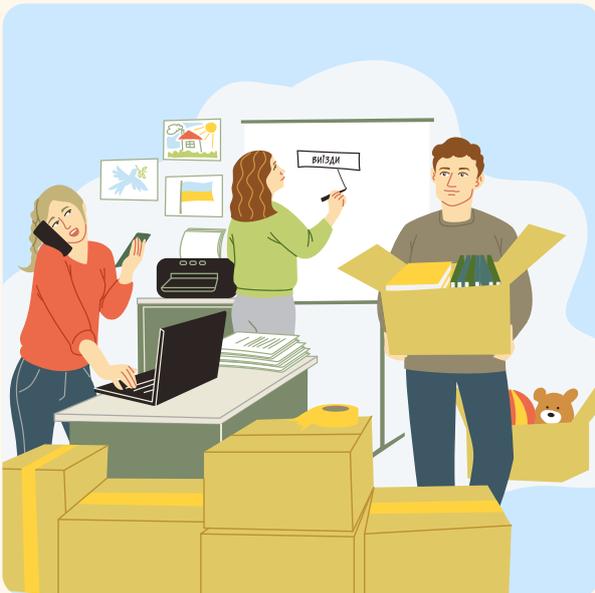


IN SERVICE OF THOSE WHO SERVED:

Journeys of people who hold the system

By Open Space Works Ukraine



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We are grateful to the **specialists who support veterans and their families**, and whose experiences are reflected in these stories. Many of them carry significant responsibility in their work—often while navigating their own recovery, family commitments, and the emotional demands of supporting others.

We recognise the trust involved in speaking candidly about challenges, constraints, and personal turning points, and we treat that trust with care.

It is fair to say that authorship of these stories belongs first and foremost to our respondents. The research **team of Open Space Works Ukraine – Sasha Tselishcheva, Natalia Harasivka, and Oleh Ovcharenko** – collected, analysed, and structured the material, with additional support from **Maryana Zaviyiska and Svitlana Zuieva**.

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Illustrations: Maria Kiselyova. The illustrations accompanying each story are interpretive. They are not documentary portraits, but visual metaphors for key moments, roles, or tensions described by the narrators.

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To read the full study in Ukrainian and English, as well as the Ukrainian–language versions of these stories, please visit: https://openspace.works/portfolio/veterans_support



INTRODUCTION

This document presents four narrative portraits of individuals who provide support to veterans and their families across Ukraine. It serves as a companion publication to the main research report, offering a closer, human-centred perspective on how veteran support is delivered in everyday practice.

The stories presented here are composite narratives developed on the basis of in-depth interviews with veteran support specialists, psychologists, leaders of civil society organisations and veteran spaces, as well as veterans and their family members.

We created this collection for two main reasons.

- First, **to make the veteran support ecosystem visible through the eyes of those who hold it together**—often in roles that are emotionally demanding, operationally complex, and chronically under-resourced.
- Second, **to help readers connect system-level analysis to concrete realities**: how policies, funding rules, staffing gaps, and referral pathways translate into real choices and trade-offs for real people.

In this sense, these stories are not illustrations of the findings, but another layer of evidence—human-scale evidence—intended to deepen understanding and strengthen responsibility in how conclusions and recommendations are interpreted.

HOW THESE STORIES WERE DEVELOPED

The stories are based on qualitative data collected as part of the broader research on the veteran support system. They draw primarily on in-depth conversations with service providers from municipal institutions and civil society organisations, complemented by focus groups and interviews with veterans and their families, as well as consultations and validation discussions conducted during the study.

The characters you encounter are **generalised portraits** shaped by study findings and qualitative analysis. At the same time, all quotations included in the text are authentic statements by real people who shared their experiences during interviews and focus group discussions. The situations, challenges, and emotional experiences described reflect the lived realities of veterans and their families in Ukraine.

Each story follows a shared structure to enable comparison across trajectories. We trace the person's pathway into veteran support work, the services they provide, the constraints they navigate (institutional, financial, and psychological), the coping strategies they develop, and their reflections on what would make the system more sustainable and humane.

We worked carefully to preserve each narrator's voice. Direct quotations are included wherever possible to retain tone and meaning; elsewhere, the text was edited for clarity while remaining faithful to what was shared. This reflects a participatory, human-centred approach in which those closest to the experience remain central to how it is communicated.

The stories were developed with full awareness of the sensitive nature of veteran support work, including war trauma, family pressures, ethical dilemmas, bureaucratic strain, and burnout. Participation was voluntary, and identifying details were adjusted where necessary to protect privacy.

We also recognise that **telling these stories carries responsibility**. Our intention is not to romanticise “heroic” overwork or frame systemic gaps as personal sacrifice. When individuals describe working beyond healthy limits, we treat this as a signal of system design and resourcing challenges—not as a norm to be celebrated or sustained.

How to read this document

HOW TO READ THIS DOCUMENT

The stories can be read in any order. Each stands on its own, yet together they reveal recurring patterns that echo the report’s findings: fragmented support pathways, reliance on informal networks, uneven access to specialised services, and the constant need to adapt in the absence of stable structures.

We encourage readers—particularly decision-makers, donors, and institutional leaders—to consider not only what is being done, but also what it costs: in time, emotional labour, unpaid work, personal health, and professional sustainability. These costs are often invisible in formal reporting, yet they shape the quality and continuity of support as directly as budgets, policies, and organisational structures.



KEY STUDY FINDINGS

The following key findings from the report provide the broader analytical context for the stories presented in this document. While each story reflects an individual trajectory – a veteran support specialist, a psychologist, a local leader, a family member – together they illustrate systemic patterns identified through the research.

These cases bring to life the structural strengths and gaps of the veteran support system: how coordination functions in practice, how institutional and professional capacities are built (or strained), and how frontline actors navigate complexity with limited systemic backing.

Coordination within the veteran support system

Coordination within the veteran support system still relies heavily on informal networks, personal relationships, and individual initiative. While this enables flexible and rapid responses, it also results in uneven access to services and shifts much of the coordination burden onto frontline specialists and veterans themselves.

Many services—particularly those delivered by civil society organizations—are not systematically integrated into formal referral pathways. Referrals often happen through ad hoc channels rather than through clear, standardized mechanisms.

Although interagency coordination mechanisms exist, they remain fragmented and are rarely institutionalised across the full veteran pathway—from service and demobilisation to reintegration at community level. Data protection concerns, unclear mandates, and the absence of agreed procedures frequently limit effective information exchange. Nationally, veteran policy is cross-sectoral but insufficiently synchronised, while locally communities often design their own solutions without access to tested models or shared operational guidance.

Institutional and professional capacity

The veteran support system demonstrates strong local initiative and professional dedication, but its institutional and human capacity remains uneven and insufficiently embedded. Many services and structures have been created rapidly in response to urgent needs, yet they are often project-based, dependent on short-term funding, and lack stable mandates, long-term planning, and clear integration into the broader system.

At the institutional level, development is frequently shaped by available funding rather than by strategic needs assessment. This leads to visible outputs—such as newly opened spaces or renovated facilities—while governance functions, coordination mechanisms, and sustainable service models remain underdeveloped. When initiatives are not institutionalised, valuable experience and tested practices are lost once project funding ends.

