of significance tests means that these comparisons should not be interpreted as statistically validated differences. Observed variations may be due to random chance rather than meaningful distinctions.

- Due to the sensitive nature of the topics discussed and to avoid putting children under stress, children in the Focus Group Discussions were not interviewed about experienced or perceived risks

or threats. Instead, the FGDs focused on children's activities (including education and free time) and safety networks, to bring valuable insight on their potential risk and protection factors.

- Within the FGDs, some questions posed to younger and older children varied in their level of detail, as age-appropriate data collection tools were used. Consequently, some age groups may not have discussed certain topics in depth. Additionally, some groups were more active than others, and some children, particularly younger ones, may have been less aware of certain issues. Therefore, the absence of certain insights or answers in some groups' responses should not be interpreted as a strict absence of a certain issue/experience/opinion within that group.

- FGD participants were selected based on convenience sampling, mostly approached through child-oriented service providers (entities offering educational and leisure activities for children), including NGOs. Due to this, children participating in the study were presumably those who had access to certain educational and leisure services and some may have known each other prior to data collection, thus in some instances similar information was reported by children within groups. This potential bias needs to be considered when analysing the findings.

- FGD findings are indicative per 4 oblasts, however, it needs to be noted that only 6 FGDs were conducted per each oblast, sometimes in 2-3 different locations, therefore the findings do not provide a clear overview of the situation per whole oblast and comparisons between oblasts should be cautious.

FINDINGS

Child protection risks

In the household survey, 86% of respondents expressed safety concerns for children, encompassing risks directly (e.g., attacks on infrastructure) and, potentially, indirectly related to the war (e.g., family separation). Additionally, 15% of respondents believed that explosive ordonnance was present in their location. Furthermore, about a quarter of respondents noted that children faced the threat of mental health issues and/or psychosocial distress.[18] Figure 2 shows all risks to children's safety identified by respondents.[19] When asked about places here children felt unsafe, many respondents indicated that their children felt unsafe everywhere (45%) or outdoors (18%), while about 28% did not indicate any particular places (see Figure 3).

Perceived safety risks for children
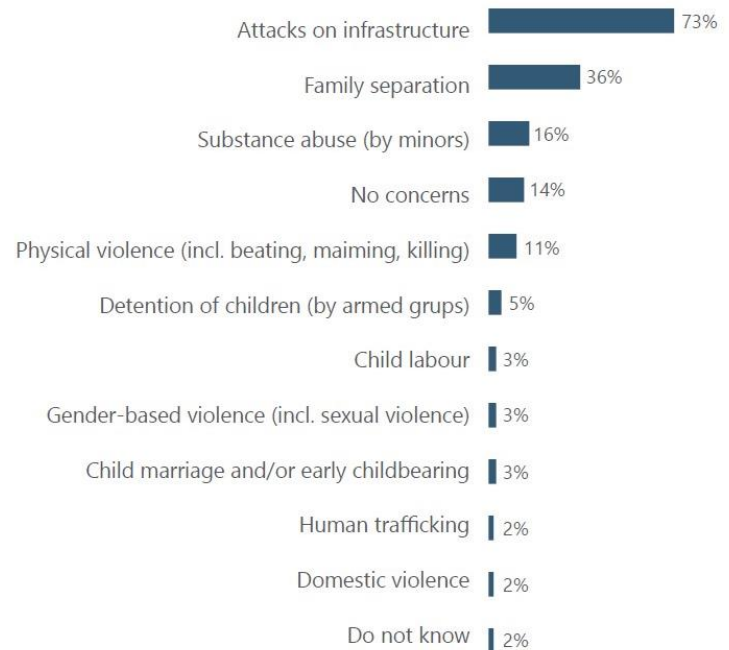
Figure 2: Main perceived safety risks to children in location, as indicated by household survey respondents (n=2916), multiple-choice question

Places where children felt unsafe
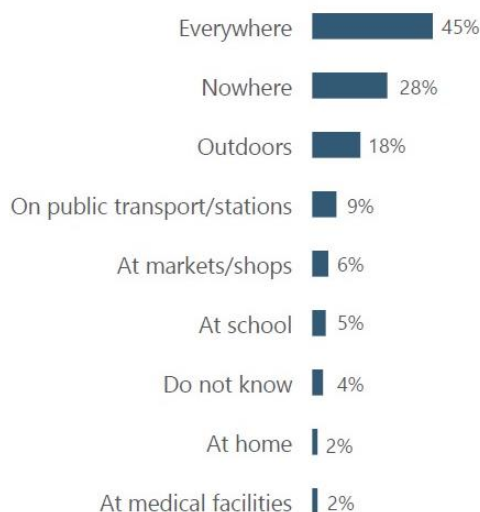
Figure 3: Places where children felt reportedly unsafe in their location, according to respondents (n=2907), multiple-choice question

Perception of child protection risk(s) varies across location, as shown in figure 4. The lowest share of perceived risks was reported in Donetska oblast, where only 40% identified at least one safety risk. However, it must be noted that respondents in Donetska largely did not want to discuss such issues due to concerns for their own safety. In contrast, the highest share of perceived risks to children's safety was emphasized in Khersonska oblast (see Annex 2). This resonates with previous research (REACH MSNA 2023), that revealed Khersonska had one of the highest rates of households with unmet needs.[20]

Concerns for children's safety were seemingly greater in urban areas, where 88% indicated at least one safety risk to children, while in the rural areas 79% expressed such concerns. Furthermore, 47% of respondents in urban areas stated that children felt unsafe everywhere, compared to 36% of rural areas' respondents.

Overall, internally displaced people (IDPs) identified the same main risks for children in their communities as non-displaced persons. However, they reported a higher rate of their children's sense of insecurity in their location, but less variation in the places where their children felt unsafe: 51% indicated that their children felt unsafe everywhere (compared to 42% for host communities), while 22% indicated no particular places where children felt unsafe (compared to 30% for host communities).[21]

Perceived presence of child protection risks in given locations

Location	%
Khersonska	98%
Dnipropetrovska	94%
Zaporizka	91%
Kharkivska	89%
Sumska	81%
Mykolaivska	78%
Donetska	40%

Figure 4: Presence of any safety risks to children in location, as indicated by household survey respondents (n=2916)

These perceptions are coherent with children's experiences, shared during FGDs. Children is some groups, across all demographics, declared feeling unsafe everywhere. However, most children perceived their homes as safe spaces, followed by outside areas (nature), schools and homes of their relatives. Home was overwhelmingly emphasized as safe primarily due to the presence and support of family, the familiarity of the environment, privacy, and, lastly, the provision of shelter. However, some children noted that they did not feel secure at home during air raids:

"I feel safe at home, I am not stressed, it is quiet and comfortable, and there are people I know and trust."

Girl aged 12-14y.o., Mykolaivska

"I feel safest at school, because if an air alarm goes off, we can go down to the basement, and everything will be fine. I also feel safe at home, because I am with my family there. However, if I stay alone at home and hear an air alarm, I become anxious."

Girl aged 8-11y.o., Dnipropetrovska

This underscores the significant influence of emotional factors on children's perception of safety over technical considerations (e.g., presence of shelter). Shelter was identified by some as a safe space, particularly among the youngest children.

The main vulnerabilities and protective factors

Most respondents reported that the risks they indicated have increased since the onset of the full-scale invasion on February 24th, 2022 (except for child marriage and early childbearing, see Annex 3). Armed conflict poses additional threats to both children and adults, while exacerbating pre-existing risks and creating new ones (e.g., displacement). Many key informants identified armed conflict and proximity to the frontline as factors in the general deterioration of security in their locations and as a significant risk factor for children:

"The main risk factor for children in our settlement is, first of all, the armed conflict. War creates tension and leads to stress among adults, which has direct impact on children. Tension in families and economic

problems are further exacerbated by the war, leading to increased tension in interpersonal relationships and causing psychological stress in children."

Public healthcare provider, urban location in Dnipropetrovska

Other factors, either environmental elements, experiences, or individual traits, were identified as increasing vulnerability to or protecting children against risks:

- Households' low income was recognized by nearly a third of the household survey respondents (31%) as a factor increasing children's vulnerability to safety risks. Conversely, 42% cited good financial standing and 12% mentioned the higher education level of parents as protective factors. Similar observations were made by the key informants. Higher financial status was most frequently cited as a protective factor by informants across all oblasts, who noted that children from more affluent households had better opportunities, including relocation to safer areas, and improved access to quality services. Most interviewed households (79%) were not able to fully satisfy their financial needs, with 15% being able to meet less than half or none of their needs. This severe financial situation could exacerbate children's engagement in labour. Additionally, about a half (49%) of respondents emphasized that financial difficulties of the household constituted a risk to children's overall wellbeing.

- Children separated from the family were considered as particularly vulnerable by another third (30%) of the household survey respondents. Increased vulnerability among homeless children (26%), displaced children (21%) and those in orphanages (18%) was also noted. Having both parents in the same household (42%) was conversely indicated as a protective factor. Displacement was the most frequently mentioned risk factor among key informants, who noted that change of residence is associated with a lack of financial resources, psychological distress, and limited access to information. Additionally, 30% of household survey respondents emphasized that displacement constituted a risk to children's overall wellbeing.

- Children with disabilities or chronic illnesses were considered particularly vulnerable by about a quarter of the household survey respondents (24%) and some key informants. Additionally, several informants highlighted children's psychological issues (such as mental disorders and general deterioration of psychological state), loss of family members, and traumatic experiences as significant risk factors. Psychosocial issues were also identified in the household survey as direct risks to children. Some informants mentioned the good psychological state of children and the psychological stability of the parents to have a positive influence on children's safety.

- Children who were out of school were identified as particularly vulnerable by 16% of respondents, while 12% highlighted heightened risks among working children. Many key informants noted that a lack of supervision during the day due to online schooling was a significant risk factor. Additionally, some pointed out that children in large families were at increased risk due to parents' limited capacity to supervise all their children. Furthermore, some informants mentioned that lack of socialization with peers put children at a greater risk by limiting exchange of information and amplifying psychosocial issues. Conversely, socialization and communication with peers were named as protective factors by some key informants.

- Although about a fifth of respondents indicated gender or age as risk factors, there was no consensus on specific characteristics that determined a child's vulnerability within these groups. Some key informants stated that younger children are at higher risk because they need more support and supervision. In contrast, other key informants noted that adolescents are more exposed to risks due to poor communication with parents, the search for new experiences, and psychological instability.

- Over a tenth of respondents indicated belonging to a particular ethnic or religious group as a risk factor, mostly in Dnipropetrovska and Zaporizka. Ethnicity, religion, and gender were noted as risk factors by few key informants, in urban areas of Dnipropetrovska and Mykolaivska oblasts.

- Additionally, some key informants indicated that availability of a comprehensive child protection response, including the availability of different services, contributed to the safety of children in their locations. Access to information, children's and caregivers' awareness lowered vulnerability to risks according to some informants.

Attacks on infrastructure: Bombing and shelling

Bombing and shelling were the most frequently mentioned threats to the safety of children across all oblasts, both in urban (76%) and rural (61%) areas. Residents of Khersonska (92%), Dnipropetrovska (83%) and Kharkivska (78%) were most often concerned by the risk of bombing and shelling attacks on infrastructure, while those of Donetska (35%) and Mykolaivska (54%) expressed this concern less frequently. Along with the bombing, the general threat of military activity was frequently mentioned by the key informants as a risk to children, most often in Donetska, Khersonska, Sumska, and Zaporizka oblasts. This included possible hostilities due to proximity to the border with the Russian Federation or to the frontline.

Although interviewed children were not explicitly asked about risks to their safety, several mentioned protection concerns during the discussions. The most frequently mentioned threats across all gender and age groups were bombing or shelling and the occurrence of air raid alerts:

"- I always feel in danger, because, God forbid, if something explodes, it will collapse on us. - That [being at home] is even worse than staying outside. - Because there are just debris outside, and if a building collapses, there will be nothing to breathe with."

Girls aged 8-11y.o., Sumska

Many key informants noted cases of children injured due to bombing, shelling, and incidents involving explosive ordonnance. Such cases were reported most often in Mykolaivska and Zaporizka oblasts. Conversely, some indicated that there were no war-related incidents involving children in their locations, with the highest number of such references in Dnipropetrovska oblast. Additionally, several of such references came from the rural areas. Numerous key informants emphasized as well that in addition to physical risk, the attacks and air raid alerts were causing stress, anxiety, and long-term deterioration of children's psychological state:

"Frequent shelling has serious consequences for children. Even if they are not physically harmed, it can be extremely difficult for them to cope with emotional stress. Children are very scared in such situations, and it can have serious impact on their mental health. I don't think that it's just going to pass in several years. No, we need to work with it, we need to work on their mental health. Such things will not disappear without a trace. Although there were no direct hostilities in our region, the impact of constant shelling on people's emotional state can be significant."

