

REBUILDING RESILIENCE: EVALUATING TRAUMA-INFORMED PSYCHOTHERAPY FOR CIVILIANS IN CONFLICT ZONES THROUGH GLOBAL PERSPECTIVES AND INNOVATIVE PRACTICES

ВІДНОВЛЕННЯ РЕЗИЛЬЄНТНОСТІ: ОЦІНКА ТРАВМООРІЄНТОВАНОЇ ПСИХОТЕРАПІЇ ДЛЯ ЦИВІЛЬНОГО НАСЕЛЕННЯ В ЗОНАХ ВОЄННИХ КОНФЛІКТІВ З УРАХУВАННЯМ ГЛОБАЛЬНОГО ДОСВІДУ ТА ІННОВАЦІЙНИХ ПІДХОДІВ

Воєнні конфлікти завдають довготривалої психологічної шкоди цивільному населенню, спричиняючи травму на індивідуальному, сімейному та громадському рівнях. Травмоорієнтована психотерапія (ТОП) розглядається як ключова модель клінічного втручання та дослідження, наголошуючи на безпеці, розширенні можливостей і співпраці у межах терапевтичних стосунків. У статті узагальнено міжнародні дослідження щодо травмоорієнтованої практики для цивільного населення, що переживає війну, та проаналізовано новітні підходи, включно з нарративною терапією, підходом «житло передусім», культурними інтервенціями та багаторівневими системами допомоги. Дані свідчать, що такі практики не лише знижують симптоми посттравматичного стресового розладу (ПТСР), депресії й тривоги, але й сприяють формуванню суб'єктності, культурного та афіліативного зв'язку до громади.

Значну увагу приділено міжпоколінній передачі травми, ґендерно-чутливим адаптаціям і навчальному середовищу, що інтегрує травмоорієнтовану педагогіку. Отримані результати підтверджують, що психотерапія має функціонувати у ширших системах культури й суспільства, а не ізольовано в межах індивідуальних симптоматичних проявів. З практичної точки зору, стаття розглядає потенціал впровадження таких підходів у Великій Британії, де поява примусово переміщених осіб, зокрема українських біженців, формує нові запити на психологічну допомогу. Інтеграція ТОП у Національну службу охорони здоров'я (NHS) та дотичні сервіси відкриває можливості для синхронізації психотерапії з житловими програмами, школами та системами громадського здоров'я, що, своєю чергою, сприяє довготривалому розвитку резильєнтності та згуртованості громад.

Наголошуючи на міждисциплінарній співпраці та культурній компетентності, стаття обґрунтовує необхідність ширшої системи травмоорієнтованої допомоги, що враховує як гострі клінічні симптоми, так і структурні чинники психічного здоров'я. Такий потенційний підхід передбачає масштабовані, сталі й локально адаптовані інтервенції, здатні реагувати на змінні психологічні потреби цивільного населення, яке переживає наслідки збройного конфлікту.

Ключові слова: травмоорієнтована психотерапія; цивільне населення, постраждале від війни; резильєнтність; культурна чутливість; міжпоколінна травма; допомога на рівні громади.

Armed conflicts inflict long-term psychic damage upon civilian populations, trauma arising at individual, family, and community levels. Trauma-informed psychotherapy (TIP) has emerged as a key model that addresses these complex needs, emphasizing safety, empowerment, and cooperation in therapeutic relationships. This article summarizes recent global literature upon trauma-informed practice for civilian populations experiencing war, and identifies emerging approaches including narrative therapy, housing-first, cultural interventions, and multi-tiered systems of care. Evidence indicates that the practices not only reduce symptoms of post-traumatic stress disorder (PTSD), depression, and anxiety, but also construct agency, cultural connection, and community affiliation.

Considerable focus is given to intergenerational transmission of trauma, gender-sensitive adaptations, and learning environments that integrate trauma-informed pedagogy. These findings support that psychotherapy has a need to operate in the broader systems of culture and society rather than independently from individual patterns of symptoms. Of direct importance, the article applies to the potential for such practice within the United Kingdom, where forced displaced persons, like Ukrainian refugees, create sudden mental health needs. Inclusion of TIP within the NHS and corresponding services offers an opportunity for psychotherapy to synchronize itself with housing, schools, and community health, and therefore develop long-term strengths for resilience and for community cohesion.

