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COMMUNITY-BASED PROTECTION AND COMPREHENSIVE REHABILITATION FOR PEOPLE WITH ACQUIRED TRAUMA: THE CASE OF UKRAINE

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This paper explores strategies for a comprehensive rehabilitation approach within Ukraine's community-based protection system during wartime, with particular attention to current challenges related to safety, security, and the increasing number of veterans and civilians with trauma-related disabilities. The research methodology involves qualitative analysis of three case studies of Ukrainian veterans with acquired trauma (N=3), alongside an examination of best practices implemented by four rehabilitation service providers in Ukraine (N=4). These cases were selected based on publicly available materials found on open-access platforms in both Ukrainian and English. The study addresses a key research question: "How effectively does the community-based protection system in Ukraine deliver comprehensive rehabilitation for persons with disabilities?" The article underscores the importance of integrating various dimensions of the rehabilitation process to enhance outcomes and improve the quality of life for persons with disabilities. It argues that the success of rehabilitation efforts largely depends on effective management and the role of social workers as coordinators of multidisciplinary teams.

Keywords: social rehabilitation, comprehensive rehabilitation, local community, person with a disability, person with an acquired disability, multidisciplinary team, a social worker in the community.

ЗАХИСТ НА РІВНІ ГРОМАДИ ТА КОМПЛЕКСНА РЕАБІЛІТАЦІЯ ЛЮДЕЙ З НАБУТОЮ ТРАВМОЮ: НА ПРИКЛАДІ УКРАЇНИ

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У цій статті досліджуються стратегії комплексного підходу до реабілітації в рамках системи захисту на рівні громади в Україні під час війни, з особливою увагою до поточних викликів, пов'язаних з безпекою, захистом та зростанням кількості ветеранів та цивільних осіб з інвалідністю. Методологія дослідження включає якісний аналіз трьох case studies українських ветеранів з набутою травмою (N=3), а також вивчення передового досвіду (N=4), що застосовується чотирма постачальниками реабілітаційних послуг в Україні. Ці випадки були відібрані на основі загальнодоступних матеріалів, знайдених на платформах відкритого доступу як українською, так і англійською мовами. Дослідження розглядає ключові дослідницькі питання. У статті підкреслюється важливість інтеграції різних аспектів процесу реабілітації для покращення результатів та покращення якості життя людей з інвалідністю. У ній стверджується, що успіх реабілітаційних зусиль значною мірою залежить від ефективного управління та ролі соціальних працівників як координаторів міждисциплінарних команд.

Ключові слова: соціальна реабілітація, комплексна реабілітація, місцева громада, людина з інвалідністю, людина з набутою інвалідністю, мультидисциплінарна команда, соціальний працівник у громаді.

Introduction. Despite the different names, social service systems are focused on ensuring a high level of well-being and social protection of citizens (Semyhiga, 2024). Despite the full-scale invasion of the Russian Federation in Ukraine, Ukraine's social system is undergoing socio-economic reforms. It needs improved social services to improve living standards, social justice, and equality for vulnerable groups. Unfortunately, as a result of the full-scale Russian invasion of Ukraine, many citizens, adults, and children received injuries and wounds that led to disability. Injured persons with acquired injuries must undergo a complex rehabilitation process in medical institutions. After that, they are expected to return home and adapt to life in the community.

Internal obstacles to the transition to a social model of service providers and people with disabilities were identified as targets of my research. It was the UK disability activist and writer Mike Oliver who introduced the phrase social model of disabilities in 1981. The understanding of the social model is that disability is socially created and appears as the systematic exclusion of people with impairment (Tallman, 2017).

With these challenges in mind, social workers in Ukraine work at micro, mezzo, and macro levels to provide case management. As a direct practice method, case management is not a change-oriented intervention strategy. Case management entails work interfaces between the client and their environment. Case method in the hands of social workers as a method of management rehabilitation of persons with acquired trauma has moved to the forefront of direct social work practice for those who are unable to negotiate the complex and often uncoordinated health and human services delivery systems (Hepworth, 2013). They create optimal timing for patients to be referred to multidisciplinary specialty centers, which provide access to occupational therapy, rehabilitation providers, and neurosurgeons (Muhlestein, 2024).

