



Available online at

ScienceDirect
www.sciencedirect.com

Elsevier Masson France

EM|consulte
www.em-consulte.com



Original article

Psychotraumatology of the war in Ukraine: The question of the psychological care of victims who are refugees or who remain in Ukraine



Psychotraumatologie de la guerre en Ukraine : la question de la prise en charge psychologique des victimes réfugiées ou restées en Ukraine

Jean-Pierre Bouchard^{a,b,*}, Nancy Stiegler^b, Anita Padmanabhanunni^c, Tyrone B. Pretorius^c

^a Institut psycho-judiciaire et de psychopathologie (IPJP), Institute of Forensic Psychology and Psychopathology, 89, rue Cazeaux-Cazalet, centre hospitalier de Cadillac, 33410 Cadillac, France

^b Department of Statistics and Population Studies, Faculty of Natural Sciences, University of the Western Cape, Robert-Sobukwe road, Bellville, 7535 Cape-Town, South Africa

^c Department of Psychology, University of the Western Cape, Robert-Sobukwe road, Bellville, 7535 Cape-Town, South Africa

ARTICLE INFO

Article history:

Available online 27 May 2022

Keywords:

Exodus
Homicide
Mourning
Post-traumatic stress disorder
Psychological support
Psychological trauma
Psychopathology
Refugee
Traumatic event
Victim
Violence
War in Ukraine

ABSTRACT

The war in Ukraine is a major poly-traumatic event, which leads to massive population displacements. The question of the evaluation and psychological care of psychotraumatized people is an urgent matter. As many countries hosting refugees are well endowed with a good number of psychologists, some of these interested professionals should mobilise themselves and make themselves known to carry out these clinical acts. Priority should be given to trained and experienced psychologists to support victims. The language barrier will have to be overcome. Initially, it would be desirable to make contact or get closer to local and national refugee centres to facilitate these operations. Face-to-face or remote consultations, as developed during the Covid-19 pandemic, are possible. Reinforcements of the number of available and dedicated psychologists, including remotely, from the countries hosting the most refugees, are also desirable. The issue of detection, assessment and care of psychologically traumatized people who remained on the Ukrainian territory is probably even more massive. Whether non-combatants or combatants, part of the international psychological community should mobilise, in addition to local colleagues, to provide them with this psychological help. These humanitarian actions would be feasible depending on the evolution of the conflict. Whether it is psychological support for refugees or people still on the Ukrainian soil, models for organising and coordinating these actions must be carefully considered and implemented in an evolving way to optimise their effectiveness.

© 2022 Published by Elsevier Masson SAS.

R É S U M É

La guerre en Ukraine est un événement polytraumatique majeur qui donne lieu à des déplacements massifs de population. La question de l'évaluation et de la prise en charge psychologique des personnes psychotraumatisées se pose de façon urgente. De multiples pays d'accueil de réfugiés étant bien dotés en nombre de psychologues, une partie de ces professionnels intéressés devrait se mobiliser et se faire connaître pour réaliser ces actes cliniques. La priorité devrait être donnée aux psychologues formés et expérimentés pour prendre en charge les victimes. La barrière de la langue devra être surmontée. Dans un premier temps, une prise de contact ou un rapprochement auprès des dispositifs locaux et nationaux d'accueil des réfugiés serait souhaitable pour faciliter ces opérations. Des consultations en présentiel ou

Mots clés :

Deuil
Événement traumatique
Exode
Guerre en Ukraine
Homicide
Psychopathologie
Réfugié
Soutien psychologique

DOI of original article: <https://doi.org/10.1016/j.amp.2022.04.005>

* Corresponding author at: Institut psycho-judiciaire et de psychopathologie (IPJP), Institute of Forensic Psychology and Psychopathology, centre hospitalier de Cadillac, 89, rue Cazeaux-Cazalet, 33410 Cadillac, France.

E-mail address: jean_pierre_bouchard@yahoo.fr (J.-P. Bouchard).

<https://doi.org/10.1016/j.amp.2022.04.006>

0003-4487/© 2022 Published by Elsevier Masson SAS.

