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ANALYSIS OF THE LEVEL OF AWARENESS AND PROFESSIONAL READINESS OF PHARMACY PROFESSIONALS IN UKRAINE TO IDENTIFY AND RESPOND TO CASES OF DOMESTIC VIOLENCE

Actuality. *Domestic and gender-based violence remains a latent socio-medical issue, exacerbated by the armed conflict in Ukraine. The role of pharmacy professionals is evolving toward a strengthening of social functions, specifically the early identification of victims*

and their referral to specialized services. Despite successful global experience in involving pharmacies in combating violence, the readiness of Ukrainian pharmacists to fulfill this role remains insufficiently explored.

***The aim of the study** is to conduct a comprehensive analysis of the awareness and professional readiness of pharmacy professionals in Ukraine to identify and respond to cases of domestic violence, as well as to determine the impact of specialized training on the development of their competencies in preventing this phenomenon.*

***Material and methods.** A set of general scientific and specialized methods was applied in the study, including analysis of literature sources, content analysis, systemic-analytical, structural-functional, and logical methods. Primary data were collected using a sociological method (questionnaire survey).*

The study material consisted of the results of a questionnaire survey of 396 pharmacy professionals conducted in 2025. The questionnaire was designed to assess respondents' awareness, experience, and professional readiness to identify and respond to cases of domestic violence.

Participation in the survey was entirely voluntary and conducted in accordance with ethical principles. Prior to completing the questionnaire, all respondents were thoroughly informed in the introductory section of the form about the purpose and objectives of the study, as well as the specific nature of the questions. The act of completing and submitting the questionnaire served as a form of electronic informed consent to participate. The research protocol strictly ensured anonymity and confidentiality: no personally identifiable information (such as full names, contact details, or names of specific pharmacies) was collected. All obtained data were processed and analyzed exclusively in an aggregated format.

Data processing was performed using grouping, classification, and descriptive statistical methods, as well as Pearson's χ^2 test, the Z-test for proportions, and correlation analysis based on Kendall's τ coefficient at a 95% confidence level. Statistical analysis was performed using STATISTICA 12 software (TIBCO Software Inc., USA) and Epitools (AUSVET, Australia).

***Research results.** The analysis of the study results made it possible to comprehensively assess the level of awareness and practical readiness of pharmacy staff to participate in measures aimed at combating domestic violence. The study examined the experience of pharmacy professionals in interacting with victims and determined the correlation between their level of training and readiness for practical response. It was found that half of the surveyed pharmacy professionals (50.0%) had never encountered signs of domestic violence in their professional practice, while 31.3% reported that such cases occur extremely rarely, which collectively indicates a high level of latency of the problem and a low level of its practical identification. The majority of professionals (74.8%) assessed their own level of competence in the field of domestic violence prevention as average, while respondents with high (12.1%) and low (13.1%) self-assessed competence constituted significantly smaller proportions. A significant gap was identified between confidence in the ability to initiate a conversation about possible violence (59.3% of respondents) and the presence of established crisis communication skills (36.4% of respondents), indicating insufficient practical readiness to work with victims. Correlation analysis confirmed a statistically significant positive relationship between participation in specialized training and the level of awareness, self-assessed professional competence, and readiness to respond; however, the impact of training on behavioral and practical aspects (crisis communication, referral pathways, readiness to act) was moderate.*

***Conclusion.** The presented results reveal a complex relationship between pharmacists' self-assessed competence and their actual ability to identify cases of violence in professional practice. Summarizing the findings, it can be stated that despite relatively high self-assessment of their competence, most pharmacy professionals demonstrate a deficit of practical crisis communication skills and tend to underestimate the scale of the problem due to its high latency. The moderate impact of existing training programs on the actual readiness to act highlights the need for the implementation of specialized practice-oriented training that focuses not only on theoretical awareness but also on developing practical algorithms for identifying victims and referral pathways to appropriate support services. The obtained results substantiate the need to transform educational programs and CPD activities toward practice-oriented training in crisis communication and intersectoral interaction, which will allow the potential of pharmacies as safe spaces for victims to be more fully realized.*

***Key words:** pharmacies, continuous professional development (CPD), gender-based violence, domestic violence, CPD activities, intersectoral interaction, referral of victims**,** social responsibility, response system entities, pharmaceutical care, pharmacists, pharmacy professionals.*

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АНАЛІЗ РІВНЯ ОБІЗНАНОСТІ ТА ПРОФЕСІЙНОЇ ГОТОВНОСТІ ФАХІВЦІВ ФАРМАЦІЇ В УКРАЇНІ ДО ІДЕНТИФІКАЦІЇ ТА РЕАГУВАННЯ НА ВИПАДКИ ДОМАШНЬОГО НАСИЛЬСТВА

