

The Ukrainian Experience of Implementing the “Children and War. Teaching Recovery Techniques” Programme During the Russo-Ukrainian War

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Abstract: The aim of this article was to present information on the implementation of the “Children and War. Teaching Recovery Techniques” programme in Ukraine under wartime conditions. The research demonstrated that the programme functioned effectively both during the period of relative stabilisation following the initial traumatic event (2014-2021), and during the active phase of the war (from 2022). The analysis of feedback and statistical indicators also confirmed the positive psycho-emotional impact of the programme on children. As a result of the research, it was established that the programme combined local experience with national coordination and international implementation, enabling the provision of assistance in offline, online, and blended formats, which allowed for reaching children in the challenging conditions of war and mass migration. The obtained results can be used by psychologists, educators, and social workers to organise effective psychosocial support for children and families in zones of armed conflict.

Keywords: Psycho-emotional state; Support; Emotional and behavioural responses; Adaptation; Psychological stabilisation

1 Introduction

The population of Ukraine has been living under conditions of armed aggression by the Russian Federation for over eleven years, with the active phase of the full-scale invasion lasting for more than three years. These events are accompanied by a constant threat to the life and health of Ukrainian citizens, characterised by human losses, large-scale destruction, and a lack of stability. The war has affected every resident of Ukraine and has proven to be a significant psychologically traumatising factor, irrespective of gender, age, place of residence, social status, or level of material well-being.

Unlike many other global conflicts, the war in Ukraine is characterised not only by its duration and intensity but also by its proximity to densely populated urban areas, widespread use of modern military technology such as drones and long-range missiles, and the massive displacement of children and families within and beyond national borders. These unique features have required a rapid adaptation of psychosocial support programmes, including modifications to the “Children and War. Teaching Recovery Techniques” programme to address both acute and chronic trauma under conditions of ongoing warfare.

The experience of military operations in Ukraine impacts the psycho-emotional state of children, creating a need for establishing pedagogical and psychological conditions to preserve their development and socialisation. Children have low stress resilience and mostly find it difficult to control their emotional state and behavioural manifestations (Mizin et al., 2023; Yessimov et al., 2020). They require care, nurturing, protection, and support; that is, they are

dependent on parents or caregivers. The problem also lies in the increased psychological burden on children during wartime, which directly affects their ability to learn and engage in social interaction. In wartime, the implementation of educational and psychotherapeutic practices aimed at developing self-regulation skills and coping with stressful experiences, which allow for the integration of healing techniques into the process of upbringing and education, becomes of paramount importance.

The study of the impact of wartime events on child development has attracted the attention of scholars in various historical and social contexts. In particular, Rachamim et al. (2025) investigated the interrelationships between war exposure, post-traumatic stress disorder (PTSD) in mothers, and manifestations of persistent traumatic stress in Israeli children. The results demonstrated a significant correlation between maternal traumatic experience and the level of children's mental health disorders. Naeem et al. (2025) researched the mental health of parents and children in Ukraine in connection with war trauma and drone attacks. The obtained data demonstrated the interdependence of the mental state of parents and children, which determined the overall level of family resilience. Zlyvkov et al. (2023) found that wartime events had a devastating impact on the psycho-emotional state of children, causing an increase in anxiety levels and fears. The researchers established that the experienced loss, danger, and instability negatively affected socialisation and learning motivation. It was also emphasised that children required targeted psychological support and the creation of a safe educational environment for the restoration of their development. Ford (2025) analysed the need for psychotherapeutic recovery of children in Ukraine affected by the war. The author described clinical approaches and methods of short-term intensive intervention. The significance of psychotherapeutic support as a resource for stabilising the mental state of children was demonstrated. Yatsyna (2022) established that the war caused psychotraumatic consequences for children and adolescents, including increased levels of anxiety, aggressiveness, and emotional instability. The researcher identified signs of impaired adaptation mechanisms and difficulties in forming a sense of safety.

Latif et al. (2025) analysed cases of child traumatising due to war and violence in Gaza. It was found that exposure to warfare led to acute and chronic mental disorders in children of various age groups. Shaked-Ashkenazi et al. (2025) studied the level of psychological distress in children with and without autism who were exposed to war and terrorism in Israel. The results showed differences in the manifestation of stress reactions depending on the child's neuropsychological profile. Śliwerski and Kossakowska (2025) examined the mental state of school-age children since the start of the war in Ukraine and during the subsequent refugee crisis. It was established that the experience of forced migration, the rupture of social ties, and the process of adaptation to a new environment directly affected the level of anxiety and emotional stability, as well as the learning motivation and social behaviour of schoolchildren. Redlener et al. (2025) researched interventions aimed at overcoming psychological trauma in children affected by the war in Ukraine. It was shown that the use of multidisciplinary interventions, combining psychotherapeutic techniques, educational support, and social counselling, contributed to the formation of adaptive mechanisms in children and enhanced their ability to cope with the consequences of wartime experiences. Despite the existence of a sufficient number of international studies, the Ukrainian experience of applying the “Children and War. Teaching Recovery Techniques” programme under conditions of full-scale war had, until recently, remained unexamined.

Despite the existence of numerous international studies, the Ukrainian experience of applying the “Children and War. Teaching Recovery Techniques” programme under conditions of full-

scale war, with its specific combination of prolonged exposure, technological threats, and mass displacement, has remained largely unexamined. This highlights the need to investigate how the programme has been adapted to the distinct challenges faced by Ukrainian children.

The aim of the article was to elucidate the specifics of psychological work according to the “Children and War. Teaching Recovery Techniques” programme in Ukraine under conditions of warfare. The objectives were to define the conceptual foundations of the “Children and War. Teaching Recovery Techniques” programme and its place in the system of psychosocial support for children; and to analyse the dynamics of the programme's implementation in Ukraine from the initial stages (February 2014) to the current period (September 2025) of the full-scale war.

2 Materials and Methods

The study was theoretical in nature and belonged to the category of historical-analytical works, based on the examination and systematisation of pre-existing data. The chronological framework encompassed the period from the initial implementation of the “Children and War. Teaching Recovery Techniques” programme in 2014 to its expansion in the context of the full-scale invasion of Ukraine by the Russian Federation in 2022-2025. Data collection was conducted through the analysis of publications by researchers who implemented the programme in Ukraine (Smith et al., 2014; 2022), materials from scientific articles and conferences: Yatsyna (2022); Prorok et al. (2022); Downey and Crummy (2022); Zlyvkov et al. (2023); Sokhor et al. (2024). Quantitative indicators of the programme's implementation across Ukraine were also analysed (Sukhova, 2025), including the number of trained specialists, participating children, and regional coverage, which provided measurable evidence of programme reach and growth.

