

# THE PRACTICAL GUIDE «**DEFENDER AT HOME**»

NGO Dialogue in Action  
2025

*Dedicated to the Ukrainian defenders with heartfelt respect and gratitude.*

*Thanks to you, we have tomorrow.*



**Robert Bosch**  
**Stiftung**

This publication was made possible through the financial support of the Robert Bosch Stiftung

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## FOREWORD

The purpose of this guide is to explore the essence of reintegration, the challenges it presents, the expectations and real needs of defenders returning to civilian life. It also aims to address the fears and biases communities may have in the reintegration process, and to share both theoretical and practical aspects of the “Defender at Home” training, developed in response to requests from civil society organizations, government institutions, and churches across Ukrainian communities.

This guide is intended for everyone involved in reintegration and the support of Ukraine’s defenders: community members, local authorities, social workers, educators, faith leaders, psychologists, volunteers, veterans, their families, and all concerned citizens.

This is not an academic study. For our team, it is a contribution to building conscious and respectful relationships between communities and their defenders. It is also an expression of deep gratitude and honor to those returning from the frontlines, to those who gave their lives defending our country, and to their families.



## INTRODUCTION

Since the start of the full-scale Russian invasion, the number of veterans in Ukraine has grown significantly — and will continue to rise. According to the Ministry for Veterans Affairs, over 1.5 million people are now recognized as members of the Armed Forces of Ukraine. Including their families, this number exceeds 4 million citizens.

This is a significant part of our society — individuals who are already returning to civilian life with firsthand experience of war.

Reintegration is not a one-time event, but a long-term process that spans multiple areas: psychological recovery, rebuilding existing and forming new social connections, access to medical and social services, employment, and participation in community life.

If we do not create the right conditions for veterans now, the risks of isolation, trauma, and conflict will grow — while the potential of veterans will remain untapped.

Therefore, changes are needed both at the national level and within local communities — from the development of comprehensive veteran policies and coordination of existing support programs, to active community responsibility for creating an environment where veterans feel a true sense of belonging.

### Key Terms and Abbreviations

**Veteran** – an individual who has participated in combat operations as part of the Armed Forces of Ukraine. Formally, veteran status is defined by the Law of Ukraine “On the Status of War Veterans,” but support is also needed for those who do not have official legal status [17].

**Reintegration** – a process through which a person returns to full participation in community life. It includes the restoration of social connections and involvement in economic, cultural, and political life after a prolonged absence, particularly due to military service [29].

**Resocialization** is the process of re-adapting an individual to social life after a period of isolation or exposure to extreme conditions. It also involves renewing and developing new communication and behavioral skills suited to a peaceful civilian environment.

**Community** refers to a social group of people united by shared space, common interests, place of residence, and collective responsibility for the well-being of its members. In this context, the community plays a key role in the reintegration process [16]

**ATO** – Anti-Terrorist Operation (a military operation conducted by Ukraine from 2014 to 2018 in the eastern part of the country, amidst armed aggression from Russia and pro-Russian separatists)

**CS** – Combat Stress

**ICD** – International Classification of Diseases

**PTSD** – Post-Traumatic Stress Disorder.





## THE PRACTICAL GUIDE “DEFENDER AT HOME”

### KEY CONCLUSIONS FROM THE TRAININGS

The “*Defender at Home*” training (also known as “*Veteran at Home*”) was developed in the summer of 2023 at the request of churches, charitable foundations, civil society organizations, departments of social services within military administrations, administrative service centers and educational institutions.

Between 2023 and 2025, 15 training sessions were performed across Western, Central, Eastern, and Southern Ukraine.

The training aimed to educate and support motivated groups of citizens — families of veterans and active service members, the veterans themselves, local government employees, social service workers, psychologists, educators, religious leaders, community activists — all of whom contribute to the adaptation and reintegration of veterans, prevent and resolve conflicts involving them, and help create conditions for their meaningful inclusion in community life.

The demand for such training from communities reflects a broader call for support in the face of uncertainty and lack of knowledge: **How do we communicate with those returning from war?**

#### Key concerns raised by training participants:

- Uncertainty about how to relate to “their own” veterans returning to the community;
- Not knowing how to communicate with veterans — fear of saying something inappropriate, causing offense, or triggering aggression;
- Confusion about how to respond to expressions of aggression from veterans — torn between a desire for self-protection and feelings of guilt toward the soldier;
- Seeking appropriate ways to support and assist with reintegration into civilian life.
- Specific concerns about how to appropriately interact with wounded veterans and those with amputations or disabilities;
- How to address stereotypes about veterans?

(“*Veterans are a group of unpredictable and dangerous people who need to be forcibly reintegrated and made ‘normal’ — or isolated from society*”; “*They fight for money and profit from war*”; “*Someone else — not me or my loved ones — should be the one to fight and die*”; “*Veterans are aggressive and will demand payback for their time and health*”; “*All veterans are automatically heroes/constantly in trenches/shedding blood*”)





Discussions during the training sessions highlighted the need to explore effective approaches to veteran reintegration, including:

- How to prepare both everyday citizens and relevant professionals — psychologists, rehabilitation specialists, social workers, and administrative service staff — for the large-scale return of defenders, starting now;
- How to work with trauma — both others’ and one’s own;
- How to develop comprehensive support programs for the families of defenders (those currently serving, wounded, fallen, or missing in action), and how to encourage interpersonal support — in other words, how to “remain human”;
- How to foster a culture of acceptance and tolerance toward defenders as they adapt to civilian life.



## TRAINING METHODOLOGY

This section provides materials for mini-lectures and descriptions of exercises that can be used to build individual training modules. We do not offer a fixed or “standard” program, as the structure of the training should be flexible and responsive to the needs of each specific audience. The modules presented here can serve as a foundational framework or as supplemental content.

The duration of the training may vary depending on the context and organizational capacity — ranging from 1 to 3 days.

The training methodology is based on **David Kolb’s experiential learning model**, which consists of four stages:

1. Concrete Experience:

Participants engage in a specific experience — through hands-on learning, observation, or trial application of new knowledge or skills.

2. Reflective Observation:

Participants reflect on their experiences and analyze them — through personal reflection, group discussion, or journaling.

3. Abstract Conceptualization:

Participants integrate their experiences into broader concepts — through reading, discussion, and connecting ideas.

4. Active Experimentation:

Participants apply newly acquired knowledge and skills in new situations — through hands-on practice and problem-solving.

### Core Components of the Training

1. Introduction:

Defining the purpose and objectives of the training. Participant introductions and discussion of principles for safe and respectful interaction.

2. Sharing and Presenting Relevant Experience:

Gathering and presenting participants’ real-life experiences in communicating with veterans and active service members. Group discussion and collective reflection.

3. Main Training Segment:

Exercises, mini-lectures on selected topics, and facilitated discussions.

4. Conclusion:

Summary of key takeaways and participant reflections.

**Objective** of the “Defender at Home” training: to strengthen the capacity of communities to receive and support veterans.



## Core Modules

### Module 1. Specifics of Veteran Reintegration:

Reculturation — the transition from military to civilian life.

### Module 2. Understanding the Psychology of Service Members:

Combat stress, trauma and its impact on individuals, post-traumatic stress disorder (PTSD), and debunking common myths about it.

### Module 3. Stereotypes:

Origins, functions, and consequences.

### Module 4. Harm-Free Communication:

Building dialogue without causing harm or retraumatization.

### Module 5. Community Resource Mapping:

Group work to identify local initiatives, services, and key contacts. The community as a space for psychosocial support.

### Module 6. Conflict and Conflict Transformation:

Understanding, navigating, and addressing tensions.

### Module 7. Dialogue as a Tool for Veteran Reintegration:

Facilitated dialogue as a method for rebuilding trust and inclusion.



## CORE MODULES: THEORY AND PRACTICAL EXERCISES

### Module 1. Specifics of veteran reintegration: reculturation as a transition from military to civilian life

At the start of this module, we encourage participants to reflect on the choice of the word “**defender**” rather than “**veteran**” in the training title.

Until recently, the term veteran was largely associated with those who served in 20th-century wars. Today, however, Ukrainian veterans are our husbands and wives, parents, siblings, colleagues, friends, and neighbors. It used to be assumed that a veteran was someone who had “finished fighting,” but the full-scale war has shown that even those who were previously demobilized have rejoined the ranks.

Given that Ukraine borders an aggressive and unpredictable neighbor — Russia — many may again be called to take up arms. In this context, the term “defender” is broader and more inclusive.

Russia’s war against Ukraine began in 2014 with the illegal annexation of Crimea and armed conflict in Donetsk and Luhansk regions. In 2022, it escalated into a full-scale invasion affecting the entire country.

Since 2014, and continuing to this day, hundreds of thousands of people have stood up to defend Ukraine’s territorial integrity — joining the security and defense forces and then returning to rebuild their civilian lives after completing their service.

In modern Ukraine, the status of *veteran* is no longer limited to those who fought in World War II, the Soviet–Afghan War, or served in peacekeeping missions. It now includes those who have defended the sovereignty and territorial integrity of an independent Ukraine since 2014.

The number of active service members mobilized since the full-scale Russian invasion remains classified. However, according to projections from the Ministry of Veterans Affairs of Ukraine, the total number of combatants, their family members, and the families of fallen defenders could exceed **5 million people** (*based on Analytical Data from the Ministry of Veterans Affairs of Ukraine*).

After their service, defenders return home — to the country, the community, and the people they stood up to protect. They return to society. And it is society that plays a decisive role in shaping the path of their return.

Creating a welcoming, supportive, and understanding environment is one of the core challenges — and responsibilities — for Ukrainian society today. It requires effort not only from civilians but also from the defenders themselves, as they rebuild their civilian lives.

For defenders, the return home is a complex and challenging process — one in which they may need significant support.



After coming back, veterans often experience anxiety and uncertainty because they don’t fully understand:

- What to do next;
- What is happening to them emotionally and psychologically;
- That their physical and mental reactions are normal — and, in many cases, even predictable and natural;
- What is happening with their immediate environment and social processes (from relationships with those closest to them to socio-political ones).

Just like the defenders themselves, their families, friends, colleagues, social service providers, healthcare workers, neighbors, and other community members often feel a sense of alienation. Defenders can come to feel like “aliens” — unfamiliar, mysterious, and misunderstood.

This disconnect gives rise to many inaccurate assumptions and an urge to find overly simple explanations for complex realities.

Let’s explore this further.

**The practical aspect** of the training includes the game “**Islands**”, that helps participants consider the difference between military and civilian identities.

### **Game "Islands" (50 min)**



Preparation and materials: two blank flipchart sheets and marker sets

Instructions: The group is divided into two teams. Each team is the inhabitants of a separate island, on which certain rules and conditions apply.

