The Rise in Violence Among Civilians in Ukraine

BY LARYSA ZASIEKINA, SERHII ZASIEKIN AND VICTOR KUPERMAN

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EXECUTIVE SUMMARY

The ongoing Russian invasion of Ukraine has resulted in massive physical devastation and deep psychological trauma among civilians. Forced displacement, torture, and deliberate targeting of noncombatants have led to a sharp increase in interpersonal and community violence within Ukrainian society. Research highlights that the war has severely destabilized social and familial structures, fueling this rise in violence. Public health frameworks and recent empirical evidence can help outline data-driven strategies for preventing and reducing violence among civilians in Ukraine. Drawing on global best practices and local empirical evidence, this policy report recommends five integrated strategies that address both the immediate and long-term consequences of violence, help mitigate risks associated with PTSD and moral injury, and strengthen societal resilience. Effective implementation requires coordination across multiple sectors and levels, including individual, family, community, and national systems, as well as investment in mobile and community-based services. By adopting a public health approach, Ukraine can proactively prevent violence, protect civilians, and establish the foundation for long-term recovery, social cohesion, and stability.

Policy Recommendations

1 SYSTEMATIC DATA COLLECTION

Given the association of PTSD and moral injury as key risk factors for violent behavior within the public health framework, systematic data collection is vital for anticipating increases in interpersonal aggression and for the efficient allocation of mental health and psychosocial resources. This underscores the importance of employing validated and culturally sensitive diagnostic assessment tools, as well as considering contextual factors when interpreting prevalence rates of PTSD and moral injury.[1]

2 PRIORITIZE TIMELY TREATMENT AND INTERVENTIONS

To ensure effective emergency and psychosocial support amid widespread damage to Ukraine's health care system, front-line and emergency services must prioritize timely treatment and brief interventions. Mobile medical units, telemedicine platforms, and community health workers should be deployed to reach displaced and underserved populations, including women, people in occupied territories, and individuals with lower education levels.

3 IMPLEMENT COMMUNITY-BASED PREVENTION PROGRAMS

Community-based prevention programs should be implemented, including parenting support, youth mentoring, and trauma-informed psychosocial care, to protect children and adolescents from war-related violence. Mobile brigades and safe spaces should be expanded, coordination should be strengthened among government, NGOs, and local communities, and evidence-based, culturally sensitive interventions should be integrated to address domestic and gender-based violence effectively.

4 TARGET MODIFIABLE RISK FACTORS

Modifiable risk factors including alcohol misuse, untreated mental health conditions, and limited access to services should be targeted through brief counseling, mobile mental health teams, and harm-reduction initiatives. Interventions must be co-designed with people with lived experience, researchers, and clinicians to guarantee cultural relevance, feasibility, and effectiveness,

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1   Larysa Zasiekina, Alex Griffin, Sarah-Jayne Blakemore, Iryna Hlova, and Giacomo Bignardi, *Prevalence of War-Related Posttraumatic Stress Disorder in Adolescents: A Systematic Review and Meta-Analysis.* European Journal of Psychotraumatology. Published online May 16, 2025. https://doi.org/10.1080/20008066.2025.2497167

particularly in conflict-affected and displaced communities.

5 ADDRESS VIOLENCE PREVENTION AT MULTIPLE LEVELS

An ecological, multi-level approach should be promoted to address violence prevention at individual, family, community, institutional, national, and international levels and create safe environments, including shelters, child-friendly spaces, and accessible psychosocial services.[2]

Introduction

The ongoing Russian invasion of Ukraine has caused extensive physical destruction and profound psychological harm to civilians. Forced displacement, torture, and deliberate targeting of noncombatants have led to a sharp increase in interpersonal and community violence within Ukrainian society.[3]

The Ukrainian government ratified the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence in June 2022 to strengthen national laws and enforcement, but violence continues to escalate. In 2023, over 291,000 domestic violence cases were reported, a 20% rise from 2022, while registered criminal offenses increased by 80%.[4] Apart from domestic violence, community-level violence, including attacks on Territorial Recruitment and Social Support Centers responsible for conscription, mobilization, and military record-keeping, and armed aggression by poorly reintegrated veterans, is increasingly observed, though not always fully reflected in official reports.

