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PSYCHOLOGICAL REHABILITATION AND SOCIAL REINTEGRATION OF WAR VETERANS IN UKRAINE

ПСИХОЛОГІЧНА РЕАБІЛІТАЦІЯ ТА СОЦІАЛЬНА РЕІНТЕГРАЦІЯ ВЕТЕРАНІВ ВІЙНИ В УКРАЇНІ

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The full-scale war in Ukraine has significantly increased the number of military personnel and veterans requiring comprehensive psychological and social support after returning to civilian life. Under conditions of prolonged combat exposure and traumatic stress, psychological rehabilitation acquires not only clinical but also social and institutional significance. The purpose of this article is to provide a theoretical and analytical substantiation of psychological rehabilitation as a key factor in the social reintegration of war veterans in Ukraine, taking into account international standards for the diagnosis and treatment of post-traumatic stress disorder (ICD-11, DSM-5-TR, WHO and APA guidelines). The study is conducted in the format of a narrative literature review covering academic sources published between 2018 and 2025. The analysis applies thematic and comparative approaches to systematise contemporary Ukrainian and international perspectives on psychological support. Rehabilitation models at individual, group, family, and community levels are identified and structured according to their core components and mechanisms of implementation. Indicative effectiveness markers are proposed, including reduction of PTSD symptom severity, restoration of functional capacity, improved family functioning, employment stability, and indicators of civic engagement. The article substantiates the necessity of trauma-informed, interdisciplinary, and continuous approaches to veterans' reintegration. Key systemic challenges are highlighted, including shortages of qualified professionals, unequal regional access to services, fragmentation of rehabilitation programmes, and risks of over-medicalisation of adaptive combat-related reactions. The scientific contribution lies in integrating clinical and social dimensions of rehabilitation within a unified conceptual framework for evaluating effectiveness. The practical significance of the study lies in its potential application for the development of national standards of psychological rehabilitation and policies aimed at sustainable social reintegration of war veterans. Article type: conceptual-analytical.
Key words: war veterans; psychological rehabilitation; social reintegration; post-traumatic stress disorder; trauma-informed care; psychosocial support; interdisciplinary cooperation; human security.

Повномасштабна війна в Україні призвела до суттєвого зростання кількості військовослужбовців і ветеранів, які потребують комплексної психологічної та соціальної підтримки після повернення до цивільного життя. В умовах тривалої бойової травматизації питання психологічної реабілітації набуває не лише клінічного, а й соціально-інституційного значення. Метою статті є теоретико-аналітичне обґрунтування психологічної реабілітації як ключового чинника соціальної реінтеграції ветеранів війни в Україні з урахуванням міжнародних стандартів діагностики та лікування

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посттравматичного стресового розладу – ПТСР (ICD-11, DSM-5-TR, рекомендації WHO та APA). Дослідження здійснено у форматі нарративного огляду наукових джерел 2018–2025 років із застосуванням тематичного аналізу та порівняльного підходу. Проаналізовано сучасні українські та міжнародні підходи до психологічної допомоги, систематизовано моделі реабілітації на індивідуальному, груповому, сімейному та громадському рівнях. Визначено їх ключові компоненти та запропоновано орієнтовні індикатори ефективності, зокрема зниження симптоматики ПТСР, відновлення функціональної спроможності, покращення сімейного функціонування та показники соціальної інтеграції (зайнятість, участь у громадському житті). Обґрунтовано необхідність травмоінформованого, міждисциплінарного та безперервного підходу до реінтеграції ветеранів. Виокремлено системні виклики, серед яких дефіцит підготовлених фахівців, нерівномірність доступу до послуг у регіонах, фрагментарність програм та ризики надмірної медикалізації реакцій на бойовий досвід. Наукова новизна полягає у поєднанні клінічних та соціальних вимірів реабілітації в єдиній концептуальній рамці оцінювання її результативності. Практичне значення дослідження полягає у можливості використання запропонованих підходів для формування національних стандартів психологічної реабілітації та політики соціальної реінтеграції ветеранів. Тип статті – концептуально-аналітична.