NGO legal/social aid provider, urban Dnipropetrovska

According to the ACLED database, between May 2023 and April 2024 attacks occurred mostly in the oblasts of Donetska, Zaporizka, Kharkivska and Sumska (see map 2), with the latter having observed an increased rate of attacks in 2024.[22] According to the official UN data, at least 600 children have been killed in attacks since the escalation of the war in 2022, while more than 1,350 have been injured. OCHA

confirmed 70 child casualties between January and March 2024. However, the true number of children killed and injured may be considerably higher, bearing in mind the difficulties of collecting such data.[23]
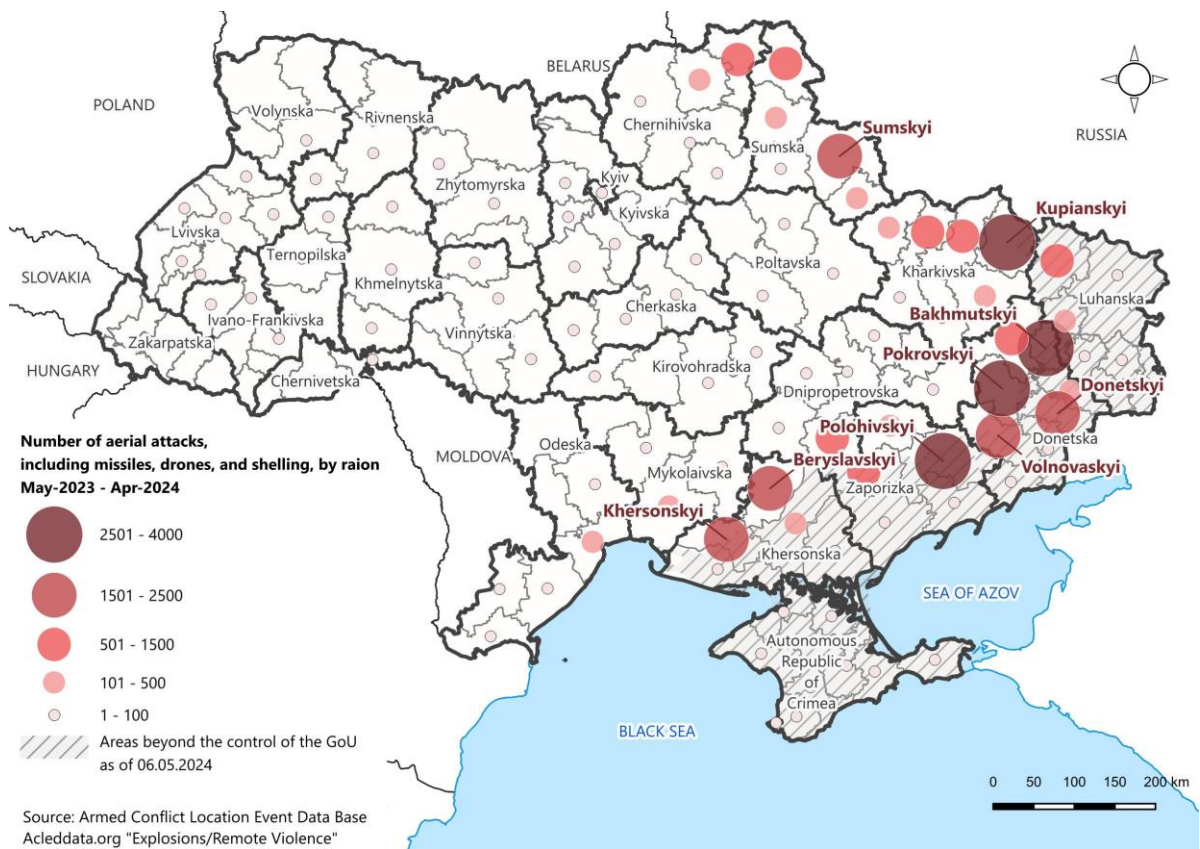
Map 2: Aerial attacks, including missiles, drones, and shelling between May 2023 – April 2024

Disruptions to infrastructure

Specific attacks on infrastructure, including educational and healthcare institutions, were also frequently mentioned as a risk to children. Such cases were most often noted in Khersonska and Kharkivska oblasts. Since the onset of the full-scale invasion, thousands of basic service infrastructure elements in Ukraine have been damaged. According to the New York Times' satellite imagery analysis, 106 hospitals (including clinics) and 708 educational facilities (including schools, colleges, and universities) have been destroyed up to December 2023.[24]

Destruction of educational facilities led to moving education to the online mode, which limited children's socialization opportunities and quality of learning. Beyond the physical threat of airstrikes, targeted attacks on Ukraine's energy infrastructure since October 2022 have resulted in electricity shortages. Disruptions in the provision of electricity, internet, water, and heating were noted as war-related risks, most frequently in Kharkivska oblast. Key informants also pointed out that electricity and internet disruptions affect children's studies due to online schooling requiring functioning electricity and Internet.

Protective measures: Shelters and evacuations

Additionally, some key informants in Donetska, Kharkivska, Mykolaivska, Sumska and Zaporizka oblasts noted lack of bomb shelters in premises, predominantly at educational institutions, while others reported the presence of accessible shelters in facilities. Availability of shelters was emphasized by some key informants as a protective factor. Under Ukrainian law (No. 14529/0/1-22), educational institutions are mandated to have adequate bomb shelters to conduct in-person education.

As of August 2023, shelters were available in only 68% of educational facilities, with the highest proportion of schools without shelters in Dnipropetrovska, Kharkivska, Mykolaivska, and Odeska.[25] Lack of shelters at schools has therefore prevented many children in Ukraine from accessing in-person schooling since the escalation of the war in 2022.

In a bid to protect the population, the government of Ukraine ordered multiple evacuations of children, accompanied by at least one parent or legal guardian, from areas particularly prone to hostilities. Between January and March 2024, evacuations were announced in several locations in Donetska, Kharkivska, Khersonska and Sumska oblasts.[26]

Evacuation opportunities were mentioned by a few key informants in Sumska oblast as a protective factor. Furthermore, key informants frequently identified higher financial status of the household as a protective factor against the risk of bombing and shelling. Children from more affluent households had greater opportunities, including relocation to safer areas (i.e., self-organized evacuation):

"Children are stressed out, in general, shelling was rare, but now it is very frequent. Even today, there was a strike. We are constantly shelled with guided aerial bombs and missiles. That's why people are leaving, and there are fewer children. (...) In general, well-to-do people leave, while the deprived and those who are not very well-off stay here."

Private healthcare provider, urban location in Sumska

Explosive hazards

Fifteen percent of the household survey respondents (15% urban and 12% rural inhabitants) believed that explosive hazards (e.g., landmines, grenades, unexploded ordinances, bombs) were present in their location.

Declared presence of explosive hazards

62% No
23% Do not know
15% Yes

Figure 5: Declared presence of explosive hazards in respondents' location (n=2917)

Internally displaced people were more likely to believe that explosive hazards were present in their location, with 23% of IDPs reporting the presence of explosive ordnance compared to 11% of non-displaced respondents. Additionally, IDPs more frequently reported that they did not know whether explosive ordonnance was present in their location (28% compared to 21% of non-IDPs).

Many key informants, particularly those in Donetska, Kharkivska, Khersonska, and Zaporizka, confirmed presence of explosives in their location. Others, particularly from urban areas in Donetska, Kharkivska

and Mykolaivska oblasts, noted that explosives might be found elsewhere in their rayons (e.g., around the cities or in rural areas):

"During the occupation and after it, children went to the forest for firewood, there were cases when they were blown up on mines and their limbs had to be amputated. Children disassemble military equipment, because they are curious, but it is dangerous."

Public healthcare provider, urban location in Kharkivska

Perceived presence of explosive hazards in respondents' location

Oblast	Percentage
Kharkivska	37%
Khersonska	23%
Donetska	21%
Mykolaivska	17%
Zaporizka	15%
Sumska	12%
Dnipropetrovska	0%

Comparison of the household survey findings to the mapping of incidents involving explosive ordonnance suggests that perceived presence of explosive ordonnance in an area rather corresponded to the prevalence of registered incidents involving landmines and other explosive ordonnance (see map 3). Nonetheless, the map depicts only incidents in which the ERW exploded. A significant amount of unexploded ordonnance can still be present in these areas and may be underestimated by the households.

Figure 6: Perceived presence of explosive hazards in respondents' location by oblast (n=2917)

Map 3: Landmine and remote explosive incidents between May 2023 – April 2024

According to ACLED, areas along the frontline, occupied and de-occupied territories continue to be contaminated with explosive remnants of war (ERW) which pose a risk to civilians, including children. Since 24 February 2022, over 1,200 incidents involving ERW were recorded, with around 75% affecting civilians and reportedly resulting in over 550 casualties. The ongoing bombing and shelling are likely to result in greater contamination with explosives and therefore increased risk to civilians.[27]

A few key informants also identified other war-related risks in their locations, such as the presence of military personnel, recruitment by the Russian military for gathering information, presence of dangerous objects and weapons, and abandoned damaged buildings accessible to children.

Awareness and information campaigns

Key informants often emphasized campaigns on explosives held by service providers, particularly schools (this included classes, showing videos and presentations, etc.). Schools appeared to play a crucial role in children's mine safety training, raising concerns about the impact on their safety awareness when in-person education is not available:

"Over the past two years, this issue has been widely discussed at the educational facility, in particular by psychological service workers, class teachers, physical education teachers, and teachers of Homeland Defence. There is a safety classroom with a corner dedicated to mine safety. Therefore, children are aware of the causes, consequences and how to act in case they find dangerous items. We review this information with them before weekends and holidays."

Public education provider, rural location in Sumska

State campaigns on explosives were also frequently mentioned (including, e.g., State Emergency Service of Ukraine trainings) with fewer references in Khersonska and Dnipropetrovska oblasts. Additionally, key informants often indicated NGO's campaigns on explosives, and that information on explosives was available through media (e.g., social media, phone apps, cartoons).

Many key informants reported satisfactory or rather satisfactory awareness of explosives (i.e., ability to recognize explosives and awareness of what to do in such situation) among children in their location. Insufficient awareness among children was most frequently reported in the Sumska and Zaporizka oblasts. Overall, informants across all oblasts indicated the need for continuous initiatives:

"I mean that this work is very active and is carried out without interruptions. You see that new explosive devices are discovered all the time. They told us about "petal mines", and now there is information about bullets and various new explosive objects."

Public education provider, urban location in Sumska

In the household survey, over half of respondents (58%) reported that their children knew how to identify explosive ordonnance and knew what to do if they encountered it (59%), with a higher level of awareness manifested in rural areas (about 10 percentage points difference in each case). However, these findings still demonstrate an incomplete level of awareness overall.

Children know how to identify and act if encountered explosive hazards

Oblast	identify	act
Khersonska	93%	94%
Donetska	82%	80%
Sumska	70%	70%
Mykolaivska	67%	72%
Kharkivska	64%	62%
Zaporizka	59%	58%
Dnipropetrovska	42%	44%

Figure 7: Level of awareness of children in the households regarding recognition and safety procedures regarding explosive hazards (as indicated by adult members of the households, n=2917)

Human trafficking, abductions, and detention by armed forces

Human trafficking and abductions

On average, only 2% of household survey respondents perceived human trafficking as a risk to children. Across oblasts, this result varies between 8% in Zaporizka and 0% in Donetska. Most key informants had not heard of human trafficking in their locations. However, a few key informants in Kharkivska, Khersonska and Zaporizka noted instances of Ukrainian children being forcibly transferred to occupied territories or undisclosed locations:

> *"Last year, there were several cases, when social service workers dealt with situations, when children were taken to Crimea without consent for rehabilitation, and then didn't return. And even one of these cases was proven and established as human trafficking."*
>
> *Public legal/social aid provider, urban location in Khersonska*

Comprehensive, up-to-date data on human trafficking in Ukraine is not available. The International Organisation for Migration (IOM) estimated that between 2019-2021, approximately 46,000 Ukrainians (including children) were trafficked, predominantly for labour exploitation. Historically, children have been trafficked for forced labour, sexual, and other forms of exploitation. Between January and September 2023, IOM identified and assisted 296 victims of trafficking, including 6 children.[28]

Moreover, since February 2022, OHCHR has documented cases in which civilians (adults and children) have been transferred from one temporarily occupied territory to another or to the Russian Federation, by Russian authorities.[29] This included children from residential care institutions (sometimes having physical or intellectual disabilities), children who had lost parents or were separated, and children who were sent to summer camps in Russia in 2022 and not returned to their parents.[30] The suspected scale of such transfers is difficult to confirm, but the Government of Ukraine believes the figure to be at least 19,546, with 388 children having returned.[31]

Detention by armed groups

Detention by armed groups was perceived as a risk to children by slightly more respondents (5%), more often in rural (9%) than urban (4%) areas. This concern was most often raised by respondents living in frontline areas, including Khersonska (14%), Zaporizka (12%) and Kharkivska (10%). Some key informants reported cases of children being detained, harassed, or tortured by the military personnel of Russian Federation in occupied territories in Kharkivska, Khersonska, and Zaporizka:

> *"I can say that in the occupied territory, Russian soldiers constantly come to parents whose children study remotely. They harass, intimidate, and threaten to take their children away if they do not attend Russian schools. Therefore, for safety reasons, parents are forced to send their children to schools, but after school, they do their assignments remotely, connecting to teachers in the evening. I mean that on the occupied territories there is both psychological and physical harassment."*
>
> *NGO education provider, urban location in Zaporizka*

Similarly, OHCHR noted cases of detention of children by Russian armed forces and affiliated armed groups between February 2022 and May 2023 in Chernihivska, Donetska, Kyivska, Khersonska, Mykolaivska and Zaporizka oblasts. These incidents often occurred shortly after the escalation of the war, involving forced disappearances, deportations, torture, or ill-treatment of detained children.[32]

Risk factors

The United Nations Office on Drugs and Crime (UNODC) found that conflicts amplify the risk of human trafficking both inside and outside the crisis-affected areas.[33] Key risk factors associated with conflict include state collapse, deteriorating rule of law and impunity, forced displacement, humanitarian need and socioeconomic stress, social fragmentation and family breakdown.[34] Additionally, IOM emphasized that children in institutions, separated or unaccompanied children, and forcibly transferred children are particularly vulnerable to trafficking.

Such vulnerabilities have been indeed observed in Ukraine: 32% of interviewed families have been displaced, 79% could not fully meet their financial needs, and in 35% of households only one (32%) or none (3%) of the parents were residing together with children. Some key informants noted that external risks, including exploitation, abuse and human trafficking, have deteriorated since the beginning of the full-scale invasion. Apart from direct involvement of Russian military personnel in these activities, they attributed this to people's unstable psychological conditions, lack of child supervision, insufficient access of social services and worsening economic situation.

