



The Effects of Time Spent in Ukraine on Post-Traumatic Stress Disorder Symptoms in Ukrainian Children and Adolescents

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INTRODUCTION

As part of the war between Ukraine and Russia ongoing since February 2014, Russia initiated a full-scale invasion on February 24th, 2022. The attack has triggered a European refugee crisis with approximately 6.8 million people becoming refugees and asylum seekers (UNHCR, 2023). The high level of exposure to war, violence, and danger inside the country serves as a potential risk factor signaling the development of post-traumatic stress disorder (PTSD), which is linked with the level of danger one finds themselves in (Bürgin, 2022). This is often seen with children, who depend on their parents for protection and emotional support, thus potentially being more vulnerable compared to adults. This is especially true if children are affected by armed conflict, as was seen in 2013 in other countries (United Nations, 2014). However, exiting the country may serve as a protective factor since it minimizes further risk of exposure to violence and generally makes the child's environment safer. Still, in two of the main countries of refuge for Ukrainians, 31% of refugees studied reported the need for additional psychological services, highlighting the need to provide more interventions and aid (Popovych, 2024).

These high levels of stress resulting from the war come with several concerning implications related to the development of children. It has been found that "early childhood relationships and experiences, including ELS [early life stress], directly shape the development of multiple brain circuits, including the insula, ACC [Anterior Cingulate Cortex], and IA/SN [interoceptive or salience] network" (Gibson, 2024). The brain circuits mentioned are related to awareness of emotions and the present moment. Both of these contribute to emotional regulation skills, forming the way a person responds to emotionally charged content. As such, the imprint of war on a child's mind goes further than post-traumatic stress disorder and may neurologically affect their development, a factor likely not seen in adults to the same extent. Furthermore, post-traumatic stress disorder is associated with other psychiatric disorders in children,

particularly Attention-Deficit Hyperactivity Disorder, depression, and anxiety disorders (Kousha, 2013). Children exposed to war and the associated traumatic experiences are at risk of multiple psychiatric or psychological impacts, which may affect their development and behavior further in life, signaling the importance of analyzing the current situation and potential mitigation strategies.

In order to further understand the effects of the war on those who fled Ukraine to seek refuge and determine how much of an effect finding asylum has on mental health, this study will analyze the correlation of time spent in Ukraine compared to abroad, and its relationship with PTSD symptoms in children and adolescents. A gap was addressed, as most studies focus on those currently living in Ukraine rather than refugees, and none discuss the effects of the length of exposure to war in Ukraine. Considering that the current war has its own turning points, it cannot effectively be analyzed through the examples of other armed conflicts. Thus, it is essential to analyze Ukraine specifically in order to address its unique timeline and how it impacts refugees.

LITERATURE REVIEW

Despite the lack of research findings on how much time in Ukraine increases the risk of developing PTSD, there is additional data specific to the country, which is essential to properly analyze all contributing factors regarding the issue. A recent study published in *Comprehensive Psychiatry* found that 25.5% of children aged 3-6 and 24.4% of children aged 7-17 displayed clinically relevant PTSD symptoms on a screening test (Naeem, 2025). However, in a paper solely analyzing adults and using a different screening tool, the rates were much higher, with 76% exceeding the cut-offs (Zasiekina, 2023). This may show that children have either a way of adaptation or a level of resilience that protects them from the disorder, which would be partly consistent with one of Zasiekina's findings of younger adults having a lower severity of PTSD symptoms. The noticeable difference in rates between children and adults may be due to the screening tools used, as they were different between the two studies.

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However, this does portray a larger image of how age may serve as a protective factor. All of the aforementioned studies were analyzing Ukrainians overall, rather than only refugees, so the data may be different if the sample is narrowed to only include those who left the country. This is supported by a paper published before the full-scale invasion, which described PTSD rates in internally displaced people compared to urban-dwelling/stable people. Those who were internally displaced had significantly higher scores on a screening test, potentially because they may have been directly impacted by the pre-2022 conflict (Johnson, 2022). While there, it did not provide any data on refugees specifically, the reasoning given for the pattern applies to those who left the country, as they similarly would have lost their homes.

