



The Situation of Children with Disabilities from the De-Occupied Territories of Southern Ukraine: Coping Strategies and Perspectives of Families Affected

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COLLECTION:
DISABILITY,
POLITICAL VIOLENCE
AND GENOCIDE

RESEARCH



STOCKHOLM
UNIVERSITY PRESS

ABSTRACT

Children with disabilities in conflict settings face compounded risks of exclusion, trauma, and disrupted education. In the ongoing war in Ukraine, families from de-occupied territories confront displacement, loss of services, and the burden of invisible caregiving labour. This research examines the perspective of parents of children with disabilities on how to cope with the situation. Their specific needs are highlighted and serve as a basis for developing support measures. The research is theoretically grounded in group socialisation theory, trauma-informed psychology, and the concept of solastalgia. Methodologically, 35 semi-structured parent interviews were thematically analysed. Four themes emerged: loss of safety and the search for control, digital technologies as stabilising anchors, disrupted peer interaction, and the impact of parental trauma. Parents described extensive invisible labour to support children's fragile attempts at friendship, emotional regulation, and belonging. They perceive inclusive schools as both protective and precarious. The study concluded that resilience depends on dual-focus interventions that combine inclusive peer environments for children with psychosocial support for caregivers.

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KEYWORDS:

armed conflict; children with disabilities; displacement; group socialisation; invisible labour; resilience

TO CITE THIS ARTICLE:

Bondar, Kateryna, Olena Shestopalova, and Thomas Barow. 2026. "The Situation of Children with Disabilities from the De-Occupied Territories of Southern Ukraine: Coping Strategies and Perspectives of Families Affected." *Scandinavian Journal of Disability Research* 28(1): 130–145. DOI: <https://doi.org/10.16993/sjdr.1385>

INTRODUCTION

In armed conflicts, families raising children with disabilities are among the most vulnerable groups, as evidenced by a growing body of international research (e.g. [Mounzer and Stenhoff 2021](#); [Harghandiwal 2025](#); [Khateeb et al. 2026](#)). They face multilayered and intersecting risks. As armed violence and forced displacement disrupt education, healthcare, housing, and psychosocial support systems, children with disabilities are disproportionately affected, losing access to services essential for their development and well-being. The war in Ukraine similarly confirms these findings, drawing in particular on reports by international organisations and NGOs ([OHCHR 2024](#); [OHCHR 2025](#); [UNICEF 2025](#); [EDF 2025](#); [Hrabovska et al. 2023](#)).

Since Russia's full-scale invasion of Ukraine in February 2022, military occupation, mass displacement, and large-scale infrastructural destruction have jointly produced a persistent social crisis. By March 2025, 4.6 million people, including more than 870,000 children, were internally displaced from approximately 20% of occupied territory ([OHCHR 2025](#)). Because the de-occupation of territories like southern Kherson and Zaporizhzhia, for example, have not been accompanied by the restoration of safety, environmental stability, or basic public services, even regions such as Kherson remain largely uninhabitable: ongoing insecurity, environmental devastation following the destruction of the Kakhovka dam, and the collapse of education and healthcare systems impede a sustainable return.

AIM OF THE STUDY AND RESEARCH QUESTIONS

This research examines how parents of children with disabilities from the de-occupied territories of southern Ukraine perceive and navigate their children's socialisation, education, and emotional adaptation during and after displacement. By foregrounding parental perspectives, the study highlights the often invisible labour of caregiving under conditions of war and displacement and its consequences for family resilience. In doing so, we aim to emphasise the specific needs of these families and their children with disabilities. Such research is essential for designing adequate support aimed at reducing hidden burdens, strengthening family resilience, and rebuilding pathways for the social inclusion of children with disabilities. Specifically, we address two research questions:

- (1) How do parents in disrupted environments – marked explicitly by the loss of education, healthcare, and professional support – interpret their children's peer interactions and developmental trajectories?
- (2) How can these parental interpretations be understood and employed as resources for resilience and psychosocial adaptation, and thus as coping strategies?

This focus is significant for scholars, policymakers, and practitioners working in social disability research, education in emergencies, and humanitarian response. By drawing attention to parents' lived experiences, the study informs the design of community-based and family systems interventions that reduce hidden burdens, strengthen resilience, and rebuild pathways to social participation.

THE IMPACT OF ARMED CONFLICT ON CHILDREN WITH DISABILITIES

Armed conflicts generate cumulative risks for civilian populations. However, children with disabilities and their families are disproportionately affected because disability remains systematically under-recognised in humanitarian planning ([Wild et al. 2024](#); [Shah, Wayn and Ali 2025](#)). Moreover, direct exposure to bombings and shelling increases the likelihood of long-term psychosocial difficulties for children with disabilities, such as anxiety, depression, social isolation, and post-traumatic stress disorder ([Farajallah 2022](#); [Llabre et al. 2015](#); [Karni-Visel et al. 2025](#)). Children face compounded risks because their limited ability to interpret danger or regulate emotions intensifies the burden of conflict, often leading to heightened anxiety, regression, and difficulties in maintaining progress ([Harghandiwal 2025](#); [Karni-Visel et al. 2025](#)).