Research highlights that the war has severely destabilized social and familial structures, fueling this rise in violence.[5] Public health frameworks and recent empirical evidence can help outline data-driven strategies for preventing and reducing violence among civilians in Ukraine. Within this framework, psychological mechanisms play a critical role: Post-traumatic stress disorder (PTSD) and moral injury are key drivers. PTSD manifests as intrusive memories, hyperarousal, emotional numbing, and impaired regulation of fear and anger, often resulting in irritability and aggression, especially in high-stress environments. Moral injury arises from actions or experiences that violate deeply held moral beliefs, causing feelings of guilt, shame, anger, and a sense of betrayal, which can be externalized through violence.[6]

The authors' large-scale study of 1,249 Ukrainian civilians during the first year of active conflict found that 76% met PTSD symptoms diagnostic criteria based on PCL-5, while 66% exhibited significant moral injury symptoms.[7] Risk factors for PTSD include female gender, displacement, residence in occupied territories, older age, and lower education levels, whereas younger age strongly correlates with moral injury.

In Ukraine from 2022 to 2023:

↑ **20%** REPORTED INCIDENTS OF DOMESTIC VIOLENCE

↑ **80%** CRIMINAL OFFENSES

Ukrainian civilians during the first year of war:

76% MET PTSD CRITERIA

66% EXHIBITED SIGNIFICANT MORAL INJURY SYMPTOMS

2 Andrea Reupert. *A socio-ecological framework for mental health and well-being.* Advances in Mental Health, 15, no. 2 (2017): 105–107. https://doi.org/10.1080/18387357.2017.1342902

3 Larysa Tamilina. *Does Conflict Create or Ruin Bonds Within Society? Analysis of War Effects on Interpersonal Trust in Ukraine.* Vox Ukraine, May. 8, 2025. https://voxukraine.org/en/does-conflict-create-or-ruin-bonds-within-society-analysis-of-war-effects-on-interpersonal-trust-in-ukraine

4 Ministry of Internal Affairs of Ukraine. *The number of domestic violence cases has increased by 20%: the Ministry of Internal Affairs and Parliament are working to strengthen responsibility.* March. 30, 2024. https://mvs.gov.ua/en/news/kilkist-vipadkiv-domasnyogo-nasilstva-zrosla-na-20-mvs-ta-parlament-praciuiut-nad-posilenniam-vidpovidalnosti-1

5 Amnesty International. *Ukraine 2024.* https://www.amnesty.org/en/location/europe-and-central-asia/eastern-europe-and-central-asia/ukraine/report-ukraine/

6 Larysa Zasiekina, Oleg Kokun, Iryna Hlova et al. *Defining conceptual boundaries of moral injury and post-traumatic stress disorder in military population: A systematic review.* East European Journal of Psycholinguistics, 10, no. 1 (2023): 299-314. https://doi.org/10.29038/eejpl.2023.10.1.zas

7 Larysa Zasiekina, Serhii Zasiekin, and Victor Kuperman. *Post-traumatic stress disorder and moral injury among Ukrainian civilians during the ongoing war.* Journal of Community Health 48, no 5 (2023): 784-792. https://doi.org/10.1007/s10900-023-01225-5

"Public health approaches treat violence as a preventable health problem rather than solely a criminal or moral issue, framing it as a 'contagious' condition whereby exposure increases the likelihood of further harm."

