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General characteristics of possible consequences of trauma and forms of aid granted to Ukrainian children refugees

Ogólna charakterystyka możliwych konsekwencji traumy i formy pomocy dla uchodźców ukraińskich dzieci

Introduction

Almost a year ago, the reality was given a new dimension of instability and anxiety. The outbreak of the war behind Poland's eastern border evoked various individual and social feelings which were saturated with a sense of uncertainty, threat, and unpredictability of the situation. The reaction of Poles to the misfortune that struck their Ukrainian neighbors was, in the first period, a response to the arising need for support in a purely logistical and tangible dimension. Poles massively took part in the collection of food, clothes and necessities for people leaving Ukraine, but also those who stayed in their war-torn homeland. Accommodation facilities were organised for refugees,

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many Poles accepted Ukrainians into their homes, refugees' children are still provided with education, the support is granted to those searching for jobs. The spontaneous response of the Polish community emerged in the form of actions taken directly in response to emerging needs. Over time, these actions transformed into operations coordinated at the level of cities and municipalities on a larger scale. "There is no doubt that Poland is one of the countries that has been the most involved in helping our Eastern neighbours" (Badowski, 2022).

Already after the first wave of aid, which consisted mainly of an ad hoc organisation of the stay of refugees from the war-torn country, the questions were raised about their mental state and the psychological dimension of the impact of the war, especially in relation to the youngest refugees. The term of Post-Traumatic Stress Disorder (PTSD) came up most frequently in these debates. It seems, however, that discussing the problem only within this perspective can be treated as a certain abuse or trivialisation of the issue.

This article is an attempt to define the framework of possible consequences of the war experience in children and to determine the main directions of possible aid. Its objective is to present the basic terminology related to the topic, as well as the basic theoretical assumptions relating to counselling in the discussed field. Therefore, it should be presumed that the assumption of the study is a sort of systematisation of knowledge about assistance in the situation of trauma implied by the war or the risk of its occurrence.

Therefore, the first part of the study focuses on the concept of trauma and the distinction between disorders of a similar type. Possible effects of experiencing trauma are also presented there.

The second subchapter refers to childhood trauma as a specific phenomenon requiring special interactions.

The subsequent part of the study discusses the issue of aid, possibilities, and limitations in terms of support. It also addresses the issue of specific difficulties that may occur.

The article ends with the summary section in which an attempt has been made to briefly present the conclusions and guidelines for aid work.

Fundamental differences in terms of definitions

When addressing the topic of trauma, one should start with the concept of stress and its impact on people. When analysing the theoretical interpretation

for the problem described, one ought to recall the cognitive-transactional concept of stress by Lazarus and Folkman. “These authors define stress as a specific relationship between the person and the environment, which is assessed by the individual as aggravating or exceeding their resources and threatening them” (Kaczmarska, Curyło-Sikora, p. 318). The theory mentioned combines the experience of stress and related emotions with cognitive processes, i.e. the way of learning and understanding in the human-environment relationship, while using the concept of primary and secondary evaluation. The author distinguishes three subtypes of a stress transaction: loss/harm (directly related to injury, suffering, loss), threat (related to anticipating the loss suffered) and challenge (associated with the assessment of the ability to control the situation) (Lazarus, 1983, pp. 20–39).

The statement that stress is an indispensable element of life seems to be a necessary truism. It is impossible to avoid stress and situations that imply it in everyday life. Stress can be treated as “the state of crossing the boundaries of homeostasis under the influence of a stimulus” (Jaśko-Ochojska, Ochojski, 2019, p. 19). Chronic, long-lasting stress plays a particularly negative role. If stress exceeds the ability to control it, there is a risk of disease and, consequently, even death (Jaśko-Ochojska, Ochojski, 2019, p. 19). Going further; stress, however present in our lives, can have devastating effects.