Ключові слова: ветерани війни; психологічна реабілітація; соціальна реінтеграція; посттравматичний стресовий розлад; травмоінформований підхід; психосоціальна підтримка; міждисциплінарна взаємодія; людська безпека.

INTRODUCTION

The full-scale invasion of Ukraine has produced profound humanitarian and social consequences that extend far beyond immediate military destruction. Among the most significant long-term challenges is the growing number of war veterans returning from combat with complex psychological and social needs. Military service in conditions of high-intensity warfare involves prolonged exposure to life-threatening situations, moral dilemmas, loss of comrades, and chronic stress. Such experiences substantially increase the risk of post-traumatic stress disorder (PTSD), depression, anxiety disorders, sleep disturbances, and psychosomatic reactions, all of which may significantly impair functional capacity and social adaptation.

According to the International Classification of Diseases (ICD-11), PTSD (code 6B40) develops following exposure to an extremely threatening or horrific event and is characterised by re-experiencing, avoidance, and persistent perceptions of threat [18]. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) defines PTSD through symptom clusters including intrusion, avoidance, negative alterations in cognition and mood, and hyperarousal lasting more than one month and causing clinically significant functional impairment [19]. These international standards provide a unified diagnostic and conceptual basis for evaluating trauma-related disorders in military populations. Contemporary wartime research conducted in 2022–2023 has indicated elevated levels of trauma-related symptoms among populations exposed to combat-related stressors, with approximately one-third of respondents demonstrating clinically significant PTSD risk indicators [9]. Although these findings do not represent confirmed epidemiological prevalence specifically among veterans, they highlight the urgent need for structured rehabilitation systems targeted at demobilised service members. International clinical guidelines, including those of the WHO and APA, prioritise trauma-focused psychotherapies – particularly trauma-focused cognitive behavioural therapy (CBT), prolonged exposure, cognitive processing therapy, and eye movement desensitisation and reprocessing (EMDR) – as first-line evidence-based interventions for adult PTSD [18; 19]. These standards provide a scientifically validated framework for designing and evaluating national rehabilitation policies and clinical programmes.

At the same time, the transition from military to civilian life extends beyond clinical symptomatology. Veterans often encounter social withdrawal, strained family relationships, difficulties in employment, identity transformation challenges, and disruption of life narratives. Trauma theory emphasises that psychological injury affects fundamental internal constructs of safety, trust, and personal agency [6], while contemporary neurobiological research highlights the embodied and regulatory dimensions of trauma [16]. Therefore, psychological rehabilitation cannot be reduced to symptom reduction alone; it must be conceptualised as a multidimensional and long-term process aimed at restoring personal agency, functional capacity, social roles, and meaningful participation in community life.

In the Ukrainian context, these challenges are intensified by the scale of mobilisation and the protracted nature of hostilities. The national system of mental health and social services is



transforming wartime conditions, often facing shortages of trained specialists, unequal regional access to services, and limited interinstitutional coordination. Consequently, psychological rehabilitation must be understood not only as a clinical intervention but also as an element of public policy and human security strategy. The integration of evidence-based trauma treatment with psychosocial, institutional, and community-level reintegration mechanisms is therefore essential for ensuring sustainable recovery outcomes and strengthening post-war societal resilience.

LITERATURE REVIEW

Psychological, psychosocial, and social rehabilitation of service members and war veterans has been widely studied by Ukrainian scholars across psychology, pedagogy, social work, medicine, and interdisciplinary rehabilitation studies. The issue of psychological rehabilitation and social reintegration of war veterans in Ukraine covers (1) the clinical-psychological dimension (PTSD, depression, anxiety disorders, sleep disorders, psychosomatic symptoms), (2) the psychosocial dimension (restoration of relationships, role functioning, social connections), and (3) the socio-institutional dimension (accessibility of services, staffing, stigma, interagency cooperation).

In international trauma research, these dimensions are interpreted within the broader framework of trauma theory and evidence-based clinical practice. Classic trauma theory emphasises that traumatic exposure disrupts fundamental constructs of safety, trust, and personal agency [6]. Contemporary neurobiological research further demonstrates the embodied dimension of trauma responses and the importance of regulatory and stabilisation-oriented interventions [16].

