

Social Work in Military Humanitarian Operations: Strengthening Psychosocial Support and Community Recovery

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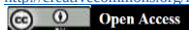
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ABSTRACT

Military humanitarian operations are increasingly deployed in environments affected by armed conflict, terrorism, forced displacement, natural disasters, epidemics and other complex emergencies where civilian systems may be overwhelmed or access to affected populations severely constrained. Although military institutions possess important capabilities in logistics, transportation, medical assistance, engineering, evacuation, communications and emergency access, the social and psychosocial consequences of humanitarian crises require professional interventions that extend beyond material relief and physical protection. This article examines the role of social work in military humanitarian operations, with particular attention to psychosocial support and community recovery. Using a qualitative documentary research design, the study analyses humanitarian guidelines, social-work scholarship, mental health and psychosocial support frameworks, civil-military coordination guidance and contemporary evidence on disaster and conflict recovery. Human Security Theory and Ecological Systems Theory provide the theoretical foundations. The study finds that social workers can strengthen military humanitarian operations through psychosocial assessment, psychological first-line support, family and community intervention, protection, referral, social-service coordination and recovery planning. It further finds that effective integration requires clear professional boundaries because social workers should not become instruments of military intelligence, influence or population control. The article argues that military capabilities should provide operational access and emergency capacity while social workers connect such capabilities to the social realities of affected populations. It recommends institutionalising social work within humanitarian contingency planning, integrating psychosocial assessment into military humanitarian operations, establishing professional safeguards and linking emergency assistance to longer-term community recovery.

1.0 Introduction

Humanitarian emergencies increasingly occur in environments where the boundaries between security, disaster management, public health and social welfare are difficult to separate. Armed conflicts, terrorism, communal violence, forced displacement, flooding, epidemics and other emergencies can simultaneously destroy infrastructure, disrupt livelihoods, separate families, weaken community institutions and expose individuals to injury, bereavement, fear and prolonged uncertainty. The consequences therefore extend beyond immediate physical harm. The World Health Organization (WHO, 2025a) reports that almost all people affected by emergencies experience psychological distress, while approximately one in five people who have experienced war or conflict within the previous decade is estimated to have a mental health condition. Emergencies also disrupt existing health and social-service systems, making access to appropriate support more difficult precisely when vulnerability is highest. WHO consequently recommends that mental health and psychosocial support (MHPSS) be incorporated into emergency preparedness, response and recovery, including through stronger community support systems and cross-sectoral coordination (WHO, 2025a, 2025b).

The physical dimensions of humanitarian response are nevertheless indispensable. In emergencies where roads are destroyed, communities are inaccessible, communications have collapsed or civilian response systems are overwhelmed, military organisations may possess unique capabilities for transportation, logistics, engineering, medical evacuation, search and rescue, communications and

access. Civil-military coordination guidance recognises that interaction with military forces can sometimes be essential for reaching affected populations and delivering humanitarian assistance, particularly in complex emergencies and large-scale disasters (UNHCR, 2024). Such engagement, however, must be carefully managed because humanitarian organisations and military institutions have different mandates, operational cultures and legal responsibilities. UNHCR emphasises that civil-military cooperation should preserve humanitarian space, avoid compromising neutrality and impartiality, establish clear roles and ensure that military assets are used appropriately and phased out when no longer required.

The importance of military capabilities in humanitarian operations does not diminish the importance of civilian social intervention. A military unit may transport displaced persons to safety, establish a field hospital, distribute relief materials or reopen an access route, but these interventions do not by themselves resolve family separation, grief, trauma, social exclusion, protection concerns, loss of livelihoods or the breakdown of community relationships. Humanitarian populations frequently require assistance in navigating services, reconnecting with relatives, protecting vulnerable persons, managing psychosocial distress and rebuilding community support systems. These functions correspond closely with the professional competencies of social work. Social work therefore occupies a potentially important but insufficiently institutionalised position between emergency logistics and longer-term social recovery.

The distinction is particularly important because psychosocial support is broader than clinical mental-health treatment. The MHPSS model recognises a continuum extending from basic services and security, through family and community support and focused non-specialised interventions, to specialised clinical services (Inter-Agency Standing Committee [IASC], 2007). UNHCR similarly emphasises that MHPSS should be integrated across health, protection, child protection, gender-based violence, education and other sectors and that emergency responses should strengthen family and community support systems (UNHCR, 2024). Social workers are relevant across several of these layers because their practice combines individual and family intervention with community mobilisation, advocacy, case management, protection and referral.