To talk about trauma, one needs to inquire into the notion of a traumatic event. Generally, a traumatic event is defined as one that is associated with a threat to life, serious injury to the body or a risk to integrity in which a person experiences intensive fear, helplessness, and horror. Therefore, the situation is traumatic when a person feels dependent on circumstances which, in their mind, are threatening and cause fear for a long time. The war matches the description of this definition perfectly; it is associated with a constant threat of loss of health and life, uncertainty of tomorrow, loss; it is filled with horror. The threat of war is a chronic state, linked to constant tension, and often paralysing fear for themselves and their loved ones. In Poland, Antoni Kępiński is considered a precursor and a classic among trauma researchers, whose studies included former concentration camp prisoners. “The description of disorders presented by the respondents occurring after confinement in a concentration camp is very similar to the present definitions of post-traumatic disorders” (Cichocki, Wieczorek, Hat, Pragnący, Depukat, 2019, p. 300).

Trauma can be viewed through the prism of its effects, i.e. as a disturbance of emotional control, the experience of a disorder at the level of adaptive functions. Laurie Anne Pearlman notices that trauma is a disorder of basic needs, among which she lists: the need for protection (correlated with a sense of own security), a sense of protection of people important to an individual (related to a sense of security of loved ones), the need to rely on oneself and others (which involves trust in oneself and people around), the need to influence others (linked to a sense of respect and possibility of control), and also the need to know and accept own feelings and the feelings of others (directly related to a sense of intimacy) (Pearlman, 1995, p. 298–299). It is also important to emphasise the close relationship between trauma experienced and somatic disorders. Psychological trauma is not isolated and it is linked to the biological response of the human body to the experience.

PTSD is a term that has permanently entered the description of the mental state of people after experiencing the reality of war. It should be emphasised that it refers to a rather archaic term, i.e. “battlefield stress”, the first description of which appeared in 1678 (Karolczuk, Gołębiewski, Tomko-Gwoździewicz, 2000).

During the Civil War, a similar term emerged, i.e. *soldier's heart* or *irritable heart* syndrome (Karolczuk, Gołębiewski, Tomko-Gwoździewicz, 2000). It described some physical consequences as well as psychological ones in soldiers participating in combat operations. In English-speaking literature, one may also find the term of *shell shock* (*combat stress*), coined as a result of the research carried out among the Vietnam War veterans (Karolczuk, Gołębiewski, Tomko-Gwoździewicz, 2000). CSR, considered as an assimilation disorder manifested by fatigue, slower reaction time, inability to establish priorities, is distinguished from PTSD by a relatively short duration (about a month). Robert J. Lifton, who describes the problem in his extensive psychoformative theory, can be considered as a classic of PTSD. The author included his point of view in ten paradigms: the paradigm of life/death and the symbolisation of “I” (directly related to confronting death), the concept of being a survivor, natural response to stress with post-traumatic stress symptoms (to which the author attributes an adaptive role), emotional vitality and fragmentation of “I”, mental numbness and breaking the continuity of “I”, searching for meaning, moral dilemmas of “I” (related to refusal to kill and die), searching for meaning and transformation of “I” (Lis-Turlejska, 2000, p. 196).

Quoting Lifton's theory seems to be justified in the context of the considerations undertaken, also because it broadly refers to a sense of community, the concept of being a survivor combines with a sense of the community of survivors in it. And although the author, in his analyses, recalls the experiences of victims of the Holocaust, soldiers fighting in Vietnam, this sense of community is also significant to those fleeing war, who left their loved ones in a war-torn country.

Generally, when describing Post-Traumatic Stress Disorder (PTSD), DSM IV lists the following symptoms: repetitive, persistent memories of the event, images, thoughts, perceptions, intense stress related to return to external and internal stimuli associated with the event, persistent avoidance of stimuli associated with trauma or general numbness (not present prior to trauma). "All the conditions included in the DSM-V classification indicate exposure to a traumatic or stressful event as a diagnostic criterion." (DSM-5 Criteria for PTSD BrainLine, 2018). It should be noted that DSM-5 introduced the preschool subtype of PTSD for children aged six and younger (Strelau, Zawadzki, 2009, p. 153).

