



Psychological consequences of war-related displacement among young Ukrainian students

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◆ **Abstract.** The 2022 Russian invasion of Ukraine produced large numbers of young civilians who were forced to leave the country; however, the psychological condition of war-displaced Ukrainian students living in host countries remains insufficiently studied. This cross-sectional study examined the severity of post-traumatic stress disorder (PTSD) symptoms and the level of post-traumatic growth (PTG) among war-displaced Ukrainian students residing in Slovakia and explored gender differences. Seventy Ukrainian university students (36 women, 34 men; aged 17-30) who left Ukraine due to the war and were living in Košice, Slovakia, completed the Posttraumatic Stress Disorder Checklist (PCL-5) for the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) and the Post-Traumatic Growth Inventory (PTGI) between January and February 2024. Group differences were tested using non-parametric statistical methods, and internal consistency was assessed using reliability coefficients. More than half of the participants (52.9%) reached the cut-off score indicating probable post-traumatic stress disorder. The prevalence was higher among women (63.9%) than among men (41.2%). Women also showed significantly higher overall post-traumatic stress disorder symptom severity and higher scores on intrusion and avoidance dimensions, whereas no gender differences were found for negative alterations in cognition and mood or arousal and reactivity. The level of post-traumatic growth was moderate to high in the total sample, with no significant gender difference in the overall post-traumatic growth score; a difference was observed only for the “appreciation of life” dimension, which was higher in women. The findings demonstrate the coexistence of psychological distress and positive psychological change among war-displaced students and highlight the need for gender-sensitive psychological screening and support services in higher education institutions. The results should be interpreted while considering the cross-sectional design and the characteristics of the study sample

◆ **Keywords:** conflict-affected populations; post-traumatic stress symptoms; post-traumatic growth; psychological adaptation; gender differences

◆ Introduction

Post-traumatic stress disorder (PTSD) remains a highly relevant issue in contemporary society, particularly in the context of ongoing wars, armed conflicts, and large-scale humanitarian crises that expose civilians to severe psychological trauma. Interest in PTSD research has grown substantially in recent years, especially among populations affected by war-related experiences such as forced displacement, loss of family members, and mass violence, including genocide. In this context, people affected by the recent war in Ukraine constitute a

particularly important population for investigation because they are exposed to multiple, cumulative stressors associated with both direct and indirect consequences of conflict. Understanding the psychological consequences of such experiences, including both negative outcomes such as post-traumatic stress symptoms and adaptive outcomes such as post-traumatic growth (PTG), is essential for developing effective support strategies and informing evidence-based interventions for displaced and conflict-affected populations.

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The large-scale displacement caused by the full-scale Russian invasion of Ukraine has resulted in one of the most significant humanitarian crises in recent decades. Since the beginning of the invasion in 2022, millions of Ukrainians have been forced to flee the country and seek refuge across Europe and beyond. This unprecedented refugee movement has created both an urgent need and a unique opportunity for scientific research into the psychological consequences of war-related trauma. In Poland, research on Ukrainian refugees has consistently demonstrated the importance of social support from both the host society and co-nationals in mitigating the psychological consequences of forced migration, as shown by M. Baran *et al.* (2024). At the same time, high levels of psychological distress have been reported: P. Długosz (2023), in a large Polish study (N = 737), found that 73% of participants experienced PTSD symptoms accompanied by depression and other mental health difficulties, while an Italian research group led by D. Rizzi *et al.* (2022) observed elevated levels of anxiety, depression, and sleep disturbances among Ukrainian refugees and internally displaced persons (IDPs) in Poland; they also highlighted the role of family as a protective factor supporting resilience.

Ukrainian researchers have increasingly examined PTSD, PTG, and their interrelations across diverse social groups, including refugees, internally displaced persons, civilians, military personnel, and students. D. Martsenkovskyi *et al.* (2024) studied parents and their children aged 3-17 to estimate the prevalence of probable PTSD symptoms and identify risk factors; they found that about half of participants had direct or indirect exposure to war-related events and that 14% met criteria for PTSD. M. Polyvianaia *et al.* (2025) reported very high rates of probable PTSD, anxiety, depression, and insomnia among Ukrainian university students and demonstrated that relocation status and living conditions substantially shape mental-health outcomes. Overall, A. Trofimov & N. Shabanova (2025) examined forcibly displaced Ukrainians, most of whom were residing in Poland, with particular attention to the role of faith in mental health. Their findings indicated elevated levels of PTSD, anxiety, and depression among participants, no significant differences related to the host country, and no clear association between faith and mental health outcomes. Taken together, these findings suggest that war exposure and forced displacement are associated with a substantial psychological burden across different Ukrainian populations. At the same time, the literature suggests that the relationship between PTSD severity and PTG is often weak, indirect, or non-linear, whereas PTG appears to be more strongly connected to personal, existential, and social resources. O. Banit (2023) found that PTG increases with age, particularly in the domains of improved interpersonal relationships and greater appreciation of life, while participants over 60 reported higher levels of spiritual change. O. Semidochna & T. Zavada (2025) showed that engagement in meaningful activities, especially volunteering and teaching children, predicts PTG through existential