At the professional level, specialists working with veterans demonstrate high commitment and adaptability in emotionally demanding contexts. However, systemic

support mechanisms—such as regular supervision, intervision, and structured professional development—are not consistently embedded. They are often donor-dependent, which creates risks for service quality, contributes to burnout, and weakens long-term staff retention. Together, these factors reveal a structural gap between the complexity of veterans' needs and the level of institutional and professional support currently guaranteed by the system.

Key barriers and constraints

Service providers consistently describe fragmentation as one of the central barriers within the veteran support system. In the absence of clear coordination mechanisms, standardized referral pathways, and shared information systems, access to services often depends on personal networks and the initiative of individual specialists. This leads to unequal access across regions and shifts the burden of coordination onto frontline providers rather than embedding it within the system itself. Administrative complexity further discourages engagement: complicated registration procedures, unclear entry points, and burdensome documentation requirements can cause veterans and their family members to disengage at an early stage.

In the field of psychological and psychosocial support, providers point to a growing mismatch between demand and capacity. Veterans frequently present with complex, layered needs—trauma, crisis states, family conflict, and comorbid conditions—yet access to qualified specialists, structured supervision, and long-term therapeutic formats remains limited. Multidisciplinary responses are often required but not systematically available.

At the same time, respondents caution against relying excessively on peer-to-peer approaches without clear professional boundaries and oversight. While peer support is valuable for building trust and engagement, it cannot substitute for qualified psychological care in acute or complex cases. Together, these barriers underscore the need for clearer referral pathways, simplified administrative procedures, and sustained investment in professional and institutional capacity.

KEY RECOMMENDATIONS

Across interviews and focus groups, respondents consistently pointed to a set of priorities that would make the system more coherent, sustainable, and responsive. The lived experiences of veteran support specialists, psychologists, local leaders, and family members clearly demonstrate why these changes are necessary—not at an abstract policy level, but in everyday practice.

Among the key recommendations highlighted by respondents, and directly reflected in these stories, are the following:

Recommendations on coordination of the support system for veterans and their family members

- ✔ **System-wide and interagency level**

Coordination should be strengthened through clear, institutionalised interaction mechanisms across the full veteran pathway—from military service and demobilisation to long-term community reintegration. This requires agreed roles, shared referral procedures, and practical rules of cooperation rather than the creation of additional coordinating bodies. Formalised referral pathways should ensure that veterans and their families are not left to navigate services on their own. Proactive and accessible communication about available support must become a shared responsibility across institutions, not an individual effort.
- ✔ **Public authorities (national level)**

Veteran policy requires consistent cross-sectoral coordination across key ministries, reflecting its inherently cross-cutting nature. Stable state funding should be secured for core functions such as mental health services, rehabilitation, and case management to reduce reliance on short-term donor programmes. National monitoring and evaluation mechanisms should be developed to enable evidence-based policy adjustment and scaling of effective models.
- ✔ **Local self-government bodies**

At the community level, local authorities should develop clear service roadmaps and operational algorithms for working with veterans and their families. Inter-municipal cooperation and mobile service formats are particularly important for small or resource-constrained communities. Veterans and their family members should be systematically involved in planning processes, feedback mechanisms, and local decision-making.
- ✔ **Military units and territorial recruitment and social support centres**

Systematic information transfer at the point of discharge should ensure that service members receive clear guidance on available services and community-based support pathways. A mandatory entry point after demobilisation, linked to local case management, would help prevent early disengagement from the support system.
- ✔ **Civil society organisations and veteran spaces**

Peer-to-peer approaches should be professionalised through structured training, clear role definitions, and alignment with formal referral pathways. Stronger networking and coalitions among organisations can enhance joint learning, coordination, and exchange of effective practices.

- ✔ **International organisations and donors**
Veteran support programmes should be aligned with national and local priorities to avoid parallel systems. Greater coordination among donors is needed to reduce fragmentation and prevent the development of incompatible or competing service models.

Recommendations on strengthening institutional and professional capacities of the support system for veterans and their family members

- ✔ **System-wide level**
Reintegration should be recognised as a long-term process, requiring a shift from short-term, project-based interventions to sustained capacity development. Effective practices should be institutionalised through standards, structured training programmes, and policy decisions to ensure continuity beyond individual projects.
- ✔ **Public authorities (national level)**
Introduce unified professional competency frameworks for specialists working with veterans and their families. Ensure systematic access to supervision and continuous professional development as core components of service quality and staff retention.
- ✔ **Local self-government bodies**
Prioritise investment in stable professional teams, local infrastructure, and long-term programmes rather than one-off benefits. Veteran spaces, adaptive sports, and mobile services should be embedded as core reintegration tools, not treated as optional add-ons.
- ✔ **Civil society organisations and veteran initiatives**
Strengthen organisational sustainability by investing in teams, management capacity, and institutional memory. Successful practices should be documented and formalised to support advocacy and broader system development.
- ✔ **Frontline professionals**
Regular professional development – particularly on trauma, crisis response, and family dynamics – should be supported. Access to ongoing supervision must be ensured as a prerequisite for quality services and professional resilience.
- ✔ **International organisations and donors**
Focus on long-term institutional and professional capacity of local actors rather than isolated projects. Support analytical and strategic capacities that enable local stakeholders to articulate systemic needs and shape programme priorities.

The full analytical report can be accessed at https://openspace.works/portfolio/veterans_support

Story of Maryna, veteran support specialist



Maryna
Age: 50

- Place of residence: Rayhorod, Vinnytsia Oblast
- Family status: her son was killed in the war in 2023; she currently lives with her retired mother
- Current role: veteran support specialist since July 2025

Context

In order for veterans, their families, and the families of the fallen to receive support locally, the state has been developing a network of veteran support specialists (also known as case managers). These specialists provide informational and social services, assist with document restoration, accompany veterans during rehabilitation and employment processes, and coordinate support at the community level.

During the first year of operation (as of December 2025) the network grew to 2,158 specialists covering 1,318 territorial communities and working in more than 300 medical institutions,¹ while approximately 1,000 vacancies remained unfilled.² Over this period, they provided more than 500,000 individual consultations and other forms of support. The long-term programme foresees the training of up to 11,300 specialists. The Cabinet of Ministers has established a minimum salary of UAH 25,000 for these positions, with possible additional payments for the complexity and intensity of work.

It is within this system that Maryna works – a 50-year-old veteran support specialist from a small rural community in Vinnytsia Oblast.

From personal loss to professional role

Maryna lost her son in 2023. After a year of pause, she began helping other families of fallen servicemen – not out of professional duty, but from an inner need to be close to those going through similar pain.

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“I couldn’t just sit still. I saw how other mothers were afraid to seek help, and I wanted to support them.”

At first, she applied to the eVeteran programme but did not meet the requirements due to her technical education. In the summer of 2024, the criteria were revised, and Maryna was hired. Since July 2025, she has officially been working as a veteran support specialist.

¹ <https://mva.gov.ua/prescenter/category/86-novini/nk-roboti-fahivtsiv-iz-suprovodu-v-ukraini-yak-zminilasya-sistema-pidtrimki-veteraniv-y-veteranok>

² <https://dailyrbc.ua/rus/show/veterani-vrozliwa-kategoriya-navsilnishi-176433907.html>

She currently manages around 20 individual cases. At the same time, she runs a self-help group for wives and mothers of fallen servicemen – as a volunteer initiative, without separate funding.