Violence, Scope, and Public Health Perspective

Violence is a universal and enduring feature of human history, occurring across families, communities, organizations, and states. Beyond the narrow conception of force used to obtain compliance, it encompasses physical, psychological, personal, and structural forms, ranging from subtle pressures to wars and terrorism, and manifests across all spheres of social life.[8, 9, 10] In 1996, the World Health Assembly recognized violence as a major global public health issue, leading to the World Health Organization's publication of the World Report on Violence and Health.[11] Developed by over 160 experts from more than 70 countries, the report highlights the scale and health consequences of self-directed, interpersonal, and collective violence, identifies risk and protective factors, and reviews prevention strategies. Violence causes immense social, economic, and psychological harm, with violence-related injuries accounting for approximately 1.25 million deaths each year.[12]

Public health approaches treat violence as a preventable health problem rather than solely a criminal or moral issue, framing it as a "contagious" condition whereby exposure increases the likelihood of further harm. Evidence-based strategies, multisector collaboration, and victim support complement legal and political responses, focusing on prevention, mitigation, and community resilience.[13, 14] Violence may be classified by outcome (fatal, nonfatal), relationship (male-to-male, male-to-female, female-to-male, parent-child, elder abuse), context (civilian, state-perpetrated, collective, structural), and form (physical, sexual, psychological, economic, neglect), highlighting its complexity and pervasive health and social consequences.

Although research has extensively examined male-to-male violence, intimate partner violence, and the health impacts of trauma, significant gaps remain, particularly in high-risk, conflict-affected environments.[15, 16, 17] Most literature focuses on adverse childhood experiences or military trauma among returning combatants, leaving civilian populations exposed to ongoing conflict relatively understudied.[18, 19, 20] Recent findings indicate that the war has profoundly disrupted social and family networks, contributing to the increase in violence.[21] Evidence from war and post-war contexts demonstrates that combat trauma,

8   Janet Anand, Bagga Bjerge, and Ulrika Järkestig-Berggren. *Perspectives on violence.* Nordic Social Work Research, 10, no. 2 (2020): 95–99. https://doi.org/10.1080/2156857X.2020.1747824

9   Andre Gibbs, Kristin Dunkle, Leane Ramsoomar et al. *New learnings on drivers of men's physical and/or sexual violence against their female partners, and women's experiences of this, and the implications for prevention interventions.* Global Health Action, 13, no. 1 (2020): 1739845. https://doi.org/10.1080/16549716.2020.1739845

10   Krzysztof Mikołajczuk. *Different forms of violence – Selected issues.* Review of European & Comparative Law, 43 (2020): 103. https://doi.org/10.31743/recl.10035

11   Etienne Krug, James Mercy, Linda Dahlberg et al. *The world report on violence and health.* Lancet, 360, no. 9339 (2002): 1083-1088. https://doi.org/10.1016/S0140-6736(02)11133-0

12   World Health Organization. 2024. *Injuries and Violence.* https://www.who.int/news-room/fact-sheets/detail/injuries-and-violence

13   Matodzi Amisi, Chandre Gould, Jody van der Heyde et al. *Lessons for multisectoral collaboration to prevent violence.* 2024. Institute for Security Studies. https://issafrica.org/research/policy-briefs/lessons-for-multisectoral-collaboration-to-prevent-violence

14   World Health Organization. *Violence prevention through multisectoral collaboration.* New York. https://www.who.int/publications/m/item/violence-prevention-through-multisectoral-collaboration

15   Patricia Cullen, Amy Peden, Kate Francis et al. *Interpersonal violence and gender inequality in adolescents: A systematic analysis of Global Burden of Disease data from 1990 to 2019.* Journal of Adolescent Health, 74, no. 2 (2024): 232–245. https://doi.org/10.1016/j.jadohealth.2023.08.044

16   Kathleen Basile, Sharon Smith, Jieru Chen et al. *Chronic diseases, health conditions, and other impacts associated with rape victimization of US women.* Journal of Interpersonal Violence, 36, no. 23–24 (2021): NP12504–NP12520. https://doi.org/10.1177/0886260519900335