The social consequences of humanitarian crises also demonstrate why recovery cannot be separated from psychosocial wellbeing. Displacement may remove people from familiar social networks; conflict may destroy livelihoods; disasters may fragment communities; and emergency settlements may generate overcrowding, uncertainty and dependence. Such conditions can create what Miller and Rasmussen (2010) describe as daily stressors, which may interact with exposure to conflict and influence psychological wellbeing. Consequently, psychosocial recovery cannot be achieved solely through trauma counselling if the social conditions generating continuing distress remain unresolved. Social work is particularly suited to this broader perspective because the profession addresses the relationship between individuals and their social environments.

Recent scholarship on disaster social work reinforces this position. Nathan and He (2024) identify core social-work competencies across mitigation, preparedness, response and recovery, while Yang (2023) identifies social workers in disaster management as conduits, mediators and providers of psychosocial support. Research from New Zealand similarly demonstrates that social workers can connect affected populations with disaster-management institutions and should be incorporated across the different phases of disaster management (Massey et al., 2022). More recent research on the 2016 Alberta wildfires found that social-work and human-service professionals contributed to long-term recovery through psychosocial support, advocacy, service coordination and community-level interventions (Drolet et al., 2024).

The relevance of this role is also evident in African humanitarian settings. WHO Regional Office for Africa (2025) reports that between 2020 and 2025 only 11 of 47 countries in the African Region had incorporated MHPSS into national disaster preparedness and risk-reduction plans, while only five had comprehensive mental-health services at primary-care level. WHO also documents the use of social welfare officers in emergency mental-health support, including during the 2023 Marburg outbreak in

Tanzania, where trained social welfare officers provided counselling and care to affected populations. These developments suggest that the social-service workforce can become an important component of emergency preparedness and response if appropriately trained and institutionally integrated.

The argument for social-work integration becomes even stronger where military humanitarian capabilities are already routinely employed. In many African emergencies, armed forces are involved in evacuation, transportation, medical assistance, logistics, engineering, security and disaster response. Yet the psychosocial component of these operations is frequently addressed through fragmented humanitarian projects rather than being integrated into operational planning from the beginning. This creates a gap between the capacity to reach affected populations and the capacity to understand and address the social conditions affecting their recovery. Social work can help close this gap by translating operational access into socially informed intervention.

This article therefore examines how social work can be integrated into military humanitarian operations without compromising humanitarian principles, civilian leadership or professional independence. It argues that the purpose of such integration is not to militarise social work, but to ensure that military humanitarian capabilities are accompanied by professional social intervention. The article focuses specifically on two interconnected outcomes: **psychosocial support**, which addresses emotional, relational and social wellbeing during crisis, and **community recovery**, which strengthens social networks, local institutions, livelihoods, participation and resilience after the immediate emergency phase.

2.0 Statement of the Problem

Military humanitarian operations are frequently assessed according to operational outputs such as the number of people evacuated, quantities of relief delivered, medical cases treated, roads reopened or areas reached. These outputs are important because humanitarian emergencies require rapid action, but they do not fully capture whether affected populations are able to recover socially and psychologically. A household may receive food and shelter while continuing to experience family separation, grief, trauma, social exclusion or loss of livelihood. A community may receive emergency medical assistance while its social networks remain fractured. The central problem is therefore the persistent gap between **emergency delivery and social recovery**.

The problem is intensified by the fact that psychosocial needs often emerge simultaneously with physical humanitarian needs. WHO (2025a) notes that emergencies disrupt families, livelihoods and essential services and can worsen existing mental-health and social problems. Displacement, lack of information, overcrowding and weakened social networks may themselves become sources of distress. Where humanitarian operations focus narrowly on immediate survival, these wider conditions may receive inadequate attention.

A second problem concerns the limited systematic involvement of social workers in military humanitarian planning. Social workers are frequently engaged after communities have already been displaced or after psychosocial problems become visible. Their involvement may therefore be project-based rather than embedded within emergency command, assessment and recovery structures. Yet research on disaster social work shows that social workers possess relevant competencies across preparedness, response and recovery and can function as mediators between affected populations and disaster-management institutions (Nathan & He, 2024; Massey et al., 2022).