The study employed the method of logical-conceptual analysis, which allowed for the identification of key concepts underpinning the programme and the tracing of their correspondence to international standards for providing psychological assistance to children in crisis conditions. This method directly aligned with the research objectives of defining the conceptual foundations of the programme and assessing its adaptation to the Ukrainian context, ensuring that theoretical insights were linked to practical implementation. Using this method, information on the specifics of the cognitive-behavioural approach, the group-based organisation of sessions, and the adaptive modifications that occurred depending on the war context was systematised. Particular attention was paid to parental involvement, as parents actively participated in sessions, observed exercises, and provided feedback on their children's responses. This participation not only reinforced the learning and coping strategies taught during sessions but also strengthened the parent-child bond, creating a supportive environment that facilitated children's psycho-emotional recovery. This enabled the substantiation of the effectiveness of the programme's methodological foundations within the Ukrainian context.

The method of comparative analysis was also utilised, applied to juxtapose different stages of the programme's implementation based on quantitative and qualitative indicators. This comparative approach addressed the research objective of analysing the programme's dynamics from 2014 to 2025, highlighting changes in scale, methods, and regional dissemination due to the evolving war situation. In particular, the scale of work in 2014-2021 was compared with the period after 2022, when the necessity arose to adapt the programme to conditions of protracted and more acute danger. The analysis revealed how the programme's implementation mechanisms changed depending on the war context, and identified factors that influenced its dissemination and efficacy.

The obtained results were interpreted through the prism of combining quantitative and qualitative characteristics. On one hand, the focus was on statistical indicators – the number of children, parents, and trainers involved in the programme – and on the other, on qualitative feedback from participants and trainers regarding changes in psycho-emotional state, coping skills, and group engagement. Feedback from parents was particularly valuable, as it highlighted improvements in children's emotional regulation, resilience, and social interaction, demonstrating the direct impact of parental support on psycho-emotional recovery. This triangulation of data ensured that conclusions drawn were robust and addressed both measurable outcomes and subjective experiences, directly supporting the research objectives of evaluating the programme's effectiveness and adaptation. This approach allowed for the elucidation of not only the scale but also the substantive content of the programme's implementation, which formed the basis for a comprehensive synthesis. The analysis provided an understanding of the programme's developmental dynamics in Ukraine and revealed key factors that contributed to its successful dissemination in the context of hostilities. Thus, the research method was deliberately aligned with the objectives, ensuring that data collection, parental feedback, and statistical evaluation collectively informed conclusions about the programme's applicability, impact, and the role of parental involvement in supporting children's recover.

3 Results

Children who have experienced psychological traumatisations as a result of hostilities typically have difficulties with comprehending and cognitively processing the events they have endured. Their memory retains fragmented pieces of situations associated with intense emotional reactions, leading to a fragmented and disorganised perception of reality. This can result in the disruption of habitual conceptions of the surrounding world and a diminished sense of safety. The nature of children's traumatic experience varied depending on the circumstances – from being in shelters during air raids and exposure to auditory stimuli (explosions, sirens) to directly witnessing violence or losing close individuals. In most cases, such events caused the development of pronounced stress reactions, which, in the absence of timely psychological support, could acquire features of post-traumatic stress disorder, which is more frequently diagnosed in childhood than in adulthood. If the experienced trauma did not cause its onset in childhood, the risk of developing the aforementioned disorder in adulthood increases (Yatsyna, 2022). The most potent traumatic event emerges as the experience of death, torture, and abuse, either directly (children may directly see killings of people and animals, observe torture, or be subjected to torture themselves, which causes not only psychological but also physical trauma) or indirectly (children may learn from various sources about the murders and abuse of close ones). Under such circumstances, an understanding of the concept of “death” occurs prematurely for their age, and consequently, the fear of it appears. Whereas under normal conditions the fear of death may emerge in primary school age, and the conceptualisation of this notion occurs around the age of nine, in wartime conditions children may exhibit a fear of death from the age of 3. Furthermore, children develop fears related to the objects that caused death. Characteristically, this involves the avoidance of similar places, objects, people; the emergence of uncontrollable distressing memories, outbursts of anger, irritability, psychomotor agitation, or conversely – apathy. It is also worth noting that war inevitably leads to a deterioration in physical health, injuries, physical (bodily) losses, which is associated with actual violence against children and their families, inadequate medical care or its absence or limitation. The aforementioned will be reflected in the child's social functioning. During war, it is characteristic that the child's basic needs remain largely unmet. In conditions of living in occupied territories or those adjacent to the line of contact, starvation is not uncommon (people

may be deprived of food, and access to humanitarian aid may be restricted). Children are unable to rest fully, both at night and during the day. This induces a state of physical and mental exhaustion, disorientation, and derealisation. Moreover, under such conditions, a stable sense of danger and uncertainty is maintained. Even a brief period of living in such conditions can impact the child's subsequent life after reaching adulthood, manifesting as a propensity to defer life for later, to await a more favourable moment, passive submission to circumstances with an absence of actions to change them (Downey and Crummy, 2022). Furthermore, such children generally find it difficult to plan for the future; they grow up conformist, passive, and dependent.

The intensity, widespread nature, and threatening character of hostilities cause a high level of population migration (Maksymenko and Morozova-Johannessen, 2022; Shapran, 2023). Relocation and changes in residence and social circle are stressful (often traumatic) factors for children even in peacetime. During war, the negative impact of migration on children increases, as escape occurs in an unplanned manner, under conditions of haste, and children cannot always leave with all family members and pets. Children do not experience stability, lack the elementary material basis for a normal life, feel insecurity, fear, anxiety, isolation, perceive themselves as outsiders in the new environment, and exist in a state of constant nervous tension. Furthermore, children who have left combat zones exhibit crying, withdrawal, loss of interest in previously enjoyed activities, difficulty or inability to express emotions correctly, challenges in interpersonal interaction, a sense of hostility towards their surroundings, dependent behaviour, and psychomotor impairments (Sokhor et al., 2024). An additional stress factor can be the neglect of children by adults due to a focus on ensuring the satisfaction of the family's elementary needs for housing, food, and clothing and/or due to the psychological trauma of adults and their lack of awareness regarding the necessity and methods of interacting with children under such circumstances. The reverse manifestation is also noted – the unwillingness of the children themselves to talk to adults about their condition and experiences, as children are afraid of upsetting the adults. For the harmonious development of the psyche, it is crucial for children to live in stable conditions, with the preservation of a customary life structure (Tsurkan-Saiphulina, 2022; Kotsur and Tovkun, 2023). The instability, uncertainty, and change in the usual rhythm and style of life, characteristic of wartime conditions, negatively impact the formation of the child's personality. The chaotic nature of the wartime regime causes distortions in perceptions of the surrounding world, making the child more vulnerable (Prorok et al., 2022).

