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Psychological mechanisms underlying the impact of negative institutional experience on veterans' reintegration

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✦ **Abstract.** The return of veterans to civilian life is a multidimensional process whose course depends on the nature of their interactions with medical, social, administrative, and professional institutions. Opaque procedures, conflicting requirements, prolonged waiting, dismissive communication, and insufficient coordination between institutions may increase psychological distress, reduce trust in the system, and limit the use of available support resources. The aim of the article was to provide a theoretical substantiation and systematisation of the psychological mechanisms underlying the impact of negative institutional experiences on the psychological, social, and professional reintegration of veterans, as well as to develop a corresponding conceptual model. The study was conducted as an integrative theoretical review using thematic analysis, conceptual synthesis, and theoretical modelling. Scientific publications selected from the Scopus, Web of Science, PubMed, and Google Scholar databases were analysed according to the forms of institutional interaction, characteristics of its subjective evaluation, psychological mechanisms, behavioural responses, consequences for reintegration, and protective factors. Within the structure of negative institutional experience, event-objective and subjective-evaluative aspects were distinguished, as well as structural, procedural, interpersonal, and symbolic levels. It was substantiated that the psychological significance of such experience is determined by perceptions of fairness, controllability, recognition, and fulfilment of institutional obligations. Its impact may be mediated by reduced institutional trust, emotional reactions to violations of fairness and obligations, decreased agency and self-efficacy, disruption of identity continuity, and a diminished sense of social belonging. Behavioural consequences may include help avoidance, passivity, conflict, social distancing, and failure to complete procedures, thereby limiting access to support resources. The practical value of the model lies in substantiating the need for transparent procedures, respectful communication, personalised navigation, continuous support, and interagency coordination as conditions for maintaining veterans' trust, agency, and engagement with support systems

✦ **Keywords:** organisational justice; agency; self-efficacy; identity continuity; social belonging; help-seeking; veteran-oriented support

✦ Introduction

The return of veterans to civilian life is a prolonged and multidimensional process that involves restructuring a system of social roles, restoring interpersonal connections, forming a new professional trajectory, and interacting with

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a network of medical, social, administrative, and professional institutions. In the context of the full-scale war in Ukraine, the significance of this issue is heightened by the increasing number of military personnel who will undergo military-to-civilian transition and will require various forms of support. An important factor in the effectiveness of reintegration is the quality of interaction with the system, upon which the receipt of treatment, rehabilitation, social protection, vocational training, and other necessary resources depends. Inconsistent procedures, insufficient coordination between institutions, lack of transparency in decisions, or demeaning communication may create additional psychological burden and complicate the return to active civilian life. Therefore, it is important to study the psychological mechanisms through which experience of interaction with this system may affect veterans' subsequent reintegration.

J. Grimell (2024), synthesising findings from a ten-year study of the transition from military to civilian life, demonstrated that the completion of service does not automatically terminate the influence of military identity. The author emphasises the need for its integration with new civilian, family, and professional roles, whilst difficulties in maintaining continuity of self-perception may complicate post-service adaptation. K. Nizheiko & K. Kovalivska (2024), analysing international experience and Ukrainian specifics of veterans' reintegration, linked its effectiveness to the veteran's inclusion in community life, access to support, opportunities for vocational training, and public participation. A. Smith *et al.* (2025) in a systematic review of military-to-civilian transition drew attention to the heterogeneity of adaptation trajectories and showed that they depend on gender, family responsibilities, circumstances of service completion, and availability of support. Therefore, contemporary research treats reintegration as an individualised process whose outcomes are shaped at the intersection of personal, social, and contextual conditions.

A separate line of research concerns the organisation of the support system and veterans' interactions with its representatives. M. Halych (2025), comparing contemporary approaches to social-psychological support for combatants and their families, substantiated the need for integration of psychological, social, medical, legal, and professional assistance rather than the use of isolated services. N. Ein *et al.* (2024) in a brief review of barriers and facilitators of access to mental health services for veterans and their families established the importance of both the accessibility of assistance and characteristics of direct interaction with professionals, particularly trust, confidentiality, competence, and alignment of services with veterans' needs. M. Hinton *et al.* (2023), investigating veterans' decisions regarding posttraumatic stress disorder treatment, showed that the initiation and continuation of professional help depend on previous treatment experiences, expected benefit, trust in professionals, and alignment of assistance with current needs. Thus, the formal availability of a service itself does not guarantee its actual use by veterans.

The psychological significance of institutional interaction is also explained by research into fairness, autonomy, and fulfilment of organisational obligations. M. Adamovic (2023) in a contemporary review of organisational justice research systematised the significance of outcome fairness, procedural fairness, interpersonal treatment, and informational explanation of decisions, which provides grounds for considering the manner of implementation of formally established procedures as an independent psychologically significant component of interaction. J. Raabe *et al.* (2024), applying provisions of self-determination theory to service members' transition to civilian life, emphasised the significance of maintaining autonomy, competence, and belonging, whereas limited opportunity to influence significant decisions may weaken the sense of control and confidence in the effectiveness of one's own actions. M.-E. Christl *et al.* (2024) based on review findings on the phenomenon of institutional betrayal showed that particularly pronounced negative psychological consequences arise when an institution on which a person depends and from which protection is expected does not prevent harm, does not respond to it, or itself creates conditions for its repetition. In the military and veterans' context, M. McAdams *et al.* (2025) systematised research on institutional betrayal and demonstrated the relevance of this phenomenon for analysing the relationships between service members and veterans and organisations from which safety, support, and fulfilment of corresponding institutional obligations are expected.