Multiple causes and factors may make a child more susceptible to developing the psychological disorder in question. Firstly, a pattern that has been consistently present in multiple studies, regardless of location, is the relationship between parental mental health issues and the rates of their children's mental health disorders, including PTSD (Naeem, 2025; Slone, 2016). This may be explained by the fact that parents model how their child responds to emotional content (Easdale-Cheele, 2024). Issues that impact the parents' response to a difficult event would, in turn, also reflect on the child and their emotional processing. This makes them more prone to perceive and cope with trauma in a harmful way. This pattern of mental health issues being passed on from parents can be associated with families in Ukraine, specifically due to the high prevalence of PTSD in adults in Ukraine and also the mental health stigma, which affects the way Ukrainians perceive their psychological state (Zasiekina, 2023; Nalyvaiko, 2025). Without the necessary cultural awareness of mental health, a person in need of professional support may not interpret their state as being abnormal, further worsening the issue of relatively widespread psychological issues. Another reason why a specific child might be more vulnerable is the presence of pre-existing mental health problems, which are associated with a higher prevalence of PTSD symptoms (McElroy, 2024). Considering that these factors are individual and cannot be fully addressed on a large scale, in part due to the stigma around it, they might not be as much of a pattern but a level of chance contributing to variations within possible results about PTSD in children.

There are certainly implications regarding high PTSD rates in general, some of them less well-known than others. Some of the symptoms described in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) include nightmares, flashbacks, feelings of isolation, aggression, and hypervigilance (American Psychiatric Association, 2013). When talking about children, impacts may also extend to such things as excessive thumb-sucking (Slone, 2016). Another potential, more confusing effect of PTSD may be its effect on IQ in children. A study mostly observing Afghan

refugees showed the mean IQ to be 81.5, compared to 100 in the general population, which can be due to effects from PTSD, or other factors, such as the test potentially being too centered on the Western idea of intelligence (Hahnefeld, 2022). It may or may not apply to Ukrainian refugees, especially since formal education is firmly established in Ukraine, which was not seen as widely in the study. Another key effect to explore is the relationship between leaving Ukraine and PTSD symptoms. A paper published in *Child and Adolescent Psychiatry and Mental Health* has found that there were no statistically significant differences between Ukrainian children who left the country and those who stayed in terms of PTSD scores and the number of potentially traumatic events that they were exposed to (Pfeiffer, 2024). This may be due to the sample, which consisted only of treatment-seeking children, meaning that their symptoms were causing concern. As such, it is probable but unknown whether, in general, refugee children show the same severity of PTSD symptoms as children who remain in the country.

Overall, there are many contributing factors, some of them conflicting, which may affect the results of this study, and as such, it is difficult to predict whether refugees who left early will have a higher prevalence of symptoms compared to those who left later on and those who remained in Ukraine. The extent to which time of exposure to a potentially traumatic environment is also a key focus of study in this paper. A meta-analysis of 35 studies found that its long-lasting example, the Israeli-Palestinian conflict, had the highest PTSD or PTS symptoms, ranging from 21% to 46.6% (Slone, 2016). While the geographic location of the conflict is different, the long-term exposure aspect of it is similar to that of the Ukrainian war. If it is indeed the long-term factor that influences how prevalent PTSD will be in the population of those exposed, then it would be expected that Ukrainian refugees who left the country early would display lower rates of clinically relevant PTSD symptoms.

METHOD

To properly determine whether time spent under potentially traumatic circumstances correlates with higher PTSD rates, this study employs a quantitative and qualitative approach, the first aiming to determine to what extent war exposure impacts PTSD, and the second aiming to evaluate which experiences and reactions to them are most common among refugees, especially those who display clinically significant symptoms. The quantitative data collection was done with a survey, and the qualitative data collection was done with interviews. Both of the methods aimed to answer the question "To what extent does the amount of time spent in Ukraine during the Russian invasion affect PTSD rates in children and adolescents?" The main hypothesis was that the longer children and adolescents have remained in Ukraine, the higher rates of clinically significant PTSD symptoms they display.

