



AFTER UNLAWFUL DETENTION: FROM SURVIVAL TO RECOVERY

**THE NEED FOR THE ADOPTION OF A STATE FRAMEWORK
PROGRAMME FOR THE RECOVERY, REHABILITATION,
AND REINTEGRATION OF RELEASED CIVILIANS**



**ASSOCIATION
OF RELATIVES**
of Political Prisoners of
the Kremlin



center for civil
liberties
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EXECUTIVE SUMMARY

This report evaluates the current system of regulatory and institutional support for civilians released after unlawful deprivation of liberty as a result of the Russian Federation's armed aggression. The assessment is conducted through the lens of international human rights standards, foreign experience, and empirical data collected during the work of human rights organisations.

The analysis focuses on the interconnection between status determination procedures (establishing the fact of unlawful deprivation of personal liberty), access to social, medical, psychosocial, and legal services, and the actual capacity of the system to provide continuous post-release support.

Regulatory analysis shows that Ukraine has developed a dedicated legal framework for supporting released civilians, particularly through Law No. 2010-IX and a system of subordinate legislation. At the same time, the key "access node" to guarantees remains the procedure for establishing the fact of deprivation of liberty by the authorised Commission. At this stage, risks of unequal access to assistance arise due to the complexity of evidentiary requirements, processing times, and inconsistencies in material evaluation practices.

The analysis of post-detention and reintegration mechanisms, as well as the medical and psychosocial support system, demonstrates that rehabilitation is formally integrated into general state policy instruments (social services, the

Medical Guarantees Programme). However, in practice, it requires clear referral pathways, coordination, and institutional accountability. The absence of a specialised and visible "entry point" into the rehabilitation system for affected individuals increases the risk of fragmented support.

A comparative analysis of international standards and foreign experience indicates that effective support models combine reparative logic with long-term reintegration policies, are based on principles of voluntariness, trauma-informed approaches, and interagency coordination, and rely on high-quality documentation of violations. The report substantiates the need to shift from a status-oriented to a needs-oriented support model, in which rehabilitation and reintegration are considered elements of the right to an effective remedy.

The report draws conclusions regarding systemic gaps in the current model and proposes recommendations aimed at improving accessibility, continuity, and quality of rehabilitation for released civilians, taking into account both human rights standards and the practical constraints of wartime.

ACCORDINGLY, THE RESULTS OF THIS REPORT INCLUDE:

Development of a Framework Model of a Rehabilitation and Reintegration Programme for Civilians Affected by Unlawful Deprivation of Liberty Due to the Russian Federation's Armed Aggression.

The model is based on an analysis of the social, legal, and psycho-emotional needs of affected persons, international standards and foreign practices, as well as the experience of Ukrainian civil society. It is designed for practical implementation through state institutions, with the possibility of involving NGOs and international partners in delivering specific support components.

Analytical Basis for Future Advocacy Campaigns.

Results of the comprehensive analysis of Ukrainian legislation, systematisation of documented needs

of affected civilians, and summary of key structural issues in access to rehabilitation. Analytical materials will be adapted for engagement with state authorities, international partners, and donors.

State Policy Recommendations.

Practically oriented proposals for legislative and/or administrative changes aimed at improving accessibility, quality, and continuity of rehabilitation and reintegration for civilians who have experienced unlawful detention.

INTRODUCTION

Unlawful deprivation of personal liberty of civilians has become one of the most severe and simultaneously systematic forms of human rights violations resulting from the Russian Federation's armed aggression against Ukraine. In 2025 alone, the Ministry for Communities and Territories Development received 4,757 applications requesting the establishment of the fact of deprivation of personal liberty due to armed aggression against Ukraine, and 385 applications requesting recognition of an individual as a family member of such persons.¹ For thousands of people, release from unlawful detention does not automatically translate into a return to normal life: experiences of isolation, torture, ill-treatment, severed social connections, and loss of livelihoods create long-term consequences that require a comprehensive response from both the state and society.

In this context, rehabilitation and reintegration of released civilians should not be viewed merely as additional social measures or humanitarian aid, but as an integral component of the exercise of the right to an effective remedy and the restoration of violated rights. International standards, particularly in the areas of reparations and the prohibition of torture, explicitly require states to ensure access to medical,

psychological, social, and legal rehabilitation that is oriented toward restoring the dignity and functional capacity of affected individuals.

In Ukraine, a dedicated regulatory framework has been established in response to these challenges, centred on Law No. 2010-IX and subordinate legislation that regulates the procedure for establishing the fact of unlawful deprivation of liberty, provision of financial compensation, social guarantees, and post-detention measures. At the same time, practical experience in the application of these norms, as well as findings from the work of human rights organisations and expert discussions, indicate significant gaps between the regulatory declaration and the actual accessibility of support.

The purpose of this report is to provide a comprehensive assessment of the current system of support for released civilians in terms of its compliance with international standards, the needs of affected persons, and the principles of effective rehabilitation and reintegration. The report aims not only to document problem areas but also to lay the groundwork for the development of a framework support programme and advocacy measures designed to strengthen state policy in this sphere.

¹In accordance with Ministry for Communities and Territories Development letter No. 2526/7/10-26 dated 30 January 2026, at the request of the NGO "Association of Relatives of Political Prisoners of the Kremlin".

METHODOLOGY

The report is qualitative-analytical in nature, combining an analysis of the regulatory framework, empirical data, and a comparative international perspective. The research conducted within the report has an applied focus, aimed at developing a framework model for the rehabilitation and reintegration of civilians affected by unlawful deprivation of liberty resulting from the Russian Federation's armed aggression. The methodological design was developed taking into account the sensitivity of the subject matter, limited access to official data on unlawful deprivation of liberty, and the need to integrate the experiences of affected individuals and practitioners.

1. Semi-structured interviews

Semi-structured interviews were conducted with specialists from the state and non-governmental sectors, civilians released from unlawful detention, and professionals in the field of rehabilitation (medical, psychosocial, and legal). The interview format with affected individuals allowed for a combination of a standardized set of questions with the possibility of recording individual experiences, particularly regarding access to assistance, procedures for status confirmation, barriers to reintegration, and real post-release needs.

In addition, on 12 January 2026, an interactive survey titled "Ensuring the Right to Rehabilitation of Released Individuals: A Dialogue on Needs and Paths to Implement

Effective Programs" was conducted to identify key elements that should be included in the rehabilitation and reintegration system. Among the 49 respondents were released individuals, representatives of organizations specializing in rehabilitation, relatives of released persons, and representatives of the state sector. The survey results were used to refine priorities and the practical orientation of the framework model.

The research was conducted in compliance with the principles of voluntariness, informed consent, confidentiality, and minimization of retraumatization risks. Interviews were conducted in a safe format (offline or online), with the possibility of pausing or declining to answer any question. Personal data were anonymized during transcription, and citations in the report are presented without identifying features. The research team employed a trauma-informed approach, avoiding repeated detailed recounting of experiences of violence unless necessary for the purposes of the study.

2. Analysis of the national regulatory framework and NGO practices

A systematic analysis was conducted of Ukrainian legislation, subordinate acts, and policies in the area of social, legal, and rehabilitation protection for individuals who have experienced unlawful deprivation of

liberty. Particular attention was given to Law No. 2010-IX and related procedural mechanisms, as well as the relevant Cabinet of Ministers of Ukraine Resolution No. 296 of 15 March 2024, which regulates specific rehabilitation aspects for released civilians. In parallel, approaches and practices of NGOs providing legal, psychological, and social assistance to released individuals were examined to identify effective support models and the role of civil society in addressing institutional gaps.

3. Comparative analysis of Ukrainian and foreign studies

A comparative analysis was conducted of Ukrainian and international studies on support for individuals who have survived unlawful deprivation of liberty in the context of armed conflicts. The analysis covered international standards, rehabilitation approaches, reparations and reintegration models, and institutional solutions for coordination of assistance. This comparative perspective allowed for the evaluation of the Ukrainian system against international practices and informed the development of the framework rehabilitation model.

4. Expert surveys

Expert surveys were conducted among representatives of the human rights community, specialists in international humanitarian and human rights law, social policy, mental health, and practitioners working with released civilians.

The surveys aimed to assess the effectiveness of existing support mechanisms, identify systemic challenges, and formulate practical recommendations for state policy. Based on communications with experts, relevant reviews were provided and are included in this report as annexes.

5. Expert roundtable (16 October 2025)

The study incorporated findings from an expert roundtable dedicated to the three-year practice of implementing Law No. 2010-IX. The event brought together released civilians, representatives of state bodies, experts, and human rights organizations, including 43 specialized NGOs. Discussions focused on two thematic blocks:

1. Practical application of the Law and the work of the Commission for the Establishment of the Fact of Deprivation of Liberty – its effectiveness, challenges, and potential reform directions;
2. Post-release rehabilitation and the vision for a comprehensive support system.

Materials from the roundtable served as a source of consolidated positions of key stakeholders and were used to develop recommendations.

6. Digest of legal assistance provision

A digest of legal assistance provided by the NGO “Association of Relatives of Political

Prisoners of the Kremlin”² to detained civilians and their relatives over a three-month period was used, summarizing typical requests, procedural difficulties, and barriers to access administrative and supportive procedures. In 2025, the NGO provided a total of 550 legal consultations to beneficiaries, which informed a deeper understanding of the needs of affected individuals and their families.

7. Analysis of analytical reviews and notes from human rights organizations

The study utilized analytical reviews, reports, and notes from specialized human rights organizations documenting issues related to the status of released individuals, access to social protection, and the practice of the Commission for the Establishment of the Fact of Deprivation of Liberty. These materials made it possible to trace problem dynamics, summarize systemic challenges, and cross-reference them with empirical data obtained within the study.

²NGO “Association of Relatives of Political Prisoners of the Kremlin” (2025). Digest of legal assistance provision, March–May 2025 (analytical material of the organization). URL: <https://www.relativespp.org/analytic/daydzhest-shchodo-rezultativ-roboti-sluzhbi-pravnichoyi-dopomogi-go-obiednannya-rodichiv-polityvazniv-kremlya-u-berezni-travni-2025-roku>

REGULATORY FRAMEWORK FOR SUPPORTING INDIVIDUALS AFFECTED BY UNLAWFUL DEPRIVATION OF LIBERTY IN THE CONTEXT OF ARMED AGGRESSION AGAINST UKRAINE

The regulatory framework for supporting individuals affected by unlawful deprivation of liberty in the context of armed aggression against Ukraine functions as an “entry filter” for the restoration of violated rights, access to relevant services, and the implementation of social guarantees. Legal definitions, status categories, and administrative procedures determine who is recognized as a recipient of state support, the scope of guarantees, which authorities are responsible for providing adequate assistance, and through which channels it is delivered. In situations of mass and diverse violations of international humanitarian law (IHL) and international human rights law (IHRL) — including cases of abductions, incommunicado detention, torture, and forced displacement — the clarity of regulatory constructs directly affects the reality, not just the declarative nature, of state obligations.

National policies for supporting released civilians must align with international IHRL standards and the framework of transitional justice. One of the general benchmarks is the Basic Principles and Guidelines on the Right to a Remedy and Reparation for Victims of Gross Violations of International Human Rights Law and Serious Violations of International Humanitarian Law. This document enshrines the right of victims of gross human rights violations to effective remedies and reparations, which may include restitution,

compensation, rehabilitation, satisfaction, and guarantees of non-repetition. Notably, in the international understanding, “rehabilitation” encompasses not only medical treatment but also psychological assistance, legal and social services — i.e., a comprehensive, cross-sectoral package of support for victims.

The experience of unlawful deprivation of liberty of civilians in the context of armed aggression against Ukraine is almost always accompanied by torture, cruel, inhuman, or degrading treatment. Throughout the armed conflict, the NGO “Association of Relatives of Political Prisoners of the Kremlin” has systematically documented violations of international humanitarian law and international criminal law. Collected testimonies repeatedly report the use of electric shocks, repeated beatings, prolonged psychological pressure, forced stress positions, mock executions, deprivation of sleep, food, and access to medical care. Some testimonies also include information on the torture of other detainees held in the same facilities, indicating a systemic rather than isolated nature of these practices. Analytical summaries of these testimonies are regularly reflected in the NGO’s monthly reviews, which are based on surveys of affected individuals and witnesses of unlawful detention.

In this context, special importance is attached to international legal obligations of states regarding the rehabilitation of torture victims, enshrined, in particular, in Article 14 of the UN Convention Against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment. The Convention explicitly obliges states to ensure victims of torture have the right to redress and the fullest possible rehabilitation. For the Ukrainian context, this norm has at least two key practical implications. First, post-release support standards must systematically include medical and psychosocial rehabilitation as central, not auxiliary, elements of assistance. Second, state and quasi-state assistance mechanisms must be designed considering the limited evidentiary base typical of unlawful detention situations, when access to official documents, medical records, or court decisions is unavailable or deliberately blocked by the aggressor state.

