Features of the Subjective Well-Being of Men and Women in War Conditions

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Abstract: The article presents the results of a theoretical and empirical study examining gender differences in subjective well-being among male and female representatives of the civilian population of Ukraine in wartime. The relevance of the study is due to the large-scale impact of military events on the mental health of the Ukrainian population and the need to identify factors of psychological resilience and vulnerability. The theoretical section is based on analysis of contemporary approaches to understanding subjective well-being, adaptation, and coping strategies in stressful conditions. The empirical basis of the study comprises data from the second wave of a mental health survey conducted among residents of Kharkiv and the Kharkiv region (2024, n = 560), with a gender-balanced sample. Standardized psychometric scales were used to assess subjective well-being, psychological.

distress, symptoms of post-traumatic stress disorder, resilience, and coping strategies. Statistical analysis was performed using Pearson's correlation coefficients and the independent samples t-test The findings reveal statistically significant gender differences: women demonstrate higher levels of anxiety, psychological distress, and PTSD symptoms, whereas men exhibit higher levels of resilience and subjective well-being. These differences are interpreted through the lens of biopsychosocial factors, including patterns of emotional processing, social roles, and coping strategies. The results highlight the importance of incorporating gender-sensitive approaches in the development of psychosocial support programs for populations affected by war..

Keywords: full-scale Russian invasion of Ukraine; war; life crises; civilian population; men and women; gender differences; psychological adaptation; mental health; subjective well-being; neuropsychiatric tension; post-traumatic stress disorder (PTSD); resilience.

Introduction

In the current conditions of full-scale military conflicts, the problem of preserving mental health and subjective well-being of civilian population acquires special scientific and social significance. War peresents a powerful destructive factor that affects not only people's physical safety, but also their emotional state, life satisfaction, sense of meaning, and stability.

Studies show that being in war conditions is accompanied by a significant increase in the levels of anxiety, depression, and post-traumatic stress disorder among the civilian population, and the prevalence of these conditions can reach 20–30% or more [3]. At the same time, the consequences of war are not limited to mental disorders: they include a long-term decrease in quality of life, the destruction of social ties, economic instability, and the loss of life prospects.

The study of subjective well-being is of particular relevance, since this construct reflects a person's individual assessment of own life, inner sense of satisfaction, and psychological comfort. In the context of war, subjective well-being becomes a sensitive indicator of adaptation processes, psychological resilience, and the effectiveness of coping strategies.

For Ukraine, this issue is extremely relevant due to the prolonged military confrontation, which is accompanied by a constant threat to life, forced displacement, losses, and economic instability. War significantly affects all spheres of life of the population and causes a large-scale mental health crisis, while exposing the vulnerability of the psychosocial support system. Studies by Ukrainian scientists also confirm that experiences of occupation, losses, and other traumatic experiences are directly associated with a decrease in civilians' levels of subjective well-being [6].

In addition, the impact of war on the well-being of the population has not only individual but also a social dimension, since the deterioration of citizens' psychological well-being affects social cohesion, economic activity, and society's capacity to recover.

Thus, the study of the subjective well-being of the civilian population in war conditions is relevant from both a theoretical and a practical perspective. It contributes to a deeper understanding of the psychological consequences of war, the identification of risk factors and resources for resilience, and the development of effective psychosocial support programs for the population.

In the context of studying the subjective well-being of the civilian population in war conditions, the analysis of gender differences, particularly between men and women, requires special attention. This is because war affects representatives of different gender groups differently due to differences in social roles, expectations, experiences, and access to resources.

Women in war conditions are more likely to face increased emotional stress, combining caregiving responsibilities, forced migration, and economic difficulties. At the same time, they are more prone to experiencing anxiety, depressive states, and chronic stress, which directly affects the level of their subjective well-being. Men, in turn, may experience other forms of psychological stress associated

with social expectations regarding the role of protector, responsibility for material support, as well as restrictions on travel and the risks associated with mobilization. This may manifest as increased internal tension, suppression of emotions, or reduced help-seeking. In addition, gender differences in subjective well-being are associated with different coping strategies: women are more likely to use emotionally focused stress-management methods and to seek social support, whereas men are more likely to avoid or suppress emotions. In the context of war, these differences can both increase vulnerability and serve as resources for adaptation.

Research into gender-specific aspects of subjective well-being is also important from a practical standpoint, as it enables the development of more sensitive and differentiated psychosocial support programs. Taking gender specificity into account contributes to improving the effectiveness of interventions, more accurately identifying at-risk groups, and strengthening the population's psychological resilience resources.

Thus, analyzing gender differences in subjective well-being under war conditions is necessary for a deeper understanding of the psychological consequences of war experience and for the development of scientifically sound approaches to supporting the civilian population.

Given the above, **the aim of the article** is to identify and analyze gender differences in the subjective well-being of men and women under war conditions.

Method

To achieve this goal, the theoretical part of the article used methods of analysis and synthesis (analysis of scientific literature; theoretical approaches to studying the phenomenon of adaptation; core conceptual provisions that clarify the essence of this process), comparative analysis (comparison of research findings and identification of common and divergent conclusions), and interpretation (interpretation of the obtained results in the context of current research and theories).

