

Interventions for PTSD Symptoms in Children Affected by Armed Conflict: A Systematic Review

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Abstract

Armed conflicts in various countries have a serious impact on children's mental health, particularly increasing the risk of Post-Traumatic Stress Disorder (PTSD). This study aims to systematically review various interventions that have been implemented in addressing PTSD symptoms in children affected by armed conflict. The review was conducted using the PCC (Population, Concept, Context) method, with article searches conducted through the Scopus and Publish or Perish databases. Out of a total of 355 identified articles, 8 met the inclusion criteria after screening of titles, abstracts, and full texts. The review results showed a variety of intervention approaches, including Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Self-Narrative Art Therapy, family- and community-based psychosocial support, and school-based programs such as trauma-sensitive schools. Interventions involving parents, schools, and communities were found to be more effective in enhancing children's psychological resilience and reducing PTSD symptoms compared to single medical interventions. The management of PTSD in children requires a holistic and integrated approach that considers social, cultural, and local resource availability factors. Further research is recommended to explore digital technology-based innovations and longitudinal studies to assess the long-term impact on the psychological well-being of children affected by conflict.

Keywords: PTSD, Children, Armed Conflict, Psychosocial Intervention, Systematic Review

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Introduction

Countries experiencing armed conflict are Russia and Ukraine, Palestine and Israel, India and Pakistan, Armenia and Azerbaijan, Afghanistan and the Taliban. The conflict was triggered by territorial struggles that occurred for a long time (Mohiuddin, 2023). Armed conflicts that occur in a country not only cause material but also non-material losses. Material losses are casualties, destruction of homes and public facilities, while non-material losses are specific psychological stress (Thondhlana et al., 2020).

Civilians, especially children, are very vulnerable to specific psychological impacts. The psychological impact of conflict according to Jackson et al. (2020) is the emergence of negative emotions and stress. Hazer & Gredebäck (2023), also explained that the impact of armed conflict for children can cause post-traumatic stress (PTSD), depression, suicidal thoughts, acculturation, repatriation, poverty, behavioral problems, school adjustment. These impacts certainly should not be ignored, because children have the right to be protected.

The protection of children in armed conflict was mandated by international law in 1924, when the first international Declaration of the Rights of the Child was adopted by the League of Nations. These rights are contained in the 1966 International Covenant on Political and Civil Rights. Furthermore, Article 1 of the United Nations Convention on the Rights of the Child (UNCRC) also states that every child has rights that must be fulfilled and protected regardless

of ethnicity, gender, religion, language, ability, or other distinguishing status. One of them is the right to be protected from violence, abuse and neglect. Every child has the right to life, so the state needs to ensure that children can get a sense of security for their growth and development.

Armed conflicts that occur in several countries seem to ignore the rights of children (Ngo et al., 2020). Many children grow up with anxiety and fear, and their basic rights to education, adequate housing, food and clean water, security, and freedom from poverty are not fulfilled (Rizkalla et al., 2020). Anxiety and fear in children as a result of armed war, if not handled properly, will potentially become Post Traumatic Stress Disorder (PTSD). Post Traumatic Stress Disorder (PTSD) is a syndrome in someone who has experienced a traumatic event that lasts a long time, can be months, years or up to several decades that can reappear.

The American Psychiatric Association explains that PTSD is a psychological condition that develops in a person who experiences a traumatic event, which is accompanied by symptoms such as intrusive thoughts, hyperarousal, and emotional numbness (Ressler et al., 2022). Traumatic symptoms that often appear are always reliving the event many times, withdrawing from the surrounding environment or social environment, excessive anxiety, irritability, sleeplessness, a feeling of alienation from people they know such as family members and closest relatives, as well as feeling easily surprised, decreased concentration levels, drug abuse and difficulty sleeping.

Post Traumatic Stress Disorder (PTSD) can occur as a result of war, natural disasters, accidents and rape (Aprily et al., 2022; Wibowo et al., 2024). Patients with PTSD disorder consist of patients who have faced physical or psychological violence. The main symptoms of this disorder are still remembering the event well as if the event is still happening, trying to avoid things related to the event, as well as emotions and negative changes in thoughts because of this, which occurs for more than 1 month after the traumatic event occurs. Jowett et al. (2020) mention that there are various factors that influence the risk of developing PTSD, including an individual's skills in managing stress and trauma.

