

METHODOLOGY

FOR ASSESSING THE IMPLICATIONS OF UKRAINIAN CHILDREN BEING HELD UNDER THE CONTROL OF THE AGGRESSOR STATE



Authors:

Tamara Pirozhenko, Corresponding Member of the National Academy of Pedagogical Sciences of Ukraine, Doctor of Psychological Sciences

Natalia Havrysh, Doctor of Pedagogical Sciences

Yanina Omelchenko, Candidate of Psychological Sciences

Kateryna Rashevskya, PhD in international law

Translation: Yuliya Dynda

This project was created by Regional Center for Human Rights with the support of a grant from the Children's Resilience Fund: Providing Capacity Building and Funding to Ukrainian Civil Society Organisations in Ukraine. The program is implemented by Crown Agents Ukraine and Integrity Action. The content does not necessarily reflect the views of Integrity Action or Crown Agents in Ukraine.

CONTENTS

ABSTRACT	5
I. Substantiating a conceptual approach (paradigm) for the development of a strategy to assess the traumatic impact of Ukrainian children being under the control of the Russian Federation and the psychosocial adaptation and reintegration of affected children.....	8
1.1. System of core concepts of the methodology for a comprehensive assessment of the impact of violations and crimes on the situation and development of children.....	8
1.2. Theoretical framework for analyzing the consequences of psychological trauma in children who have suffered and continue to suffer as a result of forcible transfer and being under the control of the aggressor state	14
II. Core indicators of the traumatic impact of Ukrainian children being under the control of the Russian Federation through the system of formal and informal education on their development, mental and physical health	26
III. Methodological framework for a comprehensive assessment of the impact of violations and crimes on the situation and development of children who have suffered as a result of forcible transfer and staying under the control of the aggressor state	33
3.1. Integrated diagnostic interview with cognitive and creative tasks for preschool-aged children (Appendix D including the protocol for recording observation results)	33
3.2. Integrated diagnostic interview with cognitive and creative tasks for primary school-aged children (or Appendix E including the protocol for recording observation results)	36
3.3. Integrated diagnostic interview with cognitive and creative tasks for adolescent children (Appendix F including the protocol for recording observation results)	39
3.4. Screening for trauma in children and adolescents (CATS). Questionnaire for guardians.....	43

IV. Standardized tables for comprehensive assessment of the impact and risks of children being in a totalitarian environment on their development and physical and mental health (Appendix L) 45

4.1. Comprehensive assessment of the impact and risks of being in a totalitarian environment on the development and physical and mental health of preschool-aged children45

4.2. Comprehensive assessment of the impact and risks of being in a totalitarian environment on the development and physical and mental health of primary school-aged children45

4.3. Comprehensive assessment of the impact and risks of being in a totalitarian environment on the development and physical and mental health of adolescents and young adults.....45

V. Psychological rehabilitation of Ukrainian children traumatized as a result of their stay under the control of the aggressor state.....46

5.1 General provisions for organizing rehabilitation efforts with children affected by traumatic events.....46

5.2. Matrix diagram of psychological and pedagogical practices for assisting children traumatized as a result of their stay under the control of the aggressor state, with the consequences of forcible transfer, deportation, and occupation 53

5.2.1. Psychological and pedagogical practices for assisting preschool-aged children traumatized as a result of their stay under the control of the aggressor state, with the consequences of forcible transfer, deportation, and occupation (Appendix G)..... 57

5.2.2. Psychological and pedagogical practices for assisting primary school-aged children traumatized as a result of their stay under the control of the aggressor state, with the consequences of forcible transfer, deportation, and occupation (Appendix H)..... 57

5.2.3. Psychological and pedagogical practices for assisting adolescents and young adults traumatized as a result of their stay under the control of the aggressor state, with the consequences of forcible transfer, deportation, and occupation (Appendix I) 57

5.3. Methodological recommendations for restoring the health of children with varying degrees of impairment..... 57

5.3.1. Methodological recommendations for restoring the health of pre-school-aged children with varying degrees of physical and mental health disorders (Appendix J).....	57
5.3.2. Methodological recommendations for restoring the health of primary school-aged children with varying degrees of physical and mental health disorders (Appendix K).....	57
5.3.3. Methodological recommendations for restoring the health of adolescents and young adults with varying degrees of physical and mental health disorders (Appendix L)	57
VI. Conclusions and recommendations on the methodology for assessing the impact of Ukrainian children being held under the control of the aggressor state for further application in the development of a reintegration strategy	58
VII. Application of the methodology for the inevitability of legal responsibility	61
VIII. Conclusions and recommendations on the legal aspects of the methodology for assessing the impact of Ukrainian children being held under the control of the aggressor state, for further application when bringing those responsible to justice.....	75
REFERENCES.....	80
APPENDICES.....	90

ABSTRACT

Between March and July 2025, a team of experts, supported by the non-governmental organization Regional Center for Human Rights (hereinafter referred to as RCHR), examined the implications of Ukrainian children remaining under the control of the aggressor state. The results of a comprehensive analysis were compiled into a methodology for assessing these implications. The team of experts included:

- Tamara Pirozhenko, Corresponding Member of the National Academy of Pedagogical Sciences of Ukraine, Doctor of Psychological Sciences, Professor, Head of the Preschool Psychology Laboratory at the H.S. Kostiuk Institute of Psychology of the National Academy of Pedagogical Sciences of Ukraine;
- Natalia Havrysh, Doctor of Pedagogical Sciences, Professor of the Department of General Pedagogy and Preschool Education, Volyn National University named after Lesya Ukrainka, Lutsk;
- Yanyna Omelchenko, Candidate of Psychological Sciences, Acting Head of the Laboratory of Consulting Psychology and Psychotherapy, G. S. Kostyuk Institute of Psychology, NAPN of Ukraine;

The analysis of the legal basis for individual criminal responsibility and state responsibility was carried out by Kateryna Rashevskya, PhD in international law, expert on legal analysis and international justice at RCHR.

The study presents a substantiation for a conceptual approach for developing a strategy for assessing the traumatic impact on children who remained under the control of the aggressor state for a certain period of time. Experts have developed a methodology for assessing the consequences of deportation, forcible transfer, militarization, and indoctrination, as well as other aspects of Ukrainian children's experience of being in the occupied territories. The study is supplemented by recommendations on rehabilitation programs for the adaptation of children in the sociocultural context of Ukraine and overcoming the implications of trauma, as well as recommendations on the application of the methodology to ensure accountability for international crimes and illegal acts.

For the purposes of the proposed methodology, the category of health was selected, as it allows for the assessment of traumatic influences on child development. Such a choice is due to the fact that health is an eternal, fundamental, and basic value for an individual, family, and society as a

whole. Health is the key characteristic of a person's potential and reliability of life. It manifests itself in a simultaneously high level of development and a harmonious combination of all its components: physical, mental, social, moral, and spiritual. The category of health, in defining its holistic approach and understanding of the interdependence of its components, positions diagnostic and corrective-rehabilitative practices of assistance, taking into account that a person is a biological (constitutional), psychological (characterological), social, personal, moral, and spiritual entity.

The study comprehensively presents situational manifestations of health disorders at the *physical, emotional, and cognitive levels*, as well as manifestations of health disorders at the *level of social regulation of behavior and activity*. Furthermore, a comprehensive assessment of health disorders covered indicators that characterize the *worldview*, i.e., *ontological, spiritual level* of health through the identification of signs of value orientations and the specifics of the construction of an internal image of the world. The inclusion of ontological and worldview levels in a comprehensive assessment of a child's health is an essential feature of the proposed model for examining the impact of Ukrainian children's stay in the totalitarian society of the aggressor state. In addition, not only are the indicators (assessment criteria) specified from the perspective of situational changes, but also from the perspective of persistent socio-psychological maladjustment, as well as disorders at the level of post-traumatic stress disorder (PTSD).

The study outlines the main factors of excessive stress for Ukrainian children who have found themselves in traumatic circumstances of armed conflict and occupation, deportation, forcible transfer, militarization, indoctrination, and other violations of international law. These include specific traumatic factors observed in children under the influence of the Russian Federation leading to psychological trauma in children, destructively affecting their processes of self-awareness, identification, and the development of meanings and values. The authors also identified the manifestations and consequences of traumatic influence on the mental health of affected children in the short and long term perspective.

Over the course of the research, the experts developed a term describing an array of specific symptoms of mental health issues in children who remained under the control of the aggressor state. The said term is referred to as lost connection syndrome. This concept is a scientific novelty and is crucial in the professional community, as it provides the necessary direction for research and understanding of the phenomenon, develops and supplements existing rehabilitation measures for affected children, and reveals opportunities for the international community to

identify a rather unique problem in the experience of wars and armed conflicts. According to the authors, a comprehensive approach to the psychological rehabilitation of affected children should include working with the child themselves, their close relatives, and representatives of their social environment in a broad context. The study specifically identifies the key factors that are essential in developing a psychological rehabilitation strategy for Ukrainian children returned from under the control of the aggressor state.

The methodology contains a legal assessment of mental health disorders at the physical, emotional, cognitive, behavioral, and worldview levels. The principal elements of violations of children's rights, war crimes, crimes against humanity, and genocide are identified on the basis of the children's age group: preschool (3–7 years old), primary school (7–13 years old), and adolescence (13–18 years old).

Legal analysis of the traumatic factors identified in the study leads to the conclusion that the aggressor state has committed systematic violations of international humanitarian law, international criminal law, and international human rights law. The main focus was on the way these factors may be used to classify acts as crimes under national and international law, including such factors as deportation, forced displacement, forcible transfer to Russian families, Russification, indoctrination, militarization, separation from family and community.

The legal aspect of the methodology outlines possible approaches to establishing individual criminal responsibility and international state responsibility. The analytical framework covers the relationship between manifestations of health impairments, traumatic factors, and elements of crimes under the Criminal Code of Ukraine and the Rome Statute of the International Criminal Court. The study outlines the potential for its application in criminal proceedings, when filing complaints with United Nations treaty bodies and other international human rights mechanisms. The methodology is supplemented by recommendations for national authorities and the international community on documenting and qualifying unlawful acts, as well as ensuring the rights and best interests of the child as a party in criminal proceedings.

SECTION I.

Substantiating a conceptual approach (paradigm) for the development of a strategy to assess the traumatic impact of Ukrainian children being under the control of the Russian Federation and the psychosocial adaptation and reintegration of affected children.

Despite the apparent consensus on the importance of ensuring justice for victims of international crimes committed as a result of Russia's aggression at large, the impact of this process and its outcome on the psychosocial recovery and reintegration of victims of international crimes, particularly children, has been scarcely studied. Such a situation contributes to a fragmented, punishment-oriented approach to justice, as well as insufficient legal and socio-psychological assistance to victims in existing reintegration strategies. The rationale for a conceptual approach (paradigm) for developing a strategy to assess the traumatic impact on children who found themselves under the control of the aggressor state required a methodology (table of indicators) of the impact of political indoctrination and militarization through the formal and informal education system on the development and mental and physical health of children.

1.1. System of core concepts of the methodology for a comprehensive assessment of the impact of violations and crimes on the situation and development of children.

Stress — a state of a person characterized by intense tension and arising in response to a strong unexpected external factor. H. Selye distinguishes three stages of the body's stress response: alarm, resistance, and recovery/exhaustion.

Traumatic stress is a particular form of human response that occurs when a stressor exceeds a person's physical, psychological, and adaptive capacities. It is a normal reaction to abnormal events that go beyond ordinary human experience and have the potential to threaten a person's physical and mental health.

A psychotraumatic situation (event) is an extreme situation that goes beyond the scope of a person's normal experience, has a powerful negative effect, and poses a threat to the life and health of the individual (war or hostilities, terrorist acts, murders, sexual or physical violence, traffic

accidents, natural disasters, etc.). When experiencing a psychotraumatic situation, a person may have intense feelings of fear, horror, panic, and helplessness. A psychotraumatic situation can be sudden, unexpected, or chronic.

Psychological trauma (emotional traumatic stress, emotional trauma) — experiencing a mismatch between threatening factors in a situation and an individual's ability to cope with them, accompanied by intense fear, an acute sense of helplessness and loss of control, cognitive changes, and changes in the manner of regulating affects, causing prolonged physical, mental, and personality disorders. Psychological trauma varies in an array of expressions: distress, adjustment disorders, destructive life organization, psycho-emotional burnout, learned helplessness, dissociation, derealization, post-traumatic stress disorder, etc.

Childhood psychological trauma is psychological trauma that occurs prior to the age of 18; it is more likely to have adverse effects on an individual's mental health and future life organization due to the vulnerability of a child's psyche and undeveloped mechanisms for processing the impact of excessive stressors.

Indications of psychological trauma. As a result of trauma, an individual's familiar worldview changes dramatically, trust in the world disappears, relationships with others are distorted, trust in adults disappears, positive perspectives are lost, and a disconnect arises between one's perception of oneself and the situation in which one exists. These events are usually associated with humiliation or the abandonment of hope for the future. Experiencing psychological trauma is a process that arises as a result of an event affecting a person that involves an objective or subjective threat to life or physical and mental integrity (*Tsytssei R., 53, p. 263*).

Childhood psychological trauma factors are conditions, causes, and driving forces under which unpredictable excessive stressors affect a child. These factors bear signs of psychological trauma and include manifestations of psychological violence, causing moral, emotional, and physical suffering to the child.

Factors determining the extent of the war's impact on children's mental health: lack of basic resources (shelter, water, food, education, health-care, etc.); dissolution of family relationships (due to loss, separation, or displacement); stigmatization and discrimination (causing a significant impact on identity); a pessimistic outlook on life (a constant sense of loss and grief, inability to imagine a bright future); normalization of violence (*Smith, 2001*).

Adverse childhood experiences are stressful events and/or situations that occur during childhood and are associated with health, mental, and social problems throughout life. War is a combination of adverse childhood experiences. Children who live through war accumulate a whole range of adverse experiences through feeling: 1) a distant threat and its assessment; 2) the experience of this threat; 3) the results of these experiences in the form of physiological and somatic manifestations. Thus, war is a potentially traumatic event that leads to sequential trauma, which results in phobias, depression, somatoform disorders, and addictions as comorbid disorders.

Psychological abuse suffered by a child as a result of the Russian Federation's armed aggression against Ukraine (hereinafter referred to as psychological abuse) is the moral and psychological suffering (trauma) of a child as a result of the Russian Federation's armed aggression against Ukraine in connection with injury, concussion, mutilation, and/or other bodily harm; other damage to health; physical or sexual violence; abduction, forcible transfer or deportation, internal displacement or displacement abroad; leaving the place of residence/stay in order to avoid the adverse consequences of the Russian Federation's armed aggression against Ukraine; involvement in military formations or illegal detention, including captivity, staying in territories where hostilities are or were ongoing, or in temporary occupation, encirclement (blockade), in a temporarily occupied territory; experiencing loss of a parent (one of the parents), guardian, or custodian; deprivation of parental care as a result of the armed aggression of the Russian Federation against Ukraine; or suffering caused by the fact that the child witnessed violent events (missile attacks, injuries or deaths) caused by the armed aggression of the Russian Federation against Ukraine (*Law of Ukraine "On Social Protection and Support for Children Affected by the Armed Aggression of the Russian Federation against Ukraine, and Amendments to Certain Legislative Acts of Ukraine Regarding the Regulation of Social Services and Payments"*).

Post-traumatic stress disorder (PTSD) is an intense and, typically, prolonged reaction to a severe traumatic stressor, such as natural disasters (earthquakes, floods, fires), man-made disasters (persecution, terrorist acts, military actions), violence (robbery, rape, torture).

A forcibly displaced child is a child who has been forcibly displaced or detained in connection with the armed aggression of the Russian Federation against Ukraine; a child who is (was) legally established in Ukraine and has the right to permanent residence in Ukraine, but the state, recognized as the aggressor state, forced them to leave their place

of residence through eviction, resettlement, and/or other actions, with or without the use of force, even in the absence of an informed choice by the child and their legal representatives regarding their displacement, within the temporarily occupied territories of Ukraine, in the absence of grounds provided for by the laws of Ukraine and/or permitted by international law.

A *deported child* is a child who is (was) legally established in Ukraine and has the right to permanent residence in Ukraine, but the state, recognized as an aggressor state, has unlawfully (illegally) removed them with or without the use of force through eviction, resettlement, and/or other actions, in the absence of an informed choice by the child and their legal representatives regarding their transfer from the territory of Ukraine to the territory of the aggressor state or another state that denies or supports the armed aggression of the Russian Federation against Ukraine, in the absence of grounds provided for by the laws of Ukraine and/or permitted by international law (*Resolution of the Cabinet of Ministers No. 551 of May 14, 2024 “On the Approval of the Procedure for the Identification, Return, Support, and Reintegration of Children Deported or Forcibly Displaced as a Result of the Armed Aggression of the Russian Federation against Ukraine,” Law of Ukraine “On Social Protection and Support for Children Affected by the Armed Aggression of the Russian Federation against Ukraine, and Amendments to Certain Legislative Acts of Ukraine Regarding the Regulation of Social Services and Payments”*).

A *child residing in a temporarily occupied territory (TOT)* is a child who is effectively staying or living in a territory of Ukraine that is temporarily occupied by the Russian Federation. A temporarily occupied territory is a part of Ukraine within which the armed forces of the Russian Federation and the occupation administration of the Russian Federation have established and exercise effective control, or within which the armed forces of the Russian Federation have established and exercise general control with the aim of establishing the occupation administration of the Russian Federation (*Law of Ukraine “On Social Protection and Support for Children...”*).

Psychological encapsulation is one of the psychological defense mechanisms that occurs in children who have experienced trauma or stress. The child isolates themselves from their emotions and experiences, withdrawing into themselves. Psychological encapsulation can manifest itself in the following ways: emotional detachment (a child may seem indifferent to what is happening around them, express no emotions, or react to them inappropriately); loss of interest in activities (loss of interest in previously favorite activities, games, communication with friends); social iso-

lation (avoiding communication with other people); fantasies and escape into the virtual world (excessive fantasizing, living in an imaginary world, spending a lot of time on the computer or phone). Physical symptoms of encapsulation include headaches, fatigue, sleep disturbances, and digestive issues. Notably, psychological encapsulation is not a conscious choice made by the child. It is a defense mechanism that allows them to cope with emotional pain and distress.

A child affected by hostilities and armed conflict is a child who, as a result of hostilities or armed conflict, has suffered injury, concussion, mutilation; physical, sexual, or psychological violence; abduction or unlawful transfer outside Ukraine; involvement in military formations or illegal detention, in particular in captivity (*Resolution of the Cabinet of Ministers No. 551 of May 14, 2024*). The Procedure for granting the status of a child affected by hostilities and armed conflict specifies the meaning of the terms “physical violence suffered by a child as a result of hostilities and armed conflict,” “sexual violence suffered by a child as a result of hostilities and armed conflict,” and “psychological violence suffered by a child as a result of hostilities and armed conflict.”

Political indoctrination is the systematic and deliberate influence on an individual’s consciousness in order to change their worldview and values, instilling ideas related to political ideology (*Indoctrination*. URL: <https://dictionary.cambridge.org/dictionary/english/indoctrination>). Indoctrination occurs through the education system, as well as various methods and types of propaganda. Political indoctrination poses a particular danger to children: children are quick to become loyal to the ideology being transmitted due to them having fewer established concepts and beliefs that need to be refuted or replaced (*Cubs in the Lions’ Den: Indoctrination and Recruitment of Children Within Islamic State Territory, 2018*).

Child militarization is a consistent process of upbringing children aimed at preparing them for participation in warfare, military service, or suppression of disobedience in civilian life, affecting their psycho-emotional state, worldview, and behavior (*Militarization of Childhood Under Occupation, 2024*).

Resilience is the ability to exist effectively despite everyday obstacles and difficulties (*Tytarenko T. M., 2009*); it is the ability of a person to resist stress factors, which is both an innate trait and a combination of nurtured personality traits (*Tytarenko T. M., 2009; Lazos H. P., 2018*); it gains traction when a person overcomes obstacles, learns not to give up in the face of trials, and not to hide from suffering (*Tytarenko T. M., 2009*).

Post-traumatic growth is a transformation of personality characterized by a series of positive changes in various areas of life that arise as a result of experiencing, processing, and overcoming the negative consequences of psychotraumatic events (*Tedeschi&Calhoun, 1996*).

Child psychological rehabilitation is a complex system of psychosocial measures and programs that include psychological techniques aimed at restoring the mental health and psycho-emotional well-being of children disturbed by traumatic events.

Formal education is education obtained through educational programs in accordance with the levels of education, fields of knowledge, and specializations (professions) defined by law. It requires students to achieve the learning outcomes of the corresponding level of education defined by educational standards and to obtain qualifications recognized by the state (*Law of Ukraine "On Education"*).

Informal education is education that is usually obtained through educational programs. It does not provide for the assignment of state-recognized educational qualifications by level of education, but may result in the awarding of professional and/or partial educational qualifications (*Law of Ukraine "On Education"*).

Competency is a dynamic combination of knowledge, skills, and practical abilities, ways of thinking, professional, worldview, and civic qualities, moral and ethical values that determine a person's ability to successfully carry out professional and further educational activities and is the result of education at a certain level of higher education (*Law of Ukraine "On Education"*).

Learning outcomes are a set of knowledge, skills, abilities, and other competencies acquired during training under a specific educational, professional, or scientific program that can be identified, quantitatively assessed, and measured (*Law of Ukraine "On Education"*).

Personal development is the process of emergence and change of various aspects and traits of personality throughout one's life. This process is influenced by various factors, such as genetic conditions, social environment, upbringing, personal experiences, and the behavior of other people. Personal development encompasses the development of self-awareness, self-empowerment, self-control, social competency, creativity, and other aspects that contribute to the formation and development of personality (*Psychological Encyclopedia. URL: <https://surl.lu/tvibvm>*).

Consciousness is a complex psychological and neurophysiological process that encompasses the ability to perceive, comprehend, integrate, store, and process information from the outside world and the inner state of the individual (*Psychological Encyclopedia*. URL: <https://surl.lu/jngsew>).

Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. Mental health is a basic human right and an integral part of a person's physical well-being (*Mentalhealth, 2022*).

1.2. Theoretical framework for analyzing the consequences of psychological trauma in children who have suffered and continue to suffer as a result of forcible transfer and being under the control of the aggressor state.

The authors of the methodology identified the *biopsychosocial and ontological model of analysis* of the relationships between developmental indicators as the leading model for diagnostic and rehabilitation of children. Furthermore, the long-term impact of each indicator on the physical and mental health of affected children was substantiated. The biopsychosocial and ontological model/paradigm of analyzing the destructive effects of indoctrination and militarization of Ukrainian children under the control of the aggressor state replaces the internationally recognized biopsychosocial model. The proposed model contains an additional dimension of meaning that had not been systematically considered until now and which in Ukraine is the main feature in the context of conventional warfare in the physical dimension, information warfare in the media dimension, and semantic warfare in the cognitive dimension: culture, ideology, religion, language, art — that is, everywhere where the meanings of human existence are formed.

Research into the impact of psychological trauma inflicted upon children who have suffered and continue to suffer as a result of deportation, forcible transfer, and occupation of territories by the Russian Federation is also based on the humanistic approach of Rogers, Maslow, and Frankl. Such an approach affirms the undeniable right of every person to a humane environment where the categories of security, respect, freedom, the value of human existence, development, and mental health are practically realized. The practical aspects are implemented in the areas of humanistic, positive, bodily-oriented, play, cognitive-behavioral, katathym imaginative psychotherapy, art therapy, and fairy-tale therapy, which have already proven effective in providing psychological assis-

tance to children affected by war. Given the deliberate practice of indoctrination and militarization of Ukrainian children through the formal and informal education system and the need to substantiate the practice of effective corrective and rehabilitative work with children who have been under the control of the aggressor state for a certain period of time, it is conceptually important to choose a cornerstone semantic unit of analysis. This unit is needed for assessing both the personal development situation of a specific subject of education and the education system as a whole. The authors believe that the key unit is the category of health, in particular mental health. Within the defined paradigm of biopsychosocial analysis of child development, an additional dimension of meaning allows one to systematically represent the level of destructive impact on the mental health of an individual, ranging from minor changes to severe post-traumatic stress disorders (PTSD). It also allows one to assess the destructive effects of indoctrination and militarization of Ukrainian children in the general trends of societal development. The ontological dimension (the dimension of meanings, values, and internal worldview) in assessing child development and determining the level of destructive influence of political indoctrination and militarization of Ukrainian children through the formal and informal education system allows to substantiate the long-term impact of each of the indicators on the development and physical and mental health of affected children. The inclusion of the ontological dimension clarifies the way in which moral and spiritual indicators of development determine a high level of vitality within the optimal zone of functioning (recovery, preservation, and multiplication of strength and capabilities of oneself); adaptation to existing conditions and the establishment of new ones; quality and high achievement in life, which provides the individual with healthy, value-justified satisfaction with the experience of both internal and external well-being, as well as happiness and meaning in life. Assistance in maintaining or restoring a mature attitude towards life for children returning to their native environment will contribute to increasing the overall adequacy and social effectiveness of all members of the community and the normalization of social processes in general. Processing and optimizing productive mental tension, restoring a sense of reality, the ability to assess circumstances and control impulses, flexibility and critical thinking are prerequisites for positive change in the physical and mental health of affected children.

The theoretical and methodological basis consists of the following provisions that reveal the essence of the phenomena under study.

The essence of the phenomenon of psychological trauma

The level of a psychologically traumatic event is relative to the following factors: unpredictability, duration, lack of control, risk of death and physical harm to the person themselves or their immediate environment, coercion to violate moral norms and human values, and humiliation.

Psychological trauma is understood as the aftermath of a stressful event (Kraepelin, Fenichel, Jaspers, Kretschmer, etc.); as a set of symptoms that arise from a person's inability to process intense negative experiences (aggression, fear, anxiety, helplessness, despair, etc.) (Rank, Anokhin, Povyakel, etc.); as a consequence of the ineffective functioning of an individual's defense mechanisms and a disturbance in their healthy attitude toward reality (Kalsched). Psychological trauma is accompanied by intense fear, acute feelings of helplessness and loss of control, cognitive changes, and changes in the ways of regulating emotions, which sometimes causes long-term physical, mental, and personality disorders. Psychological trauma is seen as a process that is important to study in dynamics: starting from the traumatic event, during which factors traumatic for the child occurred, until the occurrence of the most distant consequences. The process of psychological trauma usually includes a short-term phase of psychological shock (depression, disorientation, denial) and a longer phase of pronounced psycho-emotional, cognitive, and behavioral reactions to the event. The next, third phase embodies a normal reaction, overcoming psychological trauma (processing traumatic experiences, reacting, rethinking, coping, accepting, adapting to new circumstances, post-traumatic growth) or fixation on the trauma — transition to a chronic form, development of a post-traumatic stress disorder. Accordingly, we distinguish between the immediate and long-term consequences of psychotraumatic events. The immediate consequences are observed in the form of mental states: panic, fear, horror, feelings of helplessness, etc. The duration of such states depends on the intensity of the stress factor and the psychophysiological traits of the person. Long-term consequences of psychological trauma: a) neuropsychiatric disorders, mental disorders and changes; b) cases of social maladjustment; c) social problems.

Childhood psychological trauma factors

The category most susceptible to psychological trauma is children, as their psyche is still quite vulnerable, their defense mechanisms are immature, and their coping mechanisms for dealing with the effects of excessive stress are not yet fully developed.

There are *specific traumatic factors* for children. *Typical factors* of psychological trauma in children include: disturbing global developments (even if the child is not an eyewitness but has heard about such events from adults or the news); environmental disasters; forced separation from significant loved ones (parents, relatives, friends); sudden changes in daily routine, place of residence, forced relocation of the family; pressure and bullying from peers; educational stress (beginning/end of the school year, exam period); excessive obsession with computer games; stress in parents. In a general context, *traumatic factors during war* that significantly affect children's mental well-being include (Smith, 2001): scarcity, inaccessibility, lack of basic resources (water, food, shelter, education, medical care, etc.); disruption of family ties (physical loss of parents/close relatives, significant persons, separation due to displacement); stigmatization, discrimination (significant distortion of identity); negative perception of life events, pessimism (chronic grief, loss, inability to imagine a positive future); normalization of violence.

The authors have specified the *factors of psychological trauma caused by hostilities for Ukrainian children*. Such factors were described proceeding from generally accepted classifications similar to the particular conditions and relying on the list of signs of psychological, physical, and sexual violence against children as a result of armed aggression by the Russian Federation (*Law of Ukraine on social protection of children*), the manifestations of which are traumatic stressors and may lead to consequences in the form of psychological trauma:

- injuries, contusions, mutilations, and/or other bodily injury, other damage to health;
- abduction, forcible transfer, or deportation;
- internal displacement or displacement abroad, leaving the place of residence/stay in order to avoid the negative effects of the Russian Federation's armed aggression against Ukraine;
- involvement in military formations;
- illegal detention, including captivity;
- being in territories where hostilities are/were taking place, being under temporary occupation, encirclement (blockade);

- loss of parents (one of the parents), guardian, custodian, deprivation of parental care as a result of armed aggression of the Russian Federation against Ukraine;
- suffering caused by the child witnessing violent events (missile attacks, injuries or deaths) caused by the Russian Federation's armed aggression against Ukraine.

One may distinguish between specific *factors of childhood psychological trauma typical for situations of forcible transfer, deportation, and occupation as a result of the Russian Federation's armed aggression against Ukraine*. These factors arise in traumatic circumstances due to cruel treatment and instances of psychological and physical violence: undergoing filtration procedures; forcible transfer and deportation to the territory of the Russian Federation; forced separation from parents and other relatives; forcible transfer to Russian families, cruel treatment of parents and other relatives witnessed by the child; death threats; indoctrination with propaganda in educational institutions (re-education based on distorted Russian narratives); severing Ukrainian children's ties with their national group; humiliation; militarization of the educational process; pressure and manipulation; forced change of worldview and values; and humiliation of national dignity.

The above factors require detailed research into their impact on children's mental well-being in a sociocultural context. The conclusions of international researchers based on the example of the Arab-Israeli conflict do not cover the entire spectrum of the above-described factors and their consequences. However, one may conclude that military occupation, systematic violence, and prolonged conflict have a significant influence on the mental health of the civilian population and various areas of their lives. Studies demonstrate that the humiliation caused by conflict constitutes an independent traumatic event, and civilians who have experienced constant humiliation have reported significantly worse psychological, medical, political, and economic indicators compared to those who have experienced political violence periodically. Unique ideas have been suggested: constant, systematic, and structural oppression is potentially more psychologically damaging than specific cases of conflict and violence (*Hammad J., Hammad Z., & Tribe, 2021*). There is a clear link between prolonged occupation and its degrading impact on mental health (*Basak, 2012*). Scholars also note the devastating consequences for children's mental health of the policy of violent military incursions into family homes in the West Bank as an instrument of deterrence, intimidation, and collective punishment to strengthen military control over the population. Such invasions significantly impair children's development

and ability to function, and their repetitive and arbitrary nature exacerbates post-traumatic symptoms (*Moss, Majadle, Milhem, Waterston, 2021*).

The consequences of psychological trauma caused by war on children

Murthy and Lakshminarayana examined the results of studies on the mental health of children in war zones (Uganda and Somalia, Lebanon, Palestine, Israel, Sri Lanka, Rwanda, the Balkans, Cambodia, Afghanistan, Chechnya, and Iraq). Their study (*Murthy, Lakshminarayana, 2006*) notes that psychological trauma caused by war has long-term consequences for children, and the severity and intensity of symptoms correlates with the duration of the conflict. Children who have witnessed armed conflicts are more likely to develop mental disorders than the general population (*Attanayake, McKay, Joffres, 2009*). The consequences of stress due to hostilities may affect a child's ability to establish social contacts and adapt to the environment (*Pearn, 2003*). Children who have experienced trauma due to the loss of a safe environment caused by war are more likely to be diagnosed with depression (4.5 times more likely), suicidal behavior (12.2 times more likely) (*Fremont, 2004*), impulsive behavior, reward orientation and unhealthy lifestyle choices, and severe forms of psychological trauma (*Calam, 2017*). Furthermore, chronic long-term effects of exposure to war-related events have been observed in the form of dissociation, alienation, and post-traumatic stress disorder (PTSD) (*Drury, Williams, 2012; Chrisman, Dougherty, 2014; Borba, Ng, Stevenson, 2016; Michelle Liu, 2017*). Negative consequences manifested in a tendency toward deviant, violent behavior, drug and alcohol abuse also often occurred in children due to psychological trauma caused by war or acts of terrorism (*Pearn, 2003; Michelle Liu, 2017*). Meanwhile, adults tend to underestimate their children's post-traumatic stress reactions and may even deny the existence of such reactions (*Fremont, 2004*). However, correlations have been observed between parental and child psychopathology resulting from excessive stress factors due to war, while the family situation and parental activities have a significant impact on children's mental well-being (*Slone, Mann, 2016; Omelchenko, 2020*).

Children *experience and process traumatic events in a specific way*, as they do not have well-developed skills for verbalizing their negative experiences and are often unaware that they are under excessive stress. Thus, it is not only clearly expressed signs of suffering that may indicate that a child is experiencing significant stress, but also abnormal behavior, displays of autoaggression, psychosomatic illnesses, sleep and appe-

tite disorders, attachment disorders, etc. The consequences of stress are evident in children's emotional and behavioral expressions or are manifested on a physical level.