In military conflicts characterised by asymmetrical power dynamics, evacuation to safer areas becomes particularly challenging for families with children with disabilities: the additional time

required directly increases exposure to danger (Twigg et al. 2013; Wild et al. 2024). However, forced displacement does not eliminate all risks, because children with disabilities continue to face heightened vulnerability due to the interaction with healthcare and psychosocial systems, due to their individual impairments and problems of integration into host communities, such as families' unregistered status or their invisibility for care, placing them in inadequate accommodation (Harghandiwal 2025). A study from Gaza (Bdier, Hamamra and Mahamid 2025) indicates how the destruction of children's support systems and the very fact of forced displacement negatively affect their behaviour. Parents report feelings of guilt, helplessness, and stress in the situation of forced displacement. At the same time, they try to use storytelling, faith, and improvised routines to stabilise the children's condition (Khateeb et al. 2026).

The prolonged Syrian conflict exposes the hidden labour of parents in providing emotional support and advocacy for children with disabilities, alongside limited access to education and rehabilitative services (Mounzer and Stenhoff 2021). Approximately half of the surveyed parents reported access to early intervention, whereas far fewer reported access to speech, behavioural, or counselling services. Widespread dissatisfaction with service quality, exclusion from the development of Individualised Education Programmes (IEPs), and disrespectful treatment by staff undermined trust and adversely affected children's well-being.

The literature demonstrates that cascading vulnerabilities, such as displacement triggers, financial stress, and hidden labour, show how initial failures in recognition and humanitarian planning generate not only increased exposure to immediate physical risks but also long-term psychological and social consequences that disproportionately affect already marginalised groups. Recognising the interconnected experiences of children and parents is crucial for building resilience and combating critical barriers to children's adaptation and socialisation.

THE SITUATION OF CHILDREN WITH DISABILITIES IN UKRAINE

The full-scale war in Ukraine has triggered a profound crisis in education, social support, and children's mental health, with the collapse of community and therapeutic structures severely restricting development opportunities (Slozanska et al. 2025). Završek and Cox (2024) note that the longstanding marginalisation of persons with disabilities, rooted in the Soviet period, has been sharply intensified by the conflict. While networks of specialised institutions existed, the war exposed systemic neglect, leaving many residents unprotected after closures. Furthermore, in post-socialist contexts of institutional practice, such as Ukraine, the problem is particularly acute, as deeply rooted and often unconscious forms of stigmatisation continue to reproduce exclusion. Children and individuals with sensory impairments face particular risks, while insufficient data and limited humanitarian focus highlight the dangers of their 'invisibility' in crisis contexts. Ukrainian scholarship and prior experience with inclusion in education have proven crucial for adapting to these unpredictable challenges (Lytovchenko 2023; Boriak and Sheremet 2024).

Research documents the particular challenges of evacuation and adaptation for children with disabilities. A survey of parents by Nabochenko et al. (2024) revealed widespread emotional instability, restlessness, anxiety, overreliance on digital media, cognitive decline, and sleep problems among children. Parents reported similar levels of anxiety and restlessness, pointing to intergenerational trauma. More than half of families lacked access to psychological support, exposing systemic gaps. The authors call for family-centred interventions that combine parental guidance, therapeutic programmes, and education.

Access to healthcare services is restricted, and mental health is adversely affected, not at least for people with physical impairments (Boyarchuk and Koshmaniuk 2024). Qualitative findings show that persons with intellectual disabilities faced compounded risks during conflict, including unmet basic needs, barriers to evacuation and shelters, exclusion from civil defence planning, and heightened stress due to rapidly changing conditions (Vromans et al. 2024). Miliutina and Haievska (2023) emphasise that armed conflict generates a wide range of psychological and emotional difficulties that hinder learning and aggravate motivational problems for children with disabilities. Interrupted schooling, displacement, economic instability, and the breakdown of communication networks pose significant barriers, particularly for children in unfamiliar environments. For those with severe speech impairments, paralinguistic communication

(gestures, facial expressions) often becomes the only means of establishing contact and forming first words, highlighting the need for specialised interventions.

In this context, socialisation emerges as a particularly complex process, closely linked to children's psycho-emotional state and sense of security. Wartime experiences show that integration into the social environment depends not only on access to education but also on the ability of children and families to cope with trauma. Accordingly, contemporary educational and rehabilitative practices must adopt trauma-informed approaches that build trust, foster resilience, and strengthen family resources (Vrochynska, Verbovskyi and Kotlomanitova 2023; Boriak and Sheremet 2024).

Despite recognition of caregivers' crucial role, little research examines the family dynamics of children with disabilities in frontline and conflict-affected regions. Most available knowledge comes from humanitarian reports rather than systematic studies. Three key gaps stand out: insufficient documentation of disability prevalence and needs in war-affected areas; limited exploration of the role of peers and environmental changes in socialisation, despite evidence of families as relational ecosystems; and the under-researched impact of parental trauma on caregiving and advocacy, particularly in relation to resource depletion. Addressing these gaps is crucial for providing adequate psychosocial and educational support.

THEORETICAL ORIENTATION

The socialisation of children with disabilities in wartime unfolds at the intersection of structural exclusion, psychosocial trauma, and systemic neglect. To interpret these dynamics, our study draws on three complementary frameworks: group socialisation theory (hereafter, GST; Harris 1995), the concept of solastalgia (Albrecht et al. 2007), and trauma-informed psychology (van der Kolk 2005; Cook et al. 2005).

GST emphasises that children's development is shaped less by parental influence and more by peer groups, which function as primary agents of identity formation, behavioural modelling, and social integration. Within this framework, peer contexts are understood not merely as supplementary social environments but as autonomous systems of norms, roles, and meanings through which children actively negotiate belonging, competence, and social status.