Available research, therefore, reveals individual components of military-to-civilian transition, access to assistance, organisational fairness, institutional betrayal, autonomy, trust, and identity. However, these areas are also predominantly presented separately, which does not provide a comprehensive explanation of how specific characteristics of a veteran's interaction with institutions acquire subjective psychological significance, transform into psychological and behavioural responses, and subsequently affect various aspects of reintegration. The aim of this article was to conceptualise veterans' negative institutional experiences and to construct a theoretical model explaining its link to subjective assessment of institutional interaction, psychological and behavioural responses, and reintegration outcomes.

✦ Literature Review

Veterans' reintegration means re-engagement in civilian social roles, interpersonal relationships, professional activities, and the institutional support system. It involves restructuring of everyday functioning, reappraising military experience, and adaptation to the civilian environment. It cannot be evaluated by a single indicator, since employment does not guarantee psychological recovery, nor does maintenance of family ties indicate readiness to use formal services. J. Grimell (2024) and A. Smith *et al.* (2025) link the success of reintegration to veterans' personal resources, social support, environmental opportunities, and the

character of institutional interaction. Psychological reintegration encompasses reduction of distress symptoms, restoration of life predictability, ability to plan, make decisions, and influence significant circumstances. Following structured military environment, responsibility for treatment, education, employment, and social contacts shifts to the veteran, which increases burden in the presence of injury, loss of status, or insufficient preparation for discharge. J. Grimell (2024) notes that military experience should be integrated into a coherent self-concept and should not impede building a future.

Social reintegration is connected with restoration of participation in family, friendship, community, and professional networks and re-negotiation of roles, autonomy, communication, and emotional closeness. The directness, control, or wariness inherent in military environments may be mistakenly perceived as unwillingness to adapt. Success of reintegration depends on acknowledgement of military experience without heroicisation, pathologisation, or reduction of the veteran to the role of help recipient. K. Nizheiko & K. Kovalivska (2024) in the Ukrainian context link social reintegration to inclusion in community life, access to support, vocational training, and public participation. Professional reintegration involves translation of military skills into civilian competencies, adaptation to new performance criteria, and formation of professional identity. Failure to recognise qualifications, mismatch between vacancies and previous level of responsibility, need for retraining, and employer stereotypes may be experienced as loss of status and social utility. M. Shkoda (2024) links restoration of professional self-efficacy to education, entrepreneurial training, professional support, and practical acquisition of civilian competencies.

All aspects of reintegration depend on access to treatment, rehabilitation, retraining, social security, and legal protection. Institutional engagement reflects a veteran's ability to approach institutions, understand procedures, maintain interaction, protect rights, and use services. In Ukraine, this engagement is complicated by fragmentation of the system and weak coordination between institutions, which increases the number of repeated applications and places the onus of organising assistance on the veteran. O. Druhova *et al.* (2025) consider veteran hubs as an alternative, founded on principles of single-window access, inter-sectoral partnership, and continuous support. O. Matveieva *et al.* (2024) emphasise that restoration of trust in the institutional system requires interaction between local authorities, civil society, and service providers.

Components of veterans' reintegration are interdependent. Refusal of medical assistance may worsen health and professional functioning, whilst unemployment may intensify isolation and psychological distress. Yet employment does not always compensate for institutional mistrust or loss of belonging. Therefore, reintegration should be considered a non-linear process of mutual reinforcement or compensation of psychological, social, professional, and institutional factors. For understanding the interaction between veterans and institutions providing rehabilitation services, it is important to consider certain organisational phenomena and their potential, particularly negative, impact on veterans. It is known that veterans are highly sensitive to manifestations of social injustice, disrespect, rights violations, and these aspects come to the forefront in the complex process of their social and psychological rehabilitation and interaction with institutions. K.-K. Moon *et al.* (2024), in analysing organisational justice, discuss evaluation of outcomes, procedures, interpersonal treatment, and completeness of explanations. In the context of negative institutional experience, accessibility of services, coordination of institutions, symbolic recognition of the veteran's contribution, and fulfilment of expected obligations are also important. Discrimination and stigmatisation are separate forms of negative experience in which unfavourable treatment is linked to veteran status. They may manifest in attribution of aggression, mental instability, professional incapacity, or dependence on assistance. However, not every non-transparent or ineffective procedure is discriminatory. Dissatisfaction with a service also represents only a summary evaluation, whereas negative institutional experience encompasses the significance of interaction for trust, agency, identity, and behaviour. Institutional mistrust reflects expectations of unreliable, non-transparent, or inconsistent institutional actions and is considered a possible consequence of negative experience. It may concern an individual worker, institution, or the system as a whole, and may explain avoidance of new structures even without direct negative contact.

M.-E. Christl *et al.* (2024) define institutional betrayal as a narrower and more intense phenomenon that arises when a significant institution fails to prevent harm, does not respond to it, or creates conditions for repeated harm. The authors link its significance to the violation of expectations of protection and fair response. Not every delay or bureaucratic error is betrayal, as it entails violation of a fundamental obligation and pronounced consequences for safety, trust, or access to assistance. A. Adams-Clark *et al.* (2024) also link institutional betrayal to traumatic reactions and barriers to service use. Moral injury describes enduring consequences of events that violate deep beliefs about goodness, duty, loyalty, and fairness. It may manifest in guilt, shame, moral anger, mistrust, alienation, and destruction of attitudes towards oneself or significant groups. B. Litz & H. Walker (2025) note that in institutional context, moral injury may arise when a veteran perceives institutional actions or inaction as a fundamental violation of its obligations regarding protection, support, reciprocity, and recognition of their contribution. K. Zasiekina *et al.* (2026) show that moral injury and posttraumatic reactions may overlap, but have distinct emotional, value-based, and identity-related components.

