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Post-traumatic stress in children as a result of war: Strategies for psychological support

Vasyl Dufynets*

Doctor of Medical Sciences, Associate Professor
Mukachevo State University
89600, 26 Uzhhorodska Str., Mukachevo, Ukraine
<https://orcid.org/0000-0001-6813-4724>

Tetiana Shcherban

Doctor of Psychological Sciences, Professor
Mukachevo State University
89600, 26 Uzhhorodska Str., Mukachevo, Ukraine
<https://orcid.org/0000-0002-3702-8029>

Volodymyr Hoblyk

Doctor of Economic Sciences, Professor
Mukachevo State University
89600, 26 Uzhhorodska Str., Mukachevo, Ukraine
<https://orcid.org/0000-0003-1830-3491>

Abstract. Investigation of the early detection and treatment of post-traumatic stress disorder is essential to ensure the healthy development of a child. The purpose of this study was to develop and analyse effective strategies of psychological support to overcome the consequences of this disorder. For this, a survey of children who were in Ukraine during the hostilities was conducted and approaches to helping children who have experienced trauma or war were considered. According to the findings, children who lived in areas where hostilities took place testify to the detrimental impact of traumatic stress on the mental health of young people. Children in primary school may be more likely to display aggressive, withdrawn, and lonely behaviour in addition to post-traumatic stress disorder-induced anxiety. Adolescents who have experienced traumatic stress are more likely to express anxiety, irritability, aggression, and stiffness, as well as symptoms of depression. Thus, younger students who have experienced traumatic stress demonstrate aggressiveness, anxiety, secrecy, and loneliness. Preventive measures are needed to reduce the harmful effects of traumatic events on children's mental health. Implementing interventions that prioritise early detection of trauma, psychoeducation for both children and caregivers, and the creation of a safe and supportive environment is imperative. By prioritising prevention and continuously implementing the innovation, it will be possible to better prepare for the process of overcoming the long-term effects of trauma on the well-being and mental health of citizens, including children

Keywords: psychological education; emotional sphere; therapy; traumatic events; childhood trauma; rehabilitation

INTRODUCTION

Military conflicts and wars always leave deep traumas not only on the battlefield, but also on the civilian population, especially children. Children are the most vul-

nerable group of the population suffering from the consequences of war, as their psyche is not yet formed and is extremely sensitive to external traumatic influences.

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*Corresponding author

In today's environment, when many countries are facing military conflicts and terrorist threats, the study of post-traumatic stress disorder (PTSD) in children is becoming crucial and relevant. Research on PTSD in children helps to understand the extent of the problem and develop effective strategies for providing support. PTSD in children can have long-term negative consequences for their mental health and social adaptation. This includes an increased risk of depression, anxiety disorders, behavioural problems, learning difficulties, and social integration. Professional psychotherapy, family and community support, and, in some cases, medication are essential aspects. Prompt and adequate psychological support can reduce these consequences and contribute to the healthy development of children. It is difficult to overestimate the relevance of researching PTSD in children who have experienced military action. This issue concerns not only the health and well-being of individual children, but also the stability and prosperity of society as a whole. Developing effective strategies for psychological support is a significant step towards overcoming the consequences of war and ensuring a happy future for future generations. The study of this topic will help to improve the skills of specialists working with children who have survived military conflicts. This will help provide them with the necessary knowledge and skills to provide quality psychological support.

According to L. Ovcharenko (2024), wars and armed conflicts have a devastating impact on all aspects of life, especially on children's mental health. Children who have survived war often face serious psychological trauma, including PTSD. Following K. Andriievskyi (2024), investigation of the impact of war on children's mental health and developing effective psychological support strategies are essential to ensure their well-being. PTSD in children occurs as a result of traumatic events that may be related to war, violence or disasters. According to A. Hilman & N. Kulesha (2022), in children, this stress can manifest itself through various symptoms such as anxiety, drowsiness, dying dreams, aggressiveness, and a sense of loss of control. From a psychological standpoint, PTSD is a negative reaction to stressful events that can lead to dire consequences for a child's mental and emotional health. As K. Borsch (2023) notes, children can also manifest symptoms of behavioural disorders, even anorexia or autism. It is important to understand these psychological effects to provide relevant support and rehabilitation to young victims.

Following O. Izyanova (2023), in Ukraine and many other countries, the research of PTSD in children and the development of effective methods of psychological support are at an early stage. Most existing methodologies are based on the experience of other countries and need to be adapted to national conditions. PTSD in children who survived the war is a fundamental problem that requires a comprehensive approach to address.