In the context of the ongoing war, families raising children with disabilities from de-occupied areas of Ukraine are often unable to return home due to continued attacks and destruction. This situation foregrounds understanding of their trauma by war routine using the theoretical concept of solastalgia, the distress associated with the loss of place and identity (Albrecht et al. 2007).

At the same time, trauma-informed psychology highlights how experiences of violence, loss, and displacement undermine children's emotional regulation, attachment, and trust (van der Kolk 2003; Cook et al. 2005). Continuous trauma produces states of hyperarousal or withdrawal, impeding the very social interactions that GST identifies as developmental drivers. For children with disabilities, pre-existing communication or cognitive difficulties intensify these effects, creating layered vulnerabilities. From this perspective, parental 'invisible labour' – emotional regulation, scaffolding peer contact, and compensating for absent systems – emerges as a critical buffer against trauma's destabilising effects.

By integrating these perspectives, our analysis situates children's socialisation within a relational ecology where peer networks, parental mediation, and trauma responses are interdependent. GST allows us to identify how war disrupts developmental trajectories typically sustained through peer relations, while trauma-informed psychology elucidates the emotional and behavioural processes that hinder adaptation; the concept of solastalgia captures the distress arising from the loss or inaccessibility of familiar places and peer ecologies, which undermines identity continuity and makes the re-establishment of peer-based developmental pathways in conditions of displacement and environmental rupture more difficult. Together, these frameworks illuminate how resilience in displaced children with disabilities is not generated solely by peers or families but emerges at the nexus of inclusive educational opportunities, trauma-sensitive support, and the invisible work of caregivers.

DATA COLLECTION AND INSTRUMENTS

Drawing on the outlined theoretical perspectives, the study employed a qualitative design to capture parental narratives of children's social adaptation. Participant recruitment for the interviews was conducted through a combination of targeted and accessible channels, including information posters displayed in dormitories for internally displaced persons, social media announcements about educational and psychosocial services for populations from war-affected regions, as well as direct invitations issued during the registration of children in educational institutions and the provision of humanitarian assistance, facilitated by the Department for Children and Youth Affairs of Kryvyi Rih and local non-governmental organisations. This recruitment strategy ensured the inclusion of families with diverse experiences of displacement and educational needs.

Data were generated through semi-structured interviews (Bryman et al. 2022), conducted in Ukrainian face-to-face and lasting 30 minutes to 1 hour. Interviews were conducted with parents during the enrolment process in the centre's activities. The interview guide focused on domains central to social development: communication and conversation; self-protection and social negotiation; participation and peer interaction in play; and group belonging and emotional involvement. Coping strategies and adaptive practices in the context of war and displacement were also addressed. This strategy enabled the integration of parents' lived narratives of caregiving, trauma, and displacement with accounts of children's communication, negotiation, and peer participation. In doing so, the study provides a multidimensional account of how resilience and adaptation are facilitated – or obstructed – in conditions of forced displacement and educational disruption.

Between 2023 and 2024, the study involved 35 families with children with disabilities who had been relocated from the de-occupied Kherson and Mykolaiv regions to Kryvyi Rih. A total of 35 parents or guardians participated in the interviews, comprising 30 women and 5 men. The sample consisted of 19 two-parent families, 12 single-mother households, and 4 guardian families. The children, comprising 11 girls and 24 boys, were aged 6–15 years. They presented various impairments and disabilities (Prokhorenko et al. 2021; see Appendix A), including mild to severe learning and intellectual difficulties, socio-adaptive and socio-cultural challenges, speech and musculoskeletal impairments, delayed psychological development, autism spectrum disorder, schizoaffective disorder, and occasional minor visual or physical problems.

ETHICS AND CONSENT

The study was conducted in accordance with the Declaration of Helsinki and approved by the Ethics Committee of the Methodological Council of Kryvyi Rih State Pedagogical University (June 1, 2023, No. 12). Research involving families raising children with disabilities during war presents particular ethical challenges. Participants were fully informed about the study and their right to withdraw; written and verbal consent was obtained. Interviews were conducted in a supportive environment with psychosocial assistance available, and interviewers were trained to respond sensitively to signs of distress.

All data were anonymised during transcription and stored securely on encrypted university servers. To address the power asymmetry between researchers and displaced families, the voluntary nature of participation was emphasised, evaluative language was avoided, and interviews were framed as opportunities for parents to contribute to knowledge on disability, displacement, and resilience.

ANALYSIS

All interview data were analysed using Avidnote for audio-to-text transcription in Ukrainian and HyperRESEARCH 4.5.7 for qualitative coding, following Braun et al.'s (2022) six-phase thematic analysis framework. Transcription was conducted on GDPR-compliant EU servers to ensure compliance with data protection regulations. During Phase 1 (familiarisation), two Ukrainian-speaking authors repeatedly read the transcripts and documented initial analytic observations, facilitating immersion in the data and reflexive note-taking (Kabir et al. 2025).

In Phase 2 (coding), initial codes were generated in HyperRESEARCH through line-by-line coding of parental narratives, with particular attention to behavioural and emotional coping patterns. Relevant data segments were systematically coded, clustered, and retrieved. Phase 3 (theme development) was theoretically informed by trauma-informed psychology (Cook et al. 2005) and GST (Harris 1995), enabling analysis of both family-level adaptation to displacement and peer-related processes, including emotional regulation, social initiative, and belonging.

