



The Physical and Psychological Effects of the War in Ukraine on Children

A Report for Children of Heroes

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Executive Summary

The Russian Federation's decision to launch a full scale invasion of Ukraine in 2022 has had a profound impact on the children of Ukraine. Ukrainian children have been subjected to a wide range of traumatic and disruptive experiences that have resulted in both short and long-term physical or psychological effects. Understanding the physical and psychological effects of war are critical if they are to be mitigated and treated.

The first chapter of this report focuses on the physical effects of the war. It identifies the use of explosives as currently posing the highest risk to children's physical health. Children have experienced injury and death as a result of consistent bombardment by heavy artillery targeting populated areas across the country. Displacement as a result of these attacks also poses a physical health risk, as children experience disruption to support networks, and in some cases have been left to travel unaccompanied. These children are especially vulnerable to exploitation, abuse, and trafficking.

The second chapter evaluates the impact upon children's socialisation. The war has disrupted access to education, a key component to children's social and academic development. Healthcare facilities have been targeted by Russian forces, especially in the East, and specialised neonatal and paediatric care has become difficult to access. This has impacted treatment for preventable or communicable illnesses, as well as therapies for developmental conditions. Additionally, changes to family dynamics and living conditions as a result of mobilisation or displacement further disadvantage children, as they are denied the stable protective environments known to be critical to development and wellbeing.

The third chapter looks more deeply at the psychological effects of war upon children. It identifies the scale and causes of the mental health crisis currently facing Ukrainian children. Anxiety and depression are the most common conditions reported, with many children also likely to experience PTSD in the future. Existing paediatric mental health provision is unable to cope with demand and families are increasingly turning to civil society organisations to fill the gaps. The psychological impact of the war presents a significant health crisis for Ukraine's children now and in the future.

The final chapter considers the support Ukraine's children need immediately and in the future as a result of the war. Linking back to all the topics explored in the previous chapters, it presents a picture of what children will need from both the Ukrainian state, and the international community, to address their specific needs immediately and over the next decade.

Section 1: Physical Effects

On February 24, 2022, during a last-ditch Security Council effort to persuade Russia into a peace settlement, Russian President Vladimir Putin announced the beginning of a full-scale land, sea and air [invasion](#) of Ukraine. The invasion marked the dramatic escalation of the eight-year-old conflict that began with Russia's [annexation of Crimea](#) in 2014. The motivations behind the conflict has been disputed, but many [analysts](#) have viewed the war as a counterattack to NATO's post-Cold War expansion into the former Soviet sphere of influence, the embarrassment of watching as NATO expanded and Russia declined forced Putin to establish its power and prestige through brute force.

- **Casualties and injuries:** Since Russia's full scale invasion, Ukraine's capital Kyiv has been bombarded with Russian missiles as well as several other [major cities](#) including Kharkiv, Poltava, Vinnytsia, Dnipro, Kherson, Odessa, and Zaporizhzhia. The targeting of urban areas filled with families and young people has created a matter of urgency for the international community deeply concerned for the safety of millions of Ukrainian children. As [UNICEF Executive Director Catherine Russell](#) states "Children in Ukraine have experienced a year of horror". Certainly when delving into the figures relating to deaths, injuries and displacement, it really paints a horrific picture for Ukrainian children. The greatest physical risk to children is the conflict itself, with the nature of warfare heavily focussing on [explosives, rocket launcher systems and heavy artillery](#), it's no surprise that many children have been caught in the crossfire. From the start of the invasion until 4th June 2023, The Office of the High Commissioner for Human Rights (OHCHR) has estimated there to be [24,425 civilian casualties](#) in the country: 8,983 killed and 15,442 injured. Of these deaths, according to verified UN data, at least [501 children have been killed and 991 have been injured](#) in hostilities as of June 1.
- **Displacement:** Urban areas continue to be targeted with explosive weapons, which has led to the destruction of homes, schools, hospitals, water systems, and power plants. As a result, Ukrainian families have taken refuge in neighbouring countries including Moldova, Romania, and Poland, and there are estimated to be around [5 million children](#) displaced inside and outside Ukraine. Over a year since this invasion occurred, [7.5 million Ukrainian children](#) have been victims of the largest human displacement crisis in the world currently. Of those who have managed to flee over the borders, many have been left unaccompanied. For example, Child Protection partners estimate that at least [2% of children have been separated or unaccompanied](#) in Moldova. This has created a deeply worrying safeguarding issue as unaccompanied children are naturally at higher risk of physical violence and exploitation such as being [sexually exploited or trafficked](#).

However, it is important to note that figures and data available may not fully capture the extent of the physical effects on children due to the ever changing nature of the conflict and the challenges in monitoring and reporting such data. The [OHCHR](#) believes that the actual figures are considerably higher, with the official figures from numerous locations delayed due to heavy ongoing conflict. Despite this, the figures available already create a deeply unsettling situation for many children and families within the country, with urban areas continuing to be targeted by explosive weapons, figures relating to physical harm and displacement for many families and children are likely to rise. On a positive point, a lot of Ukrainian children fled the country in the [first three weeks of the conflict](#) before records started and there have already been millions who have safely escaped. As Ukraine continues to regain territory and [even launch counter-offensive and defensive actions](#), there is hope that these figures have reached their peak and will drastically slow down.

Section 2: The Short and Long-Term Social Effects of Russia's War on Ukraine on the Children of Ukraine

The ongoing conflict between Russia and Ukraine has significantly impacted Ukraine's vulnerable children, resulting in immediate and enduring consequences. This chapter explores how the war has affected them, from displacement and trauma to ongoing physical, emotional, and social difficulties and how their safety, well-being, and access to essential services have been at risk due to ongoing violence. Ukrainian children have been forced into a chaotic environment that has drastically and suddenly disrupted their lives. By comprehending the complex social ramifications of this conflict on the children, one can better comprehend the challenges they face and the urgent need for support and intervention to minimise the long-lasting consequences, which will be discussed further in the following chapters.