According to V.V. Chupryna (2023), the implementation of effective psychological support strategies based on international practices can considerably improve children's mental health and facilitate their return to normal life. Following T. Los (2024), it is vital to use specialised methods, such as self-assessment scales and psychological tests aimed at identifying stress symptoms, to diagnose PTSD in children. Furthermore, clinical observations and interviews with parents help to get a complete picture of the child's mental state. It is vital to pay attention not only to external manifestations of stress, but also to internal experiences, which allows for a more accurate diagnosis and an individualised approach to supporting each child affected by war.

Despite the growing interest in this topic, there are several aspects that are still unexplored or require further investigation. It is essential to examine the effectiveness of state programmes and policies aimed at supporting child survivors of war, as well as the interaction between different state and non-governmental organisations in providing support to children. Thus, the purpose of this study was to examine the impact of military operations on children's mental health and to develop effective strategies for psychological support to overcome PTSD in children who have survived wars and armed conflicts. Objectives: to describe the key symptoms and manifestations of PTSD in children of different ages; to investigate the existing methods and approaches to psychological support to children with PTSD in different countries; to develop concrete recommendations for the government, schools, and NGOs on the implementation of effective psychological support strategies.

MATERIALS AND METHODS

Using the structural-functional method, the key term "post-traumatic stress disorder" was investigated, and the problems faced by children who survived the war were identified. The study investigated the signs and symptoms of PTSD in children. The role of assessment and diagnosis of PTSD in children was analysed. The significance of PTSD prevention strategies in mitigating the impact of traumatic experiences on children's mental health was highlighted. Using the dialectical method, the views of other researchers on this issue were investigated, which helped to formulate a common idea of strategies for psychological support to children with war-related PTSD. Methods of helping children affected by war and other traumatic incidents were considered, which can be found on the Anxiety Canada website (Chorney *et al.*, 2022).

Within the framework of this study, a survey was conducted among young people who were in Ukraine during the hostilities. The experimental basis of the study was an educational institution in Kryvyi Rih district. The sample consisted of 45 children aged 8 to 10, including 29 males and 16 females. To calculate the level of anxiety, the study employed the General

Anxiety scale of the Multiscale Child Anxiety Inventory (MCAI) (Lemak & Petryshche, 2015). Having conducted the survey using the questionnaire, the degree of anxiety was accurately assessed in people aged 7 to 18 years. The scale has ten questions about a child's typical mood. The scale displays the child's overall anxiety level over the previous period. This is due to the child's unique sense of self-esteem, confidence, outlook on the future, and predisposition to various problems. One of the aspects of data processing is determining the score value for a question, which is zero or one. The data collected revealed extremely high, high, medium, and low levels of anxiety.

To investigate the emotional sphere of the child, the Projective Methodology "Cactus" (2015) by M.A. Panfilova was used, namely, to identify the presence of aggression, secrecy, and a sense of loneliness. The Projective Methodology "Cactus" is designed for children over three years old. This method can be used to observe and record behavioural manifestations such as aggression, anxiety, loneliness, desire to protect the home, impulsivity, withdrawal, cautiousness, ostentation and openness, and self-esteem. The respondent receives a sheet of A4 paper, coloured pencils, and a writing pencil for diagnostics. Several features, analogous to all projective methods, are considered when examining the result of this approach, such as the spatial organisation of the drawing, the type of lines used, and the pressure of the pencil. Furthermore, the evaluation uses exclusive metrics from this method, including "cactus image" attributes (wild, domestic, primitive, detailed) and needle attributes (size, location, quantity).

The Children's Revised Impact of Event Scale (CRIES-8) is a method for assessing the psychological impact of stressful events on children aged 8 to 18 years (Revised Child Impact..., 1979). A modified impact assessment scale was used to assess how the traumatic incident affected children and adolescents.

RESULTS

According to research, as many as 80% of children and young people who grow up in developed countries with analogous war experiences may have neuropsychiatric problems and aftermath. Although 50% of children are directly involved in wars and the war process, only 5% have received psychological support during the war process (Biazoli & Pluess, 2022). This situation leads both to certain problems and to the invitation of uncertainty on a vital issue such as peace in society. It is undeniable that psychological support for children and young people can have a positive or negative impact on the future of society, its integrity, and cultural quality.