In Phase 4, candidate themes were organised and visualised using an interactive thematic map to identify relationships between codes and broader patterns. During Phases 5 and 6, themes were reviewed, refined, and consolidated into six higher-order analytic domains, which structure the presentation of results.

In line with the journal's editorial policies, and because the authors are not native English speakers, generative AI tools (ChatGPT) and Grammarly were used exclusively for language editing and stylistic refinement; the authors made all analytical decisions regarding coding and interpretation.

RESULTS

The findings highlight the central role of invisible and emotional parental labour in supporting children's adaptation, including mediating peer interactions, fostering dialogical skills, tolerating 'digital escapes', and managing parents' own trauma while simultaneously stabilising their children's emotional states. These findings informed the clustering of six overarching themes capturing the multifaceted challenges of displacement faced by families raising children with disabilities:

1. Loss of safety and the search for control
2. Heightened sensitivity and regression
3. Behavioural dysregulation
4. Digital refuge
5. Barriers to socialisation
6. The impact of parental trauma

These six domains are presented and discussed in this section.

LOSS OF SAFETY AND THE SEARCH FOR CONTROL

Analysis of parental interviews shows that the loss of home was experienced not only as physical displacement but as a rupture of safety, continuity, and relational space, particularly for families raising children with disabilities. Children's distress was primarily expressed through daily routines and play, clustering around two trauma-related response patterns: hyperarousal (irritability, emotional outbursts, heightened reactivity) and emotional withdrawal (silence, apathy, reduced initiative). Regulation of these responses was closely linked to parental coping strategies.

Three dominant parental coping patterns were identified. The first, anxious coping, involved emotional merging with the child's distress and was marked by parental helplessness, somatic stress, and overprotective practices. Children's hyperarousal was interpreted as cumulative loss rather than situational frustration: 'If one piece does not fit, it is not just crying – it is a scream of despair' (D_01). Emotional regulation in these dyads remained highly dependent on parental states.

The second pattern reflected avoidant coping, characterised by emotional distancing and suppression of war-related narratives. While parents actively rebuilt external support networks, children's distress was often minimised, corresponding with pronounced emotional withdrawal: 'She just exists ... like a shadow' (I_13).

The third pattern involved delegating emotional regulation to school-based professionals. Although this provided functional stability, reduced parental emotional presence limited the reconstruction of home as a relational, rather than purely physical, space.

In these cases, the school became the primary site for emotional regulation and behavioural support, while parental involvement was reduced mainly to functional coordination. Although this arrangement provided stability for some children, the absence of sustained parental emotional presence constrained the reconstitution of home as a relational construct, rather than merely a physical location.

HEIGHTENED SENSITIVITY AND REGRESSION

Parents frequently reported heightened sensitivity to external stimuli, with ordinary sounds or movements triggering strong reactions. These behaviours reflected both acute stress responses and the collapse of previously fragile coping strategies. One mother explained: 'Any loud sound in the street – and he runs to us. We hug a hundred times a day' (M._03). Another parent described how displacement had destroyed her son's fragile sense of safety: 'His wall has become impenetrable [...] If earlier he would at least play silently, now he hides. It's as if he has become invisible' (P._001). Such accounts illustrate how trauma can lead to regression, with children actively defending themselves against interaction. Parents recognised the severity of these reactions and the need for long-term therapeutic intervention: 'After displacement, his shell has turned into a bunker' (P._001).

To cope, parents sought to remain physically and emotionally present, establishing daily rituals of support and care. This 'invisible labour' provided a stabilising anchor but often came at the cost of parental well-being. Active parents sometimes acted impulsively, resisting professional advice when children's negative symptoms intensified, while others, exhausted by caregiving demands, withdrew emotionally. In both cases, reliance on personal beliefs about child development limited the potential for effective interventions.

BEHAVIOURAL DYSREGULATIONS

Parents reported a broad spectrum of behavioural dysregulations after displacement, from dominance in play and peer conflicts to withdrawal and dependence on adults. These disruptions reflected both the loss of routines and the collapse of stable peer ecologies, with parents or digital devices often substituting for peers.

Relocation intensified feelings of scrutiny and rejection. One mother explained: 'She feels that everyone is looking at her ... Without a teacher personally taking her hand, she will never take the first step' (F._05). Such accounts show how stigma and disrupted peer belonging intersect, making adult mediation essential. Boys were often described as interpreting minor losses as existential threats: 'If someone suggests another game or starts winning, A. sees it as a threat ... With the phone or tablet – any loss is taken as a personal defeat' (D._01). Here, play became a stage for re-enacting environmental instability, and perceived powerlessness intensified war-affected distress. Adolescents displayed either aggression or muted disengagement.

One parent recalled: 'At school – it's nothing but trouble ... Everyone is afraid of him' (O._011), while others described withdrawal into solitary routines or small digital peer groups (L._10). These contrasting responses mirror the dual trajectories of hyperarousal and withdrawal in trauma psychology, undermining the peer socialisation processes emphasised by GST.

Parents themselves faced strain in mediating these behaviours. Some sought structure, others avoided confrontation due to fatigue or anxiety. In both cases, the absence of professional support revealed the limits of family-based coping and the burden of 'invisible labour' in contexts where peer interaction was fractured.

