

War Trauma and Their Disruptive Influences on the Psychomotor Development of Children: A Narrative Review

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Abstract: *This narrative review examines the impact of war trauma on the psychomotor development of children, focusing on both motor coordination and emotional regulation. Using 23 studies published between 2013 and 2024, the review uncovers recurring disruptions in four key domains: tonic regulation, body schema and image, spatio-temporal coordination, and psychosocial functioning. The data suggest that repeated exposure to trauma can severely hinder children's ability to develop motor and social competencies. This work underscores the urgent need for integrated body-centered interventions and call for policymakers to prioritize care considering trauma in war-affected regions.*

Keywords: War trauma, psychomotor delay, childhood PTSD, motor development, conflict zones

1. Introduction

Over the past two decades, various armed conflicts and wars have been reported around the world. According to the Institute for Economics and Peace's 2022 Global Peace Index¹, five of the world's ten least peaceful countries were in the Sub-Saharan African region: the Central African Republic (CAR), the Democratic Republic of the Congo (DRC), Somalia and Sudan. These factors can be explained by the occurrence of several coups between 2020 and 2025 in these regions. In addition, in January 2025, in the Great Lakes region, tensions between the DRC and Rwanda intensified due to the protracted violence in eastern DRC. The situation of children in the provinces of North Kivu and South Kivu in the Democratic Republic of Congo is extremely worrying in this context due to the persistent conflicts. Indeed, between January 27 and February 2, 2025, the number of rape victims in several health facilities increased fivefold, with 30% of them being children. However, these numbers are likely underestimated, as many victims do not come forward out of fear or shame (Unicef, 2025).

Children are therefore the direct or indirect victims of these conflicts and consequences. They experience the consequences of the psychotrauma of their mothers and relatives but also the direct consequences that these wars generate such as: homeless children, workers, demobilized from armed groups, born of rape, sexually exploited (Mestre et al., 2022).

Several factors influence how children react to a traumatic event, such as their age, gender, ability to understand what happened, and the nature of the event itself. Moreover, the extent of their exposure and any past trauma must also be considered. In addition, we must consider their possibility of relying on a support network and on the people around them (Mestre, 2021).

Indeed, the major and specific difficulty of war trauma lies in the fact that in addition to the shock suffered by the situation, the child is often isolated from his or her family and community to cope with the trauma. But in the face of trauma, children need support to be resilient (Robjant et al., 2019).

¹ <https://www.unhcr.org/refugee-statistics/download/?url=sH5pnE>

The consequences observed following such an experience are either psychological and/or psychiatric, but impact also negatively the body (soma) (Hélène, 2013). Indeed, these traumas are not only a psychological upheaval but also a bodily injury. For Potel (2021), in the context of trauma, the body is experienced as suffering, an object of unhappiness affected by the marks of violence. However, the body occupies a fundamental place in the development of the child, in the relationship with others but with oneself. This aspect is even more central in Africa where bodily expressiveness is at the heart of ethnic practices. Cultural and traditional values encourage people to express the suffering and anguish caused by the horrors of armed conflict through songs and dances (Kounou et al., 2016).

As a result, we observe that child victims of psychotrauma have visible repercussions through their development but also psychomotor (Robjant et al., 2019). Romano (2018) has shown that the longer stress and trauma persist in a child's brain development, the more there will be an impact on his psychomotor development (Duval et al., 2017). Bélanger & Caron (2018) add that when children are affected by psychotrauma, it will be difficult for them to acquire all the abilities or skills to support their psychomotor development. With the development of a psycho-trauma, it is therefore the psychomotor organization of the individual that is shattered.

Currently, it is to be noted that little research is focused on the impact of war trauma on children's bodily experience and/or psychomotor development.

This reflection leads to the following question: "What is the impact of war-related trauma on the psychomotor development of children aged 6 to 12 years."

This article aims to examine the psychomotor consequences of war trauma for children aged 6 to 12 years and to show therapeutic responses adapted to their incarnate needs.

2. Methodology

This scoping review was carried out according to the methodology of the Joanna Briggs Institute (JBI) Dotto et al. (2023) and presented in accordance with the PRISMA-ScR checklist and explanations (Preferred Reporting Elements for Systematic Reviews and Meta-Analyses of Scoping Reviews (Tricco et al., 2016)).