In the context of trauma and PTSD in the reality prior to current Russian-Ukrainian conflict, such a description was made by Vsevolod Stabliuk, Roman Gan and Kateryna Pronoza, who present the indicators compliant with DSM-IV-TR. The authors list the following elements: the patient was exposed to a traumatic event in which two factors were present: the person has experienced, witnessed or dealt with an event or events that involved actual death or were life-threatening, a serious bodily injury or a threat to the physical integrity of oneself or others, the person's reaction involved intense fear, helplessness or terror (Stabliuk, Gan i Pronoza, 2016). Moreover, the authors draw attention to children-specific trauma-related disorders, such as: disorganised behaviour, agitation, repetitive plays related to a traumatic event, a kind of traumatic reconstructions, referring to the memory, but also the inability to concentrate, irritability (Stabliuk, Gan I Pronoza, 2016). It should be emphasised that trauma in children differs from that occurring in adults. This is partly due to social (im)maturity, rather high sensitivity, and relatively small resources of experiences in dealing with difficult situations, and partly due to the fact of the endowment of the nervous system which reacts to prolonged threatening situations in a rather unpredictable way. Aaron Antonovsky notes the importance of a sense of coherence for human

functioning. According to the author, this is defined as “general orientation of a person expressing the extent to which a person has a poignant, lasting, though dynamic sense of certainty that: 1. Stimuli coming throughout life from the internal and external environment are structured, predictable and explicable, 2. They have access to the means that will allow them to meet requirements set by these stimuli, 3. These requirements are a challenge that is worth effort and commitment.” (Kaczmarek, Curyło-Sikora, 2016, p. 319). “Alarcon, Deering, Glover, Ready and Eddelman (1997) indicate the possibility of distinguishing six types of disorders that are clinical sequelae of traumatic experiences: affective (depressions), dissociative, somatomorphic, psychotic, cognitive and similar to neurotic, with many people showing symptoms belonging to various types of disorders.” (Steuden, Janowski, 2016, p. 555).

Aid for a child in the event of trauma

A child in the situation of warfare conducted in their living environment is exposed to a number of dangers that significantly affect, among others, their emotional functioning. The classification of DSM-V relates to the trauma experienced by children and distinguishes disorders specific to the phenomenon. These are: disinhibited social involvement (reduction or lack of disinhibition of relationships with adults) and reactive attachment disorders “which are related to emotional disorders (lack of social and emotional reactivity to others, reduced positive effect, episodes of unjustified irritability, sadness, anxiety) (DSM-5 Criteria for PTSD, BrainLine, 2018).

Early childhood trauma is often included in the category of an attachment disorder. At this point, John Bowlby’s theory of attachment should be recalled, which perceives the ontogenesis of a sense of security through the prism of the child’s relationship with the “safe base” which is their guardian (most frequently the mother). The bonds between the child and the guardian that ensure safety, defence, and survival are also translated into the child’s response to the world, their cognitive curiosity, the ability to overcome difficulties, and in adulthood, affect the relationships and relations built. Attachment affects several extremely important elements of our life and identity. What happens in the area of attachment affects mental health, self-esteem, as well as defining one’s own self, treated as identity. It also has a profound impact on the biology and health of the body. It turns out that the attachment styles distinguished by

Bowlby can have an impact on the way of responding to stressful situations. The pattern developed in childhood results in the perception of a sense of security and is often imitated by the child in adulthood. Disturbances in attachment may affect future educational success, cognitive abilities, possible success in school life and professional one in the future. And although the views on the issue are divided, it should be noted that the experience of trauma treated as the result of bond disruption has an effect on the possibility of surviving crises later in life. Attachment traumas may lead to disturbances at the behavioural, emotional, physiological level and mental representation of oneself and others. Therefore, when looking at the trauma experienced by children brought from the war-torn area from this perspective, the impact of separation from relatives on their sense of security and significant disturbances in this area should be emphasised.

One should also not overlook dramatic situations often witnessed by children such as the experience of hurting people close to them, absence caused by separation, concerns about the loved ones fighting, and often witnessing death. The easiest way to define trauma is to describe it as an experience that is extremely difficult to assimilate, where an individual, speaking colloquially, cannot cope with using their own abilities and strength. For a child, such an experience is even more difficult since they do not have resources that would allow for an effective defence reaction against the emerging burden of trauma. Łukasz Krawętkowski, when describing childhood trauma, uses the term of assimilation trauma and states: “it is a type of suffering experienced by a child, which is composed of different situations which, when put together, produce a traumatic effect (...)” (Krawętkowski, 2021). As potential disturbances occurring due to trauma, one may list social functioning disorders, cognitive problems, but also disorders associated with the risk of dissociation. The experience of war also carries the risk of trauma caused by many factors (disturbance of security, family image, contact with suffering and death, separation experience).