A third problem concerns the ethical and institutional risks associated with integrating civilian social workers into military environments. Military organisations operate through command structures and security priorities, whereas social work is grounded in professional ethics, confidentiality, informed consent, human rights and client welfare. If these differences are not clearly managed, social workers could be perceived as instruments of military intelligence, population control or strategic communication. Such perceptions could reduce community trust and potentially expose both social workers and affected populations to additional risks. Civil-military coordination guidance therefore emphasises the need to preserve humanitarian principles and establish clear roles and responsibilities (UNHCR, 2024).

A fourth problem concerns the transition from emergency response to recovery. Military forces may be able to provide rapid assistance during the acute phase of a crisis, but military assets are generally not designed to lead long-term social recovery. UNHCR's civil-military guidance consequently recommends planning for the eventual phasing out of military assets while maintaining continuity of humanitarian services (UNHCR, 2024). Without early transition planning, communities may experience a gap between the withdrawal of emergency actors and the establishment of sustainable civilian services. Social workers can contribute to closing this gap because their professional role extends beyond immediate crisis intervention into social rehabilitation, community development and service coordination.

The problem addressed by this study is therefore not an absence of humanitarian capacity but a **coordination gap between military emergency capability and professional social intervention**. The article seeks to demonstrate how social work can be integrated into military humanitarian operations in a manner that strengthens psychosocial support during emergencies while simultaneously preparing communities for civilian-led recovery.

3.0 Objectives of the Study

The study seeks to:

- i. examine the role of social work in strengthening psychosocial support within military humanitarian operations;
- ii. assess how social workers can contribute to family protection, community resilience and recovery in humanitarian emergencies;
- iii. analyse the institutional, operational and ethical challenges affecting the integration of social work into military humanitarian operations; and
- iv. propose practical pathways for institutionalising social work within military humanitarian planning and recovery systems.

4.0 Research Questions

- i. What role can social work play in strengthening psychosocial support within military humanitarian operations?
- ii. How can social workers contribute to family protection, community resilience and recovery in humanitarian emergencies?
- iii. What institutional, operational and ethical challenges affect the integration of social work into military humanitarian operations?
- iv. What practical pathways can institutionalise social work within military humanitarian planning and recovery systems?

5.0 Conceptual Clarification

5.1 Social Work in Humanitarian Operations

Social work in humanitarian operations refers to professional interventions that address the social, psychological, relational and environmental consequences of emergencies. It includes psychosocial support, case management, family assistance, protection, advocacy, referral, community mobilisation, social assessment and recovery planning. Its distinguishing characteristic is the capacity to connect individual needs with family, community and institutional resources. Social work therefore provides a bridge between direct assistance to affected persons and the wider social systems required for recovery.

5.2 Military Humanitarian Operations

Military humanitarian operations refer to authorised military activities undertaken to provide or facilitate humanitarian assistance during emergencies. Such activities may include transportation, logistics, medical support, search and rescue, evacuation, engineering, communications and emergency infrastructure assistance. They may occur during armed conflict, natural disasters, disease outbreaks or other crises where military capabilities are considered necessary or appropriate. The use of military assets should remain subject to applicable law, civilian authority and humanitarian coordination principles.

5.3 Psychosocial Support

Psychosocial support refers to assistance intended to protect or promote psychological and social wellbeing and to prevent or address mental-health conditions. It is broader than clinical treatment and includes psychological first aid, family support, community activities, social connection, information, referral and specialised care where required. The IASC model conceptualises MHPSS as a layered system rather than a single intervention, extending from basic services and security to specialised mental-health care (IASC, 2007).

5.4 Community Recovery

Community recovery refers to the process through which affected communities restore social relationships, local institutions, livelihoods, services, participation and collective capacity following an emergency. Recovery is therefore more than physical reconstruction. It involves rebuilding the social conditions through which people regain agency and resume meaningful community life. Recent disaster-social-work literature emphasises that social workers can contribute to this process through advocacy, service coordination, psychosocial intervention and community engagement (Drolet et al., 2024; Wai, 2024).

