



**Women's Peace &
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**Analytical Report
Vox Populi Agency and Fight For Right**

Leadership potential of women with disabilities in Ukraine during the war



The study of the leadership potential of women with disabilities in Ukraine during the war was implemented within the framework of the Leadership of Women with Disabilities in Communities Project implemented by Fight For Right with technical support from UN Women in Ukraine and funded by the UN Women's Peace and Humanitarian Fund (WPHF), a flexible and fast funding instrument that supports high-quality interventions to increase the capacity of local women to prevent conflict, respond to crises and emergencies, and seize key peacebuilding opportunities.

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Study Methodology

Vox Populi, a research agency, conducted a survey among women with disabilities as part of the *Leadership of Women with Disabilities in Communities* Project. The survey was conducted upon the request of Fight For Right, a non-governmental organization of people with disabilities, under the sponsorship of the UN Women's Peace and Humanitarian Fund (WPHF). To achieve the goal and given the objectives of the opinion surveys, a mixed design was developed, which integrated the use of focus group discussions, in-depth interviews, quantitative surveys and analysis of secondary data as a part of desk study.

Quantitative Survey

The survey of women with disabilities was conducted using a standardized online questionnaire developed using KoboToolbox software. The sampling frame was a database provided by Fight For Right, NGO. The database consisted of contacts of 7315 women with disabilities of all ages. The survey data set was filled by recruiting women from the database and using the snowball method (distribution of questionnaires through NGOs). The survey was conducted with control over the geography, social and demographic characteristics of respondents compared to open data, as well as with consultations with CSOs on sample selection to maximize the sample design and increase its representativeness for certain categories of respondents.

To conduct the survey, an all-Ukrainian sample of women with disabilities was developed, which included interviews in all regions controlled by the Government of Ukraine. The survey covered (in addition to all regions) different types of settlements (regional centres, other cities, villages), respondents with different groups and types of disabilities, respondents of different ages, etc. Respondents were selected and interviews were conducted using combined methods to maximize the reach of different segments of women with disabilities.

The field stage of the study was conducted in August-September 2024. A total of 331 interviews were conducted. The theoretical sampling error (with a confidence level of 95% and without taking into account the design effect) is 5.4%.

In-Depth Interviews

Vox Populi Agency researchers conducted 11 in-depth interviews with women with disabilities using a semi-standardized guide. Six in-depth interviews were conducted with women with disabilities who are representatives of the community of people with disabilities. The other 5 in-depth interviews were conducted with women with disabilities who are experts, leaders, activists, representatives of local governments or NGOs.

Focus Group Discussions

The study also conducted four FGDs with women with disabilities, recruited through a quantitative survey. The composition of the FGD participants was mixed by type of disability, age, education, employment status, type of settlement and region of residence. FGDs No. 1 and No. 2 included women with disabilities who are not actively involved in public activities. Whereas FGDs No. 3 and No. 4 included women who are somehow active in public life and in some cases identify themselves as leaders.

Team that Worked on the Study

The study report is based on the opinion surveys conducted by Vox Populi Agency in August-September 2024.

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List of Acronyms

IDI – in-depth interview;

NGO – non-governmental organization;

LA – local authorities;

CSO – civil society organization;

LGA - local government authorities;

FGD – focus group discussion;

CGA – central government authorities.

Context of the Study

In describing the context of the involvement of women with disabilities in decision-making and in social and other activities, it is worth noting that in the legal environment in Ukraine, the main legal regulations, strategies and other documents at the national and international levels aimed at ensuring and protecting the rights and freedoms of people with disabilities, their inclusion in public life and improving their well-being are rather declarative without proper practical implementation of the explicit provisions, especially at the local level. One of the consequences of this is that the process of increasing the level of inclusiveness and participation in public and political processes for people with disabilities, including women, is very slow in Ukraine. And this, of course, affects the negative assessments of Ukrainians and especially people with disabilities of the level of inclusiveness in Ukraine.¹

The results of monitoring studies conducted by independent public organizations indicate that Ukraine has a low level of implementation of the declared provisions of documents related to the protection of the rights and freedoms of women with disabilities. To summarize some of the key findings of various monitoring reports, firstly, the situation of women with disabilities is often not studied and their real needs are not taken into account when developing and implementing new policies on the rights of people with disabilities in Ukraine²; secondly, despite certain shifts in the legal environment, there are problems with the implementation of the legislation and lack of accountability for its violation³; thirdly, women with disabilities are discriminated against, rarely represented in executive, legislative and local authorities and have limited access to public services^{2,4}. However, civil society organizations play an important distinctive role in representing the interests and supporting women with disabilities and mothers of children with disabilities, as also indicated by the results of the study.⁵

Despite the challenges in formulating and implementing policies on the rights of people with disabilities, their public visibility is growing, in particular thanks to the active efforts of human rights organizations. For example, since

1 The League of the Strong, NGO: [Rating: How does Ukrainian society really perceive people with disabilities Ukraine – Studies](#)

2 “LOST” RIGHTS... Alternative report of public organizations on the implementation of the UN Convention on the Rights of Persons with Disabilities: https://ud.org.ua/images/pdf/zagubleni_prava.pdf

3 Report of non-governmental organizations on the implementation of the Convention on the Rights of Persons with Disabilities by Ukraine, 2015-2020: <https://ffr.org.ua/wp-content/uploads/2022/10/CRPDalternativereport.pdf>

4 Gender analysis of the regional development of Ukraine: [Gender Analysis of Regional Development of Ukraine.pdf](#).

5 Analytical article: Participation of Women with Disabilities and Mothers of Children with Disabilities in Civil Society Initiatives in the Context of a Large-Scale War in Ukraine: <https://doi.org/10.6084/m9.figshare.25376209.v1>.

the early 2010s, the issue of protecting the rights of people with disabilities, including women, has become increasingly prominent in public discourse in Ukraine, in view of various forums held in different cities of Ukraine (for example, the first International Forum of Women with Disabilities, held in 2013 in Luhansk). In the following years, similar projects were scaled up and expanded to different parts of Ukraine.

Since 2021, the Disability Rights Forum has been held annually in early December, bringing the community together to shape the human rights agenda of people with disabilities. The event is accompanied by a public visibility campaign in the centre of Kyiv and the participation of key stakeholders, including top government officials. The issue of the rights of women with disabilities is always one of the key topics and is included in the agenda of the forum.

Since 2019, Fight For Right, NGO has been implementing the *LIDERKA (GIRL/WOMAN LEADER) School of Political Participation for Girls and Women with Disabilities* Project, which aims to teach women and girls with disabilities to defend their rights and worldviews using the tools of political participation and to motivate them to take an active part in the political and public life of the country.

The common goal of these activities is to draw public attention to the realization of the rights of women with disabilities, to involve women with disabilities in public life, and to increase the visibility of girls and women with disabilities.

Over the past 15 years, since the ratification of the UN Convention on the Rights of Persons with Disabilities in 2009, there have been certain changes in legislation, amendments to state construction codes, and the issue of ensuring the rights of people with disabilities is often in the crosshairs of the top public officials. In particular, Maryna Poroshenko, as the First Lady of Ukraine (2014-2019), actively promoted inclusive education in the country. In 2016, she launched a national project to implement inclusive education in Ukraine. Currently, the First Lady of Ukraine Olena Zelenska is in charge of making Ukraine barrier-free. A number of strategic documents have been adopted in the field of human rights, including for people with disabilities: The National Human Rights Strategy (2015 and 2021) and its action plans; in 2020, the President of Ukraine signed the Decree *On Ensuring the Creation of Barrier-Free Space in Ukraine* and adopted the National Barrier-Free Strategy, which launched the implementation of this activity in various areas with the involvement of a large number of participants from public authorities, LGAs, and businesses. And despite the initiatives, it is still too early to talk about systemic changes in the field of the rights of people with disabilities, as evidenced by the results of the study of opportunities for girls and women with disabilities to realize their leadership potential in Ukraine.

Despite the large number of barriers to women with disabilities, stigmatization, discrimination, social pressure and isolation, there are a number of success stories in Ukraine where women with disabilities have successfully realized their leadership potential in a particular field: politics, human rights, creative industry, etc. These stories are not numerous, but they represent valuable examples of women with disabilities becoming leaders. The full report of the study⁶ provides several successful stories of women leaders with disabilities who have realized their potential in the political and human rights fields.

In the context of the representation of women with disabilities in various branches of government, including local authorities, the last elections in Ukraine were the 2019 Verkhovna Rada elections and the 2020 local elections. From open sources, it was possible to find information about only a few⁷ women with disabilities who have been elected as MPs or work in executive bodies. In general, the search for this information proved to be quite difficult, which allows us to draw a preliminary conclusion or confirm the previous thesis that the level of representation of women with disabilities in politics is very low.

6 Information on women leaders with disabilities can be found in Annex 1: https://docs.google.com/document/d/134BnN4UA4ioqH_6F7-Wle0k2nXLbBKmRXdZXSUOkYJQ/edit?tab=t.0

7 Information on women with disabilities who are MPs at various levels of government in Ukraine can be found in Annex 1: https://docs.google.com/document/d/134BnN4UA4ioqH_6F7-Wle0k2nXLbBKmRXdZXSUOkYJQ/edit?tab=t.0



Key Findings

Social and Demographic Profile of Respondents

- Among the respondents, 7% are under 30 years old, 45% are 30-49 years old, and 48% are 50 years old and older.
- 52% of respondents are currently married / in a de facto marriage / in a relationship. Another 21% are single, 12% are divorced, and 15% are widows.
- 42% have vocational or specialized secondary education, 34% have higher education; 12% have incomplete secondary education, 11% have complete secondary education, and 1% have an academic degree.
- 22% are currently employed. 24% consider themselves unemployed. Another 2% are studying. At the same time, the majority of respondents (53%) indicated that they are retired (not only by age) or (a small part) are engaged in household chores.
- 23% experience some, and 58% - serious financial difficulties. Only 6% said that their income is generally “good enough to live on” (another 13% refused to answer the question).
- 42% believe that their lives are most affected by external circumstances beyond their control. Another 37% consider their disability to be the most influential factor. 19% of women say that their lives are most influenced by themselves, their actions and personal traits. Only 2% of respondents said that their lives are most influenced by the fact that they are women.⁸
- The most common problem for female respondents is difficulty walking or climbing stairs – 73% of respondents have at least some difficulty with this, and in particular, 38% of them have great difficulty or cannot walk or climb stairs at all. More than half of the respondents also have difficulty seeing (59%, including 28% who have great difficulty or cannot see at all) and difficulty remembering/concentrating (52.5% and 15%, respectively). A somewhat smaller proportion of respondents have difficulties with self-care (35% have such problems, and 13% of them have great difficulty or cannot do it at all), difficulties with oral communication (39% and 11%, respectively) and difficulties with hearing (20% and 9.5%, respectively).

