

THE GLOBAL AND UKRAINIAN EXPERIENCE OF SOCIAL REINTEGRATION OF HYBRID WAR VETERANS IN THE MODERN SOCIETY CONDITIONS

^aTETIANA KOLENICHENKO, ^bNADIYA NAHORNA,
^cKATERYNA MAKSOM, ^dALLA MEKSHUN, ^eTETIANA SYLA

^a*Chernihiv Polytechnic National University, Chernihiv, Ukraine,*

^b*Chernihiv Polytechnic National University, Chernihiv, Ukraine,*

^c*Chernihiv Polytechnic National University, Chernihiv, Ukraine,*

^d*Chernihiv Polytechnic National University, Chernihiv, Ukraine,*

^e*Chernihiv Polytechnic National University, Chernihiv, Ukraine*

email: ^a*tanyakolenichenko@gmail.com,* ^b*lev.nadiya@yahoo.com,*

^c*maxsemka@gmail.com,* ^d*allamekshun78@ukr.net,*

^e*ttartachnyk@yahoo.com*

Abstract: The purpose of the academic paper was to determine the social reintegration's features of the hybrid warfare's veterans under the conditions of modern society, to compare the reintegration practices in Ukraine and other countries. **Methodology.** The results attest to the fact that the social reintegration of veterans in Ukraine is based on projects and programs, including budget programs on financing various social reintegration measures. Psychosocial assistance to veterans and social cohesion in communities are based on the activities as follows: trainings on social cohesion, reintegration and fundraising, preparation of grant projects for social cohesion of communities; qualified psychological support for veterans and their families affected by the military conflict in Ukraine.

Keywords: reintegration, social reintegration, social support, reintegration of veterans, hybrid warfare.

1 Introduction

The social reintegration of the hybrid warfare's veterans requires detailed investigation due to the specifics of the conflict that goes beyond traditional military conflicts. The hybrid warfare envisages the application of various means of its conduct, involving the ~~notate~~ subjects in the social-political, informational, and economic space. As a result, the social reintegration should involve the maximum number of citizens in order to integrate veterans into civilian life. Under the conditions of hybrid warfare, the prevalence of use of psychoactive substances, traumatic brain injuries, mental frustration, in particular, posttraumatic stress disorder increases among veterans and their families. "Survivors of armed conflict may experience traumatic stress, psychological symptoms, distress, or other behavioural health issues related to the disaster of war" (Decker et al., 2017). The veterans suffer from mental health problems requiring their adaptation as well as family adaptation (Monson, Fredman & Taft, 2011). These are specific problems for the health care system and social protection of the population, restoration of social justice (Yerramsetti et al., 2017).

The combatants face a range of social-economic challenges when reintegrating into the civilian life. The veterans lack the necessary skills and education for subsequent employment, depriving them of income, housing and guarantees to provide themselves and their families with basic necessities. The veterans face the consequences of psychological and physical trauma received during a military conflict and need social psychological support. In order to reintegrate the veterans, it is necessary to ensure their adaptation to the new social structure, namely: new social norms, community laws and beliefs. The reintegration requires correction of possible veterans' violent behavior, which could have been formed during participation in hostilities, training aimed at resisting difficulties and social conflict using non-violent methods. One of the challenges for the combatants is the unpreparedness of citizens to their return, as well as disapproval, alienation, marginalization (Hazen, 2005). These challenges lead to the risk of exclusion of the veterans from the society.

The purpose of the academic paper lies in determining the features of social reintegration of the hybrid warfare's veterans under conditions of the modern society, comparing the practice of reintegration in Ukraine and other countries.

2 Literature Review

In the scientific literature, social integration is considered as a situation of sharing norms, beliefs and goals common for community members, which are structured and implemented by social institutions using the social dialogue. Post-conflict reintegration means rebuilding, restoring norms, beliefs and social structure to reestablish the social, economic, political structures destroyed during the war (Hazen, 2005). The ILO Report on Socioeconomic Reintegration states that the veterans' reintegration into the civilian life involves not only employment, however, also productive employment with freedom, protection, security, and equality, transforming the veteran into a citizen (International Labour Office, 2009).