By highlighting cross-agency collaboration and cultural competency, this article argues in favor of a wider trauma-informed care framework that addresses acute clinical symptoms and structural determinants of mental health. This potential framework stresses the need for scalable, sustainable, and locally appropriate interventions that are able to address shifting psychological needs among civilian populations experiencing the trauma of conflict.

Key words: Trauma-informed psychotherapy; war-affected civilians; resilience; cultural sensitivity; intergenerational trauma; community-based care.

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Relevance and research problem. Armed conflicts have profound and long-term effects on civilian populations, far beyond direct bodily harm and giving rise to wide and deep-seated psychological damage. Research consistently demonstrates very high prevalence rates among exposed civilian populations for post-traumatic stress disorder (PTSD), depression,

and anxiety, and up to an estimated 30–40% in some contexts (Bürgin et al., 2022) [4]. These findings give rise to a clear need for efficacious and locally sensitive mental health interventions.

Trauma-informed psychotherapy (TIP) has emerged as the fundamental treatment model for this type of need, emphasizing safety, empowerment, and collabo-

ration in therapeutic relationships (Han et al., 2021) [9]. Although traditional psychiatric treatment may not fully consider the richness of trauma caused by war, TIP recognizes the profound impact of trauma on mental, emotional, and social functioning. Systematic reviews comment on its promise for building a sense of resilience through emphasis on agency and cultural competency (Dawson et al., 2021; Han et al., 2021) [6; 9].

More recent scholarship highlights the diversity of trauma-informed approaches. Narrative therapy, for instance, has demonstrated promise for enabling citizens to rebuild their experiences along trajectories of resilience instead of victimism (Bürgin et al., 2022) [4]. Emergency housing-first interventions, without conditions, that offer immediate stability achieve significant reductions in symptoms of displaced persons experiencing PTSD (Bokore et al., 2023; Vynnytska et al., 2025) [3]. Furthermore, culture-based approaches that interweave indigenous methods of cure and Western psychotherapeutic techniques yield more effective relationships and outcomes (Im et al., 2021; Kuhar et al., 2023) [12].

Despite this growth, there are significant challenges for the implementation of TIP in the conditions of long-term conflicts. Scholarship points out intergenerational transmission of trauma (Burgund Isakov & Markovic, 2024) [5], the gendered nature of wartime trauma (Vishakha, 2024) [19], and the need for scalable community-based treatments that are a blend of education, social work, and public health (Meštrović & Bandov, 2024) [13]. In sum, the results suggest that TIP needs to evolve through models that are interdisciplinary, culturally informed, and sustainable in order to deliver the mental health outcomes among populations that are traumatized by conflict.

This paper evaluates existing trauma-informed psychotherapy for civilian populations in areas of conflict according to worldwide perspectives and new trends. In doing this, it hopes at finding transferable approaches not only for a society in a state of war, but also for those like the United Kingdom, where refugees and displaced populations constitute a huge psychotherapy practice challenge.

Review of current research and publications.

The psychological impact of war goes well beyond the direct danger of physical harm to noncombatants, often leading to serious mental health issues among those affected. Trauma-informed psychotherapy (TIP) became a priority means of meeting those mental needs, particularly in regions wracked by conflict and misfortune. By emphasizing the priority of understanding the ubiquity of trauma among those affected, TIP seeks at building the resilience and mental well-being of those exposed to the horrors of war. This section describes the basic principles of trauma informed care and discusses the importance of embracing such approaches among regions affected by war, deriving from recent sources that highlight the importance of effective mental health responses.

Trauma-informed psychotherapy, at its core, depends upon knowledge that trauma has a signifi-

cant impact upon an individual's psychological, emotional, and social functioning (Han et al., 2021) [9]. In regions affected by conflict, civilian populations come into contact with a host of trauma experiences, from loss of loved ones or family members, through forced egress, violence and destruction of community infrastructure. The prevalence of posttraumatic stress disorder (PTSD), anxiety, depression and other mental and emotional disorders is very high among this group (Bürgin et al., 2022) [4]. According to the report of the World Health Organization, prevalence of mental health disorders in those environments can be as high as 30-40%, from whence arises the need for effective therapeutic treatment that is sensitive to the remarkable challenges that one finds among those individuals.