The empirical part of the article is based on the results of a study conducted by the Department of Sociology and Psychology of the Kharkiv National University of Internal Affairs (head of the research project: Prof. Iryna Nechitailo). The study focuses on monitoring the mental health of the population of Kharkiv and the Kharkiv region during the period of Russia's full-scale invasion of Ukraine. The research team conducted two waves of the study in 2023 and 2024 (n = 730 and n = 543, respectively; samples are non-representative; fieldwork was conducted in November of each year). Data were collected through an online survey using Google Forms. Respondents were randomly recruited via social media.

The research instrument included five measures: (1) the modified BBC subjective well-being scale (BBC-SWB); P. Pontin, M. Schwannauer, S. Tai, & M. Kinderman; adaptation by L. M. Karamushka, K. V. Tereshchenko, O. V. Kredencer [7, p. 85]; (2) the Questionnaire of Neuropsychic Tension [13, p. 36]; (3) the Self-Assessment Scale for Posttraumatic Stress Disorder Symptoms (PCL-5 methodology) [16]; (4) the Connor–Davidson Resilience Scale – 10 [11]; and (5) the Coping Strategies Questionnaire (short form; CSI-SF; C. Addison, V. Campbell-Jenkns, D. Sarpong et al., 2007) [1, p. 189]. All five measures were included in full in the questionnaire.

In addition to the measures listed above, the questionnaire included items to obtain information about: (1) socio-demographic, socio-economic, and other characteristics of the respondents (gender, age, marital status, presence/absence of children, level of material security and its changes, primary type of activity, and level of education); (2) losses experienced during the full-scale invasion (human, material, property, physical and psychological health, etc.); (3) respondents' place of residence at the time of the survey (Kharkiv city or Kharkiv region); and (4) experience of living under occupation (presence/absence). Thus, the final questionnaire comprised 130 items.

The authors of this article analyzed data from the second wave of the study (2024). The gender distribution was highly uneven: the number of women was almost twice that of men, which made a full comparative analysis impossible. To enable comparability between men and women, the sample was balanced. In March 2025, the

required number of men was randomly selected; at the time of data collection, they were civilian residents of Kharkiv city and the Kharkiv region. The groups of men and women were balanced, with 280 participants in each group.

Data analysis was conducted using IBM SPSS Statistics 27.0. Specifically, the study used correlation analysis (Pearson's correlation coefficients, rr), between-group comparisons (Student's tt-test), and descriptive statistics compared across gender groups.

Literature Review

The issue of subjective well-being in wartime is addressed by both Ukrainian and foreign scholars. In foreign literature, the primary focus has largely shifted toward the study of mental disorders, in particular post-traumatic stress disorder (PTSD), depression, and anxiety. These conditions are commonly regarded as key consequences of war. At the same time, contemporary research recognizes a close relationship between such states and subjective well-being: the presence of these problems is associated with lower life satisfaction, disruption of emotional balance, reduced psychological comfort, and weakened psychological resilience resources of the individual.

Ukrainian scholars, including L. Karamushka et al., I. Kryazh, V. Kholmanova, I. Pavlova, S. Krauss, B. McGrath, S. Cehajic-Clancy, I. Bodnar, P. Petrytsa, T. Synytsya, H. Zhara, A. Reznik, V. Pavlenko, A. Kurapov, A. Drozdov, N. Korchakova, S. L. Romem Porat, R. Isralowitz, L. Zasiekina, and T. Duchyminska, focus on empirical measurement of subjective well-being among the Ukrainian population in war conditions, as well as on identifying its predictors and protective factors. In particular, L. Karamushka and co-authors found a moderate level of subjective well-being among Ukrainians in 2022 and significant socio-demographic differences (lower indicators for women, middle-aged individuals, the unemployed, and migrants) [6, p. 1859]. I. Kryazh and V. Kholmanova reported a relative stability in the overall well-being of IT specialists, alongside a decline in internal resources, especially among women over 35 years of age [12].

I. Pavlova and co-authors established the significant role of optimism, resilience, and post-traumatic growth as predictors of young people's subjective well-being [14, p. 903]. A. Reznik and co-authors demonstrated the negative impact of the duration of war on the mental health of female students, as well as fluctuations in depression and burnout levels [15]. L. Zasiekina and co-authors found that moral trauma is a key predictor of PTSD, anxiety, and depression in both military and civilian personnel, with heightened vulnerability among women [18, p. 564].

Overall, Ukrainian research emphasizes subjective well-being, its dynamics under war conditions, socio-demographic differences, and the role of psychological resources (resilience, optimism, coping, and meaning in life) as factors that support it.

Foreign scholars, including V. Williamson, D. Murphy, B. Carpiniello, H. E. Ainamani, T. Elbert, D. K. Olema, T. Hecker, R. J. Johnson, O. Antonaccio, E. Botchkovar, S. E. Hobfoll, B. Kellezi, S. Reicher, M. W. King, A. E. Street, J. L. Gradus, D. S. Vogt, P. A. Resick, M. S. Kelber, X. Liu, K. O'Gallagher, L. T. Stewart, B. E. Belsher, M. A. Morgan, D. E. Workman, N. A. Skopp, K. McGraw, D. P. Evatt, O. S. Chaban, V. H. Bezsheyko, O. O. Khaustova, O. V. Burlaka, T. B. Ryvak, and S. S. Kyrylyuk, primarily examine the psychological effects of war through the lens of trauma, migration, and combat experience.