Since the early 2000s, there has been a growing need for theoretical substantiation and studying the practice of the veterans' social reintegration in connection with the military operations in Yugoslavia, violence between Palestine and Israel, the war between Georgia and Russia, military operations in Iraq, etc. (Monson, Fredman & Taft, 2011; Maglajlic & Selimovic, 2014; Creech et al., 2016; Decker et al., 2017; Flanagan et al., 2017; Pugh et al., 2018; Mitchell, Frazier & Sayer, 2020). The military conflicts specified led to the development of theoretical and practical investigations in the direction of social reintegration. Monson, Fredman & Taft (2011) study the adaptation of veterans to the civilian life after the wars in Iraq and Afghanistan. Decker et al. (2017) describe in detail the prerequisites for the conflict between Russia and Georgia, training and use of knowledge, values in social work with victims of the military conflict. Pugh et al. (2018) have revealed significant difficulties in the social reintegration among a national sample of veterans with traumatic brain injury (TBI) severity, who are significantly less likely to be employed due to trauma. The veterans without traumatic brain injury (TBI) severity have also reported about difficulties in the social reintegration, in particular, complicated family problems.

Semigina (2019), in her scientific work, studies social work features during the military conflict in Ukraine based on interviews using the concept of "hybrid warfare". The concept describes situations as follows: where the parties to the conflict use completely different means of warfare; irregular forces and non-state subjects, including criminal groups of "proxy, auxiliary, surrogate and affiliated forces" (Rauta, 2020), are involved in hostilities, and guerrilla warfare is combined with cyber warfare, propaganda, and economic warfare. This predetermines the lack of clear front lines and demarcations between non-peaceful and peaceful areas, with a focus on human rights violations and conflict of values (Semigina, 2019). The hybrid warfare combines spaces and spheres of battle (social-political, economic, information) (Rauta, 2020). As a consequence, the author claims that social workers and services are unprepared to work in emergencies and conflicts. Furthermore, ethnic and structural difficulties, in particular the conflict of values, exacerbate this problem.

For this reason, the hybrid warfare's veterans need social reintegration, which should include psychological assistance. According to the viewpoint of Marek & D'Aniello (2014), the veterans and their families have decreased levels of emotional well-being due to the stress of reintegration, in particular, through post trauma stress disorder (PTSD). Monson, Fredman & Taft (2011) argue that "post trauma stress disorder (PTSD) is the mental health condition most commonly associated with traumatic stress exposure and is documented to have a range of severe effects on relational functioning". Concomitant conditions of PTSD are depression, intimate aggression (Monson, Fredman & Taft, 2011), drug abuse disorder (Flanagan et al., 2017). Creech et al. (2016) have revealed a direct and negative impact of symptoms of post-traumatic stress disorder in women involved in the Iraq-Afghanistan conflict on family functioning, satisfaction with

intimacy after return to work and subsequent non-participation in the conflict. Mitchell, Frazier & Sayer (2020) have found the identity disorder connected with decreased social support for 244 Afghan and Iraqi war veterans, more severe PTSD symptoms, less enjoyment of life, and greater reintegration difficulties at the initial stage. Specialists (therapists) should use a systematic approach in order to effectively address the issues of social reintegration (Marek & D'Aniello, 2014).

Demers (2011) explored the experiences of the reintegration of war veterans in Iraq and Afghanistan in the prospect of understanding the challenges of returning to the civilian life and the impact of war on mental health. On the basis of an electronic survey, a feeling of alienation from family, friends, and the experience of an identity crisis among the veterans after a military conflict was revealed. In order to ensure the social reintegration of veterans of Iraq and Afghanistan, social support was provided, as well as training of military-cultural competence of doctors, college consultants, social workers was conducted (Demers, 2011).

The scientific work of Hronešová (2016) examines the features and approaches to the distribution of material compensation for the veterans of Bosnia and Herzegovina after 1995. The author points to the fact that the veterans, thanks to economic and political resources, have formed powerful pressure groups; furthermore, social support is provided in exchange for voters' approval and public political support. The study has proved that additional social gaps and tensions occur in the case of transparent but not consistent material compensation to the veterans (Hronešová, 2016). This means that the social reintegration depends on the economic one, the mechanisms of which should be transparent and promote socialization, but not increase the pressure in the society.

Thus, the issues of socioeconomic and mental problems of veterans who participated in military conflicts are studied in the scientific literature. Scholars prove the impact of war on mental health, social reintegration, demonstrating the consequences of the return of veterans to the civilian life, proposing methods and measures of social work. Herewith, the issue of the social reintegration of the hybrid warfare's veterans is little studied.

3 Materials and research methods

The first part of the research describes the programs and projects of social reintegration in Ukraine, methods and measures of social cohesion for the inclusion of the combatants, methods of social and psychological support. Data of the International Organization for Migration (2019), Ministry of Veterans Affairs of Ukraine (2021a; 2021b) have been used to describe measures and amounts of funding for programs and projects of social reintegration of Ukraine's veterans.

