

Psychological sciences

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STUDYING THE IMPACT OF WAR ON THE MENTAL HEALTH OF MODERN ADOLESCENTS ON THE EXAMPLE OF THE RUSSIAN INVASION OF UKRAINE IN 2022

***Summary.** In the course of analyzing previous studies, it became clear that the aspect that this study was trying to reveal had not been disclosed before, since the sample of previous studies included only residents of the territories where active hostilities took place. The psycho-emotional state of Ukrainian adolescents is susceptible to the effects of stress caused by the war. A comparison of the mental states of Ukrainian and British adolescents showed that the rates of depression, anxiety, the number of individuals with symptoms of obsessive-phobic and vegetative disorders, and the number of possible victims of hysterical reactions are higher among Ukrainians. In addition, the correlation between symptoms among British and Ukrainian adolescents was calculated. Accordingly, $r = 0.71$, which means that the number of individuals with elements of psychological well-being disorders increased by 3-3.5 times. The quality of mental health of Ukrainian adolescents has deteriorated significantly compared to previous years or to the indicators of other countries. Based on this, I calculated a correlation ($r = 0.9$), which proved that the full-scale invasion had a significant impact on those*

who were not directly in the combat zone and expanded the number of individuals with negative mental states by 2.5-3 times. Nevertheless, the level of resilience remains quite high (42.25 out of 72), which indicates the resilience and flexibility of Ukrainian adolescents. The study experimentally identified the aspects that are of greatest concern. In general, we can identify 4 triggers and 4 problems-needs. As a result of our research work, we proposed measures to combat mental disorders, which were distributed as recommended for teachers and parents. We also used foreign experience to address this issue.

Key words: *psychology, adolescents, war, mental state, mental health.*

Within the context of war, adolescents tend to encounter two types of traumatic events: long-term adverse and unexpected. The existence of these types leads to the corresponding presence of ineffective coping strategies. Accordingly, children who have experienced war are much more likely to suffer from many problems, including anxiety disorders, post-traumatic stress disorder (PTSD), depression, dissociative disorders (catatonic syndrome, unwillingness to talk derealization, depersonalization, and voluntary social isolation), behavioral disorders (antisocial and criminal behavior, aggression, and violence), and are more likely to abuse drugs and alcohol [23; 24; 30]. Joshi and O'Donnell note [23] that mental disorders are a completely normal reaction to abnormal events. Therefore, the risk of developing multiple and often long-term forms of psychological, social, and physiological maladjustment increases as a result of long-term exposure to violence.

Lakshminarayana and Murthy [27] analyzed studies conducted in such areas of armed conflict as Afghanistan, the Balkans, Cambodia, Chechnya, Sri Lanka, Somalia, and Uganda. The conclusion of their study was that there are long-term consequences for children's psyche as a result of war-related psychological trauma. In addition, there was a pattern that the longer the conflict, the more severe the symptoms.

Every year, the World Health Organization makes appeals about the need to protect children in conflict zones. According to its data, ten percent of those who have previously experienced a traumatic event later had symptoms of psychological trauma. Other ten percent demonstrated mental disorders or behavioral changes. Both problems interfere with their victims' ability to live a full life [27].

According to Smith [30], the most important factors that determine the extent to which armed conflict affects children's mental health are the lack of satisfaction of basic needs (housing, food, water, access to quality healthcare, education, etc.); discrimination and stigmatization; loss of family relationships; pessimistic outlook on life; and normalization of violence. Adolescents who live far from the combat zone also have a lower level of property well-being, but the sample of this study did not have critical problems in meeting their basic needs.

The way mental health is viewed through the prism of post-traumatic stress disorder has recently been heavily criticized due to its ethnocentric vision, which does not take into account the ability to express will, resilience, and belief system of the local population [14; 17; 22]. It is not correct to consider children as passive victims of violence who have been deprived of their freedom of speech. Adolescents are active members of society, they create strategies for overcoming difficulties and survival, and are able to decide without outside influence which side to be on: to participate in a military conflict or to oppose it [15].

Most recent studies show that adolescents, despite inhumane conditions, have a huge potential for resilience [14; 17; 22]. This allows them to grow up and become full-fledged individuals despite the psychological trauma they have suffered. In general, researchers identify several defense mechanisms, the most important of which are friendship, healthy family relationships, a positive belief system, and effective coping strategies. Poor living conditions and family problems are the main issues that need to be addressed after the war to avoid the consequences of traumatic events and strengthen resilience [14; 17; 22].

Post-war events directly affect the extent of the consequences of war, including the success of post-war reconstruction policies and the socio-economic situation in the country. It is also important for the parties to recognize responsibility for their atrocities, bring to justice the perpetrators of war crimes, and implement local reconciliation mechanisms. The main and most important step to prevent the repetition of past events is to include conflict resolution methods in the educational program [15].

In addition, it is important to note that all previous studies have included in their sample only individuals living in the war zone. In contrast, my study examines the impact of the full-scale Russian invasion on adolescents living remotely. Accordingly, my study is the first to examine the impact of war from the perspective of distance, but at the same time with widespread access to the Internet.

