

Social Work for Servicewomen in Ukraine: A Qualitative Inquiry into Social Work Practices in Private Healthcare Facilities

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ABSTRACT

Introduction: Given the growing participation of women in the Armed Forces of Ukraine and the gender-specific needs they face after demobilisation, the author analyses the importance of implementing gender-sensitive, multidisciplinary, and individualised support. The aim of this study is to examine the role of social work in supporting servicewomen, using the example of private healthcare institutions in Ukraine, while taking into account gender-specific factors and wartime challenges.

Methods: The methodology is based on a qualitative approach, which includes 18 semi-structured in-depth interviews with women servicewomen (n=10), social workers (n=5) and clinic managers (n=3), as well as case studies of three private clinics in Kyiv, Lviv, and Dnipro. The study also includes a comparative analysis of support models in Canada, Norway, and the UK. The findings show that 90% of female servicewomen reported severe emotional exhaustion and symptoms of post-traumatic stress disorder after demobilisation; 80% expressed reluctance to seek state support due to stigma and distrust; and 60% faced discrimination in the military.

Results: The results demonstrate the effectiveness of approaches such as case management, client-centred programmes, women's mentoring, and mobile multidisciplinary teams. However, several barriers were identified, including limited funding, insufficiently trained personnel, the absence of clear standards, and persistent gender stereotypes.

Conclusion: Finally, the article emphasises the importance of further integrating private healthcare facilities into the national veteran support system, the need for specialised professional training, and the development of partnerships between medical institutions, the state, and civil society to ensure the sustainable protection of the rights and well-being of servicewomen.

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INTRODUCTION

Social work in the context of military support is inherently interdisciplinary, encompassing medical, social, legal, psychological, counselling, and educational components (1). The full-scale armed aggression by the Russian Federation against Ukraine since 2014 has profoundly transformed the social fabric of Ukrainian society. It has triggered widespread mobilisation efforts and led to a substantial increase in the number of women serving in the Armed Forces of Ukraine (AFU). As of March 2025, over 70,000 women are serving in the AFU, with approximately 5,000 stationed in active combat zones (2). This shift presents significant challenges for state institutions, which must adapt their support systems to meet the emerging gender-specific needs of servicewomen.

In Ukraine, social work aimed at supporting servicewomen is continually evolving and being refined. In the early stages of Russian aggression, the existing legal framework was fragmented and inadequately prepared to address the new realities, particularly the specific needs of female military personnel. The primary legal foundation for the social protection of veterans is the Law of Ukraine No. 3551-XII of 22 October 1993, On the Status of War Veterans and Guarantees of Their Social Protection (3). However, this legislation offers only general provisions and fails to account for gender-specific issues. It was not until 2018, with the introduction of specialised adaptation programmes and the establishment of the Ministry of Veterans Affairs of Ukraine, that social work entered a new phase. These developments enabled a more structured approach, incorporating psychological rehabilitation, professional reintegration, and sanatorium-based recovery services.

Therefore, women's participation in hostilities necessitates a reconsideration of the approaches to supporting them following demobilisation, injury, psychological trauma, or prolonged service (4). Servicewomen encounter a range of unique challenges distinct from those faced by their male counterparts. These include the dual burden of fulfilling both military responsibilities and traditional family roles, an elevated risk of gender-based violence, stigmatisation both within society and military units, and limited access to gender-sensitive mental health services (5). Furthermore, many women experience significant difficulties reintegrating into civilian life due to the lack of comprehensive, interdisciplinary state support systems (6).

Therefore, psychosocial support should be gender-sensitive, taking into account not only women's combat experience, but also their gender identity, life stage, personal losses, trauma from sexualised violence, reproductive health, experience of motherhood, and family expectations (7). Military experience, including participation in hostilities, being in a constant risk zone, the loss of comrades-in-arms, blurred personal boundaries, and the constant need to prove their worth in a male-dominated team, creates complex traumatic experiences for women (8). This is further complicated by the challenges of returning to civilian life: resuming the role of mother or partner, reintegration into the community, social stigma, and lack of support from institutions. All these factors create serious preconditions for the development of PTSD, depression, and anxiety, which require a comprehensive and individualised approach (9).

The reintegration of women into the community requires systematic work on several levels: personal (restoring identity), family (building connections and mutual understanding), professional (returning to work or retraining), and social (reducing stigma and educating the public about the role of women in the military) (10). The social worker coordinates this process, acting as a mediator between the woman and her social environment, as well as an advocate for her rights. Models in which professionals work in multidisciplinary teams, including psychologists, psychiatrists, doctors, lawyers, and representatives of NGOs, are effective (11). In such cases, mental health education, stress management training, regular psychological check-ups, and access to confidential support at the first signs of a disorder are especially important (12).

In this regard, the task of a social worker is to organise access to specialised services, such as psychotherapy, support groups, information about rights and rehabilitation programmes, and create an environment of acceptance and safety. In a gender-sensitive approach, it is crucial to ensure that participation is voluntary and that the focus is placed on women's resources and potential (7). It is important to create an effective support system for servicewomen in Ukraine, which should include medical, psychological, social, and legal assistance.

Moreover, the role of the social worker within the private healthcare system is also emerging. Their functions go far beyond the traditional mediation between patient and medical staff. Instead, the social worker acts as a coordinator of intersectoral cooperation, a crisis intervention specialist, a facilitator of support groups, a guide to community resources, and an advocate for the rights and interests of vulnerable groups (13). In the case of

servicewomen, the social worker also becomes a defender of gender equality within an environment traditionally shaped by patriarchal models of interaction.

Given the limited resources of public healthcare and the overloading of military hospitals, private medical facilities can serve as an alternative platform for introducing innovative forms of support. These may include a multidisciplinary approach that integrates the efforts of doctors, psychologists, psychotherapists, lawyers, and social workers. In private clinics, there has been a growing number of initiatives aimed at providing social support to servicewomen through the implementation of comprehensive reintegration programmes in partnership with civil society, international, and municipal organisations. However, a lack of coordination among participants, limited accessibility of services in the regions, and the absence of unified support standards remain key challenges.