freedom, whereas PTSD severity was not significantly associated with PTG. Similarly, O. Belov *et al.* (2025) demonstrated longitudinally that social and interpersonal support from family and friends is a central resource for PTG among internally displaced persons, alongside resilience and psychological hardiness. In a large cross-sectional study of 3,173 participants O. Lushchak *et al.* (2024) showed that psychological distress varies by displacement status, with the highest prevalence of PTSD among refugees and the lowest among non-displaced individuals, suggesting that forced displacement, adaptation to a new cultural environment, and ongoing post-migration stressors are associated with greater war-related psychological distress.

To the best of the author's knowledge, Ukrainian university students residing in Slovakia have not previously been examined in this context. Therefore, this study aimed to assess the severity of PTSD symptoms and the level of PTG among war-displaced Ukrainian students in Slovakia and to examine gender differences in these outcomes. This study hypothesised that gender is a central analytical variable rather than a background characteristic, and the study investigates gender-related differences in overall PTSD severity, specific PTSD symptom clusters, and dimensions of PTG among young Ukrainian civilian refugees studying in Slovakia. Accordingly, the following hypotheses were formulated: hypothesis 1: women report higher levels of post-traumatic stress disorder symptom severity than men; hypothesis 2: women report higher levels of overall post-traumatic growth than men.

◆ Literature Review

According to the DSM-5, post-traumatic stress disorder may develop following direct exposure to traumatic events, such as actual or threatened death, serious injury, or sexual violence, as well as through witnessing such events or learning that they occurred to close family members or loved ones (APA, 2013). The disorder is characterised by intrusive recollections of the traumatic experience, avoidance of trauma-related stimuli, negative alterations in mood and cognition, and heightened arousal and reactivity. These symptoms may include intrusive memories, avoidance of trauma-related reminders, emotional distress, anxiety, and dissociative experiences, which may significantly impair everyday functioning.

Post-traumatic growth was conceptualised by R. Tedeschi & L. Calhoun (1996) as positive psychological change that occurs as a result of struggling with highly challenging or traumatic life events. Rather than being a direct consequence of trauma exposure, PTG emerges through individuals' cognitive and emotional efforts to cope with disrupted beliefs, goals, and assumptions about the world. Although traumatic experiences are often associated with negative psychological outcomes such as post-traumatic stress symptoms, some individuals report positive changes in personal strength, interpersonal relationships, appreciation of life, and existential or spiritual understanding. From this perspective, crises may serve

as catalysts for psychological reappraisal and transformation, depending on how the individual interprets and integrates the traumatic experience. Empirical research indicates that PTG varies across populations and trauma types; nevertheless, it is widely regarded as an important dimension of psychological adaptation to adversity. Importantly, post-traumatic growth is not considered incompatible with psychological distress, as positive psychological changes may coexist with elevated post-traumatic stress symptoms (Tedeschi & Calhoun, 2004). In addition to differences in trauma exposure, previous research has shown that gender may influence psychological responses to trauma. Gender differences in post-traumatic stress responses are not limited to prevalence rates but may also reflect differences in cognitive appraisal, emotional processing, and trauma-related coping patterns. Previous research suggests that gender-specific pathways to PTSD may involve variations in perceived threat, meaning-making processes, and sensitivity to interpersonal stressors following traumatic exposure (Christiansen & Hansen, 2015; Christiansen & Berke, 2020).

