Social Work & Education

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UDC 364.62:159.9:316.36
DOI: 10.25128/2520-6230.26.2.2

Baidarova, O., Klymenko, O., Rohach, K. (2026). Support groups for military wives through the voices of facilitators and participants. *Social Work and Education*, Vol. 13, No. 2. pp. 259-277. DOI: 10.25128/2520-6230.26.2.2

SUPPORT GROUPS FOR MILITARY WIVES THROUGH THE VOICES OF FACILITATORS AND PARTICIPANTS

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Article history:
Received: February 11, 2026;
1st Revision: March 22, 2026;
Accepted: May 30, 2026.

Abstract. This study examines facilitated support groups for military wives as a form of professional community-based psychosocial care in the context of the full-scale war in Ukraine. It aims to identify key features of group functioning, clarify the facilitator's role across the stages of group development, and explore expectations regarding the facilitator's competence and professional training.

An interpretivist qualitative design was applied. Ten semi-structured interviews were conducted with two respondent groups – support group participants and group facilitators. The groups were organized for women whose husbands were actively serving, as well as for women whose relatives were detained, missing, or considered prisoners of war. Data were analysed using a thematic analysis that combined deductive structuring based on interview domains with inductive coding grounded in empirical narratives.

The study offers one of the first systematic qualitative analyses of facilitated support groups for military wives in wartime Ukraine, conceptualizing them as «contained but non-clinical» psychosocial spaces. It reconstructs facilitation as a dynamic, stage-sensitive practice and identifies professional conditions required for safe and effective group work. The findings highlight wartime-specific facilitation challenges, including emotional overload, intense trauma- and grief-related reactions, and heterogeneity of participants' circumstances. The study also maps facilitator competencies beyond technical skills, emphasizing ethical reflexivity, trauma-informed practice, and professional resilience.

Facilitated support groups function as hybrid psychosocial interventions that combine peer mutuality and horizontal relationships with professional holding, psychoeducation, and process regulation. They reduce isolation, normalize stress- and loss-related reactions, and support adaptation in the face of prolonged uncertainty. The facilitator's role evolves from early containment and stabilization to enabling mutual aid, meaning-making, and participant agency. The results underline the need for structured facilitator training, supervision, and sustainable professional support mechanisms as prerequisites for scaling up community-based interventions for military families in Ukraine.

Keywords: support groups, military wives, psychosocial support, group facilitation, mutual aid, CB-MHPSS, trauma-informed practice, facilitator's professional competence.

INTRODUCTION

The prolonged Russian-Ukrainian war has profoundly affected military families, with wives of combatants experiencing chronic anxiety, uncertainty, role overload, and social isolation (Sorokina & Shynkarova, 2020; Kovalchuk, 2023; Potapchuk & Chornomorets, 2024; Komar & Burenko, 2024; Baidarova & Rohach, 2025). Research shows that spouses of military personnel are long-term emotional exhaustion, especially under conditions of prolonged separation and limited community support (Dekel & Monson, 2010; Bataeva & Artemenko, 2023; Shynkariova, 2024; Baidarova, 2025). Also, they are at increased risk of secondary traumatic stress (Wick & Nelson Goff, 2014; Zhuravliova, 2018), developing trauma-related symptoms as chronic pain and depression, particularly the wives of war veterans suffering from PTSD (Koiæ, et al., 2002). Meanwhile, the number of women who faced the death of their husbands due to the war is constantly increasing. According to official Ukrainian sources, as of the beginning of March 2025, Ukraine's losses in the war amounted to 50,000 killed and more than 300,000 wounded (News24, Jun. 03, 2025). The New York Times, based on the data from the Center for Strategic and International Studies in Washington, reported that close to 600,000 Ukrainian troops had been killed or wounded or were missing (The New York Times, Jan. 27, 2026). For families of missing, captured, or repeatedly deployed soldiers, uncertainty takes the form of ambiguous loss, in which psychological presence and physical absence coexist, complicating emotional processing and adaptation (Boss, 2006; Lovka, 2024).

As a result, the needs in psychosocial care and support for military families are rising. Challenges associated with limited resources, high workload on specialists, and the complexity of social problems require constant improvement in the approaches and methods of psychosocial and social work in full-scale war conditions in Ukraine (Cherniakova & Vasylchenko, 2023; Rudnieva & Malovana, 2025).