As part of this study, we conducted an experiment in the form of a sociological survey among adolescents - 2nd year lyceum students (grade 10) of the Ivano-Frankivsk Physical and Technical Boarding Lyceum of the Ivano-Frankivsk Regional Council. In total, the experiment took about two months to complete. Analyzing previous studies, where anxiety and depression were the most susceptible to the impact of war, and in order to form an informative and effective picture, we selected nine methods on the relevant topics: "Heck-Hess Neurosis Inventory (BFB), Clinical Neuroticism Inventory, Psychodiagnostic Test, Multidimensional Assessment of Childhood Anxiety, Spielberger-Hanin Anxiety Scale, School Anxiety Scale (SAS), Sheehan Self-Esteem Scale, Hospital Scale, and Beck Depression Inventory. In addition, for the sake of completeness and for a deeper disclosure of the topic, we used the Muddy Resilience Inventory. The sample for each of the questionnaires is 112 individuals. In addition, I conducted a survey among foreign adolescents (students of the Imberhorne school) to analyze and understand the general situation regarding the mental state

of children there, where I used two of the above methods, namely the Hospital Scale and the Clinical Neuroticism Inventory.

<https://forms.gle/8b4bQ8nYxk8WaP5d8> – Rapid diagnosis of Heck-Hess neurosis, BFB [created by the author].

<https://forms.gle/5unAHApRdrLRAwZn6> – Clinical Questionnaire for Neurotic Conditions [created by the author].

<https://forms.gle/jph2PGBT996uZGQEA> – Psychodiagnostic test [created by the author].

<https://forms.gle/PLS5YRdzRKBQZX3N7> – Multidimensional Assessment of Childhood Anxiety [created by the author].

<https://forms.gle/NhP6r2BXNKK1VfMT7> – Spielberger-Hanin Anxiety Scale [created by the author].

<https://forms.gle/yuYfnCj8d2aewWrA9> – School Anxiety Level, SAS (Phillips) [created by the author].

<https://forms.gle/jFvvadmxxVx1Wnd47> – Sheehan Self-Esteem Scale [created by the author].

<https://forms.gle/6xGwXXdDPQxvK42W9> – Hospital scale [created by the author].

<https://forms.gle/Pw18xwhcgnQhhmqM7> – Beck Depression Test [created by the author].

<https://forms.gle/gVdri6ii5GwGzSgR8> – Hospital scale in English [created by the author].

<https://forms.gle/rtEuK9zYLSQxYnqh7> – Clinical Questionnaire for Neurotic Conditions in English [created by the author].

The impact of the war on the adolescent psyche is extremely insidious and terrifying, as the final manifestations will appear in the distant future. Even now, however, the situation is negative, as there are noticeable problems that need to be addressed immediately.

Analyzing the results of the previous surveys, we can understand that there are problems with sleep, namely, 40% of respondents have restless and shallow sleep often or sometimes. 75% of respondents indicated that they have become more sluggish, slower, and lack the same energy. A large proportion of individuals reported poor quality of sleep, appetite, and "lack of air" when they are anxious. Burnout, absent-mindedness, increased excitement, and anxiety are also common among adolescents. Based on these symptoms, we decided to conduct a correlation analysis between their indicators among British and Ukrainian teenagers. The result was as follows: $r = 0.71$, which shows the existence of a corresponding dependence. In other words, comparing the British and Ukrainians, we can conclude that the relevant symptoms are 3-3.5 times more frequent in Ukrainians, and this, accordingly, shows a clear impact of the war on the psycho-emotional state of Ukrainians.

Minors are the most vulnerable group, and war is a factor in the psychological suffering of adolescents. Because children during war are limited in the care, attention and compassion of adults, and because of the events they experience, they go through traumatic events that usually become the starting point for serious psychological problems in adolescence. One of the significant psychological consequences is indifference to the world around them, which in turn leads to a loss of meaning in the search for and construction of themselves in their own world. Sometimes children lose touch with their community and culture, and then have to reconnect with it in a foreign land.

Quite often, affected adolescents have a tendency to comorbid psychopathy, and they may also have behavioral problems, as they become too bold and daring, which in turn also contributes to certain mental disorders.

In order to avoid the worst consequences of the existing problems, professional diagnostics and therapy for all war victims are needed. This will save many adolescents and not only from losing access to a full life.

Our surveys revealed a significant difference in the quality of mental health between adolescents from the UK and Ivano-Frankivsk region, Ukraine. In general, the situation is as follows:

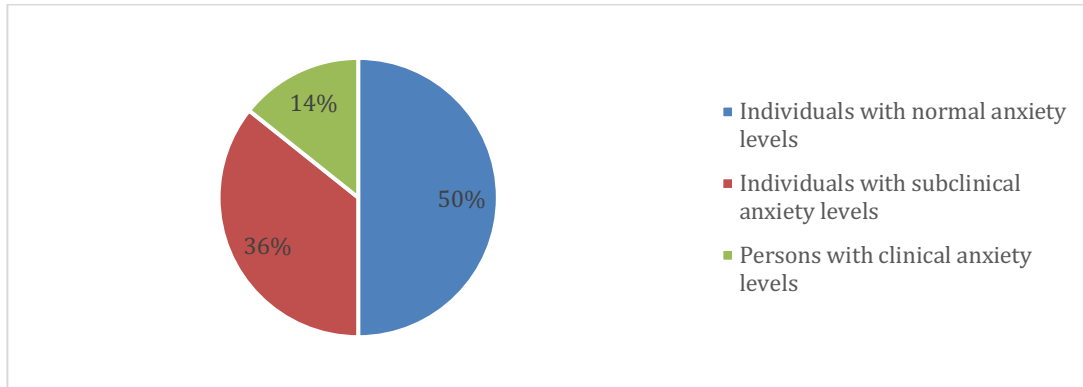


Fig. 1. The results of the study of anxiety in Ukrainian adolescents using the Hospital Scale methodology (112 respondents)

