

PERSONALITY DEVELOPMENTAL ISSUES IN CHILDREN AND ADOLESCENTS DURING WAR AND MILITARY ATTACKS: A LITERATURE REVIEW

Background. According to UNICEF, 473 million children currently live in countries affected by war or violent conflicts. Many children are forced to flee their towns or countries in search of safety, with numerous cases involving prolonged displacement or permanent loss of home. Some become orphans or are separated from their parents and caregivers. War functions as a large-scale disaster for both individuals and societies, and is associated with a range of negative emotions such as fear, anxiety, panic, and chaos. It therefore has a direct impact on mental health. War and its ongoing consequences lead to death, injury, disease, hunger, disruption of daily routines, separation from home, work, school, or neighbourhoods, as well as severe economic hardship, all of which contribute to feelings of helplessness and vulnerability. The traumatic effects of war trigger both physical and psychological problems and often undermine core moral values. In other words, these experiences may have long-term adverse effects on individuals' futures. Children and adolescents are among the most vulnerable populations affected by mental health problems during wartime attacks. Therefore, the main objective of this study is to examine this issue through a review of the scientific literature. The goal is to analyse the principal directions of international research and identify key psychological challenges faced by children and adolescents in wartime conditions, based on a review of foreign publications focused predominantly on youth affected by armed conflict.

Methods. The study was conducted using the method of comparative critique through a systematic literature review.

Results. Children and adolescents represent highly vulnerable groups during war and armed conflicts. Shortages of clean water and food, physical torture, captivity, bodily injuries, attacks, witnessing killings and wounds, torture and rape, as well as the direct exposure to shelling and explosions – these are just some of the traumatic experiences children may endure during war. The exposure to violence is the most common source of stress for children during armed conflict. However, children can also become perpetrators of violence, such as child soldiers or suicide bombers. Violence against children, separation from caregivers, and exposure to military attacks all lead to elevated levels of anxiety, post-traumatic stress disorder (PTSD), acute stress reactions, and increase the risk of long-term developmental and mental health problems.

Conclusions. Based on numerous studies, the developmental and mental health problems most frequently observed among children in war and conflict settings include: anxiety, depression, sleep disorders, suicidal ideation, PTSD, tremors, dizziness, persistent fears, intrusive traumatic memories, anger, emotional distress, hopelessness, somatic symptoms associated with stress and psychological trauma (e.g., migraines, nausea, stomach problems), as well as interpersonal and marital instability, substance abuse, and violent behaviour.

Keywords: child and adolescent personality, anxiety level, post-traumatic stress disorder, military attacks, war.

Background

In the studies of the World Health Organization (WHO), the phenomenon of war/conflict is examined under the title of complex extraordinary situations. Conflict is defined as 'the pursuit of goals that are not agreed upon by different groups, including peaceful goals or the use of force'. "Armed conflict", on the other hand, is a conflict in which the parties resort to the use of force in a narrower context. "War" is a more precise expression in general terms and is an open armed conflict related to power and territory, continuing with clashes, involving centrally organized combatants and battles. The effects of wars on society can be defined as direct effects, called "conflict-related deaths", and indirect consequences that may occur years after the war has ended. Indirect effects and mortality due to indirect effects can be much higher.

The increasing number of military conflicts around the world poses an urgent task of psychological assistance to victims, among vulnerable group members, as children and teenagers. Currently, one in six minors lives either in military conflict zones or in close proximity to them (Bennouna, Stark, & Wessells, 2020). For example, according to statistics cited by foreign researchers, up to 36 million children were displaced or became refugees as a result of military conflicts in 2017 alone (according to international databases of refugees and internally displaced persons). A large number of children (up to 368 million), according to 2017 data, lived in dangerous proximity to areas where military action is taking place. Between 2005 and 2015, at least 10 million children under five died as a result of causes that can be attributed either directly to military conflicts or to

their consequences (hunger, injury, infectious diseases, lack of or insufficient assistance).