V. Williamson and D. Murphy identified key risk factors for reduced mental and subjective well-being, including trauma intensity, low social support, and adverse migration conditions [17]. B. Carpiniello summarized meta-analyses and showed that war increases the risk of developing PTSD, depression, and anxiety disorders by 2–3 times, with women and children being the most vulnerable [3].

H. E. Ainamani et al. demonstrated a higher prevalence of PTSD among refugee women, associated with the nature of traumatic events (including sexual violence) [2]. R. J. Johnson and colleagues showed that internally displaced persons have significantly higher levels of PTSD than local residents [5, p. 1813].

B. Kellezi and S. Reicher highlighted sociocultural mechanisms of vulnerability, in particular the role of gender norms in shaping trauma-related responses and the level of social support [9, p. 501]. M. W. King et al. found that men and women may show similar overall levels of PTSD, but differ in the symptom profile [10. p. 180].

M. S. Kelber et al. reported gender differences in the dynamics of PTSD in the military, in particular a higher incidence among women and a longer persistence of symptoms in men [8, p. 21]. O. S. Chaban et al. investigated the prevalence of PTSD among combatants and confirmed high levels of anxiety and alexithymia, with gender differences in the manifestations of symptoms [4, p. 9].

Overall, it can be concluded that foreign studies primarily focus on the mechanisms of psychotraumatization, risk factors for the development of PTSD, depression, and anxiety disorders, as well as on migration and social conditions that shape adaptation among affected populations. These studies mainly examine the psychopathological consequences of war, which indirectly determine levels of subjective well-being. In contrast, Ukrainian scientists' investigations place greater emphasis on the direct measurement of subjective well-being and its resource-related determinants Verma et al. (2024).

In general, the relationship between trauma and subjective (psychological) well-being, as well as the role of social support as a resource for coping with war stress, remains central to current scientific debate. At the same time, findings from different researchers and research teams regarding gender differences in psychological responses to war appear insufficiently consistent and require further clarification.

Research results

To identify features of subjective well-being in men and women, a correlation analysis was conducted (using Pearson's pairwise correlation coefficients) and between-group differences were assessed using the Student's t-test for independent samples.

The correlation analysis examined not only variables reflecting subjective well-being, but also indicators of neuropsychiatric stress, psychological resilience, and the presence or absence of post-traumatic stress disorder (PTSD) symptoms. The detailed results of the correlation analysis are presented in Table 1.

Table 1.Matrix of correlations between gender and indicators of subjective well-being, neuropsychiatric tension, PTSD, and psychological resilience

	Gender	Subjective well-being score	Level of subjective well-being	Neuropsychiatric tension	Level of neuropsychiatric tension	PTSD score	Presence/absence of PTSD (self-rated)	Resilience score	Resilience level
Gender	1	-0.281**	-0.298**	**0.404****	0.247**	**0.325****	0.192**	-0.226**	-0.229**
Subjec-tive well-being score	-0.281**	1	0.849**	-0.688**	-0.577**	-0.628**	-0.417**	0.610**	0.606**
Level of subjective well-being	-0.298**	0.849**	1	-0.586**	-0.460**	-0.512**	-0.293**	0.506**	0.508**

Neuropsychiatric tension score	0.404**	-0.688**	-0.586**	1	0.882**	0.803**	0.595**	-0.436**	-0.430**
Level of neuropsychiatric tension	0.247**	-0.577**	-0.460**	0.882**	1	0.695**	0.570**	-0.371**	-0.361**
PTSD score (self-rated)	0.325**	-0.628**	-0.512**	0.803**	0.695**	1	0.771**	-0.439**	-0.442**
Presence/absence of PTSD (self-rated)	0.192**	-0.417**	-0.293**	0.595**	0.570**	0.771**	1	-0.294**	-0.284**
Resilien-ce score	-0.226**	0.610**	0.506**	-0.436**	-0.371**	-0.439**	-0.294**	1	0.947**
Resilien-ce level	-0.229**	0.606**	0.508**	-0.430**	-0.361**	-0.442**	-0.284**	0.947**	1

*** The correlation is statistically significant at the 0.01% level.*

The correlation matrix indicates relatively strong and statistically significant relationships among subjective well-being, neuropsychiatric stress, PTSD, and psychological resilience. Considering the direction of scaling for the relevant variables, it can be inferred that higher subjective well-being is associated with lower levels of neuropsychiatric stress and PTSD and with higher psychological resilience.

The matrix also shows a statistically significant relationship between gender and the generalized indicators (total score/level) of subjective well-being, neuropsychiatric stress, PTSD, and psychological resilience. Notably, the strongest associations are observed between gender and neuropsychiatric stress, as well as between gender and PTSD. Taking into account the direction of scaling, it can be concluded that women, compared with men, are characterized by lower subjective well-being and higher levels of neuropsychiatric tension. At the same time, men show higher psychological resilience and report PTSD symptoms less frequently (based on self-assessments).

