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Psychological consequences of traumatic experiences related to hostilities in primary school students: perspectives of parents and teachers

O.A. Ulyanina[1], **O.L. Yurchuk**[1], **L.A. Alexandrova**[1] ✉, **O.A. Taranenko**[1], **E.A. Nikiforova**[1], **K.A. Fayzullina**[1]
[1] Moscow State University of Psychology and Education, Moscow, Russian Federation
✉ ladaleksandrova@mail.ru

Abstract

Context and relevance. The problem of the psychological well-being of children who have experienced the consequences of hostilities has gained particular importance, especially for younger school-age children, whose psyche is especially vulnerable to the effects of stressful factors due to a critical period of development. **Objective.** To study the psychological consequences of traumatic experiences and the current psychological state of younger schoolchildren affected by hostilities, basing on assessments by paired significant adults. **Hypotheses.** 1) The content of traumatic experiences and their psychological consequences in children of grades 1–4 differ depending on the extent to which their places of residence are or were involved in the consequences of hostilities. 2) Assessments by significant adults are informative regarding the severity of maladaptation manifestations, signs of post-traumatic stress disorder (PTSD), and the child's psychological coping resources; they are complementary to each other and can be used for screening the condition of younger school-age children who have been affected to varying degrees by military actions. **Methods and materials.** The study involved 5046 adults, including 2524 teachers, class supervisors of primary school classes in general educational institutions, and 2524 parents (legal guardians and other close relatives) of children aged 6 to 12 years attending grades 1–4. An author's screening questionnaire was used to evaluate the condition of children who experienced the consequences of military actions. Parents completed a parental version of the mentioned screening tool to describe the children's condition, as well as a trauma experience questionnaire (N.V. Tarabrina). **Results.** The study identified significant consequences of traumatic experiences in younger schoolchildren affected by military actions, based on assessments by teachers and parents. **Conclusions.** The analysis of assessments by significant adults allowed for forming a general understanding of the severity and prevalence of maladaptation manifestations and PTSD signs in children from regions differently affected by the consequences of military actions and the traumatic events they experienced, as well as the intensity of psychological resources mediating the impact of traumatic events on the psyche of younger school-age children. The obtained data on the condition of children from regions affected to varying degrees by military actions confirmed the necessity of considering the regional factor.

Keywords: traumatic experience, hostilities, posttraumatic stress disorder (PTSD) psychological maladjustment, students, primary school age, parents (legal representatives), teachers

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Психологические последствия травматического опыта, связанного с боевыми действиями, у младших школьников: взгляд родителей и педагогов

О.А. Ульянина[1], **О.Л. Юрчук**[1], **Л.А. Александрова**[1] ✉, **О.А. Тараненко**[1], **Е.А. Никифорова**[1], **К.А. Файзуллина**[1]

[1] Московский государственный психолого-педагогический университет, Москва, Российская Федерация

✉ ladaleksandrova@mail.ru

Резюме

Контекст и актуальность. Проблема психологического благополучия детей, переживших последствия боевых действий, приобрела особую значимость, в особенности детей младшего школьного возраста, психика которых особенно уязвима к воздействию стрессовых факторов ввиду критического периода развития. **Целью** представленного в статье исследования были определение характера и выраженности психологических последствий пережитого травматического опыта и оценка актуального психологического состояния младших школьников, пострадавших в результате боевых действий, на основе парных оценок значимых взрослых (родителей (законных представителей, иных близких родственников) и педагогов). **Гипотезы**. 1) Содержание травматического опыта и его психологические последствия у детей младшего школьного возраста различаются в зависимости от степени вовлеченности региона проживания в последствия боевых действий. 2) Оценки значимых взрослых информативны в отношении выраженности проявлений дезадаптации, проявлений посттравматического стрессового расстройства (далее — ПТСР) у ребенка, а также психологических ресурсов совладания со стрессом, дополняют друг друга и могут быть использованы для скрининговой оценки состояния детей младшего школьного возраста, в той или иной степени пострадавших в результате боевых действий. **Методы и материалы**. В исследовании приняли участие 5046 взрослых, из них 2524 педагога, классных руководителей начальных классов общеобразовательных организаций и 2524 родителя (законных представителей, иных близких

родственников) детей в возрасте от 6 до 12 лет, обучающихся в 1–4 классах. Использовалась авторская скрининговая анкета для оценки состояния детей, переживших последствия боевых действий. Родители использовали для описания состояния детей родительскую версию указанной скрининговой методики, а также анкету травматического опыта (Н.В. Тарабрина). **Результаты.** Исследование позволило выявить значимые последствия травматического опыта у младших школьников, пострадавших в результате боевых действий, на основе оценок педагогов и родителей. **Выводы**. Результаты анализа оценок значимых взрослых позволили сформировать общее представление о выраженности и распространенности проявлений дезадаптации и проявлений ПТСР у детей на территориях, в разной степени вовлеченных в последствия боевых действий, и переживаемых ими травматических событиях, а также о выраженности психологических ресурсов, опосредующих влияние травматических событий на психику детей младшего школьного возраста. Полученные данные о состоянии детей из регионов, в разной степени пострадавших в результате боевых действий, подтвердили необходимость учета регионального фактора.