Children who have experienced a traumatic event are more likely than adults to develop post-traumatic stress disorder (PTSD), a long-term consequence of psychological trauma (Fletcher, 2003). Although trauma in childhood may not have resulted in the development of PTSD, the risk of this disorder and other health problems increases in adulthood (Pynoos, Grafinkel, Carlson, Weller, 1990; Widom, 1999; Fletcher, 2003). When excessive stress in children leads to the development of PTSD, a typical triad of symptoms can be diagnosed: *re-experiencing (intrusions), avoidance, numbness, and hypersensitivity* (Fletcher, 2003). Children may *re-experience trauma* in games and relationships with others that involve cruelty and repetition and are accompanied by anxiety and aggression (Lieberman, Knorr, 2007). Over time, children may talk about the trauma without always experiencing emotional discomfort, but these conversations are tense. In addition, children may suffer from nightmares and intense emotional reactions when internal and external stimuli remind them of the trauma. At the same time, children experience flashbacks and episodes of dissociation less frequently than adult patients (De Young, Kenardy, Cobham, 2011). Increased sensitivity in children can manifest itself in the form of restless sleep, irritability, tantrums, anxiety, constant alertness of danger, excessive reaction to stimuli, difficulty concentrating, decreased activity and initiative (Pynoos, Grafinkel, Carlson, Weller, 1990). Children are sometimes diagnosed with mild or obvious avoidance of conversations, people, places, objects, or situations that remind them of the trauma. Insensitivity can manifest itself in withdrawal from family and friends and the development of alienation.

Symptoms of intensifying psychological trauma, including the development of PTSD, may vary depending on age. According to the American National Center for PTSD, the following symptoms of intensifying psychological trauma in children have been identified.

Table 1.1.

Symptoms of post-traumatic stress disorder in children of different ages

Age group of children	Symptoms
<p><i>Children of preschool and primary school age (1-6 years)</i></p>	<ul style="list-style-type: none"> • Fatigue and inactivity, lack of normal reactions; • Generalized fear; • Increased sensitivity and disorganization; • Cognitive confusion; • Difficulty talking about the event; • Difficulty identifying feelings; • Disturbed sleep, nightmares; • Fear of separation and clinging to a loved one; • Regressive symptoms (e.g., return of nighttime urinary incontinence, loss of ability to speak, motor skills); • Inability to accept death as inevitable; • Anxiety about death; • Somatic symptoms (abdominal pain, headaches, etc.); • Increased reaction to loud noises; • “Freezing” (sudden immobility); • Fussiness, out-of-character crying; • Avoidance or anxiety in response to specific stimuli specifically related to the trauma.

<p><i>Children of primary and secondary school age (6 - 11 years)</i></p>	<ul style="list-style-type: none">• Sense of accountability and guilt;• Repeated traumatic play;• Anxiety when reminded of the event;• Nightmares, other sleep disruptions;• Safety concerns, thoughts of threat;• Aggressive behavior, outbursts of anger;• Fear of pain, injury;• Close attention to parental anxiety;• Avoiding school;• Anxiety/caring about others;• Behavioral, emotional, personality changes;• Somatic symptoms (complaints of bodily pain);• Overt anxiety/fear;• Tendency to seclusion;• Specific trauma-related fears, general fears;• Age regression (acting like a younger child);• Separation anxiety;• Loss of interest in activities;• Confusion, lack of understanding of traumatic events;• Lack of a clear understanding of the phenomenon of death, the cause of “bad” events;• Gaps in the lack of understanding are filled with a “magical” explanation;• Loss of ability to concentrate at school, decreased academic performance;• Strange or unusual behavior;• Specific trauma-related fears, general fears;• Age regression (behaving like a younger child).
---------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p><i>Teenagers (12 - 18 years)</i></p>	<ul style="list-style-type: none"> • Selfishness; • Life-threatening behavior; • Rebellion at home or school; • Sudden changes in relationships; • Depression, avoidance of communication; • Decreased school performance; • Attempts to withdraw and protect themselves from feelings of shame, humiliation, anger; • Excessive engagement with other people or withdrawal from others to resolve internal conflict; • Tendency to relive accidents; • Desire for revenge, trauma-related activities; • Sleep and eating disorders, nightmares.
-----------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Psychological rehabilitation of children

Scholars emphasize the necessity of various forms of support for adults and especially children who are affected by war. These include measures to reduce the negative effects of excessive stress (*Mark, Jordans, Wietse, 2016*). Particular attention is paid to the post-war period, which is considered no less dangerous for the psychological and emotional well-being of children. For example, a study of children and youth after the civil war in Liberia revealed that stressors would adversely affect the emotional state of the study group long after the war. In addition, new stress factors emerged that had a devastating effect on children and young people: infectious diseases, early marriage, parental neglect, loss of parents, etc. (*Borba, Ng, et al., 2016*). The findings of studies examining the long-term effects of war also point to a link between adults' susceptibility to disease and premature death and their childhood trauma. It should be noted that the risk is substantial for children and their families, whose lives have been changed by war and forced displacement (*Rachel, 2017*). Meanwhile, research in several post-conflict societies has indicated that mental health issues and psychosocial adaptation in children were addressed more effectively when social programs were implemented in the community (*Borba, Ng, et al., 2016*). Dyregrov and Salloum, Kristensen stress the need for long-term, cross-methodological intervention aimed at treating children's trauma, involving parents or guardians in assisting the child, addressing family system issues, and providing a safe environment (*Dyregrov, Salloum, Kristensen, et al., 2015*). Mental health disorders

in children caused by the aftermath of war did not decrease over time after displacement if left untreated. Instead, coordinated action by psychiatric services and religious institutions, as well as psychotherapeutic assistance, had a positive impact on children's mental health (*Otorkpa, Otorkpa, Olaniyan, Adebola, 2024*).

Psychological rehabilitation of children who have suffered significant psychological trauma should be carried out with due consideration for their *resilience*. Research demonstrates that, despite horrific experiences and inhumane suffering, children possess significant resilience (*De Jong, 2002; Jones, 2013; Fernando and Ferrari, 2013*), which contributes to their recovery and adaptation to a normal life despite psychological trauma. Important protective mechanisms that help overcome the negative implications of trauma include mastering effective strategies for coping with life's challenges, an optimistic outlook, healthy family relationships, and friendship. The most important problems that may worsen the course of psychological trauma for children in post-war society are poverty, poor living conditions, domestic violence, social isolation, and discrimination (*De Jong, 2002; Fernando and Ferrari, 2013; Jones, 2013*). Properly organized rehabilitation measures are essential for children to overcome the effects of trauma and return and adapt to a normative society (*Vahidniya, Hasani, Kamali S. Morteza, 2024*). Psychosocial intervention for children affected by the war in Ukraine should be multi-level, specifically tailored to the needs of the child, trauma-informed, and focused on the strength and persistence of the impact. Immediate supportive intervention should focus on restoring basic physical and emotional resources and caring for children to help them regain both external and internal security. A growing body of research supports the efficacy of psychological support in group and individual settings. Assisting children also involves providing opportunities and support to parents in caring for their children, as well as establishing infrastructure and a social environment that promotes mental health (*Bürgin, Anagnostopoulos, the Board and Policy Division of ESCAP, et al., 2022*). The outcomes demonstrate that threats to life, violence, and loss can increase psychological stress. However, there are numerous factors related to the child, family, and society, as well as psychosocial and physiological processes that protect child development and mental health. These include, for instance: loving parenting and wise guidance, flexible high-level cognitive abilities in children, numerous adaptive coping strategies, narrative and symbolic nighttime dreams, as well as social support and good peer relationships. Various models explain psychological distress and positive resources, covering child resilience (*Qouta, Punamäki, et al., 2008*).

It is necessary to take into account the following aspects when developing a psychological rehabilitation strategy for children who have been exposed to excessive stress factors and exhibit signs of psychological trauma:

- 1) the interconnection between psycho-emotional balance, the resistance of the child's parents/guardians, and the child's psycho-emotional condition;
- 2) child's access to learning effective algorithms for maintaining psycho-emotional balance, coping with stressful situations, overcoming the negative effects of excessive stress factors (in narrow and broad social environments);
- 3) developing resilience as a specific proactive stance in life — the ability to perceive life's challenges as tasks that require innovative solutions;
- 4) the ability to take care of one's own mental health; the ability to build relationships and maintain reliable connections; learning effective algorithms for overcoming stressful situations;
- 5) overcoming alienation, integration into social space, post-traumatic growth;
- 6) creating a favorable psycho-emotional environment within the family, including reliable bonding, secure relationships, cohesion, a sense of belonging, accessibility, openness, emotional contact, reliability, predictability of close adults, support, reliance on close adults, a sense of closeness between family members, trust, and respect among family members;
- 7) establishing conditions for post-traumatic growth;
- 8) the need for comprehensive implementation of a rehabilitation program, which is important to carry out in the following areas: working with the child themselves; working with close relatives; working with the social environment (*Omelchenko, 2020 b; Omelchenko, et al., 2020*).

SECTION II.

Core indicators of the traumatic impact of Ukrainian children being under the control of the Russian Federation through the system of formal and informal education on their development, mental and physical health.

Table 2.1.

Model table for assessing key indicators, detailing their potential short-, medium-, and long-term impacts on the development, physical, and mental health of affected childr

Age	Indicators of the personal dimension of mental health	Levels of mental health manifestation and assessment			Socio-psychological risks for the individual's future development
		Situational manifestations of mental health impairment	Persistent socio-psychological maladaptation	Health impairment	
Preschool (3-7 years)		Diagnostic methods	Diagnostic methods	Diagnostic methods	
	Conclusion on the primary form of assistance	Psychological consultations as needed for parents and educators +	Psychological and pedagogical support +	Psycho-therapeutic support from a specialist +	

The general framework of key indicators for assessing the destructive impact on children's experience within a totalitarian society presents the selected model for a psychosocial and ontological analysis of the child's developmental context. Identifying health as the cornerstone phenomenon for assessing the destructive effects of political indoctrination on Ukrainian children exerted through the formal and informal education systems resulted in the development of a corresponding system of criteria.

Thus, *physical health* entails having a healthy body, the proper functioning of the body and its organ systems, and a high motivation to maintain and strengthen one's physical well-being. *Mental health* is characterized by the development of the emotional-affective sphere and intellectual potential; multifaceted and appropriate activity, encompassing a fulfilling personal life, healthy engagement with the world, and a healthy relationships with others; comprehensive self-development and creative expression; and the self-regulation of internal states, well-formed behavioral and operations self-regulation, and the capacity for psychological self-help. *Social health* involves the highly effective organization of one's own social life, successful socialization, possession of social competence, active and constructive social relationships, and the creation of social good. *Moral-spiritual health* is manifested through an awareness of the essence of being; and the regulation of one's life by humanistic values. The inclusion of the ontological dimension explains how moral-spiritual indicators of development determine a high level of vital activity within an optimal functional zone (specifically, the restoration, preservation and enhancement of strengths and capabilities), adaptation to existing conditions and the creation of the new ones, and the quality and high outcomes of life. This, in turn, provides the individual with a healthy, value-justified satisfaction, accompanied by the experience of internal and external well-being, happiness, and a sense of meaning in life.

The biopsychosocial and ontological model for analyzing destructive impacts on child development, as defined in this study, integrates clear parameters and criteria for the personal dimension of mental health in children across different age groups. These parameters are highly relevant for a holistic assessment of development specifically during childhood. Such indicators for assessing health impairments in children include the following:

physiological (somatic) parameters of health (physiological level):

- ∅ mastery of the body and fundamental age-appropriate movements;
- ∅ healthy functioning of the body and its organ systems;

∅ motivation to maintain and enhance physical health;

emotional parameters of a psychologically healthy individual (emotional level):

∅ developments of one's own emotions, along with the ability to recognize and identification them in others;

∅ a predominantly positive emotional modality in communication and activities (mood, the emotional tone of life);

∅ a well-developed affective sphere (including the development of ethical, aesthetic, and intellectual feelings);

cognitive/intellectual parameters of a functionally active, healthy individual (cognitive level):

∅ functional activity of cognitive processes (attention, memory, perception, etc.) in daily activities and interactions with the environment;

∅ development of higher mental functions (thinking, speech);

∅ openness to novelty, capacity for creativity, and manifestation of intellectual potential;

parameters of social regulation of behavior and activity (behavioral level):

∅ healthy engagement with the world and healthy relationships with other people;

∅ demonstration of multifaceted activity across various domains, indicating a fulfilling personal life;

∅ well-formed regulation of behavior and activity; self-regulation of internal states, and the ability to provide oneself with psychological support;

parameters of the internal worldview and value orientations of a healthy individual (worldview/ontological level):

∅ modality of one's internal worldview (predominantly optimistic life principles and the existence of future plans);

∅ moral-spiritual and value orientations of a humanistic nature;

∅ aspiration for personal development and self-realization in life.

Within the established paradigm of biopsychosocial and ontological analysis of a child's development context, the systematically presented assessment indicators make it possible to determine the level of destructive impact on an individual's mental health. This ranges from minor changes to critical post-traumatic stress disorders (PTSD). Furthermore,

these indicators allow for an assessment of the destructive impacts of indoctrinating Ukrainian children on the broader developmental changes within the society, particularly when we link the identified impairments to subsequent risks in personal development.

The assessment of the destructive impacts on all aspects of children's physical, mental, and social health is presented through the substantive specification and description of health impairments. This approach takes into account the age-specific developmental characteristics of children in preschool, primary school, adolescent, and young adult periods. This detailed assessment will serve as the justification for selecting effective psycho-pedagogical support programs for children of different age groups.

Changes in the physical, emotional, cognitive, behavioral, and worldview characteristics of a child who has suffered physical or psychosociological violence, been abducted, or been unlawfully removed from Ukraine and forced to stay in the territory of the aggressor state as a result of a military action or armed conflict, point to the comprehensive nature of the impact on their development. This complex of characteristics, which indicates a loss of health on multiple levels (somatic, emotional, cognitive, worldview, and the level of social-behavioral regulation), has allowed for the consolidation of these health impairments into a system-complex – a single syndrome which defined manifestations.

Based on the interpretation of the word “syndrome” as a concurrence or stable set of symptoms with a common pathogenesis (pathogenesis, from Gk. *pathos*, “suffering, disease” + *genesis*, “origin, creation,” refers to the mechanism of the onset and development of disorders), the authors of this report are consolidating these health impairment parameters into the concept of “lost connection syndrome” (author: Pirozhenko). This term points to the primary cause of the health impairments: the severance of the child's connections with themselves and the world. This represents the foundational cause and mechanism for the onset and development of any pathogenesis. In this way, it is highlighted that the potential to use this concept both in assessing the functioning of the organism as a whole and in describing specific manifestations of health impairments. Specifically, the “lost connection syndrome” allows for the detailed specification of mental health impairments through the lens of lost connections with one's homeland, family, native culture and traditions, identity, language, social environment, and other similar phenomena.

It must be emphasized that the development of the concept “lost connection syndrome” is driven by the unprecedented and destructive phenomena specifically employed by the aggressor state to impact children's

mental health. This occurs not only through the events of war and acts of physical and psychological violence, but also through their deportation to the Russian Federation and Belarus, forcible transfer within occupied territories, placement in special militarized camps, and the use of educational measures aimed at their indoctrination. Furthermore, it involves the deliberate violation of their national dignity, the suppression of their sense of national identity and origin, Russification, the degradation of their native language's value, and an influence on the consciousness that literally severs the child's physical and mental connection with their native culture and family.

Consequently, the authors of the methodology define the "lost connection syndrome" in children as a range of symptoms that includes the classic, multi-level manifestations of childhood trauma caused by war, alienation, and a disrupted contact with one's feelings. It also encompasses specific manifestations caused by the targeted influence of indoctrination methods: a violated national identity, a suppressed sense of national dignity, a distorted moral value system, the militarization of consciousness, a prohibition on speaking their native language and expressing belonging to their national culture or family, an impaired judgment of war-related events (e.g., who is the victim and who is the aggressor), and feelings of inferiority and shame due to their national origin. This concept has been newly formulated and requires additional research and refinement.

In a broad sense, a syndrome explains the combination of signs and symptoms characteristic of a particular disease or pathological process. A syndrome can constitute the clinical picture of an entire disease, a part of it, or a specific stage. Proceeding from the defined parameters and criteria for personal dimension of mental health, which allow for assessing impairments at the somatic, emotional, and cognitive levels, as well as disruption in the social regulation of behavior and the construction of meaning and one's internal worldview due to traumatic events – the authors of the methodology consolidate this set of symptoms. This collection of symptoms not only indicates the origin and development of the health impairments but also implicitly guides specialists' efforts toward rehabilitation and the restoration of holistic health.

Traumatic changes to health indicate the formation of psychological defense mechanisms in a child to protect against excessive destructive influences. And while there is no direct linear relationship between the impact of a specific factor and a child's psychological development, the emergence of defense mechanisms signifies an overwhelming level of destructive influence. Thus, the phenomenon of psychological encapsu-

lation appears in the child's behavior: a walling-off from one's emotions and experiences; a withdrawal into oneself. Psychological encapsulation manifests as follows: emotional detachment (the child may seem indifferent to their surroundings, show no emotion, or react to them inappropriately); loss of interest in activities (a loss of interest in previously enjoyed hobbies, games, or socializing with friends); social isolation (avoidance of interaction with other people); and fantasy and escape into a virtual world (excessive fantasizing, living in an imaginary world, or spending extensive time on a computer or phone). The physical symptoms of encapsulation can include headaches, fatigue, sleep disturbances, and digestive problems. Therefore, psychological encapsulation is not a conscious choice by the child but a defense mechanism that helps them cope with emotional pain and distress.

Defining health as a cornerstone phenomenon in developing the methodology for studying the impact of Ukrainian children's stay under the control of the aggressor state allows for preserving their position within the education system as agents of their own development, who bear personal responsibility for choosing strategies to support and maintain their health. Of course, this measure of responsibility is correlated with the child's age-specific characteristics and capabilities, but it remains relevant at all stages of life and implicitly indicates the possibility of combining efforts to preserve health, taking into account the child's developmental context. This provides a basis for substantiating and developing programs for interaction and joint efforts among all participants in school and extracurricular education at the micro-level (family), meso-level (children's groups, school communities, local communities, cities, and other structural associations in situations of community life), and macro-level (the socio-political system, the state).

The result of health impairment under the influence of destructive factors (among them unpredictability, duration, lack of control, risk of death or physical harm to the child or their close relations, coercion to violate moral norms and humane values, personal humiliation, etc.) is psycho-trauma. This is considered within the general system of analyzing health impairments, taking into account the degree of traumatic impact.

Therefore the materials presented for the analysis of health assessment and their corresponding indicators of the personal dimension of mental health serve as a justification for the long-term impact of each indicator on the physical and mental health of affected children. The framework systematically illustrates situational manifestations of mental health impairment, the level of persistent socio-psychological maladaptation, and the manifestations of clinical disorder – post-traumatic stress disorder.

der (PTSD). The specific scheme of health impairments presented in the frameworks for different age categories makes it possible to trace the connection between the child's social situation and the age-specific psychological milestones that characterize personal development at each stage. Furthermore, the specification of health assessment indicators for children in different age groups allows for the observation and documentation of the degree of traumatization at the somatic, emotional, and cognitive levels, as well as impairments in the sphere of social-behavioral regulation and worldview, both in their situational manifestations and in the persistent manifestations of the child's socio-psychological maladaptation. These crucial gradations in the characteristics of developmental traumatization underscore the primary signs of health impairment, thereby helping to prevent chronic illnesses. This is achieved by directing psycho-pedagogical assistance and developmental support at stages far removed from the onset of post-traumatic stress disorder (PTSD). It is for these reasons that the authors of the methodology present not only the parameters and criteria for assessing mental health but also describe the risks of deterioration across different levels of an individual's health in the future, during subsequent developmental stages.

The specification of key indicators, with a detailed breakdown of their potential short-, medium-, and long-term impacts on the development, physical, and mental health of affected preschool ([Appendix A](#)), primary school ([Appendix B](#)), and adolescent-aged ([Appendix C](#)) children, is presented in the appendices.

SECTION III.

Methodological framework for a comprehensive assessment of the impact of violations and crimes on the situation and development of children who have suffered as a result of forcible transfer and staying under the control of the aggressor state.

3.1. Integrated diagnostic interview with cognitive and creative tasks for preschool-aged children ([Appendix D](#) including the protocol for recording observation results).

Operational scenario for an integrated diagnostic interview with cognitive and creative tasks for preschool-aged children

Goal: to determine the level of personal and national identity, the positive image of Ukraine that has been formed; to identify attitudes towards national values, as well as the level of proficiency in Ukrainian among preschool-aged children.

Resources: associative map “Ukraine” (attached); proofreading table “Housing” (attached), reproduction of N. Chakvetadze’s painting “The Wolf and the Bunnies” (attached), associative map “Fairy Tales” (attached); tokens, markers, pencils, drawing paper.

Interview settings. Ethics and safety: The consent of parents/guardians ensuring confidentiality is mandatory. The interview location should be as calm, quiet, and safe for the child as possible. For instance, a specifically equipped room free of anything that might remind the child of the trauma. The interview session should last no longer than 10–15 minutes. Patterns of communication: in preschool age, the screening conversation should be as gentle and non-intrusive as possible, the best format for interaction being playful: through games, drawings, toys, pictures. During the conversation, it is worth using simple, specific, open-ended questions. It is advised to avoid questions that require abstract answers. Do not pressure the child to speak. The interview should proceed at the child’s pace. If the child does not want to answer, they have the right to do so. It is worth considering that a child may invent individual answers under the influence of their imagination; the degree of deformation may change over time, thus requiring repeated analysis.

1. Introduction.

— Let's get to know each other. My name is ..., and yours? My last name is ..., and yours? I am Ukrainian, and you? I live in Ukraine, and you?

— Do you like holidays? What are your favorite holidays? Do you like performing and dressing up? Look at this picture ("The Wolf and the Bunnies" by N. Chakvetadze), where children are also getting ready to perform.

— Everyone has a different mood and personality. Are there any children here who like to perform? Show them. Which of the children are angry? Who is very sad? Look closely at the children's faces and say: if you were performing, who would you be like — a wolf or a bunny? Choose which one. How are you feeling right now? Tell me why. You can tell how a person is feeling not only from their facial expression. Even their shoulders can show how they are feeling. Show a sad mood with your shoulders; a happy mood; fear.

— You are already a grown-up and understand how important it is to follow general rules. Think about what you would never do in your life no matter what. What do you think is always necessary to do?

— Do you like playing games? What are your favorite games? Let's play together.

2. Main part.

A) *Intellectual and speech game exercises and tasks based on the proofreading table.*

— Let's take a look at this table with pictures (proofreading table "Housing").

— Show the pictures you don't know the names of. Which pictures are there more of on the table? How would you describe what they are about? Show and name the pictures that show homes for people. What about animals? Are there any buildings here that are homes for transport? Can you quickly find fairy-tale homes? Which fairy-tale characters live in them? Find buildings that people don't live in but visit. Where do you think is better to live — in a multi-storey building or a single-storey house? Which buildings were more common in your city/village — multi-storey buildings or single-storey houses?

B) *Creative task.*

— What do you like drawing with more — pencils or markers? Draw a house where you would like to live. What should it be like to make it safe

to live in? Draw who you would like to live with in this house. What kind of rooms would you have? What furniture would be in the rooms? What would you like to do in such a house?

C) Conversation based on the associative map “Fairy Tales”.

— I love fairy tales. How about you? Let’s see which fairy tales you remember. Look closely at the pictures with fragments of fairy tales. Which fairy tale or fairy tales do you not know? Place red tokens next to these pictures.

— Would you rather be friends with Kotyhoroshko or Koza-Dereza [*traditional Ukrainian folklore characters*], who chased the rabbit out of the hut? Which of the three piglets would you dare to spend the winter with? Why can we say that Ivasyk-Telesyk [*traditional Ukrainian folklore character*] is “brave” and “clever”? Which fairy tale makes you feel sad or anxious? Which fairy tale seems funny?

D) Creative task.

— Kotyhoroshko is a brave, courageous hero. Let’s decorate his shirt with embroidery because he is Ukrainian. Do you have a vyshyvanka [*traditional Ukrainian clothing*]? Remember what pattern is on it. Draw the same pattern on Kotyhoroshko’s shirt.

E) Further discussion based on the associative map “Ukraine”.

— Look at this map. Why do you think there is an image of Kotyhoroshko on it? What tells you that this map is about Ukraine? Find objects that are talismans for Ukrainians. Such things are kept in every family, and people believe that they also protect us from evil. Color the circles next to these objects red (or place a red token on them). There are dishes that have made Ukraine famous throughout the world. Find Ukrainian dishes on the map. Which of these dishes do you like the most?

— What do you like most about Ukraine? Find a picture of someone who defends Ukraine during war and in peacetime.

F) Speaking exercise “Finish the proverb”.

— The Ukrainian language is so beautiful! People use different wise proverbs for different situations. Let’s remember some of them together. I’ll start the phrase, and you try to finish it:

If you want to eat dumplings, ... (don’t sit on the stove).

You are like the company... (you keep).

.Wherever your homeland is, it’s... (paradise even under a pinetree).

Whenever you are home... (even the walls are helpful).

3. Final part.

— It was nice talking to you. Finally, I want to ask you about your biggest wishes. *Draw your three most important wishes* and tell me about them.

3.2. Integrated diagnostic interview with cognitive and creative tasks for primary school-aged children (or [Appendix E](#) including the protocol for recording observation results).

Operational scenario for an integrated diagnostic interview with cognitive and creative tasks for primary school-aged children

Goal: to determine the level of personal and national identity, the established image of Ukraine that has been formed; to identify attitudes towards national values, as well as the level of proficiency in Ukrainian among primary school-aged children.

Resources: associative map “Ukraine” (attached); proofreading table «Useful Things” (attached), reproduction of N. Chakvetadze’s painting “The Wolf and the Bunnies” (attached), associative map “Fairy Tales” (attached); markers, pencils, drawing paper; blank form of a shirt for drawing a vyshyvanka pattern.

Interview settings. Ethics and safety: The consent of parents/guardians ensuring confidentiality is mandatory. In addition to parental consent, seek verbal consent from the child, explaining why you are engaging in the activity and reassuring that they have the right to decline. To conduct the interview, it is recommended to select a quiet, informal location where the child feels comfortable. The interview session should last 20–30 minutes. The child must know that they can ask to stop the interview at any time. Patterns of communication: Strive to create the most gentle and non-intrusive atmosphere possible. For primary school children, a playful format of interaction also applies. During the conversation, it is worth using playful exercises, drawing, and examining pictures with an emphasis on specific situations. Metaphors and allegories are appropriate to use. Avoid direct, detailed questions about traumatic events unless this is part of a therapeutic process under the supervision of a specialist. Straightforward questions can cause re-traumatization. It is advised to use open-ended questions, but avoid overly complex ones. It is worth considering that when answering questions, children may be shy and attempt to give “correct” answers; the degree of deformation may change over time, thus requiring repeated analysis.

1. Introduction.

— Let's get to know each other. My name is... Tell me about yourself: who you are, your first and last name. Tell me about your family. If you were to look at yourself in the mirror right now, how would you describe the person you see in a few words? How are you feeling?

— What helps you figure out how someone else is feeling? Take a close look at the picture of the kids getting ready for their performance. Find the sad kid. The happy one. The angry one. The one who doesn't want to perform. The one who really likes performing. Find someone who's feeling the same way you are.

— You are already a grown-up and understand how important it is to follow the rules. Think about two rules that are important to you: what will you never do in your life no matter what? What do you think is necessary to always do?

— Do you like playing games? What are your favorite games? Let's play together.

2. Main part.

A) *Intellectual and speech game exercises and tasks based on the proofreading table.*

— Let's look at this table with pictures (proofreading table "Useful Things"). Show the pictures you don't know the names of. Why do you think this table is called "Useful Things"? Show and name the pictures of things you can carry in your pocket. Which of these things do you think is most useful in a difficult situation when something scary or very unpleasant happens? In your opinion, what could make our lives more difficult? Which of these useful things do you think are most important to buy for family life?

— Let's check how attentive you are and how quickly you can think. Look at the pictures and answer the questions. *Finish the sentence.* You can use a fan, or you can... You can draw with a stick in the sand, or you can... You can listen to the news, or you can watch... *Quickly find your way around the table.* Between which pictures is the camera located? What image is under the bicycle? *Think about it.* Which objects in the table can't be taken apart? Which objects could a child use? In what case?

B) *Creative task.*

— What do you like drawing with more—pencils or markers? Draw a house where you would like to live. What would it need to be like to be

safe to live in? Draw who you would like to live with in this house. Would there be a fence around your yard? What would you like to do in such a house?

C) Conversation about war.

— Who do you think has it harder during war—children or adults? Why? What do you think adults and children can do to stop war? Think about what you would say to Ukrainian soldiers if you met them. What would you ask them? People are often sad during war. How would you try to comfort your loved ones if they were sad? What would you say to them?

D) Conversation based on the associative map “Fairy Tales”.

— Do you like reading? Think back to the books you heard when you were little. Let’s see which fairy tales you remember. Look closely at the pictures with fragments of fairy tales and remember which characters say: 1) “Come, come to the shore...”; 2) “We are not afraid of the gray wolf”; 3) “The beaten one carries the unbeaten one...” 4) “I am a poor little crab, if I pinch you, it will be a sign” [excerpts from traditional Ukrainian folklore].

— Explain why the fairy tale character Kotyhoroshko has such a name. How did you understand that Kotyhoroshko is very strong and brave?

E) Creative task based on a blank form in the shape of a shirt.

— Which element of Kotyhoroshko’s clothing tells us that he is Ukrainian? Do you have any traditional Ukrainian clothing? What should be added to a shirt to make it look Ukrainian? Decorate the shirt with embroidery.

F) Further discussion based on the associative map “Ukraine”.

— Take a look at this map. Why do you think there is an image of Kotyhoroshko on it? What tells you that this map is about Ukraine? What do the colors of the national flag mean? Name three key words about Ukraine.

— Find items that Ukrainians believe to be talismans. Every family keeps such items and believes that they protect us from evil. Does your family have any talismans? There are dishes that have made Ukraine famous throughout the world. Find Ukrainian dishes on the map. Which of these dishes are often cooked in your family? What are your favorite Ukrainian dishes?

— Find pictures of people defending Ukraine during war and peace. Would you like to help Ukrainian soldiers? What can you do to help?

G) *Speaking exercise “Choose a proverb”.*

— The Ukrainian language is so beautiful! People use different wise proverbs for different situations. They have important life rules. Let’s read two sayings together. Choose the one that you think is correct:

* 1. At home, you take what you have, and abroad, you take what you are given.

2. It is better to live in a foreign land than at home, where your relatives scold you, even though they give you a little of what they have.

* 1. A friend in need is a friend indeed, always ready to help, advise, and protect you.

2. Misfortune pushes friends away, just as boats are pushed away from the shore — sail alone.

* 1. Those who are wicked and evil cannot even get along with themselves.

2. Those who are kind and affectionate will fit in any group.

3. Final part.

— It was nice talking to you. Finally, I would like to ask you about your biggest dreams. *Draw your three most important wishes* and tell me about them.

3.3. Integrated diagnostic interview with cognitive and creative tasks for adolescent children (Appendix F including the protocol for recording observation results).

Operational scenario for an integrated diagnostic interview with cognitive and creative tasks for teenagers (Appendix F)

Goal: to determine the level of personal and national identity, the established image of Ukraine that has been formed; to identify attitudes towards national values, as well as the level of proficiency in Ukrainian among teenagers.

Resources: associative cards “Strength and Weakness” and “I Want and I Need” (attached); proofreading tables “Useful Things” and “Ukraine” (attached), a reproduction of O. Shuplyak’s painting “Shevchenko / Little Bandura Player” (attached), markers, pencils, drawing paper, and stickers.

Interview settings. Ethics and safety: The consent of parents/guardians ensuring confidentiality is mandatory. In addition to parental consent, seek verbal consent from the child, explaining why you are engaging in

the activity and reassuring that they have the right to refuse. Explain in advance to the teenager and to their parents that confidentiality may be breached only if the information indicates a threat to the life or health of the child or other people. To conduct the interview, it is recommended to choose a place where the teenager feels comfortable. The duration of the interview session should not exceed 30–60 minutes. The length of the interview should depend on the teenager's state of mind. Instead of one long session, it is best to conduct several short ones. The child must know that they can ask to stop the interview at any time. Patterns of communication: The conversation with the teenager should be conducted in a serious and trusting manner. It is important for the teenager to feel that their personal opinion is respected. The interview should be structured in such a way that it helps the teenager sense their own strength and resilience, rather than focusing solely on painful memories. Instead of asking, "Tell me what you saw", it is better to ask, "What helped you feel safe at that time?". During the conversation, it is worth using open-ended, thought-provoking questions. It is worth considering that in some cases, teenagers may conceal information. The degree of deformation may change over time, thus requiring repeated analysis..

1. Introduction.

— Let's get acquainted. My name is... Tell me about yourself: who you are, your first and last name. Tell me about your family. If you were to look at yourself in the mirror right now, how would you describe in a few words who you see, what he or she is like. How are you feeling? Do you think your body senses your mood? Give examples of how this happens. Name three things that worsen your mood. What do you usually do when you are in a bad mood? On the other hand, what can improve your mood? What actions help you feel better?

Rules

— You are already a grown-up and understand how important it is to follow certain rules in life. Think about two rules that are important to you: what will you never do in your life no matter what? What do you think is necessary to always do?

— Did you like to play when you were little? What were your favorite games back then? Do you play now? What games do you like? Do you prefer playing with others or alone? Let's play together.

2. Main part.

A) *Let's play a game called "Three Important Words":*

I will name a word, and you will name or draw three things that describe this item or object. For example, name something that a cat cannot be without (the word "meow," whiskers, etc.). Words: home, family, school.

B) *Conversation based on the associative map "Strength and Weakness".*

— Do you consider yourself a strong person or the opposite? Have you ever found yourself to be strong in one situation but weak in another? Give examples to back this up. Look closely at the map. Find examples of strength in nature; find what makes a person strong; what makes a person show strength. How many of these images are there? Let's think about whether our feelings and emotions can be strong. Find illustrations of this. Which emotions are strong? Have you ever experienced very strong emotions? Tell me about it. Which emotions can be called weak? Do you prefer loud or soft sounds? Why can loud sounds scare people? Find the loudest sounds on the map.

Intellectual and speech game exercises and tasks based on the proof-reading table "Useful Things".