2.1 Research question

What is the impact of war-related trauma on the psychomotor development of children aged 6 to 12 years?

2.2 Identified studies.

A keyword and date search covering the period from 2013 to December 2024 was carried out on several databases between November 2022 and December 2024: Cairn, African Journals Online, PubMed, and ScienceDirect. The following words were used: post-traumatic stress, war trauma, psychomotor development, and children. We used two search equations to query several relevant databases. The research has been carried out. The first equation used for PubMed (n= 48):

("War" [MeSH Terms] OR "Armed Conflicts" [MeSH Terms] OR "Refugees" [MeSH Terms]) AND ("Child" [MeSH Terms]) AND ("Psychomotor Performance" [MeSH Terms] OR "Child Development" [MeSH Terms]) AND ("Stress Disorders, Post-Traumatic" [MeSH Terms] OR "Trauma and Stressor Related Disorders"). The purpose of this equation was to identify articles indexed under standard medical terms (MeSH) dealing with the consequences of armed conflict on children, particularly regarding psychomotor aspects and post-traumatic stress disorder.

The second equation, more general, made it possible to extend the research to other scientific platforms, in particular African and French-speaking databases that are not well represented on PubMed: ("War" [MeSH Terms] OR "Warfare" [MeSH Terms] OR "Armed Conflicts" [MeSH Terms]) AND ("Child" [MeSH Terms]) AND ("Psychomotor Performance" [MeSH Terms] OR "Child Development" [MeSH Terms]) which allowed us to consult ScienceDirect (n=30), African Journal Online (n=22), Cairn (n=52), as shown in Table 1 below.

2.3 Study selection process.

Publications identified through the search strategy were downloaded and imported into Zotero. The duplicates were then removed. Two researchers (JN and JF) individually screened article titles and abstracts according to pre-established inclusion and exclusion criteria. Studies were included only when both researchers performed a full-text review, and any uncertainty about eligibility was resolved by mutual agreement.

2.4 Inclusion/Exclusion Criteria (CCP)

The selection of studies followed the CCP (Population, Concept, Context) model:

- **Population:** Children aged 6 to 12 years who have lived through war experiences or have been exposed to traumatic situations related to armed conflict. These children must also live in regions affected by armed conflict or war-related violence.
- **Concept:** Impact of war-related trauma on children's psychomotor development, i. e., on their motor (coordination, fine and gross motor skills) and psychological (emotion, cognition, social behavior) development. Finally, the symptoms of post-traumatic stress disorder and their influence on children's psychomotor skills.
- **Context:** Studies carried out in contexts of war, armed conflict or in areas affected by war-related violence.

2.4.1. Inclusion criteria:

The selected articles focused on psychomotor development disorders due to post-traumatic stress disorder that occurred after exposure to war or war-related traumatic events. The articles also looked at the symptoms of post-traumatic stress and their influence on children's psychomotor skills.

However, these methodological choices limit the study's generalizability and introduce several biases, including the lack of a control group, small sample sizes, retrospective data collection, and participant variability, all of which may undermine the reliability of the findings.

2.4.2. Exclusion criteria

Excluded articles for adults or other age groups (less than 6 years or more than 12 years) were excluded. Articles that talked about non-war-related trauma (e. g., accident trauma, abuse) and did not focus on or specifically measure children's psychomotor development were also excluded. Non-original studies were also excluded.

3. Results

Table 1: Articles identified by databases according to search equations.

