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War in the Mind: The Psychosocial Fallout of Russia's Invasion of Ukraine

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Abstract

Since the onset of the full-scale Russian invasion in February 2022, Ukraine has witnessed an unprecedented humanitarian and psychological crisis. This review explores the short-term and emerging long-term mental health consequences of the war on Ukrainian civilians, with a focus on post-traumatic stress disorder (PTSD), anxiety, depression, and psychosocial deterioration. Drawing on recent empirical studies, public health assessments, and theoretical insights into trauma and social vulnerability, we analyze how prolonged exposure to shelling, displacement, and systemic collapse impacts civilian populations, particularly children, internally displaced persons (IDPs), and socioeconomically marginalized groups. We argue that mental harm in conflict is stratified, shaped by access to safety, healthcare infrastructure, and structural inequalities. The review calls for an integrated public health and social justice framework to address wartime civilian trauma in Ukraine.

Keywords: war; PTSD

1. Introduction

The Russian Federation's full-scale invasion of Ukraine in February 2022 marked a dramatic escalation in a conflict that has reshaped the psychological landscape of Eastern Europe. As civilian neighborhoods turned into active war zones, and millions were displaced internally or across borders, the mental health toll on the Ukrainian population became a crisis in its own right. War-related trauma now affects virtually every region of the country, even areas geographically distant from the frontline, due to sustained exposure to sirens, uncertainty, loss, and collective grief (An et al., 2025; WHO & Ministry of Health of Ukraine, 2023).

The mental health consequences of armed conflict have long been documented in public health literature. Acute stress disorder, post-traumatic stress disorder (PTSD), major depressive disorder (MDD), and generalized anxiety are commonly observed in populations exposed to war, especially when trauma is repeated, protracted, or combined with displacement (Charlson et al., 2019; Javanbakht, 2024). In the case of Ukraine, all of these conditions appear at scale. By late 2023, surveys indicated that up to 30% of the adult population exhibited PTSD symptoms, while internally displaced persons reported even higher rates of psychological distress, often compounded by poverty and social fragmentation (WHO & Ministry of Health of Ukraine, 2023).

Importantly, recent trauma scholarship emphasizes that civilian psychological harm during wartime is not evenly distributed. Certain groups, such as women, children, the elderly, and the poor, face disproportionate exposure to traumatic events and barriers to care. Solomon and Bayer (2023), though writing in a different geopolitical context, provide a relevant legal-ethical insight: "mental harm caused by war is not experienced equally," and responses to such harm must recognize "the intersection of trauma with structural vulnerability and state responsibility" (p. 530). In Ukraine, this becomes especially clear in regions with poor access to fortified shelters, mobile clinics, or mental health professionals. Socioeconomic marginalization significantly shapes both the experience of trauma and the capacity for recovery.

Bayer (2024) further articulates how trauma is mediated by infrastructure and material conditions. He notes that "the ability to regulate fear and maintain psychological resilience is directly

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connected to access to safe spaces, information, and institutional support" (p. 418). In Ukraine, civilians in rural areas or conflict-heavy regions like Donetsk and Kharkiv have frequently been cut off from such supports. When entire towns are left without power, health services, or evacuation routes, psychological strain intensifies, not only due to fear, but due to the erosion of meaning, community, and perceived agency.

This review article seeks to examine the mental health consequences of the war in Ukraine through a dual lens: first, by summarizing recent empirical findings on the prevalence and nature of trauma-related symptoms among civilians; and second, by considering how social inequality and infrastructure gaps shape the depth and duration of these psychological harms. The goal is not only to document suffering, but to clarify where support systems fail and what ethical frameworks may guide more just and effective responses.

2. Short-Term Psychological Effects on Ukrainian Civilians

Since the launch of the full-scale Russian invasion in February 2022, Ukrainian civilians have endured sustained psychological trauma driven by direct exposure to violence, mass displacement, and the collapse of daily life infrastructure. The war has disrupted not only the physical safety of civilians but also their psychological stability. Sirens, shelling, destroyed housing, family separations, power outages, and forced migration have generated a landscape of chronic fear and emotional dislocation. These conditions have produced widespread symptoms of acute psychological distress, including insomnia, hypervigilance, panic attacks, emotional numbing, and dissociative states, which are consistent with early post-traumatic stress reactions.