During wartime, both children and adults are predominantly affected by negative emotional states, though children are particularly vulnerable due to their developing coping mechanisms (Mizin and Petrov, 2021; Efremov, 2026). Children exhibit increased vulnerability, sensitivity, a propensity for pessimistic experiences, sorrow, despondency, apathy, and emotional instability. In some children, conversely, manifestations of aggressiveness, irritability, impulsivity, emotional coldness, indifference, and cruelty are observed. Moreover, these manifestations are not one-off. Their multi-episodic repetition contributes to the formation in the child of the belief that such states are normal for everyday life. This, in turn, distorts the perception of reality and provokes emotionally-behavioural reactions that are inadequate to situations (for example, laughter and joy in response to news about the death of an enemy or indifference when information about the liberation of previously occupied territories, which are already looted and destroyed, is presented). In accordance with the aforementioned information, children may change their attitude towards ordinary everyday objects or phenomena, imbuing them with new meanings, understandable only to them. Children develop a feeling that they can only be understood by those people who have experienced similar circumstances. Also

characteristic is an heightened sense of justice and an active denial of the fact of psychological traumatisation, a rejection of everything associated with the trauma they have acquired. Ukrainian children who found themselves in wartime conditions and experienced the impact of hostilities, due to the significant psychological burden with which their psyche is unable to cope independently and process the acquired experience, are more susceptible to anxiety, neurotic, and depressive disorders, post-traumatic stress disorder, and even mental illnesses (Messina, 2025; Teptyuk and Kobets, 2023). The course of psychologically traumatic events and the consequences they cause not only induce but also maintain and intensify the symptoms of post-stress disorders. Children suffer from memories of the negative scenes they witnessed or experienced. Most often, these memories are involuntary. They vividly emerge in memory, accompanied by a sense of re-experiencing (as if the child is once again in the threatening situation, feels its direct impact, sees the same images, hears the same sounds, feels the same smells, tastes, sensations, and physical manifestations). Under such circumstances, a loss of self-control and a sense of losing one's sanity are characteristic. These memories are burdensome for children, which is precisely why they try to suppress them, to avoid any reminders of the trauma (Dzhuhan, 2022). There is a necessity both for the accumulation of positive experiences by children, which will subsequently be a favourable factor for minimising the consequences of the impact of traumatic events, and for the implementation of measures aimed at assisting children who have already experienced severe circumstances and require the restoration of normal functioning. Moreover, the sooner a child is helped to cope with the stresses of war, the better they will feel, and the risk of future problems will be reduced.

The demand for psychological assistance among the population, and particularly among children, increased in direct proportion to the onset and escalation of hostilities in the eastern part of Ukraine. Thus, in 2014, with the support of the Ukrainian Institute of Cognitive-Behavioural Therapy in Lviv, psychologists received training to work using the “Children and War. Teaching Recovery Techniques” programme. Participants had the opportunity to learn the methodology directly from the programme's authors and developers. Furthermore, with the support of the “Helping Hand for Ukraine” project, training and work using the “Children and War. Teaching Recovery Techniques” programme commenced in Ukraine in 2015 and continue to this day. With the aim of helping children cope with war trauma, which can be delivered within a short timeframe in a group format, while adhering to the principles of efficacy and scientific validity, the “Children and War. Teaching Recovery Techniques” programme operates in Ukraine with the support of the “Hope Worldwide” charitable foundation as part of the international “Helping Hand for Ukraine” project. The psychological programme “Children and War. Teaching Recovery Techniques” was developed in 1999 through a collaboration between the Institute of Psychiatry (London, United Kingdom) and the Crisis Psychology Centre (Bergen, Norway). The aim of its creation was to help children and adults who had experienced war, stress, and displacement. The programme employs a cognitive-behavioural approach, grounded in evidence-based therapeutic practices, aimed specifically at addressing post-traumatic stress disorders (PTSD) in children. The methodology has been trialled in a number of countries affected by war or natural disasters (Greece, Turkey, Sri Lanka, Kosovo, Syria, and others). Since 2014, the programme has been applied in Ukraine and bears the official approval stamp of the Ministry of Education of Ukraine (Smith et al., 2014). The authors of the programme are convinced that its application will provide an objective picture of the psychological state of children who have been subjected to the psychotraumatic impact of war, and based on this information, will enable assistance to be provided to as many of them as possible, offering support and prolonged psychological help both during and after the completion of the programme.

Sessions in the 'Children and War. Teaching Recovery Techniques' programme are delivered in a group format, typically consisting of 10-15 children per session. Depending on the requirements of each specific situation, the number of participants may be fewer or greater. However, it is not recommended to exceed a group size of 15 children, as under such conditions it will be difficult for group leaders to organise quality work and devote adequate attention to each group participant. Regarding age restrictions, the sessions are intended for typically developing children, aged from 7-8 years (Smith et al., 2022). This is stipulated because group work requires a certain level of cognitive activity. Adolescents and adults can also undergo sessions according to the programme, but not in joint groups with children. The necessity of forming groups with approximately the same age is determined by the specificities of each level of age development. If there are no reasons for separating groups by gender, it is better to form them as mixed (boys and girls together). It is advisable to form groups with participants who have varying experiences of psychological trauma. This approach encourages children not to devalue the pain and experiences of other children, to treat them tolerantly, to empathise, care, and provide support. The group must attend all sessions in full. Group leaders (facilitators) should be two specialists (if necessary, groups may be conducted by three specialists). A mandatory condition is the presence of a psychological education for at least one of the trainers. The facilitators must undergo training in conducting such groups. During sessions, trainers must serve as an example for children: respect everyone, demonstrate understanding and compassion, listen attentively, enhance the value of each participant and their experience, encourage participation in the session activities, instil in children belief in their own strengths, and generally maintain a benevolent, optimistic atmosphere during the group's work. Group leaders need to understand that children have vastly different depths of traumatic experience and be prepared to listen to all difficult stories. At the same time, they must monitor that children do not become emotionally overwhelmed. For children, it is important to acquire the ability to recognise and verbalise their feelings; to learn to share experiences without fear. It is advisable for facilitators to pre-distribute tasks for each session amongst themselves: while one conducts a certain type of activity, the other observes the state and reactions of the children. Not infrequently, children react negatively – excessive crying, irritability, anger may occur, or opposite manifestations – despair, sadness, depression, withdrawal. In such a case, while one trainer continues the work, the other can leave with the child in need and communicate individually with the aim of stabilising their state.