To clarify statistically significant differences in mental health indicators and subjective well-being between men and women, the Student's t-test for independent samples was applied. Homogeneity of variances was checked using Levene's test. For the subjective well-being indicator, a statistically significant difference in variances was found ($p = 0.000$), indicating variance inequality. For the remaining indicators (neuropsychiatric stress, PTSD,

and resilience), Levene's test values were greater than 0.05, which allowed the assumption of equal variances.

The results of the Student's t-test showed that, for all indicators studied, there are statistically significant differences between men and women ($p < 0.001$). Specifically, the level of subjective well-being was higher in men ($m = 79.22$) than in women ($m = 69.71$), and the difference was statistically significant ($t = 8.051$; $p < 0.001$). This suggests a more positive subjective perception of one's own life among men.

At the same time, women had significantly higher levels of neuropsychiatric stress ($m = 50.58$) than men ($m = 40.21$), and this difference was statistically significant ($t = -12.168$; $p < 0.001$). A similar pattern was observed for PTSD indicators: women ($m = 23.89$) scored significantly higher than men ($m = 13.36$), with a statistically significant difference ($t = -9.457$; $p < 0.001$).

Regarding resilience, men demonstrated a higher level of psychological resilience ($m = 24.96$) than women ($m = 21.29$), and the difference was statistically significant ($t = 6.395$; $p < 0.001$).

Thus, the obtained results are consistent with the correlation analysis findings and indicate systematic gender differences across all studied indicators. Men show higher levels of subjective well-being and resilience, whereas women report higher levels of negative mental states (neuropsychiatric tension and PTSD). This may reflect gender-specific patterns of emotional response and adaptation to stressful conditions.

To fully achieve the aim of this article, namely to identify the features of subjective well-being of men and women in war conditions, we conducted a comparative analysis of descriptive statistics by gender groups. This approach allowed us to examine differences in selected indicators of subjective well-being in greater detail.

The analysis made it possible to reveal systematic differences in respondents' answers depending on gender for a range of indicators, particularly those related to physical condition, well-being, and quality of life. Overall, as noted above, women tend to provide more critical self-assessments than men.

In particular, regarding physical health, men more often rate it as satisfactory or good. For example, the proportion of positive responses ("very" and "to a great extent") to the question "Are you satisfied with your physical health?" is significantly higher among men (roughly 39.5%) than among women (about 12.6%). In contrast, women's responses are more concentrated in the middle category: they indicate satisfaction with their health at an "average level" (over 67%). This suggests a tendency toward more restrained or neutral evaluations. Moreover, women also more frequently report complete dissatisfaction or only slight satisfaction with their physical health (20% and 15.5%, respectively) compared with men.

Gender differences are even more pronounced in terms of sleep quality. About a third of women (30.3%) report that they are not at all satisfied with the quality of their sleep, whereas among men this share is approximately half as high (15.3%). At the same time, men show a higher proportion of responses in the categories of high sleep-quality evaluations ("very" and "to a great extent"), indicating more favorable subjective assessments of this indicator of well-being. As in the previous case, women's responses are primarily concentrated around the middle gradations, indicating an "average" evaluation of sleep quality with a bias toward negative assessments.

With respect to the perceived ability to perform everyday activities, men are also more likely to report strong satisfaction. Thus, 50.3% of men indicate that they are strongly or very strongly satisfied with this aspect of life. Among women, the proportion is only about 18%. More than half of women (52.6%) are satisfied with their ability to perform everyday activities at an average level.

Men are more likely than women to report that they are able to enjoy life. Accordingly, 29.2% and 14.2% of men feel this strongly and very strongly. Among women, these proportions are significantly lower: 15.0% and 3.2%, respectively.

Women are less likely than men to perceive life as having a purpose. While 35.0% of women consider themselves confident, and almost 18.0% consider themselves very confident that they have a purpose in life, among men these shares are higher- 42.9% and 26.6%, respectively.

Men also report higher levels of optimism about the future: 23.7% and 12.9% report strong and very strong optimism, respectively. Among women, the corresponding proportions are 13.9% and 4.2%.

Women perceive control over their own lives significantly less often than men. The total share of those who feel no control at all or only slight control is 45% among women, compared with 30.2% among men.

Men and women show minimal differences in their evaluations of satisfaction with themselves as individuals. Moderate or generally positive satisfaction predominates for both groups: slightly more than 73% of participants of each gender report being satisfied at moderate or general levels.

The surveyed men and women generally tend to evaluate their family life positively; however, among men, the proportion of those who are satisfied or very satisfied with family life is noticeably higher than among women (63.1% and 43.2%, respectively).

The vast majority of men and women generally evaluate their friendships and personal relationships positively. At the same time, among men there are slightly more respondents who report being "happy" or "very happy" in these relationships (63.7%) than among women (54.8%).

Men report noticeably higher satisfaction with their sex life than women (50.0% among men versus 38.6% among women).

Among women, the proportion of those who are not at all satisfied or only slightly satisfied with material security and the amount of money is significantly higher (43.2%) than among men (27.4%).