17   Chitra Raghavan, Valli Rajah, Katie Gentile et al. *Community violence, social support networks, ethnic group differences, and male perpetration of intimate partner violence.* Journal of Interpersonal Violence, 24, no. 10 (2009): 1615–1632. https://doi.org/10.1177/0886260509331489

18   Jessica Cooke, Nicole Racine, Andre Plamondon et al. *Maternal adverse childhood experiences, attachment style, and mental health: Pathways of transmission to child behavior problems.* Child Abuse and Neglect, 93, (2019): 27–37. https://doi.org/10.1016/j.chiabu.2019.04.011

19   Eric Elbogen, Sally Johnson, H Ryan Wagner et al. *Violent behaviour and post-traumatic stress disorder in US Iraq and Afghanistan veterans.* The British Journal of Psychiatry, 204, no. 5 (2014): 368–375. https://doi.org/10.1192/bjp.bp.113.134627

20   Andrea Massa, Lauren Sippel, Charli Kirby et al. *Childhood maltreatment and use of aggression among veterans with co-occurring PTSD and alcohol use disorder: The mediating role of hostile cognitions.* Journal of Aggression, Maltreatment & Trauma, 32, no. 4 (2023): 574–591. https://doi.org/10.1080/10926771.2022.2151961

21   The Amnesty International Report 2024/2025. "Ukraine 2024."

particularly PTSD and moral injury combined with alcohol misuse, is associated with markedly elevated rates of violence in communities, underscoring the importance of cumulative risk assessment in civilian reintegration.[22, 23] PTSD manifests as intrusive memories, hyperarousal, emotional numbing, and impaired regulation of fear and anger, often resulting in irritability and aggression, especially in high-stress environments. Moral injury arises from actions or experiences that violate deeply held moral beliefs, causing feelings of guilt, shame, anger, and a sense of betrayal, which can be externalized through violence.[24]

The Russia-Ukraine war highlights a critical gap: Civilians are exposed to repeated direct and indirect forms of violence, yet the dynamics of interpersonal and community-level violence within civilian life remain insufficiently documented. However, some findings suggest that forced displacement, acts of torture, and the intentional targeting of civilians have triggered a significant rise in interpersonal and community violence across Ukrainian society. [25] Civilians experience both immediate physical harm from attacks and longer-term psychological consequences that can exacerbate domestic, social, and communal violence.[26] This policy report draws on public health models and recent empirical data to provide evidence-based strategies for preventing and mitigating violence among civilians in Ukraine.

The Escalation of Violence Among Civilians in Ukraine

According to the seventh monitoring report of the Organization for Security and Co-operation in Europe's Office for Democratic Institutions and Human Rights, civilian casualties in Ukrainian government-controlled areas increased by more than 50% between Dec. 1, 2024, and May 31, 2025, compared with the same period the previous year.[27] This surge is attributed mainly to Russia's continued use of wide-impact explosive weapons in densely populated areas, in violation of international humanitarian law, including the principles of distinction and proportionality. The intensified attacks have worsened the humanitarian situation, leading to mass displacement and heightened vulnerability among those remaining in conflict zones. The authors' previous findings indicate important differences in mental health between civilian and frontline combatant populations. Civilian participants reported higher rates of moral injury, PTSD symptoms, depression, and anxiety compared with active-duty soldiers during the first three months of the Russia-Ukraine war.[28]

Beyond direct military aggression, residents of Russia-occupied territories have experienced ongoing human rights violations[29] including arbitrary detention, enforced disappearances, denial of due process, torture, and conflict-related sexual violence. Efforts to forcibly alter the legal and social fabric of occupied areas, such as coercion into accepting Russian citizenship, forced displacement and adoption of Ukrainian children, and the use of courts and deporta-

22   Eric Elbogen, Sally Johnson, H Ryan Wagner et al. *Violent behaviour and post-traumatic stress disorder in US Iraq and Afghanistan veterans.* The British Journal of Psychiatry, 204, no. 5 (2014): 368–375. https://doi.org/10.1192/bjp.bp.113.134627

23   Casey Straud, Patricia Resick, Edna Foa, et al. *Aggression and violent behavior in the military: Self-reported conflict tactics in a sample of service members and veterans seeking treatment for posttraumatic stress disorder.* Aggression and Violent Behavior, 66 (2022): 101734.