Nevertheless, the role of social work in supporting servicewomen within private healthcare facilities in Ukraine remains fragmented. The absence of standardised approaches, limited integration of social services into the healthcare system, and a lack of interdisciplinary training for specialists hinder the implementation of effective support programmes. Therefore, the aim of this article is to analyse the role of social work in supporting servicewomen, using the experience of private healthcare institutions in Ukraine, with consideration of gender-specific factors and the challenges of wartime.

Accordingly, the research objectives are:

To identify the main challenges faced by servicewomen after completing their service;

To outline the range of psychosocial, legal, and healthcare needs of servicewomen;

To analyse the functions and practical role of social workers in private medical institutions working with women veterans;

to examine successful cases of social support in the private healthcare sectors of Canada, Norway, the UK, and Ukraine;

To determine the benefits and challenges of integrating innovative practices into the rehabilitation system for women veterans;

To offer practical recommendations for improving social work with servicewomen through intersectoral cooperation and a gender-sensitive approach.

The novelty of this research lies in its comprehensive analysis of social work with servicewomen in the private medical sector, based on direct interviews with veterans, social workers, and private clinic managers. The article highlights effective cases of gender-sensitive social support, including case management, a multidisciplinary approach, and mobile assistance teams. It also contributes to the development of the concept of gender-sensitive social work during wartime by offering practical recommendations for improving psychosocial support for servicewomen. Thus, the article promotes an interdisciplinary understanding of the role of the social worker during both wartime and the post-war period in the context of social policy, gender equality, and support for women veterans.

LITERATURE REVIEW

Servicewomen returning from war or completing their service face a unique set of challenges that differ significantly from those encountered by their male counterparts (14). One of the key obstacles to successful reintegration is gender discrimination as a structural mechanism embedded in institutions and cultural norms. Drawing on feminist theory, this discrimination can be understood as a product of established patriarchal assumptions that position military service as a male domain and define the legitimacy of combat through a male code of experience. Such perceptions devalue women's military service by presenting them as exceptions or outsiders rather than as full-fledged veterans. This gendered delegitimisation has material consequences: it limits women's access to social benefits, restricts their eligibility for rehabilitation programmes, and makes their psychological trauma less visible or less worthy of institutional attention (15).

Furthermore, the intersectionality lens (Crenshaw, 1991) shows that discrimination against military personnel intersects with other axes of marginalisation, such as class, regional origin, ethnicity, maternity, and disability (16). For example, single mothers returning from combat may face both scepticism about their military identity and stigma related to maternal expectations, lack of affordable childcare or socio-economic instability. Similarly, women from rural areas or minorities may face complex barriers to accessing medical or legal assistance due to logistical

constraints. Institutions' failure to recognise these overlapping vulnerabilities reinforces the cycle of invisibility and exclusion, leading to the marginalisation of women veterans.

Thus, reintegration cannot be viewed as a gender-neutral or universal process. The theoretical engagement of feminist and intersectional models highlights the need for differentiated, context-sensitive support strategies that acknowledge women's identities and lived experiences. Acknowledging this complexity is important for designing equitable and effective social work interventions. Moreover, physical injuries and chronic illnesses resulting from hostilities are often accompanied by psycho-emotional conditions such as post-traumatic stress disorder (PTSD), anxiety, sleep disturbances, guilt, and apathy. Many women refrain from seeking help due to fears of being judged, stigmatised, or misunderstood. Servicewomen who have experienced sexual violence or psychological pressure within the army hierarchy are particularly vulnerable (17). Social isolation also remains a pressing issue.

After returning from war, many women find themselves isolated from their usual social networks. Family members may struggle to understand their experiences, friends may distance themselves, and colleagues are often unprepared to engage with them (18). Society continues to view women primarily as caregivers rather than warriors, leading to the silencing or dismissal of their combat experience as an anomaly. This lack of social acceptance hinders the formation of new relationships, contributes to feelings of loneliness, and increases psychological vulnerability (13).

Hence, the adaptation of veterans to civilian life requires long-term and targeted support. A servicewoman must relearn how to live in a civilian environment, rebuild her sense of identity, and reconcile her wartime experiences with the realities of peaceful life. This is not merely an individual challenge but a broader social process that demands systemic support (19). Effective social work with this group of military personnel is only possible through close collaboration among psychologists, psychotherapists, doctors, lawyers, social workers, employment counsellors, and representatives of veterans' and women's NGOs. Such cooperation enables a comprehensive understanding of each case, ensures coordinated efforts, and supports the development of individualised assistance plans.

Therefore, within the social work system, it is important to create a space of safety and trust for servicewomen, where they can freely talk about their needs without fear of judgment or mistrust. The social worker should act as an advocate for women's rights, an intermediary between the client and healthcare institutions, local authorities, and charitable foundations. At the same time, healthcare professionals should be aware of the specifics of women's traumatic experience, including the consequences of war for the reproductive system, hormonal disorders, and the general impact of chronic stress on the body. Psychologists and psychotherapists should be trained in trauma-informed therapy and support for women who have experienced violence (10). Thus, social support for servicewomen should be individualised, structured, multidisciplinary, and based on the principles of empathy, trust, and non-discrimination. Under such conditions, it is possible to reintegrate women into society, being aware of their military experience and their right to care, recognition, and recovery.

METHODOLOGICAL

The methodological basis of this study is an interpretive paradigm focused on understanding the meanings that servicewomen attach to their own experiences of returning from war, rehabilitation, and adaptation to civilian life. This approach is particularly appropriate when studying traumatic and gendered issues, where it is important not only to identify facts but also to understand their deeper meanings for the participants.