A key instrument within the international standards system is the Istanbul Protocol, which provides guidance for the effective investigation and documentation of torture and ill-treatment. Its practical significance in the rehabilitation context is that properly conducted medical and psychological documentation of the effects of torture and unlawful detention, provided ethical principles, voluntary participation, and safety guarantees are observed, serves multiple interconnected functions. Specifically, it can serve as evidence for the legal protection of the affected individual, as a basis for individualizing a rehabilitation pathway based on specific physical and psychological injuries, and as an element of broader state policy aimed at ensuring guarantees of non-repetition. The Istanbul Protocol

also explicitly enshrines principles of trauma-sensitivity, prevention of retraumatization, and voluntary participation of victims in any procedures. The general scope of state obligations in protecting and restoring the rights of individuals subjected to unlawful deprivation of liberty and torture is also defined by the International Covenant on Civil and Political Rights (ICCPR). The Covenant guarantees the right to liberty and personal security, the absolute prohibition of torture and cruel treatment, and the right to an effective remedy. Collectively, these norms mean that support for released individuals cannot be limited to one-time compensation payments. It must include measures aimed at restoring violated rights, ensuring access to appeal procedures, holding perpetrators accountable, and building the institutional capacity of the state to prevent the recurrence of similar violations in the future.

At the national level, the foundational act declaring state obligations in the rehabilitation of released civilians is Law of Ukraine No. 2010-IX "On Social and Legal Protection of Persons Whose Fact of Deprivation of Liberty as a Result of Armed Aggression Against Ukraine Has Been Established, and Their Family Members". Its conceptual feature is that the key legal basis for the implementation of state guarantees is not merely the fact of unlawful detention but the formal establishment of this fact by an authorized Commission within a defined administrative procedure. Thus, the Law simultaneously creates a special category of state support recipients, establishes an official mechanism for confirming belonging to this category, and directly links access to the package of rehabilitation and social measures to the outcomes of this procedure.

However, Law No. 2010-IX does not reflect the realities of full-scale war, limits the circle of eligible persons, effectively excludes most civilians from requesting assistance, and does not ensure fair, transparent, and non-discriminatory procedures. This issue requires urgent resolution, primarily through legislative improvement.³

Current legislation focuses mainly on mechanisms for protecting individuals after the establishment of

the fact of deprivation of liberty by the authorized Commission. At the same time, practice demonstrates a “gap” between the moment of release/return and actual access to assistance, which reduces reintegration effectiveness and increases the risks of retraumatization, social isolation, and the inability to promptly restore basic livelihoods.⁴

Procedural Aspects

The mechanism for establishing the fact of unlawful deprivation of liberty is structurally linked to the review of an application, the assessment of submitted materials, and the adoption of a decision by a specially authorized Commission. Normatively significant elements of this procedure include guarantees against refusal to accept or consider an application, the possibility of judicial appeal against decisions not to confirm the fact, as well as conditions for suspending consideration in cases where criminal proceedings are being conducted against the applicant.

In the context of effective access to assistance, this

means that for civilians, the effectiveness of state support largely depends on several interrelated factors: the Commission’s criteria for evaluating materials, the quality and comprehensiveness of the reasoning in its decisions, the timeframes for reviewing applications, and the applicant’s ability to collect and submit evidence. The last factor is particularly problematic in cases of incommunicado detention, when access to documents, witnesses, or official confirmations is objectively limited or absent.

At the same time, a significant proportion of civilians released from places of detention face refusals to recognize the fact of deprivation of liberty,

³NGO “Association of Relatives of Political Prisoners of the Kremlin”. Comparative table of current Law 2010-IX and NGO draft proposals. URL: <https://www.relativespp.org/analytic/profilni-gromadski-organizaciyi-proponuyut-zakonodavchi-zmini-zadlya-pidtrimki-zvilnenih-iz-nezakonnogo-uvyaznennya>

⁴NGO “Association of Relatives of Political Prisoners of the Kremlin”. Explanatory Note on Legislative Amendments Prepared by Relevant Civil Society Organisations to Support Persons Released from Unlawful Detention. URL: <https://www.relativespp.org/analytic/poyasnyuvalna-zapiska-shchodo-zakonodavchih-zmin-pidgotovlenih-profilnimi-gromadskimi-organizaciyami-zadlya-pidtrimki-zvilnenih-iz-nezakonnogo-uvyaznennya>

requirements to prove the political motives of their detention, or to provide documents they could not have obtained under conditions of occupation and incommunicado detention. According to statistical data on the Commission's activities, the share of refusals can reach from one-third to one-half

of applications. This situation creates systemic inequality, social vulnerability, and distrust in state institutions. Recognition of status should be based on the mere fact of unlawful deprivation of liberty, rather than the conditions, motives, or formal documentation by occupying authorities.

Post-Release Guarantee Package

Law № 2010-IX provides a combination of financial, medical-rehabilitation, and social support instruments for persons whose fact of unlawful deprivation of liberty has been established. Specifically, this includes monetary assistance (one-time and annual), the procedures and amounts of which are detailed in subordinate regulations and may be supplemented by decisions of local self-government bodies; medical and rehabilitation assistance, including psychological support; social and professional adaptation; preferential sanatorium-resort treatment or compensation for its cost; and certain legal guarantees related to the restoration of documents and temporary relief from debt obligations after release.

Thus, the law formally combines the logic of a reparative state response, focused on compensatory payments and benefits, with the logic of reintegration policy, which involves the provision of services, guidance, and adaptation support after

release. At the same time, the key node for access to the entire system of guarantees remains the procedure for confirming the fact of deprivation of liberty, which creates a risk of unequal access. Individuals with less documented experiences of unlawful detention—typical for civilians in temporarily occupied territories or in unofficial places of detention—may face a significantly more challenging path to inclusion in the state support system. Analytical materials of the Association of Relatives of Political Prisoners of the Kremlin on proving the fact of unlawful deprivation of liberty indicate the heterogeneity and fragmentation of the evidence base in such cases, as well as the need for clearer, unified, and predictable approaches to evaluating materials.⁵

The functioning of Law № 2010-IX is ensured by a system of subordinate acts that detail procedural aspects, the powers of authorities, and the routing of assistance. In particular, the Cabinet of Ministers

⁵Levchenko, K. (2024). Expert Analytical Review and Recommendations on Establishing the Fact of Unlawful Deprivation of Liberty of Civilians as a Result of Armed Aggression Against Ukraine. Kyiv, December 2024: NGO "Association of Relatives of Political Prisoners of the Kremlin." URL: https://cdn.prod.website-files.com/6384b331759e4d35a96c7fae/6762d583e849a33b67520724_analitchniy%20oglyad.pdf

of Ukraine Resolution № 1281 of 15 November 2022 approves the Regulations on the Commission, the procedure for assigning and paying monetary assistance, as well as the procedure for forming and maintaining the Unified Register of persons whose fact of deprivation of liberty has been established. The regulation of these elements is critically important, as it determines the operational capacity of the procedure for establishing the fact of deprivation of liberty, forms the institutional and technical basis for recording status, and creates procedural prerequisites for access to payments

and subsequent routing to rehabilitation services. In practical terms, any “bottlenecks” in the work of the Commission (ambiguity in evidentiary requirements, instability of interpretations, insufficiently reasoned decisions, or delays in consideration) transform into a systemic problem of access to assistance. For a significant portion of affected individuals, confirmation of the fact of unlawful deprivation of liberty serves as a legal trigger for the implementation of most of the guarantees provided by law.

Post-Isolation and Reintegration Measures After Release

Cabinet of Ministers of Ukraine Resolution № 296 of 15 March 2024 approves the Procedure for conducting restorative (post-isolation, reintegration) measures, adaptation and support (assistance) for individuals whose fact of deprivation of liberty has been established, following their release. The normative content of this Procedure is of key importance for several reasons.

First, the document structures assistance according to temporal and functional logic, distinguishing between immediate post-release measures (post-isolation, restorative) and longer-term reintegration and adaptation measures. This approach reflects an understanding of release not as a one-time event, but as a process of gradual return to civilian life after prolonged violations of rights and social connections.

Second, the Procedure formalizes an interagency support model, combining medical, psychological, social, and legal components, and establishes a framework for accompanying the affected individual. From a management perspective, this logic approximates elements of case management, although it is not explicitly named as such, and anticipates coordination of various services around the individual needs of the released person.

Third, for civilians, a key principle is the emphasis on voluntary participation in restorative and reintegration measures and the necessity of informed consent. This approach aligns with human rights standards for working with victims of torture and unlawful detention, as well as with the principles of non-coercion and non-retraumatization.

At the same time, Cabinet Resolution № 296 of 15 March 2024, which formally aims to regulate the implementation of post-isolation, reintegration, and adaptation measures for persons whose fact of deprivation of liberty has been established, demonstrates a number of systemic limitations from a human-centered and human rights perspective.

First, the normative logic of the Resolution remains primarily oriented toward the institutional system and its procedures rather than the individual needs of the affected person. Access to the majority of measures is effectively tied to the completion of the procedure for establishing the fact of deprivation of liberty through the authorized Commission. In practice, the procedure for establishing the fact of deprivation of liberty often takes months, while the evidentiary basis on which the Commission makes decisions is extremely difficult for the affected person to assemble, especially in cases of self-liberation. Individuals released outside formal exchanges typically do not have access to formal confirmations of detention, official lists, decisions, or documents from the aggressor state, nor to witnesses who could provide proper evidence. This creates a particularly vulnerable situation for persons released outside official procedures or those who returned independently from temporarily occupied territories, for whom initial support is most critical in the first days and weeks after release.

Resolution № 296 primarily establishes a mechanism of action for state authorities—that is, it defines their powers, procedures, and interagency interaction—but does not create a

direct subjective right of the affected person to receive assistance. Such a right arises solely under the law, specifically Law № 2010-IX, and is realized only after completion of the status procedure for establishing the fact of deprivation of liberty. Therefore, the assistance model does not meet the principle of immediacy and accessibility of rehabilitation enshrined in international standards.

Second, despite its declarative universality, the actual design of the Resolution largely reproduces approaches developed for military personnel released from captivity and does not consider the specificities of civilians. This is evident both in the structure of measures and in the assumption that affected persons have institutional support, access to information, and the capacity to independently initiate and coordinate their own “assistance route.”

Third, the Resolution does not fully establish a single coordination mechanism between agencies. In practice, this means that the responsibility for combining elements of assistance effectively falls on the affected person, which is unacceptable given their vulnerable state after unlawful deprivation of liberty.

Fourth, the Resolution lacks a mandatory and clear model of case management and explicit routing that would ensure continuity of support from the moment of release through long-term reintegration stages. Instead, assistance appears as a set of fragmented measures, access to which depends on the initiative, awareness, and administrative capacity of the individual.

Taken together, these factors indicate that Resolution № 296 does not establish a fully

human-centered rehabilitation system for released civilians, but rather consolidates a procedure-oriented model adapted for other categories of beneficiaries. This justifies the need to revise the approach and develop a separate normative act or substantially refine the current one, with a focus on the needs of civilians, regardless of the mode of their release, introducing case management, interagency coordination, and a guaranteed initial package of assistance without prior status barriers.

Social services legislation assumes that assistance should be provided based on an assessment of the needs of an individual or family and may be combined depending on life circumstances. For individuals released from unlawful detention, this is particularly important, as their situation is usually multidimensional, involving health issues, loss of documents and income, risks of homelessness, need for legal support, psychological trauma consequences, as well as complex family and social dynamics. The normative possibility of individualizing the service package is a prerequisite for reintegration as a prolonged process rather than a one-time intervention.

The logic of case management and community-level coordination embedded in the legislation can potentially serve as a “bridge” between the special guarantees of Law № 2010-IX and the actual infrastructure of assistance at the local level.

Case management can ensure effective routing to medical rehabilitation, psychosocial support, and other services provided for under the post-isolation procedure.

At the same time, even with a general legislative framework for social services, there remains a problem of institutional alignment between the special status mechanism (Commission, registry, payments) and the “field” level of service delivery (communities, institutions, service providers). Analytical materials on the unlawful detention of civilians indicate that access to support is often complicated precisely by procedural and institutional gaps between normative declaration and the real capacity of the support system.⁶ In this context, the normative design should be assessed not only by the list of guarantees but also by its ability to ensure continuity of support and a clear allocation of responsibilities among authorities.

The component of medical rehabilitation and mental health support is critical for persons who have survived unlawful deprivation of liberty. However, in the normative field, it is implemented through a combination of the special guarantees of Law № 2010-IX and the general health care system regulations. The Law of Ukraine “On Rehabilitation in Health Care” establishes a basic framework for rehabilitation assistance, while practical access to medical, psychiatric, and psychosocial services is provided through the Medical Guarantees Program

⁶Levchenko, K. (2024). Why Civilians Unlawfully Detained Remain Without Comprehensive Social Protection from the State. Kyiv, December 2024: NGO “Association of Relatives of Political Prisoners of the Kremlin.” URL: <https://www.relativespp.org/analytic/yak-i-chomu-derzhava-ne-zahishchaie-postrazhdalih-vid-polonu-kompleksno>

(MGP). Annual Cabinet of Ministers resolutions define the structure and parameters of the MGP, including for 2024⁷ and 2025.⁸

In practical terms, this means that medical rehabilitation and mental health assistance for released persons are provided primarily within the universal health care system packages and require proper routing and information support from accompanying authorities. At the same time, it should be noted that under the current logic of the Medical Guarantees Program, primary care physicians (family doctors, general practitioners) perform the function of initial patient routing in the health care system. They determine further directions for examination, treatment, and rehabilitation, as well as referrals to specialized services.