Childhood is a crucial phase of life, and damage or injury during this stage can have grave and lasting consequences. Wars and conflicts almost always adversely affect the mental health of the population, including

psychological harm, anxiety, depression, suffering, and personality disorders (Bürgin *et al.*, 2022). Thus, children, as the most vulnerable group, suffer the most from the psychological consequences of war. In the early years of development, wars can have a serious impact on children's mental health, as they consider violence as a means of solving problems, which can lead to problems related to a lack of security and peace for society as a whole in the future. War can disrupt the healthy emotional development of children and distort their behaviour, leaving traces in the more mature characteristics and personality development of the future citizen. These circumstances, caused by the war, put the psychological state of children and youth in the spotlight and attract the attention of scientists. The psychological effects of war on children can be extremely serious and long-lasting. Children who have survived war often have problems with anxiety, depression, PTSD, and even speech loss. They may experience fear, panic, and guilt, as well as sleep problems and aggression. The provision of psychological support and therapy is essential to help children recover their mental health and adapt to life after the war.

Several factors influence the development and severity of PTSD in children affected by war (Anthony *et al.*, 2022). The intensity and duration of traumatic experiences play a significant role. Children exposed to prolonged or repetitive traumatic events, such as explosions, witnessing violence or being separated from their families, are more likely to experience higher levels of PTSD. The decisive factor is the age of the child at the time of the injury. Younger children may have a harder time understanding and processing traumatic events, which can contribute to the development of PTSD. Furthermore, the presence of interpersonal support systems such as family, friends, and trusted adults can mitigate the effects of trauma and reduce the risk of PTSD in children. Finally, individual factors such as temperament, coping skills, and resilience also contribute to variations in PTSD outcomes among children affected by war. Notably, the signs and symptoms of PTSD can vary greatly from one child to another. Some children may manifest clearer signs, while others may internalise their distress and cope well on the surface (Powell *et al.*, 2021). It is paramount for caregivers to pay close attention to any changes in behaviour or mood, as this may indicate that the child is struggling with the effects of the traumatic experience. By understanding and recognising the signs and symptoms of PTSD in children, adults can provide suitable support and interventions to help the child on the path to healing.

Children who have experienced trauma may exhibit a wide range of signs and symptoms that indicate their struggle with PTSD. These can include physical symptoms such as headaches, abdominal pain, and sleep disturbances. Furthermore, they may show emotional signs

such as irritability, mood swings, and increased anxiety (McRae *et al.*, 2021). Behavioural changes such as withdrawal from activities they once enjoyed, sudden outbursts or difficulty concentrating are also common indicators of PTSD in children. It is important for caregivers and professionals to be aware of these signs and symptoms, as early recognition and intervention can considerably improve a child's ability to cope with and heal from trauma. Apart from assessing the presence of PTSD symptoms, it is vital to evaluate the impact of the trauma on the child's daily functioning, including academic performance, relationships with peers and caregivers, and overall emotional well-being. This comprehensive examination allows establishing an accurate diagnosis and develop an individual treatment plan according to the child's specific needs. Overall, the assessment and diagnosis of PTSD in children requires a thorough and multifaceted approach to ensure that children receive the support and care they need to heal and recover (Hou *et al.*, 2020).

Assessment and diagnosis of PTSD in children is crucial for providing relevant intervention and support. The assessment and diagnosis of PTSD in children is a complex and multifaceted process that requires consideration of many factors, such as the child's age, the nature of the traumatic event, and individual characteristics. The process involves gathering information from multiple sources, including the child, parents, and other caregivers, and observing the child's behaviour and symptoms (Moner *et al.*, 2022). Standardised diagnostic tools, such as the childhood PTSD symptom scale, can also be employed to assess the severity of PTSD symptoms in children. When assessing and establishing a diagnosis, it is important for mental health professionals to consider the child's developmental stage, cultural background, and individual differences. To assess the degree of anxiety, the General Anxiety Scale of the Multiscale Childhood Anxiety Inventory (MACI) was used (Lemak & Petryshche, 2015). Participants were asked to indicate their level of agreement with ten statements (Fig. 1).

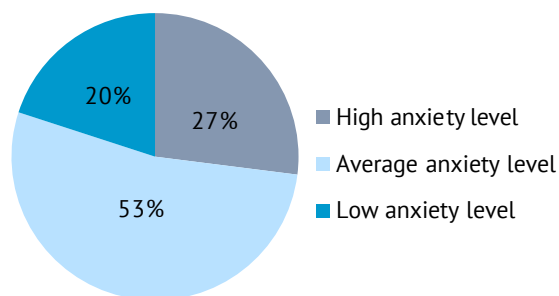


Figure 1. Distribution of anxiety levels

Source: compiled by the authors of this study

Considering this, 12 respondents reported high anxiety levels. Recently, these children have been showing signs of mild depression, moderate anxiety, and