Source: author's property

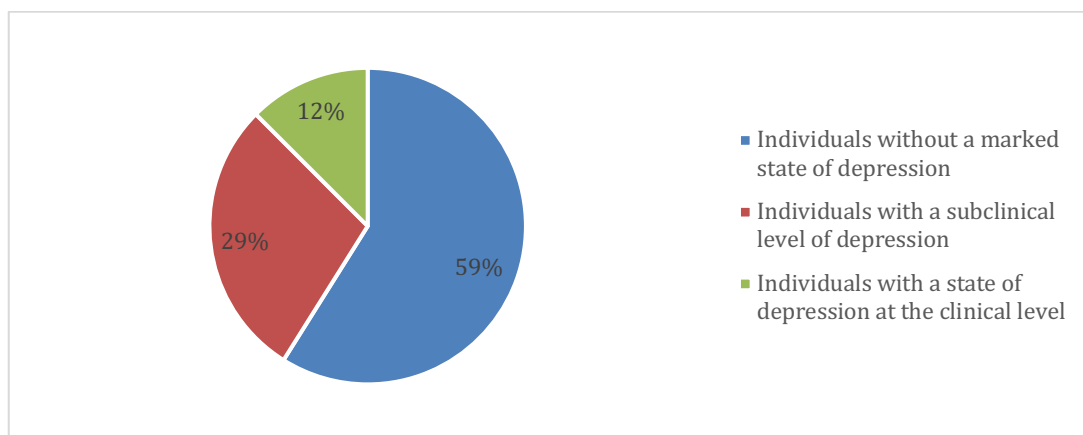


Fig. 2. The results of the study of depression in Ukrainian adolescents using the Hospital Scale methodology (112 respondents)

Source: author's property

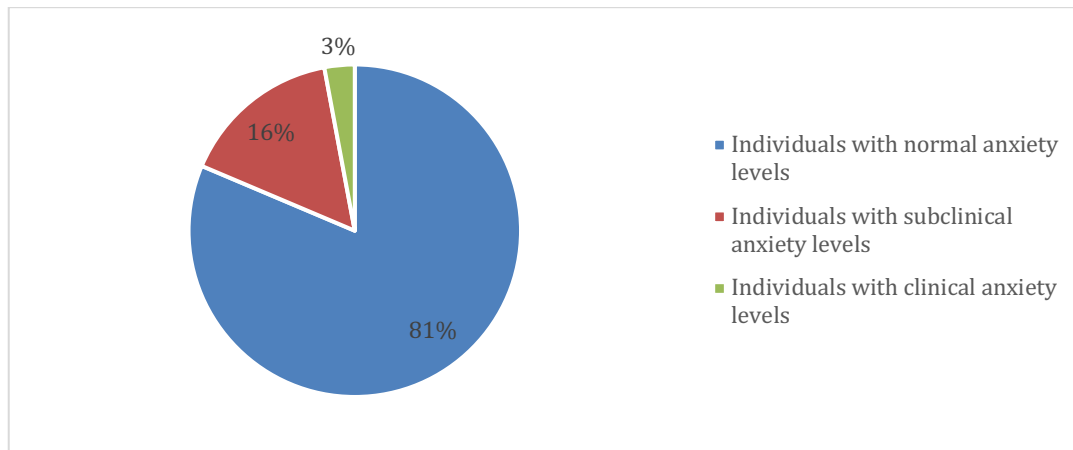


Fig. 3. The results of the study of anxiety in British adolescents using the Hospital Scale (102 respondents)

Source: author's property

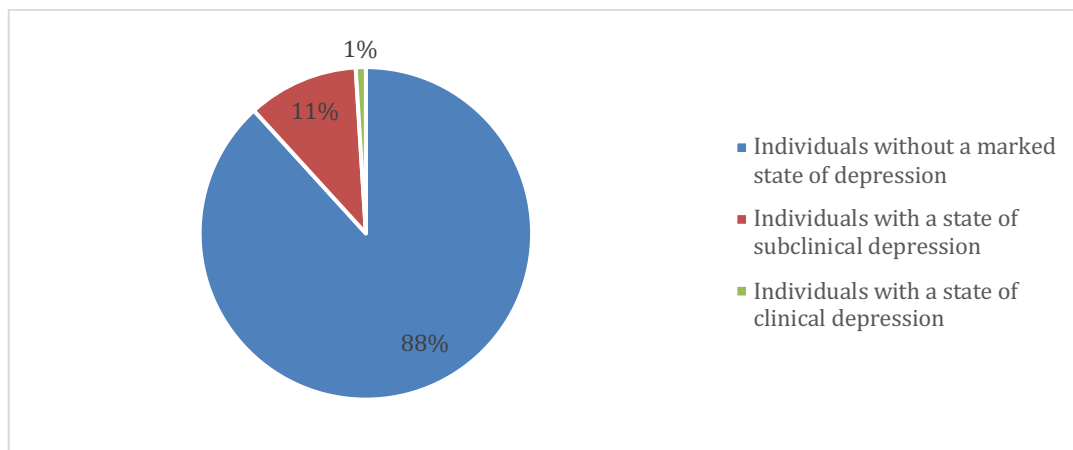


Fig. 4. The results of the study of depression in British adolescents using the Hospital Scale methodology (102 respondents)