With limited resources (both professional and financial), practical approaches to providing psychosocial care to war victims in Ukraine have changed, integrating the model of *mental health and psychosocial support* in humanitarian contexts (Sphere Association, 2018; Scolaro, 2021), and shifting the focus from trauma treatment to recovery and sustaining resilience, fostering social cohesion and enabling communities to restore or develop mechanisms to protect and support themselves (Baidarova, 2021; Semigina et al., 2025a; Semigina et al., 2025b; Nalyvaiko et al., 2026). Research and program evaluations increasingly document the positive psychosocial effects of group-based interventions for war-affected populations, including internally displaced women and families (Hillis et al., 2024; Kolosok, 2025). However, the availability of accessible community-based psychosocial care for Ukrainian military wives remains insufficient (Solianyk & Skydan, 2024), and empirical studies of group-based interventions and their implementation conditions are still scarce (Baidarova & Kachan, 2024; Lovka, 2024; Baidarova & Klymenko, 2025). Support groups represent a low-threshold, potentially scalable form of psychosocial care within community-based MHPSS, yet their effectiveness and safety depend heavily on the quality of facilitation. The relational balance between professional guidance and peer mutuality, as well as facilitators' training and ethical readiness, remains underexplored.

The purpose of the article is to reveal the peculiarities of facilitated support group functioning for military wives, determine the facilitator's role across group stages, and explore expectations regarding facilitator competence and professional training.

SUPPORT GROUPS AS PROFESSIONAL PSYCHOSOCIAL CARE WITHIN CB-MHPSS

Support groups are conceptualized in this study as a form of professional psychosocial care within community-based mental health and psychosocial support (CB-MHPSS). This approach is grounded in ecological perspectives on human functioning, particularly Bronfenbrenner's bioecological model, which highlights that psychosocial well-being depends not only on individual factors but also on relationships, community resources, institutions, and cultural norms (Bronfenbrenner, 1979). War disrupts these interconnected systems, weakening everyday social ties and increasing vulnerability to chronic stress, isolation, and resource depletion.

CB-MHPSS frameworks respond by placing individuals, communities, and social systems at the center of intervention and by promoting scalable, multi-layered forms of support (IASC, 2019; UNICEF, 2018; IOM, 2019; Nerissan et al., 2021). Recent discussions in humanitarian MHPSS further emphasize the importance of integrating «clinic» and «social-environmental» approaches. Miller et al. (2021) describe a key tension between interventions focused on individual change and approaches that address distress through preventive and promotive work targeting social determinants such as isolation, poverty, and disrupted networks. Support groups for wives of combatants exemplify this integration: they offer psychosocial containment and emotional support while simultaneously rebuilding relational resources and strengthening community-based coping. Social work is particularly relevant here, as it sustains the heritage of community empowerment and person-in-environment thinking in humanitarian practice (Ventevogel & Whitney, 2023).

Within this framework, support groups function as community-oriented, low-stigma interventions that foster coping, meaning-making, and social reconnection. They provide opportunities for psychoeducation, emotional sharing, and mutual understanding, while strengthening horizontal ties and peer mutuality (Helgeson & Gottlieb, 2000; Worrall et al., 2018). Peer-support and self-help elements further strengthen reciprocity and empowerment, reducing hierarchical distinctions between "helpers" and "recipients" and fostering collective agency (IFRC PS Centre, 2023; Baidarova & Kachan, 2024). Over time, participants may form durable horizontal ties that extend beyond formal sessions and function as informal support systems (Agarwal et al., 2025).

In wartime, however, support groups are not simply informal peer gatherings. They operate most effectively as contained, non-clinical psychosocial spaces: structured settings that are not psychotherapy but do require professional facilitation to maintain safety and prevent harm. For wives of combatants, facilitation must address prolonged uncertainty, emotional intensity, and ambiguous loss. Key challenges include ensuring psychological safety, regulating disclosure, working with grief, and balancing professional guidance with peer mutuality (Boss, 2006; Toseland & Rivas, 2017; IFRC PS Centre, 2023).

This positions the facilitator as a holder of space rather than an expert problem-solver. Effective facilitation draws on humanistic, trauma-informed, and resilience-oriented traditions and requires core helping skills, ethical sensitivity, reflexivity, and the ability to manage group dynamics. Pedersen et al. (2020) highlight essential components of psychosocial helping, including promoting hope and realistic expectations of change, ensuring confidentiality, offering validation and praise, providing psychoeducation, and building rapport. Overall, support groups for military wives represent a distinct form of professional CB-MHPSS care that combines empowerment-based peer support with structured facilitation and responsibility for psychological safety.

METHODOLOGY

This study is situated within an interpretivist research paradigm, widely used in social work research to understand lived experience, subjective meanings, and the social contexts in which they are formed. From an interpretivist perspective, reality is viewed as socially constructed, and individuals make sense of their experiences through ongoing interactions with their immediate environment, social networks, and broader cultural frameworks (Semigina, 2025).

The choice of this paradigm focuses the study on the psychosocial challenges faced by wives of combatants, their coping strategies, and the functioning of their immediate social networks-phenomena that cannot be adequately captured by quantitative methods alone. Women's experiences of stress, support, and relational dynamics are deeply subjective and context-dependent, requiring qualitative inquiry to access their meanings. Moreover, the interpretivist approach enables the analysis of these experiences within the broader socio-cultural and wartime context, including ambivalence within informal support networks and prevailing cultural norms surrounding mental health. Although the wider research project also draws on quantitative data, the interpretivist framework ensures that the voices of both support group participants and facilitators remain central to understanding psychosocial support processes.