According to international clinical guidelines, trauma-focused psychotherapies – particularly trauma-focused cognitive behavioural therapy (including prolonged exposure and cognitive processing therapy) and eye movement desensitisation and reprocessing (EMDR) – represent first-line evidence-based treatments for adult PTSD [3; 19]. Other approaches, such as narrative exposure therapy and structured stress-management interventions, are applied depending on context, resource availability, and severity of symptoms. The level of empirical support differs among interventions, with trauma-focused CBT and EMDR demonstrating the strongest evidence base in controlled studies.

At the same time, Ukrainian scientific discourse reflects a strong focus on psychosocial and reintegration-oriented approaches. Yu. Chernetska regards socio-psychological support as a process that integrates symptom reduction with reconstruction of life strategies and social role restoration [5]. V. Stasiuk and Yu. Fedorenko emphasise systematic psychological rehabilitation of veterans of the Armed Forces of Ukraine and the necessity of specialised trauma-sensitive approaches [13]. Ya. Pylypchuk and L. Ponomarenko analyse theoretical foundations of rehabilitation from psychological trauma, incorporating pedagogical and value-oriented perspectives [11].

V. Turban explores ethical aspects of rehabilitation in social service centres, highlighting voluntariness, confidentiality, and prevention of secondary traumatisation [15]. V. Sychova and S. Vakulenko address family-centred reintegration and emphasise restoration of social networks as a component of sustainable adaptation [14]. A. Biduchak provides a comparative analysis of rehabilitation practices in Ukraine and abroad, underscoring the need for contextual adaptation of international models [4].

Clinical and multidisciplinary approaches are further elaborated in works by O. Puchyna et al. [10] and V. Aleschenko [1], which integrate medical and psychological components of rehabilitation under wartime conditions. Psychosocial rehabilitation programmes targeting PTSD among Ukrainian military personnel are described by I. Klymenko et al. [7], who emphasise structured psychosocial interventions and peer support mechanisms in real service environments. I. Kobets [8] examines the relationship between mental health and employment, incorporating recommendations of international organisations for labour reintegration. A. Shyrokykh and N. Panteleimonova [12] analyse help-seeking barriers and stigma-related challenges in psychological support systems.

Despite the diversity of Ukrainian scholarship, methodological heterogeneity remains a significant issue. Compared to international systematic reviews and controlled clinical trials, Ukrainian studies seldom employ longitudinal research designs, unified measurement instruments (e.g., PCL-5, WHODAS 2.0), or comparative effectiveness assessment of rehabilitation models. This limits the scalability of programmes and complicates the development of unified national evaluation standards aligned with evidence-based practice (APA; WHO).



Therefore, the current state of research reveals a gap between clinical evidence accumulated in international trauma treatment literature and the predominantly descriptive or psychosocial orientation of Ukrainian publications. Bridging this gap requires integration of evidence-based trauma interventions with structured reintegration models at family, institutional, and community levels.

AIMS AND OBJECTIVES

The purpose of the article is to provide a theoretical substantiation of psychological rehabilitation as a key factor in the social reintegration of Ukrainian war veterans within the framework of contemporary trauma theory and international clinical standards.

The scientific problem addressed in this study concerns the lack of an integrated conceptual framework that combines clinical rehabilitation (PTSD treatment) with structured social reintegration mechanisms in Ukraine.

To achieve this purpose, the following objectives are defined:

1. To analyse Ukrainian and international approaches to psychological rehabilitation of war veterans.
2. To systematise rehabilitation models at individual, group, family, and community levels.
3. To identify indicative effectiveness markers combining clinical and functional outcomes.
4. To determine systemic barriers to implementing comprehensive rehabilitation programmes in Ukraine.