These theoretical considerations are particularly relevant in the context of the full-scale Russian invasion of Ukraine, which has caused mass displacement and created large populations exposed to prolonged war-related stress. Since 2022, millions of Ukrainians have been forced to flee the country and seek refuge across Europe and beyond. According to the UNHCR (2026) and IOM (2026), 5,923,870 Ukrainian refugees had been officially recorded worldwide, while an estimated 3.9 million individuals were internally displaced within Ukraine as of March 2026. Earlier UNHCR (2025) show that the largest host countries for Ukrainian refugees include Germany, Poland, the Czech Republic, the United Kingdom, Spain, Romania, Italy, and Slovakia, with host populations ranging from approximately 147,000 to over 1.3 million individuals.

Recent studies among Ukrainian populations suggest that trauma-related outcomes vary depending on displacement status, migration context, and type of war exposure. For example, internally displaced persons (IDPs) appear to demonstrate particularly high levels of probable PTSD symptoms in comparison with soldiers and local residents (Masik *et al.*, 2025). While differences in post-traumatic growth trajectories have been observed between civilian and military populations – with civilians orienting more toward fulfilment of personal potential, whereas military personnel emphasised openness to life and interpersonal relationships (Pohorilska *et al.*, 2024). Civilian Ukrainian war victims who are university students living abroad remain an under-researched group despite facing distinctive developmental, educational, and psychosocial challenges associated with emerging adulthood, forced migration, and adaptation to a new cultural environment. Understanding how young people experience and respond to the war in their home country is essential for supporting their psychological adaptation in new social and cultural environments. Such insights may also inform research and therapeutic

approaches tailored to young Ukrainian refugees and migrants in host countries. Existing research conducted by international teams in collaboration with Ukrainian researchers has examined Ukrainian students residing in active war zones in Ukraine, primarily in Kyiv. Although all participants were living in Kyiv at the time of assessment, a substantial proportion had experienced prior displacement, with 29.1% having relocated within Ukraine and 16.9% having temporarily resided abroad (Lotzin *et al.*, 2023). Studies by A. Lotzin *et al.* (2023; 2025) indicate that sexual violence and cumulative trauma exposure are associated with an increased risk of complex post-traumatic stress disorder. At the same time, these studies highlight the role of resilient coping as a process of moving from psychological instability toward greater stability.

More broadly, trauma outcomes among Ukrainians appear to depend on both exposure intensity and post-migration conditions. T. Karatzias *et al.* (2023) reported high rates of PTSD and complex post-traumatic stress disorder among parents living in Ukraine six months after the invasion, with a dose-response relationship between war-related stressors and symptom severity. In contrast, K.-I. Karstoft *et al.* (2025) observed lower prevalence rates among Ukrainians who had resettled in Denmark within the first year after the invasion, emphasising the role of post-migration living difficulties and social support. Taken together, these findings point to the combined influence of conflict exposure and post-migration context on trauma-related mental health. Despite the growing body of research on the psychological consequences of the full-scale Russian invasion of Ukraine, limited attention has been paid to young civilian university students residing abroad, particularly in Central European host countries such as Slovakia. Moreover, relatively little is known about the coexistence of post-traumatic stress symptoms and post-traumatic growth in this population, particularly with regard to potential gender-related differences. Addressing these gaps may contribute to a better understanding of psychological adaptation among war-displaced Ukrainian students and support the development of targeted psychosocial interventions.

◆ Materials and Methods

The study was conducted as part of a larger NAWA-funded international project “The role of family in coping with war trauma among Ukrainian civilian victims of the 2022 war” involving participants from Ukraine, Poland, Germany, and Slovakia. The study received a positive ethical opinion from the University of Lower Silesia Research Ethics Board, Wrocław, Poland (Opinion No. 6/2022, 16 November 2022). The present article focused exclusively on the Slovak subsample. Data were collected between January and February 2024 in Košice, Slovakia, among 70 Ukrainian civilian war-displaced students (aged 17-30 years, $M = 18.45$; $SD = 1.90$), most of whom were university students in Košice. Inclusion criteria comprised Ukrainian nationality and voluntary informed consent to participate. The sample was purposively recruited within

the academic community, primarily among students residing in university dormitories. Participants represented various fields of study (e.g., social sciences, pedagogy, technical sciences, medicine, philology), although academic discipline was not included in the dataset. The study protocol was reviewed and approved by the institutional ethics committees of the University of Lower Silesia and the John Paul II Catholic University of Lublin. In this study, the term “war-displaced Ukrainian students” referred to Ukrainian citizens who left Ukraine after the 2022 full-scale invasion and were residing in Slovakia at the time of data collection, regardless of their formal legal or administrative status. Data was collected using paper-based and electronic questionnaires. Most participants ($n = 60$) completed paper questionnaires distributed in person by the researcher or trained volunteers in student dormitories. An online version (Google Forms) was available in Ukrainian and completed by 10 participants; the link was disseminated within the war-displaced Ukrainian student community in Košice. Paper questionnaires were available in Ukrainian and Russian according to participants' preferences, with the majority completed in Ukrainian ($n = 50$). Completion time ranged from approximately 25 to 50 minutes. All questionnaires were completed individually, under conditions ensuring privacy and without the researcher's presence, to minimise social desirability bias. To ensure anonymity, participants generated individual