5.5 Civil-Military Coordination

Civil-military coordination refers to the structured relationship between civilian humanitarian actors and military institutions for the purpose of ensuring that military capabilities are used appropriately in support of humanitarian objectives. Effective coordination requires clear roles, information sharing, task allocation and respect for humanitarian principles. It does not mean that civilian humanitarian organisations and military institutions become interchangeable. Rather, it establishes a mechanism for managing their interaction where operational circumstances require it.

6.0 Theoretical Framework

6.1 Human Security Theory

Human Security Theory provides the first theoretical foundation for the study. The human-security perspective shifts attention from the protection of territory and institutions alone towards the protection of individuals and communities from threats to survival, livelihood and dignity (United Nations Development Programme [UNDP], 1994; Commission on Human Security, 2003). Its relevance to military humanitarian operations lies in demonstrating that physical protection is necessary but insufficient. Individuals may be physically removed from immediate danger while remaining insecure because of displacement, family separation, psychological distress, loss of livelihood or exclusion from essential services. Social work consequently strengthens the human-security dimension of military humanitarian operations by addressing these wider vulnerabilities.

6.2 Ecological Systems Theory

Ecological Systems Theory provides the second theoretical foundation. Bronfenbrenner (1979) conceptualises individuals as embedded within interconnected systems ranging from family and community to institutions and the wider social environment. Humanitarian emergencies can disrupt these systems simultaneously. A displaced child may experience family separation, interrupted education and community disconnection; a parent may experience unemployment, grief and inadequate access to services; and the wider community may experience weakened institutions and social cohesion. Social workers can intervene across these interconnected levels. The theory therefore explains why psychosocial support should not focus exclusively on individuals but should also strengthen families, communities and institutions.

Together, the theories establish that Human Security Theory identifies the broader security outcomes that humanitarian operations should pursue, while Ecological Systems Theory explains the interconnected social environments through which psychosocial wellbeing and recovery are achieved.

7.0 Methodology

The study adopts a qualitative documentary research design. The design is appropriate because the study examines existing humanitarian standards, policy guidance, professional literature and documented operational experience rather than presenting primary fieldwork. Sources include WHO guidance on mental health in emergencies, IASC MHPSS frameworks, UNHCR civil-military

coordination guidance, UNHCR MHPSS and community-based protection materials, ICRC guidance on mental health and psychosocial support in conflict settings, social-work scholarship on disaster management, and relevant literature on humanitarian and community recovery.

The documentary material was analysed thematically around four principal areas corresponding with the research objectives: psychosocial support, family and community recovery, institutional and ethical challenges, and pathways for integrating social work into military humanitarian planning. Particular attention was given to evidence concerning community participation, professional boundaries, referral systems, family support, responder wellbeing and transition from emergency assistance to civilian recovery. The study does not claim primary empirical findings from a particular military operation. Its findings are derived from the convergence of documentary evidence and are intended to inform policy, professional practice and future empirical research.

8.0 Findings and Discussion

8.1 Social Work Provides a Missing Link Between Emergency Assistance and Psychosocial Recovery

The first major finding is that social work can provide an important link between the operational capabilities of military humanitarian forces and the psychosocial needs of affected populations. Military forces may be able to reach communities rapidly, transport supplies, provide medical evacuation and establish temporary infrastructure, but their primary organisational competencies do not ordinarily include comprehensive social assessment, family case management or community recovery. Social workers can complement these capabilities by identifying the social conditions affecting individuals and households and by connecting them with appropriate services.

This role is consistent with the multi-layered MHPSS model. The model does not regard psychosocial wellbeing as the responsibility of mental-health specialists alone. Instead, it requires basic services, community and family support, focused psychosocial assistance and specialised services to operate as complementary layers (IASC, 2007; UNHCR, 2024). Social workers can operate across these layers, particularly in family support, community engagement, case management, referral and focused psychosocial intervention.

8.2 Psychosocial Assessment Should Begin with Emergency Planning

The second finding is that psychosocial assessment should be incorporated into humanitarian planning from the beginning rather than introduced after the physical response has been established. Military humanitarian planners routinely assess routes, security conditions, logistics, medical needs and infrastructure. Similar attention should be given to the social characteristics of affected populations, including family separation, vulnerable groups, community structures, existing social services, psychosocial risks and barriers to assistance.