Explanation of institutional experience effects requires synthesis of several approaches. The socio-ecological perspective views reintegration as a result of interaction between personal characteristics, family support,

communities, organisational practices, and government policy. Psychological state influences interaction with institutions, whilst institutional conditions, in turn, affect the intensity of distress, self-efficacy, social activity, and readiness to seek help. M. Halych (2025) in research on contemporary approaches to veterans' support also substantiates integration of psychological, social, legal, medical, and professional support for veterans and their families. M. Adamovic (2023), synthesising contemporary research on organisational justice, emphasises the significance of decision-making processes, consistency of rules, opportunity to be heard, and completeness of explanations. Lack of transparency increases uncertainty, disrespectful communication creates experience of devaluation, whilst absence of explanations reduces predictability. K.-K. Moon *et al.* (2024) show that perceived fairness may be an important link between characteristics of organisational interaction and subsequent attitudes and behaviour. A. Higgins (2025) and M. McAdams *et al.* (2025), in analysing institutional betrayal in military and veterans' contexts, proceed from the assumption that the military organisation, medical system, and state may be perceived as bearers of obligations regarding safety, treatment, social protection, and recognition of contribution. M.-E. Christl *et al.* (2024) note that the stronger the dependence on an institution and the higher the expectations regarding its fulfilment of obligations, the more acute may be the response to inaction, inadequate support, or unfair decision. J. Raabe *et al.* (2024), drawing on self-determination approach, explain the transition from procedural difficulties and limited opportunity to influence significant decisions to reduction in the sense of autonomy and competence. Unpredictable requirements and inability to influence decisions may weaken the sense of control and confidence in the effectiveness of one's own actions. Y. Hunter (2025) shows that in the professional sphere this may manifest in difficulties transferring military competencies into civilian career and forming a new professional trajectory.

In turn, J. Grimell (2024) views identity reconstruction in the process of military-to-civilian transition as reconciliation of previous military identity with new civilian roles, connected with preservation of continuity of self-perception and sense of social belonging. After discharge from service, a veteran should not abandon the military component of their identity, but should reconcile it with new family, professional, and civic roles. The author also notes that treatment of the veteran solely as a problem, formal applicant, or passive recipient of assistance may intensify the gap between previous experience of responsibility, competence, and agency and the new dependent position in interaction with institutions. M. Hinton *et al.* (2023) in research on veterans' treatment decisions showed that models of help-seeking explain the transition from psychological assessment of need to concrete behaviour related to seeking and using professional support. Decisions depend on awareness of need, expected benefit, risks, accessibility of the service, and trust in the professional. Negative contact reduces expected benefit and increases psychological costs of repeated contact. Researchers also established that initiation and continuation of treatment depend on previous experience, trust, professional competence, and alignment of assistance with the veteran's needs.

In the Ukrainian context, veterans' reluctance to seek psychological or social services does not always indicate denial of the problem. It may be a rational response to disrespect, breach of confidentiality, contradictory recommendations, or absence of results. O. Lushchak *et al.* (2026) in research on help-seeking behaviour for psychological assistance showed that it is also influenced by individual attitudes, accessibility of services, and expectations of their effectiveness. Therefore, a theoretical model should distinguish between institutional event, its subjective assessment, psychological reaction, and subsequent behaviour. Combination of socio-ecological, fairness-based, identity-related, and behavioural approaches with concepts of institutional betrayal, moral injury, control, and self-efficacy allows for explanation of the effect of negative institutional experience on psychological, social, and professional reintegration through interconnected cognitive, emotional, identity-related, and behavioural mechanisms.

✦ Materials and Methods

The study was conducted in the format of an integrative theoretical review using thematic analysis, conceptual synthesis, and theoretical modelling. A search for scientific publications was conducted in the Scopus, Web of Science, PubMed, and Google Scholar databases. The temporal range of the search encompassed publications from 2022-2026 in English and Ukrainian. Search queries were formulated by combining the keywords "veterans", "military personnel", "reintegration", "transition to civilian life", "institutional trust", "institutional betrayal", "organisational injustice", "moral injury", "help-seeking" and their Ukrainian-language equivalents in accordance with the search capabilities of each database. The initial search and subsequent review encompassed approximately 250 publications. Selection was carried out sequentially in three stages: by correspondence to keywords and publication title, by abstract content, and by analysis of the full text. Both authors independently compiled preliminary lists of relevant sources, after which the lists were compared. Publications were included in the final corpus if their relevance was confirmed by both authors; discrepancies regarding source inclusion were discussed until a consensus decision was reached. As a result, 23 publications were included in the final conceptual analysis.