codes based on personal but non-identifying information. Prior to participation, all respondents were fully informed about the study aims, the voluntary nature of participation, the right to withdraw, and confidentiality procedures. Informed consent was obtained from all participants, and the study was conducted in accordance with ethical standards of the American Sociological Association's Code of Ethics (2018) for psychological research. Data from both collection modes were standardised and coded uniformly. Information regarding the language version used was not recorded in the dataset. Statistical analyses were conducted using IBM SPSS Statistics and all results were reported at the aggregate level to ensure participant anonymity. All research instruments were translated into Ukrainian and Russian by the research team within the NAWA project. However, no formal cross-cultural adaptation or psychometric validation was conducted, which should be considered a methodological limitation.

The study consisted of 70 participants ($N = 70$), including 36 women (51.4%) and 34 men (48.6%). Participants ranged in age from 17 to 30 years ($M = 18.45$; $SD = 1.90$); the mean age was 18.89 years for women ($SD = 2.04$) and 18.00 years for men ($SD = 1.65$). Most participants were university students enrolled at different higher-education institutions in Košice, Slovakia (Table 1). The sample size was determined by the availability of participants within the specific academic context and timeframe of data collection.

Table 1. Sociodemographic data of the study group

1.	Sex	N	%
Women		36	51.40
Men		34	48.60
2.	Marital status	N	%
Single (never married)		70	100
Married		0	0.00
Civil union		0	0.00
Divorced		0	0.00
Widowed		0	0.00
3.	Religious belief	N	%
Believer		35	50.00
Non-believer		16	22.85
Missing data		16	22.85
Agnostic		3	4.3
4.	Religious affiliation	N	%
Christianity		14	20.00
Eastern Orthodoxy		12	17.14
Roman Catholicism		3	4.29
Greek Catholicism		2	2.86
Protestantism		1	1.43
Atheism/no religious affiliation		17	24.28
Agnosticism		3	4.29
Islam		1	1.43
Paganism		1	1.43
Missing data		16	22.85
5.	Education level	N	%
Primary education		22	31.43
Incomplete secondary education		0	0.00
Secondary education		42	60.00
Incomplete higher education (bachelor's level)		6	8.57
Higher education (master's level)		0	0.00

Table 1. Continued

6.	Family members	N	%
Father		63	90.00
Mother		69	98.57
Siblings		55	78.57
Spouse		0	0.00
Children		0	0.00

Source: developed by the author

The study employed a set of self-report questionnaires, which were translated and adapted to Ukrainian using Polish and English versions of the tools. They were selected to assess trauma-related symptoms and psychological adaptation. The PCL-5 questionnaire (PTSD Checklist for DSM-5, PCL-5) is a self-rated scale that was developed by PTSD (n.d.). The Polish adaptation of the tool was prepared by N. Ogińska-Bulik *et al.* (2018), and its psychometric properties were further examined and described in a later publication by N. Ogińska-Bulik & Z. Juczyński (2023). There was also validated Ukrainian adaptation by V. Bezsheiko (2016). It assessed PTSD symptoms across the four DSM-5 clusters: intrusions (Criterion B), avoidance of trauma reminders (Criterion C), negative alterations in cognitions and mood (NACM; Criterion D), and alterations in arousal and reactivity (AAR; Criterion E) (APA, 2013). The PCL-5 contains 20 items rated on a scale from 0 ("not at all") to 4 ("extremely"), summed to give a total score ranging from 0 to 80; a cut-off score of 33 or higher indicates probable PTSD. Participants rated symptoms experienced over the past month. In the study Cronbach's $\alpha = .90$ (overall post-traumatic stress disorder – total score of PTSD), so it indicates a very high reliability of measurement in the study group.