Ключевые слова: травматический опыт, боевые действия, посттравматическое стрессовое расстройство (ПТРС), психологическая дезадаптация, обучающиеся, младший школьный возраст, родители (законные представители), педагоги

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Introduction

Armed conflicts and their consequences create serious obstacles to the development and prosperity of human communities. Children are especially vulnerable in these conditions, as their development at all levels — from physical to personal and social — can be disrupted. This poses particular challenges to the education system and complicates the formation in a child of a sense of safety and a basic trust in the world, which are the most important conditions for psychologically healthy development and maturation.

Traumatic experiences related to warfare have a negative impact on a child's psyche: they increase anxiety levels, provoke the onset of post-traumatic stress disorder (hereinafter PTSD), and hinder learning and social adaptation. The prevalence of PTSD in certain samples can reach 90%, especially under prolonged exposure to a military conflict. For example, one study notes that PTSD frequency in some groups of children can be as high as 90% under long-term conflict conditions (Carpiniello, 2023).

E. Alisic emphasizes that the very concept of PTSD and most of the methods for its diag-

nosis were developed for adults. Meanwhile, the consequences of trauma experienced by children go far beyond PTSD, manifesting, for example, in regressive behavior, fears (including fear of losing loved ones), guilt, etc. The recovery process after trauma in children is qualitatively different: their cognitive and emotional spheres are still developing, which affects their situation appraisal, emotion regulation, and overall development. To gain a more complete understanding of the problem of childhood trauma and its consequences, Alisic suggests using various "sources" of information: assessments by the children themselves, their parents, and other significant adults such as teachers (Alisic, 2011).

M. Fennig and M. Denov analyzed children's direct experiences, focusing on how the children themselves interpret and describe events. They showed that children affected by conflicts are not merely passive victims; they are actively coping with their traumatic experiences, using a variety of adaptation and development strategies (Fennig, Denov, 2024). The researchers point to the necessity of developing programs aimed at a child's recovery after trauma and at fostering the child's active stance and agency (Cavazzoni, Fiorini, Veronese, 2022).

A study involving schoolchildren in Malaysia showed that a high level of PTSD symptoms is more frequently observed in younger schoolchildren than in adolescents (Ghazali et al., 2025). In addition, younger schoolchildren affected by military conflicts have a higher risk of developing depressive disorders (Benjet et al., 2020).

I.N. Zakharova *et al*. studied the impact of stress experienced by younger school-aged children living in the city of Luhansk and those evacuated to other regions of the Russian Federation on their emotional and cognitive spheres. All the children examined showed signs of chronic stress. Most of the children who had not left the Luhansk People's Republic (LPR) in the past year were found to have severe stress, with fears related to death, fire, and open combat operations. The majority of the children were afraid when receiving medical help, and were afraid of the dark and of nightmares (I.N. Zakharova *et al*, 2021). I.B. Ershova and co-authors also note increased fatigue, rapid exhaustion and unstable attention, reduced short-term memory capacity, and the presence of intrusive fears of injury and death (Ershova *et al*, 2019). Re-experiencing of the traumatic event, sleep disturbances, irritability, and heightened excitability were also observed (Ershova *et al*, 2017).

For children with traumatic experiences, the beginning of primary school can become especially challenging and require additional support and attention from teachers due to possible problems with attention, memory, and the ability to complete school tasks, as well as behavioral and emotional characteristics (such as obstinacy/withdrawal, conflict-proneness/unsociability, emotional instability) that arise as a consequence of the trauma (Jednaszewski, 2025).

Most authors analyzing the effects of traumatic events related to warfare on children's psyches focus on emotional and cognitive disturbances. There is a lack of studies that take a comprehensive look at the psychological consequences of trauma experienced by a child — keeping both the multi-level negative consequences (such as manifestations of maladaptation and PTSD symptoms) *and* the child's psychological coping resources in focus simultaneously, based on comparing assessments of the child's state by significant adults.

Materials and methods

The goal of the present study was to determine the psychological consequences of traumatic experiences and the current psychological state of primary school students affected by hostilities, based on paired assessments by significant adults (parents (legal guardians or other close relatives) and teachers). The essence of this approach lies in using complementary evaluations from these two groups, who observe the child in different spheres of personal functioning. This approach allows for mass screening of children's status without their direct participation in diagnostics, in order to organize subsequent targeted assessments of those children who, based on the adults' evaluations, turn out to be at risk.