The main inclusion criteria were publication in 2022-2026 in English or Ukrainian, direct focus on military personnel, combatants, or veterans, and discussion of military-to-civilian transition, reintegration, or interaction with military, medical, social, administrative, or professional institutions and its psychological or behavioural consequences. Theoretical, review, quantitative, and qualitative studies relevant to the subject of the review were

included in the main list. Conceptually significant works conducted on other populations were additionally included if they directly revealed phenomena necessary for constructing the theoretical model, namely organisational justice, administrative burden, and institutional betrayal. Exclusion criteria were failure to correspond to the topic of military-to-civilian transition, reintegration, or institutional interaction; absence of psychologically relevant provisions or findings for explaining the investigated mechanisms; publication outside the established temporal range; language other than English or Ukrainian; and duplication of materials. Studies of non-military populations were not included in the main corpus of the review, except where they had direct conceptual significance for defining individual components of the proposed model.

Selected publications were analysed according to the following categories: forms of negative institutional experience, its subjective assessment by veterans, psychological mechanisms of effect, behavioural responses, consequences for reintegration, and protective factors. Additionally, characteristics of institutional interaction and moderating conditions capable of intensifying or alleviating its consequences were recorded. Using thematic analysis, repeated provisions were combined into substantive groups according to the principle of conceptual similarity, and using conceptual synthesis, links were established between institutional experience, its assessment, reduced trust, experience of injustice, reduced agency and self-efficacy, changes in identity and social belonging, help-seeking behaviour, and difficulties in reintegration.

Theoretical modelling was carried out iteratively on the basis of thematic analysis and conceptual synthesis results. Initially, repeated characteristics of negative institutional interaction were grouped by substantive similarity, which provided grounds for distinguishing structural, procedural, interpersonal, and symbolic levels of negative institutional experience. Subsequently, the means of subjective assessment of institutional interaction, described psychological mechanisms, behavioural responses, and reintegration outcomes were compared. The model included components that were conceptually distinct from related concepts, had theoretical or empirical justification in selected sources, and could be logically attributed to a specific link in the sequence "institutional interaction → subjective assessment → psychological mechanisms → behavioural responses → access to resources → reintegration outcomes". The professional experience of the authors in working with military personnel and veterans was used as context for interpretation and substantive organisation of identified patterns, but was not regarded as independent empirical confirmation of model components.

On the basis of revealed interrelationships, using the method of theoretical modelling, a conceptual model of psychological mechanisms underlying the impact of negative institutional experience on veterans' reintegration was developed. Its correspondence with review findings was verified by repeated comparison of each component and predicted link with selected publications and subsequent adjustment of model structure between authors. Components for which there was insufficient theoretical or empirical justification in the analysed corpus were not distinguished as independent elements. Formalised assessment of methodological quality and bias risk of individual publications according to standardised instruments was not conducted, which is due to the integrative nature of the review and methodological heterogeneity of included theoretical, review, quantitative, and qualitative works. During interpretation, the type and design of publication, characteristics of studied samples, and direct relevance of findings to components of the conceptual model were taken into account. The absence of standardised bias risk assessment was considered a methodological limitation of the study.

✦ Results and Discussion

To explain the role of institutional environment in veterans' reintegration, an author-developed construct of negative institutional experience is proposed. It encompasses subjectively significant interactions with formal structures, actions, decisions, inaction, or procedures perceived as unjust, non-transparent, demeaning, inconsistent, excessively burdensome, or such as violate expected obligations regarding support and protection. The psychological significance of this experience is determined by relating the event to previous experience, needs, expectations, and beliefs about appropriate treatment.

Based on the theoretical analysis conducted, within the proposed construct of negative institutional experience, event-objective and subjective-evaluative aspects are distinguished. The event-objective aspect encompasses the characteristics of interaction itself between veteran and institution, whilst the subjective-evaluative aspect reflects the psychological significance this interaction acquires for the veteran. Refusal, delay, contradictory decision, repeated requests for information, formalised communication, or lack of coordination may be assessed as injustice, uncontrollability, devaluation, exclusion, or breach of obligations. Such assessments may provoke anger, hurt, disappointment, wariness, or helplessness. This distinction makes it possible to maintain analytical coherence between the characteristics of an event, its subjective assessment, and subsequent psychological reaction.

The event-objective aspect encompasses the duration of procedures, volume of required documents, accessibility of information, consistency of requirements, possibility of appeal, nature of communication, and veteran participation in decision-making. The subjective-evaluative aspect reflects perception of these conditions as justified, predictable, and based on respect for the veteran. Therefore, negative institutional experience should be analysed taking into account perception of fairness, controllability, recognition, and fulfilment of institutional obligations. Such experience is cumulative in nature. An individual failed interaction may remain localised; however, repeated episodes form stable expectations about the system. Experience during

service, treatment, and military-medical procedures influences attitudes towards civilian institutions, and mistrust of one agency may extend to the entire support system.

Synthesis of publications made it possible to systematise negative institutional experience of veterans at structural, procedural, interpersonal, and symbolic levels (Adamovic, 2023; Hinton *et al.*, 2023; Raabe *et al.*, 2024). The structural level reflected the organisation of the support system, the procedural level determined the order of receiving services, the interpersonal level encompassed contact with institutional representatives, and the symbolic level concerned recognition of military service, acquired competencies, experienced losses, and the veteran's right to remain an active participant in reintegration (Ein *et al.*, 2024; Grimell, 2024; Nizheiko & Kovalivska, 2024). This division did not reduce negative experience to bureaucratic complexity, since formally available services could be accompanied by devaluation, disrespect, or exclusion of the veteran from decision-making (Halych, 2025; Herd & Moynihan, 2025; McAdams *et al.*, 2025). The structural level encompassed territorial inequality of services, shortage of trained professionals, absence of coordinated transition between military and civilian medicine, poor information exchange, and fragmentation of support. Under such conditions the veteran was forced to independently determine the support pathway, repeatedly submit documents, and coordinate the work of institutions even in the presence of injury, pain, exhaustion, or psychological distress. Accordingly, insufficient inter-agency interaction transferred organisational burden from system to veteran.