Maryna works together with Ivan – a veteran who is also a support specialist. Within their small team, responsibilities have been divided informally: Ivan handles more complex cases involving severely wounded veterans, while Maryna primarily works with wives and mothers of veterans and the fallen. Ivan explains:



Ivan explains: “It’s a bit easier for me to communicate with veterans. How can a civilian fully understand a soldier who has been to war? That’s why veterans trust those with combat experience more.”

For this reason, Maryna transferred the case of a severely wounded veteran to Ivan. She acknowledges that such coordination and complementarity of roles allow them to respond more effectively to people’s needs and to build trust among different groups of service users.

Training and professional development

Veteran support specialists work with complex life stories and regularly face secondary trauma. Maryna is well aware of this. To maintain her professional resilience, she is pursuing a Master’s degree in Social Work at her own expense. At the same time, she undergoes supervision.

For Maryna, these are not grand words but a way of surviving in the profession. She admits that her personal loss makes her more sensitive – and at the same time more vulnerable. That is why education and regular psychological support are, for her, a necessity.

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“I believe that a person without their own psychotherapy simply cannot work with veterans. To avoid retraumatizing clients, you need to work systematically with a psychologist. Sometimes after work I just fill the bathtub and lie there. The stories of all these people keep running through my head, and I remember each of their lives.”

In addition to her Master’s studies and supervision, Maryna plans to obtain a self-help group facilitator certificate in order to work more systematically with the families of veterans and fallen servicemen. Her volunteer group has already become a place for many women where they can speak without fear or explanations. But she wants to have more tools to facilitate these meetings safely and professionally.

At the state level, the network of veteran support specialists is planned to expand to more than 11,000 professionals. This means not only new jobs but also the need for large-scale investment in training, supervision, and ongoing professional support. Without this, an increase in numbers will not guarantee quality.

Maryna puts it simply: if dozens of complex cases fall on one specialist, no diploma will save them from exhaustion. But systemic support might.



Work challenges



In Maryna's community, there are only two veteran support specialists – she and Ivan. Together they manage dozens of cases simultaneously. Formally, the working day has limits, but in practice they almost do not exist: Saturdays, Sundays, evenings until nine – this is the usual routine when there are many requests and it is difficult to postpone them.

However, Maryna says the main problem is not even the workload but distance. Some villages in the community are remote, with limited transport connections. Reaching the centre is difficult. And this means that veterans from such settlements almost never seek assistance.

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“If we talk about veterans who live not in large cities, at least at the district level, they are deprived in many ways not only of services and support, but even of awareness that these services exist,” Maryna says.

Together with Ivan, they proposed creating a mobile veteran hub to travel to villages and work on-site. But funding for this initiative has not yet been secured. Formally, the community is covered by the specialist network, but in practice, for people from remote villages, access to assistance remains limited – both by transport and by lack of information.

Another challenge is psychological support. There is no staff psychologist at the Centre. Therefore, Maryna has to refer veterans to the regional centre or to civil society organisations.

On the one hand, this complicates logistics. But at the same time, veterans often trust private or volunteer initiatives more.

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“When you go to a private institution or some volunteer organisation, you understand that there is a certain level – somehow it inspires more trust,” a veteran shares.



There is also another difficulty: in small villages, everyone knows each other. The idea of going to “Lesia or Halya from the neighbouring village” often causes resistance. “What would I tell her? I know her,” veterans explain when refusing.

Another reality adds to this: veterans themselves are not always ready to seek help. Often, the initiative comes from wives or mothers.

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“Very often it happens that a wife wants psychological support for her veteran husband, but the veteran does not want it, refuses,” Maryna says.

That is why Maryna looks for indirect pathways. She organises activities for children of servicemen and veterans – as an entry point for families.

“I want to reach them through their children. When activities are organised for the children, parents see that something is being done for them and for their kids. I think that somehow draws them into broader activities.”

The daughter of one serviceman shares:

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“This summer I went to a psychologist — it was for children of servicemen and IDPs, free of charge, 10 sessions. It was really great. I told my dad about it, but he was sceptical. But I think we need to somehow spread the idea among servicemen that it is normal to receive help.”

Supporting veterans and their families is an area where almost every request requires an individual approach. There is no universal algorithm here. There are people, their experiences, their trust — and delicate work with nuances.

Looking ahead

Maryna strongly believes in what she does and invests a great deal in herself as a veteran support specialist. She studies, seeks additional knowledge, and reflects on her own decisions. At the same time, she clearly speaks about systemic steps without which this work cannot remain sustainable in the long term.

First, fewer cases per specialist. Maryna knows about the plans to expand the network and is convinced that this should mean not only creating new positions but also truly reducing the workload per specialist. Otherwise, quantity will not turn into quality.

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“When you handle twenty or more stories at the same time, you physically cannot immerse yourself in each one as needed. These are not papers — these are people.”

Second, the availability of psychological support — both for veterans and for the specialists themselves. During her Master’s studies in Social Work, Maryna learned more deeply about supervision — and now speaks of it as a necessity. She dreams of having the opportunity to regularly discuss complex cases in a professional format and greatly values the informal support of colleagues she meets at professional events. In her view, support specialists need not only basic knowledge of social services but also a deeper understanding of trauma, loss, and complex family dynamics. Each case is unique, and often decisions have to be made intuitively.

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“We listen to very emotional stories. And if you don’t process them, they accumulate.”

The third direction Maryna speaks about with particular inspiration is real mobility and the ability to reach veterans in remote villages. In a rural community, some people simply fall out of the system — and in her view, this should not happen. She sees solutions in mobile formats of work — regular visits to villages, on-site consultations — as well as in proactive information campaigns for veterans and their family members about available opportunities and services.

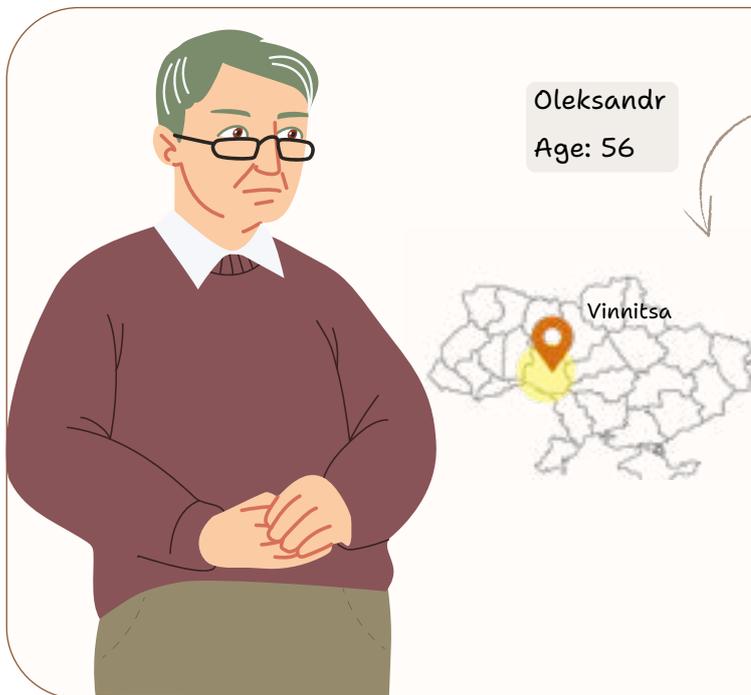
Maryna does not idealise her work. She understands that a long road lies ahead. At the same time, she is convinced that the profession of veteran support specialist must become respected and recognised. She is proud of her role and sees it as important not only for today but for future generations of Ukrainians.