The research hypotheses were: 1) The content of traumatic experiences and their psychological consequences in children of grades 1–4 differ depending on the extent to which their places of residence are or were involved in the consequences of hostilities. 2) Assessments by significant adults are informative regarding the severity of maladaptation manifestations, signs of post-traumatic stress disorder (PTSD), and the child's psychological coping resources; they are complementary to each other and can be used for screening the condition of younger school-age children who have been affected to varying degrees by military actions.

The study employed questionnaires for parents and teachers that were developed on the basis of a *Screening Methodology for assessing the condition of children affected by hostilities* (hereinafter "screening methodology"). These questionnaires are aimed at evaluating indicators of the child's maladaptation in five fundamental spheres of personal functioning: psychophysiological, emotional, cognitive, behavioral, and communicative, as well as composite indicators of overall maladaptation and of the child's psychological resources for coping with stress. The criteria for the levels of maladaptation in the applied screening methodology include: *Level I:* 1,0 point — no manifestations of maladaptation (norm); *Level II:* 1,01–2,0 points — isolated symptoms and signs of maladaptation (mild maladaptation); *Level III:* 2,01–3,0 points — moderate signs of maladaptation (moderate maladaptation); *Level IV:* 3,01–4,0 points — pronounced signs of maladaptation (Ulianina *et al*, 2024).

Parents used the parent version of the screening methodology to describe their children's condition, and teachers used the teacher version. The differences between the versions concern the setting in which the child is evaluated: at home vs. at school. Parents were also presented with a list of events (developed for this study) to inventory the child's traumatic experiences both related and unrelated to hostilities, as well as the *Parental Questionnaire for Assessing Children's Traumatic Experiences* (Tarabrina, 2001). This questionnaire includes scales reflecting the severity of manifestations according to individual PTSD criteria: A (experiencing intense emotions caused by a serious threat to life or health), B (intrusive re-experiencing of the trauma), C (avoidance of stimuli subjectively associated with the traumatic events, and avoidance of activities that were previously appealing), D (presence of arousal symptoms that were not present before the traumatic event), F (impairment in several significant areas of life functioning), as well as a total score summarizing criteria B through F. For this study, the following cut-off values were

proposed for categorizing levels based on the total PTSD score: 0 points — no PTSD symptoms (*Level I*); 1–15 points — presence of some PTSD symptoms (*Level II*); more than 15 points — multiple PTSD symptoms (*Level III*).

Analysis was conducted using IBM SPSS Statistics 27.0. The following statistical methods were applied:

• Descriptive statistics: number of respondents and prevalence of potentially traumatic events in the child's experience, by region (%).

• Nonparametric tests: 1) Paired comparisons of parent and teacher evaluations were performed using the Wilcoxon signed-rank test for related samples; 2) Prevalence of traumatic events by region, inter-regional comparisons of the prevalence of traumatic experience, levels of maladaptation, and PTSD were performed using Pearson's χ^2 test.

• Correlation analysis: Spearman correlation coefficients were calculated between (1) the maladaptation and psychological resource indicators obtained from parent (legal guardian) and teacher assessments, and (2) the maladaptation and psychological resource indicators from parent and teacher assessments and the PTSD criteria/overall index, as well as the composite indicators reflecting the children's traumatic experience.

Results

A total of 2524 pairs of significant adults participated in the study, assessing children aged 6 to 12 years in grades 1–4. The pairs consisted of parents (or other legal representatives; hereafter all referred to as "parents") — among them 2399 identified as the mother, 81 as the father, and 44 as other family members of the student — and the homeroom teachers of elementary school classes.

In LPR (Luhansk People's Republic; 644 pairs), Zaporizhzhye region (222 pairs), Kherson region (446 pairs), and Bryansk region (342 pairs), the study participants were teachers and parents of children who had suffered as a result of hostilities. In the Republic of Crimea (255 pairs), the participants were teachers and parents of minors who were among the internally displaced from territories of active fighting as well as from neighboring countries. In Kemerovo oblast — Kuzbass (615 pairs), among others, data are presented on the condition of children from families of participants (veterans) of the special military operation. **Table 1** presents the demographic characteristics of the minors whose condition was assessed by the significant adult pairs

Data on the prevalence of traumatic experiences among the students, obtained from the parent questionnaires, are presented in Table 2.

The most common type of traumatic experience unrelated to hostilities was *parents' divorce*, as well as *loss of contact/breakup with friends*. Among the potentially traumatic events related to hostilities, the most frequently mentioned were: being in a firing zone, seeing/hearing explosions, hiding in a shelter, and forced displacement.