instability of their general emotional state. Children often lack self-confidence, are anxious about their chances in circumstances that are of particular importance to them and doubt their ability to cope with difficult circumstances. They are more or less calm, emotionally stable and able to work, especially when they are already accustomed to the environment and are aware of their responsibilities and appropriate behaviour. Anxiety, worry, internal discomfort, and loss of emotional balance occur when things become more difficult or unusual. 24 respondents had an average level of anxiety. Overall, these people feel calmer. Teenagers are self-confident, logically assess their expectations, and identify obstacles based on the power of objective emotions. When a child's life is in danger, they usually feel threatened. Confidence in one's ability to succeed and resolve conflicts affects behaviour and interpersonal relationships. Children tend to blame when there is a disagreement, take criticism well and believe that they deserve praise and gratitude. 9 respondents had a low anxiety level. The emotional state of children is usually determined by a slightly elevated mood. Despite a generally healthy sense of self-esteem, they often overestimate their abilities. They communicate with teachers and students, approach learning activities with a positive emotional attitude, and have a positive self-perception. They also show self-confidence and a positive attitude towards school. However, low anxiety levels can also be a sign of superficiality in the emotional and sensual sphere, as well as ease and optimism in assessing others. Furthermore, one should not neglect defensive reactions.

The emotional sphere of the child was studied using the Projective Methodology "Cactus" (2015) by M.A. Panfilova, which was aimed at identifying the presence of aggression, secrecy, and a sense of loneliness. The participants were asked to draw a cactus on a piece of paper. The results of the methodology are presented in Figure 2.

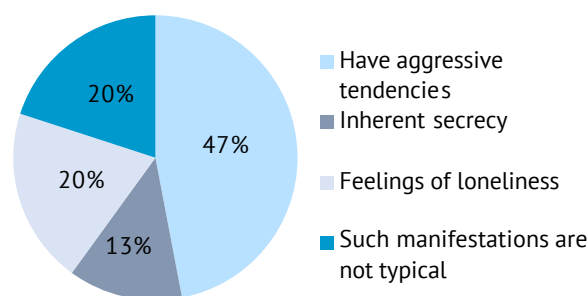


Figure 2. Research of the child's emotional sphere according to the Projective Methodology "Cactus" by M.A. Panfilova

Source: compiled by the authors of this study

A study was conducted to assess the impact of a traumatic incident on children using the modified

CRIES-8 scale for assessing the impact of a traumatic event on children after diagnosing the character-

istics of the impact of traumatic stress on children (Table 1).

Table 1. Results of the CRIES-8 study of the impact of traumatic events on children

Scale	Results
“Intervention”	27% – high level 33% – average level 40% – low level
“Avoidance”	47% – high level 40% – average level 13% – low level

Source: compiled by the authors of this study

On the “Intervention” scale, a low level means that the child needs little or no additional support. A teenager can cope with stress on their own. A moderate level indicates that the child needs more help from adults, such as family members, teachers, or licensed health professionals. A child may feel fear, anxiety, or anger, and therefore it is important to support and help them to resolve this issue. A high level indicates that the child is in immediate need of adult help and support. Extreme fear or anger in a child can lead to behavioural and emotional problems. It is important to provide immediate support to the child and, if necessary, consult a specialist. On the “Avoidance” scale, children with low scores do not show any noticeable avoidance of stressful circumstances. At the average level, the child avoids circumstances related to the trauma a little bit, but this is not a serious obstacle for them. Individuals with high scores clearly avoid stressful circumstances. This can manifest as an unwillingness to take part in concrete trauma-related activities, a desire to stay away from risky circumstances, or an attempt to avoid talking about the trauma. A high degree of avoidance may be a sign of extreme anxiety and terror related to the traumatic experience, which may impair the child’s ability to function in everyday life.

Thus, having analysed the results of this study, it can be concluded that 27% of respondents react to trauma to a high degree, 40% – to a medium degree, 33% – to a minimal degree. When a child shows minimal distress, this indicates that the traumatic event had little impact on them, that their reaction is normal and that they do not need further help. A child who has experienced a moderate traumatic event may show signs of stress, anxiety, or depression in response. The child may experience psychological discomfort and need additional support. A high score indicates that the child has been substantially affected by the traumatic experience and that the adolescent’s reaction may have been significant, showing severe symptoms of stress, anxiety, sadness, and PTSD. An adolescent needs considerable support to cope with the effects of a traumatic event and may also need expert help. The results of psychodiagnostic studies show a substantial impact of traumatic stress on the mental health of children and adolescents. Children

of primary school age may be more prone to anxiety after traumatic stress, in addition to aggressive, withdrawn, and lonely behaviour. Apart from anxiety, irritability, aggressiveness, and stiffness, children who have experienced severe stress are more likely to manifest symptoms of depression. Thus, aggressiveness, anxiety, secrecy, and loneliness are characteristics of primary school children who have experienced traumatic stress.

