

provided. 22% of children (3 people) showed a low level of indirect memory development.

Qualitative interpretation revealed that mediated memory is not readily available in the studied children, which is due to the fact that the mediated type of memory is the least formed in children with intellectual disability. It was noted that the subjects correlate the word set for memorization with the pictogram being drawn without taking into account the logical connection between them. It was also found that the subjects used drawings as a support for memorizing words. This is due to the fact that children of this category have a weak selectivity of memory – instead of the word that a certain pictogram was drawn to remember, children reproduce the name of the object depicted on it.

Conclusion. Based on the data obtained during the experimental study, it can be concluded that most preschool children have a small volume and rapid forgetting of what they remember; reduced productivity of memorization and its instability; low mental activity in the process of reproduction; insufficient cognitive activity and purposefulness during memorization and reproduction; poor ability to use rational memorization techniques; rapid forgetting of material and low speed of memorization.

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SPECIFICS OF VICTIMIZATION OF CHILDREN WITH INTELLECTUAL DISABILITIES

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In modern society, the problem of personal victimization is acute. Victimization is understood as the process of “transformation” of an individual into a victim under the influence of the surrounding social environment. The existing external and internal challenges impede the successful socialization of a large percentage of the country's population. One of the objective factors is a decrease in the population, as well as a change in its age composition. So, in 2015, the population of the Republic of Belarus was 9,489,616 people, in 2019 - 9,413,446 people.

It is well known that the category of victimized children includes:

- disabled people of all categories;

- orphans and children in the care of the state;
- children of refugees and migrants (to a country, region, locality);
- mestizos as representatives of other ethnic groups living in places of compact settlement of another ethnic group;
- children in a socially dangerous situation;
- children-alcoholics, drug addicts and substance abusers;
- children used as hired labor, etc. [4].

An indisputable fact is the change in the proportion of children with psychophysical developmental disabilities (hereinafter referred to as DPF). As of September 2015, the Republican databank of children with OPFR contained information about 144,459 children (1.52% of the total population of the country), of which 10,931 are disabled [3]. According to statistics for September 2019, the number of children with OPFD was already 166,186 people (1.77% of the total population), 13,234 of whom are persons with disabilities [1].

For the city of Vitebsk for 2019, the data bank contains information about 5712 children with OPFR. Of these, 435 children with disabilities (preschool age - 3105 children, school age - 2607 children.

Based on the comparative data of the National Statistical Committee of the Republic of Belarus (2015-2019) and the data of the Republican Bank on children with OPFR (2015-2019), one can notice a tendency towards an increase in the number of this category of children in the Republic of Belarus in relation to the total population, which allows us to talk about the sustainable victimization of part of the population of our country

According to G. Genting, persons diagnosed with "oligophrenia" are in seventh place in the list of the most victimized groups of people after representatives of national or racial minorities and before persons in a depressive state [2].

The high risk of victimization in intellectual disability is determined by a number of psychological characteristics of children and adolescents: lack of a critical attitude towards themselves and the situation, inability to understand the expediency of their actions and to foresee their consequences, weakness of cognitive activity and volitional regulation of behavior, etc.

The formation of victim behavior in adolescents with intellectual disabilities can be influenced by the characteristics of such spheres as cognitive, emotional-volitional and personal. So, they often exhibit aggressive behavior that is strongly associated with the victim (its reason is the immaturity of volitional acts). The regulator of actions and activities is momentary desires, the desire for immediate satisfaction of egoistic needs. A.S. Belkin noted that for a long time, elementary feelings dominate in persons with intellectual disabilities, which is associated with the weakness of intellectual regulation of feelings, which leads to the fact that higher spiritual feelings (conscience, sense of duty) are formed with delay and with great difficulty. , responsibility and the like).

Material and methods. The research was carried out on the basis of the State Educational Institution "Vitebsk Auxiliary School No. 26". The total number of respondents was 20 middle school students of the first department at the age of 12-13, including 7 girls and 13 boys. The Rosenzweig frustration test (modified by N.V. Tarabrina) was used.

Findings and their discussion. The study showed that students with intellectual disabilities and students with intellectual disabilities in combination with epilepsy have aggressive reactions manifested in various forms: fear, dependence, self-aggression, and aggressive behavior. In most cases, pupils with intellectual disabilities in combination with epilepsy showed irritability, nervousness, unwillingness to complete a task when presented, and lack of control over their activities.

It was noticed that some frustrating situations, due to the intellectual defect of the subjects, are not perceived by them adequately: students do not understand the hidden meaning of events, they strive to describe the depicted situation.

At the same time, 36.7% were intropunitive reactions (subject Denis I. in a situation where his mother says: "You are an ill-bred child, you cut off my flowers!", Answers: "Yes, I am an ill-bred child"); 21.25% - impulsive reactions (subject Yegor K. in a situation where the boy says: "I am very sorry that I accidentally broke your house", answers: "It does not matter, we will build another house"). Extrapunitive reactions accounted for 35.8% of the total (subject Valeria T. in a situation where a girl says: "You broke my most beautiful doll!", Answers: "And you broke mine!"). 6.25% are situations that defy interpretation due to the peculiarities of thinking of this category of children.

It should be noted that subjects with intellectual disability in combination with epilepsy understood the situations depicted worse and could not give a definite answer. The implementation of the technique was accompanied by "explosiveness", irritability, aggressiveness (for example, the subject Ilya K. in a situation where his mother says: "I gave the last piece to your brother," shouts: "You cannot give this to your brother!").

Conclusion. One of the most vulnerable groups in terms of victimization is the group of students with intellectual disabilities. The specific victimization of the personality of this category of students is characterized by deformation and disharmony of relations in society, reduced stability of the psyche, inadequacy of self-knowledge and perception of reality, fixed negative attitudes, infantilism, and impaired resistance to stress.

Devictimization has as its goal the restoration of personality boundaries: mastering the skills to differentiate oneself and the I of another person (to distinguish between thoughts, feelings, desires of one's own and those of others), choose ways of self-expression that do not allow manipulation or humiliation of others, make choices independently, determine the limits of personal

responsibility (avoidance over-responsibility and infantilism), accept oneself, cooperate.

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KNOWLEDGE OF PRIMARY SCHOOL STUDENTS ABOUT A HEALTHY LIFESTYLE

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The Formation of children's knowledge about maintaining a healthy lifestyle (HLS) should begin with primary school age. Children must know that only a healthy person can live a full life. A healthy lifestyle includes such components as proper nutrition, daily routine, personal hygiene, exercise and cold training.

The results of many pedagogical studies are reduced to the fact that the organization of life of modern children in many ways does not correspond to the content of the so-called healthy lifestyle. Unfortunately, the number of such children is not decreasing, and solving the health problem of a growing generation is becoming an extremely important practical task in modern society [1].

Currently, there is a problem of including children in a healthy lifestyle. Statistics show that children are not actively leading a healthy lifestyle. From this, we form the research goal.

Purpose is to study the level of knowledge of primary school students about maintaining a healthy lifestyle.

Material and methods. The study was conducted on the basis of state institutions of general secondary education in Vitebsk. Information about the state of awareness of primary school students about the management of a healthy lifestyle was obtained using the questionnaire method. The questionnaire included 6 questions that could be used to calculate various indicators: knowledge of the rules for using personal hygiene products, awareness of the rules for organizing the diet, awareness of the rules of personal hygiene, awareness of the rules of first aid, as well as the General level of awareness about maintaining a healthy lifestyle. 82 students of grades 1-4 took part in the survey.