Source: author's property

From Figs. 1, 2, 3, 4 we can graphically see the problem of mental health quality among Ukrainian adolescents. Every second respondent from Ukraine has an unhealthy anxiety condition, compared to 19% of British teenagers. The number of children with depression is also higher in Ukraine, at 41% compared to 12% in the UK.

The Clinical Neurotic Disorder Inventory showed similar indicators of anxiety and depression. In addition, it allowed us to investigate the level of symptoms of obsessive-phobic and autonomic disorders, as well as signs of

hysterical reaction. The following data were obtained regarding these indicators (first, the results of the survey of Ukrainian adolescents, and then British adolescents): 56% (63 individuals) and 14% (14 individuals) have symptoms of obsessive-phobic disorders; 45% (50 individuals) and 12% (12 individuals) have symptoms of vegetative disorders; 61% (68 individuals) and 25% (26 individuals) have signs of hysterical reaction.

Based on the analysis of the preliminary information provided, it can be stated that the state of mental health of Ukrainian adolescents is not satisfactory and differs significantly from the results of surveys conducted in the UK. This leads to a preliminary conclusion that the war has a negative impact on the mental health of Ukrainian adolescents, despite the territorial distance from the war zone.

In order to understand the full extent of the war's impact on anxiety, we decided to study the level of school anxiety using the appropriate methodology. The results can be seen in Figure 5.

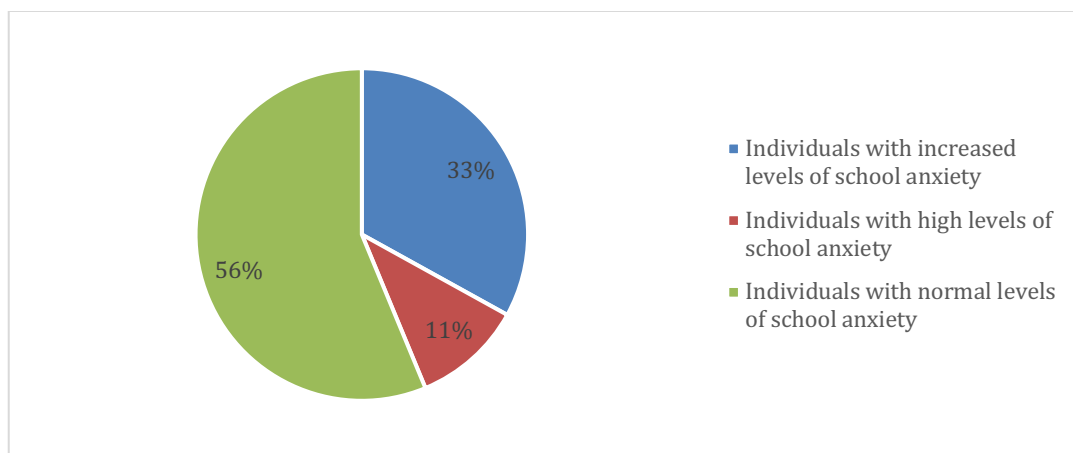


Fig. 5. The results of the study of school anxiety in Ukrainian adolescents using the methodology "School Anxiety Level, SAS (Phillips)" (112 respondents)

Source: author's property

In order to qualitatively reflect the situation, we decided to conduct a survey using the School Anxiety Scale (SAS (Phillips)). The results of this experiment were rather disappointing, as 46% of the total number showed signs of high neuroticism.

"The Sheehan Anxiety Scale proved once again that anxiety has become a characteristic of an increasing number of adolescents. In pre-war times [2], anxiety affected one third of all adolescents. According to our research, this figure has increased significantly as a result of the full-scale invasion. The results of this survey can be seen in Figure 6.

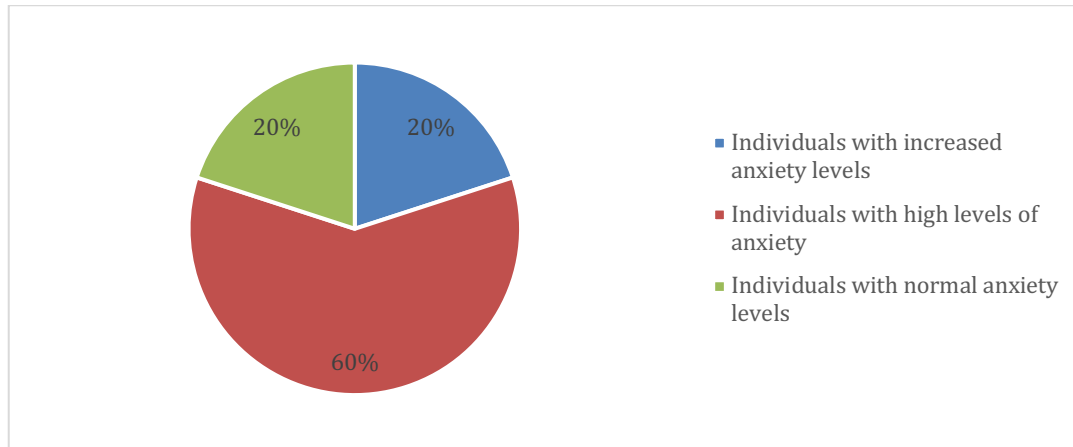


Fig. 6. The results of the study of anxiety level in Ukrainian adolescents using the Sheehan Anxiety Scale (112 respondents)

