



The War in Donbas I

“No One Understands Me”: Investigating Recognition, Restitution, and Re-Traumatization among Ukraine’s ATO Veterans

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Since the beginning of the war in Ukraine's eastern Donbas region, several reports have warned that the country will soon face a public health crisis – a surge in cases of post-traumatic stress disorder (PTSD). As Ukrainian soldiers fight pro-Russian separatists in the conflict zone, known as the Anti-Terrorist Operation (ATO), large numbers return traumatized to face a system that is ill-equipped to help them. These reports have focused heavily on Soviet stigmas of mental illness and masculinity, which prevent the country's veterans from asking for psychological support to overcome the stress of combat exposure. They also point to the lack of mental health resources in a country that has been at peace for decades, and has had no need to invest in either its military or in any infrastructure for caring for its veterans in the long-term (Miller, 2015; Stewart, 2015; Stern, 2015; Moldovan, 2016).

This growing body of literature correctly identifies many of the challenges facing Ukraine's ATO veterans, but fails to consider how the wider community can either ease or exacerbate their trauma. Scholarship in the psychology, anthropology, and political science fields all point to the community, which can be defined as both personal social networks and the institutions with which veterans interact, as a key factor influencing their ability to reintegrate into civilian life. Where community responses fall short in recognizing veterans' experiences and providing them with some form of restitution, PTSD and other forms of psychological war trauma may persist and they may even be re-traumatized.

In Ukraine, the community's capacity or willingness to appropriately recognize its veterans may be undermined by the extremely ambiguous nature of the war in Donbas as well as the tumultuous and uncertain state of broader institutional reform. This paper addresses this gap in our understanding of trauma in wartime Ukraine. It identifies key elements of the community response to ATO veterans, and examines how this response constrains existing psychological rehabilitation programs for ATO veterans. The findings are based primarily on a series of semi-structured interviews conducted with representatives of both international and local organizations working on veterans' trauma in the country.

As the war in Donbas threatens to become "frozen," this research is critical in considering ways to achieve sustainable peace and development in the country. There are immediate implications for how the Ukrainian government, Ukrainian civil society, and international organizations can better target their mental health programming. It can also inform policy responses to more effectively mitigate the immediate effects of trauma and longer-term incentives for the re-emergence of violence.

Community Responses to Trauma

Psychological war trauma encompasses a range of “invisible wounds,” or mental health conditions and cognitive impairments that can result from military deployment experiences. These include, for example, post-traumatic stress disorder (PTSD), depressive and anxiety disorders, and traumatic brain injuries (TBI) (Tanielian and Jaycox, 2008). Although PTSD was not officially recognized as a diagnosis by the American Psychiatric Association until 1980 when it was included in the DSM-III, the military and medical communities have grappled with the psychological consequences of combat exposure for several generations. What is now recognized as PTSD has gone by many labels, from “insanity,” “nostalgia,” or “soldier’s heart” during the American Civil War, to “shell shock” and “war neurosis” during World War I, to “combat fatigue” during World War II, to “post-Vietnam syndrome” in the aftermath of the Vietnam war (Summerfield, 2001; Finley, 2011). In a parallel with the American Vietnam experience, the term “Afghan syndrome” emerged in the Soviet Union to describe the psychological fallout for veterans of their country’s invasion of Afghanistan (Sarin and Dvoretzky, 1993). Now, in Ukraine, the term “ATO syndrome” is often used to describe the trauma of veterans of the Donbas war (Tomkiw, 2015). The fact that different names have been given to combat stress depending on the specific circumstances of the war raises questions about the extent to which PTSD is universal and cross-culturally relevant, and what treatment approaches are most appropriate for each setting (Summerfield, 2001; de Jong, 2001; Kienzler, 2008; Nicolas et al., 2015).

Irrespective of terminology, psychological war trauma can have severe consequences for both individual combat veterans and their societies. The public health costs are well-documented and can encompass substance abuse; unhealthy behaviors such as unsafe sex, overeating, and smoking; impaired relationships; homelessness; and, suicide. There are also substantial social costs in dollar terms, including lost productivity and increased mortality (Tanielian and Jaycox, 2008). Trauma negatively impacts populations over time, according to a growing body of research that provides evidence for “secondary traumatization,” or intergenerational transmission of trauma. Rooted in investigations of how Holocaust survivors may have transmitted their distress to later generations (including through epigenetics), these studies explore how one generation’s trauma may affect the next (Kellerman, 2001; Dekel and Goldblatt, 2008; Kellerman, 2013; Bezo and Maggi, 2015). Finally, trauma can impact long-term prospects for peace and stability in divided societies. The experience of trauma has been shown to affect attitudes towards justice and reconciliation in post-conflict settings, which are often preconditions for sustainable conflict resolution (Pham, Weinstein, and Longman, 2004).

The process of assisting combat veterans in their return to civilian life goes by many different labels, but the most common are “psychological reintegration” (Bragin, 2010), “psychosocial adaptation” (Ukraine MFA, 2016), “psychosocial support” (Inter-Agency

Standing Committee, 2007), and “psychological rehabilitation.”¹ Regardless of which label is used, such terminology emphasizes a longer-term relationship between individual psychological states and broader social experiences. This concept is distinct from that of “psychological first aid,” which is “an evidence-informed modular approach for assisting people in the immediate aftermath of disaster and terrorism: to reduce initial distress, and to foster short- and long-term adaptive functioning” (Brymer et al., 2006). But just as there has been conceptual stretching of the concept of PTSD, there is little consensus around the meaning of the term “psychosocial.” There is little clarity as to what types of care such programs should include and to what extent they are (or should be) combined with more medicalized approaches to mental health.²

Much of the literature on trauma emphasizes that the way veterans are received by their community has a profound impact on their ability to reintegrate into civilian life and restore a sense of normalcy and personal empowerment. The veterans’ community can be understood as encompassing their family, friends, and social networks, or more broadly as the institutions with which they interact and the socio-cultural context in which they are embedded. For example, Herman argues that:

Sharing the traumatic experience with others is a precondition for the restitution of a sense of a meaningful world. In this process, the survivor seeks assistance not only from those closest to her but also from the wider community. The response of the community has a powerful influence on the ultimate resolution of the trauma. Restoration of the breach between the traumatized person and the community depends, first, upon public acknowledgment of the traumatic event and, second, upon some form of community action. Once it is publicly recognized that a person has been harmed, the community must take action to assign responsibility for the harm and to repair the injury. These two responses - recognition and restitution - are necessary to rebuild the survivor’s sense of order and justice “ (Herman, 1997).