Trauma which may result from this type of experience can be treated as a complex phenomenon affected by factors such as previous experience, chronic nature, a sense of threat. Childhood trauma may be accompanied by a sense of helplessness, but there is also a risk that, unfortunately, its effect will be the acquired image of the world, which is evil and hostile.

The intensity of the occurrence of negative consequences is influenced by several factors among which the following should be listed:

1. The age at which a child experienced the trauma and the level of ability to logically analyse the situation (Compare : Fairbank, Klaric, O'Dekir and Costello, 2004, pp. 19-23).
2. The extent of threat perceived by a child, which is directly related to individual experiences and observations.
3. Distinguishing the role of a child, i.e. whether they are a witness or a victim of dramatic events. (It is worth pointing out, however, that in a war situation, each of the discussed groups of people can be treated as a victim in an individual and social dimension.)
4. The presence of a loved one, giving a sense of security, or being a guarantor of stable, safe presence.

The latter factor is up to date for the considerations undertaken since children from the war-torn Ukraine came with their mothers, grandmothers, aunts, and thus loved ones. However, it must be remembered that despite the strength and heroism represented by these people, they were also exposed to the traumatic effects of war experiences. Iwona Sikorska described varied reactions of children in a traumatic situation, recalling three differentiating aspects: reactions of parents and significant adults to trauma, the child's age and developmental level, and the methods of responding to stress learned by the child. In the first scope, the author recognises that there are two fundamental ways of responding to stress directly related to adult behaviour: adaptive forms of coping with stress in adults prevent children from severe PTSD symptoms, as opposed to situations when adult behaviour is chaotic and helpless – then the risk of developing PTSD in children increases. In terms of the child's age and developmental level, I. Sikorska notices that an immature way of understanding and interpreting events by the child poses a threat of profound and dramatic experience of trauma and emphasises the significant role of stable adults and coping with trauma in the environment of children, assigning this presence the role of a protective factor. Possessing the repertoire of emotional-behavioural reactions by the child that can be applied in a situation of trauma reduces the chance of developing serious PTSD symptoms (Sikorska, 2014, p. 60).

Such an approach to trauma affecting children emphasises the role of adults, which seems to be particularly important in the context of the issue discussed. Ukrainian children are under the supervision of adults who were also exposed to the destructive effects of trauma and displaying various forms of coping

mechanisms. Mothers arriving in our country, who often left their relatives in Ukraine, are in a difficult situation. Each time the story of the fate of separated families is a personal drama, which is difficult itself to bear for an adult.

Aid

Time is key while organising aid for people experiencing trauma or PTSD. If we assume these people are children, we deal with even more demanding situation. On the other hand, if we talk about young people who are forced to leave their familiar environment, often without knowing what is happening to their relatives, the situation of aid for such people is extremely complex. When talking about assistance in terms of a specific scope, we usually refer to psychological help, which can be of developing nature, and which has a certain pattern and rhythm when carried out in a peaceful environment. However, the arrival of young Ukrainians to Poland was of a nature which significantly limits the possibilities of providing psychological assistance in the most favourable conditions. These arrivals, often chaotic, resulting from an impulse decision, were often connected only with the purpose of escape, and it was the objective that determined the direction and speed of migration. In general, children left Ukraine in a hurry, often only with small luggage, under the care of their mother, aunt, grandmother, and often only an acquaintance or a friend of their family. Such a situation generally resulted in the need to quickly organise ad hoc aid activities, related to the logistics of stay or transit, and to satisfy basic needs. In the first impulse of aid provided strictly to children, Poles attempted to bring forth small gifts, sweets, and toys. Activity organisers often appeared at the stations which became transit points. And although these actions seemed to be uncoordinated, they were very important since they appealed to what was the most at risk (after life and health), namely childhood. These ad hoc intervention reactions seemed to be a natural response to the presence of little refugees and a natural reaction in creating help addressed to them. However, there are a few elements that need to be mentioned and which make up professional, long-term aid in the discussed area. It will probably be a further direction of psychological and therapeutic work addressed to the little recipients.