Traumatisme psychologique
 Trouble stress post-traumatique, ;Victime
 Violence

en distantiel, comme cela a été développé pendant la pandémie de Covid-19, sont envisageables. Des renforts en psychologues, y compris à distance, des pays accueillant le plus de réfugiés sont également souhaitables. La question de la détection, de l'évaluation et de la prise en charge des personnes psychologiquement traumatisées restées sur le territoire ukrainien est probablement encore plus massive. Que ce soit des non-combattants ou des combattants, une partie de la communauté psy internationale devrait se mobiliser, en complément des collègues locaux, pour leur apporter cette aide psychologique. Ces actions humanitaires seraient réalisables en fonction de l'évolution du conflit. Qu'il s'agisse de soutien psychologique aux réfugiés ou aux personnes sur le sol ukrainien des modèles d'organisation et de coordination de ces actions doivent être pensés et mis en place de façon évolutive pour en optimiser l'efficacité.

© 2022 Publié par Elsevier Masson SAS.

1. Foreword

This article is atypical. This is a statement of alert and mobilisation intended primarily for psychologists. These professionals have recently demonstrated their ability to react during the Covid-19 pandemic. We hope that psychologists will demonstrate the same capacities helping the direct and indirect psychotraumatized victims of the war in Ukraine. Given the large number of psychologists, particularly in the European continent, some of them constitute a valuable resource in terms of psychological support.

2. Human consequences of the war

War in the 21st century is associated with less direct mortality but with long lasting mental health consequences. The impact of war is not only experienced by combatants and veterans of these conflicts but, to a significant extent, the civilian population as well [10].

Targeting of civilian spaces such as churches, mosques, shopping malls, schools, university campuses and markets is common. For this reason, civilian deaths tend to far outnumber mortality rates among soldiers [15].

Traumatic war experiences among civilians range from detention in holding camps, displacement, forced separation from family, including parents being separated from children, physical torture and witnessing extreme violence [1].

While active military personnel typically undergo strenuous selection processes and resilience training, civilians in a war zone or as refugees and asylum seekers are at higher risk of adverse mental health outcomes [14]. Several systematic reviews have synthesised the extensive literature on the mental health impact of war on diverse subgroups of the population including children, adults, torture survivors, unaccompanied minors and refugees settled in camps or resettled in high-income countries [10,14,20].

Overall, the data from the systematic reviews suggests that civilians exposed to war, experience higher rates of post-traumatic stress disorder (PTSD), depression, substance abuse, suicide and elevated rates of physical health conditions and disability. In addition to the direct effects of war, civilians also experience conflict-related displacement. Although this entails a move away from immediate danger, journeys into exile are often perilous and pose significant risks to safety. War-displaced civilians must contend with post-migration stressors including unemployment, poverty, food insecurity, social isolation and housing difficulties [13].

Poverty and unemployment can lead to social marginalisation and stigmatisation of refugees in their host countries, exploitative labor practices and their dependence on humanitarian aid, which can be emotionally degrading. Furthermore, there is a greater probability of transgenerational transmission of these experiences,

which means that the effects of war can last for decades [19]. Hence, understanding the channels through which war and armed conflicts can perpetuate adverse outcomes is imperative for formulating integrated mental health interventions and policies. Taking into account the psychopathological consequence of war is an essential issue.

3. The war in Ukraine, a major polytraumatic event

Since 24 February 2022, Ukraine is attacked and invaded by the Russian army. The destruction is massive. The targets are military and civilian. These destructions are more and more every day. Strategic facilities, nurseries, schools, health establishments, factories, cultural or religious buildings, residential districts, apartment buildings, houses, markets, shopping centres, towns and villages are at the core of numerous bombardments, countless air attacks and on the ground assaults. Some areas are disfigured and devastated. Men, women and children are injured or killed. Others survive in basements deprived of basic resources. Families are destroyed. Corpses cover the ground of certain streets before being summarily buried. Certain corpses are said to be booby-trapped with explosives. War is spreading, proliferating, impacting lives and social organisation. The use of nuclear weapons is feared. After five weeks of conflict, this war is a major polytraumatic event. The trauma is human, social, democratic, material, economic and environmental.

In reaction to the massive and repeated attacks, the Ukrainian people demonstrated, from the beginning of the Russian offensive, extraordinary capacities for military and civil resistance [9]. Fighting is very intense. To escape the dangerous consequences of this violence, many residents are moving away from the scenes of ongoing war or potential fights by moving in and out of the country. This exodus of several million people mainly to neighbouring European countries is unprecedented since the Second World War. The vast majority (90%) of these refugees are women with children, as men between the ages of 18 and 60 are called upon to defend Ukraine. Many media reports show that this call is not a constraint but on the contrary a duty widely accepted and claimed by Ukrainians from the very beginning of the conflict.