Актуальність. *Домашнє та гендерно зумовлене насильство є латентною соціально-медичною проблемою, яка загострюється в умовах збройного конфлікту в Україні. Роль фахівців фармації трансформується у бік посилення соціальних функцій, зокрема ранньої ідентифікації постраждалих, та їх перенаправлення до профільних служб. Попри успішний світовий досвід залучення аптек до протидії насильству, рівень готовності українських фармацевтів до виконання цієї ролі залишається недостатньо вивченим.*

Мета дослідження *– провести комплексний аналіз рівня обізнаності та професійної готовності фахівців фармації в Україні до ідентифікації та реагування на випадки домашнього насильства, а також визначити необхідність спеціалізованої підготовки для розвитку компетенції з питань запобігання цьому явищу.*

Матеріал і методи. *У роботі застосовано комплекс загальнонаукових та спеціальних методів: аналіз літературних джерел, контент-аналіз, системно-аналітичний, структурно-функціональний та логічний. Для збору первинної інформації використано соціологічний метод (анкетування).*

Матеріалом дослідження стали результати анкетного опитування 396 фахівців фармації, проведеного у 2025 р. Анкета була спрямована на оцінювання рівня обізнаності, досвіду та професійної готовності респондентів до ідентифікації та реагування на випадки домашнього насильства.

Участь в опитуванні була повністю добровільною та з дотриманням етичних принципів. Перед початком анкетування всі респонденти у вітальній частині форми були детально ознайомлені з метою, завданнями дослідження та специфікою питань. Сама процедура заповнення та надсилання анкети виступала формою електронної інформованої згоди на участь. Протокол дослідження забезпечував сувору анонімність та конфіденційність: персональні дані (ПІБ, контакти, назви конкретних аптечних закладів) не збиралися, а отримані результати оброблялися виняткова в узагальненому вигляді.

Оброблення результатів здійснено з використанням методів групування, класифікації та описової статистики, критерію χ^2 Пірсона, Z-критерію для пропорцій та кореляційного аналізу за коефіцієнтом τ Кендалла за рівня довірчої ймовірності 95%. Статистичний аналіз виконано за допомогою програмного забезпечення STATISTICA 12 (TIBCO Software Inc., USA) та Epitools (AUSVET, Australia).

Результати дослідження. *Аналіз результатів проведеного дослідження дав змогу комплексно оцінити рівень обізнаності та практичної готовності працівників аптек до участі в заходах із протидії домашньому насильству. У ході дослідження*

було проаналізовано досвід взаємодії фахівців фармації з постраждалими особами, а також визначено кореляцію між рівнем їхньої підготовки та готовністю до практичного реагування. Установлено, що половина опитаних фахівців фармації (50,0%) ніколи не стикалися з ознаками домашнього насильства у своїй професійній практиці, а 31,3% зазначили, що такі випадки трапляються вкрай рідко, що в сукупності свідчить про високу латентність проблеми та низький рівень її практичної ідентифікації. Переважна більшість фахівців (74,8%) оцінила власний рівень компетентності у сфері запобігання домашньому насильству як середній, тоді як респонденти із високою (12,1%) та низькою (13,1%) самооцінкою компетентності були значно меншими. Виявлено значущий розрив між упевненістю у здатності ініціювати розмову про можливе насильство (59,3% респондентів) та наявністю сформованих навичок кризової комунікації (36,4% респондентів), що свідчить про недостатню практичну готовність до роботи з постраждалими. Кореляційний аналіз підтвердив наявність статистично значущого позитивного зв'язку між проходженням спеціалізованого навчання та рівнем обізнаності, самооцінкою професійної компетентності й готовністю до реагування, водночас вплив навчання на поведінкові та практичні аспекти (кризову комунікацію, маршрути перенаправлення, готовність діяти) мав помірний характер.

***Висновок.** Представлені результати дослідження розкривають складну динаміку між самооцінкою компетентності фармацевтів та їхньою реальною здатністю ідентифікувати випадки насильства у професійній діяльності. Узагальнюючи отримані дані, можна констатувати, що за високої самооцінки власної компетентності більшість фахівців фармації демонструє дефіцит практичних навичок кризової комунікації та схильність до недооцінки масштабів проблеми через її високу латентність. Виявлений помірний вплив існуючих програм навчання на реальну готовність діяти актуалізує потребу в упровадженні спеціалізованих практико-орієнтованих тренінгів, які б фокусувалися не лише на теоретичній обізнаності, а й на відпрацюванні алгоритмів ідентифікації постраждалих та маршрутів їх перенаправлення до відповідних служб допомоги. Отримані результати обґрунтовують необхідність трансформації освітніх програм та заходів БПР у напрямі практикоорієнтованих тренінгів із кризової комунікації та міжсекторальної взаємодії, що дасть змогу повніше реалізувати потенціал аптечних закладів як безпечних просторів для постраждалих.*