The basis for trauma treatment is a comprehensive diagnosis. “The diagnosis is made by a psychiatrist or clinical psychologist/psychotherapist

on the basis of a clinical interview, sometimes additionally supplemented by an examination using appropriate questionnaires” (Popiel, 2022). Such a diagnosis ought to be a priority considering the need to personalise action planning and the multitude of possible reactions. In psychotraumatology, attention is also paid to make specialists in various fields aware of the risk of disorders of the discussed type so as to recognise possible functional problems as early as possible.

A very important element in aid activities is time. In relation to people experiencing the consequences of trauma, it is optimal to provide them with assistance as soon as possible after the occurrence of a traumatic event. In this regard, one can often encounter problems resulting from the need to ensure safe existence, decent living conditions, securing everyday life, the overcoming of which only opened the way to further help. However, these actions cannot be impulsive or violent. In this regard, we come to a very important, if not fundamental, issue.

The severity of trauma stems from the fact that it strikes one of the fundamental human needs, i.e. the need for security. Ensuring that this need is met should be treated as a priority action in terms of assistance. However, it should be borne in mind that it was a sense of security taken away that caused a chain of events as a result of which young people ended up in Poland. Creating a safe environment for stay and rest allows an individual to break away from the reality associated with trauma and also gives an opportunity to calm down and then to engage in an assistance dialogue.²

The undeniable quality of aid in a traumatic situation is its interdisciplinarity, especially in the discussed situation, this requirement is a natural consequence of the complexity of problems resulting from the child’s experiences, but also the situation of separation, perhaps concerns about the parent or parents who have stayed in the war-torn country. The stay in a new unknown place itself, where the child is exposed to a foreign language, is a situation that causes anxiety and perhaps fear. Interdisciplinarity may also be linked to the need to involve the assistance of many various specialists. Not only a psychologist should be involved in helping the youngest, but also a social worker, an educational counsellor, perhaps also specialists in psychotraumatology. “In the treatment of (...) PTSD, both psychological help and pharmacotherapy,

² Ł. Krawętownski underlines the significance of expressions, such as, *You’re safe, It’s all right, You are safe here, You can rest here and not worry about anything no, I’ll take care of everything.*

connected with the use of anti-anxiety and antidepressant medications, are used. ASD and PTSD require the use of several methods of treatment since, in addition to the physical sphere, the disease affects the system of faith and sense, interpersonal and occupational relationships.” (Kochanowski, 2016).

Another characteristic which cannot be omitted when discussing aid in traumatic situations is the planning of support activities. This is where most problems can be encountered, which is related to the circumstances of an injury on the one hand and the place of possible support on the other. As this article has repeatedly mentioned, children coming from war zones (just like adults) suddenly found themselves in a country which, despite being a neighbouring one, was foreign to them. Even the greatest openness of Poles did not overcome concerns regarding the uncertainty of tomorrow, fear and unpredictability of the situation. Refugees often reacted with fear and mistrust, which is not surprising. Therefore, priority was given to issues related to providing accommodation, followed by psychological assistance. The assistance to children should include an in-depth interview, a broad psychological and educational assessment, which was often impossible to organise. The language barrier was also an issue, which is of great significance for aid activities. Finally, there were no points where refugees could be provided with comprehensive psychological support.

The set of specific difficulties in helping children experiencing trauma in the circumstances in question also includes specific difficulties resulting from cultural, religious, and customary differences. It is worth mentioning that in the treatment of trauma the most often suggested is trauma-focused cognitive-behavioural therapy (TF-CBT) applied individually, which may also be an obstacle due to the time necessary for the implementation of this type of aid.