It is important to adhere to the requirement that children can participate in the programme only with the written consent of the adults responsible for their upbringing. The conduct of group sessions is preceded by psychological diagnostics of the children, which we mentioned above, as well as parent questionnaires. It is worth noting that if a significant level of traumatisation is identified, it is sometimes appropriate to offer the child individual work with a psychologist. It is advisable to hold one or two meetings per week, each lasting approximately 90 minutes. The manual, which outlines the algorithm for working with the programme, provides for 5 sessions. However, years of experience working in Ukraine show that for this society, it is more appropriate to conduct 7 sessions. At the same time, the work algorithm remains unchanged, and no innovations are introduced into the work. The first meeting is allocated for introductions, establishing contact with the children, informing them about the course of the sessions, and administering psychodiagnostic methods. One of the sessions described in the manual is split into two meetings, due to the large volume of material presented to the children. The sessions are clearly structured. Each topic addresses states associated with post-traumatic stress. The first topic is dedicated to working with intrusive thoughts and feelings: what creates such problems, like bad memories, nightmares, and mentally replaying what happened. The second

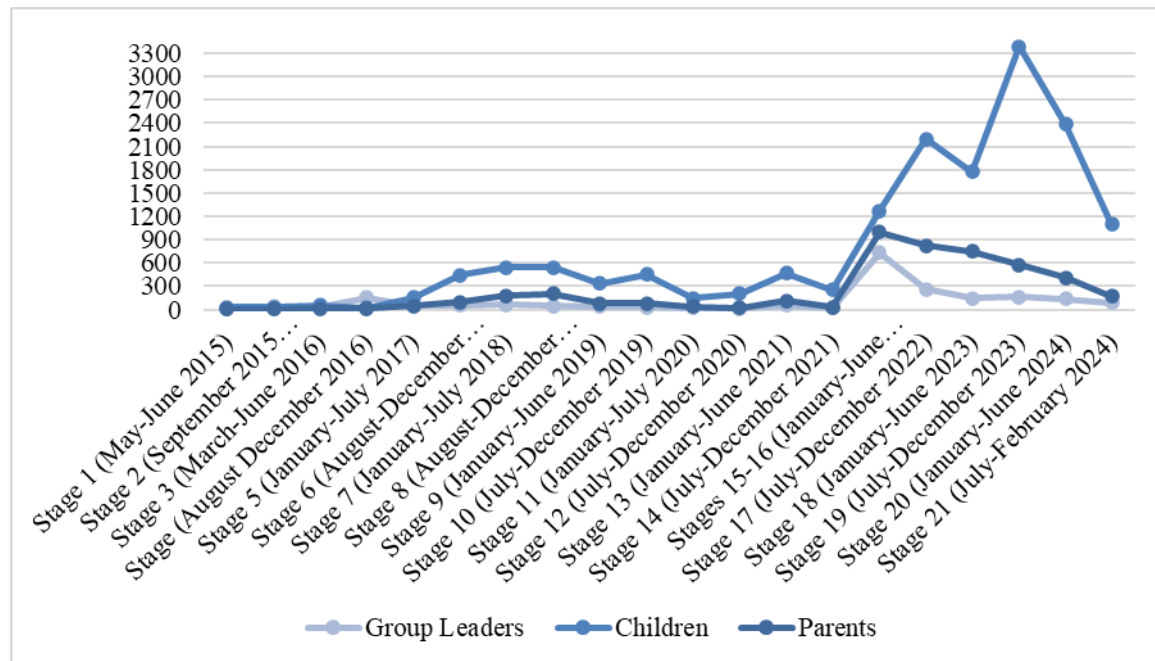
topic is dedicated to arousal and anxiety, manifested, for example, in an inability to relax and concentrate, and in insomnia. The final topic examines the phenomenon of avoidance: these are children’s fears and difficulties with perceiving anything that reminds them of the war. Children work through each of the topics not only during group work. After sessions, they receive homework assignments related to the practical application of the acquired knowledge and skills. Participants are not required to strictly apply all the learned techniques. Children, based on their own beliefs, choose those techniques which seem most effective to them. The final stage of the work involves summarising the outcomes and conducting repeated psychological diagnostics of the children. Only the psychodiagnostic tools that were applied at the beginning of the work are used. This allows for an assessment of the participants’ current state after completing the programme and provides an opportunity to track the dynamics of post-traumatic stress symptoms and the normalisation of the children's condition.

The “Children and War. Teaching Recovery Techniques” programme is defined not as psychotherapeutic. It has two aims: normalisation of the state of participants with symptoms of post-traumatic stress (allows the child to understand that they are not alone, not abandoned; that what is happening to them is a consequence of the impact of war; they are not losing their mind and can receive help) and teaching self-help techniques that can be used at home as needed. As mentioned above, the “Children and War. Teaching Recovery Techniques” programme also includes sessions for parents. The conditions of the micro-social environment contribute to overcoming the negative consequences of psychological trauma. Work with the children's relatives is aimed at providing information and advice on normalising children's reactions; improving the recovery of the child's environment; and self-help strategies. Parents are also provided with all necessary information regarding the specificities of conducting the sessions, as well as establishing a connection between parents and relevant specialists or school services for children.

Given that over eight years, hostilities unfolded in the east of Ukraine, during this period it was possible to work with the population that had left the danger zone. In this case, the traumatic event was regarded as completed, since the danger had passed and the war with its consequences remained in the form of memories. Starting from 2022, work under the programme continued under conditions of an ongoing (uncompleted) traumatic event, since danger exists throughout the entire territory of Ukraine, and people’s memories are not consolidated. Under these circumstances, adaptation to danger is observed. Children begin to react less to life-threatening circumstances or even cease to do so altogether. At the same time, they maintain a high level of nervous tension and anxiety. Given the persistent real threat to the life and health of the population in every region of Ukraine, before conducting sessions, it is necessary to ensure the possibility of moving the group to a shelter in case of an air raid alarm announcement, or to begin work immediately in a safe place. The work under the “Children and War. Teaching Recovery Techniques” programme a priori involves processing the experience of loss and grieving; however, under the conditions of an active phase of war, group trainers encountered a much greater and more intense number of such experiences. Analysis of the work shows that the programme works well with psychological trauma, but for fully processing loss, more time is needed than allocated for 7 sessions, and the acquisition of different, special techniques and rituals is necessary. This does not mean that children who have experienced loss will not benefit from the programme. Through participation in group sessions, the children's condition will be alleviated; they will gain confidence and courage in overcoming depressive manifestations, avoidance, and anxiety, and will be able to experience all stages of grieving without fear and acute pain.