To get sufficiently deep and objective answers to research questions, we used a dual-perspective qualitative research design. The interview sample included seven wives of combatants and three support group facilitators from two non-governmental organizations. The groups were designed for women whose husbands were actively serving in the war, as well as for women whose close relatives were detained, missing, or held as prisoners of war.

Interviews with wives explored their subjective experiences of war-related stress and examined how participation in support groups influenced emotional well-being, perceived social support, relationships, and coping with everyday challenges. Participants were also asked about unmet needs, perceived strengths and limitations of the group format, and expectations regarding the further development of support programs. Interviews with facilitators focused on their professional perspectives on group work with combatants' wives, including facilitation practices, perceived effectiveness, group dynamics, implementation challenges, and professional well-being. The interview guides were informed by mental health and psychosocial support

(MHPSS) principles and community-based intervention frameworks relevant to contexts of mass trauma and bereavement.

All interviews followed a semi-structured format to ensure thematic consistency while allowing for in-depth exploration of individual experiences. Data were analysed using thematic analysis (Braun & Clarke, 2006), combining deductive coding based on interview domains with inductive coding derived from the data. The unit of analysis was a semantic fragment of participants' statements.

Ethical safeguards reflected the population's vulnerability and the sensitivity of wartime experiences. Informed consent was obtained from all participants, confidentiality was ensured through anonymization, and electronic data were stored securely. Measures were taken to minimize distress, including referral to professional psychosocial support when needed. Both organizations formally authorized the use of data for research purposes.

RESULTS AND DISCUSSION

This subsection integrates interviews with support group participants (military wives and women who experienced partner loss) and facilitators to address three study objectives: (1) to identify the peculiarities of facilitated support group functioning for military wives, (2) to clarify the facilitator's role across group stages, and (3) to explore expectations regarding facilitator competence and training. Triangulation of lived experience and professional interpretation strengthens the credibility of the findings (Table 1).

Peculiarities of facilitated support group functioning for military wives

Both data sets confirm that group effectiveness is grounded in shared experience. Participants described the group as a space of «their own people», where they could speak without having to explain or justify their pain. Facilitators emphasized that this commonality is not incidental but rather the core mechanism that enables trust, mutual support, and psychological safety. Consequently, these groups function as a «soft» psychosocial intervention: they are not psychotherapy, but structured relational environments that restore connection and stability under chronic wartime stress.

Participants and facilitators consistently described three intertwined group functions: emotional support, psychoeducation, and network-building. Emotional support – empathy, attentive listening, and the absence of prescriptive advice – was viewed as the primary benefit. Psychoeducation on trauma responses, grief processes, and the wave-like nature of emotional states supported normalization and reduced anxiety. Importantly, groups often evolved into informal peer networks after program completion, with participants maintaining contact, creating mutual support, and checking in during difficult periods. Facilitators regarded this transition as a key outcome, suggesting that groups may become durable everyday coping resources

Table 1. Thematic analysis results of interview materials, structured in alignment with participants' support group and facilitators' perspectives.