WHO (2025a) recommends incorporating MHPSS into hazard and vulnerability assessments, emergency preparedness plans and coordination mechanisms. Social workers can contribute to this process by identifying population groups requiring additional assistance and mapping available community resources. Such assessments can help military humanitarian teams understand that a population is not merely a geographic location requiring relief but a network of families, institutions and social relationships that may have been damaged by the emergency.

8.3 Family Support Is a Core Component of Humanitarian Recovery

The third finding is that family relationships should be treated as a core component of psychosocial response. Emergencies frequently separate family members through displacement, evacuation, death, detention or loss of communication. Children may become separated from caregivers, older persons may lose family support and households may be dispersed across different locations. Such disruption can increase psychological distress and vulnerability.

Social workers can assist with family assessment, case management, referrals, reunification processes and connection to social services. Military communications and transport capabilities may facilitate these efforts where civilian infrastructure has collapsed. The combination of operational reach

and professional social intervention can therefore provide a more complete response than either capacity alone.

UNHCR guidance emphasises strengthening family and community support systems and ensuring that children and other vulnerable persons are identified and connected to appropriate services (UNHCR, 2024). The implication is that social work should not be treated as an optional welfare activity but as part of the broader protection architecture of humanitarian response.

8.4 Community Structures Should Be Strengthened Rather Than Replaced

The fourth finding is that military humanitarian operations should use social work to strengthen existing community structures rather than create parallel systems that disappear after external responders withdraw. Communities frequently possess informal mechanisms for sharing food, caring for children, supporting older persons, communicating risk and resolving local problems. UNHCR's community-based protection approach recognises affected communities as active agents in identifying protection risks and developing solutions and emphasises that external intervention alone cannot produce sustained improvement (UNHCR, 2024).

Social workers can identify legitimate community structures, facilitate inclusive participation and strengthen local support mechanisms. Women's groups, youth organisations, religious institutions, traditional leadership structures, local associations and community volunteers can all contribute to psychosocial recovery when appropriately engaged. This approach is especially important in African settings where social relationships and informal support networks frequently remain significant sources of assistance during crises.

8.5 Social Work Can Address Daily Stressors That Sustain Psychosocial Distress

The fifth finding is that psychosocial intervention should address the daily social conditions that sustain distress. Conflict exposure, disaster or displacement may be the initial trigger, but continuing anxiety may arise from unemployment, insecure shelter, food insecurity, family separation, discrimination, uncertainty and inadequate access to services. Miller and Rasmussen (2010) demonstrate the importance of such daily stressors in understanding mental health in conflict-affected populations.

The implication is that psychosocial support cannot be separated from social protection and humanitarian assistance. Social workers can connect individuals and families to food, shelter, health, education, livelihoods and protection services while also providing psychosocial assistance. This integrated role reflects the wider MHPSS principle that basic services and security themselves have psychosocial significance (IASC, 2007).

8.6 Social Workers Can Strengthen Protection in Military Humanitarian Operations

The sixth finding is that social work can strengthen the protection dimension of military humanitarian operations. Women, children, older persons, persons with disabilities, survivors of violence and people with severe mental-health conditions may face heightened risks during emergencies. UNHCR identifies social exclusion, abuse, neglect, family separation and barriers to humanitarian services among the risks that may affect people with mental-health and psychosocial needs (UNHCR, 2024).

Military personnel may provide physical security, but professional social workers can identify social and protection risks that may not be visible through conventional security assessments. They can facilitate referrals, document needs appropriately, support survivors and help ensure that vulnerable groups are not excluded from assistance. This is particularly important because protection is not simply the absence of physical violence; it also concerns dignity, access, family integrity and freedom from exploitation.

8.7 Professional Boundaries Are Essential

The seventh finding is that social-work integration must be accompanied by clear professional boundaries. Military institutions operate through hierarchical command systems and may have legitimate security and intelligence responsibilities. Social workers, by contrast, operate according to professional ethics, confidentiality, informed consent and client welfare. These different mandates can create tension when social workers operate in military environments.