The quantitative data on the number of symptoms and

whether they are clinically relevant were obtained through the caregiver-reported Child and Adolescent Trauma Screen (CATS), a method consistently used by previous researchers of PTSD. A Ukrainian version of the screening, freely available online, was used to maximize accessibility (Child Mind, 2025). Participants were found through personal or professional connections, specifically to confirm that the responders would be honest about their identities and are existing people. The alternative, publishing the form on the Internet, was determined to be too unpredictable and unreliable, as anyone would be able to submit their results regardless of whether they are true. When processing the final results using statistical analysis, specifically with the Pearson correlation and the resulting p-value, an online tool called Social Science Statistics was used to ensure efficiency and accuracy (Stangroom, 2026). The tool itself uses a t-statistic to determine the p-value.

In order to improve ease of access, the screening test was adapted to Google Forms, using the same questions without any modifications to them. Refer to the Appendix for the translated copy of all the custom questions on the form. Note that the Appendix excludes the CATS 3-6 and CATS 7-17 questions for conciseness. An introductory section obtained

consent and information on the child, such as gender, age group, and time spent in Ukraine after February 24, 2022. The child's name was not obtained; instead, the study used the caregiver's name to identify responses. The form also featured a section asking for interest in being involved in the interview, the qualitative part of the method, to determine which participants to contact for the interview. The age submitted determined the test taken: 3- to 6-year-olds directed to CATS 3-6, and 7- to 17-year-olds in CATS 7-17. Any submissions indicating that the child was under 3 or over 18 years old led to the form being submitted without filling out the CATS. A major part of the form, the CATS itself, first asked to indicate which traumatic events the child was exposed to, using a yes or no format. An option to write an event not in the list was also included. Then, the symptom section used a 0 to 3 scale to determine the frequency of symptoms displayed. CATS 3-6 had fewer symptoms described, which was accounted for in the test, with the cutoff for clinical relevance of symptoms being a score of 15+ in CATS 3-6, while the recommended cutoff was at 21+ for CATS 7-17. The third and final section of the CATS asked which areas of life, e.g., relationships, were affected by the symptoms the child displays.

Дане опитування включатиме Скринінг на наявність травми у дітей та підлітків. Це інструмент для вимірювання симптомів посттравматичного стресового розладу (ПТСР) та їхньої клінічної значущості. Дані та інформація які ви надсилаєте, залишаться конфіденційними але будуть використані для дослідження у рамках навчальної програми AP Research та будуть передані без ідентифікаційної інформації. Будь ласка, зверніться за адресою darya.serheyeva@gmail.com, якщо у вас є додаткові запитання. Ви можете відмовитися від опитування будь-коли та закрити цю сторінку. Поставивши позначку в цьому полі, ви підтверджуєте та погоджуєтеся з тим, що надана вами інформація буде використана для дослідницьких цілей зі збереженням конфіденційності.

☐ Я погоджуюсь на використання моїх відповідей для цього дослідження.

Figure 1. Informed Consent Form Provided Before the CATS

CATS was chosen for its length, availability, and reliability. CATS is relatively short, only consisting of three parts: traumatic events experienced, frequency of symptoms, and what areas of life have been affected. It is also publicly available and does not have to be used in a medical environment with a professional, which was an essential requirement for the study itself to be possible. Finally, this screening test has been validated on a sample of Swedish children, with the study following the validation being peer-reviewed (Nilsson, 2021). CATS has been used by various researchers in the field in order to determine whether a sample displayed relevant symptoms without requiring a diagnosis (Hahnefeld, 2021; Naeem, 2025; Pfeiffer, 2024). However, there is an updated version of the CATS, CATS-2, which has also been validated and reliably used in order to determine both PTSD and CPTSD, adding a level of complexity to the data collection

(Sachser, 2022). It did not fit the purposes of this study to the same extent as the original version, particularly because CATS-2 7-17 is a self-report, meaning that it would require consent from the parents, a limitation of the Google Forms, where it is difficult to confirm if it was indeed the caretaker submitting their consent. As such, the original CATS was preferable and used in this study.

The interview part of the method was conducted online through Zoom, a video meeting platform. The participants included were those who took part in the survey and identified that they were interested in further helping the study by taking part in the interview. Information already provided in the Google Form was not asked for again. Table 1 describes the questions for refugees and Ukrainian residents, and identifies a theme that the question was meant to address.