In the second part of the research, a structured survey of the veterans was conducted using the Deployment Risk and Resilience Inventory-2 tool (DRRI-2). In particular, the scales of social support Section O: Postdeployment Social Support (Table 1) were applied using as a tool to assess the level of social support of Ukraine's veterans who participated in hostilities in the East (Vogt, Smith, King & King, 2012). The DRRI-2 post deployment social support subscales were included in the survey. The responses were presented in a 5-point Likert scale from 1 (strongly disagree) to 5 (strongly agree). Then scores were summed among each of the two subscales. The social support subscale has 10 items (range 1 to 5), where better functioning after deployment was indicated in higher scores. Cronbach's alpha in this sample was 0,89 and 0,96 for the social support subscales (Table 1).

Table 1 – Section O: Postdeployment Social Support

Since returning...	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
1. ...the American people made me feel at home.	1	2	3	4	5
2. ...people made me feel proud to have served my country in the Armed Forces.	1	2	3	4	5
3. ...my family members and/or friends make me feel better when I am down.	1	2	3	4	5
4. ...I can go to family members or friends when I need good advice.	1	2	3	4	5
5. ...my family and friends understand what I have been through in the Armed Forces.	1	2	3	4	5
6. ...there are family and/or friends with whom I can talk about my deployment experiences.	1	2	3	4	5
7. ...my family members or friends would lend me money if I needed it.	1	2	3	4	5
8. ...my family members or friends would help me move my belongings if I needed help.	1	2	3	4	5
9. ...if I were unable to attend to daily chores, there is someone who would help me with these tasks.	1	2	3	4	5
10. ...when I am ill, family members or friends will help out until I am well.	1	2	3	4	5

Source: Vogt, Smith, King & King (2012).

Employment. Employment was assessed using the question of whether the veterans are currently employed and looking for another job, whether they are employed and not looking for another job, whether they are unemployed and looking for a job, and whether they are unemployed not looking for another job. Two categories of employed were classified as "yes, employed", and the categories of unemployed – no, unemployed" (Pugh et al., 2018). Social-demographic features of the respondents included as follows: age, sex, marital status, status of surcharge for participation in hostilities. The questionnaire was sent online via email and social messengers (Viber, Telegram, Facebook). 512 veterans – participants in the antiterrorist operation in eastern Ukraine were involved in the survey, of which 100% are men aged

as follows: 54,5% – 20–25 years old, 18,2% – 26–30 years old, 18,2% – 31–35 years old, 9,1% – 36 years old and over. 54,5% of respondents were unmarried, 45,5% – married (Table 2).

Table 2 – Social-demographic characteristics of respondents

Age	Frequency	Percentage, %	Cumulatively, %
20–25 years old	279	54,5	54,5
26–30 years old	93	18,2	72,7
31–35 years old	93	18,2	90,9
36 years old and over	47	9,1	100,0
Total	512	100,0	

Source: the author's own research

4 Results

Programs and projects of social reintegration in Ukraine

The social reintegration of Ukraine's veterans is based on projects and programs. For instance, the Program of Social Cohesion and Reintegration of Veterans is being implemented in Kyiv, Dnipropetrovsk and Lviv regions (the largest number of veterans and at least 100 people are registered there); the International Labor Migration Organization with funding from the European Union has been implementing the program since January 2019. According to data of the State Service of Ukraine for War Veterans and Participants in the ~~terrorist~~ Operation, the status of a participant in hostilities was granted to 378,115 persons (Ministry of Veterans Affairs of Ukraine, 2021). The project "Reintegration Support for Veterans of the Conflict in Eastern Ukraine and Their Families" (hereinafter the Project) provides psychosocial assistance to the veterans and social cohesion in communities based on the activities (International Organization for Migration, 2019) as follows:

1. Trainings of social cohesion, reintegration and fundraising, preparation of grant projects of social cohesion of communities.
2. Implementation of social cohesion projects through the provision of grants of up to 12 thousand euros and the involvement of various groups in the active participation in social, cultural, educational, sports initiatives.
3. Qualified psychological support of veterans and their families affected by the military conflict in Ukraine (group and individual consultations).