DIGITAL REFUGE

In the absence of stable environments, digital technologies became central to children's attempts to maintain continuity and regulate distress during displacement. Parents frequently described smartphones and tablets as emotional anchors symbolising stability in disrupted lives: 'The phone and tablet became her little island of stability' (S._02). For some children, devices functioned as tools of self-soothing, buffering anxiety and intrusive thoughts – 'his "white noise" that drowns out anxious thoughts' (Ki._18). In trauma-informed terms, such digital immersion offered temporary emotional regulation while carrying risks of withdrawal.

At the same time, digital spaces enabled resilience by sustaining peer relationships and supporting the continuity of identity. Parents reported that online interactions allowed children to remain connected with friends from their home communities while cautiously forming new ties through courses, chats, and online events. However, prolonged reliance on virtual environments also reduced engagement in offline social contexts: 'If an activity in real life isn't highly interesting, he simply refuses' (Ye_12).

Parents thus navigated a delicate balance between enabling digital refuge and encouraging offline participation, highlighting the often-invisible labour involved in sustaining developmental and social 'normality' under conditions of displacement.

BARRIERS TO SOCIALISATION

Parents described the loss of familiar friends as one of the most profound barriers to the socialisation of displaced children with disabilities. Parents frequently noted that speech impairments, cognitive difficulties, or severe anxiety further compounded the challenge of entering new groups. From the perspective of solastalgia, the longing for a lost social world deepened children's sense of disconnection and made them especially vulnerable to unfamiliar settings.

One father described his daughter's withdrawal during school breaks: 'Everyone runs around shouting, and my daughter just stands by the wall and watches. Other children approached once or twice, asked her something, but when she stayed silent – they never came back. She looks at them with eyes full of longing, but she cannot overcome the fear that they will laugh at her' (Sh_07). Another mother observed how displacement erased years of fragile progress: 'All that little courage we built up over the years has vanished. In the group, she became invisible' (F_05). These accounts show how disrupted peer ecologies not only interrupted children's integration but also unravelled prior achievements in confidence and communication.

Parents also reported how trauma translated into a state of classroom 'absence,' with children unable to engage cognitively or socially. As one mother noted: 'Before all this, she was quick, bright. But now all her strength probably goes into just surviving what happened. She doesn't communicate with anyone. She has shut down' (V_09). Here, trauma-informed psychology helps explain withdrawal as a survival strategy: energy is redirected away from learning and interaction toward basic coping mechanisms.

Despite these barriers, examples of resilience emerged. A father of a girl in a wheelchair proudly shared: 'She is not shy at all. She rolls up to anyone and starts talking ... The only problem is not her character, but the stairs and the lack of ramps' (T_28). Others highlighted how participation in activities, while possible, came at an emotional cost: 'She takes part in activities, but afterwards she is emotionally drained. She needs a lot of time to recover' (S_02). Even small breakthroughs, such as a boy who, after months of silence, communicated symbolically by handing his parents a wooden figure, were interpreted as milestones of adaptation (Ki_18).

Adolescents displayed particularly complex patterns, oscillating between social proactivity and private despair. One mother described her daughter as outwardly eager to rebuild peer circles yet inwardly burdened: 'She is the first to introduce herself, organises meetings, trips to the cinema ... Talking to friends is the only thing that brings her joy. Yet at home in the evening, she may shut herself away and cry again' (H_19). Such contradictions demonstrate how young people, in the absence of stable peer ecologies, struggle to negotiate belonging while carrying unresolved trauma.

Overall, the findings show that displaced children with disabilities occupied a spectrum between withdrawal and proactive engagement, with most positioned uneasily in between. Parents assumed the role of mediators and emotional companions, attempting to scaffold children's entry into new groups. However, their efforts alone could not substitute for the peer-based socialisation processes that GST identifies as fundamental. Nor could they counter the solastalgic loss of familiar social worlds, which left children vulnerable to cycles of longing, insecurity, and fragile adaptation.

Children's adaptation was closely linked to their parents' psychological state. Many parents described a form of emotional symbiosis, where children mirrored adult anxiety, despair, or resilience. This interdependence meant that fluctuations in parental well-being directly shaped children's emotional stability and social behaviour. As one displaced mother reflected: 'We are in symbiosis. The parents' state determines the children's state' (D._12). Such accounts illustrate how the invisible labour of caregiving operated in two directions. While parents sought to regulate their children's emotions, children simultaneously absorbed and reflected the household's psychological climate. For some families, displacement led to a reversal of generational roles. Several parents described children assuming adult-like responsibilities, taking on tasks to sustain family functioning. A mother of a girl explained: 'She suddenly grew up. She looks after her younger sister, helps with cooking. She holds us together' (R._20). While this parentification could temporarily stabilise family life, it also carried risks of emotional exhaustion, role confusion, and the erosion of childhood. These findings highlight how displacement amplifies the interdependence between parental trauma and children's adaptation. When parents were able to project resilience, children often displayed greater stability; when parents succumbed to despair, children mirrored withdrawal, anger, or heightened anxiety. In this sense, parental trauma operated as both a barrier and a mediator of children's socialisation, shaping how young people negotiated belonging in disrupted environments.

DISCUSSION

This study examines how parents of children with disabilities from de-occupied regions of Ukraine interpret their children's socialisation and adaptation under conditions of forced displacement. The findings demonstrate that these trajectories are shaped by cumulative conflict-related risks, including the destruction of educational, healthcare, and community infrastructures. Consistent with prior research, disability remains systematically under-recognised in humanitarian and displacement responses, thereby intensifying vulnerability rather than alleviating it (Twigg et al. 2013; Wild et al. 2024; Shah, Wayn and Ali 2025).