Table 1. Interview Questions and Themes

Theme	Refugee Question	Resident Question
Stressful Events	Did you experience anything emotionally difficult during the war while in Ukraine?	What emotionally difficult events have you experienced in Ukraine during the war?
	How did you leave Ukraine, and were there any difficulties along the way?	Are there any stressful moments that are not spoken about enough?
Support	Did you have any prior connections to the foreign country you live/lived in?	Does your child go to kindergarten or school? How do they respond during an air alert?
		Do you and your child have access to psychological support?
Separation	Did any relatives or pets remain in Ukraine?	
Adaptation	How did you adapt to living abroad?	
	How well is your child adapting to the new environment? Is there a language barrier?	

These questions were made to determine any additional underlying factors that could explain why some children develop PTSD in the context of war, while others do not. Physical displacement and the mental health of the caregiver were two major factors identified in the literature review, and thus the questions aimed to discover more about the individual situation of the child and their caregiver regarding adapting to their new environment, as well as the effect the war had on their mental health overall. These questions were discussed with a licensed psychologist in order to ensure that they would not bring emotional harm to the interviewee. The interviews themselves were conducted in Ukrainian, but detail-oriented quotes were translated into English afterwards for inclusion in the paper.

Overall, the research method explored both the level of correlation between time spent in Ukraine and the individual differences between participants in order to determine any common reasons or patterns between the refugees and how they relate to their mental health and PTSD in particular.

RESULTS AND DISCUSSION

The two parts of the study successfully gained data related to the research question. Out of 41 total responses on the survey, 6 participants had children aged 3-6, while 35 had children aged 7-17 years old. Due to ambiguity in the answers, 4 participants were excluded from the data, all of whom were in the 7-17 age group. Table 2 shows the gender, age group, and country of residence of the participants, all potential predictors for PTSD.

Table 2. Demographic Breakdown of the Sample

Predictor	Levels	Number
Gender	Female	26
	Male	15
Age Group	3-6	6
	7-17	35
Country of Current Residence	Ukraine	21
	United States	8
	Poland	3
	Germany	3
	Spain	2
	United Kingdom	2
	Cyprus	1
	Finland	1

In the 3-6 age group, only one out of six participants was reported to have clinically significant symptoms, which is approximately 16.7% of the sample. Notably, the average number of days spent in Ukraine was much higher for the 3-6 age group compared to the 7-17 age group, with the mean being approximately 1222 days (Table 3). Since only one participant reported clinically significant symptoms in their child and the dataset is very small, it is difficult to make any predictions regarding the prevalence of PTSD symptoms or the effect time has on it in this age group. The trend line for score significance,

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as seen in Figure 2, had a positive slope, which would suggest that staying in Ukraine for longer did seem to correlate with potential PTSD symptoms. A p-value was calculated, and as expected, the correlation between the two variables did not show statistical significance ($p=0.704$).

Table 3. 3-6 Age Group: Mean and Standard Deviation

Variable	Mean	Standard Deviation
Days in Ukraine	1222.17	586.00
Trauma Score	9.5	3.94