As mentioned above, the implementation of the described programme in Ukraine began in 2014. At that time, the training of trainers commenced, who subsequently conducted sessions with various categories of children (Figure 1).

Figure 1: Quantitative indicators of the implementation results of the “Children and War. Teaching Healing Techniques” programme on the territory of Ukraine.



Source: compiled by the author based on Sukhova (2025).

In the initial months (Stage 1) of the programme's implementation in Ukraine, ten facilitators were trained to conduct group sessions for 30 children and 6 parents. Subsequently, a gradual increase in interest in the described programme was observed (Stage 2: 35 children, 8 parents, 38 trainers; Stage 3: 57 children, 17 parents, 34 trainers). The initial sessions were conducted in the city of Kyiv and the Kyiv region, as well as in the Zhytomyr region, Cherkasy, and Ivano-Frankivsk. Later, the programme was extended to the Odesa and Mykolaiv regions. During the fourth to eighth stages (Stage 4: 20 children, 11 parents, 154 trainers; Stage 5: 157 children, 44 parents, 54 trainers; Stage 6: 444 children, 101 parents, 58 trainers; Stage 7: 543 children, 181 parents, 63 trainers; Stage 8: 1,812 children, 572 parents, 459 trainers), the delivery of training for facilitators and sessions for children and parents expanded to the cities of Vinnytsia, Dnipro, Drohobych, Kolomyia, Lviv, Kharkiv, and to the Donetsk and Luhansk regions. Sessions were also conducted for children from the frontline areas in rehabilitation and wellness camps (Kyiv region and Zakarpattia region). The children had the opportunity to rest, recuperate, develop creative skills and communication, and, in a safe place, process their own traumatic memories and master techniques of psychological self-help through the “Children and War. Teaching Healing Techniques” programme.

In 2019 (Stages 9-10), the number of programme participants increased. The majority of sessions were conducted in eastern Ukraine, yet 15 regions were involved. Partners included the Kyiv City Centre of Social Services for Family, Children, and Youth; the Donbas State Pedagogical University (Sloviansk, Donetsk region); the Luhansk Regional Educational and Methodological Centre of the Psychological Service of the Education System; the Ukrainian Red Cross Society; the Centre for Mental Health and Psychosocial Support of the Kyiv-Mohyla

Academy (Pokrovsk, Donetsk region) and more than 60 state and public organisations. In December 2019, the figures were as follows: 2,600 children, 734 parents, 525 trainers. As of 2020-2021 (Stage 11: 144 children, 36 parents, 21 trainers; Stage 12: 202 children, 26 parents, 13 trainers; Stage 13: 473 children, 115 parents, 57 trainers; Stage 14: 257 children, 33 parents, 23 trainers), the work became most widespread in the territory of the Donetsk (Sloviansk, Kramatorsk, Myrnohrad, Pokrovsk, Kostiantynivka, Lyman, Druzhkivka) and Luhansk regions (Sievierodonetsk, Lysychansk, Rubizhne, Popasna, Shchastia, Svatove, Starobilsk). This is attributed to the fact that all residents of the listed cities were participants and/or witnesses of the war events. Consequently, everyone experienced the psychological consequences of hostilities and required appropriate assistance. In other regions, internally displaced persons had, to a certain extent, adapted and processed their memories and experiences. A minority required highly specialised psychotherapeutic assistance. During Stages 11-14, the following partners joined the aforementioned programme partners: the Samaritans Union of Ukraine (Zolote, Luhansk region); the Centre for Families of the Anti-Terrorist Operation (ATO) in Eastern Ukraine “Poruch” (Kramatorsk, Donetsk region); the Public Organisation (PO) “ProMyr” (Sloviansk, Donetsk region); the Centre for Social Rehabilitation of Children with Disabilities “Leleka” (Hirske, Luhansk region); the Charitable Foundation (CF) Mission “Breath of Hope” (Marinka, Donetsk region). Thus, during the period of hostilities on the territory of Ukraine prior to the full-scale invasion, 639 trainers were trained to work with the “Children and War. Teaching Healing Techniques” programme. The sessions implemented within the state were attended by 3,676 children and 944 parents.

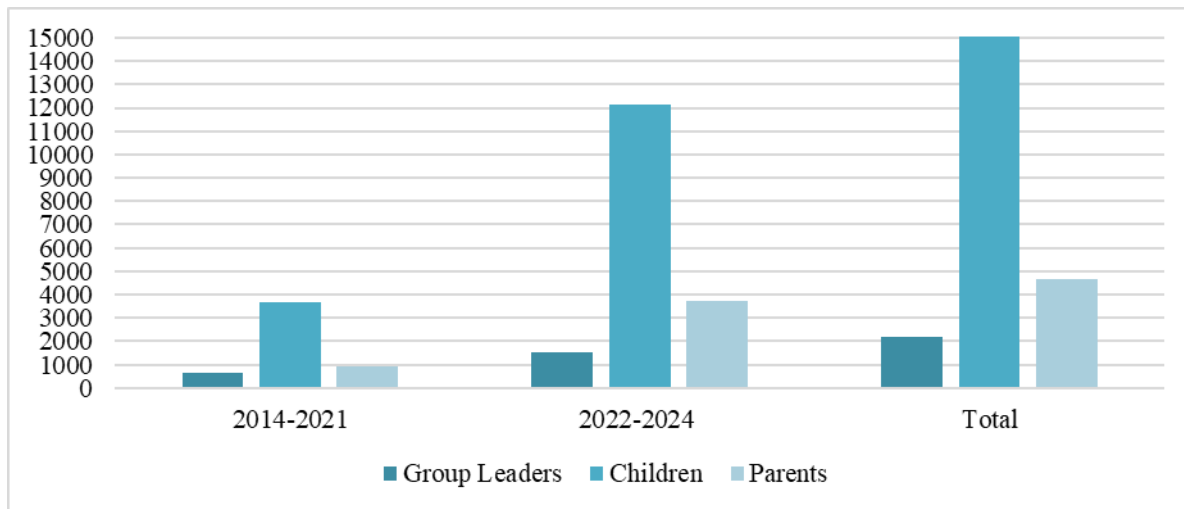
The application of the programme gained particular relevance with the onset of the full-scale invasion of the Russian Federation on the territory of Ukraine. The increased demand for training group leaders is conditioned by the spread and intensity of combat operations, the increase in the number of occupied territories, the use of long-range weapons against the civilian population, as well as the mass migration of Ukrainian residents and the large number of traumatised and deceased family members. In June 2022, the figures were 735 newly trained trainers, as well as 1,274 children and 998 parents who had completed the programme sessions. Furthermore, starting from Stage 15, sessions with children are conducted not only on the territory of Ukraine but also beyond its borders, including in an online format. Stages 15 and 16 were merged into one, which is attributed to the situation of full-scale invasion, the mass exodus of refugees, and the general destabilisation of the situation in the country. At Stage 17 (end of 2022), 2,198 children and 821 parents participated in the programme, and 262 trainers were trained. The work under the programme became most widespread in the city of Kyiv and the Kyiv region, the city of Chernivtsi, and the city of Kamianets-Podilskyi.