The rationale for adopting the use of the tip in the applications lies in the recognition that traditional psychiatric approaches may not fully address the varied symptoms and complex histories of trauma patients. Tip argues that there should be an intellectual understanding of trauma in order for professionals to build a space that would accommodate safety, reliability and empowerment (Alphazo & PREMUDA-CONTI, 2024) [2]. In particular applications, TIP frameworks prioritize the involvement of customers in their own recovery process through methods that accommodate agency and efficacy. This is important because the prior histories of trauma would normally precipitate a powerlessness, further kindling more mental health problems.

Trauma -informed principle adaptation into psychotherapy creates a new recovery method for conflict -ravaged communities. Some of the practices from non -Russian sources that are proposed target sensitive cultural methodologies that respect indigenous methods of healing and incorporate modern psychological interventions. An example is the use of narrative therapy that proved effective; it allows for the construction of own survival and resistance stories by reframing a history of trauma into a framework of strengths and not victimhood (Bürgin et al., 2022) [4]. In addition, community -centric support systems that include couples spearheaded by therapy have emerged as crucial components of TIP and form a group support and healing process.

In addition, one of the fundamental constituents of trauma-informed psychotherapy is recognition of intergenerational trauma transmission, particularly in regions where conflict persists for many years. In that respect, new approaches should not only account for affected individuals' direct experiences, but also broader sociocultural contexts that influence family and community mental health (Han et al., 2021) [9]. Psychoeducation, family therapy and community-based participation programs are also regarded as avenues through which mental health interventions catalyze resilience across many generations.

In short, the conceptualization of trauma-informed psychotherapy as a reaction to the mental needs of civilians from conflict areas cannot be overempha-

sized. Response to the high prevalence of mental health disorders among such groups requires cultural competency and innovative therapeutic approaches that help individuals and community recovery. TIP inclusion in conflict response offers a pathway out of recovery, emphasizing the resilience and fortitude of individuals in the face of extreme duress. Innovative responses in trauma-informed care emerged as integral features in response to the psychosocial needs of civilians from the conflict-affected areas. Of them, the housing model has attracted a lot of focus for its potential to provide a stable and stable space for recovery of mental health. Priority provision for immediate access without conditions like respect for treatment or abstinence features highly in the model, considering that stable residences are a prerequisite for mental health recovery (Bokore et al., 2023) [3]. Research posits that individuals that acquire permanent residences have reduced symptoms of post-traumatic stress disorder (PTSD) and recovery of general well-being, observing the relevance of the model for refugees and displaced communities that commonly experience compound contributing factors relative to housing instability (Vynnytska et al., 2025).

In addition to the employment of a living model, the interventions offer a new modality through which the trauma-informed care can be adjusted for unique needs of the traumatized civil populations affected by the war. The interventions are based on cultural strengths and contexts of the community, by integrating traditional methods of healing and therapy approaches. For example, im et al. (2021) gives an indication of use of indigenous rituals and stories in therapy sessions, that not only confirm the trauma survivors by providing credence for their experiences, yet also develop their resilience capacity by confirming cultural strengths. The cultural approaches that are aligned have shown that they achieve superior results in emotional management and coping method among the trauma-affected individuals, and it is therefore necessary that cultural relevance is built into therapeutic approaches in order to achieve positive results for mental well-being.

Multitier model for promoting mental health is one more illustrative new method that improves informed support for trauma by tackling the numerous levels of psychoemotional damage that citizens can experience. This conceptualizes mental health responses at a range of levels, from ordinary prevention at a community level through targeted intervention at a serious symptoms level (Omiyefa, 2025) [14]. By adopting a method at a range of levels towards mental health support, doctors can identify individuals at risk in prospect and provide early psychoemotional first aid and higher intensity, when needed therapeutic interventions. The tests have shown that the models have a proven potential for preventing the psychoemotional influence of trauma and removing obstacles for access for treatments, most especially in the regions of conflict where resources could be limited (Adeyemo et al., 2025) [1].