Notably, despite the above findings, men are more likely than women to experience anxiety or depression. Specifically, 10.2% of men report experiencing these symptoms not at all or only slightly. In women, this proportion is almost three times higher (about 30%). Moreover, among men the share of those reporting very severe anxiety or depression is almost three times lower than among women (27.6% and 8.4%, respectively).

While examining the overall subjective well-being scores obtained using the BBC method, as well as the distribution of men and women across levels of subjective well-being, we observe that in general individuals with low subjective well-being prevail in both groups. However, there are significantly more such respondents among women than among men (see Fig. 1).

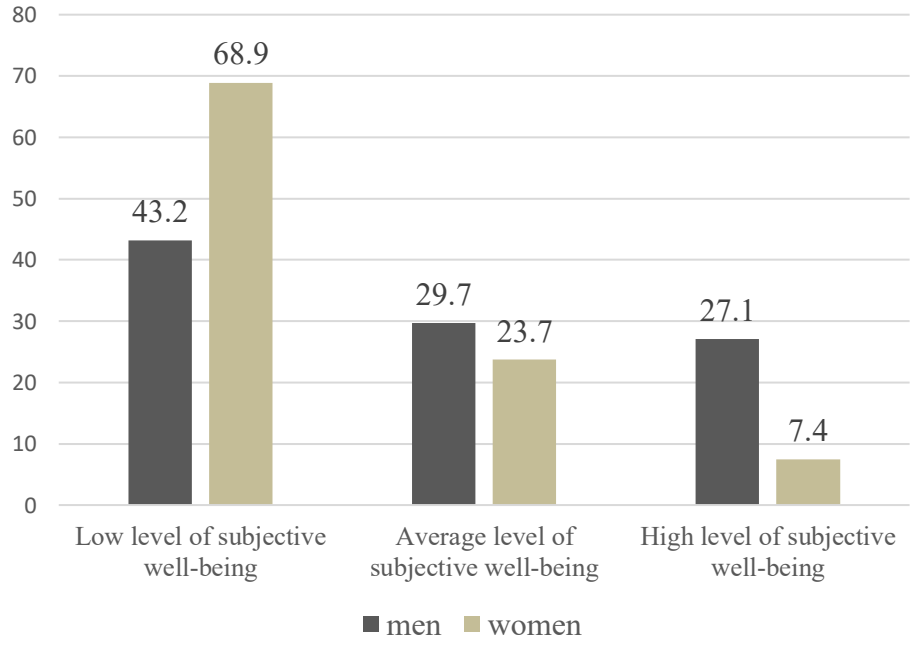

Figure 1. **Distribution of men and women by levels of subjective well-being *(in % for each group)***

Overall, the analysis of univariate distributions by characteristics of subjective well-being indicates systematic gender differences. Women generally provide a more critical or restrained self-assessment of their condition - both in terms of physical health, sleep quality, and ability to perform

everyday tasks, as well as psychological aspects (optimism, sense of control over life, and presence of life purpose). Their responses more often fall into average or lower score categories.

Men, in contrast, are more likely to assess their lives more positively: they more often report satisfaction with health, sleep, everyday functioning, and social and personal spheres, and they also demonstrate a higher level of optimism and a stronger sense of control. At the same time, there are exceptions: satisfaction with oneself as a person is almost identical across genders, and regarding anxiety and depression, men report strong experiences even more frequently than women. Thus, the key difference lies not only in the level of well-being, but also in how it is assessed: women tend to be more critical and cautious in self-assessments, whereas men more often demonstrate more optimistic evaluations, despite certain psychological risks.

The identified differences may be explained by both psychological and sociocultural factors. In particular, women traditionally show a higher level of reflection regarding their health and a greater tendency to focus on negative symptoms. Men may be more likely to underestimate problems or provide a socially desirable "normative" assessment.

Discussion

The issue of subjective well-being in war conditions is addressed by both Ukrainian and foreign scholars. It should be noted that foreign researchers focus more on disorders such as post-traumatic stress disorder (PTSD), depression, and anxiety-depressive disorder. Undoubtedly, these mental conditions are directly related to subjective well-being: their presence is accompanied by a decrease in life satisfaction, disruption of emotional balance, and a reduced sense of psychological comfort. In particular, PTSD, depressive and anxiety states limit an individual's ability to evaluate their own life positively, reduce the level of subjective happiness, and undermine the resources of psychological resilience. Taken together, these factors lead to a significant deterioration in subjective well-being.

A study conducted by L. Karamushka et al. [6, p. 1859] found that in 2022 the population of Ukraine had a moderate level of subjective well-being. The lowest scores were observed on the subscale "physical health and well-being," whereas the highest scores were recorded on the subscales "psychological well-being" and "relationships." The researchers also concluded that a lower level of subjective well-being was found among: women (compared with men); respondents aged 41–50 years (compared with other age groups); single respondents (compared with married respondents); unemployed respondents (compared with employed respondents); and respondents who moved abroad (compared with those who stayed at home or moved to a safer place within Ukraine). The most pronounced differences were identified between population groups distinguished by such criteria as "place of residence during the war," "gender," and "age." The largest differences were observed on the subscales "psychological well-being" and "physical health and well-being," while the smallest differences were found on the subscale "relationships."