PubMed	ScienceDirect	Cairn	African Journal online	Total
42	30	52	22	152

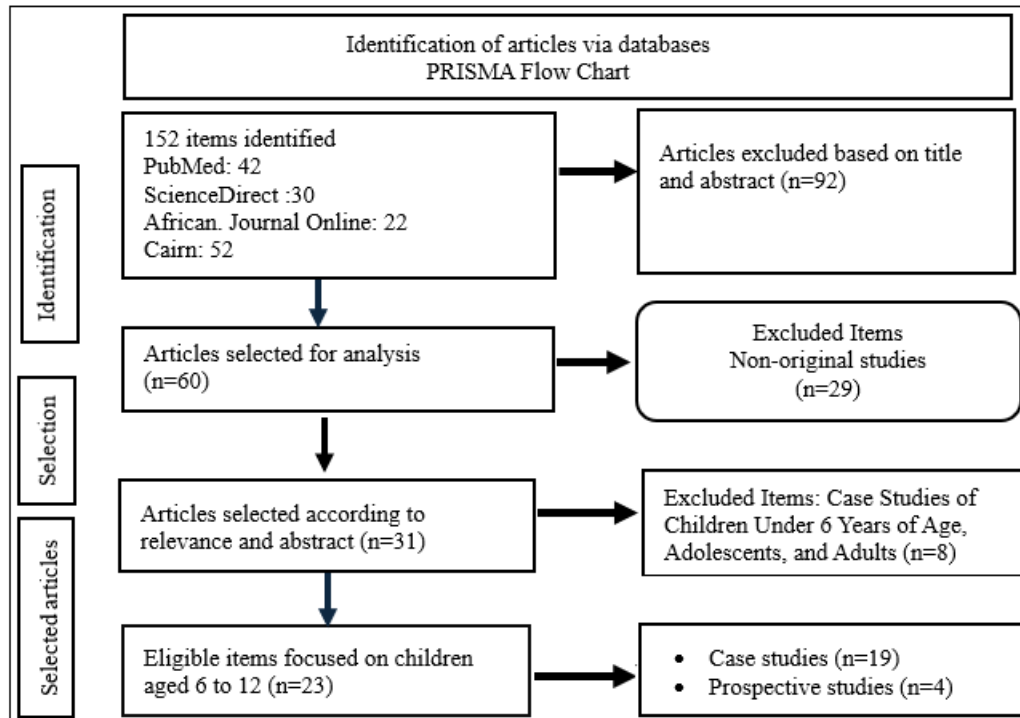


Figure 1

3.1 Documentary research

A total of 152 articles were identified using search engines and handsearches. After an initial selection based on titles and abstracts, 92 articles were excluded, resulting in the selection of 60 articles. Of these, 29 non-original studies were discarded, leaving 31 potentially eligible studies.

We then excluded 8 studies involving children under 6 years of age, adolescents, adults, in order to focus on the 23 articles that will be analyzed in this section. The number of subjects included in these 23 studies ranged from 1 to 68 cases. The selected publications were grouped by continent, as follows: Africa (n=5), Asia (n=3), Europe (n=15).

Table 2: Geographical Distribution of Studies

Continent	Total
Africa	5
Asia	3
Europe	15
Total	23

The analysis of the articles highlighted two main themes: the impact of trauma on the psychomotor development of the child, and the link between the occurrence of post-traumatic stress and psychomotor development disorder.

Table 3: Themes from the 23 Selected Studies

Authors	Country	Study Design	Publication	Themes used in the studies
1. Bihabwa Mahano, B. (2016).	Democratic Republic of Congo	Case study (n=10)	Medico-psychological annals	Culture and understanding of war trauma through social and specific contexts, and how these aspects can disrupt the harmonious development of children.
2. Bihabwa Mahano, B., Amalini, S., & Moro, M.-R. (2019).	Democratic Republic of Congo	Prospective (45)	Medico-psychological annals	The trauma of wars can hinder the fundamental stages of children's psychomotor development.
3. Bonnard-Couton, V., Raymond, S., Bedu, S., Battista, M., & Askenazy, F. (2019).	France	Case Study (n=12)	Child Psychiatry	Sensory approach in the accompaniment of children traumatized by war, to support their emotional and psychomotor development after a severe trauma.
4. Brocart, L., Battista, M., Gindt, M., Richez, A., Askenazy, F., & Thümmel, S. (2022).	France	Case study (n=3)	Neuropsychiatric of childhood and adolescence	The profound consequences of post-traumatic stress on psychomotor development, by disrupting their ability to move and interact with their environment.