For instance, the Project in Zhytomyr region will run from January 2021 to May 2022. The principal goals lie in involving the population in the social-economic reintegration of veterans, promoting the active participation of the veterans and their families in civilian life, improving the social and psychological well-being of the veterans. The Social Reintegration Initiative Group should comprise at least 15 people, including representatives of socially vulnerable groups (national minorities, people with disabilities, local authorities, representatives of various professions, communities' active residents). In case of absence of an initiative group, public organizations can be involved in the project, the purpose of which is to improve the life and well-being of the population. The initiative group or public organization should have a plan of cultural, social, educational activities for social cohesion, and establish a social dialogue with local authorities. The major measures of social reintegration within the project are defined as follows: 1) study trips, festivals, concerts, exhibitions; 2) new social services (psychological relief room); 3) volunteer initiatives; 4) measures on adapting others to the veterans; 5) services of lawyers on protecting the rights of the veterans of armed conflict; 6) cooperation with law firms on provision of services to the veterans; 7) ~~discriminatory~~ practices; 8) inclusive initiatives.

An important component of social support for the veterans is the provision of psychological assistance, including family and individual counseling, group thematic consultations, social dialogue sessions, stress coping workshops, art therapy sessions, psychological retreat for the veterans and their families with the involvement of international experts (Official website of Zhytomyr City Council, 2021).

In order to form and implement state policy in the field of social protection of war veterans, persons with special merits in interest of Ukraine, family members of veterans, persons covered by the Law of Ukraine "On the status of war veterans, guarantees of their social protection", the budget program "Leadership and Management of Veterans Affairs" is implemented (Ministry of Veterans Affairs of Ukraine, 2021a). The basic objectives of the budget program are as follows: 1) ensuring the rights and freedoms of the veterans and their families; 2) implementation of state policy in the field of veterans' social protection; 3) popularization and ensuring the formation of a positive image of a war veteran;

4) creation of a legal basis for improving the social protection of the war veterans (Ministry of Veterans Affairs of Ukraine, 2021a).

Within the framework of the budget program "Leadership and Management of Veterans Affairs", 119 966, 8 thousand UAH of expenditure were spent on organizing social protection (Table 3).

Table 3 – Dynamics of indicators by directions of application of funds within the framework of the budget program "Leadership and Management of Veterans Affairs" of Ukraine for 2019-2020

Performance indicators by directions of application of funds	2019	2020	Deviation, +/-
1. Number of staff units, persons	183	217	34
2. Number of prepared drafts of normative legal acts, units	25	3	-22
3. Number of persons who received the status of a participant in hostilities and was entered in the Unified Register of Participants in the Anti-Terrorist Operation, persons	378115	27293	-350822
4. Number of international events in which they took part, units	0	6	6
5. Number of created "veteran" communities	0	4	4
6. The degree of satisfaction of veterans and their families from the services received in the "veteran" communities, %	0	95	95
Expenditures by directions of application of funds, thousand UAH	-	119966,8	-

Source: (Ministry of Veterans Affairs of Ukraine, 2021a).

The budget programs in the field of social protection of Ukraine's veterans are also as follows: 1) "Financial support of public associations of the veterans for the implementation of national programs (projects, events), affairs aimed at visiting military burials and military monuments and celebrating holidays, memorials, historical dates"; 2) "Measures on physical rehabilitation, social and professional adaptation, provision of sanatorium-and-spa treatment for the victims of the Revolution of Dignity, participants of the anti-terrorist operation, and persons who carried out measures to ensure national security and defense, counteraction and containment of the armed aggression of the Russian Federation in the Donetsk and Luhansk regions in order to return them to a peaceful life"; 3) "Provision of one-time financial assistance to family members of persons who were killed (died) during participation in the anti-terrorist operation, and to persons who became disabled due to injury, concussion, mutilation or disease received during the operation"; 4) other programs, including the provision of subsidies to veterans.

Table 4 represents the dynamics of indicators within the budget program for the implementation of measures of physical rehabilitation, social and professional adaptation, which bear evidence that only 1,96% of veterans, combatants were participants in psychological rehabilitation in 2019-2020; 1,98% of veterans received services on social and professional adaptation; 3,22% of combatants received sanatorium-resort treatment services from the total number of persons who received the status of a combatant and was entered into the Unified Register of Participants of the Anti-Terrorist Operation. There are no data for 2019 on the volume of funding for physical rehabilitation, social and professional adaptation, provision of sanatorium and resort treatment; consequently, it is difficult to assess the change in funding for social reintegration measures. However, in general, a culture of social reintegration is just emerging in Ukraine, and funding is insufficient to ensure the reintegration of all veterans and their full inclusion in the civilian life. This means that the pressure is increasing on the society, in particular, on non-governmental, public organizations and volunteers, family members in the context of providing social support (Table 4).