Similarly, in his interpersonal-psychological theory of suicide, Joiner asserts that two major risk factors for the desire for death by suicide - an all-too-common issue among returning war veterans, ATO veterans not excepted - are feelings of “perceived burdensomeness” and “thwarted belongingness.” Perceived burdensomeness refers to a sense that one does not make a positive contribution and in fact is a detriment to those around him, while thwarted belongingness is a feeling of alienation from one’s family, friends, and wider social circles (Joiner, 2005). When a veteran experiences these syndromes, he or she is disturbed by interpretations of how the community perceives the veteran.

On a larger scale, a core belief within the transitional justice field is that victims of trauma in war-torn societies cannot fully recover unless they receive public recognition of their experiences and a full accounting of the causes and consequences of their suffer-

1 See, for example, Wounded Warrior Ukraine’s website: <http://woundedwarriorukraine.org/>.

2 Phone interview with Kaz de Jong, Medcins sans Frontieres, June 10, 2016.

ing. This has given rise to a wide range of official judicial and truth-telling mechanisms, such as war crimes trials and truth commissions. While institutional recognition in the form of court verdicts, financial reparations, or public apologies has therapeutic effects for individuals, on a collective level it is meant to dampen the desire for vengeance, minimize the risk of retributive violence, and encourage reconciliation among warring groups (Mendeloff, 2009). Many argue that these mechanisms can “restore a sense of society as a moral community” and help resolve the suffering of those who have been affected by violence (Nytagodien and Neal, 2004). Similarly, in his theory of sociodrama and collective trauma, Kellerman asserts that “there can be no complete healing for anyone as long as the collective sources of trauma remain unaddressed because, in the long run, collective trauma cannot be healed as isolated events in the lives of individuals. It needs a group setting for its proper exploration and resolution” (Kellerman, 2007).

The importance of the community response is also underlined in studies of how cultural variables seem to moderate trauma in some settings and allow for recovery despite great odds. Ehrenreich argues that “the ability of millions of people in poorer countries to function, despite histories of extreme traumatization and the all but total absence of professional resources to “treat” traumatization, suggests that beliefs, traditions, traditional healing practices, cosmologies, and other social and cultural processes may mediate resilience” (Ehrenreich, 2003: 21).

As the section below will show, the ambiguous and protracted nature of the war in Donbas, as well as Russia’s denial of its involvement, create serious risk factors for ATO veterans who will need public and institutional recognition to overcome their trauma. In particular, the high level of uncertainty about the Ukrainian state’s ability to address the root causes of combat trauma - corrupt and inefficient governance, internal divisions over national identity, and tensions between East and West in international relations - suggests that it is likely to endure as the community struggles to negotiate a shared understanding of the war itself.

The War in Donbas

The war in Ukraine’s eastern Donbas region began in spring 2014. After Russia annexed Ukraine’s Crimean peninsula in February 2014, pro-Russian activists in Donbas organized protests against the new government in Kyiv (with the support of the Kremlin). Protests devolved into violent conflict among the separatists, who ultimately proclaimed the Donetsk People’s Republic (DNR) and the Luhansk People’s Republic (LNR), and Ukrainian government forces. As the situation continued to deteriorate, the Minsk peace process was initiated in September 2014 according to the Normandy Format. However, the agreement was ineffective in stopping the fighting. The process

was revived in February 2015 with Minsk-II, which requires a ceasefire, withdrawal of heavy weapons from the front lines, and constitutional reform in Ukraine, among other points. However, the OSCE's monitoring mission in eastern Ukraine has documented consistent ceasefire violations and the war drags on.³

Despite the consistently unstable security situation, neither Ukraine nor Russia has formally declared war in the Donbas. The Ukrainian government refers to its military engagement as an “anti-terrorist operation,” while the Kremlin frames the conflict as a “civil war” (Makarenko, 2015; Czuperski et al., 2015). The Kremlin's terminology is disingenuous, as Russia has provided both indirect and direct support for the separatists in the east. Many terms have been used to describe Russia's multi-pronged approach in Ukraine, from the “Gerasimov doctrine” of “non-linear” or “hybrid warfare,” to “ambiguous warfare” (Connell and Evans, 2016; Kofman, 2016). While inconsistent terminology indicates Russia's success in sowing confusion in Ukraine and in the West, it is known that the Russian approach involves a mix of conventional weapons; irregular tactics; Russian soldiers entering Ukrainian territory out of uniform, known as “little green men;” psychological operations, intimidation, and criminality; and soft power and propaganda. Although it is clear that the Minsk peace process is not being fully implemented, there is still little agreement on whether, or when, the Donbas war could become a “frozen conflict” like those in South Ossetia, Abkhazia, Transnistria, and Nagorno-Karabakh - or if perhaps it already has (Jarábik, 2015; Grigas, 2016). The result is that Ukraine currently exists in a blurred state between war and peace.

Many factors are to blame for the Donbas war, including unresolved questions of history and identity, encompassing ethnicity, language, and religion; economic fears and alienation from the post-Maidan government in Kyiv; local elites in Donbas associated with ousted President Viktor Yanukovich; Russian sponsorship of separatists, stemming from neo-imperial ideologies; and, strategic economic and military interests in Ukraine (Wilson, 2016; Grigas, 2016). In addition to domestic factors in Ukraine and bilateral tensions between Ukraine and Russia, the wider geopolitical context of strained East-West relations - and perhaps a “new Cold War” - also distorts the picture of motives, strategies, and potential outcomes (Jarábik, 2015).

Given the above discussion on the community's role in providing recognition and restitution to veterans in order to support their recovery from trauma, there is deep cause for concern in the Ukrainian case. How can the community, conceptualized as both people with whom veterans directly interact and the wider social context as embodied in institutions, fulfill this function given the extreme ambiguity of the war? It is unclear whether the country is actually at war, and if so, what kind of war it is fighting, what the

3 See the website for the OSCE's Special Monitoring Mission to Ukraine: <http://www.osce.org/ukraine-smm>.

objectives are, and who is ultimately responsible for the violence. This could seriously complicate veterans' ability to give meaning to their traumatic experiences.