— Let's look at this table with pictures (proofreading table "Useful Things"). Show the pictures you don't know the names of. Why do you think this table is called "Useful Things"? Count which there are more of — items that can be carried in your pocket or items with optics; electrical appliances or vehicles; round or rectangular objects. Which of these items do you think is most useful in a difficult situation when something frightening or very unpleasant happens? If you were going on a trip and could take three items from the table, which ones would you choose? Which of these useful things do you think are worth buying for your family if you are planning to move to another place?

— Let's check how attentive you are and how quickly you can think. Look at the pictures and answer. *Finish the sentence.* You can use a fan, or you can... You can draw with a stick in the sand, or you can... You can listen to the news, or you can watch... *Think quickly and name them.* Look carefully at the images in the second horizontal row for a few seconds. Now name these objects from memory. Memorize the images in the central column, then name them from memory. *Think about it.* Which of these things require special training to use? Which objects would you not come across in everyday life?

- C) I invite you to enjoy this painting by Ukrainian artist Oleg Shuplyak. Look closely. Describe what is happening in the painting. What is unusual about this painting? What else can you see? How does this painting make you feel? What would you call it?

Creative task

— What do you like drawing with more — pencils or markers? Draw a house where you would like to live. What should it be like to make it safe to live in? Draw who you would like to live with in this house. What would you like to do in such a house?

- D) *Further discussion based on the associative map “I Want and I Need”.*

— What we want and what we need do not always match. We often have to choose between what we want and what we need to do. I am sure that you already understand the difference between what you want and what you need, and that you know how to overcome your “I don’t want to” feelings. How often do you have to do this? Take a look at the associative map. Let’s look at it and think about it together. Name the things you can say “I want!” about, i.e., the things you like, the things you love to do.

— Mark in green what you need for everyday life and explain why. Mark in blue what you should say “must!” about, i.e., those useful activities that you should do but don’t always want to. Think of situations when you should do what you must, not what you want. Let’s think about different situations. Find a picture of a Ukrainian soldier. What do you think he wants? Connect the image of the soldier with what he wants using a ribbon or strip. But he cannot fulfill his desires yet. Find what you need for your health.

- E) *Intellectual and speech tasks based on the proofreading table “Ukraine”.*

Look at the pictures and *name them in one word*: pysanka [Ukrainian tradition of coloring Easter eggs], woodcarving, wickerwork — these are...; coat of arms, anthem, flag — these are...; viburnum, willow — these are...; wreath, sharovary, plakhta [traditional; Ukrainian clothing] — these are... .

Think and name what is extra: willow, viburnum, cherry, jug; jug, kumanets [traditional Ukrainian ceramics], pysanka; embroidery, pottery, wickerwork, Cossack.

Solve the riddle. They kneaded, kneaded, molded, molded, and then — into boiling water! And finally, into butter and sour cream (varenyky [traditional Ukrainian dish]). What are your favorite Ukrainian dishes?

- F) *Speaking exercise “Choose a proverb”.*

— The Ukrainian language is so beautiful! People use different wise proverbs for different situations. They contain rules that are important for everyday life. Let's read two sayings together. Choose the one that you think is correct.

- * 1. Don't look for a foreign land when you have a home.
2. Those who travel far are happier than those who stay at home.
- * 1. A true friend is someone who understands me better than anyone else.
2. No one can understand me better than I do myself.
- * 1. Only those who do not know how to be friends themselves have no true friends.
2. Only those who are lucky enough to meet them have friends.

3. Final part.

— It was nice talking to you. Finally, I would like to ask you about your biggest dreams. Write down your three most important wishes and tell me about them.

3.4. Screening for trauma in children and adolescents (CATS). Questionnaire for guardians.

In order to determine the level of impact of a traumatic event on a child's health, it is necessary to organize an examination by specialist psychologists, since psychological trauma is considered a process that is important to study in dynamics — starting from the traumatic event during which factors traumatic for the child occurred, up to the occurrence of the most distant consequences. The diagnostic tools for determining post-traumatic stress disorder (PTSD) are approved in the unified clinical protocol for primary and specialised medical care «Acute stress reaction. Post-traumatic stress disorder. Adaptation disorders,» adopted by Order of the Ministry of Health of Ukraine No. 1265 of July 19, 2024.

The unified clinical protocol for primary and specialized medical care was developed by a multidisciplinary working group, reflecting current evidence-based medicine requirements, in order to improve the outcomes of medical care for patients with acute stress reactions and post-traumatic stress disorder. The Unified Clinical Protocol for Primary and Specialized Medical Care (UCPPSMC), developed to meet current international recommendations, is a response to the assessment and analysis of typical situations that correlate with factors of unpredictability, duration, lack of control, and the risk of death and physical harm to the per-

son themselves or their immediate environment. UCPPSMC materials — the unified clinical protocol for primary and specialized medical care — can be found at: <https://moz.gov.ua/uk/decrees/nakaz-moz-ukrayini-vid-19-07-2024-1265-pro-zatverdzhennya-unifikovanogo-klinichno-go-protokolu-pervinnoyi-ta-specializovanoyi-medichnoyi-dopomogi-gostra-reakciya-na-stres-posttravmatichnij-stresovij-rozlad-porushennya-adaptaciyi>

The situation regarding the assessment of the consequences of Ukrainian children being under the control of the aggressor state remains not only a serious but also an unexplored problem. It requires the development of special scientific protocols and questionnaires for parents and guardians to establish the fact of trauma in children and adolescents.

The UCPMH Protocol presents screening for trauma in children and adolescents (CATS) using a questionnaire for guardians (ages 3–6) on pages 70–72. Screening for trauma in children and adolescents via a guardian questionnaire (ages 7–17) is presented on pages 72–75.

SECTION IV.

Standardized tables for comprehensive assessment of the impact and risks of children being in a totalitarian environment on their development and physical and mental health ([Appendix L](#)).

A substantiated approach to assessing the destructive impacts of political indoctrination and militarization on Ukrainian children within a totalitarian society is summarized in Appendix L. This approach includes a systemic presentation of indicators and criteria that holistically define health at the physical, emotional, and cognitive levels, as well as manifestations of impairments in the social regulation of behavior and the formation of a child's value orientations. It also incorporates information from diagnostic observation with a view to determining risks for the child's future development.

4.1. Comprehensive assessment of the impact and risks of being in a totalitarian environment on the development and physical and mental health of preschool-aged children.

[Link to spreadsheet](#)

4.2. Comprehensive assessment of the impact and risks of being in a totalitarian environment on the development and physical and mental health of primary school-aged children.

[Link to spreadsheet](#)

4.3. Comprehensive assessment of the impact and risks of being in a totalitarian environment on the development and physical and mental health of adolescents and young adults.

[Link to spreadsheet](#)

SECTION V.

Psychological rehabilitation of Ukrainian children traumatized as a result of their stay under the control of the aggressor state.

5.1 General provisions for organizing rehabilitation efforts with children affected by traumatic events.

The need to build a social program that includes the psychological rehabilitation of children who have been under the control of the aggressor state is evident. The adverse effects of war, which significantly impact children's mental health, are compounded by specific factors of the Russian Federation's influence on children's consciousness. These include deportation and forcible transfer, deliberate destruction of their value orientations, distortion of their worldview, violation of their national identity, severance of ties with their native roots, militarization, and indoctrination.

While creating a psychological rehabilitation program for children who have been under the control of the aggressor state, the following considerations must be taken into account:

- the rehabilitation program must be multi-leveled, encompassing work with the child directly, with their close relatives (parents, guardians), and with representatives of the broader social environment;
- a clear consistent, and long-term system of rehabilitation measures must be implemented, which is crucial for overcoming the consequences of stressful impacts and for the child's reintegration and adaptation within society;
- it is important to consider the severity and persistence of the consequences of the child's psychotrauma;
- emphasis should be placed on the children's potential for *resilience*, which facilitates the restoration of mental health and adaptation to normal life, despite their psychotraumatization;
- the child should be supported in mastering effective life-challenge coping strategies, developing an optimistic worldview, and acquiring psychological self-help skills;

- psychological support should be provided to close relatives through psychoeducation and psychological assistance to build their own coping strategies, maintain psycho-emotional balance, develop favorable family communication skills, and form a close bond with the child;
- the formation of healthy relationships within society and the cultivation of bonds of friendship and mutual support should be promoted;
- the child should be integrated into the national cultural environment, supported in understanding and accepting national values, and assisted in forming a sense of national identity and dignity.

Given foregoing, the main *goal* of the rehabilitation program is to overcome the adverse health consequences resulting from the impact of traumatic events for children who have been under the control of the aggressor state. These consequences include symptoms of psychotrauma, a violated sense of national identification and humiliated national dignity, and cognitive distortions resulting from indoctrination and militarization. The program also aims to develop the children's resilience, form psychological self-assistance skills, overcome alienation, and reintegrate and adapt the children within Ukrainian society.

Objectives of the rehabilitation program

1. Conduct psychological diagnostics of the children to identify the primary factors of excessive stress and the mental health consequences resulting from the impact of traumatic circumstances.
2. Conduct psychological examination of the children's parents/significant adults to identify factors of excessive stress that affected the children, symptoms of psychological trauma, and identity disturbances.
3. Process acute stress reactions in children (as needed), reduce emotional tension, and restore psycho-emotional balance; help children master self-help skills for coping with acute stress reactions.
4. Promote the development of children's resilience, their proactive life stance, and their ability to build and apply effective algorithms for overcoming stressful or crisis situations; help children master psychological self-help skills.
5. Provide psychoeducation for significant adults: familiarize them with the specific signs of post-traumatic symptoms in children and the consequences of indoctrination and militarization; explain the role of

the significant adult, their psycho-emotional state, and the quality of contact and relationships within the family in overcoming the effects of traumatic circumstances.

6. Alleviate the psycho-emotional tension of parents / close relatives and reduce the intensity of their PTSD symptoms; help them master self-help skills, restore their own psycho-emotional balance, teach them skills for supporting a child through the process of overcoming traumatic experiences, re-establish favorable psycho-emotional contact in the family, and teach skills for providing first psychological aid to a child.

7. Facilitate the restoration and strengthening of favorable psycho-emotional contact within the family, enhance family cohesion, and master skills of mutual support in chronic crisis situations.

8. Support the child's restoration of national identification and national values, and their integration into the Ukrainian cultural environment; assist in overcoming the consequences of the child's indoctrination and militarization.

9. Provide psychoeducation for adults with whom the child interacts in the broader social environment (kindergartens, schools, social centers): familiarize them with the specific signs of post-traumatic symptoms in children and the consequences of indoctrination and militarization measures; explain the role of the broader social environment in overcoming the effects of adverse influences on children and the quality of contact and relationships within the community.

10. Facilitate the overcoming of manifestations of alienation in children and support their reintegration and socialization within society.

11. Conduct follow-up psychological diagnostics of the children and their parents to assess the children's psycho-emotional state and their overall health following the implementation of rehabilitation measures.

The primary *conditions for implementing the rehabilitation program* lie in the creation of a stable, safe, and reliable rehabilitation environment where an atmosphere of respect, mutual support, and trust from the children towards their parents, the specialists implementing the program, teachers, and educators.

When creating the rehabilitation program, it is important to consider the following (Omelchenko, 2020, 2022):

- children possess significant potential for overcoming traumatic circumstances; therefore, it is crucial to emphasize the possibilities of their post-traumatic growth and to avoid fixation on a position of helplessness or a victim mentality;
- the psycho-emotional states of the child and their parents/guardians are interconnected; thus, for the successful overcoming of the consequences of psychotrauma, it is important to promote the psycho-emotional balance of the adults;
- the integral part of the rehabilitation process strategy is the formation of an active life stance in the child, which manifests in the ability to perceive life challenges as tasks requiring innovative solutions; the skills to care for one's own mental health; maintain psycho-emotional balance; build and sustain reliable relationships within the family and society; and to process and communicate one's feelings and needs, and realize one's own potential; and the ability to apply effective algorithms for overcoming stressful circumstances and to reintegrate within society;
- a favorable psycho-emotional contact with significant adults (parents, guardians, teachers, educators, psychologists) is a foundational condition for a successful rehabilitation process and the child's integration into the social environment. The following characteristics of a favorable relationship are distinguished: secure attachment, safety, cohesion, a sense of belonging, emotional availability, openness, trust, predictability, support, the reliability of close adults, and mutual respect.

Three main directions of specialists' work with children within the rehabilitation program are distinguished:

1. Working with the social environment and social surroundings in which the children are situated.
2. Working with the family.
3. Working with the child directly.

Working with the social environment surrounding children is essential. Professionals should strive to ensure that the environment is conducive to the restoration of children's mental health: *safety, consistency, reg-*

ularity, predictability, and an atmosphere of respect. It is important to work with the child's social environment in a broad social context in the following areas:

- provide psychoeducation to adults with whom the child interacts;
- train adults' skills for creating a supportive psychological atmosphere in the social environment in order to overcome the effects of psychological trauma in children and facilitate their reintegration;
- develop the skills for establishing favorable relations and reliable, safe relationships with children;
- develop the skills of psycho-emotional self-regulation in adults;
- practice skills in providing first psychological aid to children;
- create a system of peer group activities aimed at overcoming alienation in children and forming friendly, positive relationships;
- establish designated, permanently active support and reintegration groups for children;
- engage children in group activities related to cultural and national heritage and values.

Working with children's families includes psychoeducational and counseling work with their parents (or persons acting in their capacity). As mentioned above, it should be noted that the development of mental health skills, a child's resilience to stress, and the ability to maintain psycho-emotional balance are intrinsically linked to working with significant adults who are close to the child.

It is imperative to consider ***family factors that influence the quality of psycho-emotional contact within the family and affect the psycho-emotional state of children*** (Omelchenko, 2020, 2022):

- a) *the mental state of parents* — the symptoms of PTSD, dissociation, maladaptive anxiety, disturbances in psychoemotional balance and the ability to control one's own destructive emotional reactions, apathy and distress, confusion, depression;
- b) *predictability, reliability of parents' behavior in their relationship with the child, openness and emotionality in contact* — in the event such characteristics of family relationships are violated,

children experience significant stress, which negatively affects their ability to cope with and overcome stressful situations and the consequences of excessive stress factors;

- c) *predominant reactions of significant adults to stressful situations* — children learn how to respond to stressful situations primarily from their parents. An unfavorable pattern of adult responses to stress aggravates and complicates stress reactions in children, negatively affecting their assimilation of experience and integration of constructive conclusions from stressful circumstances.

The following *directions* of psychological support in working with families should be highlighted:

providing psychoeducation to parents/persons acting in their capacity;

- developing parental skills for creating a favorable psychological microclimate in the family in order to overcome the effects of psychological trauma in children and facilitate their reintegration;
- developing skills for establishing favorable contact and reliable, secure relationships with children in the family;
- developing parental skills in psycho-emotional self-regulation;
- developing skills in applying algorithms for favorably overcoming stressful circumstances;
- developing skills in providing first psychological aid to children.

Rehabilitation assistance for children who have suffered from being under the control of the aggressor state consists of the following stages (*Omelchenko, 2020, 2022*).

1. *Restoring a sense of basic security* — a fundamental stage of psychological intervention, during which a sense of security, reliability, and stability is restored, overly rigid psychological defense mechanisms triggered by excessive stressors are reduced, and physical and emotional tension is relieved.

2. *Activating and strengthening psychological resources* — a stage at which the sources of psychological resilience are restored and children are taught skills for self-regulation of their own psycho-emotional balance.

3. *Working through negative psycho-emotional states* — a stage at which the conditions are created for processing and coping with negative experiences that have arisen due to stressful circumstances.

4. *Revitalizing self-recovery mechanisms, adapting to new life situations, enhancing of an active life position, reintegration* — a stage at which positive changes in children's psycho-emotional state are strengthened and consolidated, self-recovery is initiated, a favorable social environment is formed, and adaptation to it takes place.

5. *Restoring national identity, national dignity, reintegration into Ukrainian culture* — a stage at which children's national identity is recovered/formed, national values are instilled, and children are reintegrated into the culture. *Reinforcing an active life stance and mastering self-help skills are key to the psychological rehabilitation of children. The development of such a life attitude is possible through the gradual processing of the negative effects of stress in children and the progressive formation of their psychological capabilities for activation.*

Reinforcing an active life stance and mastering self-help skills are key to the psychological rehabilitation of children. The development of such a life attitude is possible through the gradual processing of the negative effects of stress in children and the progressive formation of their psychological capabilities for activation.

- *Caring for emotional and mental health, prevention, overcoming the negative impact of excessive stress factors:* psychological prevention skills, ability to recognize stress factors and signs of their implications on the psycho-emotional state, skills to manage and balance the psycho-emotional state, relaxation and resource restoration skills, ability to independently address the negative consequences of excessive stress factors.
- *Improving relationships with parents, developing secure attachment to them:* skills for recognizing unhealthy forms of communication in the family, skills for recognizing and processing one's own negative attitudes in communication, ability to recognize one's own needs in close relationships, skills for restoring positive contact with loved ones.
- *Ability to act effectively in stressful situations:* ability to recognize stressful/critical life situations, skills of developing an effective algorithm for overcoming stressful/critical situations, ability to act consciously in accordance with the stage of overcoming stressful/critical situations.
- *Overcoming alienation, reintegration into social environment, post-traumatic growth:* skills of recognizing social needs in contact with others, skills of dealing with negative states, skills

related to social tension, ability to restore favorable contact and communication, ability to recognize one's own interests and desires in a social environment, skills for recognizing one's own state of alienation, skills for coming out of self-isolation, and the ability to ask others for help and support.

- *Developing skills to uphold and defend national identity and national values.*

5.2. Matrix diagram of psychological and pedagogical practices for assisting children traumatized as a result of their stay under the control of the aggressor state, with the consequences of forcible transfer, deportation, and occupation.

The full-scale invasion of Ukraine has caused significant violations of the psychological and emotional well-being of children, particularly those who have experienced captivity, occupation, forced displacement, and the loss of loved ones. Numerous violations of children's fundamental rights have been identified: the right to safety, the right to life, education, health, and personal development, the right to preserve identity, including nationality and family relations, the right to personal and family life, the inviolability of the home, the right to care and protection from the state, etc. Various situations in which children are abducted or unlawfully transferred outside of Ukraine are particularly destructive to their health. This does not only occur because children suffer physical or psychological violence, but also to a large extent because the Russian authorities in the temporarily occupied territories are actively and persistently implementing their educational standards; destroying Ukrainian identity; altering the consciousness of children and young people; forming a positive attitude towards the actions of the aggressor state and the invading Russian army; eliminating access to their native language and history; and actively turning children against Ukraine by engaging them in militarised children's movements. Psychological trauma experienced in childhood may take the form of delayed manifestations embodied in psycho-emotional and behavioral disorders in adolescence and adulthood.

In order to effectively support such children in educational institutions, social and psychological centers, and medical facilities, there is an evident urgent need to establish a system of psychosocial measures aimed at restoring the mental health and psycho-emotional well-being of children affected by traumatic events.

A comprehensive approach to developing a methodology for studying the impact of Ukrainian children being held under the control of the aggressor state, drawing on a trauma-informed approach, has made it possible to develop an effective tool for diagnosis, correctional and rehabilitation work for the psychosocial adaptation and reintegration of affected children based on a biopsychosocial and ontological model of analysis of their actual state of health. In accordance with the three selected age categories (preschool, primary school, and adolescence), the parameters and criteria for the personal dimension of mental health have been determined, in particular: physiological (physical, somatic) parameters (physiological level); emotional parameters of a psychologically healthy personality (emotional level); cognitive/intellectual parameters of the active functioning of a healthy personality (cognitive level); parameters of social regulation of behavior and activity (behavioral level); and parameters of the internal perception of life and value orientations of a healthy personality (worldview, ontological level).

The subsequent stage involves developing a systematic card index containing techniques and methods for providing psychological and pedagogical assistance to children traumatized as a result of being under the control of the aggressor state, open and accessible to specialists (psychologists, educators), and parents. The purpose of creating such a card index is to systematize proven effective Ukrainian and international psychological and pedagogical practices for assisting children with varying levels of trauma in educational institutions and rehabilitation centers. It also aims at developing individualized rehabilitation programs with regard to specific indicators and parameters for assessing children's mental health.

The core of the card index is a matrix of practices organized by the age of the children, the extent of their trauma, indicators of recovery, and a brief description of the practices (*see matrix diagram*). The main principles for selecting the methods are: their scientific validity (selection of practices supported by evidence-based methods, in particular cognitive-behavioral therapy, art therapy, family-centered approach, etc.); adaptability for children of three age categories from preschool to adolescence; an integrated principle of assessing the efficacy by tracking results in all five areas of recovery (restoring healthy functioning of the body and organ systems; motivating to maintain and strengthen physical health; emotional stability, developing a sense of security, and the ability to self-regulate; promoting the restoration of attention, thinking, memory, and speech; developing interaction skills, restoring teamwork and group interaction skills; promoting awareness of personal dignity,

restoring meanings, and internal support for overcoming trauma) and levels of trauma; a clear structure for describing methods for accessibility and applicability; a dynamic principle of updating (the ability to promptly add new methods to the card index and improve existing ones).

The matrix diagram as the foundation for the card index is an open system that can be continuously updated not only through the accumulation of best practices in the context of military challenges, but also in accordance with the individual needs of traumatized children.

The card index can be organized either physically (paper cards in a box) or, more conveniently, electronically (for example, using database software, Excel spreadsheets, or specialized web resources). The digital format makes it easy to search, filter, and update information.

For the purpose of unifying the elements of the card index, each card or method description must contain clear and comprehensive information according to the following algorithm.

- *Method title.* Clear and straightforward title.
- *Brief summary.* Description of the essence of the method in one or two sentences.
- *Purpose of application.* Indicate what specific psychological issues the method addresses (e.g., reduces anxiety, helps process traumatic experiences, develops self-regulation skills).
- *Age recommendations.* Indicate for which age groups the method is most appropriate.
- *Resources.* List of materials required for the activity (e.g., paint, paper, LEGO bricks, ball, sand, and figurines).
- *Detailed description of the procedure.* Step-by-step instructions on how to apply the method. It is imperative to specify how to proceed, what questions to ask the child, and how to respond to their answers.
- *Examples.* If possible, provide a brief example of the application of the method with a hypothetical child or scenario.
- *Possible modifications.* Ways to adapt the method to different needs or age groups.
- *Potential risks/limitations.* Indicate when the method is not recommended or what aspects should be taken into account.
- *Expected results.* Indicate what changes can be expected following the application of the method.

- *Source.* The origin of the method (book, article, training course, author).
- *Keywords/tags.* For simplified retrieval (e.g., “stress,” “grief,” “creativity,” “play,” “breathing”).

Example of card description

Method title: “Safe place”.

Brief summary: techniques for stabilization and grounding, which help the child reproduce a mental image of a safe and comfortable place to turn to in stressful situations.

Purpose of application: reduce anxiety, develop self-regulation skills, build up internal resources.

Age recommendations: 6+ years old (primary school, adolescence).

Resources: none. Pencils and paper can be used if the child wants to draw their safe place.

Detailed description of the procedure.

1. Introduction: explain to the child that you are going to try to create their own safe place internally.
2. Ask the child to take a comfortable position, close their eyes (if comfortable), take a few deep breaths in and out.
3. Ask the child to imagine a place where they feel completely safe, calm, and comfortable. It can be a real place or an imaginary one. Encourage as many sensory details as possible to make the place vivid and authentic. Guiding questions can facilitate the imagination process: “What color are the walls/sky?”, “What do you hear/feel?”, “Is anyone with you?”, “What do you see?”, “What scents do you smell?”. Suggest that the child come up with cues for this place — it can be a certain gesture (clenching a fist, tapping fingers) or a word/phrase that will help them promptly return to this sense of security.
4. Exit. When the child is ready, ask them to slowly leave the imaginary place, open their eyes, and return to the present. Ask what the child felt and how they might use this place in the future.

Having an organized card index of the described kind can be a valuable tool for any professional working with children affected by war, helping them provide more effective and timely assistance.

In order to facilitate the implementation of best psychological practices, methodological recommendations have been prepared on the application of psychological and pedagogical practices and the establishment of conditions conducive to mental health recovery in educational institutions and within the family (*see Tables in Appendices G, H, and I*).

5.2.1. Psychological and pedagogical practices for assisting preschool-aged children traumatized as a result of their stay under the control of the aggressor state, with the consequences of forcible transfer, deportation, and occupation ([Appendix G](#)).

5.2.2. Psychological and pedagogical practices for assisting primary school-aged children traumatized as a result of their stay under the control of the aggressor state, with the consequences of forcible transfer, deportation, and occupation ([Appendix H](#)).

5.2.3. Psychological and pedagogical practices for assisting adolescents and young adults traumatized as a result of their stay under the control of the aggressor state, with the consequences of forcible transfer, deportation, and occupation ([Appendix I](#)).

5.3. Methodological recommendations for restoring the health of children with varying degrees of impairment.

5.3.1. Methodological recommendations for restoring the health of preschool-aged children with varying degrees of physical and mental health disorders ([Appendix J](#)).

5.3.2. Methodological recommendations for restoring the health of primary school-aged children with varying degrees of physical and mental health disorders ([Appendix K](#)).

5.3.3. Methodological recommendations for restoring the health of adolescents and young adults with varying degrees of physical and mental health disorders ([Appendix L](#)).

SECTION VI.

Conclusions and recommendations on the methodology for assessing the impact of Ukrainian children being held under the control of the aggressor state for further application in the development of a reintegration strategy.

Methodological advances in the psychological rehabilitation of children who have been forcibly transferred to the aggressor state or who have been under occupation are an extremely relevant area of scientific research. Wartime events pose constant challenges to the mental health of the population in the modern sociocultural space. Chronic and excessive stress factors significantly affect the psycho-emotional balance and disrupt the normal flow of life. Children are one of the most vulnerable groups, suffering greatly from various traumatic circumstances. With regard to Ukraine, one can distinguish a group of children who have suffered not only from traumatic factors due to the war, but also from specific factors related to the indoctrination and militarization by the aggressor state.

Theoretical analysis of the issue and its methodological interpretation identified a preliminary concept that outlines a series of symptoms of mental health disorders in children who have been under the control of the aggressor state: “lost connection syndrome. This concept is scientifically novel and highly important in the professional community, as it guides research and conceptualizes the phenomenon, designs rehabilitation efforts for affected children, and provides opportunities to define a rather unique problem in the experience of wars for the global community.

Specific traumatic factors associated with hostilities in Ukraine have been identified. Particular attention has been paid to specific traumatizing measures employed by the Russian Federation against children, adversely affecting their self-awareness, identity, and the formation of meanings and values.

This study found that the effects of psychological trauma on children caused by war and being under the control of an aggressor country affect multiple dimensions of mental health and include a range of psychological trauma disorders, as well as identity disorders, national identity, belonging to a historical, social, and cultural community, and the destruction of value orientations, etc.

The leading model for diagnostic and rehabilitation efforts for children is the biopsychosocial and ontological model of analyzing the relationships between developmental indicators, justifying the long-term impact of each indicator on the physical and mental health of affected children. It has been established that psychodiagnostics must be multidimensional and cover the aspects of examining the factors of psychological trauma, symptoms of psychological trauma, social adaptation and identity disorders, identification, value orientation, and national identity.

The areas of psychological rehabilitation of children affected by the destructive influence of the aggressor state on their consciousness have been identified, and the main tasks, conditions, and procedures have been outlined. A comprehensive approach to the psychological rehabilitation of children has been presented, covering work with the child themselves, work with their close relatives, and representatives of their social environment in a broad context.

RECOMMENDATIONS

1. To refine, expand, and supplement the theoretical provisions of the key concept relating to children who have been under the control of the aggressor state — the “lost connection syndrome”— on the basis of practical diagnostic measurements. In particular, the above relates to the list of the key symptoms of the syndrome, their frequency of occurrence in respondents, and the critical number that constitutes the syndrome.
2. To produce a series of publications in leading scientific editions on the findings of research into the concept of “lost connection syndrome.”
3. On the basis of practical application, to refine the program for psychodiagnostic examination of children who have been under the influence of the aggressor state.
4. To develop questionnaires for children and their close relatives (parents, other legal representatives) in order to further investigate specific factors that affected children in the context of war, deportation, forcible transfer, and living under occupied territory.
5. On the basis of practical application of the rehabilitation program, refine and supplement the model of psychological counseling for children who have suffered from being under the control of the aggressor state.
6. To develop special workbooks for children and their close relatives to help them establish habits of caring for their mental health, master techniques for maintaining psycho-emotional balance and skills

for applying effective algorithms for overcoming the consequences of stressful situations, develop resilience, and increase their level of legal literacy.

7. To develop a mobile application for children and their close relatives to help them establish habits of caring for their mental health, master techniques for maintaining psycho-emotional balance and skills for applying effective algorithms for overcoming the consequences of stressful situations, develop resilience, and increase their level of legal literacy.
8. To periodically monitor the psycho-emotional state of children.
9. To carry out periodic reports to international associations on the nature of lost connection syndrome in children who have been under the control of the aggressor state, rehabilitation programs, and the status of their implementation.
10. To coordinate joint action by experts from the Ministry of Health and the Ministry of Education and Science on the rehabilitation and social and psychological support of children who have suffered trauma as a result of being under the control of the aggressor state.

SECTION VII.

Application of the methodology for the inevitability of legal responsibility.

Ukraine demonstrates a consistent and principled position on ensuring justice for victims of international crimes committed in the context of the Russian Federation's armed aggression. This approach is enshrined, in particular, in paragraph 7 of the Peace Formula and in the content of the open appeal of Ukrainian civic activists to the leaders of foreign states (*Open Appeal of Ukrainian Civic Activists to World Leaders, 2025*). Despite isolated calls for appeasement of the aggressor and political pressure from certain members of the international community, Ukraine's official stance remains unchanged and provides for the inevitability of legal responsibility for the perpetrator states and their agents, as well as compensation for the damage they have caused.

However, despite the recognition of the need to restore justice as such, the implications of its outcomes for the psychosocial recovery and reintegration of victims of international crimes, particularly children, have not been sufficiently studied in scientific and practical terms. Such a situation leads to the dominance of a fragmented, predominantly punitive paradigm of justice and results in limited legal support for victims within the framework of existing reintegration strategies.

An analysis of the content of the Procedure for Identifying and Returning Children Deported or Forcibly Transferred as a Result of the Armed Aggression of the Russian Federation against Ukraine (*Resolution of the Cabinet of Ministers of Ukraine No. 551, 2024*) indicates that, despite the complexity of this legal act, it does not provide for a clearly defined mechanism to implement of the rights of affected children through the application of national and international legal remedies. Turning to such remedies is only regarded in the context of restoring the child's identity, which does not reflect either the content or the purpose of such instruments, including the restoration of a subjective sense of justice in the affected persons.

Understanding the phenomenon of justice and the ability to respond adaptively to situations of injustice cannot be generalized. In each case involving an affected child, an individual assessment of their best interests and needs must be carried out, taking into account the role of restoring violated rights during the child's reintegration and adaptation into

society. The child's readiness to proactively participate in seeking legal protection can develop at different stages of psychological recovery and depends on both individual psychological traits and the social environment to which the child is returning. Therefore, assessments of the best interests of the child should be carried out on a regular basis, with due regard for possible changes in the child's status and needs.

While the scope of empirical research highlighting the correlation between the administration of justice and mental health remains limited, the vast majority of studies indicate that symptoms of post-traumatic stress disorder (PTSD) are more pronounced and persistent among individuals prone to seeking revenge or retribution. These victims experience significant difficulties in social adaptation and require comprehensive measures to recover their subjective sense of justice, which may include both psychological support (psychotherapy) and the application of legal instruments to restore and protect violated rights (*Suzuki, 2023*).

Beyond the fragmented nature of reintegration efforts in the context of legal support for children who have been under the control of the aggressor state, other challenges include the fragmented nature of international and national law itself, as well as strategies for holding perpetrators accountable for crimes and other violations of children's rights. To date, the most attention has been drawn to the unlawful deportation and forcible transfer of Ukrainian children as war crimes, for which on March 17, 2023, the International Criminal Court (hereinafter referred to as the ICC) issued arrest warrants for Russian President Vladimir Putin and his Children's Rights Commissioner Maria Lvova-Belova.

By contrast, other unlawful acts are considered elements of unlawful deportation and forcible transfer and components of the subjective intent to leave children under Russian control permanently, such as: the forcible transfer of Ukrainian children to Russian families, unjustifiable delay in their repatriation, the imposition of the citizenship of the aggressor state, Russification, political indoctrination, and militarization. Such an approach effectively disregards those Ukrainian children who found themselves under the control of the aggressor state for reasons other than unlawful deportation and forcible transfer.

Although the exact number of children under Russian control is unknown, experts estimate that there are at least 1.6 million children, 600,000 of whom are of school age (*"East Point" (from Ukrainian — "Tochka Skhodu")*, 2025). The latter are particularly targeted by the aggressor state, attempting to eradicate Ukrainian national identity through the formal and informal school education system. Specific measures to achieve

this goal, including political indoctrination and militarization, are being implemented in preschool institutions as well as in higher and secondary vocational education institutions.

For the purposes of legal qualification, the authors of the present methodology define indoctrination and militarization by identifying their constituent elements.

Political indoctrination in education is a general term for actions that constitute violations of children's rights in situations of armed conflict, including but not limited to:

- visual and/or organizational politicization of educational institutions (replacement of symbolism, installation of memorial plates and other elements glorifying opposing forces, dissemination of false information about the history, national, religious, and cultural traditions of the occupied state);
- deprivation of or interference with academic freedom;
- interference in the work of educators to turn them into agents of propaganda for the opposing side;
- threats and harassment of students, their parents, or other legal representatives;
- discrimination on any grounds;
- incitement to hatred and social tension;
- promotion of aggression and imperialism;
- political and other forms of agitation.