Some of the data highlighted in the study compiled by UNICEF regarding the current situation of children living in conflict zones can be summarized as follows:

- In Afghanistan, approximately 700 children were killed in the first 9 months of 2017.
- It is stated that 1,740 cases of children being recruited into armed forces were detected in Somalia in the first 10 months of 2017.
- In the Central African Republic, in the conflict and violence that has resumed and continued for months, many children have been killed, raped, kidnapped and recruited to be used in the war.
- In Iraq and Syria, many children have been used as shields in conflicts, targeted by snipers and subjected to intense bombardment (UNICEF, 2024).

Children and adolescents can witness, be injured, or directly participate in military actions. Up to half of the total number of refugees and internally displaced persons are minors (Bennouna, Stark, & Wessells, 2020). Children face a huge number of threats to their safety and well-being, and at the same time can make a significant contribution to the process of building the resilience of their families and entire communities (Aydin, 2014; Farajallah, 2022).

Children and adolescents in war situations experience multiple traumatic effects, both from the direct impact of war-related events and indirectly through their consequences. The experiences that children have in such situations contradict their basic need to grow and develop in a safe and predictable environment. A child's stay in a war or exposure

to its consequences includes not only an immediate reaction to stress, but also the risk of developing post-traumatic stress disorder (PTSD) and other psychological and physiological disorders, as well as the occurrence of developmental disorders. This also applies to children taken outside the combat zone and in need of targeted psychological assistance, especially in the process of adaptation to a new socio-cultural environment. The process of organizing psychological assistance to children in a situation of both emergency and long-term therapy must be built on the basis of knowledge of psychological patterns, which are often specific to children, as well as an understanding of the needs and problems of the child, relevant to a specific historical situation, region, socio-demographic, socio-cultural and family context. Research by foreign authors can be used as a basis for developing special programs, since, focusing on different aspects of the problem, the authors ultimately pursue a common goal – providing children with psychological assistance, the effectiveness of which is based on a deep understanding of the ongoing processes and the use of factual data.

Methods

The study was conducted using the method of comparative critique through a systematic literature review.

Results

Types of military traumatic experience and their influence on children.

Military attacks – A significant part of the work is devoted to the intensity of the influence of war trauma on children. The hierarchy of the traumatic experience is analyzed from the point of view of the strength of its influence and the level of symptoms of PTSD. One of the strongest experiences for children is being in a bombardment zone, which causes severe consequences, including PTSD (Qeshta, & Samikon, 2021). Studies conducted in Palestine showed that in 2014, 83 % of children living in the Gaza Strip witnessed or experienced bombings and the destruction of residential areas, including the houses in which they lived (Schnurr et al., 2021), and in 2019, more than 92 % of teenagers heard the sound of artillery fire and the noise of drones, 67 % of children were forced to stay at home, because of shelling and inhaling the smells of fires caused by bombings (Qeshta, Hawajri, & Thabet, 2019). Children who experienced the destruction of their homes and bombings demonstrated more pronounced PTSD symptoms and fears. At the same time, children who have been exposed to other events, mainly through the media, have stronger anxiety and cognitive manifestations of distress. The authors conclude that bombardment experienced by a child is one of the strongest predictors of PTSD development.

At the same time, the data concerning the psychological consequences of these events differ depending on the strength and level of the diagnosis, as well as the age group and region. For example, in the Gaza Strip, 25 % of adolescents have individual symptoms of PTSD and 16 % have developed PTSD (Qeshta, Hawajri, & Thabet, 2019) and according to the work of El-Khodary (El-Khodary, & Samara, 2020) the prevalence of PTSD diagnosis (according to DSM-V criteria) was 53 %. At the same time, these studies indicate that the prevalence among children and adolescents of such disorders as PTSD, depression, anxiety disorders and other disorders varies significantly (Hazer, & Gredebäck, 2023).

Studies conducted in Bosnia and Herzegovina have shown more severe consequences; Thus, a statistically significant relationship between the prevalence of PTSD and

proximity to the epicenter of hostilities was revealed. In the group of teenagers from Srebrenica, the prevalence of PTSD is 73 %, in the group from Zvornik – 60 %, in the group from Bielina – 47 % (Hasanović, & Pajević, 2013). The authors conclude that the number of traumatic events significantly negatively correlates with the general quality of life of children, their health, physical, emotional and social functioning. In addition, the works give a hierarchy of psychological traumas of children and adolescents related to military actions, according to the degree of importance: personal trauma, witness trauma, loss of home, property (El-Khodary, & Samara, 2020).