⁸ In this study, we refer to these factors as locus of control, which can be either external (when, in the respondents opinion, life is influenced by circumstances beyond the person's control) or internal (when a person feels that she can influence the circumstances on which her life depends).

Section 1.

Understanding Leadership by Girls and Women with Disabilities in Ukraine

Leadership is a multifaceted and widely used concept in everyday life. Usually, people do not tend to define leadership when they use the word, and everyone has their own ideas and definitions, some of which may be unique.

Understanding the perceptions of women with disabilities about leadership, as well as who a woman leader is, can be important when planning programs and projects and other activities that aim to develop and realize women's leadership potential, especially since these perceptions may vary depending on the social, demographic, and economic characteristics of the respondents.

The women with disabilities who participated in the study had different life experiences, types of disabilities, social status, level of civic engagement, and other social and demographic characteristics. Despite the different identities and experiences of the respondents to the qualitative part of the study, based on the data obtained, the perceptions of women with disabilities about leadership can be analytically categorized in two ways.

First, the ideas and opinions of the interviewed respondents about leadership can be considered in several dimensions, in particular:

1. personal dimension;
2. collective or team dimension;
3. activity or ideological dimension.

Within the personal dimension, which is characteristic of less active women with disabilities (i.e. those who do not often engage in social and other activities or do not identify themselves as leaders), respondents in their description of leadership emphasize the personal characteristics of a person who is a leader:

“ I think this is a woman who is not afraid to express her opinion, even if it differs from the opinions of others, and is not afraid to address these topics that are not talked about.

G1⁹ (expert leader, psychosocially disabled, 37 years old).

⁹ When quoting respondents of in-depth interviews, we will use the codes G1...G11, while for FGD participants – 1R1, where the first digit indicates the number of the FGD and the second digit – the number of the respondent. Information about the participants of the interviews and focus group discussions can be found in Annex 2: List of Respondents to In-Depth Interviews: https://docs.google.com/document/d/14v_p-Dl-mROwopNTGdw256RYaz8LQis2gPf64XGGFE/edit?tab=t.0#heading=h.dvcjc2p5ycgj

Analysing the way the respondents describe leadership, the personal traits of a leader can be described in the following categories: sociability, empathy, goal commitment (determination), courage, ability to express and defend her opinion, great willpower and spirit, fearlessness, invincibility, openness, ability to listen to intuition, ability to accept refusals, good organizational and managerial skills, proactivity, perseverance, even *“a little punk, ability to seek an approach to an official.”* **1R2 (community representative, psychosocially disabled, 38 years old)**. Such a description through personal traits was more typical for women who are not actively engaged in public activities and do not identify themselves as leaders in society. Of all the traits, respondents most often emphasized the ability of a leader to build communication with people around her:

“*I think leadership is the ability to relate to people, the ability to communicate. Because you can be super-super-cool, but if you don't know how to communicate with people, to find a common language, it will probably be quite difficult to convey your ideas, to unite people around you. This is what I think is important for a leader, some kind of professionalism and the ability to communicate with different people around you.*

G8 (NGO representative, expert leader, visually impaired).

The participants of the study emphasized the importance of having a **team**. In other words, leadership can be seen as a phenomenon whose integral element is the presence of a team, like-minded men and women in the leader's environment:

“*For me, it's being able to communicate with people, being able to lead people. To be able to work in a team, to be able to support the spirits of the team and to take some responsibility for yourself, for your team. I think it's just about being in the forefront, having responsibility, being open, communicative, confident. Just to be proactive as well. I mean, everything can start with a leader.*

G3 (community representative, visually impaired, 17 years old).

“*I believe that a leader without support [like-minded people, a team, a mentor], or, let's say it correctly, a supervisor, cannot achieve any desired results. In other words, a leader cannot be alone, a leader must always have a pack. Some kind of a pack that will really go to the end for you.*

G9 (expert leader, hearing impaired).

As opposed to the personal and collective dimensions, women with disabilities who are leaders or are generally more involved in public activities rely more on the activity or **ideological dimension** when describing leadership, which is based on the interpretation of leadership from a broader perspective, namely, a leader is a person who has successfully realized herself in a certain field of activity, tries to implement her own ideas and generate changes in her environment:

“ For me, leadership is about what I do, what I want to do. I realize my ideas, I write projects and implement them, I can lead, and I have a team that helps me implement my important projects.

G10 (community representative, hearing impaired, 23 years old).

Continuing with the thesis of a broader interpretation of leadership, another analytical way to categorize the respondents perception of leadership is to interpret leadership in a broader or narrower definition, where **the narrower definition is based on the idea that a leader is a person who holds very high political, economic and other positions in society, while the broader definition is based on the idea that a woman leader is a person who primarily generates change in her environment and is successful in her field of activity** (“A woman leader is a woman who has influence on the environment regardless of her field of activity”). **G4 (community representative, physically disabled, 21 years old).** The broader definition overlaps with the previously described activity dimension:

“ ... people often call those women leaders who are the directors of large companies, political parties, or something else. But in fact, in my opinion, there are a lot of women leaders in our society who still do not have this status. Well, they are not called [leaders], although they are. I think that a leader is someone who makes certain changes, even if sometimes they don't focus on the changes they have made.

G2 (LGA deputy, expert leader, physically disabled, 38 years old).

Women with disabilities who describe themselves as less civically active perceive leadership as political activity, i.e., they associate leadership with a political career. They also consider leadership to be the willingness to go through bureaucratic processes for the sake of certain changes in their lives or the lives of people close to them¹⁰. A leader is also perceived to be an activist to some extent: she must be a person with a degree, good communication skills, and stress resistance. Some respondents do not see themselves as having the potential to be active leaders **because they do not know how to negotiate with officials or have “weak” character traits, do not have the resources to overcome obstacles that may arise on the way.**

On the other hand, respondents among women with disabilities who are actively involved in civic activities, processes and events generally **perceive leadership as direct participation or coordination of certain processes aimed at protecting the rights of people with disabilities, while slightly fewer respondents focus on processes aimed at supporting or involving the larger population.** In particular, when it comes to civic engagement processes during Russia's full-scale invasion of Ukraine, it is primarily volunteering. One of the participants

¹⁰ Presumably, through the prism of their own experience or the experience of their relatives in receiving administrative and/or social services by people with disabilities.

in the study, for example, has been actively involved in volunteering and supporting people in the de-occupied territories, supporting the Armed Forces of Ukraine, and providing humanitarian support to civilians from the frontline areas for several years. At the same time, she has *taken a break for health reasons, as she was injured during one of her trips*, and is still recovering.

“My husband keeps telling me: “You are constantly running to save someone, to help someone, and you don’t think about yourself.”

3R1 (leader, physically disabled, 23 years old).

When moving from the general definition of women’s leadership to the interpretation of the concept of a woman leader with a disability, the ideas of the interviewed respondents are loaded with additional meanings. Most of the respondents, describing who a woman leader with a disability is, point out that this is a person who is not only active and successful in her field, but also a **person who protects the rights of people with disabilities, tries to increase the level of inclusiveness in her environment, initiates and implements changes that are intended to improve the situation of people with disabilities, is very knowledgeable about accessibility, etc.** In other words, the above-described dimensions of leadership are complemented by a component of human rights and a component of inclusiveness ambassadorship. Therefore, the respondents’ perceptions of women leaders with disabilities combine both a broad definition of leadership (being successful in their field and generating change) and an element of a narrow definition (narrow human rights activities and focus on inclusion):

“She [a woman leader with a disability] has to do everything to improve the living conditions of people with disabilities in all areas at the level at which she can be involved. That is, every woman with a disability has a certain niche, and in this niche she occupies, she has to do everything she can, everything she can do to improve the living conditions for people with disabilities.

G6 (community representative, physically disabled, 25 years old).

“For example, I have not encountered such people, but I have an association with such people: a woman leader with a disability is a woman who has a disability, but at the same time she can be a leader in a certain area of public life. She can be an example of strength and inspiration for others. At the same time, she can overcome not only difficulties but also barriers that may be related to disability, and inspire other people.

2R4 (community representative, visually impaired, 19 years old).

In this context, it is worth paying attention to the respondents’ expectations, based on their life experience and observations, that the status of a woman leader with a disability requires involvement in various public activities related to human rights and awareness-raising activities and increasing the level of inclusion:

“ If you take a woman with a disability, it is necessarily education, knowledge about inclusion. She can advocate for the rights of people with disabilities. She can also act as a mentor. Teaching, conducting some courses, mentoring. Thus, she can organize various events, including for people with disabilities. She can be active in the community. She can also initiate social projects, support infrastructure development [in the context of accessibility].

G4 (community representative, physically disabled, 21 years old).

Among active women with disabilities, in a minority of cases, participants pointed to “innate” leadership traits. Rather, there is an emphasis on the presence of leadership traits that can be developed through an inclusive environment and communication:

“ I was the first person in my town to graduate from an inclusive class. I have been a leader since childhood. It was important that I communicated with my peers, grew up with them, and learned how to organize events.

3R1 (leader, physically disabled, 23 years old).

That is, the development of leadership traits among women in Ukraine is a multifactorial and multidimensional process that includes different stages of human growth and different experiences: family, friendship, other types of communication and interaction, as well as, as most active women FGD participants insist, accessibility, that is, the ability to move around their locality, meet in person with like-minded people, and generally attend events.

One of the participants, who was forced to move to another city due to Russia’s full-scale invasion of Ukraine, noted that in her new city she has not been able to physically get to the place where people with disabilities meet for several years due to the lack of transport equipped for use by people with disabilities, as well as the fact that it is physically difficult for her to get even outside her yard:

“ I know that there is an organization for people with disabilities in our city. But there is no way I can meet them in person, because I simply cannot get there without taking a taxi. That’s why I’m still limited to online communication, I can also talk to my neighbours, they already know me. But not being able to move around does not allow me to participate in the community’s life in person.

4R1 (leader, physically disabled, 34 years old).

The issue of realizing the leadership potential of women with disabilities is one of the key ones in the context of expanding their access to decision-making at various levels, increasing their activity and involvement in public life, equalizing and expanding their opportunities to realize themselves as active representatives of their community and their ability to influence the life of the community.

A significant role in the formation of leadership is played by both the immediate close environment or acquaintances and the environment in which a woman lives – the type of settlement, the presence of a community of like-minded people, and opportunities for interaction with local government authorities:

“ I tried to work with politicians in Poltava Region. There [in a small town], politicians avoid people with disabilities like the plague. In Kyiv, of course, it's much better – many doors are open to people with disabilities. In small towns, if the local authorities are not aware of the issues of people with disabilities, they often have to start this work from scratch.

3R1 (leader, physically disabled, 23 years old).