Parents highlighted the dual nature of their invisible labour: sustaining fragile attempts at peer integration while simultaneously managing their own trauma. This confirms evidence from other conflict settings that forced displacement often sustains rather than resolves vulnerability for children with disabilities (Harghandiwal 2025; Bdier, Hamamra and Mahamid 2025). A central contribution of this study lies in integrating GST (Harris 1995) with trauma-informed perspectives (van der Kolk 2005) to explain how fractured, war-affected peer ecologies disrupt identity formation and behavioural modelling, while trauma-related reactions – such as withdrawal, hyperarousal, and emotional volatility – further obstruct participation in new social environments.

Consistent with previous findings, parents reported anxiety, regression, and withdrawal as prominent responses, reflecting children's limited capacity to interpret danger and regulate emotions in conflict contexts (Llabre et al. 2015; Farajallah 2022; Mounzer and Stenhoff 2021; Miliutina and Haievska 2023; Karni-Visel et al. 2025). Together, these findings indicate that displacement fundamentally reconfigures social development within disrupted environments. Parental accounts illustrate that children oscillate between two poles: hyper-responsiveness and withdrawal based on results from the dimensions of 'Loss of safety and the search for control' and 'Heightened sensitivity and regression'. This is manifested as a loss of safety, a search for control, heightened sensitivity, and regression. Both patterns serve as protective strategies, yet they hinder participation in collective life and impede educational engagement. Parents described this as a form of 'brokenness' or regression, where children re-enact displacement experiences in play, digital use, or withdrawal. Similar patterns of regression have been documented among children with autism and intellectual disabilities in other conflict contexts (Mounzer and Stenhoff 2021; Miliutina and Haievska 2023; Bdier et al. 2025).

Digital technologies emerged as ambivalent resources. On the one hand, devices served as stabilising anchors – providing continuity, maintaining peer ties, and enabling self-soothing. On the other hand, reliance on virtual spaces risked further isolation and disinvestment in new social environments. This tension resonates with international debates on digital resilience versus digital withdrawal among displaced populations (Nabochenko et al. 2024). Importantly,

parents' labour in regulating and guiding children's digital use represents yet another layer of invisible effort that rarely receives institutional recognition.

The study also underscores how parental trauma reverberates through children's adaptation. Emotional 'symbiosis' meant that fluctuations in parental well-being directly shaped children's sense of stability. While some children engaged in parentification, temporarily sustaining family functioning, this role reversal risked emotional exhaustion and the erosion of their childhood. This is consistent with research showing that under conditions of war and evacuation, emotional symbiosis within families raising children with disabilities becomes intensified. Parents' inability to explain events, provide reassurance, or prepare the child for change – due to limited language comprehension and the absence of effective communication – led to increased anxiety, behavioural disturbances, and disorganisation in both children and mothers (Miliutina and Haievska 2023). This finding calls for policies that do not treat children and parents as separate units of intervention, but rather recognise their interdependence within a relational ecosystem.

Across accounts, the sense of loss was not only personal but also environmental. The collapse of homes, schools, and communities generated experiences that can be understood through solastalgia – the distress associated with place-based loss (Albrecht et al. 2007). Parents described children's tantrums or despair as symbolic expressions of this brokenness, while withdrawal behaviours mirrored the silencing effects of environmental destruction. In this way, solastalgia operated as both a material and psychological condition, connecting the erosion of place to children's disrupted socialisation.

This study is limited by the relatively small number of interviews conducted. Therefore, several limitations should be considered when interpreting the findings. First, the interview data reflect the experiences and needs of families with children with disabilities who actively seek additional educational services and whose children are enrolled in inclusive or special education settings. Families whose children are educated at home or receive full-time care, as well as families whose children reside in long-term residential institutions, are not included in the sample. Consequently, the trajectories and everyday realities of these groups are not captured in the analysis.

Second, the study is geographically bounded. The sample consists exclusively of families residing in the city of Kryvyi Rih and excludes families that relocated from de-occupied territories to other regions of Ukraine or abroad. As a result, the findings primarily illuminate experiences of forced displacement within a linguistically, culturally, and infrastructurally proximate region rather than long-distance or cross-border displacement.

Finally, although Kryvyi Rih is relatively close to participants' original places of residence, the city is located near the front line. Ongoing security risks and proximity to hostilities may have shaped families' psychological and emotional well-being and influenced their perceptions and coping strategies. These contextual factors should be considered when assessing the transferability of the results to other settings.

Consequently, our findings can be generalised only to a limited extent and require further validation through future investigations employing diverse research methods, such as observations and interviews with the children in question. Future research should broaden the scope of inquiry to include families with children with disabilities who remain outside formal educational provision, including those relying on home-based education, informal care arrangements, or long-term residential institutions. Incorporating these groups would enable more comprehensive mapping of care and education trajectories under conditions of war, displacement, and systemic strain. Comparative studies across different regions of Ukraine, as well as with families who have relocated abroad, would further illuminate how linguistic, cultural, administrative, and welfare regimes shape access to services and family strategies.