For civilians released from unlawful detention, this model requires additional training of primary care physicians. This concerns not only basic recognition of mental health disorders but also comprehensive understanding of the specific medical consequences of torture, prolonged detention, inadequate conditions, limited access to treatment, malnutrition, and infectious diseases.

In addition, primary care physicians need clear clinical and organizational guidelines on which medical and

rehabilitation services may be necessary for this category of patients beyond the standard MGP rehabilitation packages, including in areas of physical rehabilitation, chronic pain management, dental care, recovery after injuries, treatment of infectious and somatic complications, as well as long-term medical monitoring.

Without developing appropriate competencies and clinical pathways, there is a risk that primary care will not function as an effective entry point into the assistance system, which in turn will lead to fragmentation of services, delays in treatment, and loss of continuity in the rehabilitation process.

An important empirical and normative source in this context is also the official response of the National Health Service of Ukraine (NHSU) to a public information request from the Association, confirming the existence of rehabilitation assistance packages (outpatient and inpatient for adults and children) and mental health packages within the MGP.⁹ This defines the formal framework for potential access of released persons to relevant services. Therefore, normative guarantees of Law № 2010-IX regarding medical and psychological assistance are implemented not through a separate specialized program for released civilians but through general health care system mechanisms, which creates both opportunities and challenges for effective rehabilitation.

⁷Cabinet of Ministers of Ukraine (2023). Resolution on “Some Issues of Implementing the State Medical Guarantees Program for 2024” №1394, 22.12.2023.

⁸Cabinet of Ministers of Ukraine (2024). Resolution on “Some Issues of Implementing the State Medical Guarantees Program for 2025” №1503, 24.12.2024.

⁹Response of the National Health Service of Ukraine to a public information request regarding rehabilitation and mental health №45307/8-10-25, 09.10.2025.

Assessment of the Mechanisms Provided by the Cabinet of Ministers of Ukraine Resolution No. 1775 of 24 December 2025

Resolution No. 1775 establishes a mechanism of post-release support for two categories of persons for whom the fact of deprivation of liberty has not been established under the special law:

1. released civilians (those delivered to territory under the control of the Government of Ukraine as a result of release procedures or other procedures involving the parties to the armed conflict or a third party);
2. civilians who independently returned to territory controlled by Ukraine (hereinafter — “persons who returned”).

Resolution No. 1775 combines two blocks of a different nature: (1) the organization of priority support measures (provision of basic necessities, medical, psychological and rehabilitation assistance, assistance in addressing social needs, etc.); and (2) a separate financial guarantee — a one-time payment of UAH 50,000.

It is critically important that different “entry points” and different documentary prerequisites apply to these categories. For released civilians, the Procedure requires submitting an application to the Ministry for Communities and Territories Development together with documents, including a certificate from the Joint Center under the Security Service of Ukraine (SBU). This certificate must be issued on the basis of information from the

Ministry of Foreign Affairs, intelligence agencies, and (if criminal proceedings exist) the pre-trial investigation body, indicating the actual or approximate duration of the deprivation of liberty. Documents concerning the taxpayer identification number (if necessary) and bank account details (IBAN) must also be provided.

For civilians who returned independently, the Procedure additionally links access to the UAH 50,000 payment to the submission of a copy of an identity document confirming Ukrainian citizenship, as well as a document confirming recognition as a victim in criminal proceedings.

Resolution No. 1775 establishes a 30-working-day period for Ministry for Communities and Territories Development to review applications and supporting documents. Following the review, Ministry for Communities and Territories Development issues an order on payment and transfers the funds to the individual’s bank account. Grounds for refusal include, among others, submission of incomplete documentation or a decision by the interagency commission denying assistance.

For civilians who returned independently, the Procedure explicitly provides for the involvement of local self-government bodies at the place of actual residence (in particular regarding access to free legal aid and temporary housing), as well

as the application of mechanisms for medical, psychological, and rehabilitation assistance under the rules defined by Cabinet of Ministers Resolution No. 296 of 15 March 2024. For some returning individuals, the assessment of needs and the organization of support are linked to recognition as victims in specific criminal proceedings and to the work of victim/witness support structures within the Office of the Prosecutor General.

At the same time, in an official response from Ministry for Communities and Territories Development it was reported that, at that moment, the Ministry was developing draft subordinate legal acts aimed at implementing the Procedure, including: (1) an act approving the application form for requesting the UAH 50,000 payment, and (2) Regulations on the interagency commission responsible for reviewing such applications. The letter states that the possibility of receiving the one-time financial assistance will be ensured only after the relevant normative acts are adopted.

Thus, despite Resolution No. 1775 entering into force on 1 January 2026, key procedural elements necessary for launching payments (the application form, the procedure and the review body – the commission) were still under preparation as of 8 January 2026, creating objective risks that the payments could not be implemented in practice during this period.

In addition, several implementation risks should be highlighted.

1. Risk of normative incompleteness (“empty framework”).

The Procedure directly refers to an application form that must be approved by Ministry for Communities and Territories Development, as well as to the activities of an interagency commission. Without these approved documents, the submission and review of applications remain procedurally undefined. The position of Ministry for Communities and Territories Development (08.01.2026) effectively confirms that receiving the UAH 50,000 payment depends on the future adoption of subordinate acts.

2. Risk of a “documentary trap” for persons who returned independently.

The requirement to submit a copy of an identity document confirming Ukrainian citizenship may be disproportionate for individuals who lost or did not possess documents as a result of unlawful detention. At the same time, the requirement to provide a document confirming recognition as a victim in criminal proceedings creates an additional barrier, as victim status depends on the registration of proceedings, proper legal qualification, procedural decisions of investigators or prosecutors, and the practical ability to communicate with investigative authorities.

3. Risk of the SBU Joint Center certificate becoming a dysfunctional “entry document”.

¹⁰Letter of the Ministry for Communities and Territories Development of Ukraine No. 541/7/10-26 of 08.01.2026.

The Procedure requires a certificate from the Joint Center under the SBU based on complex sources of information (the Ministry of Foreign Affairs, intelligence services, and investigative bodies). However, the Procedure does not specify how an applicant may obtain such a certificate, the form of the document, or the timeframes for its issuance. Without a standardized interaction channel (or if the Joint Center lacks a procedural mandate to issue such certificates to individuals), the actual possibility of obtaining the required certificate — rather than a clarification letter or refusal — is doubtful, directly affecting the accessibility of the UAH 50,000 payment.

4. Risk of inconsistency with the principle of “priority assistance” due to lengthy timelines.

Even if the payment mechanism functions properly, the 30-working-day review period already implies at least six calendar weeks. In practice, this period may be longer due to communication delays, verification procedures, and additional documentation requirements. Intermediate stages (obtaining certificates, recognition as a victim, additional verification by the commission) may significantly delay access to funds and related services.

5. Risk of institutional fragmentation and blurred responsibility.

The Procedure distributes functions among several central and local actors: coordination is assigned to the Ministry of Social Policy; issues related to the UAH 50,000 payment, the work of the Commission, and the preparation

of subordinate regulations are assigned to the Ministry for Communities and Territories Development; the Joint Center under the Security Service of Ukraine prepares certificates and transmits primary information; additional data may be provided by intelligence bodies and other designated entities; certain support functions for persons who returned independently are assigned to local self-government bodies and to the victim and witness support structures of the Office of the Prosecutor General.

In the absence of a “one-stop-shop” mechanism, standardized procedures of interaction, and clearly defined timelines between these bodies, there is a high risk that coordination responsibilities will be shifted to the affected individual. In practice, this means the applicant must independently collect certificates, transfer information between institutions, and monitor the progress of their application — effectively acting as an administrative intermediary. This contradicts the principle of a human-centred approach and complicates access to guaranteed support.

In summary, relatively functional components of the Procedure include non-financial priority measures at the local level, such as access to free legal aid, temporary accommodation, and primary navigation to medical and rehabilitation services. Their effectiveness directly depends on whether local self-government bodies and regional military administrations have approved action algorithms, designated responsible officials, and reserved resources. Where such procedures exist, these

services can be provided without waiting for the completion of formal status recognition procedures. Providing released individuals with basic essential items within three working days after release may also be feasible. However, the practical implementation of this provision requires Ministry for Communities and Territories Development to approve a clear list of such items and depends on proper funding and a functioning logistics model for supply through the relevant state institution State Enterprise “Ukrainian National Center for Peacebuilding” (UNCP).

At the same time, several elements appear non-operational or at high risk of failure. As of the date of this report, the mechanism for paying the UAH 50,000 one-time assistance lacks operational capacity. According to the official position of Ministry

for Communities and Territories Development (as of 08.01.2026), its launch depends on the adoption of a package of subordinate acts, including the application form and regulations on the commission. Until these are approved, the procedure remains normatively incomplete, preventing the practical allocation of payments.

A separate systemic risk arises from the component in which the certificate from the Joint Center under the SBU is defined as a mandatory entry document. In the absence of an approved form of such a certificate, clear issuance deadlines, and an interagency interaction procedure, this element may become a bottleneck in access to support, effectively blocking other forms of assistance.

INTERNATIONAL EXPERIENCE IN SUPPORTING PERSONS UNLAWFULLY DETAINED IN THE CONTEXT OF ARMED CONFLICTS

In international practice, support for persons who have experienced unlawful deprivation of liberty in the context of armed conflicts is viewed not as a set of one-time social payments but as a comprehensive policy aimed at restoring violated rights and life opportunities. Such policies typically combine legal mechanisms for effective remedies and reparations, medical and psychosocial rehabilitation, systematic documentation of violations, measures for socio-economic reintegration, and organisational solutions related to coordination, referral pathways, quality standards, personal data protection, and the measurement of outcomes. This approach is essential because it allows not only for the description of the needs of released civilians but also for assessing the capacity of the national system to respond to those needs and for formulating well-grounded programmatic and advocacy proposals. Foreign experience in this subsection is considered not as a set of ready-made solutions for direct transfer to the Ukrainian context, but rather as a collection of models and institutional “lessons” for organising support systems. A comparative perspective makes it possible, first, to relate Ukrainian norms to international standards of quality and accessibility of assistance; second, to clarify which elements of support should be universal and minimally guaranteed; and third, to formulate criteria for analysing the gap between the declared needs of affected persons and the actual accessibility of relevant services.

International standards establish a dual point of reference for policies supporting persons who have experienced unlawful deprivation of liberty. On the one hand, they define the fundamental obligations of states to ensure effective remedies. On the other hand, they specify the content of restoration as a combination of material and non-material components, among which rehabilitation occupies a distinct and independent place.

As noted above, a key instrument in the field of reparations is the Basic Principles and Guidelines on the Right to a Remedy and Reparation for Victims of Gross Violations of International Human Rights Law and Serious Violations of International Humanitarian Law. Within this framework, reparations include, inter alia, rehabilitation, which is interpreted much more broadly than purely medical interventions and encompasses a complex of medical, psychological, social, and legal assistance aimed at restoring the dignity, autonomy, and social functioning of the affected person.

Particular significance for persons who have been subjected to torture or cruel, inhuman, or degrading treatment (which constitutes a systemic risk in situations of unlawful detention) lies in the United Nations Convention Against Torture. It explicitly establishes the obligation of the state to ensure compensation and the right to as full rehabilitation as possible for victims of torture. The universal

nature of the prohibition of torture is reinforced by the provisions of the International Covenant on Civil and Political Rights, which links the prohibition of torture with the right to liberty and security of person and the right to an effective remedy, requiring states not only to formally recognise rights but also to ensure their practical effectiveness.

A separate dimension of international practice concerns the documentation of torture and other forms of ill-treatment as a prerequisite for access to legal protection, rehabilitation, and, in a broader perspective, reparations. Standards for such documentation are systematised in the Istanbul Protocol, which sets out principles for the investigation and recording of violations, requirements for medical and psychological assessments, and issues of informed consent, the safety of victims, and the prevention of retraumatisation. In the European context, the

practical elaboration of standards under Article 3 of the European Convention on Human Rights in the guidance of the European Court of Human Rights demonstrates how the abstract prohibition of torture is translated into concrete requirements for states regarding prevention, effective investigation, and the protection of persons in situations of heightened vulnerability.

Taken together, this “framework” of international standards establishes two key requirements relevant to the Ukrainian context. First, support for persons following unlawful deprivation of liberty should be regarded as a component of a broader mechanism for the restoration of rights rather than merely a form of humanitarian or social assistance. Second, rehabilitation and reintegration require institutional guarantees of quality, safety, accessibility, and measurability of outcomes, without which state policy risks remaining declarative.

Typology of Support Models after Unlawful Detention in Conflicts

In international practice, at least five complementary models of support for persons who have experienced unlawful deprivation of liberty in the context of armed conflicts and mass human rights violations can be distinguished. These models should be viewed not as alternatives but as layers of a comprehensive policy that pursue different objectives, employ different instruments, and involve different risks.

1. REPARATIONS PROGRAMMES.

The reparations model focuses on restoring justice and recognising harm through administrative or judicial mechanisms. Its strength lies in the possibility of covering large groups of victims through standardised procedures, combining monetary and non-monetary forms of support. At the same time, critical risks include excessive bureaucratisation of access, a high evidentiary threshold, inequality in coverage, and competition between categories of victims.