On the other hand, in some cities where the community and network of people with disabilities is already quite developed and active, local activists manage to communicate more closely and fruitfully with local authorities:

“ We are seen and heard. We stand for barrier-free access. We speak up, communicate our needs and involve our city community and the authorities. We are fighting for accessibility – we have built a ramp in the sports complex, and now we are trying to make an elevator to the gym and an inclusive gym. So far, there is only one bus with a ramp in our city.

3R3 (leader, physically disabled, 39 years old).

In general, based on the responses of active women with disabilities, local authorities play a crucial role in the development of the movement for the rights of people with disabilities. For example, one of the participants, the mother of a young woman with significant mobility impairments, who is very active in the city in terms of supporting and assisting people with disabilities and volunteering for the Armed Forces of Ukraine, points out that because their city authorities understood the needs of people with disabilities in the city before the full-scale invasion, most catering establishments (in the city centre), public utilities, and healthcare facilities were equipped with ramps and were accessible to people with disabilities:

“ People with disabilities need a lot of things: gadgets for communication, and just interaction with people who could come to visit and talk. In the organization, we are trying to solve this somehow: to convey to both children and adults how important it is to live in an inclusive society. We also try to show that we are open to the community – members of our organization help the Armed Forces of Ukraine: we knit, make meals for the front line, send canned food, children's drawings, bake, we set a good example to people without disabilities.

4R4 (leader, visually impaired, 46 years old).

At the same time, depending on the type of disability, female and male representatives of the community may have specific needs and requests for

support services. For example, when it comes to people with hearing impairments, organizations (NGOs) that unite people with hearing impairments and their branches are perhaps the most active. They work mostly in big cities: *“Our organization tries to bring the problems of people with hearing impairments to the attention of the wider public at the local level.” 4R4 (leader, hearing impaired, 46 years old).*

Those civil society sector members or leaders who participated in the study note that often the only source of support for them is funds from international and domestic non-governmental organizations. They note that they highly value networking that facilitates coordinated activities of organizations and that work both at the national and international level (large international organizations). They also highlight training and programs on social activism developed by national organizations. Some of the participants in the focus groups and interviews have personally participated in training programs or know people who have participated in them. Undoubtedly, leadership development schools and programs, according to the participants, are important for women to realize their capabilities and find tools to influence and support each other at the local level. Such events also help to create and strengthen communities of women with different types of disabilities.

Section 2.

Manifestations of leadership, in particular, social and political activity of girls and women with disabilities in the context of Russia's war against Ukraine

According to the survey, 16% of respondents already consider themselves to be public leaders, and 17% feel that they have the potential to do so. Respondents from regional centres (18%), aged 30-49 (22%), non-IDPs (17%), those university-educated (25%), and employed (32%) consider themselves leaders the most.

44% of respondents to the quantitative survey say that over the past year they have been involved occasionally or constantly in at least one of the eleven activities from the list offered in the questionnaire. The most common forms of activity are helping the Armed Forces of Ukraine (35% occasionally or constantly help the Armed Forces), helping people in difficult circumstances (26%), financial support for a socially useful activities (18%), and participation in the activities of an NGO or CO (18%).

How often have respondents been involved in certain social and political activities in the last year?



33% of respondents say that over the past year they have participated in at least one event as an organizer or someone who assisted in organizing it. Only 19% participated as visitors/participants. The remaining 47% did not participate in any activities even occasionally in the last year, the largest share of such respondents are from the South and East (63%), over 50 years old (62%), with IDP status (58%), with group 2 disability (59%), visually impaired (60%) and psychosocially disabled (74%), with vocational and secondary specialized education (63%), unemployed/retired/householder (55%), single (61%) and widowed (68%).

The most common activities in which women participated as organizers were as follows: helping the Defence Forces (22% of all respondents), helping people in difficult life circumstances (17%), and participating in the activities of public or charitable organizations (11%).

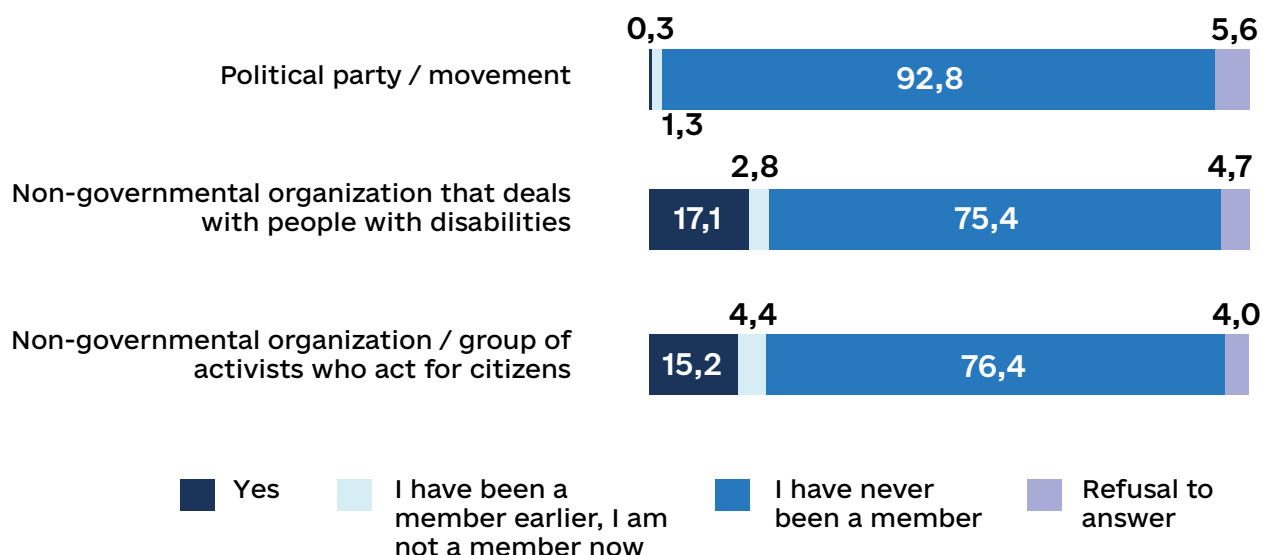
In which events did you participate as organizers / those who helped with the organization?



Only 16% of respondents said that they are very well informed about the events that take place in their community. Another 26% are rather well informed, and 59% of respondents are rather or very poorly informed. The most informed respondents are those from regional centres (19%), under 30 years old (33%), IDPs (22%), with group 2 disability (20%), visually impaired (21%), with higher education (24%), employed (29%), married (19%) and single (18%), with locus of control over personal actions and traits (26%).

Among the respondents, 17% are members of public organizations working in the field of disability rights. Other 15% are members of organizations that work for the community (influencing the decisions of the authorities and public opinion). At the same time, only 0.3% say they are currently members of a particular political party or movement.

Membership of respondents in organizations or movements



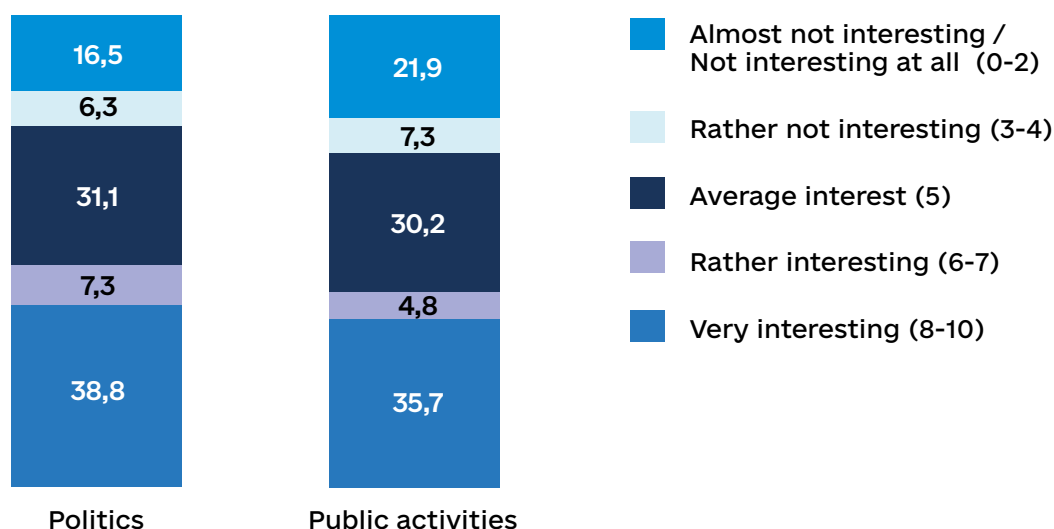
Only 5% of women with disabilities consider their involvement in political activities or influence on government decisions sufficient. While 66% consider their involvement insufficient.

Every fifth respondent (19%) indicated that she considers her involvement in the activities of NGOs/COs working in the field of disability rights to be sufficient, while every second respondent (56%) considers it insufficient. Only 18% of respondents consider their involvement in community-based NGOs sufficient (as opposed to 54% who indicated that they consider their involvement in such organizations insufficient);

At the same time, respondents demonstrate a low level of interest in political and social activities. Thus, 23% of respondents are interested in political activities (16.5% of them are very interested), 29% - in social activities (22% of them are very interested).