Add that factors such as educational level, gender, prior treatment or therapy, social support, socioeconomic status, family history of mental health disorders, and individual personality also play a significant role. PTSD can develop as a result of intergenerational transmission of trauma, harsh parenting styles, excessive parental control, and the phenomenon of parentification, where children are forced to take on adult roles and responsibilities within the family. These conditions can amplify the impact of traumatic stressors, both directly and indirectly, making children more vulnerable to prolonged psychological disorders (Minervini et al., 2023). These findings emphasize the importance of an intervention approach that not only focuses on the child as an individual but also considers family dynamics and the social environment as integral parts of the PTSD recovery process.

Post Traumatic Stress Disorder (PTSD) symptoms in children in armed conflict areas need special treatment, so that children can grow according to their age. They have the right to be healthy both physically and psychologically. Many studies have discussed the symptoms of PTSD in children, but there are still few that review the intervention of handling PTSD symptoms in children victims of armed conflict specifically. To be able to make appropriate interventions in preventing and reducing the symptoms of PTSD, it is also important to conduct research on each country in intervening in handling PTSD symptoms in children due to armed war conflict. The purpose of this paper is to examine the treatment of PTSD symptoms in children in armed conflict areas in several countries through a systematic review.

Methods

In the review process the author starts by creating a research question, the author uses the PCC formulation by referring to this systematic question. The research question in this review is, how do interventions handle PTSD symptoms in children in conflict areas of armed conflict. Next, the author continued the process by designing search keywords in the database. After the author gets the terms found, namely Post-traumatic stress disorder (PTSD) symptoms and children war conflict. From several search terms, the author entered several Scopus and Publish and Perish databases. Furthermore, after several articles were collected, the author conducted screening from the title and abstract, and continued with the entire manuscript. After selection from 355 journals, there were 10 journals that fit the criteria, namely the factors of handling PTSD in conflict victims.

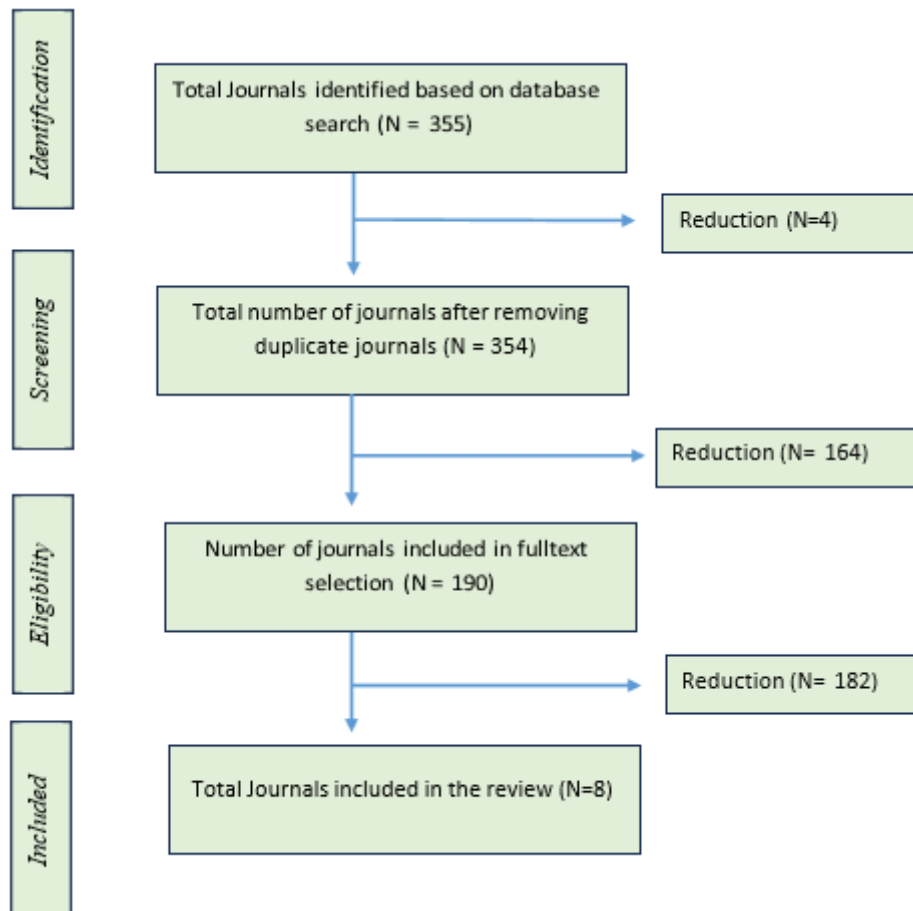


Figure 1. PRISMA Graph for Journal Selection Flow

The flow of the journal selection process can be seen through the prism graph presented in figure 1. The author determines the limitations in the journal review as follows (1) journal content discusses war conflict and PTSD; (2) The research subjects are civilians and children in armed conflict areas; (3) The year of journal publication is from 2015 to 2025; (4) English language journals; and (5) Qualitative and quantitative research types. For journals that were not selected, the criteria were: (1) The research subjects are not civil society in conflict areas; (2) Not using English; (3) Articles in the form of books, meta-analysis, and research without methods that are not clearly described.