***Ключові слова:** аптечні заклади, безперервний професійний розвиток (БПР), гендерно зумовлене насильство, домашнє насильство, заходи БПР, міжсекторальна взаємодія, перенаправлення постраждалих, соціальна відповідальність, суб'єкти системи реагування, фармацевтична опіка, фармацевти, фахівці фармації.*

Introduction. Actuality. Domestic violence is one of the most widespread and latent problems of modern society, posing a threat not only to physical health but also to fundamental human rights (Bell, 2025: 1–4). Gender-based violence affects more than 700 million women and girls worldwide, manifesting both at the systemic level (e.g., human trafficking) and at the interpersonal level (e.g., intimate partner violence) (Keyser et al., 2022: 809–821). Global crises in recent years have clearly demonstrated the vulnerability of social systems to this phenomenon. In particular, according to the World Health Organization (WHO) and the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), the COVID-19 pandemic triggered a sharp increase in cases of gender-based violence, which has been termed the «Shadow Pandemic» (UN Women, 2020; Khurana et al., 2020: 241–244; Emandi et al., 2021).

During lockdowns, when access to official support services was significantly limited, the international community reconsidered the role of pharmacies as entities responding to manifestations of domestic violence (Mikhael et al., 2023: 63–70). Pharmacies effectively transformed into critically important «safe spaces», as they remained the most accessible healthcare facilities that victims could visit without the accompaniment of the perpetrator (СРКН, 2026). The most successful example was the experience of Spain and France, where the «Mask-19» protocol was implemented (La Voz de Lanzarote, 2020). The code phrase allowed victims of violence to discreetly ask a pharmacy professional for help, which triggered an immediate algorithm of interaction with law enforcement agencies (Ruiz-Pérez & Pastor-Moreno, 2021: 389–394). The International Pharmaceutical Federation (FIP) also emphasizes that pharmacy professional, due to their high level of trust from the public and their professional competence, are an important link in the initial detection of signs of violence (FIP, 2020; Bin Sawad & Turkistani, 2021: 1–6). This necessitates the constant review of pharmacy professional functional responsibilities and their acquisition of skills adapted to today's conditions (Zarichkova & Mishyna, 2023: 39–54).

In Ukraine, the ratification of the Council of Europe Convention on preventing and combating violence against women and domestic violence was a fundamental step in harmonizing national legislation with European human rights standards (Istanbul Convention, 2011). Its provisions define a modern model of state policy in the field of violence prevention, focused on adhering to the principles of human rights, gender equality, and intersectoral interaction (Chornomaz, 2025: 505–512).

In order to fulfill international obligations and implement the provisions of the Istanbul Convention, a comprehensive national regulatory framework has been formed in Ukraine in the field of preventing and combating domestic violence. The key regulatory legal act in this area is the Law of Ukraine «On Prevention and Counteraction to Domestic Violence» No. 2229-VIII of December 7, 2017, which defines the legal and organizational principles of state policy, the system of response entities, and mechanisms for protecting victims (Law of Ukraine, 2017). Its provisions are aligned with the Law of Ukraine «On Ensuring Equal Rights and Opportuni-

ties for Women and Men» No. 2866-IV of September 8, 2005, which enshrines the principles of gender equality (Law of Ukraine, 2005). At the same time, subordinate legislation, in particular the Order of the Ministry of Health of Ukraine No. 278 of February 1, 2019 (Order of MOH, 2019), regulates the procedures for healthcare personnel when identifying cases of violence, while the Resolution of the Cabinet of Ministers of Ukraine No. 658 of August 22, 2018, establishes the framework for interagency cooperation among entities involved in implementing measures in this area (Resolution of CMU, 2018), ensuring a comprehensive and intersectoral approach to combating domestic violence.

According to the press service of the National Police of Ukraine, the number of reports of domestic violence in 2023 amounted to 291,000 complaints from victims, which is almost twice as many as in 2022 (Markova et al., 2025: S1067–S1067). Such dynamics confirm the urgent need to improve the model of comprehensive assistance for victims. For Ukraine, the involvement of pharmacy professionals in the domestic violence prevention system has become particularly acute amid the full-scale armed aggression of the Russian Federation. Martial law in the country leads to increased levels of stress, social tension, and psychological destabilization, which correlates with increased risks of domestic violence (Haltsova et al., 2024: 677). At the same time, pharmacy professionals, being among the most accessible healthcare providers, often remain outside the scope of intersectoral interaction due to a lack of clear action protocols and systematic training. This underscores the need for a comprehensive study of the professional competencies of pharmacy professionals and the search for effective ways to develop them within the system of postgraduate education through the implementation of appropriate Continuous Professional Development (CPD) activities (Zarichkova & Mishyna, 2024: 154–164).