2. THE TORTURE-VICTIM REHABILITATION MODEL.

This model proceeds from the understanding that unlawful detention is frequently accompanied by torture, sexual violence, humiliation, prolonged isolation, and other traumatic experiences. Accordingly, rehabilitation requires long-term multidisciplinary assistance—medical, psychological, social, and legal—and must be based on ethical principles, safety, and the participation of survivors in planning their support. An additional instrument for institutionalising quality is provided by professional standards for rehabilitation centres, including the global standards of the International Rehabilitation Council for Torture Victims as a framework for organisational policies, case follow-up, feedback mechanisms, staff safety, and the evaluation of quality of life.

3. THE REINTEGRATION MODEL (IOM): ECONOMIC, SOCIAL, AND PSYCHOSOCIAL DIMENSIONS.

Within the approaches of the International Organization for Migration, reintegration is described as the process of restoring the ability of a person and their household to function within a community and to access resources and opportunities, including employment, education, housing, social networks, and psychosocial stability. To assess outcomes, IOM proposes the framework of “sustainable reintegration,” which measures changes across three dimensions (economic, social, psychosocial) and at several levels (individual, household/family, community, and the structural environment). For persons who have experienced unlawful deprivation of liberty, this model is useful because it translates reintegration

from an abstract concept into a set of measurable outcomes and cross-sectoral activities.

4. THE SYSTEMIC MHPSS MODEL (IASC): MULTI-LAYERED PSYCHOSOCIAL SUPPORT IN EMERGENCIES.

The guidelines of the Inter-Agency Standing Committee on mental health and psychosocial support (MHPSS) in emergencies propose a pyramid of interventions, ranging from basic services and safety to specialised psychiatric care, while emphasising intersectoral cooperation, coordination, cultural sensitivity, and community engagement. For survivors of unlawful detention, this framework is particularly relevant due to the high risks of post-traumatic stress disorder, anxiety disorders, depression, problems with trust, stigma, and family maladaptation.

5. CASE MANAGEMENT AS AN ORGANISATIONAL MODEL OF ACCESS.

In situations involving multiple rehabilitation needs (legal, medical, social), the decisive factor is not only the availability of services but also a structured pathway of access: initial assessment, an individual support plan, accompaniment, referral, documentation of progress, and reassessment. The logic of a “single pathway” and structured support corresponds with recommendations for intersectoral coordination in MHPSS, practices of integrated reintegration approaches, and professional standards for rehabilitation centres that include service-delivery processes, feedback mechanisms, and the participation of survivors. The main weakness of this model lies in its high demands on institutional capacity, human resources, and interoperable information systems.

Models of International Practice: Reparations and Rehabilitation as Institutional Solutions

Comparative analysis requires not only “ideal models,” but also practical examples of how they are implemented and what challenges they encounter. Within the provided sources, several illustrative cases can be identified.

EXAMPLE 1. Administrative Reparations as a Rapid Coverage Instrument: Morocco.

The Office of the United Nations High Commissioner for Human Rights cites the experience of Morocco as an example where the Independent Arbitration Commission (1999–2001) provided compensation to thousands of victims of previous repression (more than 3,700 individuals) as a form of administrative reparations. This example demonstrates the potential of instruments that do not require lengthy judicial proceedings to reach large numbers of victims. At the same time, the broader analysis by the Office of the High Commissioner emphasises a structural risk inherent in administrative models: they may reinforce mistrust if recognition criteria are non-transparent and if procedures do not provide a sense of justice and participation for victims.

EXAMPLE 2. Participation of Civil Society in Designing Reparations: Peru.

The Office of the United Nations High Commissioner for Human Rights describes how, in Peru, the development of a reparations approach was accompanied by the active participation of human rights organisations and expert communities

engaged in discussions on reparations policies and procedures for victims. This example demonstrates that the legitimacy and responsiveness of reparations programmes to real needs depend on procedural justice: consultations, accessibility of information, the involvement of victims’ associations, and consideration of gender and other dimensions of vulnerability. For Ukraine, this experience is important because reparations policy, in the broad sense, cannot be solely a product of government agencies; without the participation of NGOs and survivors, the risk of flawed access criteria and the exclusion of some victims increases.

EXAMPLE 3. Institutional Rehabilitation of Torture Victims and Quality Standards: Global Practice of the International Rehabilitation Council for Torture Victims (IRCT) and the UN Fund Mechanism.

Another dimension of foreign experience concerns the rehabilitation of torture victims as a specialised area of assistance requiring standards, ethical principles, and professional autonomy. The United Nations Voluntary Fund for Victims of Torture establishes a framework for supporting organisations that provide direct assistance to survivors, including medical, psychological, social, and legal services, and sets requirements for protection policies, accountability, and survivor-centred approaches. In addition, analyses of the implementation of the global rehabilitation standards of the International Rehabilitation Council for Torture Victims show that the quality

of assistance improves where institutions have formalised procedures for service delivery, safety protocols, work with families, feedback mechanisms, survivor participation, and quality-of-life evaluation. For Ukraine, these developments are important because post-isolation support for released civilians should not be limited to one-time assistance: long-term follow-up, confidentiality standards, and mechanisms preventing re-victimisation are necessary. The success of support after unlawful deprivation of liberty is determined not only by the range of services available but also by the organisational architecture of the policy. International sources repeatedly emphasise several key requirements.

Interagency Coordination as a Condition for “Comprehensiveness”.

The guidelines of the Inter-Agency Standing Committee emphasise the need for coordination of mental health and psychosocial support across the sectors of health care, social protection, education, protection services, humanitarian response, and legal assistance. For people who have experienced unlawful detention, such coordination is essential: medical consequences may require rehabilitation; psychological consequences may require long-term therapy; legal consequences require documentation and legal accompaniment; and social consequences require assistance with housing, income, employment, and the restoration of documents. Without a coordinated pathway of support, assistance becomes fragmented, leaving the affected person to navigate between services independently.

Role of NGOs and International Organisations as Service Providers.

Foreign experience shows that in transitional and conflict contexts state institutions often lack the capacity to provide the full range of services, and NGOs and international organisations therefore play a key role—as providers of specialised assistance (including rehabilitation for torture survivors), as participants in the development of reparations policies, and as independent monitoring actors. At the same time, such a role requires formalised partnerships, protocols for cooperation, and agreed quality standards; otherwise, the system becomes dependent on project-based logic and uneven service coverage.

Support for persons following unlawful deprivation of liberty should be assessed not only by indicators of “services delivered” but by the results of restored functioning and rights. In this dimension, foreign practice offers useful methodological tools.

The International Organization for Migration, in its approach to measuring sustainable reintegration, proposes assessing progress across economic, social, and psychosocial dimensions, while also considering impacts at several levels—individual, household or family, community, and the structural environment. Importantly, the psychosocial dimension is treated not as an add-on but as one of three equally important components of sustainability, which directly corresponds to the needs of people who have experienced isolation, torture, humiliation, and other forms of violence.

To evaluate the effectiveness of comprehensive programmes, it is also advisable to apply universal

criteria for evaluating policies and programmes, including relevance, effectiveness, efficiency, impact, and sustainability. In the context of supporting released civilians, this means assessing not only how many people received services but whether the assistance package corresponds to real needs; whether equal access is ensured; whether symptoms of trauma decrease; whether social inclusion increases; whether economic opportunities are restored; and whether trust in institutions is strengthened.

Comparative analysis of international standards and models makes it possible to formulate several conclusions that are directly relevant for the Ukrainian analysis of the needs of released civilians. First, support after unlawful deprivation of liberty should be regarded as the implementation of the right to an effective remedy and to reparations, in which rehabilitation is an essential component. Second, international approaches

separate legal status from the need for immediate assistance: even if formal recognition procedures are ongoing, a basic package of medical and psychosocial support should be available promptly, in accordance with the principles of safety and “do no harm.” Third, the most effective systems are integrated architectures—case management, referral pathways, interagency coordination, and quality standards—that transform a multiplicity of services into real access for the affected person.

A brief empirical bridge to the Ukrainian context further strengthens the relevance of this comparison. Consolidated positions of participants in expert discussions on the practical implementation of Ukrainian procedures indicate risks of “status-based access,” lack of transparency in the reasoning behind decisions, and the need for primary assistance and follow-up support after release regardless of whether formal procedures have been completed.

SOCIAL, PSYCHOLOGICAL, AND LEGAL NEEDS OF RELEASED CIVILIANS

The needs of persons released after unlawful deprivation of liberty as a result of the armed aggression against Ukraine emerge at the intersection of three interconnected dimensions: the social dimension (living conditions and access to services), the psychosocial dimension (the consequences of traumatic experience and restoration of functioning),

and the legal dimension (restoration of rights, access to procedures, documentation of violations, and remedies). This triad ultimately determines whether “release” becomes a real return to civilian life and participation in the community or remains merely a legal fact without adequate support and recovery.

Immediate Post-Release Needs: the “Initial Package” and Critical Points in the First Days/Weeks

Interviews and surveys with survivors of unlawful deprivation of liberty indicate that the first days and weeks after release are decisive: during this period the risks of re-victimisation, deterioration of health, and disconnection from support systems are the highest. This underscores the need for a clearly defined “primary package” of assistance that goes beyond a one-time payment or a brief medical examination and instead includes safety, basic stabilisation, and structured referral pathways.

First, primary needs have a clear security component: the necessity of a safe place to stay, minimisation of risks of persecution or pressure, and controlled access to contacts and information.

Second, the primary package includes medical assessment and urgent care; however, empirical sources emphasise that “primary” should not mean “sufficient.” Participants in expert discussions point to

a gap between the short initial stage (approximately up to two weeks of initial treatment) and the need for longer rehabilitation, particularly for persons with consequences of torture, chronic somatic conditions, and disruptions of sleep, nutrition, and cognitive functioning.

Third, psychosocial first aid and early stabilisation are critical during the first weeks, corresponding to approaches of mental health and psychosocial support in emergencies. Immediate support should be accessible, non-stigmatising, and integrated into the overall referral pathway. Empirical findings emphasise that the psychological component is not optional: the need to address the consequences of traumatic experience arises almost immediately and affects a person’s ability to interact with institutions, collect documents, make decisions, and return to social roles.

Fourth, the primary package of support is impossible

without information support and case management. Empirical data show a repeated demand for a clear pathway: people ask not only “where should I go,” but also “what rights do I actually have?” In this respect, primary assistance should include: accessible guidance on available services; personal accompaniment by a case manager or social worker for needs assessment and coordination of referrals; and mechanisms for “warm referrals” to specialised services.

Finally, empirical materials lead to a fundamental conclusion: the primary package should be as independent as possible from formal status procedures. During the first days and weeks, a person may not be ready or able to gather evidence or undergo complex administrative processes, while delays in support increase the risks of deteriorating health and social maladaptation. This position directly corresponds with international models of minimal universal access to urgent assistance for victims of gross human rights violations, including torture.

Social Needs and Social Reintegration: Housing, Income, Documentation, Access to Services

The social needs of released civilians after unlawful deprivation of liberty have both a short-term dimension (stabilisation) and a long-term dimension (restoration of autonomy). Empirical data show that in real life trajectories these needs most often appear as a combination of problems related to documents, housing, income and employment, and disrupted social ties.^{11 12}

Housing and basic living conditions are among the most immediate needs. Some released persons return in the context of internal displacement, loss or destruction of housing, or the impossibility of

returning to their previous place of residence. As a result, needs arise for temporary accommodation, assistance in finding rental housing, stabilisation of living conditions, and support with related administrative procedures such as registration and access to social services at the place of actual residence. The broader context of housing instability affecting vulnerable groups during the war further intensifies these challenges and directly affects the ability to restore social functioning.

A second group of needs concerns documents and administrative status, including identity documents,

¹¹Levchenko, K. (2024). Expert Analytical Review and Recommendations on Establishing the Fact of Unlawful Deprivation of Liberty of Civilians as a Result of Armed Aggression against Ukraine. Kyiv: NGO “Association of Relatives of Political Prisoners of the Kremlin.” https://cdn.prod.website-files.com/6384b331759e4d35a96c7fae/6762d583e849a33b67520724_analitchniy%20oglyad.pdf.

¹²NGO “Association of Relatives of Political Prisoners of the Kremlin” (2025). Round Table: “Three Years of the Law on the Protection of Civilians in Russian Captivity: How to Make Support Effective” (transcript). <https://www.relativespp.org/article/zakon-pro-socialniy-zahist-ukrayinciv-v-rosiyskiy-nevoli-potrebuie-negaynih-zmin-35-organizaciy-zaproponuvali-zmini>.

registration procedures, certificates confirming the circumstances of deprivation of liberty, medical documentation, and other official records. Expert discussions emphasise that documentation often becomes a “bottleneck” that blocks access to other services, including social support, health care, and employment.¹³ These difficulties require not only legal advice but also administrative accompaniment, particularly interaction with local authorities, administrative service centres, health-care institutions, and social protection bodies.

