

EDITORIAL

An Unexpected War in Ukraine: What Should we Expect? The Consequences of War among Ukrainian Refugees

Uma Guerra Inesperada na Ucrânia: O que Devemos Esperar? As Consequências da Guerra entre os Refugiados Ucrânicos

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War and its dramatic consequences on psychological health are currently affecting Ukrainian population. On 21 March 2022, the United Nations (UN) reported that since the invasion of Ukraine by Russian army on 24 February, over 10 million people, corresponding to almost one-quarter of the whole population, were forced from their homes to find safety and security (United Nations, 2022).¹ The estimated data report that around 6.5 million men, women and children are displaced and almost 3.5 million crossed the border out of Ukraine as refugees. The war in Ukraine is resulting in a devastating loss of life, catastrophic injuries, and physical destruction, at the same time the psychological impacts are extensive, especially among children. One fundamental aspect of mental health is a sense of control, and a lack of control undermines the degree to which people feel empowered to look after themselves and others into the future.^{2, 3}

The impact of war on mental health in the general population, refugees, and more vulnerable populations (women and then children, the elderly and the disabled) was well documented.⁴ Multiple exposure to traumatic events or cumulative trauma is associated with higher levels of psychopathologic conditions.^{5,6} Ukrainian citizens could therefore be facing 'complex trauma' including fear of losing

life and/or freedom, grief, separation from families, social isolation, social disruption and forced migration. Among the sequelae we find the increased risk of post-traumatic stress disorder, depression, and anxiety disorders. Yet, according to Breslau *et al*⁷ a better esteem of PTSD may be obtained by evaluating complete accounts of all traumas experienced by respondents. Indeed, one systematic literature review of the long-term mental health of 16 010 war refugees identified significant heterogeneity in rates of depression, post-traumatic stress disorder (PTSD) and anxiety disorder, but prevalence estimates were typically in the range of 20% and above, with some estimates reaching 88% (for anxiety disorder).⁸

Mental health impacts in times of war are very assorted and include traumatic events such as harm, injury, deaths of others and violent loss, forced leave of homes and lands with associated feelings of fear and helplessness. A paramount experience is the feeling of loss of safety that could deprive the subject from the faith that there is order and continuity in life.⁹ The WHO estimated that, in the situations of armed conflicts throughout the world, "10% of the people who experienced traumatic events will have serious mental health problems and another 10% will develop behavior that will hinder their ability to function effectively.

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The most common conditions are depression, anxiety, and psychosomatic problems such as insomnia or back and stomach aches".¹⁰ In the same line of thought, war produces such a disruptive effect that the usual coping strategies do not work, and we find a reduced number of resources of persons. Watching bombings, explosions even through televisions and social media may put individuals at even greater risk for negative emotional consequences.¹¹ On a more positive tone, extensive literature also shows that more than half of the population exposed even to extreme conditions are resilient and that 75% of disaster victims do not develop psychological disorder and that epidemiological research shows that a variety of manifestations post even, not only posttraumatic stress disorder.¹²

Women and children are populations that have a particular vulnerability during war. Many studies observed that women have more psychological consequences of war, and a high correlation exists between mothers' and children's distress in a war situation. It is confirmed in literature that the greater the exposure to trauma – both physical and psychological – the more pronounced are the symptoms. Moreover, subsequent life events, both physical and psychological support, religion and cultural practices have important implications on the effects of war-related traumas.¹³ Again, women's resilience under stress and its role in sustain their families has also been recognized. Children might be exposed to an acute violence by witness of violent dead or physical injury of others, sometimes family members; exposure to corpses; confined to home or long time or repeated closure in shelters without a minimum of conditions; destruction of property and witnessed shelling, burning, or razing of residential areas; finally, forced to flee and leave its hometown. In extreme situations they may experience lack of food or clean water and be physically harmed.

The effects of war in children was studied in several settings. A large study on 1850 children living in Gaza Strip 6 months after an attack from Israeli army which lasted for near two months shows a subsample of 28.3% for males and 26.5% of females a diagnosis of a diagnosis of posttraumatic stress disorder (PTSD) related to the

number to the trauma events experienced - bombardments (83.51%); confinement at home (72.92%, profanation of mosques (70.38%), exposure to combat situation (66.65%) and exposure to dead corps (59.95%).¹⁴ Among Syrian refugee children literature about the impact of war was critically reviewed in a recent paper.¹⁵ Studies revised in different war contexts show that there is a significant variation of risk and protective factors depending on variations of background and experiences within a world large population of unaccompanied minors (25 000 annually) seeking asylum across 80 countries.¹⁶ Elevated levels of posttraumatic stress disorder, depression, anxiety, and behavior problems among refugees' children are well documented in published studies.^{17,18} The risk for psychopathology seems greater among unaccompanied children.^{19,20}

Numerous factors influence the variability observed across different studies of prevalence of PTSD and depression among victims of war conflicts, in particular the cumulative exposure to potentially traumatic events and the health care support. The World Health Organization (WHO) highlighted the importance of dealing with the psychological traumas of war both in the May 2005 resolution in which urged member states, "to strengthen action to protect children from and in armed conflict" and in January 2005 executive board calling "support for implementation of programs to repair the psychological damage of war, conflict and natural disasters" (WHO, 2005).²¹

To help people after the acute traumatic experience and to prevent irreversible psychological damages appropriate interventions should be specifically designed. For instance, while organizing an intervention for exposed populations we could consider how communities honor their losses as community efforts to ritualize and remember events should be proportionate to avoid prolonging experiences of traumatization or anchoring a sense of victimhood in the population. Also, some important issues must be raised: do we have effective interventions evidence-based for war trauma? What is the role of cultural factors on the stress response? Which coping mechanisms with trauma should be reinforced? How can mental health services should be organized for a better response?

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