Loss of loved ones. A separate layer of work is devoted to the most significant trauma – the loss of loved ones. These studies testify that the loss of one or both parents is one of the strongest predictors of PTSD symptoms, however, the strength of the consequences of such trauma depends on the age of the child. At the same time, the loss of the father significantly increases the introversion of adolescents (Hasanović, & Pajević, 2013) and, on the contrary, safe proximity to the father determines the resistance to the development of PTSD in children (Bryant et al., 2015).

Barron and co-authors (Barron et al., 2015) raised the question of the relationship between complicated grief in children caused by military involvement, including the loss of family members, with PTSD and depression. The authors conclude that the loss of loved ones, together with other types of traumatic effects, can block the natural process of experiencing grief in children and lead to symptoms of complicated grief. However, a significant part of the children demonstrated resistance to the traumatic factors of the loss of loved ones, which, according to the authors, is due to the social context – the high level of traditions of family and community support in Palestine.

Children's traumatic experiences associated with war. The researchers also turn to the analysis of the impact on minors of other types of traumatic experience caused by the war: collisions with scenes of violence and pain in the media as an experience of secondary traumatization, to which more than 90 % of children are exposed (Qeshta, Hawajri, & Thabet, 2019). In this context, the effects of intense psychological warfare, forced living in a region with constant short-term military events, including occupation, are considered in a situation of chronic or indirect military trauma, for example, with a constant terrorist threat. These studies testify that the most common traumatic experiences of teenagers in the Gaza Strip are related to viewing photos and videos of mutilated bodies in the media (93.1 %) (Qeshta, Hawajri, & Thabet, 2019). Similar facts determine the focus of work in recent years on the problem of the level of military stress and trauma in children living in formally peaceful territories not directly affected by hostilities, and point to the need for mass screening (Merians et al., 2023).

The chronic nature of military conflicts in some regions makes it possible to conduct longitudinal studies aimed at analyzing the long-term effects of war conditions on children. Similar analysis can be based on screening studies or assessment of the number of requests for psychological assistance. These works indicate that the psychological consequences of being involved in a military situation can persist for a long time: in children after the bombing, a reduction in symptoms was noted only after 2 years (Dyregrov, Gjestad, & Raundalen, 2002), in children and youth who did not receive timely psychological help in childhood, PTSD symptoms persist 7, 8 and 10 years later (Liabre et al., 2015). Thus, the results of a longitudinal study of the long-term consequences of military actions for

children's psyche (for example, children from Iraq and the consequences of military actions in 1991) (Dyregrov, Gjestad, & Raundalen, 2002) showed that even 6 months after the end of military actions, children continued to experience sadness and fear of losing their family. At the same time, they did not observe a significant decrease in the symptoms of intrusion and avoidance, the intensity of which began to decrease only two years after the events. Longitudinal study M. Labre and the team of authors (Liabre et al., 2015) testifies that exposure to military trauma in childhood is associated with the severity of psychological distress in adolescence and early adulthood.

In recent years, works have appeared summarizing the growing volume of modern English-language literature devoted to the analysis of the consequences of war and post-war trauma in children (with a focus on the region of Palestine), as well as presenting a picture of chronic traumatic stress and the psychological consequences of continuous military actions for children (Farajallah, 2022). On the basis of a longitudinal study among Palestinian children, conducted from 2006 to 2021, the authors conclude that the direct experience of conflict with war in children has a long-term psychotraumatic effect, and when analyzing the situation and epidemiology of PTSD in regions involved in long-term military conflicts, it is worth talking about chronic traumatic stress disorder (Altawil, El-Asam, & Khadaroo, 2023).