Approaches to Psychological War Trauma in Ukraine

When the war in Donbas began, Ukraine's army was "inexperienced and woefully underfunded" (Antonova, 2015). Ukrainian troops had not been involved in a war since Afghanistan beginning in 1979, although some of the country's *Afgansty* - or veterans of the Soviet war in Afghanistan - went on to fight in Russia's wars in Chechnya in the 1990s (Ferris-Rotman, 2015). Much of the fighting was initially done by irregular units, whose troops were often formed from Maidan protesters who went east to fight the separatists. These volunteer battalions were highly motivated but often ideologically disparate and lacked appropriate training and equipment (Piper and Karazy, 2015). While the government struggled to coordinate with some of these battalions, as of April 2016 all but one had been formally incorporated into Ukrainian military structures (although there have been reports that many volunteers are still heading for the ATO) (Borys, 2016). The state also began addressing manpower needs through successive "mobilization waves" and through a campaign encouraging Ukrainians to sign up for contract service.

Just as Ukraine's military was unprepared for the fighting in the Donbas, so was the country's health care infrastructure. As a result, several international, Ukrainian, and diaspora groups developed programs to provide support for Ukraine's soldiers and veterans through both physical and psychological rehabilitation services. Although a complete mapping is beyond the scope of this paper, the list below is a sampling of the variety of psychosocial efforts that can currently be found in the country. The organizations included as examples often have several different streams of work that use many of these approaches.

- Psychological first aid. Psychological Crisis Service provided this type of support for Maidan activists and continues to do so for ATO soldiers and veterans.⁴
- Veterans rehabilitation centers, formed in partnership with international and diaspora organizations. These include a center combining physical and psychological rehabilitation at the Irpin Military Hospital in Kyiv,⁵ and, the Kyiv-Mohyla Psychological Rehabilitation Centers⁶, which provide psychological services for traumatized populations (including veterans) and train mental health professionals.

4 Phone interview with Oksana Khmelnytska, June 20, 2016

5 "Guardian Angels Ukraine' Announces Cooperation with Academic Institutions in Latest Phase of Rehabilitation Project," June 15, 2016, "http://rehab.queensu.ca/storage/GAU_Press_Release_June_15_2016.pdf

6 "Kyiv-Mohyla Academy establishes PTSD centers," <http://www.ukma.edu.ua/eng/index.php/news/634-kyiv-mohyla-academy-establishes-ptsd-centers>

- Peer-to-peer or veteran-to-veteran programs. These train and empower veterans themselves to provide psychological support to other veterans. These include Wounded Warrior Ukraine and Pobratymy.⁷
- Re-training veterans for employment in the public or private sector. Studena NGO takes this approach.⁸
- Providing legal assistance and encouraging civic activism. Legal Hundred has spearheaded much of this work.⁹
- Remote and in-person trainings for Ukrainian mental health professionals. These are often conducted by international groups, such as the Israeli Trauma Coalition and the Global Initiative on Psychiatry, or by individuals.¹⁰
- Animal-assisted therapy to provide symptomatic support. Hero's Companions trains therapy and service dogs to work with veterans in hospitals and individually, while Guardian Angels Ukraine supports dolphin-assisted therapy for veterans employed at the "Khmilnyk" Military sanatorium in Vinnytsia.¹¹
- Art therapy, including the Zigriy Dushu project that brings ATO veterans to Hungary and the All-Ukrainian Art Charity Project 'ART-Combat' (Shramenko, 2015).¹²
- Transcendental meditation, such as the Invincible Ukraine project.¹³
- Spiritual counseling, including partnerships between priests and mental health professionals. An example is NGO Elios-Mylist (Tomkiw, 2015).

What remains unclear is to what extent these efforts may be affected by the broader community response to ATO veterans, in terms of both veterans' individual social networks and their interactions with state institutions. Ultimately, these programs can only have piecemeal successes if the framework for recognition and restitution from the community is unstable or incomplete. Therefore, it is important to examine the social and institutional contexts in which these psychosocial support programs oper-

7 Phone interview with Roman Torgovitsky, September 15, 2016.

8 Phone interview with Nastya Melnychenko, September 28, 2016.

9 Phone interviews with Lesia Vasylenko, June 3, 2016 and October 7, 2016.

10 "Preventing PTSD and drug use among Ukrainian soldiers," https://www.facebook.com/pompidougroupphotos/?tab=album&album_id=1282295275130148; phone interview with Jana Darejan Javakhishvili, June 13, 2016; phone interview with Elena Cherepanov, June 8, 2016.

11 Phone interview with Kalyna Kardash, September 27, 2016; "Guardian Angels Ukraine," June 15, 2016.

12 "Ukrainian military take art therapy in Hungary," Ukraine Crisis Media Center, October 25, 2016, <http://uacrisis.org/48500-rmg-15>; Natalia Shramenko, "Art created by...warriors," *The Day*, May 26, 2015, <https://day.kyiv.ua/en/article/culture/art-created-warriors>

13 See the website for Invincible Ukraine: <http://www.invincible-ukraine.org/>.

ate in order to understand the “bigger picture” of the support that is available to ATO veterans when they return home. If the community response is inadequate, or if there are no cultural moderating variables to help mitigate trauma, veterans may experience re-traumatization despite a large investment of time, energy, and money into developing psychosocial reintegration programs.

From Kyiv to Donbas: Divisions in Community Understandings

Because Ukraine’s military sector was so underdeveloped at the beginning of the war, the government struggled to provide sufficient manpower or to properly equip soldiers to challenge the Russian-backed separatists. Despite support for the Ukrainian cause, this has created a perception of Ukrainian government ineptitude. One United States Government official believes that many soldiers return from the ATO feeling “demoralized,” because their experience of the war is one of “a lack of logistics, corruption, reliance on volunteers to provide food and basic supplies, and lousy equipment.”¹⁴ This creates a situation of dissonance. On the one hand are Ukrainian soldiers, particularly those who fought in volunteer battalions of their own volition and were motivated by a sense of patriotism and desire to defend their country. On the other hand is the government, in whose name they fought but which has been unable or unwilling to adequately provide for them despite their sacrifices.