2.1: Overall Impact

The war in Ukraine has undoubtedly had significant impacts on children, which must be addressed promptly to prevent long-term damage. Scars will remain, as the overall impact of the war has certainly impacted children negatively in all aspects of their development, and they will, unfortunately, persist throughout their life course. Hence, [upholding the Geneva Conventions](#) is key to maintaining the sanctity of safe places for children and ensuring medical and educational neutrality. As can be seen throughout this chapter, armed conflicts such as this have direct and indirect effects on children. [Direct effects](#) in the sense of physical injury, developmental delay, disability, mental and behavioural health and death, as well as [indirect effects](#) in the sense of the destruction of infrastructure required by children for their optimal survival and development, environmental exposures, and other effects on social determinants of health such as ill health of caregivers.

The war in Ukraine has caused significant disruptions to children's access to education, healthcare, and safe spaces. Schools and hospitals have been destroyed by armed groups as a result of indiscriminate crossfire, looting, or direct attacks. Families and children in Ukraine, particularly in the Eastern and Southern regions, are experiencing high levels of distress due to ongoing heavy fighting. The constant bombardment and sirens day and night have forced them to seek shelter in basements and cellars for safety. [Night-time attacks](#) pose a significant risk to their safety, as they risk not waking up to the alarms and getting killed or injured by a direct strike or falling debris. According to [Ukraine's Air Force Command](#), a total of 107 missiles and about 100 drones were launched over Ukraine in May, with a total of 1120 air raid sirens recorded - a 28% increase compared to April - half of which went off during the night. Hence, this continuous threat is severely impacting children's long-term mental health and sense of security.

The ongoing war has, in turn, impaired economic growth and development, causing poverty rates to rise. According to a recent [UNICEF survey](#), 80% of respondents reported a deterioration in their economic situation. It further found that the percentage of children living in poverty nearly doubled from 43% to 82%. This percentage of poverty is not simply centered around money, but also their [access](#) to opportunities that would shape them as they grow. The overall poverty rate in Ukraine has increased from 5.5% to 24.2% in 2022. Additionally, a report by [Save the Children](#) published in March this year revealed that over 40% of households are struggling to meet their basic needs of food, water, and basic supplies. This percentage is even higher in the Eastern and Southern regions of the country, where it reached 60%. Children from marginalised or disadvantaged backgrounds, such as [the Roma ethnic minority](#) - the largest ethnic minority population in Ukraine - are particularly vulnerable to the long-term consequences of the war as they may face limited access to healthcare, nutrition, and educational services, as well as increased risks to their physical safety.

It is crucial to note that the conflict has affected every aspect of children's lives. Children have lost their lives, sustained injuries, been displaced from their homes, missed out on crucial education, and have been deprived of the benefits of a safe and secure environment. It has also been reported that in areas that have come under the temporary control of Russian forces, such as Crimea and parts of Donetsk, Kherson and Luhans, some children have been sent to recreational camps where they have been [subjected to indoctrination](#) into a pro-Russian worldview, threatening the Ukrainian identity and militarising children. One must remain vigilant of Russia's ongoing [ideological battle](#), pressuring children to switch to Russian schooling. Their [offer of 10,000 rubles \(€145\)](#) as a single payment for enrolling Ukrainian children in Russian schools, along with a further 4,000 per month throughout their stay, is a calculated tactic that demands caution.

2.2: Accessing Quality Education

Schools and educational institutions have been damaged or destroyed in conflict-affected areas, and ongoing violence has made it challenging for children to access education, which has both short and long-term implications for children's academic development and prospects. As of February of this year, the war has disrupted education for [more than five million children](#), denying them the sense of structure, safety, normality and hope the classroom provides. Moreover, [more than three million children](#) have been directly affected by school closures, thus increasing the likelihood of children losing critical years of schooling and social development. According to [UNICEF surveys](#), fewer than half of families with children under five years old were able to return to kindergarten and join educational activities. In addition, it is concerning to see a growing number of kids from low-income households [dropping out of their online classes](#) to find employment to make ends meet.



In the short term, accessing quality education has become more challenging due to the destruction of educational institutions. According to the [Ministry of Education of Ukraine](#), more than 3,000 educational institutions have been damaged, with more than 200 destroyed since the beginning of Russia's invasion. Since the [reopening of school on the 1st of September 2022](#), following the lifting of COVID-19 restrictions, only 27% of Ukrainian schools in urban areas were able to resume face-to-face learning, 43% of schools began online learning, and 30% used blended modality. The [situation in rural areas](#) is worse, where poor infrastructure has, up until today, prevented children and teachers from using online learning modalities. The [increased attacks on critical infrastructure](#), including electricity and other energy infrastructure, have resulted in [widespread blackouts](#), leaving Ukrainian children without sustained access to electricity and making it difficult to attend virtual classes. A recent survey by the [International Organization on Migration \(IOM\)](#) found that the percentage of children who do not have access to the Internet and necessary devices for online learning has almost doubled. In September 2022, it was 26%, but by January 2023, it had risen to 46%.

From bombs to blackouts to displacement to occupation, access to education has been severely interrupted, impacting not only the children but also the educators who are struggling to work under these desperate conditions. According to the [education department in the Kharkiv region](#), the region has lost nearly 3,000 of 21,500 teachers since February. The situation outside of Ukraine is also concerning, with [an estimated 2 out of 3 Ukrainian refugee children](#) not currently enrolled in the host country's education system. Various factors contribute to this situation, such as limited education resources and a desire for remote learning in the hopes of returning home soon. Moreover, the [continued use of explosive weapons and landmines](#) contributes to an unsafe learning environment. Since March 2022, significant progress has been made in removing and destroying [over 250,000 explosive devices](#) in Ukraine. However, the persistence of millions more poses an understandable safety concern for parents and caregivers, leading to reluctance to send their children to school. This unfortunate situation disrupts children's education and social development, exacerbating the conflict's long-term consequences.