Out of the 2524 children for whom responses were obtained from both teachers and parents, 50,4% have some traumatic experience (N = 1272). In 40,6% of the total number of children, this experience was in some way related to hostilities (N = 1031).

The results of a comparative analysis of children's maladaptation indicators based on the teacher and parent questionnaires —

Table 1

Demographic characteristics of students whose condition is described by adults in a parent-teacher pair (%)

Region of the Russian Federation	Number of pairs of parent and teachers participated in the study	Gender distribution, %		Grade distribution, %			
		Male	Female	1	2	3	4
LPR	644	48,3	51,7	25,0	20,7	28,4	25,9
Zaporozhye region	222	50	50	19,4	34,7	25,7	20,3
Kherson region	446	50	50	19,3	30,0	23,8	26,9
Crimea	255	56,90	43,10	18,0	22,4	27,1	32,5
Bryansk region	342	48,80	51,20	22,5	25,4	33,0	19,0
Kuzbass	615	51,50	48,50	28,5	25,0	25,0	21,5
Total	2524	50,5	49,6	23,3	25,4	27,0	24,2

Table 2

Distribution of potentially traumatic situations among students of 1–4 grades (%)

traumatic events	LPR	Zaporozhye region	Kherson region	Crimea	Bryansk region	Kuzbass	Total
Not related to combat operations							
parents' divorce	5,4	6,3	5,8	5,9	2,6	3,1	4,7
bullying	1,4	0,5	1,1	3,1	2,3	2,0	1,7
Losing, breaking touch with friends	1,2	0,5	4,7	9,0	2,6	2,4	3,1
Related to combat operations							
Loss, destruction of house or place of residence	0,6	0,5	1,3	8,6	0,0	0,2	1,3
living in a temporary accommodation facility	0,2	0,0	0,2	5,5	0,0	0,0	0,6
Forced relocation to another country or region	2,5	3,2	4,5	30,6	0,3	0,5	5,0
Hiding in a shelter	2,0	13,1	7,6	14,5	50,0	0,0	11,3
saw the explosions	1,7	8,6	5,6	11,8	5,8	0,0	4,2
heard explosions	20,7	60,8	40,4	32,5	75,4	0,2	31,3
was in the firing zone	1,7	16,2	2,9	15,7	24,6	0,0	7,3
Survived the death of relatives	5,3	1,8	3,6	4,7	2,9	4,1	4,0
learned about the death of acquaintance, including child	1,7	0,5	2,0	4,3	4,7	4,4	3,0

which allow assessment of the degree of similarity or divergence between teachers' and parents' evaluations of the child's maladaptation and the presence of psychological resources in each child — are presented in **Table 3**.

It was found that the only relative agreement between parent and teacher evaluations of children's maladaptation was in the behavioral sphere. The observed discrepancies in evaluations concerning maladaptation in the other spheres are expected, since teachers assess the child during social interactions with peers and teachers, whereas parents assess the child in an informal family setting.

The interrelations between the severity of maladaptation manifestations and the children's psychological resources, as obtained from the surveys of teachers and parents, are presented in **Table 4**.

Owing to the large sample size, all correlation coefficients turned out to be highly significant, so effect sizes were calculated using Cheddock's scale. Statistically significant (predominantly small and moderate) correlations were found between the evaluations by significant adults of the children's malad-

Table 3

Comparative analysis of indicators of children maladaptation based on a survey of pairs of teachers and parents

Indicators	Ranks	Number of observations	Wilcoxon's Rank Criterion	
			Z	p
Psychophysiological sphere	A	1030	–6,85	<0,001
	B	753		
	C	740		
Emotional sphere	A	1143	–9,42	<0,001
	B	755		
	C	625		
Cognitive sphere	A	1022	–2,37	0,018
	B	904		
	C	597		
Behavioral sphere	A	863	–0,46	0,642
	B	817		
	C	843		
Communicative sphere	A	1025	–10,91	<0,001
	B	633		
	C	865		
General indicator of maladaptation	A	1294	–7,326	<0,001
	B	1013		
	C	216		
The general indicator of psychological resources	A	935	–8,892	<0,001
	B	1363		
	C	225		

Note: A — Negative ranks — parents' estimations higher than in teachers'; B — Positive ranks — parents' estimations lower than in teachers'; C — Matching observations — parents' estimations equal to teachers'.