A third group concerns income, employment, and economic autonomy. Legal casework highlights the need to restore financial capacity through social payments, assistance in communication with employers, resolution of tax or debt-related obligations, as well as retraining and support for entry into the labour market.¹⁴ Conceptually, this corresponds to the broader logic of reintegration as the restoration of a person’s ability to maintain an adequate standard of living and social participation in the long term.¹⁵

A fourth group concerns family and social relationships. Unlawful deprivation of liberty disrupts ordinary social roles—parental, partnership, and professional roles. Return is often accompanied by the need to restore contact with family members, coordinate family decisions regarding place of residence and childcare, and address tensions or conflicts that accumulated during separation. In this dimension, social support should be understood not as an optional addition but as an instrument for restoring social capital and preventing secondary crises.¹⁶

A fifth group concerns access to social services and navigation of the support system. Empirical materials reveal a lack of clear service pathways and institutional continuity between stages of assistance. Experts emphasise that social workers or case managers, together with coordinated referral protocols from primary assistance to longer-term support programmes, play a key role in addressing this gap.¹⁷

¹³NGO “Association of Relatives of Political Prisoners of the Kremlin” (2025). Round Table: “Three Years of the Law on the Protection of Civilians in Russian Captivity: How to Make Support Effective” (transcript). <https://www.relativespp.org/article/zakon-pro-socialniy-zahist-ukrayinciv-v-rosiyskiy-nevoli-potrebuie-negaynih-zmin-35-organizaciy-zaproponuvali-zmini>.

¹⁴NGO “Association of Relatives of Political Prisoners of the Kremlin” (2025). Digest of Legal Assistance Provided in March–May 2025 (analytical material). URL: <https://www.relativespp.org/analytic/daydzhest-shchodo-rezultativ-roboti-sluzhbi-pravnichoyi-dopomogi-go-obiednannya-rodichiv-polityvazniv-kremlya-u-berezni-travni-2025-roku>

¹⁵IOM. Measuring Sustainable Reintegration: A Toolkit for Monitoring and Evaluating Reintegration Programmes. 2019. URL: <https://publications.iom.int/books/reintegration-handbook-module-5-monitoring-and-evaluation-reintegration-assistance>

¹⁶NGO “Association of Relatives of Political Prisoners of the Kremlin” (2025). Round Table: “Three Years of the Law on the Protection of Civilians in Russian Captivity: How to Make Support Effective” (transcript). <https://www.relativespp.org/article/zakon-pro-socialniy-zahist-ukrayinciv-v-rosiyskiy-nevoli-potrebuie-negaynih-zmin-35-organizaciy-zaproponuvali-zmini>.

¹⁷NGO “Association of Relatives of Political Prisoners of the Kremlin” (2025). Round Table: “Three Years of the Law on the Protection of Civilians in Russian Captivity: How to Make Support Effective” (transcript). <https://www.relativespp.org/article/zakon-pro-socialniy-zahist-ukrayinciv-v-rosiyskiy-nevoli-potrebuie-negaynih-zmin-35-organizaciy-zaproponuvali-zmini>

In sum, social needs often form a chain: disruption in one area—for example housing or documents—creates barriers in others such as access to services, employment, or medical rehabilitation.

For this reason, social reintegration requires an intersectoral approach that integrates social policy, health care, and legal protection.

Psychological and Psychosocial Needs: Trauma Consequences, Stigma, Long-Term Support

The psychological and psychosocial needs of released civilians are shaped by the specific experience of unlawful detention, which may include isolation, incommunicado detention, humiliation, violence, and torture. According to international standards, documentation of such violations and the approach to survivors should be trauma-informed and oriented toward restoring dignity and functioning.¹⁸ At the same time, expert Hanna Mokrousova emphasises the importance of adopting a biopsychosocial model of support oriented toward the protection and restoration of human rights. Empirical materials confirm that in the Ukrainian context psychosocial support is not merely the “treatment of symptoms,” but a

prerequisite for restoring autonomy and the ability to interact with institutions.^{19 20}

First, a recurring need concerns long-term support rather than short-term interventions. Experts emphasise that recovery cannot be limited to “several weeks” or a “21-day programme,” since the consequences of trauma and social complications evolve over a longer period.²¹ Hanna Mokrousova stresses the importance of clearly distinguishing between the functions of existing short-term interventions and the need for long-term psychosocial support. The 21-day decompression programme is primarily aimed at stabilising the condition, reducing acute stress

¹⁸United Nations. Istanbul Protocol: Manual on the Effective Investigation and Documentation of Torture... (Rev. 2). 2022. URL: <https://www.ohchr.org/en/publications/policy-and-methodological-publications/istanbul-protocol-manual-effective-0>

¹⁹NGO “Association of Relatives of Political Prisoners of the Kremlin” (2025). Round Table: “Three Years of the Law on the Protection of Civilians in Russian Captivity: How to Make Support Effective” (transcript). <https://www.relativespp.org/article/zakon-pro-socialniy-zahist-ukrayinciv-v-rosiyskiy-nevoli-potrebuie-negaynih-zmin-35-organizaciy-zaproponuvali-zmini>

²⁰Levchenko, K. (2024). Expert Analytical Review and Recommendations on Establishing the Fact of Unlawful Deprivation of Liberty of Civilians as a Result of Armed Aggression against Ukraine. Kyiv: NGO “Association of Relatives of Political Prisoners of the Kremlin.” https://cdn.prod.website-files.com/6384b331759e4d35a96c7fae/6762d583e849a33b67520724_analitichniy%20oglyad.pdf

²¹NGO “Association of Relatives of Political Prisoners of the Kremlin” (2025). Round Table: “Three Years of the Law on the Protection of Civilians in Russian Captivity: How to Make Support Effective” (transcript). <https://www.relativespp.org/article/zakon-pro-socialniy-zahist-ukrayinciv-v-rosiyskiy-nevoli-potrebuie-negaynih-zmin-35-organizaciy-zaproponuvali-zmini>

reactions, and achieving initial normalisation of psycho-emotional functioning. Similarly, 21-day medical and psychological rehabilitation programmes implemented in rehabilitation centres are primarily focused on addressing the most pronounced symptoms and restoring basic functions. For some released persons, these interventions may be sufficient for further adaptation and resocialisation.

However, by their nature these interventions do not provide for the full processing and integration of traumatic experience. According to the phase-oriented approach to trauma therapy, deeper psychotherapeutic work usually becomes possible only after the stage of initial stabilisation and the satisfaction of basic social needs. Feedback from survivors indicates that many people with experience of unlawful detention feel a need for psychological support six months or more after release—at a stage when formal systems often assume that initial reintegration has already occurred.

Currently, this medium- and long-term component remains institutionally underdeveloped: there is no state programme of psychosocial support designed for long-term work with trauma-related consequences, nor systematic information about opportunities to obtain such support in the non-governmental sector. This creates a gap in the “recovery pathway,” when after the completion of short-term interventions individuals

effectively fall out of the support system despite ongoing psychological needs. This observation corresponds with the framework of mental health and psychosocial support in emergencies, where levels of assistance range from basic safety and social stabilisation to specialised psychotherapeutic and psychiatric care depending on individual needs.²²

Second, stigma and distrust constitute significant barriers to adequate rehabilitation. A person who has experienced unlawful detention may avoid contact with institutions because of fear of renewed control, reluctance to recount traumatic experiences again, or concerns about the consequences of disclosure. This creates requirements for the entire support system: confidentiality, informed consent, minimisation of retraumatisation, and coordination of communication and actions among institutions.

At the same time, Hanna Mokrousova notes that barriers to seeking psychosocial assistance arise not only from stigma and distrust but also from the lack of systematic psychoeducation regarding the typical consequences of torture and prolonged unlawful detention. After the stage of initial stabilisation and partial resocialisation, many released persons perceive delayed symptoms as a “personal weakness,” which generates shame and discourages seeking professional help. High-quality psychoeducation about the phased nature of trauma, the normality of delayed reactions,

²²IASC. Inter-Agency Standing Committee (2007). Guidelines on Mental Health and Psychosocial Support in Emergency Settings. URL: https://interagencystandingcommittee.org/sites/default/files/migrated/2017-05/iasc_mhps_guidelines_ukrainian_0.pdf

and the possibility of recovery is therefore a key instrument for normalising the experience, reducing self-stigmatisation, and encouraging access to assistance. An additional barrier is the lack of clear and accessible information about where specialised assistance can be obtained six months, a year, or longer after release, which effectively breaks the long-term support pathway.

Third, psychosocial needs are closely connected with material and social conditions. Applied assessments in the field of mental health in Ukraine show that requests for psychological support are often accompanied by needs for basic goods and services, medical care, and livelihoods; without intersectoral coordination, the underlying drivers of these needs remain unresolved.²³ For released civilians this means that effective psychosocial support requires simultaneous work on housing stability, access to income, restoration of documents, and legal protection.

Fourth, discussions also emphasise the need for trained specialists and specialised services, particularly for persons who have experienced torture. Analytical reviews point to the limited availability of specialised assistance and the

insufficient institutional capacity to address the consequences of torture comprehensively.²⁴

Fifth, an additional component requiring institutional recognition is psychosocial support for the families of released civilians. Hanna Mokrousova notes that a person's recovery largely depends on the condition of their immediate social environment, while family members themselves often experience prolonged stress, forced displacement, loss of security, and other traumatic events during the captivity of their relative. After release, this situation creates risks of secondary traumatisation and complicates family reintegration. Unlike existing support practices for the families of military personnel, there are currently no systematic programmes of psychoeducation and support for families of released civilians that would explain possible consequences of captivity, communication models, responses to trigger states, and mechanisms of mutual support. Incorporating a family psychosocial component into the state rehabilitation programme is therefore a necessary condition for sustainable recovery and for reducing the risks of renewed social isolation of survivors.

²³OM (2024). Mental Health in Ukraine | Thematic Brief | November 2024. International Organization for Migration, IOM Ukraine – Data and Analytics (DTM). URL: https://dtm.iom.int/sites/g/files/tmzbd11461/files/reports/IOM_Mental_health_in_Ukraine_November_2024.pdf?iframe=true

²⁴United Nations. Istanbul Protocol: Manual on the Effective Investigation and Documentation of Torture... (Rev. 2). 2022. URL: <https://www.ohchr.org/en/publications/policy-and-methodological-publications/istanbul-protocol-manual-effective-0>

Legal Needs: Status, Access to Procedures, Documentation of Violations, and Legal Assistance

The legal needs of released civilians are structurally decisive because it is through them that access to support guarantees provided by special legislation and subordinate regulations is realised. At the same time, the empirical materials referenced above demonstrate that the legal dimension does not reduce merely to “obtaining status,” but covers a widerange of issues: from administrative procedures to strategic protection of rights and documentation of violations for future compensation.

The first level of legal needs concerns the procedure for establishing the fact of deprivation of liberty and the corresponding practice of the Commission. Expert opinions and materials from civil society organisations highlight problems related to the lack of transparency of criteria, inconsistency of decisions in similar situations, and a high proportion of refusals to civilian applicants according to the assessments of participants in the process.²⁵ This creates a situation in which the legal need consists not only in submitting an application but also in preparing the evidentiary base, communicating with

state authorities, pursuing appeals, and supporting repeated reviews of cases.

The second level concerns the scale of demand for legal assistance and its role as an infrastructure of access. The legal assistance digest of the NGO “Association of Relatives of Political Prisoners of the Kremlin” reflects a significant number of requests within a short period (March–May 2025) and the predominance of issues related to the Commission’s decisions and access to the guarantees provided by law.²⁶ Another analytical material that includes the results of a survey of legal aid users emphasises the need for continued legal support due to the evolving nature of procedures and the complexity of the regulatory framework.²⁷ In this sense, legal assistance becomes not an “additional service” but a mechanism that makes formal guarantees practically attainable.

The third level concerns documentation of violations, including torture, and the related procedural objectives: protection within criminal proceedings,

²⁵NGO “Association of Relatives of Kremlin Political Prisoners” (2025). Analytical Review (online) on the Practice of the Commission and the Procedures for Establishing the Fact of Deprivation of Liberty (analytical document).

URL: <https://www.relativespp.org/analytic/analitychnyy-zvit-ge>

²⁶NGO “Association of Relatives of Kremlin Political Prisoners” (2025). Digest of Legal Aid Provided in March–May 2025 (analytical material of the organisation). URL: <https://www.relativespp.org/analytic/daydzhest-shchodo-rezultativ-roboti-sluzhbi-pravnichoyi-dopomogi-go-obiednannya-rodichiv-polityvazniv-kremlyu-u-berezni-travni-2025-roku>

²⁷Levchenko, K. (2024). Why Unlawfully Detained Civilians Remain Without Comprehensive Social Protection from the State. Kyiv, December 2024: NGO “Association of Relatives of Kremlin Political Prisoners”. URL:

<https://www.relativespp.org/analytic/yak-i-chomu-derzhava-ne-zahishchaie-postrazhdalih-vid-polonu-kompleksno>

applications to national and international mechanisms, and prospects for reparations. The Istanbul Protocol establishes standards that are important not only for justice but also for access to rehabilitation. High-quality documentation requires competent specialists, ethical procedures, informed consent, and protection of personal data. In practice, however, empirical sources point to barriers such as limited access to specialised medical and psychological assessments, fear of retraumatisation, and a lack of information about how to proceed and what constitutes evidence.²⁸

The fourth level concerns complex legal needs, including restoration of documents, access to social payments, resolution of property issues, tax obligations and labour rights, as well as legal support in obtaining medical and rehabilitation services. In many such cases, the participation of a lawyer becomes a necessary condition for overcoming administrative barriers.

In summary, legal needs must be integrated into the support pathway as an equal component alongside social and psychosocial interventions. In programmatic terms, this requires linking legal assistance with case management and interagency coordination.