Data collected across Ukraine in 2023–2024 show that these responses are not isolated but rather systemic. An et al. (2025), in one of the most comprehensive surveys to date, found that civilians living in heavily bombarded areas reported significantly elevated rates of suicidal ideation (an increase of 2.2 percentage points), emotional withdrawal, and feelings of helplessness (up by 4.9 percentage points). These symptoms were present even in individuals who were not physically injured or displaced, indicating that persistent exposure to ambient threat and destruction alone can generate severe mental health disturbances. As the authors observe, "the psychological footprint of war is visible even in populations not directly injured but chronically exposed to uncertainty, noise, and displacement" (An et al., 2025, p. 4).

Among the most severely affected are internally displaced persons (IDPs), who now number over five million. Most fled combat zones in the eastern and southern regions and have resettled in western Ukraine or neighboring countries, often in overcrowded shelters or improvised accommodation. These individuals face repeated traumas: first, through their exposure to conflict; second, through the loss of home, community, and livelihood; and third, through the stress of navigating displacement. The World Health Organization and Ukraine's Ministry of Health (2023) estimate that one in three IDPs shows symptoms of PTSD, while depression and anxiety affect 22% and 18% respectively. These figures reflect not only psychological exposure but also socioeconomic dislocation and insecurity, both of which aggravate trauma and limit access to coping mechanisms.

Scholars have increasingly pointed to the structural dimensions of civilian mental harm during conflict. Solomon and Bayer (2023), though writing in the context of international humanitarian law, argue that psychological injury in wartime is not experienced evenly across populations. Instead, it is mediated by one's location within social, legal, and economic hierarchies. "Civilian trauma must be viewed not only through clinical indicators but through structural filters, socioeconomic insecurity, legal invisibility, and access to redress all shape the psychological experience of war" (p. 532). In Ukraine, this insight is particularly salient: IDPs with lower levels of education or income, those without digital connectivity, or those from rural communities are systematically more exposed to both the causes and consequences of psychological harm, while also being the least likely to receive professional care or institutional support.

Children, as in all armed conflicts, represent one of the most vulnerable demographics. According to UNICEF (2023), more than 1.5 million children in Ukraine are at risk of developing

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psychological disorders due to direct or indirect exposure to warfare. Schools have been bombed or repurposed for military use, families have been separated, and entire towns have been emptied of their social services. Child psychologists working in regions such as Dnipro and Lviv report alarming increases in cases of mutism, aggression, bedwetting, persistent nightmares, and psychosomatic complaints among children as young as four. These behaviors are consistent with acute stress disorder and early childhood trauma responses and are intensified in the absence of consistent adult care, stable shelter, or educational continuity.

As Bayer (2024) notes in a related context, "resilience is not simply an individual trait, it is built on social conditions: continuity in care, access to safety, and the presence of trusted adults" (p. 419). In Ukraine, the destruction of community infrastructure has critically undermined these protective factors. Where schools are closed or damaged, where caregivers are overwhelmed or missing, and where medical services are reduced to emergency triage, children are left without the scaffolding necessary to process and recover from trauma. Moreover, the constant threat of shelling or blackouts creates a climate of unpredictability that further destabilizes developing emotional systems.

Geographic disparities further compound the psychological burden. Frontline and rural areas, including parts of Donetsk, Zaporizhzhia, Mykolaiv, and Kharkiv, have experienced sustained bombardment while also suffering from a critical shortage of mental health services. Clinics have been destroyed or evacuated, professionals have been displaced, and telecommunications are often disrupted. In these regions, survivors frequently go without any formal psychological support, relying instead on informal networks or personal coping strategies. The World Health Organization (2023) warned that "regions with the most frequent attacks are paradoxically those least covered by emergency psychological services," pointing to a growing gap between mental health need and system capacity (p. 12).