I. Kryazh and V. Kholmanova analyze well-being among Ukrainian IT professionals in wartime using indicators of internal resources (meaning in life, belief in justice, etc.) [12]. The researchers compare subjective well-being in two samples of respondents: 2021 (the year before Russia's full-scale invasion of Ukraine) and 2022 (the first year of the full-scale invasion). The overall subjective well-being indicator remained at the same level in 2022 as in 2021. At the same time, a slight but statistically significant weakening of internal resources was observed. Changes caused by the war were associated with the age and gender of IT specialists. Overall, the most vulnerable groups were women over 35 years old and younger men. Among women over 35, an increase in emotional discomfort was noted.

I. Pavlova, S. Krauss, B. McGrath, S. Cehajic-Clancy, I. Bodnar, P. Petrytsa, T. Synytsya, and H. Zhara investigate predictors of subjective well-being among Ukrainian youth under conditions of the full-scale Russian invasion of Ukraine, including variables such as optimism, resilience, and coping [14, p. 888]. The total sample consisted of 593 students from several Ukrainian universities. The results showed that 34.7% of respondents reported dissatisfaction with their own lives. The vast majority of respondents (88.7%) reported mild hopelessness and high or moderate levels of optimism (60.9%). Most participants had moderate and high levels of post-

traumatic growth (51.9% and 6.7%, respectively) and resilience (46.0% and 14.5%, respectively). Although the authors did not set out to identify gender differences, the findings are important because they demonstrate that high optimism, hope, resilience, and post-traumatic growth positively influence life satisfaction and subjective well-being among youth in wartime.

A. Reznik, I. Pavlova, V. Pavlenko, A. Kurapov, A. Drozdov, N. Korchakova, S. L. Romem Porat, and R. Isralowitz investigate mental health and well-being among female students during the war [15]. The researchers examined the mental health of female students at Ukrainian universities over three years of the war. A total of 3,467 female students were surveyed three times: from August to October 2022 (Year-1, n = 1,416), from March to July 2023 (Year-2, n = 747), and from September to November 2024 (Year-3, n = 1,304). The average age of respondents was 19.3 years. Of the participants, 81.2% were not displaced, 10.7% were internally displaced persons, and 8.1% were refugees. Data analysis showed a significant decrease in fear of war, depression, and burnout in 2023 compared with 2022. However, in 2024, there was a noticeable increase in the corresponding indicators. Overall, the results indicate that the duration of the war negatively affects the subjective well-being of young women.

O. S. Chaban, V. H. Bezsheyko, O. O. Khaustova, O. V. Burlaka, T. B. Ryvak, and S. S. Kyrylyuk note that stress is one of the main risk factors for the development of many somatic and mental health problems [4, p. 7]. Among other forms of stress, participation in combat operations and being in a combat zone play an important role. It has been established that post-traumatic stress disorder (PTSD) develops in every fifth person in a combat zone, and in the presence of additional aggravating factors (captivity, serious injuries) it occurs in 25–50% of cases, and even more often.

According to the results of a study of participants in combat operations conducted in Ukraine since 2014, the overall current prevalence of clinically significant PTSD symptoms in the sample was estimated at 20%. The mean severity of symptoms was 15.98 (95%), with no statistically significant difference between men and women ($p = 0.251$). PTSD symptoms were twice as severe among service members who had been exposed to combat stress for 2 or more years compared with others. However, levels of anxiety and alexithymia showed significant gender differences. Anxiety was more severe in women than in men (7.11 vs. 5.29; $p = 0.041$), and alexithymia levels were higher in men than in women (63.17 vs. 56.43; $p = 0.032$).

R. J. Johnson, O. Antonaccio, E. Botchkovar, and S. E. Hobfoll conducted this study 36 months after the start of the war in Ukraine, which began in March 2014 with Russia's annexation of Crimea, and interviewed civilians living in Ukraine [5, p. 1811]. The aim of the study was to examine the prevalence of the war's impact on the mental health and subjective well-being of Ukrainian civilians. A comparative analysis was also conducted to determine whether PTSD symptoms were associated with sociodemographic factors, in particular with the internal displacement of Ukrainians from occupied territories to areas controlled by Ukraine.

Personal interviews were conducted using a multistage random sample of the general population in two large cities – Kharkiv and Lviv (n = 1247)—and a purposive sample of internally displaced persons (n = 300), half of whom lived in each city. Direct exposure to conflict-related traumatic events was found to be widespread (65%) among internally displaced persons, compared with a substantial minority (23%) of urban residents. Increased prevalence of PTSD symptoms was observed across the sample. However, there were significant differences between internally displaced persons and local residents: the former showed a greater likelihood of positive PTSD scores. The researchers conclude that adult Ukrainian civilians experiencing the protracted war with Russia have elevated levels of PTSD. Moreover, those who were displaced due to the ongoing conflict have significantly higher levels of PTSD than local residents.