24   Larysa Zasiekina, Oleg Kokun, Iryna Hlova et al. *Defining conceptual boundaries of moral injury and posttraumatic stress disorder in military population: A systematic review.*

25   Larysa Tamilina. *Does Conflict Create or Ruin Bonds Within Society? Analysis of War Effects on Interpersonal Trust in Ukraine.*

26   Larysa Zasiekina, Tamara Duchyminska, Antonia Bifulco et al. *War trauma impacts in Ukrainian combat and civilian populations: Moral injury and associated mental health symptoms.* Military Psychology, 36, no. 5 (2024): 555-566.

27   Organization for Security and Co-operation in Europe. July 2025. *Seventh Interim Report on reported violations of international humanitarian law and international human rights law in Ukraine.* https://www.osce.org/odihr/594634

28   Zasiekina et al. *Defining conceptual boundaries of moral injury and posttraumatic stress disorder in military population: A systematic review.*

29   Human Rights Report. *Ukraine Russia-Occupied Areas 2024 Human Rights Report: Executive Summary.* 2024. https://www.state.gov/wp-content/uploads/2025/08/624521_UKRAINE-RUSSIAN-OCCUPIED-AREAS-2024-HUMAN-RIGHTS-REPORT.pdf

People attend a memorial event for a Ukrainian activist on March 14, 2025, in Odesa, Ukraine. (Photo by Viacheslav Onyshchenko/Global Images Ukraine via Getty Images)

tions as instruments of repression, further destabilize communities.

Prolonged exposure to conflict, destruction of infrastructure, and the breakdown of social networks contribute to rising interpersonal violence within civilian life. Domestic violence, family aggression, and community-level conflicts are exacerbated by displacement, economic hardship, and cumulative psychological trauma.

Evidence from previous wars suggests that trauma exposure, including PTSD and moral injury, can increase aggression among affected populations, creating a feedback loop in which societal violence escalates even in areas not directly attacked by military forces.[30, 31] Recent research underscores this dynamic. The authors' large-scale study of 1,249 Ukrainian civilians during active conflict found that 76% met PTSD diagnostic criteria, while 66% exhibited significant moral injury symptoms.[32] The risk factors for PTSD include female gender, displacement, residence in occupied territories, older age, and lower education levels, whereas younger age strongly correlates with moral injury.

30   Elbogen et al. *Violent behaviour and post-traumatic stress disorder in US Iraq and Afghanistan veterans.*

31   Zasiekina et al. *Defining conceptual boundaries of moral injury and posttraumatic stress disorder in military population: A systematic review.*

32   Larysa Zasiekina, Serhii Zasiekin and Victor Kuperman. *Post-traumatic stress disorder and moral injury -among Ukrainian civilians during the ongoing war.*

RECOMMENDATIONS

The public health model focuses on interrupting cycles of harm.[36, 37] Applied to the context of the Russia-Ukraine war, it combines systematic data collection, rapid intervention, community-based programs, risk reduction, and multisector collaboration. Five priority areas are recommended:

1 SYSTEMATIC DATA COLLECTION AND SURVEILLANCE

Accurate, real-time data are essential to identify patterns of violence, monitor injuries, and track mental health outcomes. Hospitals, emergency services, and community organizations should collect and share anonymized data to highlight hotspots, vulnerable populations, and emerging trends, informing targeted interventions.