Domestic violence and neglect

Only 2% of household survey respondents considered domestic violence a significant risk to children in their location, with minimal variation between urban and rural areas. Domestic violence was least often reported by respondents in Donetska (1%) and Sumska (1%) oblasts, and the most frequently in Khersonska (4%), particularly in its urban locations (6%).

However, key informants frequently acknowledged presence of domestic violence cases (although this does not signify a high scale of the issue - many mentioned singular cases known to them), including psychological abuse, in both urban and rural areas. Cases of domestic violence were reported most often in Dnipropetrovska and Kharkivska oblasts. Some key informants suspected domestic violence but could not confirm specific cases, while many did not notice any cases of domestic violence in their locations. Some pointed out the difficulty of investigating and proving domestic violence against children, including physical and sexual abuse, due to some people's reluctance to report or cooperate with authorities.

According to the Ministry of Internal Affairs, Ukraine has seen a rise in reported domestic violence cases in recent years, with a significant increase since the beginning of full-scale invasion. In 2023, Ukrainian police registered about 291 000 cases of domestic violence, marking a 20% increase compared to 2022 and 51% compared to 2021.[35] It is important to note that these statistics reflect reported cases, meaning the actual number of incidents could be higher, as many cases go unreported. At the same time, the increase in reported cases may indicate both a rise in actual incidents and improved reporting mechanisms.

According to the Ukrainian law, children witnessing domestic abuse between adults are also considered victims of domestic violence.[36] In Ukraine, an estimated 3 million children annually witness domestic violence, which impacts their psychosocial state and may lead to repeating similar patterns in their adult life.[37] Key informants also mentioned children witnessing abuse (mostly psychological) between adult family members:

"I know that sometimes this happens, and not only when domestic violence affects children, but it also occurs between parents. And children just watch it and get psychological traumas, which they then carry into society. I know that if a boy slaps someone, it is clear that he has seen it somewhere else, but this boy is only 4 years old."

Private education provider, urban location in Donetska

Furthermore, many key informants also reported cases of parental neglect, including neglect of children's health, insufficient food and material provision, poor living conditions, lack of supervision, and neglect of education. Neglect was mentioned more frequently in Mykolaivska oblast. Instances of children left without parental care were also noted in Kharkivska and Khersonska oblasts. Key informants reported cases of children being removed from families, or caregivers losing parental rights due to abuse or neglect, with most references coming from Sumska oblast.

Practices and attitudes towards children within households and communities

Overall, key informants frequently asserted that negative behaviours towards children, such as neglect, abuse, or exploitation, were neither widespread nor acceptable within their communities. However, several informants reported, and some suspected, the existence of negative behaviours towards children at the household level (without specifying the type of behaviour), while several reported cases of corporal punishment.

When asked about their attitudes to corporal punishment, around 6% of household survey respondents somewhat agreed that physical punishment can be used by the family members to educate or bring up a child. This attitude was most prevalent in Mykolaivska (10%) and Kharkivska (7%) oblasts, and least common in Khersonska (1%). Respondents showed higher tolerance for physical punishment within the family compared to its use by other authority figures, such as teachers.

	Strongly disagree	Rather disagree	Difficult to say	Rather agree	Strongly agree
To help bring up or educate the child, physical punishment can be used by their family.	71%	21%	2%	6%	0%
To help bring up or educate the child, physical punishment can be used by a person of authority.	96%	3%	0%	1%	0%

Figure 8: Knowledge, practices and attitudes regarding corporal punishment (n=2917)

Risk factors

Some key informants noted an amplified risk of domestic violence following full-scale invasion, attributing it to the psychological distress of the household members, driven by heightened safety concerns and rising living costs. Key informants reported that parents' psychological issues, including constant stress, anxiety, PTSD among returning military personnel, and general deterioration of psychological health, constitute broader risk factors to children's safety, while some specifically identified these issues as contributing factors to household-level risks:

"Since the beginning of the full-scale invasion, cases of domestic violence have increased and became more intense and long-lasting. That is, if a child suffered from domestic violence before the full-scale invasion, now people's condition has deteriorated even more and became unstable, due to stress, and poor economic situation."

NGO healthcare provider, urban location in Dnipropetrovska

According to the survey, 44% of interviewed households had at least one adult member struggling with increased stress, anxiety, or other psychological disorders.[38] Psychosocial issues were most frequently reported in urban areas (48% against 40% in rural areas) and in oblasts along the frontline: Zaporizka (63%), Mykolaivska (60%), Kharkivska (50%), Donetska (48%) and Khersonska (48%).

In 4% of households at least one adult member felt so angry that they felt out of control, a response slightly more common along the frontline areas. Additionally, households mentioned members who, due to the psychological burden, became inactive (10%), or were unable to carry out essential daily activities (6%). Twenty-one percent of the households had at least one adult member who felt so afraid that nothing could calm them down, while another 19% felt so severely upset about the war or another event in their life that they tried to avoid places, people, conversations or activities that reminded them of such events. A few key informants mentioned that children in households with returning military personnel, who may be suffering of post-traumatic stress disorder (PTSD), could be particularly vulnerable:

"Some men returning from the front may have disorders due to the conditions in which they stayed. This can lead to post-traumatic stress disorder (PTSD), which affects their relationship with their spouse and children. Therefore, it is important for us to give them time to adapt and support during this important period."

NGO healthcare provider, urban location in Dnipropetrovska

Some informants noted that psychosocial distress could further lead to adoption of negative coping mechanisms, including substance abuse, which was considered a risk factor related to domestic violence and neglect. Key informants named also other family circumstances in which children are more vulnerable to risks, including dysfunctional families and those in difficult life circumstances;

"One of the main domestic risks to the safety of children in our settlement is domestic violence. Although it may not occur often, children face it on a common basis. This is especially true for families that have problems with alcohol, and this can lead to a worsening of the situation."

Public healthcare provider, rural location in Dnipropetrovska

Child labour

When asked about the main risks to children's safety, only 3% of household survey respondents indicated child labour. This concern was most frequently reported among respondents in Zaporizka oblast (5%), and nearly not noted in Donetska and Sumska oblasts. It is important to note that those

who did not identify child labour as a safety concern may have either believed that child labour was not present in their location or that it did not constitute a safety risk. The most recent large-scale study on child labour in Ukraine (conducted in 2014-2015) found that 9.7% of children in Ukraine were engaged in labour, across agriculture, industry and services sectors.[39]

Risk factors, practices and attitudes towards children within households and communities

Fourteen percent of household survey respondents agreed that a child should take up employment if needed to support family's finances (15% in rural areas, against 13% in urban). This perception was the most common in Kharkivska (18%), Zaporizka (16%) and Dnipropetrovska (15%), and the least − in Khersonska (2%). In line with these attitudes, declared cases of working children aged 16-17y.o. were the most common in Kharkivska (34%, n=45) and Dnipropetrovska (26%, n=43) oblasts.

	Strongly disagree	Rather disagree	Difficult to say	Rather agree	Strongly agree
If the household is struggling to meet its financial needs, a child should contribute (work).	62%	19%	6%	13%	1%

Figure 9: Knowledge, practices and attitudes regarding child employment (n=2917)

Low financial status of the household was identified by many key informants as a risk factor increasing children's vulnerability to various risks, including child labour. Among households unable to fully meet their financial needs, one of the most common coping strategies was having at least some children aged 16-17 participate in income-generating activities (22%).[40] Out of those who could not fully meet their basic needs, 2% of relevant households [41] sent children aged less than 16 y.o. to work.

Nonetheless, sending children aged 16-17 y.o. to work was the least common in Khersonska oblast (2%, n=75), despite the most severe financial situation manifested in the latter. Households in Khersonska opted significantly more often to rely on coping strategies that reduce expenses (82% reduced expenditure on hygiene items, 74% - on health, and 64% on food, compared to about a third of households who used each of these strategies across all oblasts). Therefore, attitudes and practices might be in some instances more important than financial situation considerations in deciding on child employment. Nonetheless, it needs to be noted that only 36% of households in Khersonska had members employed full-time, suggesting broader issues with access to employment.

Many key informants noted cases of working or volunteering children, which was also mentioned across many of the focus groups of children aged 15-17 y.o. Children performing housework and taking care of younger siblings were also mentioned by the key informants, as well as by the interviewed children. Several informants emphasized willingness of adolescents to take up employment or volunteering and did not consider it a risk. Some noted that children sought additional money for personal expenses, although others mentioned that children needed to financially support their families:

"I can say that now many parents are left without work, and their children want to earn extra money to buy some sweets, so they find temporary work in the gardens. But such activities are approved by their parents and children go to earn extra money of their own free will."

Public education provider, rural location in Dnipropetrovska

In Ukraine it is legally possible to take up employment from the age of 16, however, more restrictions apply to younger employees, which may put them at risk of taking up informal, non-regularized employment:

"It's hard to get a job for people under 18 [years old]. Employers don't want to hire employees under 18, because there is too much responsibility. They need to undergo regular medical check-ups. They can work as a waiter or a barista, and boys can carry boxes, or furniture. But it's very difficult to find an official employment."

Girl aged 15-17y.o., Sumska

Overall, children did not perceive working as a risk and sometimes declared that they wanted to earn additional money for personal expenses. However, employment and housework sometimes impeded them from following education. Additionally, some key informants mentioned cases of children performing hard physical labour:

"I've heard about cases of child abuse, when teenagers work for a neighbour for a very small payment. They work hard in the fields, and these children are under 13 years old, and are prohibited to work by the law of Ukraine."

NGO social/legal aid provider, urban location in Kharkivska

Most children declared that their families knew where to obtain financial aid if they struggled with expenses, most commonly indicating support from family members and acquittances, loans and humanitarian aid or charity. Nonetheless, children aged 15-17 y.o. frequently asserted that they would seek employment if their family faced financial struggles. Children in Mykolaivska and Sumska oblasts, spanning various age groups, also mentioned instances where parents took or borrowed money from them, such as their pocket money:

"- They can ask me. - And ultimately, I agree because they are my parents after all. – My mother asks me. – I remember when we needed to go somewhere on our way to Poland, and it was urgent, and my mother came to me and asked, because she had no more money."

Girls aged 8-11y.o., Sumska

A few key informants reported exploitation of children by parents, including forcing children to beg:

"There are also cases when children of beggars are used to get financial benefits. These can be toddlers who are drugged and used to collect money, or, for example, such children are rented out, they collect money and then the money is taken away."

NGO social/legal aid provider, urban location in Zaporizka

According to the United States' Bureau of International Labor Affairs, displaced, institutionalized, separated and disabled children are particularly vulnerable to exploitation.[42]

Substance abuse among children

Key informants frequently mentioned substance abuse among children as their coping mechanism or a broader risk. Household survey respondents also recognized this issue, with 16% identifying substance abuse as a significant risk for children. This was reported most frequently in Zaporizka oblast (27%). Some adolescents (aged 15-17y.o.) confirmed substance abuse among their peers. Furthermore, children asserted, that despite the law prohibiting it, alcohol and cigarettes were sometimes sold to children at shops, while drugs were sold in the city or via Internet, where buyer's age and identity were not verified:

"- A lot of underage children drink and smoke weed. These can be 10-year-old kids. - There are also places where alcohol is sold to minors all the time."

Girls aged 15-17y.o., Sumska

"More attention should be paid to the youth who smoke and drink alcohol, checking where they get it. There are many addresses written on the walls - you walk down the street, turn your head, and there's an address of a drug shop on the wall."

Boys aged 15-17y.o., Sumska

Substance abuse among children had already been a prevalent issue in Ukraine before the full-scale invasion. The latest comprehensive study on substance abuse among children aged 14-17y.o. in Ukraine was conducted in 2019 by the European Survey of Students on the Use of Alcohol and Other Drugs. Findings indicated that 86% used alcohol, with 23% reporting weekly consumption. Additionally, 50% smoked cigarettes and 18% used an illicit drug at least once in their life.[43] Another study conducted in December 2022 and January 2023 focused on Kharkivska, Dnipropetrovska, and Khersonska found that substance abuse was the most common negative coping mechanism adopted by children, including 78% of male and 55% of female respondents aged 14-17y.o.; and 44% of female and 39% of male respondents aged 9-13y.o.[44]

Risk factors

Some key informants emphasized that children used alcohol, cigarettes, or other substances as means to cope with the psychological stressors and relax, particularly amid the lack of other leisure activities:

"Everything is very difficult here, at the level of mental health. Even though alcohol is prohibited, it's still sold under the counter. And teenagers mostly relax in this way. On the other hand, many establishments are closed, and there is no access to adequate recreation."

Public healthcare provider, urban location in Donetska

Most frequently, interviewed children across all strata mentioned spending their time in a way that positively influences their development, including sport activities, spending time outside, studying, spending time with friends, following various extracurricular classes or engaging arts and crafts. However, older children often expressed the need for more extracurricular or leisure opportunities, which were scarce in their locations. Moreover, the oldest children stressed the need for improvements in infrastructure to create more child-friendly environments and additional spaces for them to socialize and engage in constructive activities.

Other negative coping mechanisms

Among other negative coping mechanisms, a few key informants reported cases of children resorting to self-harm, committing criminal offences, and running away from home or childcare institutions. Additionally, a few children emphasized that they used aggression as a defence or coping mechanism:

"I can only talk to my mother and grandmother at most. But I have big problems with my stepfather. He yells at me. Then I don't eat or drink and withdraw into myself. And I don't talk to anyone. There was a situation when a teacher was taken to the emergency room because of me."

Girl aged 15-17y.o., Kharkivska

Family separation

Within the household survey, family separation emerged as the second most commonly indicated risk to children's safety (36%), reported most frequently in Dnipropetrovska (43%) and least often in Donetska (4%). Additionally, family separation was identified as a factor that can increase vulnerability to other risks (noted by 30%). Conversely, key informants highlighted that strong parent-child relationship, attention, and care contribute to children's safety. Across all oblasts, some key informants mentioned a complete family as a protective factor:

"There are also great household risks when parents are away (there are cases when parents live in the occupied territory, and children stay here)."