Within this paradigm, three methods of data collection and analysis were used. Thus, a hermeneutic analysis was employed to study the legal framework governing the activities of social workers in the private healthcare sector, including internal documents of clinics, such as client support protocols, reports on implemented programmes, and public reports of organisations implementing psychosocial support projects for veterans. Particular attention was paid to research on the reintegration of servicewomen and broader research on trauma and rehabilitation strategies used in Canada, Norway, the UK, and Ukraine. This method helped to assess the actual level of integration of social work into the structure of medical services in private healthcare facilities and compare the stated standards with their practical implementation.

Furthermore, in order to collect empirical data on the servicewomen's experiences in social work in private clinics, semi-structured, in-depth interviews were conducted. These interviews involved three main target groups of respondents, namely: servicewomen (n = 10), social workers in private clinics (n = 5), and managers of these medical

institutions (n = 3). The interviews were carried out in Kyiv, Lviv, and Dnipro between January and March 2025. The selection of these cities was based on the fact that most private medical institutions working with female and male veterans are located there.

The criteria for selecting participants were clearly defined to ensure their relevance to the research objectives. The respondents were selected based on their participation in combat operations after 2022, their experience in private healthcare facilities related to physical or mental health, and their willingness to provide information on a confidential basis. All ten female servicewomen were aged 25 to 42 and served both on the front line and in the rear. The social workers had at least one year of professional experience in supporting veterans, and the clinic managers had been directly involved in the development or supervision of gender-specific rehabilitation programmes.

Theoretical saturation was reached when subsequent interviews stopped generating new codes or significant themes related to the research questions. After the eighth interview with female servicewomen, no new categories emerged during the coding process, and themes began to recur with increasing regularity. Two additional interviews were conducted to confirm saturation and ensure consistency between participants' accounts. This approach is consistent with the principles of purposive sampling in qualitative research, which prioritises depth over breadth, and confirms that the sample size was sufficient to capture the diversity of experiences while maintaining analytical consistency.

Servicewomen (n = 10) were asked the following questions, which were adapted to explore subjective experiences, key needs, barriers, and assessments of the effectiveness of the support provided:

What were the main problems you faced after returning from service?

Have you sought help from private institutions or organisations? If so, what was your experience?

What social or psychological services were most useful to you?

Have you experienced discrimination or misunderstanding because of your status as a servicewoman?

What forms of support do you think are most effective for female veterans?

Meanwhile, social workers (n = 5) were interviewed about case management practices, interdisciplinary cooperation, gender sensitivity, and organisational conditions for providing assistance. They were asked the following questions, which aimed to identify practices of social support, teamwork, and to evaluate the effectiveness of assistance to servicewomen:

How are you involved in the process of providing medical and psychological assistance within the clinic?

Does your practice take into account gender specific factors, in particular, experienced forms of violence, discrimination, or stigmatisation?

What tools (techniques, methods) do you consider most effective in working with women veterans?

What challenges do you face in your daily work?

These questions helped to explore the structural, emotional, and semantic aspects of social workers' professional activities in the context of supporting women veterans. To obtain a managerial understanding of the mechanisms for integrating social work into the system of support for servicewomen in private medical institutions, managers of private clinics (n = 3) were interviewed. The main goal of this stage of the study was to identify organisational conditions, systemic barriers, and motivational factors that determine the level of implementation of the social component in the model of healthcare services for the target group. These questions helped to explore the structural, emotional, and semantic aspects of social workers' professional activities in the context of supporting female veterans. The interviews were based on a pre-formulated thematic guide covering the following questions:

What organisational mechanisms are implemented in your institution to realise the functions of social work?

How do you assess the functional role of a social worker in the system of comprehensive assistance to servicewomen?

Do you use standardised or innovative models of social support for this category of clients in your practice?

In your opinion, what are the advantages of a private healthcare facility compared to a public one in terms of social support for women veterans?

What are the main challenges or limitations you see in implementing or scaling up social support programmes for servicewomen?

What changes do you think are needed to improve social support for servicewomen in the private healthcare sector?

To obtain a managerial understanding of the mechanisms for integrating social work into the system of support for servicewomen in private medical institutions, managers of private clinics (n = 3) were interviewed. The main goal of this stage of the study was to identify organisational conditions, systemic barriers, and motivational factors that determine the level of implementation of the social component in the model of healthcare services for the target group. The data obtained made it possible to outline a managerial vision of the effectiveness of social work in the private healthcare sector and to identify the potential for improving existing practices. The interviews were based on a pre-formulated thematic guide covering the following questions:

What organisational mechanisms are implemented in your institution to fulfil the functions of social work?

How do you assess the functional role of a social worker in the system of comprehensive assistance to servicewomen?

Do you use standardised or innovative models of social support for this category of clients in your practice?

In your opinion, what are the advantages of a private healthcare facility compared to a public one in terms of social support for female veterans?

What are the main challenges or limitations you see in implementing or scaling up social support programs for servicewomen?

The third method was a case study of three private medical institutions that demonstrate different models of social support organisation, such as the Centre for Psychosocial Rehabilitation in Lviv, Dr Isaenko Mental Health Clinic in Kyiv, and the Dnipro Centre for Social and Psychological Assistance. The analysis included document review, interviews with staff, and information from open sources. It made it possible to analyse the functioning of social work in the private healthcare sector, to identify innovative practices and typical challenges.

All responses were transcribed, anonymised, and analysed using the thematic analysis method in order to identify key patterns in the experience of respondents, performance assessments, and identified challenges. The analysis was carried out manually by repeatedly re-reading the texts, marking recurring topics, and grouping semantic blocks. All respondents provided written or verbal informed consent to participate in the study. Anonymity was ensured by changing their names and other identifying details. The study complied with the professional Code of Ethics for Social Workers in Ukraine and international standards of ethical behaviour in qualitative research.

Thematic analysis was used to identify recurring patterns and interpret the meanings of the participants' stories in the three groups of respondents. The interview transcripts were manually coded using an inductive approach, in which open coding was carried out by repeatedly reading the anonymised transcripts. The codes were then grouped into higher-order themes based on semantic similarity and relevance to the research questions. Themes were developed iteratively according to Braun and Clarke's (2006) six-phase thematic analysis framework, which includes data familiarisation, initial code generation, theme search, theme revision, theme identification, and final report (20).