Accessing quality education was already challenging after two years of lost learning due to the COVID-19 pandemic, as well as more than eight years of education disruption for children living in eastern Ukraine. Consequently, why educational support is so essential to ensure that children do not fall further behind. As [UNICEF's Ukraine Representative Murat Sahin](#) has stated, "Education is critical to children's well-being and social development. It cannot be put on hold without risking the future of an entire generation." When children miss out on attending school, it can have profound and long-lasting consequences that extend far beyond their education. Schools and early childhood education settings play a vital role in providing children with more than just academic learning. They offer a crucial sense of structure and safety, which is essential for their overall well-being. The structured environment of schools fosters a sense of routine, discipline, and social interaction that contributes to children's holistic development. They learn



not only academic subjects but also important life skills, socialise with peers, and engage in extracurricular activities that promote physical and mental well-being, as well as peace. Missing out on these opportunities can deprive children of essential experiences that shape their personalities, resilience, and prospects.

According to the latest [Ukraine Rapid Damage and Needs Assessment conducted by the World Bank](#), as of February 24, 2023, the scale of recovery and reconstruction required is striking. The report indicates that a significant financial investment is necessary to address the short-term (2023-2026) and medium to long-term (2027-2033) needs. In the short term, an estimated total of \$4,258 million is needed to facilitate the recovery and reconstruction efforts. This allocation of funds aims to address different activities and investments, such as preschool, school and higher education, as well as specialised education and youth centers. Looking ahead, the medium to long-term timeframe (2027-2033) demands an additional investment of \$6,422 million.

Considering the ten-year spectrum, the projected funding requirement for both reconstruction and service delivery restoration needs amounts to a staggering \$10,680 million. This substantial figure highlights the magnitude of the challenges faced by Ukraine and emphasises the critical importance of sustained financial support from international donors, governments, and other stakeholders. While these figures may seem daunting, they reflect the comprehensive nature of recovery and the long-term commitment necessary to rebuild affected regions, support communities, and restore essential services. The investment in reconstruction and service delivery is not only an economic imperative but also a means of promoting stability, fostering resilience, and providing a hopeful future for the families and children of Ukraine.

2.3: Healthcare

The war has destroyed crucial infrastructure within the health sector, including hospitals, water supply systems, and sanitation facilities, leaving many children without access to basic necessities like clean water, food, and healthcare. As of February this year, more than [800 health facilities](#) have been reported to have been damaged or destroyed by shelling and airstrikes, killing and causing serious injuries to patients, including children. The ongoing war has severely impacted the [supply chains for medicines and medical supplies](#), resulting in critical shortages. These shortages, coupled with the challenges in accessing healthcare facilities and pharmacies, have created a crisis in healthcare provision. One such area is [family planning services](#), which risk an increase in unintended pregnancies. Another area that has been particularly affected is neonatal care, as evidenced by [the alarming rise in reports of premature births](#). The growing number of premature births necessitates an increased demand for specialised neonatal care, including the availability of incubators. Furthermore, it is essential to recognise that globally, [approximately 15% of pregnancies require skilled medical care](#) to address potentially life-threatening complications. However, due to the disruptions caused by the war, pregnant



women in affected regions may face significant obstacles in accessing these essential services. The lack of access to skilled medical care puts the lives of both mothers and babies at risk, exacerbating an already challenging situation.

In the short term, children between the ages of 0 to 5 years are particularly vulnerable to the threat of [waterborne diseases](#), putting their health and lives at significant risk. These diseases, transmitted due to a lack of access to clean water due to the destruction of infrastructure and disruption of government-provided utilities, pose a grave danger to their well-being. In the unfortunate event of contracting such illnesses, children in this age group are more likely to develop acute malnutrition and, in severe cases, even face mortality. In addition to the challenges above, additional factors further jeopardise child survival and well-being. One such concern is the [historically low levels of exclusive breastfeeding in children aged 0 to 6 months](#). The interruption of essential nutrition services at primary healthcare facilities and maternity facilities and the potential contamination of water sources used to mix breast milk substitutes poses an additional risk to child survival and well-being.

The long-term consequences for the millions affected are deeply concerning. An alarming number of [approximately 4.5 million individuals](#) are at a heightened risk of preventable infectious diseases. This includes both children and adults who face increased vulnerability to vaccine-preventable diseases, malnutrition, and mental health conditions. One of the major challenges is the mass displacement of populations, making it increasingly difficult to maintain routine vaccination programs and other preventive measures. [Thousands of children](#) fleeing conflict across the country are missing vital vaccines to protect them from life-threatening diseases such as polio, measles, and diphtheria. Children with disabilities are among the most vulnerable group, currently facing various barriers that have been severely aggravated during the conflict. Recent estimates indicate that a staggering 3.4 million children, which includes [approximately 10% of children with disabilities](#), are currently in urgent need of comprehensive child protection services.

Before February 2022, [approximately 100,000 children resided in 722 institutional care settings](#), highlighting the issue's importance. These care facilities, including institutions, orphanages, boarding schools, and other similar locations, accommodated children with various backgrounds, including those with disabilities and high support needs. Accurately determining the precise number of children with disabilities affected by the current circumstances remains a challenge. However, it is evident that the critical shortage of medical supplies, limited availability of caregivers, and damaged infrastructure have profoundly impacted their well-being. The access to necessary assistance, information, and essential services has significantly decreased, making it difficult to provide the individualised care and nurturing environment essential for their optimal development.

2.4: Socialisation

As previously mentioned, access to quality education is not only important academically but also for necessary life skills such as socialising with peers and engaging in extracurricular activities that promote physical and mental well-being. As [Larysa, a teacher from Berdiansk](#), located in the southeast of Ukraine, commented, “It’s not so much the quality of education as the communication. They are losing socialisation”. [The COVID-19 pandemic and the shift to online teaching](#) have presented significant challenges for Ukrainian children, particularly in terms of face-to-face interaction and the vital aspects of their social development. As a result, they have been deprived of important opportunities for recreational activities and quality leisure time with friends and family, which have only diminished since Russia invaded Ukraine. Beyond education, schools are vital in [mitigating the psychosocial stressors and traumas associated with wars](#). They provide a crucial alternative space for children, offering an environment where they can effectively process and cope with their emotions.