In world science, many scientific studies have studied acquired disability. For example, a survey of Narrative Family Therapy and Group Work for Families Living with Acquired Brain Injury (Butera-Prinzi, 2014). Acquired disability forces the environment to reconsider their lives and challenges children and their parents as they adapt to the new reality of life (Haspel&Hamama, 2021). Psychological adaptation, social rehabilitation, and integration into society after acquired injuries face many psychosocial issues and processes related to adaptation or adjustment to acquired disabilities and chronic diseases (Bar-Tal, 2000). Some theories and models help a person with a disability and the family control the adaptation process after a sudden change in health status (Philip, 2015). According to Masakuni Tagaki (2017), the scientific community has an evolutionary process from research on the recognition of acquired disability to the meaning of their condition for people with disabilities.

Therefore, researchers began to study another theory – the influence of micro and macro environments on the socialization of a person with disabilities in society (Semygina, 2024). The approach is based on establishing an environment that will safely influence people with disabilities. On decreasing the consequences of trauma. Increasing inclusion in the community through effective models and coordination between local authorities, volunteers, NGOs, and other stakeholders (Chevignard, 2009).

The critical definition of our study is the concept of “*comprehensive rehabilitation*,” which describes the cooperation between health and social protection services of the community. The process of comprehensive rehabilitation in the daily activities of the community means (according to the definition of the United Nations) a process aimed at enabling persons with disabilities, impairments, injuries, diseases, or congenital disabilities to achieve and maintain optimal levels of physical, sensory, intellectual, psychological and social functioning, and providing them with the means to transform their lives to achieve a higher level of

independence. The timeliness of comprehensive rehabilitation ensures progress in the recovery of a person with a disability and the interconnection between its different areas.

We mean comprehensive rehabilitation as a strategy for community-based inclusion development (WHO, 2010), which describes community collaboration between health services and social protection. According to Willmott (1989), there are three main *categories of communities*: 1. Community as a neighborhood defined in terms of locality and geographical area 2. Community of interest or interest groups: "black" community, the Jewish community, LGBTQI community, etc. 3. Community as people sharing common conditions or problems: alcohol dependence, cancer, etc. A community is any group of people who establish sustainable relationships with each other to improve themselves and the world in which they live (Tedeschi, 2011). A few words in the literature often describe *community work*: community development, community action, community care, and community economic development (Hepworth, D. H., Rooney, R. H., Rooney, G. D., & Strom-Gottfried, K., 2013). They are all indeed part of community work; however, the term we use often depends on the concrete nature of the substantial project. Besides, community work is interdisciplinary, and we should keep sociology, social policy, economics, and political science when discussing various community work projects (Popple, 2015). It is as if generalized community work provides a protective environment for the hopeful person when particular hopes are compromised or no longer seem realistic (Pat Dorsett, 2010). In our study, territorial communities are defined as associations of residents connected by common interests, determined by permanent residence within the relevant self-governing administrative-territorial unit, local government bodies, local budget, and communal property (Bezpalko, 2009).

Methodology and conceptual framework. Although the research continues, the main period this paper addresses runs through 2022-2024. It is based on different methodological approaches and research standards, merging fieldwork observation and case study research. For the investigation of this topic, I used a case study as a common research method (Yin, R., 2009) because it shows the explanatory and not just descriptive or exploratory nature of how social phenomena, particularly the inclusion of persons with disabilities, occur at the local level, and what individuals and organizations can contribute to it. I randomly analyzed three cases (N=3) of people with acquired trauma, using veterans as examples – participants of reintegration programs of the NGO "Veteran Hub" (Veteran Hub, 2024) and a case study of activities of some local organizations (N=4) that provide rehabilitation services in different communities for former combatants and civilians with acquired trauma and disabilities. The lessons from the case study are intended to be generalizable more broadly from the perspective of complex governmental actions (Yin, R., 2009). I combined observations with analyzing posts and threads taken from social media and Ukrainian official data. In this article, we look back at the context of the contemporary social and economic situation, which has reawakened several problems surrounding the conditions of war in Ukraine and the process of reforming and developing the social welfare of persons with disabilities, with examples of establishing *a community-based protection system*.