The effectiveness of support services, as perceived by respondents, was assessed by subjective accounts of personal changes, reintegration progress and satisfaction with the support received. In particular, the key indicators of positive outcomes reported by servicemen and women were reduced PTSD symptoms, improved emotional stability, restoration of family communication and return to work or education. These self-reported outcomes were cross-checked with social workers and clinic managers, who provided additional information on observed behavioural changes, retention in rehabilitation programmes and follow-up attendance rates. For example, one clinic reported that 68% of women veterans who completed the support programme resumed work or study within six months, which is an indicator of reintegration effectiveness. In addition, the case study component allowed for triangulation by combining interview data with document analysis and publicly available reports. This multi-source strategy provided depth and contextual richness to the results.

The methodology also presents certain limitations. Thus, a small sample and regional limitations do not allow the results to be fully extrapolated at the national level. However, the study provides a sufficient empirical basis for

identifying key trends, the specific needs of servicewomen, and for developing practical recommendations for improving the system of social support for female veterans in private medical institutions of Ukraine.

Ethical Approval

This study involving human participants was conducted in accordance with the ethical standards of the institutional research committee and with the 1964 Declaration of Helsinki and its later amendments. All participants provided informed consent prior to participation. All participants provided informed consent, and anonymity was preserved.

RESULTS

Psychosocial support for servicewomen in private clinics: Interpretation of empirical data

The empirical research involved interviewing 10 servicewomen, 5 social workers, and 3 managers of three private clinics in Kyiv, Lviv, and Dnipro. The main form of data collection was semi-structured in-depth interviews guided by a thematic framework. The purpose was to identify subjective experiences, needs, barriers, and effective practices in psychosocial support for servicewomen, taking into account the gender aspect. The first part of the interview focused on the women veterans' personal experience of service and return to civilian life, as well as physical and psychological problems after demobilisation (if any).

The majority of servicewomen (70%) indicated that they experienced deep social isolation and difficulties reintegrating into family or civilian life, a lack of understanding from their loved ones, and a sense of divided identity. The analysis of the responses showed that 90% of the women surveyed (9 out of 10) reported severe emotional exhaustion, anxiety, and recurrent symptoms of PTSD after serving or participating in combat. At the same time, 80% (8 respondents) admitted that they did not seek help from state institutions because of fear of stigmatisation, distrust in the quality of services, or previous negative experiences. When asked about discrimination, 6 out of 10 women (60%) explicitly stated that they had faced prejudice in the military environment or after demobilisation, including doubts about their professionalism, rigid gender stereotypes, or underestimation of their combat experience. Regarding access to private clinics, 100% of servicewomen surveyed noted that the key factors were confidentiality, an individual approach, and the availability of specialists who already had experience working with veterans. Eighty percent of them noted the positive impact of the work of a social worker who coordinated services and provided emotional support during rehabilitation.

The interpretive analysis of interviews with servicewomen identified five key thematic blocks. The first overarching theme was the need for a safe and accepting environment in which women could express their experiences without fear of judgment or stigma. This need correlates with "the concept of psychological safety and the trauma-informed approach" (5,7). The next theme is "the restoration of identity through the recognition of a woman's combat experience as a legitimate part of her life" (4,15).

The third theme is the role of the social worker as a bridge of trust between the client and the social service system. This is in line with the modern understanding of social work in healthcare, which involves active mediation and case management (1,21). The fourth theme is the resourcefulness of the private sector. This helps compensate for the structural shortcomings of the state support system. The fifth theme is a rethinking of the role of the social worker in a multidisciplinary model of care. This approach is fully in line with the principles of integrated psychosocial care implemented in leading European practices (10,11).

Thus, the results of the thematic analysis show that an effective model of support for servicewomen in private healthcare facilities should be based on emotional safety, the recognition of gender-specific military experience, the availability of professional social support, and the flexibility of organisational practices. This confirms the value of innovative private sector approaches in the post-war transformation of the healthcare system in Ukraine.

The second part of the interviews focused on social workers' experience in providing social aid to servicewomen. As a result, they noted that the most frequent requests from women servicewomen were related to the normalization of their psycho-emotional state (100%), assistance in interacting with family (80%), legal advice on employment and benefits (60%), and overcoming shame or fear of going to a psychotherapist (60%). All respondents had experience working with military personnel, while four out of five noted that working with servicewomen was a

separate area requiring a special approach. Social workers emphasised that women are more likely to experience sexualised violence, gender discrimination, and a sense of invisibility in the military environment.

Moreover, respondents (90%) named the need for recognition of their own experience, fear of judgment or stigmatisation when seeking help, a sense of isolation from family, colleagues, and society, ignorance of their rights or support opportunities, and an unstable emotional state manifested in the form of post-traumatic stress disorder, anxiety, or emotional burnout as the main needs of women returning from war. Fifty percent of social workers claimed that their institution used case management practices that allowed them to adapt the assistance route to women's specific needs. All the interviewed social workers (100%) stressed the importance of gender sensitivity, including the experience of violence, sexualised trauma, maternal responsibilities, and gender roles.

They also reported working with psychotherapists, doctors, lawyers, and programme coordinators as part of a multidisciplinary team (90%). Such cooperation is mostly informal and horizontal, which ensures the ethical autonomy of social workers and equality of their contribution to decision-making. Some social workers (50%) confirmed that they implemented gender-sensitive approaches, including holding separate sessions or groups for women only, informing clients about the gender of the specialist in advance, discussing traumatic experiences only at the initiative of the client, and creating conditions for a silent presence at the first meetings. Social workers (100%) emphasised that they did not impose the topic of trauma, but worked at a pace that is comfortable for the women veterans.