NGO education provider, rural location in Khersonska

Approximately 3% of household survey respondents (both, in urban and rural areas) declared that parents of the children in their household did not reside with them. This was the most frequent in Dnipropetrovska oblast (5%) and not indicated by any respondents in Donetska. In about a third of the households (32%), only one of the parents resided with their children.

Furthermore, 2% of adults in the interviewed households had children residing outside of it. These findings align with the 2023 Multi-Sectoral Needs Assessment (MSNA), which found that across Ukraine, 2% of households reported that at least one child (under 18 years old) was not residing in the household, with higher rates declared in the East. Similarly, cases of children residing outside of the household declared in this survey were higher in Sumska (4%), Zaporizka (3%) and Kharkivska (3%), with no such cases reported in Dnipropetrovska oblast.

About a half (48%) of those separated children left the household to study, while 20% left the household to live in a safer location[45]. Nevertheless, family separation has become an increasingly concerning risk for children in Ukraine since the escalation of the war, including cases of missing children. Ukrainian NGO Magnolia has received over 2,500 requests to find children who have gone missing since February 2022:[46]

"After a full-scale invasion, when the police went to bring children who had no parents at all, no one took care of them, and this phenomenon was very noticeable after the occupation. The occupation forces also did not pay much attention to them, they did what they wanted and could overstep the line, and the situation only got worse. And now we see the same thing, nothing has changed much, and no one takes care of them. Today we can see a child barefoot in the street, clad in rags, begging for food or something else."

NGO education provider, urban location in Khersonska

Risk factors

Family separation was often tied to displacement. Overall, 32% of survey respondents declared that their household was displaced, with urban areas showing a slightly higher rate (33%, against 26% in rural areas). The highest share of displacement was observed in Kharkivska (56%) and Donetska (49%), while the lowest – in Dnipropetrovska (18%) and Sumska (15%). Displacement was identified by key informants as a broader risk factor, heightening children's vulnerability due to the loss of safety networks, increased stress and financial struggle:

"Now everyone is under stress, especially IDPs, who have been left homeless. Some may have lost relatives, someone's father may have been conscripted, some have lost their father, so all this has impact on children."

NGO education provider, urban location in Dnipropetrovska

Additionally, one key informant noted that family separation was exacerbated by parents joining the army:

"Parents went to defend our country. That is, children were left without parental care. There are men in the community who went missing. Such children have become very vulnerable."

Public education provider, rural location in Zaporizka

GBV, child marriage and early childbearing

Gender-based violence (including sexual violence) and child marriage or early childbearing were only indicated as significant risks to children by 3% of household survey respondents respectively. Differences between GBV, child marriage and early childbearing perception were marginal between aggregated rural and urban areas. However, these risks were particularly emphasized in Zaporizka (12% indicated GBV and child marriage/early childbearing respectively) and the least pronounced in Donetska oblast (such risks were reported by close to 0% of respondents). Few key informants noted isolated cases of GBV, while child marriage was mentioned by one informant in urban Kherson. These perceptions do not seem to correspond to the real prevalence of GBV and other related risks, as instances of gender-based violence were recorded earlier across Ukraine, including, among others, in Donetska oblast.[47]

Prior to the full-scale invasion, two thirds of women in Ukraine reported having experienced psychological, physical, or sexual violence after reaching the age of 15.[48] A 2021 study on sexual violence in Ukraine found that 23% of adults had experienced sexual violence and harassment during their childhoods, with 4% of Ukrainians having been raped before age 18. Additionally, as of 2012, 9% of women (20-24 years) had married or been in union before the age of 18.[49] Adolescent fertility rate has been decreasing, but remains above EU average.[50]

Conflict-related sexual violence (CRSV) – a form of GBV – has been committed in Ukraine since the beginning of the conflict in 2014.[51] OHCHR has verified 4 cases of sexual violence against girls in Ukraine between February 2022 and July 2023.[52] However, there is a high likelihood that rates of CRSV are higher than what has been documented, as even during peacetime 80% of cases of sexual violence tend to go unreported.[53]

Practices and attitudes towards children within households and communities

Most key informants, both in urban and rural areas, reported that the attitude towards boys and girls was similar in their location and that there was no gender discrimination. However, Some key informants reported gender discrimination, including violence against girls, imposition of gender stereotypes, and the disproportionate distribution of household chores, although some underscored a shift in perceptions of gender roles:

"Yes, we have heard about cases of gender discrimination that occurred in our settlement. These incidents are often associated with attempts at violence. According to gender stereotypes, girls are more likely to become victims of violence and impact. Therefore, unfortunately, there were more such factors related to gender. However, it should be noted that recently such cases have been gaining more publicity, and we hear about such situations more often, both in relation to girls and boys."

NGO healthcare provider, urban location in Dnipropetrovska

In addition, some key informants sometimes unknowingly described gender biases, usually when speaking about household chores or attributing certain characteristics to children of specific gender. This at times reflected traditional perceptions of girls as caregivers and boys as protectors and providers:

"In my opinion, there are practically no discrepancies, but we really try to explain to girls that what is allowed for boys, is not acceptable for them, because they are women and future mothers (...) I believe that girls need to be taught how to be feminine."

Public education provider, urban location in Dnipropetrovska

Within the FGDs, opinions on gender discrepancies in decision-making varied. Some children emphasized that there were no differences in how boys and girls were treated, while others noted disparities. There were opposing variations within these perceived differences: some reported that girls were asked for their opinions more often than boys, whereas others noted that boys were granted more freedom in decision-making or received wider acceptance for different behaviours. The latter belief was most commonly expressed by older girls. Some also noted that gender stereotypes were negatively impacting both genders in relation to safety concerns. Some reported that girls faced more restrictions, sometimes justified by their perceived higher vulnerability, while boys were sometimes expected not to show emotions, even if they were scared:

"I have a younger brother, but he's allowed more than me. They don't control my brother when he comes home, but they call me every half an hour."

Girl aged 15-17y.o., Sumska

"I think some parents consider that boys are less sensitive. Boys are afraid to show their emotions to their parents, and girls have more restrictions."

Girl aged 12-14y.o., Dnipropetrovska

Lastly, children, often unconsciously, indicated moderate biases in the approach to boys and girls, such as the belief that certain activities are more appropriate for a specific gender.

Physical violence, harassment, and bullying

Physical violence and harassment

The risk of physical violence toward children, including beating, maiming, and killing (but excluding domestic violence) was indicated by 11% of respondents. It was more often mentioned by those in urban (12%) than rural (6%) areas. Most frequently, physical violence was considered a significant risk to children by respondents from Khersonska (22%), Zaporizka (20%) and Dnipropetrovska (15%) oblasts, and least frequently – by those of Sumska and Donetska (1% each).

Some children highlighted the dangers posed by strangers on the streets, including verbal aggression directed at them or others, and encounters with individuals under the influence of substances. This was also mentioned by some key informants, who emphasized risks in public spaces (streets, playgrounds, transport), including strangers approaching children, and/or being verbally aggressive:

"Children are often mugged on the streets, because they are less protected. There are cases when adults mug children. Our city has received a lot of internally displaced persons from different cities and, of course, the more people come to our city, the greater the number of such cases."

NGO legal/social aid provider, urban location in Zaporizka

"Many neighbourhoods should be avoided. Police must ensure order there."

Boy aged 15-17y.o., Kharkivska

IMPACT
Shaping practices
Influencing policies
Impacting lives

Child Protection

Ukraine CP AoR
Гуманітарна координація
у сфері захисту дітей

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Some key informants noted an overall increase in violence and aggression in the society and presence of weapons:

"First of all, incidents of violence have increased, I mean the war and military conflict, which are connected to death and violence, both physical, sexual, and psychological, etc. That is, before the war, such risks were smaller. Now there is violence, aggression, fear of death, people feel unprotected, and those who are stronger use their power over people who are weaker. I mean that it will get worse. There are also cases when, for example, ordinary citizens have access to weapons in everyday life. And there was no such access to weapons before. Now they say that even such items can be purchased in illegal markets."

NGO legal/social aid provider, urban location in Zaporizka

In addition, some key informants, as well as children, indicated risks to children when using the Internet, such as strangers (including criminals) contacting children, cyberflashing, and children accessing age-restricted content:

"That is, getting into a certain online environment, where there may also be criminals who can pursue their goals. It includes recruitment and involvement of children in criminal activity, and distribution of drugs. There are also risks of involvement in schemes related to human trafficking and provision of sexual services. Parents lose full control over the child's communication, when it is online and via gadgets."

NGO legal/social aid provider, urban location in Zaporizka

Bullying

Bullying and violence among children were noted, with most references in Zaporizka oblast, although many representatives of the education sector mentioned conducting anti-bullying campaigns at schools. Additionally, few cases of teachers belittling and bullying children at schools were mentioned in Dnipropetrovska and Zaporizka oblasts. Some children indicated bullying as well (more often noted by girls), while indicating lack of appropriate response or access to relevant psychosocial support:

"[on bullying] They called me "a beggar" in the 3rd grade. I cried. I needed psychological support. We have to identify children who need psychological support. There are other problems, but people can't ask for support! Because they're embarrassed or due to some other reasons."

Girl aged 12-14y.o., Sumska

Some key informants emphasized the increased vulnerability to bullying of displaced children, who do not have established safety networks and friends' groups in the new location:

"Of course, the situation has worsened. We work with children of internally displaced persons (IDPs), and they often have to completely change their social environment, school and the environment they have to interact with. They don't have the opportunity to choose their team or school, they just go where they can. Of course, as newcomers to the classroom, they also become the target of bullying. (...) They're losing their previous area of life, contacts and friends, and they have to start it all over again. In addition, children feel scared and withdrawn, they cannot fully express themselves, and that is why they face bullying."

NGO legal/social aid provider, urban location in Dnipropetrovska

Psychosocial distress

Psychosocial issues were mentioned by the respondents of this assessment both as a risk and a factor that can increase children's vulnerability to other risks. The majority (84%) of the household survey respondents identified mental health-related issues as one of the main risks to children's wellbeing in their locations. About two-thirds (68%) indicated that children worried about the future, and about a quarter each believed that children were at risk of limited socialization (28%), missing or worrying about displaced family/friends (26%) or facing mental health issues and psychosocial distress (25%).

Perceived psychosocial risks for children

Being worried for the future	68%
Limited socialization	28%
Missing/worrying about displaced family/friends	26%
Mental health issues/psychosocial distress	25%
None of the above	16%
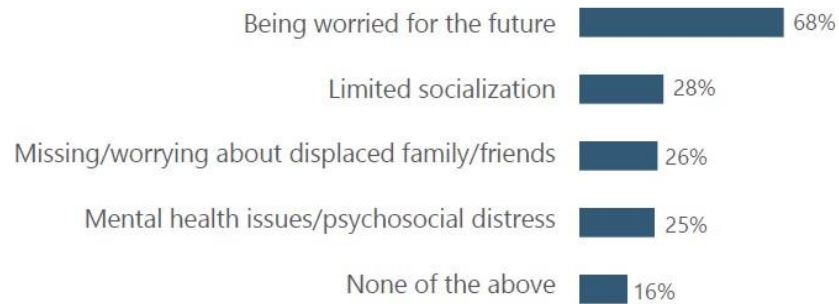
Figure 10: MHPSS-related issues for children identified by household survey respondents (n=2917), multiple-choice question

These issues were slightly more often pronounced in urban areas (86% noted at least one of the issues presented above, compared to 80% in rural areas), where overall mental health and psychosocial distress were particularly more often indicated. Such issues were most often noted in Khersonska and Zaporizka oblasts (where 94% and 90% respectively indicated at least one mental health-related issue as a risk).

Households in which over the past 30 days children (aged min. 5 y.o.)…

Did not experience any of the issues below	68%
Felt so afraid that nothing could calm them down	19%
Avoided anything that reminded them of distressing events	12%
Lost interest in things/activities that they used to like	5%
Were so distressed that they became completely inactive	4%
Were unable to carry out essential activities for daily living	3%
Felt so angry that they felt out of control	2%
Have stopped caring properly for themselves due to distress	1%

Figure 11: MHPSS-related issues of children aged min. 5y.o. in the interviewed households, over 30 days preceding data collection (n=2384), multiple-choice question

When asked about specific indicators of mental health and psychosocial issues concerning children in their household (aged min. 5 y.o.)[54], 32% of respondents noted that children exhibited signs of psychosocial distress, most commonly feeling so afraid that nothing could calm them down. The highest rate of psychosocial distress was observed among childre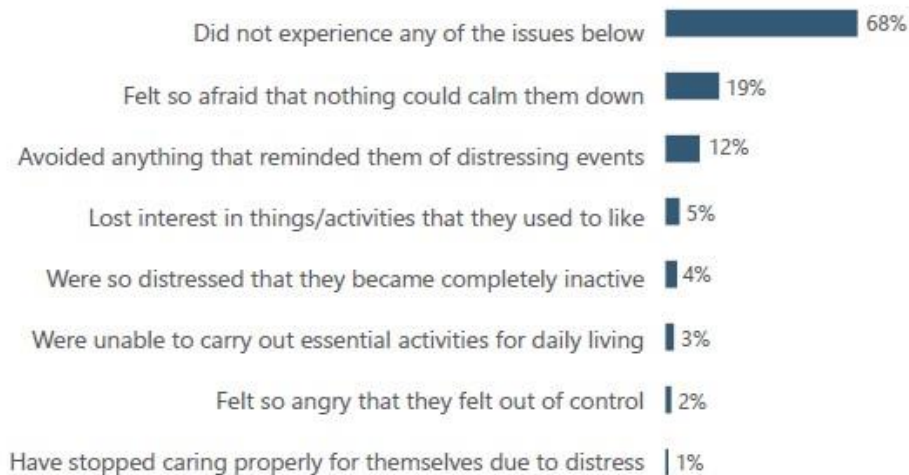n in Mykolaivska (45%) and Khersonska (42%), and the lowest - in oblasts located further away from the frontline: Dnipropetrovska (25%) and Sumska (26%). Overall, the declared rate was slightly higher in urban (33%) than rural (27%) areas. Similarly, key informants often noted distress among children, frequently in relation to the bombing and other attacks:

"There are cases when children become witnesses of strikes near children's institutions, and they need the help of a psychologist to cope with the psychological consequences."