An essential element of the aid measures for the children concerned is to extend support also to their guardians, most frequently their mothers. It should be remembered that they are also victims of war, they bear the burden of responsibility for their children, but also uncertainty about the fate of their families. These people often struggle with the consequences of trauma themselves; moreover, they are burdened with a difficulty in adopting to a new life in a foreign country and ensuring a relatively stable functioning for their children. The conviction to help is often the conviction to open up to this aid, become aware of the possibilities, and often the need to use support, but also being aware that the presence of a stable parent is the basis for helping

the child. There are already many forms of this aid. As already mentioned, Poles responded to the need to help refugees and did so with great commitment. Among the initiatives that deserve attention, one may list at least the Solar Support Group centres organised by UNICEF, which offer diagnosis of emotional difficulties, therapeutic, integration, psychoeducational classes, or the activities of the Spilno Hub, providing, among others, psychological support for refugees.

It seems that when looking for ways to help little war refugees, it is also possible to recall the concept of salutogenesis by Aaron Antonowski corresponding to the idea by Lazarus and Folkman. Antonowski emphasises the protective importance of both internal factors and those related to social resources. Efforts made to support the sense of security, therapeutic, psychoeducational meetings, are one arm of the aid, which can be defined as psychoeducational and which is mainly responsible for supporting internal factors, while the other arm of the aid comprises all that refers to social assistance: from economic and institutional support to increasing the organisational efficiency of support. It should be remembered that this social strengthening also results from the openness of the Polish society, the preparation of people responsible for the implementation of noble ideas of support while respecting national identity, integration which will provide an opportunity to overcome the effects of critical experiences. Therefore, using a metaphor: as a nation, we have passed the first aid exam, but whether we will continue to provide it later will also depend on how open we are to education in this field.

Conclusions

The war in Ukraine has put our humanity and the ability to organise support to the test. And although Poles turned out to be good neighbours and were open to approach the need to provide comprehensive assistance to those in need, these measures came to face unusual difficulties also in the field of working with traumatised people. Among them, the children of different ages were a significant group. Ukrainian children experienced or witnessed events that left an irreversible mark on their lives. Well-established and broad treatment of this issue implies the need to explore the problem of the specificity of post-traumatic assistance. This study focuses on a rather general outline of this aid and on the main difficulties resulting primarily from the

circumstances of the harm suffered and the conditions in which we accepted all refugees. When summarising, it is necessary to mention a few key issues for the topic undertaken, constituting a kind of conclusions:

Aid granted to war refugees can be seen from at least two perspectives: organisational and psychoeducational.

While the organisational dimension of this aid does not constitute the subject of this article, it is necessary to indicate its elements that are relevant from the point of view of the considerations undertaken. The escape from war-torn Ukraine was accompanied by haste and natural chaos. Even after almost a year, it is difficult to predict fluctuations in the movement of the Ukrainian population. As the leading factors hindering the offering and taking help one may list time constraints due to rush (and often organisational chaos) accompanying the arrival of refugees and logistical difficulties associated with the inability to take long-term planned actions. In the discussed period, an important role was also played by logistical difficulties such as a language barrier, lack of appropriate accommodation, inability to organise comprehensive psychological assistance.

The needs, the general outline of which was to be presented in this article, can be defined as implying a category of psychoeducational aid. It was not the intention of this study to exhaust the subject of comprehensive aid as it seems that this procedure would be impossible in the broad spectrum of the constantly evolving situation, also of the little refugees. Some of the most important facts in this regard should be emphasised. The main disturbed need affecting the situation of Ukrainian children coming to Poland is the need for security, which is crucial for the risk of trauma and PTSD. When referring to literature of the subject, it should be noted that trauma experienced by young refugees is implied by the experience of war, but it may also have a trait of trauma related to attachment, therefore the role of mothers/guardians of Ukrainian children should be recognised. The aid addressed also to them seems to be important in this context. Although this study does not attempt to analyse PTSD therapy in children (which appears to be a procedure requiring a broader exploration in the field of psychology and psychotherapy), it is worth emphasising the already mentioned scope of aid activities undertaken by the centres established for children refugees (therapeutic, integration classes, classes supporting development), the extension and dissemination of which

seems to be necessary to implement in the reality of the environment of not only big Polish cities.