The most effective tools and methods used by social workers (100%) included empathic listening without advice or judgment, motivational interviewing, psychoeducation on rights, emotions, and personal boundaries, integration of culturally appropriate practices (rituals, ceremonies, creativity), and referrals to other professionals or NGOs. The main challenges faced by social workers are emotional burnout, lack of time, money, and institutional support, insufficient training on gender-based trauma, and uneven access to care in different regions (70%).

The analysis of the responses of managers of three private healthcare institutions showed common trends in the introduction of social work for supporting servicewomen. The respondents (100%) expressed a unanimous view of the high importance of the social component in the structure of medical services, emphasising the need for an integrated multidisciplinary approach to the rehabilitation of women veterans. The majority of managers (90%) noted that a social worker is seen not as an auxiliary, but as a key coordinator between all professionals involved in providing care: doctors, psychologists, psychotherapists, lawyers, and representatives of the public sector. Their responses also highlighted the flexibility and innovation of the private sector, including the ability to quickly implement new protocols, adapt international approaches (EMDR, body-oriented therapy, mirror mentoring), and create a safe environment with a high level of confidentiality (90%).

The managers (90%) emphasised that these factors facilitated a higher level of trust on the part of servicewomen. However, they (100%) noted some organisational barriers such as the lack of specialised staff with experience working with women veterans, limited financial resources for scaling up programmes, the lack of a state mechanism to support or compensate services provided by private institutions, and the need for continuous staff development in gender-sensitive practices. At the same time, all managers reported the high effectiveness of the initiatives already implemented, including mentoring programmes "woman to woman", mobile multidisciplinary teams, and personalised social support. Thus, the managerial vision reflected in the interviews demonstrates an awareness of the critical role of social work in the psychosocial rehabilitation of servicewomen, while emphasising the need for structural support from the state for private clinics to expand the effective practices.

Social work support for servicewomen in the private healthcare sector: Case study of three private clinics

To consider the organisational and practical context of social work with servicewomen in private clinics, an analysis of the activities of three private medical institutions implementing psychosocial support for women veterans was conducted. The research was carried out using the case study method, including an analysis of internal documentation, open sources (public reports, websites, media materials), and interviews with managers and social workers in these institutions (Table 1).

Table 1. Social work in the selected private medical institutions

Aspect	Centre for Psychosocial Rehabilitation (Lviv)	Dr. Isaenko Mental Health Clinic (Kyiv)	Dnipro Centre for Social and Psychological Assistance (Dnipro)	Data sources and validation
Year of launching work with veterans	2015 (since 2022 - a separate area for women)	2023 - launch of the “Woman for Woman” programme	2022 - mobile multidisciplinary teams	Internal records of the clinic; confirmed during interviews with managers
Form of work	Inpatient/outpatient, group and individual	Outpatient, personalised approach	Outreach (home visits, veterans' spaces)	Triangulated through interviews and institutional protocols
Main support methods	Art therapy, cognitive behavioural therapy, support groups	Case management, mirror mentoring, trauma-informed practices	Mobile teams, cultural competence, customised itineraries	Reported by social workers; verified with internal brochures and programme descriptions
The role of the social worker	Constant supporter of veterans at all stages of the programme	Coordinator of interaction between specialists, support facilitator	Member of a multidisciplinary team, moderator of interventions	Based on interview data and job descriptions
Gender-sensitive practices	Separate hours for women only, taking into account sexualised trauma	“Woman for Woman” programme, staff training on gender sensitivity	Individual approach based on life and combat context	Derived from interviews with staff and gender policy documents
Innovations	“Return” programme, focusing on safe space	Mirror mentoring, EMDR, body-oriented therapy	Outreach services, cultural and social immersion in the veterans’ context	Verified through programme booklets and clinic websites
Assessment of effectiveness (according to respondents)	High level of women veterans’ satisfaction, reduction of PTSD symptoms	68% of servicewomen returned to work/study after 6 months	50 visits per month, 30% of clients are servicewomen, increasing requests for repeated visits	Self-assessment of effectiveness, confirmed by triangulation of interviews; quantitative estimates derived from internal statistics

Source: author’s development

The data presented in Table 1 were obtained through a combination of document review, semi-structured interviews, and triangulation of publicly available information. In particular, outcome indicators (e.g., return to work/education rates, client satisfaction, and service utilisation rates) were obtained from internal clinic reports and from managers’ and social workers’ responses to interviews. Semi-structured interviews with facility representatives (n = 3) were conducted according to a thematic protocol focusing on programme structure, client feedback mechanisms and observed outcomes. To increase the reliability of the reported results, cross-checks were conducted by comparing self-reported data with documentation from clinic reports (where available), public reports published by partner NGOs or donor organisations, and service use records. Although no formal audit procedures were used in the study, consistency between multiple data sources and respondents’ accounts was prioritised as an indicator of reliability. Nevertheless, the authors acknowledge the limitations associated with selective disclosure by facilities and the lack of standardised indicators between clinics, which may affect the comparability of performance indicators.

The Centre for Psychosocial Rehabilitation (in Lviv) has been specialising in working with military personnel since 2015. In 2022, it launched a separate programme for servicewomen. The clinic developed a “Return” programme, which combines cognitive behavioural therapy, art therapy, individual counselling with a social worker, and support groups. Between 15 and 25 servicewomen complete the programme each month. The principles of the work are based on a gender-sensitive approach: there are separate counselling hours for women only, and a social worker is involved at all stages, from the initial application to the phase of social reintegration. The social workers emphasised the importance of creating a non-judgmental space and emotional safety for servicewomen.

Dr Isaenko Mental Health Clinic (in Kyiv) is known for its client-centred service delivery model, where a social worker acts as a care coordinator — a link between the client, psychologist, psychiatrist, human rights advocate, and family doctor. In 2023, the clinic launched a “Woman-to-Woman” mentoring programme. Within this programme, female veterans with experience in psychosocial recovery accompany other servicewomen throughout the process of treatment and adaptation. According to the clinic’s data, 68% of the participants successfully returned to work or study within six months of completing the course.