Given the association between PTSD and moral injury and violent behavior, systematic data collection is crucial to anticipate spikes in interpersonal aggression and allocate mental health and psychosocial resources efficiently. This underscores the importance of employing validated and culturally sensitive diagnostic assessment tools, as well as considering contextual factors when interpreting prevalence rates of PTSD and moral injury.[35]

Implementation strategies in Ukraine should include mobile data-collection units, partnerships with nongovernmental organizations and local authorities, and community-level reporting networks. Integrating mental health monitoring with violence tracking will provide a comprehensive understanding of risk, enabling proactive policy and systematic responses.

2 IMMEDIATE CARE AND BRIEF INTERVENTIONS

Emergency departments and front-line health services are essential for the prompt treatment of physical injuries and the delivery of psychological support. However, the war has severely limited health care access: 1,938 Ukrainian medical facilities have been damaged and 297 destroyed during the full-scale conflict.[36]

Brief interventions for civilians affected by violence, including safety planning, psychoeducation, and referrals to social, legal, and humanitarian services, can help prevent further harm and interrupt cycles of re-injury or retaliation. Mobile medical units, telemedicine platforms, and community health workers are essential for reaching displaced populations and communities where hospitals have been destroyed or are inaccessible. In the Ukrainian context, stepped-care interventions can be implemented, ranging from self-help resources and group therapy to individual psychotherapy and more specialized or multidisciplinary support. These strategies ensure timely and appropriate referrals, as well as continuity of critical care and psychosocial support, despite severe infrastructural challenges. The efficacy and feasibility of mobile support have been demonstrated in a 2023 WHO report,[37] which provides an overview of mobile units in Ukraine during the emergency response.

3 COMMUNITY-BASED PREVENTION PROGRAMS

Community programs, including parenting support, youth mentoring, and trauma-informed psychosocial care, play a critical role in buffering children

33   Jeffrey Butts, Caterina Gouvis Roman, Lindsay Bostwick et al. *Cure Violence: A public health model to reduce gun violence.* Annual Review of Public Health, 36, no. 1 (2015): 39–53. https://doi.org/10.1146/annurev-publhealth-031914-122509

34   Kieran Mitton. *Public health and violence.* Critical Public Health, 29, no. 2 (2019): 135–137. https://doi.org/10.1080/09581596.2019.1564223

35   Larysa Zasiekina, Alex Griffin, Sarah-Jayne Blakemore, Iryna Hlova, and Giacomo Bignardi. *Prevalence of War-Related Posttraumatic Stress Disorder in Adolescents: A Systematic Review and Meta-Analysis.*

36   Ministry of Health Care of Ukraine. Dec. 23, 2024. *Destruction of Ukrainian hospitals in numbers: during the full-scale war, Russia damaged 1938 and destroyed another 297 Ukrainian medical facilities.* https://moz.gov.ua/en/destruction-of-ukrainian-hospitals-in-numbers-during-the-full-scale-war-russia-damaged-1938-and-destroyed-another-297-ukrainian-medical-facilities

37   World Health Organization. 2023. *Mobile health units in war-related emergency in Ukraine to deliver primary health-care outreach services to address noncommunicable deceases: project review.* https://www.who.int/europe/publications/i/item/WHO-EURO-2023-8275-48047-71206

and adolescents from the long-term effects of war-related violence. Trained volunteers can mediate conflicts, reduce escalation, and provide local support to displaced or high-risk populations. In Ukraine, mobile brigades have been deployed to deliver services directly to communities experiencing heightened violence due to the conflict. To improve the efficacy of mobile health support in Ukraine, coordinated, multilevel collaborations between government, international agencies, and local communities are needed to ensure sustainable funding, integration with primary care, and the use of digital tools for timely referrals and continuity of care.[38]

Domestic and gender-based violence has risen sharply during the war. In June 2023, the prosecutor general of Ukraine reported worsening conditions for vulnerable groups,[39] while the commissioner for human rights noted a steep increase in domestic violence appeals.[40] In response, state authorities, local governments, and nongovernmental organizations, including the UNFPA Program for Combating and Preventing Gender-Based Violence, have established 100 mobile teams and 29 "safe spaces" (Vilna centers) across Ukraine, providing psychosocial support, education, and social reintegration services.