Taken together, these new methods embody a radical shift of paradigm in psychotherapy informed by trauma, emphasizing adaptability, tiered support and cultural competency in meeting the complex psychological needs of non-combatants within the zones of conflict impacted by the war. The available literature points out the necessity of integrating these models in wider illustrations of mental health policy, because their scalability and efficiency provide a potential for significant improvements in the mental health outcomes among affected populations. In the end, best practices lean toward more inclusive approaches for averting the mental health crises evoked by wars and displaces. Within the ambit of psychotherapy informed by trauma, the best practices that come out of non-Russian literature describe innovative applications in zones of conflict impacted by war, exactly through community interventions and learning spaces. Culturally responsive approaches come out as a common denominator, increasing both allegiance and therapeutic efficiency in a multiple of contexts [16]. The program took a narrative therapy approach that allowed customers to describe their experiences in a culturally appropriate manner, thus facilitating emotional work and developing capacity for recovery. The results indicated a significant reduction in symptoms of the PTSD among participants, and this points out the necessity of grounding therapeutic interventions into the cultural frame of reference of those served.

Similarly, Somo (2024) [17] outlines a new approach led by trauma utilized in learning spaces among Syrian refugees. Recognizing the interlinking of education and disrupted education, teachers and psychologists collaborated for a program that was based in trauma sensitive pedagogies. This holistic model not only took into account learning outcomes, but also prioritized emotional and psychosocial well-being. Utilizing techniques such as full attention and peer-facilitated support groups, the program revealed increased school achievement and emotional control among youth, and cases such as this illustrate trauma-informed practices in learning spaces at their best by caring fully for those psyches involved.

This cultural response capacity principle is further solidified by Dawson et al.'s (2021) [6] results, emphasizing that one should adapt the interventions based on the specific cultural and social relations of affected by war societies. Focusing on the role of community-based participatory research in the trauma-informed care, they account for community involvement in the design and provision of mental health services as needed to generate confidence and achieve the appropriate level of therapy intervention. His work identifies effective community interventions in conflict zones, where local entry led to the modification of customary practices based on trauma, facilitating higher uptake of improved services and therapeutic results.

Farkas and Romaniuk (2021) [8] also advocate for culturally responsive practice in trauma-informed

psychotherapy, citing their own practice in East Africa in which practitioners intermixed indigenous and traditional psychotherapeutic modes of treatment. This intermixing not only respected indigenous traditions, but also demonstrated the flexibility of the trauma-informed frameworks for facilitating diverse worldviews. In collaboration with indigenous practitioners and complementing indigenous healing rituals in psychotherapy, the program performed significant customer mental health enhancements, highlighting the promise of intermixing practice for trauma treatment in a cultural sensitiveness framework.

In general, those best practices and case studies of non-Russian sources are a testimony to the effectiveness of trauma-foci psychotherapy in the war-struck areas, particularly those characterized by the possibility of cultural response and community participation. By putting the experiences and voices of those most impacted by the conflict at the forefront, practitioners can make therapeutic intervention more relevant and effective, subsequently doing a better job of taking care of complicated psychologic needs among civilians in challenging situations. By taking in unique psychologic needs of some groups among those affected by war, it is required that trauma-foci psychotherapy needs to be customized for it to achieve the complexity of experiences among those individuals effectively. Children, for example, face unique psychosocial concerns after facing a war like developing disturbed childhood, concerns regarding a sense of entitlement and enhanced sensitivity for mental disorders. Effiom et al. (2021) [7] stress inclusivity of game therapy and art-related treatments as efficient methods in trauma-foci treatments for children. Those new methods bring children into a language that children know – play – by engaging children in treating experiences concerning trauma in a non-harm environment and permitting emotional release without having any hurt content.

Likewise, women from conflict-affected areas are enduring unique modes of trauma that are often further victimized by socio-cultural conditions, sexist violence and shifting family responsibility. Trauma-informed practice from a gendered perspective is explored by Vishakha (2024) [19], and support for the implementation of safe spaces and support groups that implement shared narrative and construction of resilience is espoused. By building legitimacy and a sense of community, such methods not only meet individual psychosocial needs, but also support broader social recovery processes, crucial in matriarcal societies in which women are often bearing psychosocial and logistic recovery costs.

Ethnic minorities living in regions of warring might also face compound trauma for displacement, discrimination and cultural dislocation. Kuhar et al. (2023) [12] highlight the use of culturally sensitive trauma work considering and embracing distinctive cultural accounts and group communal systems. Therapies that deliberately consider indigenous models of restoration and Western models of psychotherapeutic

treatment can promote relationships and efficacy. This culturally on-the-scale approach recognizes the significance of group mourning and trauma's social context, thus supplementing individual therapy by community capacity.