The research question that was distinguished were, *"How does well (or badly) work comprehensive rehabilitation for people with disabilities in the community-based protection system in Ukraine?"* which considered the broader socio-political context of wartime Ukraine, the evolving needs of persons with disabilities, and the institutional capacities of community-based protection systems, showing some stores to help understand what was happening. Multiple case studies, in particular, may play a crucial role in understanding causality (Bryman, 2012).

Findings. The findings indicate that rehabilitation services in Ukraine's territorial communities should be developed now, with the appropriate infrastructure built and interdisciplinary team employees trained. However, the primary task of the heads of territorial communities, structural subdivisions of social protection, is to study the needs of community residents in rehabilitation services and strategize their development (Hrabar, 2024).

The need of the hour for the comprehensive rehabilitation of acquired trauma in the community is to create an institutional mechanism for implementing legal provisions for ground-level and mass-level awareness problems of comprehensive rehabilitation management (Antiushko, 2024). Another characteristic of the routing stage is the presence of a stable civilian environment in which the person with acquired trauma feels comfortable and safe (Ayu, 2025). Social workers' main principle is humanitarian protection, which involves helping people recover from the physical and psychological consequences of threats or actual violence, coercion, or intentional deprivation (Sphere, 2018; Protection Principle 3).

Among the problems and difficulties for people with acquired disabilities, the following can be distinguished: financial and economic, psychological, medical, underdevelopment and unavailability of early diagnosis technologies, the problem of information support, non-acceptance of people with disabilities in society, inaccessibility of particular objects and structures, and imperfection of regulatory approval. One of the main problems is how to help people with acquired disabilities adapt to new realities and the need for comprehensive rehabilitation, including physical rehabilitation, reintegration into society, and social rehabilitation (Ihnatenko, 2024). Another huge problem is discrimination and negative attitudes toward persons with acquired trauma by society and service providers (Veteran Hub, 2024). Respondents mentioned that financial literacy would help them better manage their financial resources (Sherraden, 2015). This is evidenced by the survey by Sheridan (2017), in which managers of rehabilitation cases mentioned the importance of financial literacy as part of social work services. It has data that veterans do not feel confident in their financial behavior and attitudes toward rehabilitation services. The research results show increased confidence in helping people with basic financial management, such as managing a checking account, tracking spending and creating budgets, understanding a credit score, and reducing debt (Sherraden, 2017).

The Ukrainian experience of implementing and managing comprehensive rehabilitation in community protection allows us to conclude that social work is a practice area that promotes individual and family well-being and, ultimately, quality of life, enhances the integration of comprehensive rehabilitation into the protection system, and professional social workers contribute to the landscape, leading actors (Sherraden, 2015). Moreover, the reformation of central government institutions gave territorial communities a mandate and additional responsibilities to local governments and social workers (Ihnatenko, K, 2023). Hence, social workers see themselves as professionally and personally able to influence and treat the "scars," including their own, resulting from the conflict (Allasad Alhuzail, 2022). However, they feel excluded from leadership and still need to improve their professional level to compete with social service providers.

Veterans' communities facilitate socialization, emotional support, career development, and resource access. Their activities are aimed at maximizing the integration of people with acquired trauma into society and ensuring their self-realization. One of the aspects of comprehensive rehabilitation is the activity of rehabilitation centers. Examples of such centers include the UNBROKEN Center, the Halychyna Center, the Lisova Polyana Center (2024), and others, which combine various programs and areas of recovery for people with disabilities from medical, physical, and psychological rehabilitation, prosthetics to integration into the community through art therapy, physiotherapy, and biopsychological approaches, to involving veterans and people with acquired trauma in parasports and sports competitions. The comprehensive rehabilitation model is based on a multidisciplinary approach involving psychologists, occupational therapists, social workers, and other specialists. Social workers often play a managerial role.

While these are steps in the right direction, the fact remains that Ukraine still lacks a systematic approach to comprehensively assisting people with disabilities at the community level.

Discussion

4.1 Case-study: Structural Landscape of Comprehensive Rehabilitation Providers

To gain a deeper understanding of the outcomes and operational effectiveness of comprehensive rehabilitation programs, this study focused on the guiding question: “How well do these programs function in practice?” This analysis was approached through the lens of community-level priorities for developing social services. Four key conditions were identified as critical for successful implementation: (a) the establishment of a professional management information system, (b) the enhancement of psychological support and counseling services, (c) the extent of intersectoral cooperation within community-based social work, and (d) the employment of qualified social work professionals (UNICEF, 2023). Table 1 outlines these four conditions and illustrates how each one is reflected across four randomly selected comprehensive rehabilitation programs serving individuals with acquired trauma in Ukrainian communities (hromadas).