Thus, despite the existence of a legislative framework, the actual level of readiness of pharmacy professionals to identify victims and subsequently refer them to specialized services remains insufficiently studied. There is an objective need to study the awareness of pharmacy professionals regarding the signs of violence, their legal literacy, and their psychological readiness to intervene in such crisis situations.

The aim of the study is to conduct a comprehensive analysis of the awareness and professional readiness of pharmacy professionals in Ukraine to identify and respond to cases of domestic violence, as well as to determine the impact of specialized training on the development of their competencies in preventing this phenomenon.

Materials and methods. The work uses a complex of general scientific and special methods: analysis of literary sources, content analysis, system-analytical, structural-functional and logical. The sociological method (questionnaire) was used to collect primary information. The results were processed using grouping, classification, and descriptive statistics methods.

The research material was the results of a survey of respondents conducted in 2025, aimed at studying the experience and awareness of pharmacy professionals on issues of preventing domestic violence. The study sample consisted of 396 pharmacy professionals. The survey was conducted in the form of a questionnaire, which included closed-ended questions with single or multiple-choice options. Primary data were collected via an online survey using the Google Forms service (Google LLC, USA). Participants in an e-learning course within the framework of CPD at the Institute for Advanced Training of Pharmacy Specialists of the National University of Pharmacy were involved in the survey.

Participation in the survey was entirely voluntary and conducted in accordance with ethical principles. Prior to completing the questionnaire, all respondents were thoroughly informed in the introductory section of the form about the purpose and objectives of the study, as well as the specific nature of the questions. The act of completing and submitting the questionnaire served as a form of electronic informed consent to participate. The research protocol strictly ensured anonymity and confidentiality: no personally identifiable information (such as full names, contact details, or names of specific pharmacies) was collected. All obtained data were processed and analyzed exclusively in an aggregated format.

This paper presents the results of an analysis of selected questionnaire items regarding the frequency of pharmacy professionals interaction with victims of domestic violence, their awareness and practical response skills, and their participation in CPD activities on domestic violence prevention.

Descriptive statistics of the study results are presented as absolute (n) and relative (%) frequencies with 95% confidence intervals (95% CI) calculated. The homogeneity of the distribution of absolute frequencies across categories (including when assessing differences based on respondents' positions: pharmacist/pharmacy assistant) was determined using Pearson's χ^2 test (Yates' correction was applied when necessary). The Z-test for two proportions was used to compare relative frequencies. When comparing more than two relative frequencies, the Bonferroni correction for multiplicity was applied. A correlation analysis was conducted to assess the relationship between participation in CPD activities

and the level of pharmacy professionals competencies in preventing domestic violence. In this analysis, the variables were treated as ordinal (3- or 4-point Likert scale), and Kendall's τ correlation coefficient was used to examine relationships, as it is most appropriate for ordinal scales with a large number of tied ranks (Allen, 2017). All statistical conclusions were drawn at a 95% confidence level. Statistical analyses were primarily performed using STATISTICA 12 (TIBCO Software Inc., USA) and Epitools (AUSVET, Australia), while preliminary data processing, auxiliary calculations, and graph construction were carried out using the spreadsheet tools of MS Office Excel 2021 (Microsoft Corp., USA).

Results and discussion. The study sample consisted of 396 pharmacy professionals, the majority of whom (81.0%) held the position of pharmacist, while pharmacy assistants accounted for 19.0% of respondents. The distribution of employees in these two positions was homogeneous by type of settlement (χ^2 = 1.538, p = 0.463), with a predominance of professionals working in urban pharmacies. The work experience profile of the participants was characterized by a predominance of experienced pharmacy professionals (with over 10 years of experience). A small proportion had been in their positions for less than a year, while individuals with one to five years and six to ten years of experience were represented in equal proportions in the study sample (fig. 1).

It was found that 50.0% of the study participants had never encountered signs of domestic violence among pharmacy visitors; this proportion was statistically significantly higher compared to the other categories. Approximately one-third of the respondents indicated that such cases were extremely rare, while the proportion of pharmacy professionals who periodically observe symptoms and markers of domestic violence among customers ranged from 14.76% to 21.10%. Only 0.76% of those surveyed regularly detect such manifestations (table 1). No statistically significant differences were found between pharmacists and pharmacy assistants regarding the frequency of detecting signs of domestic violence (χ^2 = 1.321; p = 0.72426 > 0.05).