Another integral aspect of the treatment of the psychological needs of those affected by the conflict is the transmission of the trauma between generations. This, for Burgund Isakov & Markovic (2024) [5], can manifest as an emotional dysregulation, behavioral problems and a mental disorder among descendants of those exposed to the trauma. This makes it important for interventions informed by trauma not just extend to current survivors, but also consider the long-term effect of the trauma for later descendants. Sazanova (2024) [10] provide evidence that family-focused interventions – where therapy is given for the children and mothers – offer healthier relational patterns, and thus lower the likelihood of transmission of trauma between generations. Their findings support a system-based approach of the informed caring for trauma that target not only individual experiences, but also family bonds and transmission of trauma.

Overall, an in-depth understanding of the various psychological needs of children, women and racial and ethnic minorities in regions devastated by the war highlights the need that psychotherapy oriented toward trauma is sensitive and flexible toward culture. Systematically consulted sources advocate tailor-made methods that consider the specific vulnerabilities of a given population while considering the salience of intergenerational relationships toward mental health treatments. In consideration of statements by these explorations, the therapeutic efficacy of psychotherapy oriented toward trauma among these populations depends highly on novel practices considering wider terrains of social and cultural domains that these individuals rest upon. In consideration of the dynamic face of regions devastated by violence, the psychological complexities involved among displaced civilian populations and conflict survivors require continuous advancements toward trauma-oriented psychotherapies. Literature emphasizes flexible methodological methods that consider individual and dynamic needs among these populations while emphasizing novel methods that emerged beyond traditional therapeutic frameworks (Spytska, 2024; Meštrović and Bandov, 2024) [13; 18]. Considerations based on trauma-informed principles continue toward maintaining the complex influence of trauma toward mental health.

A future direction for research would be the use of community-based approaches in the models of psychotherapies based on trauma. Community participation not only utilizes local assets and traditional knowledge, it also stresses the sense of affiliation and group recovery among affected peoples in conflict (Vishakha, 2024) [19]. Culturally modified group therapy-based interventions, for one, have demonstrated remarkable efficacy for promoting recovery and resiliency among communities (Han et al., 2021)

Table 1

Key Innovative Trauma-Informed Psychotherapy Practices in War-Affected Civilian Populations

Approach / Model	Core Principles	Representative Studies	Reported Outcomes
Narrative Therapy	Reconstruction of traumatic experiences into resilience-focused narratives	Bürgin et al., 2022	Reduced PTSD symptoms; strengthened identity coherence
Housing-First Model	Immediate access to stable housing without prerequisites; mental health recovery linked to stability	Bokore et al., 2023; Vynnytska et al., 2025	Improved well-being; reduction of PTSD and anxiety
Culturally-Based Interventions	Integration of indigenous rituals, narratives, and local healing practices with psychotherapy	Im et al., 2021; Kuhar et al., 2023	Enhanced engagement; improved emotion regulation and coping
Multitier Mental Health Support	Layered interventions from universal prevention to targeted therapy	Omiyefa, 2025; Adeyemo et al., 2025	Early identification of risk; reduced treatment barriers
Educational Trauma-Sensitive Pedagogy	Embedding trauma-informed principles in school environments for displaced youth	Somo, 2024; Meštrović & Bandov, 2024	Better academic outcomes; improved emotional regulation
Gender-Sensitive Trauma Care	Safe spaces, peer groups, empowerment strategies for women survivors	Vishakha, 2024	Strengthened resilience; community-level healing
Family & Intergenerational Therapy	Systemic interventions addressing trauma transmission within families	Burgund Isakov & Markovic, 2024; Careno & Sazanova, 2024	Healthier relational patterns; reduced intergenerational trauma risk

[9]. These practices emphasize the need for modifying the therapeutic intervention based on the cultural and social conditions of target populations, thus maximizing acceptance and success.

In addition, technology implementation for provision of informed trauma treatment is a new direction that is worthy of attention. Online and mobile applications can be utilized for provision of remote therapeutic support and on the ground, allowing mental health services to be more reachable for combat -affected individuals in civil populations (Spytska, 2024) [18]. Telepsychology has also promised removing barriers for attention, like geographical and stigma concerning seeking. Future research must consider comparative outcomes for face -to -face treatment and digital treatment in multiple contexts, particularly among rural or hard -to -reach populations.