**The first island.** The Leader controls all processes. The life of the islanders depends on his actions.

Subordination to him is mandatory. The inhabitants of the island are constantly in danger. Around them live tough neighbors who constantly shell the island and attack its inhabitants. Each islander has a specific task that cannot be changed without the permission of the Leader. On the island, everyone wears the same clothes, has clear rules. Strict discipline reigns on the island.

Participants must come up with a name for the island and a daily routine. Identify what they believe in, identify beliefs, describe 1-2 rituals, and identify taboos (what is strictly forbidden on the island under penalty of death).

Values: duty/obligation, loyalty, respect, selfless service, honor, honesty, personal courage.

**The second island** is full of life. Everything is possible here. The inhabitants live for their own pleasure. The leader also rules with pleasure. They have no external threats. They have many dreams, they make plans for the future.

The participants must come up with a name for the island, a daily routine, determine what they

believe in, describe beliefs, rules of life on the island, 1-2 rituals and determine taboos (what is strictly forbidden on the island under pain of death).

Values: peace, love, family, security, pleasure, entertainment.

While the participants are performing the task, choose a pair of players from each team who will be sent to the neighboring island.

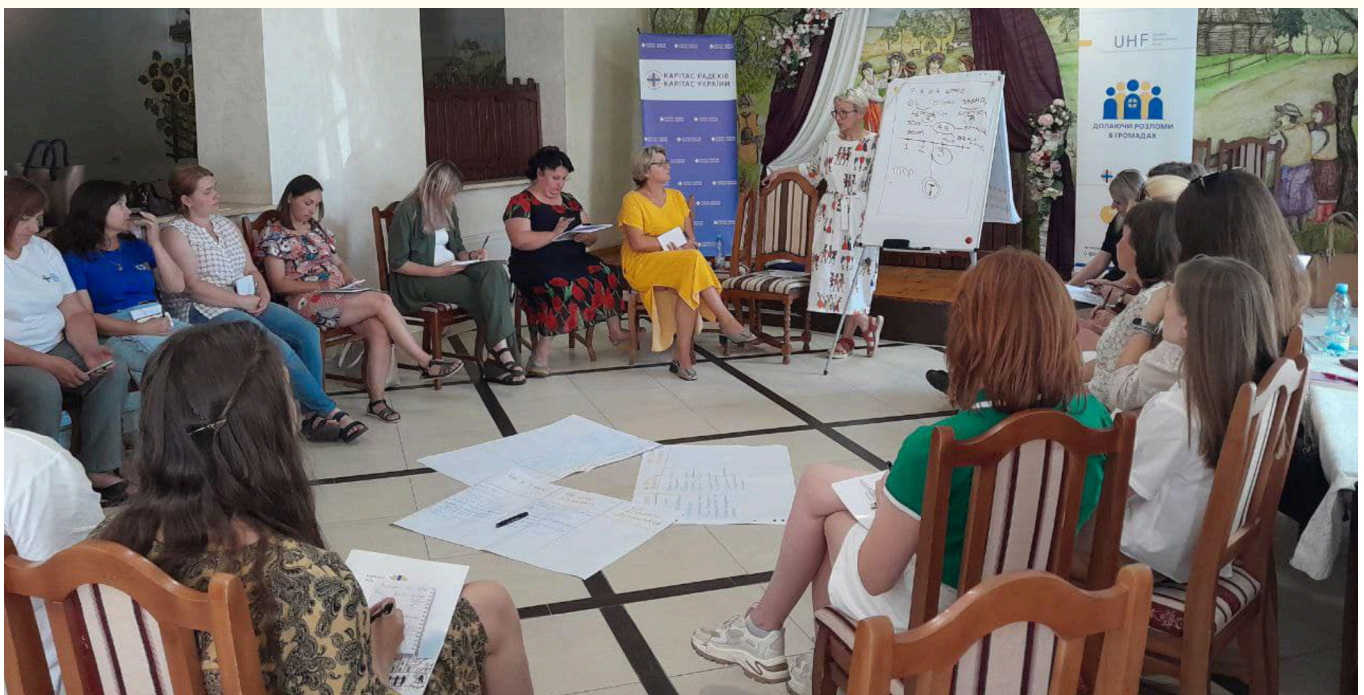
#### Game flow:

**Step 1.** The presenter announces that certain participants have been picked up by a large ocean wave and takes them to a separate room, where he gives them a secret task: to change, remove or add at least one rule of life on the new island. If they manage to change more, the better. How they will implement it makes no difference. The selected participants are asked to return to the room and sent to the neighboring islands. The group is informed that instead of the two missing residents from their island, new people will come to them. After the arrival of the new island participants, they have 10 minutes to get acquainted with the rules of life and the daily routine and complete the secret task.

**Step 2.** Participants who have been swept away to other islands return “home”. Now their task is to change, remove or add at least one rule of life on their “native” island in 10 minutes.

#### Questions for discussion in the group after completing the tasks:

1. *What happened during the game? What important things did you notice?*
2. *How did the “guests” feel on the new islands? How did the “permanent residents” feel when new people came to them, and then “their own” returned? How did the islanders feel after returning home? How did they behave?*
3. *What does/does not the community take into account when the defenders return home?*



**The theoretical aspect** includes an overview of the features of the transition of soldiers from military life to civilian life, which is also called the process of reculturation. This term was voiced in the article by American specialists Jeremy S. Joseph, Lorraine Smith-MacDonald, Meg K. Phillis, Matthew S. Smith in the article “Reculturation: A New Look at the Stress of Military-Civil Transformation”. The reason for rethinking the processes of veterans’ reintegration was disappointing trends: although much has been done for veterans in the USA, many of them still have problems with mental health - for example, they feel depression, fatigue from life or even think about suicide.

One of the key reasons behind these challenges is the difficulty veterans often face in reconciling their military identity with life in civilian society. If these difficulties are addressed superficially or in a purely formal way, veterans may develop a sense of not belonging — of being outsiders within their own communities. According to psychologist Thomas Joiner’s theory, this sense of disconnection is a significant risk factor for suicide.

The authors of the article suggest drawing parallels with the experience of immigrants, who also undergo a cultural shift and adaptation process. Studying this process, the authors argue, can help us better understand how to effectively support veterans and design truly impactful assistance programs — including those aimed at suicide prevention.

### **Why is this research relevant in the Ukrainian context?**

Ukraine is currently experiencing an unprecedented rise in the number of veterans. Since 2014 — and especially after the start of the full-scale invasion — hundreds of thousands of Ukrainians have gone through combat experience. Their return to peaceful life is not just a matter of benefits or employment, but a complex process of personal and cultural transformation.

The U.S. experience shows that mental health issues often stem not only from trauma itself, but also from the disconnect between military and civilian cultures.

The concept of **reculturation** offers a new framework for understanding these challenges. Instead of focusing solely on "reintegration", which is often perceived as simply returning to familiar civilian roles, reculturation emphasizes that veterans need to relearn how to function within civilian culture — without losing their military identity. Communities and local authorities can gain a deeper understanding that returning from war is not merely a physical homecoming, but a profound internal process of adaptation. Educational and media campaigns can help shift the narrative from “*veterans must adapt*” to “*society as a whole must support reculturation*.”

This research — along with findings from Ukrainian specialists — highlights that a sense of disconnection from the community and identity fragmentation poses a serious risk to veterans’ lives. In Ukraine, where the mental health support system is still developing, such concepts help professionals focus not only on “trauma”, but also on the broader context in which people are trying to understand themselves.

The process of reculturation is deeply tied to one of the most fundamental human needs — the need to belong. This is not just an emotional desire, but a crucial survival mechanism that helps people build relationships, navigate society, and shape their self-concept.

When a person feels they are “in the right place” — surrounded by those who understand, accept, and respect them — it has a positive impact on their mental health, self-esteem, and capacity to adapt.

So, both when a person joins the military and when they return to civilian life, they are seeking to fulfill their need for belonging.

During service, military personnel become part of a very distinct culture. They live, act, and even think within a clearly defined structure, where everything is regulated — from uniforms and schedules to rules of conduct. The military creates a sense of community and identity, often referred to as the “warrior identity.” It provides a person with meaning, purpose, respect, and a sense of belonging.

Military life is shaped by strict structure, discipline, command execution, and self-sacrifice. Civilian life is fundamentally different. There are no strict instructions, less structure, expectations are less defined, and other values become more important — flexibility, self-expression, and autonomy.

Returning to civilian life is often accompanied by a loss of identity and belonging. In addition, their military identity may come into conflict with the expectations of the external, civilian environment. This can lead to feelings of alienation, anger, or devaluation of “others” — for example, civilians with no combat experience. In some cases, in order to reduce internal dissonance, veterans try to distance themselves from the civilian world, setting themselves apart. But this only deepens the sense of isolation.

In cross-cultural psychology, such processes are described through the concept of **acculturation** — the ways in which people adapt to new cultural conditions. This approach helps to better understand how veterans can build a new identity after service, balancing the preservation of military values with the acceptance of new life circumstances.

## **Main Acculturation Strategies as Paths for Veterans’ Adaptation to Civilian Life**

### **1. Separation**

The veteran holds a positive view of their military experience but a negative attitude toward civilian life. The individual maintains a strong connection to military culture, seeks to preserve combat-related skills, and participates in veteran initiatives, while devaluing the civilian environment, viewing it as weak, uncomprehending, or even hostile.

#### **Key indicators:**

- Nostalgia as a response to threats to self-esteem
- Grief and emotional pain over the loss of the military role
- Desire to keep combat skills “sharp”
- Contempt for civilians, perceived as “soft,” ignorant of life’s harsh realities, unprepared for crisis

#### **Supportive actions:**

Engagement in helping fellow veterans (e.g. volunteering, participation in advisory councils)

## 2. Assimilation

The veteran holds a negative attitude toward their military experience but a positive view of the civilian world. This is reflected in an attempt to fully "blend in" with civilian life — avoiding discussions about military service, suppressing memories of it, and distancing themselves as much as possible from their veteran identity.

### Key indicators:

- Talking about military experience triggers a sense of danger;
- Fear of being labeled, pitied, or judged;
- A strong desire to blend in and “be like everyone else,” hiding one's past;
- Avoidance of anything related to the military;
- Military memories remain unprocessed and are actively avoided due to emotional pain.

### Supportive actions:

To separate military experience from daily civilian life

## 3. Integration

The most successful reintegration strategy occurs when a veteran holds a positive attitude toward both their military experience and civilian life. These individuals are able to integrate their military identity with new social roles, apply their skills in peaceful contexts, and maintain a sense of wholeness and purpose.

### Key indicators:

- Feels comfortable in both military and civilian environments;
- Has a cohesive sense of self;
- Feels pride in their military achievements and a desire to thrive in civilian life;
- Can adapt military-acquired skills to civilian settings;
- Is able to engage in meaningful conversations with civilians about their military experience.

## 4. Marginalization

This condition is characterized by a negative attitude towards both military experience and civilian life. Such veterans often feel isolated, have no sense of purpose or belonging, and do not feel like they belong anywhere. This is the strategy with the greatest risks for mental health.