Methodologically, longitudinal and mixed-method designs would be particularly valuable for capturing change over time, including shifts in psychosocial well-being, educational participation, and trust in institutions. Future studies could also integrate the perspectives of educators, social workers, and healthcare providers to examine how institutional practices and resource constraints interact with family-level coping mechanisms. Greater attention to intersectional factors – such as type and severity of disability, socio-economic status, gendered

caregiving roles, and displacement history – would strengthen the analytical depth and policy relevance of this field of research.

Future research should build on these insights by systematically comparing the experiences of children with different types and levels of disability across regions of Ukraine and beyond. Longitudinal designs are especially needed to trace whether regression, digital refuge, and parentification persist, diminish, or transform over time. Cross-national studies could illuminate whether the dynamics of invisible parental labour and fractured peer ecologies are specific to the Ukrainian context or reflect more generalisable features of displacement in protracted conflicts. The findings underscore the need for integrated, cross-sectoral support for families with children with disabilities in contexts of forced displacement. In practice, this entails closer coordination among education, social protection, healthcare, and psychosocial services, particularly in regions near active hostilities. Local service providers should be supported to deliver flexible, trauma-informed, and family-centred interventions that can adapt to unstable security conditions and infrastructure disruptions.

CONCLUSIONS

From a policy perspective, targeted measures are required to ensure the continuity of educational and rehabilitation services for displaced children with disabilities, regardless of the educational or care arrangement. This may involve simplifying administrative procedures for accessing support, strengthening funding for inclusive and special education in host communities, and developing outreach mechanisms for families who are not currently engaged with formal institutions. At the national level, displacement-sensitive disability policies should be embedded within broader emergency preparedness and recovery frameworks, ensuring that the needs of children with disabilities and their caregivers are systematically addressed during protracted crises.

Children with disabilities from de-occupied Ukrainian territories face multi-layered vulnerabilities shaped by displacement, fractured peer ecologies, and parental trauma. Parents' narratives reveal how invisible labour, digital strategies, and fragile peer interactions constitute both coping mechanisms and sites of risk. Resilience, as the findings suggest, is relational: it emerges from the interdependence of children, parents, peers, and digital anchors. Three implications follow. First, education in displacement must move beyond access to schools towards trauma-sensitive settings that actively rebuild peer ecologies. Second, digital technologies should be approached as hybrid spaces of resilience and risk, requiring structured pedagogical and psychosocial support. Third, family-centred approaches are indispensable: sustaining parental mental health is not only a rights issue but a precondition for children's adaptation.

Interventions must therefore be dual-focused: simultaneously fostering inclusive peer environments for children and providing psychosocial support for caregivers. Without this integrated approach, cycles of regression, withdrawal, and parental exhaustion risk becoming entrenched. Sustained research, particularly longitudinal and comparative, is essential for informing inclusive policies that address both the visible and invisible dimensions of caregiving in contexts of war and displacement.

APPENDIX A: CHILDREN'S AGE GROUP, TIER OF SUPPORT, AND TYPE OF DISABILITY

NO.	CODE OF FAMILY	TIER OF SUPPORT	CHILD'S TYPE OF DISABILITY
Age group 6–7 years			
1.	D_01	III	Moderate intellectual difficulties, moderate socio-adaptive/socio-cultural difficulties, mild functional difficulties (speech function), mild learning difficulties
2.	S_02	II	Mild learning difficulties, mild functional difficulties (speech function)
3.	M_03	III	Moderate socio-adaptive/socio-cultural difficulties

(Contd.)

NO.	CODE OF FAMILY	TIER OF SUPPORT	CHILD'S TYPE OF DISABILITY
4.	A_04	III	Moderate learning difficulties, mild intellectual difficulties, mild socio-adaptive/socio-cultural difficulties, mild functional difficulties (speech function), occasional minor functional difficulties (visual function), occasional minor functional difficulties (musculoskeletal function)
5.	P_001	I	Mild functional difficulties
6.	F_05	III	Moderate socio-adaptive/socio-cultural difficulties
7.	T_06	II	Mild functional difficulties
8.	Sh_07	III	Moderate functional difficulties
9.	K_08	II	Mild learning difficulties
10.	V_09	III	Moderate functional difficulties (speech function), moderate learning difficulties, mild intellectual difficulties, occasional minor functional difficulties (visual function), occasional minor physical difficulties
Age group 8–10 years			
11.	L_10	II	Mild functional difficulties
12.	O_11	III	Moderate learning difficulties, mild socio-adaptive/socio-cultural difficulties, mild functional difficulties (speech function), occasional minor intellectual difficulties
13.	Ye_12	III	Moderate learning difficulties, moderate intellectual difficulties, moderate functional difficulties (speech function), moderate socio-adaptive/socio-cultural difficulties, occasional minor functional difficulties (visual function), occasional minor physical difficulties
14.	I_13	II	ZPR (Delayed Psychological Development), speech impairment, musculoskeletal system impairment
15.	N_14	II	Mild learning difficulties, mild physical difficulties, mild functional difficulties (musculoskeletal function), mild functional difficulties (speech function), occasional minor functional difficulties (visual function), occasional minor intellectual difficulties, occasional minor socio-adaptive/socio-cultural difficulties
16.	S_15	III	Moderate learning difficulties, mild socio-adaptive/socio-cultural difficulties, mild functional difficulties (speech function), occasional minor intellectual difficulties
17.	V_16	IV	Severe learning difficulties, moderate functional difficulties (speech function), moderate intellectual difficulties, mild socio-adaptive/socio-cultural difficulties, mild functional difficulties (visual function)
18.	T_17	III	Moderate learning difficulties, mild functional difficulties (speech function), mild intellectual difficulties, mild socio-adaptive/socio-cultural difficulties
Age group 11–12 years			
19.	Ki_18	IV	Severe learning difficulties, moderate functional difficulties (speech function), moderate socio-adaptive/socio-cultural difficulties, mild intellectual difficulties
20.	H_19	IV	Severe learning difficulties, moderate intellectual difficulties, moderate functional difficulties (speech function), mild socio-adaptive/socio-cultural difficulties
21.	R_20	IV	Severe learning difficulties, moderate intellectual difficulties, moderate socio-adaptive/socio-cultural difficulties, moderate functional difficulties (speech function), occasional minor functional difficulties (visual function)
22.	Sl_21	III	Moderate socio-adaptive/socio-cultural difficulties
23.	Pr_22	II	Mild learning difficulties
24.	Ka_23	II	Mild learning difficulties
25.	B_24	III	Moderate learning difficulties
26.	H_25	III	Moderate socio-adaptive/socio-cultural difficulties, moderate learning difficulties, occasional minor functional difficulties (speech function)