Militarization of education or militarized re-education refers to the introduction of military values into the educational process, including:

- military training;
- retraining of Russian Armed Forces veterans as school teachers;
- organization of military-patriotic movements;
- conducting events involving militaristic elements;
- normalizing and justifying the crime of aggression;
- spreading the values and priorities of militarism (e.g., strict hierarchy, obedience, use of force).

In the context of individual criminal responsibility, certain elements of political indoctrination and militarized re-education may be regarded as:

1) a separate crime at the national, external (based on the principle of universal jurisdiction), and/or international levels;

2) aggravating circumstance for universally recognized international crimes (e.g., unlawful deportation and forcible transfer);

3) an element of an international crime (in particular, manifestation of specific intent to commit genocide; propaganda as a covert form of coercion to serve in the armed forces of the adverse state, etc.).

Elements of political indoctrination and militarized re-education as internationally wrongful acts may also entail state responsibility in courts (the International Court of Justice (hereinafter referred to as the ICJ), the European Court of Human Rights (hereinafter referred to as the ECHR), in quasi-judicial institutions (UN Human Rights Committee, Committee on the Elimination of Racial Discrimination, Committee on the Rights of the Child), subsidiary bodies and specialized mechanisms (UN Human Rights Council, Children and Armed Conflict (CAAC)). Such acts constitute violations of the child's right to identity (*Article 8 of the Convention on the Rights of the Child*), freedom of expression (*Article 13 of the Convention on the Rights of the Child, Article 18 (1) of the International Covenant on Civil and Political Rights*), education (*Article 30 of the Convention on the Rights of the Child*), etc. The wrongfulness of political indoctrination is enshrined in the decisions of the Inter-American Commission on Human Rights. When ensuring the responsibility of the state for internationally wrongful acts, restrictions on the application of some of the above instruments should be taken into account due to:

- possible lack of jurisdiction;
- failure of the responsible states to cooperate and provide access to Ukrainian children.

Depending on the selected path of individual criminal responsibility and/or state responsibility, it is necessary to develop documentation elements, collect and systematize evidence. At the same time, judgments and decisions on state responsibility should be taken into account in criminal proceedings against its officials and other agents (for example, in the context of political indoctrination and militarized re-education, the ICJ judgment of January 31, 2024, on the application of the International Convention for the Suppression of the Financing of Terrorism and the International Convention on the Elimination of All Forms of Racial Discrimination; ECHR decisions of June 25, 2024, in the case of *Ukraine v. Russia (re Crimea)* and of July 9, 2025, in the case of *Ukraine and the Netherlands v. Russia*).

From the perspective of the inevitability of responsibility for political indoctrination and militarization, the most appropriate approach is the concomitant utilization of all available international instruments.

As of today, Article 438 of the Criminal Code of Ukraine (hereinafter referred to as the CCU) allows for the prosecution of not only serious violations of the laws and customs of war, but also other violations, provided that the criminalization of such acts is justified by their severity, large scale, systematic nature, and dynamics. International humanitarian law does not prohibit such an increase of liability. Furthermore, a state may contribute to changes and additions to international law through its practices, thereby facilitating the establishment of customary norms and the evolutionary interpretation of existing rules. The Rome Statute of the ICC also does not directly require narrowing the scope of Article 438 of the CCU. At the same time, renaming the article “War Crimes” may limit the scope for legal activism in interpretation. Moreover, according to some legal experts, the scope of legal activism in criminal proceedings should be limited. Otherwise, it raises doubts about the guarantee of the principles of legal certainty and legality.

There are existing examples of broad interpretations of elements of international crimes and other violations of international humanitarian law and international human rights law at the level of individual foreign states (Germany, Lithuania, Latvia, Spain, France, etc.). The admissibility of such an approach under clearly defined conditions and its compliance with Article 7 of the Convention for the Protection of Human Rights and Fundamental Freedoms has been repeatedly affirmed by the ECHR.

The militarization of education and certain elements of political indoctrination violate Article 51 of the Geneva Convention relative to the Protection of Civilian Persons in Time of War (hereinafter referred to as GC-IV), which provides for an absolute prohibition on any pressure or propaganda aimed at voluntary enlistment in the armed forces of the adverse state. In addition, such acts possess the elements of intent to commit a war crime in the form of forced mobilization under Article 8(2) (a)(v) of the Rome Statute, given the ICRC’s understanding of propaganda as a covert form of coercion. National law may also refer to an attempt to commit such a crime prior to the actual mobilization into the armed forces of the Russian Federation of a person who was a minor at the time of re-education.

Political indoctrination and militarization of education, which, according to the UN Committee on the Rights of the Child, violates the right to education, may also constitute a violation of Article 50 of GC-IV in the context of the proper working of all institutions devoted to the care and education of children in the occupied territory. The circumstances in which the

relevant education system is introduced (international armed conflict) and the category of the population affected by it (children as civilians entitled to special protection) should be taken into account here.

Contextual interpretation requires adherence to the laws in force in the occupied territories, as provided for in Article 43 of the Hague Regulations, an annex to the Convention (IV) respecting the Laws and Customs of War on Land. Having imposed its own educational standards, the Russian Federation has violated this obligation, providing grounds for concluding that such actions are illegal. This is not indicative of a separate crime, but should be regarded as part of the evidence of other criminally punishable acts.

Political indoctrination and militarized re-education involves forcing children to renounce their identity, homeland, culture, and language. Such acts violate Article 77 of Additional Protocol I to the Geneva Conventions, which is customary in nature (*rule 135 of customary international law*) and provides for special protection for children during armed conflict.

Certain elements of political indoctrination and militarized re-education reach the threshold of inhuman and degrading treatment based on discrimination, strictly prohibited by Article 3, common to the four Geneva Conventions. Such acts constitute war crimes and require the establishment of relevant factual circumstances (the perpetrator's behavior, its subjective perception by the victims, and its impact on their development and physical and psychological state) in order to be proven. The impact on mental health must be measured by means of a mandatory psychosocial examination, during which psychosocial reactions to the stimulus in the form of political indoctrination and militarized re-education are established. Such an examination must demonstrate a direct link between the unlawful acts and the negative consequences for the victim. This methodology allows for such an impact assessment to be carried out.

The methodology offers a legal assessment of mental health issues at the physical, emotional, cognitive, behavioral, and worldview levels. The core elements of violations of children's rights, war crimes, crimes against humanity, and genocide are identified based on the children's age group: preschool (3–7 years old), primary school (7–13 years old), and adolescence (13–18 years old).

Physical level. Chronic exhaustion, sleep disorders, insufficient/unbalanced nutrition, deviations in physical and cognitive development as a result of occupation, deportation, or living in conditions of aggression may qualify as cruel treatment of a child, violating GC-IV (*Article 3*), the

UN Convention on the Rights of the Child (hereinafter referred to as the Convention on the Rights of the Child) (*Article 37*) and the International Covenant on Civil and Political Rights (hereinafter referred to as the ICCPR) (*Article 7*). Such treatment may qualify as a war crime and a crime against humanity (*Articles 8(2)(a)(iii) and 7(1)(f) of the Rome Statute of the ICC*).

Moreover, living under conditions of violence, constant danger and instability, attacks on disloyal civilians, including members of the child's family, curfews, checkpoints and restrictions on freedom of movement, demolition of civilian buildings, forced eviction (so-called administrative deportation), expropriation of property, arbitrary arrests and enforced disappearances, even if not directed against the child themselves, but witnessed by them — are additional factors contributing to mental suffering, severe bodily injury, and serious harm to mental and/or physical health, which may reach the threshold of other inhumane acts as crimes against humanity (*Article 7(1)(k) of the Rome Statute of the ICC*).

When the damage caused is the result of deliberate acts, such as denial of humanitarian access, including attacks on energy infrastructure, restriction of access to medical care, in particular the provision of relevant services only to citizens of the aggressor state, establishment of conditions for a humanitarian catastrophe, deliberate use of starvation of the civilian population as a method of warfare, several war crimes may be considered. Among them are wilfully causing of great suffering, or serious injury to body or health (*Article 8(2)(a)(iii) of the Rome Statute*), intentionally directing attacks against civilian objects, that is, objects which are not military objectives (*Article 8(2)(b)(ii) of the Rome Statute*), intentionally using starvation of civilians as a method of warfare by depriving them of objects indispensable to their survival, including wilfully impeding relief supplies as provided for under the Geneva Conventions (*Article 8(2)(b)(xxv) of the Rome Statute*), etc.

Deportation, forcible transfer, and/or separation from family members inflicted upon a child constitute violations of the GC-IV (*Article 49*), as well as the ICCPR (*Article 12 (4)*) and the Convention on the Rights of the Child (*Article 11*) in the context of freedom of movement and combating illegal displacement. Unlawful deportation, forcible transfer, and unjustifiable delay in repatriation are war crimes (*Article 8(2)(b)(vii) of the Rome Statute*) and, if widespread and systematic, crimes against humanity (*Articles 7(1)(d) and 7(1)(k) of the Rome Statute*). Separating children from their legal representatives, transporting them at times thousands of kilometers away from their country of origin and placing them with Russian families, the Russian Federation also fails to comply with the principle of

the best interests of the child (*Article 3 of the Convention on the Rights of the Child*), the right to preserve identity (*Article 8 of the Convention on the Rights of the Child*), and the right to family reunification (*Article 22 of the Convention on the Rights of the Child*).

According to the findings of an open-source analysis conducted by the Regional Center for Human Rights on 48 resource families and 85 foster parents to whom 158 deported Ukrainian children were forcibly transferred after February 24, 2022, as well as on 378 minors from Ukraine, general information about whom can be found online, it was established that the largest gender and age group of forcibly transferred children are boys aged 14–17. There are 71% more boys than girls in this age group. Among those who have illegally established guardianship over deported Ukrainian children, educators prevail, which is likely to increase their destructive influence on children and increase the effectiveness of “re-education” (*Ukrainian Parliament Commissioner for Human Rights, 2024*).

Prior to the full-scale invasion, there had been 12 cases of forcible transfer of Crimean orphans to families of Russian citizens in 2014 and 43 cases of adoption of children from the occupied Crimean peninsula in 2016. The affected children were mainly of preschool age. The children were taken to the Krasnodar and Zabaykalsky Krai, as well as to the Leningrad Oblast (*Submission, 2024*).

Emotional level. Systematic psychological abuse, emotional alienation, induced total distrust in the world, i.e., loss of a basic sense of security due to the systematic influence of external traumatic circumstances (armed conflict, violence, betrayal by adults, persecution, ideological manipulation), artificially induced feelings of guilt or helplessness violate the child’s right to protection from cruel, inhuman, or degrading treatment, as enshrined in the Convention on the Rights of the Child (*Article 19*) and GC-IV (*Article 3*). Such actions constitute several war crimes: wilfully causing great suffering, or serious injury to body or health (*Article 8(2)(a)(iii) of the Rome Statute*) and committing outrages upon personal dignity, in particular humiliating and degrading treatment (*Article 8(2)(b)(xxi) of the Rome Statute*). In addition, such acts may be qualified as crimes against humanity (*Article 7(1)(f) of the Rome Statute*).

Among the cases of emotional abuse patterned in nature in territories under the effective control of the Russian Federation and that have been recorded by the Regional Center for Human Rights are:

- bullying of Ukrainian children on the grounds of their national identity;

– arbitrary detention and cruel treatment of children’s relatives in their presence.

The bullying of Ukrainian children by their peers in order to forcibly assimilate them is institutionalized. This phenomenon is observed both in educational institutions and in so-called re-education camps, where Ukrainian children are placed together with their Russian peers. Violence is tolerated by the administrations of these institutions, the Russian military security forces, the Ministry of Internal Affairs, and the Ministry of Education of the Russian Federation. There are no effective legal remedies to end this humiliating and inhumane treatment.

Ever since the occupation of the Crimean peninsula in 2014 and in the territories occupied after 2022, Russian security forces have been conducting politically motivated searches of the homes of Ukrainians and Crimean Tatars, causing mental suffering to the children of those detained. Such practices are widespread and systematic, accompanied by complete disregard for the best interests of the minors present. Arbitrarily detained children are forced not only to testify against their parents, but also to be present during other “investigative” actions. Further detention often takes place in the absence of any notification to relatives about the place of detention. The possibility of maintaining contact with the detainee is largely unavailable. Detainees are often forcibly transferred within the occupied territories or deported to the Russian Federation, severing family ties between the father/mother and the child for a long period of time and becoming an additional factor in the child’s trauma.

If persistent manifestations of socio-psychological maladjustment and emotional disorders are caused by arbitrary detention, in particular unjustifiable delay in repatriation and/or forced assimilation (Russification, militarized re-education), such actions, if proven to be intentional, may additionally qualify as the forcible transfer of a child from one group to another, i.e., genocide (*Article 6(e) of the Rome Statute*). Along with other violations of children’s rights (the right to identity, education, development, rest, and growth in a family environment) and given their systematic, widespread, and discriminatory nature, as well as their long-term negative consequences for the physical and mental health of the victims, such actions by agents of the aggressor state constitute persecution as a crime against humanity (*Article 7(1)(h) of the Rome Statute*).

Cognitive level. There is evidence that traumatic experiences at an early age significantly increase the risk of developing post-traumatic stress disorder (PTSD), depression, bipolar disorder, and schizophrenia — all syndromes characterized by cognitive dysfunction (*Gould, Clarke, Heim, Harvey, 2012*). Such traumatic experiences can include, among other

things, the deliberate restriction of access to unbiased information, indoctrination, the destruction of critical thinking skills, and measures aimed at standardizing thinking and preventing reflection. When cognitive dysfunction manifests as a result of these actions, they must be qualified as inhumane treatment, violating Geneva Convention IV (*Article 3*), the Convention on the Rights of the Child (*Article 19*), and the ICCPR (*Article 7*). Such treatment may be qualified as a war crime (*Article 8(2)(a)(iii) of the Rome Statute*) and a crime against humanity (*Article 7(1)(f) of the Rome Statute*).

Furthermore, the aforementioned actions show indications of a violation of the child's right to education, particularly its substantive component, which encompasses accessibility, acceptability, and adaptability (*General Comment No. 1, 2001*). As the Special Rapporteur on the right to education has emphasized, education must be free from propaganda and must always include access to information and an emphasis on the free development and implementation of critical thinking. Since children play a fundamental role as carriers and transmitters of cultural values from one generation to the next, such a policy can easily have long-term consequences (*OHCHR, 2023*).

The educational standards of the Russian Federation, unlawfully extended to the occupied territories of Ukraine, are characterized by the intent of the aggressor state's regime to falsify historical facts and politicize teaching and upbringing.

As of October 3, 2024, at the latest, the «Conversations about Important Things» sessions are held not only in schools but also in kindergartens. The Federal Educational Program for Preschool Education, amended on November 25, 2022, states that by the age of 6, a child must “demonstrate the foundations of patriotism” and “develop on the basis of the spiritual and moral values of the Russian people,” which include service to the “Motherland” and the unity of the peoples of Russia.

The Federal State Educational Standard for Primary General Education of the Russian Federation mandates the “spiritual and moral development” of children, including their acceptance of moral norms and attitudes, “national values,” and the cultivation of love for the people and the “Motherland” [the Russian Federation]. Among the forms of extracurricular activities mentioned in the Standard are military-patriotic movements. One of these is the “Eaglets of Russia,” into which children are enrolled automatically without the right to choose. Among the “laws” of the Eaglets that they must adhere to are to be proud of “their Motherland” [the Russian Federation] and to be the best citizens of “their country” [the Russian Federation].

According to the Federal State Educational Standard for Primary General Education of the Russian Federation, its primary goal is stated as the “formation of civic identity”. It further establishes the need to «create a social situation for the development of students that ensures their social self-identification in the form of personally significant activity.» Education at this level must contribute to forming a socially active citizen who respects law and order and is aware of their duties to the “Motherland” [the Russian Federation]. Such duties, according to Article 59 of the Constitution of the Russian Federation, include service in the Russian armed forces.

Children who have suffered from the violation of their right to education and who, as a result of so-called “re-education,” exhibit cognitive distortions, blind obedience, and an inability to formulate their own thoughts, become more vulnerable to various forms of exploitation, from labor and sexual exploitation to being used and recruited by malicious actors to achieve a military advantage in an armed conflict. The sexual exploitation of a child is a gross violation of their fundamental rights, including the right to dignity, physical and mental integrity, and protection from violence, as guaranteed by international human rights law (*Article 34 of the Convention on the Rights of the Child*). Depending on the context, the sexual exploitation of a child can constitute a crime against humanity (*Article 7(1)(g) of the Rome Statute*) and/or a war crime (*Articles 8(2)(b)(xxii) and 8(2)(e)(vi) of the Rome Statute*). The recruitment and use of children in armed conflicts is a separate war crime, specifically conscripting or enlisting children under the age of fifteen years into the national armed forces or using them to participate actively in hostilities (*Articles 8(2)(b)(xxvi) and 8(2)(e)(vii) of the Rome Statute*). All of the aforementioned types of child exploitation are grave violations against children during armed conflicts.

The politicization and militarization of a child’s consciousness show indications of a violation of their right to development, to rest and play, and to information (*Articles 27–29 of the Convention on the Rights of the Child*). Furthermore, such actions violate the child’s right to freely express their opinion (*Article 31 of the Convention on the Rights of the Child*). Taken together with the violations of children’s rights discussed at other levels (the right to identity, to grow up in a family environment), and considering their systematic, widespread, and discriminatory character, as well as the long-term negative consequences for the physical and mental health of the victims, such actions by representatives of the aggressor state exhibit indications of persecution as a crime against humanity (*Article 7(1)(h) of the Rome Statute*).

The forcible transfer of children to a group where they receive an education different from that of their own group, where new customs, a new religion, and possibly a new language are imposed on them, is in practice tantamount to the destruction of their group, whose future depends on this generation of children. In such a case, there are indications of the crime of genocide (*Article 6(e) of the Rome Statute*).

Behavioral level involves the formation of behavioral patterns in children that include violence, impulsivity, and refusal of responsibility, or, conversely, complete subordination to external authority without independent thought. This, along with the distortion of moral and social norms, violates the principle of the best interests of the child (*Article 3 of the Convention on the Rights of the Child*) and the right to the development of personality (*Articles 27 and 29 of the Convention on the Rights of the Child*). If these behavioral deviations are caused by participation in militarized structures or undergoing militarized “re-education,” this indicates a grave violation against children during armed conflict. The conscription or enlistment of children under the age of fifteen into national armed forces or using them to participate actively in hostilities should be qualified as a war crime (*Article 8(2)(b)(xxvi) of the Rome Statute*). Under national law, the relevant acts may also be qualified as an attempt to commit the war crime of forcible mobilization, as well as propaganda for service in the forces of a hostile power and the use of a child for military purposes by a representative of a foreign state (*Article 438 of the Criminal Code of Ukraine*).

Elements of the militarization of Ukrainian children are prevalent for all age groups.

For preschoolers, meetings are organized with participants in the Russian aggression against Ukraine, and children are encouraged to draw pictures, write letters, and/or create protective amulets for the military. Among the activities recommended for kindergartens are the military-sports game “Paratroopers from Kindergarten,” events themed “We Will Never Forget Those Who Died in a Valiant Battle!”, and military song competitions. Furthermore, holidays in which preschoolers are required to participate include February 23 and May 9, the Day of Remembrance for fallen employees of internal affairs bodies, the Day of Remembrance for soldier-internationalists, and the Day of Crimea’s Reunification with Russia. Kindergartens are visited by representatives of the “Young Army” and the “Movement of the First”.

From the age of 8, children can join “Young Army,” a military-patriotic organization. The activities they are involved in include: military-patriotic seminars, events aimed at “preserving historical memory,” military-sports

games, and military-tactical games. The Charter of “Young Army” defines one of the organization’s goals as “assistance in preparing citizens of the Russian Federation for military service and fostering in youth the readiness and practical ability to fulfill their civic duty and constitutional obligations to defend the Fatherland.”

From the age of 14, in addition to “Young Army,” children can undergo military training at the “Warrior” center. Its “mission” is the formation of a new generation of patriots who love their “Motherland” [the Russian Federation] and know how to defend it. The training areas include: UAV application, military, engineering, and tactical training, communications organization, military-sports games, fundamentals of national security of the Russian Federation, and tactical medicine. As of mid-2025, branches of the center operate in the occupied Donetsk, Luhansk, Kherson, and Zaporizhzhya oblasts. Children from these territories are also taken to “re-education” camps where “Warrior” organizes a session called “Time of Young Heroes”.

Such practices must undergo a proper legal assessment as part of a widespread and systematic policy aimed at the eradication of Ukrainian identity in the occupied territories of Ukraine. Political indoctrination and militarization, as the basis of “re-education,” involve coercing children to renounce their identity, homeland, culture, and language. The severe moral suffering, reaching the threshold of inhumane treatment and mental torture, is intentionally caused by propaganda aimed at convincing Ukrainian children that their knowledge of Ukraine, its history, and its politics is supposedly incorrect. The forcible imposition of the values and narratives of the “Russian World” intensifies the destructive impact on the unformed psyche of a child. Such acts violate Additional Protocol I to the Geneva Conventions in the context of the special protection of children during armed conflict (*Article 77*). This requirement is also reflected in customary international law (*Rule 135*). Such actions can be qualified as a war crime (*Article 8(2)(a)(iii) of the Rome Statute*) and a crime against humanity (*Article 7(1)(f) of the Rome Statute*).

Worldview level involves deliberate actions aimed at severing a child’s ties to their language, culture, community, and family, and prohibiting the expression of their national identity and origin. This constitutes a serious violation of the right to preserve cultural, linguistic, and national identity, as well as a destruction of one’s internal worldview, which is a form of mental violence, bullying, humiliation, and psychological abuse. In the assessment of ICTY Judge Fausto Pocar, such acts can, *mutatis mutandis*, be considered the crime of persecution (*Pocar, 2008*).

Identity is the means by which a person's biological entity is transformed into a legal one, attesting to "the existence of a specific legal person capable of bearing rights and obligations. The right to preserve one's identity is, therefore, a necessary precondition for the exercise of all other rights of the child" (*Tobin & Todres, 2019*). Thus, in the context of acts aimed at the forcible alteration of a child's identity, it is referred to as violation of a whole spectrum of their rights, particularly the right to freely express their opinion (*Articles 12–13 of the Convention on the Rights of the Child*), the right to education and development (*Articles 27–29 of the Convention on the Rights of the Child*), the right to rest and play (*Article 31 of the Convention on the Rights of the Child*), and the right to information (*Article 17 of the Convention on the Rights of the Child*).

The deliberate and systemic destruction of national identity while under the control of the aggressor state can be qualified as an element of the crime of persecution (*Article 7(1)(h) of the Rome Statute*) or as so-called cultural genocide (a component of the subjective element of the crime of genocide) (*Article 6(e) of the Rome Statute*). According to the definition by the Truth and Reconciliation Commission of Canada, "cultural genocide is the destruction of those structures and practices that allow the group to continue as a group. States that engage in cultural genocide set out to destroy the political and social institutions of the targeted group. Land is seized, and populations are forcibly transferred and their movement is restricted. Languages are banned. Spiritual leaders are persecuted, spiritual practices are forbidden, and objects of spiritual value are confiscated and destroyed. And, most significantly to the issue at hand, families are disrupted to prevent the transmission of cultural values and identity from one generation to the next" (*Final Report, 2015*). The actions of agents of the Russian Federation against representatives of the Ukrainian nation as a whole, regardless of age, encompass all of the aforementioned elements.

SECTION VIII.

Conclusions and recommendations on the legal aspects of the methodology for assessing the impact of Ukrainian children being held under the control of the aggressor state, for further application when bringing those responsible to justice.

A legal analysis of the traumatic factors identified by the research leads to the conclusion of systemic violations of international humanitarian law, international criminal law, and international human rights law by the aggressor state. The primary focus is on how these factors encompassing deportation, forcible transfer, unlawful placement with Russian families, Russification, indoctrination, militarization, and separation from family and community, can be utilized to qualify these acts as crimes under national and international law.

The juridical component of the methodology outlines possible approaches to establishing individual criminal responsibility and the international responsibility of the state. The analytical framework covers the correlation between the manifestations of health impairment, the traumatic factors, and the elements of crimes stipulated in the Criminal Code of Ukraine and the Rome Statute of the ICC. The study outlines the potential for its use in criminal proceedings and in submitting complaints to UN treaty bodies and other international human rights protection mechanisms.

Effective instruments of restorative justice can have a significant positive impact on the psychological state of victims, as they help reduce manifestations of PTSD and restore a sense of safety, control, and trust in society. For individuals who have suffered human rights violations both adults and children — restorative justice has no alternative. At the same time, legal instruments must be reinforced by the comprehensive support measures provided for in the methodology, the creation of a safe environment, the building of long-term peace, and the expansion of access to education, medical care, and cultural and leisure activities. Fulfilling these tasks requires the coordinated efforts of the state and civil society on the basis of partnership.

The methodology is supplemented by recommendations for national authorities and the international community regarding the documentation and qualification of unlawful acts, as well as guaranteeing the rights and best interests of the child as a participant in criminal proceedings.

RECOMMENDATIONS

For National Authorities

In the Context of Documentation and Evidence Gathering

1. To distinguish the constituent elements of political indoctrination, militarization, and/or forcible identity alteration of Ukrainian children under the control of the Russian Federation for the purpose of their subsequent documentation and the gathering of evidence for each element.
2. To differentiate the documentation and gathering of evidence regarding the acts mentioned in point 1 according to the age groups specified in the methodology (preschool, primary school, and adolescent age).
3. To develop and approve standards for investigating the political indoctrination, militarization, and/or forcible identity alteration of Ukrainian children under the control of the Russian Federation as elements of crimes under national and international law.
4. To use the approach developed in the methodology for diagnosing the «lost connection syndrome» within the framework of forensic psychiatric examinations of victims and witnesses among minor children and adolescents.
5. Taking into account the elements of crimes against Ukrainian children under the control of the Russian Federation — including but not limited to political indoctrination and militarization, as well as other acts that could have potentially contributed to the emergence and development of the «lost connection syndrome» in the victim(s) — to establish the hierarchy of suspects and identify the role of those who developed and initiated the relevant policy.

In the Context of Qualification

1. To improve the qualification and interpretation of specific crimes against Ukrainian children in national legislation, in particular:
 - to establish criminal liability for political indoctrination, militarization, and/or the forcible identity alteration of a child;
 - to consider the “lost connection syndrome” as a consequence of serious mental suffering of minors and/or adolescents, with the subsequent qualification of the acts that caused the emergence and development of said syndrome as a war crime and/or a crime against humanity;

- to consider the acts that led to the emergence and development of the “lost connection syndrome” as the objective side (*actus reus*) of the crime of genocide — the forcible transfer of children from one group to another, as well as a manifestation of the specific intent (*dolus specialis*) aimed at the destruction of the Ukrainian national group;
- to consider persistent manifestations of social maladaptation and/or post-traumatic stress disorder as severe consequences caused by a crime, which constitutes an aggravating circumstance for sentencing (*Article 68 of the Criminal Code of Ukraine*).

In the Context of Guaranteeing the Rights of Children as Participants in Criminal Proceedings

1. To expand the list of persons entitled to free legal aid to include all children, regardless of their procedural status.
2. To involve a psychologist as a specialist with appropriate qualifications in criminal proceedings, particularly from the Register of Psychologists involved in criminal proceedings with children, as well as psychologists from the education and social sectors, providing them with opportunities for professional training on the specifics of supporting children with “lost connection syndrome” in criminal proceedings.
3. To guarantee the confidentiality of personal data of children involved in criminal proceedings, in accordance with national legislation. In particular, to restrict access to information about said children and to clearly regulate any possible contact between them and media representatives.
4. To guarantee adherence to the principle of the best interests of the child during criminal proceedings, in particular by:
 - Making decisions on an individual basis.
 - Meeting the child’s current needs by identifying and considering their present circumstances.
 - Meeting the child’s long-term needs, which requires a comprehensive analysis of the conditions and circumstances in which the child lives, their language, culture, upbringing, and similar factors, in accordance with the child’s age and development.
 - Respecting the child’s views and taking their opinion into account, regardless of age.

For the International Community

1. To initiate investigations into the political indoctrination and militarization of Ukrainian children as acts that show indications of crimes against humanity and war crimes, as well as the specific intent to destroy the Ukrainian national group (States Parties to the Rome Statute of the International Criminal Court).
2. To initiate investigations into the political indoctrination and militarization of Ukrainian children as acts that show indications of war crimes, crimes against humanity, and/or genocide, in accordance with the principle of universal jurisdiction (foreign states).
3. To consider the politicization and militarization of education and upbringing by an occupying power as a form of attack on schools, i.e., a grave violation against children during armed conflict, and to extend the Monitoring and Reporting Mechanism (MRM) of the Office of the Special Representative of the Secretary-General for Children and Armed Conflict to cover it. Pending the establishment of such a mechanism, the Special Rapporteur on the right to education should document these abuses and develop recommendations for action to end them (UN General Assembly, UN Secretary-General, UN Security Council).
4. To consider the displacement of Ukrainian children to so-called “re-education camps” where the program includes intensive military training, the organization of such training by the occupying power in special centers in the occupied territories of Ukraine, Russia, and Belarus, and the promotion of service in the armed forces of the Russian Federation as the recruitment and use of children, i.e., a grave violation against children during armed conflict, and to extend the Monitoring and Reporting Mechanism (MRM) of the Office of the Special Representative of the Secretary-General for Children and Armed Conflict to cover them (UN General Assembly, UN Secretary-General, UN Security Council).
5. To support programs for the return and psychosocial adaptation of children affected by political indoctrination and militarization, taking into account the context of overcoming the “lost connection syndrome,” and to develop and finance educational programs that promote peace, tolerance, and critical thinking among children in affected regions to counter further attempts at political indoctrination and militarization (Member States of the International Coalition for the Return of Ukrainian Children, the ICC Trust Fund for Victims, UNICEF, etc.).
6. To launch global media campaigns to raise awareness of the problem and to exert pressure on violating governments (the media community).

7. To facilitate the adaptation of the methodology for the purposes of forensic psychiatric examination, including but not limited to providing technical and financial support to competent institutions (Member States of the International Coalition for the Return of Ukrainian Children, the academic and professional communities).

REFERENCES

Legal instruments, international treaties

1. UN Convention on the Rights of the Child (1989).
2. Optional Protocol to the Convention on the Rights of the Child on the Involvement of Children in Armed Conflict (2000).
3. Convention (IV) respecting the Laws and Customs of War on Land and its annex: Regulations concerning the Laws and Customs of War on Land (1907).
4. Geneva Convention relative to the Protection of Civilian Persons in Time of War (1949).
5. Protocol Additional to the Geneva Conventions of 12 August 1949, and relating to the Protection of Victims of International Armed Conflicts (Protocol I) (1977).
6. Convention No. 182 concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour (1999).
7. Rome Statute of the International Criminal Court (2002).
8. International Covenant on Civil and Political Rights (1966).
9. Parliamentary Assembly of the Council of Europe (2023). Resolution 2495.
10. Cabinet of Ministers of Ukraine (2017). The Procedure for Granting the Status of a Child Affected by War and Armed Conflict (Resolution No. 268) (in Ukrainian).
11. Cabinet of Ministers of Ukraine. (2024). Some Issues of Protection of Children Deported or Forcibly Displaced in Connection with the Armed Aggression of the Russian Federation against Ukraine (Resolution No. 1240) (in Ukrainian).
12. Cabinet of Ministers of Ukraine (2024). On the Approval of the Procedure for the Identification, Return, Support, and Reintegration of Children Deported or Forcibly Displaced as a Result of the Armed Aggression of the Russian Federation against Ukraine (Resolution No. 551) (in Ukrainian).

13. Law of Ukraine (2025). On Social Protection and Support for Children Affected by the Armed Aggression of the Russian Federation against Ukraine, and Amendments to Certain Legislative Acts of Ukraine Regarding the Regulation of Social Services and Payments (in Ukrainian).
14. Law of Ukraine. (2014). On Protection of Rights and Freedoms of Citizens and Legal Regime for the Temporarily Occupied Territory of Ukraine (in Ukrainian).
15. Criminal Code of Ukraine (Law of Ukraine No. 2341-III of April 5, 2001).
16. Open Appeal of Ukrainian Civic Activists to World Leaders (2025). Retrieved from: <https://www.pravda.com.ua/articles/2025/01/6/7492165/>.
17. UN Committee on the Rights of the Child. (2001). General Comment No. 1: The Aims of Education. Retrieved from: https://clr.africanchildforum.org/General%20Comments%20Docs/legal-instruments-ungc-gc-1_en.pdf
18. Ukrainian Parliament Commissioner for Human Rights. (2024). Special Report. The Dusted. Systematic Russian Policy of Destroying the Ukrainian Identity of Children. Retrieved from: <https://surl.li/bkbgdo> (in Ukrainian).
19. Case of Ukraine v. Russia (re Crimea) (Applications nos. 20958/14 and 38334/18). Judgment [GC]. 25 June 2024. Retrieved from: <https://hudoc.echr.coe.int/eng?i=001-235139>
20. Case of Ukraine and the Netherlands v. Russia (Applications nos. 8019/16, 43800/14, 28525/20 and 11055/22). Judgment [GC]. 9 July 2025. Retrieved from: <https://hudoc.echr.coe.int/eng?i=001-244292>
21. Application of the International Convention for the Suppression of the Financing of Terrorism and of the International Convention on the Elimination of All Forms of Racial Discrimination (Ukraine v. Russian Federation). ICJ. Judgment. 31 January 2024. Retrieved from: <https://www.icj-cij.org/sites/default/files/case-related/166/166-20240131-jud-01-00-en.pdf>
22. Concluding Observations on the Combined Sixth and Seventh Periodic Reports of the Russian Federation. UN Committee on the Rights of the Child (CRC). 2 February 2024. Retrieved from: <https://www.refworld.org/policy/polrec/crc/2024/en/149239>

23. Honouring the Truth, Reconciling for the Future: Summary of the Final Report of the Truth and Reconciliation Commission of Canada. 2015. P.1. Retrieved from: https://irsi.ubc.ca/sites/default/files/inline-files/Executive_Summary_English_Web.pdf

24. Human rights situation during the Russian occupation of territory of Ukraine and its aftermath. United Nations Office of the High Commissioner for Human Rights. 24 February 2022 – 31 December 2023. Para. 136. Retrieved from: <https://www.ohchr.org/sites/default/files/documents/countries/ukraine/2023/2024-03-20-OHCHR-Report-Occupation-Aftermath-en.pdf>

Publications in academic editions

1. Blinov, O. (2016). *Psychology of combat-related psychological trauma*. Talkom (in Ukrainian).

2. Boiko, A. (2021). Innovative development of non-formal education in Ukraine: definition of soft skills. *Theoretical and Methodical Problems of Children and Youth Education*, 25(1), 22–33. <https://doi.org/10.32405/2308-3778-2021-25-1-22-33>

3. Borshch, K. (2023). Features of stress manifestation among children in conditions of war. *Scientific Herald of Uzhhorod National University. Series: Psychology*, (1), 47–51. <https://doi.org/10.32782/psy-visnyk/2023.1.9> (in Ukrainian).