Dnipro Centre for Social and Psychological Assistance (in Dnipro) is focused on the work of mobile, multidisciplinary teams that travel to veterans’ places of residence or homes. The team consists of a social worker, psychologist, psychotherapist, and human rights advocate. This form of support allows for situations where a servicewoman is not ready or is unable to visit the clinic in person. Up to 50 visits are made every month, of which about 30% are to help women. The Centre implements the principles of cultural competence, i.e. taking into account social background, life circumstances, and combat experience.

Hence, the experience of these three clinics shows that private healthcare facilities not only adapt traditional social work practices, but also develop new approaches based on innovation, flexibility, and a high level of client focus. Their activities demonstrate the effectiveness of interdisciplinary teams, trauma-informed approaches, individual support, and peer-to-peer female mentoring as tools for medical and social rehabilitation of servicewomen. Thus, the study results confirm that social work in the private healthcare sector is an important resource for providing comprehensive, needs-based support to servicewomen. The interviews demonstrate a high level of trust in private institutions (100%). Based on the data obtained, it can be argued that social work has the potential to become a systemic support mechanism in the psychosocial reintegration of women veterans, especially in the context of war and the transformation of the medical sector.

Social reintegration of servicewomen in private healthcare: challenges and effective support models

Based on the analysis of interviews with servicewomen, social workers, and managers of private medical institutions, as well as the results of documentary analysis, several key successful practices and barriers in supporting servicewomen were identified. One of the most successful practices is an individualised approach to each client. All respondents noted the importance of personalised care, which includes treatment of physical injuries, psychosocial support, and consideration of gender-specific needs. For example, the Dr. Isaenko Mental Health Clinic (Kyiv) introduced a system of personal support for servicewomen, where each client is assigned a social worker who coordinates her medical care and helps her adapt to civilian life. This individualised approach prioritises the needs of women to the fullest extent possible and provides effective support during rehabilitation.

Another important aspect is the approach that brings together medical professionals, social workers, psychologists, and lawyers to address the complex needs of veterans. The Lviv Centre for Psychosocial Rehabilitation created a specialised programme for the rehabilitation of servicewomen, which includes medical rehabilitation, psychological counselling, and legal assistance. Social workers help them adapt to civilian life, while psychologists support them in overcoming PTSD. This integrated approach increases the effectiveness of rehabilitation and helps to avoid many of the problems women face after service. Moreover, private clinics also have the advantage of being highly client-oriented, which ensures a high level of comfort and accessibility of services. Flexible scheduling, the possibility of online consultations, and anonymity are important factors that allow servicewomen to feel more comfortable and less stigmatised when receiving healthcare services. For example, an online consultation service was introduced at the Dnipro Centre for Social and Psychological Assistance. Thus, servicewomen who have experienced combat stress can get help from psychologists and social workers without leaving their homes.

However, in Ukraine, the institution of social work in the private healthcare sector is still in the early stages of development, because the majority of services are provided by public clinics or NGOs. Private healthcare facilities are mostly focused on commercial services, and the function of social support is either absent or limited to informal assistance. Some exceptions include centres supported by international organisations and NGOs, such as UN Women, where social workers act as coordinators of psychosocial rehabilitation for women veterans. However, this practice has not yet become a systemic part of veteran policy (22). Moreover, one of the main barriers is the lack of sufficient funding for the full development of psychosocial rehabilitation programmes in private clinics. Most private healthcare

facilities are understaffed with psychologists and social workers, which limits their ability to provide comprehensive assistance to all servicewomen in need of support.

Furthermore, veteran policy does not yet fully take into account the gender aspect. Legislation provides for general benefits for veterans, but there is a lack of targeted programmes that specifically address the needs of women veterans (23). In this regard, gender-sensitive initiatives in Ukraine have been implemented primarily by NGOs rather than within the private healthcare system. The lack of a systematic approach to gender issues significantly limits the effectiveness of social services for women veterans.

Although private clinics are more responsive and attentive to the needs of women clients, gender stereotypes and stigma remain significant obstacles to effective care. Many women who seek care in healthcare facilities note that their military service experience is not always taken seriously due to prejudice against servicewomen. Finally, one of the main challenges faced by servicewomen is a lack of trust in psychosocial support. Many women consider mental health problems to be less visible or less urgent than physical injuries and often refuse to seek help from psychologists or social workers. This, in turn, reduces the effectiveness of rehabilitation programmes and prolongs the period of adaptation to civilian life.

DISCUSSION

Social adaptation of servicewomen: The experience of Canada, Norway, the UK, and Ukraine

In the context of gender-sensitive support for women veterans, social work in private healthcare facilities complements state services and is often more flexible, innovative, and client-centred. The analysis of social work for servicewomen in Canada, Norway, the United Kingdom, and Ukraine shows that countries implementing gender-sensitive approaches to supporting veterans achieve better outcomes in women’s social adaptation (Table 2).

Table 2. Social work in the private healthcare system in Canada, Norway, the UK, and Ukraine with a focus on supporting women veterans

Country	Role of the social worker	Support focus	Institutionalisation	Examples
Canada	Integrated team members; support for female veterans in psychosocial rehabilitation	PTSD, family problems, resocialisation, economic adaptation	High level, public-private partnership	Homewood Health, Veterans Transition Network
Norway	Coordinators of individual reintegration plans	Mental health, gender, career reorientation	High level, government funding	Norwegian Armed Forces Medical Services
United Kingdom	Specialists in gender-sensitive support in private clinics and NGOs	Advocacy, housing, parenting, psychotherapy	Medium level, active participation of charitable organisations	Salute Her UK, Combat Stress, Forward Assist
Ukraine	Specialists in supporting war veterans and demobilised persons are mostly absent in the private sector;	Mental health, coordination with international assistance	Low level of private medical institutions participation; initiatives through NGOs and public sector	Yarmiz, NGO “Girls”

Source: author’s development

In Canada, Veterans Affairs Canada cooperates with private clinics and psychotherapists who receive government funding to provide services to veterans (24). In Canada, a Gender-Based Analysis Plus (GBA+) method is used to take into account the specific needs of women veterans. For example, at the Homewood Health and Veterans Transition Network clinics, social workers play a key role in women’s psychosocial adaptation after service, especially in cases where PTSD is combined with family and economic problems, and experiences of sexual violence that women face in the military environment (25). Moreover, in Canada, social workers undergo mandatory training on the psychological, emotional, and social specifics of women veterans’ experiences. However, Canada still faces challenges in supporting women veterans with disabilities and those from ethnic minorities, which requires further development of programmes (26).