Table 4 – Dynamics of indicators by directions of application of funds within the framework of the budget program “Measures on physical rehabilitation, social and professional adaptation, provision of sanatorium-and-spa treatment for the victims of the Revolution of Dignity, participants of the anti-terrorist operation ...” of Ukraine for 2019-2020

Performance indicators by directions of application of funds	2019	2020	Deviation, +/-
1. Measures for psychological rehabilitation of participants of the Revolution of Dignity and ATO, thousand UAH	–	62086,7	–
Number of persons-participants of psychological rehabilitation measures, persons	2278	5657	3379
Duration of staying in rehabilitation institutions, days	18	18	0
Average costs per 1 participant of rehabilitation, UAH	9340,5	10937,2	1596,7
2. Measures of social and professional adaptation of the injured participants of the Revolution of Dignity and participants of the anti-terrorist operation, thousand UAH	–	24852,2	–
Number of enterprises, institutions, organizations with which adaptation agreements have been concluded, units	706	640	-66
Number of persons who received adaptation services, persons	4318	3713	-605
Average costs on conducting adaptation measures, UAH for 1 person	6209	6889	680
3. Measures of social and psychological assistance by centers of social and psychological rehabilitation of the population, thousand UAH	–	20580	–
Number of social and psychological rehabilitation centres, units	5	5	0
Number of services on social and psychological assistance provided by the centers, units	76935	46329	-30606
Average costs of providing services to 1 person by the center, UAH for 1 person	141,7	381,7	240
4. Measures on sanatorium treatment, thousand UAH	–	96313,3	–
Number of combatants registered and being in need of treatment, persons	15250	15250	0
Number of combatants who received medical services, persons	5525	7518	1993
Total for the budget program, thousand UAH	–	207488,3	–

Source: Ministry of Veterans Affairs of Ukraine (2021b).

Social reintegration: results of a survey of Ukraine's veterans

From among the surveyed veterans, the participants of the anti-terrorist operation in the East of Ukraine, 36,4% receive an additional payment for participation in hostilities, while 63,6% do not receive.

Unemployed veterans are 9,1% of the respondents, while 18,2% are armed forces personnel, 54,5% are working and not looking for work, 18,2% are working, but looking for work (Table 5), (Table 6).

On average, Ukrainian veterans cannot feel at home after returning with a deviation of 1,0954 in this statement (Table 7). The average score for the statement “People made me proud that I served in my country in the Armed Forces” was 3,545 with a deviation of 1,0357; that is, in general, veterans find it difficult to agree that social support is a source of pride.

Table 5 – Distribution of employed veterans of Ukraine

Employed veterans	Frequency	Percentage, %	Cumulatively, %
Unemployed, not looking for a job	47	9,1	9,1
Armed forces personnel	17	18,2	27,3
Employed and not looking for a job	279	54,5	81,8
Employed, but looking for a job	93	18,2	100,0
Total	512	100,0	–

Source: the author's own research

Table 6 – The results of the survey on social support of the veterans

Questions	Average value	Standard deviation	Dispersion
In Ukraine, citizens forced, made me feel at home after returning	3,000	1,0954	1,200
People made me proud that I served in my country in the Armed Forces	3,545	1,0357	1,073
My family members and / or friends help me feel better when I am not feeling well	4,364	1,6742	1,455
I can reach out to friends, family members when I'm sick, need advice or help	4,182	1,8739	1,764
My friends and family members understand what I had to go through during hostilities	4,000	1,0000	1,000
I have friends, family, to whom I can tell about my experience of participation in hostilities	3,909	1,3751	1,891
Friends, family members would condemn me for money if I needed them	2,636	1,9244	1,855
Friends, family members will help me carry things in case of need	4,455	1,6876	1,473
If I could not work and do my daily business, friends and family members would help me	4,182	1,0787	1,164
If I'm sick friends, family members help me	4,727	1,6467	1,418

Source: the author's own research

The average value of veterans' assessment of assistance from relatives in case of bad feelings was 4,364 with a deviation of 0,67; consequently, in general, the participants of the anti-terrorist operation agree with the social support of relatives. The average value of assessing the statement on the possible appeal for help or advice was 4,182 with a deviation of 0,87. The average value of the assessment of understanding by family members of what the veterans had to go through was 4 points with a deviation of 1. The

average value of assessing the possibility of telling friends, family members about their own experience was 3,909 with a deviation of 1,3751. The average value of the assessment of conviction by friends or family of a veteran for the need for money was 2,636 with a deviation of 0,92. The average value of the assessment of possible assistance to the veterans in the transportation of goods was 4,455 with a deviation of 0,68. The average value of the assessment of possible assistance in daily affairs was 4,182. The average value

of the assessment of care in case of illness was 4,727 with a deviation of 0,64. Overall, the average score of social support was 3,9; consequently, the veterans agree with the statements about social assistance from friends and family members upon return.