NGO legal/social aid provider, urban location in Sumska

Risk factors

Key informants often noted that psychosocial distress was amplified due to the military attacks:

"Children are on edge. Their mental state is in poor condition. They are afraid, when they hear an air alarm, they are already running down, and even don't need to be told to do so. They already understand what an air alarm means, you know? Children are free. It wasn't like that before, and children were completely different. Now they are not like that. They have some kind of mental disorder."

Private education provider, urban location in Donetska

Some key informants also mentioned media-related risks, such as disinformation or trauma from media coverage of drastic events, while others emphasized that war became deeply enrooted in children's psyche:

"I worked with a boy (…). He came here, and we also talked about the fears of war, and I asked him a question: "Tell me, how did you live before the war?" And he told me the following story: "I had a beautiful embroidered shirt. Before the war, my mother washed it and put it outside to dry. The next day the war started, and we had to leave. I miss my embroidered shirt so much, I can't stand it." Then I explained to him that sooner or later it will all end, he will come back home, put on his embroidered shirt, and will be the most beautiful boy. And he replied to me: "I'll never wear it again, because it will be all in bullet holes." And I turned pale, sitting there on the chair. The boy was six years old. And I, as a psychologist, already more or less experienced, went pale. I couldn't say a word to this boy, I just wanted to hug him and cry together with him. And the most interesting thing about this story is that he was telling me all this like describing his breakfast, for example."

NGO education provider, urban location in Zaporizka

Social isolation was another issue reported by household survey respondents and key informants as both a stand-alone risk and a contributor to increased vulnerability to psychosocial distress. Children's isolation was exacerbated by the lack of in-person schooling in oblasts along the frontline, as well as displacement and family separation, which led to the loss of safety networks:

"Social deprivation, because they communicate less, and do not attend school or kindergarten. That is, limited socialization, which worsens the situation."

Public healthcare provider, urban location in Zaporizka

"Very often, it is difficult for a child to adapt to a new team, because of the new place of residence. We have encountered cases when the child is an IDP, and it is difficult for them to find friends in their

environment. Children choose to withdraw into a virtual world, but we understand that it carries many threats. That is, the risk factors are the lack of socialization and communication for children. All children are vulnerable."

Public legal/social aid provider, urban location in Mykolaivska

Lastly key informants noted that psychosocial issues of adult household members had an impact on children's mental wellbeing:

"I understand that something is wrong by the psycho-emotional state of adult parents. Parents have influence. That's why we often say, dear parents, if you need help, please contact us. We have a psychologist both for adults and for children. I recently held a group with children of 10-13 years old. When I collected information about their concerns, they talked about their parents, school, and teachers. Because it is such time and even parents can't stand it. Mother doesn't have to scream, she can just remain silent and withdraw into herself. This affects a child, who will become more scared and stressed."

NGO education provider, urban location in Zaporizka

Access to child protection and basic services

Physical healthcare and MHPSS

Physical healthcare needs

Fifteen percent of the household survey respondents indicated physical health issues, including disability, as main risks to the wellbeing of children in their location, while about a quarter (24%) considered children with disabilities or chronic illnesses to be particularly vulnerable to safety risks. Overall, 7% of children (aged at least 5 years old) in the interviewed households reportedly had disabilities, most commonly difficulties with vision (3%), communication (2%), memory or concentration (1%), movement (1%), or self-care (1%). In addition, 12% of households included children with chronic diseases.

Availability of physical healthcare services

Several key informants reported sufficient availability of healthcare services, including primary healthcare. Some key informants in urban areas also mentioned hospital care, specialized healthcare, and services for people with disabilities. Rehabilitation services were mentioned by a few, mostly in urban areas. Some key informants mentioned that services were available for people with disabilities. A few also noted that healthcare services were available through online consultations.

Many key informants reported that the availability of healthcare services in urban areas is higher than in rural areas. Indeed, households' declarations of unmet healthcare needs were more frequent across rural areas (16%, compared to 7% in urban areas). Nonetheless, some informants in urban areas indicated limited availability of healthcare services, especially specialized healthcare. Informants noted that children were traveling to other locations, including to cities, oblast centres or Kyiv, for healthcare services (usually specialized). Some mentioned doctors visiting rural areas to provide services.

Accessibility of physical healthcare services

Nearly all of those household survey respondents who sought access to physical healthcare for their children succeeded (99%, n=2010), reaching mostly public (87%) and private (28%) institutions. About half of the households (48%) had to pay for accessing healthcare services at least sometimes. Almost half (46%) faced barriers, including unavailability of certain services free of charge (18%) and general high costs (16%), as well as safety concerns at the facilities (14%) or when travelling there (17%). Moreover, respondents noted long distance to the facilities (13%) and high costs of transportation (9%). A tenth of respondents declared that specific services they needed were not available in their location.

Almost all households who sought emergency healthcare on behalf of their children had successfully accessed it (98%, n=240). Those were most often public services (96%), although 40% declared they had to pay for access. About a half (54%) reported barriers to access, including long distance to facility (21%), safety concerns at the facilities (18%) or when travelling there (21%), unavailability of certain services free of charge (21%), as well as high cost of transportation (16%) and services (13%).

Overall, children interviewed via focus groups indicated good awareness of healthcare services across their families, most often mentioning hospitals, policlinics and mental health and psychosocial support (MHPSS) services. Many children across all groups, particularly girls, noted that their families would treat minor health issues at home. Older children across all oblasts highlighted barriers to accessing healthcare, most commonly citing long waiting times.

The majority of households who sought access to physical healthcare services were mostly or fully satisfied with service provision, with 85% satisfied with physical healthcare and 78% with emergency healthcare (see Annex 5). The largest share of those who were rather not or not at all satisfied with

access to physical healthcare was found in Donetska (7%, n=238) and with access to emergency healthcare – in Mykolaivska (10%, n=39).

Overall, 9% of households emphasized that their children's need for access to healthcare services was not fully met, which was most often reported within Khersonska oblast (42%). Limited availability of healthcare services was most frequently mentioned by key informants in Zaporizka oblast. Insufficient availability of healthcare services was mentioned once in Khersonska oblast. Some (except informants from Sumska and Zaporizka oblasts) also mentioned a shortage of doctors, usually explained by displacement. Some key informants from Kharkivska, Khersonska, and Mykolaivska oblasts reported a shortage of medicines or vaccinations, while a few (from Dnipropetrovsk, Donetsk, and Mykolaiv) mentioned that access to medicines was satisfactory:

> *"In this case, there is a heavy load on medical personnel due to military conflicts. Because there are many injured and wounded. Speaking about this illness in the areas close to hostilities, the assistance to victims is provided taking into account the workload. In terms of a specific disease, it may be difficult to access due to heavy workload, as there are many emergencies that require immediate help."*
>
> *NGO healthcare provider, urban location in Zaporizka*

Additionally, 11% noted insufficient access to healthy nutrition for their children.

Mental health and psychosocial needs

Children, especially younger ones, frequently reported needing emotional support, advice, and assistance. Emotional needs were more commonly emphasized than the direct need for physical safety, even in oblasts where bombings were frequently reported. Girls across all age groups highlighted the need for more opportunities to socialize with peers.

Older children also emphasized the importance of workshops and meetings where they could interact with other children and express themselves, as well as psychological aid, with some children specifically mentioning their desire to attend sessions with a psychologist. Some older girls noted the availability of mental health and psychosocial support (MHPSS) services in their area, including those provided at school, although they were considered of low quality. Conversely, some older boys highlighted that they would not seek professional psychosocial support, without providing a particular reason. Some key informants also noted inadequate procedures regarding MHPSS provision, that lowers the trust among children toward mental healthcare professionals:

> *"In terms of bullying, I am an expert in this field, and I can say that it is often associated with strong pressure from school psychologists. Children are often traumatized by such pressure, and it is very painful for me personally. School psychologists usually combine their duties with the roles of a class teacher and a teacher, and this can lead to a comprehensive demonstration of the child's problems during parents' meetings or other similar events. This can significantly traumatize the child. In addition, bullying by classmates and teachers is also common."*
>
> *NGO legal/social aid provider, urban location in Dnipropetrovska*

Despite 32% of household survey respondents having identified at least one mental health issue of children in their households, only 4% declared that their children (or adults on children's behalf) sought access to MHPSS services. Furthermore, only 4% believed that their children's need for access to psychosocial support was unmet, indicating that most did not think their children's mental health issues required professional attention. The highest share of those who tried to access psychosocial support was found in Khersonska (12%) and Zaporizka (9%), while the lowest – in Sumska (3%) and Dnipropetrovska (3%).

Availability and accessibility of MHPSS

Psychosocial support for children was reportedly available through NGOs, state social services, educational institutions, healthcare institutions, and private establishments. Some key informants indicated a shortage of psychologists and a lack of MHPSS services, with more references in Mykolaivska and Khersonska oblasts. Nonetheless, almost all (96%) out of those who sought access to MHPSS services (n=168) had succeeded, most often reaching public (51%), IOs' (23%) or private (19%) institutions. A fifth (21%) had to pay for access at least sometimes.

Furthermore, 42% reported barriers to access, most often indicating safety concerns when travelling to the facilities (19%) or at the premises (17%), as well as long distance to facility (15%). Financial barriers were also noted, including high cost of transport to the services (10%), not all services being available free of charge (8%) or high cost of the services (7%). Other barriers included, among others, long waiting time to access the services (11%).

Nonetheless, most respondents were mostly (29%) or fully satisfied (54%) with MHPSS provision in their location (see Annex 5). The highest share of those who were not at all or rather not satisfied was found in Mykolaivska (4 out of 23).

School education and peer activities

Availability of school education

Disrupted education was indicated by 30% of respondents as a key risk to children's wellbeing. At the same time, 20% declared that their children's education needs were unmet. This was mentioned more often mentioned by those from the frontline oblasts, including Khersonska (46%), Kharkivska (34%) and Zaporizka (31%), while a few key informants emphasized as well limited access to education in the occupied territories. Similarly with these findings, some key informants indicated sufficient availability of educational services, while others considered it limited or insufficient (in particular within Kharkivska and Khersonska oblasts).

Most children stated that they knew where to obtain educational support if needed, often citing tutors, parents, online resources, teachers, or peers. However, some, mostly younger boys, were unsure where to seek additional educational support. Some key informants mentioned that tutoring and educational support were provided by private service providers and NGOs, with these resources being more readily available in urban areas.

Seventy-five percent of children from the surveyed households who were enrolled in schools[55], followed their education online, with the highest rates of online modality noted in oblasts along the frontline and under occupied territories: in Khersonska (100%), Donetska (99%), Zaporizka (90%) and Kharkivska (90%). Mixed-modality education (partially online) was mentioned by 15% of respondents, most frequently in Sumska (38%), Dnipropetrovska (33%) and Mykolaivska (27%). In-person education was followed only by 10% of children. In-person education was more often available in Mykolaivska (24%), Sumska (24%) and Dnipropetrovska (19%) oblasts. Eight percent of children had to change their learning modality over the course of the year, likely due to the dynamic security environment.

Accessibility of school education

While most children stated that they could follow all their classes, some, particularly older children, and those in Kharkivska oblast, reported difficulties. Children across all oblasts mentioned barriers to accessing education, which were more prevalent for those in online schooling. These included power or Internet outages and disruptions from air raid alerts and bombing, which prevented them from joining classes. Disruptions to education provision due to power outages and Internet outages were also mentioned by a few key informants (more often in rural areas). Additionally, some children declared

that online education was of worse quality than in-person and reported missing socialization with their peers. Key informants often emphasized the negative outcomes of online schooling, such as lower quality of education, lack of socialization with peers and resulting deterioration of mental health:

"Now, when kindergartens and schools do not work [offline] in the Donetsk region, this is a complicated question. That is, parents bear all the responsibility. What children do at home, and what kind of education are they getting? They spend time in front of the computer, so what kind of upbringing do they have, and what are the risks for them? We can't evaluate them. Earlier, preventive work, conversations, and classes with children were conducted at schools and kindergartens. Now it's all online and only at the level of educational institutions."

Public healthcare provider, urban location in Donetska

Almost all of the household survey respondents who sought access to schools had successfully enrolled their children (99%, n=1186), mostly into public institutions (99%). Nonetheless, 13% declared that they had to pay for enrolment at least sometimes. Overall, 88% of children aged at least 5 years old were enrolled in schools[56]. The lowest rates of school enrolment were observed in Mykolaivska (81%) and Zaporizka (82%) oblasts. Most respondents (70%) declared that they did not face any barriers, while some noted safety concerns at the facilities (14%) or when travelling there (5%), and 6% reported unavailability of certain services.

Although children, especially girls, commonly believed that education was important for their future, some, particularly older girls, reported instances of school evasion.[57] According to the household survey, 2% of children stopped following school education over the course of academic year 2023/2024, due to displacement (25%), safety considerations (19%), lack of available spaces in schools (11%) or other issues.[58] Disruptions in school attendance were noted most often in Donetska (6%) and Kharkivska (3%).

Additionally, 81% out of those who sought childcare (n=242) had managed to access it, most often at public (83%) or private (16%) institutions. 31% had to pay for childcare at least sometimes and 14% indicated high costs as a barrier to accessing childcare facilities. Other barriers included safety concerns at the facilities (13%), and unavailability of certain services that they sought (9%). Over half the households (59%) reportedly did not face any barriers.