A significant amount of work is devoted to one more type of mediating factors – the use of certain psychological defenses and coping strategies (mechanisms) by children in situations of military action. Both general regularities and coping methods in relation to specific military situations are studied. The authors note that, in general, children are characterized by the following coping strategies in the conditions of war: accepting what is desired as reality, focusing on solving problems, using methods of emotional regulation and switching attention. Adolescents with PTSD often resort to open expression of feelings, seeking social support, avoiding problems, and adolescents with anxiety share their feelings, turn to social support and participate in activities that require responsibility (Thabet, Elhelou, & Vostanis, 2017). The data show that the strength of the trauma and the severity of PTSD symptoms are negatively correlated with the coping strategy of accepting what is desired as real and positively – using the strategies of avoiding problems and self-criticism (Thabet, Elhelou, & Vostanis, 2017).

The authors conclude that traumatized children actively use coping strategies to overcome stress. Wider use of coping strategies is associated with an increase in the level of distress experienced and PTSD, and children with an external locus of control experience greater distress (Thabet, Elhelou, & Vostanis, 2017; Thabet, & Mona, 2017). On the contrary, positive emotions, satisfaction with life serve as a mitigating factor, for example, it has been shown that the effect of social contamination with positive emotions (laughter and smiling during the game) had a mitigating effect on the severity of trauma associated with military actions and their consequences in children in Afghanistan (Warren et al, 2009). Of particular interest are the results demonstrating that gratitude can serve as a protective factor as a process of cognitive evaluation and differs from other positive emotions. (Van Dusen et al., 2015).

Researchers emphasize the role of subjectivity (agency) of children and adolescents in coping with trauma caused by involvement in events related to military actions. Subjectivity is associated with an increase in the level of satisfaction with life

and a sense of its controllability, controllability, while experiences associated with traumatic experiences cause behavioral problems, hyperactivity and difficulties in social interaction, which make children feel isolated, incompetent and significantly less satisfied with life (Khan, Hill, & O'Brien, 2023).

As a result of the conflict, children and adolescents may lose their trust in themselves and other people, and their confidence in the future. They usually become anxious, depressed and withdrawn, or rebellious and aggressive. Adolescents who are still struggling to form an identity may be forced to take on an adult role for which they are not ready due to their war experience, and as a result, they may experience identity confusion. The anxiety of losing their families, their own physical integrity and independence may cause feelings of withdrawal, loneliness and grief. Problems such as decreased interests, tension, physical complaints such as headaches and stomach aches, appetite and sleep problems, recurring nightmares and the revival of unwanted images in the mind may also accompany this depression picture. Instead of using games and fantasies as a coping method, adolescents may turn to self-harming risky behaviors in order to get away from the anxiety they experience; they may exhibit more rebellious, aggressive and antisocial behaviors. The weakening of relationships with family and social circles, school problems and failure may also accompany these behaviors, shaking their self-esteem and sense of self-confidence (Zengin et al., 2014).

All this raises an important question about the criteria for the effectiveness of assistance. For example, the work of Pfefferbaum and co-authors is devoted to the problems of evaluating the effectiveness of psychological assistance programs for children who suffered as a result of military actions (Raitt et al., 2021). Specialists also point to the need to create such assistance programs for children and adolescents who have suffered as a result of military conflicts, which can provide a comprehensive response to multiple threats to the safety of children and their psychological well-being (Bennouna, Stark, & Wessells, 2020).

Discussion and conclusions

Wars affect children in all the ways that adults are affected, but also in different ways. First, children need the support of their families in terms of care, empathy, and attention. This situation is disrupted during war. During war, this support from families is usually disrupted. Children who lose their families can be cared for more poorly by anyone, and children may have to be cared for in orphanages. A very high number of children affected by war who lose their families may become refugees "alone". Children who are forced to remain refugees during armed conflicts are exposed to more violence and abuse in camps, and may die more easily from hunger and malnutrition. Children who have experienced war trauma may experience sleep disorders (example: nightmares, insomnia, waking up at night), depression and psychosomatic symptoms (example: headache, stomach ache). Children may stop playing and laughing, lose their appetite or stop communicating with their surroundings. They may have trouble concentrating at school, become anxious and depressed, feel hopeless about the future or develop aggressive behaviors. Children who have been exposed to constant violence may experience significant changes in beliefs and attitudes, including a loss of trust in others. While conflicts last for months or even years, economic and social conditions are damaged, educational opportunities may be very limited or even eliminated completely (Zengin et al., 2014).