From among the respondents, the following answers were received on the question "Do you need professional psychological support?", namely: 9,1% answered – "sort of like no", 72,7% answered – "no", 18,2% answered – "yes, I need". 27% of veterans received family or individual counseling services with a psychologist / therapist (Figure 1).

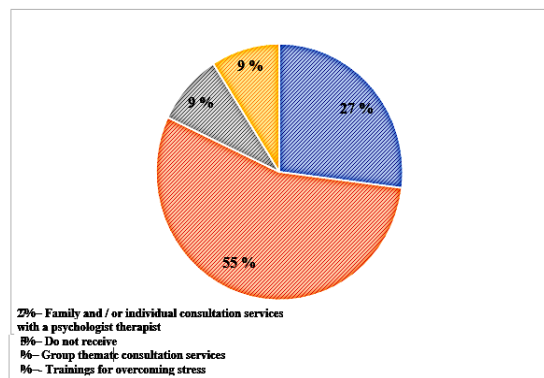


Figure 1 – Distribution of respondents' answers to the question "Have you received any of the types of social and psychological support? For instance, in the social protection service"

Source: the author's own research

At the same time, 55% of respondents did not receive social and psychological support, 9% received group thematic consultations, 9% – took part in seminars to overcome stress.

5 Discussion

The results of the present research can be supplemented by an explanation of why social reintegration is not widespread in Ukraine; measures on physical, social and professional adaptation are limited; they are provided to only a small proportion of combatants and veterans (2–3%). According to the investigation of Pugh et al. (2018), social support based on DRRI-2 subscales of the veterans with traumatic brain injury (TBI) severity is significantly lower compared to the veterans without TBI. This is due to the significantly higher level of difficulties of the veterans with TBI, who are more in need of social reintegration, compared to other groups of the veterans. Comorbidities of the veterans also determine the level of need for social support for veterans, which tend to be growing depending on social –demographic features and the presence of diseases, causing difficulties in employment of such persons. Accordingly, social reintegration measures should be aimed primarily at the most vulnerable groups of the veterans. The chances of employment among people with moderate / severe and unclassified TBI were significantly lower compared to those without TBI (Pugh et al., 2018). The group of comorbidities, experience in military operations and –demographic characteristics also have a significant impact on employment (Pugh et al., 2018).

Maoz, Goldwin, Lewis & Bloch (2016), based on a survey of the veterans with application of DRRI-2 social support scales, have revealed that social support during hostilities is negatively connected with depression, anxiety and symptoms of post-traumatic stress disorder of the participants. Readiness to be involved into hostilities (physical, psychological) directly correlates with depressive, anxiety and –dumpstist symptoms. Family support during hostilities is directly linked to greater resilience to negative mental health symptoms. Stress factors after participating in hostilities are not significantly directly related to mental health. For instance, lack of family support and numerous stressors in the family are most significantly directly related to depression, anxiety and

post-traumatic symptoms. Maoz, Goldwin, Lewis & Bloch (2016) have also revealed a significant link between the veterans' environment (family, friends, stress) and psychological health (Maoz, Goldwin, Lewis & Bloch, 2016). These findings are consistent with the literature, confirming the importance of social support from family and friends: scientists have found a significant feedback loop between social support and post-traumatic stress disorder; poor family support and less cohesion in the family are connected with higher rates of post-traumatic stress disorder among the veterans (Pietrzak et al., 2012; Tsai et al., 2012; Woodward et al., 2018).

Flanagan et al. (2017) have established that social support of the veterans, including through good family relationships, has a positive effect on their reintegration: most of the participants, who had undergone the family relationship correction, had a higher level of success in treating severe symptoms of post-traumatic stress disorder; however, the veterans with poor family relationships showed little improvement in treatment (Flanagan et al., 2017).

The scientific work Baraldi (2017) is devoted to exploring the important role of civil society organizations in the social reintegration of the veterans in Bosnia, who have contributed to the transformation of combatants' beliefs into the civilian life. For instance, the Center for Nonviolent Action in the Balkans conducted activities with the veterans in order to change their worldview after the war. The veterans were involved in public forums, trainings; they attended official events with the aim of forming them as peacekeepers through socialization, not violence. Members of the Veterans' Association became members of the Center for Nonviolent Action after being involved in the events. Thanks to understanding of the veterans by population and the legitimacy of the activities, public organizations in Bosnia, have provided a solution to the problems of hybrid warfare. The veterans are actively integrated into Bosnia's –ational minorities (Baraldi, 2017). For comparison, there are only 4 communities for the veterans in Ukraine, which were created in 2020. As a result, the social reintegration of participants in the hybrid warfare in Ukraine is limited.