The post-traumatic growth inventory (PTGI) is a self-rated scale that was developed by R. Tedeschi & L. Calhoun (1996). The original version is based on a five-factor structure. The Polish adaptation was made by N. Ogińska-Bulik & Z. Juczyński (2018), and the factor analysis showed a four-factor structure. The Polish version combines two factors found in the original version – "new opportunities" and "greater personal strength" – into one dimension defined as "changes in self-perception". There was a Ukrainian validated version of the tool created by

D. Zubovskiy (2018). It measures the level of posttraumatic growth: positive changes such as personal strength and appreciation of life. Responses were rated on a 6-point Likert scale ranging from 0 ("not at all") to 5 ("to a very large extent"). Responses were rated on a 6-point Likert scale ranging from 0 ("not at all") to 5 ("to a very large extent"). The level of PTG is assessed on the basis of the total number of points obtained by the respondent. This result was compared to norms developed on the basis of the results of a large group of respondents ($N = 730$), which allows the severity of PTG to be classified as low, average or high (scores 1-4, 5-6, 7-10). The higher the total PTGI score, the greater the severity of positive changes associated with the traumatic experience. In the study Cronbach's $\alpha = .90$ (overall post-traumatic growth – total score of PTG), it indicated a very high reliability of measurement with this tool in the study group. In addition to the measures reported here, the survey included the international personality item pool-big five markers (Donnellan *et al.*, 2006), the attachment style questionnaire (Feeney *et al.*, 1994), and the psycho social and psychic defences questionnaire assessing defensive mechanisms (Senejko, 2019).

◆ Results and Discussion

Given the sample size, the analyses focused on descriptive statistics and non-parametric group comparisons, which constituted the primary analytical strategies of the study. The relatively homogeneous age range and student status of the participants should be taken into account when interpreting the results. Descriptive statistics for all analysed variables are presented in Table 2. Several variables showed deviations from normality, which justified the use of non-parametric procedures in subsequent analyses.

Table 2. Basic descriptive statistics for the variables included in the study ($N = 70$)

Variable	M	SD	SK	K	Min	Max	S-W	p
PCL_Ovs	34.76	16.49	0.14	-0.60	2.00	73.00	0.98	0.588
PCL_I	8.54	5.14	0.28	-1.03	0.00	19.00	0.94	0.005
PCL_A	3.60	2.25	-0.07	-1.12	0.00	8.00	0.94	0.005
PCL_NCaM	12.01	6.33	0.39	-0.41	1.00	26.00	0.97	0.073
PCL_AaR	10.60	5.76	-0.05	-0.93	0.00	22.00	0.96	0.054
PTGI_Ovs	67.45	18.24	-0.84	0.18	18.00	96.00	0.93	0.002
PTGI_CiSP	31.55	7.97	-0.92	0.62	9.00	43.00	0.93	0.001
PTGI_CiRwo	20.17	8.30	-0.49	-0.61	0.00	34.00	0.96	0.022
PTGI_GAoL	11.11	3.37	-0.83	-0.12	3.00	15.00	0.90	<.001
PTGI_SC	4.64	2.55	0.04	-0.71	0.00	10.00	0.97	0.144

Note: M – mean; SD – standard deviation; SK – skewness; K – kurtosis; Min – minimum; Max – maximum; S-W – Shapiro-Wilk test value; p – significance level; PCL_Ovs – overall post-traumatic stress disorder score; PCL_I – intrusion symptoms; PCL_A – avoidance; PCL_NCaM – negative cognition and mood; PCL_AaR – arousal and reactivity; PTGI_Ovs – overall post-traumatic growth score; PTGI_CiSP – changes in self-perception; PTGI_CiRwo – changes in relationships with others; PTGI_GAoL – greater appreciation of life; PTGI_SC – spiritual changes

Source: developed by the author

Gender differences in post-traumatic stress disorder symptom severity were examined using the Mann-Whitney U test (Table 3). Statistically significant differences were observed for the overall PTSD score, with higher symptom severity among

women compared to men. Significant gender differences were also found for the intrusion and avoidance symptom clusters. No statistically significant differences were identified for negative alterations in cognition and mood or for arousal and reactivity.