5. Daudin, M., & Defontaine, D. (2015).	France	Case study (n=6)	Medico-psychological annals	Children's bodily experience of emotional or psychological trauma that disrupts the entire psychomotor development.
6. Diab, S. Y., Isosävi, S., Qouta, S. R., Kuittinen, S., & Punamäki, R.-L. (2018).	Palestine	Prospective study (n=68)	Infant Behavior & development	The trauma experienced affects psychomotor development, particularly in their ability to explore their environment, interact socially and develop motor skills
7. Freese, A. (2019).	Germany	Case study (n=2)	International Germanic	Symptoms of post-traumatic stress disorder have repercussions on children's psychomotor development, such as problems with attachment, emotional regulation, and disorganized motor behaviors
8. Hameury, L., & Rossetti, L. (2022).	France	Case study (n=3)	Neuropsychiatric of childhood and adolescence	Symptoms of post-traumatic stress disorder cause significant disturbances in the psychomotor development of children, particularly in terms of managing their emotions, motor skills and their relationship with themselves and others.
9. Kertzman, S., Avital, A., Weizman, A., & Segal, M. (2014).	Israel	Case study (n=8)	Comprehensive Psychiatry	Relationship between post-traumatic stress and cognitive disorders focusing on the inhibition of interference and psychomotor speed leading to significant consequences on the psychomotor development of children who have experienced war.
10. Kounou, K. B., Biyong, I., Ayoko Akouavi, D. F., Raynaud, J.-P., Tempier, R., Schmitt, L., & Bui, E. (2016).	Togo	Case study (n=2)	International Journal of Victimology	Symptoms of post-traumatic stress because of exposure to war in African culture that affect children's ability to understand and regulate their emotions, which results in difficulties in social interactions and in the management of emotionally complex situations, affecting their psychomotor development.
11. Krischek, C. (2019)	France	Case study (n=10)	Perspectives Psy	Rebuilding the environment after trauma can have harmful effects on children's psychomotor development.
12. Lazaratou, H., & Golse, B. (2016).	France	Case study (n=12)		Exposure to war trauma has significant repercussions on children's psychomotor development.
13. Lechevalier, B. (2014).	France	Prospective study (n=62)	Perspectives Psy	The exposure of children to armed trauma causes significant disturbances in psychomotor development.
14. Mazoyer, A.-V., Auriol-Verge, S., Roques, M., & De Beraill, B. (2017).	France	Case study (n=6)	Quebec Journal of Psychology	Symptoms of war trauma with adverse consequences on the psychomotor development of children.
15. Mouanga, A. M., Mbassa Menick, D., Moukouta, C. S., Dzalamou, M., Milandou, R., Ossou-Nguet, P. M., & Bandzouzi Ndamba, B. (2018).	Democratic Republic of Congo	Prospective study (=58)	Psychiatric information	Analysis of suffering and the body in African culture, particularly in the DRC and how these aspects influence the psychomotor development of children after post-traumatic stress disorder due to war.
16. Nijhof, S. L., Vinkers, C. H., van Geelen, S. M., Duijff, S. N., Achterberg, E. J. M., van der Net, J., Veltkamp, R. C., Grootenhuis, M. A., van de Putte, E. M., Hillegers, M. H. J., van der Brug, A. W., Wierenga, C. J., Benders, M. J. N. L., Engels, R. C. M. E., van der Ent, C. K., Vanderschuren, L. J. M. J., & Lesscher, H. M. B. (2018).	Netherlands	Case study (n=17)	Neuroscience and Behavioral Reviews	The importance of play in the psychomotor development of the child after exposure to trauma.
17. Robjant, K., Koebach, A., Schmitt, S., Chibashimba, A., Carleial, S., & Elbert, T. (2019).	France	Case study (n=12)	Behaviour Research and therapy	War trauma experienced by children leads to behavioural disorders, aggression, and symptoms of post-traumatic stress disorder, affecting their cognitive, emotional, and psychomotor development.
18. Romano, H. (2018)	France	Case study (n=1)	Revue Soins; the Nurse Reference Journal	Management of patients with bodily mutilation. Consequences of trauma on the psychomotor development of mutilated children that disrupt not only physical integrity but also the emotional, cognitive, and psychomotor development of children.
19. Romano, H. (2015)	France	Case study (n=1)	The child facing trauma	Trauma disrupts the child's psychomotor development, because it alters the way the child perceives his body and his environment.
20. Sawadogo, M. L., Yougbare, S., & Badolo, L. B. (2024).	Burkina Faso	Case Study (n=1)	Journal of Philosophy, Literature and Human Sciences,	Consequences of childhood trauma due to war profoundly disrupt children's cognitive and psychomotor development