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“We have at least 50 years of work ahead of us. This is our generation. And even my granddaughter might be the one who continues this support.”



Story of Oleksandr, a psychologist



- **Place of residence:** Vinnytsia
- **Family status:** married, has a son (his son serves in the National Guard)
- **Profession:** psychologist (civilian practice), works in partnership with a civil society organisation / a veteran space, has private clients
- **Experience:** 16 years in psychological practice; the last 2 years — a gradual entry into work with veterans, women veterans, and military families; regularly studies and looks for specialised programmes to work better with these groups

Context

Over the past few years, psychological support for veterans in Ukraine has become one of the most in-demand areas of assistance. The need is growing faster than the system's capacity. In many communities, a psychologist becomes the first point of contact — not only with questions related to PTSD, but also with adaptation crises, family conflicts, addictions, anxiety, or a sense of lost meaning after returning from the frontline.

Formally, there are many psychologists in Ukraine. But if you look at the state list of specialists who provide psychological support to veterans and their family members on the Ministry of Veterans Affairs website, it is significantly shorter than one would expect. Some civilian psychologists are not ready to work with veterans: there is a lack of specialised training in trauma therapy, and there is fear of not coping with clients' combat experience, aggression, and profound loss.

A separate problem is trust. In studies, veterans

and their family members often speak about low satisfaction with psychological services. Some encounter a formal approach; others — specialists who do not sufficiently understand the military context. A negative experience with one specialist (including a military psychologist) can push a veteran away from seeking help for a long time.

Oleksandr is one of those civilian psychologists who hesitated for a long time about whether he should take veterans into his practice. Over 16 years of work, he dealt with many kinds of issues, but the military experience of clients felt like a different reality. He has no combat experience, and at the start he was held back by the fear of "not coping" — with difficult stories, intense emotions, deep traumatic experiences. He understood well: a psychologist's mistake here can cost not only a failed therapy process, but trust in psychological help in general. Things changed when his son began to serve. Through conversations with him and

his comrades, Oleksandr encountered more and more stories about how fragmented and often low-quality psychological support can be – both during service and after return. Gradually, his internal “I’m not sure” shifted into “I can’t stay on the sidelines.”

Today, Oleksandr works with a veteran space in Vinnytsia: he receives clients there twice a week and runs a support group for veterans’ families. At the same time, he continues his private practice and regularly studies, searching for specialised programmes to work better with this group of clients.

The first veteran as a client

Before 2022, Oleksandr worked with anxiety, depression, grief, and family crises – a “classic” urban psychological practice. After the full-scale invasion began, he, like many of his colleagues, started receiving requests from service members and their families. At first, through acquaintances: “Talk to my husband – he’s back and doesn’t talk to anyone.” Later, through civil society organisations that opened support groups for military families.

He postponed the first requests. One thought kept circling in his head: “I don’t know what I would say to someone after returning from a war I have never seen up close.” He had no specialised training in combat trauma, had never worked with veterans before, and felt awkward because he himself had not fought (he has a vision impairment).

Oleksandr feared that if he made a mistake, he could not only harm a specific person, but also undermine their trust in psychological help overall. He had seen examples when specialist colleagues “couldn’t take it” – abruptly quitting after just a few difficult cases. These stories only deepened his doubts. But the war entered his home through his son’s mobilisation – and with it came the realisation that avoiding this topic was no longer possible.

In the end, Oleksandr agreed to one consultation.

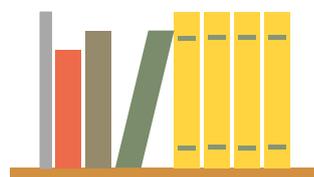
The man came without a clear request and barely looked him in the eyes. His first sentence was:

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“I don’t need you to treat me. And I don’t need advice. I came because I promised my wife. But honestly, I think you won’t be able to bear my story.”



Oleksandr later called this moment a turning point. He suddenly understood: the first contact with a veteran can be fundamentally different from a usual therapeutic meeting. It is not about techniques, and not even about formulating a request. It is about the ability to listen to a heavy story – and to hold it professionally. Over time he noticed a pattern: many veterans seemed to “test” him. They watched his reactions closely, to see whether he would break, start crying, or retreat into his own emotions. In later discussions with colleagues at intervision meetings, Oleksandr heard stories of psychologists who really couldn’t take it – who reacted emotionally. For veterans, this often became a breaking point: the work ended after one session. After that first meeting, Oleksandr knew he had managed. But it was not easy: he felt deep fatigue and an enormous sense of responsibility. At the same time, a clarity appeared:

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“I have no right to enter this topic as if it were ordinary therapy. I need a different lens and additional knowledge.”



The path into work with veterans: learning, doubts, and methods adaptation

After Oleksandr confirmed he was ready to work with his first client long-term, he began actively looking for additional training. In 2023, there were not many specialised programmes. Through the veteran space in Vinnytsia, he was referred to a training in Kyiv organised by a coalition of veteran spaces. There he met colleagues who already had experience working with veterans. After the training, he repeatedly turned to them for advice — they discussed complex cases, methods, approaches. Together they even created an informal online support group, but it did not become regular and eventually fell apart. In parallel, Oleksandr began studying literature on his own and searching for international experience.



Many materials were in English — a language he did not speak fluently. He had to translate, look for Ukrainian or adapted sources, and consult colleagues. But quite quickly he encountered the fact that there were almost no ready-made solutions. Some trainings were too general; others were poorly adapted to the Ukrainian war context. Some methods veterans perceived as “not about us.”

Oleksandr then began keeping a kind of personal adaptation journal: which words work and which may trigger; when it is better not to ask deep questions; how not to “pull out” a combat story if the person is not ready; how to balance respect for

experience with therapeutic boundaries. His internal formula gradually became:

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“I cannot understand a veteran as a veteran. But as a psychologist, I can stay in contact and be beside him as a human being.”

He also spent a lot of time thinking about the “peer-to-peer” approach. Colleagues with military experience often found a path to veterans’ trust more quickly, and sometimes the therapy results were more noticeable at the start. Without that experience, Oleksandr looked for another way. He began working in tandem with a veteran space: the first contact with a veteran was often taken by people “with experience,” who helped build trust and explain what to expect from a psychologist.

At the same time, he also saw the risks of this approach. Sometimes a “peer” can unconsciously pressure, dismiss emotions, or transfer their own unprocessed experiences onto another person. That is why Oleksandr clearly separates roles for himself: a veteran peer-helper as a bridge into support, and a professional psychologist for safe, structured work with trauma.

What Oleksandr’s work looks like now

Today, Oleksandr’s work is divided into several directions that overlap with each other but have different dynamics.