Bayer (2024) describes this phenomenon as "a geography of trauma," in which the likelihood of exposure to violence inversely correlates with access to care. He argues that "the absence of institutional response in high-impact zones transforms trauma into abandonment, compounding the sense of vulnerability" (p. 429). This observation is corroborated by accounts from social workers and physicians in war-torn regions who note not only the severity of patients' symptoms, but also their growing mistrust of absent or overwhelmed public systems.

Finally, short-term psychological effects in Ukraine are not only clinical but existential. As Frie and Fuchs (2024) argue, war-induced trauma should be understood as a collapse in the lived world, the loss of coherence in the very structures that organize human experience. Civilians in Ukraine have not merely lost homes or routines; they have lost a reliable sense of time, place, future, and interpersonal trust. This disorientation manifests as cognitive fog, emotional withdrawal, and a paralyzing sense of helplessness that appears across age, gender, and regional boundaries.

Taken together, the short-term mental health effects of the war in Ukraine represent a public health emergency. They are widespread, severe, and unevenly distributed, with the greatest burdens falling on those least equipped to navigate them. The current evidence strongly suggests that without robust, regionally adapted, and socially sensitive mental health responses, these acute reactions risk crystallizing into chronic psychiatric conditions. As Solomon and Bayer (2023) emphasize, "post-trauma is not clinically neutral, it is patterned by law, policy, and social stratification" (p. 534). Any ethical or practical intervention must therefore address not only individual symptoms but the broader conditions under which trauma occurs and recovery becomes possible.

3. Long-Term Psychological Consequences in Ukraine

While the immediate psychological toll of war is often visible in symptoms of acute stress, the long-term consequences for civilians exposed to protracted conflict are far more insidious and enduring. In Ukraine, where civilians have lived under direct or ambient threat for over two years since Russia's full-scale invasion, the mental health burden is now shifting from short-term distress toward chronic, often disabling psychiatric conditions. These include post-traumatic stress disorder (PTSD), major depressive disorder (MDD), complex PTSD (C-PTSD), prolonged grief disorder, and

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a wide range of trauma-related somatic complaints. Emerging research suggests that these conditions are not limited to individuals directly injured or displaced, but are manifesting throughout the population, among survivors, caregivers, first responders, and children, often in intersecting and compounding ways.

As of late 2024, the Ukrainian Ministry of Health and WHO estimate that over 15 million people will require psychological assistance during and after the war (WHO & Ministry of Health of Ukraine, 2023). This includes not only acute treatment but long-term mental healthcare infrastructure capable of addressing trauma's complex aftermath. However, the gap between need and capacity remains stark. Many regions still lack psychiatric staff, trained counselors, or functional community mental health services. This shortage is especially dangerous given the well-documented evolution of war-related psychological symptoms: if left untreated, acute stress reactions often crystallize into long-term disorders that impair emotional regulation, cognitive functioning, interpersonal relationships, and occupational capacity (Charlson et al., 2019; Javanbakht, 2024).

Among the most concerning trends is the growing prevalence of complex PTSD (C-PTSD), particularly among internally displaced persons and civilians living under repeated bombardment. Unlike classic PTSD, C-PTSD involves prolonged exposure to trauma without possibility of escape or safe recovery. It is characterized by pervasive emotional dysregulation, deep-rooted mistrust, chronic emptiness, and a disrupted sense of self. Mental health professionals working in Dnipro and Khmelnytskyi have reported growing numbers of patients with such symptoms, especially those who experienced siege conditions, repeated displacement, or loss of family members. Many describe intrusive memories not only of specific events but of entire periods of their lives being saturated with terror, uncertainty, and moral confusion.

Children, once again, face particularly alarming risks. Psychologists emphasize that trauma in early developmental periods often leads to long-term cognitive, emotional, and behavioral impairments if not properly addressed. UNICEF (2023) reports that many Ukrainian children exposed to chronic stress since 2022 are exhibiting signs of developmental delay, learning difficulties, and impaired emotional regulation. These effects are intensified by disrupted education, lack of routine, and parental unavailability, either due to absence, mental health issues, or war-related death. As Bayer (2024) notes, "infrastructure collapse is not only physical, it severs the intergenerational transmission of stability, predictability, and trust" (p. 430). For many children in Ukraine, the long-term consequences of trauma are being shaped as much by broken institutions as by violent events themselves.