After 2022, international charitable organisations joined the movement and, within the framework of cooperation, send their staff for training. The “Children and War. Teaching Healing Techniques” programme is conducted at their locations by such charitable foundations as “Voices of Children”, “Rokada”, “Child Spots of Spilno” and others. In 2023, the delivery of sessions intensified in the cities of Kyiv, Vinnytsia, and Lutsk, Poltava, and online sessions continued, as the need for normalising the children's condition grew. Moreover, questions regarding the necessity of working with another vulnerable category of the population – the elderly – were raised. The programme of sessions was somewhat modernised for this specified age category and successfully implemented under the name “Overcoming Trauma: Healing Techniques”. Additionally, student youth participate in sessions under the standard programme. Regarding the group leaders, their number is increasing, as the number of children who have experienced trauma is also growing. At Stage 18, sessions were completed by 1,774 children

and 751 parents, and 147 trainers were trained. At Stage 19, the indicators increased significantly: 3,384 children, 573 parents, 164 trainers. The year 2024 is characterised by a certain decline, which is associated both with adaptation to the situation of hostilities and with the prolonged residence of a significant number of children abroad, or their relocation to safer territories. This may be conditioned by the needs and priority of individual work with psychologists, as well as fatigue and emotional and professional burnout among psychologists, an increased sense of hopelessness and despair among the population due to the protracted war, and the general exhaustion of society. At Stage 20, sessions were conducted for 2,391 children and 409 parents, and training was provided for 138 trainers. At Stage 21, 1,100 children and 175 parents took part in the sessions. Eighty-eight trainers were trained to work with the programme. The most active work was in the cities of Kyiv, Khmelnytskyi, and Poltava.

One of the achievements has been the work with camps during the full-scale invasion. Every summer, as well as during seasonal holidays, trainers who have completed the training conduct the programme in camps in the Kyiv, Volyn, Ivano-Frankivsk, and Zakarpattia regions. Constant partners include the Training Project “Karamel”, the Club “Ya Da Винчі”, the Camp “Gala Camp” and some others. The latter functions both as a regular summer camp and as a year-round camp, where groups of children from frontline territories arrive, reside long-term, study remotely, and during their free time have excursions, entertainment, and psychological sessions according to the programme. The children are able to recuperate both physically and psychologically simultaneously. Programme partners included Hryhorii Skovoroda University, Pereiaslav-Khmelnytskyi; the Podil District Organisation (RO) of the Red Cross Society in Kyiv; the Charitable Organisation (CO) SOS “Children's Towns”; the project “Psychologists at War” of the PO “Ukrainian Association of Psychotherapists and Business Trainers”; the PO “Cossack Alarm” Adult Education Centre of Nikopol; the Kamianets-Podilskyi City Centre of Social Services for Family, Children and Youth; “Zoryanytsia”, a space for the restoration of children's mental health; the CF “Rokada”; the Centre for Professional Development of Pedagogical Workers of Kyiv; the CF “Rescue Now”; the Kamianets-Podilskyi National Ivan Ohienko University; the EMDR Association in Ukraine – a professional association for special trauma therapy; the SOS Civil Defence Headquarters of Kamianets-Podilskyi; the Donetsk National University named after Vasyl Stus; the Yurii Fedkovych Chernivtsi National University; the Lesya Ukrainka Volyn National University; the CF “Voices of Children” in Kyiv; the CF “For the Future of Ukraine” in Dnipro; the Kyiv City Teacher’s House; the “Spilno” project from the United Nations Children's Fund (UNICEF); the Poltava M. Ostrohradskyi Academy of Continuous Education; the Poltava V.G. Korolenko Pedagogical University and others. Overall, during the 3-year period of the full-scale invasion, the number of participants who completed the sessions includes 12,121 children, 3,727 parents, as well as 1,534 trainers who gained experience in implementing the programme (Figure 2).

Figure 2: Comparison of quantitative indicators of the results of implementing the “Children and War. Teaching Healing Techniques” programme in Ukraine.



Source: compiled by the author based on Sukhova (2025).

As of 2025, the work under the “Children and War. Teaching Healing Techniques” programme continues in all regions of Ukraine and far beyond the country’s borders. Conducting sessions online, offline, and in a blended format enables assistance to be provided to the greatest possible number of children and their parents. Since the programme's inception, supervision sessions have been available for group facilitators. Both newly qualified specialists and those who have been working for a considerable time have the opportunity to consult with more experienced colleagues and receive advice on their work and assistance in resolving problematic issues. This facilitates both the enhancement of the group facilitators’ professional qualifications and the prevention of their emotional burnout. It is noteworthy that demand for training in the programme methodology persists to this day. Not only psychologists but also teachers, social workers, medical professionals, and specialists from other fields involving social interaction seek to receive training and work with children and adults. The positive impact on the psycho-emotional state of participants after completing the sessions should be emphasised. Upon completion of all sessions, a significant reduction in symptoms of depression and anxiety is observed, alongside improvements in sleep and social adaptation. Children note that they feel capable of managing their own emotions, body, and memories, cope with difficult stressful situations much more easily, understand the origins of their distressing experiences, and their sense of fear diminishes or disappears entirely. Upon completing the work, participants realise that they are not alone and that there are people capable of understanding them. According to the results of psychodiagnostic assessments of children, a decrease in indicators on the Intrusion, Hyperarousal, and Avoidance scales – symptoms of post-traumatic stress – is observed.