Results and Discussion

War conflicts that occur in several countries, resulting in psychological disruption of civilians, one of which is children and adolescents. Children and adolescents are particularly at risk of

PTSD because they are not yet able to regulate their emotions. After selection, there are 8 articles that show PTSD symptoms in children due to war conflicts in several countries.

Table 1. Interventions to Treat PTSD Symptoms in Children Due to Armed War Conflicts

No	Author	Year	Subject	Country	Intervention Used	Conclusion
1	Rachamim, L., Aloni, R., Mualem-Taylor, H., Glickman, O., Goodman, A., & Laor, N.	2025	220 children aged 3–12 years	Israel	1. Improve parental skills and increase child resilience. 2. Health services should provide care that focuses on severe trauma.	Conflict in a country impacts the mental health of citizens, especially traumatized children. The government is working to address this through trauma-informed health services as well as upskilling parents to support children's resilience.
2	ElBarazi, A.S.	2025	508 people, categorized as early adults 18–28 years old. With the criteria of people who had conflict trauma as a child.	Northern Syria	1. Treatment strategies should incorporate trauma-focused cognitive behavioral therapy (TF-CBT). 2. Community-based psychosocial support services available in a humanitarian context.	Childhood maltreatment experiences were shown to significantly increase the risk of PTSD in young adults in Northern Syria. This underscores the urgency of implementing trauma-informed interventions and psychosocial support programs to minimize long-term impact in conflict zones.
3	El-Khodary, B., Samara, M., & Askew, C.	2020	1,029 school students (aged 11–17 years)	Palestine	Psychology-based medical intervention.	The interventions used should be based on the children's background including their gender, age, place of residence, and socioeconomic status (e.g., family income, parents' education level, number of family members) to

						alleviate psychological symptoms and increase their resilience.
4	Klymchuk, V. O., & Gorbunova, V. V.	2017	1,505 children: 856 boys and 649 girls aged between 10 and 15 years (mean age 12.9 years; 1.12 SD)	Ukraine	Intervention through the school environment.	Trauma-sensitive school concepts and mental health awareness programs are needed for all those involved with children, especially school professionals, parents, and children. The aim is to increase awareness of one's own mental health as well as sensitivity to the conditions of peers in the school environment.
5	Kangaslampi, S., & Peltonen, K.	2020	40 participants aged 9–17 years (48% female, 75% refugee background)	Afghanistan	Handling trauma intervention through medical services to address trauma.	Trauma treatment focuses on the trauma as a whole through medical measures.
6	Kalthom, M., Nazeri, A., & Faramarzi, S.	2024	20 children from 6 to 12 years old	Syria	Self-Narrative Art Therapy	The impact of trauma due to conflict that occurs in children can be done in several ways, one of which is through art therapy. Significantly contributed to reducing PTSD symptoms, including re-experiencing, avoidance, numbing, and arousal.
7	Thabet, A. A., Tawahina, A. A., Punamäki, R. L., & Vostanis, P.	2015	374 randomly selected children aged 6–16 years	Palestine	Providing psychosocial support from family and community.	Children with traumatic grief need psychosocial support from family and community.

						Parental involvement in every activity of the child is important to establish better communication, detect pathological grief, and help the child cope with the impact of trauma.
8	Thabet, A. M., & Thabet, S. S.	2018	76 children, 42 boys and 34 girls. Ages ranged from 7 to 15 years old with an average age of 10.55 years old.	Palestine	Psychosocial support interventions	Immediate psychosocial interventions are needed to support children's mental health, while educating and empowering parents, teachers, and caregivers to maintain the emotional well-being of children exposed to political violence. Interventions can include group discussions for mothers to increase their support, confidence and ability to care for their children in difficult situations.

PTSD symptoms can be found in most children in war conflict areas. In order for children in conflict areas to recover from the trauma of violence due to conflict, psychological interventions are needed. Psychological interventions can be provided to children according to the level of PTSD exposure. Support from parents, schools, and communities is necessary for children to recover from bad situations. Children with high levels of PTSD require specialized intervention from psychologists and psychiatric doctors to provide specialized therapy and treatment.

Various interventions to address PTSD symptoms in child victims of armed conflict in different countries show a diversity of approaches, ranging from individual psychotherapy, family-based support, to programs involving schools and communities. The choice of approach is tailored to the characteristics of the population, severity of trauma, socio-cultural conditions, and availability of resources in each region. This reflects the need for flexible and contextualized strategies so that interventions can provide optimal results in supporting children's psychological recovery.