In addition to psychiatric disorders, war-exposed civilians are also exhibiting long-term somatic expressions of trauma: chronic pain, fatigue, gastrointestinal disorders, and immune dysregulation. This mind-body overlap is well documented in the trauma literature, where unresolved psychological injury manifests through persistent physical symptoms in the absence of clear organic pathology (Frie & Fuchs, 2024). In rural clinics across Ukraine, general practitioners are seeing a surge in such presentations, which often go unrecognized as trauma-related, leading to misdiagnosis or overmedication. Without psychosocial integration, these conditions risk becoming entrenched in primary care without ever being properly treated.

Long-term mental harm is not simply a clinical trajectory, it is also a political and structural phenomenon. As Solomon and Bayer (2023) argue, war trauma is compounded by inequity, legal invisibility, and institutional neglect. "When civilian trauma is not acknowledged, addressed, or compensated by the state," they write, "it lingers in legal and social silence, transforming into intergenerational harm and political alienation" (p. 541). This is particularly relevant for groups already marginalized before the war: ethnic minorities, people with disabilities, LGBTQ+ civilians, and residents of underdeveloped regions. For these groups, the lack of targeted mental health intervention not only prolongs suffering, but reinforces existing patterns of social exclusion.

In occupied or formerly occupied regions, long-term trauma is often compounded by experiences of humiliation, betrayal, and moral injury. Civilians forced to collaborate, remain silent, or witness atrocities under duress may suffer from guilt, shame, and deep identity disruption long

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after hostilities end. These experiences resist simple clinical categorization, yet they form a central component of post-war mental health needs. As Ukrainian society confronts its post-war identity, such invisible wounds will need to be integrated into narratives of recovery and justice.

Another long-term consequence lies in the intergenerational transmission of trauma. Children of war survivors often exhibit increased rates of anxiety, hypervigilance, and emotional dysregulation, even in the absence of direct trauma exposure. These patterns, well-documented in post-Holocaust and post-genocide populations, are beginning to emerge in Ukraine as families attempt to rebuild amidst loss, uncertainty, and chronic dysregulation (Yehuda & Lehrner, 2018). Without sustained mental health support in schools and communities, trauma will become a durable feature of Ukraine's social fabric, not just a legacy of war, but a condition of peacetime.

In sum, the long-term psychological effects of the war in Ukraine are broad, multilayered, and deeply embedded in the country's social, institutional, and developmental fabric. They extend beyond PTSD to include complex trauma, social isolation, somatic illness, and the silent transmission of suffering between generations. Any effective response will require not only clinical resources, but a justice-oriented public health framework that acknowledges the social stratification of trauma and provides targeted, sustained support for the most affected populations. As Bayer (2024) aptly concludes, "trauma may begin with violence, but it is sustained by the structures that fail to repair it" (p. 437).

4. Recommendations for Policy and Mental Health Intervention in Ukraine

The magnitude and complexity of wartime trauma in Ukraine demand a coordinated, sustained, and ethically grounded policy response. The psychological consequences of the war are not confined to short-term distress; rather, they are evolving into a structural public health crisis with intergenerational implications. If left unaddressed, this crisis risks undermining not only individual functioning but also social cohesion, institutional legitimacy, and national recovery in the postwar period. A purely medicalized or ad hoc approach to mental health intervention will be insufficient. What is needed is a multilayered strategy that acknowledges both the clinical and structural dimensions of trauma and places mental health at the center of Ukraine's postwar reconstruction agenda.

Effective mental health response begins with recognizing the breadth of need. Estimates from the World Health Organization and the Ukrainian Ministry of Health (2023) suggest that over 15 million Ukrainians, approximately one-third of the country's pre-war population, will require some form of psychological support. These needs vary in intensity and duration, ranging from acute counseling in the aftermath of displacement or loss, to long-term treatment for PTSD, complex trauma, and mood disorders. Moreover, these needs are not evenly distributed. As previous sections of this review have shown, the populations most affected by trauma, such as internally displaced persons (IDPs), children, the elderly, and residents of frontline regions, are often those with the least access to care.