METHODOLOGY AND RESEARCH METHODS

The study is designed as a theoretical and analytical narrative review aimed at synthesising Ukrainian and selected international research on psychological rehabilitation and social reintegration of war veterans. The literature analysis covered publications from 2018 to 2025. Sources were identified through Google Scholar, PubMed/PMC databases, Ukrainian peer-reviewed journals, and official guideline repositories of the World Health Organization (WHO) and the American Psychological Association (APA). Inclusion criteria comprised peer-reviewed empirical and analytical publications addressing PTSD, war-related trauma, psychological rehabilitation, or social reintegration of military personnel and veterans. Exclusion criteria included non-academic opinion materials, duplicate publications, and sources unrelated to military trauma. The methodological toolkit included thematic analysis for identifying core conceptual categories (clinical rehabilitation, psychosocial support, reintegration mechanisms), comparative analysis for contrasting international and Ukrainian approaches, and synthesis for integrating findings into a unified conceptual framework. As a narrative review, the study does not follow PRISMA systematic review procedures; therefore, the conclusions are analytical and conceptual rather than meta-analytic.

DATA ANALYSIS AND RESULTS

Contemporary scientific discourse increasingly supports the understanding of psychological rehabilitation of Ukrainian war veterans as a long-term and structured intervention process extending beyond symptom-focused clinical treatment. Within the context of full-scale war, rehabilitation integrates clinical, psychosocial, and behavioural components aimed at restoring emotional regulation, functional capacity, and social role performance following combat-related stress exposure.

The reviewed literature demonstrates convergence around the assumption that post-traumatic symptom reduction alone does not guarantee sustainable reintegration. Yu. Chernetska conceptualises socio-psychological rehabilitation as a structured system of support combining therapeutic intervention with reconstruction of adaptive life strategies [5, p. 102]. This position reflects a shift from acute trauma management toward functional recovery models.

Empirical descriptions provided by V. Stasiuk and Yu. Fedorenko indicate persistent hyperarousal, irritability, sleep dysregulation, and avoidance behaviour among veterans even after return to safe environments [13, p. 228]. Simultaneously, A. Shyrokykh and N. Panteleimonova argue that certain combat-related responses represent contextually adaptive survival mechanisms rather than exclusively pathological manifestations [12, p. 189]. From a clinical psychology perspective, this distinction is essential for differentiating between disorder-specific symptomatology and stress-adaptive behavioural patterns requiring recalibration rather than medicalisation.

The analytical synthesis of publications allows identification of four structurally differentiated but functionally interconnected levels of psychological rehabilitation (Table 1).



Table 1

Psychological Rehabilitation Levels and Functional Target

Level	Core Interventions	Psychological Targets	Functional Indicators
Individual (clinical)	Trauma-focused CBT, exposure therapy, EMDR, stabilisation techniques	Reduction of intrusion, avoidance, hyperarousal; cognitive restructuring	Symptom severity decrease; improved emotional regulation
Group (interpersonal)	Structured peer-based groups	Normalisation of trauma experience; identity integration	Reduced social withdrawal; increased perceived belonging
Family (systemic)	Family counselling, psychoeducation	Communication correction; relational regulation	Family cohesion; reduced conflict frequency
Community / Institutional	Interagency coordination; employment reintegration mechanisms	Restoration of social role functioning	Employment stability; civic participation

Source: compiled by the author

At the individual level, trauma-focused cognitive-behavioural interventions are consistently identified as primary evidence-informed modalities [13, p. 230]. These interventions target maladaptive cognitions, avoidance patterns, and conditioned threat responses. Complementary stabilisation strategies (breathing regulation, grounding, muscle relaxation) contribute to autonomic regulation and reduction of physiological hyperactivation [11, p. 121; 1, p. 15].

At the interpersonal level, group-based rehabilitation supports normalisation of trauma reactions and gradual restructuring of social identity. Peer environments facilitate affect regulation through co-regulation mechanisms and decrease perceived social alienation [5, p. 103; 7, p. 4].

At the systemic level, family involvement demonstrates measurable influence on recovery sustainability. Psychoeducational interventions improve relational predictability and reduce secondary traumatisation within family systems [14, p. 138; 10, p. 93].

At the socio-institutional level, psychological recovery correlates with functional markers such as employment continuity and structured daily activity engagement. I. Kobets highlights the link between mental health stability and vocational reintegration outcomes [8, p. 98]. However, the literature indicates insufficient integration between clinical rehabilitation services and socio-economic reintegration policies in current Ukrainian practice.

Comparative analyses suggest that effective rehabilitation systems demonstrate continuity of care, interdisciplinarity, and adherence to ethical standards, including informed consent, autonomy, and confidentiality [4, p. 132; 15, p. 342]. The absence of unified outcome measurement instruments in Ukrainian settings limits systematic evaluation of intervention effectiveness.