A joint study by Ukrainian and European scientists – L. Zasiekina, T. Duchyminska, A. Bifulco, and G. Bignardi – aimed to compare samples of active-duty military personnel and civilian students during the first three months of the Ukrainian–Russian war [18, p. 557]. The comparison focused on moral trauma and its relationship with post-traumatic stress disorder, anxiety, and depression. The sample included 350 respondents: 191 were military personnel of the Armed Forces of Ukraine serving on the front lines during the full-scale invasion of Russian troops in February 2022, and 159 were students from various universities in the Volyn region. Hierarchical regression showed that moral trauma predicted PTSD symptoms in both military and civilian student groups. However, prior family trauma was associated with PTSD symptoms only among military personnel.

In addition, the study found higher levels of moral trauma, PTSD symptoms, depression, and anxiety among female civilian students.

Williamson V. and Murphy D. have identified several risk factors that predispose individuals to mental disorders and, consequently, to reduced psychological and subjective well-being in the context of armed conflict [17]. These include the nature and intensity of traumatic exposure, low or absent social support, lower levels of education, and poorer mental health status prior to the traumatic event. For those fleeing war or mass violence, resettlement and migration conditions are also key factors in post-traumatic adjustment. Those who receive appropriate humanitarian assistance and are able to secure paid employment in refugee camps report more positive adjustment. However, too often the resettlement experience of refugees affected by war is poor: many report serious problems with integration and access to appropriate support.

B. Carpiniello focuses on the mental health consequences of war for adults, children, and adolescents who are refugees or who live in war zones [3]. The author provides a broad overview of all systematic reviews and/or meta-analyses published from 2005 to the present. In total, fifteen systematic reviews and/or meta-analyses were selected for the adult population, and seven were selected for children and adolescents. According to the results of the review, the prevalence of anxiety, depression, and post-traumatic stress disorder is two to three times higher among people who have been exposed to armed conflict than among those who have not. A range of stressors associated with war, migration, and post-migration contribute to both short- and long-term mental health problems in internally displaced persons, asylum seekers, and refugees. It is important to highlight that women and children are among the most vulnerable to the effects of armed conflict.

H. E. Ainamani, T. Elbert, D. K. Olema, and T. Hecker examine the impact of the war in the Democratic Republic of the Congo on the mental health and functioning of Congolese civilians, particularly those seeking asylum in Uganda [2]. The authors emphasize that civilians exposed to potentially traumatic events in war and conflict zones develop trauma-related mental health problems. However, they also highlight the lack of scientific information on gender differences in the impact of various war-related traumatic events, the conditional risk of developing PTSD, and whether the cumulative impact of traumatic events affects men and women differently. The researchers interviewed 325 Congolese refugees living in Nakiwala (a refugee settlement in southwestern Uganda) (n = 143 men, n = 182 women). The assessment included exposure to war-related traumatic events and the severity of DSM-IV PTSD symptoms. The main findings showed that refugees were highly exposed to war-related traumatic events, with dangerous flight being the most common event for both men and women. The overall prevalence of PTSD differed between women (94%) and men (84%). In women, the highest conditional prevalence of PTSD was associated with rape experience. Women also showed higher severity of PTSD symptoms when exposed to low and moderate levels of potentially traumatic event types. The authors conclude that in conflict zones women are highly exposed to a range of war-related traumatic events, which puts them at risk for high levels of PTSD symptoms.

M. S. Kelber, X. Liu, K. O'Gallagher, L. T. Stewart, B. E. Belsher, M. A. Morgan, D. E. Workman, N. A. Skopp, K. McGraw, and D. P. Evatt examine the interactive effects of gender and combat experience on the presence or absence of a PTSD diagnosis [8, p. 17]. The researchers use administrative data from 20.000 U.S. Army soldiers whose combat experience was assessed between January 1, 2008, and June 30. 2014. The authors found that the incidence and prevalence of a PTSD diagnosis were higher among women, but the persistence of the PTSD diagnosis was higher among men. The higher rates of new PTSD diagnoses among women were independent of combat experience, suggesting that other types of trauma may be responsible for the elevated rates in women. Gender differences in both the prevalence and persistence of PTSD diagnosis were greater among combat-exposed soldiers than among those not exposed to combat. Men retained a PTSD diagnosis for a longer time than women, indicating greater persistence of PTSD; this pattern was particularly pronounced among combat-exposed soldiers.

B. Kellezi and S. Reicher note that despite evidence that women are at higher risk for mental health after experiencing extreme events in war, this phenomenon has not been fully studied [9, p. 495]. The authors are conducting their own study, which clarifies the role of gender norms in shaping the interpretation of events and the degree of social support provided to war victims. Thirty-eight survivors of the 1999 Kosovo conflict were interviewed. The data obtained were analyzed using thematic and content analysis. The results of the study indicate that events perceived as confirming gender norms (e.g., men who are injured in combat with the enemy) evoke pride in the victim and support from the community, whereas events perceived as undermining gender norms (e.g., women who are sexually abused) evoke shame in the victim and rejection from the community. According to the authors, women are more psychologically vulnerable because they are more likely than men to experience identity-shattering events and because the consequences of such events are more severe for women than for men.