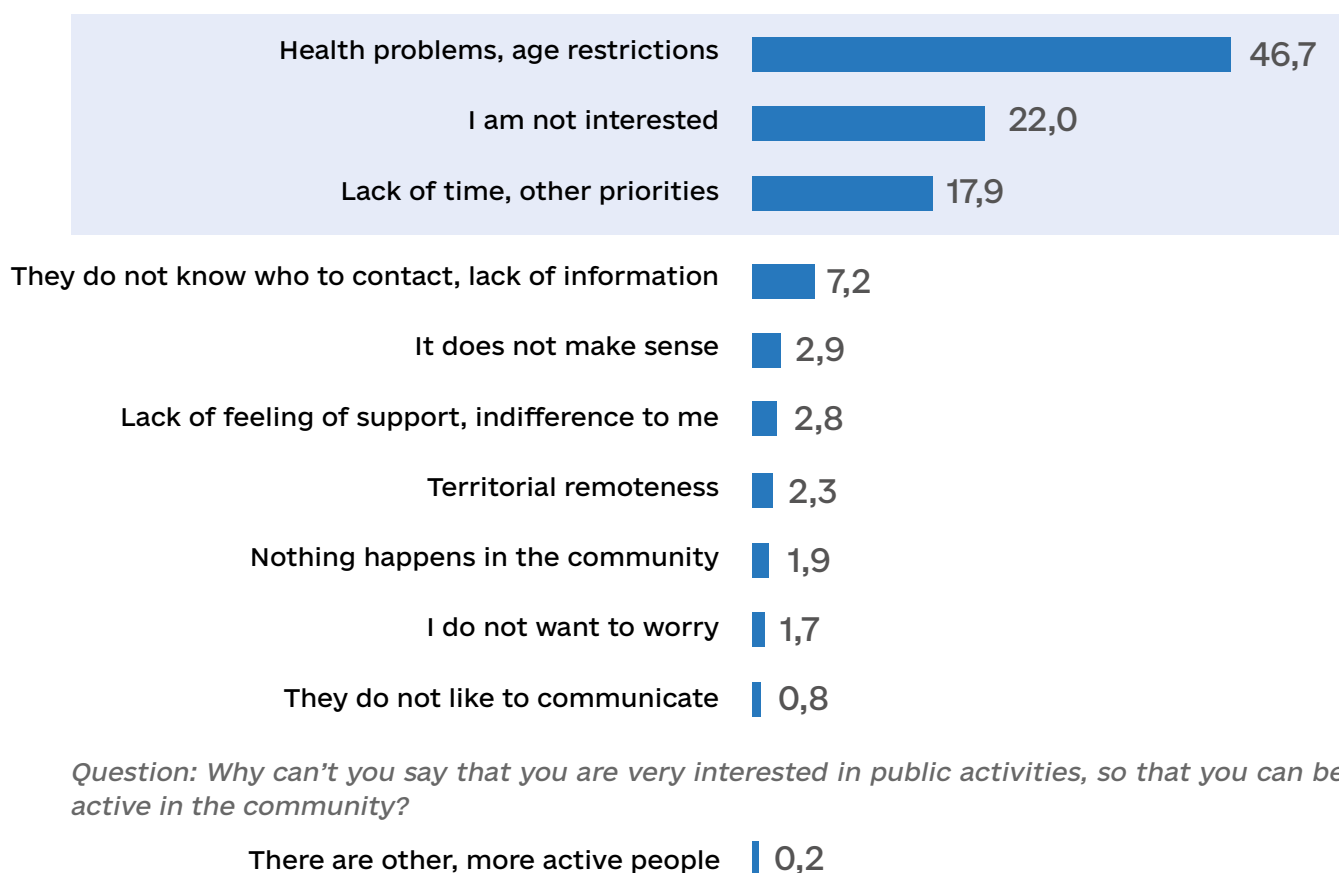
Interest to public and political activities

rating on a scale of 0-10, where 10 is very interesting



Why people are not very interested in public activities?

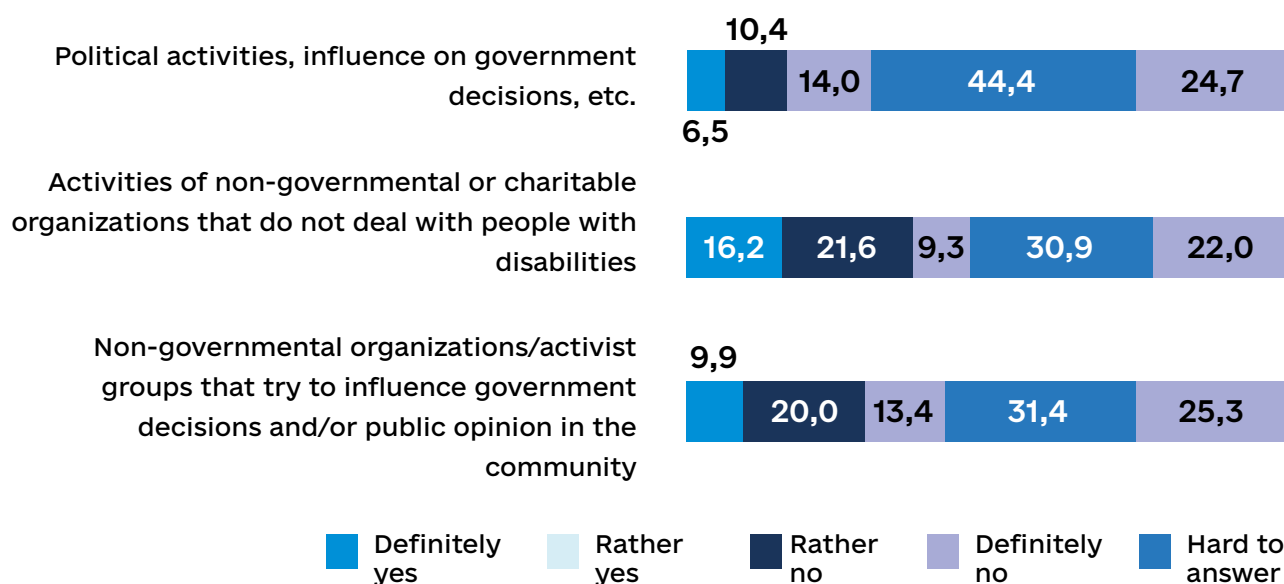
open question, % of those who rated their interest in public activities as 0-7 and were able to give an open answer



Question: Why can't you say that you are very interested in public activities, so that you can be active in the community?

Among the female respondents, 17% would like to be more involved in political activities (compared to 58% who do not want to be more involved), 38% would like to be more involved in public activities of people with disabilities, and 30% would like to be more involved in community-focused activities. Most of the respondents who would like to be more involved in community activities are under the age of 30 (31%) and 30-49 years old (37%), with higher education (47%), employed (55%), and married (40%).

Do they want to be more involved in social and political activities?



More than a third of the women surveyed consider external circumstances beyond their control and disability to be the main factors influencing their lives. In addition, some of the respondents who do not identify themselves as leaders and are not actively involved in public activities consider the concept of leadership more in the political sphere and give the image of a leader somewhat idealized features. More detailed comments of the respondents on the obstacles to their active participation in the community also illustrate that women do not take a proactive stance and therefore distance themselves from potential opportunities for self-realization as leaders:

- “There is no health and no help from anyone.” (1R1);
- “Activities are great, but someone has to organize them. There should be some kind of support.” (1R3).
- “No one needs people, especially disabled people, no one needs anyone here.” (1R2)

The results of the study showed that some respondents are sceptical about their own capabilities, potential to influence situations and make decisions, and perceive disability only as an obstacle to leadership. This attitude is most evident among women in the 50+ age group who are retired or engaged in household chores, as well as those who have a locus of control over their disability. This group of respondents, to a greater extent than other respondents, states that the interests of people with disabilities are not taken into account in decision-making at the state/community level (60-69% of respondents believe that the interests of people with disabilities are not taken into account at the state level, and 57-63% share the same opinion about communities) and that people with disabilities do not have the opportunity to influence government decisions (57-66% believe that neither people without disabilities nor people with disabilities, including women with disabilities, are able to influence government decision-making, CGAs, LAs and/or the situation in communities). At the same time, the respondents of this group mostly do not identify themselves as leaders and do not see themselves as having leadership potential, and demonstrate a rather low level of desire to be more involved in public and political activities.

Dissatisfaction with the actions/policies of the authorities in the field of protection of the rights of people with disabilities, on the one hand, and lack of will to take proactive actions, on the other hand, may indicate the lack of skills of some respondents in this group to take responsibility for their lives and not to see the causes of problems only in external factors. The fact that this group of respondents identified health problems as the main barrier to active participation in public activities and to getting a decent job with good pay only emphasizes this thesis. This situation requires further training and awareness-raising activities, as well as appropriate support services for people with disabilities to develop coping skills and acceptance of disability as an identity with which to live a full-fledged life, overcoming barriers that make it difficult or impossible for women with different types of disabilities to realize their leadership potential.

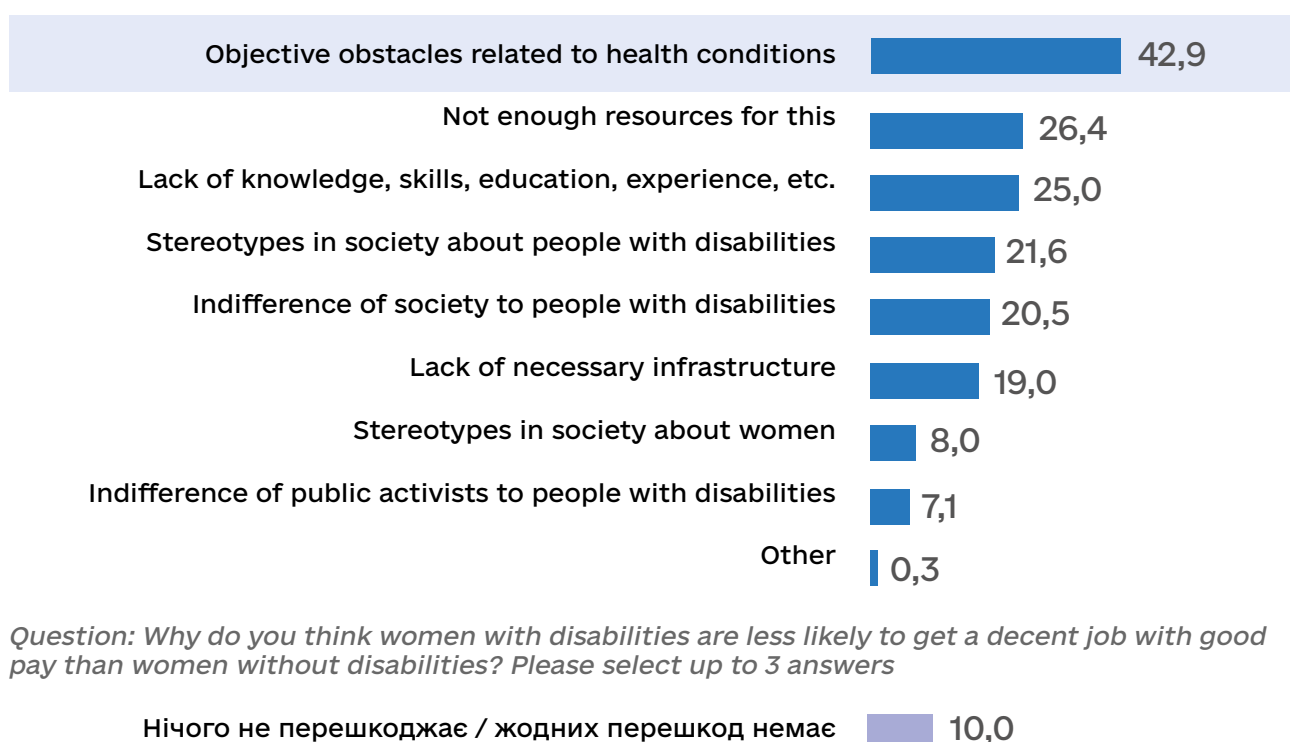
Section 3.

Obstacles and Challenges to Achieving and Realizing Leadership Potential by Girls and Women with Disabilities in the Context of Russia's War against Ukraine

Various barriers prevent women with disabilities from realizing their leadership potential. In in-depth interviews and focus groups, respondents emphasized both external barriers – low accessibility of public spaces, limited access to information, socioeconomic barriers (unmet basic needs, stigmatization, marginalization, social isolation, lack of support services, low financial capacity and unemployment, etc), and internal barriers, such as a sense of inferiority, high level of self-doubt, tendency to behave as a victim and to have an external locus of control, excessive concern for the opinions of others, fear of failure, and distrust of state institutions.