Theme	Participants' voice	Facilitators' voice	Aligned conclusion
General peculiarities of facilitated support group functioning for military wives			
The group functions as a «safe space» of shared experience (not a general psychosocial group)	Women repeatedly emphasize that the group is effective primarily because they are among «their own people» and do not need to explain their pain *«Support… everyone listened… and they all understood you, because they had been through it all themselves."* [WSG1] *«The understanding that you don't have to explain at length… in three words she already understands."* [WSG7]	Facilitators explicitly frame shared experience as the core condition for mutual aid and group safety. *«When women realize that other women share the same experience… this realization that 'I am not alone' gives them a lot."* [FSG3] *«The participants themselves choose a topic that is common to all of them… because I am understood here."* [FSG1]	Facilitated support groups for military wives are distinct from generic support groups: they function as experience-specific relational environments, where shared wartime reality replaces explanation and legitimizes emotional expression. But they aren't limited to emotional ventilation either.
Groups act as a «soft intervention»: relational containment + psychoeducation	Emotional support is core, but psychoeducation is also perceived as highly valuable. *«The most helpful thing is just being able to talk… and listening to others."* [WSG1] *«We talked about the body and how it reacts to loss… what it takes to survive loss.»* [WSG3]	Psychoeducation and normalization are described as professional goals. *«We explain what mental processes are taking place and that this is normal.»* [FSG1] *«Relieving anxiety about something being wrong with me.»* [FSG1]	Support groups are perceived as less stigmatizing, more accessible, and more humane than medication or individual therapy. The functioning of groups combines peer mutuality with professional psychoeducational framing, which helps women interpret their states as normal trauma-related responses rather than pathology.
The group becomes a social network and restores social capital	Many describe the group as a source of continuing support and friendship. *«Now for me it is already meetings with kindred spirits… like sitting down for a cup of coffee with a good friend.»* [WSG5] *«The project ended, but we organized ourselves into a self-support group and continue to meet.»* [WSG4]	This is recognized as a predictable and desirable outcome. *«People start communicating outside the group, become friends, meet with their families, and get together for trips or celebrations.»* [FSG3]	A key peculiarity of these groups is that they often evolve into informal peer-to-peer structures, meaning their effects extend beyond the intervention and become part of women's everyday coping infrastructure.
War creates high variability and heterogeneity, complicating group functioning	Differences in age, circumstances, and online conditions can reduce cohesion. *«We are different; some were 20… some were 50… maybe these groups should have been divided by age.»* [WSG1] *«When you see a person, it's easier… than some avatar or black screen.»* [WSG5]	They confirm heterogeneity as a major challenge at the forming stage. *«Women… wives of those who have died… and those who have suffered an uncertain loss… have similar but still different needs.»* [FSG3]	Unlike stable peacetime groups, wartime groups operate under rapidly changing personal circumstances and a wide range of loss forms, which require greater facilitation competence in composition and process management.
Empowerment and expanding influence as post-group effects	Support groups provide not only short-term relief but also lasting peer networks that support everyday life and social re-engagement, returning a person to active social participation and stimulating public activity. *«Some women became involved in public activities and established charitable foundations… our strength lies in our horizontal connections.»* [WSG3]	The transformative effect of support groups on their participants is emphasized – they not only help them resume activity but also help them reach new heights in life and realize their dreams. *«People almost always change, but they discover things about themselves that they never knew before. Some start driving and realize, 'I can do this, even though I used to be terrified of it'; some go to work, and some reconnect with their families.»* [FSG1]	From both participants' and facilitators' perspectives, groups demonstrate transformative potential: they help women return to active social participation and, in some cases, stimulate broader public activity and self-organization.

Theme	Participants' voice	Facilitators' voice	Aligned conclusion
Facilitator's role across stages and during specific group phases			
Stage 1 (Forming / first meetings): containment, rules, and «holding the space»	Early meetings are emotionally overwhelming and can trigger withdrawal. *«During the first two meetings, I just wanted to leave… overwhelmed with emotions.»* [WSG2]	They explicitly identify early sessions as the most difficult and dropout-prone. *«The first two or three meetings are the hardest… sometimes… people drop out.»* [FSG1]	Facilitator role: - establish clear rules and boundaries; - ensure confidentiality; - normalize emotional intensity; - building an accessible, safe and trusted environment. Key risks: unrealistic expectations, inappropriate group composition.
Stage 2 (Storming / emotional intensity): regulation and prevention of retraumatization	Emotional intensity is both healing and risky. *«Some cried constantly… others felt depressed… aggressive… energy that needed to be channelled.»* [WSG1]	They frame regulation as a professional responsibility. *«The facilitator's task is to prevent the group from reaching a point where the level of detail causes retraumatization.»* [FSG3] *«Sometimes we invite them to talk individually and suggest stabilization exercises.»* [FSG2]	Facilitator role: - regulate emotional contagion; - introduce stabilization practices; - pace disclosure to prevent retraumatization; - manage conflicts as developmental moments; - keep the group safe without suppressing emotions. Key risks: emotional overload, early dropout, fear of disclosure.
Stage 3 (Norming / cohesion): enabling peer mutuality and horizontal ties	Mutual reinforcement becomes a major mechanism. *«Every meeting empowers me… an exchange of energy and information.»* [WSG4] *«I was inspired by some women… strong and cool.»* [WSG1] *«Many people around me did everything they could to prevent their relatives from going to war. That's why communicating with them feels like coming out of my bubble into the outside world. A support group is like a bubble, your own bubble.»* [WSG4]	They see horizontal ties as a key target of group work. Different social insights, a lack of close-environment support, especially in small communities, and fear of judgment in favour of acceptance and understanding within the support group. *«Development of stable horizontal ties…»* [FSG3] *«Mutual support is best facilitated by openness…»* [FSG1] *«Cities and small communities differ: in cities, it's easier to form groups, while in small communities, women often feel shame due to stronger stigma and prejudice.»* [FSG3]	Facilitator role: - step back appropriately; - support peer-to-peer exchange; - protect equality and respect; - keep the group from turning into a «leader-centered» structure. Key risks: emotional contagion, secondary traumatization, polarization with the external environment because of stigma, prejudice, and even bullying
Stage 4 (Change / meaning-making): moving from grief to adaptation and agency	They describe regained agency and the decision to keep living. *«I realized that I want to keep living.»* [WSG1] *«I got some tools… for dealing with grief… and I found myself.»* [WSG3]	They describe the same movement as parallel grief and adaptation (dual-process). *«There is a process aimed at grieving, and there is a process aimed at adapting… they run parallel.»* [FSG1] *«Restructuring life… what my husband did… what to do now.»* [FSG3]	Facilitator role: - guide meaning-making without imposing meanings; - support realistic hope; - encourage small re-engagement steps; - integrate grief work with daily functioning. Key risks: avoidance of pain, pressure to «move on,» comparison of losses, subgrouping, dependency on the facilitator.
Stage 5 (Closure / transition): supporting post-group continuity	Many continue as self-support groups. *«When the group ended, we immediately created a new group… no facilitation anymore.»* [WSG7]	They intentionally aim for this transition. *«Ideally… they will continue to meet… without psychologists.»* [FSG1]	Facilitator role: - prepare the group for ending; -reviewing changes and resources; - support transfer of ownership to participants; - encourage sustainable peer structures. Key risks: renewed grief, fear of losing support, abrupt