During times of conflict, children often experience profound emotional and psychological challenges. They may witness violence, lose loved ones, or endure displacement and instability. These experiences can deeply impact their mental well-being, which is why schools (safe and supportive spaces) play a pivotal role in addressing these issues and providing much-needed psychosocial support. Additionally, within the school setting, children have the opportunity to connect with their peers and caring adults, fostering a sense of belonging and community, as well as access to trained professionals, such as counsellors or psychologists, who can offer guidance specifically tailored to support children's emotional well-being and help prevent traumas from becoming life-long problems.

Furthermore, the prolonged conflict has [exposed children](#) to a distressing environment characterised by violence, weaponry, and militarisation. This exposure poses significant threats to their physical safety and, more alarmingly, runs the risk of normalising violence as a method of resolving conflicts in the long term. Such normalisation can have detrimental long-term effects, leading to an increased risk of involvement in criminal activities, recruitment by armed groups, or the perpetration of violence. Hence, why schools and support spaces such as youth centres are key for long-term social reintegration, as they aim to rebuild social cohesion, foster inclusive communities, and promote peace education to help Ukrainian children heal and thrive.

2.5 Impact of Displacement on Children

At the onset of the conflict, many children were forced to flee their homes, seeking safety in unfamiliar surroundings or overcrowded refugee camps. The displacement and disruption of their lives have had immediate social consequences, such as the loss of stability, separation from family members, and exposure to violence and trauma. In the long term, these experiences will

likely leave deep emotional scars on the children, manifesting as anxiety, depression, and post-traumatic stress disorder (PTSD), which will be further discussed in the following chapter on the psychological effects of the war on Ukrainian children.

Notably, just a month into the war in Ukraine, [more than 4 million children were displaced](#) - more than half of the country's estimated 7.5 million child population. According to a [UNICEF report](#) from March last year, this includes more than 1.8 million children who have crossed into neighbouring countries as refugees and 2.5 million who are now internally displaced inside Ukraine. This increasing displacement of millions of people has put many children at an [increased risk of being separated from parents or caregivers](#), many of which have been transferred to Russia and Russian-occupied territories where they risk being subjected to indoctrination. Children risk spending their entire childhoods displaced, separating them from their homes and communities and disrupting their access to essential services, quality education, and stable environments necessary for healthy child development. Out of the alarming count of [6.3 million internally displaced people](#), women and children constitute the majority and face significantly increased safety and protection risks, such as gender-based violence (GBV). The [risk of conflict-related sexual violence \(CRSV\)](#) is especially pronounced for those residing in areas currently under the temporary military control of the Russian Federation.

The most vulnerable internally displaced people reside in [collective](#) centres, i.e., temporary accommodations in pre-existing communal buildings. These centres are inadequately equipped to meet long-term housing needs and lack essential facilities to ensure children's healthy learning and development. Moreover, they present significant risks of gender-based violence (GBV), sexual abuse, and exploitation cases. [Approximately 61% of the residents](#) in these centres are female, with 33% of households being headed by women, a situation that increases the likelihood of GBV and violence towards children. Notably, [children and youth comprise 25% of the collective centre population](#), with 7% being below five years of age and where unaccompanied children constitute 2% of the residents in these centres. Due to family separation and the immense stress experienced by caregivers, the protective environment for children is weakened. Consequently, girls and boys of all ages are particularly vulnerable to conflict-related sexual violence (CRSV), [exacerbating an acute child protection crisis](#). Among these vulnerable groups, adolescent girls, especially those without parental care, face the highest risk of rape, sexual violence, sexual exploitation and abuse, human trafficking, and other forms of GBV.

2.6: Impact on Family Dynamics

Children's protective environment is severely impacted and weakened through displacement and family separation, including caregivers and support systems, which, in turn, has left many children exposed and isolated, exacerbating their vulnerability. Two types of family separation will be discussed in this sub-section, i.e., when a family member is left behind or the loss of one

or both of their parents. During conflicts, children often become [separated from one or both parents](#). One example of such a distressing situation are Ukrainian children fleeing alongside their mothers, leaving their fathers behind at the border. [Research](#) has found that this parent-child separation has detrimental effects on the child's social-emotional development, well-being and mental health, as the absence of a parent can lead to feelings of loss, confusion, and a deep longing for their father's presence in their lives. Hence, [family reunification](#) is crucial for children's mental recovery, especially for children with special needs and places in institutions.

It is deeply concerning to witness the alarming rise in the number of children who have been deported to Russia, [reaching 16,000](#). The [Ukrainian government](#) has reported that approximately 10,000 of these children have been located, and over 300 have been successfully returned. However, there is a widespread fear that the number of missing children may be even higher. What makes this situation even worse is that unaccompanied children, including those who tragically lost their parents during the siege of Mariupol from February to May of last year, have vanished within a [Kremlin-sanctioned system](#). The gravity of these disappearances has prompted an investigation by the [International Criminal Court](#), recognising the need to hold accountable those responsible, i.e., President Putin and the Commissioner for Children's Rights Maria Alekseyevna Lvova-Belova, for these grave violations against Ukrainian children.

On the other hand, the loss of one or both parents and the loss of a community can have a profound and long-term impact on Ukrainian children, not only emotionally but also on their family relationships. According to the [National Social Service of Ukraine](#), a significant number of approximately 1,500 Ukrainian children have tragically been left orphaned. When children lose their parents, they often experience a sense of abandonment, grief, and a deep void that is almost impossible to fill. These emotional struggles can strain their relationships with other family members, including siblings and extended relatives. The dynamics among siblings may change, with some assuming caregiving responsibilities for younger siblings, leading to role reversals and potential conflicts. Additionally, the absence of parents can disrupt the traditional family structure, creating a sense of instability and uncertainty. Not only that, but extended family members who care for orphaned children may face challenges in establishing strong bonds.