Table 3. Results of the Mann-Whitney U test for PTSD levels in the group of women and men (N = 70)

Variable	Women (N = 36)		Men (N = 34)		Comparison of averages	
	M	SD	M	SD	U	p
PCL_Ovs	39.03	16.77	30.24	15.14	422	0.030
PCL_I	9.86	4.90	7.15	5.09	423	0.030
PCL_A	4.33	2.14	2.82	2.14	380	0.010
PCL_NCaM	13.06	6.90	10.91	5.56	498	0.180
PCL_AaR	11.78	5.92	9.35	5.40	465.5	0.070

Note: PCL_Ovs – overall post-traumatic stress disorder score; PCL_I – intrusion symptoms; PCL_A – avoidance; PCL_NCaM – negative cognition and mood; PCL_AaR – arousal and reactivity; U – Mann-Whitney U test

Source: developed by the author

These findings indicate that gender differences in PTSD symptomatology were limited to selected symptom domains, with the most pronounced differences observed in intrusion and avoidance. Based on the recommended cut-off score of ≥ 33 on the PCL-5, 52.9% of participants (n = 37) met the criteria for probable post-traumatic stress disorder. The prevalence of probable PTSD was higher among women (63.9%, n = 23) than among men (41.2%, n = 14),

which is consistent with the observed gender differences in overall PTSD symptom severity. These findings underscore the clinical relevance of war-related psychological distress in this population of young civilian war-displaced students. Due to missing responses on the PTGI, analyses of post-traumatic growth were conducted on a reduced sample (N = 66). Gender differences in post-traumatic growth are presented in Table 4.

Table 4. Mann-Whitney U test results for PTG levels in the female and male groups (N = 66)

Variable	Women (N = 36)		Men (N = 30)		Comparison of averages	
	M	SD	M	SD	U	p
PTGI_Ovs	70.03	17.06	64.37	19.41	435	0.180
PTGI_CiSP	32.03	6.84	30.97	9.24	503	0.630
PTGI_CiRwo	21.25	8.45	18.87	8.06	423	0.130
PTGI_GAoL	11.86	3.33	10.20	3.25	359.5	0.020
PTGI_SC	4.89	2.68	4.33	2.38	469.5	0.360

Note: PTGI_Ovs – overall post-traumatic growth score; PTGI_CiSP – changes in self-perception; PTGI_CiRwo – changes in relationships with others; PTGI_GAoL – greater appreciation of life; PTGI_SC spiritual changes; U – Mann-Whitney U test

Source: developed by the author

The results presented in Table 4 indicate that no statistically significant gender differences were observed for the overall PTG score or for most PTG dimensions. A significant difference was found only for the greater appreciation of life dimension, with higher scores reported by women. These findings suggest that gender differences in post-traumatic growth were limited and provide only partial support for the study hypotheses. The present findings support the first hypothesis, indicating higher PTSD symptom severity among women than men. This difference was particularly evident in the intrusion and avoidance symptom clusters, while no gender differences were observed for negative alterations in cognition and mood or arousal and reactivity. These results are consistent with previous research demonstrating a greater vulnerability of women to PTSD following traumatic exposure (Kessler *et al.*, 1995; Breslau *et al.*, 1998; Christiansen & Hansen, 2015). The observed gender differences in PTSD symptom severity may reflect differences in psychological processing of traumatic experiences rather than differences in exposure alone. Gender-specific pathways to post-traumatic stress have

been linked to variations in cognitive appraisal, emotion regulation, and sensitivity to interpersonal threat, which may shape how traumatic events are experienced and integrated over time (Christiansen & Hansen, 2015; Christiansen & Berke, 2020).

In this context, higher symptom severity among women may be associated with greater perceived threat and more intensive emotional engagement with trauma-related memories, particularly under conditions of prolonged uncertainty and interpersonal stress, such as forced displacement. These mechanisms may help explain why gender differences were evident in some PTSD symptom clusters, while other domains showed more comparable levels between women and men. Earlier studies suggest that biological factors, such as hormonal influences, as well as socio-cultural factors related to gender roles, may contribute to these differences (Olf, 2017; Christiansen & Berke, 2020). Greater susceptibility of women to chronic PTSD has also been reported in longitudinal research (Yehuda, 2002; Solomon *et al.*, 2005). Similar patterns have been observed in the Polish population by N. Ogińska-Bulik &

Z Juczyński (2023), where women reported more intense PTSD symptoms, particularly in the emotional processing of traumatic memories.