Prevention strategies play a crucial role in mitigating the impact of traumatic experiences on children’s mental health. It is vital to implement interventions that focus on early detection of trauma, provide psychological education to children and caregivers, and create a safe and supportive environment (Davidson & Ornstein, 2023). Furthermore, future avenues in this area include the development of innovative interventions such as trauma-focused cognitive behavioural therapy, telemedicine services, and school-based mental health programmes. Research and advocacy efforts are also important to increase awareness and understanding of PTSD in children, and to promote policies that support trauma-informed care. By focusing on prevention and continuous innovation, the long-term impact of trauma on children’s well-being and mental health can be better addressed. The findings of the study confirm the idea that the impact of traumatic stress has a detrimental effect on children and adolescents who were in Ukraine during the hostilities. In this regard, it is necessary to develop recommendations for parents on how to help children and adolescents who have experienced traumatic stress. International psychologists have also raised the topic of helping children who have experienced traumatic experiences. Specifically, psychologists D. Chorney *et al.* (2022) have developed the following strategies for helping children traumatised by war and other traumatic situations; they can be found on the Anxiety Canada website:

1. Safety must be prioritised more than anything else. This advice is only applicable if everyone is protected from harm. Children’s basic needs (such as food, shelter, haven, and adequate sleep) should be prioritised if they are difficult to meet.

2. It is important to clarify that the child’s reaction is typical. A child needs help to understand that all their

emotions, including confusion, anger, sadness, and anxiety, are normal and understandable given what they have been through. Adolescents often hide their true emotions out of fear that they are the only ones who share these emotions. Loved ones can tell them that they understand if they are nervous.

3. It is worth remembering that the problem may affect more than just one family member. It should be kept in mind that every family member who has experienced a traumatic event or learned about it from the victim has been examined and treated. Individuals who learn about disturbing or shocking events may also experience traumatic experiences.

4. Children need to have their traumatic reactions explained. Children should be told that their strong emotions are a reaction to “bad things” that have happened in their lives and that they should be understood when they are reminded of the trauma. Any of the five senses – sight, hearing, taste, touch, and smell – as well as any elements associated with the traumatic event, such as the time of day the incident occurred, a specific date on the calendar or a returning visit to the place where the traumatic incident occurred, can serve as “triggers” or reminders.

5. The child needs help to cope with their reaction to the trauma. Adults and children can work together to plan and practice healthy coping strategies if they are aware of things (people, places, situations, sights, smells, memories, internal feelings) that can trigger a serious reaction. Adolescents may learn unhealthy coping mechanisms, such as denying unpleasant emotions, withdrawing emotionally, or not expressing their feelings.

6. The child should be congratulated for good behaviour. Some traumatised children may develop negative behaviours, such as disrespecting others, not following rules or not listening to their parents. Thus, it is crucial to make time every day for “bonding” with children. When a child is misbehaving, they can be distracted by praising their traits that adults want them to show more of, such as cooperation, friendliness, and emotional control. If the child is behaving aggressively, they should be given full attention and praise for any times they are behaving well towards others or themselves.

7. The child needs help to relax. To help the child relax, one can try to slow down their breathing, repeat muscle tension and relaxation, engage in physical activity, and not give in to their feelings. While some children and adolescents prefer quieter, more soothing activities such as reading or drawing, others will prefer more energetic activities such as dancing or singing. Whichever method is chosen; one should help their child to use this relaxation technique if it is noticeable that their body is tense. In this way, children can learn to calm down before they become overwhelmed.

8. It is necessary to help the child to address objects that gradually begin to trigger memories of the trauma. One can find objects for children that remind

them of the trauma (e.g., safe situations or memories). They can be encouraged to write and discuss, for instance, the events leading up to, during, and after the traumatic event. One can try to express their feelings and thoughts during a traumatic event, such as war, in writing. This will help the child understand what happened and its consequences.

9. If necessary, expert help should be sought. Many people treat trauma without the help of a professional. However, getting professional help can be helpful, especially if the symptoms of traumatic stress last longer than a month.