In Norway, the private healthcare system is closely integrated with public funding. Private healthcare facilities, including those that cooperate with the Norwegian Armed Forces Joint Medical Services, employ social workers as facilitators of the transition back to civilian life. Furthermore, social workers work in multidisciplinary teams that provide comprehensive support to veterans. In addition, social work focuses not only on the therapeutic process, but also on the creation of individual reintegration plans that include participation in community initiatives, career reorientation, and support in overcoming discrimination (27). Norway also ensures equal access to social services for veterans regardless of gender and takes into account the specific needs of women (28). Veteran programmes include specialised counselling services that help women with reproductive and mental health issues. Special attention is paid to preventing sexual violence and harassment in the military environment (27). This approach enhances the adaptation of servicewomen in society and reduces gender inequalities. Nevertheless, rural and remote regions are characterised by limited access to professional services, which is addressed through mobile clinics and telemedicine in partnership with the private sector (29).

The UK has an extensive network of charitable and private healthcare facilities that implement social work in cooperation with the National Health Service (NHS). For example, the Salute Her UK programme (2025) works with private psychotherapy clinics and provides social workers who specialise in supporting women veterans. These specialists assist servicewomen with medical care, housing, legal support, and parenting both during service and after demobilisation. Such services are coordinated by social workers as part of cross-sector cooperation between medical institutions, defence structures, and charitable organisations (30). The UK also places a strong emphasis on gender-sensitive programmes. Thus, there are specialised support centres, career guidance and educational programmes for women veterans, as well as services designed to assist victims of sexual violence (31). However, to be more effective, support for diverse groups of women, including LGBTQ+ veterans, needs to be expanded (32). In addition, the UK has created dedicated funds and initiatives to support the adaptation of women veterans to civilian life and employment (33).

In Ukraine, psychosocial rehabilitation for women veterans is primarily carried out through public medical facilities, NGOs, and charitable organisations. They apply a case management approach that involves assessing a client's needs, developing an individual care plan, coordinating services, and monitoring outcomes. A case manager often combines the roles of a social worker, counsellor, service coordinator, and source of emotional support (34). One of the leading institutions in this area is the Yarmiz Centre in Kyiv (2025), which implements a case management model with personalised support for servicewomen. Each client is assigned a social worker-supervisor who coordinates her medical care, accompanies her during psychological therapy, and assists in resolving domestic, legal, and career-related issues (35).

NGO "Girls" (2025) implemented the project "Durable Empowerment: Capacity Building and MHPSS for War-Affected Ukrainians," which is supported by the Center for Disaster Philanthropy and specialises in working with PTSD and trauma caused by conflict-related sexual violence (36). The organisation has a multidisciplinary team consisting of a psychologist, psychiatrist, somatic therapist, social worker, and lawyer, who provide confidential, trauma-informed support to servicewomen. The team's approach is based on EMDR therapy and integrates cognitive behavioural therapy methods with body-based stabilisation techniques. In Ukraine, some private clinics have created mobile multidisciplinary teams that travel to different regions or collaborate with local veterans' organisations (35). These teams establish dedicated spaces focusing on women's mental health and social well-being (36). The staff includes certified PTSD specialists, gender psychologists, social workers, gynaecologists, and lawyers who work to protect women veterans' rights. In partnership with international foundations and government agencies, pilot programmes are being implemented to provide psychoeducation, coaching, burnout prevention, and self-help skills training.

Having compared institutionalised and gender-sensitive approaches to veterans' reintegration in Canada, Norway, and the UK, it is crucial to recognise the contextual limitations of directly transferring such practices to Ukraine. These countries operate stable social welfare regimes, have well-established veterans' policy frameworks, and mature public-private partnership systems that provide systemic support for social workers and ensure long-term continuity of programmes. In contrast, Ukraine faces the complex consequences of an ongoing full-scale war, resource scarcity, and underdeveloped gender-related norms. Therefore, while practices such as trauma-informed care, mobile interdisciplinary teams or mentoring networks offer valuable models, their implementation in Ukraine

requires critical localisation. This involves adapting to underdeveloped infrastructure, distrust of institutions, and uneven access to services across regions. Furthermore, private healthcare in Ukraine operates predominantly on a market-oriented logic, where the provision of social services often depends on donor funding or isolated partnerships with NGOs rather than integrated public mechanisms.

Implementing gender-sensitive approaches in veteran policy: Recommendations for Ukraine

In the context of the post-war reintegration of servicewomen, the private healthcare system has gained significance, offering an alternative to the overburdened state healthcare system (37). Its involvement in psychosocial support, therapy, and rehabilitation provides a flexible, individualised, and comprehensive approach when working with women who have experienced combat or psychological trauma (38). The analysis of the experience of Canada, Norway, and the United Kingdom demonstrates ways to adapt certain elements of foreign experience by creating standards for social work with servicewomen in the private sector.

First of all, the role of social workers in the private healthcare sector should be institutionalised. In other words, social workers should be an integral part of medical teams in all private clinics serving veterans. Moreover, the formation of multidisciplinary teams with knowledge of gender issues should be encouraged. Furthermore, it is necessary to introduce gender-sensitive training for social workers. There is a need to develop certified specialised courses on gender issues, integrate relevant modules into postgraduate education, and conduct training sessions to identify specific problems faced by women veterans, particularly after experiencing combat trauma, PTSD, or violence.