Theme	Participants' voice	Facilitators' voice	Aligned conclusion
			program endings.
Expectations regarding facilitator competence and professional training			
Expected competence 1: «high-quality presence» and emotional steadiness	They value non-pressuring, respectful facilitation. *«The facilitators didn't pressure us… safe space… even if you didn't want to talk.»* [WSG2]	They define this as professional presence and validity. *«He must be qualitatively present… these people are important to you – and they feel it.»* [FSG3]	The most fundamental competence is presence, which includes emotional containment, authenticity, and non-judgmental acceptance.
Expected competence 2: trauma-informed and grief-informed practice	They indirectly express the need through fear, overload, and normalization benefits. *«We were prepared… that it would not be easy… give space to emotions.»* [WSG2]	They explicitly state the requirement. *«Facilitators must have a basic understanding of trauma psychology.»* [FSG2] *«Training in trauma therapy… a trauma-informed approach…»* [FSG3]	Participants' experiences confirm that facilitation requires trauma- and grief-competent training, not just «group leadership skills.»
Expected competence 3: process regulation and ethical boundary-setting	They criticize overly formal or large groups, short duration, and poor structure. *«10 women… what are 2 hours…?!»* [WSG1] *«The group could have continued functioning longer…»* [WSG1]	They emphasize process regulation and avoidance of «excessive presence.» *«Excessive presence arises… when the facilitator is not in touch with himself…»* [FSG3] *«Balance between activity and maintaining space.»* [FSG1]	The facilitator must be trained in group process competence: pacing, boundaries, managing disclosure depth, and balancing structure with flexibility.
Expected competence 4: reflexivity, supervision, and professional resilience	They do not speak directly about supervision, but they depend on facilitator stability for safety.	They stress supervision, collegial support, and self-care. *«I go to supervision sessions.»* [FSG2] *«I sought separate supervision… outside Ukraine.»* [FSG3] *«Communicating with my colleague… is an important source of mutual support.»* [FSG1] *«Our support system has broken down: we lack physical and social safety, yet psychological help continues. Well-being now largely means adaptation to current conditions.»* [FSG1] *«It's about simple recovery steps: relaxation, being here and now, and noticing small good moments in everyday life.»* [FSG1]	Helping people in emergency settings means assisting them in functional coping and adaptation under ongoing threat and maintaining your own resilience. The study shows that facilitator competence is not only about individual knowledge but also about professional support systems (supervision, co-facilitation, resilience maintenance). This becomes a prerequisite for safe group functioning in conditions of chronic war.

At the same time, wartime conditions produce distinctive challenges. Heterogeneity of participants' circumstances (active service, confirmed loss, captivity, missing status, displacement) often complicates cohesion, especially in early meetings. Participants criticized short programs, large group size, and excessive standardization, while facilitators described group formation as the most demanding phase requiring careful process management.

The facilitator's role across stages of group development

The findings show that facilitation is stage-sensitive and changes across the group trajectory. While groups broadly follow classic developmental logic (Tuckman, 1965), emergency settings intensify emotional dynamics, increase dropout risk, and frequently reactivate earlier stages in response to new stressors. Consistent with MHPSS principles (IASC, 2007; IASC, 2019), the analysis identified five stages – from initial meetings to closure or transition into peer support.

In the initial phase, participants often experience emotional overload and the impulse to withdraw; facilitators confirmed that early meetings are most prone to dropout. The facilitator's primary task here is containment: establishing rules, ensuring confidentiality, maintaining structure, and normalizing strong emotions. During periods of heightened emotional intensity, facilitators regulate the depth of disclosure, monitor retraumatization risks, and introduce grounding and stabilization skills. Conflict and tension were treated as normal elements of group development when openly processed.