Civil-military coordination guidance stresses that humanitarian actors must preserve humanitarian space and ensure that interaction with military actors does not compromise neutrality, impartiality or the safety of affected populations (UNHCR, 2024). Accordingly, social workers should not be used to collect intelligence, identify military targets, manipulate community attitudes or facilitate coercive population-control activities. Their professional information should be handled according to applicable ethical and legal safeguards.

The objective is therefore not to place social work under military control but to create a structured interface between military capability and civilian professional practice. Military institutions should provide the operational conditions necessary for access and safety, while social workers retain professional responsibility for psychosocial and social interventions.

8.8 Military Medical Units and Social Workers Should Operate Complementarily

The eighth finding is that social work can complement military medical capabilities. Military medical units are often among the first professional services to encounter people affected by injury, illness, displacement or acute distress. Yet medical treatment may not resolve the social conditions surrounding a patient's crisis. A wounded person may require family reunification, shelter, income assistance, disability support or psychosocial intervention after medical stabilisation.

Social workers can therefore operate alongside medical teams to provide psychosocial assessment, family support, case management and referral. The ICRC emphasises that MHPSS in conflict settings should include a spectrum ranging from basic psychosocial support and psychological first aid to specialised mental-health care and should be connected to broader health-system strengthening (ICRC, 2021). This suggests that military medical humanitarian systems should not treat physical and psychosocial care as separate operational domains.

8.9 Community Communication Is Part of Psychosocial Support

The ninth finding is that communication is itself an important psychosocial intervention. During emergencies, uncertainty about safety, food distribution, shelter, family members or access to services can intensify distress. WHO identifies lack of information as one factor that can worsen psychosocial problems during emergencies (WHO, 2025a).

Military organisations often possess strong communications capabilities that can be valuable during emergencies. Social workers can contribute to ensuring that communication is socially appropriate, accessible and responsive to community concerns. Information should not be one-way. Affected populations need mechanisms for asking questions, reporting protection concerns and communicating unmet needs. This also strengthens trust between humanitarian responders and communities.

8.10 Community Participation Strengthens Recovery

The tenth finding is that affected populations should be treated as participants in recovery rather than passive recipients of military humanitarian assistance. UNHCR's community-based protection approach emphasises that communities possess knowledge of the risks they face and should participate in identifying and addressing protection concerns (UNHCR, 2024). Social workers can facilitate this participation because community engagement and empowerment are central to their professional practice.

Participation is particularly important during transition from emergency relief to recovery. External military and humanitarian actors may identify immediate priorities, but local populations are better placed to identify which services, institutions and livelihoods are most important to rebuilding their communities. Social workers can help create the participatory processes through which these priorities become part of recovery planning.

8.11 Community Recovery Requires Continuity Beyond the Military Response

The eleventh finding is that military humanitarian operations should anticipate their own eventual withdrawal. Military forces can provide rapid surge capacity, but long-term community recovery normally depends on civilian institutions, local government, health systems, social services, education,

livelihoods and community organisations. UNHCR therefore recommends planning for the phasing out of military assets as part of humanitarian operational planning (UNHCR, 2024).

Social workers can contribute to this transition because their professional practice extends across emergency and recovery phases. Research from the Alberta wildfire recovery experience demonstrates that social workers and human-service professionals have continuing roles in long-term recovery, advocacy, service coordination and community wellbeing (Drolet et al., 2024). The implication is that social workers should participate in military humanitarian planning before deployment so that recovery pathways are considered from the beginning rather than after military withdrawal.

8.12 Responder Wellbeing Should Be Included

The twelfth finding is that social work should also address the wellbeing of humanitarian responders. Military personnel, medical teams, social workers and other responders may encounter death, injury, displacement and severe human suffering. Repeated exposure to crisis can contribute to stress, exhaustion and secondary trauma. Recent research on humanitarian workers identifies workplace stressors and emotional coping as important determinants of psychosocial wellbeing (Foo et al., 2023), while Boetto (2024) emphasises preparedness, trauma-informed practice, professional capability and collective approaches to disaster fatigue among social workers.

Recent experience in northeast Nigeria also demonstrates the practical relevance of responder-focused MHPSS. The ICRC reported in 2026 that an MHPSS initiative with Nigerian Red Cross and medical personnel provided training for 103 frontline responders on trauma handling, stress management and self-care. This illustrates that psychosocial support should not be designed only for affected communities; the wellbeing of those delivering humanitarian assistance is also part of operational sustainability.