The situation has gradually improved as the war has dragged on and the Ukrainian government has been forced to re-prioritize investment in the military, but it still negatively affected how ATO veterans were perceived when they returned home. Ivona Kostyna of Pobratymy observes that at least at the beginning of the war, Ukrainians “had a very poor image of soldiers on the front lines. They were seen as very needy men who had nothing to eat or wear and needed everyone’s help.”¹⁵ This is in striking contrast to the fact that so much of the war was fought by volunteers, who were inspired by the desire to protect the sovereignty of their community – to help others, rather than need help themselves.

Soldiers fighting in the ATO have also struggled with gaps between Ukrainian government messaging about the goals of the war and the peace process, and their perceptions of the realities on the ground. This dissonance arises from conflicted beliefs about differences between “us” and “them” - because the war is being fought entirely within Ukraine, it is sometimes difficult to demarcate between Ukrainians and pro-Russian separatists in a way that fully justifies protracted violence. According to Vsevolod Rozanov, a Ukrainian expert on military suicides, “when the goals and reasons of all

14 Interview with US Government official, Kyiv, Ukraine, October 25, 2016.

15 Phone interview with Ivona Kostyna, Pobratymy, September 12, 2016.

that is happening are not very clear, and when people fighting from both sides are not supported by some understanding of what's happening, and on the other hand they feel that both sides come from the same people, this may be a very traumatic situation. It may be perceived as an unnecessary, unwanted war.¹⁶ More specifically, Vasylenko calls attention to how Ukrainian soldiers are perceived in different regions of Ukraine: "they just want to be recognized that they were fighting for Ukraine, and not just a killer of other Ukrainians. This is a very big propaganda issue in the East - there is graffiti on walls that they are killers and fascists."¹⁷ Nastya Melnychenko of NGO Studena makes a similar point, observing that soldiers' experiences of returning home depend on the region: "a lot depends on where they're going back to. In western Ukraine they are met with flowers and hugs. In the East, there's more of an idea that, we didn't ask you, we didn't send you, why did you go? That is really depressing to them."¹⁸

In addition, because the war is on their own territory, it is surprising to many veterans that little seems to have changed for civilians. This isolates them from much of the broader population, whose lives have mostly continued on unchanged despite the war. However, there has been a shift in mentality over time, as returning soldiers have begun to frame this situation as giving meaning to their reasons for fighting. Kalyna Kardash of Hero's Companions notes that for much of the period that Ukraine has been at war, Ukrainian soldiers have had "conflicting feelings" about their experience of life in the ATO compared to the peacefulness of the majority of the country. In her view,

American veterans went really far to fight their war. This war is six hours away. They feel like the people around them don't understand them. They feel betrayed. How can you go on living this happy-go-lucky life when my friends are dying and maimed? Why should we go and sacrifice our lives and put ourselves at risk when half the population doesn't seem to care that a war is going on?

In recent months, Kardash has noticed that veterans now talk about the situation as if "this is what we are protecting. We want people to live peaceful, happy lives."¹⁹ Similarly, Kostyna describes how Ukrainian soldiers originally "couldn't understand the big division between people in the ATO and Kyiv, Kharkiv, and Odessa who were going to clubs and living a peaceful life. But with time, this changed. They have adapted to the circumstances around them. Now they understand that they are fighting for the right to live a peaceful life."²⁰ Although a gap between veterans and civilians clearly exists and threatens to amplify their sense of trauma upon their return from the ATO, at least on

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16 Phone interview with Vsevolod Rozanov, October 3, 2016.

17 Phone interview with Lesia Vasylenko, Legal Hundred, June 3, 2016.

18 Phone interview with Nastya Melnychenko, NGO Studena, September 28, 2016.

19 Phone interview with Kalyna Kardash, Hero's Companions, September 27, 2016.

20 Phone interview with Ivona Kostyna, Pobratymy, September 12, 2016.

this issue they have been able to give meaning to it by reframing an indifferent community response as indicating the success of their efforts.

However, the view that the war has not touched the majority of the population in Ukraine when it has so profoundly affected ATO veterans is compounded by rising public skepticism about the conflict, which reinforces a sense of alienation. Vasylenko tells stories about ATO veterans who are entitled to “jump the queue” at hospitals or pharmacies but are conflicted about whether to do so. On the one hand, such benefits for veterans create a sense that veterans are “owed something by society and the state,” that “you actually owe me for sitting here and having a peaceful sky about your head.” But on the other hand, because there is no generalized culture of gratitude for veterans’ service, “God forbid someone cut in from of an old lady or a mother of a baby.” Vasylenko explains that “of course they’re heroes, but the rest of the population is actually getting really tired of this war and they don’t understand why we’re fighting. They don’t care if you’re a veteran.” Even worse,

In this country nothing has changed. Corruption is still here and poverty has increased. When they come back, they get asked why did you go, who did you fight for? The President? The deputies? They find themselves marginalized. [The war] is perceived as a way for the President to have a scapegoat rather than pay attention to the issues we’re actually facing.²¹

Similarly, Melnychenko has observed that fighters “on the front felt they were giving their lives and giving a lot of themselves. When come back, they see there aren’t any changes, so they get frustrated.”²²

Veterans facing these public perceptions after combat exposure experience a strong sense of isolation, which could worsen if violence continues despite the nominal existence of a ceasefire and a peace process. In fact, there is a rising number of veteran-run social enterprises in Kyiv, and a veteran’s business association has recently emerged. In addition, observers have noted the importance of Facebook and other social media for keeping veterans connected and creating a sense of community that many have struggled to find among civilians after returning from the ATO.²³

Finally, the government and international community’s ambivalence about the nature of the war and violations of the Minsk process alienates ATO veterans from the state. Because veterans have relied on social media to empower themselves to create a clearer understanding of the political situation, there is a risk that they will become increasingly “closed off.” Kostyna argues that

21 Phone interview with Lesia Vasylenko, Legal Hundred, October 7, 2016.

22 Phone interview with Nastya Melnychenko, NGO Studena, September 28, 2016.

23 Phone interview with Lesia Vasylenko, Legal Hundred, October 7, 2016.

when you fight in an undeclared war, it affects the recognition of one's own contribution. They are under constant artillery fire but they still follow the Minsk agreement. Minsk is the most frustrating thing for them. They understand the need but it's not being followed by the other side and this brings them into danger. This was a big trust issue towards the government.