As cohesion grows, facilitation shifts toward enabling peer mutuality and protecting horizontal relationships while avoiding excessive dominance. In later stages, facilitators support meaning-making and the restoration of agency, helping participants move from survival toward adaptation. At closure, facilitators assist transition by preparing participants to sustain peer connections beyond the formal program.

Expectations regarding facilitator competence and training

Participants' expectations were articulated primarily through safety markers: non-pressuring facilitation, acceptance, and reliable emotional containment. Facilitators described these expectations as professional presence, authenticity, and the ability to «hold the space». Both perspectives highlight the need for trauma-informed and grief-informed competence, alongside group process regulation skills (pacing, boundaries, and composition management). Facilitators also emphasized supervision, collegial support, and self-care as prerequisites for ethical work, suggesting that facilitator resilience is a structural condition for group safety and effectiveness in chronic war contexts.

A key wartime paradox emerged: psychosocial support is delivered while basic safety remains unstable. As a result, «well-being» is not framed as full recovery, but as functional coping and adaptation under ongoing threat. This implies that facilitated support groups should maintain realistic goals – helping women remain grounded, connected, and able to manage everyday life, rather than aiming for complete emotional stability.

Integrated interpretation

Overall, facilitated support groups for military wives function as hybrid psychosocial interventions that combine peer mutuality with professional containment and psychoeducation. Although they can generate therapeutic effects, they differ from group therapy in goals, depth, and process (Ruzek et al., 2023). Consistent with

Yalom's (1995) therapeutic factors, participants described outcomes linked to hope, universality, information exchange, and reciprocal support. The findings indicate that support groups reduce isolation, normalize war-related distress, restore agency, and often generate sustainable peer networks. However, emotional intensity, heterogeneous composition, and time-limited formats remain key risks, reinforcing the need for flexible, trauma-informed facilitation and stable professional support for facilitators.

Thematic analysis of the support group facilitators' responses also extracted recurrent patterns and insights directly relevant to an additional theme, missing from participants' responses, namely, the theoretical and methodological foundations of their group work (Table 2).

Table 2. Thematic analysis results of the support group facilitators' responses: unique themes.

Theme	Facilitators' voice
The theoretical and methodological foundations of their group work	
Integration of different approaches	Facilitators recognized the importance of humanistic and client-centered traditions in psychology and social work, as well as of positive and cognitive-behavioral psychotherapy and transactional analysis. *«Understanding that no one understands me better than I do, because I know what I've been through. All further work is based on this.»* [FSG1] *«Perceiving reality as it is and being able to live in it.»* [FSG3] *«Cognitive restructuring is a well-known CBT tool that also works very well in working with thoughts and ruminations.»* [FSG3]
The concept of participation	The group is built as a participatory space, not a service where clients passively receive help. Change is expected to emerge through involvement, mutual exchange, and shared responsibility. *«We select motivated people, because active participation in every meeting is essential.»* [FSG1]
The dual model of grief and the eight-step grief program based on it	Facilitators reject linear «stages of grief» and use a structured, evidence-informed approach. The goal is to support both grief work and restoration-oriented functioning simultaneously. *«Grieving and adapting to life after loss run in parallel.»* [FSG1] *«We are trained in and follow an eight-step program.»* [FSG2]
The theory of resilience	The facilitation framework is strengths-based: participants are not treated primarily as victims but as people with capacity for recovery, agency, and post-crisis growth. *«We focus not only on loss but also on resources and the future.»* [FSG1] *«Our clients are survivors – they cope with extremely difficult experiences.»* [FSG3]
The intervention pyramid for MHPSS in emergencies	Facilitators position support groups as low-intensity, scalable interventions within the MHPSS system, where social workers play a central role in broad community-level support, while specialized therapy remains necessary for fewer cases. *«In crisis, social and psychological support must work together.»* [FSG3] *«We distinguish psychotherapy as a specialized field, but the need for social work, part of which is psychological, i.e., working with healthy people who are experiencing a crisis, is much greater.»* [FSG3]

The work of the groups is based on the idea that people are the best experts in solving their own problems, which originates primarily in Carl Rogers' client-centered theory and humanistic psychology and was later integrated into the strengths-based and empowerment approaches in social work. All respondents demonstrate a reflective attitude towards theory, using it as a guide rather than a dogma. When working with women experiencing loss, respondents refer to the dual model of grief, emphasizing its superiority over linear stage approaches.

And finally, the findings emphasize the importance of facilitators' self-care strategies in the face of ongoing wartime threats in line with modern research. Working with individuals and families in a military context poses several challenges, including secondary trauma, compassion fatigue, conflicting values and ethics, and ethical stress (Wooten, 2015). Workers are vulnerable to developing occupational wellness concerns (OWC) (Imperial et al., 2023), and professional self-care enhances work performance, improves relations with coworkers and clients, enhances cognitive ability, increases self-awareness, and serves as a first-aid response to combat OWCs.