M. W. King, A. E. Street, J. L. Gradus, D. S. Vogt, and P. A. Resick set themselves the task of determining whether men and women tend to exhibit different symptoms of post-traumatic stress in response to trauma [10. p. 177]. The researchers analyzed responses from 2,341 U.S. military veterans (51% women) who served in support of operations in Afghanistan and Iraq (Operation Enduring Freedom, Operation Iraqi Freedom). The results showed that among men and women with the same overall severity of PTSD, women were more likely to report difficulty concentrating and distress from reminders, while men were more likely to report nightmares, emotional numbing, and hypervigilance. However, these gender differences at the item level were small (average d=0.05d=0.05) and had little impact on measurement precision or expected total scores. For practical purposes, severity scores for men and women showed similar reliability. This suggests that male and female veterans exhibit broadly similar profiles of PTSD symptoms following exposure to military-related stressors, and some theoretical perspectives propose that this may also be true for other traumatized populations.

Based on the analyzed sources, it is possible to make a general conclusion that, in modern scientific literature, there is no single approach to understanding subjective well-being of the population in war conditions. Instead, several interconnected research lines and debates can be identified. In particular, foreign studies often examine subjective well-being indirectly—through the prism of mental disorders (PTSD, depression, anxiety)—whereas Ukrainian scientists more frequently analyze it as an independent multidimensional construct that includes emotional, cognitive, and social components. In this context, the question of the relationship between pathology and well-being remains debatable: should they be considered opposite poles of the same continuum, or relatively autonomous but interconnected phenomena?

At the same time, the results of empirical studies demonstrate the ambiguity of the dynamics of subjective well-being in war conditions. On the one hand, a general decrease under the influence of traumatic events is observed; on the other hand, adaptation, resilience, and post-traumatic growth are also observed, which allow part of the population to maintain a relatively stable level of well-being even under prolonged stress. This gives rise to a separate line of scientific discussion concerning the role of internal personal resources (optimism, meaning in life, coping strategies) as mediators of the impact of war on subjective well-being. Another important area of modern research is the analysis of socio-demographic differences, particularly the gender aspect. Most studies consistently indicate higher vulnerability among women, reflected in lower levels of subjective well-being and higher levels of anxiety, depression, and emotional distress. At the same time, there is a debate about the nature of these differences: some authors associate them with greater emotional sensitivity and social roles of women, whereas others attribute them to differences in socialization and to men's tendency to be less likely to verbalize psychological problems. Some studies also identify specific risk groups among both sexes (e.g., older women and young men), indicating a complex interaction of gender with age, social status, and the war context. Thus, the modern scientific discussion on subjective well-being in war conditions centers on three key issues: the relationship between well-being and psychopathology, the mechanisms of psychological adaptation and resilience, and the role of gender and social factors in determining vulnerability and resilience of the population.

Conclusions

Potential gender differences may be explained by a complex set of biopsychosocial factors.

First, according to contemporary psychological research, women on average tend to show higher emotional sensitivity and a greater propensity for more in-depth emotional processing of experiences. This may contribute to a more intense experience of stressful events, which is reflected in higher levels of negative psychological states and PTSD.

Second, social and cultural factors play an important role. In many societies, women more often face chronic stress associated with the combination of social roles (e.g., professional, family, caregiving roles), and may have fewer resources for psychological recovery. This, in turn, can increase anxiety levels and the severity of post-traumatic and other symptoms.

Third, men more frequently demonstrate higher levels of resilience. This may be related both to socially approved behavioral models (e.g., a focus on control, emotional restraint) and to the use of more problem-focused coping strategies. This can contribute to higher levels of subjective well-being.

At the same time, it is important to consider that lower levels of negative states in men may be explained not only by genuine differences, but also by a lower tendency to verbalize or recognize emotional difficulties.

Overall, the results are consistent with contemporary scientific views on gender differences in emotional responding and psychological adaptation, and they highlight the importance of accounting for the gender factor in mental health research.

Meanwhile, the findings of empirical studies demonstrate the ambiguity of the dynamics of subjective well-being during war. On the one hand, a general decline in well-being under the influence of traumatic events is observed; on the other hand, evidence also points to phenomena of adaptation, resilience, and post-traumatic growth, which allow part of the population to maintain a relatively stable level of well-being even under prolonged stress. This, in turn, gives rise to a separate scientific discussion about the role of individuals' internal resources (optimism, the sense of life, coping strategies) as mediators of the impact of war on subjective well-being.

Another important direction of contemporary research is the analysis of socio-demographic differences, in particular the gender dimension. Most studies converge in indicating women's greater vulnerability, which is reflected in lower levels of subjective well-being and higher levels of anxiety, depression, and emotional distress. At the same time, there is debate regarding the nature of these differences: some authors link them to women's higher emotional sensitivity and social roles, while others attribute them to differences in socialization and men's greater tendency to under-communicate psychological problems. Some studies also identify specific at-risk groups among both sexes (e.g., older women and younger men), suggesting a complex interaction between gender, age, social status, and the war context.

Thus, the contemporary scientific debate about subjective well-being in wartime is structured around three key questions: the relationship between well-being and psychopathology, the mechanisms of psychological adaptation and resilience, and the role of gender-related and social factors in shaping people's vulnerability and resilience

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