According to a recent [survey conducted by the Rating Group](#) at the beginning of this year, it was found that separation from family and friends has emerged as a significant traumatic event experienced by Ukrainian children, accounting for 28% of reported cases. The impact on family relationships for Ukrainian children who have lost their parents extends beyond the immediate family unit. They may even face stigma and discrimination from their communities, which can further isolate them and hinder their integration into society. Hence, it is a process that should be prioritised for the well-being and prospects of these children, ensuring that they have a chance to build fulfilling lives.

Section 3: Psychological Effects

This part of the report will outline the state of child mental health in Ukraine, how it has been impacted by the war, what are the concrete problems and what measures could be taken to continue providing vital aid. It will begin with a broad overview of the issues at hand, will then proceed to some general needs and will finally present more concrete measures that can be employed in the process of assisting this vulnerable group.

3.1: Problems and scale

While every single Ukrainian child has had their mental health adversely affected by the war it is crucial to understand exactly how, in order to comprehend their needs and hence provide proper and tailored assistance. While providing numbers in such cases does have a sadly dehumanizing effect, it is nevertheless necessary to possess a broader outlook of affairs in order to know how to plan actions of support. Children are affected by the war through displacement, participation in or witnessing traumatic war related events, separation from and/or loss of a family member or caretaker, direct injury, deprivation of basic services, forced deportations and indoctrination, and long-term residence in underground shelters or other ill-suited temporary housing. Each of these experiences has a strongly negative effect on childrens' mental health and can hence lead to a variety of conditions.

The most common cause of mental health issues for Ukrainian children is [displacement, 1.8 million as refugees](#) and [2.5 million displaced internally, totalling 4.3 million](#), a total that constitutes almost [65% of Ukraine's pre-war non-adult population](#). These groups mainly suffer from [separation anxiety](#) and [depression](#). The nature of problems is different for those who became refugees as [language barrier](#) often deprives these children from participating in local communities or education furtherly worsening their mental health and contributing to possible depression. Moreover, refugees are often at risk of various forms of [exploitation](#) which can in itself negatively affect a child's mental state, and the displacement itself is a traumatic event which can contribute to Post Traumatic Stress Disorder (PTSD).

Those which have been displaced internally, while most likely not deprived of the vital role the local community serves, are probable to suffer from anxiety and depression as they are extremely likely to be exposed to war related events on a regular basis. The [20.000 children deported](#) and the [1.000 injured](#) are the most prone to suffer from PTSD and depression, especially the former group. This is because instead of receiving vital aid following a traumatic event, that is forced deportation, they are placed in inhumane living conditions against their will and separated from their families furtherly increasing the risk of PTSD. This is especially relevant since after a child's traumatic experience, [fast provision of mental health care can be crucial in decreasing long-term effects](#). [Moreover, around 60% of Ukrainian children have witnessed or participated in a war-related event](#) which can contribute to PTSD. Finally, even those children who have not

been displaced and have not witnessed or participated in a war-related event are highly likely to have mental health issues. Extended periods of time in bomb shelters, deprivation of vital services as education, and separation from one's of the parents or caretakers can contribute to anxiety and depression. Moreover, many children will experience a combination of the above events. Many who have left the country are not only at risk of PTSD, caused by the experience of displacement, but also separation anxiety as they certainly have family members and friends in Ukraine. There are therefore a plethora of events caused by the war which have a devastating effect on Ukrainian children, many of whom have experienced several different traumatic events. At the same time, if untreated, [these conditions will not disappear](#) and are certain to have adverse effects in these individuals' adult life. This therefore constitutes one of the biggest mental health crises in the world, with every single Ukrainian child needing some form of aid if their conditions are to be improved and eliminated before they reach adulthood.

3.2: General needs and manners of help

First and foremost, the issue needs attention and resources from the Ukrainian state. While [the First Lady's, Olena Zelenska, "How Are You?" campaign](#) is an extremely positive step and contributes by spreading awareness and providing [resources](#), the state of Ukraine's pediatric mental health infrastructure is unsuited to the scale of the present issues and was in fact neglected even before the war. In 2016 there were only [7 psychiatrists per 100.00 people in Ukraine](#), which is high in comparison to other post-Soviet countries such as Georgia, which has [6.7](#), or Armenia with [3.84](#). It is however extremely low in a regional comparison with Poland having around [24](#) and Belarus [13](#). Moreover, only a certain number of these practitioners are specialized in children's mental health and with the entire non-adult population affected, the system does not have sufficient resources to provide necessary aid to all those in need. Which furthermore is unlikely to change considering a plethora of other issues absorbing the resources of the Ukrainian state. This henceforth means that a huge part of the burden is on the civil society, not only Ukrainian but also the ones of sympathetic and allied countries. It must therefore be emphasized that long-term, protracted engagement from non-governmental organizations and charities is vital. Moreover, it must be understood that the war's end, whenever it comes, will not be the end of these issues, but rather the beginning of reconstruction which will necessitate decades of civic engagement.

Since the Ukrainian mental health infrastructure is not equipped to deal with the scale of the problem, the civil society has in fact taken on the responsibility and provided vital care to thousands of children. This however leads to a highly obscure and decentralized system which is often difficult to navigate. The complexity of the system makes it harder for people to seek necessary help. For example, there are [several hotlines](#) which provide vital instructions concerning mental health. While these are lifesaving services, the fact that one has to first answer the question which out of the dozens of hotlines to call, immediately makes the process appear discouraging for people who are hesitant whether to seek mental health aid for their children.

This is especially true since even though mental health awareness [has increased](#) in the country in the past years, many are still hesitant, and [stigma exists](#). One Ukrainian child psychiatrist attested to the author that there are still people with conditions who do not seek vital care because of the surrounding stigma. A centralization and simplification of the process would therefore be positive as its current complexity is discouraging those hesitant about seeking mental health aid for their children.