According to Kostyna, ATO soldiers and veterans gradually began to understand the political process, but “only because of Facebook” which allowed them to view different views, receive news from the frontline, and react quickly.²⁴

Again, social media has played a critical role in mitigating root causes of re-traumatization, which are government ineptitude in effectively communicating and coordinating, as well as a lack of understanding about a war that is highly ambiguous in nature. However, without some mechanism of mediation between their firsthand experiences of the war and the messages they receive from others in the community, veterans may not be able to get the wider public recognition or justify forms of restitution that will help them overcome the traumas of combat exposure. This could further contribute to the isolation of veterans.

Trauma Through Bureaucracy

Veterans who fought in volunteer battalions have had a particularly difficult experience obtaining recognition and restitution from the state (Tabarovsky, 2016). Vasylenko explains that the term “volunteer” is misleading because many of these battalions were actually formed within government ministries in response to the surge of interest from Ukrainians wanting to help fight the separatists. They “were given weapons, uniforms, and sometimes even government salaries, but they were not given a piece of paper saying they were soldiers, or any proof of their combat status.” Because the government explicitly refused to recognize these battalions, these veterans could not obtain combat veteran status unless they were injured. As a result, when these veterans approached official institutions to try to obtain the appropriate documents, “the government will say that we don't acknowledge your participation, we don't know who you are, and deny them their documents. But if this same person gets an injury and goes back to the same department, he will get a document confirming that he was taking part in the ATO and will get disabled veteran status.” She calls this logic “weird” and “hypocritical.”²⁵

Access to combat veteran status and associated benefits is an issue extending beyond volunteers. It is a major gap in the community response with significant potential to

24 Phone interview with Ivona Kostyna, Pobratymy, September 12, 2016.

25 Phone interview with Lesia Vasylenko, Legal Hundred, October 7, 2016

re-traumatize returning soldiers. As the war continues, Ukraine's bureaucracy is struggling to keep pace with increasing numbers of ATO veterans. Existing legislation to address veterans' needs is an anachronism from the Soviet period, although the legislative framework is slowly adapting (largely in response to civil society pressure). The Law of Ukraine "On the status of war veterans and guarantees of their social protection" entitles individuals who participated in the ATO to combat veteran status and a range of associated benefits. These benefits extend to land, housing, education, health care, public transport, utilities, mobile phone bills, and prosthetics, among others.²⁶

Unfortunately, many of these benefits are so difficult to access that they exist largely on paper. There are several reasons for this. First, returning soldiers have little knowledge of their legal rights and are poorly equipped to navigate the complicated process of applying for benefits and tracking their cases through the many steps involved. The bureaucratic obstacles are especially shocking after the clear-cut and simplified responsibilities of military life. According to Kostyna, "as a soldier, you are only responsible for your rifle and your life. But in civilian life, you're responsible for everything. This affects a lot, and you have to be very tolerant with people giving out papers."²⁷ Melnychenko makes a similar point: "An ATO soldier has to run to all different institutions who try to get rid of him and send him to another institution. It's not a transparent system, and that's why they often ask for legal help from NGOs to understand the steps they need to take to get benefits."²⁸

As the state grapples with a growing backlog of status and compensation claims, it has largely failed to communicate to veterans what they are entitled to, how to get it, or what they can expect as they await the outcomes of their cases. Civil society activists have stepped in to fill this gap, but they are often forced to rely on highly personalized connections within the various ministries handling veterans' claims rather than an institutionalized, predictable system. Many veterans perceive the state's lack of transparency not only as ineptitude in a chaotic time of unexpected war, or as indifference, but as active hostility. Vasylenko explains that "every single benefit is a huge challenge." Because of outdated legislation and limited resources, "whenever a vet goes to claim something, he'll face very strong barriers. This causes him uncertainty about whether the state is actually supporting him or whether it's against him." The contradiction between what veterans are told they are entitled to by their military commanders, and the reality when they actually return home often creates a "humiliating" situation: "local officials will say, we didn't hear anything about that, and no, you're not entitled to anything." Nevertheless, the veteran will continue to endure rude attitudes and a pile of paperwork, and "he'll spend a lot of time on it. He will have to fight for everything." Often,

26 See Legal Hundred's website: <http://legal100.org.ua/>.

27 Phone interview with Lesia Vasylenko, Legal Hundred, October 7, 2016.

28 Phone interview with Nastya Melnychenko, NGO Studena, September 28, 2016.

the backlogs are so great for certain benefits, “they will wait and wait and will probably never see it in their lifetimes.”²⁹

Third, the government’s failure to allocate adequate resources has meant that even when veterans are able to access benefits, the quality is often extremely low. Kostyna points to corruption as a major factor. She laments the fact that her organization struggles to get funding because “it is hard to be funded from abroad while your government is allocating millions per year for the rehabilitation of veterans and you can’t get it because of bureaucratic obstacles.” In addition, those millions have not been used effectively. For example, soldiers who have participated in government-sponsored psychosocial rehabilitation programs have found them to be “horrible” despite the millions of hryvnias allegedly set aside for them: “There were too many people, no food, and only four psychologists for twelve hundred soldiers. Three of them were women, and one was a man with no military or combat experience.”³⁰ Vasylenko also criticizes these “sanatorium” programs, which mandate a minimum of fourteen days and forty hours of psychological assistance: “It’s kind of a joke because we don’t have protocols. They go to the sanatorium to relax, and they meet with some person who may not even be properly licensed and can actually make it worse.”³¹