Children are also at great risk of injury from unexploded ordnance and landmines after armed conflicts have ended.

During armed conflicts, many children may be abducted, exposed to terror or forced to become child soldiers. Child soldiers are kept as support at the front lines of battle and are exposed to higher levels of violence. In addition, the education of children who are forcibly displaced and become refugees during conflicts is also seriously affected. The school and social life of a child who is injured in war and loses a limb, vision or cognitive capacity should also be taken into consideration.

As a result of the effects of terror and painful events that children are exposed to during war, "Posttraumatic Stress Syndrome" may develop. In children affected by war, the severe losses and disintegration in their families lead to high rates of depression and anxiety. In addition, the exposure to violence that children face in refugee situations and this effect may be prolonged. Psychosomatic disorders, suicidal behavior, domestic violence, alcohol addiction and antisocial behavior may also occur (World Health Organization, 2024). Children and adolescents suffer moral and spiritual effects of the military attacks. Many children affected by war may be forced to change their moral structure in ways such as stealing, lying and having sex to survive.

Recommendation. After the experiences in the 1940s, the United Nations Convention on the Rights of the Child (1989) was developed. One of the contents of this convention is about children and women affected by war. It includes main headings such as not separating children from their families, health care and education. It focuses on issues such as physical and psychological recovery of children affected by conflicts and social reintegration. In the 1996 report of the United Nations Secretary-General on the Impact of Armed Conflict on Children, psychological recovery and social reintegration were determined as the major issues of humanitarian aid and the report was updated in 2009.

It includes a special area related to human rights laws and child protection. Some of these provisions;

- Children should be given special care according to their conditions.
- Children should not be separated from their families.
- Children under the age of 15 should not be gathered for fighting in wars.
- Children should be evacuated from dangerous and protected areas.

The development of new methods for the study of psychological trauma and its consequences in children also remains an urgent problem. Most authors use standard methods of research, among which lists of psychotraumatic and extreme events created in accordance with the specifics of a separate region; in them, the participants of the survey note the types of traumatic experiences they have encountered. Separate works focus on evaluating the applicability of already known tools for children and teenagers in war conditions, comparative analysis of the effectiveness of different diagnostic methods, and also on the development of special methods. One of the urgent tasks that researchers are working on is the creation and standardization of a psychological scale for the diagnosis of PTSD in adolescents and adults, which would allow increasing the accuracy of diagnosis in cases where the symptoms of different disorders overlap (Zaid, & Aljasmi, 2024). In the treatment of children with Post-traumatic Stress Syndrome, "Trauma-Focused Cognitive Behavioral Therapy" is recommended. All clinicians should be sensitive to cultural situations. Because traumatic stress reactions may differ across cultures.

References

Altawil, M. A., El-Asam, A., & Khadaroo, A. (2023). Impact of chronic war trauma exposure on PTSD diagnosis from 2006–2021: a longitudinal study in Palestine. *Middle East Current Psychiatry*, 30(1), 14.

Aydin, N. (2014). Savaşın çocuklar üzerindeki psikolojik, sosyal ve kültürel etkileri. ÇOCUKLAR ve SAVAŞ. Halk Sağlığı Uzmanları Derneği. 26-33. <https://www.halksagligiokulu.org/Kitap/DownloadEBook/2abefab-f8d1-433f-91e8-fb1a4b3771a0>

Barron, I. G., Dyregrov, A., Abdallah, G., & Jindal-Snape, D. (2015). Complicated grief in Palestinian children and adolescents. *Journal of Child and Adolescent Behavior*, 3(3), 213.

Bennouna, C., Stark, L., & Wessells, M. G. (2020). Children and adolescents in conflict and displacement. *Child, adolescent and family refugee mental health: A global perspective*, 17–36.

Bryant, R. A., Nickerson, A., Creamer, M., O'Donnell, M., Forbes, D., Galatzer-Levy, I., & Silove, D. (2015). Trajectory of post-traumatic stress following traumatic injury: 6-year follow-up. *The British journal of psychiatry*, 206(5), 417–423.