Interviews conducted during the study with released persons and their family members indicate that the needs of former detainees are heterogeneous and

depend on individual characteristics such as age, health status, and the presence of disability, as well as the social context, including family situation and the presence of children. They also depend on the trajectory of detention and return, such as detention in occupied territory, forced displacement, or return from abroad. The following categories may face particularly acute needs:

- women, for whom risks of gender-based violence, stigmatisation, and the need for gender-sensitive services may be especially relevant;
- with disabilities and chronic illnesses, who require longer-term medical support and accessible services;
- persons, for whom issues of care, housing, and stable income may be dominant;
- persons without identity documents or with documents requiring restoration;
- families in which the release of one member triggers a cascade of needs related to family support, psychological counselling, restoration of roles, and rebuilding of social ties.

In light of this, a universal “primary package” should be combined with differentiated and intersectional pathways in which the intensity and duration of support are determined by the assessment of needs and risks rather than by formal categorisation alone.

²⁸NGO “Association of Relatives of Kremlin Political Prisoners” (2025). Roundtable “Three Years of the Law on the Protection of Civilians in Russian Captivity: How to Make Support Effective” (transcript). URL: <https://www.relativespp.org/article/zakon-pro-socialniy-zahist-ukrayinciv-v-rosiyskiy-nevoli-potrebuie-negaynih-zmin-35-organizaciy-zaproponuvali-zmini>

JUSTIFICATION OF NEEDS AND THE INTRODUCTION OF A FRAMEWORK STATE PROGRAMME FOR THE REHABILITATION OF CIVILIANS

International standards on the right to an effective remedy and reparation explicitly include rehabilitation, encompassing medical, psychological, and social components, as well as the requirement to avoid retraumatisation in administrative and legal procedures. Compliance with these standards is binding for Ukraine because the relevant international treaties, including the International Covenant on Civil and Political Rights, the United Nations Convention against Torture, and other universal and regional human rights instruments, have been ratified by Ukraine and, in accordance with Article 9 of the Constitution of Ukraine, form part of national legislation. This means that the obligations contained in these instruments concerning effective remedies, access to rehabilitation, and guarantees of non-repetition must be taken into account not only in the interpretation of domestic law but also in the development and implementation of administrative procedures, policies, and support practices for persons affected by gross human rights violations, including unlawful deprivation of liberty.

At the same time, Ukrainian policy has already developed certain regulatory instruments to support persons who were deprived of liberty as a result of aggression, including procedures for conducting restorative (post-isolation and reintegration) measures after release. However, empirical sources, including monitoring materials and interviews with experts and survivors, indicate that the existing mechanisms

remain fragmented and largely structured around procedural logic that does not ensure a continuous support pathway.

The key inconsistencies in the field of rehabilitation support for released civilians may be summarised as a systemic failure to adequately take into account the individual needs of beneficiaries; fragmentation of assistance mechanisms through the involvement of different agencies applying different eligibility criteria, approaches to support, and needs assessments; the presence of procedural barriers, particularly the dependence of certain forms of assistance on the establishment of legal facts; inequality of access depending on place of residence, level of awareness, availability of documents, and social support; and the absence of a continuous pathway of services, which increases the risks of secondary traumatisation.

The consequences of these unresolved issues manifest themselves at several levels. At the level of the affected person and their family, they include the worsening of medical and mental health conditions, loss of trust in state and social institutions, social isolation, increased risks of retraumatisation due to repeated interviews and excessive evidentiary requirements, and prolonged interruptions in treatment and rehabilitation.

At the level of communities, such inconsistencies lead to increased social tension, additional pressure

on local social and health services, and uneven capacities of communities to provide support due to differences in resources, staffing, and experience working with survivors.

For the health care and social protection systems, the consequences include inefficient use of resources due to fragmented treatment and rehabilitation trajectories, duplication of assessments and documentation procedures, weak case management, and limited availability of quality data for planning, monitoring, and evaluation of public policy.

At the macro level, for the economy and the state as a whole, these challenges result in lower rates of return of survivors to economic activity, increased long-term costs of treatment and social support, and a growing lack of trust in state guarantees and in the state's capacity to fulfil its international legal obligations in the field of rehabilitation and reparation.

Barriers to access to rehabilitation and support services identified through the analysis can be grouped into several categories.

Institutional and governance barriers are related to the distribution of responsibility among different authorities without a clearly defined "owner" of the support pathway, as well as insufficient integration of social, medical, and legal components into a unified and manageable model.

Procedural barriers arise from the linkage of certain forms of support to status procedures or commissions responsible for establishing the fact of deprivation of liberty. This often delays access to assistance

and creates a period of heightened vulnerability during which individuals are not yet included in any guaranteed support package.

Human resource and competency barriers relate to the shortage of specialists trained to work with the consequences of torture and complex trauma, as well as the limited implementation of trauma-informed approaches, which increases the risk of retraumatisation during interviews, assessments, and documentation.

Territorial barriers are caused by differences in the availability of services across communities, particularly in cases involving internal displacement, loss of housing or documents, and uneven development of local support infrastructure.

Information barriers include low levels of awareness about rights, procedures, entry points into the assistance system, and the sequence of required steps, as well as the absence of clear "one-stop-shop" mechanisms for navigation.

Finally, barriers related to stigma and fear of retraumatisation should also be emphasised. These include reluctance to seek assistance due to distrust of institutions, fear of reliving traumatic experiences, and the necessity of repeatedly recounting experiences of violence to different authorities.

Summarising the causal logic, the "problem tree" in the field of rehabilitation of released civilians can be traced to several root causes: a status- and procedure-based design of access to support; fragmentation of departmental policies; the absence

of a mandatory case management model; weak data and monitoring infrastructure; unequal capacities among communities; and a deficit of trauma-informed competencies. The combination of these factors

creates a systemic gap between the guarantees declared in law and the actual accessibility of rehabilitation support.

CONCLUSIONS

The results of the study indicate that the system of support for civilians released from unlawful deprivation of liberty as a result of the armed aggression of the Russian Federation against Ukraine remains in a phase of institutional formation and is characterised by a combination of formally established guarantees and significant gaps at the stage of practical implementation. The state has declared obligations regarding the rehabilitation and the social and legal protection of released persons; however, the actual accessibility of assistance remains uneven and largely depends on procedural factors, institutional capacity, and the individual ability of affected persons to navigate the system.

Empirical data confirm that the experience of unlawful deprivation of liberty is almost always accompanied by a complex set of human rights violations, including torture or other forms of cruel, inhuman, or degrading treatment, prolonged isolation, incommunicado detention, and the absence of access to effective remedies. These circumstances produce long-term consequences for the physical health, mental condition, social functioning, and legal status of released persons and create a need for a systemic rather than a fragmented model of rehabilitation.

The analysis of current legislation and its implementation demonstrates that the key gateway to access state guarantees remains the procedure for establishing the fact of deprivation of liberty. Although Law No. 2010-IX creates a special status and an associated package of support, linking most assistance instruments to the outcome of the

Commission's review creates a structural risk of exclusion or delay in support for civilians with limited evidentiary bases, particularly in cases involving unofficial places of detention and incommunicado detention. Thus, the legal component becomes not only an element of rights protection but also, in practice, a barrier to access to rehabilitation.

The results of the empirical analysis make it possible to structure the needs of released civilians as a sequence of stages that partially overlap in time: the primary package (0–30 days); stabilisation (1–6 months); long-term rehabilitation and reintegration (6–24 months); and restoration of rights and guarantees of non-repetition. This logic is consistent with international frameworks, including the combination of the Mental Health and Psychosocial Support (MHPSS) pyramid, the dimensions of sustainable reintegration developed by the International Organization for Migration (economic, social, and psychosocial), and integrated case-management and referral approaches.

Based on the collected materials, several typical “bottlenecks” of the system can be identified where a declared need does not transform into an actual service or results in repeated and exhausting cycles of обращения. These bottlenecks include delays or refusals in establishing the fact of deprivation of liberty; the absence of initial navigation and support during the first weeks after release; the fragmentation of psychosocial assistance; and limited interagency coordination in matters related to housing, documentation, and income.

The data obtained confirm that the needs of released civilians are complex and interdependent: social, psychosocial, and legal components form a single “recovery pathway,” in which the failure of one element blocks or significantly complicates the implementation of others. The first days and weeks after release constitute a critical period during which primary assistance, navigation, and case management must be available regardless of the completion of status procedures; otherwise, the risk increases that individuals will lose contact with the support system and that the consequences of trauma will deepen.

According to the study’s findings, psychosocial support requires a long-term, trauma-informed model and close integration with social and legal services. At the same time, legal needs—primarily those related

to establishing the fact of deprivation of liberty, appealing refusals, and accessing compensation—become in practice the central barrier to accessing state guarantees and create a stable demand for professional legal assistance. Social issues (housing, documentation, and income) have a systemic character and cannot be resolved without interagency coordination and clear referral standards.

Overall, the results of the study demonstrate that effective rehabilitation of released civilians is possible only if there is a transition from a status-oriented model to one focused on needs, case-management routing, and continuity of support. This logic should form the basis for the further development of state policy, advocacy efforts, and the engagement of the NGO sector and international partners.

RECOMMENDATIONS

1. For the Verkhovna Rada of Ukraine

Expand the circle of persons covered by Law No. 2010-XI by adopting the Draft Law on Amendments to Certain Legislative Acts of Ukraine regarding the regulation and implementation of rights and guarantees by persons for whom the fact of deprivation of liberty as a result of armed aggression against Ukraine has been established, and their close relatives (No. 14383, 14.01.2026).²⁹

2. For the Cabinet of Ministers of Ukraine

1. Adopt a framework state program for the recovery, rehabilitation, and reintegration of civilians unlawfully deprived of liberty due to armed aggression against Ukraine for 2026–2030.
2. Establish a dedicated state (or mixed—state with international participation) fund to support victims of torture and other cruel, inhuman, or degrading treatment, following practices in other countries and post-conflict contexts. This fund should serve as a targeted mechanism for financing medical, psychological, and social rehabilitation, regardless of the stage of

criminal proceedings or completion of status procedures.

3. Review and refine sublegal procedures related to establishing the fact of deprivation of liberty to reduce the evidentiary burden on applicants in cases of incommunicado detention and unofficial places of confinement. Introduce clearer, standardized criteria for evaluating materials and mandatory reasoning standards for Commission decisions.³⁰
4. Strengthen interagency coordination in implementing post-isolation and reintegration measures by designating a responsible body for overall referral and monitoring the continuity of support.

3. For the Commission on Establishing the Fact of Deprivation of Liberty

Improve the practice of reviewing applications by ensuring transparency, predictability, and sensitivity to the specifics of unlawful detention, particularly in cases of torture and psychological trauma. Develop internal methodological guidance for evaluating different types of

²⁹Verkhovna Rada of Ukraine, Draft Law on Amendments to Certain Legislative Acts of Ukraine Regarding the Regulation and Implementation by Persons Whose Fact of Deprivation of Liberty as a Result of Armed Aggression against Ukraine Has Been Established, and Their Close Relatives, of Their Rights and Guarantees, <https://itd.rada.gov.ua/billinfo/Bills/Card/59476>

³⁰These criteria and guidelines are recommended for implementation based on the expert analytical review by the NGO “Association of Relatives of Kremlin Political Prisoners” regarding the practice of the Commission and procedures for establishing the fact of deprivation of liberty, URL: <https://www.relativespp.org/analytic/analitychnyy-zvit-ge>.

evidence and working with incomplete or indirect materials.³¹

4. For the Ministry of Social Policy of Ukraine and local self-government bodies

Integrate released civilians into the social services case-management system as a separate vulnerable category with guaranteed access to individual needs assessment and follow-up. Ensure practical alignment between the status guarantees under Law No. 2010-IX and the actual social service infrastructure at the community level.

5. For the Ministry of Health of Ukraine and the National Health Service of Ukraine

1. Ensure clear and accessible referral pathways to medical rehabilitation packages and mental health services under the Medical Guarantee Program. Consider developing specialized clinical pathways or recommendations for individuals who have experienced unlawful deprivation of liberty and torture..
2. Develop and implement targeted training programs for primary care physicians (family doctors, therapists) responsible for initial patient referral, focusing on the medical needs of released civilians who have experienced unlawful detention.

3. Prepare specialized professionals to conduct stabilization programs for released civilians, following models similar to decompression and post-isolation support programs for military personnel, adapted to the specific experience of civilian detainees.

4. Establish a professional verification system for private mental health specialists working with the consequences of torture and incommunicado detention, including mechanisms for referral after state programs, and ensure organizational and financial conditions for their engagement.

5. Provide institutional coordination and clear referral protocols between public and non-governmental sectors to deliver continuous, interdisciplinary psychosocial support, addressing long-term needs.

6. Develop and implement psychosocial support programs for families of released civilians, including measures to restore family interaction and prevent secondary traumatization.

6. For law enforcement and judicial authorities

Ensure the application of Istanbul Protocol standards in documenting torture and cruel treatment, both in criminal proceedings and in cross-sector interaction with the rehabilitation system, respecting principles of voluntariness and avoiding retraumatization.