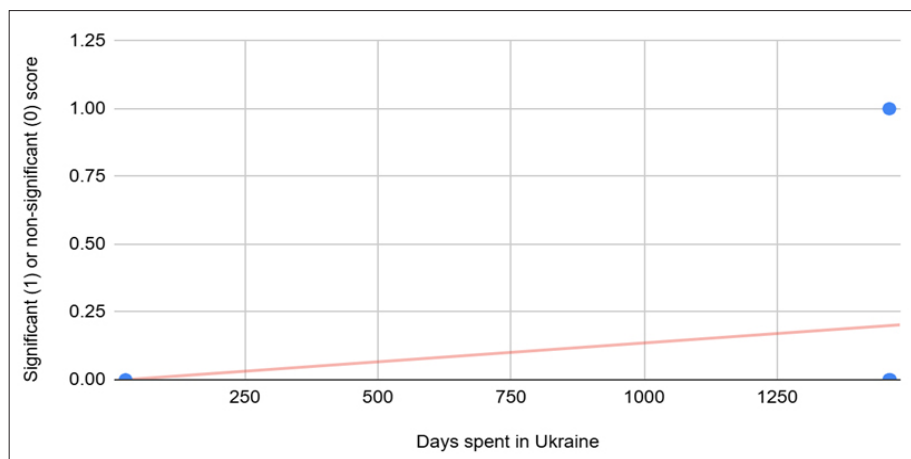


Figure 2. 3-6 Age Group: Days vs. Significant (1) or Insignificant (0) Score

In the 7-17 age group, approximately 38.71% of participants showed statistically significant symptoms of PTSD. This group was much more varied in the time of leaving Ukraine, as seen in the mean of approximately 637 days in Ukraine and the standard deviation of 624.36 (Table 4). Since the sample was much larger, these data are more reliable. However, when a linear regression is applied (refer to Graph 2), the R-squared value is low, which may be due to the binary representation of scores in the graph. The results were more reliable than in the 3-6 age group, but still not statistically significant ($p=0.103$). The main finding of this group is the high percentage of those with statistically significant symptoms of PTSD, over 10% higher than the rates reported in the literature review. This may be due to the majority of children studied being girls, who have shown higher rates of the disorder in past studies (Zasiekina, 2023). In order to ensure that the low R-squared value and high p-value are caused by the binary representation of scores, general scores and the time spent in Ukraine were also compared (Figure 4). The p-value of this relationship was much lower, yet not enough to be statistically significant ($p=0.084$).

Table 4. 7-17 Age Group: Mean and Standard Deviation

Variable	Mean	Standard Deviation
Days in Ukraine	636.55	624.36
Trauma Score	18.16	13.83

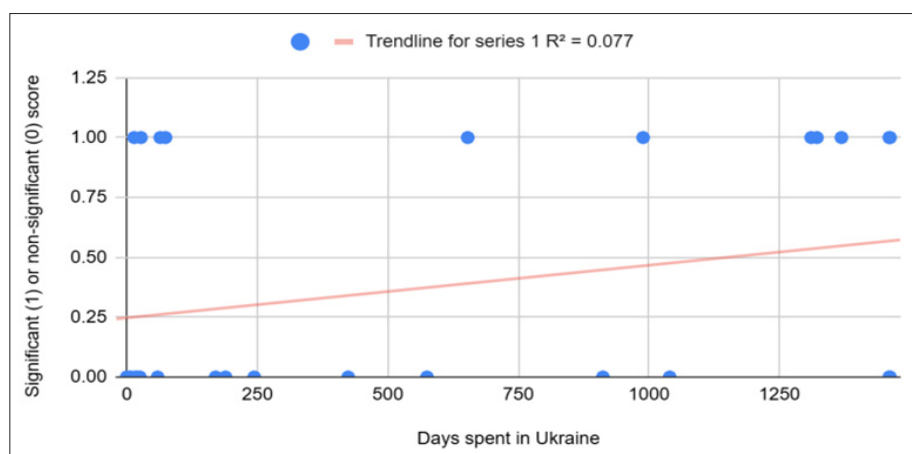


Figure 3. 7-17 Age Group: Relationship Between Time in Ukraine and Score Significance