Dyregrov, A., Gjestad, R., & Raundalen, M. (2002). Children exposed to warfare: A longitudinal study. *Journal of traumatic stress*, 15, 59–68.

El-Khodary, B., & Samara, M. (2020). The relationship between multiple exposures to violence and war trauma, and mental health and behavioural problems among Palestinian children and adolescents. *European child & adolescent psychiatry*, 29(5), 719–731.

Farajallah, I. (2022). Continuous traumatic stress in Palestine: The psychological effects of the occupation and chronic warfare on Palestinian children. *World Social Psychiatry*, 4(2), 112–120.

Hasanović, M., & Pajević, I. (2013). Religious moral beliefs inversely related to trauma experiences severity and depression severity among war veterans in Bosnia and Herzegovina. *Journal of religion and health*, 52, 730–739.

Hazer, L., & Gredebäck, G. (2023). The effects of war, displacement, and trauma on child development. *Humanities and social sciences communications*, 10(1), 1–19.

Khan, M. M., Hill, P. L., & O'Brien, C. (2023). Hope and healthy lifestyle behaviors in older adulthood. *Aging & Mental Health*, 27(7), 1436–1442.

Liabre, M. M., Hadi, F., La Greca, A. M., & Lai, B. S. (2015). Psychological distress in young adults exposed to war-related trauma in childhood. *Journal of Clinical Child & Adolescent Psychology*, 44(1), 169–180.

Merians, A. N., Spiller, T., Harpaz-Rotem, I., Krystal, J. H., & Pietrzak, R. H. (2023). Post-traumatic stress disorder. *Medical Clinics*, 107(1), 85–99.

Qeshta, A., & Samikon, S. A. (2021). The mediating role of job satisfaction on the effect of emotional intelligence of nurses in public hospitals in Gaza Strip on job burnout. *European Journal of Business and Management*, 13(12), 90–98.

Qeshta, H., Hawajri, A. M. A., & Thabet, A. M. (2019). The relationship between war trauma, PTSD, anxiety and depression among adolescents in the Gaza Strip. *Health Science Journal*, 13(1), 621.

Raitt, J. M., Thielman, S. B., Pfefferbaum, B., Narayanan, P., & North, C. S. (2021). Psychosocial effects on US government personnel of exposure to the 1998 terrorist attack on the US Embassy in Nairobi. *Psychiatry*, 84(2), 165–181.

Schnurr, P. P., Wachen, J. S., Green, B. L., & Kaltman, S. (2021). Trauma exposure, PTSD, and physical health. In M. J. Friedman, P. P. Schnurr, & T. M. Keane (Eds.). *Handbook of PTSD: Science and practice* (3rd ed., pp. 462–479). The Guilford Press.

Thabet, A. A., Elhelou, M., & Vostanis, P. (2017). Prevalence of PTSD, depression, and anxiety among orphaned children in the Gaza Strip. *EC Paediatr*, 5(6), 159–169.

Thabet, A. M., & Mona, M. (2017). The Relationship between PTSD, Anxiety, and Depression in Palestinian Children with Cancer and Mental Health of Mothers. *International Journal of Cancer Biology and Clinical Oncology*, 1, 19–27.

UNICEF. (2024). The State of the World's Children 2024. The future of childhood in a changing world. <https://www.halksagligiokulu.org/> <https://www.unicef.org/reports/state-of-worlds-children/2024>

Van Dusen, J. P., Tiamiyu, M. F., Kashdan, T. B., & Elhai, J. D. (2015). Gratitude, depression and PTSD: Assessment of structural relationships. *Psychiatry research*, 230(3), 867–870.

Warren, Z., Etcoff, N., Wood, B., Taylor, C., & Marci, C. D. (2009). Preservation of differences in social versus non-social positive affect in children exposed to war. *The Journal of Positive Psychology*, 4(3), 234–242.

World Health Organization. (2024). *Injury and Violence*. <https://www.who.int/news-room/fact-sheets/detail/injuries-and-violence>

Zaid, Z. A., & Aljasmi, N. A. (2024). Electronic recruitment of children in armed conflict: A legal analysis under international humanitarian law. *Journal of Law and Sustainable Development*, 12(4), e3534–e3534.