Table 1

Frequency of detecting signs of domestic violence in the practice of pharmacy professionals in Ukraine

Category		n	% (95%-CI)	Results of relative frequency comparison between categories*
1	Never	198	50.00 (45.87—54.13)	Z_{12} =5.4; p_{12} <0.0001 Z_{13} =9.5; p_{13}<0.00001 Z_{14} =15.9; p_{14} <0.00001 Z_{23} =4.4; p_{23} <0.0001 Z_{24} =11.7; p_{24} <0.00001 Z_{34} =8.3; p_{34} <0.00001
2	Very rarely	124	31.31 (27.48—35.15)	
3	Sometimes	71	17.93 (14.76—21.10)	
4	Regularly	3	0.76 (0.04—1.47)	

Note: *Z_{ij} – Z-test statistic for comparing the proportions of categories *i* and *j*; p_{ij} – statistical significance level of the differences (Type I error probability)

The obtained statistical data confirm a critical issue: 81.31% of pharmacy professionals in Ukraine are effectively not involved in the processes of actively identifying cases of domestic violence. Such a low level of engagement correlates with the results of international studies, which also point to a significant gap between the potential capabilities of pharmacies and their actual involvement in addressing this issue. Indeed, pharmacy professionals in developed countries (e.g., the UK, USA) possess significant potential for providing primary support to victims; however, the realization of this role is hindered by inadequate professional training, a lack of clear action algorithms, and a deficit of practical skills (Lewis et al., 2023: e104–e113). At the same time, the experience of countries that have implemented specialized training and intersectoral interaction proto-

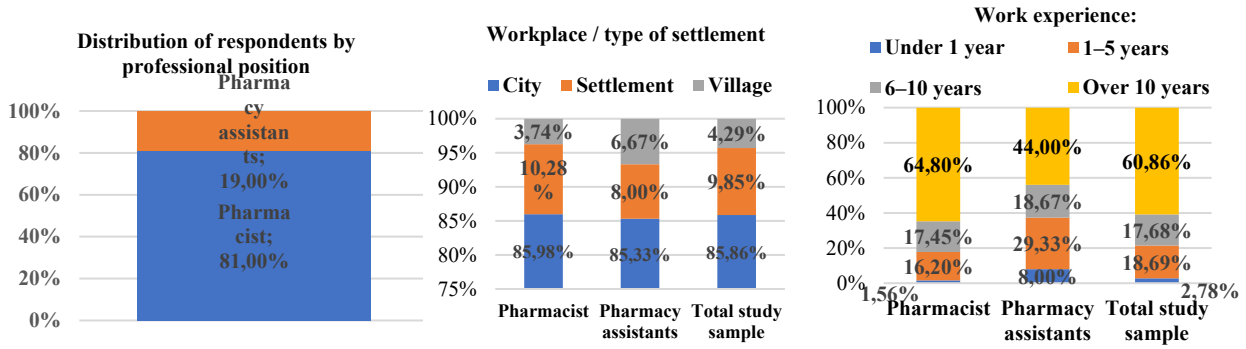

Fig. 1. Profile of the study sample

cols demonstrates an increased effectiveness of involving pharmacy professionals in the system for combating domestic violence (Khera et al., 2025: 8). Overall, the obtained data align with global trends and underscore the need for a systemic enhancement of professional training for pharmacy professionals and the development of intersectoral interaction.

The next stage of our study involved assessing the respondents' self-perceived competence in domestic violence prevention, which the vast majority rated as medium (74.75%). The proportions of those who considered their competence to be high or low did not differ statistically significantly (fig. 2). The results were consistent between pharmacists and pharmacy assistants ($\chi^2 = 2.391$, $p = 0.495274 > 0.05$).

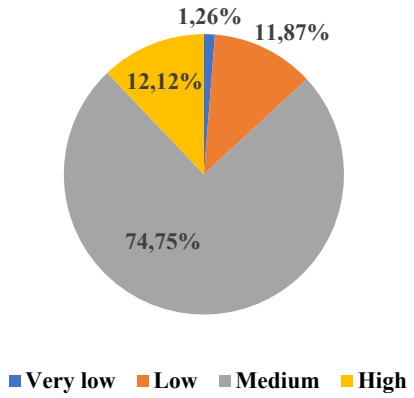

Fig. 2. Self-assessment of competence levels in domestic violence prevention among pharmacy professionals in Ukraine

We examined pharmacy professionals knowledge of Ukrainian legislation in the field of domestic violence prevention and found that the proportion of professionals well acquainted with the regulatory framework ranged from 45.87% to 54.13%. A comparable proportion of respondents (39.34% to 47.53%) consists of pharmacy professionals who possess partial knowledge and only generally understand the main provisions (table 2). Thus, the majority of respondents possess some level of legal literacy in this area. At the same time, the proportion of individuals who are completely unfamiliar with the relevant legislation is relatively small, ranging from 1.52% to 5.05%. No statistically significant differences were found based on position (pharmacist/pharmacy assistant) for this question ($\chi^2 = 3.993$, $p = 0.26218 > 0.05$).