1. The main distorted need affecting the situation of Ukrainian children coming to Poland is the need for security, which is of key importance for the risk of trauma and PTSD.
2. The trauma experienced by young refugees is implied by the situation of experiencing the war, but it can have the trace of trauma related to attachment, which is why the role of mothers and guardians of Ukrainian children should be recognised.
3. As the leading factors hindering providing aid, one may list time constraints resulting from rush (and often organisational chaos) accompanying the arrival of refugees and difficulties related to the inability to take long-term planned actions.
4. Logistical difficulties such as a language barrier, lack of appropriate accommodation, inability to organise comprehensive psychological assistance.

To sum up: the aid we provide to little Ukrainian guests is multifaceted, which results primarily from the needs demonstrated by them. However, it must be anticipated that, in the face of the constantly changing situation, we must be prepared to flexibly adapt to the provision of support which will allow them to return to normal functioning - today in Poland and soon in their free country.

Abstract: The article raises the issue of disorders that may affect Ukrainian children who have come to Poland when fleeing the war. It focuses on trauma and related disorders. The study attempts to provide a general outline of the characteristics of assistance in the event of trauma including specific difficulties that may occur in the reality described. The article is an attempt to define the framework of the possible consequences of the war experience in children and to determine the main directions of possible aid. Its objective is to present the basic terminology related to the topic, as well as the basic theoretical assumptions relating to counselling in the discussed field. Therefore, it should be assumed that the assumption of the study is a sort of ordering of knowledge about assistance in the situation of trauma implied by the war or the risk of its occurrence. Therefore, the first part of the study focuses on the concept of trauma and the distinction between disorders of a similar type. There are also presented possible effects of experiencing trauma. The second subchapter refers to childhood trauma as a specific phenomenon requiring special interactions. The subsequent part of the study deals with the issue of aid, possibilities, and limitations in terms of support. It also addresses the issue of specific difficulties that may occur. The article ends with the summary section.

Keywords: help, trauma, war, children

Streszczenie: Artykuł porusza kwestię zaburzeń które mogą dotyczyć dzieci ukraińskie, które przybyły do Polski uciekając przed wojną. Skupiono się w nim na traumie i zaburzeniach z nią związanych. W opracowaniu podjęto próbę ogólnego zarysu charakterystyki pomocy w sytuacji traumy z ujęciem specyficznych trudności, które mogą wystąpić w opisywanych realiach. artykuł stanowić ma próbę określenia ram możliwych następstw doświadczenia wojny u dzieci oraz wyznaczenia głównych kierunków możliwej pomocy. Jego celem jest przedstawienie podstawowej terminologii związanej z tematem, a także podstawowych założeń teoretycznych odnoszących się do poradnictwa w omawianym zakresie. Zatem przyjąć należy, że założeniem opracowania jest swego rodzaju uporządkowanie wiedzy na temat pomocy w sytuacji traumy implikowanej wojną lub ryzyka jej wystąpienia. W pierwszej części opracowania skupiono się zatem na pojęciu traumy i rozróżnieniu rodzajów zaburzeń podobnego jej typu. Przedstawiono także ewentualne skutki doświadczenia traumy. Drugi podrozdział stanowi odniesienie do traumy dziecięcej jako specyficznego zjawiska wymagającego specjalnych oddziaływań. Kolejna część opracowania porusza problematykę pomocy, możliwości i ograniczeń w zakresie wsparcia, poruszono w nim również zagadnienie specyficznych utrudnień, które mogą wystąpić. Artykuł zamyka część podsumowująca