8.13 Social Work Capacity Requires Specialist Preparation

The thirteenth finding is that the integration of social work into military humanitarian operations requires specialised preparation. General social-work qualifications do not automatically equip practitioners for environments characterised by armed conflict, military command structures, security restrictions and mass-casualty emergencies. Social workers operating in such environments require competencies in psychological first aid, conflict sensitivity, protection, emergency assessment, cultural competence, security awareness, referral, safeguarding and humanitarian principles.

Recent literature on social-work disaster competence emphasises the need for knowledge, skills and values appropriate to all phases of disaster management (Nathan & He, 2024). Research on social workers in disaster settings similarly demonstrates the importance of preparedness, professional development and understanding of complex recovery environments (Massey et al., 2022; Drolet et al., 2024). Military humanitarian institutions should therefore avoid deploying social workers without appropriate emergency preparation.

8.14 Africa Provides a Strong Context for Institutional Integration

The fourteenth finding is that African humanitarian systems could benefit significantly from stronger institutional integration of social work. The continent faces overlapping conflict, terrorism, displacement, climate-related disasters and public-health emergencies, while mental-health and social-service systems frequently operate under resource constraints. WHO Regional Office for Africa (2025) reports that only 11 of 47 countries in the region incorporated MHPSS into national disaster preparedness and risk-reduction plans between 2020 and 2025.

This gap provides an opportunity to position social work more prominently within national emergency systems and military humanitarian planning. Rather than creating new institutions, governments can strengthen existing emergency-management, health, social-development and defence structures by establishing formal procedures for deploying social workers where military humanitarian capabilities are activated. Such an approach would also support the broader movement towards locally led and community-based humanitarian action.

8.15 Nigeria Demonstrates the Practical Relevance of the Approach

Nigeria provides an important contextual illustration even though this article is not structured as a country case study. The country has experienced protracted insurgency, banditry, communal conflict, displacement, flooding and other emergencies in which military and civilian institutions have operated simultaneously. The humanitarian consequences include displacement, disrupted livelihoods, family separation, psychosocial distress and weakened community structures. Recent Nigerian research on social work in insurgency-affected areas has highlighted the need for stronger training and certification for social workers operating in Borno, Adamawa and Yobe, particularly in trauma-informed, conflict-sensitive and culturally appropriate practice (Ogbanga, 2025).

The Nigerian context demonstrates why social work should not be considered peripheral to security-related humanitarian operations. Where military forces provide security and logistical reach, social workers can help address the social conditions that influence recovery and reintegration. Such integration can complement rather than replace existing civilian humanitarian institutions and can strengthen the relationship between emergency response, community development and longer-term social resilience.

8.16 A Social Work–Military Humanitarian Coordination Model

The evidence supports a practical coordination model built around four interconnected operational stages: **assessment, response, protection and recovery**. During assessment, social workers should participate in humanitarian needs analysis and identify psychosocial, family, protection and community concerns. During response, they should provide or coordinate psychological first-line assistance, case management, family support, community engagement and referrals. During protection, they should identify vulnerable individuals and households, facilitate access to specialised services and help ensure that humanitarian assistance is safe, inclusive and equitable. During recovery, they should connect emergency interventions with social services, livelihoods, community institutions and local development structures.

The model does not establish social workers as military personnel. Instead, it establishes social work as a professional civilian capability that can operate alongside military humanitarian assets under clearly defined coordination arrangements. Military institutions provide logistics, transportation, medical capabilities, engineering, communications and, where authorised, security; social workers provide professional social assessment, psychosocial intervention, family and community support, protection and recovery coordination; health professionals provide clinical services; civilian authorities provide governance and public-service continuity; and humanitarian organisations provide specialised assistance where required.

This arrangement corresponds with existing MHPSS practice, which treats psychosocial wellbeing as a multi-sectoral responsibility rather than a single professional domain (WHO, 2025b; UNHCR, 2024). Its distinctive contribution is to make the role of social work more explicit within the operational interface between military humanitarian capability and civilian recovery.

9.0 Recommendations

Recommendation One

Governments should institutionalise social work within military humanitarian preparedness and response systems to strengthen psychosocial support and community recovery.