### Key indicators:

- feeling of alienation, isolation, “loneliness”;
- loss of sense of self, purpose, direction;
- does not belong to any community, does not feel important;
- is ashamed of the past, forced to hide it;
- indifference to the future, feeling “stuck”



These four acculturation strategies typically lead to significantly different health outcomes. Research shows that, across various immigrant populations, individuals who adopt an integration strategy tend to experience the highest levels of mental health and life satisfaction, while those who are marginalized report the lowest. Individuals following an assimilation strategy are more likely to encounter mental health challenges, whereas those who pursue a separation strategy often report low levels of life satisfaction.

## **Module 2. Psychological Characteristics of Military Serviceman: Combat Stress, Trauma and Its Impact, and Post-Traumatic Stress Disorder (PTSD)**

### **Theoretical aspect**

Stress is the body's reaction to changes in living conditions, a reaction to stressors (changes in temperature, sleep patterns, pain, infection, to a real or imagined threat to integrity, life). It is a systemic reaction, that is, it acts on several levels: psychological - emotions and feelings; neurological - suppression of the parasympathetic system and excitation of the sympathetic; and hormonal - causes the release of adrenaline, noradrenaline and cortisol into the bloodstream. A traumatic event, unlike a stressful one, is associated with the fact or threat of death, serious bodily injury or sexual violence. It carries completely new information that must be integrated into previous life experience. Therefore, whether stress becomes traumatic or not depends primarily on the nature of the stressor (event). Traumatic events can be considered when a person encounters physical death, in particular events that threaten the life and physical integrity of a person: injuries, contusions, physical trauma; severe medical procedures; death or death of loved ones, civilians; images of death, injuries and human suffering; suicides and murders. Such events are likely to lead to mental trauma.

Artillery shelling and conflict with management cause stress reactions of the same nature, but the strength of the reaction in different situations is different. In order for a soldier to act successfully in combat, he must learn to act successfully in a state of stress during training. To reduce stress reactivity, the level of novelty of the situations for which soldiers are preparing is reduced. Adaptation to stress is similar to hardening with cold water.

**"Combat stress" (CS)** is a super-powerful emotional and physiological stress that exceeds the limits of ordinary stress. It is characterized by a whole complex of reactions caused by various stressors.

- fear of dying at the hands of another person – no fear in its intensity can come to be compared with the fear of death;
- the need to show aggression/hostility in order to kill another person – causes a feeling of excitement (euphoria of the survivor); pleasure from relief; remorse and a sense of guilt.
- loud sounds, especially screaming, as an unconditional signal of danger – the amygdala reacts to a human scream, which prepares us to fight for life. The sounds that accompanied the stressful situation haunt those who survived. Loud means dangerous.

A typical indicators of combat stress is the inability to perform one’s direct duties (abandoning the battlefield, unexplained absence, etc.). Those soldiers who experience combat fatigue are more likely to have symptoms recur, because the sooner they receive help, the better their chances of recovery.

**In a state of combat stress, the following occur:**

1. Redistribution of brain resources: A shift of executive functions from the “human brain” to the “animal brain” — the fast brain necessary for survival. When the animal brain takes control, all knowledge and skills deteriorate.

2. Increased respiration and heart rate: Depending on the number of beats per minute, fine motor skills (such as dialing a phone number or applying a tourniquet) are impaired first, followed by complex skills (hand-to-hand combat techniques). A warrior’s effectiveness in battle depends on training and automatism. Emotions in such situations are detrimental.

3. Bowel and bladder evacuation: This reaction is not related to courage or bravery. It is a normal physiological response to abnormal circumstances.

4. Distortion of time perception: Psychological defense mechanisms that slow down or speed up the subjective experience of time.

5. Distortion of hearing and vision: Some sounds are heard while others are not. The narrowing of the visual field is called “tunnel vision.” All functions operate correctly, but attention is focused exclusively on the enemy. Attention is a limited resource, and its shortage is noticeable even in everyday life.

6. Impaired communication skills: This is why instructions are simplified. Instead of “hold the sector,” the command is “look there, if you see someone — shoot.”

7. Hormonal surge: May cause inappropriate joy or excitement in combat, similar to the euphoria experienced with narcotic substances

8. Distortion of perception of one's own weight, body size (for example, fear of going out onto the balcony, because one's own weight seems incredibly large).

9. Memory impairment (the situation when a survivor is remembered in order to pass on the experience to others is a mechanism for the formation of intrusive memories. The part of the brain responsible for our safety - the amygdala - remembers the fear, and the hippocampus (the part of the brain responsible for analysis) - the context, the circumstances when it arose. That is why, if there is even some coincidence with the context (sound, smell, place), the fear will wake up. Of course, different people have different degrees of memory loss or distortion of memories. Some lose trifles (exact time, direction, number of objects), stress impairs the memory of the location of things, including (this is why they even forget their personal weapons), for others, entire events are erased from memory. In a critical situation, the brain can "suck in" various "inappropriate" memories, because it goes through similar experiences in order to cope with the situation and survive.

10. Sometimes nervous tension can cause hallucinations.



Our behavior is a set of **fixed action patterns** (FAPs). During extreme experiences, a person develops a new FAP that displaces the usual one (for example, a changed reaction to fireworks). In critical situations, a person does not act according to what is correct or logical but rather according to habitual patterns. Actions without real purpose or displaced activity arise.

For example, when you receive terrible news, you might go to the kitchen and start washing dishes (the brain does not know what to do and just tries to do something). Behavior is redirected towards aggression (for example, wanting to hit a car that won't start), eating, or sex (the person seeks relief). In places of large-scale disasters, violence is often exhibited by people who previously had no such tendencies. Smoking, playing computer games, clicking a pen, or excessive consumption of sweets are examples of displaced activity.

**Post-Traumatic Stress Disorder (PTSD)** (according to ICD-10) is the result of a delayed or prolonged response to a stressful event (either brief or prolonged) of an exclusively threatening or catastrophic nature. An official diagnosis is made only six months after the traumatic event and is characterized, according to ICD-10, by the following clinical diagnostic criteria:

- Exposure to a brief or prolonged event of an extremely threatening or catastrophic nature, capable of causing deep despair.
- Persistent involuntary and vivid recollections — flashbacks — of the traumatic event, constant replay of the event in dreams; intensified reactions in situations reminiscent of or associated with the traumatic stressor.
- Avoidance of situations reminiscent of or associated with the traumatic stressor.
- Partial or complete amnesia for important aspects of the traumatic event.
- Presence of two or more symptoms of increased psychological sensitivity and arousal not present before the trauma:
  - Difficulty falling asleep, light sleep, insomnia;
  - Irritability or outbursts of anger, impaired concentration;
  - Increased autonomic arousal (anxiety, unexplained feelings of danger or tension; hypersensitivity to noise and light).

With some exceptions, the listed symptoms typically manifest within six months after the traumatic event. In most cases, they are triggered by internal or external factors known as **triggers**. Triggers can be internal or external. **Internal triggers** include thoughts, emotions, and physical sensations that were experienced during the traumatic event. **External triggers** are situations, people, or places that remind the individual of the trauma — such as specific words, sounds, or locations.

#### **How to reduce the risk of trigger exposure:**

- Avoid creating situations where triggers are likely to occur;
- Limit time spent in crowded places unless necessary;
- Avoid and, if possible, prevent loud or sudden noises;
- Minimize surprises;

- Do not touch or hug a person without their explicit consent;
- Avoid verbal triggers such as: “Why are you rushing like a rocket?”, “target audience”, “that workout was torture”, “shoot me a message”, “stab in the back”, “invalids”, “over my dead body” and similar phrases.

### **What not to do when supporting a person with PTSD:**

- Do not ask them to talk about their traumatic experience — this can cause retraumatization.
- Do not minimize or invalidate what they’ve been through.
- Avoid glorifying or heroizing their experience.
- Do not demand (or gently insist) that they “pull themselves together” — this is often beyond their current capacity.
- Avoid blaming or criticizing them for how they react or express emotions.
- Do not reinforce avoidance of psychological or physical symptoms.
- Avoid saying that you know or understand exactly how they feel.
- Do not tell them they are “lucky to have survived” — people who have experienced trauma often don’t feel lucky.
- Do not say it’s “time to stop acting like you’re still at war.”
- Do not say “time heals all wounds.”

### **How to Support a Person with PTSD:**

1. Take care of their basic needs: cook meals, help with household tasks.
2. Assist in finding contact information for professionals, support organizations, or peer groups.
3. Offer warmth and support. Be calm, caring, and gentle.
4. When the person is ready, they may talk about the traumatic event repeatedly. Allow them to talk as much as they need.
5. Do everyday tasks together — routines provide a sense of normalcy and grounding.
6. Talk about the future and make shared plans. This can help counter the common belief among people with PTSD that their future is hopeless.
7. Avoid using drugs, alcohol, or smoking in the home or in their presence.
8. If the person is in a severely distressed state, do not leave them alone.



**Exercise: “Debunking the Myth”**

**Materials:** 8 slips of paper with myths written on them, 8 slips of paper with fact-based debunking statements, each corresponding to a different myth

**Instructions:**

Divide the group into 8 teams. Each team receives one slip with a myth and one slip with a debunking, but the debunking corresponds to a different myth. Teams take turns reading their myth out loud. The rest of the group listens carefully and tries to identify the correct debunking.

***Myth 1. Only military veterans experience PTSD.***

**Fact:** PTSD symptoms have always existed in people who have experienced traumatic events. Veterans were the first to receive this diagnosis (in 1980), but PTSD can develop in anyone, including children, if they have faced a serious threat to life or health.

***Myth 2. Everyone experiences PTSD in the same way.***

**Fact:** Even if the traumatic event was similar, that does not mean two people will experience PTSD in the same way. This is why treatment for PTSD must be highly individualized.

***Myth 3. Everyone has some form of PTSD.***

**Fact:** While many people face traumatic experiences, most do not develop PTSD. Some may show signs of acute stress after an incident — including insomnia, anxiety, or depression — but these symptoms usually go away over time.

***Myth 4. PTSD appears immediately after a traumatic event.***

**Fact:** While PTSD symptoms often begin within the first 3 months after a traumatic event, in many cases it can take months or even years before symptoms appear, and the condition may worsen over time. There are cases of people who experienced trauma nearly 50 years ago but are only now showing signs of PTSD.

***Myth 5. People with PTSD are weak.***

**Fact:** Post-traumatic stress disorder is not a sign of emotional weakness, strength, or resilience. It can develop in anyone, regardless of personality traits or other individual characteristics. PTSD may occur because the trauma was especially horrific or because the traumatic experience lasted too long. It is not weakness — in fact, seeking treatment and support, and openly talking about and exploring one’s trauma, takes courage.