Table 1

Presence of Core Implementation Conditions in Four Comprehensive Rehabilitation Programs for Individuals with Acquired Trauma in Ukrainian Communities

<i>Rehabilitation Program</i>	<i>(a) Professional management information system</i>	<i>(b) Psychological support and counselling services</i>	<i>(c) Intersectoral cooperation within community-based social work</i>	<i>(d) Hiring social work professionals</i>
<i>Unbroken rehabilitation center</i>	no	Provides psychological support, including specialized assistance for veterans and military families	Collaborates with international organizations and grant programs	Emphasizes training specialists, including psychologists, for military families
<i>Halychyna rehabilitation center</i>	no	Offers psychological support, art therapy, and community integration programs	Engages in community outreach and cooperation	Employs four social work specialists for rehabilitation and social support
<i>Lisova polyana center for mental health and rehabilitation of veterans</i>	no	Specializes in psychological trauma treatment, post-traumatic growth therapy, and rehabilitation	Works with international and national partners to improve mental health services	Has social workers as part of a multidisciplinary team
<i>Veterans' headquarters "sviy do svoho"</i>	no	Provides psychological support and legal advice to veterans and families	Collaborates with municipal authorities and NGOs for veteran reintegration	No specific mention of social workers, but offers community-based support

Source: Own elaboration based on case study

All four organizations provide psychological support and focus on community-based rehabilitation efforts. However, publicly available information on whether they use professional management information systems is lacking. Intersectoral cooperation is a strong feature of all

programs, ensuring broader support networks. Hiring social workers is more explicitly mentioned in some cases, particularly in Halychyna and Lisova Polyana centers. Despite differences in specialization and approach, all these programs work toward *holistic recovery for war-affected individuals* by integrating medical, psychological, and social rehabilitation. Their combined efforts contribute to a more *comprehensive, accessible, and community-driven rehabilitation system* in Ukraine.

We argue that the primary outcomes of rehabilitation include increased resilience, enhanced quality of life, personal recovery, successful reintegration into civilian life, and the maximization of intervention effectiveness. In line with the Procedure for the Implementation of the Pilot Project on the Introduction of Comprehensive Social Services (Cabinet of Ministers of Ukraine, 2023), which outlines the mechanisms for executing the project, support is provided to individuals with disabilities to strengthen or restore family and social connections. This includes creating safe and supportive environments for personal development through art therapy, play therapy, crisis intervention, emergency psychological assistance, and referrals to appropriate entities for further psychological support at various levels.

4.2 Case study: Personal random stories of veterans with acquired trauma – transitioning to civilian life

We investigated three individual case studies of people with acquired trauma who are Ukrainian veterans. They were participants in the reintegration programs of the “Veteran Hub NGO” (Veteran Hub, 2024). A description and a brief review of the plan and results of comprehensive rehabilitation accompany the cases. This analysis reveals strengths and focuses on weaknesses that may hinder achieving the primary goal of extensive rehabilitation. Significant attention was given to the opportunities within the social cohesion of persons with disabilities and former military personnel, as they can deal with external threats together during adaptation. I used the general analytic strategy based on pattern matching, logic model, and cross-case synthesis.

Regarding the purposes of the study, the research investigated the question “How does well (or badly) work comprehensive rehabilitation for people with disabilities in the community-based protection system in Ukraine?”. In developing the case description framework for this study, I established an initial set of propositions grounded in an explanation-building approach to understanding the rehabilitation system. These propositions focused on three core dimensions: (1) securing a means of livelihood within the community, (2) engaging in community-based activities, and (3) implementing a multidisciplinary, patient-centered approach. This third dimension includes the critical role of social workers, who are not only responsible for delivering individualized support but also for identifying both qualitative and quantitative service needs, coordinating specialized professionals, improving logistical systems within rehabilitation centers, and engaging non-governmental organizations (NGOs) in service delivery and in advocating for the rights of persons with disabilities.