The highly publicised war in Ukraine and its heavy consequences are followed in real time in the media and on social networks.

4. The exodus of the population

Migrations, inherent to human nature and its need for displacement and adaptation to the conjuncture, are counted in millions of individuals, who, most of the time, decide to migrate to another region or another country in a thoughtful, rational and chosen way to improve their living conditions [16]. In the case of a war, such as the conflict in Ukraine, which closely and deeply

affects civilians, the migration decision and the physical displacement of populations take very different forms and are based essentially on survival. Migration thus takes the shape of a mass exodus of individuals for whom displacement is not a deliberate and wise choice but rather an urgent, sudden and unprepared decision.

The psychological consequences of leaving behind one's place of residence, family, friends and memories are accompanied by economic and social aftermath related to the abandonment of one's home, work and material possessions, without any certainty of finding them back one day.

In the case of the conflict in Ukraine, the trauma of forced displacements affected millions of people in few days. Indeed, the very serious "Institute for System Statistical Studies" based in Kyiv already estimated the number of refugees fleeing the war between 3,700,000 and 4,000,000 people on 15 March 2022. The High Commissioner for Refugees (UNHCR), for its part, estimated the number of refugees at almost 4,200,000 people at the end of March 2022, distributed mainly between neighbouring countries to the west of Ukraine (Fig. 1).

The number of refugees (10% of the total population of the country) is matched by an even greater proportion of internally displaced people (6.5 million people according to UNCHR, at mid-March 2022) [24]. In all, we are therefore talking about more than eleven million people (i.e. more than a quarter of the total population) who had to urgently flee their homes to escape the risks of the war, in one month.

These massive exoduses are accompanied by many risks linked to the war itself but also linked to the distress of these forced migrant populations, made up mainly of women and children (9 out of 10 migrants are women and children, including 1.5 million children according to UNICEF) [25]. Mid-March, the International Organization for Migration (IOM) and UNICEF alerted the various national and international authorities of the increased risks of human trafficking (500 children crossed the border with Romania on their own, for example) and the risks of violence, including sexual violence against women during their journey to supposedly safer areas. The IOM [18] indeed reports many cases of sexual exploitation, in situations where promises to facilitate transport or passage to safe places are exchanged for sexual favours.

At the same time, and despite repeated requests to flee their city, more than 150,000 civilians are still stranded on April 1, 2022, in the hell of the Mariupol area, where, despite fighting and famine, the evacuations orchestrated by the International Red Cross are still blocked.

5. The immediate, post-immediate or long-term psychological consequences of the war in Ukraine for refugees

After the fear, the terror and the anguish of destruction and death for themselves and their loved ones, the refugees are relieved to be safe in a host country. Following the exodus, separations and uprooting, this relief is only partial. They now fear for the people left behind, and the state of conservation or destruction of their place of origin and more broadly of Ukraine. This permanent anxiety fluctuates as the war spreads, proliferates and the situation can change at any time. Injuries or death of acquaintances are highly feared. These injuries and deaths can multiply. There may be common points as well as great differences in these experiences depending on the people, their psychic resources, their vulnerability and the way in which they are impacted.

Anguish, sadness, mourning, sleep disturbances, involuntary reliving of bombardments, explosions [7,8], and other forms of aggression are possible. Somatic and behavioural disorders may also appear or be superimposed. Disturbances, when they exist, can manifest themselves in the short, medium or long term with different levels of intensity. They can regress or worsen [2–4,21,22]. This psychotraumatological picture cannot be generalised to all direct and indirect victims of war. The duration and evolution of the conflict can change its content and frequency. The Ukrainian people, refugees included, are showing extraordinary adaptability and resilience by mobilising themselves to get out of this chaos. This mobilisation is a psychologically more protective factor than passively undergoing events [9].