The effectiveness of support depended on the combination of psychological support, social work, vocational training, community resources, and veteran participation in civilian life. K. Nizheiko & K. Kovalivska (2024) noted that isolated services do not address situations in which one person's needs are regarded by different institutions as disconnected cases. M. Halych (2025) emphasised that psychological assistance should be integrated with family, social, legal, and professional contexts of reintegration. Otherwise, some needs remain unmet and responsibility for unutilised opportunities is mistakenly placed on the veteran.

The procedural level is determined by the manner of realisation of formally guaranteed rights and services. What matters are duration of waiting, clarity of criteria, consistency of requirements, accessibility of information, and possibility of appeal. Repeated requests for documents, changes in rules, need to repeatedly describe traumatic events, and uncertain timescales increase temporal, cognitive, and psychological costs. P. Herd & D. Moynihan (2025) showed that complex administrative procedures particularly limit access for people who most need help but have fewer resources to navigate them. Procedure complexity does not necessarily create negative experience if rules are consistent, timescales are predictable, and decisions are clearly explained. Conversely, a brief process may be perceived negatively due to arbitrary decision-making, uneven application of criteria, or inability to be heard. Therefore, the number of documents or stages is not a sufficient indicator. What matters is whether the veteran can foresee the consequences of his own actions, understand the logic of decisions, and maintain influence over the process.

The interpersonal level is formed during contact with officials, medical professionals, psychologists, and other specialists. Negative experience arises from formalised communication, distrust in the veteran's words, stigmatisation, breach of confidentiality, moral judgement, use of authority, or absence of explanations. A refusal accompanied by reasoning, acknowledgement of the difficulty of the situation, and offering of an alternative pathway has different consequences from a formally correct decision communicated indifferently or dismissively. N. Ein *et al.* (2024) established that the quality of initial contact, trust in the professional, confidentiality, competence, and alignment of assistance with needs influence the initiation and continuation of treatment alongside accessibility of services. M. Hinton *et al.* (2023) showed that negative experience with assistance providers and doubts about the practical benefit of treatment may influence choice of services more strongly than formal availability of an evidence-based programme. Through interpersonal contact, the veteran assesses the safety, competence, and ability of the system to take account of his experience.

The symbolic level is connected with recognition of military service, acquired competencies, experienced losses, and the veteran's right to remain an active participant in reintegration. Devaluation manifests in reduction of the veteran to the category of benefit recipient, attribution of psychological instability, ignoring of professional skills, or treatment as a passive object of assistance. In the professional sphere, combat experience may be devalued if knowledge, skills, and competencies acquired during service do not find application in civilian professional activity. M. Shkoda (2024) emphasised that educational support should foster formation of professional agency and application of military skills in civilian activities. O. Ihnatovych (2025) also emphasised the significance of psychological support for restoration of competence, autonomy, and ability to form realistic career perspectives.

Levels of negative experience intersect. Lack of information exchange is a structural problem, realised through repeated submission of documents, need to re-explain circumstances of injury, and feeling that previous statements have no value. Shortage of professionals manifests through waiting periods, shortened consultations, and inability to establish stable contact. Therefore, the unit of analysis should be the entire trajectory of the veteran's interaction with the system throughout service, treatment, discharge, status formalisation, rehabilitation, and professional adaptation. The central link between institutional interaction and reintegration outcomes is subjective assessment. Identical conditions may have different consequences depending on previous experience, health status, significance of decision, expectations, and available support. The psychological significance of interaction is determined by the

extent to which it is perceived as fair, controlled, based on recognition, and on fulfilment of institutional obligations.

Assessment of fairness is formed through comparison of outcome, procedure, and communication with beliefs about appropriate treatment. An unfavourable decision does not necessarily destroy trust if the veteran understands its legal or clinical basis. Yet a positive outcome may leave a sense of injustice if obtained after humiliation, conflict, or repeated need to prove obvious need. Assessment of control reflects the ability to influence process and foresee the consequences of one's own actions. Low control arises from variable requirements, uncertain timescales, fragmented information, and dependence on the position of an individual worker. Procedural agency is psychologically important, entailing access to information, opportunity to ask questions, provide data, choose an acceptable option, and use appeal. J. Raabe *et al.* (2024) showed that autonomy, competence, and belonging support adaptation, whilst loss of control weakens confidence in one's own capacities.

Assessment of recognition is determined by whether the system takes account of the veteran's military experience, contribution, losses, and competencies. Recognition entails treatment of the veteran as a full participant in interaction. Lack of recognition arises when his experience and knowledge about his own state are ignored and professional skills or contribution remain mere rhetoric. Assessment of fulfilment of obligations reflects belief in institutional adherence to duties regarding protection, treatment, and support after service. Negative interaction may be perceived as the system's refusal of reciprocity after the veteran's fulfilment of military duty. Psychological harm is intensified if a significant institution fails to perform its expected protective function. M.-E. Christl *et al.* (2024) emphasised that institutional betrayal should be distinguished from ordinary dissatisfaction with services and should be applied only in case of pronounced breach of fundamental obligations. Subjective assessment mediates the link between event and psychological consequences, but does not determine them unambiguously. Support from a professional, family, or fellow service members may preserve readiness for interaction even after an unfair decision. Yet a less intense event is capable of causing distancing if it confirms previous experience of unsuccessful contacts. Therefore, its significance depends on accumulated history of system interaction.