The majority of respondents to the quantitative survey believe that objective health problems are a barrier to civic engagement (43% of them consider this to be the most common). At the same time, many respondents mentioned other barriers. Thus, 26% mentioned lack of resources, 25% – lack of knowledge/skills, 22% – stereotypes in society about people with disabilities, 20.5% – indifference to people with disabilities, 19% – lack of infrastructure.

Barriers for women with disabilities to be active in public activities



In the in-depth interviews and focus groups, the participants actually confirmed and deciphered the statistical data of the quantitative component. **The level of leadership and civic engagement of women with disabilities directly depends on the level of their health, well-being, intellectual activity, mental and emotional resources, which differ between women depending on the type of disability.**

The qualitative data reveals a key thesis that is common to almost all respondents, which is that a woman with a disability needs to make several times more efforts to realize herself as a leader than a woman without a disability due to various obstacles:

“When you have a disability, you have to overcome more obstacles and put in more energy than other women without disabilities. More obstacles.

G1 (expert leader, psychosocially disabled, 37).

“But the attitude towards people with disabilities has not changed. I mean, it seems to me that a woman with a disability will have to make much more effort to be accepted, that her point of view has the right to exist. I think that women with disabilities have to make more efforts to have their point of view respected.

G8 (NGO representative, expert leader, visually impaired).

The thesis of “make much more effort” to realize their leadership potential is based on the direct experience of women with disabilities who face various obstacles. In a low inclusive society, in a social environment where stigmatization and marginalization of people with disabilities is reproduced and maintained, attempts of women with disabilities to be active and show leadership face significant social resistance from other people. On the other hand, even at the stage of intentions to realize their leadership potential or attempts to realize it, women with disabilities often decide not to disrupt their status quo due to the significant impact of existing barriers. The data obtained through in-depth interviews and FGDs shows that most of the complex of obstacles and the reasons for the few open opportunities for women with disabilities to be leaders and have influence in decision-making can be divided into several types of barriers that are closely interrelated.

Firstly, the lack of good health and physical abilities affects activism or imposes significant restrictions on the ability to engage in public activities: “I can say that I am not a leader, my health prevents me from doing so. Perhaps, I could have had [leadership] potential. I could have been a [leader], but unfortunately.” **2R5 (community representative, general diseases that led to disability, 57 years old).** As one of the respondents pointed out, even if she has leadership potential and a certain area of responsibility in activism, government institutions, or certain obligations to help others, she cannot predict whether she will

have satisfactory health and moral and psychological state at the moment when she needs to fulfill the obligations imposed on her.

Secondly, the most obvious, widely understood and, accordingly, most studied barrier is the low level of accessibility of space in Ukrainian settlements, regardless of the size and type of settlement. The inability to move freely in the community, which is most acutely felt by women with physical, visual, and hearing impairments, is a frequent reason why women with disabilities refuse to join any public activities or participate in decision-making, and even to leave their homes. That is, even if they have leadership potential and a desire to show leadership, women with disabilities are literally unable to move around the streets of their community due to limited accessibility. Of course, low accessibility manifests itself in different ways for women with different types of disabilities:

“ If we choose physical obstacles, it is primarily accessibility. Because even if I want to get to a place or organize something myself, I won't be able to drive to that place because of our roads. Especially with the fact that I cannot move around on a wheelchair by myself.

G4 (community representative, physically disabled, 21 years old).

“ An obstacle for a deaf [ed. with a hearing impairment] person is a sign language interpreter. If a sign language interpreter makes an incorrect translation, this is a big obstacle. An obstacle is the lack of information accessibility. That's exactly the obstacle, because we can't hear. There are no normal interpreters. Many do not read. The inability to communicate with the deaf [ed. with a hearing impairment]. I think this is a bigger obstacle than other disabilities. But indeed every disability has its own nuances, it's okay. And for the deaf [ed. with a hearing impairment], the obstacle is the complete lack of information accessibility.

G9 (expert leader, hearing impaired).

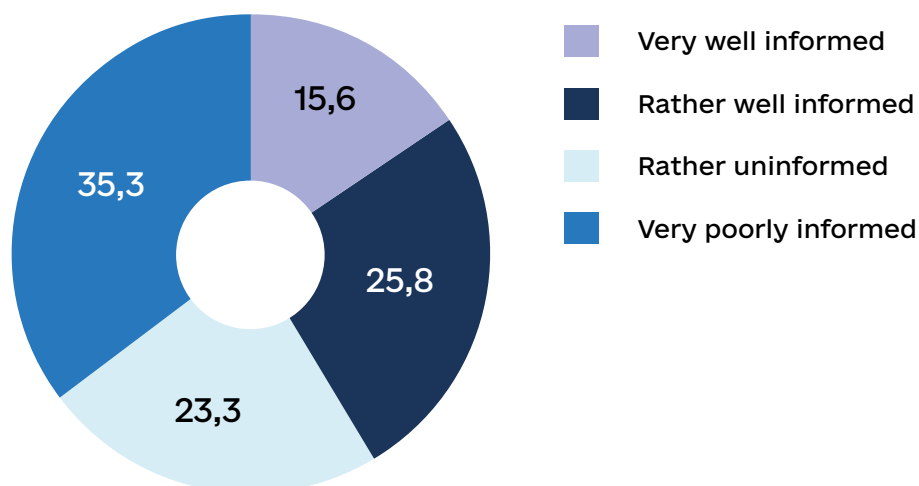
It is worth noting that inclusiveness also means access to information about various activities and events, as well as opportunities to join the organization and coordination of various events. This barrier is especially significant in the context of social isolation of women with disabilities.

One of the significant barriers that negatively affects the ability of women with disabilities to realize their leadership potential in communities is the low level of publicly available information. The small proportion of respondents who consider themselves well informed about community events are mostly young, employed residents of regional centres. This nature of the sample allows us to identify the key factors that correlate with a higher level of awareness among women. In particular, the higher level of awareness of respondents from regional centres compared to respondents from smaller settlements may indicate an underdeveloped information infrastructure and limited access to information sources in smaller settlements. The low level of awareness among women aged

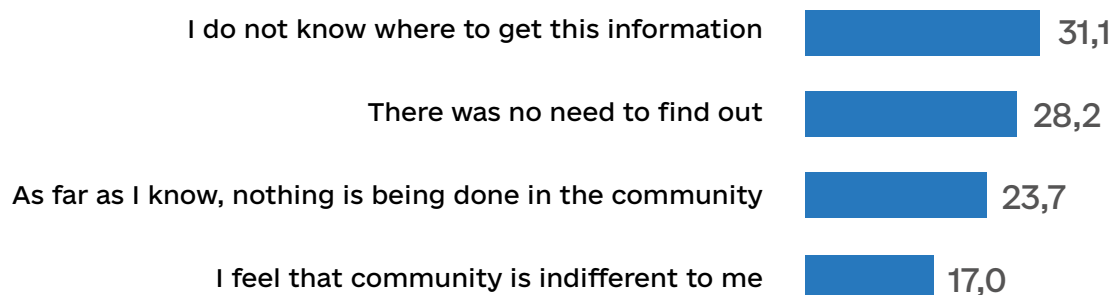
30 and older may indicate an insufficient level of digital literacy. At the same time, this trend may indicate that communities use a limited number of information channels, such as disseminating information about events only on social media or official websites, etc.

Diagram IV.2.1 Awareness of events taking place in the community

Self-assessment of awareness



The main reason why they are not well informed



Thirdly, physical barriers related to inaccessibility of spaces and information are closely interrelated with social barriers that take various forms for women with disabilities and manifest themselves, as mentioned earlier, through stigmatization, marginalization, and social isolation of people with disabilities. In the context of leadership, the external social environment, i.e. the people around them, tends to deny a woman with a disability her subjectivity. In other words, women with disabilities are perceived as people who are unable to generate change, be active, make decisions on their own, and realize their own ambitions. Women with disabilities have to “*make much more effort*” because they need to prove to other people every time that disability does not mean they are not a person with their own significant aspirations, and they have to fight social pressure, stigma, disapproval, suggestion, labelling, etc.:

“ In fact, I'll tell you that no one sees you as a leader – no one sees you as a woman. And a person with a disability is usually perceived by society as something asexual, something that can and should be pitied. And, roughly speaking, to cleanse your karma and help and put UAH 10 in your lap.

G5 (NGO representative, expert leader, physically disabled, 33 years old).

“ In fact, it's hard to be a woman leader at all, even if you are a woman without a disability. Because very often a woman's opinion is perceived as secondary and not so important. Secondly, if you have a psychiatric disability, your opinion may not be accepted at all. Because they believe that your personality is your disorder, not that it is just a disease that does not affect your personality.

G1 (expert leader, psychosocially disabled, 37 years old).

Consequently, a significant barrier to the realization of leadership potential is the lack of social support for women with disabilities. This barrier is manifested not only in the literal sense of the absence of people around who could support a woman's leadership, but also in certain cases of excessive care from family, parents, and friends who do not see a woman with a disability as capable of being active on a par with women leaders without disabilities and are concerned about her well-being, and significantly limit her activities, condemn her and, accordingly, refuse to support her attempts to show leadership. Very often, support services are not accessible to people with disabilities in communities, and the only unofficial providers are family members, which leads to additional unwanted dependencies and the impossibility of separation.

“ It is very difficult to go against your loved ones. If they limit you, you have a choice: either go against them and risk worsening the relationship, or just do what they say and limit yourself. These are friends, acquaintances, family, maybe sometimes.

G3 (community representative, severe visually impaired, 17 years old).

That is why the respondents emphasized the importance of social support, community support services, and the presence of like-minded people as one of the main conditions for the successful realization of their leadership potential. This thesis is closely related to the team dimension of the definition of leadership (as discussed above). In addition, when a woman with a disability has access to information, to examples of other successful women leaders with disabilities, the impact of social barriers is significantly reduced, as various concerns and self-doubt are dispelled:

“ I saw a lot of different people with disabilities, and then I realized that things are not as I thought. The fact that you have a disability does not limit you in any way. In fact, you can live happily with it. This surprised me a lot at the time. You can write a separate book about everyone there,

about each person in this group, but for me, I met this friend there, who later became my driving force for further development.

G6 (community representative, physically disabled, 25 years old).

“ They showed me [at the leadership school] that I could do it. I realized that there was no reason why I couldn't do something, and I was very inspired.

G3 (community representative, significantly visually impaired, 17 years old).