The majority of those who sought access to education or childcare were mostly or fully satisfied with provision of relevant services, 83% and 71% respectively (see Annex 5). The highest share of those who were not at all or rather not satisfied with childcare provision were located in Dnipropetrovska (34%), and with education – in Donetska (15%).

Availability and accessibility of extracurricular and peer activities

About a quarter (24%) of the household survey respondents believed that their children's need for peer activities was unmet, more often in rural (30%) than urban (22%) areas, and those along the frontline or under occupation, most prominently in Khersonska (90%). However, almost all households who sought extracurricular activities had successfully accessed them (97%, n=763). Those were most often provided by private institutions (64%) or state (31%) and were most often paid (68%). The availability of extracurricular classes was frequently mentioned by key informants across all oblasts, although some indicated limited availability of extracurricular classes, particularly in rural areas. Additionally, some informants noted that availability of peer activities decreased following the full-scale invasion, or that classes took place online:

"Before the war, both educational and cultural institutions had their own programs, and some additional educational programs were implemented as well. There were various cultural events and many different clubs. The child was a part of a society and had access to clubs at various organizations. (...) All the teachers at such clubs could see if something was wrong with the child. And when children do not have

the opportunity to attend such organizations or stay at home all the time, they cannot communicate with each other in person, but only through gadgets."

NGO healthcare provider, urban location in Mykolaivska

Services accessible to children with disabilities (inclusive resource centres, teaching assistants, or transportation) were also mentioned by a few informants. Most household survey respondents did not report barriers to accessing extracurricular activities or tutoring (64%), while others pointed out high costs (16%), and safety concerns at the facilities (11%) or when travelling there (13%). Overall, the majority of those who sought access to extracurricular classes or tutoring were mostly (29%) or fully satisfied (66%) with the provision of relevant services (see Annex 5). Most of those who were not at all or rather not satisfied were found in Donetska oblast (11%).

Child protection services

Range of available child protection services

Key informants mentioned a wide range of available child protection services. They noted that the Service for Children[59] provides social services to children and families at the level of a district (of a city), hromada, or oblast.[60] Key informants also indicated other available social services, including the Department of Social Protection, as well as the Center for Provision of Social Services and the Center of Social Services for Family, Children, and Youth. The latter two help the population in difficult circumstances[61] at the district, community, or oblast level. Informants also mentioned social workers affiliated with NGO or state agencies. In addition, it was noted that people could receive assistance through hotlines, mobile teams, or online.

Moreover, crisis aid and crisis centres were indicated in Donetska, Kharkivska, Sumska, and Zaporizka oblasts. Centers for people who experienced violence were noted in Mykolaivska, Sumska, and Zaporizka oblasts. The availability of legal aid was mentioned across all oblasts, including services provided by state and non-governmental actors, as well as through mobile teams or online. Key informants often mentioned law enforcement, including juvenile police, working in their communities.

Informants frequently mentioned provision of child protection services by public institutions, as well as NGOs and IOs. Private entities were also mentioned by several informants, particularly as providers of legal and psychological assistance. Most of the household survey respondents (86%) who sought social services received them from public institutions, and 11% from international organisations (n=248). Legal services were provided by private establishments to 44% of households, while 38% received them from state actors and 13% from Ios (n=61).

Although a few key informants mentioned existing orphanages and foster families in their communities, several indicated a lack of premises where children removed from families or left without parental care could be placed for short or long-term periods. They emphasized the need for family-based forms of upbringing, such as patronage families, foster families, and family-type orphanages. Prior to the war, nearly 100,000 children stayed in 722 residential institutions (48,071 of them were living at the facilities full time).[62]

Availability and accessibility of child protection services

Most households who sought access to child protection services were successful: 95% (n=248) of those who applied for social services received support, 97% (n=61) successfully accessed legal services, and 92% (n=37) accessed police services. The availability of child protection services was frequently evaluated as satisfactory by key informants across all oblasts. Only 2% of respondents declared that

their children's needs were not met regarding access to support by social workers, while 1% each reported that children lacked protection from physical violence and abuse, or access to legal documentation.

However, some key informants, particularly in Khersonska oblast, stated that availability does not match the declared availability or is overall insufficient. Nonetheless, the household survey did not indicate a lower rate of successful access in this oblast. Only a few informants noted a lack of legal services, specifically in Kharkivska and Mykolaivska oblasts. Informants often attributed the lower availability and quality of child protection services to staff shortages, including a lack of qualified specialists, and funding constraints, including low wages:

"There is personnel shortage. According to our timesheet, some services are fully staffed, and in some there are vacant positions. But due to small wages, neither psychologists nor any other specialists apply for a job in our organization."

Public legal/social aid provider, urban location in Mykolaivska

Perceptions on differences in availability of child protection services in urban and rural areas were divergent. Several informants did not indicate significant differences between urban and rural areas and the household survey did not indicate substantial differences in accessing basic and protection services, as 98% from urban areas and 96% from rural areas could reach the services they sought. However, some key informants indicated a higher availability and a wider range of services in cities, with most references in Dnipropetrovska, Mykolaivska, and Zaporizka oblasts. Conversely, others reported a higher availability of services in rural areas, citing better population coverage and access facilitated by personal relationships with service providers. In addition, some noted lower availability of child protection services along the frontline and inaccessibility in occupied territories:

"In urban areas the situation with availability is better than in rural areas. Everything depends on the remoteness of a village from the city. Villages that are located closer to the city have better access. Situation in remote villages is much worse, as it is difficult to get there due to lack of public transport."

NGO legal/social aid provider, urban location in Kharkivska

"In my opinion, it is better in rural areas, because now there are very few children. We know all of them, pay attention and provide our services."

Public healthcare provider, rural location in Khersonska

Barriers to accessing child protection services

Informants (except those from Khersonska and Zaporizka oblasts) often stated that there were no barriers to accessing child protection services. The household survey showed that 76% (n=37) of those accessing police services indicated no barriers and under a half of respondents reported no barriers to social (41%, n=248) and legal services (44%, n=61). Khersonska oblast had the highest share of households facing barriers to social services, with only 14% reporting no obstacles.

Among barriers to access to child protection services, respondents and key informants often indicated long waiting time, safety concerns on the way to facilities (incl., shelling or mine danger emphasized by the key informants), long distance to the premises, lack of information and high costs.

High cost of services was indicated by 30% of households who tried to access legal services. Fifty-seven percent had to pay for legal services at least sometimes. Financial barriers to child protection services were also cited by some informants, who mentioned the cost of private services and expenses on transportation.

Key informants also cited delayed response times as one of the barriers, explaining that the response time may affected by the war, increased demand, lack of transportation for social workers, or the time required for court procedures. Additionally, a few key informants mentioned the need to simplify some bureaucratic processes and transfer them to an online mode:

"There are deadlines for response. Sometimes there are delays due to the workload of specialists, and we get a lot of requests to obtain the status for a child. There are 4 large neighbourhoods in the city and all children are entitled to this status, we also have a lot of IDPs who have moved both from Mykolaiv and Kherson oblast. We do not have enough resources, people wait in lines, because we cannot provide this service quickly."

Public legal/social service providers, urban location in Mykolaivska

Key informants also reported disruptions due to air raid alerts and disruptions in electricity or internet provision (noted in Zaporizka oblast). Informants, mostly from Khersonska and Zaporizka, also reported physical barriers, including lack of transportation to the premises or long distances, as well as inaccessibility of premises for people with disabilities.

A few key informants across all oblasts noted a lack of information and awareness of child protection services among children and parents. Additionally, some highlighted fear of shame and judgment as a barrier; in rural areas this was the second most frequently mentioned obstacle.

Most frequently indicated barriers to accessing social and legal services
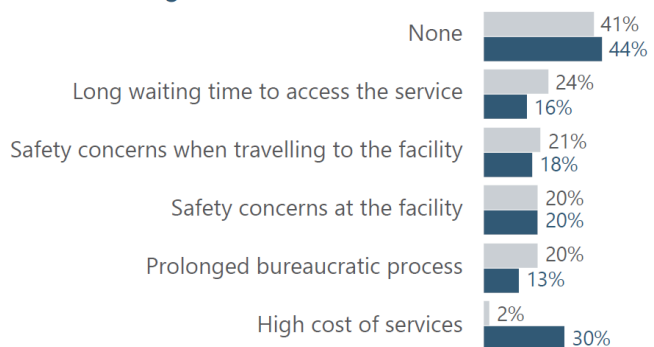
Figure 12: Most frequently indicated barriers to accessing social (n=248) and legal (n=61) services among those who tried to access them

Quality of child protection services

Many key informants reported satisfactory quality of child protection services. The survey showed that out of those who sought access, 72% were mostly or fully satisfied with legal assistance, 69% with social services, and 68% with police services (see Annex 5). The highest percentage of those who were not at all satisfied with the quality of services was among those accessing police services (22%). Key informants in Mykolaivska and Khersonska oblasts evaluated the quality as satisfactory less often and more frequently than in other oblasts stated that it is limited or insufficient. The survey results did not indicate significant differences in the level of satisfaction with social, legal, and police services between urban and rural areas.

Reporting and responding to child protection risks

Measures and collaborative efforts taken by child protection services

Most representatives of child protection (CP), as well as education and healthcare services, stated that they would respond to child protection risks and/or report them to relevant institutions. Informants across all oblasts mentioned that staff members of their institutions or organizations were trained in responding to protection issues, highlighting the staff's preparation (including training and courses) and experience. [63] Only a few informants stated that not all professionals are trained to respond to CP issues or that not all would report or take action.

Informants across all groups often indicated that local child protection response is aligned with national policy and/or meeting national targets. This alignment was usually attributed to services operating in accordance with national legislation and policies. However, some reported challenges in fulfilling national CP plans and an inability of local responses to meet national targets, particularly in Khersonska oblast. These concerns were more frequently raised by NGOs than governmental actors. Informants mentioned that the war is affecting the ability to fulfil national goals, alongside staff shortages and low awareness among the population.

Cooperation in child protection response

Informants often reported that child protection services cooperate with each other, including coordinating work, exchanging information, or jointly addressing cases of protection risks. In addition, some noted cooperation between local and state institutions, including the Ministry of Social Policy and oblast administration. Only a few, in Sumska and Zaporizka oblasts, mentioned poor coordination between CP services.

Key informants also highlighted coordination between child protection services and providers of education (including schools and local education departments), as well as healthcare services, with fewer such references from Sumska and Khersonska oblasts. This cooperation included reporting, exchanging information, joint monitoring, and working on cases. Some noted that such coordination is formal and conducted at an official level, while a few mentioned informal communication between service representatives. Poor cooperation was reported only twice, in Sumska and Kharkivska oblasts.

Cooperation between governmental actors and NGOs or IOs, such as reporting, exchanging information, organizing trainings by NGOs, or distributing humanitarian aid, was also mentioned in all oblasts, although there were fewer references in Sumska and Donetska oblasts. Cases of NGO work being disrupted by local authorities were reported in Dnipropetrovska and Kharkivska oblasts.

Representatives of different sectors stated that they conducted monitoring, checks, and awareness trainings to prevent the occurrence of protection issues or detect them early. For instance, teachers observe children's attendance and communicate with them, doctors identify issues during examinations, and, overall, basic service providers remain vigilant regarding possible child protection risks. However, some education providers noted hindered ability to conduct monitoring, usually due to a lack of contact with children during online schooling:

"Perhaps we do not detect it [domestic violence and neglect], because it is now possible only after reporting such cases. Previously, kindergartens and schools worked offline, but now they operate in remote mode. Teachers usually noticed this, and then they would call us or bring the child if there were bruises or the child was not able to concentrate properly, or did not do their homework, or was tired. We don't examine children every day, only when they get sick, or need to undergo a preventive examination,

or vaccination. Teachers interacted with them every day. Therefore, I think that such cases are simply not recorded."

Public healthcare provider, rural location in Donetska

Response to child protection risks

Representatives of social services reported conducting preventive monitoring to identify families in difficult life circumstances or visiting such families to evaluate their current situation. Joint monitoring visits by healthcare workers and social services were also noted.

"There is close cooperation between the Department of Education, the Service for Children and the educational institution. That is, we inform them in writing if there is any problem. Written applications are submitted to the Service for Children, Department of Education, the center and the police. And this is how the Service for Children considers each request they get from general secondary schools and preschool institutions."

Public education provider, urban location in Dnipropetrovska

Social services (including the Service for Children) were the most frequently mentioned stakeholders to whom other service providers would report child protection risks. Informants representing healthcare and educational services stated that when a child is not attending school, is constantly sick, has injuries, or another threat is detected, they contact child protection services. Although less often, informants also noted reporting risks to the police. Some mentioned notifying both the police and social services. Some informants, more often in rural areas, mentioned reporting protection risks to local authorities.

In addition, a few noted informing NGOs and healthcare institutions. According to the Law of Ukraine on Prevention and Countering Domestic Violence, healthcare and education workers should report facts of domestic violence to the police and the Service for Children.[64] Individuals and legal entities who become aware of a child in difficult life circumstances as a result of abuse or a threat to his or her life or health should also inform the police and the Service for Children.[65] When a case of a child in difficult life circumstances as a result of abuse or a threat to their life or health is reported, the Service for Children, together with police, social, and healthcare workers, assesses the conditions.[66]

Key informants frequently indicated that reporting is effective and improves the child's situation as it draws attention to the problem, lowers threats to the child, prevents further issues, potentially changes parents' behaviour, and raises children's awareness of their rights. Actors in Zaporizka, Donetska, and Sumska oblasts evaluated the effectiveness of reporting more positively. Several informants stated that effectiveness varied, while only a few indicated that reporting is ineffective. Low effectiveness was explained by the stress it causes for children and the potential punishment by their parents.