21. Scialom, P. (2022).	France	Case study (n=3)	Psychiatric information	War trauma, especially in children, can disrupt not only their mental health but also their psychomotor development.
22. Viard, A., Guillery-Girard, B., & Postel, C. (2017).	France	Case study (n=8)	Journal of Neuropsychology	Childhood war trauma leads to deficits in cognitive and emotional maturation, and these disturbances have a negative impact on children's psychomotor development.
23. Pat-Horenczyk, R., Cohen, S., Ziv, Y., Achituv, M., Asulin-Peretz, L., Blanchard, T. R., Schiff, M., & Brom, D. (2015)	Israel	Case study (n=6)	Infant Health Journal	Untreated war trauma leads to psychomotor development disorders in children such as problems with coordination, emotional management, and social relationships.

3.2 Consequences of post-traumatic stress disorder on children's psychomotor development

Eight case studies explored the effects of post-traumatic stress disorder and trauma on children's psychomotor development. According to (Romano, 2018), children exposed to war contexts experience constant inner distress, marked by uncontrollable intrusive thoughts. This emotional overload leads to psychological and bodily disorganization, affecting tone, emotions and behavior (Brocart et al., 2022), (Scialom, 2022).

Diab et al. (2018), Sawadogo et al. (2024) stipulate that post-traumatic stress disorder, which occurs after exposure to war, has a strong impact on psychomotor functioning. Lazaratou & Golse (2016) add that post-traumatic stress disorder due to war manifests itself in intrusive thoughts, hypervigilance and emotional disturbances that alter the child's tonic state. In addition, sensoriality, instead of serving as a basis for exploring the world, becomes a permanent source of alert, contributing to a global deregulation of psychomotor development (Mazoyer et al., 2017), (Lechevalier, 2014).

3.3 Psychomotor disorders related to exposure to war trauma

Sixteen (16) studies, including fourteen case studies and two prospective studies, confirm that children exposed to war trauma have four main disorders of psychomotor development, namely: disorders of tonic regulation, body schema and body image, spatio-temporal organization, as well as psychosocial difficulties.

3.3.1 Disorders of tonic regulation

Five case studies confirm a correlation between repeated exposure to war trauma and the onset of tonic disorders. Bonnard-Couton et al. (2019), emphasize that the more traumatic events the child has been exposed to, the higher the risk of developing these disorders, demonstrating a cumulative effect of trauma. Daudin & Defontaine (2015), confirm a proportional relationship between the intensity of the trauma experienced and the severity of psychomotor disorders such as hypertonia, sleep disorders or chronic anxiety that profoundly harm the physical and psychological well-being of the children concerned (Diab et al., 2018), (Hameury & Rossetti, 2022a), (Pat-Horenczyk et al., 2015).

3.3.2. Body image and body schema disorders

Post-traumatic stress disorder profoundly affects the body image of children who have lived through war. According to Bonnet et al. (2014), children exposed to war often develop an altered self-image, marked by a sense of shame, guilt or

unworthiness. Sawadogo et al. (2024) add that this misperception of the body can manifest itself in somatic pain, poor sensory integration and bodily dissociation. Nijhof et al. (2018) confirm that the body becomes a place of discomfort, or even avoidance, preventing the child from appropriating his sensations and building a stable bodily identity.

3.3.3. Spatio-temporal disorders

Lazaratou & Golse. (2016), highlight that the notions of time and space are fundamental and interact closely with the psychomotor organization of the individual. Temporal structuring develops gradually from early childhood, helping to establish a chronology and rhythm, as indicated by (Krischek, 2019). However, in the case of war trauma, this structuring can be altered in children, leading to difficulties in differentiating right from left or in understanding the notion of distance (Mouanga et al., 2018).

The research of Lazaratou & Golse (2016), Romano (2015) also highlight the link between post-traumatic stress and spatio-temporal disorders. Children often perceive space as threatening and feel vulnerable, which affects their ability to maintain temporal and spatial coherence. This disorientation leads to psycho-corporal dissociations, thus compromising their sense of bodily unity.