One psychological mechanism is reduction in institutional trust. Lack of transparency, contradictory requirements, disrespect, and broken agreements form expectations that the next contact will also be unsuccessful or cause further devaluation. Mistrust performs a protective function but may limit access to resources which remain available. Specific mistrust concerns a particular worker, institution, or procedure, whilst generalised mistrust extends to the system as a whole. This transfer is intensified if different institutions employ similar formalised communication, repeatedly request information, or shift responsibility to one another. As a result, individual negative contacts begin to be perceived as a stable property of the entire system.

Another psychological mechanism is emotional reaction to perceived injustice and breach of institutional obligations. It may manifest as anger, hurt, disappointment, shame, humiliation, or feeling of abandonment. Anger signals boundary violation, but its prolonged persistence may maintain conflict and transfer to the civilian environment. Shame arises when a veteran is forced to repeatedly prove vulnerability, whilst moral outrage is intensified by breach of expected reciprocity between service and societal support. These reactions should not be automatically identified with moral injury. Anger about a non-transparent procedure in itself is not sufficient ground for applying this concept. B. Litz & H. Walker (2025) linked moral injury to events causing prolonged destruction of basic beliefs about fairness, loyalty, reciprocity, or moral trustworthiness of a significant community.

The next mechanism is reduction in agency, control, and self-efficacy. If repeated actions do not produce anticipated results, confidence in the practical sense of one's own efforts is weakened. This may lead to reduced persistence, refusal to contact again, or passive waiting. In the professional sphere, doubts arise about the value of competencies, delay in job-seeking, and avoidance of training. Reduction in agency does not indicate stable personal passivity. It may be a contextual response to a specific system in which purposeful actions do not yield predicted results. Therefore, a practical task is restoration of the link between veterans' actions and institutional consequences.

Yet another psychological mechanism is disruption of identity continuity and sense of social belonging. Return to civilian life is accompanied by loss of familiar roles, status, time structure, cohesion, and competence criteria. J. Grimell (2024) emphasised that military identity should be integrated into a broader system of civilian roles without mutual negation of these components. Negative institutional experience complicates this process when the veteran transitions from the status of responsible subject to the role of applicant, patient, or help recipient. Decisions made without his participation and failure to recognise competencies intensify the gap between previous self-image and current situation. A. Smith *et al.* (2025) showed that adaptation trajectories depend on gender, family responsibilities, circumstances of service completion, and access to support, which excludes a universal transition model for all veterans.

Psychological mechanisms affect reintegration through behavioural responses. Mistrust limits access to treatment or professional programmes when it translates into delay in seeking help, cessation of contact, or failure to complete procedures. Experience of injustice may provoke conflict, distancing, and transfer of negative expectations to other institutions. As a result, access to resources for psychological, social, and professional reintegration narrows. Help-avoidance is also linked to desire to cope independently with problems, concerns about confidentiality, stigma, reluctance to repeatedly discuss traumatic experience, and doubts about professional competence. Negative institutional

experience intensifies these barriers since formalised treatment reduces expected benefit of assistance, whilst devaluation raises psychological cost of subsequent contact.

One possible consequence is selective use of the system. A veteran may contact only professionals recommended by fellow service members, rely on informal networks, or limit contact to obtaining a necessary document. This partially restores control but narrows available resources. Support from fellow service members has protective potential, but without connection to professional services may entrench distancing from formal assistance. In the psychological sphere, negative institutional experience intensifies distress, anger, frustration, helplessness, and reduced sense of safety. Its effect is sustained by uncertainty, delayed treatment, and need to repeatedly prove right to assistance. In the social sphere, generalised mistrust may extend to civil society, intensify opposition between military and civilian populations, and complicate inclusion in community.

In the professional sphere, negative experience reduces activity in job-seeking, participation in retraining, and confidence in adaptation to civilian rules. Failure to recognise qualifications and absence of individual navigation increase the gap between competencies and available opportunities. N. Syvak (2024) emphasised that professional reintegration requires combination of employment, entrepreneurial programmes, retraining, and workplace adaptation, since financial incentives do not eliminate psychological and institutional barriers. Engagement with the support system encompasses actually navigating the help pathway, maintaining contact, and using obtained resources. Its reduction manifests through incomplete formalisation of services, missed consultations, discontinued rehabilitation, or non-use of professional programmes. Increasing the number of services does not guarantee engagement if previous experience formed expectations of ineffectiveness or disrespect.

The strength of negative experience's effect depends on individual, social, and institutional conditions. What matter are prior trust, health status, circumstances of service completion, intensity of combat experience, self-efficacy, and access to information. High initial trust may mitigate consequences of individual error, but its violation sometimes intensifies experience of betrayal. Adaptation is supported by family ties, fellow service members, community, mentorship, professional competence, and ability to plan the future. A support specialist may compensate for negative experience by explaining procedures, coordinating institutions, and restoring the link between veterans' actions and outcomes. And importantly, shared negative experience within a network of fellow service members may contribute to generalisation of mistrust.