Implementation Strategies

- i. Defence, health and social-development authorities to establish protocols for deploying qualified social workers alongside military humanitarian and medical teams.
- ii. Emergency-management authorities to integrate social-work functions into contingency plans, exercises and humanitarian coordination mechanisms.

Recommendation Two

Governments should integrate psychosocial and social assessments into military humanitarian planning and operations.

Implementation Strategies

- i. Military humanitarian planners to include psychosocial needs, family conditions, vulnerable groups, protection risks and community resources in emergency assessments.
- ii. Social-work teams to provide psychosocial support, family assistance, case management and referral to specialised services where required.

Recommendation Three

Governments should establish clear professional safeguards for social workers operating alongside military humanitarian forces.

Implementation Strategies

- i. Defence and humanitarian authorities to define rules governing confidentiality, informed consent, information sharing, professional independence and civilian oversight.
- ii. Social-work regulatory bodies to develop emergency-practice standards covering conflict sensitivity, safeguarding, security awareness and ethical engagement with affected populations.

Recommendation Four

Governments should link military humanitarian assistance to civilian-led community recovery and resilience systems.

Implementation Strategies

- i. Social-development and emergency-management authorities to establish transition mechanisms connecting emergency psychosocial services with health, social protection, livelihoods and community recovery programmes.
- ii. Military humanitarian authorities to incorporate early recovery planning, community participation and responder wellbeing into the transition from emergency operations to civilian-led recovery.

10.0 Conclusion

Military humanitarian operations provide important capabilities for responding to emergencies in which civilian systems may be overwhelmed, infrastructure destroyed or humanitarian access severely restricted. Logistics, transportation, medical assistance, engineering, communications, evacuation and emergency access can save lives and create the operational conditions necessary for humanitarian action. Yet the capacity to reach an affected population is not equivalent to the capacity to address the social consequences of crisis. Individuals and communities may remain distressed, separated, socially excluded and economically insecure long after immediate physical threats have been reduced.

This article has demonstrated that social work can provide an important professional bridge between military humanitarian capability and the psychosocial and recovery needs of affected populations. Through psychosocial assessment, family support, case management, protection, community mobilisation, referral and recovery planning, social workers can address dimensions of humanitarian crisis that are not normally captured by military operational planning. Their contribution is particularly important because psychosocial wellbeing is shaped not only by direct exposure to violence or disaster but also by continuing daily stressors such as displacement, family separation, unemployment, inadequate information and weakened social networks.

The article has also emphasised that integration must not mean militarisation of social work. Military institutions and social workers have different mandates and professional responsibilities. Civil-military coordination should therefore be based on complementarity rather than institutional absorption. Military organisations should provide operational access and appropriate emergency capabilities, while social workers retain professional responsibility for social and psychosocial intervention. Confidentiality, informed consent, humanitarian principles, civilian oversight and professional independence must remain protected.

The proposed approach also recognises that community recovery cannot be achieved through emergency relief alone. Communities possess their own knowledge, relationships and coping mechanisms, and humanitarian interventions are more sustainable when they strengthen rather than replace these local capacities. Social workers can facilitate this process by connecting families and

communities to services, supporting participation, strengthening social networks and linking emergency assistance to longer-term civilian recovery.

The African context makes this agenda particularly significant. Persistent gaps in MHPSS preparedness and limited access to mental-health services demonstrate the need to strengthen the social-service component of emergency systems. WHO's evidence that only a minority of African countries had integrated MHPSS into national disaster preparedness and risk-reduction plans between 2020 and 2025 reinforces the urgency of institutional reform (WHO Regional Office for Africa, 2025). Integrating social work into military humanitarian planning can contribute to this reform without requiring the creation of new institutions.

Ultimately, effective military humanitarian operations should not be measured solely by the speed of deployment or quantity of assistance delivered. Their effectiveness should also be assessed by whether affected people regain social connection, dignity, psychosocial wellbeing, family stability and the capacity to participate in rebuilding their communities. Military capability can provide the reach and emergency capacity; social work can help transform that capacity into sustained psychosocial support and community recovery. The most appropriate model is therefore one in which military capability enables access, professional social work strengthens psychosocial wellbeing, civilian institutions lead recovery, and communities remain active participants in rebuilding their lives.

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