The results obtained demonstrate a fairly high baseline level of preparation among pharmacy professionals; however, the substantial proportion of partially knowledgeable staff confirms the need for the systematic implementation of educational initiatives. It is considered relevant to conduct CPD activities aimed at deepening knowledge regarding pharmacy professionals response algorithms in cases of detected domestic violence.

Nearly identical results were obtained regarding the distribution of responses to the questions on awareness of the entities involved in domestic violence prevention and control (fig. 3), as well as knowledge regarding the referral of victims (fig. 4). Nearly three-quarters of the respondents, representing the vast majority, answered these questions in the affirmative, while the proportion of those entirely unaware of these aspects was minimal and did not exceed 3.0%. Compared to the assessment of legislative knowledge, these questions showed a higher percentage of confident 'yes' responses. At the same time, a significant proportion of pharmacy professionals identify their awareness as only partial. This indicates a certain gap between a general understanding of the support system and the readiness for specific actions. In particular, partial awareness of referral procedures can become a critical barrier in a real-life situation, where a pharmacy professional might hesitate when choosing a specific agency or service for the victim. Thus, a high level of declarative readiness requires reinforcement through practical algorithms and clear instructions

Table 2

Awareness of Ukrainian legislation on domestic violence prevention among pharmacy professionals

Category		n	% (95%-CI)	Results of relative frequency comparison between categories*
1	Well-informed	198	50.00 (45.87—54.13)	$Z_{12}=1.9$; $p_{12}=0.032$ $Z_{13}=14.2$; $p_{13}<0.000001$ $Z_{14}=15.6$; $p_{14}<0.000001$ $Z_{23}=12.6$; $p_{23}<0.000001$ $Z_{24}=14.1$; $p_{24}<0.000001$ $Z_{34}=2.8$; $p_{34}=0.0027$
2	Somewhat familiar	172	43.43 (39.34—47.53)	
3	Aware, but uninformed	20	5.05 (3.24—6.86)	
4	Completely unfamiliar	6	1.52 (0.51—2.52)	

Note: *Z_{ij} – Z-test statistic for comparing the proportions of categories *i* and *j*; p_{ij} – statistical significance level of the differences (Type I error probability)

('patient pathways'), which would enable pharmacy professionals to act confidently and professionally.

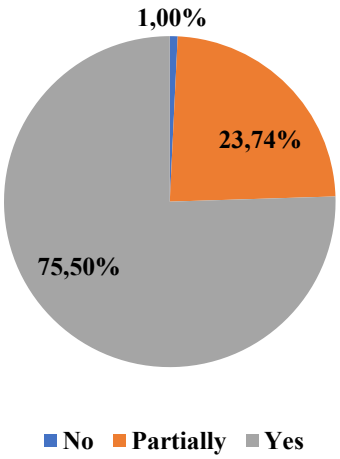

Fig. 3. Study results of pharmacy professionals awareness of entities responsible for domestic violence prevention and control in Ukraine

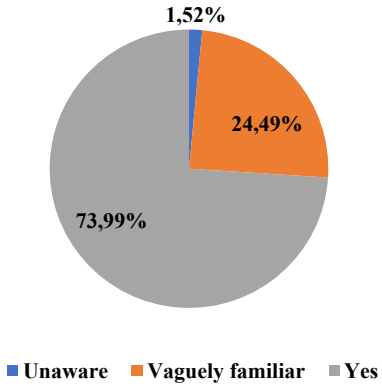

Fig. 4. Study results of pharmacy professionals awareness regarding the referral of domestic violence victims in Ukraine

Analysis of the responses to two semantically related questions—regarding the ability to correctly ask about potential violence (fig. 5) and proficiency in crisis communication with victims (fig. 6) – continued to demonstrate a substantial gap between theoretical readiness and the practical ability to assist consumers suffering from domestic violence. Specifically, our study data show that 59.34% of pharmacy professionals are confident they know how to correctly ask a patient about potential violence; however, the proportion of those who state the same level of confidence regarding their proficiency in crisis communication skills is significantly lower (59.34% vs 36.36%: $Z = 6.5$, $p < 0.0001$). Furthermore, a statistically significantly higher percentage of individuals lacking crisis communication skills was identified compared to those who do not know how to initiate a conversation with a consumer about violence (10.35% vs 3.03%: $Z = 4.1$, $p < 0.0001$). The results obtained indicate that pharmacy professionals in Ukraine feel more confident in conducting initial screening (asking questions) than in direct psychological interaction with the victim at the moment of violence disclosure. This confirms the hypothesis that a communication deficit is one of the primary factors deterring pharmacy professionals from actively identifying cases of abuse. Even with knowledge of the legal framework, pharmacy professionals fear the emotional instability of pharmacy patrons and their own perceived incompetence in crisis counseling.