This is precisely one point where improvements can be made. While fully centralizing the entire pediatric mental health infrastructure in Ukraine would be a herculean task, what can be done is dissemination of information on how to navigate it. One element [often voiced as an obstacle to seeking vital mental health help](#) is information, namely how one exactly proceeds with taking care of their child's mental state. Dissemination of simple, accessible and understandable instructions online, in community centres, places of worship, schools, playgrounds and healthcare facilities is one possible measure. People are very much aware they need to take care after their and their children's mental state, what thus needs to be provided, is simple information on how to do it.

Such measures would therefore contribute to increased demand for mental health assistance for children. The other side of the problem thus also needs attention, that is supply of paediatric mental healthcare. As it is impossible to expect from the Ukrainian medical training infrastructure to provide an adequate number of experts at an instant, there are two reasonable measures which can help with the situation. The first is [already common](#) and has been having positive [effects](#), namely remote provision of mental health assistance to children. While it does have an adverse quality in comparison to standard consultations, it nevertheless increases availability. This should not be seen as an alternative to in-person help, as the latter should be applied when possible, but rather as an option for those without direct access to mental health aid for their children. Logistical difficulties are a huge reason behind one's lack of access to such services. Refugee children may reside in places where there are no, or not enough, Ukrainian speaking child psychologists and psychiatrists while those displaced internally may live in places hard to access for mental health workers. Remote help and consultations [are already being provided, increasing accessibility](#) and while often representing a sub-standard level in comparison to in-person aid, it allows people to receive simple yet effective assistance in cases where none would be available otherwise.

Another aspect which would help on the supply part is dissemination of Psychological First Aid instructions. While first aid is commonly taught around the world, Psychological First Aid is a rather unknown and obscure practice and providing knowledge about it can have a hugely positive impact. It can hence play a vital part especially for traumatised children as the reaction of first responders is [often crucial](#) for the child's long-term well-being. If well spread within aid workers and the broader society, it can equip countless individuals with basic knowledge on how

to act and proceed in situations negatively impacting children's mental health. While many guidelines already exist in English, such as UNICEF's [‘Operational Guidelines: Community-Based Mental Health and Psychosocial Support in Humanitarian Settings: Three-Tiered Support for Children and Families’](#), it is vital that they are also widely available in Ukrainian. As the above document for example, has not been translated, while International Federation of Red Cross and Red Crescent Societies' ‘A Guide to Psychological First Aid’, has been and is available [here](#), but is not focused specifically on children. The same applies to the Psychological First Aid instructions [available](#) at the “How Are You” campaign's website. Providing first responders and the general public with Psychological First Aid instructions and general knowledge on how to act in certain situations in order to prevent a child's mental state from further deterioration, is one simple yet effective contribution that can be made. In this case, the fact that Ukraine has participated in the WHO's [Mental Health Gap Action Programme \(mhGAP\)](#), which aims specifically at providing basic tools and knowledge to non-specialists, is a huge positive. It is similarly impossible to overstate the importance of the role of [Community mental Health Teams](#) established in 2016 which also operate with the specific intent of increasing availability of mental healthcare to war affected sections of populations.

In similar manner it is equally crucial to stress that [child's mental health is heavily dependent on the mental health of their caretakers](#) and the state of their communities. One Ukrainian psychiatrist working specifically with war-affected children attested to the author that ‘a child's mental health is *never* separate from the mental health of their parents or caretakers’ (author's own emphasis). It is therefore crucial to stress to people that their mental wellbeing is intricately tied to the one of their children and if they desire to properly care for the latter, they must do the same with the former. It is similarly crucial to emphasise the importance of child's community. Even if one is receiving care and living in a safe environment, [when children are deprived of communal activities, they can still psychologically suffer](#), especially from depression. The role of having one's group, leisure activities and interacting with peers is crucial and refugee children are especially prone to be deprived of these vital elements due to language barriers. This, along the above-mentioned [Mental Health Gap Action Programme \(mhGAP\)](#), are vital reminders that children's mental health is taken care of not only within the premises of schools and medical facilities but as well as in daily, casual environments.

Lastly and in a similar nature, just as the state of child's family and community is crucial, so is the mental condition of those providing mental health aid. This group of people is often neglected by the broader society, yet their burden is impossible to overstate as paediatric mental health practitioners are [not unaffected themselves](#). Moreover, considering the deterioration of public mental health due to the COVID-19 pandemic, and the general burnout medical staff have experienced due to this crisis, means that [those providing the aid have been overstretched and overworked for the past few years](#). Unless they also have access to assistance themselves it may



negatively translate into their work with children, notwithstanding the humane importance of this matter.

Section 4: Immediate and Future Support for the Children of Ukraine

The children of Ukraine face many challenges in both the immediate and distant future. A one size fits all approach will not address the [varied](#) needs of the most vulnerable of Ukrainians. Providing support for children during and after a conflict can significantly enhance their ability to cope in the present and thrive in the future. Delivery of that support in Ukraine is hampered by the ongoing conflict, as well as pre-existing inadequacies within the state system regarding child mental health provision and care institutions. Below are a series of steps that can be taken to address some of these issues immediately and in the future.

4.1: Support that will be required because of the war

Mental health – The needs of children in this area will be complex and varied, and the support available to them will need to reflect this. They require access to mental health professionals able to provide trauma informed and age-appropriate support. Children are especially vulnerable psychologically during conflict, but with [appropriate](#) support can recover well. Access to different types of therapies is needed to reflect the [differing socioemotional](#) needs of children depending on their stage of development. Support will need to address their [exact](#) psychological requirements which will [differ](#) according to each child's [personal experiences](#) and development. This requires an immediate increase in the number of paediatric mental health specialists working in Ukraine or with Ukrainians in host countries. The '[golden hours](#)' are a critical early period in which support can help to mitigate the [long-term impact of trauma](#), but it must be suitable for children. Training for [existing](#) primary and frontline caregivers, as well as [community-based and online-based](#) teams can fill the immediate gap. In the long-term mental health support will need to be [scaled up](#) even further to support children post-conflict as well. [Studies](#) have shown that PTSD, depression have a [higher prevalence](#) amongst children post-conflict when compared to the general population. Evidence from a study on children affected by the Syrian conflict showed that [60%](#) of children met the criteria for at least one psychological disorder. There needs to be an integrated approach to paediatric mental health support based within the community which is [culturally responsive](#). Ensuring that children and their families or guardians can easily and consistently access support is therefore [crucial](#). Decentralising mental health care is necessary in order to provide support on such a large scale, this can be done by establishing regional and local hubs, as well as expanding online services. Children living abroad need support to access support in [culturally sensitive](#) environments ensuring that they can clearly communicate and comprehend everything.