The work of (Scialom, 2022), (Bihabwa Mahano et al., 2019a), show that war trauma influences the perception of time and space, while impacting the psychomotor integrity and the child's sense of bodily cohesion.

3.3.4. Psychosocial disorders

Post-traumatic stress disorder has a profound impact on the well-being of the child. Bihabwa Mahano (2016) indicates that war trauma experienced during childhood can lead to reliving that disrupts cognitive abilities, sleep and attention. Hameury & Rossetti (2022a), show that avoidance of situations related to war trauma generates relational disorders, mood disorders as well as eating and addictive behaviors. Kounou et al. (2016), emphasize that the psychological deterioration observed is not a direct result of the trauma, but of the psychomotor alterations that it entails, which can go as far as a loss of self-awareness. These elements highlight the importance of psychomotor development from early childhood in the future psychic balance.

3.3.5. Support

Three current studies highlight the importance of comprehensive management of childhood trauma, which considers the physical, emotional, cognitive, and relational aspects. Psychomotor development represents an essential basis for self-construction: preserving or restoring it is a fundamental issue for the well-being and future of these

vulnerable children (Bonnard-Couton et al., 2019) , (Nijhof et al., 2018) , (Krischek, 2019) .

4. Discussion

This study on a domain often neglected in the researches on the trauma, emphasizing the role of the body in treatments of trauma and the necessity of psychomotor interventions in the rehabilitation of children after a conflict.

The results of the research mentioned above highlight that post-traumatic stress disorder is not limited to psychological symptoms, but is deeply rooted in the body, revealing a complex and multifaceted psychomotor disorganization. The child's body becomes both the place of expression of the trauma and the receptacle of its most lasting effects. Tonic, sensory, spatio-temporal and body image disorders reflect an impairment of the psycho-corporal unity, a fundamental pillar of the child's psychomotor development (Scialom, 2022) .

This perspective calls for a redefinition of therapeutic approaches. The support of children suffering from post-traumatic stress disorder cannot be limited to verbal psychological intervention. It becomes necessary to integrate bodily intervention modalities, such as psychomotor skills, sensorimotor therapies or bodily expression, allowing the child to restore a secure link to his own body and his environment (Freese, 2019) . The search for tonic appeasement, a revaluation of body image and a reconstitution of spatio-temporal landmarks is essential to support a process of self-reappropriation.

In addition, the cumulative effect of trauma underscores the urgency of early treatment, as well as rigorous screening for psychomotor disorders, which are often not very visible to the untrained eye (Bonnard-Couton et al., 2019) . Disorders of orientation, tonic regulation or distortions of body image must be considered as major clinical indicators of trauma. Therapeutic intervention must therefore be multidisciplinary, mobilizing both mental health and psychomotor development professionals.

Finally, these data invite us to reflect on the place of the body in the understanding of trauma. The child cannot rebuild psychological stability without regaining bodily coherence. The therapeutic space must therefore be thought of as a space of global reconstruction, in which the body, emotions and representations can be remobilized in an integrated way (Scialom, 2022) .

This review identified 23 articles highlighting a clear and multifaceted impact of trauma on children's psychomotor development. These publications include case studies as well as prospective studies, both revealing the existence of a field of study that is still underdeveloped and highlighting the importance of such work.

However, this methodological limitation restricts the possibility of generalizing the results obtained. Nevertheless, despite this bias, we were able to identify the main psychomotor development disorders following trauma in children.

4.1. Limitations of the studies analyzed.

The first limitation for the studies is the small sample size of 1 to 68 participants who are victims of trauma and suffer from one or more disorders of psychomotor development.

The second limitation is the absence of a control group in the Bihabwa Mahano (2016) , Pat-Horenczyk et al. (2015) , Hameury & Rossetti (2022) and/or direct contact with trauma victims. Some data were collected only by consulting medical, psychological and legal consultation sheets. In addition, it should be noted that the data collected, when they are carried out directly, are based on the stories produced by the semi-structured interview in 4 of the studies consulted. These accounts are therefore retrospective in nature. This data is therefore likely to be altered by memory bias. Cognitive abilities that can be affected by traumatic effects (Bihabwa Mahano (2016) ; Bihabwa Mahano et al. (2019) ; Hameury & Rossetti (2022) . Nevertheless, the participants in this type of study testify to a reality constructed and elaborated about life events. Which is also essential to consider.