In an inaccessible environment, a woman with a disability, a leader, initially struggles to achieve accessibility for herself and other people around her. In the absence of such accessibility or the inability to achieve it, it is very difficult for women with disabilities to be active. As a result, sometimes the level of barriers in communities is so high that it makes it impossible for a woman leader with a disability to emerge or be realized, especially if she does not have support from relatives or friends, is isolated in her space, and is unable to move around:

“ Leadership begins with barrier-free access. I personally once underwent an internship at the Ministry of Social Policy in Kyiv. Everything was fine: I wanted to do a lot of things, but I often heard that there were no funds for some “whims”, although they were quite work-related things – assistants or helpers or attendants for people with disabilities, paying for their work at the expense of the state – the country did not have money for this. I was even offered to stay in my position at the Ministry of Social Policy. But I couldn't even get to work without an attendant all the time, I had to look for housing and so on. So I refused.

3R2 (leader, physically disabled, 38 years old).

Continuing the description of the experience of active women with disabilities, often when an organization is created at the beginning or during certain periods of its operation, the challenge for public leaders is to attract resources for their work.

“ Leadership in the sense of managing or initiating certain processes for me as a woman with a disability is a constant struggle for resources: personal resources to have the strength to do it, support resources – I personally need an attendant and I can't ask my friends for this all the time, I need to have a person to whom I will pay money for helping me. And, of course, a financial resource. When you are running an organization, you have people who need money to continue their social work. They also need to feed their families, and I have to find money for their salaries.

3R4 (leader, physically disabled, 48 years old).

Some respondents specifically emphasized the barriers related to scarce employment opportunities and, consequently, financial instability or financial insolvency of women with disabilities (especially in the context of high cost of

medicines and medical services, as well as lack of state support). In combination with other barriers, this limits their ability to implement their own ideas, engage in public activities, and exercise leadership. Some respondents indicated that financial difficulties are the main obstacle limiting their activism:

“ You know, first of all, I will actually name the financial barrier. Because very often you just have to think about how to survive. I haven’t had my own home for 10 years. You have to think about where to live first, and then about all your other plans. It really has a big impact. And when I have a psychiatric disability, I need constant medical support. And it costs money, and it really takes away a lot of the resources that you could spend on other things, but you have to include it for your survival.

G1 (expert leader, psychosocially disabled, 37 years old).

According to Abraham Maslow’s hierarchical system of needs¹¹, self-realization, a form of which is leadership, is a superstructure over the needs of lower levels, including physiological, safety and social needs. Accordingly, self-realization is difficult to achieve without at least partial satisfaction of the above needs. A significant number of respondents state that objective health problems, financial barriers, and low level of social inclusion are barriers to the realization of leadership potential. Since the needs of lower levels are not properly met, it becomes quite difficult to meet the needs of the next level, namely the need for respect, which is confirmed by the low level of belief in themselves and their capabilities, as well as the awareness of their own leadership potential among the respondents. Satisfying the need for respect is key to moving to the next level of needs – self-realization. Without internal support in the form of belief in oneself, one’s strengths and potential to influence certain processes in the community and society, the realization of leadership potential is difficult or even impossible.

Together, both physical and social barriers contribute to the formation of so-called internal barriers that prevent women with disabilities from being active and exercising leadership. These internal barriers take the following forms: a sense of inferiority, a high level of self-confidence, a tendency to adopt a victim behaviour and an external locus of control, excessive concern for the opinions of others, development of a fear of failure, closedness to new experiences, etc. In general, internal barriers, especially in combination with the lack of social support, lead to the fact that even those women who have leadership potential do not dare or do not want to realize it and join activities.

“ You are given the opportunity to discover yourself, learn, and then apply this knowledge. And you don’t take these opportunities, and then the question arises: why? They reply something like that: “No, I don’t want to.” Somehow they feel inferior or something. And then at one point I realized that very often not all, but some women who have leadership qualities

11 Source: Theories of Need-Based Motivation <https://surl.li/nynuij>

are so, I'm going to use a very ugly word, they cherish their disability, you know? "I have it, and it [disability] is like this, and I'm going to keep it closed here, I'm not going to go anywhere with it, I'm not going to show it to anyone." And this was a challenge for us, because at that time we were writing a gender policy that included women with disabilities as leaders, as political and public figures. But, unfortunately, we could not involve them in sufficient numbers.

G2 (SCO deputy, expert leader, physically disabled, 38 years old)

Some FGD participants did not emphasize internal and psychological barriers to their activism. It is likely that some women with disabilities are not aware of the pressure they face from society because of their status as women with disabilities. Due to this pressure and the inability to be actively involved in community life on an equal footing with other activists without disabilities, women with disabilities partially isolate themselves from the external environment without realizing it. Due to the lack of proper conditions, some women with disabilities may decide to spend their time only at home, not joining public and other activities, knowing in advance that they will be uncomfortable there: *"No one forbids me to stay at home, I feel calm and comfortable at home. I don't like people either, they are all evil."* **1R2 (community representative, psychosocially disabled, 38 years old)**. As a result of external and internal barriers, women with disabilities find themselves in social isolation.

Another factor in the low participation of women with disabilities or their reluctance to join public activities and initiatives is distrust of state institutions, corruption, and lack of state support, which, in turn, demotivates them to be active:

💬 *You can't do anything here without scandals. You have to fight for everything, to get it. We have corruption everywhere." 1r2. "A person is afraid that he/she will come [to officials], and they will just treat him/her like a kitten: "Come tomorrow, come tomorrow." That he/she will not achieve anything. They will say: "We have no money, no help, no resources.*
1R2.

It can also lead to a certain cynicism about leadership and activism among women with disabilities, especially if there is limited or no access to information about successful examples and positive changes through leadership in their environment.

💬 *Combined with the lack of state support, poor health, accessibility of spaces, transportation and information, and unmet basic needs, women with disabilities do not have the internal resources to deal with bureaucratic procedures and other aspects of civic engagement: "I'm no good at being a leader. I survive more, I think about my health.*

1R1 (community representative, physically disabled, 53).

In addition to the barriers listed above, the type of settlement where a woman with a disability lives is an additional factor in women's unequal access to various activities. Respondents from villages and remote settlements usually indicated that their community or village rarely hosts social activities and events compared to residents of larger settlements. The same applies to the frontline communities, where, according to the respondents, no events and activities take place, which is, of course, related to the security situation. On the other hand, respondents from the frontline communities point out that both before the full-scale invasion and now there are no opportunities to join activities and events not only for people with disabilities and but also for people without disabilities. Although there used to be opportunities to attend concerts or other entertainment events, now there are probably only certain activities to support children in places close to the combat zone or volunteer events that mostly involve older people.

That is, the type of settlement is an additional, urbanizing factor influencing the realization of leadership potential and self-identification of respondents as leaders. The largest share of respondents who, according to the survey, are more informed, socially engaged, and identify themselves as public leaders, are residents of large cities, mainly regional centres. These survey results may indicate that women have greater access to opportunities for self-realization as leaders in cities. Urban lifestyles allow women with disabilities to create a wider network of social connections, access information, join various organizations and associations, look for like-minded people, etc. The urbanization factor of the respondents is also related to other important factors in the context of establishing correlations, namely the level of education and employment: the largest number of women with disabilities who have got higher education and are employed are residents of regional centres. Accordingly, insufficient access to information, education and employment, as well as limited opportunities for social inclusion, which are part of the current realities of life in smaller settlements, allows us to qualify living in small towns and villages as a barrier to the realization and realization of the leadership potential of women with disabilities.

There is also a clear correlation between the level of education and employment of the respondents and the level of their awareness and realization as public leaders. Thus, employed women with higher education are more likely than women without higher education to identify themselves as public leaders, are more socially engaged, are members of NGOs and have ideas that they eager to implement in the community. In addition, this group of respondents shows the greatest interest and desire to be involved in community activities. The respondents identify education as one of the main attributes of a leader, since the lack of knowledge and skills is one of the barriers that limits the ability to manifest and realize the leadership potential of the women interviewed. With more

knowledge and skills, women with disabilities can generate more ideas and work fruitfully on their implementation. At the same time, it is the possibility of decent employment and higher or vocational education that causes some of the greatest difficulties for the respondents.

Section 4.

The Impact of Russia's Full-Scale War against Ukraine on the Realization of the Leadership Potential of Girls and Women with Disabilities

The full-scale invasion has had a tremendous negative impact on various spheres of life for Ukrainians, including girls and women with disabilities. Firstly, along with all the security and other risks to people's lives (*"I live for the moment"; "We live with a roof with holes in it. Some repairs have been done, the house is intact, but the roof has holes in it."* **1R2 (community representative, psychosocially disabled, 38 years old)**) The full-scale war caused mass migration. Forced external or internal displacement leads to a number of negative consequences. For people with disabilities, this has become one of the biggest challenges – to move, to settle down, to try to find and build a new social networks. They also found themselves in a new environment: a new place of residence, getting used to and learning the local infrastructure, problems with finding suitable accessible housing, etc. Most people with disabilities who need ongoing support services have become completely dependent on their close environment, especially in situations where the new place of residence is more inaccessible than the previous one. Women with disabilities may also lose social support due to changes in their environment and social network.

“ I live here [in the new city] on the ground floor. This is an advantage. I can at least go outside. But this city is very, very big [long], and I don't have the opportunity to visit anyone, to go to meetings. I mostly communicate online or I can sometimes go somewhere else for a meeting when I am invited by an organization. I have not met any locals. I know about them. But it is difficult for me to get to them.

3R1 (leader, physically disabled, 23 years old).

A participant with a hearing impairment from among active women with disabilities noted that work with internally displaced persons with hearing impairments was a separate priority within their organization:

“ According to our data, about 1,000 people with hearing impairments have left Ukraine, and most IDPs have moved to the western regions. Now there is an acute problem with sign language interpreters.

4R4 (leader, hearing impaired, 46 year old).

On the other hand, some respondents pointed to a decrease in access to medicines and medical services as a result of the war, for example, one respondent noted that the war stopped providing medicines that were previously free

of charge. For some women with disabilities, especially given the limited access to shelters due to their inaccessibility, this factor was a major factor in their decision to go abroad:

“A lot of women with disabilities have left the country. A lot of them. That’s my situation, when you can’t buy medicine in your city, and what else can you do? I can’t go even one day without medicine, and there is no medicine. You just have to leave. And this happened very often to these women.

G1 (expert leader, psychosocially disabled, 37 years old).

The negative consequences of war for women with disabilities also include deterioration of their financial situation and unemployment. Also, due to the mobilization of men, women with disabilities are often left without social support and their role in domestic work, childcare, etc. is increased.

In the context of public activities, it is worth noting that it **has become more difficult to implement initiatives to promote inclusiveness in the context of war, as the issue of inclusiveness is “not relevant” for the authorities and society, according to the participants of the focus group discussions.** In particular, this refers to the promotion of accessibility in communities, which local authorities use as an argument for martial law and the lack of financial conditions and opportunities to overcome barriers or implement public initiatives. That is, to a certain extent, the process of increasing the level of inclusiveness in Ukraine has slowed down due to the war. At the same time, the participants of the study say that the topic of inclusiveness will gradually be articulated more in terms of returning to civilian life for women and men veterans and combatants who have been disabled as a result of injuries at the front. But so far, in their opinion, this discussion in society is at an early stage.