Table 4

Correlations between indicators reflecting the severity of maladaptation by areas and psychological resources of children based on estimations of significant adults

version of screening methodology for teachers	Version of screening methodology for parents Indicator of maladaptation by spheres and psychological resources of children						
	Psychophysiological	Emotional	Cognitive	Behavioral	Communicative	General indicator of maladaptation	General indicator of psychological resources
Psychophysiological	0,12^{**oc}	0,11^{**oc}	0,11^{**oc}	0,09**	0,06**	0,12^{**oc}	–0,08**
Emotional	0,18^{**oc}	0,22^{**oc}	0,17^{**oc}	0,14^{**oc}	0,14^{**oc}	0,22^{**oc}	–0,12^{**oc}
Cognitive	0,19^{**oc}	0,16^{**oc}	0,35^{**c}	0,24^{**oc}	0,17^{**oc}	0,28^{**oc}	–0,14^{**oc}
Behavioral	0,18^{**oc}	0,16^{**oc}	0,30^{**oc}	0,25^{**oc}	0,21^{**oc}	0,27^{**oc}	–0,15^{**oc}
Communicative	0,15^{**oc}	0,14^{**oc}	0,24^{**oc}	0,22^{**oc}	0,21^{**oc}	0,24^{**oc}	–0,13^{**oc}
General indicator of maladaptation	0,21^{**oc}	0,21^{**oc}	0,31^{**c}	0,24^{**oc}	0,20^{**oc}	0,30^{**oc}	–0,16^{**oc}
General indicator of psychological resources	–0,18^{**oc}	–0,17^{**oc}	–0,27^{**oc}	–0,21^{**oc}	–0,17^{*oc}	–0,25^{**oc}	0,20^{**oc}

Note: «**» — correlation is significant at the p < 0,01 level (two-sided), «oc» — small correlation significance (0,1–0,3), «c» — medium correlation significance (0,31–0,5), by the Cheddock scale.

aptation manifestations and psychological resources. Higher indicators based on parent evaluations corresponded to higher indicators based on teacher evaluations.

Based on the criteria for classifying different levels of maladaptation proposed above (see "Materials and Methods" section), we analyzed the distribution of maladaptation levels among children in the studied regions according to parent evaluations (Fig. 1) and teacher evaluations (Fig. 2). Differences in the distribution of maladaptation levels by region show a greater level of statistical significance according to the data from teacher evaluations ($\chi^2 = 46{,}942$, $p \leq 0{,}001$) than according to parent evaluations ($\chi^2 = 25{,}815$, $p \leq 0{,}040$).

To assess the intensity of traumatic experiences and PTSD symptoms in the children, the "Parental Questionnaire for Assessing Children's Traumatic Experiences" was used (Tarabrina, 2001). The criteria for categorizing levels are presented in the Methods section. The levels of severity of PTSD symptoms in the children are shown in Fig. 3.

Among students from LPR and Kuzbass, in more than 50% of cases parents reported no PTSD symptoms in the children, and the number of identified cases of pronounced PTSD symptoms was around 2%. In contrast, the results of parent questionnaires for students in Zaporizhzhya, Kherson, Bryansk regions, and Crimea indicated a predominance of children with some PTSD symptoms. The

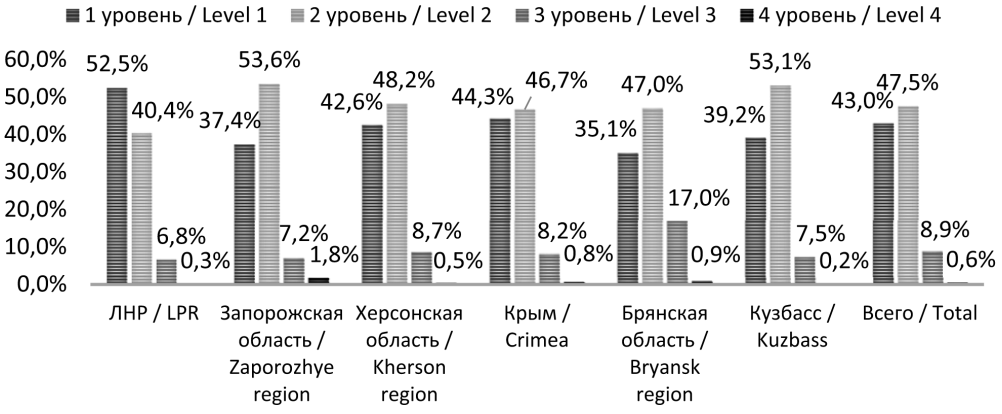

Fig. 1. The levels of maladaptation of students, based on version of screening instrument for parents

Fig. 2. The levels of maladaptation of students, based on version of screening instrument for teachers

percentage of children with multiple PTSD symptoms in these regions was also higher. The differences in the distribution of PTSD symptom severity levels by region are statistically significant ($\chi^2 = 71{,}860$, $p \leq 0{,}001$).

Finally, we examined the interrelations between the severity of the child's PTSD symptoms, maladaptation, and personal psychological resources for coping with stress on the one hand, and the composite indicators reflecting the presence and "variety" of traumatic experience the child has lived through on the other. The results of the correlation analysis using Spearman's coefficient are presented in **Table 5**.