4. Bochkor, N., Dubrovska, Ye., Zaleska, O., et al. (2014). *Socio-pedagogical and psychological work with children in conflict and post-conflict periods: Methodological recommendations*. International Women's Rights Center "La Strada-Ukraine" (in Ukrainian).

5. Vlasova, O., & Shistko, O. (2022). Factors of psychological well-being of children experiencing parental loss in war conditions. *Habitus*, (40), 77–82. <https://doi.org/10.32782/2663-5208.2022.40.11> (in Ukrainian).

6. Halytska-Didukh, T. (2023). Children during war: Psychological consequences and post-war rehabilitation programs. *Current Issues of Humanitarian Sciences*, 67(1), 60–64. <https://doi.org/10.24919/2308-4863/67-1-7> (in Ukrainian).

7. Dzhuhan, V. (2022). Problems of protecting children's rights during military actions in Ukraine. *Legal Scientific Electronic Journal*, (8), 63–67. <https://doi.org/10.32782/2524-0374/2022-8/12> (in Ukrainian).

8. Zhuravko, T. (2022). Psychological support for children during the war. *Veda a perspektivy*, 4(11), 177–187. [https://doi.org/10.52058/2695-1592-2022-4\(11\)-177-187](https://doi.org/10.52058/2695-1592-2022-4(11)-177-187) (in Ukrainian).

9. Karachevskyi, A. (2016). Adaptation of scales and questionnaires in Ukrainian and Russian regarding post-traumatic stress disorder. *Collection of scientific works of the staff of the Shupyk National Medical Academy of Postgraduate Education*, 25, 607–623. Retrieved from: http://nbuv.gov.ua/UJRN/Znpsnmapo_2016_25_97 (in Ukrainian).
10. Kisarchuk, Z., & Omelchenko, Ya. (2016). Specifics of the course of crisis states, psychotrauma, and post-traumatic stress disorder in children. *Psychological assistance to children in crisis situations: Methods and techniques: A methodological guide* (pp. 9–21). Lohos. (in Ukrainian).
11. Kliapets, O., Lazorenko, B., Liepikhova, L., & Savinov, V. (2009). *Methods for studying daily stress and ways to resolve crisis life situations* (T. M. Tytarenko, Ed.). Milenium. Retrieved from: <http://surl.li/famer> (in Ukrainian).
12. Krasnokutskyi, M., & Ovsianikova, Ya. (2018). Psychotraumatic experience of children: Main stages of providing psychological assistance. *Scientific Herald of Kherson State University. Series "Psychological Sciences"*, 2(1), 56–61. Retrieved from: http://irbis-nbuv.gov.ua/cgi-bin/irbis_nbuv/cgiirbis_64.exe?C21COM=2&I21DBN=UJRN&P21D-BN=UJRN&IMAGE_FILE_DOWNLOAD=1&Image_file_name=PDF/nvkhp_2018_1%282%29_12.pdf (in Ukrainian).
13. Lazos, H. (2018). Resilience: Conceptualization of concepts, review of modern research. *Actual Problems of Psychology. Consultative Psychology and Psychotherapy: Collection of scientific works of the G. S. Kostyuk Institute of Psychology of the NAPS of Ukraine*, 3(14), 26–64. Retrieved from: https://lib.iitta.gov.ua/716873/1/Lazos_APP_V3N14_2018.pdf (in Ukrainian).
14. Lebet, I., et al. (2019). The state of psychological health of children from the military conflict zone in Eastern Ukraine. *Health care for children and adolescents*, (1), 27–30 (in Ukrainian).
15. Levchenko, V., & Lutsenko, O. (2023). The impact of military events on the mental health of children. *Habitus. Personality Psychology*, 50. <https://doi.org/10.32782/2663-5208.2023.50.15> (in Ukrainian).
16. Lytvynenko, S., & Yamnytskyi, V. (2015). Psychology of trauma: Transgenerational and phenomenological aspects. *Psychology: Reality and prospects*, (4), 14–17. Retrieved from: http://nbuv.gov.ua/UJRN/prp_2015_4_6 (in Ukrainian).
17. *Militarization of childhood under occupation*. (2024). Retrieved from: https://ombudsman.gov.ua/news_details/militarizaciya-ditinstva-v-okupaciyi (in Ukrainian).

18. Mishchuk, S. (2018). Cohesion as a leading condition for overcoming psychotrauma: Traditional and modern contexts. *Actual Problems of Psychology. Consultative Psychology and Psychotherapy: Collection of scientific works of the G. S. Kostiuk Institute of Psychology of the NAPS of Ukraine*, 3(14), 64–77. Retrieved from: <http://appspsychology.org.ua/index.php/ua/arkhiv-vydannia/tom-3/issue-14-2018-vmu> (in Ukrainian).
19. Mishchuk, S. (2019). Alienation as a central phenomenon of the psychotraumatic process. *Psychological Journal*, 5(12), 137–151. <https://doi.org/10.31108/1.2019.5.12> (in Ukrainian).
20. Muzychenko, I., & Tkachuk, I. (2017). *Ways to overcome childhood psychotrauma in the activities of psychological service workers. "Nika-Center"*. (in Ukrainian).
21. Nikolaichuk, S. (2022). Protection of children's rights under martial law: Problems of theory and practice. *Scientific Herald of the Dnipropetrovsk State University of Internal Affairs*, 4, 94–105. <https://doi.org/10.31733/2078-3566-2022-4-94-105> (in Ukrainian).
22. Ovsianikova, Ya. (2012). Psychological assistance to children who have experienced psychological trauma as a result of an emergency situation. *Law and Security*, (1), 317–321. Retrieved from: http://nbuv.gov.ua/UJRN/Pib_2012_1_71 (in Ukrainian).
23. Omelchenko, Ya. (2018). Specifics of excessive stress factors in children of military personnel. *Current Problems of Psychology. Consultative Psychology and Psychotherapy: Collection of scientific works of the G. S. Kostiuk Institute of Psychology of the NAPS of Ukraine*, 3(14), 98–124. Retrieved from: <http://appspsychology.org.ua/index.php/ua/arkhiv-vydannia/tom-3/issue-14-2018-vmu> (in Ukrainian).
24. Omelchenko, Ya. (2019). The significance of the stress response type of significant adults in the process of forming personality stress resistance. *Psychological Journal*, 5(12), 169–181. <https://doi.org/10.31108/1.2019.5.12> (in Ukrainian).
25. Omelchenko, Ya. (2020). Technology for developing the resilience of military personnel's children with PTSD symptoms by restoring favorable psycho-emotional contact in the family. *Technologies of psychotherapeutic assistance to victims in overcoming the manifestations of post-traumatic stress disorder: A monograph* (pp. 87–114). "Slovo" Publishing House. Retrieved from: https://lib.iitta.gov.ua/722181/1/Monograph2020_labpsychother.pdf (in Ukrainian).

26. Omelchenko, Ya. (2022). Features of psychological assistance to children in war conditions. *Kyiv Journal of Modern Psychology and Psychotherapy*, 1(3), 53–68. <https://doi.org/10.48020/mppj.2022.01.04> (in Ukrainian).
27. *Specific aspects of the situation of children in the temporarily occupied territories of Ukraine and on the territory of the Russian Federation*. (n.d.). Retrieved from: <https://ombudsman.gov.ua/childrenofwar-2023/osoblyvosti-stanovyshcha-ditei-na-tymchasovo-okupovanykh-terytoriiakh> (in Ukrainian).
28. Office of the Prosecutor General. (2023). *Juvenile prosecutors: 484 children have died in Ukraine as a result of the armed aggression of the Russian Federation*. Retrieved September 11, 2023, from: <https://www.gp.gov.ua/ua/posts/yuvenalni-prokurori-484-ditini-zaginuli-v-ukrayini-vnaslidok-zbroinoi-agresiyi-rf> (in Ukrainian).
29. First Ukrainian site for parents and child psychologists. (2015). *Projective technique «Three Trees»*. Retrieved from: <https://dytpsyholog.com/2015/02/20/%> (in Ukrainian).
30. Pidchasov, Ye., & Chepelieva, N. (2022). Stress states of a child during the war. *Personality. Society. War* (pp. 93–95). Retrieved from: <https://dspace.univd.edu.ua/server/api/core/bitstreams/2ce9c6d0-0971-4adb-a02d-f5ff75d85a56/content> (in Ukrainian).
31. Romanovska, D. (2022). Psychological assistance in educational institutions during the war: Requests, methods, algorithms of action. *Scientific Herald of Uzhhorod National University. Series: Psychology*, (1), 148–152. <https://doi.org/10.32782/psy-visnyk/2022.1.28> (in Ukrainian).
32. Sliusarevskyi, M., & Hryhorovska, L. (2022). Psychological support for participants of the educational process in war conditions. *Bulletin of the NAPS of Ukraine*, 4(1), 1–7. <https://doi.org/10.37472/v.naes.2022.4129> (in Ukrainian).
33. Sliusarevskyi, M. (2022). Socio-psychological problems of childhood in war conditions: Challenges and responses. *Problems of Political Psychology*, 12(26), 9–30. <https://doi.org/10.33120/popp-Vol26-Year2022-119> (in Ukrainian).
34. Smith, P., Dyregrov, A., & Yule, W. (2012). Children and war: Learning healing techniques. *Children and War Foundation* (in Ukrainian).
35. Tytarenko, T. (2009). Crisis psychological counseling: A course program. *National Academy of Educational Sciences of Ukraine, Institute of Social and Political Psychology*; Milenium. Retrieved from: <http://surl.li/jldqs> (in Ukrainian).

36. Tytarenko, T., & Larina, T. (2020). *Personality resilience: Social necessity and security*. Retrieved from: https://lib.iitta.gov.ua/9065/1/Zhiznestoykost_lichnosti.pdf (in Ukrainian).
37. Turchenko, O. (2019). The right of the child to safety during armed conflict. *Political Life*, (2), 6–14. <https://doi.org/10.31558/2519-2949.2019.2.1> (in Ukrainian).
38. Khalepa, K. (2013). Features of psychological assistance to children who have experienced psychological trauma. *Bulletin of Chernihiv National Pedagogical University*, (114), 195–198. Retrieved from: http://nbuv.gov.ua/UJRN/VchdpuPH_2013_114_41 (in Ukrainian).
39. Chernobrovkin, V., & Panok, V. (2021). *Preparing teachers to develop resilience/stress resistance in children in educational institutions: A teaching and methodological guide*. University publishing house PULSARY. Retrieved from: <http://surl.li/jledw> (in Ukrainian).
40. Shakhova, O., & Chepiha, L. (2020). Features of the coping behavior system in adolescents: A gender aspect. *Scientific Herald of Kherson State University. Series "Psychological Sciences"*. [https://doi.org/10.32999/ksu2312-3206-2020-3\(15\)-123-129](https://doi.org/10.32999/ksu2312-3206-2020-3(15)-123-129) (in Ukrainian).
41. Yatsyna, O. (2022). The impact of war on mental health: Signs of psychological traumatization in children and adolescents. *Scientific Prospects*, 7(25), 554–567. [https://doi.org/10.52058/2708-7530-2022-7\(25\)-554-567](https://doi.org/10.52058/2708-7530-2022-7(25)-554-567) (in Ukrainian).
42. Attanayake, V., McKay, R., Joffres, M., et al. (2009). Prevalence of mental disorders among children exposed to war: a systematic review of 7,920 children. *Medical Conflict and Survival*, 25(1), 4–19. <https://doi.org/10.1080/13623690802568913>
43. Basak, P. (2012). The Impact of Occupation on Child Health in a Palestinian Refugee Camp. *Journal of Tropical Pediatrics*, 58(6), 423–428. <https://doi.org/10.1093/tropej/fms008>
44. Borba, C., Ng, L., et al. (2016). A mental health needs assessment of children and adolescents in post-conflict Liberia: results from a quantitative key-informant survey. *International Journal of Culture and Mental Health*, 9(1), 56–70. <https://doi.org/10.1080/17542863.2015.1106569>
45. Brooks, S., Dunn, R., Amlat, R., Rubin, G., & Greenberg, N. (2017). Social and occupational factors associated with psychological wellbeing among occupational groups affected by disaster: a systematic review. *Journal of Mental Health*. <https://doi.org/10.1080/09638237.2017.1294732>

46. Bürgin, D., Anagnostopoulos, D., et al. (2022). Impact of war and forced displacement on children's mental health – multilevel, needs-oriented, and trauma-informed approaches. *European Child & Adolescent Psychiatry*, 31, 845–853. <https://doi.org/10.1007/s00787-022-01974-z>
47. Vale, G. (2018). *Indoctrination and Recruitment of Children Within Islamic State Territory*. Retrieved from: <https://surl.gd/giqfds>
48. Calam, R. (2017). Public health implications and risks for children and families resettled after exposure to armed conflict and displacement. *Scandinavian Journal of Public Health*, 45(3), 209–211. <https://doi.org/10.1177/1403494816675776>
49. Chrisman, A., & Dougherty, J. (2014). Mass trauma: disasters, terrorism, and war. *Child and Adolescent Psychiatric Clinics of North America*, 23(2), 257–279. Retrieved from: <https://digitalcommons.unl.edu/cgi/view-content.cgi?article=1123&context=usuhs>
50. DeYoung, A., Kenardy, J., & Cobham, V. (2011). Trauma in early childhood: a neglected population. *Clinical Child and Family Psychology Review*, 14(3), 231–250. <https://doi.org/10.1007/s10567-011-0094-3>
51. Dyregrov, A., Salloum, A., Kristensen, P., et al. (2015). Grief and traumatic grief in children in the context of mass trauma. *Current Psychiatry Reports*, 17(6), 48. <https://doi.org/10.1007/s11920-015-0577-x>
52. Drury, J., & Williams, R. (2012). Children and young people who are refugees, internally displaced persons or survivors or perpetrators of war, mass violence and terrorism. *Current Opinion in Psychiatry*, 25(4), 277–284. <https://doi.org/10.1097/YCO.0b013e328353eea6>
53. Fremont, W. (2004). Childhood reactions to terrorism-induced trauma: a review of the past 10 years. *Journal of the American Academy of Child and Adolescent Psychiatry*, 43(4), 381–392. <https://doi.org/10.1097/00004583-200404000-00004>
54. Fletcher, K. (2003). Childhood Posttraumatic Stress Disorder. In E. J. Mash & R. A. Barkley (Eds.), *Child Psychopathology* (2nd ed., pp. 330–371). Guilford Press.
55. Gould, F., Clarke, J., Heim, C., Harvey, P., Majer, M., & Nemeroff, C. (2012). The Effects of Child Abuse and Neglect on Cognitive Functioning in Adulthood. *Journal of Psychiatric Research*, 46(4), 500–506. Retrieved from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC3307950/>
56. Hammad, J., Hammad, Z., & Tribe, R. (2021). Palestinian mental health under military occupation and chronic warlike conditions. In *Mental health, Mental lines and migration* (pp. 303–318). https://doi.org/10.1007/978-981-10-2366-8_35

57. Jordans, M., Pigott, H., & Tol, W. (2016). Interventions for children affected by armed conflict: A systematic review of mental health and psychosocial support in low- and middle-income countries. *Current Psychiatry Reports*, 18(1), 9. <https://doi.org/10.1007/s11920-015-0648-z>
58. Lieberman, A., & Knorr, K. (2007). The impact of trauma: a developmental framework for infancy and early childhood. *Psychiatric Annals*, 37, 416–422. <https://doi.org/10.3928/0090-4481-20070401-10>
59. Mark, J., Jordans, H., & Wietse, A. (2016). Interventions for Children Affected by Armed Conflict: a Systematic Review of Mental Health and Psychosocial Support in Low- and Middle-Income Countries. *Child and Family Disaster Psychiatry*, 14. <https://doi.org/10.1007/s11920-015-0648-z>
60. World Health Organization. (2022). *Mental health: Strengthening our response*. Retrieved from: <https://www.who.int/en/news-room/fact-sheets/detail/mental-health-strengthening-our-response>
61. Liu, M. (2017). War and Children. *American Journal of Psychiatry Residents' Journal*, 12(7), 3–5. <https://doi.org/10.1176/appi.ajp-rj.2017.120702>
62. Moss, D., Majadle, G., Milhem, J., & Waterston, T. (2021). Mental health impact on children of forcible home invasions in the occupied Palestinian territory. *BMJ Paediatrics Open*, 5(1), e001062. <https://doi.org/10.1136/bmjpo-2021-001062>
63. Online test pad. (n.d.). *Resilience test*. Retrieved from: <https://onlinetestpad.com/ua> (in Ukrainian).
64. Otokpa, C., Otokpa, O., Olaniyan, O., & Adebola, O. (2024). Mental health issues of children and young people displaced by conflict: A scoping review. *PLoS Medicine*, 20. <https://doi.org/10.1371/journal.pmen.0000076>
65. Pearn, J. (2003). Children and war. *Journal of Paediatrics and Child Health*, 39(3), 166–172. <https://doi.org/10.1046/j.1440-1754.2003.00124.x>
66. Pocar, F. (2008). Persecution as a Crime Under International Criminal Law. *Journal of National Security Law & Policy*, 2, 355–359. Retrieved from: https://www.rect.muni.cz/summerschool/Human_rights/Novotna/6_%20Pocar%20persecution%20CAH.pdf
67. Pynoos, R., Grafinkel, B., Carlson, G., & Weller, E. (1990). Post-traumatic stress disorder in children and adolescents. In *Psychiatric disorders in children and adolescents* (pp. 48–63). W.B. Saunders.

68. Qouta, S., Punamäki, R., et al. (2008). Child development and family mental health in war and military violence: The Palestinian experience. *International Journal of Behavioral Development*, 32(4). <https://doi.org/10.1177/0165025408090973>
69. Rachel, C. (2017). Public health implications and risks for children and families resettled after exposure to armed conflict and displacement. *Scandinavian Journal of Public Health*, 45(3), 209–211. <https://doi.org/10.1177/1403494816675776>
70. Shonkoff, J., & Garner, A. (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*, 129(1), 232–246.
71. Slone, M., & Mann, S. (2016). Effects of war, terrorism and armed conflict on young children: A systematic review. *Child Psychiatry & Human Development*, 47(6), 950–965. <https://doi.org/10.1007/s10578-016-0626-7>
72. Suzuki, M. (2023). Victim Recovery in Restorative Justice: A Theoretical Framework. *Criminal Justice and Behavior*, 50(12), 1893–1908. <https://doi.org/10.1177/00938548231206828>
73. Tobin, J., & Todres, J. (2019). Article 8: The right to preservation of a child's identity. In J. Tobin (Ed.), *The UN Convention on the Rights of the Child: A commentary* (pp. 281–306). Oxford University Press.
74. Vahidniya, N., Hasani, Z., Kamali, S., & Morteza. (2024). Effect of Warfare and Forced Displacement on Mental Health of Children. *International Journal of Travel Medicine and Global Health*, 12(1). <https://doi.org/10.30491/ijtmgh.2023.424973.1389>
75. Widom, C. (1999). Posttraumatic stress disorder in abused and neglected children grown up. *American Journal of Psychiatry*, 156(8), 1223–1229. <https://doi.org/10.1176/ajp.156.8.1223>

APPENDICES

Appendix A

Table of key indicators elaborating on their potential short-, medium-, and long-term impact on the development and physical and mental health of affected preschool-aged children

Parameters and criteria of health dimensions of an individual	Occasional manifestation of impairments	Persistent forms of social and psychological maladjustment	PTSD	Social and psychological risks for the future development of a healthy personality
<p>Physiological (physical, somatic) health parameters (physical level)</p> <ul style="list-style-type: none"> – control of basic movements typical for the age; – proper functioning of the body and organ systems; – motivation to maintain and improve physical health. 	<p>Identifies and accurately describes the structure and basic functional capabilities of the human body, but does not have sufficient control of basic movements (walking, running, jumping, climbing, throwing). Understands the basic principles of maintaining good health (physical activity, proper nutrition, drinking enough fluids, safe behavior, personal hygiene), but does not apply this knowledge in everyday life. Controls their own body, consciously responds to the basic needs of the body, and can withstand physical exertion appropriate for their age. Is aware of the basic indicators of their personal health (feeling well, absence of pain), but lacks experience in maintaining and strengthening physical health.</p>	<p>Lack of a comprehensive understanding of the structure and functional capabilities of the human body. The child is able to establish a basic connection between healthy development of the human body and adequate physical activity, but does not engage in physical activity on a daily basis. Has poor control of basic movements. Experiences occasional sleep disturbances, stomachaches, and night terrors. Informs adults when feeling unwell and performs necessary medical and preventive procedures under their supervision.</p> <p>Has an adequate image of their physical self (boy, girl), but is not aware of the prospects for human growth and change. Lacks motivation to maintain and strengthen physical health. Does not reco-</p>	<p>Psychosomatic manifestations of health disorders</p> <ul style="list-style-type: none"> – sleep disorders, nightmares; – abdominal pain, head and other; – nausea; – excessive susceptibility to trauma; – excessive susceptibility to upper respiratory tract diseases; – asthma. 	<p>Impaired physical health disrupts harmonious psychosocial development (communication with others, mastery of various activities) and generally reduces quality of life. The tendency toward a general decline in immunity due to prolonged stress (increased incidence of disease) intensifies over time. The lack of food culture hinders its aesthetic criteria, resulting in reduced satisfaction and satiety from food and the formation of harmful habits (frequent snacking, preference for fast food), and the population experiences an increase in metabolic diseases associated with metabolic disorders (diabetes, obesity, lipid metabolism disorders), among others.</p>

	<p>Has a basic understanding of the main stages of human life, genders, and is aware of the attributes of their gender.</p> <p>Has a positive attitude towards national and family health-oriented traditions, prefers energetic activities and leisure, healthy eating and physical training, and has healthy lifestyle habits. Differentiates between the concepts of "safe" and "unsafe", understands the importance of safety in life (for oneself and others). Is familiar with the rules for handling unfamiliar objects and substances; fire and electrical safety; use of transportation.</p> <p>Attempts to follow the safety rules at home, in preschool, outside, on the water, on ice, on playgrounds, and sports fields, while occasionally violating them.</p>	<p>Recognize the importance of health and its significance for a fulfilling life.</p> <p>Does not have a positive perception of national and family health-oriented traditions, often avoids active forms of activity and recreation, food culture and physical training, and the application of health-oriented behavior skills.</p> <p>Frequently ignores rules for handling unfamiliar objects and substances; violates rules for safe behavior at home, in preschool, outside, on water, ice, playgrounds, and sports fields.</p>		
<p>Emotional parameters of psychologically healthy activity of a person <i>(emotional level)</i></p> <ul style="list-style-type: none"> - development of one's own emotions and the ability to recognize and name them in other people; - predominantly positive emotional modality in communication and activity (mood, emotional tone of life); 	<p>Displays a friendly attitude towards relatives and acquaintances: adheres to verbal etiquette, possesses a wide range of linguistic formulas necessary for interacting with people in different situations, helps those in need, etc. Sincerely and freely expresses emotions appropriate to the situation, understands other people's emotions. Demonstrates emo-</p>	<p>Persistent manifestations of socio-psychological maladjustment and emotional disorders in a comprehensive assessment of an individual's health: general restraint in expressing emotions, reduced emotional intensity of life, lack of personal interest in various activities, including game play.</p> <p>Does not demonstrate a friendly attitude toward people around them, does not</p>	<p>Emotional manifestations of health disorders</p> <ul style="list-style-type: none"> - generalized fear; - maladaptive anxiety; - anxiety about death; - increased emotional stimulation, aggression. 	<p>Emotional coldness in relationships with parents, a predominant sense of personal guilt for traumatic situations, and blaming loved ones for difficult life events. All of the above causes distortions in the values of family life and parent-child relationships.</p>

<p>– development of a sensory realm (development of ethical, aesthetic, and intellectual senses).</p>	<p>tions not only related to the satisfaction or dissatisfaction of basic needs for safety, food, rest (sleep), etc., but also developed ethical feelings of moral content, aesthetic feelings of admiration for beauty in nature, art, and literary creativity.</p> <p>Positive emotions prevail in life: trust, gratitude, bliss, admiration, delight, pride, respect, joy, love, tenderness, satisfaction, confidence, sympathy, and affection.</p>	<p>attempt to maintain friendly relationships with peers.</p> <p>Negative feelings prevail on the emotional spectrum: distrust, indignation, anger, rage, despair, resentment, jealousy, malice, envy, pity, disappointment, fear, sadness, hatred, boredom, grief, dread, embarrassment, shame, disgust, frustration, and anxiety.</p>		
<p>Cognitive/intellectual parameters of active functioning of a healthy personality (cognitive level)</p> <p>– functional activity of cognitive capacities (attention, memory, perception, etc.) in operations and interactions with the environment;</p> <p>– development of higher mental functions (thinking, speech);</p> <p>– receptiveness to new ideas, creativity, intellectual potential.</p>	<p>The child expresses interest and desire to actively embrace the surrounding world through senses (hearing, sight, touch, smell), which are the basis for goal-oriented actions in any activity. The child is able to establish cause-and-effect and semantic connections between life events and their experiences. Has the ability to use their own sensory system to explore objects and items in the real world, identify similarities and differences between them, and use objects for their intended purpose based on an understanding of their properties and characteristics.</p> <p>Demonstrates awareness (within the limits of age-appropriate abilities) of national and</p>	<p>Lack of or insufficient practice of one's own sensory experience and ways of exploring the surrounding world, expressed in verbal concepts about the qualities and properties of reality, causes disturbances in the formation of visual-figurative and logical thinking. A child is incapable of independent thinking based on direct sensory experience of the social, natural, and material world. Low functional activity of cognitive processes (attention, memory, perception, etc.) inhibits the acquisition of basic sensory concepts and categories: <i>space, time, movement, color, shape, size, texture</i>. This generally justifies numerous</p>	<p>Cognitive/intellectual health disorders</p> <ul style="list-style-type: none"> – poor concentration; – memory impairment, suppression of traumatic events; – difficulty speaking about traumatic events. 	<p>The lack of skills in expressing and justifying personal opinions fosters a tendency toward indoctrination, described as the process of repeating ideas or beliefs to the point that the recipient accepts them without criticism or challenge. The lack of skills in formulating and reframing opinions, as well as critical thinking skills, introduces indoctrination into the educational process as a method of ideological teaching. The danger of indoctrinating children stems from the fact that children have insufficient life experience, fewer pre-existing ideas, concepts, and beliefs, and can serve the aggressor state as pure</p>

	<p>state symbols, talismans, and key facts from the history and culture of Ukraine.</p> <p>Proficient in various forms of speech, demonstrates the ability to express thoughts, impressions, etc. in any form of speech using verbal and nonverbal means.</p> <p>Open to new ideas, follows their feelings, intuitively relies on and willingly reproduces sensory impressions in speech and cognitive activity.</p> <p>Occasional deviations may occur due to negative moods or insufficient educational work by adults with the child.</p>	<p>misconceptions about reality. The child does not possess various forms of speech, as they have no practice in independently formulating thoughts.</p> <p>Demonstrates fragmented knowledge of national and state symbols, talismans, and key facts from Ukrainian history and culture.</p> <p>Speech is templated, telegraphic in style, lacking descriptions of objects and explanations of the cause-and-effect and semantic connections between life events.</p> <p>Does not express active interest in creativity or mastering new activities.</p>		<p>carriers of a specific ideology of extremism or terrorism.</p> <p>The danger of cognitive disorders of personal health lies in the destruction of identity as a manifestation of the complex of ideas, beliefs, and feelings one is aware of about themselves, encompassing values, preferences, social and gender identification, ethnic and cultural affiliation, and other attributes that define them as a person. The social and psychological risk lies in the emergence of a special type of consciousness — an implanted consciousness that is far from personal life experience.</p>
<p>Parameters of social regulation of behavior and activity (behavioral level)</p> <ul style="list-style-type: none"> – healthy interaction with the world and healthy relationships with other people; – versatile activity in various fields, i.e., a fulfilling personal life; – established behavior and activity regulation, self-regulation of inner states, ability to provide psychological assistance to oneself. 	<p>Observations of the child's behavior indicate that, in general, the child is motivated by the value of friendly relationships between people, expresses interest in the shared activities of adults and other children, and desires to participate in various events. However, the child may occasionally violate the rules of social interaction. The child values good relationships with family, acquaintances, and friends, and therefore strives to avoid conflict, consider the interests of others, coordinate actions with them, and</p>	<p>Does not possess etiquette formulas for communication (greetings, addressing people, making requests, expressing gratitude, apologizing, etc.); therefore, cannot ask for or offer help. Underdeveloped soft skills.</p> <p>Social and psychological maladjustment and behavioral health problems are characterized by a lack of core skills: establishing communication with adults and peers; teamwork; managing emotions; demonstrating creativity and initiative; expressing and substantiating opinions;</p>	<p>Behavioral, activity, and interaction regulation disorders</p> <ul style="list-style-type: none"> – normalization of violent behavior; – separation anxiety, clinging to a loved one; – alienation, increased tendency to isolate oneself. 	<p>Impairment of a child's ability to engage in free, emotionally fulfilling, spontaneous activity on their own initiative leads to the development of conformism, habit of organizing their life according to other people's instructions, lack of life plans for the future, and violation of personal boundaries.</p>

	<p>act together in a harmonious manner.</p> <p>Strives to achieve personal goals. Knows who to turn to for help in different situations and has the skills to cope independently in familiar situations. Has the skills to behave safely when faced with aggressive behavior from peers, other children, or adults.</p> <p>Responds appropriately to various life situations, controls themselves, attempting to restrain negative emotions, evaluates emotional behavior in terms of its consequences for others.</p>	<p>decision-making; and resolving complex situations.</p>		
<p>Parameters of the internal worldview and value orientations of a healthy personality <i>(worldview, ontological level)</i></p> <ul style="list-style-type: none"> – modality of one’s internal worldview (predominantly optimistic life principles) and the presence of plans for the future; – moral and spiritual values of a humanistic nature; – desire for growth and self-fulfillment in life. 	<p>The worldview potential of health manifests itself in the qualities of a child — from basic ideas and a positive attitude toward the inner world (thoughts, feelings, dreams, desires, motives, plans, ideals, goals, aspirations) to the formation of the foundations of their worldview and inner image of the world. The formation of self-awareness (identifies oneself as Ukrainian, has a positive self-esteem, seeks recognition of virtues among others, is able to compare “I want” (motives, intentions) and “I can” (knowledge, skills, abilities), “I will” (regulation of behavior and activity), able to ima-</p>	<p>Emotional and value-based attitudes and interest in the family, its traditions, and customs are disrupted. The sense of belonging and respect for one’s home and homeland is absent. Although the child understands basic emotions and feelings and is aware of what they do and do not want, they cannot substantiate their feelings. The child expresses little interest in their inner world (thoughts, feelings, desires, dreams, attitudes) and in discussion of it. Positive self-esteem is based solely on the assessment of adults, rather than on an understanding of their own achievements, suc-</p>	<p>The spiritual/worldview/ontogenetic dimension of health impairment, which is characterized by post-traumatic stress and disorders, is accompanied by a disruption of meanings, values, and the internal worldview. This is manifested in the disruption of national identity due to the prohibition of expressing personal qualities and social feelings of love for the homeland, feelings of pride in national belonging, which destroys national identity. The deformation of national identity occurs through the acceptance of imposed hostile ideological attitudes, isolation from one’s native culture, and trau-</p>	<p>The absence of a system of values deprives a person of mechanisms for internal regulation of their personal life. A person becomes an object of manipulation by external forces, power figures with leading attitudes of adaptation and conformism.</p> <p>A distorted worldview negates/defeats the willingness to participate in social events that take place in children’s centers, communities, and the society, which are aimed at improving communal life.</p> <p>The deprivation of a positive attitude and emotional perception of actions, thoughts,</p>