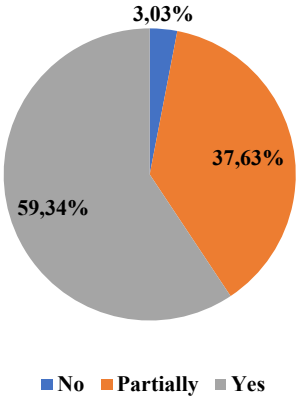

Fig. 5. Study results of pharmacy professionals communicative readiness to initiate conversation with pharmacy patrons regarding potential violence

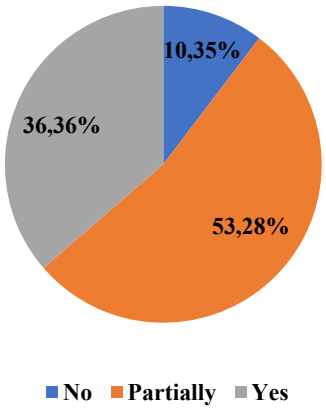

Fig. 6. Study results of pharmacy professionals proficiency in crisis communication skills with domestic violence victims

Despite the identified communication barriers, the vast majority of pharmacy professionals (89.9%) con-

firmed their readiness to act in cases of detected violence; however, the proportion of respondents feeling confident in their own abilities is significantly lower (38.89%) than those who feel anxious (51.01%). At the same time, the proportion of respondents who are not ready or not entirely ready to intervene is minimal, totaling 10.1% (1.26% and 8.84%, respectively) (Fig. 7). Such a ratio of indicators testifies to a high level of professional ethics and empathy among Ukrainian pharmacy professionals; they are aware of their social responsibility and are ready to assist victims despite their internal discomfort. Such a state of 'anxious readiness' is typical for pharmacy professionals in countries where the support system for domestic violence victims is only in the stage of active formation. However, a lack of confidence against the background of a high willingness to act creates a risk of secondary traumatization of the pharmacy professional themselves (the so-called «compassion fatigue») or may lead to hesitation at a critical moment.

Thus, the main vector of further training for pharmacy professionals should focus not so much on strengthening motivation (which is already extremely high), but rather on practicing psychotechnics for stabilizing their own psychological state and mastering clear safety protocols. This will make it possible to convert the declarative «willingness to help» into confident professional action, while minimizing psychological pressure on the pharmacy employee.

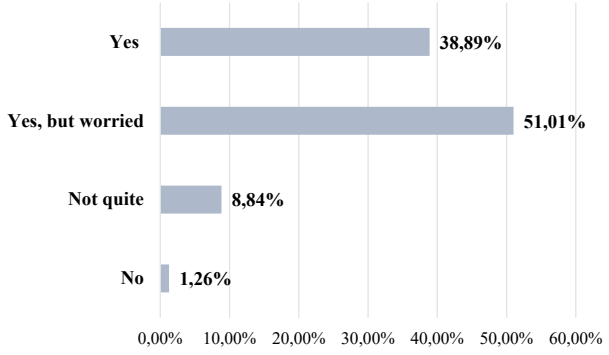

Fig. 7. Study results of pharmacy professionals readiness to act upon identifying violence

As evidenced by our study data, approximately two-thirds of Ukrainian pharmacy professionals have already received training on domestic violence prevention; however, the vast majority of them have participated in such training only once. Particular attention is drawn to the group of pharmacy professionals who have not yet undergone training, among whom the proportion of individuals motivated to learn significantly outweighs those who show no such desire (fig. 8).

Fig. 8. Experience in domestic violence prevention training among Ukrainian pharmacy professionals

To assess the impact of training (trainings, courses, CPD activities) for pharmacy professionals on domestic violence prevention on their level of awareness and confidence, a correlation analysis was conducted (table 3). The results confirmed the presence of statistically significant direct associations ($p < 0.0001$) between training and all the competencies studied. Interestingly, the most pronounced correlation is observed between having undergone training and the self-assessment of competence levels ($\tau = 0.362$, $p = 4.76 \times 10^{-27}$), as well as awareness of the legal framework ($\tau = 0.364$, $p = 2.97 \times 10^{-27}$). This indicates that the existing training measures effectively establish a theoretical basis and provide pharmacy professionals with a general understanding of the problem. While the remaining correlations are statistically significant, they indicate a rather moderate association; notably, training has the weakest impact on the readiness to act in specific situations ($\tau = 0.204$, $p = 1.29 \times 10^{-9}$) and knowledge of specific referral pathways for victims ($\tau = 0.236$, $p = 2.18 \times 10^{-12}$).