Addressing this inequity must be central to policy design. Bayer (2024), reflecting on the structural dimensions of civilian vulnerability, notes that "psychological harm is often less a function of what people experience than of what they are denied access to: shelter, stability, and institutional support" (p. 421). In this view, trauma is not only produced by violence but perpetuated by systemic abandonment. Civilians who endure shelling but have no access to counseling, no legal recognition of their suffering, and no material means of recovery are more likely to experience long-term psychiatric deterioration. Accordingly, mental health interventions must extend beyond therapy rooms and be embedded in the broader systems that shape health access, housing, education, and legal recognition.

At the clinical level, expanding Ukraine's community-based mental health infrastructure is a priority. Community-based models have proven effective in low-resource and conflict-affected settings by offering decentralized, non-stigmatizing care that is embedded in daily life. In Ukraine, this requires training and deploying multidisciplinary teams, including psychologists, social

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workers, trauma-informed primary care physicians, and peer support workers, across the country, with a particular focus on conflict-affected and rural areas. As of 2024, such teams remain concentrated in major cities like Kyiv and Lviv, while many frontline and liberated regions remain underserved. Bridging this geographic gap will require logistical coordination, international funding, and task-shifting strategies that empower non-specialists to deliver basic psychosocial support under supervision.

In parallel, Ukraine's schools must be reconceptualized as key sites of trauma intervention. For children and adolescents, the educational system is often their only point of contact with institutional stability. Yet the war has severely disrupted educational continuity: schools have been destroyed, teachers displaced, and routines suspended. In many areas, students attend classes in bunkers or online with limited support. Embedding trauma-informed practices into curricula, training teachers to identify emotional dysregulation, and hiring school-based mental health professionals must therefore be national priorities. Such approaches not only improve academic outcomes but serve as early intervention platforms for the detection and treatment of trauma-related symptoms. As UNICEF (2023) has argued, "education recovery is inseparable from psychological recovery" in post-conflict environments.

The case of internally displaced persons is particularly urgent. IDPs face overlapping vulnerabilities: they have been displaced from their homes, cut off from familiar support systems, and often excluded from local public services. Many live in temporary shelters with little privacy, limited access to healthcare, and elevated exposure to secondary stressors such as unemployment and legal uncertainty. These conditions intensify psychological distress and undermine recovery. Solomon and Bayer (2023) highlight the legal dimension of this problem, writing that "the invisibility of psychological harm in humanitarian protection frameworks reinforces the marginalization of trauma victims and weakens their claims to state assistance" (p. 538). In Ukraine, this insight calls for the integration of psychological evaluation into IDP registration systems, the establishment of trauma-specific clinics near shelter sites, and legal reforms that treat mental health care as a basic right rather than an optional service.

Importantly, Ukraine's mental health strategy must also account for the long-term nature of wartime trauma. Acute stress reactions can be addressed through immediate counseling and stabilization, but complex trauma, grief disorders, and intergenerational effects require long-term infrastructure. This includes building psychiatric hospitals in underserved regions, expanding clinical psychology programs at Ukrainian universities, and providing incentives for mental health professionals to work in high-need zones. Without systemic investment in workforce development, Ukraine will remain dependent on international NGOs and temporary donor programs that cannot sustain national recovery.

Beyond the clinical domain, postwar Ukraine must recognize mental trauma as a legal and civic issue. To date, psychological injury has often been treated as an invisible wound, acknowledged rhetorically, but rarely afforded the same seriousness as physical injury or property loss. Yet for many civilians, trauma is the most enduring legacy of war. Bayer (2024) argues that "trauma may begin with violence, but it is sustained by the structures that fail to repair it" (p. 437). Accordingly, mechanisms for recognition, redress, and memorialization must be built into Ukraine's transitional justice and compensation frameworks. This could include reparations programs that account for psychiatric harm, public truth-telling initiatives that allow survivors to narrate their suffering, and legal standards that hold perpetrators accountable for psychological as well as physical violence.