Source: author's property

The "psychodiagnostic test" confirmed the previously shown data on anxiety and depression, showing the same high rates. In addition, this test showed that 65% of all respondents (73 individuals) had a high value of the imbalance factor, which is also consistent with the impact of a large-scale military conflict on mental health.

In order to once again confirm the extremely high prevalence of anxiety among adolescents, it was decided to assess anxiety using the following methods: "The Multidimensional Assessment of Childhood Anxiety and the Spielberger-Hanin Anxiety Scale. The results confirming the previous information are presented below.

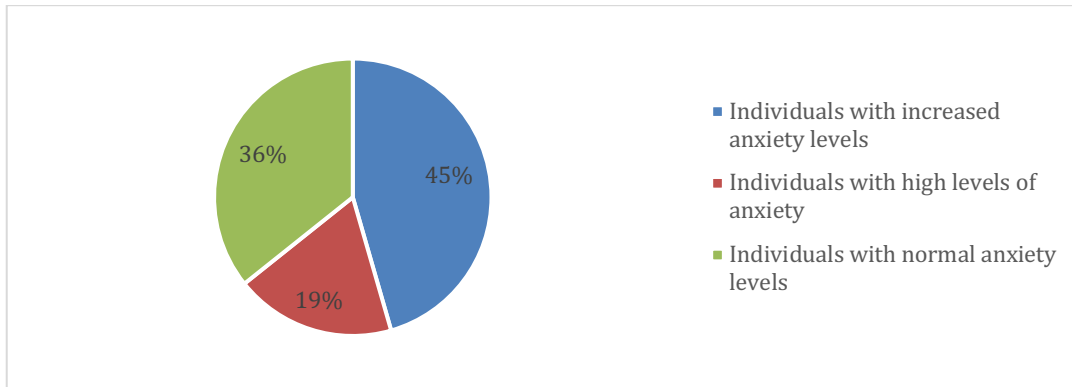


Fig. 7. The results of the study of anxiety in Ukrainian adolescents using the Multidimensional Assessment of Childhood Anxiety (112 respondents)

Source: author's property

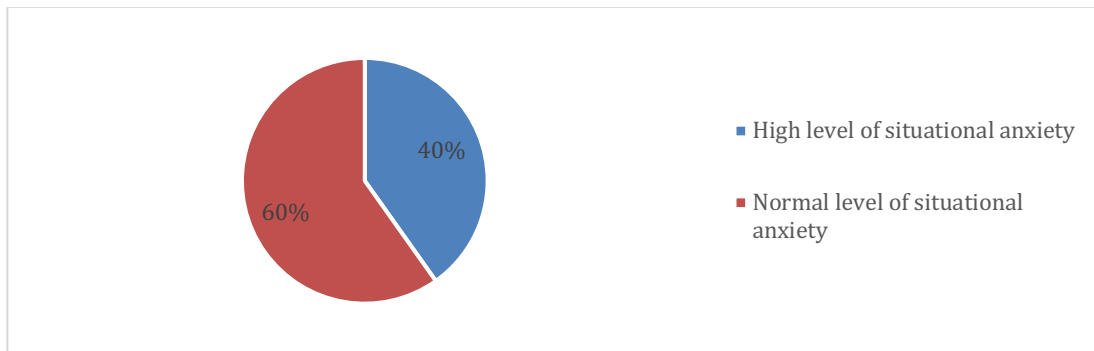


Fig. 8. The results of the study of situational anxiety in Ukrainian adolescents using the Spielberger-Hanin Anxiety Scale (112 respondents)

Source: author's property

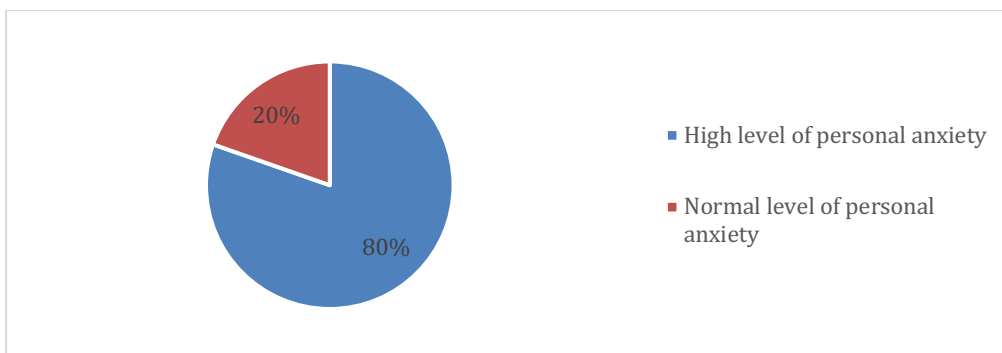


Fig. 9. The results of the study of personal anxiety level in Ukrainian adolescents using the Spielberger-Hanin Anxiety Scale (112 respondents)

Source: author's property

From Figs. 8 and 9 we can see that it is personal anxiety that prevails. Unlike situational (reactive) anxiety, it is not related to emotions, but instead to the reaction to the surrounding situations, classifying them as threatening.