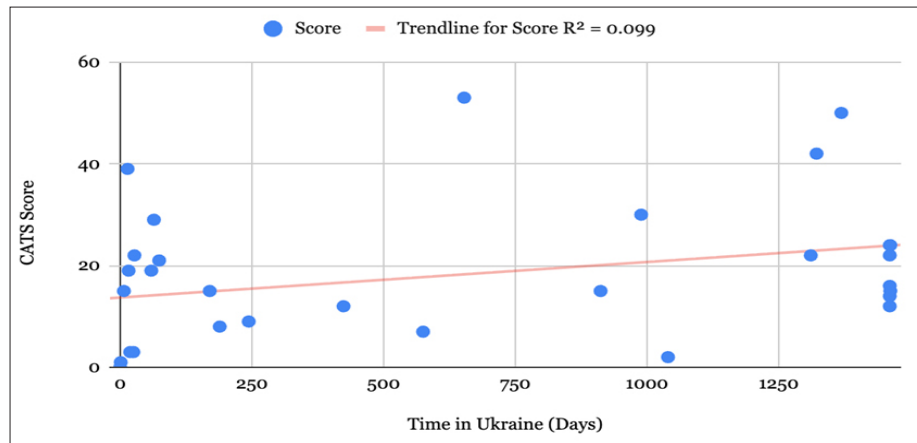


Figure 4. 7-17 Age Group: Relationship Between Time and CATS Score

Since the correlation between time in Ukraine and score was not statistically significant, an additional analysis for other impacting factors can be helpful to determine if there are additional factors that affect PTSD symptoms that are more impactful than time of exposure. As a validated predictor, the number of stressful events is meant to significantly relate to the score's significance. Figure 5 depicts this relationship, and the positive relationship is quite strong. However, the p-value was not statistically significant ($p=0.086$). This suggests that either the binary representation or the small sample limits the reliability of the results, since this relationship has already been confirmed as part of the tool's structure (Sachser, 2022).

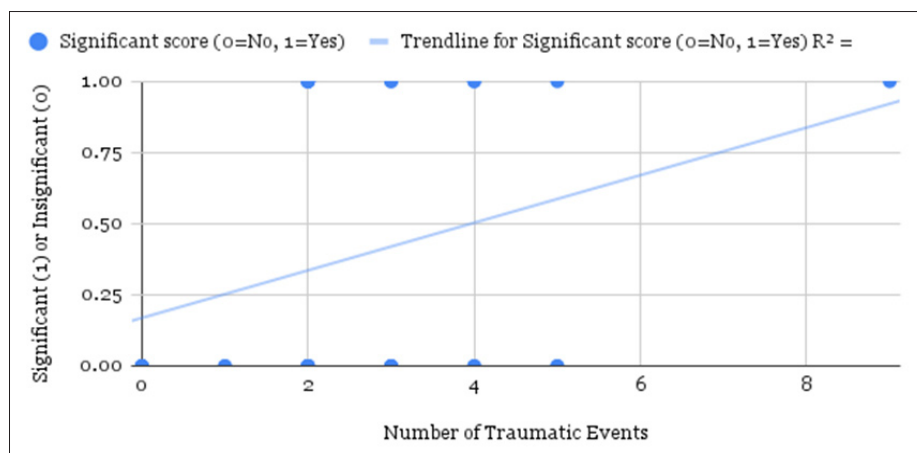


Figure 5. 7-17 Age Group: Relationship Between Number of Stressful Events and Score Significance

Additionally, a relationship between the time in Ukraine and the number of traumatic events was analyzed in order to determine whether there is a correlation between them. Since most of the events in the CATS are not related to warfare but rather various parts of life, the correlation was minimal, and the trendline for the relationship was found to be negative (Figure 6). As such, there is no confirmed link between the time spent in Ukraine and the number of stressful events a child experiences.

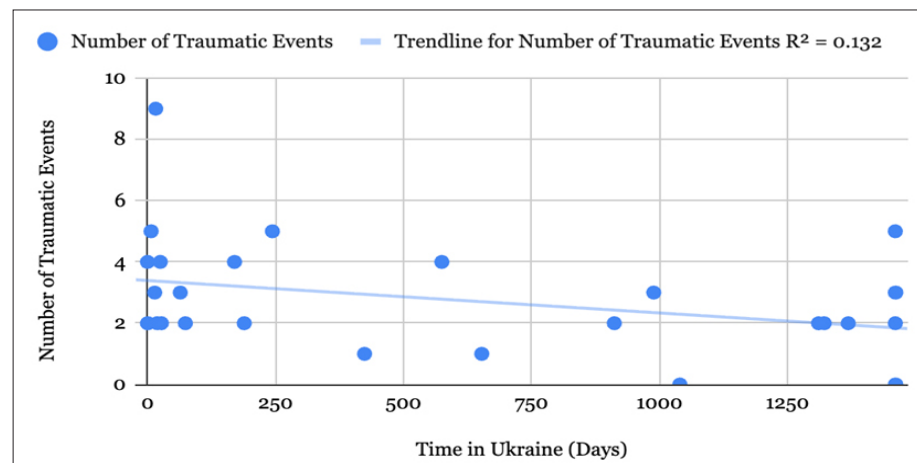


Figure 6. 7-17 Age Group: Relationship Between Time in Ukraine and Number of Traumatic Events