The results indicate that the composite indicators of traumatic experience, both related and not related to hostilities, have significant (predominantly small and moderate) positive correlations with virtually all the metrics of the instruments used to assess children's maladaptation and the severity of PTSD symptoms.

Fig. 3. The levels of PTSD manifestations in children, based on results of parental questionnaire for assessing children traumatic experiences, proposed by N.V. Tarabrina (2001)

Table 5

Correlations between indicators of traumatic experience, PTSD, and psychological resources of child

Groups of methods	Indicators, scales	Sum of child's traumatic experiences connected with hostilities	Sum of child's traumatic experiences not connected with hostilities
Version of screening instrument for parents	Child's maladaptation indicators, by spheres		
	Psychophysiological	0,26^{**oc}	0,22^{**oc}
	Emotional	0,38^{**c}	0,24^{**oc}
	Cognitive	0,16^{**oc}	0,21^{**oc}
	Behavioral	0,11^{**oc}	0,19^{**oc}
	Communicative	0,12^{**oc}	0,20^{**oc}
	General indicator of maladaptation	0,28^{**oc}	0,26^{**oc}
	Indicator of child's psychological resources		
	General indicator of psychological resources	–0,19^{**oc}	–0,12^{**oc}

Groups of methods	Indicators, scales	Sum of child's traumatic experiences connected with hostilities	Sum of child's traumatic experiences not connected with hostilities
Parental questionnaire for assessing children's traumatic experiences	criterion A	0,30**ос	0,24**ос
	criterion B	0,29**ос	0,27**ос
	criterion C	0,26**ос	0,20**ос
	criterion D	0,32**с	0,21**ос
	criterion F	0,09**	0,18**ос
	General indicator of PTSD symptoms	0,33**с	0,27**ос
Version of screening instrument for teachers	Child's maladaptation indicators, by spheres		
	Psychophysiological	0,04*	—
	Emotional	0,17**ос	0,06**
	Cognitive	0,05*	0,09**
	Behavioral	—	0,08**
	Communicative	—	0,08**
	General indicator of maladaptation	0,09**	0,09**
	ndicator of child's psychological resources		
	General indicator of psychological resources	—	–0,09**

Note: «*» — correlation is significant at the p < 0,05 level (two-sided), «**» — correlation is significant at the p < 0,01 level (two-sided), «ос» — small correlation significance (0,1–0,3), «с» — medium correlation significance (0,31–0,5), by the Cheddock scale.

In other words, greater trauma exposure is accompanied by increased manifestations of maladaptation and PTSD.

Discussion of results

The traumatic experiences of primary school students living in territories that have been affected to varying degrees by hostilities can be conditionally divided into those *related* to hostilities (being in a shelling zone or in immediate proximity to it, loss of loved ones, destruction/loss of home) and those *unrelated* to hostilities (parents' divorce, loss of social ties). The high percentage of children with such traumatic experiences, as revealed by the parent survey, points to the significance of the problem; however, it does not fully reflect its scale, since the questions asked were about the *types* of events (multiple choice from a given list), not their frequency.

The study of regional differences in the severity of maladaptation and PTSD manifestations showed that children in Zaporizhzhye, Kherson, Bryansk regions and Crimea have a higher prevalence of maladaptation manifestations and PTSD symptoms than children in LPR and Kuzbass. It is important to note that in Crimea the participants were students who

moved to the republic from regions affected by hostilities, fleeing shelling and destruction. Kuzbass is the only region in this study geographically distant from the war zone, so the lower levels of maladaptation and PTSD manifestations were expected. At the same time, the relatively low levels found in children from LPR may reflect a *habituation effect* under conditions of prolonged living in close proximity to a combat zone.

The correlation analysis results showed significant positive relationships between the composite indicators of children's traumatic experience and the severity of their maladaptation and PTSD symptoms. Thus, greater trauma exposure is accompanied by heightened maladaptation and PTSD manifestations. In contrast, the children's psychological resources are negatively correlated with the volume of traumatic experience, which confirms their buffering role in mitigating its negative effects. At the same time, the trauma experienced by the child depletes the child's psychological resources, reducing the effectiveness of coping with traumatic events.

The analysis of parent and teacher assessments revealed statistically significant discrepancies in the perceived severity of children's maladaptation signs in most spheres. However, the correlation analysis indicates that high parent ratings correspond to high teacher ratings, and vice versa. It was also found that teachers rate the manifestations of children's maladaptation in other spheres of functioning lower than parents do.