***Myth 6. People with PTSD are dangerous.***

**Fact:** Most people with PTSD do not want to harm themselves or others. Neither psychosis nor aggression are typical symptoms of PTSD. The main symptoms of PTSD include intrusive thoughts,

nightmares, insomnia, guilt, isolation, frustration, and more. There are many risk factors — such as substance abuse or other unrelated psychiatric disorders — that may contribute to any connection between PTSD and violent behavior.

***Myth 7. PTSD is a chronic condition that cannot be effectively treated.***

**Fact:** Researchers and clinicians have identified numerous treatment methods that reduce PTSD-related symptoms, including behavioral therapy, talk therapy, and medication.

***Myth 8. A person with PTSD will never recover.***

**Fact:** Remember that PTSD is a natural response to abnormal stress, just as bleeding is a natural response to a physical wound. Our mind and psyche are capable of healing, just like our body. Healing takes time, of course, along with deep personal work and adherence to treatment. Healing does not mean the past disappears — it means the past no longer has the power to dominate the present.

Since society often lacks an understanding of the complexity of PTSD, people who struggle with it frequently feel misunderstood. Quite often, they do not talk about what they are experiencing — even with close friends or family. They fear being seen as dangerous or “abnormal.” They may resist treatment and believe that the best way to deal with PTSD is simply to “stay strong.”

The myths surrounding PTSD create stigma, which prevents people from seeking help. Misinformation about PTSD is not only incorrect — it can also be dangerous.





### Module 3. Stereotypes: Nature, Origins, and Consequences.

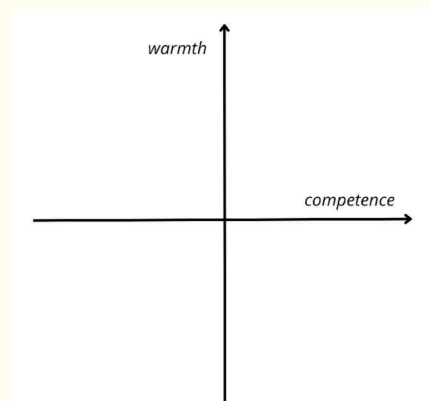
The practical aspect is explored through the exercise “The Content of Stereotypes.”

#### Exercise “The Content of Stereotypes”



Preparation and materials: flipchart, markers

Instructions: The facilitator forms 4 teams and draws X and Y axes on a flipchart sheet. Then explains: “When we encounter people from different groups, we tend to perceive them based on two dimensions. **The first** dimension (e.g., Y-axis) is warmth — how friendly or ‘like us’ these people seem, or conversely, how hostile. **The second** dimension (e.g., X-axis) is competence — how capable we believe members of this group are in achieving their goals”.



Each team has a task to describe the age, profession, social group, and an animal association for a specific group.

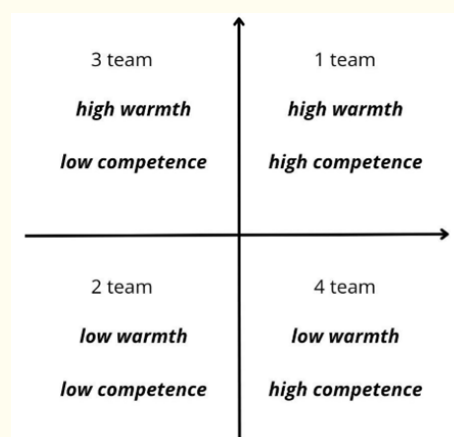
**The first team** describes people from the group “*high warmth + high competence.*”

**The second team** — “*low warmth + low competence.*”

**The third team** — “*high warmth + low competence.*”

**The fourth team** — “*low warmth + high competence.*”

After the team discussions and recording the results on flipchart sheets, a group-wide discussion takes place.



Questions for discussion:

1. What was difficult and what was easy about the task for each group?
2. On what basis were certain professions or age categories placed into a particular group? Why were specific animals chosen?
3. In which quadrant did military personnel or veterans end up? Why were they placed in that group?

During the discussion, participants will describe the groups in different quadrants based on their own stereotypes.

#### Theoretical aspect

A **stereotype** is a belief or expectation about a social group. More broadly, a stereotype is a mistaken belief that all people or things sharing a certain characteristic are the same. Stereotypes are fundamentally important: they are activated at early stages of information processing and influence

how we perceive, think about, remember, and evaluate events and phenomena. They help us save time and preserve the brain’s valuable resources.

Researchers describe stereotyping as “**cognitive laziness**” — a shortcut that simplifies thinking. At the same time, they emphasize that it is an **unconscious** process, an automatic form of perception that results in statements like, “*I don’t know why, but they just don’t do things the right way.*” This is a way of justifying our feelings and convincing ourselves that our assumptions are “*well thought-out.*”

You may find yourself applying your own sets of stereotypes to defenders or veterans. For example, statements like:

*“All military personnel are brave,”*

*“The only thing soldiers are taught is how to kill,”*

*“All veterans want to return to service,”*

*“Veterans can’t work in civilian teams,”*

*“All military personnel are prone to violence,”*

*“All veterans have PTSD.”*

Such statements form **prejudices** (attitudes based on stereotypes), which in turn lead to **discrimination** — a form of social inequality expressed through specific actions. For instance, when veterans are denied employment because of their combat experience or when others avoid interacting with them.

Let’s return to the “unconscious cognition” that is stereotype. Since childhood, we have been dividing the world into “ours” and “strangers”. The division into “us” and “them”, “ours” and “strangers” is automatic, emotional and often occurs before we have time to realize anything. For example, when a person sees someone who is very different from them, the areas responsible for emotions in the brain are instantly activated before we even think of anything specific. We immediately begin to “feel” and only then look for arguments to explain these feelings. This is confirmed by scientific research. We often do not realize why we feel hostility or distrust towards others. It can be something very deeply rooted - we simply “do not trust” or “do not understand” these people, although we cannot clearly explain why.

The brain “groups” people very quickly: by gender, appearance, even clothing or language. Then we begin to think that “our own” people are better: smarter, kinder, more correct. And “strangers” are worse, dangerous or less intelligent. Often we see “strangers” as a threat: we are afraid that they will take away our resources, work, or destroy our values. Interestingly, even when one of the “strangers” does something good, we can say: “Well, this is an exception, he is not like all of them.” In this way, we support our opinion, even when the facts say otherwise.

Another feature is that we perceive an individual person and an entire group differently.

For example, if we get to know an individual representative of an “alien” group, we can treat him well. But when we think about the group as a whole, fear, prejudice or aggression arise. This is why conflicts occur more often between groups than between individuals.

We also perceive different “alien” groups differently. For example, we fear some, despise others, or even feel disgust. These are different brain responses to threat or disgust, which are also formed automatically.

In 2022, social psychologist Oleh Pokalchuk, in his article “The Smell of Conscience” for the publication *Livyi Bereh*, described a story about a serviceman who was kicked out by overly neat passengers on an Intercity train because they didn’t like his smell.

*“The troubling thing,” the author writes, “is that this incident is part of a traditional social dynamic in how society treats servicemen. Once again, this isn’t about the entire society — but extremes are always more visible, and thus more representative in mass behavior. There are two stages to such reactions.*

*First comes sentimental idolization and glorification of everyone — even those who are far from heroic. Empathy, gratitude, euphoria — all of that is entirely justified. But then it slowly starts to fade. A formal positive attitude remains, on the level of rational thought. But inside, there appears a sense of alienation, fear, and a desire to keep one’s distance. This has little to do with reason, and much more to do with the instinct for self-preservation. It’s closer to what we are deep down inside. So deep that it doesn’t even have a name.*

*A soldier means war. War means death. Instinct tells us to move away from the symbol of death — or to symbolically cast death out.*

*This alienation toward warriors, which comes after the phase of glorification, does not take any gender, nation, or race into account...”*

Why this text about “ourselves” and “strangers”, about “us” and “them”? Let’s return to the results of our exercise. Namely, to the mechanism of evaluating “them” — the model of stereotype content of social psychologist Susan Fiske. She studied that not all “they” evoke unambiguous emotions in us. Sometimes we encounter mixed, contradictory feelings. To better understand how we perceive other groups, Susan Fiske suggested paying attention to two criteria of perception - warmth and competence. These two criteria are combined in four combinations — and each of them evokes characteristic emotions:

**1. High warmth + high competence (HH).** These are people we trust and respect — those we consider both good and capable. According to Fisk’s observations in the USA, representatives of the middle class, professional African Americans, and good Christians often fall into this category. Among the participants of our “Defender at Home” training, this category included colleagues, friends, and like-minded people of the participants themselves.

The emotion this group evokes: *pride*.

**2. Low warmth + low competence. (LL).** These are those we perceive as strangers and helpless. For example, homeless people, drug and alcohol addicts, the poor, as well as immigrants and those who receive benefits. They are often depersonalized, considered “scammers”



Emotion: *disgust*.

3. High warmth + low competence (HV). These are people we feel sorry for. For example, elderly people, people with disabilities or mental disorders and children.

Emotion: *pity*.

4. Low warmth + high competence (HV). These are those who are respected for their professionalism, but are considered alien or threatening. For example, rich people, Jews in the historical context of Europe, Europeans in post-colonial countries, those who have professions that require long training and significant intellectual effort, specific skills (doctors, lawyers)

Emotion: *envy*.

Curiously, our brains respond to these categories very differently. For example, when looking at representatives of the “low warmth + low competence” category, areas associated with disgust for objects are activated, rather than empathy for people. But as soon as we give “them” personality traits (for example, “this homeless person likes coffee with cinnamon”), the emotional perception changes, empathy appears.

### **Attitudes towards veterans through the prism of the Fiske stereotype content model**

Veterans can also be “included” in these 4 types of social perception, depending on the context:

#### *1. High warmth/high competence → pride. Heroic image.*

Veterans are perceived as strong, brave, selfless, patriotic — “their own”. Society’s emotion is pride and gratitude. Such a perception often dominates the media, where the military is often portrayed too heroically. This perception is unstable. Because as soon as a veteran shows vulnerability, the image begins to waver. Heroization creates unrealistic expectations from veterans and the military, and also disregards their everyday problems and needs.

#### *2. High warmth/low competence → pity. Victimized image.*

When a veteran has a trauma (physical or psychological), cannot work, needs support - society can focus on this quadrant. Veterans are often presented in the media as victims who suffer from physical and psychological trauma, victimizing them. The emotion of society is pity, sympathy, but also a certain paternalistic attitude. This can contribute to prejudices that all veterans are vulnerable or unstable. The danger is that pity often leads to marginalization, losing faith in the person's ability to act.

#### *3. Low warmth/high competence → envy*

When a veteran, for example, receives benefits, quotas, “wins” the competition for resources, work, recognition — society may perceive this with envy or irritation. The emotion of society is envy, indignation, a silent (and sometimes loud) question: “Why them?”. In addition, the media often only covers either the great successes or the significant failures of military person-

nel and veterans. This forms polarized perceptions that do not reflect the full picture of the lives of military personnel and veterans. This is where misconceptions arise such as: "they all have psychological problems," "they shouldn't get into politics/education," "they don't understand us."