In the qualitative portion of the analysis, this study aimed to find underlying factors that can heighten or decrease the risk of PTSD. The following factors were analyzed in most detail: difficult experiences during the migration, family or pets left in Ukraine, language barriers, and previous ties to the new country of residence. There were a total of three 20-minute interviews, the sample being small due to issues such as differences in time zones, lack of availability, and electricity issues in Ukraine. All of the interviewees had different experiences with the war: the first did not actively see warfare, yet was still impacted by the war, the second stayed in Ukraine for a few weeks before emigrating and briefly returned at a later date, while the third has been living in Ukraine without fleeing.

Difficult Experiences in Ukraine

During the moving process, the main difficulties reported included hearing the air raid sirens or shootings and leaving behind the home. The air raid alert is a loud, stressful sound that is heard on a regular basis, and was cited as a scary experience even from an early emigrant. One person cited that when staying at someone else's house, their spouse told them to "turn off the lights and lie down on the floor," after which the sounds of shots could be heard. In contrast, due to the frequency of shootings and air raids, a current resident of Ukraine reported that they have adapted to it, and these situations have become almost like a new norm: "I can't cry over it.... I do not feel like it is a problem because I live inside of this problem." They themselves stated that this change allows them to avoid a constant state of panic and further psychological damage. For children, the war became part of play and is seen in many different contexts. This reality of normalized violence and war actions can be seen through questions such as "Mom, do you love it when Russians are killed?" Young children involve safety measures against drones in building sand castles, further showing how they adapt to the state of war. Even though at first attacks cause intense fear and panic, emotional distancing acts as a self-preservation mechanism after consistent exposure to stressful events. As such, experiences with similar potentially traumatic or stressful situations vary depending on how long a person has remained in their presence. This may be one of the reasons why the duration of exposure to the war is not a reliable predictor, since its influence may wane over time. Furthermore, someone who did not develop a protective mechanism could be more susceptible to events that can trigger PTSD. Thus, there is a level of variation on the individual level impacted by emotional reaction to stressors. This is related to Easdale-Cheele's analysis that parents model emotional processing (Easdale-Cheele, 2024). Parents' protective responses, mirrored by children, could determine whether potentially traumatic events will have a large impact on mental health.

Separation and Loss

A major concern and emotional burden for the refugees

was being separated from their family and close ones. This applies to both parents and children, with a participant remarking: "When I moved...I cried every day and missed the people around me and Ukraine very much...and I think my children felt the same." This participant also emphasized that their children going to school almost immediately and having something to do made these feelings easier to cope with. Concerningly, an older child experienced much more distress from the separation from their friends, but was able to build new connections and slowly recover. This may be due to the age of connections and a more established place in society, while young children are more adaptable to new circumstances. This would be consistent with both the fact that younger adults display lower rates of PTSD symptoms and that children have lower rates than adults (Zasiekina, 2023; Naeem, 2025). Both of the refugee participants had someone left in Ukraine, be it a close relative or a spouse. The reflections on the well-being and emotional state of children showed the value of connections and the distress that the war and moving bring.

Adaptation and Available Support

The third large theme found in the interviews was the support available. In adults, there seems to be less overall help, yet many of those who remain in Ukraine seek professional help to cope with the aforementioned events. This can result in the prescription of antidepressants. The Ukrainian resident who discussed their experience with antidepressants stated that they simply do not work under such constant and large amounts of stress. Refugees were not asked about psychological support available to adults, and as such did not comment in much detail on the topic. However, both refugees had previous ties to the country of immigration, through work or relatives. Despite a lack of attention to psychological support within the interview structure, the theme of schools and their potential as support sources proved to be an essential factor in the interviews. The reported support available for refugees in schools is quite high, and "teachers pay a lot of attention to the integration of children into the community." A parallel of this happens in Ukraine, where teachers help the children calm down during air raids and teach proper action during an air raid alert, which is to go down to a shelter without panic. Thus, even in the face of such adversity, there is some support available, especially for children at schools.