Vasylenko attributes these quality issues largely to the outdatedness of existing legislation. She emphasizes that although veterans are entitled to a wide range of benefits, they are largely unrealistic or impossible to implement because “they are from the old Soviet system and don’t exist anymore” - for example, entry into a cooperative. As a result, when veterans “read through these points, they’re like, what is this?” For many benefits that do exist, such as free medical care, free hospital care, and free dental implants, the fine print often specifies obsolete treatments. Dental implants are a prime example: because ceramics and valuable metals are exempted from the entitlement, “it’s awful quality and will fall out the next day. And the veterans can’t even use it because the dentists realize that it’s such poor quality that they don’t ask for it from the state. So when these guys go to the hospitals, they don’t even have the materials for the implants.”³²

In addition to issues around combat veteran status and associated benefits, ATO veterans experience prolonged psychological stress due to the government’s failure to communicate their status after returning home. Because of the ATO, specific conditions are in place that mandate that soldiers who come back from the war are not actually demobilized but are instead temporarily discharged into the reserves in case security conditions worsen and additional troops must be sent to the front line. Unfortunately,

29 Phone interview with Lesia Vasylenko, Legal Hundred, October 7, 2016.

30 Phone interview with Ivona Kostyna, Pobratymy, September 12, 2016.

31 Phone interview with Lesia Vasylenko, Legal Hundred, October 7, 2016.

32 *Ibid.*, June 3, 2016.

as indicated by the results of a study conducted by Legal Hundred with the OSCE, many soldiers are not aware of this transition.³³ For those who are, their ambiguous veteran status creates tension between how they see themselves and how they are perceived in the wider society. This is largely due to a sharp dichotomy between “hero” soldiers and “abuser/alcoholic” veterans that has been promoted in Ukrainian media, and the fact that veterans do not fall comfortably into either category.³⁴

According to Kostyna, thanks to the work of “many PR managers,” the image of active soldiers has evolved into one of “powerful men and women who are protecting our society.” In contrast, “no one worked on the image of veterans. They are strong people returning, but they are seen as dangerous alcoholics with PTSD, they commit domestic violence, they are drug addicts, they are needy, they commit suicide.” This is problematic, because in reality “they are people who are searching. Their process is not ended. They can’t be fully veterans because they can be mobilized at any moment or choose to willingly return to the ATO.”³⁵

Trauma Care in Ukraine’s “Wild West”

The Western media commonly emphasizes Soviet stigmas in addressing PTSD in wartime Ukraine. In the Soviet Union, accusations of mental illness were often used to smear and sabotage political opponents. The “political use of psychiatry” meant that psychiatric medicine became an instrument of repression, and dissidents could be incarcerated on the grounds of a psychiatric diagnosis. Among the individuals interviewed for this study, there is a lack of consensus about the extent to which these legacies impact ATO veterans. For example, Jana Darejan Javakhishvili of the Global Initiative on Psychiatry believes that “the Russian system of mental health care is a problem in Ukraine. It is very Soviet - it is a typical authoritarian system of mental health care.”³⁶ Similarly, Melnychenko points to a “Soviet-era problem” in convincing veterans to seek psychological support: “people think that if they ask for help, they’ll be sent to an asylum. They think that psychotherapy is punitive medicine, which makes them think that they either won’t be able to get a job or get back into the armed forces.”³⁷ In contrast, Elena Cherapanov, who has trained Ukrainian mental health professionals in crisis psychology, emphasizes that “stigma is less of a problem than access to services and medications.”³⁸ Oksana Khmelnytska, a psychologist and program manager with the NGO Psychological Crisis Service, emphasizes that there is a large demand for her organiza-

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33 *Ibid.*, October 7, 2016.

34 Phone interview with Nastya Melnychenko, NGO Studena, September 28, 2016.

35 Phone interview with Ivona Kostyna, Pobratymy, September 12, 2016.

36 Phone interview with Jana Darejan Javakhishvili, Global Initiative on Psychiatry – Tbilisi, June 13, 2016.

37 Phone interview with Nastya Melnychenko, NGO Studena, September 28, 2016.

38 Phone interview with Elena Cherepanov, Trauma and Crisis Services, June 8, 2016.

tion's services but that insufficient resources rather than stigmatization is the biggest challenge.³⁹

It is clear that the scope of the problem is wider than stigmatization, which is to some extent universal, particularly in masculine military cultures. Instead, there are serious structural challenges to ATO veterans' ability to reintegrate into civilian life with adequate community support. Due to the rapid onset of the war after decades of peace, Ukraine's health care system was poorly equipped to cope with ATO veterans' needs. In particular, the infrastructure for preventing and treating combat stress was underdeveloped. Melnychenko noticed early on that "people don't understand the difference between a psycho-therapist, a psychologist, and a psychiatrist. There is a need for psycho-education."⁴⁰ In fact, psycho-therapy itself is a relatively new phenomenon in Ukraine and has much better penetration in large cities, particularly Kyiv, than in smaller towns and villages. Similarly, Javakhishvili emphasized that social work is still a nascent profession in Ukraine, which creates major gaps in the safety net for veterans who may need longer-term case management as they reintegrate into civilian life in addition to direct psychological assistance.⁴¹

There is also a gap between approaches to combat stress from within the military and those that veterans can access after leaving the ATO. Rozanov describes a situation in which "information about trauma is spreading and everyone is teaching everyone. But on the other hand, the army remains the same. The commander will perceive it as cowardice instead of seeing some psychological component, and the best they will do is send him to a medical doctor."⁴² Vasylenko makes a related point, arguing that the Ukrainian government must invest in re-training military psychologists who "only know Soviet-era approaches." She emphasizes the failure of command structures in the Ukrainian military to provide a positive framework for soldiers in the midst of combat, due largely to the ambiguous status of an undeclared war. Many soldiers drink heavily to cope with both boredom and combat stress, and she worries that "the commanders don't occupy the guys. So right there in the middle of potential fire, they're still drinking. They're not guided by martial law statutes but by statutes from peaceful times. This means the commanders can't use disciplinary measures and can't control the guys."⁴³

For all these reasons, psychosocial programs aimed at ATO veterans have proliferated in Ukraine since 2014. Strikingly, just as much of the initial fighting on the Ukrainian side was done by volunteer battalions, many homegrown Ukrainian programs also have a volunteer basis. The experience of Euromaidan and the organizing potential of so-