Considering the child's maladaptation through the eyes of significant adults allows one to see the child's state and functioning from different angles and in different conditions: teachers observe children in the process of learning and interacting with peers, while parents observe them in a family and informal setting. Furthermore, teachers are focused on the children's educational and social development aspects, whereas parents are more sensitive to emotional and personal manifestations. The evaluation of a child's psychological resources by significant adults may need to be adjusted for social desirability; however, such evaluations can be relied upon when analyzing cases of markedly deficient or insufficient resources. The presence of such a deficiency — combined with pronounced signs of maladaptation — should serve as a warning signal for the teachers and psychologists working with these children.

Research designs for assessing children's condition, including those based on evaluations by parents and teachers, have been proposed by other authors as well (Alisic, 2011). The present study has shown that a rapid assessment of the condition of children affected by hostilities can be carried out based on expert evaluations by significant adults. These assessments make it possible to identify risk groups, which include children with Level IV maladaptation and Level III PTSD symptom severity, who require professional attention and in-depth individual diagnostics. However, these assessments do not allow for a comprehensive understanding of the prevalence of maladaptation and PTSD manifestations in younger schoolchildren affected to some degree by hostilities.

Conclusion

Our study revealed that children who have experienced the consequences of hostilities face a wide range of traumatic events. Most often, children see and hear explosions and find themselves in shelling zones. Such experiences were found to be closely associated with manifestations of maladaptation and PTSD in the child, while simulta-

neously depleting the child's psychological resources that are necessary for effective coping with stress.

The negative consequences of the traumatic experiences were evaluated by a pair of significant adults (a teacher and a parent) in the contexts in which they observe the child — at home and at school. This approach allows one to assess how similar the child's adaptive/maladaptive behaviors are across settings, and whether they are situation-specific or pervasive. PTSD manifestations, however, were evaluated only by the parents/legal guardians. Although the obtained figures are substantially lower than those reported by other authors, they indicate a need for psychological assistance and for the development of assessment tools that can be used in mass examinations of children.

The results of our study provide a general picture of the spectrum of traumatic events children experience, the severity and prevalence of maladaptation and PTSD manifestations, and the psychological resources the child has for coping with stress that mediate the negative impact of traumatic events. These findings support the utility of a design that relies on surveys of significant adults — parents/legal representatives and teachers working with the children — for conducting a screening assessment of the psychological state and psychological consequences of traumatic experiences in younger school-age children related to hostilities.

It is important to take these data into account when developing targeted psychological assistance programs for children who have experienced trauma related to hostilities, considering both the degree of involvement of the region of residence in the consequences of hostilities and the severity of the diverse psychological consequences observed in the child.

Prospects for further research may be associated with: (1) taking into account actual data on the intensity of hostilities in the child's area of residence at the time of assessment; (2) considering the family situation and health status when analyzing the psychological consequences of the traumatic experience; (3) in-depth study of the characteristics of the traumatic experience, maladaptation manifestations, and psychological coping resources; (4) evaluating the dynamics of children's state who have been affected to some degree by hostilities; (5) considering the psychological state of the significant adults and their role in the process of coping with the traumatic experiences of children in this age group.

Limitations. The study was based only on assessments of significant adults, objective indicators (academic success, data on behavior and general health of students, etc.) were not taken into account.

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Information about the authors

Olga A. Ulyanina, Grand PhD in Psychology, Associate Professor, Head of the Federal Coordination Center for the Development of Psychological and Pedagogical Assistance in the Education System of the Russian Federation, Moscow State University of Psychology and Education, Corresponding member of the RAE, Moscow, Russian Federation, ORCID: https://orcid.org/0000-0001-9300-4825, e-mail: ulyaninaoa@mgppu.ru

Olga L. Yurchuk, PhD in Psychology, Deputy Head of the Federal Coordination Center for the Development of Psychological and Pedagogical Assistance in the Education System of the Russian Federation, Moscow State University of Psychology and Education, Moscow, Russian Federation, ORCID: https://orcid.org/0009-0004-3221-2945, e-mail: yurchukol@mgppu.ru

Lada A. Aleksandrova, PhD in Psychology, Leading Analyst of the Department of Scientific and Methodological Support at the Federal Coordination Center for the Development of Psychological and Pedagogical Assistance in the Education System of the Russian Federation, Moscow State University of Psychology and Education, Moscow, Russian Federation, ORCID: https://orcid.org/0000-0003-3539-8058, e-mail: ladaleksandrova@mail.ru

Olga A. Taranenko, Leading Analyst of the Department of Scientific and Methodological Support at the Federal Coordination Center for the Development of Psychological Services in the Education System of the Russian Federation, Moscow State University of Psychology and Education, Moscow, Russian Federation, ORCID: https://orcid.org/0000-0003-4273-5681, e-mail: taranenkooa@mgppu.ru

Ekaterina A. Nikiforova, Head of the Department of Scientific and Methodological Support at the Federal Coordination Center for the Development of Psychological Services in the Education System of the Russian Federation, Moscow State University of Psychology and Education, Moscow, Russian Federation, ORCID: https://orcid.org/0000-0003-0488-6497, e-mail: nikiforovaea@mgppu.ru