LIMITATIONS

The study has multiple limitations. The main limitation is the small sample size, with only 6 participants in the 3-6 age group, and only 31 counted responses in the 7-17 age group. This sample decreases the reliability of the findings and impacts the p-value. It is possible that a larger group would show a more specific pattern. Similarly, the interview portion functioned rather like a case study comparison due to the small yet varied sample. While there were certain

connections between the stories, it is not possible to determine if they are applicable to the larger population. The sample also showed a degree of bias towards parents with higher education because participants were recruited through personal ties. In the study, most of the children or adolescents are female, which may have influenced the rates to be higher due to the fact that women have previously shown a higher prevalence of PTSD (Zasiekina, 2023). Finally, the method itself used a screening tool rather than looking for officially diagnosed participants. It allowed ease of access, but does not constitute a full confirmation of the disorder, so there is the possibility of error. Functionally, the study does not specifically track official PTSD rates, but rather the rates of children who display a clinically significant number and frequency of symptoms.

CONCLUSIONS

The data obtained in this study do not confirm the hypothesis that the amount of time spent in Ukraine after the beginning of the full-scale Russian invasion serves as a predictor of PTSD in children and adolescents. The sample is too limited, and none of the relationships were statistically significant, so they cannot disprove the null hypothesis. Even though the expected findings did not arise from the quantitative analysis, new ideas became apparent during the interview process.

The comparison between a younger child's response to migration and their older sibling's response explained the potential protective effect of age on PTSD rates; younger children have had less time to grow attached to their environment, and thus can adapt to a new one more easily. In contrast, older children may take longer to recover from separation. This would be consistent with the difference in clinically significant scores in the 3-6 age group (16.7%) as compared to the 7-17 age group (38.7%). The same pattern could apply to the differences between PTSD symptom rates in children and adults, which was found in the literature review (Naeem, 2025; Zasiekina, 2023). The study also confirmed the importance of educational settings in providing support, as teachers help children adapt to a new community or react to stress with more resilience. Combined with the effects of age, these findings suggest that older children or adolescents can benefit more from support given in educational settings. To minimize long-term effects on mental health, schools with Ukrainian refugees can provide therapy or integrate students into existing groups. Overall, the qualitative analysis emphasized the need to focus on older children when providing support and that schools are key players in recovery and resilience.

For further research, a similar method to this study could be used to determine a more direct relationship between age and PTSD rates in Ukrainians, as this study did not ask for the specific age of the child, but rather the general age group. A detailed analysis of therapeutic tools or supportive

factors could provide a more detailed framework on how to improve the resilience of Ukrainian children and adolescents even further.

APPENDIX

Survey for trauma symptoms in Ukrainians (translated from Ukrainian to English)

This survey will include the Child and Adolescent Trauma Screening. This is an instrument to measure symptoms of post-traumatic stress disorder (PTSD) and their clinical significance. The data and information you submit will remain confidential, but will be used for research within the AP Research curriculum and will be shared without identifying information. Please contact [personal email] if you have any additional questions. You can opt out of the survey at any time and close this page.

By checking this box, you acknowledge and agree that the information you provide will be used for research purposes and will be kept confidential.

I agree to the use of my answers for this study.

1. Your Name
2. What country are you currently in?
3. Has your child left Ukraine and lived in a different country?
4. If so, when did your child leave Ukraine?
5. Has your child returned to Ukraine since leaving? If so, how much time did they spend there?

Note: If you have two children or more, please fill out the form only for one child

6. What gender is your child?
7. Has the child encountered any event that has caused them extreme fear since the Russian invasion in February 2022?
8. How old is your child?
 - A. 3-6 years old (links to CATS 3-6)
 - B. 7-17 years old (links to CATS 7-17)
 - C. Less than 3 years or over 18 years old (links to the submit page)

Warning: The CATS was not created by me, so you may see some very direct or difficult questions.

The participant would fill out either the CATS 3-6 Caretaker Report or the CATS 7-17 Caretaker Report depending on the age previously submitted

This research is in dire need of additional details that are difficult to ask for via Google Forms. I would be very grateful if you could spare 10 minutes of your time for a confidential interview in which you would be asked about

your experiences with war. You can always opt out even after completing this form, but it would be incredibly helpful to this project. Thank you!

I am interested in taking part in the interview

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