"This can help stop the violence or prevent other negative consequences. Reporting such situations allows you to draw attention to the problem and look for solutions. And, importantly, it helps children to understand that their lives can be different, not limited only to violence or shortcomings, and this stimulates their desire to change the situation for the better."

Public healthcare provider, urban location in Dnipropetrovska

"I don't know how the protection services work and what actions will be taken after reporting the risk. Perhaps, after reporting it, parents beat a child at home and it will get even worse."

NGO education provider, urban location in Dnipropetrovska

Key informants also mentioned other actions they would take, sometimes in parallel with reporting. Several, mostly representatives of educational institutions, noted communicating with parents, which included informing, consulting, and providing advice. Communication and emotional connection with children were also mentioned among the actions taken by service providers. A few specified that psychologists (including those working at schools, hospitals, or NGOs) communicate with children, including victims of abuse. Some noted directing children or parents to relevant institutions. Gathering information by service providers to discover more details on the issue was also mentioned by a few key informants, particularly education providers.

Reporting child protection risks within communities

The majority of survey respondents across all oblasts declared that they would report domestic and other forms of child abuse. There were no differences in declared reporting across urban and rural areas. Other frequently declared actions that would be taken by respondents included offering direct care to the child or confronting the perpetrator (particularly regarding other forms of abuse than domestic). Offering direct care to the child was slightly more popular across rural areas in case of domestic violence, and across urban areas in case of other forms of child abuse. Confronting the perpetrator was most frequently declared across urban areas.

Informants often confirmed that community members were inclined to report child protection risks. However, they also noted that in their locations, only some people were inclined to report child protection risks, while others were not, depending on the person. About a quarter of respondents fully trusted that reporting child abuse to the actor they mentioned would improve child's situation, while about a tenth were sceptical (rather didn't trust or didn't trust at all). Informants across all oblasts indicated that communities perceive child protection services as effective and believe that reporting improves the child's situation.

Figure 13: Respondents' declared reactions to domestic child abuse and other forms of child abuse (n=2917), multiple-choice question
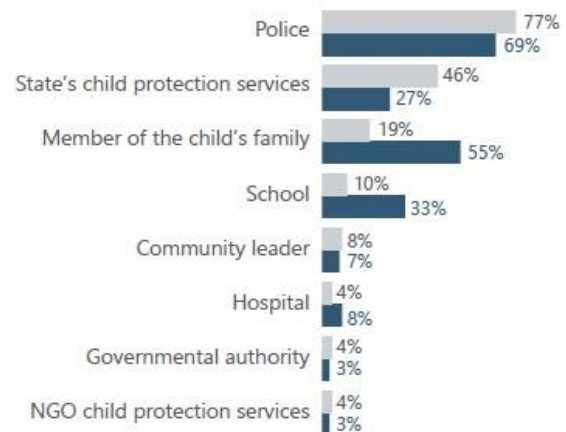
Figure 14: Actors to whom respondents would report domestic child abuse (n=2391) and other forms of child abuse (n=2513), multiple-choice question

The survey revealed that most of respondents would report domestic as well as other form of child abuse to the police. Fewer respondents would notify state child protection services. Similarly, key

informants most frequently mentioned the police and child protection services as the actors to whom residents would report risks. They also indicated that residents, particularly in rural areas, report risks to local authorities. Approximately a quarter of respondents from rural areas declared that they would inform the community leader about child protection risks, compared to only about 3% across urban areas.

Nineteen percent of respondents declared that they would inform a child's family member about domestic abuse, while more than half stated that they would notify family members about other forms of abuse. Reporting risks to parents was also mentioned by a few key informants. Several informants also mentioned community members reporting risks to educational institutions, while some noted reporting to healthcare services. Around one-third of the respondents would report forms of abuse other than domestic abuse to schools. Declared reporting risks to the police and child protection services was more common across urban areas, while reporting to service providers or community leaders was more frequent across rural areas.

Nevertheless, some informants (except those in Donetska and Sumska oblasts) indicated that residents were not inclined to report CP risks and that the community overall perceived reporting as ineffective. Reporting only repeated risks was indicated by few informants. The share of those who did not declare reporting domestic child abuse was the highest in Kharkivska (28%) and Dnipropetrovska (24%) oblasts, and the lowest in Khersonska (9%). Regarding other forms of child abuse, the share of those who did not declare reporting was the highest in Dnipropetrovska (23%) and Donetska (21%), and the lowest in Khersonska (5%) and Sumska (6%) (see Annex 4).

Similarly, the highest share of respondents who would not react to a child protection risk in any way was observed in Dnipropetrovska (9%), Kharkivska (3%), and Donetska (1%) oblasts. Some informants highlighted that people do not trust state services, take measures themselves, or are afraid of worsening the child's situation:

> *"I'm afraid that there is not much trust in the government. People turn to government agencies when they no longer see any other options. But they probably do not do it in order to ensure their safety or prevent the emergence of risks. Traditionally, people in our country do not have enough trust in the government and are not inclined to turn to the state authorities preventively."*
>
> *NGO legal/social aid provider, urban location in Zaporizka*

Additionally, the survey results indicated that in certain situations, respondents prefer children to remain outside of institutional care. Only 17% agreed that children are better cared for in orphanages if families cannot fulfil their basic needs, while 64% believed that children who have experienced violence or abuse at home are better cared for in orphanages.

Child reporting and empowerment

Reporting by children

The highest share of household survey respondents believed that children themselves could report cases to the police, member of their family or school. Schools and family members were also mentioned by key informants as places where children could report risks:
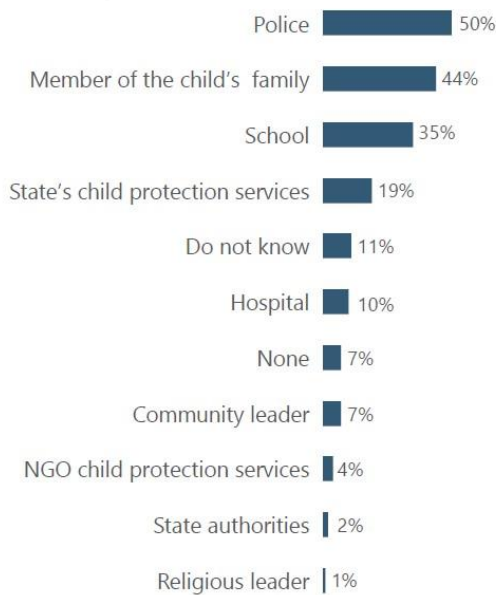
> *"Both children and their relatives submit reports to educational institutions, teachers, psychologists, and everyone who works directly with children. That is, children can report."*
>
> *Public legal/social aid provider, rural location in Zaporizka*

Children were not explicitly asked about their awareness regarding child protection services or reporting mechanisms. Nonetheless, children across all groups commonly mentioned that they would report risks (largely meaning safety risks from strangers) to law enforcement, most frequently to the police, with boys indicating this most often. Some of the youngest children noted that they would reach out to adults in case of various encountered problems. Additionally, some emphasized that they would report risks to the school staff or to parents.

People or places children could report violence and abuse to

according to the household members

Police	50%
Member of the child's family	44%
School	35%
State's child protection services	19%
Do not know	11%
Hospital	10%
None	7%
Community leader	7%
NGO child protection services	4%
State authorities	2%
Religious leader	1%

Figure 15: People or places where children could report violence and abuse to, according to the respondents (n=2911), multiple-choice question

"If there's any danger, like someone is following me or wants to hurt me, I can call the police. If any situation happens at school, I can turn to the teachers; if it's on the street, I can ask people passing by for help. Otherwise, I usually ask my mother."

Girl aged 12-14y.o., Dnipropetrovska

Overall, these findings underscored the importance of children's safety networks in their close environment, including their school and household. Therefore, factors such as displacement, family separation, disrupted or online education and related limited socialization could amplify children's vulnerability to risks and hinder their ability of reporting cases of abuse.

Safety networks

Key informants noted the importance of communication between children and teachers, as well as within the household, as a protective factor. Children across all groups reported that they had someone they could trust with their issues and problems, indicating an overall good level of safety networks. Parents were the most commonly reported persons of trust, followed by friends and siblings. Children most often reported that their entrusted person/people would provide them with emotional support, communication and advice:

"My mother is a calm and intelligent person who always understands me. We often gossip together, and I can always share any secret with her without any fear."

Girl aged 8-11y.o., Dnipropetrovska

However, some groups included children who did not have a trusted person. Among younger groups, children mostly reported having someone who made them feel safe, although children in a few groups, particularly among younger boys, indicated that they did not have such a person.[67]

Most children reported that they felt safe with their parents, friends, and siblings, with some also pointing to authority figures such as teachers and police officers. Children emphasized the importance of emotional support over technical solutions, noting that the people who made them feel safe offered emotional support, communication, or advice. In a few groups of 12-14-year-olds, it was reported that trusted individuals would protect them or help resolve dangerous situations.

Children reported varying quality in their communication with adults, depending on the situation and individual involved. More often, particularly the oldest children, noted positive and respectful interactions with adults, including teachers. However, they also mentioned instances where adults would shout or be rude. Additionally, some older children emphasized that they would reciprocate the treatment they received from adults.

Some of the older children expressed scepticism about the effectiveness of talking to adults about their issues or concerns, believing it wouldn't improve their situation. They felt that adults often didn't listen, treated them unfairly, or generally didn't understand them. When asked about seeking help or support from adults, some children believed that they had to rely on themselves:

"Children often talk to their parents, but there are some things they cannot tell them, because they worry how their parents will react, so they try to find solutions on their own."

Boy aged 12-14y.o., Mykolaivska

"Not all children can ask for help, because they will be afraid of the consequences for themselves."

Girl aged 12-14y.o., Mykolaivska

Child emancipation and decision-making

Stronger child emancipation may act as a protective factor as it enables children to communicate their needs, boundaries and worries. Most key informants across all strata indicated that children make some decisions, usually regarding leisure and extracurricular activities. Some noted that decision-making varies depending on the family, the child's age, and the law. Additionally, some said that parents usually decide for their children. In some cases, key informants referred to children's safety.

Similarly, the majority of household survey respondents agreed that a child should be allowed to make their own decisions, to the extent that it is possible, although acceptance for child emancipation was slightly lower concerning decisions on education and healthcare (see Annex 6):

- 82% agreed that a child should be able to make decisions about how they wish to spend their free time.

- 62% declared that if a child cannot live with their primary caregivers, the child should be allowed to decide where (with whom) they want to live, an attitude more common across rural areas (66%).

- 51% reported that a child should be able to make decisions concerning their education.

- 51% agreed that a child should be able to make decisions about their physical and mental healthcare. This attitude was more common in rural areas (55%).[68]

Children across all strata most often reported that their caregivers their opinions took into account and discussed matters of daily life, family and community issues with them. Boys mentioned this slightly more often, although their experiences varied more widely; boys also reported that parents sometimes made decisions without considering their opinions or that discussions were limited. Most children stated that they could make at least some decisions concerning their own lives, although this sentiment was slightly less common among the oldest girls. Children frequently noted that parents did not always listen to their opinions, which was most strongly emphasized by the youngest and oldest children.

Information access and awareness

Key informants frequently declared satisfactory availability of child protection-related information, recalling campaigns conducted by NGOs, state services and public service providers (including entities of education and healthcare sectors). Availability of CP information in media (including social media) was indicated across all oblasts, while some informants added that people obtain information through personal networks or from religious institutions.

However, some informants (except in Sumska and Donetska oblasts) mentioned that the availability of CP information was insufficient, particularly in rural areas. Many noted that more campaigns on child protection were needed, including information about services, risks, and children's rights. Other reportedly required campaigns included sex education, first aid trainings, campaigns to increase awareness of disability, information on evacuation opportunities, war-related risks and safety.

While community awareness of child protection risks and rights was often deemed satisfactory (less frequently in Kharkivska oblast), several informants stated that communities' awareness of CP risks, rights, and services was insufficient.

Information needs

None (no more information needed)	64%
Risks and threats concerning children	24%
How to access child protection services	12%
Available child protection services	12%
Do not know	2%
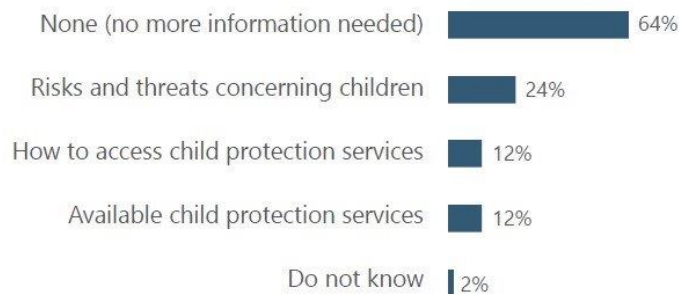
Figure 16: Information needs declared by the households (n=2915), multiple-choice question

Thirty-four percent of households indicated that they would like to receive more information concerning child protection, slightly more often across rural areas (38%, compared to 34% in urban areas). The need for additional information was particularly common in Khersonska (50%), Kharkivska (43%) and Zaporizka (42%) oblasts. The majority of those who wished to receive additional information would like to obtain it via social media (see Figure 26).