“That’s it, and another barrier is that, no matter how unfortunate it is, very often the issue of inclusion and barrier-free accessibility is not relevant. When you come to local governments, they say: “We understand everything, but the war is going on.” And it is very difficult for you to make any global changes. And this is also a barrier.

G2 (LGA deputy, expert leader, physically disabled, 38 years old).

Due to the war and the total change in their physical environment, women with disabilities sometimes join volunteer activities to work with temporarily displaced people from Ukraine abroad, get acquainted with communities of people with disabilities and learn international practices from personal experience. For example, Ukrainian women who have moved to Germany point to a more developed infrastructure of social and support services, as well as accessibility for people with disabilities: *“In Cologne, 90% of public transport is accessible for people with disabilities.”* 3R2 (leader, physically disabled, 38 years old).

As a result, an important factor for women with disabilities to return to Ukraine from abroad is the improvement of the level of inclusiveness in Ukraine. Some respondents pointed out that those women with disabilities who had travelled abroad and gained experience living in countries with a higher level of respect for the rights of people with disabilities were less likely to return to Ukraine due to numerous obstacles and inaccessibility in the country, including limited access to shelters: *“I cannot live during the war when I am sure that I face barriers as soon as I step out of my apartment. I can’t be sure that I will escape if something happens.”* **G6 (community representative, physically disabled, 25 years old)**. However, some respondents pointed out that many women with disabilities from their community plan to return to Ukraine, but the longer the war lasts, the more doubts they have about whether they will actually return.

In general, Russia’s full-scale war against Ukraine, on the one hand, has caused and continues to cause many casualties, negatively affects people’s health, and largely limits opportunities for people with disabilities. At the same time, those women with disabilities who continue their civic engagement **are involved in volunteering and working with people affected by the war**. At the local level, women with disabilities also try to continue their advocacy work, although they note, as described above, that in some cases **local authorities may not perceive the needs of people with disabilities as a priority and, accordingly, as requiring urgent financial support**. At the same time, as noted during one of the focus groups, the full-scale war has also led to a significant increase in the number of people with disabilities – among the military, combatants, war veterans, and civilians. Therefore, the adaptation of people with war-related disabilities will often require society as a whole to become more inclusive and meet the needs of people with disabilities.

In addition, based on the above aspects of the war’s impact, it is worth noting that some women with disabilities have begun to take on new roles for themselves, namely, volunteering and raising funds for the Armed Forces of Ukraine or charity. In this aspect, some respondents stated that the war was an impetus for some women with disabilities to take concrete actions and generate certain changes in their environment, despite their own fear of failure or the opinions and judgment of others. In other words, despite the negative impact of the war, the full-scale invasion was a turning point for some women with disabilities that made them rethink their beliefs and lifestyle.

💬 *Yes, because before the war I probably wouldn’t have dared to do many activities. I also decided to participate in the Fight For Right leadership program. During the war, I became very strong morally, I grew a lot. I started activities, public activities. I became more active. Because before the war, I probably wouldn’t have dared to do it at all. I started fighting for inclusiveness, for the rights of people with disabilities, for women’s rights.*

G4 (community representative, physically disabled, 21 years old).

One of the FGD participants emphasized that after the full-scale invasion, the number of women with disabilities who are public on social media, bloggers and well-known on the Internet has increased dramatically. In general, people with disabilities and inclusiveness have become less silenced during the war, which, on the other hand, contradicts the tendency of local governments to ignore inclusiveness due to the lack of resources in the context of war.

“ There are a lot of girls with disabilities who have become volunteers, who organize meetings, implement them ... the number of women with disabilities who have become bloggers has increased ... And these are women with various health issues, girls and women who lost limbs as a result of the hostilities. This is a completely new role for them now. That is, now, when they return to civilian life after rehabilitation, these are completely new roles. And they are completely different.

G2 (LGA deputy, expert leader, physically disabled, 38 years old).

To summarize, the negative impact of the war on women with disabilities has manifested itself in various ways that have significantly exacerbated the pre-war barriers in society, limiting the opportunities for women with disabilities to be more active in their environment and to join and implement certain initiatives.

Section 5.

Opportunities for Inclusion of Girls and Women with Disabilities in Society

Only 22% of respondents believe that they are rather or fully included in society. Another 37% assessed their level of inclusion as “mediocre”, and 40% of respondents said they were rather or not at all included. Similar assessments were made regarding the inclusion of people with disabilities in general. Among the respondents who consider themselves included, the highest proportion is among women from regional centres/cities/villages (24%), under the age of 30 (39%), non-IDPs (25%), with higher education (36%), and married (28%).

At the same time, 78% of respondents are convinced that the majority of Ukrainians are ready to accept people with disabilities as family. The nature of the contradiction between the identification of social barriers, the low level of social inclusion, and the belief that the majority of Ukrainians are ready to accept people with disabilities as family members may be that the respondents are aware of the dominance of paternalistic¹² perceptions of people with disabilities in Ukrainian society. Society is ready to accept people with disabilities as “family members”, probably in a childlike way, as those who need constant care, concern and protection, but not as equal and full-fledged people in society.

The majority of respondents report either a medium or low level of social inclusion, which indicates that Ukrainian society is not ready and unwilling to accept women with disabilities on an equal footing with women without disabilities. The respondents answers about social barriers and stigmatization confirm these assumptions and signal the persistence of a high level of paternalism towards women with disabilities in Ukraine.

76% of respondents feel supported by their close environment. A somewhat smaller share of respondents also talk about the support of other people with disabilities. Another 52% feel supported by other people (however, it should be noted that one third of respondents do not feel supported by other people who do not have disabilities).

At the same time, in the case of opportunities for prosocial activity, the answers of respondents are more sceptical. Thus, only 34% say that if they have an idea, they will be able to get support for its implementation (44% do not believe they will get support). 25% of women with disabilities have internal resources to implement their ideas, while 49% do not.

¹² Paternalism in the sense of an approach in which one person assumes the role of “guardian” over another person, often justifying this by the need for protection, assistance, or welfare. This approach assumes that the person acting as a guardian knows what is best for the other person and can therefore make decisions for them.

	I feel that if I have an idea, I can get support for its realization	I have the internal resources to realize my ideas
We strongly agree	10.2%	7.0%
Rather agree	23.4%	18.4%
Rather disagree	26.5%	18.9%
Strongly disagree	18.0%	29.9%
Hard to answer	22.0%	25.8%

23% of women with disabilities feel that their environment supports the public initiative of women with disabilities (47% do not think so). 29% of respondents feel that they have ideas for improving the lives of people with disabilities. 24% have ideas for changing the social and political environment in the country. The highest number of respondents who have ideas is among women aged 30 to 49, not IDPs, with higher education, who are employed and married/partnered.

Women with disabilities have ideas about opportunities to influence and create changes in Ukraine

I have ideas on how to change the situation of people with disabilities in Ukraine

28,7

42,1

29,2

I have ideas on how to change the social and political environment in Ukrainian society as a whole

24,4

46,7

28,8

■ Agree
 ■ Disagree
 ■ Hard to answer

The greatest difficulties for female respondents (among the list provided in the survey) are the possibility of working in government (64% said it would be rather or very difficult for them), getting a decent job with good pay (63%), the possibility of running for election as a candidate (59%), having a rich leisure time (57%), and receiving administrative services (55%). This is followed by the opportunity to become a member of a party/movement (difficult for 51%), to get higher education (49%), to obtain vocational education (48%), to become a member of local community initiatives (47%), and to become an activist in a charitable or non-governmental organization (45%). Even in the case of voting as a voter, 38% of respondents feel that it would be difficult for them.

Regarding the main reasons why it is more difficult for women with disabilities to get a decent job with good pay than women without disabilities, the most frequently mentioned reasons were health conditions that affect opportunities (44% of respondents listed them among the top-3 barriers). However, the other reasons were also mentioned by quite a few respondents: employers stereotypes (29%), employers unwillingness to equip workplaces (27%), general prejudice against people with disabilities (26%), lack of accessible infrastructure for movement (25%), and lack of effective state policy on employment of people with disabilities (23%).

Only one in four women with disabilities (24%) say that they are rather or completely satisfied with the way their lives are going. Instead, half of the respondents (56%) are dissatisfied (and among them, 33% are completely dissatisfied with their lives). Another 20% of respondents could not answer this question.

Distribution of respondents answers about their satisfaction with the way their life is going in general

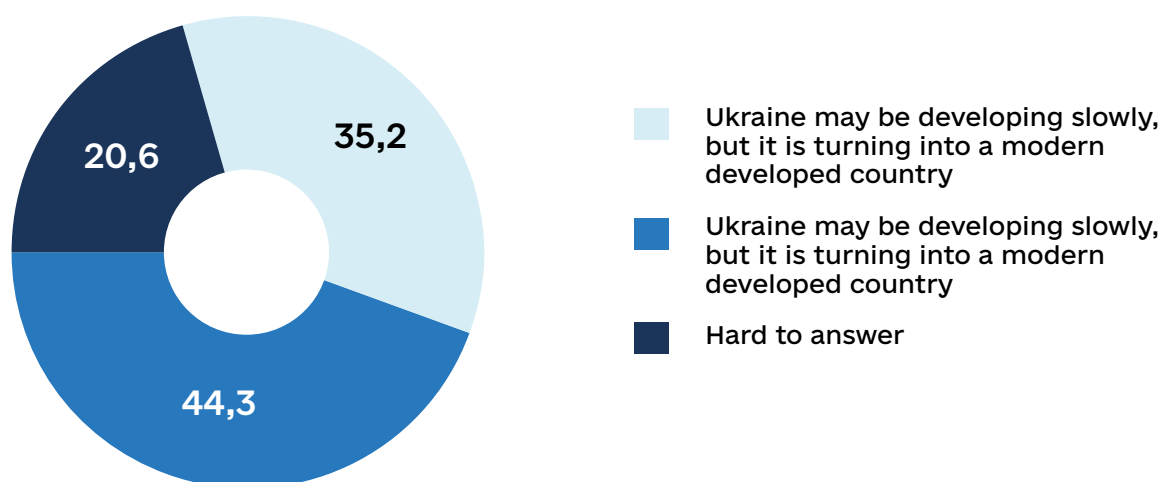
Completely satisfied	5.7%
Rather satisfied	17.9%
Rather dissatisfied	23.4%
Not at all satisfied	32.6%
Hard to answer	20.4%

Section 6.

How Does the Government Cater to the Rights and Needs of People with Disabilities? Analysis of the Situation

According to the survey, only one-third of respondents (35%) believe that Ukraine is generally developing and becoming a modern, developed country. Instead, 44% believe that Ukraine is not developing and that life is becoming more and more difficult.