#### *4. Low warmth/low competence → disgust. Stigmatization and social rejection.*

The extreme case is when veterans are perceived as dangerous, aggressive, destructive, or anti-social. This may include veterans with PTSD, addictions, and conflict behavior. For example, the media negativizes veterans when viewers and readers focus on negative incidents involving military personnel or veterans, such as crimes or aggressive behavior. This can create a stereotype that military personnel and veterans are dangerous or problematic. The emotion of society is fear, disgust, and condemnation. These are the most threatening conditions for a veteran's full return to society. Often, this is where conflicts arise in communities, employment becomes more difficult, and isolation increases.

How to neutralize stereotypes? Don't believe them. Collect more information, get out of the "corners" of perception and return to reality.

For example, *"Do all veterans really have PTSD?"*

Director of the Centre for Mental Health and Rehabilitation "Lisova Polyana" of the Ministry of Health of Ukraine Ksenia Voznitsyna notes: "If we take complex disorders such as PTSD, there is clear world statistics about plus or minus 15-20% in which it can develop if a person has experienced this huge trauma. And some of these 20% can recover quickly enough - due to good rehabilitation, their own integrity. You should not think that everyone will need treatment, that everyone will have PTSD - this is a myth that we are constantly debunking. It will be in a small number of people." The same applies to veterans. Not all of them develop this syndrome. What you need to pay attention to: the image of a veteran is not stable, it changes depending on circumstances and context. Society can move a veteran from one "corner" to another along the axes of "warmth" and "competence", reduce him or her to a label - "hero", "victim", "threat", "privileged", - often unconsciously.

So, our task is to create conditions in which veterans can be themselves – the same people as others, but with specific experiences that we must take into account and respect.

## **Module 4. Communication Without Harm**

### **Theoretical Aspect**

How should we communicate with veterans?

As with ordinary people who have had extraordinary experiences. It is precisely this experience that often makes veterans seem "different" to us. In fact, the understanding that war changes a person is not new — it was already recognized by ancient tribes.

American psychologist and Vietnam War veteran Frank Pucelik notes that warriors from an-

cient tribes would stay in a special camp before returning home. The purpose of this kind of quarantine was to undergo a painful cleansing ritual under the guidance of shamans. This was intended to expel the inner “monster” — the psychological burden of a person who had “crossed the line” during war. Through this process, the former warrior was transformed into a “person of wisdom.”

Tribal communities regarded such warriors as demigods and recognized that they possessed a unique experience the tribe could and should benefit from.

A person who has gone through war becomes stronger, wiser, and more experienced. At the same time, war is an extreme situation, in which a person is under constant intense psycho-emotional stress and overcomes it through sheer willpower. The price for this is usually very high: almost all combatants undergo inevitable changes in their physical and psychological state.

Statistical data show that approximately one in five combat veterans suffers from neuropsychological disorders, even in the absence of any physical injuries.

The statistics are even more severe among wounded veterans and those with disabilities — every third individual is affected.

Some consequences of military service manifest immediately upon a veteran's return home, while others may emerge months or even years after reintegration into civilian life. These often take the form of various psychosomatic disorders.

Frank Pucelik also identifies **six behavioral rules** that soldiers internalize during combat and continue to follow in civilian life.

1. Stop in the midst of chaos.

When hearing sudden loud noises or in the middle of confusion, a soldier stops — physically, emotionally, holds their breath, maximally sharpens their vision and hearing to identify the source and respond immediately. In doing so, they temporarily shut down unnecessary internal systems and mobilize the resources needed to react appropriately to the threat.

2. Stay loyal to your own — your comrades, your trusted friends.

In combat, a soldier can rely only on a very small number of people. Accordingly, when a veteran returns home, they must relearn how to trust old friends and family members.

3. Plan ahead.

In wartime conditions, defenders always plan their actions — it is a matter of survival.

“What exactly will we do if...?”, “What do we need to prepare in order to get there and come back safely?”, “Do I have everything I need? Does every member of the team have what they need?” — these are routine questions.

4. Say “no” to feelings.

This rule means: do not feel emotions, do not feel your body — they may interfere or distract you. Upon returning to civilian life, veterans face the challenge of reconnecting with their bodily sensations and emotional experiences.

5. Know the terrain.

In combat, a soldier must know exactly where they can quickly take cover.

They think about this constantly. They continuously assess routes for advance and retreat, and evaluate all the strengths and weaknesses of their current position.

At home, at least initially, a veteran will pay more attention to their physical safety in the environment than the people around them — until these habits are gradually adjusted to civilian conditions.

#### 6. Act in case of threat.

When one’s life is in danger, there is no time to think. Action must be immediate — and often aggressive. In combat, soldiers are constantly anticipating danger. At home, for a time, they will also continue to expect threats. Until this response is recalibrated, a veteran will react automatically — just as they were trained to do in combat.

Given these rules, there is a high probability that a veteran will have to face the following problems:

- strong emotional reactions to disappointment, conflict, or perceived hostility;
- difficulty understanding the new social norms and expectations in their environment;
- discomfort or stiffness in communication, and unexpected changes in the behavior of close ones;
- changes in work, business, or professional life — often for the worse;
- a desire to return to military life and familiar routines, traditions, and rituals;
- difficulty falling asleep;
- heightened sensitivity to disorder, injustice, or violations of rules and order;
- significant differences in values: what seems unimportant to them may be crucial to others — and vice versa;
- difficulties with decision-making;
- challenges in concentration and memory.

These are all normal symptoms of difficult adaptation, and if the adaptation is successful, they will gradually disappear on their own. If the symptoms worsen within a month, then the adaptation is going unsuccessfully, and it is worth contacting psychological specialists.

**Sensitive topics for a veteran:** war, politics, justice and injustice, guilt. If the person himself wants to talk about these topics, remind yourself that he has the right to think as he pleases, that there is no need to convince him otherwise, and that he wants to be heard. When you feel uncomfortable, ask: “What happened before that?” or “And what do you think will happen next?”

**Safe topics:** Food, hobbies, pre-war past, everyday life

If a person finds it difficult to maintain a conversation, that's okay. Start by talking about these topics in your life first. This will set an example, and then it will be easier for the person to answer your questions about the same thing.

**It is important to remember:** a veteran may express assessments and versions of an event that you do not agree with. You should not argue with this. He has the right to remember and evaluate events in his own way. When you express agreement, it does not mean you have to fully share the other person’s assessment or position. Instead, it is enough to say: “I agree that you can remember and evaluate it in this way.” When a person is not confronted or challenged, they are more likely to gradually reconsider and possibly change their views or emotional responses over time. It is also common for returning veterans to feel out of context — they may not understand subtle cues, jokes, irony, or be aware of new social rules, habits, memes, or unspoken agreements. But you can simply explain these things to them.

A veteran’s return is also a challenge for those to whom they are returning.


It is important to acknowledge that by the time your loved one, colleague, or acquaintance returns from war, you have most likely already adapted to new circumstances.

You have learned to live differently — in a new environment, according to a new daily routine. You have grown used to living without this person, without their help and involvement. The veteran’s return disrupts the established order. For you, these changes may bring added stress rather than relief. A few days after the initial joy fades, this stress may manifest as fatigue, irritability, and a desire to restore the “old” order of things.

To better understand veterans returning to civilian life, think back to your own experiences of major changes — moving, starting school in a different city, getting married, or having a child. These moments require time for orientation, emotional support, clear information about the new rules of life, and opportunities to be useful in order to feel valued again. This is exactly the approach veterans need — not pity, but understanding and involvement.

It is important to remember: after returning from war, a veteran does not become an “alien” or a “sick person.” They are **an ordinary person with extraordinary experience** — an experience that deserves respect, without pity or condescension. Pity is not helpful — it only deepens the sense of isolation and loss of status. Veterans are adults who have endured extremely difficult trials, and what they need most now is a sense of dignity, equal dialogue, and genuine support.

During the adaptation process, a veteran may miss the front and dream of returning. This is normal — war often becomes a space where everything was clear and understandable. In such conversations, you shouldn't try to convince or dissuade — it's better to talk about yourself, your experiences, and outline your personal boundaries.



*"It hurts me to see what you're going through, and I want to help — I'm trying to understand you. Please help me... Tell me what you're comfortable talking about right now, because I'm tired of guessing."*

If a veteran begins to share, it is important not to interrupt. Do not try to add your own similar

experience — just listen in silence. If they do not want to talk — do not pressure them. They will decide for themselves when and with whom to share what they have been through.

### **Adaptation: the role of relatives**

A significant burden falls on the shoulders of family members. The family becomes the main space for adaptation, which is why it is crucial for close relatives to develop skills such as active listening, mirroring, and empathy. It is not necessary to offer advice or recommendations — presence, respect, warmth, and a safe atmosphere matter far more. At the same time, respect must be mutual. In this relationship, your own boundaries, self-care, and access to resources — such as support groups — are just as important. Only by having inner stability can you be a reliable source of support for someone else. In the first months after returning, a veteran especially needs a “mature figure” nearby — someone who provides stable, attentive presence without pressure, judgment, or dismissal.

Give them time and space. Clarity, direct messages, a genuine smile, and emotional openness — all of these are the foundation of healthy communication.

### **How to respond to aggression?**

Aggression in a veteran is often a manifestation of deep vulnerability, pain, and unspeakable inner tension. It is not about you or against you. It can be a kind of “cry of the soul” — like a child who cannot express his pain in words. If a person is in a state of affect, do not touch them.

*"I'm hurting, and I hear you. I know you care. I want to speak to the person who's inside you."*

Avoid responding with aggression. Don't “launch back,” even if you feel hurt or provoked. Instead, assert your boundaries and speak from your own feelings.

Remember: aggression is a protective reaction. It should be redirected away from yourself or loved ones, and instead, conditionally, “toward the enemy.” In peaceful life, this means focusing on goals, fighting the consequences of war, and helping others.

### **How to calm a veteran?**

The key is to be present. Active listening, physical presence (for example, sitting nearby, offering a hug if permitted), grounding exercises (“feel the ground beneath your feet”), and empathy help stabilize. Do not ignore grief — experience it together: “It hurts me when I hear about... (the loss of comrades, loss of health, opportunities). I can be here for you... listen, mourn with you...” Remember that hope and optimism are not empty words. They become powerful support in the darkest times. Remind them of their inner strength: “You have the power to help yourself,” and encourage engagement in daily activities. Routine, everyday life, and the opportunity to be useful are also forms of therapy.