	<p>gine themselves in the past, present, and future; aware of basic rights and obligations) indicates the formation of an ontological, spiritual, and world-view level of health. Pre-school age is characterized by moral and spiritual values that help regulate their behavior with their environment (sociability, friendship, family, beauty, etc.), among which self-esteem and self-respect are cornerstone values.</p> <p>Manifests a respectful attitude toward national treasures and a positive image of the country. Foresees the outcomes of actions, recognizes their significance for oneself and others, and acknowledges responsibility for one's actions.</p>	<p>cesses, and traits. The child does not focus on their own responsibility in peer relationships. Tends to engage in victim behavior and play the role of a victim.</p> <p>Does not demonstrate emotional and value-based attitudes and interest in their native language, respect for the national language, languages of national minorities in Ukraine, or international languages. Does not seek to communicate freely with other children and adults in Ukrainian. Is not interested in the achievements of Ukrainian culture in its ethnic diversity, as well as age-appropriate examples of world culture.</p> <p>The child's value orientations do not have clear meanings or explanations, do not direct behavior, and are not defined in the system of knowledge about</p>	<p>matic events. The disruption of national identity and self-esteem occurs through the loss of awareness of one's own national identity; isolation from national identity and self-esteem occurs through the loss of awareness of one's own national identity; isolation from family and native environment; development of a negative attitude towards Ukrainian culture or language (if imposed by hostile propaganda); damaged or low self-esteem due to the assertion of the "inferiority" of everything that is Ukrainian.</p> <p>The distortion of meanings, values, and internal world-view is also manifested in a decline of interest in universal human values such as family, respect and love for parents, kin, and the state; and a distortion of concepts such as friendship, peace, kindness, etc. This distorts the child's social and civic stance and outlook on life. Identification based on language is disrupted, which manifests itself in difficulties of adaptation to the changing social situation and verbal communication. The above results in fear, confusion, and caution towards new information in everyday life; vocabulary decreases or speech is delayed; the child uses phrases or ideas that may</p>	<p>and dreams as optimistic experiences and realistic intentions undermine a proactive approach to life, reduce quality of life, and diminish subjective feelings of happiness.</p> <p>Disruption of identity based on language through coercion and indoctrination via narratives favorable to the aggressor state in the education system and informal educational activities results in the practical mental preparation of Ukrainian children to fight against Ukraine.</p> <p>The loss of one's native language causes a child to actively refuse to speak their native language or even develop an aversion to it. A negative attitude toward one's native culture due to imposed propaganda leads to the perception of one's native culture as "inferior." Consequently, identification with the aggressor state takes place under strong pressure from the environment. In the event of a return to the home country, a psychological internal conflict may arise between the imposed identity and the natural sense of belonging to one's own people.</p>
--	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

			indicate interference from a foreign ideology, statements that demonstrate fear, misunderstanding of the situation, or misinformation imposed by the enemy.	
--	--	--	-------------------------------------------------------------------------------------------------------------------------------------------------------------	--

Table of key indicators elaborating on their potential short-, medium-, and long-term impact on the development and physical and mental health of affected primary school-aged children

Parameters and criteria of health dimensions of an individual	Occasional manifestation of impairments	Persistent forms of social and psychological maladjustment	PTSD	Social and psychological risks for the future development of a healthy personality
<p>Physiological (physical, somatic) health parameters (physical level)</p> <ul style="list-style-type: none"> – control of the body and basic movements typical for the age; – proper functioning of the body and organ systems; – motivation to maintain and improve physical health. 	<p>Primary school-aged children generally have a comprehensive understanding of the structure and functional capabilities of the body. Younger schoolchildren still lack sufficient control over their movements (running, jumping, climbing, throwing), and their fine muscles are particularly vulnerable. Their skeletal bones are not yet fully ossified, while cartilage tissue predominates. This makes them more flexible but still vulnerable to deformities under the influence of improper loads of pressure. The cardiovascular system is not yet fully resistant to prolonged and intense loads. The immune system is actively developing but is not yet fully formed, which is why younger schoolchildren are often prone to colds. Stimulatory processes still prevail, which explains the increased mobility, emotionality, and impulsiveness of younger schoolchildren. The</p>	<p>The child has no comprehensive understanding of the structure and functional capabilities of the body. Under conditions of war trauma (occupation, captivity, living under the influence of the aggressor state), there is a significant suppression of immunity: chronic stress, malnutrition, lack of adequate sanitary conditions, and constant infections lead to the depletion of the immune system. The child often suffers from colds, viral and bacterial infections, which are more severe and last longer. Existing chronic diseases may worsen or new ones may arise (e.g., autoimmune disorders). Chronic stress causes excessive activation or exhaustion of the adrenal glands, which produce stress hormones (cortisol). This can affect the overall metabolism. Changes in the production of other hormones can affect appetite, sleep, and emotional state. Non-syste-</p>	<p>Психосоматичні прояви Psychosomatic manifestations of health disorders</p> <ul style="list-style-type: none"> – sleep disorders, nightmares; – abdominal pain, head and other aches; – nausea; – excessive susceptibility to injury; – excessive susceptibility to upper respiratory tract diseases; – asthma. 	<p>Impaired physical health disrupts harmonious psychosocial development (communication with others, mastering various activities) and generally reduces quality of life. The trend of a general decline in immunity due to prolonged stress (increased incidence of disease) intensifies with age. The lack of a culture of nutrition hinders its aesthetic criteria, resulting in reduced satisfaction and satiety from food, the formation of harmful habits (frequent snacking, preference for fast food), and the population experiences an increase in metabolic diseases associated with metabolic disorders (diabetes, obesity, lipid metabolism disorders), among others.</p> <p>For primary school children in a situation of war trauma (occupation, captivity, living under the influence of an aggressor country), the risk of persistent chronic stress increases. Malnutrition, sleep deprivation, and vitamin and mineral defi-</p>

	<p>child is able to establish a basic understanding of gender. The child differentiates between the concepts of “safe” and “dangerous” and understands the importance of safety (for themselves and others). The child is familiar with the rules for handling unfamiliar objects and substances, but sometimes breaks them. The child tries to follow the rules of safety at home, at school, on the street, on the water, on ice, on playgrounds, and on sports fields, but sometimes breaks them..</p>	<p>mic sleep disorders, abdominal pain, and night terrors are observed. The child informs an adult about feeling unwell and, under their guidance, performs the necessary therapeutic and preventive procedures.</p> <p>A primary school-aged child does not have a positive attitude towards national and family health-saving traditions, does not practice active forms of activity and recreation, food culture and physical training, and does not practice health-saving behaviors. Reluctantly participates in health and physical education activities. They do not express a positive attitude towards physical training and hygiene procedures. The child frequently ignores safety rules.</p>		<p>ciencies can disrupt overall metabolism. The body survives, but does not develop.</p> <p>All of the above can lead to cachexia (extreme exhaustion). BMI (body mass index) is significantly below normal, the child looks exhausted and pale. Protein starvation may cause edema.</p>
<p>Emotional parameters of psychologically healthy activity of a person (emotional level)</p> <ul style="list-style-type: none"> – development of one’s own emotions and the ability to recognize and name them in other people; – predominantly positive emotional modality in communication and activity (mood, emotional tone of life); – development of a sensory 	<p>The child has a basic sense of security and trust in the world and adults, is able to relax and feel protected. Can recognize basic emotions (joy, sadness, anger, fear, surprise) in themselves and others. They can adequately express their feelings: rejoice when happy; cry when sad; get angry, but they know how to express these feelings without causing harm. They understand the context in which it is appropriate to</p>	<p>Persistent manifestations of socio-psychological maladjustment and emotional disorders: general restraint in expressing emotions, reduced emotional intensity in life, lack of personal interest in various activities, including game play.</p> <p>Negative feelings prevail on the emotional scale: distrust, indignation, anger, rage, despair, resentment, jealousy, malice, envy, disgust, sadness, anxiety, etc.</p>	<p>Emotional manifestations of health disorders</p> <ul style="list-style-type: none"> – generalized fear; – maladaptive anxiety; – anxiety about death; – increased emotional stimulation, aggression. 	<p>See <i>preschool age</i> +</p> <p>In the conditions of war trauma (occupation, captivity, being under the influence of the aggressor state), chronic sadness/longing/despair develops, manifested in the dominance of negative emotions. Prolonged depression, apathy, feeling that nothing positive will ever happen again. The child constantly expects to be in danger even in a safe place.</p>

<p>realm (development of ethical, aesthetic, and intellectual senses).</p>	<p>express certain emotions. They have sufficient vocabulary to express emotions and feelings. Emotions are mostly positive and appropriate to the situation. The child develops the ability to empathize with others and understand their feelings. Social emotions are formed: shame, guilt, pride, a sense of duty, responsibility. The child is able to recognize nonverbal signals and respond to them. Their mood is mostly positive, cheerful, and optimistic. The child is capable of experiencing a wide range of emotions that change according to the situation. They feel joy, curiosity, and enthusiasm. Not only does the child express emotions related to the satisfaction or dissatisfaction of basic needs for safety, food, rest (sleep), etc., but also developed ethical feelings of moral content and aesthetic feelings of admiration for beauty in nature, art, and literary creativity. Positive emotions prevail in life: trust, gratitude, bliss, admiration, delight, pride, respect, joy, love, tenderness, satisfaction, confidence, sympathy, and affection.</p>	<p>In the context of war trauma, the child may in some cases become less sensitive to the suffering of others. Doing so may be a protective mechanism for survival in harsh conditions. The child may feel guilty for surviving or for not being able to help others. The child may struggle to trust other people (both adults and peers) due to experiences of betrayal and danger.</p> <p>The desire to avoid intimacy, detachment, and unwillingness to open up to others prevails, which is associated with total distrust of adults and the world in general. Instead of empathy, aggression may manifest itself in response to a potential threat. Since the child perceives the world as a dangerous and hostile place, they constantly scan their surroundings for threats unable to relax.</p> <p>Excessive fear of being alone, of being abandoned even by loved ones.</p>		<p>Panic attacks occur. The child experiences disturbing, vivid memories of traumatic events that cause intense emotional reactions (fear, panic), recurring nightmares related to the trauma.</p> <p>Emotional discomfort manifests itself through physical symptoms (headache, stomach ache, nausea, vomiting) without any apparent physiological causes.</p>
----------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Cognitive/intellectual parameters of active functioning of a healthy personality
(cognitive level)

- functional activity of cognitive capacities (attention, memory, perception, etc.) in operations and interactions with the environment;
- development of higher mental functions (thinking, speech);
- receptiveness to new ideas, creativity, intellectual potential.

A primary school-aged child is at this stage capable of seeing the world holistically, accurately reflecting reality, and distinguishing between what is important and what is secondary. Their senses — sight, hearing, touch, smell, and taste — operate in harmony. A transition to verbal-logical thinking is underway: the child can operate concepts, analyze, synthesize, compare, classify, and demonstrate logic. They are able to establish cause-and-effect relationships and work out various approaches to solving problems. The ability to analyze information, ask questions, and use objects for their functional purpose based on an understanding of their properties and characteristics is formed. Demonstrates the ability to plan actions and foresee consequences. Has the ability to direct sensory processes of sensation, perception, and attention to the cognition of environmental objects and the organization of creative activity. Displays the ability to produce appeals, thoughts, impressions, etc. in any form of speech using verbal and nonverbal means. Open to new experiences, trusts feelings, intuitively relies on and willingly repro-

War trauma (occupation, captivity, living under the influence of the aggressor state) is characterized by the cognitive impairments described below. Low functional activity of cognitive processes (attention, memory, perception, etc.) provokes insufficient assimilation of basic sensory standards and categories, which overall explicates numerous misconceptions about reality. The child exhibits hypersensitivity, overreacts to certain sensory stimuli (loud noises, strong smells, bright lights) that may be trauma triggers. The child overreacts to fragmented perception, which may be intermittent and incomplete, as if the child is falling out of reality. May struggle with abstract thinking, generalization, and analysis. Concrete situational thinking prevails. The child finds it difficult to switch from one thought to another and has a tendency to get caught up in certain topics, especially those related to trauma. They may be uncertain and indecisive due to fear of making mistakes that could lead to danger (experience of traumatic events). Cognitive distortions may manifest as catastrophization, i.e., a tendency to exaggerate danger

Cognitive/intellectual health disorders

- poor concentration;
- memory impairment, suppression of traumatic events;
- difficulty speaking about traumatic events.

The lack of skills for expressing and justifying personal opinions shapes a tendency toward indoctrination, which can be characterized as the process of repeating ideas or beliefs to the point that the recipient accepts them without criticism or challenge. The lack of skills in formulating and reframing opinions, as well as critical thinking skills, introduces indoctrination into the educational process as a method of ideological teaching. The danger of indoctrinating children stems from the fact that children have insufficient life experience, fewer pre-existing ideas, concepts, and beliefs, and can serve the aggressor state as pure carriers of a specific ideology of extremism or terrorism.

The danger of cognitive disorders of personal health lies in the destruction of identity as a manifestation of the complex one is aware of about themselves, encompassing values, preferences, social and gender identification, ethnic and cultural affiliation, and other attributes that define them as a person. The social and psychological risk lies in the emergence of a special type of

	<p>duces sensory impressions in speech and cognitive activity. The specified cognitive level of activity of a healthy child may have situational deviations associated with a negative emotional mood or insufficient educational work of adults with the child.</p>	<p>and expect the worst-case scenario. The child may consider themselves to be the cause of negative events. They extrapolate negative experiences to all areas of life ("if it happened to me, it will always be like this"). The world is divided into 'good' and 'bad,' with no exception and the ability to see compromises due to feelings of uncertainty and lack of control over the future. The child does not possess various forms of verbal expression, as they have no practice in the independent formulation of thoughts. Their speech is templated, telegraphic in style, without descriptions of objects or explanations of the cause-and-effect and semantic connections between events.</p>		<p>consciousness — an implanted consciousness that is far from personal life experience. Established cognitive distortions (catastrophizing, personalization, generalization, polarized (black-and-white) thinking, problem anticipation) can become a practice of forming an internal picture of the world at later stages of development — in adolescence, early adulthood, and adulthood.</p>
<p>Parameters of social regulation of behavior and activity <i>(behavioral level)</i></p> <ul style="list-style-type: none"> – healthy interaction with the world and healthy relationships with other people; – versatile activity in various fields, i.e., a fulfilling personal life; – established behavior and activity regulation, self-regulation 	<p>A schoolchild is generally interested in active communication with other people, values good relationships with family, acquaintances, and friends, and therefore attempts to avoid conflict, respect the interests of others, coordinate their actions with others, and act together in a harmonized manner. The child adapts easily, fits into a new group, takes their place, accepts the authority of teachers and parents, although they are able to</p>	<p>The child finds it difficult to establish and maintain friendly relationships with adults and peers. The child does not know how to use polite forms of communication, and therefore cannot ask for help or offer it to others. The child lacks basic soft skills: communication, teamwork, creativity, and critical thinking. In the context of war trauma, the child becomes impulsive and is unable to control emotions (anger, fear, crying) and their physical</p>	<p>Behavioral, activity, and interaction regulation disorders</p> <ul style="list-style-type: none"> – normalization of violent behavior; – separation anxiety, clinging to a loved one; – alienation, increased tendency to isolate oneself. 	<p>Impairment of a child's ability to engage in free, emotionally fulfilling, spontaneous activity on their own initiative leads to the development of conformism, habit of organizing their life according to other people's instructions, lack of life plans for the future, and violation of personal boundaries.</p>

<p>of inner states, ability to provide psychological assistance to oneself.</p>	<p>form their own opinion. The child interacts with adults and peers in games, physical activities, cognitive activities, art, music, theater, and household activities. Possesses a wide range of language formulas necessary for interacting with people in different situations (greetings, words of address, requests or offers to help, gratitude, apologies, etc.), which helps maintain friendly relationships between children.</p> <p>Can consciously control their actions, thoughts, and emotions. Has the ability to restrain impulsive desires, delay gratification, and control aggressive behavior. Capable of setting simple goals and making efforts to achieve them. Develops qualities of willpower: perseverance, determination, and responsibility.</p> <p>Strives to achieve personal goals. Knows who to turn to for help in different situations and has the skills to cope independently in familiar situations. Demonstrates the ability to use the emergency services hotline number. Has the skills to behave safely when faced with aggressive behavior from peers, other children, or adults.</p> <p>Responds appropriately to various life situations, controls themselves, attempting to</p>	<p>manifestations. Under the conditions of uncertainty and constant threat, long-term planning loses its meaning. The child may “live for today», fail to see the point in making an effort, which leads to a refusal to take responsibility, helplessness, passivity or, conversely, uncontrolled aggression and a desire to dominate. The child feels an immediate need to satisfy their desires due to prolonged frustration. They may ignore rules because such used to be irrelevant or even dangerous in survival mode. They may exhibit oppositional behavior. The children find it difficult to follow instructions, instead they ignore requests or instructions from adults. The above can be both a sign of protest and a consequence of cognitive impairments (attention, memory). Impulsiveness, hyperreactivity, and reduced self-control lead to disciplinary problems and an inability to sit still and listen. Moral norms may be distorted and empathy may disappear.</p>		
---------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--

	<p>restrain negative emotions, compares emotional behavior with its consequences for others.</p> <p>Foresees the results of their actions, understands their significance for themselves and those around them, and is aware of their responsibility for their actions.</p> <p>The child understands and accepts school rules, family norms, and rules of conduct in public places. Strives to meet the expectations of teachers and parents, follows their instructions, and is able to maintain discipline in the classroom, during game play, and in public.</p>			
<p>Parameters of the internal worldview and value orientations of a healthy personality <i>(worldview, ontological level)</i></p> <ul style="list-style-type: none"> – modality of one’s internal worldview (predominantly optimistic life principles) and the presence of plans for the future; – moral and spiritual values of a humanistic nature; – desire for growth and self-fulfillment in life. 	<p>The worldview potential of health manifests itself in the qualities of a child — from basic ideas and a positive attitude toward the inner world (thoughts, feelings, dreams, desires, motives, plans, ideals, goals, aspirations) to the formation of the foundations of their worldview and inner image of the world. The formation of self-awareness (identifies oneself as Ukrainian, has a positive self-esteem, seeks recognition of virtues among others, is able to compare “I want” (motives, intentions) and</p>	<p>In the context of war trauma, a child sees the world as an extremely dangerous, unpredictable, hostile, and chaotic place. Their basic sense of security is lacking. The world is a source of threat. At the same time, the child displays total distrust in other people, especially strangers or those associated with the aggressor. They may view people as a potential threat, evil, and capable of cruelty. They may even distrust loved ones if they were unable to protect the child. The child’s idea of them-</p>	<p>The spiritual / worldview / ontogenetic dimension of health impairment, which is characterized by post-traumatic stress and disorders, is accompanied by a disruption of meanings, values, and the internal worldview. This is manifested in the disruption of national identity due to the prohibition of expressing personal qualities and social feelings of love for the homeland, feelings of pride in national belonging, which destroys national identity. The deformation of national identity occurs</p>	<p>The absence of a system of values deprives a person of mechanisms for internal regulation of their personal life. A person becomes an object of manipulation by external forces, power figures with leading attitudes of adaptation and conformism.</p> <p>A distorted worldview negates/ defeats the willingness to participate in social events that take place in children’s centers, communities, and the society, which are aimed at improving communal life.</p>

	<p>“I can” (knowledge, skills, abilities), “I will” (regulation of behavior and activity), able to imagine themselves in the past, present, and future; aware of basic rights and obligations) indicates the formation of an ontological, spiritual, and worldview level of health . Primary school-aged children are aware of their belonging to the Ukrainian nation and have a positive image of Ukraine. Healthy primary school-aged children perceive the world as a relatively safe, predictable, and stable place and believe that most people are trustworthy. The child develops a positive and adequate image of themselves. They feel competent, capable of learning and doing stuff, and believe in their own abilities. They have a sense of self-worth and dignity. They see the future as a chance for new experiences, exciting and predictable opportunities. They make simple plans (like, “after school, I’ll go play,” or “during vacation, we’ll go visit grandma”).</p> <p>Schoolchildren tend to have moral and spiritual values that help them regulate their behavior with those around them (sociability, friendship, family, beauty, etc.), among which self-esteem and self-respect</p>	<p>selves is seriously distorted and has a negative character. They may feel helpless, powerless, worthless, ashamed, and guilty. A constant feeling of danger and vulnerability may develop, as well as a tendency toward victim behavior and the role of victim. Self-esteem is drastically lowered. The child sees the future as absent, uncertain, frightening, or hopeless. Does not make plans, or make those that are short-term, related to survival. May completely lose the meaning of life, feel despair. Cause-and-effect relationships: the child’s consciousness may not see logical connections between events and their consequences, since traumatic experiences often lack logic, and events are random and uncontrollable. This undermines the sense of control in life.</p> <p>Emotional and value-based attitudes and interest in one’s family, its traditions and customs are disrupted. There is a lack of a sense of belonging and respect for one’s home, region, and country. National identity is compromised. Although the child understands basic emotions and feelings and is aware of what they want (and do not want), they cannot justify their attitude.</p>	<p>through the acceptance of imposed hostile ideological attitudes, isolation from one’s native culture, and traumatic events. The disruption of national identity and self-esteem occurs through the loss of awareness of one’s own national identity; isolation from family and native environment; development of a negative attitude towards Ukrainian culture or language (if imposed by hostile propaganda); damaged or low self-esteem due to the assertion of the “inferiority” of everything that is Ukrainian. The distortion of meanings, values, and internal worldview is also manifested in a decline of interest in universal human values such as family, respect and love for parents, kin, and the state; and a distortion of concepts such as friendship, peace, kindness, etc. This distorts the child’s social and civic stance and outlook on life. Identification based on language is disrupted, which manifests itself in difficulties of adaptation to the changing social situation and verbal communication. The above results in fear, confusion, and caution towards new information in everyday life; vocabulary decreases or</p>	<p>The deprivation of a positive attitude and emotional perception of actions, thoughts, and dreams as optimistic experiences and realistic intentions undermine a proactive approach to life, reduce quality of life, and diminish subjective feelings of happiness.</p> <p>Disruption of identification based on language through coercion and indoctrination via narratives favorable to the aggressor state in the education system and informal educational activities results in the practical mental preparation of Ukrainian children to fight against Ukraine.</p> <p>The loss of one’s native language causes a child to actively refuse to speak their native language or even develop an aversion to it. A negative attitude toward one’s native culture due to imposed propaganda leads to the perception of one’s native culture as “inferior.” Consequently, identification with the aggressor state takes place under strong pressure from the environment. In the event of a return to the home country, a psychological internal conflict may arise between the imposed identity and the natural sense of belonging to one’s own people.</p>
--	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

	<p>are cornerstone values. They tend to have an optimistic outlook on the present and the future. The leading values remain family, friendship, a sense of love and acceptance from others. They have an established value attitude towards Ukraine and national treasures, and display patriotic feelings. The values of free play, joy, childhood, morality, and the pursuit of justice remain important. School, acquiring new knowledge, developing competencies, and achieving success become important.</p>	<p>They show little interest in their inner world (thoughts, feelings, desires, dreams, attitudes) and do not want to discuss it. Positive self-esteem is based solely on the judgment of adults, rather than on an understanding of their own achievements, successes, and traits. Under conditions of war trauma, a radical reassessment of values takes place. The hierarchy of values that were previously important are shifting, and new values, dictated by survival, may emerge. The values of survival become paramount, prevailing over all others (being safe from shelling, beatings, hunger). The child may be willing to do anything for their own survival or that of their loved ones. Food, water, warmth, and shelter become fundamental values, and their absence is a source of constant fear. The value of control and power becomes relevant, including minimal control over the situation or the ability to make decisions. In some cases, aggression/force is valued as the only means of survival or protection, which can lead to destructive behavior. Freedom can become the highest value in life.</p>	<p>speech is delayed; the child uses phrases or ideas that may indicate interference from a foreign ideology, statements that demonstrate fear, misunderstanding of the situation, or misinformation imposed by the enemy.</p>	<p>There is a risk of disrupting the internal worldview and profaning values in the future. Life may be devalued, especially if the child has witnessed death, cruelty, or the depreciation of education because it does not meet basic survival needs (risk of a decline in the intellectual potential of the society). Devaluation of trust and relationships due to experiences of betrayal, cruelty, and deception takes place. Subsequently, this leads to a devaluation of the future as a result of a loss of hope.</p>
--	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Table of key indicators elaborating on their potential short-, medium-, and long-term impact on the development and physical and mental health of affected adolescent children (13–17 years)

Parameters and criteria of health dimensions of an individual	Occasional manifestation of impairments	Persistent forms of social and psychological maladjustment	PTSD	Social and psychological risks for the future development of a healthy personality
<p>Physiological (physical, somatic) health parameters (physical level)</p> <ul style="list-style-type: none"> – control of the body and basic movements typical for the age; – proper functioning of the body and organ systems; – motivation to maintain and improve physical health. 	<p>Adolescence is associated with intensive skeletal development: bones become stronger but are still susceptible to deformation. Boys in particular experience increased muscle strength and endurance. Rapid growth may cause instability. Adolescents recognize the traits of their gender. They are able to establish a connection between healthy development of the human body and adequate physical activity, but in daily life they do not always practice a system of physical activity. They mostly have a positive attitude toward national and family health traditions, prefer active forms of activity and recreation, a healthy diet, and physical training, and have healthy behavior skills. They differentiate between the concepts of “safe” and “unsafe” and understand the importance of safety in life (their own and that of others). They are familiar with the rules for</p>	<p>The trauma of war (occupation, captivity, living under the influence of an aggressor country) causes chronic stress, exhaustion, malnutrition, and sleep deprivation. Growth hormones and sex hormones are produced at a lower rate, which can lead to physical development delays compared to peers. As a result of hunger, stress, and disease, the body appears exhausted, may have edema, while skin is pale and dry. Delayed or absent secondary sexual characteristics (hair growth, breast development, menstruation in girls). Severe stress and hormonal imbalance cause scoliosis, kyphosis, and stooped posture due to general muscle weakness and lack of physical activity caused by prolonged forced stay in uncomfortable positions (shelters, captivity). Muscles are sluggish, there is a lack of strength and rapid fatigue. Pain in bones and joints</p>	<p>Psychosomatic manifestations of health disorders</p> <ul style="list-style-type: none"> – sleep disorders, nightmares; – abdominal pain, head and other; – nausea; – excessive susceptibility to trauma; – excessive susceptibility to upper respiratory tract diseases; – asthma. 	<p>Impaired physical health disrupts harmonious psychosocial development (communication with others, mastery of various activities) and generally reduces the quality of life. Chronic stress, malnutrition, lack of proper sanitary conditions, and constant infections lead to the depletion of the immune system, frequent and prolonged illnesses, and the development of chronic diseases. Weakened immune systems and nutrient deficiencies can disrupt adrenal gland function, which negatively affects the entire metabolic process. Overall, the growth slows down or halts significantly, and sexual development is delayed.</p>

	<p>handling unfamiliar objects and substances, fire and electrical safety, use of transport, basic traffic signs, etc., but sometimes violate these rules. Adolescents attempt to follow the rules of safe behavior at home, in educational institutions, on the street, on water, on ice, on sports grounds, sometimes violating them.</p>	<p>may be associated with a lack of vitamins (especially vitamin D and calcium), which affects bone tissue, and als connected with injuries or the aftermath of prolonged immobility. Mobility may be restricted. The teenager does not have a positive attitude towards national and family health-oriented traditions, avoids active forms of activity and recreation, food culture and physical training, and the application of health-oriented behavior skills. Reluctantly participates in health and physical education activities. Does not express a positive attitude towards physical training and hygiene rituals.</p>		
<p>Emotional parameters of psychologically healthy activity of a person <i>(emotional level)</i></p> <ul style="list-style-type: none"> – development of one’s own emotions and the ability to recognize and name them in other people; – predominantly positive emotional modality in communication and activity (mood, emotional tone of life); – development of a sensory realm (development of ethical, aesthetic, and intellectual senses). 	<p>Adolescence is a phase of intense emotional development, sensitivity, and self-discovery. Typically, adolescents recognize complex emotions and their variations (disappointment, embarrassment, pride); express their feelings appropriately and in a differentiated manner; and have a wide range of emotions, both positive and negative, which change depending on the situation. Normally, adolescents demonstrate a high level of empathy, the ability to sympathize, understand the complex emotions of others,</p>	<p>Persistent manifestations of socio-psychological maladjustment and emotional disorders in a comprehensive assessment of an individual’s health are: general restraint in expressing emotions, reduced emotional intensity of life, lack of personal interest in various activities, including education. The teenager experiences permanent anxiety and overstimulation due to excessive reactions to any trigger, constant alertness, and the syndrome of anticipating danger. Apathy and exhaustion are observed due to the</p>	<p>Emotional manifestations of health disorders</p> <ul style="list-style-type: none"> – generalized fear; – maladaptive anxiety; – anxiety about death; – increased emotional stimulation, aggression. 	<p>Conditions resulting from war trauma (occupation, captivity, being under the influence of an aggressor country) generate persistent risks of further damage to an individual’s health. These include chronic sadness, apathy, and hopelessness. Negative emotions dominate. The child experiences persistent depressive states, despair, and suicidal thoughts ; the feeling of meaninglessness and hopelessness, which can lead to thoughts of self-harm or suicide; intrusive memories (flashbacks), nightmares,</p>

	<p>experience shame, guilt, pride, and exhibit a sense of duty, responsibility, and self-esteem. They generally display a positive, optimistic mood, although times of sadness or irritation are possible (hormonal changes, search for identity); feelings of joy, interest in life, enthusiasm. Adolescents demonstrate mature ethical feelings of moral content, aesthetic feelings of beauty in nature, art, and literary creativity. Positive emotions prevail in life: trust, gratitude, bliss, admiration, delight, pride, respect, joy, love, tenderness, satisfaction, confidence, sympathy, and emotion.</p>	<p>constant alternation of overstimulation with periods of complete apathy, lack of energy, and interest. In the context of war trauma, maladaptive changes occur in the emotional parameters of the adolescent's mental health: absence or significant reduction of emotional reactions to events that usually evoke strong feelings, thus activating defense mechanisms against pain; sudden uncontrolled mood swings, outbursts of anger, aggression, sadness, or panic; laughter in unsuitable situations, aggression instead of sadness; a constant background state even in a safe environment, which can manifest itself as hypervigilance, irritability, panic attacks.</p> <p>Furthermore, empathy is reduced or distorted, in some cases indifference to the suffering of others, or, conversely, excessive sensitivity, leading to emotional burnout. The sense of guilt or shame is pronounced, which may be related to the fact that the teenager survived or was unable to help. Lack of or significantly reduced trust in people, perception of others as a potential threat; a sense that no one understands; unwillingness to communicate feelings,</p>		<p>overstimulation, avoidance of anything that reminds one of the trauma, emotional numbness; reduced ability to feel joy (anhedonia — inability to feel pleasure from things that previously brought joy).</p>
--	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

		<p>withdrawal. Negative emotions are prevalent: distrust, indignation, anger, rage, despair, resentment, jealousy, malice, envy, pity, disappointment, fear, sadness, hatred, boredom, grief, fear, annoyance, shame, disgust, frustration, anxiety.</p>		
<p>Cognitive/intellectual parameters of active functioning of a healthy personality (cognitive level)</p> <ul style="list-style-type: none"> – functional activity of cognitive capacities (attention, memory, perception, etc.) in operations and interactions with the environment; – development of higher mental functions (thinking, speech); – receptiveness to new ideas, creativity, intellectual potential. 	<p>Adolescence and young adulthood are periods of intense development of abstract thinking, self-reflection, and intellectual growth. Adolescents and young adults typically have well-developed cognitive capacities and higher mental functions (thinking, speech). Their educational and exploratory activities are characterized by formal-logical (hypothetical-deductive) thinking, the ability to think in abstract categories, to put forward hypotheses, to test them, to reason about the possible, and not only about the factual; the ability to analyze, evaluate information, form their own opinion, and challenge; the ability to analyze their own thoughts, feelings, and motives; the ability to recognize connections between phenomena; the ability to plan (developed skills in strategic planning for the future).</p>	<p>When dealing with war trauma, abstract thinking declines, understanding complex concepts becomes difficult, and concrete situational thinking prevails. The child becomes unable to flexibly change the course of thought and gets stuck on certain topics, especially those related to trauma. They experience catastrophization, constantly expecting the worst; personalization/self-blame, guilt for what happened; polarized (black-and-white) thinking (the world is divided into “good” and “bad,” with no other colors). Planning and goal-setting skills are impaired due to a lack of control over the future and general hopelessness. Inability to concentrate on learning due to attention, memory, and thinking impairments leads to a significant decline in academic performance.</p>	<p>Cognitive/intellectual health disorders</p> <ul style="list-style-type: none"> – poor concentration; – memory impairment, suppression of traumatic events; – difficulty speaking about traumatic events. 	<p>Impaired cognitive/intellectual development entails the inability to form a realistic picture of the world, introduces indoctrination into the educational process as a tool of ideological influence by the aggressor state, and the emergence of ideas, concepts, and beliefs that can be exploited by the aggressor state to propagate extremist or terrorist ideology. The danger of cognitive disorders lies in the destruction of identity as a manifestation of the totality of ideas, beliefs, and feelings that a person has about themselves, including values, preferences, social and gender identity, ethnic and cultural affiliation, and other attributes that define them as a person. The social and psychological risk implies the emergence of a special type of consciousness — an imposed consciousness alien to personal life experience. Established cognitive dis-</p>

				<p>tortions (catastrophizing, personalization, generalization, polarized (black-and-white) thinking, planning issues) can become habitual in shaping one's internal worldview in adulthood.</p>
<p>Parameters of social regulation of behavior and activity (behavioral level)</p> <ul style="list-style-type: none"> – healthy interaction with the world and healthy relationships with other people; – versatile activity in various fields, i.e., a fulfilling personal life; – established behavior and activity regulation, self-regulation of inner states, ability to provide psychological assistance to oneself. 	<p>Normally, adolescents and young adults understand and internally accept most social norms and rules, adhere to them independently on their own, even without external control, and are capable of forming their own moral code based on universal human values. Healthy development is characterized by a high level of voluntary regulation, the ability to control impulses, set long-term goals, and achieve them systematically; develop willpower qualities: determination, initiative, independence. Normally, adolescents and young adults actively communicate with their peers, form intimate friendships, seek identity within the group, gradually separate from their parents but maintain respect and trust for them, are able to resolve conflicts, and serve as leaders or effective members of the group.</p>	<p>War trauma is characterized by disregard or denial of norms, misunderstanding of or deliberate disregard for social norms, as they were irrelevant or even dangerous in survival mode. Deviant behavior, anti-social behavior, lawbreaking, risky behavior, aggression, runaways, substance abuse as a means of adaptation, rebellion, or self-medication are occurring. The child exhibits deformation of moral values, loss of faith in justice and goodness; cynicism, acceptance of cruelty as the norm; loss of trust in institutions, authorities, police, schools, and the state. Maladaptive disorders are characterized by a significant decrease in self-control, impulsivity, aggressive outbursts, and an inability to control emotions and actions. There are significant disturbances in social interaction: social isolation, avoidance of contact with peers, withdrawal, sense of being different, difficulty forming attachments, trust, and</p>	<p>Behavioral, activity, and interaction regulation disorders</p> <ul style="list-style-type: none"> – normalization of violent behavior; – separation anxiety, clinging to a loved one; – alienation, increased tendency to isolate oneself. 	<p>Impairment of a child's ability to engage in free, emotionally fulfilling, spontaneous activity on their own initiative leads to the development of conformism, habit of organizing their life according to other people's instructions, lack of life plans for the future, and violation of personal boundaries.</p> <p>In adulthood, the following behavioral characteristics become entrenched: struggles with setting goals and planning, living "for today», lack of prospects, inability to make plans for the future due to feelings of hopelessness and uncertainty; lack of responsibility, unwillingness to take responsibility for one's actions, passivity or, conversely, uncontrolled activity; seeking out thrills, disregarding safety as a way to break through emotional numbness or test the limits of what is permissible.</p>