Implications for psychosocial care systems

The conducted research deepens the previously obtained results on the challenges faced by the wives of servicemen in communicating with their immediate environment (Baidarova & Rohach, 2025) and on the resilience development of the wives of fallen servicemen in support groups (Baidarova & Klymenko, 2025). The study supports *integrating professionally facilitated support groups as a core component of psychosocial care systems for military families*. At the national and community levels, governments and institutions must promote and invest in peer support initiatives to create healthier, more resilient families and communities. By fostering strong peer networks, we can significantly improve mental well-being and physical health, raise individual and collective self-efficacy (Schwarzer, 2024), and ensure that no one faces their struggles alone. This strategy for strengthening psychosocial support emphasizes not one-time assistance but the implementation of long-term social initiatives aimed at restoring everyday life, psycho-emotional stability, and returning a person to active participation in social life. As a part of psychosocial care systems, support groups could help to overcome barriers to mental health services for military wives, which differ markedly from those of women in the general population (Lewy et al., 2014).

Based on the study results, practical advice has been formulated for social workers who facilitate support groups for combatants' wives. These recommendations address key aspects of organizing and conducting support groups:

1. Building sessions around resilience components. It is advisable to plan sessions so that they cover topics such as emotional expression, adapting to adversity or loss, finding new meaning, social inclusion, personal growth, and sharing coping experiences.

2. Professional training of facilitators. Groups should be led by professionals (psychologists or social workers) or by well-trained, supervised community members with basic knowledge and skills in psychosocial care, trauma therapy and trauma-informed practice, and familiarity with the intervention pyramid for MHPSS in emergencies and with grief dynamics. It is also necessary to have skills in managing group processes, working with emotions and crisis states, and trauma-sensitive communication.

3. Integration of psychoeducation. Informing about the nature of stress reaction, loss, grief, and ways of self-regulation and overcoming adversity helps to reduce anxiety and improve psychological well-being. The material should be presented in a dialogic format that stimulates reflection.

4. Cautious introduction of complex emotional content. At the beginning of the work, it is worth focusing on forming a resource base – in particular, through breathing techniques, stabilization and psychoeducation, in order to avoid emotional overload and premature withdrawal of participants.

5. Covering life problems. It is worth including financial difficulties, employment, relationships with immediate social networks, and raising children in the group discussion, as these topics directly affect women's emotional state and the process of their recovery.

6. Introduction of additional intersessional meetings. Such meetings will contribute to a deeper sense of connection, increased commitment to the group process, a sense of competence and belonging to the group, as well as strengthening mutual support.

7. Flexible participation formats. For women who have difficulty joining the group, it is worth planning individual meetings or preliminary preparation for the group process. It is important to convey that a single unsuccessful experience with a support group should not be a reason for disappointment in this method's effectiveness, and that the search for «your own group» is quite normal.

8. Planning further interaction in a peer-to-peer format. Continuing interaction in a group format after the official program ends – especially peer-to-peer – is an important factor in stabilizing and building resilience. Already during the facilitated course, the possibility of continuing to work in the group independently should be envisaged: supporting initiative, identifying potential leaders, and encouraging the creation of informal communication channels.

9. Involving active participants in new initiatives. Women with leadership qualities can initiate the creation of new mutual support groups in communities.

These tips emphasize the role of the social worker in building MHPSS and the importance of supporting their professional development, particularly in group dynamics, grief work, trauma-informed facilitation, and supervision, which are crucial for scaling up effective models of care.

The study findings have important practical implications for social work practice and the development of effective psychosocial support programs for military families. The Ukrainian Government and local government bodies should reconsider their duties towards military families, and the study introduces the relevance of community-based interventions. The study findings align with Ukraine's National Mental Health Strategy until 2030 and its Roadmap (Knowledge Center, 2022), which emphasizes the expanded role of social workers in delivering scalable, low-intensity community-based interventions. Accordingly, higher education and advanced qualification training programs in social work, as well as preservice and on-the-job training, should equip future and working professionals with competencies to provide low-intensity psychosocial support.

RESEARCH LIMITATIONS

This study is based on a small qualitative sample drawn from support groups facilitated by two NGOs, which limits transferability to other organizational models and regions. The participant group included women in different war-related circumstances (active service, ambiguous loss, confirmed loss), which enriched the data but also complicates generalization regarding group composition. As the study relies on interview material, the findings reflect perceived effects and professional interpretations rather than measured outcomes. Additionally, the online format of some groups may have shaped both group experience and facilitation challenges, and this variable could not be systematically controlled.

CONCLUSIONS

This study provides qualitative, contextually grounded evidence on how facilitated support groups function as a form of community-based psychosocial care for wives of combatants in wartime Ukraine. By combining interviews with participants and facilitators, the research captures two complementary perspectives: the lived experience of group participation and the professional logic, ethical conditions, and process management that enable group work to be safe and meaningful.