Zengin, N., Pınar, R., Akinci, A. C., & Yıldız, H. (2014). Psychometric properties of the self-efficacy for clinical evaluation scale in Turkish nursing students. *Journal of clinical nursing*, 23(7–8), 976–984.

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ПРОБЛЕМИ РОЗВИТКУ ОСОБИСТОСТІ ДІТЕЙ І ПІДЛІТКІВ ПІД ЧАС ВІЙНИ ТА ВОЄННИХ НАПАДІВ: ОГЛЯД ЛІТЕРАТУРИ

В с т у п . За даними ЮНІСЕФ, 473 мільйони дітей нині живуть у країнах, що постраждали від війни або насильницьких конфліктів. Багато дітей змушені тікати зі своїх міст або країн у пошуках безпеки, причому численні випадки пов'язані з тривалим переміщенням або постійною втратою дому. Деякі стають сиротами або розлучаються з батьками й опікунами. Війна є масштабним лихом як для окремих осіб, так і для суспільства, і пов'язана з низкою негативних емоцій, таких як страх, тривога, паніка та хаос. Отже, вона чинить прямий вплив на психічне здоров'я. Війна та її поточні наслідки призводять до смерті, траєм, хвороб, голоду, порушення розпорядку дня, розлуки з домом, роботою, школою чи районами, а також до серйозних економічних труднощів, що сприяє почуттю безпорадності та вразливості. Травматичні наслідки війни викликають як фізичні, так і психологічні проблеми, часто підривають основні моральні цінності. Іншими словами, цей досвід може мати довгострокові негативні наслідки для майбутнього людей. Діти й підлітки є одними з найбільш уразливих груп населення, які страждають від проблем психічного здоров'я під час нападів воєнного часу. Тому головною метою дослідження є вивчення цього питання шляхом огляду наукової літератури. Мета полягає в аналізі основних напрямів міжнародних досліджень і визначенням ключових психологічних проблем, з якими стикаються діти й підлітки в умовах воєнного часу, на основі огляду іноземних публікацій, що переважно присвячені молоді, яка постраждала від збройних конфліктів.

М е т о д и . Дослідження було проведено методом порівняльної критики через систематичний огляд літератури.

Р е з у л ь т а т и . Діти й підлітки є дуже вразливими групами під час війни та збройних конфліктів. Нестача чистої води та їжі, фізичні тортури, полон, тілесні ушкодження, напади, свідки вбивств і поранень, згвалтування, а також безпосередній вплив обстрілів і вибухів – це лише деякі з травматичних переживань, яких діти можуть зазнати під час війни. Вплив насильства є найпоширенішим джерелом стресу для дітей під час збройних конфліктів. Однак діти також можуть стати винуватцями насильства, наприклад дитя-солдати або терористи-смертники. Насильство щодо дітей, розлука з опікунами та вплив військових нападів призводять до підвищеного рівня тривожності, посттравматичного стресового розладу (ПТСР), гострих стресових реакцій і збільшують ризик довгострокових проблем із розвитком і психічним здоров'ям.

В и с н о в к и . Згідно із численними дослідженнями, проблеми розвитку та психічного здоров'я, які найчастіше спостерігаються у дітей в умовах війни та конфліктів, включають: тривогу, депресію, розлади сну, суйцидальні думки, посттравматичний стресовий розлад, тремор, запаморочення, посттійні страхи, нав'язливі травматичні спогади, гнів, емоційний стрес, безнадію, соматичні симптоми, пов'язані зі стресом і психологічною травмою (напр. мігрені, нудота, проблеми зі шлунком), а також міжособистісну й подружню нестабільність, зловживання психоактивними речовинами й насильницьку поведінку.

К л ю ч о в і с л о в а : особистість дитини та підлітка, рівень тривожності, посттравматичний стресовий розлад, військові напади, війна.

Автор заявляє про відсутність конфлікту інтересів. Спонсори не брали участі в розробленні дослідження; у зборі, аналізі чи інтерпретації даних; у написанні рукопису; в рішенні про публікацію результатів.

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