The second hypothesis, assuming higher overall post-traumatic growth among women, was not supported. Although women obtained slightly higher mean post-traumatic growth scores, the difference did not reach statistical significance. Gender differences were limited to the appreciation of life dimension, suggesting that positive changes following trauma may manifest similarly in women and men, with only selected aspects differing between genders. The absence of significant gender differences in overall post-traumatic growth is consistent with findings indicating that post-traumatic growth is shaped by multiple contextual and individual factors, including the nature of the traumatic event, cultural background, coping strategies, and the measurement tools used (Joseph *et al.*, 2004; Joseph & Linley, 2006; Vishnevsky *et al.*, 2010). Further evidence of N. Ogińska-Bulik (2013), suggests that although some studies report higher post-traumatic growth levels among women, such differences are not consistently observed across populations or trauma types. Similarly, recent research by K. Zawistowska *et al.* (2023) reported no significant differences in post-traumatic growth levels between groups differing in physical functioning, further supporting the non-uniform role of gender in post-traumatic growth processes. In addition, contextual factors related to the place of stay may play an important role. For example, research by G. Ermansons *et al.* (2023) demonstrated that mental health and general well-being among refugees are strongly associated with host-country conditions in Global North countries, which may influence patterns of psychological adaptation, including post-traumatic growth. The presence of post-traumatic growth in the current sample is consistent with earlier findings from European war-affected civilian populations. For example, S. Powell *et al.* (2003) reported moderate levels of post-traumatic growth among war-displaced students from the former Yugoslavia, suggesting that positive psychological changes may emerge even under conditions of prolonged conflict-related displacement.

The co-occurrence of elevated PTSD symptoms and moderate to high levels of PTG observed in the present study supports the view that psychological distress and positive psychological change are not mutually exclusive. Post-traumatic growth has been conceptualised as a process of positive change that may emerge through cognitive and emotional struggle with highly challenging life events, rather than as a direct indicator of recovery or the absence of suffering (Tedeschi & Calhoun, 2004). Accordingly, PTG should be understood as a form of cognitive and existential reappraisal that can develop alongside ongoing psychological distress. Conceptual and empirical research further suggests that post-traumatic growth may reflect adaptive meaning-making processes aimed at restoring coherence and purpose in life, rather than actual reductions in symptom severity (Joseph & Linley, 2006; Zoellner &

Maercker, 2006). In populations exposed to chronic and unresolved stressors, such as war-related displacement, PTG may therefore represent an attempt to integrate traumatic experiences under conditions of prolonged adversity rather than an indicator of psychological recovery (Powell *et al.*, 2003; Tedeschi & Calhoun, 2004).

Taken together, the results suggest that gender plays a more prominent role in the severity of post-traumatic stress symptoms than in post-traumatic growth. Gender-related differences may therefore emerge only in specific domains, such as appreciation of life, rather than in the overall level of growth, depending on contextual and individual factors. This finding aligns with theoretical models emphasising the importance of personal resources, coping strategies, and social context in shaping post-traumatic growth. The present article focuses on the prevalence and gender-related differences in PTSD and post-traumatic growth. Other psychological variables assessed in the broader research project, including personality traits, attachment styles, and defensive mechanisms, were not analysed here. From an interdisciplinary perspective, the present findings can be interpreted in relation to the legal and institutional contexts in which war-displaced students live in host countries. Policy-oriented evidence on displaced Ukrainians in Denmark highlights the importance of integration experiences and psychosocial needs in shaping mental health and adaptation within European host societies (Karstoft *et al.*, 2025). Within the European Union, Ukrainian students who fled the armed conflict are generally covered by temporary protection mechanisms that provide formal access to education and basic social services. However, legal status was not assessed in the present study. The high level of post-traumatic stress symptoms observed indicates that legal protection and institutional stability alone are insufficient to mitigate the psychological consequences of war-related displacement. These findings highlight the need for targeted psychosocial support within higher-education institutions and may inform policymakers in the development of support measures for war-displaced students within existing legal frameworks.

Several limitations of the present study should be noted. First, the cross-sectional design does not allow conclusions about cause-and-effect relationships between trauma exposure, post-traumatic stress disorder symptoms, and post-traumatic growth. Second, the sample was relatively small and consisted mainly of young university students, which limits the extent to which the findings can be generalised to other groups of war-displaced Ukrainians. In addition, the study did not examine participants' formal legal status, therefore, the findings apply to war-displaced students as a social group rather than to legally defined migration categories. Third, although Ukrainian-language versions of the instruments were used, no formal cross-cultural adaptation procedures were conducted in this study. Fourth, the use of self-report questionnaires may have led to response biases, such as social desirability or recall bias. Future studies would benefit from longitudinal designs,

larger and more diverse samples, and the use of clinician-administered assessments. In this regard, longitudinal research by R. Goto *et al.* (2025) and M. Missler *et al.* (2025) demonstrated that displacement can have complex and time-varying effects on mental health, particularly among parents and children, as it may both increase exposure to ongoing stressors and, in some cases, reduce direct exposure to violence. These findings underscore the importance of longitudinal approaches for achieving a more accurate understanding of displacement-related psychological processes and for informing the development of interventions tailored to different groups of refugees, including families with children, students, and adults.