Most often, families come first — wives, partners, parents. They are the ones who notice changes: withdrawal, sharp reactions, insomnia, emotional distance, bursts of anger. Often they try to “bring” the veteran to a psychologist but start with themselves. This work mostly takes place at the veteran space. For Oleksandr, it is a separate layer of responsibility — to help the family not only understand what is happening to their loved one, but also learn to live in a new reality without destroying themselves.

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“Without working with families, long-term results are almost impossible. Even if a veteran comes to consultations, the atmosphere at home can either support changes or cancel them out.”

The second group is veterans at an early stage of return. There is a lot of tension, shame, and inner chaos. The request is often formulated simply: “Make it so I don’t explode.” Behind these words are complex processes: hypervigilance, triggers, difficulties with emotional regulation, a feeling of being misunderstood by the civilian environment.

Oleksandr does not rush into the combat experience if the person is not ready. First comes stabilisation: sleep, basic regulation of the state, regaining a sense of control. Only later – deeper themes.

A separate category is crisis cases: panic attacks, prolonged insomnia, sharp emotional outbursts, suicidal thoughts. In such situations, Oleksandr is especially cautious.

If he sees that the level of risk is high, he does not take on too much and refers to a psychiatrist or crisis services. He consciously does not promise quick results. And already at the first meeting he sets the frame:

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“There is no universal competence,” he says.



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“We will not work toward forgetting. We will work toward living alongside this experience so that it does not control you every day.”

Challenges

The biggest challenge Oleksandr talks about is the lack of supervision specifically for veteran cases. He has general supervision, but it often lacks a deep understanding of the military context. And in work with veterans, as he puts it, “small nuances are decisive”: how to respond to dark humour about death, how to speak about guilt, how not to provoke shame, how to hold aggression without entering a struggle and without retreating.

He feels that standard approaches are not enough. A veteran may sharply dismiss therapy, test the specialist’s resilience, remain silent for several sessions, or, on the contrary, speak without pause while never touching what is truly painful. In such situations, what is needed is not theory but live professional support – the possibility to discuss a case with someone who understands this specific context.

After the first training, he and colleagues created an informal online support group. They discussed difficult cases, shared doubts, searched for wording. But over time the group fell apart: some stopped working with veterans, some couldn’t withstand the emotional load, some returned to their usual practice.

Oleksandr understands well: informal meetings are not a substitute for systemic supervision. But for a while, they were exactly what helped him not burn out.

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“This is what I’m missing. Not another webinar, but professional support.”

He also points to another problem: trainings come in waves, often within grant programmes. Today there is a project – there is a training. The project ends – and

the support disappears. But work with veterans does not end. It continues for years. Oleksandr feels responsibility not only toward clients but toward the profession. He does not want to work “on intuition” or only on empathy. But sustaining this field alone is hard. Work with veterans requires constant self-observation: where you got tired, where you started avoiding difficult topics, where you became too cautious or, on the contrary, too harsh.

Sometimes he catches himself returning home after several heavy sessions with an inner tension that is hard to switch off. He does not call it burnout, but admits: without stable professional support, working in this mode for a long time is difficult.

Looking ahead

When Oleksandr is asked whether he is already “confident” in working with veterans, he answers: “No. And that’s good.”

He does not want to lose caution. He says it is exactly that caution that keeps him within the boundaries of professional responsibility. Too much confidence in this area can be dangerous – it dulls sensitivity to nuances and to one’s own limits.

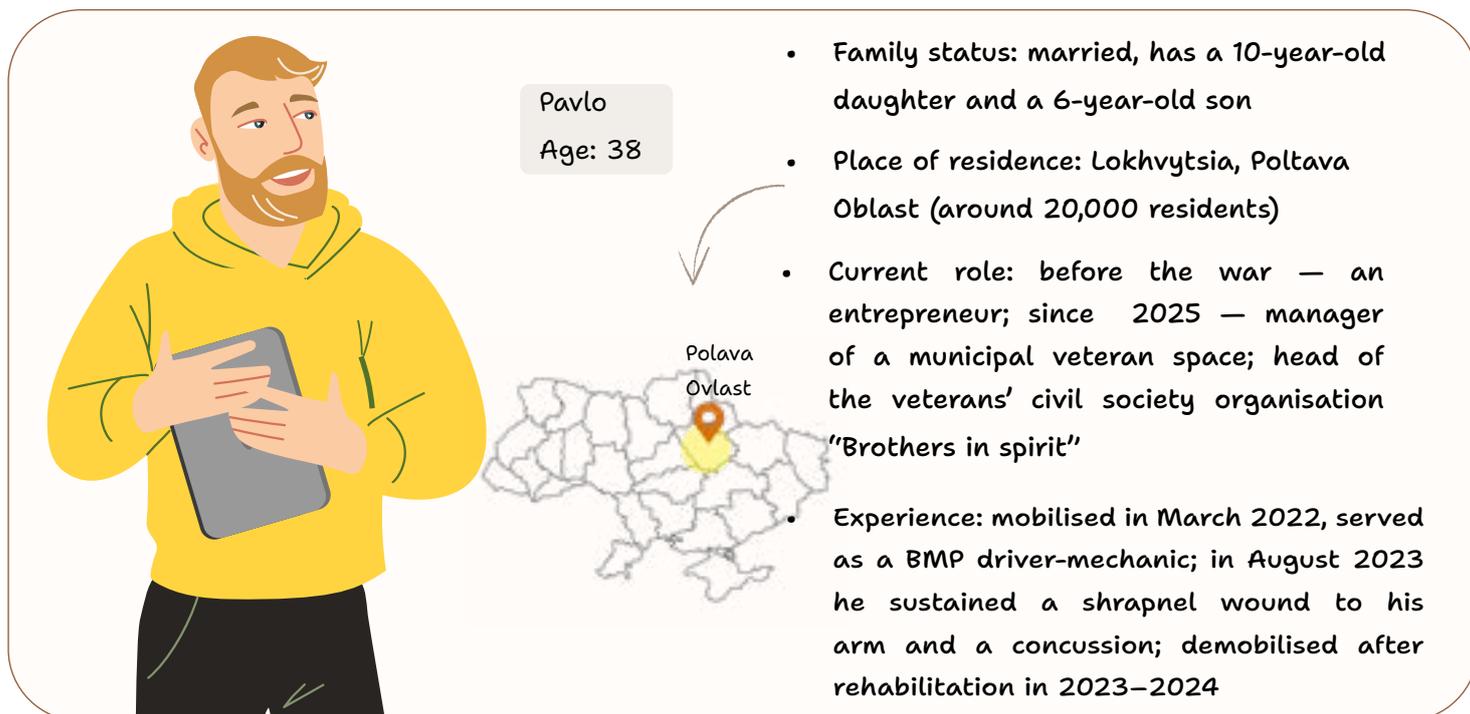
At the same time, he knows something else for sure: a civilian psychologist can be useful to a veteran. If they do not try to “pretend to be one of their own,” do not dismiss military experience, do not apply methods mechanically, and do not rush interpretations. If they put human dignity, the safety of contact, and the client’s right to move at their own pace first.

His story shows that civilian psychologists’ fear of working with veterans is often connected not to indifference, but to professional ethics and fear of causing harm. But if this field remains only at the level of individual courage of separate specialists, the system will not be able to develop.