The identified specificity of the correlations suggests several important assumptions, the first of which concerns the predominantly informational nature of training. Contemporary training programs and courses to be largely lecture-based, effectively increasing knowledge of legislation but failing to sufficiently develop practical skills. Secondly, the relatively low correlation with «readiness to act» indicates that even after training, pharmacy professionals experience internal resistance or fear regarding actual intervention. This implies that the methodology of CPD activities must be shifted from a theoretical to a training-based approach, with an emphasis on practicing practical skills and psychological preparation.

In substantiating the content of the proposed practice-oriented training programs for practicing pharmacists, it is advisable to rely on successful international

Table 3

Results of the correlation analysis between pharmacy professionals training experience in domestic violence prevention and their responses regarding awareness and competence levels

Survey Questions	Kendall τ*	p**
How do you rate your level of competence in the field of domestic violence prevention?	0.362	4.7596×10^{-27}
Are you familiar with the current Ukrainian legislation on domestic violence prevention?	0.364	2.9664×10^{-27}
Are you aware of the entities responsible for domestic violence prevention and response in Ukraine?	0.302	3.0909×10^{-19}
Do you know specifically where to refer a victim for assistance?	0.236	2.1793×10^{-12}
Do you know how to correctly question a patient regarding potential domestic violence?	0.250	1.1677×10^{-13}
Do you possess crisis communication skills for interacting with victims?	0.320	1.7828×10^{-21}
Are you prepared to take action upon identifying a case of domestic violence?	0.204	1.2902×10^{-9}

Note: *Kendall's τ – value of Kendall's rank correlation coefficient; **p – level of its statistical significance

protocols and codified programs aimed at engaging the pharmacy sector in addressing domestic violence. The training cases should be based on the algorithm of the European program «Mascarilla 19» (Mask 19) (La Voz de Lanzarote, 2020), launched in Spain, as well as the British initiative «Ask for ANI» (Action Needed Immediately) (UK Home Office, 2021). These programs have demonstrated the effectiveness of using pharmacies as «safe spaces», where the use of a code word or phrase by a victim initiates a clear and confidential algorithm of actions by the pharmacist (including escorting the individual to a private area and urgently contacting specialized support services without attracting the attention of others).

In addition to coding systems, training content should integrate WHO clinical and communication guidelines, as well as principles of psychological first aid (UN Women, 2020; Khurana et al., 2020: 241–244; Emandi et al., 2021). The implementation of these international standards into domestic training programs will make it possible to transform the theoretical knowledge of Ukrainian pharmacists into clear practical skills, ranging from the recognition of nonverbal indicators of violence to proficiency in screening techniques, crisis communication, and referral of victims to specialized legal and medical-social institutions.

Conclusions

1. The study revealed a low level of active involvement of pharmacy professionals in identifying cases of domestic violence: 50.0% of respondents had never encountered its signs in practice, while the proportion who regularly detect such cases was minimal (0.76%). This confirms a significant gap between the potential of pharmacies as primary care institutions and their actual participation in addressing this social issue.

2. Self-assessment of professional competence among pharmacy professionals indicates a predominance of an average level of preparation (74.75%). Despite a fairly high theoretical awareness of legislation (50.0% – well acquainted) and support entities (75.5%), a significant deficit in practical skills was identified: only 36.36% of respondents felt confident in their crisis communication skills, which is statistically significantly lower compared to their theoretical knowledge of how to initiate a conversation.

3. A state of «anxious readiness» was identified among pharmacy professionals in Ukraine: despite an extremely high level of declarative readiness and ethical motivation to help victims (89.9%), only 38.89% feel confident in their abilities, while the majority (51.01%) experience anxiety and psychological discomfort. This may affect decision-making in critical moments or lead to secondary traumatization of the pharmacy professionals themselves («compassion fatigue»).

4. Based on the results of the correlation analysis, a statistically significant direct impact of training (workshops, courses, CPD activities) on the development of all studied competencies has been established. The most pronounced association is observed with the theoretical component – awareness of legislation – whereas the weakest link exists with the readiness to act in specific situations and knowledge of clear referral pathways for victims.

5. The results of the study justify the need to revise the methodology of CPD activities: a transition from predominantly theoretical (lecture-based) formats to practical (training-based) formats using simulation exercises. The priority vector of training should focus less on strengthening motivation, which is already very high, and more on practicing practical psychotechnics for stabilizing one's own psychological state and mastering clear operational algorithms («patient pathways»). This approach will allow the conversion of ethical readiness into confident professional action.

6. A promising yet currently unimplemented aspect of this work is the analysis of the impact of

respondents' proximity to combat zones on the frequency of visits by victims of domestic violence to pharmacies. This limitation was introduced for safety reasons and to ensure the maximum anonymity of survey participants under martial law conditions. This factor requires further in-depth investigation in future studies and represents a promising direction for subsequent scientific research.

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