◆ Conclusions

The present study examined how war-related trauma outcomes operationalised as PTSD symptom severity and PTG are expressed among Ukrainian university students living in Slovakia, with particular attention to gender-related differences. The findings indicate that war-related trauma in this population is associated with a substantial psychological burden, reflected in elevated levels of post-traumatic stress symptoms, while post-traumatic growth showed more limited differentiation. Notably, 52.9% of participants reached the cut-off score indicating probable PTSD, underscoring the considerable psychological impact of war-related displacement among young civilians pursuing higher education abroad. Gender emerged as a relevant factor in the expression of PTSD symptoms, with women demonstrating a higher prevalence of probable PTSD (63.9%) compared to men (41.2%), as well as significantly higher symptom severity, particularly in the domains of intrusion and avoidance. In contrast, no significant gender differences were observed in overall levels of post-traumatic growth, with the exception of the “appreciation of life” dimension, which was higher among women. These results suggest that gender plays a more prominent role in trauma-related psychological distress than in positive psychological changes following trauma. At the same time, the presence of moderate to high levels of post-traumatic growth highlights that positive psychological changes may coexist with significant distress in

this population. Future research should extend the present findings by examining larger and more diverse samples of war-displaced Ukrainian students, including participants of different ages, professional backgrounds, and stages of post-migration adaptation. Such studies would allow for a more comprehensive understanding of the psychological consequences associated with war exposure and forced displacement. In addition, longitudinal research would be particularly valuable for assessing changes in trauma-related symptoms and post-traumatic growth over time, including their stability and potential long-term effects in the post-war context.

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◆ Conflict of Interest

None.

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✦ **Анотація.** Повномасштабне вторгнення Росії в Україну у 2022 році спричинило масове вимушене переміщення молодих цивільних осіб, однак психологічний стан українських студентів, які були змушені покинути країну через війну та проживають у приймаючих країнах, залишається недостатньо дослідженим. Це крос-секційне дослідження було спрямоване на вивчення вираженості симптомів посттравматичного стресового розладу (ПТСР) та рівня посттравматичного зростання (ПТЗ) серед українських студентів, вимушено переміщених через війну та які проживають у Словаччині, а також на аналіз гендерних відмінностей. У дослідженні взяли участь 70 українських студентів університетів (36 жінок і 34 чоловіки; віком 17-30 років), які залишили Україну через війну та проживали у місті Кошице (Словаччина). У період із січня по лютий 2024 року учасники заповнили Контрольний список симптомів посттравматичного стресового розладу (PCL-5) відповідно до Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) та Опитувальник посттравматичного зростання (PTGI). Для перевірки міжгрупових відмінностей застосовувалися непараметричні статистичні методи, а внутрішню узгодженість оцінювали за допомогою коефіцієнтів надійності. Понад половина учасників (52,9 %) досягли порогового значення, що вказує на ймовірну наявність посттравматичного стресового розладу. Поширеність була вищою серед жінок (63,9 %), ніж серед чоловіків (41,2 %). Жінки також продемонстрували статистично значущо вищу загальну вираженість симптомів ПТСР, а також вищі показники за шкалами інтрузії та уникнення, тоді як гендерних відмінностей за показниками негативних змін у когніціях і настрої або збудження та реактивності не було виявлено. Рівень посттравматичного зростання у загальній вибірці був помірним або високим, при цьому статистично значущих гендерних відмінностей у загальному показнику ПТЗ не встановлено; відмінності виявлено лише за шкалою «цінування життя», де вищі показники спостерігалися у жінок. Отримані результати демонструють співіснування психологічного дистресу та позитивних психологічних змін серед студентів, вимушено переміщених через війну, і підкреслюють необхідність гендерно чутливого психологічного скринінгу та програм підтримки у закладах вищої освіти. Результати слід інтерпретувати з урахуванням крос-секційного дизайну дослідження та особливостей вибірки

✦ **Ключові слова:** населення, постраждале від конфлікту; симптоми посттравматичного стресу; посттравматичне зростання; психологічна адаптація; гендерні відмінності