Kseniya A. Fayzullina, PhD in Psychology, Head of the Expert and Analytical Department at the Federal Coordination Center for the Development of Psychological Services in the Education System of the Russian Federation, Moscow State University of Psychology and Education, Moscow, Russian Federation, ORCID: https://orcid.org/0000-0002-2985-9332, e-mail: fajzullinaka@mgppu.ru

Информация об авторах

Ольга Александровна Ульянина, доктор психологических наук, доцент, руководитель Федерального координационного центра по обеспечению развития психолого-педагогической помощи в системе образования Российской Федерации, Московский государственный психолого-педагогический университет (ФГБОУ ВО МГППУ), член-корреспондент РАО, Москва, Российская Федерация, ORCID: https://orcid.org/0000-0001-9300-4825, e-mail: ulyaninaoa@mgppu.ru

Ольга Леонидовна Юрчук, кандидат психологических наук, заместитель руководителя Федерального координационного центра по обеспечению развития психолого-педагогической помощи в системе образования Российской Федерации, Московский государственный психолого-педагогический университет (ФГБОУ ВО МГППУ), Москва, Российская Федерация, ORCID: https://orcid.org/0009-0004-3221-2945, e-mail: yurchukol@mgppu.ru

Лада Анатольевна Александрова, кандидат психологических наук, ведущий аналитик отдела научно-методического обеспечения Федерального координационного центра по обеспечению развития психолого-педагогической помощи в системе образования Российской Федерации, Московский

государственный психолого-педагогический университет (ФГБОУ ВО МГППУ), Москва, Российская Федерация, ORCID: https://orcid.org/0000-0003-3539-8058, e-mail: ladaleksandrova@mail.ru

Ольга Анатольевна Тараненко, ведущий аналитик отдела научно-методического обеспечения Федерального координационного центра по обеспечению развития психолого-педагогической помощи в системе образования Российской Федерации, Московский государственный психолого-педагогический университет (ФГБОУ ВО МГППУ), Москва, Российская Федерация, ORCID: https://orcid.org/0000-0003-4273-5681, e-mail: taranenkooa@mgppu.ru

Екатерина Александровна Никифорова, начальник отдела научно-методического обеспечения Федерального координационного центра по обеспечению развития психолого-педагогической помощи в системе образования Российской Федерации, Московский государственный психолого-педагогический университет (ФГБОУ ВО МГППУ), Москва, Российская Федерация, ORCID: https://orcid.org/0000-0003-0488-6497, e-mail: nikiforovaea@mgppu.ru

Ксения Александровна Файзуллина, кандидат педагогических наук, начальник экспертно-аналитического отдела Федерального координационного центра по обеспечению развития психолого-педагогической помощи в системе образования Российской Федерации, Московский государственный психолого-педагогический университет (ФГБОУ ВО МГППУ), Москва, Российская Федерация, ORCID: https://orcid.org/0000-0002-2985-9332, e-mail: fajzullinaka@mgppu.ru

Contribution of the authors

Olga A. Ulyanina — research ideas; annotation, writing and design of the manuscript; research planning; monitoring of the research.

Olga L. Yurchuk — writing and registration of the manuscript; monitoring over the research.

Lada A. Aleksandrova — application of statistical, mathematical or other methods for data analysis; data collection and analysis; visualization of research results.

Olga A. Taranenko — writing and design of the manuscript; data collection and analysis.

Ekaterina A. Nikiforova — annotation, writing and design of the manuscript; data collection and analysis.

Kseniya A. Fayzullina — annotation, writing and design of the manuscript; data collection and analysis.

All authors participated in the discussion of the results and approved the final text of the manuscript.

Вклад авторов

Ульянина О.А. — идеи исследования; аннотирование, написание и оформление рукописи; планирование исследования; контроль за проведением исследования.

Юрчук О.Л. — написание и оформление рукописи; контроль за проведением исследования.

Александрова Л.А. — применение статистических, математических или других методов для анализа данных; сбор и анализ данных; визуализация результатов исследования.

Тараненко О.А. — написание и оформление рукописи; сбор и анализ данных.

Никифорова Е.А. — аннотирование, написание и оформление рукописи; сбор и анализ данных.

Файзуллина К.А. — аннотирование, написание и оформление рукописи; сбор и анализ данных.

Все авторы приняли участие в обсуждении результатов и согласовали окончательный текст рукописи.

Conflict of interest

The authors declare no conflict of interest.

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Ethics statement

All participants were informed about their participation in the study, familiarized with the goals, objectives and methods of the study, and expressed their voluntary informed consent to participate in the study.

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