The “Children and War. Teaching Healing Techniques” programme is universal, as it contains techniques for working with different types of memories. Visual memories are the most common among children and adults. Auditory memories are somewhat less common. At the same time, there are group participants who suffer from the involvement of the olfactory analyser when intrusive memories arise. The programme provides various types of self-help techniques that can be selected according to the child's needs. Group participants consistently note this as an advantage of the programme. It is widely known that a person's mental state is closely linked to the somatic. Experiences of horror, despair, tension, shock, and other negative

feelings and states are often reflected on a bodily level in the form of, for example, trembling, freezing, or a sensation of a lump in the throat. Similar sensations are experienced by individuals who have distressing memories of past events. The programme includes the study of a range of techniques that promote awareness of tension in the body and relaxation; they teach correct breathing, thereby helping to quickly alleviate somatic manifestations. Children who have experienced psychologically traumatic situations frequently have nightmares (Omelchenko, 2019; Blikhar, 2024). Sleep disturbances caused by night terrors had a prolonged effect, manifesting in reduced adaptability and cognitive activity of the child during the daytime. During the sessions, children understand that frightening dreams are one of the manifestations of trauma response, and that nightmares are not real, meaning they do not pose a threat to them. Children learn to transform frightening dreams through drawing, writing, and storytelling. Skills in working with dreams, combined with relaxation techniques, positively impact the quality of children's rest and normalise their daily sleep-activity cycle. The work with fears and avoidance, mentioned above, is also universal. The acquired skills are used by children not only within the context of processing psychologically traumatic circumstances. Subsequently, the learned techniques are successfully used by children to overcome other arising fears that are not necessarily related to warfare. Thus, children gain confidence in their own abilities, experience increased self-esteem, and become capable of independent problem-solving. Furthermore, children can overcome fears at early stages of their emergence, thereby preventing the formation of phobias in later life.

It is also important to note the aspect of improved communication between children and their peers and parents. Through group work during sessions, participants understand that their experiences are normal reactions to abnormal life events. Having the opportunity to express their own experiences and listen to the stories of other participants, children feel support, unity, shared experience, and collective problem-solving. They also improve communication with their parents, as they learn to share their experiences without fear of offending, frightening, or upsetting their relatives. Interpersonal interaction also improves on the part of the parents. Those who have completed the relevant sessions better understand the psycho-emotional state of their children, are able to listen to them, provide support, contain negative children's emotions, reassure them of joint positive problem resolution, and act as stable figures. This undoubtedly aids the child's faster recovery after the psychotraumatic impact of events, promotes the harmonious development of the growing personality, and will help in the future to overcome stressful and excessively difficult circumstances with a significantly reduced risk of negative consequences.

4 Discussion

The results of this study demonstrated that war exerts a multidimensional and complex impact on the psyche of children, encompassing both the emotional-behavioural and cognitive-social spheres of development. It was found that the social functioning of children is impaired due to difficulties in establishing interpersonal contacts, manifestations of aggressiveness or, conversely, withdrawal, which significantly complicates integration into the educational environment and society at large. Furthermore, an increased risk of developing mental illnesses in the future is observed, which could have long-term consequences for personality formation. These results are consistent with the conclusions of Badanta et al. (2024), who in a systematic review emphasised that Ukrainian children and adolescents in wartime conditions face complex social and medical problems. Among the most common negative consequences, the scholars cite sleep disturbances, chronic anxiety, decreased cognitive performance, as well as prolonged stress affecting overall somatic health. The authors highlighted that the loss of basic needs –

housing, stability, access to medical care and education – constitutes a critical factor shaping destructive emotional and behavioural reactions in children and adolescents. This also correlates with the research of Brook (2024), who focused on the fact that war devastates both the physical and mental health of children. The scholar emphasises the dual vulnerability of the child's organism. On the one hand, the risk of infectious and somatic diseases increases due to deteriorating living conditions, and on the other – the likelihood of psychological trauma formation rises, which can have a cumulative effect and manifest even in adulthood. War affects child development systemically, impacting all aspects of their life and creating conditions for the formation of long-term crisis states that require comprehensive psychological, pedagogical, and medical support (Prontenko et al., 2019; Zavorodnia and Shepelova, 2025).

The results of this study showed that the “Children and War. Teaching Healing Techniques” programme, based on a cognitive-behavioural approach and aimed at developing self-help skills, plays a role in overcoming the consequences of trauma. This aligns with the conclusions of Bunyatova (2025), who, in a study based on the example of children and adolescents in Azerbaijan after the Second Karabakh War, demonstrated that the most effective interventions are those that ensure not only a reduction in PTSD symptoms but also the development of stress resilience and emotional regulation. In this context, resilience theory becomes particularly relevant, as it provides a framework to understand how children can adapt to and recover from severe stressors. Resilience is conceptualized as the dynamic capacity of children to maintain or regain psychological well-being in the face of adversity, encompassing emotional, cognitive, and social competencies. The present results demonstrate a similar trend, as the programme not only alleviates acute manifestations of anxiety but also fosters positive self-regulation mechanisms, thereby enhancing children's resilient capacities. These findings suggest that interventions promoting resilience do not merely treat symptoms but actively strengthen the internal and external resources that allow children to navigate ongoing and post-conflict challenges.

A further finding of the research is the assertion of the need to adapt the programme to conditions of prolonged danger. This correlates with the conclusions of Chen et al. (2025), who, using materials from a multinational study, proved that the war context itself moderates the relationship between children's mental well-being and its predictors. In the Ukrainian case, as internationally, the continuation of danger elevates anxiety levels, necessitating adjustments to psychological programmes. Resilience theory underscores that even under sustained threat, children with supportive interventions can develop adaptive coping strategies that buffer against chronic stress and facilitate long-term recovery.

It was determined that the effectiveness of the analysed programme increased in proportion to its scaling and the training of specialists: the number of trainers and programme participants grew progressively, which contributed to the dissemination of the practice across all regions of Ukraine. This is consistent with the findings of de Groot et al. (2025), who, investigating the situation in South Sudan, demonstrated that the intensity of conflict directly correlates with the deterioration of child health, but the scaling up of medico-psychological programmes can partially compensate for the negative effect. This correlates with the conclusions of Schwartz-Shapiro et al. (2025), who found that training paediatricians in the principles of trauma-informed practice enhances their confidence and competence in working with children affected by war. This research confirmed that increasing the number of specially trained trainers and psychologists is a guarantee of the programme's sustainability and professionalisation. The research also verified that the programme serves a dual function. Such conclusions are consistent with the work of P. Ferrara et al. (2024), who emphasised that in conditions of armed

conflict, violence and the traumatic experiences of children must be compensated for not only by medical but also by psychosocial interventions, which include the development of coping skills. From a resilience perspective, these interventions act as external protective factors that reinforce internal coping mechanisms, thereby supporting children’s capacity to recover and adapt.