Analysis of the situation in Ukraine



Only 18% of respondents believe that central government authorities cater to the interests of people with disabilities. And only 21% believe the same about local authorities. Another 29% (in the case of both central and local authorities) give a “mediocre” assessment of how their interests are taken into account. Instead, 53% and 50% respectively believe that the authorities rather or not at all cater to the interests of people with disabilities.

Only one in five respondents (21%) believes that people with disabilities are likely or definitely able to influence the decisions of central government authorities. In the case of local government authorities, the figure is identical – 21%. Another 28% and 31%, respectively, assess the ability of women with disabilities to influence the authorities as “mediocre”. Instead, 51% in the case of central government authorities and 48% in the case of local government authorities believe that there is rather little or no opportunity to influence.

The respondents are also sceptical about the influence of women with disabilities on the situation in their communities: only 23% believe that they have the opportunity to influence the situation at the community level, 30% have a

“mediocre” opinion of this possibility, and 47% believe that there is rather no such possibility.

At the same time, almost half of the respondents – 44% - believe that women with disabilities need to be active because this is the only way to achieve positive changes. At the same time, 38% are more sceptical and believe that there is no point in being active, as it will not help to influence the authorities anyway.

The majority, 93% of respondents, consider the current state support for people with disabilities to be insufficient. At the same time, during personal communication with respondents in in-depth interviews and focus groups, women with disabilities who are engaged in public activities say that in some communities, local authorities have recently paid more attention to the needs of people with disabilities (this includes the introduction of accessible public transport, the arrangement of accessible public spaces and buildings). To a certain extent, respondents explain the greater openness of the authorities in some communities by the fact that people with disabilities are becoming a visible part of the population at the local level, and the number of people with disabilities caused by the war is increasing, both veterans and civilians. At the same time, in some communities, active women with disabilities cannot establish fruitful cooperation with local authorities, as representatives of the latter refer to the presence of “more pressing problems in the community that require resources and budget.”

Conclusions on the Leadership Potential of Girls and Women with Disabilities in Ukraine

The leadership of women with disabilities can be viewed through the personal, collective and action dimensions, with the personal dimension being more typical for women, while the action dimension is more used by active women with disabilities. On the other hand, there is a perception of leadership in its narrow and broad sense among the respondents, the difference between which is in who we consider a leader – a woman who holds high positions in politics or business, or a woman who is successful in her field of activity.

The realization of the leadership potential of women with disabilities is hindered by various obstacles, such as high level of physical and informational inaccessibility and health status, social barriers (stigmatization, marginalization, social isolation, lack of social support, financial difficulties and unemployment, etc.) internal barriers (feeling of inferiority, high level of self-confidence, tendency to behave as a victim and to take on an external locus of control, excessive concern for the opinions of others, fear of failure, etc.), distrust of state institutions and unmet basic needs, etc.

The war negatively impacted women with disabilities, due to forced displacement and the difficulties of its implementation, a rapid decline in the level of inclusiveness in society, especially in the context of access to shelters, loss of social ties and support, reduced access to medical services and medicines, etc. In the context of public activism, the war has made it more difficult to implement initiatives to protect the rights of people with disabilities, as LGA often say that it is “not relevant”. On the other hand, the war has also led some women to take on new roles and become more active and public.

What are the Main Findings of the Study?

The leadership potential of girls and women with disabilities directly depends on the conditions of upbringing, support during the growth stage, access to education and information, social circle, and the presence of role models (positive examples of active women with disabilities in the community). At the same time, **the socio-political and leadership activity of women with disabilities in Ukraine additionally depends on a number of factors that are shaped directly by the society** (at the community level) in which they live: accessibility of spaces, transportation and access to information, inclusive education, opportunities for financial independence (employment), access to health care services, non-discrimination and disability-based destigmatization. Accordingly, more opportunities for leadership development are now available to women with disabilities who live in urban areas, do not belong to the group of internally displaced persons, have a certain level of mobility and have support for their aspirations. The rate of social inclusion of women with disabilities is higher among those who are employed. This means that **the content of certain programs** to support the leadership of women with disabilities should address **the issue of employment and professional fulfillment**. The cohort of young women and girls with disabilities is more active in articulating their aspirations for socio-political change, and **they should be involved in programs and projects aimed at supporting the socio-political and leadership potential of women with disabilities**. However, when planning further initiatives or projects, it is important to pay attention to older women with disabilities who are unemployed or retired. This cohort of women with disabilities is less active and represented, but may have the potential to actively participate in society.

The social environment of women with disabilities plays an important role in shaping leadership potential and its further development: parents, other relatives, peers without disabilities, friends, etc. Projects supporting the civic and political engagement of women with disabilities should also consider engaging these groups. It is also worth emphasizing the importance of **supporting and strengthening the community of girls and women with disabilities**. It is the community that often becomes a support for women with disabilities who begin the path of developing their leadership potential. At the same time, the principle of mutual care within the community has a significant positive effect.

Examples, personal success stories of women with disabilities are a significant factor in activating and motivating women with disabilities, so the **promotion of such successful examples and models** at the community level, associations of people with disabilities in the local community **can have a positive impact on the involvement of women with disabilities** who are not yet civically active but eager to join these processes.

The successful realization of women with disabilities after training in civic engagement, leadership, etc. **requires further post-project support and mentoring.** It is about the development of communities and networks not only at the national but also at the regional and community levels. Such networks need stable awareness-building efforts, opportunities to meet in person, and to hold local events in order to formulate common goals, objectives, and receive support from each other (the sisterhood approach). Sometimes, the tools of civic engagement provided during the training may seem irrelevant or inapplicable to participants of different programs in their place of residence, so it is necessary **to adapt the programs, as well as provide feedback, mentoring and psychological support to women who have mastered the tools of civic engagement and eager to use them.**

An important aspect for women who want to have or already have successful experience in implementing projects at the local level is access to financial support for their projects and initiatives. It is also important to become the first grantee for initiatives of girls and women with disabilities, i.e. to support initiatives that have not yet had experience in attracting grant support. This way, women will have more confidence in their potential and ability to implement socially important initiatives.

Fundraising tools and training in cooperation and networking at the level of different communities and regions should also be an important part of training and leadership development projects. In the long term, women with disabilities also need **information about opportunities for cooperation with local governments**, prospects for attracting funds from local budgets for their projects, and building trusting relationships with government officials.

Advocacy efforts by human rights organizations at the national level to promote barrier-free and inclusive spaces will help support the leadership potential of women with disabilities. This topic is extremely relevant for the entire population in the context of the consequences of the war.

In general, today we can talk about an existing pool of public activists among women with disabilities in Ukraine who are already in the orbit of national and international organizations. These women need further efforts to strengthen their connections and influence. However, it is equally important to focus efforts on engaging women with disabilities who are unemployed, less aware and less active today. Their involvement requires more effort, but is crucial for the growth and representativeness of the community of women with disabilities in Ukraine.

Recommendations for Government Authorities, International and Ukrainian Non-Governmental Organizations, in Particular Those Working in the Field of Disability Rights, including Women, Business, Media and Other Stakeholders:

To help overcome the stigma in society against girls and women with disabilities as leaders through:

- Implementing communication campaigns about the leadership of women and girls with disabilities and their significant contribution to society;
- Active involvement of girls and women with disabilities in initiatives, programs, and projects that have significant media coverage as experts in various fields.

To develop accessibility in communities. Monitoring, support, implementation:

- Conduct accessibility monitoring in Ukrainian communities;
- Provide expert support to business representatives, government agencies and other organizations planning to develop and implement accessible infrastructure by advising on inclusive design, accessibility for people with disabilities and compliance with applicable regulations and standards;
- In particular, pay special attention to barrier-free initiatives in small towns and villages;
- Provide access to general services and support services in communities.

To provide support to the community of girls and women with disabilities through:

- Scaling up the practice of providing grants to initiatives of girls and women with disabilities to support their formation and development;
- Developing and implementing Accessible training programs targeted at the community of people with disabilities, which will contribute to the acquisition of new knowledge and/or skills, and will strengthen the capacity of women, and will form a community of women with disabilities.

To create opportunities for girls and women with disabilities to work through and overcome feelings of self-doubt and inferiority through:

- Implementing information campaigns explaining the potential benefits for the community of women with disabilities, including their active involvement in the social and political life of the community;
- Implementing various psychological support programs aimed at realizing their own value, events such as the Leader School of Political Participation for girls and women with disabilities, which help to strengthen women's self-confidence and unlock their potential;
- Providing support to women with disabilities to change their attitudes towards themselves, their disability or health condition, to work with internal prejudices, etc;
- Implementing information campaign aimed at the immediate environment of women with disabilities about the negative impact of overprotection on the realization of the potential of girls and women with disabilities.

To promote political activism and political participation of girls and women with disabilities through:

- Creating mentoring and training programs accessible to girls and women with disabilities;
- Initiating systemic support from political communities for the involvement of girls and women with disabilities in political activities;
- Creating platforms for developing and practicing their political skills.

To pay special attention to the group of girls and women with disabilities who are internally displaced:

- Introduce supportive and community-integrating activities for IDP women with disabilities;
- Diversify the social circle of women with disabilities. Create events and activities that will allow you to meet girls and women from different parts of Ukraine.

To implement information campaigns accessible to girls and women with disabilities, taking into account appropriate communication channels:

- Improve the information of women with disabilities about events and activities in the community, and to increase the information accessibility of these messages;
- Implement measures to improve digital literacy and expand information channels, especially in smaller communities.

To establish communication and cooperation with local authorities through:

- increasing the visibility of women with disabilities in communities;
- Developing a community of women and girls with disabilities in communities;
- Conducting advocacy campaigns at the local level;
- Informing local authorities about the obstacles that prevent women with disabilities from leading an independent lifestyle, including the need for support services to be included in the local community;
- Implementing advocacy campaigns to show that the needs of people with disabilities are always relevant.

To implement effective reforms that will directly or indirectly affect people with disabilities:

- Implement an effective social policy reform in Ukraine, including support for the development and provision of social services that promote independent living in the community, such as personal assistance, decision-making support, sign language interpretation, etc.
- When developing policies on the return of refugees to Ukraine, also take into account people with disabilities, in particular girls and women with disabilities and their needs.



Annexes to the study

Annex 1.

Women with disabilities who are leaders in Ukraine

https://docs.google.com/document/d/134BnN4UA4ioqH_6F7-Wle0k2nX-LbBKmRXdZXSUOkYJQ/edit?tab=t.0

Annex 2.

List of respondents to in-depth interviews

https://docs.google.com/document/d/14v_p-DI-mROwopNTGdw256RYa-z8LQiis2gPf64XGGFE/edit?tab=t.0No_heading=h.dvcjc2p5ycgj

Annex 3.

Tables with the distribution of respondents according to the results of the quantitative survey

https://docs.google.com/document/d/1uVJrmPAWry2MiC4_qLRAiZIUR-VKp9O0HLGFjF7RNCd0/edit?tab=t.0