These practices could be further developed and enriched by integrating evidence-based interventions, expanding the capacity of mobile teams, and strengthening coordination with healthcare providers, law enforcement, and local community leaders. Incorporating continuous training, trauma-informed approaches, and culturally sensitive methods can enhance program effectiveness.

4 REDUCTION OF KEY RISK FACTORS

The public health sector can target modifiable risks that exacerbate violence, including alcohol misuse, untreated mental health conditions, and limited access to basic services. Interventions may include brief counseling, mobile mental health teams, harm-reduction messaging, and linking individuals to essential social supports.

Importantly, these interventions must be co-developed with people with lived experience, researchers, and clinicians to ensure cultural relevance, practicality, and responsiveness to local needs, thereby narrowing the gap between evidence, practice, and policy. In Ukraine, where infrastructure destruction and displacement severely limit access to services, collaborative design ensures that interventions are feasible, acceptable, and effective, reaching those most at risk for trauma-related aggression and community-level violence.

5 MULTILEVEL COLLABORATION AND SAFE ENVIRONMENTS

Creating protective environments requires coordinated efforts across health, social services, education, law enforcement, and humanitarian agencies. An ecological, multilevel approach addresses violence prevention at individual, family, community, institutional, national, and international levels.[41] Safe shelters, child-friendly spaces, and accessible psychosocial services, combined with referral networks, ensure survivors receive comprehensive care.

Multilevel collaboration strengthens community resilience, reduces service duplication, and extends the reach of interventions.

38   Nityanand Jain, Sakshi Prasad, Alina Bordeniuc et al. *European Countries Step-up Humanitarian and Medical Assistance to Ukraine as the Conflict Continues.*

39   Office of the Prosecutor General of Ukraine. 2023. *Single Report on Criminal Offences for January-June 2023.* https://data.gov.ua/dataset/8b9b1677-2407-454a-bfa7-76eb638c0ea1/resource/1edffc9f-a19f-42a9-92e2-fc1d2af643e5

40   Amnesty International. *Ukraine 2024.* https://www.amnesty.org/en/location/europe-and-central-asia/eastern-europe-and-central-asia/ukraine/report-ukraine/

41   Andrea Reupert. *A socio-ecological framework for mental health and well-being.*

Conclusion

The Russia-Ukraine war has produced both direct and indirect forms of violence that threaten the health, safety, and cohesion of civilian populations. Rising domestic, community, and structural violence in Ukraine underscores the need for coordinated, evidence-based public health interventions that address both the immediate and long-term consequences of violence, help mitigate risks associated with PTSD and moral injury, and strengthen societal resilience.

Effective implementation requires coordination across multiple sectors and levels, including individual, family, community, and national systems, as well as investment in mobile and community-based services. Active involvement of individuals with lived experience is essential to ensure that strategies are contextually relevant, culturally sensitive, and practically effective. By adopting a public health approach, Ukraine can proactively prevent violence, protect civilians, and establish the foundation for long-term recovery, social cohesion, and stability.

Acknowledgements

AUTHORS

Dr. Larysa Zasiekina is a Ukrainian-born clinical psychologist and professor of psychology whose work focuses on post-traumatic stress, continuous traumatic stress, moral injury, and the intergenerational effects of genocide and war. She holds a Ph.D. and DSc and has led major research projects in Ukraine, the U.K., and beyond, including studies of the Holodomor, the Holocaust and the ongoing conflict between Ukraine and Russia. At the University of Exeter and as a visiting scholar at University of Cambridge, she integrates psycholinguistic, neuropsychological and clinical frameworks to understand how trauma is transmitted through language, memory and culture. Her research group runs studies with active-duty soldiers, veterans and their families, forcibly displaced persons, and individuals exposed to continuous traumatic stress.

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