³¹Such criteria and guidelines are recommended for implementation based on the expert analytical review by the NGO “Association of Relatives of Kremlin Political Prisoners” regarding the practice of the Commission and the procedures for establishing the fact of deprivation of personal liberty. URL: <https://www.relativespp.org/analytic/analychnyy-zvit-ge>

7. For international partners and donors

Support the development of institutional capacity in the rehabilitation system, including investments in staff training, trauma-informed services, and coordination mechanisms

between state and non-state service providers. Promote the implementation of monitoring tools for the quality and effectiveness of rehabilitation programs.

REVIEWS

(надані експертами коментарі і рекомендації були враховані в фінальному тексті дослідження)

KOSTIANTYN DAVYDENKO

Director of the Charitable Foundation “Civilians in Captivity”

It is correctly noted that the Commission and the procedures associated with it constitute a significant number of problems and barriers. The work of the Commission should be made more transparent and understandable, while also distinguishing the circumstances under which a person was captured—that is, whether there was an element of resistance or not. The report appropriately highlights the importance of remarks concerning criminal proceedings and the possibility that a person in captivity may have committed crimes or may have been unlawfully detained as a result of an actual criminal offense.

It is also commendable that the report analyzes international experience and proposes concrete comprehensive models. The lack of a comprehensive approach to assistance is itself a significant problem. Therefore, I consider it necessary to add to the report a point regarding the need to establish a specialized centralized structure and authority (or to transfer these powers to an already existing body). In my view, the analysis of the needs of released persons is representative and accurately reflects the realities, and it can serve as a starting point for the development of the aforementioned comprehensive model.

TETIANA BOYKO

expert in public policy, Government Relations, and intersectoral coordination. Senior Lecturer at the National University of Kyiv-Mohyla Academy. Deputy Head of the National Health Service of Ukraine (2021–2023)

The study offers a strong, conceptually well-grounded and at the same time practical framework for shaping state policy on support for released civilians who experienced unlawful deprivation of liberty as a result of armed aggression against Ukraine. A particularly important and timely emphasis is that access to primary assistance should not be dependent on status-determination procedures: international standards and Ukrainian empirical

data consistently point to the need for a minimum guaranteed package of support in the first days and weeks after release.

A major strength of the analysis is its clear model of needs—social, psychosocial, and legal—which makes it possible to understand reintegration as a comprehensive process rather than a set of fragmented services. The authors convincingly

demonstrate the “chain” nature of barriers (documents–housing–income–access to services), as well as systemic bottlenecks through which formally declared guarantees fail to translate into actual support. It is also worth highlighting the strong logic of an “integrated architecture.” Case management, referral pathways, interagency coordination, and quality standards are presented as a practical mechanism that transforms a multiplicity of services into real access for individuals. It is particularly important that the psychosocial component and the trauma-informed approach are embedded in the support pathway and reinforced by ethical safeguards, including the requirements of the Istanbul Protocol for the documentation of torture. The proposed draft Framework Programme for 2026–2030 appears structurally coherent and operational thanks to its modular approach, the distinction between minimum and extended packages, and the effort to integrate monitoring and evaluation (M&E)

and data management into the Programme design itself.

At the same time, in my view, the draft Framework Programme should be supplemented with a clearer definition of the Programme’s “owner” and a description of the coordination architecture at the national and local levels; it should also include basic operational standards (timelines, responsible actors, and the minimum scope of services) as well as a set of concrete performance indicators. Such clarifications would increase the likelihood that the proposed model can be implemented in practice. Overall, this study and the proposed Framework Programme not only describe existing problems but also offer a clear logic for addressing them—one that incorporates a human-centered perspective, reflects international standards, and places a highly relevant focus for Ukraine on a continuous pathway from release to sustainable reintegration.

KSENIIA VOZNITSYNA

Director of the State Institution “Mental Health and Rehabilitation Center for Veterans ‘Lisova Polyana’ of the Ministry of Health of Ukraine”

The presented analytical report is devoted to a comprehensive study of the support system for civilians who have experienced unlawful deprivation of personal liberty as a result of the armed aggression of the Russian Federation against Ukraine. The chosen topic is extremely relevant in the context of the ongoing war and the widespread nature of violations of international humanitarian law and international human rights law.

The introductory section substantiates the social significance of the problem, outlines the scale of the phenomenon, and emphasizes the need to consider rehabilitation and reintegration not as optional social assistance but as an element of the realization of the right to an effective remedy. International standards are appropriately integrated into the national context, including provisions related to reparations, the prohibition of torture, the requirements of the UN Convention against Torture,

and the Istanbul Protocol.

The research methodology is well-grounded and comprehensive. The combination of analysis of the legal and regulatory framework, semi-structured interviews, expert surveys, materials from a roundtable discussion, and comparative analysis of international experience ensures the multidimensional character of the study and increases the reliability of its conclusions. An important strength of the work is the use of empirical data and the practical experience of human rights organizations.

The substantive part of the report is characterized by a systematic presentation. The Law of Ukraine No. 2010-IX and relevant secondary legislation are analyzed in detail, in particular the resolutions of the Cabinet of Ministers of Ukraine No. 1281 and No. 296, with a focus on procedural barriers, status-based restrictions, and institutional gaps between normative declarations and the actual accessibility of assistance. It is correctly emphasized that Resolution No. 296 represents an important step in the regulatory development of this field; however, it still requires further refinement, taking into account the principles of immediacy, accessibility, and continuity of support, as well as the specific circumstances of civilian victims regardless of the manner of their release. The report convincingly demonstrates that the procedure for establishing the fact of deprivation of personal liberty remains the key “access node” for state guarantees, which creates risks of inequality and exclusion of certain victims from the support system.

The report also highlights the critically important component of medical rehabilitation and mental health support, emphasizing its long-term and multidisciplinary nature, as well as the need for sustained support rather than short-term interventions, given that the traumatic consequences and social complications often have a prolonged trajectory. The report notes the limited availability of specialized assistance, particularly for individuals who have experienced torture, the lack of institutional capacity to address such consequences comprehensively, and the high demand for trained specialists.

The comparative analysis of international experience is also valuable, particularly regarding models of reparations, rehabilitation of torture victims, reintegration approaches, and case management mechanisms. The synthesis of international standards and practices provides useful reference points for improving Ukrainian policies aimed at supporting released civilian detainees.

Certain remarks may be made regarding the repetition of some provisions concerning the status-based nature of access to assistance, as well as the significant volume of regulatory analysis, which in some places complicates the perception of the key conclusions. At the same time, these aspects do not diminish the overall scientific and practical value of the work.

Overall, the report is coherent, logically structured, analytically balanced, and has significant practical value for shaping state policy in the field of rehabilitation and reintegration of released civilians.

HANNA MOKROUSOVA

Master of Psychology, psychologist and Chair of the Board of the NGO “Blue Bird”; specialization: crisis counselling, support for families of prisoners of war and missing persons, and psychosocial support for people who have experienced captivity and torture.

This is a very important analytical report. I agree with the analysis demonstrating the shortcomings of the current legislation, particularly Law No. 2010-IX, although I do not fully agree with all the conclusions that have been drawn. Nevertheless, I consider it important to continue the discussion on this issue and to work toward improving the regulatory framework in the area of state support for people who were unlawfully detained in connection with the

Russian-Ukrainian war. As I was invited to contribute as an expert in the field of socio-psychological support for people with experience of captivity, my recommendations and analysis focused exclusively on this issue.

Overall, I believe that the analysis of international practices and Ukrainian experience presented in this report is important and deserves further discussion.

ANNEX 1

Draft Framework State Program for the Recovery, Rehabilitation, and Reintegration of Released Civilians Unlawfully Deprived of Liberty as a Result of the Armed Aggression against Ukraine for 2026–2030

INTRODUCTION

The unlawful deprivation of liberty of civilians in the context of armed aggression against Ukraine produces complex consequences that manifest in interconnected medical, psychosocial, socio-economic, and legal dimensions. After release, individuals simultaneously require: a) primary stabilization and safety; b) access to medical care and rehabilitation; c) mental health and psychosocial support; d) legal assistance (including with regard to status procedures, restoration of documents, and access to legal guarantees); and e) long-term social and economic reintegration within the community. Such multidimensionality corresponds to the integrated logic of reintegration, in which sustainable outcomes can be achieved only through simultaneous consideration of economic, social, and psychosocial components at the levels of the individual, the community, and the system.

The regulatory framework of Ukraine provides for post-isolation and reintegration measures for persons in respect of whom the fact of deprivation of liberty has been established. In particular, the Cabinet of Ministers of Ukraine has adopted the Procedure for

the Implementation of Recovery (Post-Isolation and Reintegration) Measures for the relevant category of persons. This Procedure also establishes institutional elements for providing support through reintegration centres and their interaction with local executive authorities and local self-government bodies, as well as with actors in the field of social services. At the same time, systemic gaps remain between the needs of released civilians and the actual availability and continuity of support, in particular due to fragmented referral pathways, status-related barriers, insufficient specialized services (especially for survivors of torture), and the lack of long-term support mechanisms.

International standards offer frameworks that make it possible to design a state program as a unified pathway with clear referral pathways and case management mechanisms:

- with regard to mental health and psychosocial support (MHPSS) — a multi-layered approach and intersectoral cooperation with an emphasis on the “do no harm” principle;³²
- with regard to reintegration — an integrated approach (individual, community, and structural

³²IASC. Inter-Agency Standing Committee (IASC), Guidelines on Mental Health and Psychosocial Support in Emergency Settings, 2007. URL: https://interagencystandingcommittee.org/sites/default/files/migrated/2017-05/iasc_mhpps_guidelines_ukrainian_0.pdf

levels) and the measurement of sustainability of outcomes;³³

- with regard to the documentation of torture — the Istanbul Protocol standard as a requirement for quality, safety, informed consent, and the prevention of retraumatization.

Accordingly, the proposed Framework State Program (hereinafter — the Program) is positioned as a public policy instrument that integrates existing regulatory mechanisms and service capacities into a coherent architecture: from primary assistance immediately after release to long-term reintegration and the restoration of rights.

OBJECTIVE OF THE PROGRAM

To ensure a continuous, person-centered, and intersectoral pathway for recovery, rehabilitation, and reintegration for released civilians unlawfully deprived of liberty as a result of the armed aggression against Ukraine, with a guaranteed minimum assistance package and access to expanded services based on an individual assessment of needs.

TASKS OF THE PROGRAM

- Guarantee a primary minimum support package immediately after release, with an emphasis on safety, basic needs, primary medical assessment, and psychological first aid, as well as the initiation of case management.
- Institutionalize case management and referral

pathways as the “operational core” of the program: individual needs assessment, recovery planning, referral to services, follow-up, and case closure.

- Ensure access to medical care and rehabilitation, including specialized services where necessary, with coordination between medical and social support tracks.
- Ensure the provision of MHPSS as a component of recovery and reintegration: from basic psychosocial support to specialized mental health services.
- Ensure access to legal assistance and the documentation of violations, including support in administrative procedures and the documentation of torture in accordance with the Istanbul Protocol standard.
- Support socio-economic reintegration within the community (housing, employment/retraining, and access to services) as a precondition for sustainable outcomes.
- Integrate a monitoring and evaluation (M&E) system into the program cycle and case management processes: tracking access, quality, outcomes, and impact with appropriate ethical safeguards.

PRINCIPLES OF THE PROGRAM

- Person-centeredness and a victim-oriented approach — focusing on the needs and

³³IOM. Reintegration Handbook. 2019. URL: https://publications.iom.int/system/files/pdf/iom_reintegration_handbook.pdf

autonomy of the individual.

- Non-discrimination and prioritization based on vulnerability and needs.
- Voluntariness and informed consent, including the possibility to refuse certain services without losing access to others.
- Confidentiality and data protection as a condition for trust and safety.
- Trauma-informed approach — minimizing retraumatization in procedures and services.
- Intersectoral cooperation and continuity of the pathway — coordinated transitions between medical, social, and legal tracks.
- Evidence-based policy and accountability, including M&E and the use of data for management and decision-making.

TARGET GROUPS AND BENEFICIARIES

Direct beneficiaries

1. Released civilians unlawfully deprived of liberty as a result of the armed aggression against Ukraine, regardless of the existence or stage of status procedures, as a group requiring primary stabilization, case management, and referral pathways. Alignment with the Procedure for post-isolation and reintegration measures and with the functioning of reintegration centres serves as a key instrument for integrating this logic into the state system.
2. Persons with heightened risks or vulnerabilities who require specialized services and long-term

follow-up (including, for example, consequences of torture, complex mental health conditions, disabilities, or the absence of identity documents), based on the results of a multidisciplinary assessment.

Indirect beneficiaries

1. Family members of released civilians (as the primary circle of support and, at the same time, a potential area of conflict and secondary traumatization).
2. Communities (through strengthening the capacity of local services and coordination mechanisms).
3. Frontline professionals (social workers, psychologists, medical professionals, and lawyers) through training, protocols, and supervision, which reduces the risks of violating the “do no harm” principle.

PRIORITIZATION CRITERIA

Urgency of risks — safety concerns, acute medical needs, and risk of self-harm.

Complexity of needs — comorbidity, consequences of torture, and severe social maladaptation.

Access barriers — absence of documents, territorial and informational barriers, and stigma.

Risks of retraumatization in procedures, media, and institutional interactions.