6. The issue of psychological care for victims who are refugees

On the 35th day of the war, we do not know the real psychopathological impact of this major traumatic event on its direct and indirect victims. If it is not general, it is difficult to think that it does not exist or that it is minor. The question of the evaluation and psychological care of psychotraumatized people arises [2,23]. It is even an emergency. As many countries hosting refugees are well endowed with a good number of psychologists, some of these interested professionals should mobilise themselves and make themselves known to carry out these clinical acts. Priority should be given to trained and experienced psychologists to support victims. Not all are. The language barrier will have to be overcome. Initially, it would be desirable to make contact or get closer to local and national refugee centres to facilitate these

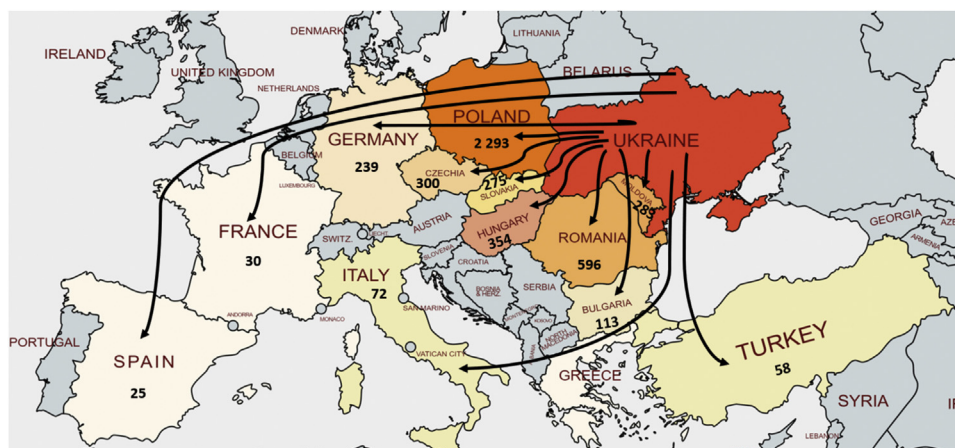


Fig. 1. Map: Distribution of Ukrainian refugees in certain countries in Europe, in thousand individuals, at 29 March 2022. (NB. other countries than those mentioned on the map also receive Ukrainian refugees). Illustration: Authors. Sourcedata:UNHCR.

operations. Face-to-face or remote consultations, as developed during the Covid-19 pandemic [5,6], are conceivable. Reinforcements in the number of psychologists, including remotely, from the countries hosting the most refugees are also desirable.

7. The issue of psychological care for victims in Ukraine

The question of the detection, assessment and care of psychologically traumatised people who have remained in the Ukrainian territory is probably even more serious. Whether they are non-combatants or combatants [11,12,17], the international psychological community should mobilise itself, in addition to local colleagues, to provide them with the adequate psychological help. These humanitarian actions would be feasible depending on the evolution of the conflict.

Whether it is psychological support for refugees or people on Ukrainian soil, organizational and coordination models must be designed and implemented in an evolutionary and adaptive manner to optimize their effectiveness.

Disclosure of interest

The authors declare that they have no competing interest.