The widespread implementation of the programme has helped thousands of children and their parents. The adaptation of the programme to the needs of refugee children and internally displaced persons is paramount. This is consistent with the conclusions of Khadzhyradieva et al. (2025), who studied methods of aiding refugees and stressed that particular attention should be paid to mothers and children experiencing a double burden: the loss of home and psychological trauma. In this sense, the Ukrainian experience confirms international trends. This also aligns with the conclusions of Peltonen (2025), who highlighted that in children experiencing war, vulnerability and the potential for resilience coexist simultaneously. Large-scale assistance programmes serve as both practical support and a resilience-building environment, enabling children to restore a sense of safety, competence, and social connectedness, all critical components of post-traumatic adaptation.

The research results demonstrated that even in a situation of ongoing war, children are capable of recovery provided they receive targeted support. Similarly, in the Ukrainian case, the restoration of trust in one’s surroundings and a sense of safety are crucial for the stabilisation of emotional state. The results of this work also underscored the significance of working with children in groups, which allows for the normalisation of experiences through shared experience. This correlates with the conclusions of Moody-Pugh et al. (2025), who, in a review of play interventions with children affected by war, demonstrated the efficacy of collective forms of therapy that provide a sense of support and belonging. Resilience theory supports the idea that group interventions strengthen social resources and peer support, which are fundamental for adaptive recovery following trauma. The analysis revealed the importance of considering individual factors during the programme’s adaptation in Ukraine, particularly in the selection of group work methods and in building communication with children. This partially aligns with the research of R. van der Haer and Brown (2025), who proved that girls and boys in post-conflict societies experience the consequences of war differently, as girls more often face social isolation and heightened anxiety, whereas boys exhibit more risk-taking behaviour. The systematic documentation of participant and trainer statistics will allow for an assessment of the programme’s effectiveness and enable the tracking of its scaling. Regular monitoring of the programme’s implementation dynamics not only ensures transparency but also creates a basis for international comparisons and the dissemination of best practices.

Despite these insights, the study has some limitations. The sample size, while sufficient to identify trends, was relatively small and may not fully represent the diversity of experiences among children affected by war across different regions. Additionally, much of the data relied on subjective feedback from participants and facilitators, which could introduce bias in reporting the programme’s effectiveness. These limitations may influence the generalizability of the findings and suggest caution when interpreting the outcomes. Future studies with larger, more representative samples and a combination of objective and subjective measures would strengthen the evidence base and allow for more nuanced conclusions about the impact of psychosocial interventions on children’s resilience and recovery.

Importantly, the programme’s success has implications beyond direct psychological support, suggesting potential integration into broader educational and youth systems. By incorporating

the principles and practices of the “Children and War” programme into school curricula, after-school initiatives, and national youth programs, educational institutions can foster resilience, emotional regulation, and coping skills on a wider scale. Such integration could provide children with continuous support in everyday learning environments, reinforcing adaptive capacities and long-term psychological well-being. This model highlights the opportunity for systemic change, where resilience-informed interventions are not limited to specialised settings but become a part of standard educational practice, ultimately creating a more supportive and trauma-informed learning environment across regions affected by conflict.

Therefore, the results of this research are consistent with international findings and confirm the patterns of war's impact on the child psyche. Simultaneously, they demonstrate the specificity of the Ukrainian experience, which lies in the implementation of a large-scale and structured psychosocial assistance programme. By explicitly framing these findings through resilience theory, it becomes clear that children's recovery after war is not only possible but can be systematically supported through targeted interventions that strengthen emotional, cognitive, and social capacities. This perspective highlights the importance of resilience-informed policies and programs in both wartime and post-war contexts. This experience can be used as a model for other countries facing the consequences of armed conflicts.

5 Conclusions

The experience of war has a multidimensional impact on the psyche of children, manifesting in post-traumatic disorders, fears, problems with social functioning, and the risk of mental illness in the future. The loss of basic needs, trauma, and a sense of danger form destructive emotional and behavioural reactions that require timely psychological support and a stable environment. An effective aid instrument is the “Children and War. Teaching Recovery Techniques” programme, based on a cognitive-behavioural approach and adapted to Ukrainian realities. It combines a group format, structured sessions, and consideration of children's individual characteristics, contributing to a reduction in post-traumatic stress symptoms, the restoration of a sense of safety, and the formation of self-help skills.

The practice of its implementation in Ukraine revealed differences in the programme's application depending on the war context. During the period of 2014-2021, it was applied predominantly to children who had already left the combat zone, and the traumatic event was of a concluded nature. In contrast, since 2022, the focus has shifted towards assisting children in a situation of ongoing danger. This necessitated the adaptation of the programme, namely accounting for high levels of anxiety, organising sessions in safe locations, and preparing for emergency situations. The analysis of the programme's implementation dynamics in Ukraine attested to its progressive scaling from local initiatives to national and international levels. At the initial stage (2015), the programme was limited in scope, as only 30 children and 6 parents were reached, and 10 facilitators were trained. However, by the 8th stage, the number of participants had increased to 1,812 children, 572 parents, and 459 trainers, demonstrating the rapid dissemination of the practice to new regions and the growth of institutional support. Statistical data indicate a progressive increase in the number of trained trainers: from several dozen at the beginning to 639 specialists as of 2021, which ensured the sustainability and professionalisation of the programme's implementation. Overall, prior to the full-scale invasion, sessions were completed by 3,676 children and 944 parents, which is a significant indicator of systematic work with traumatised families in the combat zone and among internally displaced persons. With the start of the full-scale invasion (February 2022), a sharp increase in demand was observed: in just one year, the number of new trainers increased by 735, and sessions were attended by 1,274 children and 998 parents. Subsequent stages confirmed a sustained trend of

expansion – in 2023-2024, the number of participants was already counted in the thousands. For example, stage 19 reached 3,384 children, 573 parents, and 164 trainers. Cumulatively, over the three years of full-scale war, the programme was completed by 12,121 children, 3,727 parents, and 1,534 trainers. As of 2025, the programme continues to be one of the key instruments of psychosocial assistance for children and their parents who have experienced the traumatic impact of war.

The obtained quantitative indicators confirmed that the programme has become a component of the system of psychosocial support for children affected by war. Further research will be dedicated to studying the impact of the programme's sessions on individuals with different psychological traumatic experiences, acquired depending on exposure to distinct types of severe circumstances, and we see a prospective direction in differentiating the efficacy of group work for different age categories and regional locations of participants.

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