In addition, an important aspect of this work is the Beck Depression Test. You can read the results below.

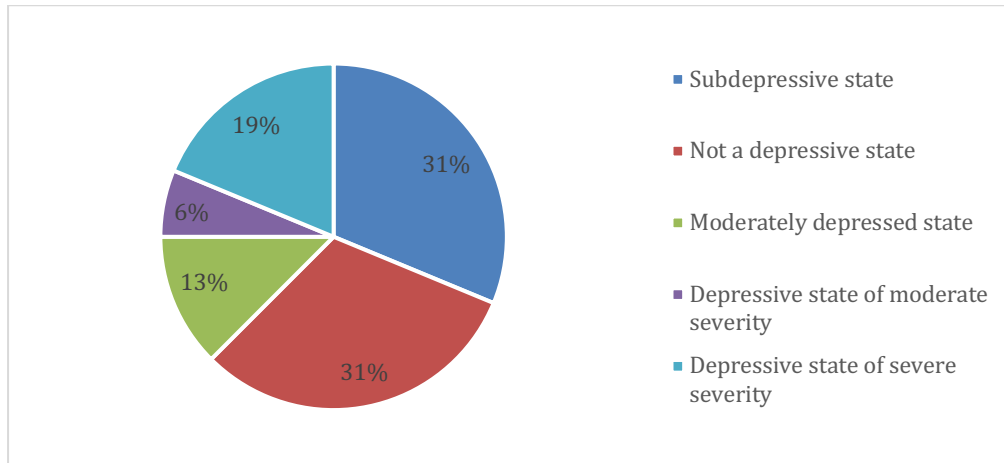


Fig. 10. Results of the study of the level of depression among Ukrainian adolescents using the Beck Depression Inventory (112 respondents)

Source: author's property

The corresponding difference in results between the Hospital Rating Scale (see Fig. 2) and the Beck Depression Inventory (Fig. 10) can be explained by the fact that the Hospital Rating Scale is less focused on depression, which is why it is difficult to detect all but severe depression.

In order to understand the future and current situation, it was decided to study the level of resilience among Ukrainian adolescents. The Muddy methodology was used to conduct this element of the study. As a result, the average score is 42.25 out of 72, which shows that resilience is at an average level and this is quite good, as it means that Ukrainian adolescents continue to be strong and flexible.

In addition, in the course of the study, I calculated the correlation between pre-war and foreign indicators of mental states with the current ones (established by me) to determine the exact impact of the war on adolescents living far from the

combat zone. The result of these calculations was $r = 0.9$, which is a very strong correlation according to the general classification of correlations. Accordingly, I have found that the full-scale military conflict in Ukraine has expanded the number of individuals with almost all mental conditions by 2.5-3 times.

In order to understand the full situation with adolescent mental health, we decided to conduct a survey that asked questions about access to psychological care and factors that are personal triggers or internal needs.

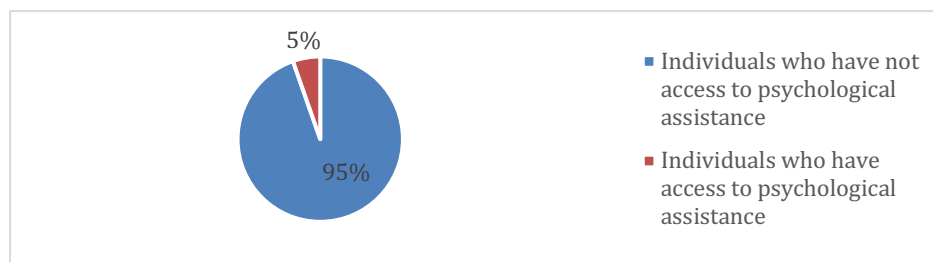


Fig. 11. Results of the study of the level of access to psychological assistance (112 respondents)

Source: author's property

As you can see from Fig. 11, only 6 individuals out of 112 can seek help from a specialist, which is a very low rate.

When asked about triggers and portraits, the results were summarized as follows:

Triggers:

- death of loved ones and participation in funeral processions;
- photos and videos of the aftermath of the war;
- negative news reports (specifically about the war);
- the sound of a jet engine during reports of rocket attacks.

Problems and needs:

- a sense of distance from loved ones;
- a sense of personal uselessness and uselessness;
- the lack of individuals to whom they could talk to;
- uncertainty about the future.

The period of adolescence is an extremely difficult time for children, as many processes of change and restructuring take place in their bodies. They are characterized by "adolescent maximalism" - a desire to go against their parents, to defend their resilience, indestructibility and invincibility. Traumatic events tend to bring a sense of loss of control, which has a rather negative impact on the mental state of adolescents. They will also have the following characteristics: they will feel sorry for the victims of the conflict; they will have an irresistible desire to know what caused the event. Based on the problems mentioned in the previous section, it was decided to create and propose ways to overcome them.