39 Phone interview with Oksana Khmelnytska, Psychological Crisis Service, June 20, 2016.

40 Phone interview with Nastya Melnychenko, NGO Studena, September 28, 2016

41 Phone interview with Jana Darejan Javakhishvili, Global Initiative on Psychiatry – Tbilisi, June 13, 2016.

42 Phone interview with Vsevolod Rozanov, October 3, 2016

43 Phone interview with Lesia Vasylenko, Legal Hundred, October 7, 2016

cial media were key factors in both trends. One example is the Psychological Crisis Service, which formed through Facebook as mental health professionals throughout Kyiv connected with one another and organized themselves to assist people traumatized by their experiences on the Maidan. Khmelnytska recalls that “lots of people on the Maidan were from small towns and villages, and they were lost. And then in January, when the first killings happened, the situation became scarier and more brutal.” It was a natural progression to begin assisting ATO soldiers and veterans once the war in the east began, especially since many fighters had also been on the Maidan.⁴⁴

Direct experience of trauma on the Maidan also motivated individuals with no background in psychology or psychotherapy to want to work with ATO veterans. For example, Kostyna describes living on the Maidan for four months at the age of seventeen and descending into a “very bad psychological state” after watching a close friend be killed by a sniper on February 20th. After the outbreak of war, she began making regular trips to bring supplies to soldiers in the ATO. After her car broke down and she spent six days with a group of soldiers, she realized that what she experienced after the Maidan “is very similar to what soldiers experience after the ATO. When you live in a close society, you get used to a schedule and to your commitments. When you come back, it’s hard to reintegrate into open society and responsibilities.”⁴⁵

Similarly, Roman Torgovitsky, founder of Wounded Warrior Ukraine, spent some time on the Maidan before the “traumatic experience” of the February killings and returned afterward to realize “that when people put their lives on the line to defend something they believe in, the society usually supports them emotionally during the event but then gradually everyone forgets. Society likes to call themselves heroes, and then these heroes drink themselves to death.” Maidan was instrumental in helping Torgovitsky put his vision into action, as he recruited the participants of his organization’s first training through volunteer Maidan connections: “There is very strong bonding between Maidan activists and people who were in the East.” However, he views the connections between Maidan and the ATO as resulting in “chronic trauma. There has been no time for nervous system to regenerate.”⁴⁶

The volunteer basis for psychosocial support programs, often rooted in the Maidan experience, has been important for building trust with veterans, giving them access to people who truly understand trauma even without having fought in the ATO. This is especially important given the dearth of experience with crisis psychology within Ukraine’s health care and military infrastructures. However, the combination of government ineptitude, an outdated health care system, and the learning curve for volunteer-based programs creates some potential for re-traumatization of ATO veterans.

44 Phone interview with Oksana Khmelnytska, Psychological Crisis Service, June 20, 2016.

45 Phone interview with Ivona Kostyna, Pobratymy, September 12, 2016

46 Phone interview with Roman Torgovitsky, Wounded Warrior Ukraine, September 15, 2016.

A lack of coordination between various stakeholders working with veterans and inconsistent approaches to data collection have been particularly problematic. Melnychenko observes that in 2015, “a veteran could call another organization and they would all have different information, because no one was keeping count.” She calls for better standardization of processes for helping veterans: “if one organization can’t help, they should know who to send him to.”⁴⁷ Kardash laments the absence of follow-up care and the lack of communication between hospitals and other professionals who work with veterans:

A Kyiv military hospital will discharge a soldier back to his village, and general practitioners there will want to help, but the general practitioner won’t receive his history or his documents. You can’t really expect the soldier to know his diagnoses with all their particulars or exactly what kind of treatment was administered to him.”⁴⁸

While coordination has been an issue in Kyiv and in larger cities in Ukraine, in smaller towns and villages throughout the country a scarcity of resources has been the bigger challenge. Kardash emphasizes that while she can see several programs “off the top of my head doing the same thing, just in Kyiv, for guys who go back to villages, where there’s barely even a doctor. They have it the hardest. There’s no real support or understanding among the local population about what he’s going through.”⁴⁹

A lack of professionalism also undermines the quality of care veterans receive (although several organizations are becoming more institutionalized with international funding and technical assistance). One aspect of professionalism is organizational management and impact assessments, which are closely tied to funding. Torgovitsky says that “the biggest obstacle in Ukraine in general is to get together a good professional team. We grew very quickly, from three people to twenty people. When any organization grows quickly, management is a big challenge.”⁵⁰ Kostyna also expresses concern at how little systematic research has been conducted alongside direct assistance, which makes it difficult to distinguish which organizations are most effective:

Many groups don’t have an evaluation mechanism. In a few years, we’ll have an established range of groups that work well together. Right now at the local level we work well together, but due to a lack of funding we’re not able to coordinate properly or establish a true system. We need to think about how to survive as an organization. But we also need to establish competition in quality, not just the number of soldiers we’ve treated.”⁵¹

Another challenge to enhancing professionalism is the lack of experience with crisis psychology and combat stress, a result of Ukraine’s peaceful history in its post-war pe-

47 Phone interview with Lesia Vasylenko, Legal Hundred, October 7, 2016.

48 Phone interview with Kalyna Kardash, Hero’s Companions, September 27, 2016.

49 *Ibid.*

50 Phone interview with Roman Torgovitsky, Wounded Warrior Ukraine, September 15, 2016.

51 Phone interview with Ivona Kostyna, Pobratymy, September 12, 2016

riod. Kardash emphasizes that because the war was unexpected, Ukraine “had to build rehabilitation services for veterans as the war was going on, in the middle of an economic crisis. Volunteers weren’t always mental health professionals. They had good intentions but sometimes they did more harm than good.” She tells the story of one volunteer providing psychological assistance who had little professional training: “she would go into the hospitals, and when she found out one of her guys had passed away, she was a wreck. She had a lot of vicarious trauma.”⁵² Cherepanov has had similar experiences working in Ukraine. She has observed that although “people are very well-educated, they’re not trained. They’re not comfortable when they see a trauma victim breaking down in front of them.”⁵³ This situation could create a sense of perceived burdensomeness for veterans, or the belief that their trauma - often endured for patriotic reasons - has been meaningless and that their sacrifices ultimately caused more harm than good.