Overall, the findings confirm that psychological rehabilitation of war veterans should be conceptualised as a multi-level regulatory and functional recovery process in which symptom reduction, emotional regulation, identity integration, and social role restoration operate as interconnected dimensions of sustainable reintegration.

DISCUSSION

The analytical findings confirm that psychological rehabilitation of war veterans must be conceptualised as a multi-level intervention framework integrating trauma-focused psychotherapy with psychosocial and institutional reintegration mechanisms. This conclusion corresponds to international practice. In the United States, veteran rehabilitation systems combine trauma-focused evidence-based psychotherapy with structured functional monitoring and vocational integration programmes. Israeli models emphasise early identification of trauma reactions and continuity of psychological care across military and civilian phases. The Croatian post-war experience demonstrates that delayed institutionalisation of structured rehabilitation contributes to chronic PTSD prevalence and long-term social marginalisation [17]. Compared to these cases, Ukrainian practice demonstrates conceptual alignment with trauma-informed principles; however, fragmentation in implementation and evaluation persists.

A significant methodological and practical challenge concerns the absence of unified outcome measurement standards. While clinical approaches are increasingly evidence-informed, functional



rehabilitation outcomes (employment stability, family functioning, social participation) are not systematically assessed using standardised instruments. This limits the possibility of objective effectiveness evaluation and large-scale policy planning.

Another critical issue involves the balance between clinical diagnosis and adaptive stress responses. Military psychology literature indicates that certain combat-related reactions represent context-adaptive survival mechanisms rather than pathological processes. Excessive diagnostic expansion may contribute to medicalisation of normal adaptive reactions, increased stigma, and dependency-oriented recovery models. Conversely, insufficient clinical recognition of severe PTSD and comorbid disorders creates risks of chronic impairment. Therefore, differentiated diagnostic assessment combining symptom-based and functional criteria appears essential.

The study has several limitations. As a narrative analytical review, it does not apply systematic review protocols or meta-analytic procedures. The synthesis is based on conceptual integration of heterogeneous sources rather than empirical aggregation of quantitative data. Additionally, limited longitudinal Ukrainian research restricts the capacity to assess long-term reintegration trajectories. Future empirical research should prioritise longitudinal designs, unified measurement scales, and integration of clinical and socio-functional effectiveness markers. Comparative international studies may also clarify which structural components of rehabilitation systems are most applicable under prolonged conflict conditions.

Overall, the discussion indicates that rehabilitation effectiveness depends on coordinated interaction between clinical intervention, family systems, socio-economic policies, and institutional governance structures. Psychological rehabilitation should therefore be considered not only a therapeutic process but a structured socio-psychological recovery system.

CONCLUSIONS

The paper confirms that psychological rehabilitation of Ukrainian war veterans should be conceptualised as a structured, multi-level recovery system integrating clinical trauma treatment with psychosocial and socio-institutional reintegration mechanisms. Sustainable reintegration cannot be ensured solely through symptom reduction; it requires restoration of emotional regulation, functional capacity, stable interpersonal relationships, and participation in socio-economic life. Effective rehabilitation depends on the coordinated interaction of individual trauma-focused interventions, group-based support mechanisms, family-system involvement, and institutional reintegration policies. Clinical effectiveness should be evaluated not only through reduction of PTSD symptom severity, but also through functional indicators such as employment stability, social participation, family cohesion, and behavioural self-regulation. At the systemic level, the absence of unified national outcome measurement standards and insufficient integration between clinical and socio-economic services remain significant structural limitations. Addressing these gaps requires the development of standardised assessment tools combining symptom-based and functional criteria, as well as the implementation of longitudinal monitoring frameworks.

Future research should prioritise empirical evaluation of rehabilitation models using validated psychological scales and socio-functional indicators. Comparative international analyses may further inform adaptation of evidence-based trauma treatment approaches to the Ukrainian post-war context.

Thus, psychological rehabilitation represents a core psychological and socio-institutional component of post-war recovery, directly influencing long-term mental health outcomes, social stability, and national resilience.

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