Therefore, in the course of the research, it has been established that social reintegration in Ukraine is generally entrusted to family members of veterans; while in other countries public organizations are actively involved in the social, professional adaptation of the veterans.

6 Conclusion

The social reintegration of the veterans takes place on the basis of projects and programs, in particular, budgetary programs aimed at financing various social reintegration activities. Psychosocial assistance to the veterans and social cohesion in communities is based on the activities as follows: trainings on social cohesion, reintegration and fundraising, preparation of grant projects for social cohesion of communities; qualified psychological support of the veterans and their families affected by the military conflict in Ukraine (group and individual consultations). The survey of Ukrainian veterans has revealed that the overall average score of social support was 3,9; consequently, the veterans agree with the statements about social assistance from friends and family members upon return. 72,7% do not need social and psychological support, while 18,2% are really in demand. It was found that 55% of the respondents did not receive social–psychological support; 9% underwent group thematic consultations, 9% took part in seminars for overcoming stress.

Further investigations should be directed towards studying the factors contributing to the social reintegration of the veterans of Ukraine and a comparison of these factors with the experience of other countries.

Literature:

1. Baraldi, I. (2017). *Statebuilding and peace formation: a study on war veterans in Bosnia and Herzegovina*. Available at:

- <https://www.balcanicaucaso.org/content/download/137178/1284652/version/1/file/Tesi+Baraldi+Irene.pdf>
2. Creech, S. K., Swift, R., Zlotnick, C., Taft, C., & Street, A. E. (2016). Combat exposure, mental health, and relationship functioning among women veterans of the Afghanistan and Iraq wars. *Journal of Family Psychology*, 30(1), 43.
 3. Decker, J. T., Constantine Brown, J. L., & Tapia, J. (2017). Learning to work with trauma survivors: Lessons from Tbilisi, Georgia. *Social work in public health*, 32(1), 53–64.
 4. Demers, A. (2011). When veterans return: The role of community in reintegration. *Journal of Loss and Trauma*, 16(2), 160–179. <https://doi.org/10.1080/15325024.2010.519281>
 5. Flanagan, J. C., Fischer, M. S., Badour, C. L., Ornan, G., Killeen, T. K., & Back, S. E. (2017). The role of relationship adjustment in an integrated individual treatment for PTSD and substance use disorders among veterans: An exploratory study. *Journal of dual diagnosis*, 13(3), 213–218.
 6. Hazen, J. (2005). Social integration of combatants after civil war. In *United Nations Expert Group Meeting entitled "Dialogue in the Social Integration Process: Building Peaceful Social Relations—By, For, and With People"* (21–23).
 7. Hronešová, J. (2016). Might Makes Right: Rewarded Payments in Bosnia and Herzegovina. *Journal of Intervention and Statebuilding*, 10(3), 339–360.
 8. International Labour Office (2009). *Social–Economic reintegration of Ex-Combats*. Available at: https://www.ilo.org/wcmsp5/groups/public/@ed_emp/documents/instructionalmaterial/wcms_141276.pdf
 9. International Organization for Migration (2019). United Nations Migration Agency, Program for Social Cohesion and Reintegration of Veterans in Kyiv, Dnipropetrovsk and Lviv Oblasts. Available at: <https://www.iom.org.ua/ua/programa-socialnogo-zgurtuvannya-ta-reintegraciyi-veteraniv-u-kyyyivskiy-dnipropetrovskiy-ta-lvivskiy>
 10. Maglajlic, R. A., & Selimovic, J. (2014). Social work in Bosnia and Herzegovina. *ERIS Web Journal*, 5(1), 17–29.
 11. Maoz, H., Goldwin, Y., Lewis, Y. D., & Bloch, Y. (2016). Exploring reliability and validity of the Deployment Risk and Resilience Inventory among a nonclinical sample of discharged soldiers following mandatory military service. *Journal of Traumatic Stress*, 29(6), 556–562.
 12. Marek, L. I., & D'Aniello, C. (2014). Reintegration stress and family mental health: Implications for therapists working with reintegrating military families. *Contemporary Family Therapy*, 36(4), 443–451.