In other articles, the recruited participants, even judiciously selected on strict inclusion and exclusion criteria, still represent a heterogeneous group where each participant is unique. It is therefore easy to see the difficulty that can arise when one wants to transfer the conclusions of one participant to the entire population with the same disorder. This can skew the results and should be taken into account (Krischek, 2019) .

It should also be noted that the studies of (Lazaratou & Golse, 2016) ; (Daudin & Defontaine, 2015) found that some participants may have been influenced in their statements despite guarantees of confidentiality and anonymity. This may be due to fear of legal repercussions or pressure from family or friends. In addition, this population is often hidden and only becomes visible when institutional care is undertaken, allowing us to have a representative of the population studied.

4.2. Clinical recommendations for the management of post-traumatic stress in children through the psychomotor approach

In the context of the care of children who have experienced trauma, it is essential to set up body-mediated psychotherapy. Research conducted by Bonnard-Couton et al. (2019) thus Sawadogo et al. (2024) highlight the effectiveness of sensorimotor therapies in traumatized children. These approaches allow children to reconnect with their bodily sensations, perceptions, and internal representations. This reconnection to the body promotes the restoration of a deep and authentic bodily feeling, often undermined by traumatic experiences.

A central aspect of this therapeutic work is to encourage listening to the body and the expression of tensions. The aim is to encourage the child to pay attention to his or her pain, tension, or blockages. According to Moal & Soubelet (2024) , this body awareness is at the heart of sensorimotor psychotherapy. It allows the child to recognize the impact of

the trauma on their body, thus being a crucial step in the healing process.

In addition, it is fundamental to help the child create an alternative bodily experience to the state of permanent danger in which he or she may have felt trapped. The proposed interventions must offer him a reassuring bodily experience, different from that of the trauma. As pointed out Hodgdon et al. (2013), this new sensory experience becomes a positive reference point on which the child can rely to integrate the trauma as an event of the past, and not as a threat still present.

In this dynamic, it is recommended to integrate a global psychomotor approach. The use of bodily mediations such as movement, bodily games, or relaxation, combined with a work of verbalizing sensations, makes it possible to restore bodily balance. This type of support supports the child's adaptation to his environment, while strengthening his internal resources: capacities, desires, creativity (Daudin & Defontaine, 2015).

Finally, it is important to avoid exclusively verbal approaches, which are often insufficient for traumatized children. The latter express their experience in a bodily way long before they can formulate it in words. This is why it is essential to enrich therapeutic devices with adapted bodily tools, to offer support that is truly adjusted to their needs and their mode of expression.

5. Conclusion

The objective of this research was to synthesize and discuss the existing recent literature on the impact of trauma on the psychomotor dimensions of children who have suffered from war. From 23 selected publications, 4 main disorders were highlighted: tonic regulation disorders, body schema and body image disorders, spatio-temporal disorders, and psychosocial disorders.

Faced with these specific problems, it is necessary to put in place means likely to contribute to the psychological care of these children and to encourage them to be directed towards psychomotor care systems. Indeed, currently, care focuses very little on this bodily dimension (Mouanga et al., 2018) and tend to make it take a back seat. However, the psychomotor dynamics of children form an inseparable whole of processes that support each other and that allow the child to develop motor skills adapted to his environment and social interactions.

This review reinforces the urgent need for trauma-sensitive psychomotor care in children exposed to war. Considering the profound disruptions, physical emotional, and cognitive, integrated intervention strategies are essential. It is crucial for authorities and practitioners to acknowledge the embodied nature of trauma in children and implement comprehensive psychomotor rehabilitation frameworks tailored to their specific needs.

Data Availability Statement

This review article does not contain original data. All information presented here is based on previously published

literature, and all referenced sources are available in the cited publications.

Thanks

None.

Disclosure Statement

No potential conflicts of interest were reported by the authors.

Ethical considerations

Because we used published research reports and did not conduct primary research on individuals, we did not seek ethical approval for this study.

Data availability

Data will be available on request.

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