Słowa kluczowe: pomoc, trauma, wojna dzieci

References

- Badowski, M. (2022). *Jak Polacy pomagają Ukraińcom? „Polska jest jednym z państw, które najbardziej zaangażowały się w pomoc”*. Retrieved from: <http://strefa.biznesu//> (last accessed: 12.09.22).
- Cichocki, Ł., Wieczorek, A., Hat, M., Pragnący, K., Depukat, A. (2018). Trauma a zdrowie psychiczne-Antonii Kepiński in memoriam. *Zeszyty Pracy Socjalnej*, No. 2018, 23, 4, 299-311. DOI: 10.4467/24496138ZPS.18.019.10074
- DSM-5 Criteria for PTSD, (2018). *National Center for PTSD, U.S. Department of Veterans Affairs*. Retrieved from: <https://www.brainline.org/article/dsm-5-criteria-ptsd#:~:text=PTSD%20is%20included%20in%20a%20new%20category%20in,PTSD%20for%20children%20ages%20six%20years%20and%20younger> (last accessed: 12.10.22).
- Fairbank J.A., Klaric J. S., O'Dekir J.M., Costello E J. (2004). Rola predysponującego środowiska i temperamentu w doświadczeniach zdarzeń traumatycznych u dzieci. In: J. Strelau (ed.), *Osobowość a ekstremalny stress* (pp. 19–33). Gdańsk: Wydawnictwo Gdańskie J.A.
- Jaśko-Ochojska, J., Ochojski, A. (2019). *Rozmowy przy kawie o stresie, lęku i traumie*. Rybnik: Wydawnictwo Rozmowy.
- Kaczmarek, A., Curyło-Sikora, A. (2016). Problematyka stresu-przegląd koncepcji. *Hygeia Public Health*, No. 51, (4), 317–321.
- Kochanowski, B. (2022). *Psychologiczne reakcje na stres traumatyczny-PTSD i ASD*. Retrieved from: <https://www.wieczestem.us.edu.pl/psychologiczne-reakcje-na-stres-traumatyczny-ptsd-i-asd> (last accessed: 10.10.22).
- Korolczuk, A., Gołębiowski, A., Tomko-Gwoździewicz, M. (2009). Od nostalgii do PTSD. *Zeszyty Naukowe WSOWL*, No 3 (153), 115–124.
- Krawętownski, Ł. (2021). Wsparcie dziecka, które doświadczyło traumy. *Zdaniem psychologa*, No 83 (July 2021), Retrieved from: <https://doradca.wpomo.cyspolecnej.pl/artukul/wsparcie-dziecka-ktore-doswiadczylo-traumy#:~:text=Trauma%20dzieci%C4%99ca%20to%20do%C5%9Bwiadczenie%20z%C5%82o%C5%BCone%20i%20wymagaj%C4%85ce%20kompleksowej,do%C5%9Bwiadczy%C5%82o%20traumy%20powinni%20by%C4%87%20zaanga%C5%BCowani%20specjali%C5%9Bci%20r%C3%B3wnych%20dziedzin> (last accessed: 12.01.22).
- Lis-Turlejska, M. (2000). Konsekwencje psychologiczne traumatycznego stresu teoria psychoformatywna Robert J.Liftona. *Przegląd filozoficzny, Nowa Seria.*, 2000, R IX, No. 3(35), 195–204.
- Lazarus R.S. (1986). Paradygmat stresu i radzenia sobie. *Nowiny Psychologiczne*, No.3-4, 2–39.
- Pearlman, L.A. (1995). Trauma and the therapist: Countertransference and Vicarious Traumatization in Psychotherapy with Incest Survivors. *American Journal of Clinical Hypnosis*, 38(4), 298–299. DOI: <https://doi.org/10.1080/00029157.1996.10403354>

- Popiel, A. (2022). *Trauma, stresor traumatyczny – czym jest uraz psychiczny?* Retrieved from: <https://www.mp.pl/pacjent/psychiatria/choroby/74803,trauma-stresor-traumatyczny-czym-jest-uraz-psychiczny> (last accessed: 12.09. 22).
- Sikorska, I., Dziecięca trauma-psychologiczne konsekwencje dla dalszego rozwoju. *Sztuka leczenia, 2014, No 3/4, 55–70.*
- Stabliuk, V., Gan, R., Pronoza, K. (2016). Particularities of physical and mental injuries for Ukrainian-Russian war victims. *Journal of Education, Health and Sport, No 6(4), 458–465.*
- Steuden, S., Janowski, K., Trauma-kontrowersje wokół pojęcia, diagnoza, następstwa, implikacje praktyczne. *Roczniki Psychologiczne, 2016, XIX, No 3, 549–565.* DOI: <http://dx.doi.org/10.18290/rpsych.2016.19.3-5pl>
- Strelau, J., Zawadzki, B., Oniszczenko, W. (2002). Kwestionariusz PTSD – wersja czynnikowa (PTSD-C): konstrukcja narzędzia do diagnozy głównych wymiarów zespołu stresu pourazowego. *Przegląd Psychologiczny, TOM 45, No 2, 152–153.*

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