Physical Health –[Prior](#) to the conflict Ukraine already had concerning rates of infant mortality, low vaccine uptake, and a high prevalence of infectious diseases. The conflict has affected access

to basic healthcare and [studies](#) show that children, especially under-fives, bear the brunt of indirect conflict related deaths. An increase in [mobile primary care units](#) is needed to provide specialist emergency and basic care to prevent poor health outcomes from complicated pregnancies and birth. A range of support from respiratory care to physiotherapy will be needed by those living in unsuitable habitation due to [displacement](#), or bombing campaigns to prevent long-term damage from the [myriad](#) of ailments that arise from overcrowding, poor ventilation and unhygienic conditions. Prevention of outbreaks of [communicable diseases](#) is critical which means significant vaccination uptake needs to occur, with efforts to combat vaccine scepticism. Mothers will need to be able to [access](#) appropriate spaces to give birth, and access pre- and post-natal care to reduce maternal and infant mortality. Girls who have experienced gender-based violence need support accessing [shelters](#) and [services](#). Children injured by the conflict usually present with [multiple injuries](#) and may require differing levels of support as they grow up. Adapted housing, mobility aids, medications and regular check-ups for example. Long-term the State needs to enact reforms to improve maternal and paediatric care in general. It needs to establish community-based support to facilitate long-term access to specialist care throughout childhood and adolescence. As it rebuilds the country, the state should include adapted housing to avoid unnecessarily institutionalising disabled or chronically ill children, and help families to provide support at home. [Studies monitoring](#) the physical health of children should be conducted to provide better data for treatment and prevention.

Education – Education is important for a child’s [academic and socioemotional](#) development and access to quality education is a right. As a result of the conflict many children are receiving [online teaching](#) in Ukraine or in [host countries](#), but some are [unable](#) to access it all. Existing and newly qualified teachers need to be trained to deliver hybrid teaching in order to provide cohesive and consistent quality education, while the conflict and the [targeting](#) of education facilities continues. When in-person teaching is resumed or available, students should be assessed individually by professionals to ensure that the required support is identified. [Tutoring](#) may be needed to support older children through assessment periods. Specialist schools for children living with severe disabilities need to be established within communities, and teachers will need to be supported with training and resources to provide this. Some children may not be able to immediately return to school, or will experience disruption due to medical conditions. [Support](#) will be needed to help supplement online education with offline teaching, such as providing textbooks at home. Support will also be needed for those children made to attend Russian schools in the occupied regions. Policies of [deliberate](#) nullification of Ukrainian language and culture will leave them at an additional disadvantage linguistically and socially. They may need extra-curricular support, as well as socioemotional support to reintegrate.

Infrastructure and Housing – Support needed for children in this area will take many forms. The clearing of explosive ordinance and debris needs to be a priority, as studies in [Afghanistan](#) and [Eritrea](#) show that it remains a significant cause of injury and death among children for decades if

not dealt with. Children who are displaced or living in unsuitable housing often lack access to basic needs such as food, clean water, adequate sanitation or health services, and experience disruption to their education. Support to address this through re-housing, rebuilding or re-locating these children is needed. Stable and safe housing is a key method of mitigating a variety of [risks](#) that displaced children are exposed to. It is also key to helping children heal from the insecurity and uncertainty that conflict creates which is especially harmful to them.

4.2: The private sector's involvement in rebuilding and providing services

International NGOs (INGOs), local NGOs (LNGOs) and the private sector can play a critical role in rebuilding Ukraine's infrastructure and service capacity as long as it is coordinated with the State and local organisations. It is important that any external actors work closely with local and national actors to avoid the problems that have arisen in countries such as [Haiti](#), [Ghana](#) and [Uganda](#). External involvement should not undermine the capacity building efforts of the Ukrainian State as this will weaken the country's ability to sustain its growth and support its population in the future. Nor should any external actors undermine Ukraine's civil society by ignoring their expertise and agency. Any involvement by INGOs and the private sector needs to reflect the needs of Ukrainians, and not the aid or political agendas of donors and INGOs.

Many [INGOs](#) and LNGOs were already operating in the East of Ukraine prior to February 2022, so expanding their operations into the rest of the country made sense. Many humanitarian INGOs have [extensive experience](#) providing trauma- informed care for both physical and mental health needs that help to address gaps in state access and capacity. They have [specialists](#) and [procedures](#) designed to operate in conflict zones, and can provide resources, treatment and [training](#). They also have access to funding streams that LNGOs may not. The role of INGOs can shift from humanitarian intervention to developmental aid reflecting the changing needs of the country. LNGOs are more likely to have a particular specialisation that may not be relevant at all stages, or much more limited funds. INGOs can therefore play a significant role in both emergency and basic healthcare, from providing mobile care units and mental health support, to rebuilding healthcare facilities and running vaccination programmes. Regarding education INGOs and LNGOs can operate in a similar capacity as above. Local NGOs are best placed to identify needs and deliver aid, while international NGOs can provide resources, training, personnel and contacts. INGOs can offer the specialised care that children in conflicts need immediately while helping to train Ukrainian education providers. They can [rebuild schools](#) and supply laptops and textbooks. It is vital that this work in the health and education sectors is done in [collaboration](#) with the state and LNGOs to ensure that resources are used effectively. Involvement in these sectors must be culturally sensitive and responsive. INGOs should act to take the burden off of Ukrainian services where possible, and provide care where the state cannot reach. The primary aim should be to support the indigenous system to meet needs, build capacity and prevent crises.