Preferred sources of information on CP

Source	Percentage
Social media	66%
Leaflets or booklets	30%
Website	29%
Hotline or phone call	28%
Billboards or posters	23%
SMS	23%
In person	21%
TV	20%
Radio	5%
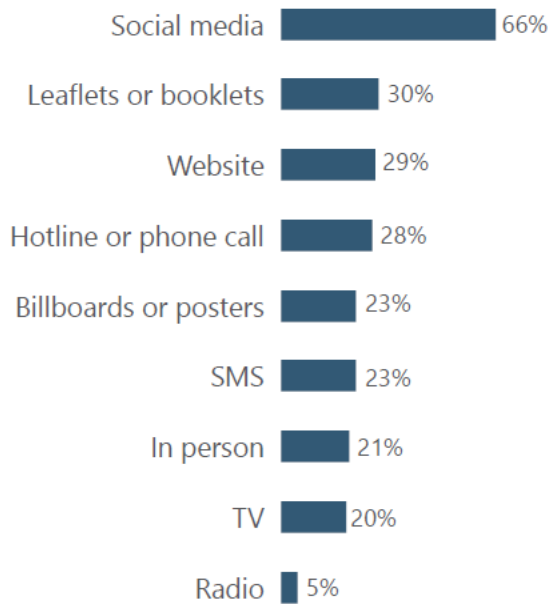
Figure 17: Preferred sources of information of those who required additional information regarding CP (n=950), multiple-choice question

Several informants indicated satisfactory or high children's awareness of their rights. Insufficient child awareness of rights, risks, and services and a need for additional child-oriented campaigns were indicated by a few informants.

Interviewed children frequently mentioned that it was possible for them to obtain various types of help.[69] Most often, they expected help from their relatives, although girls were more likely to be aware of humanitarian centres and NGOs that provide support. Other sources of assistance mentioned included psychologists and schools, with the latter being emphasized by girls. Children also noted that while help is available, it must be actively sought out:

"Contact any charitable foundation. They can provide food. That's what charitable foundations are for."

Boy aged 8-11y.o., Kharkivska

*"- If a person doesn't know where to go, they can come to the institution where they study.
- And they will get help there."*

Girls aged 15-17y.o., Sumska

CONCLUSION

The escalation of the war in 2022 has exacerbated protection risks for children, particularly in frontline areas and regions along the Russian border. To further explore these risks and available protection mechanisms, Impact Initiatives, sponsored by UNICEF and in collaboration with the Child Protection Area of Responsibility group in Ukraine, conducted a mixed-methods assessment. The study aims to understand child protection threats, related needs, and access to child protection services. The findings seek to inform humanitarian interventions, strategic decision-making, and advocacy efforts to safeguard children's rights by evaluating existing services and their capacity to address these risks. The assessment focuses on the South-Eastern macro-region, covering seven oblasts with pronounced protection needs: Dnipropetrovska, Kharkivska, Sumska, Mykolaivska, Zaporizka, Donetska, and Khersonska. Methodology captures perspectives from children, caregivers, and key child protection actors in these areas.

Overall, 84% of households with children believed that there was at least one safety concern for children in their location, including risks directly and indirectly related to war. Concerns for safety were slightly higher among urban than rural areas. The three most commonly indicated risks to children's safety were bombing and shelling (73%), family separation (36%), and substance abuse by children (16%). Most respondents noted that risks significantly increased since the beginning of full-scale invasion. Additionally, 15% reported presence of explosive hazards in their location, while over half of households declared that children did not know how to identify or act if found explosive hazard, which puts the children at heightened risk.

However, many risks appeared to be perceived differently between the household survey and the key informant interviews. Key informants reported more frequent or severe risks, which could indicate respondents of the survey underestimated some of them.

A quarter of respondents (25%) identified mental health issues and psychosocial distress as a potential risk to children in their location, while 32% noted that children in their household (aged at least 5 y.o.) exhibited signs of psychosocial distress. However, only 4% reported that their children (or adults on their behalf) sought access to MHPSS services, and just 4% believed that their children's need for access to psychosocial support was unmet. This indicates that most respondents either did not think their children's mental health issues required professional attention or did not perceive it as a risk to children's safety.

Nonetheless, key informants often emphasized psychosocial distress and other issues as risks, and as factors that increased children's vulnerability to other threats. Many risks and risk factors were intertwined. For example, attacks on infrastructure deteriorated children's mental health and hindered their access to in-person education, which further exacerbated mental health issues due to limited socialization. Additionally, online education often implied limited supervision of children by their parents and teachers, with the latter reducing teachers; ability to monitor for potential risks such as domestic abuse. Other frequently mentioned factors increasing children's vulnerability included household's financial difficulty, family separation and displacement, and parents' mental health problems. Conversely, protective factors included the household's good financial standing, higher education levels of family members, a complete family unit, and good communication and support within the family.

Access to and quality of child protection and essential (healthcare, education) services appeared mostly satisfactory, although higher availability and a wider range of services was noted in urban areas.

Nonetheless, some gaps in child protection services provision were noted, including shortages of staff, insufficient access to MHPSS services and lack of adequate premises for children removed from families. Meanwhile, barriers to accessing child protection services included safety concerns at the facility or when travelling there, long waiting time to access the service or prolonged procedures, and high costs (particularly of legal assistance).

Most informants reported that local child protection response was in line with the national policy and that child protection services were collaborating with each other, as well as with basic services' providers (including healthcare and education). Additionally, cooperation between governmental and non-governmental actors was noted. Informants, including representatives of healthcare and education institutions, declared that they would report child abuse or other risks to relevant child protection services or to the police. Additionally, particularly education providers, reported conducting preventive checks and monitoring potential child protection risks. They communicated with parents and children, highlighting their crucial role in ensuring children's safety from the outset, which was now partially hindered due to online schooling.

The majority of respondents stated they would report domestic abuse (78%) or other child abuse (83%), primarily to the police, child protection services, or a member of the child's family. Households also demonstrated a relatively strong recognition of child autonomy and a low tolerance for behaviours that could endanger children. However, domestic violence appeared less likely to be reported. Reasons for this included limited trust in the effectiveness of child protection services, reluctance to become involved in other households' problems, concern about the potential removal of the child from the family, and tolerance for corporal punishment, signalling an ambivalent attitude toward domestic violence.

Satisfactory community awareness of child protection risks and rights was often reported by informants, highlighting numerous child protection awareness campaigns, mostly conducted by public institutions, including schools, and NGOs. Most indicated satisfactory child awareness of rights, emphasizing campaigns on risks such as explosives or bullying conducted mostly at schools. However, about a third of the households (34%) needed additional information on child protection, including present risks, child protection services and ways to access these services.

In the light of the child protection risks being exacerbated by the war in Ukraine or its direct result, strengthened child protection response is crucial. To mount a comprehensive response addressing the root causes, it is essential to consider the interconnected nature of risks and risk factors. At the same time, it is urgent to recognize and enhance collaboration between child protection actors and basic service providers. Lastly, there remains a need for additional awareness campaigns on risks and available protection services for communities, including child-oriented initiatives.

ANNEXES

Annex 1: Bibliography

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Annex 2: Perceived child protection risks by oblast (household survey)

Oblast	Dnipropetrovska	Donetska	Kharkivska	Khersonska	Mykolaivska	Sumska	Zaporizka
Sample size	*408*	*381*	*418*	*427*	*445*	*419*	*420*
Protection risks related to attacks on infrastructure	83%	35%	78%	92%	54%	66%	68%
Family separation	43%	4%	39%	39%	29%	26%	39%
Physical violence (incl. beating, maiming, killing), excluding domestic violence	15%	1%	4%	22%	10%	1%	20%
Detention of children (by armed groups)	1%	1%	10%	14%	4%	0%	12%
Substance abuse (by children)	18%	3%	17%	10%	15%	9%	27%
Gender-based violence (i.e., incl. sexual violence)	2%	0%	3%	4%	1%	1%	12%
Domestic violence	2%	1%	3%	4%	2%	1%	3%
Child labour	4%	0%	4%	3%	2%	0%	5%
No concerns	6%	60%	11%	2%	22%	19%	9%
Child marriage and/or early childbearing (incl. teenage pregnancy)	2%	0%	4%	2%	1%	1%	12%
Human trafficking	1%	0%	4%	1%	1%	1%	8%
Other	1%	1%	1%	0%	0%	1%	4%
Prefer not to answer	0%	0%	1%	0%	0%	1%	0%
Do not know	0%	2%	2%	0%	6%	3%	3%

Annex 3: Perceived changes in risks after beginning of the full-scale invasion

For safety risks:

Risk	N	Yes, the risks significantly decreased	Yes, the risks slightly decreased	No, the risks remained the same	Yes, the risks slightly increased	Yes, the risks significantly increased	Do not know	Prefer not to answer
Bombing	1969	0%	0%	1%	5%	94%	0%	0%
Family separation	911	0%	0%	1%	19%	81%	0%	0%
Substance abuse	411	0%	1%	37%	29%	30%	2%	0%
Physical violence	293	0%	2%	16%	13%	69%	1%	0%
Detention	176	0%	0%	1%	6%	92%	2%	0%
GBV	91	0%	2%	34%	16%	45%	3%	0%
Child marriage	81	0%	1%	50%	11%	32%	5%	0%
Child labour	69	0%	3%	21%	9%	37%	5%	0%
Domestic violence	61	0%	3%	20%	39%	33%	6%	0%
Trafficking	61	0%	0%	5%	14%	74%	6%	1%

Results do not add up to 100% due to rounding. N = respondents who identified a given risk as a "main risk to children's safety".

For risks related to MHPSS and well-being:

Risk	N	Yes, the risks significantly decreased	Yes, the risks slightly decreased	No, the risks remained the same	Yes, the risks slightly increased	Yes, the risks significantly increased	Do not know
Mental health issues / Psychosocial distress	753	0%	0%	1%	15%	84%	0%
Being worried for the future	1953	0%	0%	1%	12%	87%	0%
Limited socialization	952	0%	0%	2%	22%	76%	0%
Missing displaced family and friends	736	1%	0%	1%	84%	15%	0%

Results do not add up to 100% due to rounding. N = respondents who identified a given risk as a "main risk to children's safety".

Annex 4: Declared reaction to child protection incidents by oblast (household survey)

For domestic abuse:

Oblast	Dnipropetrovska	Donetska	Kharkivska	Khersonska	Mykolaivska	Sumska	Zaporizka
Sample size	*408*	*381*	*418*	*427*	*445*	*419*	*420*
Report the case	76%	89%	71%	91%	82%	82%	82%
Offer care (directly) to the child	19%	32%	37%	61%	31%	18%	31%
Confront the perpetrator	19%	8%	20%	20%	19%	7%	14%
Nothing (not get involved)	13%	1%	8%	0%	2%	5%	2%
Other	0%	0%	0%	0%	0%	0%	1%
Do not know	1%	2%	6%	0%	2%	4%	4%
Prefer not to answer	2%	0%	1%	0%	1%	0%	1%

For child abuse other than domestic:

Oblast	Dnipropetrovska	Donetska	Kharkivska	Khersonska	Mykolaivska	Sumska	Zaporizka
Sample size	*408*	*381*	*418*	*427*	*445*	*419*	*420*
Report the case	77%	79%	83%	95%	85%	94%	91%
Offer care (directly) to the child	27%	41%	39%	43%	39%	25%	37%
Confront the perpetrator	34%	22%	23%	18%	36%	11%	28%
Nothing (do not get involved)	9%	1%	3%	0%	0%	0%	0%
Other	0%	0%	0%	0%	0%	0%	0%
Do not know	0%	1%	3%	0%	0%	1%	2%
Prefer not to answer	1%	1%	1%	0%	0%	1%	0%

Annex 5: Level of satisfaction with basic and child protection services among those who tried to access them

Services	N	Not satisfied at all	Rather unsatisfied	Slightly satisfied	Mostly satisfied	Fully satisfied	Prefer not to answer	Do not know
Childcare	242	13%	5%	9%	27%	44%	1%	0%
Schools / Universities	1186	1%	3%	13%	40%	43%	0%	0%
Extra-curricular activities or tutoring	763	1%	1%	2%	29%	66%	0%	1%
Physical health services	2010	1%	2%	12%	44%	41%	0%	0%
Emergency health services	240	3%	3%	16%	38%	40%	0%	0%
Mental Health / Psychosocial support services	168	2%	4%	11%	29%	54%	0%	1%
Legal assistance	61	5%	10%	12%	33%	41%	0%	0%
Police	37	22%	3%	8%	24%	43%	0%	0%
Social services / social workers	248	2%	7%	21%	26%	42%	0%	1%

Results do not add up to 100% due to rounding. N = respondents who respondents who reported trying to access given services.

Annex 6: Knowledge, attitudes and practices of the households regarding child emancipation

	Strongly disagree	Rather disagree	Difficult to say	Rather agree	Strongly agree
If a child cannot live with their primary caregivers, the child should be allowed to decide where (with whom) they want to live.	10%	19%	9%	44%	18%
A child should be able to make decisions concerning their education.	14%	32%	4%	38%	13%
A child should be able to make decisions about their physical and mental healthcare.	14%	31%	4%	35%	16%
A child should be able to make decisions about how they wish to spend their free time.	3%	13%	2%	50%	32%

Results do not add up to 100% due to rounding.

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61. According to The Law of Ukraine on Social Services, difficult life circumstances are conditions that negatively affect the life, health and development of a person, the functioning of the family, which the person/family cannot overcome on their own.

62. Vasylyna Dybaylo et al., "Children and war in Ukraine: the situation of children in family-based care and institutional care. Report on the results of monitoring in February - June 2022", 2022

63. Law of Ukraine on the Protection of Childhood, last updated on October 5, 2023, https://zakon.rada.gov.ua/laws/show/2402-14#Text

64. Law on Prevention and Counteraction to Domestic Violence, last updated on December 31, 2023, https://zakon.rada.gov.ua/laws/show/2229-19#Text

65. Resolution on Ensuring Social Protection of Children in Difficult Life Circumstances, last updated on August, 4, 2021, https://zakon.rada.gov.ua/laws/show/585-2020-%D0%BF#Text

66. Resolution on Ensuring Social Protection of Children in Difficult Life Circumstances, last updated on August, 4, 2021, https://zakon.rada.gov.ua/laws/show/585-2020-%D0%BF#Text

67. The oldest groups were not explicitly asked this question.

68. Percentages include those who rather or strongly agreed.

69. The youngest children were not explicitly asked this question.