Improving parental skills as a key strategy to support child resilience. Trauma-informed health services that involve families are considered effective in improving children's psychological well-being, because the success of the intervention depends on the child's immediate

environment. A similar approach was taken in Palestine by Thabet through psychosocial support from family and community. Parents' involvement in their child's activities is considered important in building better communication and detecting symptoms of pathological grief that may appear, so that they can be addressed immediately. This community-based approach has positive results because it strengthens children's social networks, which is an important protective factor against PTSD.

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) combined with community-based psychosocial support services. The results showed a significant reduction in PTSD symptoms in young adults who experienced childhood trauma. In addition to TF-CBT, Kalthom et al. (2025) in Syria also found that Self-Narrative Art Therapy was effective in reducing PTSD symptoms such as re-experiencing trauma, avoidance of triggers, emotional numbing, and hyperarousal. This art therapy offers a more flexible and emotionally safe approach for children who have difficulty verbally expressing traumatic experiences.

School-based approaches are also an important strategy, as Klymchuk and Klymchuk & Gorbunova in Ukraine. They developed the concept of *trauma-sensitive schools* and mental health awareness programs for teachers, parents, and students. This approach not only helps alleviate children's psychological symptoms but also raises collective awareness of the importance of mental health. In Palestine, (Abu-Ras et al., 2024) integrates psychology-based medical interventions by considering children's demographic and socio-economic factors, such as age, gender, family background, and parental education level. This contextualized approach has been found to be more effective in reducing PTSD symptoms as it is tailored to children's specific needs.

In Afghanistan Alemi et al. (2020) underline the importance of general medical intervention as a primary step in the treatment of trauma in children. Although this approach has shown positive results in reducing PTSD symptoms, reliance on medical aspects alone is not optimal. The lack of family and community involvement makes the recovery effect less sustainable. The findings emphasize that medical interventions should be combined with psychosocial support, such as family empowerment and community networks, to produce a more significant long-term impact on the mental well-being of children in conflict areas.

Overall, the results of these interventions confirm that the most effective approach to treating PTSD symptoms in child victims of armed conflict is a holistic approach that combines individualized psychotherapy, family support, school engagement and community-based services. Comprehensive interventions not only relieve PTSD symptoms but also strengthen children's resilience to future trauma. The role of parents, teachers, medical personnel and the community is crucial in building an emotionally safe supportive environment for children.

Conclusion

Children are the most vulnerable to the impact of armed conflict due to their limited ability to understand and cope with traumatic situations. At a young age, they often witness brutal violence, lose family members, and are forced to live in refugee camps with anxiety, fear and uncertainty. Trauma that is not immediately intervened has the potential to develop into *Post-Traumatic Stress Disorder* (PTSD), which can hamper children's emotional, social, cognitive, and even physical development. Various studies have identified a variety of intervention approaches to treat PTSD, ranging from *Trauma-Focused Cognitive Behavioral Therapy* (TF-CBT) that focuses on cognitive restructuring, *Self-Narrative Art Therapy* that utilizes artistic expression for trauma processing, to family and community-based psychosocial support that strengthens children's support networks. In addition, school-based programs such as *trauma-sensitive schools* are important efforts to create emotionally safe learning environments and

support the psychological recovery of children in conflict areas. These approaches demonstrate that multi-stakeholder collaboration is necessary to optimize the recovery of children affected by conflict. Research shows that interventions that involve children's immediate environment such as parents, schools and communities are more effective in strengthening psychological resilience and significantly reducing PTSD symptoms. On the other hand, individual psychotherapy is also beneficial for overcoming trauma, but its success is highly dependent on adequate social support. Therefore, an active role is needed from all parties; parents must be equipped with mentoring skills, schools are expected to create a safe and supportive learning environment, and the government and the community need to provide comprehensive and easily accessible mental health services. Future research is recommended to develop intervention models that are holistic, integrated and responsive to the cultural diversity and socio-economic conditions of communities in conflict areas. This adaptive approach is important to ensure that interventions can be effectively applied in various local contexts. In addition, innovation through the use of digital technology, such as mental health apps or virtual community platforms, can be an alternative solution for areas with limited access to professional services. The use of such technologies also allows for the continuity of psychosocial support even in crisis situations. Furthermore, longitudinal studies are needed to evaluate the long-term impact of the interventions, both on the recovery of PTSD symptoms and on children's overall psychological well-being. Such studies will provide a deeper understanding of the effectiveness of interventions in helping children survive and recover from traumatic experiences of armed conflict.

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