Programmes that offer cash to civilians, such as the [IOM Multi-Purpose Cash Assistance Programme](#) can help Ukrainian's meet their basic needs and indirectly help local economies. Providing people with cash payments gives them choice in how it is used, as often donated aid can result in an abundance of certain items, but a scarcity of others. Welfare from NGOs can significantly help both civilians and the state to address gaps in state provision, but it cannot be used by the state as justification for not funding a state system that can provide sustainable welfare in the future. Impoverishment in Ukraine is a systemic issue that requires state reform to ensure that children do not continue to live below the poverty line post-conflict.

INGOs, LNGOs and the private sector involvement to rebuild Ukraine's infrastructure will be critical to both civilians and state. The extensive damage to the country will take years and [huge cost](#) to recover from, and INGO and LNGO involvement means that the process has begun. They are already involved in small scale projects, such as delivering [clean water](#) and winterising homes. These can be scaled up but projects must involve consultations with the civilians that will be using them to ensure they are suitable. Another benefit from INGO and EU involvement could be in the building of more accessible housing and facilities or the use of [environmentally friendly resources or features](#). Again, the role here should be to help the state build capacity and meet needs. Therefore, INGOs should also focus on training or using local builders and contractors to ensure that these projects can be maintained and replicated in the years to come.

The [private sector](#) can help Ukraine in two ways: through donations to INGOs and LNGOs or; through [direct investment](#). The latter option can offer economic stimulus but any private sector investment must be transparent. Ukraine's relationship with the EU can help facilitate investment in infrastructure and services that will foster trade and relations. Rebuilding Ukraine is an [effort](#) that can serve to deepen ties culturally and economically across Europe.

4.3: Status of State provided mental health support and children's services

Mental Health

Paediatric mental health services have experienced decades of chronic underfunding in Ukraine. This [situation](#) was further exacerbated by the elimination of post-graduate training in child psychiatry, and the replacement of a residency in child psychiatry with education specialisation. A subsequent reduction in the number of practising child psychiatrists added to the poor provision for support. Parents have a tendency to access mental health support for their children through paediatricians or paediatric neurologists who did not receive the necessary training screen or treat paediatric mental health. The failure to expand the WHO's Mental Health Gap Action Programme to paediatric care has had implications for children since the pandemic. The highly centralised nature of services, and a reliance on a biomedical, medication-focused

approach is an additional obstacle to effective support. The state has acknowledged the inadequacies of the support offered to some extent. In 2019 the [No Trivia](#) platform was launched which aimed at encouraging teenagers to seek help online with some success, and efforts to de-stigmatise seeking help within society have been launched by the state. The COVID-19 pandemic added further strain to the system. The centralised nature of care left many children unable to access support due to lockdowns. Children with [pre-existing conditions](#) presented with additional impairment and decreased resilience as a consequence of interrupted care and social isolation. In October 2021 the State adopted a [new model](#) favouring a community-centred approach in an attempt to address the obvious need for reform across healthcare. [Community Mental Health Teams \(CMHTs\)](#) were created to provide patient-centred and recovery-oriented care.

As the conflict has progressed the status of state provision has been severely impacted. [Children](#) with mental health needs were brought to general hospitals experiencing severe shortages of staff. Many simply did not access support at all due to displacement or damage to transport and infrastructure. The CMHTs were able to [adapt](#) to some extent by using phones to contact patients, but the teams reported increased demand in acute cases and shortages of medications. As the conflict has progressed more efforts have been made to provide adults with help to support children's mental health, such as the ['To Be There'](#) series. Nearly all initiatives towards paediatric mental health have been driven by [UNICEF](#) in [collaboration](#) with the state volunteers or [private enterprise](#). This reflects the inadequacies in the system prior to the full-scale invasion.

Children in Care

Prior to 2022, Ukraine had over 100,000 children living in nearly 700 institutions or 'internats'. The [majority](#) of the children have living families with only an estimated 8000 being orphans. Nearly half had a mental or physical disability, and lack of specialised support in the community meant that institutionalisation had been the only option presented to parents. Post-1991 no effort had been made to reform the inherited soviet-era system unlike in [Poland](#), [Bulgaria](#) and [Romania](#). The [system](#) is highly centralised, preferring to remove children from family, rather than support families with welfare, education, training or community-based healthcare. Children live in big groups of mixed ages in large institutions. Corporal punishment, neglect and abuse are [endemic](#). Carers are insufficiently trained and the carer/child ratio is inadequate leading to poor practices. For [disabled children](#) the conditions are even worse. The [lack of access](#) to specialist care or equipment has led to neglect, malnourishment, chronic illness, and even death. The Children's Ombudsman has advocated for [reforms](#) that placed child welfare at the centre of the system, including increasing the number of social workers and placing emphasis on fostering or family support. This would have been modelled on EU-financed reforms in Bulgaria and Romania. The state has [acknowledged](#) the inadequacies of the system. In 2020 it outlined a plan to move to a family and community-based model of care. It has begun to move children to family-style group homes, but disabled children are excluded from these plans.

Following the invasion not all [children in care](#) were evacuated. Some disabled children were returned to family without any support, while other children found their foster arrangements disrupted. The destruction of orphanages has resulted in many children being [transferred](#) across the country or even [abroad](#). The state, with external assistance, has [continued](#) the shift to family-style group homes but the number remains small. This has [increased pressure](#) on carers and further stretched limited resources. State provision remains inadequate leading many to rely on charities and NGOs to provide basic care for the children. The state has made efforts to keep track of children that have legally left the country. It has placed [restrictions](#) on host countries regarding fostering, preferring to keep the children in institutional settings ready to be returned to Ukraine. This is at the time that it commits to [‘Better Care’](#) with UNICEF. This is a national program with a focus on strengthening families, communities and the care system to provide nurturing and safe care for all children, including the disabled and vulnerable. These promised reforms must be enacted to bring about the [deinstitutionalisation](#) of care if they are to return to better conditions than before the conflict.