Considering the findings of the study and the lives of children and adolescents in war-torn Ukraine, it is important to pay attention to the advice parents can give to help their children and adolescents who have experienced severe stress. Parents can help their children and adolescents by showing them that they are always there for them in times of need, and by providing them with physical and emotional support. Children should always be listened to, given the opportunity to express their feelings, and never be dismissed as unjustified or bad. It is important to discuss current events in their country or local area with children. A teenager or child may feel anxious or worried if they are unaware of what is happening around them. But one should act with caution and responsibility. It is important to choose a language that the child can understand and to limit the information according to the child’s developmental stage and point of view. It is vital to help children return to normal life. Maintaining a consistent routine of eating, sleeping, exercising, and resting can also help restore children’s psychological resilience. One should allow their child to see classmates and friends. When it comes to reducing feelings of isolation and loneliness, social support is crucial. It is important to encourage children to relax and have fun. One can include anything from sports and games to artistic endeavours or leisure activities. It is essential that a child believes that they can enjoy life and that there are good things in it. Sometimes it is useful to seek professional help for mental health issues. Children and adolescents with severe emotional and behavioural problems caused by traumatic stress can benefit from it.

If children and adolescents who have experienced traumatic stress follow these principles, they will be better able to cope with negative symptoms such as anxiety, anger, despair, loneliness, frustration, withdrawal, and rigidity. Furthermore, the implementation of these suggestions can enhance a favourable social atmosphere, especially between parents and children, which is particularly useful in conflict situations. It is crucial that therapists implementing evidence-based treatments for children with PTSD have a good understanding of how trauma-related mental health problems can affect children and whether treatments need to be adapted to the cultural context in which

children live. In conclusion, there is accumulating evidence that war-related PTSD is a substantial stressor in children's lives and leads to significant psychological impacts before the age of 10. Furthermore, assessment and intervention tools in Mental Health and Psychosocial Support (MHPSS) programmes should be based on a well-organised, multi-tiered approach to be able to understand and address children's needs and circumstances. Interventions for traumatised children affected by war and war-related oppression and violence should be based on scientific knowledge. There are several evidence-based treatments for PTSD in children after a single trauma. Treatment methods for refugee children are modifications of several of these methods and include psychoeducation, resocialisation techniques, school programmes, and cultural adaptation of both assessment and treatment.

It is vital to understand the profound impact of war on the mental health of civilians to develop effective measures and support systems. Addressing the mental health of war-affected populations can help break the cycle of trauma and promote healing and resilience in individuals and communities affected by conflict. This requires a multifaceted approach that addresses the social, economic, and political factors that contribute to mental health problems, as well as ensuring culturally appropriate and evidence-based access to mental health. The impact of war on the mental health of civilians is further exacerbated by the lack of access to mental health services and support. Many war-affected populations have limited or no access to adequate mental health care, forcing them to cope with the psychological consequences of war unassisted. Furthermore, the stigma of mental illness in some cultures can prevent people from seeking help, further perpetuating the cycle of suffering. War has a profound impact on the mental health of civilians living in conflict-affected areas. The constant threat of violence, loss of loved ones, and displacement can lead to a wide range of mental health problems, including PTSD, anxiety, depression, and other psychological disorders. The psychological trauma caused by war can have long-term effects on individuals, families, and communities, contributing to a cycle of violence and instability.

DISCUSSION

PTSD is a serious psychological problem that can occur in children who have experienced horrific events such as war. Military conflicts, violence, loss of loved ones, and forced migration are factors that can have a strong impact on children's mental health. Understanding the characteristics of PTSD in children and developing effective psychological care strategies are critical to supporting their healthy development and well-being.

Everyone experiences stress because life is full of changes and adjustments due to almost daily events. However, from time to time, something can happen

that is so terrible and overwhelming that it breaks a person's heart and makes them feel completely powerless. This occurs when typical coping mechanisms fail, and the person is faced with a threat to life, risk of injury, or loss of safety or sanity. S. Musisi & E. Kin-yanda (2020) found that when someone experiences a traumatic event that makes them feel powerless in the face of intolerable danger, anxiety, and over-arousal, it is called trauma. Such traumatic experiences can lead to a set of severe, long-lasting, physically, emotionally, and cognitively disabling symptoms, collectively referred to as PTSD.