 13. Ministry of Veterans Affairs of Ukraine (2021). *The results of the evaluation of the effectiveness of the budget program for 2020*. Available at: <https://mva.gov.ua/storage/app/sites/1/uploaded-files/%20оцінки%20ефективності%20бюджетної%20програми%20за%20КПКВ%201501010%20за%202020%20рік.pdf>
 14. Ministry of Veterans Affairs of Ukraine (2021b). *The results of the evaluation of the effectiveness of the budget program for 2020*. Available at: <https://mva.gov.ua/storage/app/sites/1/uploaded-files/%20оцінки%20ефективності%20бюджетної%20програми%20за%20КПКВ%201501040%20за%202020%20рік.pdf>
 15. Mitchell, L. L., Frazier, P. A., & Sayer, N. A. (2020). Identity disruption and its association with mental health among veterans with reintegration difficulty. *Developmental psychology*. 56(11), 2152–2166. Available at: <https://doi.org/10.1037/dev0001106>
 16. Monson, C. M., Fredman, S. J., & Taft, C. T. (2011). Couple and family issues and interventions for veterans of the Iraq and Afghanistan wars. In J. I. Ruzek, P. P. Schnurr, J. J. Vasterling, & M. J. Friedman (Eds.), *Caring for veterans with deployment-related stress disorders* (pp. 151-169). Washington, DC: American Psychological Association
 17. Official site of the Zhytomyr City Council (2021). Socio-economic support for the reintegration of conflict veterans in eastern Ukraine and their families. Available at: [https://zt-rada.gov.ua/?3398\[0\]=13137](https://zt-rada.gov.ua/?3398[0]=13137)
 18. Pietrzak, R. H., Tsai, J., Harpaz-Rotem, I., Whealin, J. M., & Southwick, S. M. (2012). Support for a novel factor model of posttraumatic stress symptoms in three independent samples of Iraq/Afghanistan veterans: a confirmatory factor analytic study. *Journal of psychiatric research*, 46(3), 317–322.
 19. Pugh, M. J., Swan, A. A., Carlson, K. F., Jaramillo, C. A., Eapen, B. C., Dillabaugh, C., ... & Complex Comorbidity Study Team. (2018). Traumatic brain injury severity, comorbidity, social support, family functioning, and community reintegration among veterans of the Afghanistan and Iraq wars. *Archives of physical medicine and rehabilitation*, 99(2), 40–S49.
 20. Rauta, V. (2020). Towards a typology of non-state actors in 'hybrid warfare': proxy, auxiliary, surrogate and affiliated forces. *Cambridge Review of International Affairs*, 33(6), 868–887. Available at: <https://doi.org/10.1080/09557571.2019.1656600>
 21. Richmond, O. (2014). *Failed statebuilding*. Yale University Press. Available at: <https://doi.org/10.12987/9780300210132>
 22. Semigina, T. (2019). Frustrations or moving forward? Ukrainian social work within the 'hybrid war' context. *European Journal of Social Work*, 22(3), 446–457. Available at: <https://doi.org/10.1080/13691457.2017.1366432>
 23. Semigina, T., & Gusak, N. (2015). Armed conflict in Ukraine and social work response to it. *Social, Health, and Communication Studies Journal*, 2(1), 1–24.
 24. Tsai, J., Harpaz-Rotem, I., Pietrzak, R. H., & Southwick, S. M. (2012). The role of coping, resilience, and social support in mediating the relation between PTSD and social functioning in veterans returning from Iraq and Afghanistan. *Psychiatry: Interpersonal & Biological Processes*, 75(2), 135–149.
 25. Vogt, D., Smith, B. N., King, D. W., & King, L. A. (2012). The Deployment Risk and Resilience Inventory (DRRI-2) [Measurement instrument]. Available at: <https://www.ptsd.va.gov/professional/assessment/documents/DRRI2scales.pdf>
 26. Woodward, M. J., Morissette, S. B., Kimbrel, N. A., Meyer, E. C., DeBeer, B. B., Gulliver, S. B., & Beck, J. G. (2018). A cross-lagged panel approach to understanding social support and chronic posttraumatic stress disorder symptoms in veterans: Assessment modality matters. *Behavior Therapy*, 49(5), 796–808.
 27. Yerramsetti, A. P., Simons, D. D., Coonan, L., & Stolar, A. (2017). Veteran treatment courts: A promising solution. *Behavioral sciences & the law*, 35(5–6), 512–522. Available at: <https://pubmed.ncbi.nlm.nih.gov/28913894/>

Primary Paper Section: A

Secondary Paper Section: AN