Specialised trainings are needed – trainings that are not limited to one-off workshops. Methods need to be adapted to the Ukrainian war context rather than mechanically borrowed from foreign models. Clear referral pathways are needed between psychologists, psychiatrists, crisis services, and veteran spaces. And – critically – accessible, regular supervision support as a professional standard, not as an exception or a privilege. Oleksandr does not speak about this as a reform. For him, it is a question of simple responsibility. This war has changed the country for a long time – and accordingly, specialist training must become systemic.



Story of Pavlo, manager of a veteran space



Pavlo
Age: 38

- Family status: married, has a 10-year-old daughter and a 6-year-old son
- Place of residence: Lohvytsia, Poltava Oblast (around 20,000 residents)
- Current role: before the war — an entrepreneur; since 2025 — manager of a municipal veteran space; head of the veterans' civil society organisation "Brothers in spirit"
- Experience: mobilised in March 2022, served as a BMP driver-mechanic; in August 2023 he sustained a shrapnel wound to his arm and a concussion; demobilised after rehabilitation in 2023–2024

Context

Veteran spaces in Ukraine today are one of the formats of community-level support infrastructure for veterans, women veterans, and their families. They may operate as separate municipal institutions or as units within social service providers, or they may be created and sustained by civil society organisations or charitable initiatives. In this way, different models coexist in Ukraine — from "bottom-up" initiatives to standalone municipal structures, and in some communities these formats can operate in parallel, sometimes even in the same building.

As of early 2023, Ukraine had 28 veteran spaces of different legal and organisational forms. In November 2025, the Cabinet of Ministers of Ukraine adopted a resolution to establish a network of 153 state veteran spaces, with the first ones planned to open in Kryvyi Rih, Lutsk, and Ivano-Frankivsk in early 2026. Alongside the state network, civic and municipal spaces continue to operate, created on the initiative of local communities and organisations. Regardless of the model, most veteran spaces face

similar challenges: limited funding, a shortage of qualified specialists, difficulties coordinating with other service providers, and a constant need to attract additional resources through donors and partners. Often, a space has to be built in parallel with searching for money, assembling a team, and finding its place in the local support system.

This story is about Pavlo, who, after returning from the war, took responsibility for developing such a space in his community.

The town where Pavlo lives with his family is in Poltava Oblast. It is a district centre with developed infrastructure and an active veteran community. According to local authorities, more than 800 veterans of the Russian-Ukrainian war are registered in the town and district. The municipal veteran space opened in spring 2025 in a room inside the House of Culture. From the very beginning it operated with limited funding and a lack of equipment — but the demand for support from veterans was clearly there.

From personal recovery to community leadership

Pavlo was mobilised in March 2022. He served as a driver-mechanic of an infantry fighting vehicle in the Donetsk direction. In August 2023, he sustained a shrapnel wound to his right arm and a concussion. After his condition was stabilised in hospital, a long demobilisation process began – bureaucratic procedures, medical boards, and paperwork took nearly three months.

Physical rehabilitation lasted until spring 2024. Pavlo worked to restore mobility in his arm and underwent physiotherapy at the local hospital. Yet the hardest part turned out not to be physical recovery, but returning to psychological balance.

A turning point came after a chance meeting with a fellow soldier who suggested a joint hike in the Carpathians. Pavlo agreed without expecting any special outcome. But those five days in the mountains changed how he viewed his recovery:



”*When you’re climbing, carrying a backpack, breathing fresh air – your head clears. And most importantly, you’re with people who have been through the same thing. You don’t need to explain why you stop halfway or why you fall silent mid-sentence. They understand without words.*”

After returning, Pavlo felt a need to share this experience with other veterans. He created a messenger group, invited a few acquaintances, and began organising monthly hikes in the Carpathians. At first it was a small initiative, but over time the group grew to 15–20 participants:

”*At first we went just to rest, to get distracted. But then I noticed the guys started opening up – someone talks about their problems, someone gives advice. It was informal therapy – we were helping each other without even realising it.*”

In the summer of 2024, Pavlo and three fellow soldiers registered the civil society organisation “Brothers in spirit.” At first the goal was practical – to coordinate hikes and raise funds for equipment: backpacks, sleeping bags, transport. But gradually the organisation’s work expanded. Alongside the hikes came legal consultations, help with document processing, and events for the families of service members and veterans.

Becoming a veteran space manager

As the civil society organisation “Brothers in spirit” became more active, Pavlo increasingly crossed paths with local authorities. Questions around organising events, coordinating routes, and cooperating with municipal institutions gradually brought him into the public space.

In spring 2025, the Department of Veteran Policy organised a gathering of veterans and their family members to identify candidates for the position of head of the municipal institution “Veteran space.” Pavlo did not initially consider this opportunity. He believed he lacked the experience for a managerial role in a municipal structure:

”*I thought: I’m an entrepreneur, a veteran, an organiser of hikes – but the manager of a municipal institution? That’s a different responsibility.*”

Still, his fellow soldiers and his wife convinced him to apply. Their argument was simple: the space should be led by someone who understands veterans' needs from the inside.

Pavlo put forward his candidacy along with several other applicants. As a result of the gathering, he received the strongest support from the veteran community, after which his appointment was officially approved.

In this way, a personal initiative grew into managerial responsibility – no longer only for a community of like-minded people, but for a municipal institution and the expectations of the whole community.

Combining two models for effective work

Pavlo quickly realised that the municipal budget covered only basic needs – the salaries of a minimal team (a psychologist on a half-time contract, a legal consultant, and an administrator) and utility costs. Everything else – equipment, furniture, computers, staff training, group activities – remained outside the funding.

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“The specifics change every day, because new needs appear. There are more veterans, more requests, laws change – we work in a live mode. You have to constantly adapt to the needs that come up every day.”

That is why Pavlo deliberately kept his role as head of the NGO “Brothers in spirit.” As the manager of the municipal space, he is limited

by budget and formal procedures. As head of a civil society organisation, he can seek grants, approach donors, negotiate with businesses, and launch initiatives that are difficult to implement within a budget institution.

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“I don't know if it's right to combine these roles, but in fact it's very good that I'm both the head of a civil society organisation and the head of a municipal institution. Because what a municipal institution can do is one set of things – it's more about salaries for a few permanent employees – and what a civil society organisation can do within different projects is also a big chunk of work. And we work very comprehensively.”

Over a year, through the civil society organisation they managed to attract funds from local businesses for furniture and equipment, organise trauma-therapy training for the psychologist, purchase rehabilitation equipment, and set up a children's room in the space.

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“Everything we have purchased – furniture, equipment, everything else – not a single kopeck of state money. It's fully the funds of patrons. International donors can't always support municipal institutions. So it's a story where, through the civil society organisation, we basically bring in all additional funds.”

For Pavlo, combining these two roles became a way to make the space functional and flexible in the real conditions of the community.



The challenges of a dual role

A dual role means a dual burden. Pavlo is accountable to the local authorities – for the work of the municipal institution, the budget, official events – and to donors and patrons – for every hryvnia attracted. But the hardest part is being accountable to veterans and their families. Because for them, the space is not about reports. It is about necessary services and their availability here and now.