		<p>establishing deep relationships; aggression in relationships, frequent conflicts, bullying, violence towards others as a release of traumatic energy or as a way to control the situation, involvement in destructive groups, seeking out people with traumatic experiences or in criminal or antisocial groups for a sense of security and belonging. Conflicts with adults, open rebellion, disobedience, aggression towards parents, teachers, other authority figures, loss of trust in adults are common.</p>		
<p>Parameters of the internal worldview and value orientations of a healthy personality (worldview, ontological level)</p> <ul style="list-style-type: none"> – modality of one’s internal worldview (predominantly optimistic life principles) and the presence of plans for the future; – moral and spiritual values of a humanistic nature; – desire for growth and self-fulfillment in life. 	<p>Normally, teenagers and young adults perceive the world as a complex but mostly safe place with opportunities for development. They are aware of the existence of challenges yet believe in their ability to overcome them. Their perception of other people and their assessment of them becomes more differentiated. They gain an understanding of different points of view, yet retain a basic trust and belief in the good. The image of themselves reflects an active search for one’s own identity, a search for answers to universal questions (“Who am I?”, “What am I like?”), the emergence of a stable self-esteem</p>	<p>In the context of war trauma, adolescents and young adults see the world as an extremely dangerous, unpredictable, hostile, and chaotic place. They lack a basic sense of security. The world is a source of danger. At the same time, they display total distrust of other people, especially strangers or those associated with the aggressor. They may perceive people as a potential threat, evil, and capable of cruelty. Moreover, they may distrust even those close to them if they have failed to protect them. The adolescent’s image of themselves is seriously distorted and has a negative character. They may feel helpless, powerless,</p>	<p>The spiritual / worldview / ontogenetic dimension of health impairment, defined by post-traumatic stress and illness, is accompanied by a disruption of meanings, values, and the internal worldview. This manifests itself in a disruption of national identity due to the prohibition of expressing personal qualities and social feelings of love for the homeland, feelings of pride in belonging to a nation, which destroys national identity. The distortion of national identity occurs through the acceptance of imposed hostile ideological attitudes, isolation from one’s native culture, and traumatic events.</p>	<p>The absence of a system of values deprives a person of the mechanisms for internal regulation of their personal life. The person becomes an object of manipulation by external forces, power figures with leading attitudes of adaptation and conformism. A distorted image of the world negates/destroys the willingness to participate in social events that take place in youth centers, communities, and the society aimed at improving communal life. The loss of a positive attitude and emotional perception of actions, thoughts, and dreams as optimistic experiences and realistic intentions destroys a</p>

	<p>and an understanding of one's strengths and weaknesses. A sense of self-worth and significance is formed. The future is perceived as an open prospect, full of opportunities, worth making plans and efforts for (education, career, family). Cause-and-effect relationships are viewed analytically, profoundly realizing that actions have consequences and that people have a significant impact on their own lives.</p> <p>A teenager recognizes their national identity, demonstrates a positive attitude toward Ukraine, and displays patriotic feelings.</p> <p>The leading values are typically freedom and independence, the value of choice, and the ability to make one's own decisions ; friendship and love, deep emotional connections, support, acceptance; self-fulfillment, the value of developing one's own potential, achieving success in education, career, creativity, moral principles, justice, honesty, responsibility, humanism; family (despite the separation, the value of family remains strong); life imperatives that guide the individual.</p>	<p>worthless, ashamed, and guilty. They may develop a constant sense of danger and vulnerability, a tendency toward victim behavior and victimization. Their self-esteem is drastically lowered. Adolescents perceive the future as absent, uncertain, frightening, or hopeless.</p> <p>They do not make plans, or make those that are short-term and related to survival. They may completely lose their sense of purpose in life and feel despair.</p> <p>A teenager's mind may not recognize the logical connections between events and their consequences, as traumatic experiences often lack logic and involve random and uncontrollable events. This undermines their sense of control over their life.</p> <p>Therefore, in cases of war trauma, there is a radical reassessment or distortion of values. Many values may be depreciated, including the national ones, and national identity may be disrupted. New values may emerge, shaped by the conditions of survival. The values of survival and security become an absolute priority, supplanting all others: physical integrity, the value of one's own body that has survived trauma, control over the situation or</p>	<p>The disruption of national identity and self-esteem occurs through the loss of awareness of one's own national belonging; isolation from family and native environment; the formation of a negative attitude towards Ukrainian culture or language (if imposed by hostile propaganda); and a destroyed or lowered self-esteem due to the assertion of the "inferiority" of everything that is Ukraine.</p> <p>The disruption of meanings, values, and internal worldview is also manifested in a decline of interest in universal human values such as family, respect and love for parents, kin, and the state; and a distortion of concepts such as friendship, peace, kindness, etc. This distorts the adolescent's social and civic position and worldview. Identification on the basis of language is disrupted, which manifests itself in difficulties adapting to the changed social situation and verbal communication. Thus, fear, confusion, and caution arise in relation to new information in everyday life; diminished vocabulary or speech delay occurs; the teenager uses phrases or ideas that may indicate interference from a foreign ideology; statements that demonstrate fear, misunderstanding of the</p>	<p>proactive attitude toward life, reduces quality of life, and diminishes subjective feelings of happiness.</p> <p>The perspective on the future is pessimistic; it is perceived as unpredictable, frightening, or hopeless.</p> <p>Plans for the future are absent or are highly pessimistic. Impaired ability to establish cause-and-effect relationships. A sense that the world is illogical and that people are powerless in the face of circumstances. This leads to fatalism and a loss of confidence in one's own abilities.</p> <p>Disruption of identification on the basis of language through coercion and indoctrination via narratives favorable to the aggressor state in the education system and informal educational activities is effectively preparing Ukrainian children mentally to fight against Ukraine.</p> <p>The loss of one's native language provokes an active reluctance to speak it or even an aversion to it. A negative attitude toward one's native culture due to imposed propaganda leads to the perception of one's native culture as "inferior."</p> <p>Identification with the</p>
--	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

		<p>other people. Freedom and retaliation/vengeance become extremely significant values and may become dominant due to the injustice and pain experienced. The value of <i>material goods</i> and the realization of basic needs (food, water, shelter) becomes a priority.</p>	<p>situation, or misinformation imposed by the enemy.</p>	<p>aggressor state is occurring due to strong pressure from the environment; in the event of a return to the home country, a psychological internal conflict may arise between the imposed identity and the natural sense of belonging to one's own people.</p> <p>There is a risk of disrupting one's internal worldview and profaning values in the future. Depreciation of life is possible. In adulthood, profanation, distortion, and affirmation of quasi- and anti-humanistic values may occur. Cruelty and violence become important. Education and career are devalued if they do not meet basic survival needs. Trust, friendship, and love are devalued through experiences of betrayal and cruelty. The destruction of moral norms is reinforced, and a philosophy of cynicism and nihilism is established.</p>
--	--	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Integrated diagnostic interview with cognitive and creative tasks for preschool-aged children

Interview script	Indicator code	Key points to consider	Interview protocol
<p>1. Introduction.</p> <p>— Let's get to know each other. My name is ..., and yours? My last name is ..., and yours? I am Ukrainian, and you? I live in Ukraine, and you?</p>	4.1	Willingness to engage, ability to maintain eye contact.	
<p>— Do you like holidays? What are your favorite holidays? Do you like performing and dressing up? Look at this picture ("The Wolf and the Bunnies" by N. Chakvetadze), where children are also getting ready to perform. Everyone has a different mood and personality. Are there any children here who like to perform? Show them. Which of the children are angry? Who is very sad? Look closely at the children's faces and say: if you were performing, who would you be like — a wolf or a bunny? Choose which one. How are you feeling right now? Tell me why. You can tell how a person is feeling not only from their facial expression. Even their shoulders can show how they are feeling. Show a sad mood with your shoulders; a happy mood; fear..</p>	2.1, 2.3	The ability to recognize and name their own and other people's emotions; understanding how the body reacts to certain emotions.	
<p>— You are already a grown-up and understand how important it is to follow general rules. Think about what you would never do in your life no matter what. What do you think is always necessary to do?</p>	2.3, 4.3, 5.2	Whether the child is guided by life values.	

<p>2. Main part.</p> <p><i>A) Intellectual and speech game exercises and tasks based on the proofreading table.</i></p> <p>— Let's take a look at this table with pictures (proofreading table "Home"). Show the pictures you don't know the names of. Which pictures are there more of on the table? How would you describe what they are about? Show and name the pictures that show homes for people. What about animals? Are there any buildings here that are homes for transport? Can you quickly find fairy-tale homes? Which fairy-tale characters live in them? Find buildings that people don't live in but visit. Where do you think is better to live — in a multi-storey building or a single-storey house? Which buildings were more common in your city/village — multi-storey buildings or single-storey houses?</p>	<p>3.1, 3.2, 1.4</p>	<p>Comprehension of questions and willingness to analyze situations, ability to compare and generalize; speed of mental operations.</p>	
<p><i>B) Creative task.</i></p> <p>— What do you like drawing with more — pencils or markers? Draw a house where you would like to live. What should it be like to make it safe to live in? Draw who you would like to live with in this house. What kind of rooms would you have? What furniture would be in the rooms? What would you like to do in such a house?</p>	<p>3.3, 4.2, 5.2</p>	<p>Artistic skills; having plans for the future, optimistic attitude.</p>	
<p><i>C) Conversation based on the associative map "Fairy Tales".</i></p> <p>— I love fairy tales. How about you? Let's see which fairy tales you remember. Look closely at the pictures with fragments of fairy tales. Which fairy tale or fairy tales do you not know? Place red tokens next to these pictures.</p> <p>— Would you rather be friends with Kotyhoroshko or Koza-Dereza [<i>traditional Ukrainian folklore characters</i>], who chased the rabbit out of the hut? Which of the three piglets would you dare to spend the winter with? Why can we say that Ivasyk-Telesyk [<i>traditional Ukrainian folklore character</i>] is "brave" and "clever"? Which fairy tale makes you feel sad or anxious? Which fairy tale seems funny?</p>	<p>3.1, 3.2, 5.2</p>	<p>Memory development, quality of memorization; readiness to analyze and evaluate the characters' personalities and actions; level of coherent speech.</p>	

<p><i>D) Creative task.</i></p> <p>— Kotyhoroshko is a brave, courageous hero. Let's decorate his shirt with embroidery because he is Ukrainian. Do you have a vyshyvanka [<i>traditional Ukrainian clothing</i>]? Remember what pattern is on it. Draw the same pattern on Kotyhoroshko's shirt.</p>	3.3, 4.2	Creativity; orientation towards national values.	
<p><i>E) Further discussion based on the associative map "Ukraine".</i></p> <p>— Look at this map. Why do you think there is an image of Kotyhoroshko on it? What tells you that this map is about Ukraine? Find objects that are talismans for Ukrainians. Such things are kept in every family, and people believe that they also protect us from evil. Color the circles next to these objects red (or place a red token on them). There are dishes that have made Ukraine famous throughout the world. Find Ukrainian dishes on the map. Which of these dishes do you like the most?</p> <p>— What do you like most about Ukraine? Find a picture of someone who defends Ukraine during war and in peacetime.</p>	3.2, 5.2	Orientation towards national values; formation of ideas about Ukraine appropriate to age.	
<p><i>F) Speaking exercise "Finish the proverb".</i></p> <p>— Українська мова така красива! Люди для різних — The Ukrainian language is so beautiful! People use different wise proverbs for different situations. Let's remember some of them together. I'll start the phrase, and you try to finish it:</p> <ul style="list-style-type: none"> – - - - - If you want to eat dumplings, ... (don't sit on the stove). – You are like the company... (you keep). – Wherever your homeland is, it's... (paradise even under a pinetree). – Whenever you are home... (even the walls are helpful). 	3.2, 5.2	Memory development, quality of memorization; readiness to analyze text.	

<p>3. <u>Final part.</u></p> <p>— It was nice talking to you. Finally, I want to ask you about your biggest wishes. <i>Draw your three most important wishes</i> and tell me about them.</p>	<p>3.2, 3.3, 5.3</p>	<p>Artistic skills; having plans for the future, optimistic mindset.</p>	
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------	--------------------------------------------------------------------------	--

Integrated diagnostic interview with cognitive and creative tasks for primary school-aged children

Interview script	Indicator code	Key points to consider	Interview protocol
<p>1. Introduction.</p> <p>— Let's get to know each other. My name is... Tell me about yourself: who you are, your first and last name. Tell me about your family. If you were to look at yourself in the mirror right now, how would you describe the person you see in a few words? How are you feeling?</p> <p>— What helps you figure out how someone else is feeling? Take a close look at the picture of the kids getting ready for their performance. Find the sad kid. The happy one. The angry one. The one who doesn't want to perform. The one who really likes performing. Find someone who's feeling the same way you are.</p>	4.1, 2.1, 2.3	<p>Willingness to engage, ability to maintain eye contact.</p> <p>The ability to recognize basic emotions (joy, sadness, anger, fear, surprise) in oneself and others.</p>	
<p>— You are already a grown-up and understand how important it is to follow the rules. Think about two rules that are important to you: what will you never do in your life no matter what? What do you think is necessary to always do?</p>	4.1, 4.3	<p>Understanding and internal acceptance of most social norms and rules; ability to follow rules independently.</p>	

<p>2. Main part.</p> <p><i>A) Intellectual and speech game exercises and tasks based on the proofreading table.</i></p> <p>— Let's look at this table with pictures (proofreading table "Useful Things"). Show the pictures you don't know the names of. Why do you think this table is called "Useful Things"? Show and name the pictures of things you can carry in your pocket. Which of these things do you think is most useful in a difficult situation when something scary or very unpleasant happens? In your opinion, what could make our lives more difficult? Which of these useful things do you think are most important to buy for family life?</p>	<p>3.2, 3.3</p>	<p>Ability to operate concepts, analyze, synthesize, compare, classify. Ability to establish cause-and-effect relationships, flexible thinking; ability to find different approaches to solving problems.</p>	
<p>— Let's check how attentive you are and how quickly you can think. Look at the pictures and answer the questions. <i>Finish the sentence.</i> You can use a fan, or you can... You can draw with a stick in the sand, or you can... You can listen to the news, or you can watch... <i>Quickly find your way around the table.</i> Between which pictures is the camera located? What image is under the bicycle? <i>Think about it.</i> Which objects in the table can't be taken apart? Which objects could a child use? In what case?</p>	<p>3.2, 3.3</p>	<p>The ability to channel sensory processes of sensation, perception, and attention toward familiarizing with objects in the environment and organizing creative activities; the ability to differentiate sensory standards according to various characteristics and spatial location.</p>	
<p><i>B) Creative task.</i></p> <p>— What do you like drawing with more—pencils or markers? Draw a house where you would like to live. What would it need to be like to be safe to live in? Draw who you would like to live with in this house. Would there be a fence around your yard? What would you like to do in such a house?</p>	<p>3.3, 4.2, 5.2</p>	<p>The ability to differentiate between the concepts of "safe" and "unsafe" and to understand the importance of safety in everyday life. The ability to view the future as an open prospect full of opportunities worth planning and striving for.</p>	

<p><i>C) Conversation about war.</i></p> <p>— Who do you think has it harder during war—children or adults? Why? What do you think adults and children can do to stop war? Think about what you would say to Ukrainian soldiers if you met them. What would you ask them? People are often sad during war. How would you try to comfort your loved ones if they were sad? What would you say to them?</p>	<p>3.2, 3.3</p>	<p>The ability to think about the possible, not just the factual; the ability to analyze, evaluate information, and form one's own opinion.</p> <p>The ability to produce thoughts, impressions, etc. in any form of verbal expression using verbal and nonverbal means.</p>	
<p><i>D) Conversation based on the associative map "Fairy Tales".</i></p> <p>— Do you like reading? Think back to the books you heard when you were little. Let's see which fairy tales you remember. Look closely at the pictures with fragments of fairy tales and remember which characters say: 1) "Come, come to the shore..."; 2) "We are not afraid of the gray wolf"; 3) "The beaten one carries the unbeaten one..." 4) "I am a poor little crab, if I pinch you, it will be a sign" [<i>excerpts from traditional Ukrainian folklore</i>].</p> <p>— Explain why the fairy tale character Kotyhoroshko has such a name. How did you understand that Kotyhoroshko is very strong and brave?</p>	<p>3.1, 3.2, 5.2</p>	<p>The ability to produce thoughts, impressions, etc. in any form of verbal expression using verbal and nonverbal means.</p>	
<p><i>E) Creative task.</i></p> <p>— Which element of Kotyhoroshko's clothing tells us that he is Ukrainian? Do you have any traditional Ukrainian clothing? What should be added to a shirt to make it look Ukrainian? Decorate the shirt with embroidery.</p>	<p>3.3, 4.2</p>	<p>Artistic skills; having plans for the future, optimistic mindset.</p>	

<p><i>F) Further discussion based on the associative map “Ukraine”.</i></p> <p>— Take a look at this map. Why do you think there is an image of Kotyhoroshko on it? What tells you that this map is about Ukraine? What do the colors of the national flag mean? Name three key words about Ukraine.</p> <p>— Find items that Ukrainians believe to be talismans. Every family keeps such items and believes that they protect us from evil. Does your family have any talismans? There are dishes that have made Ukraine famous throughout the world. Find Ukrainian dishes on the map. Which of these dishes are often cooked in your family? What are your favorite Ukrainian dishes?</p> <p>— Find pictures of people defending Ukraine during war and peace. Would you like to help Ukrainian soldiers? What can you do to help?</p>	3.2, 5.3	Basic knowledge of national and state symbols, talismans, and traditions of Ukraine.	
<p><i>G) Speaking exercise “Choose a proverb”.</i></p> <p>— The Ukrainian language is so beautiful! People use different wise proverbs for different situations. They have important life rules. Let’s read two sayings together. Choose the one that you think is correct:</p> <p>* 1. <i>At home, you take what you have, and abroad, you take what you are given.</i></p> <p>2. <i>Misfortune pushes friends away, just as boats are pushed away from the shore — sail alone.</i></p> <p>* 1. <i>Those who are wicked and evil cannot even get along with themselves.</i></p> <p>2. <i>Those who are kind and affectionate will fit in any group.</i></p>	3.2, 5.1	The ability to understand figurative expressions and interpret them; the ability to analyze and evaluate information and form one’s own opinion. Whether leading life values have been established.	

3. Final part.

— It was nice talking to you. Finally, I would like to ask you about your biggest dreams. *Draw your three most important wishes* and tell me about them.

4.2, 5.2

Artistic skills; having plans for the future, optimistic outlook.

Integrated diagnostic interview with cognitive and creative tasks for adolescent children

Interview script	Indicator code	Key points to consider	Interview protocol
<p>1. Introduction.</p> <p>— Let's get acquainted. My name is... Tell me about yourself: who you are, your first and last name. Tell me about your family. If you were to look at yourself in the mirror right now, how would you describe in a few words who you see, what he or she is like. How are you feeling? Do you think your body senses your mood? Give examples of how this happens. Name three things that worsen your mood. What do you usually do when you are in a bad mood? On the other hand, what can improve your mood? What actions help you feel better?</p>	4.1, 2.1, 2.3	<p>Willingness to engage, ability to maintain eye contact; desire to interact and maintain contact.</p> <p>The ability to recognize complex emotions and their nuances; adequate and differentiated expression of feelings.</p>	
<p>Rules</p> <p>— You are already a grown-up and understand how important it is to follow certain rules in life. Think about two rules that are important to you: what will you never do in your life no matter what? What do you think is necessary to always do?</p> <p>— Did you like to play when you were little? What were your favorite games back then? Do you play now? What games do you like? Do you prefer playing with others or alone? Let's play together.</p>	4.1, 4.3	<p>Comprehension and internal acceptance of most social norms and rules; ability to independently adhere to rules, develop one's own moral code based on universal human values.</p>	

<p>2. <u>Main part.</u></p> <p>A) <i>Let's play a game called "Three Important Words":</i></p> <p>I will name a word, and you will name or draw three things that describe this item or object. For example, name something that a cat cannot be without (the word "meow," whiskers, etc.). Words: home, family, school.</p> <p>B) <i>Розмова на основі асоціативної карти «Сила і слабкість».</i></p> <p>— Do you consider yourself a strong person or the opposite? Have you ever found yourself to be strong in one situation but weak in another? Give examples to back this up. Look closely at the map. Find examples of strength in nature; find what makes a person strong; what makes a person show strength. How many of these images are there? Let's think about whether our feelings and emotions can be strong. Find illustrations of this. Which emotions are strong? Have you ever experienced very strong emotions? Tell me about it. Which emotions can be called weak? Do you prefer loud or soft sounds? Why can loud sounds scare people? Find the loudest sounds on the map.</p>	<p>3.1, 3.2, 4.3, 5.2</p>	<p>Actively exploring one's identity and seeking answers to fundamental questions. The ability to analyze cause-and-effect relationships, understand that actions have consequences, and recognize that individuals have a significant impact on their own lives.</p>	
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

<p><i>Intellectual and speech game exercises and tasks based on the proofreading table “Useful Things”.</i></p> <p>— Let’s look at this table with pictures (proofreading table “Useful Things”). Show the pictures you don’t know the names of. Why do you think this table is called “Useful Things”? Count which there are more of — items that can be carried in your pocket or items with optics; electrical appliances or vehicles; round or rectangular objects. Which of these items do you think is most useful in a difficult situation when something frightening or very unpleasant happens? If you were going on a trip and could take three items from the table, which ones would you choose? Which of these useful things do you think are worth buying for your family if you are planning to move to another place?</p> <p>— Let’s check how attentive you are and how quickly you can think. Look at the pictures and answer. <i>Finish the sentence.</i> You can use a fan, or you can... You can draw with a stick in the sand, or you can... You can listen to the news, or you can watch... <i>Think quickly and name them.</i> Look carefully at the images in the second horizontal row for a few seconds. Now name these objects from memory. Memorize the images in the central column, then name them from memory. <i>Think about it.</i> Which of these things require special training to use? Which objects would you not come across in everyday life?</p>	<p>3.2, 3.3</p>	<p>The ability to think in abstract concepts, put forward hypotheses, test them, and speculate about the possible, not just the factual; the ability to analyze and evaluate information, form one’s own opinion, and challenge; ability to analyze one’s own thoughts, feelings, and motives; ability to recognize connections between phenomena; advanced skills of strategic planning for the future.</p>	
<p><i>C) I invite you to enjoy this painting</i></p> <p>by Ukrainian artist Oleg Shuplyak. Look closely. Describe what is happening in the painting. What is unusual about this painting? What else can you see? How does this painting make you feel? What would you call it?</p>	<p>3.3, 5.2</p>	<p>The ability to think in abstract concepts, put forward hypotheses, test them, and think about the possible, not just the factual; the ability to analyze and evaluate information, form one’s own opinion, and evaluate other people in a more differentiated way.</p>	

<p><i>Creative task.</i></p> <p>— What do you like drawing with more — pencils or markers? Draw a house where you would like to live. What should it be like to make it safe to live in? Draw who you would like to live with in this house. What would you like to do in such a house?</p>	<p>4.2, 5.1, 5.3</p>	<p>The ability to set long-term goals and gradually achieve them; the development of willpower qualities: determination, initiative, independence. The ability to see the future as an open prospect full of opportunities worth planning and striving for.</p>	
<p><i>D) Further discussion based on the associative map “I Want and I Need”.</i></p> <p>— What we want and what we need do not always match. We often have to choose between what we want and what we need to do. I am sure that you already understand the difference between what you want and what you need, and that you know how to overcome your “I don’t want to” feelings. How often do you have to do this? Take a look at the associative map. Let’s look at it and think about it together. Name the things you can say “I want!” about, i.e., the things you like, the things you love to do.</p> <p>— Mark in green what you need for everyday life and explain why. Mark in blue what you should say “must!” about, i.e., those useful activities that you should do but don’t always want to. Think of situations when you should do what you must, not what you want. Let’s think about different situations. Find a picture of a Ukrainian soldier. What do you think he wants? Connect the image of the soldier with what he wants using a ribbon or strip. But he cannot fulfill his desires yet. Find what you need for your health.</p>	<p>3.2, 5.1, 5.2</p>	<p>The ability to think in abstract concepts, put forward hypotheses, test them, and think about the possible, not just the factual; the ability to analyze and evaluate information and form one's own opinion. The ability to see the future as an open prospect full of opportunities worth planning and striving for.</p>	

<p>E) <i>Intellectual and speech tasks based on the proofreading table “Ukraine”.</i></p> <p>— Look at the pictures and name them in one word: pysanka [<i>Ukrainian tradition of coloring Easter eggs</i>], wood-carving, wickerwork — these are...; coat of arms, anthem, flag — these are...; viburnum, willow — these are...; wreath, sharovary, plakhta [<i>traditional; Ukrainian clothing</i>] — these are... .</p> <p><i>Think and name what is extra:</i> willow, viburnum, cherry, jug; jug, kumanets [<i>traditional Ukrainian ceramics</i>], pysanka; embroidery, pottery, wickerwork, Cossack.</p> <p><i>Solve the riddle.</i> They kneaded, kneaded, molded, molded, and then — into boiling water! And finally, into butter and sour cream (varenyky [<i>traditional Ukrainian dish</i>]). What are your favorite Ukrainian dishes?</p>	<p>3.1, 3.2</p>	<p>Whether cognitive processes and higher mental functions (thinking, speech) are developed.</p> <p>Knowledge of national and state symbols, everyday objects, and Ukrainian decorative crafts.</p> <p>Value-based attitude towards Ukraine.</p>	
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

<p><i>F) Speaking exercise "Choose a proverb".</i></p> <p>— Українська мова така красива! Люди для різних ситуацій вживають різні мудрі прислів'я. Вони містять важливі для життя правила. Давай разом прочитаємо два вислови. Обери той, який, на твою думку, правильний:</p> <p>— The Ukrainian language is so beautiful! People use different wise proverbs for different situations. They contain rules that are important for everyday life. Let's read two sayings together. Choose the one that you think is correct:</p> <p>* <i>1. Don't look for a foreign land when you have a home.</i></p> <p><i>2. Those who travel far are happier than those who stay at home.</i></p> <p>* <i>1. A true friend is someone who understands me better than anyone else.</i></p> <p><i>2. No one can understand me better than I do myself.</i></p> <p>* <i>1. Only those who do not know how to be friends themselves have no true friends.</i></p> <p><i>2. Only those who are lucky enough to meet them have friends.</i></p>	<p>3.2, 5.1</p>	<p>Proficiency in spoken Ukrainian; ability to understand figurative expressions and interpret them; ability to analyze and assess information and form one's own opinion. Development of core life values.</p>	
<p>3. Final part.</p> <p>— It was nice talking to you. Finally, I would like to ask you about your biggest dreams. Write down your three most important wishes and tell me about them.</p>	<p>4.2, 5.2</p>	<p>The ability to set long-term goals and gradually achieve them; the development of willpower qualities: determination, initiative, independence. The ability to see the future as an open prospect, full of opportunities worth planning and striving for.</p>	

Psychological and pedagogical practices for assisting preschool-aged children traumatized as a result of their stay under the control of the aggressor state, with the consequences of forcible transfer, deportation, and occupation

Preschool-aged children (3–6 years)				
No	Practice Name	Parameters of Mental Health	Organizational Method	Brief Description
1.1.	«Safe place»	Emotional, social	Individual	A play-based method for children aged 0–11 aimed at fostering a sense of security and support. It helps restore a basic feeling of safety and promotes social interaction within a group setting.
1.2.	«Psychosocial support»	Social, emotional	Group	A comprehensive method for children aged 7–18 aimed at developing interaction skills in a new environment, restoring motivation for learning, and promoting social adaptation. It is focused on providing basic psychosocial assistance and support.
1.3.	Play therapy	Emotional, social, cognitive	Individual, subgroup, group	Utilizing the play as the primary tool for expressing emotions, processing trauma, and developing social skills and cognitive functions.
1.4.	Fairy tale therapy	Emotional, cognitive, spiritual	Individual, group	Utilizing the metaphors and imagery from fairy tales to help children understand complex emotions, solve problems, and form a worldview.
1.5.	Sand tray therapy	Emotional, cognitive, social	Individual, subgroup	The child creates their own worlds in a sandbox, expressing internal experiences while developing creativity and interaction skills.
1.6.	Art therapy (drawing, sculpting)	Emotional, cognitive, physical	Individual, subgroup, group	Utilizing creativity to express emotions, reduce tension, develop fine motor skills, and enhance cognitive processes.

1.7.	Body-oriented techniques (BOT)	Physical, emotional	Individual, coupled, group	Restoring contact with one's body, releasing muscular and emotional tension, and correcting the emotional sphere. Restoring contact with one's body, releasing muscular and emotional tension, and correcting the emotional sphere.
1.8.	Family therapy	Social, emotional, spiritual	Group (family)	Working with the family system to improve interaction, resolve conflicts, and support the child within the family.
1.9.	Speech games: "Finish the Story"	Cognitive, social	Individual (with an adult), coupled	Develops the child's vocabulary and helps them invent endings for stories or counting rhymes.
1.10.	Collective storytelling	Cognitive, social, emotional	Group	Collaborative storytelling promotes the development of speech, thinking, and interaction.
1.11.	Games: "Guess the Object"	Cognitive, social, communication	Group	Teaches a child to describe objects by their features and develops question-asking skills.
1.12.	Techniques for restoring national identity	Social, emotional, cognitive, spiritual	All formats (environmental, individual, in group)	<p>Creating a safe Ukrainian environment: Physical and psychological safety, a Ukrainian-language environment, symbols and attributes, and communication with peers.</p> <p>Culture and History: Fairy tale therapy/storytelling, art therapy (with Ukrainian motifs), music therapy (Ukrainian songs), play therapy and traditional folk games, theatrical activities, "A Journey Through Ukraine."</p>

Psychological and pedagogical practices for assisting primary school-aged children traumatized as a result of their stay under the control of the aggressor state, with the consequences of forcible transfer, deportation, and occupation

Primary school-aged children (7–11 years)				
No	Practice Name	Parameters of Mental Health	Organizational Method	Brief Description
2.1	“Children and War”	Emotional, cognitive	Group	An organized program for children aimed at helping them process their experiences, learn self-help skills, and overcome fears, anxieties, and reactions to war trauma. Implemented in the form of group meetings for children aged 7–18.
2.2.	“Safe Place”	Emotional, social	Individual	A play-based method for children aged 0–11, aimed at developing a sense of security and support. Helps restore a basic sense of security and promotes social interaction in a group setting. Stabilization and grounding techniques to reduce anxiety and develop self-regulation.
2.3.	CBT for children with PTSD	Emotional, cognitive	Individual, group	Cognitive behavioral therapy adapted for children with post-traumatic stress disorder. Designed to change thinking and behavior. Age group: 7–18. Aims to help children process memories of traumatic events, regain control over their thoughts and emotional reactions, and develop stress management skills.
2.4.	“Psychosocial support”	Social, emotional	Group	An integrated program for children aged 0–11 aimed at restoring interaction within the group, developing social skills, promoting open dialogue about experiences, providing psychosocial support, and supporting social adaptation and emotional well-being.

2.5.	EMDR for children	Emotional, cognitive	Individual	A specific method for children aged 7–18 aimed at working through traumatic memories through desensitization and reprocessing, promoting rapid restoration of emotional balance and positive cognitive patterns. Desensitization and reprocessing through eye movements to work through traumatic memories.
2.6.	KIDNET	Emotional, cognitive, spiritual	Group	A comprehensive program to help children cope with trauma, develop cognitive and emotional skills, and restore inner resilience. The program includes a specific method for children between the ages of 7 and 18, aimed at developing a clear, coherent narrative of their traumatic experiences in order to restore their self-worth and a sense of purpose in life.
2.7.	Integrative family therapy approach	Social, spiritual, emotional	Group (family)	Working with the entire family to restore bonds, improve communication, and support all family members. A therapy method for children of all three age groups aimed at restoring mutual support within the family, open communication, and strengthening family values to facilitate recovery.
2.8.	Art therapy (painting, sculpting, music, drama)	Emotional, cognitive, physical, social	Individual, coupled, subgroup, group	Application of various means of artistic expression to convey emotions, process traumatic experiences, develop creativity, and promote interaction. Creative methods (drawing, sculpting, music, movement) for children of all three age groups restore emotional balance, encourage open self-expression, and foster support within the group.
2.9.	“Quiet” games	Emotional, cognitive, social	Subgroup, group	Help establish communication, relieve emotional tension, and develop thinking and speech. A set of low-movement games based on the use of images of objects, cards, word games, etc.
2.10.	Psychological games (positional, communication, simulation games)	Emotional, cognitive, social	Coupled, subgroup, group	Facilitate the development of speech, listening, interaction skills, self-esteem, and communication culture.