What parents can do [author's property]:

- Ensuring a teenager's sense of safety is one of the key tasks that parents should take care of. Adolescents tend to avoid opportunities to show their vulnerability and usually choose behaviors that mask their feelings, even if they feel restless or unhappy. This can lead to adolescents becoming alienated from their loved ones, which exacerbates their problems and jeopardizes their mental health. To prevent this, it is important to provide the adolescent with a sense of security. Even if a teenager does not express a need for support, your words and tactile actions can help them feel comfortable and safe. For example, you can say, "I know you're an adult, but let me just give you a hug."

- Creating a sense of usefulness for a teenager during such a difficult period is very important. To achieve this goal, you can give your child some household chores or other small tasks. At the end of the task, be sure to praise and express your gratitude. It is important to note that you should not overload, as this can lead to increased anxiety.

- Be open-minded. One of the characteristics of adolescents is demonstrating their unwillingness to communicate. Try to start a conversation when you are engaged in a physical activity so that the conversation is not too confrontational or tense.

- You should encourage your child to communicate with peers and friends. It is usually easier for teenagers to find common ground, so this can be extremely helpful for your child. You can also encourage them to talk to other trusted individuals: relatives, teachers.

- Television and the Internet have a negative impact on anxiety in adolescents, so it is necessary to limit access to these sources of information.

- Sometimes teens want to show their importance and contribute to the fight against disaster. Help your child find a volunteer initiative where he or she can express themselves.

- Be vigilant about possible substance use by adolescents who may be on a path to "self-medicate" their emotional problems. If you notice that your teenager has become silent or may be under the influence of drugs or alcohol, do not hesitate to seek medical attention. Discuss with your child that substance use can be dangerous. Some ways to overcome the problems of anxiety and depression are going for walks, talking to your loved ones, or writing down your plans and dreams. Help your adolescent understand that substances can create new problems and are not an effective way to solve them.

- In fact, being patient and sensitive with adolescents is very important, especially when it comes to death. Young individuals may not feel confident in expressing their emotions about this topic, so they need special support and encouragement to talk openly. One way to do this is to offer a dialog that reflects our compassion and support.

- Try to be as open as possible. Talk about the possible impact of the death on the child's behavior.

- Be flexible, as stubbornness in such a difficult period will have a negative impact on mental health.

- Do not pretend to be an iron man, talk about yourself, your feelings - this way you will show that it is good to feel, and that he is not alone in being so vulnerable and wounded, he is fine, his family is also human and not strangers.

- Try to refer them to a psychologist or psychotherapist if you see that their condition is causing concern.

What teachers can do [author's property]:

- Restoring a full daily schedule can be beneficial for children, as it can help them feel in control of their daily lives after turbulent times. When children know what to expect, it can increase their ability to function, and returning to a familiar school routine can help reduce anxiety associated with uncertainty and insecurity.

- It's important to keep expectations high and provide support for students, even if not everything is perfect. Doing homework and classwork can help them feel better by providing a distraction.

- Sometimes a child may need additional help. If a teenager's mental state does not allow them to fully participate in the educational process, they should be referred to an appropriate specialist.

- Explain to the children what happened. It can be very useful to analyze the solutions to the problems and discuss the help provided.

- Commemorations can be useful, but they need to be individualized. Do not force them to participate in such events, as this can only be damaging.

- Make sure that children are confident that school staff care about their safety. Teenagers will feel more secure if they know that adults care about them.

- Keep in touch with parents. Warn them about possible lesson topics so they can prepare their children. Also encourage parents to limit their teenagers' access to news resources.

- Take care of yourself, as you may forget about yourself while helping children. Discuss problems with your colleagues and help each other.

Use of foreign experience [20]:

My research shows that access to psychological assistance is extremely low. The experience of Zimbabwe can be used to solve this problem. The number of psychotherapists is only 12 per 14 million individuals, so who better to learn

from than them to combat the low availability of help. Dixon Chibanda came up with a good idea there called "friendship benches," which solves two problems at the same time. Grandmothers are individuals with life experience who often suffer from loneliness, and there are many of them. That is why, by teaching them the basics of cognitive behavioral therapy, empathic listening skills, and therapeutic conversation, they can bring great benefits to society. According to a clinical study, grandmothers were 36% more effective than professionals.

References

1. Гнізділова М. А. Психологічні особливості ставлення підлітків до здоров'я. *Modern and global methods of the development of scientific thought: The 5th International scientific and practical conference* (October 25–28, 2022). Florence, Italy. International Science Group. 2022. С. 515-519.
2. Ілейко В. Р., Канищев А. В. Аналіз галузевої статистики щодо комплексних судово-психіатричних експертиз в Україні за період 2005–2009 років. *Архів психіатрії*. 2011. Т. 17. №. 4. С. 78-83.
3. Лефтеров В. О. Проблеми психологічного здоров'я та надання психологічних послуг населенню. *Інтегративна антропологія*. 2013. № 2. С. 47-50.
4. Медведєва О. В. та ін.. Інформаційно-психологічний вплив в умовах воєнних дій в контексті психічного здоров'я. *Психічне здоров'я особистості у кризовому суспільстві: зб. матеріалів VII Всеукр. наук.-практ. конф.* (м. Львів, 28 жовт. 2022 р.). Львів, 2022. С. 218-222.
5. Оксентюк Н. В. Проблема психічного здоров'я: європейський досвід. *Психологія: реальність і перспективи*. 2018. № 10. С. 107-114.
6. Психологу для роботи. Діагностичні методики: збірник [Текст] / [уклад.: М.В. Лемак, В.Ю. Петрище]. Вид. 2-ге, виправл. Ужгород: Видавництво Олександри Гаркуші, 2012. 616 с.