(Contd.)

NO.	CODE OF FAMILY	TIER OF SUPPORT	CHILD'S TYPE OF DISABILITY
27.	Ar._26	II	Mild learning difficulties, occasional minor functional difficulties (speech function)
28.	Si._27	II	Mild learning difficulties, mild socio-adaptive/socio-cultural difficulties, occasional minor functional difficulties (speech function), occasional minor functional difficulties (visual function)
29.	T._28	IV	Severe intellectual difficulties, severe learning difficulties, moderate functional difficulties (speech function), mild socio-adaptive/socio-cultural difficulties, occasional minor physical difficulties
Age group 13–15 years			
30.	CO._29	III	Severe learning difficulties
31.	Hr._30	III	Moderate learning difficulties
32.	Bo._31	IV	Severe learning difficulties, moderate intellectual difficulties, moderate functional difficulties (visual function), mild functional difficulties (speech function), mild socio-adaptive/socio-cultural difficulties, occasional minor physical difficulties
33.	SF._32	II	Mild learning difficulties
34.	Tn._33	II	Moderate learning difficulties, schizoaffective disorder
35.	N._34	I	Mild socio-adaptive/socio-cultural difficulties, RAS (Autism Spectrum Disorder)

The table presents the age group, tier of support and disability type of children included in the study. Code of family refers to an anonymised identifier assigned to each participating family. The tier of support indicates the level of educational and psychosocial support within school (Prokhorenko et al., 2021).

Tier I – minimal support; the child requires occasional accommodations or minor adjustments within the general learning environment.

Tier II – targeted support; the child requires structured or periodic assistance to address specific educational or functional difficulties.

Tier III – intensive support; the child requires continuous, individualised, and often multidisciplinary support in the educational process.

Tier IV – specialised or comprehensive support; the child requires highly intensive, specialised, and long-term support that may involve specialised educational programs, therapeutic interventions, assistive technologies, and coordinated multidisciplinary services.

DATA ACCESSIBILITY STATEMENT

All transcribed interviews are deposited in the DSpace Repository of Kryvyi Rih State Pedagogical University (<https://elibrary.kdpu.edu.ua/xmlui/>). The dataset comprises transcriptions of 35 interviews capturing the lived experiences of parents raising children with disabilities from de-occupied regions of Ukraine, where communities face the dual challenges of wartime trauma and disrupted social infrastructure. Access to the full transcripts is subject to ethical restrictions to protect participant confidentiality. Researchers wishing to consult the full dataset may request access via the repository, subject to institutional review board approval and conditions that ensure anonymity and data security.

ACKNOWLEDGEMENTS

The authors gratefully acknowledge the parents who generously shared their experiences, as well as the Swedish Collegium for Advanced Study, for their constructive discussions on the research ethics during the Workshop on Self-Censorship and Academic Freedom (26–28 May 2025).

FUNDING INFORMATION

The principal author was granted a scholarship by the International Psychoanalytic University of Berlin GmbH and the German Academic Exchange Service, DAAD. Moreover, the authors have been supported within the project 'Quality Education and Welfare for Children in Vulnerable Life Situations: Developing and Assuring Staff Competences for Holistic Support Systems in Ukraine, Poland, and Sweden,' funded by the Swedish Institute.

COMPETING INTERESTS

The authors have no competing interests to declare.

AUTHOR CONTRIBUTIONS

Kateryna Bondar is responsible for the conceptualisation, methodology, data collection, formal analysis, and draft writing. Olena Shestopalova is accountable for data curation, conducting interviews, thematic coding, and reviewing and editing. Thomas Barow supervised the research process, supported the theoretical framing and contributed to the manuscript revision. All authors read and approved the final manuscript.

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TO CITE THIS ARTICLE:

Bondar, Kateryna, Olena Shestopalova, and Thomas Barow. 2026. "The Situation of Children with Disabilities from the De-Occupied Territories of Southern Ukraine: Coping Strategies and Perspectives of Families Affected." *Scandinavian Journal of Disability Research* 28(1): 130–145. DOI: <https://doi.org/10.16993/sjdr.1385>

Submitted: 04 October 2025

Accepted: 02 March 2026

Published: 18 March 2026

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Scandinavian Journal of Disability Research is a peer-reviewed open access journal published by Stockholm University Press.