OPERATIONAL MODEL OF THE PROGRAMME

The operational model of the Programme defines a single pathway—from initial stabilization to sustainable recovery—with mandatory elements of case management. Such a model corresponds to the approach according to which reintegration programmes should operate simultaneously at the level of the individual, the community, and the system, while also taking into account the non-linear nature of the recovery process.

STAGE 1. INITIAL STABILIZATION (0–30 DAYS)

Entry point: a reintegration center/authorized structures defined by the Procedure; or another entry channel with subsequent referral to the coordination center.

Key actions: initial screening of safety and basic needs; primary medical assessment; psychosocial first aid; initiation of case management and primary navigation of rights and services.

Critical condition: primary services must be provided without waiting for the completion of administrative procedures in order to minimize risks and inequalities in access.

STAGE 2. MULTIDISCIPLINARY NEEDS ASSESSMENT AND RECOVERY PLAN (1–6 MONTHS)

Following stabilization, the case manager conducts or coordinates a comprehensive assessment (medical, psychosocial, social, and legal) and develops an individual recovery/reintegration plan. The structure of the plan should cover economic, social, and

psychosocial aspects and identify the required services, contact details of service providers, as well as the procedures for monitoring and information exchange, taking into account confidentiality and consent.

STAGE 3. SPECIALIZED ASSISTANCE AND REHABILITATION (1–24 MONTHS, DEPENDING ON NEEDS)

This stage includes referrals to specialized medical services, rehabilitation, mental health services and psychotherapy, as well as legal assistance and documentation of violations. In cases involving torture and ill-treatment, the Programme should ensure referral pathways to specialists who apply the standards of the Istanbul Protocol and guarantee safety, ethical conduct, and the prevention of re-traumatization.

STAGE 4. SOCIO-ECONOMIC REINTEGRATION IN THE COMMUNITY (6–24 MONTHS)

This stage corresponds to the integrated approach to reintegration as a process of restoring economic self-sufficiency, social stability, and psychosocial well-being. In practice, this involves a combination of access to social services, employment/retraining opportunities, housing solutions, educational opportunities, as well as the restoration of social ties and family support.

STAGE 5. FOLLOW-UP AND CASE CLOSURE

Follow-up in the reintegration context is understood

as a process in which the case manager refers the individual to services necessary to meet their needs; the key elements include documentation, data protection (confidentiality), and continued support. Case closure should occur after confirmation of either: a) achievement of the objectives set in the recovery plan; or b) transition to long-term social or medical services if the needs are long-term.

SERVICE PACKAGE

The Programme предусматриває a minimum guaranteed package and an extended package (based on needs and assessment). This division corresponds to the approach whereby assistance should be modular and adapted in type, duration, and intensity to the needs of the individual and their family.

The minimum guaranteed package includes:

- Safety and basic stabilization: temporary safe accommodation/transport support, primary material needs.
- Primary medical assessment and referral to basic medical services.
- Psychosocial first aid and basic support in accordance with the MHPSS approach.
- Assignment of a case manager, initial needs assessment, opening of a case, and initiation of the support plan.
- Legal navigation: rights, available mechanisms, and assistance with documents and applications.
- Ethics and data: informed consent, minimization

of repeated interviews, and protection of personal data.

The extended package is formed as a combination of modules:

Module 1. Medical Care and Rehabilitation

1. Objective: restoration of functioning and overcoming the consequences of injuries and illnesses.
2. Functions: specialized consultations, rehabilitation services, and referral between levels of care.
3. Implementers: healthcare institutions; rehabilitation teams; the Ministry of Health of Ukraine as the body responsible for policy formation in the field of rehabilitation and recovery; the National Health Service of Ukraine as the body responsible for implementing policy in the field of rehabilitation and recovery; local self-government bodies, which may supplement state programmes with additional support programmes within their competences.
4. Risks and safeguards: prevention of re-traumatization, confidentiality, and accessibility in the regions.

Module 2. MHPSS (Mental Health and Psychosocial Support)

1. Objective: stabilization, restoration of psychological functioning, and family support.
2. Functions: from basic support and peer support groups to psychological counselling, psychotherapy, or psychiatric care when indicated; interagency coordination.

3. Safeguards: voluntariness, absence of coercion to provide “testimony;” supervision of specialists, and safe procedures for data collection.

Module 3. Social Services and Case Management

1. Objective: access to social services and restoration of social functioning.
2. Functions: needs assessment, social support, coordination of services at the community level; cooperation with reintegration centers.
3. Risks/safeguards: informational barriers and territorial inequality are mitigated through navigation and standardized protocols.

Module 4. Legal Assistance and Documentation of Violations

1. Objective: restoration of rights, access to guarantees and protection mechanisms, and high-quality documentation of torture and ill-treatment.
2. Functions: support in status-related and administrative procedures; referral to documentation specialists; preparation of an evidence base.
3. Standard: Istanbul Protocol.
4. Safeguards: informed consent, safety, minimization of repeated interviews, and preservation of confidentiality.

Module 5. Economic and Educational-Professional Reintegration

1. Objective: increasing economic self-sufficiency

as a component of sustainable reintegration.

2. Functions: skills assessment, employment, retraining, access to employment services, and support for workplace adaptation.
3. Safeguards: non-discrimination and consideration of psychosocial factors affecting work capacity.

Module 6. Work with Families and Communities

1. Objective: restoration of a supportive environment, reduction of stigma, and prevention of conflicts.
2. Functions: family counselling, mediation (where necessary), support groups, and community integration initiatives.
3. Safeguards: ethical principles, voluntary participation, and avoidance of public pressure.

INSTITUTIONAL GOVERNANCE, COORDINATION, AND PARTNERSHIPS

The Programme should operate as a unified intersectoral system in which the engagement of the affected person (initial stabilization / reintegration center) is connected with medical, social, and legal services through a coordinated support plan and case management. Such a design corresponds to the approach according to which reintegration interventions should involve multiple stakeholders and operate simultaneously at the individual, community, and institutional levels.

LEVELS OF GOVERNANCE

1. National Level (Strategic Governance and Standards):

- interagency coordination of policy (social policy / healthcare / justice / other relevant sectors);
 - approval of the minimum package, case management standards and data standards, and requirements for ethics and confidentiality;
 - alignment with the existing regulatory framework, in particular the Procedure for Recovery (Post-Isolation, Reintegration) Measures.
2. Community Level (Operational Implementation):
- ensuring the availability of social services and coordination with medical and legal services;
 - cooperation between reintegration centers and local authorities and social service providers in order to meet the needs of released persons.

PARTNERSHIPS WITH NGOS AND INTERNATIONAL ORGANISATIONS

Partnerships are considered as a tool for: a) strengthening the capacity of services (MHPSS, legal aid, specialized documentation); b) piloting approaches and training personnel; c) external quality monitoring; and d) implementing case management and a comprehensive service provision approach. This corresponds to the approach according to which reintegration programmes are implemented through a plurality of actors (the state, NGOs, international organisations) with a distribution of roles.

QUALITY STANDARDS AND TRAINING OF PERSONNEL

1. In psychosocial support — compliance with the principles of “do no harm,” intersectoral coordination, and the protection of vulnerable groups;
2. in documentation — compliance with the Istanbul Protocol;
3. in case management — standardized referral, consent, and case support protocols, including requirements for confidentiality.

MONITORING AND EVALUATION (M&E)

The Programme’s M&E system should simultaneously perform the functions of: 1) implementation management (operational control of the quality of the service pathway); 2) accountability (transparency of results); and 3) learning (adaptation of the model based on evidence). The logic of results and evaluation is aligned with the ROMA (RAPID Outcome Mapping Approach) framework / theory of change in policy interventions and with the OECD/DAC evaluation criteria. In addition, when measuring the sustainability of reintegration, it is advisable to consider the IOM approach to monitoring economic, social, and psychosocial dimensions.

The Programme’s M&E system should also include a set of clear outcome and process indicators that make it possible to track both the speed of access to assistance and the quality of referrals and long-term reintegration outcomes.

1. Basic indicators of operational response may include: the share of released persons who received the minimum package of primary support within the first 72 hours after release; the average time from request/identification to

the assignment of a case manager; the share of cases in which the initial needs assessment was conducted within the established timeframe.

2. To assess the quality of case management, it is advisable to use indicators such as: the share of cases in which an individual support plan was developed within the first 30 days; the share of cases with documented interagency referrals (medical, social, legal); the share of cases in which there were no repeated “cycles” of обращения to the same authorities due to procedural barriers; and the average time between the identification of a need and the actual receipt of a service.
3. To measure reintegration outcomes, medium-term indicators should be applied: the share of persons who received full access to medical and psychosocial rehabilitation in accordance with their plan; the share of persons with restored documents and a stable housing solution; the level of participation in employment, vocational training, or education after 6 and 12 months; and subjective indicators of restored functioning and quality of life.
4. Separate indicators of systemic effectiveness should also be provided: the average duration of status-related procedures; the share of refusals with proper justification; the level of satisfaction of service recipients; and the availability and completeness of data in registries for policy planning. Such an M&E system makes it possible to assess not only service provision but also the continuity of the support pathway and the alignment of programme instruments with the actual needs of released persons.

DATA SOURCES

The key source of data is case management: each case should contain a minimum set of fields (needs, plan, referrals, service delivery, follow-up) and a mechanism for recording consent for data sharing between partners. Within the framework of case support, the following should be ensured: documentation of referrals, preservation of confidentiality, and follow-up monitoring. For psychosocial support, data should be collected in accordance with the “do no harm” principle and the prevention of re-traumatization.

Ethical Aspects of Data:

- minimization of repeated interviews;
- sensitivity of information concerning torture and violence and the use of the Istanbul Protocol as an ethical framework;
- access to personal data only on a “need-to-know” basis and on the basis of informed consent.

EXPECTED RESULTS AND SUSTAINABILITY

The implementation of the Programme should mean that after the release of a civilian there is a predictable pathway for access to assistance: from initial stabilization to long-term reintegration, with established case management and clear referral mechanisms. The expected systemic effect lies in reducing gaps between sectors and increasing policy effectiveness through the alignment of objectives, instruments, and data.

The sustainability of the Programme is ensured through the institutionalization of its “core” elements — the minimum guaranteed package,

case management, the referral pathway, ethics and data standards, and the training of personnel — within the existing regulatory framework for post-isolation and reintegration measures and within the

system of social services and rehabilitation. Since reintegration is a non-linear process, long-term monitoring and learning through practice should be embedded in the Programme’s design.

TABLE 1. PROGRAMME LOGIC

TASKS	OUTPUTS	OUTCOMES	IMPACT
1) Primary minimum package and entry into the system	Standardized “primary package” and entry protocol; initial needs assessments	Reduction of “gaps” immediately after release; increased accessibility of basic services	Reduction of acute risks and secondary losses (health/ social)
2) Case management and referral pathways	Assignment of a case manager; individual plan; documented referrals	Continuity of the support pathway between sectors; increased completion of referrals	Higher policy effectiveness through coordination
3) Medical rehabilitation	Referrals/access to medical and rehabilitation services; interaction protocols	Improved functioning; reduced access barriers	Improved quality of life
4) MHPSS	Access to different levels of MHPSS; supervision of specialists	Improved psychosocial functioning; reduced re-traumatization	Social stability and inclusion
5) Legal assistance and documentation	Legal support; documentation according to the relevant standard	Increased access to legal remedies and guarantees	Strengthening justice and guarantees of non-repetition
6) Socio-economic reintegration	Referrals to employment/training/social services	Greater economic self-sufficiency and social stability	Sustainable reintegration (economic/social/ psychosocial)
7) M&E and learning	Unified matrix of indicators; regular reporting; learning mechanism	Data-driven management; model adjustment	Accountability and sustainability

TABLE 2. SUPPORT PATHWAY AND SERVICE PACKAGES

STAGE	OBJECTIVES	MINIMUM PACKAGE	EXTENDED PACKAGE	RESPONSIBLE ACTORS (GENERALIZED)	RISKS AND SAFEGUARDS
0–30 days (stabilization)	Safety, basic needs, case initiation	Medical screening; PFA; legal navigation; assignment of a case manager	Temporary housing/support; crisis psychiatric/psychological assistance; emergency legal actions	Reintegration center / social services / healthcare / NGOs	Do no harm; consent; confidentiality
1–6 months (assessment and planning)	Case plan and stabilization of access to services	Comprehensive assessment; individual plan; referrals	Specialized consultations, psychotherapy, rehabilitation	Case manager + service providers	Minimization of repeated interviews; data protection
6–24 months (reintegration)	Social and economic stability	Access to social services / medical follow-up	Vocational training/employment; family/community support	Community + services + partners	Stigma; inequality between communities
Follow-up i closure	Consolidation of outcomes	Regular follow-up; confirmation of completed referrals	Transition to “regular” services; long-term support if needed	Safe case closure	Safe case closure

ANNEX 2

Response of the National Health Service of Ukraine to the request for public information regarding rehabilitation and mental health No. 45307/8-10-25 dated 9 October 2025.

ANNEX 3

Letter of the Ministry for Communities and Territories Development of Ukraine No. 2526/7/10-26 dated 30 January 2026.

ANNEX 4

Letter of the Ministry for Communities and Territories Development of Ukraine No. 541/7/10-26 dated 8 January 2026.

**THE ABOVE ANNEXES ARE
AVAILABLE VIA THE QR CODE.**





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