7. Уханова А. І. Сучасний погляд на проблему збереження психічного здоров'я підлітків. *Образованието и науката на XXI век: XIII Міжнародна науково-практична конференція (15-22.10.2017)*. Софія, 2017. С. 92-96.
8. Федько О. А. Здоров'я у системі цінностей сучасного українського суспільства. *Інвестиції: практика та досвід*. 2009. № 23. С. 82-85.
9. Шафранський В. В., Дудник С. В. Психічне здоров'я населення України: стан, проблеми та шляхи вирішення. *Україна. Здоров'я нації*. 2016. № 3. С. 12-18.
10. Щудло С. Психічне здоров'я та ризикована поведінка 15-літньої молоді Львівщини. *Молодь у Центральній та Східній Європі*. 2017. № 2. С. 8.
11. Яцина О. Ф. Вплив війни на психічне здоров'я: ознаки травматизації психіки дітей та підлітків. *Перспективи та інновації науки (Серія «Педагогіка», Серія «Психологія», Серія «Медицина»*. Київ: Громадська наукова організація «Всеукраїнська асамблея докторів наук з державного управління», 2022. № 7 (25). С. 554-567
12. Cole E., Brown R. S. Psychological needs of post-war children in Kosovo: A preliminary analysis. *School Psychology International*. 2002. Т. 23. № 2. Р. 131-147.
13. de Jong K. et al. Psychological trauma of the civil war in Sri Lanka. *The Lancet*. 2002. Т. 359, №. 9316. Р. 1517-1518.
14. Dupuy K. E., Peters K. War and children: A reference handbook. ABC-CLIO, 2010.
15. Elbedour S., Ten Bensel R., Bastien D. T. Ecological integrated model of children of war: Individual and social psychology. *Child abuse & neglect*. 1993. Т. 17, №. 6. Р. 805-819.
16. Fernando C. et al. Handbook of resilience in children of war. New York: Springer, 2013.

17. Freh F. M. Psychological effects of war and violence on children. *J Psychol Abnorm Child*. 2015. T. 4. P. e106.
18. Freud A. War and children. Lulu Press, Inc, 2015.
19. Hasanović M. Psychological consequences of war-traumatized children and adolescents in Bosnia and Herzegovina. *Acta Medica Academica*. 2011. T. 40, № 1. P. 45-66.
20. Itkowitz C. Facing a suicide crisis in his country, this African psychiatrist enlisted grandmothers to step in. *Washington Post*. URL: <https://www.washingtonpost.com/news/inspired-life/wp/2017/04/19/access-to-mental-health-care-is-a-worsening-problem-these-grandmothers-in-africa-have-a-simple-solution/> (date of access: 22.12.2023).
21. Jersild A. T., Meigs M. F. Children and war. *Psychological Bulletin*. 1943. T. 40, № 8. P. 541.
22. Jones D. A. (Ed.). Genocide, war crimes and the West: history and complicity. Zed Books Ltd., 2013.
23. Joshi P. T., O'donnell D. A. Consequences of child exposure to war and terrorism. *Clinical child and family psychology review*. 2003. T. 6. P. 275-292.
24. Klarić M. et al. Psychological problems in children of war veterans with posttraumatic stress disorder in Bosnia and Herzegovina: Cross-sectional study. *Croatian medical journal*. 2008. T. 49, № 4. P. 491-498.
25. Krešić Ćorić M. et al. Psychological and behavioral problems in children of war veterans with Post Traumatic Stress Disorder. *The European Journal of Psychiatry*. 2016. T. 30, № 3. P. 219-230.
26. Machel G. The Impact of War on Children: A Review of Progress Since the 1996 United Nations Report on the Impact of Armed Conflict on Children. *United Nations Children's Fund*, 2001.

27. Murthy R. S., Lakshminarayana R. Mental health consequences of war: a brief review of research findings. *World psychiatry*. 2006. T. 5, № 1. P. 25.
28. Paardekooper B., De Jong J., Hermanns J. M. A. The psychological impact of war and the refugee situation on South Sudanese children in refugee camps in Northern Uganda: an exploratory study. *The Journal of Child Psychology and Psychiatry and Allied Disciplines*. 1999. T. 40, № 4. P. 529-536.
29. Park N. Military children and families: strengths and challenges during peace and war. *American Psychologist*. 2011. T. 66, № 1. P. 65.
30. Smith P. et al. War exposure and maternal reactions in the psychological adjustment of children from Bosnia-Herzegovina. *The Journal of Child Psychology and Psychiatry and Allied Disciplines*. 2001. T. 42, № 3. P. 395-404.
31. Wexler I. D., Branski D., Kerem E. War and children. *JAMA*. 2006. T. 296. №. 5. P. 579-581.
32. World report on hearing. *World Health Organization*, 2021.