In a small town, the veteran space quickly became the place people turn to with any issue: status documentation, benefits, employment, family conflicts, sleep problems, alcohol, court cases, certificates for the medical and social expert commission, and finding rehabilitation. Often, people come after several unsuccessful attempts to get help from other institutions.

The problem is that services are scattered, difficult to navigate, and not always connected to one another. There is no single pathway that would guide a person through the system. And then the space's staff effectively take on the function of informal case managers.

This creates high expectations. Some veterans perceive the space as a place where "everything should be solved." If help cannot be provided quickly, disappointment appears. If the space refers them to another institution, it can be seen as a refusal to take responsibility. Balancing support with realistic capacity becomes a daily task.

The dual role makes the space more flexible: through the civil society organisation, it is possible to respond faster, mobilise resources, negotiate with businesses, and launch non-standard initiatives. But it also means constant tension – two budgets, two sets of obligations, two reporting systems, and the same person at the centre. And on top of that – family, children, and one's own recovery.

Pavlo works on weekends and answers calls in the evenings. Sometimes people call after ten – someone has fought with a wife, someone is

in an alcohol relapse, someone has received another refusal from another institution.

Olena, the psychologist working half-time, can see a maximum of twelve clients per week. Requests are several times higher. Some veterans are ready to wait; others disappear after the first conversation. Some arrive in crisis and need immediate support, but there are not enough resources for long-term therapy. When Pavlo announced a competition for a second psychologist, there were no applicants. Low pay, a difficult client group, and a high emotional burden do not motivate specialists to join the centre.

Yuliia, the lawyer, works only one day a week. And she also cannot keep up with all questions – from land disputes to disability documentation or injury compensation.

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“We have a team that stays and works. If needed – everyone works. Saturday, Sunday – they work. But this is also wrong. We understand that, but what's the alternative?”



So far, this question has no answer. Without alternatives, burnout slowly approaches. Formally, the working day ends at five. In reality – when requests end. And they do not end. Pavlo does not call it burnout. But he admits that sometimes it is hard to separate work from life

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“You've been through it yourself. And when a person comes with the same pain you had, it's hard to say, 'I'll look at it tomorrow.' You want to help right away.”

In this way, personal experience becomes both a resource and a vulnerability.

Looking ahead

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“The worst thing is when you’ve promised support to people, and then you can’t provide it. I don’t want to let veterans down.”

He also speaks separately about the need to expand work with families. In his words, the demand for support groups for wives, programmes for children, and coordination of social services for families is growing faster than the centre’s capacity. Work with a veteran without work with the family often does not produce a long-term result.

He sees potential in further developing the dual model – cooperation between a municipal centre and civil society organisations. But he emphasises: the foundation must be ensured by the state.

The state must guarantee a sufficient number of specialists, decent pay, and long-term funding that does not depend on grants. This must be a systemic solution – with quality training for specialists, regular professional development, and supervision. Without this, the system will not withstand the load.

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“We need veteran support specialists. Right now there are 1,600, if I’m not mistaken, across Ukraine. 1,600 multiplied by 30 is roughly 50,000 cases. And if we’re talking about more than a million people with disabilities as a result of the war – we cover only a part.”

In his view, roles must be clearly separated. The manager of a veteran centre is a strategic and more bureaucratic role: team management, budget planning, long-term development, cooperation with the national level, participation in shaping programmes, and conducting surveys of veterans about their needs.

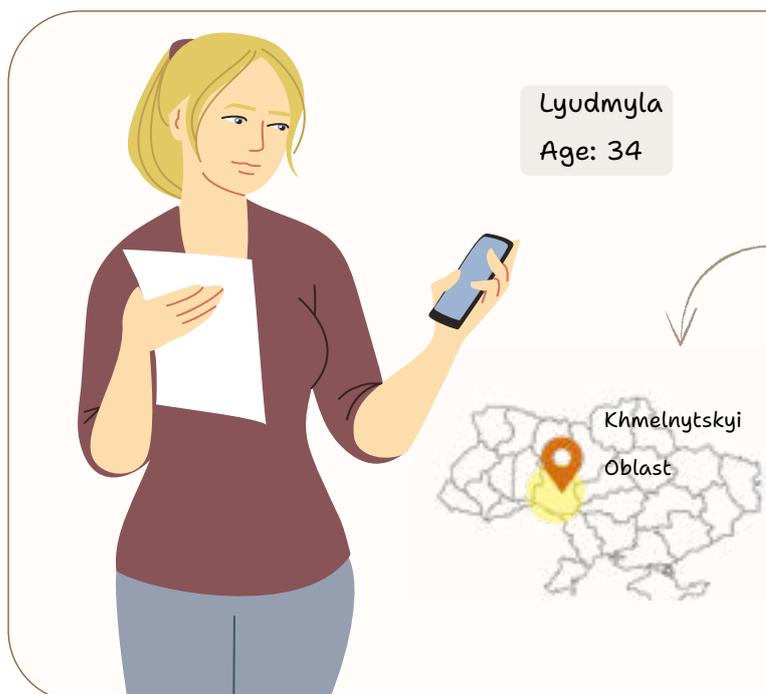
Civil society organisations can be partners in implementing specific short-term projects – trainings, support groups, rehabilitation activities, and family programmes. And there can be several such organisations, with their own leaders and project managers. They cooperate with the centre but do not create additional administrative workload for it.

Pavlo is convinced: the dual model should work as a partnership, not as a way to “patch holes” in funding. Otherwise, it exhausts people instead of strengthening the system.

His vision of the future is simple: a strong centre with a professional team, stable funding, and a clear role in the system – and a flexible network of partners that helps expand the range of services, especially for veterans’ families.



Story of Lyudmyla, the wife of a veteran



- Place of residence: Volochysk, Khmelnytskyi Oblast
- Family status: married to Maksym (34), mother of seven-year-old daughter Sonya and five-year-old son Artem
- Profession: shop assistant in a local store
- Experience: her husband Maksym was demobilised in September 2023 after a concussion and a shrapnel wound to his leg. Since that time, Lyudmyla has independently handled the paperwork for her husband's disability status, medical examinations, and coordination of services.

Context

The return of veterans home is not only their personal story of adaptation. It is also the story of their families, who become an invisible support system. Wives, mothers, and sisters often take on the role of coordinators: they untangle the complex system of documentation, search for medical and psychological assistance, arrange examinations, make phone calls, follow up, and accompany.

This story is about Lyudmyla, a 32-year-old shop assistant from a small district town. Her husband Maksym returned from the war after a concussion and a shrapnel wound to his leg. The family has two children – seven-year-old Sonya and five-year-old Artem. After demobilisation, it was Lyudmyla who took on all the bureaucratic, logistical, and emotional work related to her husband's return to civilian life.

The town where the family lives is small – around 15,000 residents. There are

almost no specialised services for veterans and their families. The nearest veteran space and regional hospital are 80 kilometres away. Every trip there requires time, money, and additional planning.

The process of obtaining disability status for Maksym lasted almost a year – eleven months. During this entire period, he received no payments, and the family survived solely on Lyudmyla's modest salary. At the same time, five-year-old Artem required constant care and had not yet started school, which significantly complicated organising trips to hospitals and institutions.

Lyudmyla's story is typical of many veterans' wives who become invisible coordinators of the support system, taking on emotional, logistical, and bureaucratic burdens without experience, support, or clear information about how to act.