According to the present study, PTSD is often associated with complications such as depression, anxiety attacks, aggressive, withdrawn and lonely behaviour. The idea that the symptoms of PTSD are common to all cultures has sparked much discussion and research. Thus, according to P.J. Bracken *et al.* (1995), PTSD is a peculiar construct of the West, while D. Summerfield (2001) objected that PTSD is universal to non-Western cultures. Nevertheless, a core group of symptoms that are present in all societies and cultures has been identified by numerous researchers as the core syndrome of PTSD as defined by the DSM-5 and ICD-10. The concept of "post-traumatic culturally related syndromes" arose from the study by J.K. Boehnlein (2001) on how PTSD symptoms manifest in different cultural contexts and how common physiological processes such as nightmares are interpreted. The researcher concluded that a fuller understanding of human suffering can be achieved in caring for victims by understanding cultural metaphors, observing somatic (body) language and listening to literal (spoken) language at the same time.

According to C.A. Nelson *et al.* (2020), poor mental health is associated with traumatic or psychologically stressful life events. This is especially true for individuals who were exposed to childhood abuse, as evidenced by the present theoretical and empirical research, as this can increase the risk of PTSD, depression, and outward behaviour. War is often associated with negative life events, such as direct or indirect exposure to violence, conflict, and bombing, as well as factors that lead to forced displacement and precarious living conditions. As noted by V. Kovess-Masfety *et al.* (2021), this causes a deterioration in mental health in the future, especially affecting the development of PTSD. In 2022, according to D. Smeeth *et al.* (2023), there were over 100 million displaced people worldwide, many of them under the age of eighteen and survivors of war. Having analysed the studies by the researchers, it can be concluded that a more profound understanding of the relationship between the impact of previous war, current life circumstances, and mental health is needed.

As has already been established, psychological treatment is needed to support these children as an urgent intervention. According to the survey results, it was found that such shocking events as war leave a

deep imprint, disrupting the development of the individual as a whole, and the consequences of war events are manifested primarily in the emergence of negative psychological conditions in children traumatised by war. Having conducted research in this area, A. Maercker *et al.* (2022) note that children can live with PTSD for a long time without any disorders. However, it is quite common for many children to experience various behavioural symptoms in preschool. The child's psychological development is blocked: unconscious self-searching intensifies; terror and nightmares are frequent; moaning, crying, and fear prevail. Due to fear, the child does not sleep well; the child is shy and keeps away from peers.

Considering the findings of the study, the most popular methods of helping children with PTSD as a result of the war were analysed and recommendations were developed for the prevention of this syndrome. It is important to implement effective interventions that focus on early detection of trauma, which will play a crucial role in mitigating the impact of traumatic experiences on children's mental health. Overall, according to A.F. Alzaghoul *et al.* (2022), effective psychological care for children who have experienced war-related PTSD requires a comprehensive approach that accommodates the unique needs of each child and their family, as well as the broader social and cultural context in which they live. By implementing such strategies, mental health professionals can play a crucial role in supporting the recovery and well-being of vulnerable children. Furthermore, B. El-Khodary & M. Samara (2019) note that the use of creative and expressive therapies, such as art and music therapy, can provide children with alternative ways to process their emotions and experiences. Creating a sense of routine and predictability can also be beneficial for children who have experienced war-related trauma, as it can help them feel safe and in control. Building resilience and coping skills through psychoeducation and support groups can enable children to better manage their symptoms and overcome the challenges they face. According to the findings of C.Y. Xian-Yu *et al.* (2022), strategies may include providing a safe and supportive environment for children to express their feelings, using evidence-based therapies such as cognitive behavioural therapy and play therapy, and involving the family in the treatment process. It is also important to add that mental health professionals working with these children need to be well-trained and ethically competent, as they may be dealing with complex issues related to the impact of war on a child's psychological state.

In their research, D. Bürgin *et al.* (2022) note that families and communities play a crucial role in supporting children with PTSD by creating a supportive environment and a sense of security and stability. When children face war and its traumatic effects, their families and communities can offer emotional support, reassurance, and understanding. It is important for caregivers

to have a basic understanding of PTSD and its symptoms to offer suitable support and care to affected children. Furthermore, communities can provide resources such as mental health services, support groups, and educational programmes to address the psychological needs of children affected by war-related trauma. By creating an environment of support and understanding, families and communities can help children develop resilience and cope with PTSD. Moreover, they can also promote a sense of belonging and connection, which is essential for the recovery process. Through these strategies, families and communities can play an important role in supporting the well-being and recovery of children affected by war-related PTSD.

PTSD in children as a result of war is a complex and multifaceted phenomenon that requires a comprehensive approach to treatment and support. Developing and implementing effective psychological support strategies is crucial to ensure the healthy mental development of children who have experienced military conflict. The integration of psychotherapy, social support, and preventive measures can considerably improve the quality of life of children and their chances for successful adaptation and recovery.