It is important to communicate:

*“You have the right to feel fear, pain, and sadness.  
It is normal to be human in abnormal circumstances.  
And you are not alone.”*

It is also essential to pay close attention to the language used in conversations — specifically, to use ethical and respectful terminology:

**Use the terms:** *veteran* (for men and women alike)

**Do not use:** *ATO participant, former soldier, ex-combatant, military person, volunteer fighter.*

We work with and speak to all individuals who have military experience and hold the official status of combatant

**Use the term:** *adaptation to civilian life*

**Do not use:** *rehabilitation, return to normal life*

The military experience will stay with veterans forever. Life with a veteran identity is their normal. Therefore, it is incorrect to suggest that only civilian life is “normal.”

**Use the term:** *military experience*

This refers to all events and circumstances a person encountered during their service and participation in combat — including daily duties, decisions, initiatives, and combat engagements.

**Do not use:** *went through the horrors of war, fought in the war*

We do not impose our own interpretations or evaluations on the experience veterans have lived through.

Communication with veterans requires particular sensitivity, dignity, and an understanding of the specifics of their experience. They are not “different” by nature, but they carry a unique experience that reshapes their worldview, reactions, and behavioral patterns.

The **practical aspect** will be explored through the “Chairs” exercise.

### ***The “Chairs” Exercise***



Preparation and materials: one chair per participant

Instructions:

Ask two volunteers to go outside the room. Ask the remaining participants to take their chairs and bring them into a circle, placing the chairs with the seats facing inward and setting them close together to form a tight circle. The entire group should stand on the outside, each person holding onto their own chair. Explain that a group exercise is about to begin and that it will start in complete silence. The task of the group is to balance each chair on its two front legs and move as a group around



the full circle, holding each successive chair with only one hand. Participants must maintain the balance of the chairs and remain silent throughout the exercise. If it becomes too difficult, you may introduce the option of using short signals or brief verbal commands.

**Important:** During the exercise, observe the group carefully. Step in to support or assist if you sense the tension is rising too much — or stay silent and observe if they are attempting to handle the challenge on their own. You may allow participants to speak or coordinate at any time, but keep in mind that this does not always make the task easier or more successful.

Once the group begins to move more successfully around the circle, invite the first volunteer back in and ask the group to integrate them into the activity. Do not offer help or guidance — just observe. After the group has attempted the full circle twice with the first volunteer, invite the second volunteer to join. Allow the group to complete the circle with both new participants.

Once the group successfully completes the task without dropping the chairs, ask everyone to return to their seats and sit down.

Questions for discussion:

1. *How did you feel during the exercise? What changed over time?*
2. *How did the team try to reach agreement? What turned out to be helpful and effective in the end?*
3. *How did the team react to the arrival of new people? How did they help them integrate into what was already happening?*
4. *How does this reflect life in a community? What analogies can you draw?*

Veterans return to civilian life as “new” people. To better understand what a veteran may feel, think back to a time in your own life when you experienced major changes. You may have gone through something similar during a move to a new city, getting married, having a child, or starting university — especially if it involved relocating and living in a dormitory. How would you have wanted others to support you in those situations? Most likely, you would have appreciated not being pressured, not being forced to make decisions quickly, but instead being given time to get oriented, receiving information about how things work in the new environment, emotional support through friendliness, and also the opportunity to care for yourself while contributing to others — to feel valued and a part of the community. This is exactly the approach needed to support a veteran in adapting after returning home.

Key principles of veteran **adaptation** include the following steps:

1. **Involve them in shared activities.**

Life is about action. At this stage, a person is trying to reorient themselves and figure out how to live in this new reality. If you try to “protect them from responsibilities,” you may inadvertently signal that they are now a “sick person.” It’s always easier to distance yourself and do everything alone, but if you truly want to help, you need to do the opposite.

Take an active role in interaction and include the veteran in shared tasks and responsibilities. This requires effort and responsibility, but it is not difficult — especially if you feel gratitude for what our veterans have done for us.

## 2. Explain the rules.

Of course, not everything in civilian life has changed while the person was away at war. However, they do not yet know what has changed and what remains the same. That’s why it is important to go over all the key areas and explain how things work now. Don’t expect this “orientation” to be quick. It is a core part of the adaptation process and requires as much time as necessary. Most likely, you won’t be able to explain everything all at once — you will need to return to certain topics repeatedly as the person gradually adjusts.

## 3. Allow room for trial and error.

Anyone who is learning something new will make mistakes — often many of them. This applies even to tasks or skills the person used to perform well but hasn’t practiced in a long time. Mistakes are inevitable, so it’s important to either provide a “safe environment” where errors will not cause harm or closely supervise the process to offer support and backup.

Remember: if a person is struggling to complete a task, it means the task is too difficult for them at this stage. The solution is to simplify the task, not to apply pressure. And if something goes well — give praise. This builds the person’s confidence and gives you a sense of progress.

## 4. Clarify expectations.

When someone is doing something for the first time — or for the first time in a while — they don’t necessarily know what the quality standards are. That’s why you need to clearly outline the terms of the task: what needs to be done, how, in what order, and by when. For example:

“I expect this to be done in such and such a way, within this timeframe, and to at least this standard.” Also explain the purpose of the task. People often communicate expectations using vague benchmarks like “the faster, the better” or “the cheaper, the better.” But with someone who is adapting or learning, this approach only increases anxiety and gives them a sense of uncontrolled responsibility. What’s important is that the person is able to complete the task successfully — not that they do it “better than last time.” So, set expectations in the format of: “It needs to be done like this, and the result should look like this.”

The primary psychological need of a person returning to civilian life is to restore their sense of self-worth — not some abstract value or potential future usefulness, but the belief that they can do something meaningful and helpful here and now. Since the beginning of the war in eastern Ukraine (ATO), it has been observed that service members recovering in military hospitals are much more willing to participate in activities and competitions when there is a tangible reward involved, or when they know their actions will directly help fellow soldiers. The kind of achievement veterans need after returning home is not about abstract victories. What truly matters are clear, concrete outcomes — such as a reward, or the gratitude of a specific person nearby.

## Module 5. Community Resource Map: Group Work to Identify Local Initiatives, Services, and Contacts.

We will explore the **practical aspect** through the exercise "**Building Support Networks**".

### ***Exercise "Building Support Networks"***



Preparation and materials: sheets of paper, pens or markers

#### **Individual work:**

**Step 1.** Ask participants to make a list of people/contacts they can turn to for help, using the following framework:

- Family

This segment includes everyone living under one roof. If children have moved to another place, they move to the "relatives" category. The same applies to parents who are divorced and live separately.

- Relatives

Relatives make up the "root system" of the family: relatives from the mother's and father's side, as well as their spouses. If previously divorced parents have formed new families, the child now has four closest relatives with whom certain relationships are formed. Relatives provide stability to the social network, especially regarding the immediate family. Even when contacts are interrupted, family ties do not disappear.

- Workplace, educational institution

This segment, along with the "family," forms the foundation of our everyday life, since we spend time here daily. We meet and interact with people naturally, without additional effort, and the significance of these contacts grows: they can become either a source of support or a source of irritation.

- Friends, neighbors, and others

Unlike relatives, friends do not appear automatically, and relationships can end after a conflict. Neighbors form a separate microsystem located close to friends but have their own characteristics. Like with relatives, conflicts with neighbors can be prolonged because they cannot be chosen, and proximity is unplanned.

- Associations or religious groups

They provide a sense of belonging to social life, a common cause, and responsibility; they share common values, ideals, and aspirations, set their own goals and groups they serve, and offer support. Veterans' associations help veterans reintegrate, protect their rights, organize leisure and rehabilitation activities. Religious groups provide spiritual, social, and, if needed, material support (medications, rehabilitation organization, logistical support, hospital visits, family assistance).

- Administrative bodies, social services

In families in crisis, representatives of administrative bodies can be an important part of their network of social contacts.

**Step 2.** Ask participants to arrange the people/contacts identified in the first step according to the level of their ability to provide help, that is, by accessibility (you are in the center, the others are placed around you at a distance that reflects their real possibility to offer assistance). You can also develop a system of symbols (man – triangle, woman – circle; rays of a star around the symbol – the significance of this person; a cross inside the figure – deceased person, etc.).

**Step 3.** Participants depict the connections between themselves and the others using schematic arrows depending on the possibility of assistance: dashed line – negative relationships, solid thick line – strong positive ties, arrows – directions of activity (one-way, mutual, etc.).

**Step 4.** Ask participants if they enjoyed creating their social contact map. With whom can they use this technique in their work? Why is it important that the person who needs help creates their own map, while the social worker/psychologist only guides and supports them?

Shared experiences that the specialist and the help recipient feel while filling out the maps together strengthen their cooperation and deepen trust between them. The specialist is able to obtain information about people important to the client and can thus influence the client during decision-making. In this way, the specialist gains a foundation for individual work not only with the client but also with their social environment, rethinking the resources of relationships and the community.

### ***Exercise "Brainstorm: How do we understand community?"***



#### **Instructions:**

1. On a flipchart sheet, write the word COMMUNITY in large letters and invite participants to name words they associate with the term "community." The group develops a list of words (at least 20), which are also written on the flipchart.
2. Participants divide into small groups (4–5 groups, depending on the number of participants). Each group receives the task of proposing a definition of the term "community," using only the words written on the flipchart and 2 verbs. After that, each group presents their definitions.

This exercise effectively activates the participants' experience, reveals the group's perception of the term, and prepares the ground for understanding mini-lectures.

## **Community as a Space for Psychosocial Work**

### **Theoretical Aspect**

Today, Ukrainians are “rediscovering” community as a space of existence — a space where the

individual and society meet, and where a person gains a real opportunity to influence social processes important to them. The purpose of the community is to improve the quality of life and self-esteem of its members, and to satisfy their everyday needs.

There are territorial communities and “interest-based” communities, with the following key characteristics:

- shared situation: those who belong to a community share common traits that connect them to one another; this may be place of residence (territorial community), or it may be class, ethnicity, religion, or something else;
- network of relationships: communities encompass all possible relationships and are not limited to just work, politics, or sports;
- collective action: people are aware of a shared interest and are capable of organizing collective actions;
- formed identity: a person within a community gains a social identity, which brings emotional responsibility, a sense of belonging to a larger unit, and certain loyalty towards it.



As for the “interest-based” community, it can be a community of parents raising children with disabilities, a volunteer group, amateur actors. There are also religious, professional, language communities, etc. We can also talk about the existence of communities of war veterans.

### **The psychological resource of a community**

The psychological significance of communities with which a person identifies lies, at a minimum, in the fact that communities serve as a source for satisfying important socio-psychological needs of the individual — such as the need for belonging and attachment, for establishing connections with others, and for rootedness and a sense of continuity or heritage. The psychological term “community feeling” (introduced by Alfred Adler) refers to the participation we take in the lives of others not only for the sake of achieving our own goals, but also out of an “interest in the interests” of others. In Adler’s theory, the sense of community is closely connected to social interest — a “feeling of solidarity, of connectedness between one person and another... an expanded sense of fellowship within human society.”