Such recognition has both therapeutic and political value. Survivors who feel heard, validated, and compensated are more likely to re-engage with public life, trust institutions, and contribute to reconstruction. In contrast, neglect of psychological wounds can deepen cynicism, fuel social fragmentation, and pass unresolved suffering on to future generations. As Solomon and Bayer (2023) remind us, "unrecognized trauma not only persists, it reproduces itself in silence" (p. 541). Thus, public policy must treat civilian trauma as both a health crisis and a matter of democratic accountability.

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Finally, international partners must recognize that mental health support is not a secondary priority in post-conflict reconstruction, it is a central pillar of national recovery. Humanitarian funding, EU accession frameworks, and multilateral reconstruction efforts must explicitly allocate resources for psychological services, professional training, and research infrastructure. Ukraine's mental health crisis cannot be outsourced or postponed. It must be treated as a present-tense emergency and a long-term investment in peace.

5. Conclusions

The full-scale war in Ukraine has produced not only a humanitarian and geopolitical crisis, but a deep and enduring mental health emergency that spans all regions, social classes, and age groups. Civilians have faced repeated exposure to bombing, displacement, deprivation, and uncertainty, conditions that have triggered widespread psychological distress in the short term and are now evolving into long-term psychiatric disorders. From post-traumatic stress disorder (PTSD) and complex trauma to depression, grief, and somatic illnesses, the emotional aftermath of war is both profound and persistent.

This review has demonstrated that the psychological consequences of armed conflict are never merely clinical. They are shaped by structures: who has access to care, who is displaced, who receives recognition, and who is left in silence. In Ukraine, the mental health burden is not evenly distributed. Internally displaced persons, children, residents of frontline zones, and socioeconomically marginalized groups consistently bear the brunt of wartime trauma. Their suffering is compounded not only by exposure to violence, but by insufficient services, legal gaps, and institutional neglect.

Recent research has made this pattern clear. An et al. (2025) show that civilians living in bombarded regions report markedly higher rates of suicidal ideation, helplessness, and emotional detachment. WHO reports confirm that up to one-third of Ukraine's displaced population meets diagnostic criteria for PTSD or related disorders. UNICEF data highlight the psychological crisis among children, many of whom exhibit signs of developmental regression and trauma-related behavioral disorders. Taken together, these findings demand a national and international response that matches the scale of the crisis.

As Bayer (2024) and Solomon & Bayer (2023) argue in related contexts, trauma during war is not only experienced, it is distributed. The structures of housing, income, education, and legal protection all determine how much harm civilians suffer, and how well they can recover. Trauma, in this sense, is not an abstract injury; it is a politically and socially embedded process. Addressing it requires more than therapy. It requires the rebuilding of institutions, recognition of harm, and the embedding of mental health as a right, not a luxury, for all civilians.

Moving forward, Ukraine must invest in long-term, trauma-informed infrastructure: expanding its community-based mental health system, integrating psychological care into schools and primary healthcare, and developing professional training programs capable of meeting postwar needs. Mental health should not be treated as a downstream effect of conflict but as a central concern of national recovery and democratic rebuilding. At the same time, legal frameworks must evolve to recognize psychological injury as compensable and narratable within Ukraine's transitional justice processes. The acknowledgment of suffering is itself a form of care.

International actors, governments, donors, humanitarian organizations, also have a role to play. The international community must fund mental health services not as an auxiliary project but as a pillar of Ukraine's reconstruction and its aspirations for social resilience. Failure to act decisively risks leaving millions in cycles of untreated trauma, social disconnection, and chronic distress. But if addressed thoughtfully and comprehensively, Ukraine can not only repair what has been broken, it can build something stronger, more just, and more attentive to the human mind as well as the human body.

In the words of Frie and Fuchs (2024), "Trauma is not only about what happens to us, it is about what we lose in our ability to understand the world, trust others, and find meaning." Ukraine's

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recovery, therefore, must begin with restoring not only territory and infrastructure but also the inner landscapes of those who have suffered, and continue to suffer, through war.

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