References

- [1] Abu Suhaiban H, Grasser LR, Javanbakht A. Mental health of refugees and torture survivors: a critical review of prevalence, predictors, and integrated care. *Int J Environ Res Public Health* 2019;16:2309. <http://dx.doi.org/10.3390/ijerph16132309>.
- [2] Al Joboory S, Soulan X, Lavandier A, Tortes Saint Jammes J, Dieu E, Sorel O, Bouchard JP. Psychotraumatologie : prendre en charge les traumatismes psychiques. *Ann Med Psychol* 2019;177:717–27.
- [3] Al Joboory S, Soulan X, Lavandier A, Bouchard JP. Les traumatismes psychologiques de l'adulte (1/2). *Rev Infirm* 2020;69:41–3.
- [4] Al Joboory S, Soulan X, Lavandier A, Bouchard JP. Les traumatismes psychologiques de l'adulte (2/2). *Rev Infirm* 2020;69:36–8.
- [5] Al Joboory S, Monello F, Bouchard JP. PSYCOVID-19, dispositif de soutien psychologique dans les champs de la santé mentale, du somatique et du médico-social. *Ann Med Psychol* 2020;178:747–53.
- [6] Al Joboory S, Monello F, Soulan X, Álvarez Fernández V, Bouchard JP. Covid-19 : les dispositifs de soutien psychologique. *Rev Infirm* 2020;69:37–9.
- [7] Bouchard JP, Franchi C, Bourrée C, Lepers C, Quillerou B. Psychotraumatologie: conséquences psychologiques de l'explosion de l'usine AZF de Toulouse sur le personnel d'une entreprise voisine. Évaluation clinique post-catastrophe et intérêt de développer un plan blanc psychologique et psychiatrique. *Ann Med Psychol* 2019;177:946–53.
- [8] Bouchard JP, Brulin-Solignac D, Franchi C, Quillerou B. Psychotraumatologie : manifestations psychologiques immédiates et post-immédiates de victimes de l'explosion de l'usine AZF de Toulouse. *Ann Med Psychol* 2019;177:1013–6.
- [9] Bouchard JP. Le peuple ukrainien fait preuve d'extraordinaires capacités d'adaptation et de résilience. *Limoges Infos* 87, 25 mars 2022. Dr Jean-Pierre Bouchard : "Le peuple ukrainien fait preuve d'extraordinaires capacités d'adaptation et de résilience" - Info Haute-Vienne (limogesinfos87.fr).
- [10] Charlson F, van Ommeren M, Flaxman A, Cornett J, Whiteford H, Saxena S. New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis. *Lancet* 2019;394:240–8. <http://dx.doi.org/10.3389/fpsy.2018.00433>.
- [11] Crocq L. Les traumatismes psychiques de guerre. Paris: Odile Jacob; 1999.
- [12] Crocq L, Bouchard JP. Histoire de la psychotraumatologie: « Les dramatiques attentats terroristes de 2015 et 2016 ont eu des répercussions considérables sur les psychismes ». *Ann Med Psychol* 2018;176:305–9.
- [13] Miller KE, Rasmussen A. The mental health of civilians displaced by armed conflict: an ecological model of refugee distress. *Epidemiol Psychiatr Sci* 2019;26:129–38. <http://dx.doi.org/10.1017/S2045796016000172>.
- [14] Morina N, Akhtar A, Barth J, Schnyder U. Psychiatric disorders in refugees and internally displaced persons after forced displacement: a systematic review. *Front Psychiatry* 2018;9:433. <http://dx.doi.org/10.3389/fpsy.2018.00433>.
- [15] Musisi S, Kinyanda E. Long-term impact of war, civil war, and persecution in civilian populations-conflict and post-traumatic stress in African communities. *Front Psychiatry* 2020;20. <http://dx.doi.org/10.3389/fpsy.2020.00020>.
- [16] Ogujiuba K, Anjofui P, Stiegler N. Push and pull factors of international migration: evidence from migrants in South Africa. *J Afr Union Stud* 2019;8:219–50. <http://dx.doi.org/10.31920/2050-4306/2019/8n2a12>.
- [17] Quillerou B, Bouchard JP. Le plan blanc psychologique et psychiatrique : un dispositif d'avenir pour les victimes d'événements hors normes. *Ann Med Psychol* 2019;177:79–84.
- [18] International Organization for Migration IOM warns of increased risk of trafficking in persons for people fleeing Ukraine - Ukraine | ReliefWeb.
- [19] Scharpf F, Mkinga G, Neuner F, Machumu M, Hecker T. Fuel to the fire: The escalating interplay of attachment and maltreatment in the transgenerational transmission of psychopathology in families living in refugee camps. *Dev Psychopathol* 2021;33:1308–21. <http://dx.doi.org/10.1017/S0954579420000516>.
- [20] Stone M, Mann S. Effects of war, terrorism and armed conflict on young children: a systematic review. *Child Psychiatry Hum Dev* 2016;47:950–65. <http://dx.doi.org/10.1007/s10578-016-0626-7>.
- [21] Soulan X, Lavandier A, Al Joboory S, Bouchard JP. Les traumatismes psychologiques de l'enfant. *Rev Infirm* 2019;68:37–9.
- [22] Soulan X, Lavandier A, Al Joboory S, Brilland S, Bouchard JP. Les traumatismes psychologiques de l'adolescent. *Rev Infirm* 2020;69:34–6.
- [23] Tarquinio C, Bouchard JP. Psychologues et psychothérapies : innovation dans la recherche académique, la formation et la consultation. *Ann Med Psychol* 2019;177:182–90.
- [24] UNHCR Ukraine Internally Displaced Persons (IDP)—UNHCR Ukraine.
- [25] Unicef Children fleeing war in Ukraine at heightened risk of trafficking and exploitation (unicef.org).