A community serves as a psychological resource when belonging to it provides a sense of emotional safety; when the individual feels free and sufficiently empowered within it; when they share the values of others in the community and feel a sense of unity with them; and when they have a strong emotional bond formed through shared experiences — both past and future.

The community of fellow service members serves as a powerful psychological resource for veterans, as it provides a sense of influence, protection, and being needed — often more so than, for example, a local civilian community. At the same time, for many veterans, their local community of origin — the place where they were born and spent their childhood — also becomes a psychological resource. Memories of a happy childhood in the countryside, friends, fishing, the forest, grandparents, a sense of protection and carefreeness provide strength for recovery and serve as a resource for meeting existential needs related to belonging and the (re)establishment of meaningful connections.

The social resource of a community is defined by its level of cohesion and the development of social capital. According to James Coleman, social capital is an integral component of human capital, based on trust and the ability of individuals to cooperate in order to create new groups and associations. Essentially, Coleman equates social capital with the potential for mutual trust and assistance, which includes obligations, expectations, structural reliability, information channels, social norms, and effective sanctions. That is, social capital is a productive resource that arises in interpersonal interaction, supports the stability of the social system, and enhances individual human resources.

Robert Putnam considers social capital to be an important factor in political stability, government effectiveness, and even economic progress, as it is based on reciprocity and trust between people, the widespread presence of voluntary associations, and civic engagement aimed at solving community issues. In his view, civic interaction based on horizontal and vertical trust is a greater asset than economic or human resources, as the main forms of social capital are networks (horizontal relationships), social norms, and trust institutionalized in social practices.

Social capital can be compared to the “glue” that enables the mobilization of additional resources through human relationships based on trust and connections.

In other words, the growth of a community’s social capital strengthens it by ensuring greater cohesion among its members. The wider the radius of trust (the circle of individuals or social groups included in a shared system of trust-based relationships), the more powerful the community's social capital, and the broader the range of “quality” interpersonal relationships.



Thus, the development of social capital not only contributes to the strengthening of communities but also positively impacts individuals’ sense of well-being and welfare. It enriches the life-world of community members, improves quality of life, supports subjective perceptions of social welfare, and enhances psychological well-being. The more cohesive the community, the greater its capacity to respond to pressing social challenges and to mobilize collectively.

Social mobilization (activation of the community's social resource) may occur in response to an acute social or environmental issue — this is referred to as reactive social mobilization. There is also proactive social mobilization, which involves self-organization, the willingness of people to participate in civic activities on a daily basis, improve their local environment, transform the system of social relations, and, overall, achieve positive changes in their own lives.

In the first case, the results of social mobilization usually fade away once the problem that triggered it is resolved. In the second case, social activity unites people around a common goal aimed at achieving sustainable change in their lives — not merely reacting to a crisis or external threat.

Overall, the level of veterans’ participation in community affairs is lower than that of other population groups. Nonetheless, their social and civic engagement depends on their pre-war experience (family, civic, or school socialization), post-war circumstances (satisfaction with family life and income), as well as the degree of intra-group identification with military structures.

On the other hand, the success of a veteran’s social reintegration also correlates with the overall level of participatory culture in the local community. In communities with strong social cohesion and a high culture of civic participation, veterans tend to be “included” in various forms of socially beneficial activity from the very beginning of their return from combat zones. At the same time, they feel the community’s support and their own value to it.

Unlike an organization - which is always outward-oriented - a community is inward-oriented and focused on each of its members.

Since people are the heart of any community, mobilizing its resources is more effective when it involves the participation of its residents. When members of a local community directly engage, for example, in identifying priorities for local development, this has a positive impact on community life, as its members feel a sense of ownership in these processes. At the same time, local authorities can demonstrate the alignment of their actions with public needs and increase the level of public trust.

### ***Exercise: "Participatory Methods of Community Work.***

#### ***Community Mapping"***



The objective of this exercise is to broaden participants' understanding of the community as a field of professional activity and its resource potential. Participants work together to create a visual map of their local community.

Preparation and materials: flipchart paper or large sheets, pencils, markers, sticky notes, icons/stickers.

**Instructions:** The group’s task is to create a map of their community on a large sheet of paper.

If the audience includes participants from different localities, divide them into small groups based on where they come from. It is important that each group works on mapping a community they are familiar with. Ask each group to sketch a rough geographical map in pencil—roads, towns, hills, boundaries—anything relevant to the scale and territory they are working with. An alternative option is to create a mental map of the community or a map of local institutions and organizations that address a specific social issue (e.g., violence prevention, veteran reintegration, etc.). The task can be phrased as follows:

"Create a community map that reflects the available resources for supporting veteran families."

Distribute the icons and explain that during the map-making process, participants can use them to mark different characteristics of the community.

### Icons for the “Community Mapping” exercise:

	Позитивні місця		Негативні місця
	Проблема чи занепокоєння		Немає доступу
	Повноваження ухвалювати рішення		Невідоме місце
	Місце навчання/ мистецтва, культури		Позитивний, негативний зв'язок між об'єктами

1. Ask all participants to mark the geography of the area using colored markers, and then indicate the objects that seem important to them. If possible, different types of organizations should be marked with different colors (for example, green for factories and shops, red for residential areas, blue for government buildings, etc.).

2. Ask the group to identify some “assets” (resources) available at the local level for addressing issues of violence in veterans’ families or their integration into the community:

- What services and social infrastructure facilities exist in the community?
- What skills does the community possess?

Now, invite participants to write down on sticky notes some of their emotions or feelings regarding different parts of this area, as well as about various buildings and structures they marked on the map. These feelings can be both positive and negative. Then, ask them to stick the notes on the map.

Ask the group to identify places where they feel unsafe, as well as any “no-go zones” in their community.

Identify controversial issues or problems in the community and mark them on the map. Indicate where there is a lack of knowledge or understanding.

3. Presentation of the created maps in the large group. Ask participants to return to the main circle and together try to explore the reasons why people have certain feelings about this community. Analyze assumptions and problematic issues that shape their attitudes, and reflect on why different people have different perceptions. For example: *“We have experienced different feelings regarding our communities. In some areas, there is a certain tension.”*



As a result of the discussion, it is advisable to formulate several (up to 5) key problematic questions identified through the mapping process together with the participants. These questions can then be discussed in the format of a "World Café" (description below).

Summary: The “community mapping” exercise is an engaging tool for trainers, but at the same time, mapping is a participatory method of working with the community, which social workers and psychologists master during its implementation.

### **Methodology "World Café"**



The **“World Café” method** helps facilitate discussions by encouraging listening and expressing one’s own opinions through effective communication techniques that belong to the category of community participation practices involving its members and stakeholders. It can also be used to elaborate and clarify ideas.

#### Preparation and materials:

Arrange furniture in the training room in a café style. Participant groups sit at separate tables.



Each table can accommodate up to ten people at the same time, but no fewer than four. Therefore, for a group of 30 participants, it is recommended to organize 4 to 7 tables.

#### Instruction:

1. Each table is assigned a moderator (a secretary who takes notes) chosen from among the participants at that table. Each table is also assigned an individual goal or question for discussion. Participants rotate from one table to another and share their suggestions for solving the proposed question. The table moderator records the main points and ideas expressed and presents them to the larger group during the final stage. When using the “World Café” method, it is important to clearly define the goal, for example: to organize dialogue, accumulate ideas, or find ways to solve a problem. At the same time, it is essential to remember that the discussion topics are determined by the participants themselves.

2. For the “World Café,” it is necessary to find questions relevant to the group. Effective questions are simple and clear; for example, if the discussion concerns a veterans’ hub, possible table questions could be: “Who will visit the hub and under what conditions?”, “Events at the hub: what are they and who organizes them?”, “Specialists working in the hub,” etc. These questions prompt reflection, encourage participants to critically analyze and reconsider their initial assumptions, create high energy, maintain focus, and continuously open new ideas and options. The search for questions can be based on brainstorming techniques or an analysis of the results from community social mapping.

3. Each table is assigned one of the questions chosen by the group for discussion. Explain to the participants that soon they will be invited to sit at one of the tables. After 20 minutes, participants will be asked to move to another table. In total, there are three rounds of 20 minutes each (so that everyone has the opportunity to visit three tables). Participants are encouraged to propose realistic ideas that carry low risks, promise significant impact, and do not require a large amount of time or resources. The length of discussion time and the number of rounds can vary depending on the available time and the goals set by the facilitators. Participants should self-organize and try not to exceed the recommended maximum number of people (10) per table. If there are no available seats at a table, they can always visit it during the next round.

4. Moderators present the outcomes from each table and summarize the results. The “World Café” methodology provides facilitative and synergistic effects. Participants develop numerous realistic project ideas aimed at solving pressing community problems and strengthening cross-sector collaboration (some examples were provided in the theoretical part of the manual). This method inspires participants and prepares them to engage with the next topic. The moderator’s task is to familiarize new participants in each round with the ideas generated previously and to record the opinions expressed.



## Module 6. Conflicts and How to Work with Them

### Theoretical Aspect

According to a widely accepted definition, a conflict is a specific type of relationship between two or more parties who have (or believe they have) incompatible goals. In essence, conflict is a given—it exists in various forms at all levels of human and social interaction, from everyday personal exchanges to global dynamics. People around the world regularly encounter conflict in different forms and in nearly all settings: in the workplace, within families, and in communities.

There are four types of conflict.

**An open conflict** arises when the parties pursue incompatible goals, which are expressed through incompatible patterns of behavior. This type of conflict is explicit, deeply rooted, and may reoccur periodically—even after many years or across generations. Addressing open conflict requires focused attention on both its causes and its consequences.

**A latent conflict** refers to a situation in which the parties have incompatible goals but do not exhibit incompatible behavior. In this case, efforts should be directed toward bringing underlying issues to the surface in order to address them constructively.

**A superficial conflict** occurs when the parties' goals are compatible, but their behavior remains incompatible. This type of conflict is not deeply rooted and often stems from misunderstandings or differing approaches. The strategy here involves fostering trust and mutual understanding between the parties.

**No conflict** is present when both the goals and behaviors of the parties are compatible. There are systems and procedures that help prevent conflict or transform it before it becomes problematic—such as triggering violence or entering a prolonged phase.

At the local level, in a peaceful community, mechanisms are usually in place to resolve conflicts promptly and to prevent them from escalating into a destructive phase. Communities in unstable or conflict-affected regions are more vulnerable to the emergence of superficial and latent conflicts, which carry the risk of escalating into open conflict. Such communities often face a complex set of unresolved issues, conflicting goals or interests, and unmet needs.



**The practical aspect** of understanding positions, interests, and needs within a community includes the "Onion" exercise.

### ***The "Onion" Exercise***



Participants draw an onion and are introduced to the "onion model"—a method of conflict analysis used to identify the positions, interests, and needs of different groups or parties involved in a conflict. Through this activity, participants illustrate the multi-layered structure of a conflict in their own community and reflect on ways to deepen their understanding of the community in which they live or work.