CONCLUSIONS

Children who have experienced trauma may manifest a variety of signs and symptoms that point to PTSD. These can include physical symptoms such as headaches, abdominal pain, and sleep disturbances. They may also exhibit emotional symptoms such as irritability, mood swings, and increased anxiety. PTSD in children is also often manifested by behavioural changes, such as withdrawal from activities they once enjoyed, uncontrollable outbursts, or problems with concentration. It is crucial that professionals and carers are aware of these symptoms and indicators, as early detection and treatment can significantly increase a child's ability to recover from trauma. To offer the suitable kind of support and intervention, it is crucial that children with PTSD are assessed and diagnosed. It is important to assess the impact of the trauma on the child's daily functioning, including academic performance, peer relationships, interactions with caregivers, and overall emotional well-being, in addition to determining whether there are symptoms of PTSD.

The results of psychodiagnostic studies of children who were in Ukraine during the hostilities show that traumatic stress has serious negative consequences for the mental well-being of children and adolescents. Children may be more prone to anxiety after traumatic stress, in addition to aggressive, withdrawn, and lonely behaviour. Adolescents who have experienced traumatic stress are more likely to show depressive symptoms in addition to anxiety, irritability, aggression, and stiffness. Thus, aggressiveness, anxiety, secrecy, and loneliness are characteristics of young people in primary school who

have experienced severe stress. Preventive methods are needed to reduce the negative impact of traumatic events on children's mental health. It is essential to implement interventions that emphasise early detection of trauma, psychoeducation for children and caregivers, and the creation of a safe, supportive environment.

The findings of the study confirm that the impact of traumatic stress has a detrimental effect on children and adolescents who were in Ukraine during the hostilities. Particular attention should be paid to methods of providing support to children who have experienced trauma from war and other traumatic incidents. The study encountered limitations in the form of parents' and/or children's refusal to take the survey, as well as

the difficulty of obtaining answers from children, as they are still experiencing stressful situations. One of the key areas for future research is to investigate the long-term effects of PTSD in children who have experienced war. This includes analysing how PTSD affects subsequent mental health, social skills, and academic performance. It is important to identify factors that contribute to the persistence or worsening of symptoms over time.

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CONFLICT OF INTEREST

None.

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Посттравматичний стрес у дітей в наслідок війни: стратегії психологічної допомоги

Василь Дуфинець

Доктор медичних наук, доцент
Мукачівський державний університет
89600, вул. Ужгородська, 26, м. Мукачево, Україна
<https://orcid.org/0000-0001-6813-4724>

Тетяна Щербан

Доктор психологічних наук, професор
Мукачівський державний університет
89600, вул. Ужгородська, 26, м. Мукачево, Україна
<https://orcid.org/0000-0002-3702-8029>

Володимир Гоблик

Доктор економічних наук, професор
Мукачівський державний університет
89600, вул. Ужгородська, 26, м. Мукачево, Україна
<https://orcid.org/0000-0003-1830-3491>

Анотація. Вивчення раннього виявлення та лікування посттравматичного стресового розладу необхідне для забезпечення здорового розвитку дитини. Метою дослідження була розробка та аналіз ефективних стратегій психологічної допомоги для подолання наслідків цього розладу. Для цього було проведено опитування дітей, які перебували в Україні під час бойових дій, та розглянуто підходи до допомоги дітям, які пережили травму чи війну. Згідно з даними досліджень, діти, які перебували на територіях, де відбувалися бойові дії, свідчать про згубний вплив травматичного стресу на психічне здоров'я молоді. Діти в початковій школі можуть частіше проявляти агресивну, замкнуту та самотню поведінку на додаток до тривоги через посттравматичний стресовий розлад. Підлітки, які пережили травматичний стрес, частіше проявляють тривогу, дратівливість, агресію та самотність, а також симптоми депресії. Отже, молодші школярі, які перенесли травматичний стрес, демонструють агресивність, тривожність, скритність, самотність. Щоб зменшити шкідливий вплив психотравмуючих подій на психічне здоров'я дітей, необхідні профілактичні заходи. Впровадження втручань, які надають пріоритет ранньому виявленню травми, психоосвіті як для дітей, так і для опікунів, а також створення безпечного та сприятливого середовища є обов'язковим. У випадку надання пріоритету профілактиці та безперервного впровадження інновації буде можливість краще підготуватися до процесу подолання довгострокових наслідків травми для благополуччя та психічного здоров'я громадян, зокрема дітей

Ключові слова: психологічна освіта; емоційна сфера; терапія; травматичні події; дитяча травма; реабілітація