Apart from that, it is essential to involve women veterans in social adaptation. Establishing advisory boards or consultative groups at clinics with their participation would help adapt services to real needs. Partnerships should also be developed with veterans' NGOs and public rehabilitation centres that work with veterans. Another important area for improvement is raising awareness. Women veterans should be informed about available services in the private sector. In addition, awareness-raising campaigns among clinic administrations would promote the awareness of implementing gender-sensitive practices.

To enhance equitable access to psychosocial services, especially for women veterans in war-affected and rural areas, a dual approach is recommended, including immediate interventions and longer-term structural reforms. In the short term, the establishment of mobile multidisciplinary teams and telemedicine platforms can offer urgent, decentralised support to servicewomen living in remote areas. These measures require relatively little investment in infrastructure and can be implemented quickly in coordination with NGOs and local authorities.

Simultaneously, long-term structural reforms should focus on building sustainable, gender-sensitive infrastructure in health and social protection systems of Ukraine. This includes institutionalising social work in private healthcare through legislative frameworks, creating national standards for trauma-informed, gender-sensitive care, and developing integrated care models. The state can introduce financial incentives, such as tax breaks, competitive grants or co-financing mechanisms, for private clinics that implement gender-sensitive social work programmes. These reforms will promote social responsibility of private institutions and align them with national reintegration goals and international human rights standards.

By clearly distinguishing between short-term operational measures and long-term systemic changes, these recommendations provide a more pragmatic and phased roadmap for policy implementation in wartime and post-war periods. In addition, the effectiveness of social support in private clinics should be monitored through the regular collection and analysis of gender-related data. The work of such services should be evaluated according to criteria of quality and efficiency in supporting women veterans. However, interdisciplinary cooperation between private and public healthcare facilities is important to avoid gaps in social rehabilitation and reduce the risk of duplication of services (39).

All these steps would improve social work with women veterans in the private medical sector of Ukraine, facilitating their reintegration, improving their quality of life, and creating a multifaceted model of veteran policy. Thus, international experience demonstrates the effectiveness of an integrated approach to the social protection of the military, where social work is not only a tool for adaptation but also a systemic component of institutional support for the individual. In particular, the experience of private healthcare facilities needs to be systematized and integrated

into public veterans' rehabilitation policies to ensure that every woman returning from service has the opportunity to receive quality, holistic, and humane care.

CONCLUSIONS

The study examined the role of social work in supporting servicewomen in private healthcare facilities. Within the research, the gender-sensitive approach, psychosocial support, and social reintegration were studied through interviews with servicewomen, social workers, and managers of private clinics. The results showed that private healthcare facilities facilitated women's adaptation to civilian life after service by providing comprehensive medical care, psychological rehabilitation, and social support.

While the study identified several effective practices in private healthcare facilities, such as individualised case management, flexible programming and interdisciplinary teams, it is important to compare these with approaches used in the public and non-governmental sectors. State-run rehabilitation facilities in Ukraine operate within a rigid bureaucratic framework, with limited flexibility to tailor services to the specific needs of women veterans. Although they have a wider reach and integration into national systems, their services often suffer from underfunding, understaffing, and a lack of gender-specific training.

On the other hand, NGOs often provide high quality, gender-sensitive psychosocial support with active community participation and donor funding. However, their interventions are pilot-based, geographically uneven, and dependent on short-term grants, which limits their long-term sustainability. In contrast, private clinics demonstrate a capacity for innovation, responsiveness, and integration of international best practices. However, their scalability remains limited by limited government support, lack of systematic funding, and uneven distribution across regions.

However, problems such as insufficient funding, lack of qualified professionals, stereotypes, and stigma remain significant obstacles to the development of the private sector. One of the main barriers is the limited resources available in private healthcare facilities. Therefore, it is important to establish close cooperation between private medical institutions and government agencies involved in the rehabilitation of veterans to share experiences and resources. This cooperation would permit hiring more specialists and creating new support programmes.

Social workers should receive specialised training on the specific needs of servicewomen. Such training would motivate private clinics to take into account the gender and psychosocial aspects of women's rehabilitation. It is also recommended that healthcare professionals, social workers, psychologists, and lawyers be integrated into a comprehensive system to provide aid to servicewomen. Overall, to ensure effective social rehabilitation of servicewomen in Ukraine, it is necessary to create an integrated system where public and private healthcare facilities cooperate in providing high-quality social services. The private sector is promising in terms of testing adaptive and gender-responsive approaches. Its long-term impact depends on formal mechanisms for cooperation with government agencies and non-governmental organisations. Thus, integrating successful private sector models into national policy frameworks can ensure sustainability and wider adoption of these initiatives

AUTHOR'S CONTRIBUTION STATEMENT

Andriy Chernov was responsible for the research design, data collection, analysis, and drafting of the manuscript. Larysa Kalchenko supervised the research process, contributed to the theoretical framework and literature review, and revised the manuscript critically for intellectual content.

CONFLICTS OF INTEREST

The authors declare that there are no conflicts of interest.

DECLARATION OF GENERATIVE AI AND AI-ASSISTED TECHNOLOGIES IN THE WRITING PROCESS

Artificial intelligence tools were used to assist with language editing and grammar checking. No content generation, data analysis, or critical interpretation was performed by AI. All intellectual contributions are the sole responsibility of the authors. All research design, data collection, analysis, and interpretation were performed by the authors without AI assistance.

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Due to the sensitive nature of the qualitative data collected from servicewomen and healthcare professionals, and in accordance with participant confidentiality agreements, the data are not publicly available. Interested researchers may request access to anonymised excerpts by contacting the corresponding author, subject to ethical approval.

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CONSENT TO PARTICIPATE

All participants gave their informed consent to participate in the study, either in written or verbal form.

CONSENT FOR PUBLICATION

The authors affirm that all participants consented to anonymised data being used for publication purposes.

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