#### **Instructions:**

1. Ask the group to visually represent the layered structure of a conflict in their community. If participants come from different communities, they may form small groups, as familiarity with the specific local context is essential for this activity.

2. Explain the "onion" model as a metaphor for understanding conflict.

The outer layer represents the **position**—what a party in the conflict publicly declares or demands. Peeling back the outer layer reveals the **interests**—what the involved groups, parties, or actors are trying to achieve. At the core lie the **needs**, which must be addressed in order to resolve the conflict effectively.

3. Clarify that a **position** is a demand or desired outcome publicly stated by a group, party, or actor. It is often expressed as a firm declaration or slogan.

For example: “This land belongs to us” or “We demand equal representation in local government.” **Interests**, on the other hand, explain the underlying reasons behind these positions. Interests are generally more tangible and offer more room for negotiation than fixed positions.

For instance, the interests behind the above positions could be: access to land and resources, greater political voice, or improved opportunities for livelihood. **Needs** are understood as the things parties cannot do without. These are fundamental issues that are typically non-negotiable—such as the need for identity, recognition, and safety.

**Values** reflect beliefs about what is right or wrong in how we live, act, and relate to others. Like needs, values are usually not open to negotiation and are often closely tied to our identity and culture.

4. Note that in fragile communities, especially those affected by armed conflict or disputes over the redistribution of resources, it may be difficult to identify the parties’ actual needs. This can be due to a reluctance to discuss them openly with others, or because the parties themselves may not fully understand what their core needs are.

Ask the group why they think parties are often hesitant to reveal their true needs.

#### **Possible responses:**

- | – They do not want others to know about their weaknesses or vulnerabilities.

- They fear that revealing such needs may lead to neglect or a worsening of the problem.
- They are concerned that it could weaken their dominant position.

5. Ask participants why a particular group, party, or actor in a conflict might not be fully aware of their actual needs.

For example, this may happen when collective identity is prioritized, while the needs of specific groups within that identity or culture are consciously given little attention.

6. Remind the group that the community map and the conflict map helped identify key issues and conflicting groups within their communities. Invite participants to revisit their conflict and community maps and list all the groups currently involved in conflict or seen as parties to the conflict. Then, on a large sheet of paper (in landscape orientation), participants draw three concentric circles, leaving space on the right and left sides to note the positions, interests, and needs of the two groups, parties, and/or actors involved in the conflict in their community. It is important to remember that any community may contain multiple such “onions”!

#### Questions for Discussion:

1. *How did you find working on this exercise? Was it easier or more difficult to distinguish between positions, needs, and interests as you peeled away each layer?*
2. *How easy was it to identify interests compared to values?*
3. *What did this exercise reveal about what you already know about your community? Is there anything in your community that you are still unaware of?*
4. *How could you identify interests in your community? What do you need to know and do in order to uncover these interests and determine the true needs?*
  - *Don’t limit yourself to stated positions; try to uncover the underlying interests*
  - *Put yourself in the other person’s shoes*
  - *Ask “why?”, “why not?”, and “what would not satisfy you...?”*
  - *Ask insightful questions*
  - *Discover your own interests as well as those of the other person.*
5. *How would you use this model in your community?*

In situations of conflict and instability, this model can help build or restore trust, improve understanding, and enhance communication between groups. It often precedes or forms part of conflict transformation work. For example, it can be applied in the initial stages to prepare for organizing dialogue or as part of mediation or negotiations. It also helps identify the underlying needs behind conflicts, so that the relevant needs of the parties involved can be recognized and, to some extent, addressed.

In general, it is believed that conflicts based on differing interests offer more room for negotiation. However, when a conflict arises around fundamental needs or values, negotiations become significantly more difficult. In situations where the conflict is rooted in needs and values, dialogue becomes a more promising method of resolution, as it helps participants better understand one another.

## Module 7. The Dialogue Method for Effective Reintegration of Veterans

The practical aspect will be explored through the exercise "Let's Talk About..."

### Exercise: "Let's Talk About..."



#### Instructions:

1. Ask participants to individually identify and describe the 4 main barriers to veterans' reintegration into the community.
2. Divide the participants into mini-groups of four people. In these groups, ask them to discuss and agree upon four barriers. Once the mini-groups have completed this task, ask them to find another group of four and form a new group of eight. In this larger group, they should agree on just four barriers. By the end of the exercise, there should be two large groups, each with only four barriers.
3. Give the two large groups ten minutes to finalize their four barriers, reflecting the collective opinion of the group. After the discussion, each group will present its findings.

#### Questions for discussion:

1. *Let's reflect on the challenges and opportunities that arise in the process of interaction. What feelings did you experience? For example: "...frustrated, inspired, concerned..." Why do you think you felt that way?*  
*For example: a facilitator was needed, the methodology wasn't fully explained at the start, we worked as one team, there was not enough time, some participants spoke all the time, we tried to give everyone a chance to speak, not everyone could participate equally.*
2. *What did you do during this exercise? For example: we agreed, we reflected, we made decisions, we explored different options, we sought consensus.*
3. *Was there anything in this instruction or in your behavior that hindered the dialogue? For example: "...we didn't have enough time, we needed to find a consensus solution, people kept talking over each other..."*
4. *How could this method be made more suitable for dialogue? Was there anything in this method that did not support dialogue? For example: "...We didn't know or agree on the process beforehand. The method needs more time. It's useful to appoint a facilitator to ensure even quiet voices are heard. It's better to arrange chairs in a circle, rather than have two separate groups facing each other. We don't necessarily have to reach consensus—when we focus on generating ideas, dialogue can be more productive. We need to listen and respect each other's opinions. We shouldn't divide the group into two opposing sides, as it creates tension..."*

Emphasize that this exercise also shows us how conflict arises on the individual, interpersonal, and group levels. Note that conflict is an inherent part of human interaction and can carry both creative and destructive potential.



No participant renounces their identity, but each recognizes the human value of the demands of others and thus acts differently towards others.

Norwegian conflict expert Steinar Bryn defined **dialogue in three aspects**:

- 1. Dialogue as a form of communication**, distinct from debates, discussions, and negotiations, aimed at understanding the other and understanding why we disagree. The goal of dialogue is not to reach an agreement or find solutions.
- 2. Dialogue as an attitude towards life**, based on the understanding that people make mistakes, acknowledging that we do not know everything. When we believe we know everything, we stop asking questions. Dialogue as an attitude to life is curious and asks questions, striving to understand the world and people.
- 3. Dialogue as a culture**, where it is allowed to think out loud, "sending thoughts into the room and seeing how they sound, and receiving feedback" (Bryn) from others. Brainstorming is a culture of dialogue.

When we engage in dialogue to manage critical moments of conflict or crisis, it is sometimes recommended to include other types of decision-making and consultation processes, such as debates and negotiations, or mediation if required by both parties involved in the confrontation. All of these complementary processes must be conducted in a dialogical format.



### **Theoretical Aspect.**

Today, one of the most effective tools for reducing tension, resolving disputes, and finding mutually acceptable solutions for all participants in communities is dialogue. Dialogue within communities also promotes greater awareness of governmental activities, enhances transparency, and encourages residents to participate in decision-making. Through collective discussion, it is possible



to break deadlocks in difficult situations, overcome differences, gain support for implementing changes, and create a foundation for partnership.

Dialogue is a structured, organized group discussion. It is facilitated by a moderator (facilitator) and aims to achieve mutual understanding and improve relationships among participants. Therefore, it ensures equal opportunity for all participants to express their views and take part.

It is a format for exchanging thoughts and perspectives, where participants jointly form a shared understanding and meaning. It is used in conflict situations, as well as in mediation or negotiations—at both the level of state policy and local initiatives.

Successful dialogue requires careful preparation, a balanced approach to the topic, and secure organization of the process—especially if there is a risk of emotional tension or opposition. When dialogues are led by facilitators—specially trained professionals—they create a space for understanding, building connections between people and organizations, and increasing trust within communities.

Dialogue is a process of genuine interaction in which people listen to each other deeply and respectfully, so that what they learn changes them. Each participant in the dialogue seeks to incorporate the issues of others into their own perspective, even if they continue to disagree with each other.

**The guiding principles of facilitated dialogue** make it an effective tool for overcoming challenges. These include:

- *"Do no harm"*

Dialogue requires careful and continuous analysis of the situation and results, as well as constant adjustments to the intervention strategy based on the assessment of outcomes. Dialogue must be conducted in a way that does not cause harm or damage to the conflicting parties and other stakeholders, nor should it escalate the situation.

- *Voluntariness and self-determination of the parties*

Each individual decides for themselves whether to participate in the dialogue; no one can be forced to take part. Voluntariness helps participants take responsibility for the content and outcomes of the process, which means self-determination for the participants.

- *Inclusivity of the process*

Dialogue is a tool that enables all interested parties to participate in resolving the situation/ conflict, transforming relationships, or making decisions.

- *Balance of power*

Different groups of participants should have equal opportunities to express themselves during the dialogue process. Various interested groups should be represented in a relatively balanced way.

- *Guided communication*

The process is supported by experts who possess the necessary competencies, with the participation of a dialogue facilitator who manages the process.

- *Confidentiality*

During the facilitated dialogue process, conditions of safety are created, including an adequate level of confidentiality.

- *Systematic and structured dialogue process*

In this regard, dialogue differs from immediate actions, which are sometimes necessary but not always sufficient to stop violence. Dialogue is aimed at transforming relationships and achieving deep changes.

The dialogue process (a series of interconnected facilitated meetings) should always be prepared and carried out with consideration of the local context and the goals of the dialogue (for example, a strategic discussion to develop a shared vision for solving common problems, conflict resolution, or creating a reflective space).

This approach allows for honest feedback on government programs related to veterans, engages various groups in the dialogue (including internally displaced persons and youth in difficult life circumstances), and works towards joint solutions. Involving the community and veterans themselves in the planning of reintegration activities enhances the effectiveness of such programs, making them meaningful, inclusive, and responsive to real needs.

Facilitated dialogue is also useful for establishing mutual understanding between veteran organizations, which in communities often operate separately and even conflict with one another. Through the dialogue process, unity can be strengthened, and the level of bias towards veterans can be reduced. The foundation of this approach is dignity, inclusion, and shared vision, which are crucial for the successful reintegration of veterans into civilian life.



## KEY CONCLUSIONS

The proposed training modules:

- Encourage participants to rethink established communication practices with veterans, both male and female, and among themselves.
- Introduce sources and the nature of stereotypes, examine their consequences for social interaction, and their impact on veterans.
- Explain the psychology of servicemen and veterans.
- Provide participants with tools for conducting community meetings and gatherings to find solutions to issues related to the reintegration of veterans, with their involvement.
- Encourage the use of modern methods for conflict resolution and prevention.

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інші можуть проявитись через кілька місяців або, навіть, років після повернення до цивільного життя. Часто це різноманітні психосоматичні захворювання.