It is difficult to devise an appropriate response to this challenge, other than time for Ukrainian mental health professionals to learn how to work with this population. Because of the urgent need for psychological services, international groups with extensive experience in crisis psychology may fall victim to superficial approaches in order to get more people into the field quickly. Kaz de Jong of *Medicins Sans Frontieres* asserts that “people on paper have beautiful programs, but the reality is more sobering. There is a lot of window dressing. People have good intentions, but they don’t know how to do it. But they apply for funding and they get it, because the big donors all want to help Ukraine.”⁵⁴ Similarly, Javakhishvili explains that “a lot of professionals from all over the world are coming to Ukraine. Ukrainians are receiving a lot of training, but what we really need to establish are services, institutionalization, and sustainability.”⁵⁵ She emphasizes that Ukraine must work to integrate its emerging systems of trauma care into European professional associations. Cherepanov also describes the situation as “the wild west.” She explains that while she understands the motive for international groups to come to Ukraine to provide training on psychological trauma care, “the training ground is fragmented. There is no quality control, no licensing mechanism, because the industry is not regulated. The task is to ensure consistency in trainings and to try to build professional systems.”⁵⁶

Because the urgency of the need often meant low barriers for entry into crisis psychology, it has been difficult for soldiers and veterans to take seriously many of their points of contact for entry into a system of psychological care. Vasylenko recalls that international NGOs would come to Ukraine and give trainings for large numbers of people, and then say “you went through the training and now you’re qualified. Five hours and you’re

52 Phone interview with Kalyna Kardash, *Hero’s Companions*, September 27, 2016.

53 Phone interview with Elena Cherepanov, *Trauma and Crisis Services*, June 8, 2016.

54 Phone interview with Kaz de Jong, *Medecins sans Frontieres*, June 10, 2016.

55 Phone interview with Jana Darejan Javakhishvili, *Global Initiative on Psychiatry – Tbilisi*, June 13, 2016.

56 Phone interview with Elena Cherepanov, *Trauma and Crisis Services*, June 8, 2016.

qualified - really? And these NGOs would take these really young women with no combat experience and they would act as combat psychologists, and the guys would laugh and make fun of them.”⁵⁷ Torgovitsky emphasizes that gender is not so much the issue affecting soldiers’ and veterans’ perceptions of these “combat psychologists.” Instead, “it’s about the person’s own life experience.”⁵⁸ In other words, soldiers and veterans cannot relate to these young, urban women who go east to provide psychological support and thus remain isolated from the community in how dealing with their traumas.

Conclusion and Directions for Future Research

Despite a proliferation of programs designed to address the psychological war trauma of Ukraine’s ATO veterans and assist them in adapting back to civilian life, deficiencies in the community response puts these programs on rocky ground. Veterans return from the ATO already questioning the government’s ability to effectively conduct warfare (or implement a peace process), and are frequently met by public perceptions that do not fully validate their reasons for having fought, their idea of the enemy, or their sustained commitment to the cause. They struggle to achieve full recognition or restitution in the form of combat veteran status and a clear path to the benefits and care that are contingent on that status. They are compelled to turn to emerging civil society efforts oriented towards veterans, which, although driven by young compatriots from the Maidan revolution, are themselves struggling to navigate an outdated legal infrastructure and a “Wild West” environment. All these factors strongly contribute to the potential for re-traumatization of ATO veterans, despite best intentions and increasing regard for international best practices within existing programming.

Ukrainian and international actors must move away from a relief-based approach to an institutionalized, developmental approach to veterans’ issues and to mental health care in general. This may mean expanding interdisciplinary efforts for managing veterans’ cases, or seeking effective mechanisms for coordination and impact evaluation rather than “re-inventing the wheel” by continually creating new programs. Europe and the US can also be beneficial here – while training Ukraine’s mental health professionals in crisis psychology is critical, Ukraine also needs to learn from the West’s mistakes on veterans’ issues and be enthusiastically integrated in Western professional associations working on these issues. Civil society organizations that can prove impact with veterans also deserve funding.

In addition, the Ukrainian government must ensure that the system for veterans to access benefits is as predictable, transparent, and responsive to present-day needs as pos-

57 Phone interview with Lesia Vasylenko, Legal Hundred, June 3, 2016.

58 Phone interview with Roman Torgovitsky, Wounded Warrior Ukraine, September 15, 2016.

sible, and this should ideally be a core incentive for the Ukrainian government to double down on its wider commitment to reform. If soldiers cannot return to a Ukraine that is making noticeable progress in the post-Maidan period, then the country risks undermining its soldiers' basis for fighting in the first place.

This paper has presented a preliminary set of findings about the community response to ATO veterans' psychological trauma in Ukraine, and in doing so, has helped to set an agenda for future research on this topic. First, these findings should be validated through additional interviews and expanded using data from media reports on perceptions of veterans, studies of local practices for welcoming veterans home or commemorating their sacrifices, and focus groups and participant observation to determine the perceptions of veterans themselves. These findings should also be further illuminated by embedding the Ukrainian case in a comparative context. The American war in Vietnam could provide a particularly useful comparison, given the war's "dirty" tactics and protracted nature and the American public's ambivalent response to veterans. A comparative approach is critical to avoid ethnocentric views of trauma in Ukraine, which is possible due to oversimplified views of Soviet legacies of mental health care in the country.

Second, additional research is necessary to distinguish between psychiatric and psycho-therapeutic approaches to treating ATO veterans' psychological war trauma. While this paper has emphasized the relationship between psycho-therapeutic approaches and the community response, the reception or impact of medicalized approaches to trauma in the psychiatry field remains unknown. This is of particular interest given that Soviet-era stigmas about mental health related primarily to psychiatry rather than psychology, which is far more under-developed in post-Soviet countries.

Finally, future research should investigate community responses to different groups of veterans, particularly women, soldiers returning to rural versus of urban areas, and mobilized soldiers versus volunteers. Research for this paper indicates that the role of women in the ATO is often neglected, and that existing discourses about veterans' trauma focuses almost exclusively on men. In addition, soldiers from rural areas may have even greater issues in accessing care or community support, while mobilized soldiers may experience greater ambivalence about being in the ATO in the first place. These distinguishing factors may make veterans from these demographics even more vulnerable to re-traumatization upon returning to civilian life.

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