The first days after demobilisation

After returning home, Maksym hardly left his room, avoided conversations, and distanced himself from the children. During the day, he could stare at one spot for hours; at night, he woke up from nightmares. Lyudmyla did not know how to reach him – how to bring back the man she once knew.

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“When he came home, he was still undergoing treatment for another month. And I didn’t know how to support him – and most importantly, what to do next.”



Lyudmyla tried to find information about how to communicate with her husband, how to explain his condition to the children... and felt completely alone in the process. She had no one to talk to or seek advice from.

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“When he went to war, it was already hard to explain to the children what was happening. And after he returned, new questions appeared: why doesn’t dad talk to us? Will he always have nightmares now? And I had no answers. I started calming myself down little by little and looking for information somewhere – how to communicate with a husband who is a veteran.”

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“I came to understand how much depends on me. And it became frightening – frightening to make a mistake, to overlook something, not to find the necessary information or help.”

After several unsuccessful attempts to seek help from social services and many hours of searching for information, Lyudmyla gradually realised how critical her role was. It depended on her whether her husband would be able to slowly return to a full life.

The challenges of obtaining disability status

After discharge from the military hospital, doctors told Lyudmyla and Maksym that they needed to apply for disability status. But no clear explanation of the next steps was provided. No brochures, contacts, or step-by-step instructions – just a general phrase: “it needs to be arranged.”

Due to the consequences of his concussion, Maksym was unable to handle the paperwork: he had difficulty concentrating, tired quickly, became irritated, and could not read for long. Lyudmyla did not know where to begin.

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At the local clinic, the neurologist said he would not issue a certificate without an MRI. The waiting list for a free examination was several months long. Lyudmyla began calling the regional hospital herself, arranging appointments, searching for acquaintances who could advise her on how to get examined more quickly. She organised the trip herself – they travelled together because she was afraid to let her husband go alone. The road and examination cost around 800 hryvnias – for a family living on one salary, this was a significant amount.

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“This is the problem of the injury, the problem of doctors, the problem of finding the right doctors — actually getting to the ones you need. And another problem — where to get this information. It rarely works to understand everything the first time or immediately receive a referral. You have to figure it out, ask many times. And that’s embarrassing, uncomfortable... sometimes you just want to burst into tears and have someone explain and help.”

A separate difficult stage was obtaining a psychiatrist’s certificate required for disability status. Maksym categorically refused for a week: “I’m not crazy. I don’t need a psychiatrist.” Every evening Lyudmyla tried to convince him that it was only a formality for the paperwork.

At the same time, she understood that her husband might genuinely need support — from a psychiatrist or at least a psychologist. But Maksym did not acknowledge this and did not want to even consider the possibility.

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“Even if psychological help is needed, it is very hard to hear that from strangers. Convincing a serviceman or a veteran that help is really needed — that’s the task of someone close.”

Waiting for the commission’s decision

In October, Lyudmyla and Maksym finally submitted all the collected documents to the commission. The approximate processing time they were told was three months. But three months turned into eight.

During those eight months, Lyudmyla called the hotline, wrote letters, tried to find out what stage the case was at. Each time she heard the same thing: “Your application is being processed.” No specifics, no explanation as to why it was taking so long.



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“Acquaintances, having learned about my situation, advised me to hire a lawyer. I was ready for anything by then. But when the lawyer named the amount, I realised I simply had nowhere to get that kind of money. So I went to the territorial recruitment centre myself, called everywhere I could, and knocked on the hospital’s doors.”

All this time, the family lived solely on Lyudmyla’s salary. Maksym barely left his room, avoided conversations and contact with the children. Everyday needs did not disappear: the children needed clothes and school supplies, Artem required speech therapy sessions. Every unexpected expense — treating a cold, repairing the washing machine, another trip to the regional hospital — became a separate problem.

Lyudmyla tried to explain her husband’s condition to the children but could not find the right words. Sonya asked: “Why doesn’t dad play with me?” “Why is he always sad?” Artem was afraid to enter his father’s room and quietly cried in the evenings. Lyudmyla saw that the children were also suffering but did not know how to support them.

During those months, she lost eight kilograms, slept worse, and often cried at night in the kitchen after everyone had fallen asleep. She worried about her husband, worried about the children, and constantly felt guilty for not being able to help everyone at once. She describes that period as “constant tension,” when it is impossible to relax even for a minute.

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“I am constantly stressed. I can’t find contact with my husband, I’m starting to lose contact with my children. And there is no one who truly understands me.”

Lyudmyla understood that she herself needed support, but she did not know where to look for it. She was afraid that if she broke down, she would not be able to hold the family together. At the same time, she felt her strength gradually running out.

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“I saw announcements about programmes for women, but I didn’t even have the strength to read through them and figure out what was what.”

And then, after six months, I saw an announcement that the church across the street was organising meetings for veterans’ wives. It was good that it was nearby – I could leave the family for an hour and a half and go. At first, it felt awkward. But what a relief it was to be among people who understand you. The group met once every two weeks and became a great support for me. I looked forward to every next meeting.”

Finally – disability status

Eight months after the process began, Maksym finally received disability status of Group II. The family began receiving payments and could apply for utility benefits. Lyudmyla felt relief – at least financially it became somewhat easier.

However, this relief did not erase what they had gone through. All this time, she had coordinated every step herself: collecting certificates, calling, reminding, travelling to institutions – without a single point of contact, without systematic support, without even someone who could say, “Here is what to do next.”

Only after receiving the status, six months later, Lyudmyla accidentally learned from another veteran’s wife about the possibility of obtaining medication free of charge through a reimbursement programme. It turned out that Maksym had been prescribed lifelong medication that they could have received for free all that time. But no one had told the family.

Looking ahead

Lyudmyla does not speak of herself as a “heroine.” She speaks about everyday life – queues, certificates, doctors, phone calls, constant attempts to sort things out. Yet behind this everyday reality stands enormous work carried out by thousands of women across the country.

She understands well: veterans’ families today often carry what the system itself should carry. Wives, mothers, and sisters become navigators through bureaucracy, psychologists, and coordinators of assistance – without preparation and without support.

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“I’m not complaining. I just wish it were clearer. That I wouldn’t have to explain every time why this matters. That I could apply online, know the exact time, come – and not stand for hours. Because every such small thing can become a trigger for a serviceman.”

Lyudmyla speaks about seemingly simple things. The possibility of processing documents without the mandatory presence of the veteran when this is objectively difficult. Clear electronic services with detailed instructions. A hotline that truly responds to complaints. Specialists in administrative service centres and state institutions who possess not only knowledge, but also sensitivity to the psychological condition of servicemen. She also speaks separately about support for families themselves. The group organised by the local church became a point of stability for her during the most difficult

period. She is convinced that such support groups should be created and sustained systematically – so that women are not left alone with their fear, exhaustion, and guilt.

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“When you come and see that you are not alone – it changes everything. There should be such meetings in every community.”

She also thinks a lot about children. About how to explain to schools, communities, employers – how to welcome a veteran. Because return is not only about one person; it is about the entire environment.

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“I would introduce lectures across Ukraine on the topic ‘How to Welcome a Veteran.’ Because sometimes the problem is not the person who has returned, but that society does not know how to be with them.”





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