Factors of positive institutional experience are protective in relation to negative experience. Transparent criteria, predictable timescales, clear explanations, veteran participation, respectful communication, continuous support, and information exchange support trust and agency. A veteran-oriented approach involves adaptation of procedures to combined medical, psychological, social, and professional needs. O. Ihnatovych (2025) noted that individualised support should also restore the veteran's ability to independently determine goals for civilian life. Results of conceptual synthesis are summarised in a model of the transition from institutional conditions to reintegration outcomes. Structural, procedural, interpersonal, and symbolic experience acquires psychological significance through assessment of fairness, controllability, recognition, and fulfilment of obligations. This activates erosion of trust, moral-emotional reactions, reduction in agency and self-efficacy, and disruption of identity and belonging. Subsequent behavioural responses limit access to reintegration resources. Visual representation of this sequence is presented in Figure 1.

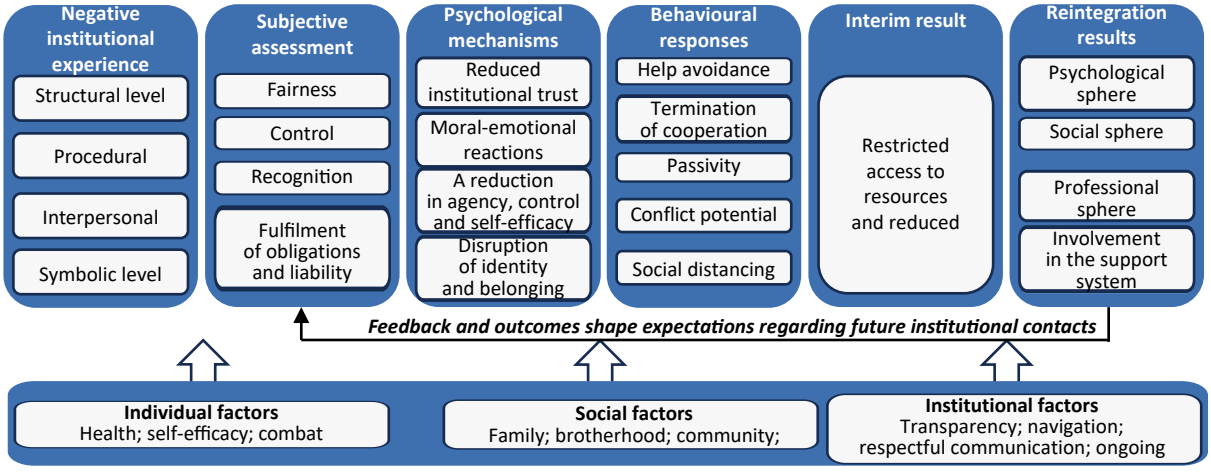

Figure 1. *Conceptual model of psychological mechanisms underlying the impact of negative institutional experience on veterans' reintegration*

***Source**: developed by the authors*

The model is not exclusively linear, as reintegration outcomes affect expectations regarding future contacts. Negative experience reduces trust, mistrust promotes avoidance, limited assistance worsens outcomes, and this

confirms belief in system ineffectiveness. Positive contact may interrupt this cycle if clear explanation, met agreement, or participation in decision-making creates a corrective experience. The model also accounts for accumulation of experience at different stages of military-to-civilian transition. Events during service form expectations about military organisations, treatment influences trust in medicine, discharge determines sense of support continuity, and status formalisation shapes attitudes towards the administrative system. Therefore, repeated events of moderate intensity may have greater effect than a single pronounced episode.

The proposed model differs from approaches that explain reintegration difficulties primarily through combat trauma or insufficient personal resources. The institutional environment is viewed as a factor capable of either supporting agency or intensifying helplessness. Scientific novelty lies in distinguishing the sequence of subjective assessment, psychological and behavioural mediators, whose action depends on personal, social, and organisational conditions. The model provides a basis for empirical verification of its components. Institutional experience can be objectively assessed through accessibility of services, repeated contacts, predictability of timescales, consistency of requirements, and communication quality. Subjective assessment encompasses fairness, control, recognition, and breach of obligations. Psychological mediators may be trust, self-efficacy, emotional reactions to fairness and obligation violations, identity continuity and sense of social belonging, whilst behavioural indicators are help-seeking, continuation of contact, and programme participation. Outcomes should be measured separately in psychological, social, and professional spheres. Causal sequence should be verified in longitudinal studies using mediation analysis, structural equation modelling, and qualitative analysis of help-seeking pathways. Generalisation of mistrust and possibility of compensation of negative experience by positive interaction with another institution require separate study.

The practical value of the model lies in the fact that the effectiveness of reintegration is not ensured merely by increasing the number of programmes. Necessary are reduction of repeated procedures, inter-agency information exchange, personalised navigation, explanation of decisions, and veteran participation in determining the help pathway. Quality of services should be assessed by pathway completion, preservation of trust, clarity of procedures, and willingness to contact again. It is important to prepare professionals for interaction without stigmatisation or paternalism. Model limitations are related to heterogeneity of literature and predominance of research conducted in institutional systems of other countries. Ukrainian research in this direction, like the institutional system itself for veterans' reintegration, has actively developed since 2022, yet researchers have mostly described needs, organisation of support, professional adaptation, and individual psychological states. Lack of longitudinal research limits the possibility of final causal conclusions but does not diminish the model's significance as a basis for further operationalisation and empirical verification.