The findings demonstrate that support groups for military wives should not be conceptualized as short-term therapy or as simple emotional ventilation. Instead, they operate as contained but non-clinical psychosocial spaces that combine peer mutuality with professional holding, psychoeducation, and structured safety. Groups reduce isolation, normalize trauma- and grief-related reactions, and support coping under chronic uncertainty. A distinctive outcome is the development of durable horizontal ties: many groups evolve into informal peer networks that continue beyond the facilitated program, becoming part of women's everyday coping infrastructure.

The study also shows that facilitation is not a static role but changes across stages of group development. In early sessions, the facilitator's primary function is containment – establishing boundaries, ensuring confidentiality, and preventing emotional overload. During phases of high emotional intensity, facilitators regulate disclosure depth and introduce stabilization practices to reduce the risk of retraumatization. As cohesion grows, facilitation shifts toward enabling mutual aid, protecting horizontality, and supporting meaning-making and agency. At closure, facilitators support transition by strengthening ownership and preparing participants to sustain peer connections independently.

Expectations regarding facilitator competence highlight the need for trauma- and grief-informed practice, group process regulation skills, and ethical reflexivity. Facilitators emphasized supervision, co-facilitation, and self-care as structural conditions of safe work, particularly because support is delivered in a context where basic safety remains unstable. Overall, the findings support integrating professionally facilitated support groups into psychosocial care systems for military families in Ukraine and underscore the need to invest in facilitator training and sustainable professional support mechanisms as prerequisites for scaling up low-intensity community-based interventions.

Thanks to the NGO «Masha Foundation» and ILDC for their contributions to the involvement of research participants.

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ГРУПИ ПІДТРИМКИ ДЛЯ ДРУЖИН ВІЙСЬКОВИХ ГОЛОСАМИ ФАЦИЛІТАТОРІВ ТА УЧАСНИКІВ

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Анотація. *Метою дослідження є всебічне вивчення функціонування фасилітованих груп підтримки як професійної форми психосоціальної допомоги для дружин військовослужбовців в умовах повномасштабної війни в Україні; визначення ролі фасилітатора на різних етапах групового процесу та з'ясування очікувань щодо його професійної компетентності й підготовки. Методологічно дослідження спирається на інтерпретативну парадигму з використанням якісного підходу. Було проведено напівструктуровані інтерв'ю з двома групами учасниць: жінками, які беруть участь у групах підтримки (7 дружин військових), та фасилітаторками цих груп (3 спеціалістки) – представницями двох громадських організацій, що впроваджують програми психосоціальної підтримки постраждалим від війни. Групи функціонували як простори безпеки й взаємної підтримки для жінок, чиї чоловіки перебувають на фронті, утримуються в полоні, вважаються зниклими безвісти або військовополоненими. Дані були проаналізовані методом тематичного аналізу з комбінованим підходом, що поєднує дедуктивне структурування на основі питань інтерв'ю та індуктивне кодування емпіричного матеріалу.*

Наукова новизна полягає у систематичному описі груп підтримки для дружин військових як «контейнованих, але неклінічних» просторів психосоціальної підтримки, що поєднують елементи професійної фасилітації, взаємодопомоги та горизонтальних peer-відносин. Вперше на українському матеріалі реконструйовано динамічну роль фасилітатора – від контейнування й встановлення безпеки на початкових стадіях до підтримки емоційної регуляції, зміцнення взаємодопомоги та формування нових соціальних ресурсів на пізніх етапах. Виокремлено ключові ризики (перевантаження, ретравматизація, гетерогенність складу, ранні виходи) та професійні умови безпечної роботи (правила, межі, стабілізаційні практики, супервізія).

Результати показали, що групові інтервенції сприяють зниженню соціальної ізоляції, нормалізації переживань, пов'язаних із стресом, горем та невизначеністю, та створюють передумови для поступового відновлення агентності й соціальної інтеграції. Водночас якість фасилітації визначається здатністю підтримувати психологічну безпеку, балансувати між структурованою підтримкою та горизонтальною взаємодією, а також компетентністю у роботі з травмою й втратами. Отримані результати обґрунтовують інтеграцію професійно фасилітованих груп підтримки до

системи психосоціальної допомоги сім'ям військових в Україні та підкреслюють необхідність інвестицій у підготовку фасилітаторів і сталі механізми їх професійної підтримки, у тому числі супервізію.

***Ключові слова**: групи підтримки, дружини військових, психосоціальна підтримка, фасилітація груп, взаємодопомога, CB-MHPSS, травма-інформований підхід, професійна компетентність фасилітатора.*

Статус статті:
Отримано: лютий 11, 2026
1-ше рецензування: березень 22, 2026
Прийнято: травнь 30, 2026