2.11.	Situational tasks	Cognitive, social	Small groups (individual), group (brainstorming)	Searching for solutions as a group in suggested situations, analyzing the actions of characters, developing critical thinking and teamwork.
2.12.	Role play	Emotional, social, cognitive	Group	Simulation of real-life situations to express feelings, discuss personal problems, and practice new behavioral strategies.
2.13.	Working in small groups	Social, emotional, cognitive	Subgroup	Engaging in activities, mutual support, developing unity, and the opportunity to exchange experiences and ideas.
2.14.	Working in pairs	Social, cognitive	Subgroup	Exchange of ideas, quick completion of tasks (discussions, debriefings, interviews).
2.15.	Group discussion / polylogue	Social, cognitive	Coupled	Exchanging opinions on a specific topic, discussing problems, developing listening and speaking skills.
2.16.	Video correction	Emotional, social, cognitive	Group	Replaying and analyzing situations on video recordings to observe and study behavior and to reflect.
2.17.	Psychological training	Emotional, cognitive, social	Group	Training and development of relevant qualities (communication, empathy), building self-awareness and self-development skills.
2.18.	Body-oriented psychotherapy	Physical, emotional	Group	Restoring connection with one's own body, relieving muscle and emotional tension, and adjusting the emotional sphere.
2.19.	Stabilization and grounding methods	Emotional, physical	Individual, coupled, group	Help children regain calm and control over their emotions, especially after stressful situations.
2.20.	Relaxation techniques	Physical, emotional	Individual, group	Exercises to relieve psychological and physical tension and restore balance.

2.21.	Card games	Emotional, social, cognitive	Individual, coupled	Intimate conversation based on motivational cards to establish contact and open communication.
2.22.	Speaking games "Finish the Story"	Cognitive, social	Individual (involving an adult), coupled	Develops the child's vocabulary, helps come up with endings for stories or counting rhymes.
2.23.	Speaking games "Make up a story based on a series of narrative pictures"	Cognitive, emotional, social	Individual, coupled, sub-group, group	Encourages the ability to compose stories based on visual cues, logical thinking, and emotional expression.
2.24.	Speaking games "Game No. 8. Telephone"	Social, cognitive	Group	A classic communication game that demonstrates the way information changes during transmission and develops listening skills.
2.25.	Speaking games "Twenty Questions"	Cognitive, social	Group	Teaches asking direct questions to guess the intended object/person/place.
2.26.	Speaking games "Emotional charades"	Emotional, social, cognitive	Group	Teaches to recognize and express emotions with no words. Helpful for children who have difficulty recognizing emotions from facial expressions.
2.27.	Collective storytelling	Cognitive, social, emotional	Group	Collaborative storytelling promotes the development of speech, thinking, and interaction.

2.28.	Trauma-focused CBT (TF-CBT)	Emotional, cognitive, social, physical, spiritual	Individual, family, group	<p>P — psychoeducation. Explanation of trauma and reactions.</p> <p>R — relaxation skills. Breathing exercises, muscle relaxation, grounding.</p> <p>A — affect/emotion regulation. Recognizing and managing emotions (“Emotion Thermometer,” “Bank of Emotions”).</p> <p>C — cognitive coping. Changing maladaptive thoughts (“Thought Detectives”).</p> <p>T — trauma narration and processing. Creating a traumatic narrative (drawing, trauma book).</p> <p>I — in vivo exposure. Gradual exposure to triggers (“Stairway of Courage”).</p> <p>C — child-caregiver sessions. Engaging caregivers for support and better communication.</p> <p>E — enhancing safety. Developing safety plans, teaching safe behavior skills.</p> <p><i>Adapted through play therapy elements (CBPT) for preschoolers and primary school-aged children.</i></p>
2.29.	Techniques for restoring national identity	Social, emotional, cognitive, spiritual	All formats (environmental, individual, in group)	<p>Creating a safe Ukrainian environment: Physical and psychological safety, a Ukrainian-language environment, symbols and attributes, and communication with peers.</p> <p>Culture and History: Fairy tale therapy/storytelling, art therapy (with Ukrainian motifs), music therapy (Ukrainian songs), play therapy and traditional folk games, theatrical activities, “A Journey Through Ukraine”, educational sessions.</p> <p>Psychological approaches: Working with trauma and loss (TF-CBT), restoring a sense of belonging and acceptance, working with parents/caregivers.</p> <p>Additional formats: summer camps and educational programs, mentoring courses.</p>

Psychological and pedagogical practices for assisting adolescents and young adults traumatized as a result of their stay under the control of the aggressor state, with the consequences of forcible transfer, deportation, and occupation

ADOLESCENTS (11–18 years)				
No	Practice Name	Parameters of Mental Health	Organizational Method	Brief Description
3.1.	“Children and war”	Emotional, cognitive	Group	A group support program based on CBT principles for processing psycho-traumatic experiences.
3.2.	“Safe place”	Emotional, social	Individual	A play-based method for children aged 0–11 aimed at fostering a sense of security and support. It helps restore a basic feeling of safety and promotes social interaction within a group setting. It serves as a stabilization and grounding technique to reduce anxiety and develop self-regulation.
3.3.	CBT for children with PTSD	Emotional, cognitive	Індивідуальна, group	Cognitive Behavioral Therapy adapted for children with post-traumatic stress disorder. The focus is on changing thinking and behavior. For children aged 7–18. It is aimed at processing memories of traumatic events, restoring control over thoughts and emotional reactions, and forming stress-coping skills.
3.4.	EMDR for children	Emotional, cognitive	Individual	A specific method for children aged 7–18 aimed at reprocessing traumatic memories through desensitization and reprocessing, which promotes rapid restoration of emotional balance and positive cognitive patterns. Eye Movement Desensitization and Reprocessing for processing traumatic memories.

3.5.	KIDNET	Emotional, cognitive, spiritual	Group	A comprehensive program that helps children cope with trauma, develop cognitive and emotional skills, and restore their inner foundation. The program includes a specific method for children aged 7–18 aimed at forming a clear, coherent narrative of the traumatic experience to restore self-worth and a sense of meaning in life.
3.6.	Integrative family therapy approach	Social, spiritual, emotional	Group (family)	Working with the entire family to restore connections, improve communication, and support all family members. A psychotherapeutic method for children of all three age categories aimed at restoring mutual support within the family, open communication, and strengthening family values to promote recovery.
3.7.	Art therapy (painting, sculpting, music, drama)	Emotional, cognitive, physical, social	Individual, coupled, subgroup, group	Utilizing various art forms to express emotions, process traumatic experiences, and develop creativity and interaction skills. Creative methods (drawing, sculpting, music, movement) for children of all three age categories restore emotional balance and promote open self-expression and group support.
3.8.	Psychological games (positional, communication, simulation games)	Emotional, cognitive, social	Coupled, subgroup, group	Promotes the development of speech, listening, and interaction skills, while increasing self-esteem and communicative culture. A comprehensive method for children aged 7–18 aimed at forming interaction skills in a new environment, restoring motivation for learning, and promoting social adaptation.
3.9.	Situational tasks	Cognitive, social	Small groups (individual), group (brainstorming)	A group search for solutions in proposed situations, analysis of characters' actions, and the development of critical thinking and teamwork.
3.10.	Role play	Emotional, social, cognitive	Group	The simulation of real-life situations to express feelings, discuss personal problems, and practice new behavioral strategies.
3.11.	Working in small groups	Social, emotional, cognitive	Subgroup	Engagement in tasks, mutual support, development of unity, and the opportunity to exchange experiences and ideas.

3.12.	Working in pairs	Social, cognitive	Coupled	Exchange of thoughts, and rapid completion of tasks (discussion, summaries, interviews).
3.13.	Group discussion / polylogue	Social, cognitive	Group	An exchange of views on a specific topic, discussion of problems, and development of listening and expression skills.
3.14.	Video correction	Emotional, social, cognitive	Group	Acting out and analyzing situations on video recordings for the observation and study of behavior, and for reflection.
3.15.	Psychological training	Emotional, cognitive, social, spiritual	Group	The training and development of desired traits (communication, empathy), formation of self-knowledge and self-development skills, and realization of creative potential.
3.16	Body-oriented psychotherapy	Physical, emotional	Individual, coupled, group	Restoring contact with one's own body, releasing muscular and emotional tension, and correcting the emotional sphere.
3.17.	Stabilization and grounding methods	Emotional, physical	Individual, group	Helps adolescents return to a state of calm and control over their emotions, especially after stressful situations.
3.18.	Relaxation techniques	Physical, emotional	Individual, group	Exercises for releasing psychological and physical tension and restoring balance.

Methodological recommendations for restoring the health of preschool-aged children with varying degrees of physical and mental health disorders

PRESCHOOL CHILDREN (3–7 years old). METHODOLOGICAL RECOMMENDATIONS FOR WORKING WITH CHILDREN				
<i>Physical health</i>				
Extent of trauma	Behavioral manifestations	For psychologists	For educators	For parents
Occasional disturbances (low level of trauma)	Increased fatigue, reluctance to play, decreased activity.	Teach simple relaxation techniques (e.g., “Cat-Kitty” — tension-relaxation), breathing exercises in the form of games (“Balloon,” “Candle”).	Allow sufficient time for active games and rest. Use active games with elements of relaxation .	Establish a regular sleep and rest routine. Ensure opportunities for active outdoor play. Light massage and a warm shower before bedtime. Maintain a balanced diet.
Persistent disorders of social and psychological maladjustment (moderate level of trauma)	Frequent sleep problems (waking up at night, nightmares), persistent fatigue, decreased energy, reduced appetite, frequent somatic complaints without medical causes (stomachache, headache).	Play therapy (using sandboxes, water, modeling clay) to work through traumatic experiences. Art therapy (drawing, modeling clay) to express emotions. Breathing exercises, physical practices through play (“Tree,” “Little Bear”).	Arrange physical games with elements of relaxation. Establish conditions for recovery after physical activity (naptime, rest area). Conduct individual sessions with children who have difficulty relaxing.	Regularly engage in active games (running, jumping, ball games). Bring the child to the pool. Allow sufficient time for recovery. Consult specialists (pediatrician, psychologist) in case of persistent disorders.

PTSD (high level of trauma)	Chronic sleep disturbances (insomnia, frequent awakenings), severe exhaustion, constant intense psychosomatic symptoms (tremors, headaches/abdominal pain), loss of control over the body, lack of appetite, significant changes in the body.	Sensory-motor integration (games with sand, water, dough), therapeutic physical education in the form of games. Corrective exercises to restore awareness of one's own body and its limits. Work with psychosomatic symptoms.	Provide the child with the utmost physical comfort and safety. Create a calm and safe atmosphere. Allow the child to get sufficient rest.	Consult specialists (psychologist, psychiatrist) for comprehensive diagnosis and treatment. Provide continuous support and care for the child in a safe environment. Monitor the child's physical condition as closely as possible. Establish conditions for minimal physical activity or regular physical activity as recommended by specialists.
<i>Emotional health</i>				
Extent of trauma	Behavioral manifestations	For psychologists	For educators	For parents
Occasional disturbances (low level of trauma)	Unmotivated mood swings (going from crying to laughing), outbursts of anger, anxiety, fear, emergence of new fears, unwillingness to play.	Play therapy , using sandboxes and fairy tale therapy to work through fears and emotions. Teach children to recognize basic emotions (joy, sadness, anger, fear) using cards and pictures.	Create an emotionally safe environment. Conduct creative activities (drawing, sculpting) to express emotions. Teach children to recognize emotions using pictures of emotions.	Calmly discuss the child's experiences. Encourage creative games (drawing, sculpting). Encourage physical activity as a way to release energy and relieve stress.
Persistent disorders of social and psychological maladjustment (moderate level of trauma)	Persistent feelings of anxiety, fear, constant tantrums, aggressive behavior, apathy, refusal to interact, restraint.	Art therapy (drawing, sculpting, fairy tale therapy) to express deep emotions. Play therapy involving dramatization of traumatic events. Working with toy mediators. Teaching self-soothing techniques through breathing and visualization ("Place of Power").	Create an emotionally safe climate within the group. Use games to recognize and express emotions. Teach relaxation techniques (breathing exercises, visualization of a "safe place").	Listen to your child nonjudgmentally and encourage them to express their emotions. Allow them sufficient time to rest. Engage in cooperative games and creative activities. Consult specialists in the event of persistent disorders.

PTSD (high level of trauma)	Panic attacks, prolonged apathy, emotional regression (thumb sucking, enuresis), lack of emotional response to important events, social phobia.	Crisis intervention. Working with traumatic memories through play techniques. Using EMDR (Eye Movement Desensitization and Reprocessing) techniques through play. Sensory-motor integration.	Ensure the utmost safety and supportive environment. Provide a sense of acceptance and unconditional love. Encourage spontaneous game play.	Provide the child with a sense of security and safety; unconditional love and acceptance. Always be there for them. Help them restore basic life functions. Consult specialists (psychologist, psychiatrist).
<i>Cognitive health</i>				
Extent of trauma	Behavioral manifestations	For psychologists	For educators	For parents
Occasional disturbances (low level of trauma)	Short attention span, difficulty concentrating, distractibility, unwillingness to complete tasks.	Games to improve attention and memory (puzzles, sorting objects, lotto). Fairy tale therapy to develop imagination and thinking.	Give short, interesting tasks that are age-appropriate. Use illustrative materials. Encourage active participation in playful activities.	Assist in organizing the daily routine. Encourage play and creative activities. Express words of praise and encouragement.
Persistent disorders of social and psychological maladjustment (moderate level of trauma)	Difficulty memorizing new material, low cognitive activity, rapid fatigue during classes.	Neuropsychological games for developing attention, memory, and thinking (e.g., "What has Changed?", "Spot the Differences", mazes). Use elements of sand tray therapy to develop cognitive functions.	Diversified learning, individual cards. Use illustrative aids and multimedia presentations. Allow sufficient time for completing tasks. Encourage any manifestations of curiosity.	Help with homework by breaking it down into small steps. Encourage active and creative play. Allow sufficient rest for the brain. Regularly speak with the child about their successes and struggles.
PTSD (high level of trauma)	Significant deterioration in memory, thinking, impaired logic, spatial disorientation, lack of interest in learning activities.	Integrated neuropsychological games , correction of cognitive functions. Restore logical thinking (cause and effect, sequence). Use cognitive rehabilitation methods (neurofeedback, brainstorming in the form of a game).	Individualize learning as much as possible. Create a stable and predictable environment. Use simple, clear instructions. Encourage the child to succeed and achieve.	Provide continuous support and guidance to the child in everyday life. Create a stable and safe home environment. Help restore basic life functions.

Social health

Extent of trauma	Behavioral manifestations	For psychologists	For educators	For parents
Occasional disturbances (low level of trauma)	Slight shyness, difficulty establishing new contacts, unwillingness to share toys, unwillingness to engage in group games.	Interaction training in small groups (2–3 children) to create a safe space. Encourage open communication through playful methods (e.g., “Friendship Chain,” “Toy Store”).	Encourage group activities that do not require deep interaction (e.g., “Ladusi (from Ukrainian — “Palms”),” dancing circles). Promote interaction in the classroom through positive reinforcement.	Organize family games (board games, sandbox, building blocks). Provide opportunities for the child to interact with peers under adult supervision.
Persistent disorders of social and psychological maladjustment (moderate level of trauma)	Avoiding interaction with peers and adults, conflicts, aggressive reactions to attempts at communication, lack of desire to play, unwillingness to share.	Social skills training (communication skills, conflict resolution, emotional response). Use role-playing and game therapy to work through cases of interaction.	Work in small groups with clearly defined roles. Gradually socialize the child within the group. Encourage the child to express initiative. Teach the child to resolve conflicts.	Encourage your child to participate in extracurricular activities where they can make new friends (clubs, sports teams). Encourage them to socialize with friends (going for walks together, going to the movies).
PTSD (high level of trauma)	Total isolation, complete disengagement from play, aggression or utter apathy in response to attempts at contact, regression in social development (e.g., complete regression in speech), unwillingness to respond to their name.	Group and individual play therapy (working with severe trauma) that promotes social recovery. Develop basic interaction skills through role-playing and situation modeling .	Provide specialized support (assistant teacher, tutor). Build trust and create a tolerant atmosphere in the classroom. Minimize coercion to interact.	Organize family activities to restore a sense of unity and belonging (shared meals, walks). Provide the child with a sense of security and support at home. Consult specialists (psychologist, psychiatrist).

Spiritual health

Extent of trauma	Behavioral manifestations	For psychologists	For educators	For parents
Occasional disturbances (low level of trauma)	Slight doubts about values, lack of interest in learning new things and in moral norms.	Work with values through game-based methods (e.g., "Tree of Values," "Treasure Box"). Develop empathy through fairy tales and stories .	Hold discussions on moral and ethical topics (e.g., "What is good/evil?"). Discuss simple social rules of behavior. Provide a space for the free expression of opinions and questions.	Conduct shared conversations about values (kindness, honesty, friendship) using fairy tales as examples. Discuss books you have read/cartoons you have watched. Encourage creativity (drawing, sculpting).
Persistent disorders of social and psychological maladjustment (moderate level of trauma)	Loss of meaning in life, apathy towards everything that used to be important. Lack of interest in the future, doubts about basic values.	Logotherapy (tailored for preschoolers: finding meaning in everyday play situations). Work with resources, create a "Kindness Treasure Chest" (accumulation of good deeds).	Conduct moral and ethical discussions with an emphasis on resilience and finding meaning even in difficult circumstances. Foster motivation for activities that provide a sense of accomplishment and purpose. Encourage good deeds.	Make time for open communication that does not require specific answers. Be there and listen. Build trust. Search for new meaning in life together (for example, through new hobbies or travel).
PTSD (high level of trauma)	Complete loss of meaning in life, depression and suicidal thoughts, apathy, rejection of all values, utter disappointment in life.	Crisis intervention, therapy aimed at restoring basic life pillars and meanings. Working with traumatic memories and their suppression. Help restore the will to live.	Take an extremely cautious and tactful approach. Create the safest and most supportive environment possible. Provide the child with a sense of acceptance and unconditional love.	Immediately seek professional help (psychologist, psychiatrist) in a crisis situation. Create an atmosphere of unconditional love and acceptance. Always be there, even in silence.

Methodological recommendations for restoring the health of primary school-aged children with varying degrees of physical and mental health disorders

PRIMARY SCHOOL CHILDREN (7-11 YEARS): METHODOLOGICAL RECOMMENDATIONS FOR WORK				
Physical health				
Extent of trauma	Behavioral manifestations	For psychologists	For educators	For parents
Occasional disturbances (low level of trauma)	Mild sleep disturbances (insomnia, nightmares), reduced attention span, rapid fatigue.	Teach relaxation techniques (progressive muscle relaxation, breathing exercises). Use play-based methods to process anxiety; play therapy.	Conduct short physical activity breaks and active games during recesses. Encourage physical activity.	Establish a regular sleep and rest schedule. Encourage physical activity (sports clubs, outdoor games).
Persistent disorders of social and psychological maladjustment (moderate level of trauma)	Frequent sleep disturbances, constant fatigue, low energy, decreased appetite, psychosomatic symptoms (stomachaches, headaches).	Art therapy (drawing, sculpting, appliqué) for emotional expression. Drama and dance therapy to process traumatic experiences. Bioenergetic exercises to release blockages.	Organize active recreation. Create conditions for recuperation. Conduct individual conversations with the child.	Create the most stable and safe environment possible. Regularly engage in joint physical activities (bike rides, swimming). Allow sufficient time for recovery. Consult specialists (psychologist, doctor).
PTSD (high level of trauma)	Chronic sleep disturbances, severe exhaustion, persistent and intense psychosomatic symptoms (ulcers, asthma, headaches), loss of bodily control.	Individual BOT. Group work with body-oriented therapy. Use self-regulation methods. Work with the body to restore sensitivity.	Provide the child with maximum physical comfort and safety. Create a calm and safe atmosphere. Allow the child sufficient rest.	Consult specialists for a comprehensive diagnosis and treatment. Constantly maintain a safe environment. Provide balanced nutrition.

Emotional health

Extent of trauma	Behavioral manifestations	For psychologists	For educators	For parents
Occasional disturbances (low level of trauma)	Irregular mood swings, anxious reactions, outbursts of anger, emotional instability.	Teach relaxation techniques (progressive muscle relaxation, breathing exercises). Fairy tale therapy and play therapy to process fears.	Create an emotionally safe environment. Conduct creative activities (drawing, sculpting). Teach emotion recognition using picture cards of emotions.	Calmly discuss the child's experiences. Encourage creative play and physical activity.
Persistent disorders of social and psychological maladjustment (moderate level of trauma)	Persistent feelings of anxiety and fear, aggressive behavior, apathy, withdrawal from contact, rigidity.	Art therapy (drawing, sculpting, fairy tale therapy) to express deep emotions. Play therapy . Teach self-soothing techniques through breathing and visualization ("Place of Power").	Create an emotionally safe climate in the classroom. Use games to recognize and express emotions. Teach relaxation techniques.	Listen to the child without judgment, encourage emotional expression. Allow sufficient time for rest. Engage in joint games and creative activities.
PTSD (high level of trauma)	Panic attacks, prolonged apathy, emotional regression, lack of emotional reactions, social phobia.	Crisis intervention . Work with traumatic memory using play-based methods. Use EMDR (Eye Movement Desensitization and Reprocessing) through play. Sensorimotor integration .	Create the most safe and supportive environment possible. Provide a sense of acceptance and unconditional love. Encourage spontaneous play activities.	Give the child a sense of security and safety; unconditional love and acceptance. Be constantly present. Help restore basic life functions.

Cognitive health

Extent of trauma	Behavioral manifestations	For psychologists	For educators	For parents
Occasional disturbances (low level of trauma)	Short attention spans, difficulty concentrating, mild distractibility, reluctance to complete tasks.	Game-based exercises for developing attention and memory (puzzles, object sorting, lotto). Use fairy tale therapy to develop imagination and thinking.	Give short, interesting, age-appropriate tasks. Use visual aids. Encourage active participation in game-based activities.	Help organize a daily schedule. Encourage play and creative activities. Offer words of praise and encouragement.
Persistent disorders of social and psychological maladjustment (moderate level of trauma)	Difficulty memorizing new material, low cognitive activity, rapid fatigue during lessons.	Neuropsychological games to develop attention, memory, and thinking (e.g., "What has Changed?", "Spot the Differences", mazes). Use elements of sand tray therapy to develop cognitive functions.	Use differentiated instruction and individual worksheets. Use visual aids and multimedia presentations. Allow sufficient time for task completion. Encourage any manifestation of cognitive interest.	Help with homework by breaking it into small steps. Promote active and creative games. Allow for sufficient rest for the brain. Regularly speak with the child about their successes and struggles.
PTSD (high level of trauma)	Significant decline in memory and thinking, impaired logic, spatial disorientation, lack of interest in cognitive activities.	Integrated neuropsychological games, correction of cognitive functions. Restore logical thinking (cause-effect, sequencing). Use cognitive rehabilitation methods (neurofeedback, brainstorming in a game format).	Individualize instruction as much as possible. Create a stable and predictable environment. Use elementary, clear instructions. Encourage the child's successes and achievements.	Continuously support and orient the child in daily life. Create a stable and safe home environment. Help restore basic life functions. Provide maximum possible comfort and reduce stress.

Social health

Extent of trauma	Behavioral manifestations	For psychologists	For educators	For parents
Occasional disturbances (low level of trauma)	Difficulty establishing contact with peers, mild shyness, reluctance to participate in group games.	Interaction training in small groups. Play-based methods to develop communication skills ("Find What We Have in Common", "Blind Artist").	Encourage joint activities and group projects. Create situations of success in interaction.	Organize joint family activities (hikes, museum visits). Encourage joint games and communication with friends.
Persistent disorders of social and psychological maladjustment (moderate level of trauma)	Avoidance of interaction, conflicts, aggressive reactions, lack of friends, reluctance to attend school, ignoring others.	Social skills training (conflict resolution, cooperation). Use role-playing games to practice social situations.	Work in small groups with clear instructions. Teach conflict resolution. Encourage initiative.	Engage the child in extracurricular activities that provide opportunities to make new contacts (clubs, sports teams). Facilitate interaction with friends (joint walks, movie outings).
PTSD (high level of trauma)	Total isolation, complete loss of social contacts, aggression or apathy, regression in social development.	Group and individual psychotherapy (deep work with trauma). Develop basic interaction skills through role-playing games. Rebuild trust in the world.	Provide specialized support (teacher's assistant, tutor). Build trust and establish a tolerant atmosphere in the classroom.	Arrange family events to restore a sense of unity and belonging. Constantly provide support and care at home.

Spiritual health

Extent of trauma	Behavioral manifestations	For psychologists	For educators	For parents
Occasional disturbances (low level of trauma)	Mild doubts about values, lack of interest in learning new things or in moral norms.	Work with values through play-based methods (e.g., "Tree of Values", "Treasure Box"). Develop empathy through fairy tales and stories .	Conduct conversations on moral and ethical topics (e.g., "What is good/evil?"). Discuss simple social rules of conduct.	Conduct shared conversations about values (kindness, honesty, friendship) using fairy tales as examples. Discuss books you have read/cartoons you have watched. Encourage creativity (drawing, sculpting).
Persistent disorders of social and psychological maladjustment (moderate level of trauma)	Loss of meaning in life, apathy towards everything that was previously important. Lack of interest in the future, doubts about basic values.	Logotherapy (adapted for primary school children: finding meaning in everyday play situations). Work with resources, create a "Kindness Treasure Chest" (accumulation of good deeds).	Conduct moral and ethical discussions with an emphasis on resilience and finding meaning even in difficult circumstances. Support motivation for activities that provide a sense of achievement and usefulness. Encourage good deeds.	Make time for open communication that doesn't require specific answers. Be present and listen. Build trust. Search for new meanings in life together (e.g., through new hobbies, travel).
PTSD (high level of trauma)	Complete loss of the meaning of existence, depression with suicidal thoughts, apathy, rejection of all values, deep disillusionment with life.	Crisis intervention , therapy aimed at restoring basic life supports and meanings. Work with traumatic memory and its blockage. Help restore the will to live.	Apply an extremely cautious and tactful approach. Create the most safe and supportive environment possible. Provide the child with a sense of acceptance and unconditional love.	Immediately seek professional help (psychologist, psychiatrist) in a crisis situation. Foster an atmosphere of unconditional love and acceptance. Be constantly present, providing support even in silence.

Methodological recommendations for restoring the health of adolescents and young adults with varying degrees of physical and mental health disorders

ADOLESCENTS (11-18 YEARS). METHODOLOGICAL RECOMMENDATIONS FOR WORK				
Physical health				
Extent of trauma	Behavioral manifestations	For psychologists	For educators	For parents
Occasional disturbances (low level of trauma)	Sleep disorders (insomnia, anxious dreams), decreased energy, rapid fatigue, psychosomatic symptoms (headaches, stomachaches with no medical cause).	Teach relaxation techniques (progressive muscle relaxation, autogenic training). Conduct breathing exercises. Teach physical self-regulation.	Encourage physical activity (sports, active games) . Allow sufficient time for rest. Conduct informational sessions about the importance of a healthy lifestyle.	Establish a regular sleep and rest routine. Encourage physical activity (sports, walks). Engage in sports together.
Persistent disorders of social and psychological maladjustment (moderate level of trauma)	Chronic sleep disorders, constant fatigue, bioenergetic crises, decreased appetite or overeating, weight changes.	Bioenergetic therapy. Drama and dance therapy. Body-oriented therapy techniques to release physical blockages and tension.	Organize sports competitions and group games . Create conditions for recuperation (relaxation corners).	Create the most stable and safe environment possible. Regularly engage in joint physical activities (hiking, bike rides). Allow sufficient time for recovery. Consult specialists (psychologist, doctor).
PTSD (high level of trauma)	Severe sleep disturbances, exhaustion, psychosomatic disorders (chronic pain, digestive disorders), body dysmorphic disorder, loss of bodily control.	Individual BOT. Body-oriented therapy in groups (e.g., biodynamic therapy). Techniques for body restoration and self-perception.	Be extremely attentive to the adolescent's physical condition. Provide a sense of safety and comfort. Encourage minimal physical activity as recommended by specialists.	Undergo a medical examination and comprehensive treatment. Provide constant support and care. Provide balanced nutrition. Consult specialists (psychologist, psychiatrist, neurologist).

Emotional health				
Extent of trauma	Behavioral manifestations	For psychologists	For educators	For parents
Occasional disturbances (low level of trauma)	Mood swings, irritability, short outbursts of anger, anxiety, apathy, unmotivated crying.	Cognitive Behavioral Therapy (CBT) to correct negative thoughts. Teach emotional self-regulation (relaxation techniques, “Emotion Thermometer”).	Conduct informational sessions about emotions. Teach emotion recognition (emotion cards, discussion of situations).	Calmly discuss their experiences. Encourage emotional expression (communication, journaling). Engage in creative activities or sports.
Persistent disorders of social and psychological maladjustment (moderate level of trauma)	Persistent feelings of anxiety, fear, and aggression; depressive states, apathy, withdrawal from communication, detachment.	Art therapy (drawing, music, drama) to express deep emotions. CBT techniques to work with traumatic experiences. Teach self-soothing techniques (breathing, meditation, “Place of Power” visualization).	Create an emotionally safe climate in the classroom. Discuss emotional states, teach relaxation techniques.	Listen to the adolescent without judgment, show empathy. Allow sufficient time for rest. Engage in collective activities. Consult specialists (psychologist).
PTSD (high level of trauma)	Panic attacks, prolonged depression, emotional numbing, suicidal thoughts, flashbacks, self-injurious behavior.	Crisis intervention. Cognitive Behavioral Therapy. EMDR therapy. Work with traumatic memory (Eye Movement Desensitization and Reprocessing).	Create the most safe and supportive environment possible. Provide a sense of acceptance and unconditional love.	Provide the adolescent with a sense of security and safety; unconditional love and acceptance. Be constantly present. Consult specialists (psychologist, psychiatrist).

Cognitive health				
Extent of trauma	Behavioral manifestations	For psychologists	For educators	For parents
Occasional disturbances (low level of trauma)	Short attention span, difficulty concentrating, mild distractibility, reluctance to do homework.	Conduct training sessions to develop attention, memory, and thinking (logic puzzles, brain teasers). Use metaphorical associative cards to develop thinking.	Give clear instructions and short assignments. Use interactive teaching methods .	Help organize a daily schedule. Encourage learning and hobbies. Offer words of praise and encouragement.
Persistent disorders of social and psychological maladjustment (moderate level of trauma)	Difficulty with memorization, low cognitive activity, rapid fatigue, impaired logical thinking.	Cognitive Behavioral Therapy (teaching planning and self-control strategies). Neuropsychological exercises to develop brain functions.	Diversified learning. Use illustrative materials. Allow sufficient time for task completion. Encourage any manifestation of cognitive interest.	Help with assignments by breaking them into small steps. Promote active learning. Allow sufficient rest for the brain.
PTSD (high level of trauma)	Significant decline in memory and thinking, impaired logic, spatial disorientation, lack of interest in cognitive activities.	Integrated neuropsychological correction programs. Correct cognitive functions. Restore logical thinking. Use cognitive rehabilitation methods .	Individualize learning as much as possible. Create a stable and predictable environment. Encourage the adolescent's successes and achievements.	Constantly support and guide the adolescent in daily life. Create a stable and safe home environment. Help restore basic life functions.
Social health				
Extent of trauma	Behavioral manifestations	For psychologists	For educators	For parents
Occasional disturbances (low level of trauma)	Difficulty establishing contact with peers, shyness, reluctance to participate in group activities.	Training to develop communication skills. Play-based methods to develop social competence ("Debates", "Role Play").	Encourage group activities and collaborative projects. Create situations of success in interaction.	Encourage communication with friends. Organize joint family activities.

Persistent disorders of social and psychological maladjustment (moderate level of trauma)	Avoidance of interaction, conflicts, aggressive behavior, lack of friends, reluctance to attend school, isolation.	Training to develop social skills (conflict resolution, empathy, assertiveness). Use role-playing games to practice social situations.	Work in small groups. Teach conflict resolution. Encourage initiative.	Facilitate making new contacts (clubs, sports teams, volunteering). Discuss social situations.
PTSD (high level of trauma)	Total isolation, complete loss of social contacts, aggression or apathy, regression in social development.	Group and individual psychotherapy (in-depth work with trauma). Develop basic interaction skills. Rebuild trust in the world and in people.	Provide specialized support (tutor). Build trust and establish a tolerant atmosphere in the classroom.	Arrange joint family events to restore a sense of unity and belonging. Constantly provide support and care at home. Consult specialists (psychologist, psychiatrist).
Spiritual health				
Extent of trauma	Behavioral manifestations	For psychologists	For educators	For parents
Occasional disturbances (low level of trauma)	Doubts about values, lack of interest in learning new things or in moral norms, cynicism.	Work with values through discussions and philosophical conversations. Develop empathy through literary works and films.	Conduct conversations on moral and ethical topics, discuss universal values. Encourage self-development and the search for meaning.	Conduct shared conversations about values and moral dilemmas. Discuss books you have read/cartoons you have watched. Encourage self-exploration.
Persistent disorders of social and psychological maladjustment (moderate level of trauma)	Loss of meaning in life, apathy towards everything that was previously important. Nihilism, cynicism, rejection of values.	Logotherapy (searching for meaning in everyday life and actions). Work with resources, create a "Value Jar" (accumulation of important events).	Conduct moral and ethical discussions emphasizing resilience and finding meaning even in difficult circumstances. Maintain motivation for activities that provide a sense of achievement and usefulness.	Find time for open communication that doesn't require specific answers. Be present and listen. Build trust. Search for new meanings in life together (through hobbies, travel, volunteering).

PTSD (high level of trauma)	Complete loss of the meaning of existence, depression with suicidal thoughts, apathy, rejection of all values, deep disillusionment.	Crisis intervention. Therapy aimed at restoring basic life pillars and meanings. Work with traumatic memory and its blockage. Help restore the will to live.	Apply an extremely cautious and tactful approach. Create the most safe and supportive environment possible. Give a sense of acceptance and unconditional love.	Immediately consult specialists (psychologist, psychiatrist) in a crisis state. Create an atmosphere of unconditional love and acceptance. Be constantly present, providing support even in silence.
------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Regional Center for Human Rights
2025