Table 2

Key aspects of comprehensive rehabilitation of people with acquired trauma based on case study research

<i>Compositional reflected structure of case study</i>	<i>Case #1</i>	<i>Case #2</i>	<i>Case #3</i>
<i>Getting in living in community</i>	Society often fails to accommodate or understand the needs of people with disabilities	Community support (friends and neighbors) helped with his wife’s medical needs.	No mention of structured social or employment reintegration programs
<i>Engaging in community activities</i>	He actively participates in	Successfully reintegrated into home	Public mental health services lack

		daily life and public spaces despite challenges	life despite challenges	trustworthiness or accessibility
<i>Multidisciplinary patient-centred approach</i>	<i>and</i>	A chaplain-psychologist played a key role in his recovery and decision-making	No mention of psychological or professional support. No formal employment reintegration programs after military service. No mention of psychological or professional support for reintegration	Andriy's case highlights gaps in social inclusivity and public rehabilitation services. While personal support from loved ones was crucial, state-backed reintegration programs and public awareness of disability rights remain inadequate

Source: Own elaboration based on the set database

These individual case studies of veterans with acquired trauma illustrate the complex, non-linear pathways toward civilian reintegration. Each case reveals how personal recovery is shaped by access to community-based rehabilitation services, the role of social workers, and the veterans' resilience in navigating both visible and invisible wounds of war. The case narratives illuminate the broader themes of reintegration by connecting lived experience with systemic responses. These insights form the basis for the conclusion, which conceptualizes reintegration as a multidimensional psychological, social, physical, and cultural process informed by institutional support and personal transformation.

Reintegration refers to shared psychological, social, health, and community-related ways of functioning with the immediate environment and larger social groups such as teams at work or student groups. It also refers to physical rehabilitation and care needs, such as reintegration and rehabilitation treatment plans, case management, community-based or home-based rehabilitation services for shell shock or trauma, and employment programs (Elnitsky, 2017). Part of the difficulty stems from the difference between military and civilian values (Bar-Tal, 2000). When fundamental ethics are questioned or attacked, «this causes moral outrage and makes it challenging to channel identity change (Ehala, 2017). However, the state of rootedness does not mean that veterans forget their experience of service and war or devalue it. Instead, this experience becomes part of their history and identity. War cannot be overlooked, but it is possible to learn to live with the memory of it. Rooting is a state in which previous experience is perceived as an asset and an additional resource in civilian life because, even after decades, it can resonate in beliefs, memories, and reactions (Thompson, 2017). Results highlight that it is essential to inform persons with disabilities about such rehabilitation facilities and ensure that residents of communities with disabilities receive them promptly through their individual rehabilitation programs (Mikhaylchuk, 2024).

Conclusions and Prospects for Further Research. (1) It is very evident from the findings of the study that there is a serious gap between needs and possibilities. Therefore, to create an effective rehabilitation system in Ukraine, it is necessary to move from a centralized approach to a decentralized one, focusing on the needs of specific communities (Hrabar & Dubovyk, 2024).

The importance of continuous development and improvement of rehabilitation facilities for persons with disabilities to ensure their full inclusion in society and support their self-realization is more relevant than ever today and an indisputable component of the activities of

social work specialists. Using a comprehensive approach to the creation and development of psychosocial services in the community is extremely important.

(2) The analysis of the cases showed that people with acquired trauma faced complex challenges on their way back to civilian life, including physical and psychological trauma, symptoms of depression, social problems such as job loss, adaptation to the living space, difficulties in understanding and conflicts in the family, prejudice from community members, and the need to learn new skills. Comprehensive rehabilitation included physical rehabilitation at rehabilitation centers, psychological support, assistance from a social work specialist in developing a professional growth plan, leadership training, and involvement in volunteer and community activities. The support of friends and comrades-in-arms, participation in social and volunteer activities, support from family, specialized support from psychotherapists, self-belief, and strength of mind also help to adapt.

(3) It is precisely visible in the study that implementing comprehensive rehabilitation for people with acquired trauma demonstrates the significant impact of an individualized approach. Rehabilitation, which includes physical therapy, psychological support, social adaptation, and professional integration, not only restores functionality but also facilitates a return to a whole life in the community. At the same time, a long period of adaptation indicates the need for sustained support from specialists, which helps reduce depression, increase independence, and improve quality of life.

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