In addition, intersectoral cooperation is needed for the advancement of holistic approaches to trauma -orientated psychotherapy. The blending of psychiatry and other fields such as education, social work and public health has potential for establishing holistic models that consider broader determinants of health that shape war -affected civilians (Meštrović and Bandov, 2024) [13]. Programs that encompass educational components, practice skills and support networks among community members have shown enhanced therapeutic outcomes and are capable of reducing the long -term psycho emotional impact of trauma from war.

Finally, inclusion of feedback mechanisms among the practices informed by trauma ensures that there is continuous improvement. Utilization of testimonies by the clients and outcome measures can direct the

refinement of the therapeutic approaches, that they remain useful and effective in the face of a changing socio-political climate. Inclusion of feedback loops among the program design not only injects responsibility, yet also fortifies customers, giving them a stake in the therapy process (Vishakha, 2024; Han et al., 2021) [9; 19].

Overall, the psychotherapy scene amidst trauma has further to grow while adapting to changing civilian psychosocial needs within areas of conflict. Integrating community participation, technical developments, inter-professional practice and feedback systems are required methods for optimizing therapeutic returns and sustainability. Trauma practices would best be targeted by future research avenues in order for them to remain relevant, accessible and open for the diversified and multi-faceted needs of affected populations.

To summarize the continually expanding literature base, it would be useful to identify some salient trauma-informed psychotherapy models that have been used among civilian populations exposed to war. These models indicate the breadth and adaptability of trauma-informed treatment at cultural, clinical, and systems levels. The table that follows provides a brief summary of some representative models, their organizing principles, and consequent outcomes.

Discussion. The comparative analysis of each approach reveals that trauma-informed psychotherapy is not an invariant construct but a flexible framework that can flex and adapt itself based on the contextual circumstances of populations experiencing war. Both narrative therapy and housing-first models each emphasize the importance of focus not only

upon psychological meaning-making but also upon basic material stability, and each makes the case that recovery arises when safety and agency are regained simultaneously. Such conclusions invalidate purely symptom-focused psychiatric therapies and affirm a holistic, person-centered model.

Cultural sensitivity is equally important. The efficacy of interventions that incorporate local storytelling and restoration rites implies that Western psychotherapeutic approaches assume greater prominence when framed within indigenous knowledge frameworks. This points towards a decisive shift in paradigms: rather than exporting generic clinical models, trauma-informed psychotherapy would need to function as a conversational process that verifies and strengthens community cultures. In displaced groups from the UK, such as Ukrainian refugees, the inclusion of culture-based therapeutic modules might significantly enhance participation and therapeutic outcomes.

Finally, empiricism of multi-layered, gender-focused, and inter-generational intervention would have trauma best understood not merely at the individual psyche level, but also at the level of family, school, and community systems. The intersection of psychotherapy and education, housing, and community health offers a model for comprehensive building of resilience. In British psychotherapeutic practice, this argues for cross-sector working and for linking psychotherapeutic models and broader determinants of mental health. In this manner, trauma-informed psychotherapy may come to be a truly integrative response both to acute and long-term results of conflict.

Conclusions. This article has demonstrated that trauma-informed psychotherapy (TIP) is a flexible and indispensable model for addressing the high psychosocial needs of civilian populations in areas of conflict. In many contexts, emerging practices such as narrative therapy, housing-first interventions, culture-informed treatments, and multi-tiered systems of care reflect the flexibility and comprehensiveness of TIP. The findings suggest that resilience may be increased when interventions balance safety, agency, and cultural salience, instead of focusing exclusively on the minimization of symptoms.

Significantly, the report emphasizes that trauma needs to be conceptualized in light of social, cultural, and intergenerational frameworks. Gender-sensitive psychotherapies, treatment in schools, and family therapy emphasize that trauma from a war has an impact not only for an individual but also for a community and for the next generation. Psychotherapy, thus, must operate not in isolation but alongside housing, school, and health systems.

For the United Kingdom, the above remarks have direct relevance. Integration of displaced groups, such as Ukrainian refugees, into the NHS and wider British community needs scalable, community-focused, and culture-sensitive therapeutic paradigms. By integrating TIP into inter-professional networks and connecting it with determinants of health for soci-

eties, British psychotherapy can not only meet the short-term mental health needs of civilian populations exposed to violence and war, but also contribute to long-term individual and collective recovery.

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