✦ Conclusions

Negative institutional experience of veterans is defined as subjectively significant interaction with formal structures that is perceived as unjust, non-transparent, demeaning, inconsistent, or violates expected obligations regarding support and protection. Its essence lies in the psychological significance that interaction acquires for the veteran through relating the event to previous experience, needs, expectations, and beliefs about appropriate treatment. Within the structure of this experience, it is appropriate to distinguish between the event-objective aspect, encompassing characteristics of interaction with the institution, and the subjective-evaluative aspect, which reflects veteran perception of it. Negative institutional experience is not identical to administrative barriers, service dissatisfaction, institutional mistrust, institutional betrayal, or moral injury, although it may be related to them. Negative experience is systematised at structural, procedural, interpersonal, and symbolic levels. The structural level reflects the organisation of the support system, accessibility of services, and coordination between institutions; the procedural level concerns clarity, predictability, and consistency of rules and decisions; the interpersonal level encompasses the nature of direct communication with institutional representatives; the symbolic level concerns recognition of military service, contribution, competencies, and agency of the veteran. These levels interact and may accumulate throughout service, treatment, discharge, status formalisation, rehabilitation, and professional adaptation, therefore the psychological significance involves the entire trajectory of the veteran's interaction with the system.

The effect of negative institutional experience depends on subjective assessment of fairness, controllability, recognition, and fulfilment of institutional obligations. Primary psychological mechanisms are identified as reduction in institutional trust, emotional reactions to fairness and obligation violations, reduction in agency, control and self-efficacy, and disruption of identity continuity and sense of social belonging. Through these mechanisms, negative experience may translate into behavioural responses – avoidance or delay of seeking help, cessation of contact, passivity, conflict, failure to complete procedures, selective use of formal services, and social distancing. Such responses narrow access to medical, psychological, social, and professional resources and may complicate psychological, social, and professional reintegration, as well as reduce engagement with the support system.

The proposed model reflects the link between institutional experience, its assessment, psychological, behavioural responses, and reintegration outcomes. The model accounts for cumulative nature of experience, moderating factors, and feedback in which negative outcomes may intensify mistrust and form expectations of ineffectiveness

of subsequent contacts. The strength of this effect depends on prior trust, health status, circumstances of service completion, intensity of combat experience, self-efficacy, and access to information. Repetition of negative contacts and spread of such experience within a network of fellow service members may intensify generalisation of mistrust. Yet its consequences may be alleviated by family and fellow service member support, community resources, mentorship, professional competence, access to information, and individual support. At the institutional level, protective significance is held by transparent criteria, predictable timescales, clear explanations, veteran participation in decision-making, respectful communication, support continuity, personalised navigation, and inter-agency coordination, which maintain trust, agency, and willingness to continue system interaction. Further research should be directed towards empirical verification of the proposed model in Ukraine, operationalisation of its components, development of instruments for measuring negative institutional experience, and verification of causal and mediational links in longitudinal studies. Mechanisms of generalisation of institutional mistrust, conditions for compensation of negative experience by positive interaction, and effectiveness of veteran-oriented support models require separate study.

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✦ Conflict of Interest

None.

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Психологічні механізми впливу негативного інституційного досвіду на реінтеграцію ветеранів

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✦ **Анотація.** Повернення ветеранів до цивільного життя є багатовимірним процесом, перебіг якого залежить від характеру взаємодії з медичними, соціальними, адміністративними та професійними інституціями. Непрозорі процедури, суперечливі вимоги, тривале очікування, знецінювальна комунікація та недостатня координація між установами можуть посилювати психологічний дистрес, знижувати довіру до системи та обмежувати використання доступних ресурсів підтримки. Метою статті було теоретичне обґрунтування та систематизація психологічних механізмів впливу негативного інституційного досвіду на психологічну, соціальну та професійну реінтеграцію ветеранів, а також побудова відповідної концептуальної моделі. Дослідження проведено у форматі інтегративного теоретичного огляду із застосуванням тематичного аналізу, концептуального синтезу та теоретичного моделювання. Наукові публікації, відібрані у базах Scopus, Web of Science, PubMed і Google Scholar, аналізувалися за формами інституційної взаємодії, особливостями її суб'єктивного оцінювання, психологічними механізмами, поведінковими реакціями, наслідками для реінтеграції та захисними чинниками. У структурі негативного інституційного досвіду виокремлено подієво-об'єктивний і суб'єктивно-оцінний аспекти, а також структурний, процедурний, міжособистісний і символічний рівні. Обґрунтовано, що психологічне значення такого досвіду визначається оцінюванням справедливості, контрольованості, визнання та виконання інституційних зобов'язань. Його вплив може реалізовуватися через зниження інституційної довіри, емоційні реакції на порушення справедливості та зобов'язань, зниження суб'єктності й самоефективності, порушення безперервності ідентичності та почуття соціальної належності. Поведінковими наслідками можуть бути уникнення допомоги, пасивність, конфліктність, соціальне дистанціювання та незавершення процедур, що звужують доступ до ресурсів підтримки. Практична цінність моделі полягає в обґрунтуванні необхідності прозорих процедур, поважної комунікації, персональної навігації, безперервного супроводу та міжвідомчої координації як умов підтримання довіри, суб'єктності й залученості ветеранів до системи допомоги

✦ **Ключові слова:** організаційна справедливість; суб'єктність; самоефективність; безперервність ідентичності; соціальна належність; звернення по допомогу; ветеран-орієнтована підтримка