RAPID PSYCHOSOCIAL ASSESSMENT OF CHILDREN IN DONETSK OBLAST

EXECUTIVE SUMMARY

Context

Amidst rapid geopolitical changes and military operations in Ukraine in the recent months, UNICEF initiated a rapid assessment of the psychosocial status of children in four cities of Donetsk Oblast to gain first-hand perspective of the impacts of the crisis on children and families. Assessing and responding to psychosocial needs is one of UNICEF’s Core Commitments in the event of a humanitarian or crisis situation.

The objective of this qualitative assessment was to provide information about the degree and sources of children’s stress, their coping mechanisms, and the capacities of people in communities to support them.

The assessment took place in May 2014 in Mariupol, Donetsk, Horlivka and Yenakiieve\(^1\) (Donetsk oblast). It included a psychological assessment of 204 children (68 children in the age groups 3-6, 7-12 and 13-18 years old)\(^2\) and focus group discussions with a total of 48 children’s main caregivers (parents or other family members). In each city, local psychologists were recruited to conduct the assessments.

This generated evidence will inform UNICEF’s development of responses and resource priorities as well as establishment of common indicators for further assessment and monitoring to effectively protect the rights and well-being of children in Donetsk oblast and other areas of Ukraine.

Main findings

\(^1\) While a proposed research city included Slaviansk, by the time of the research the conditions in the city made it impossible for

\(^2\) It was planned that children of all age and gender groups will be equally distributed across all cities, but it was not always possible to reach the planned distribution because of abovementioned fieldwork problems. Statistical weights were used for the correction of biases in the distribution of surveyed children.
Level of distress

In the surveyed groups, different psychological methods of assessment showed heightened fear and anxiety in about a quarter of the children 3-6 years, around a sixth of children 7-12 years and up to a quarter of children 13-18 years:

- Every fifth child 13-18 years has a higher level of anxiety in comparison to the norm for schoolchildren.\(^3\)
- Children 3-6 years showed significantly higher fear of blood and sudden, sharp noises than the norm. Boys additionally displayed higher fear of death, while girls displayed higher fear of pain than the norms for their ages.\(^4\)
- Every sixth child 7-12 years and every fourth child 13-18 years showed heightened levels of social stress compared to norms.\(^5\)

In addition, results of various qualitative assessments signal that children are experiencing anxiety and fear:

- About half of children aged 5-6 and 7-12 showed signs that indicate anxiety in drawing assessments conducted by psychologists.\(^6\)
- The majority of children aged 13-18 (64%) stated negative feelings when completing the sentence ‘recently I feel...’, and half (53%) stated anxiety, fear and similar feelings. About half of the children in this age group (52%) stated that they are afraid of war or related events when completing the sentence ‘I’m afraid of...’

Out of the surveyed children, the youngest children showed the most signs of distress. In April/May 2014, heightened anxiety and other problems appeared more often or intensified in the behaviour of children aged 3-6 (psychologists observed problems in behaviour which appeared or intensified in April/May among 26% of 3-6 year olds) than in behaviour of children aged 7-12 and 13-18 (among 13% and 14% of each age group, respectively). According to the psychologists, the most prevalent problems in children’s behaviour which intensified in April/May across the age groups are loss of

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\(^3\) Higher than norms for schoolchildren according to State Trait Anxiety Inventory by Spielberger;
\(^4\) Surveying children’s fears by Zakharov’s method
\(^5\) Higher than norms according to Philips Test. Social stress is stress arising from relationships with other people .
\(^6\) ‘Me in my town’ drawing assessment and Non-existent Animal Test
concentration, anger and aggression; anxiety and fear were also prevalent for children aged 3-6 and 13-18.

The caregivers from the four cities talked about their children’s questions and confusion about what is happening: ‘Why are they shooting?’; ‘Is this the beginning of war?’; ‘Will Dad get a gun too?’; ‘My friends are leaving the city, will we have to leave too?’.

Some children’s games have changed; they now act out war, military men, separatists, and maidan events, even making toy ‘Molotov cocktails’. Older children worry about their futures, about what the current political changes mean for their education, and how their families could be affected. Children’s limited access to leisure activities (activities are cancelled, clubs are closed, or parents keep children home out of security concerns) is disrupting routines and creating frustration.

Particularly in Mariupol (where there had been violence in the weeks before the assessment took place), parents reported that children had been displaying increased anxiety, fear, sadness, loss of concentration and disturbed sleep recently. Children worry about their parents and relatives, and have fear of military actions taking place in their city. They also have stress due to not understanding what is happening. Some 16-17 year old boys are showing a desire to participate in the events.

Sources of distress

Almost 40% of children aged 7-12 and more than half of children aged 13-18 have been directly exposed to aversive events, witnessing for example: tanks/ military vehicles (14% and 13% respectively), fights (13% and 22%), people they know having been beaten up (4% and 15%), and people threatening others with guns (6% and 5%). Several children have seen people who have been killed (both strangers and acquaintances).

76% of children aged 7-12 and 43% of children aged 13-18 felt scared after seeing aversive events. Children experienced negative emotional reactions, including fear, anger, sadness, and problems with sleep or concentration within several days or even weeks after witnessing aversive events.\(^7\)

Surveyed children aged 7-18 who witnessed aversive events were almost twice as likely (28%) to suffer from heightened social stress compared to those who were not exposed to such events (15%)\(^8\).

Children’s sources of information about current events have included media, relatives, friends or acquaintances or children’s own negative experiences observing or participating

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\(^7\) Child Psychological Distress Screener

\(^8\) Ibid.
in aversive events. According to caregivers, the main source of distress for children is participation or witnessing of aversive events.

According to the caregivers who took part in focus group discussions in Donetsk, Horlivka and Yenakiieve, their children had not witnessed or participated in events, while caregivers in Mariupol said their children experienced events such as skirmishes, explosions, seeing people who had been beaten or killed. According to caregivers in Donetsk, Horlivka and Yenakiieve their children generally feel comfortable and current events are not considered to have an influence on them while caregivers in Mariupol assess their children as being more depressed and tearful, having fears about active military actions starting in the city and worries about their parents’ and relatives’ well-being.

Coping mechanisms & Support
While the prevalence of unconstructive reactions\(^9\) to stress is normal for children aged 3-6, results from drawing assessments used showed that the prevalence of unconstructive reactions to frustrating situations is higher than upper limits of norms among one-third of surveyed children aged 3-6\(^10\). Psychologists’ observations suggest that children aged 3-6 are the least resilient to distress potentially caused by the recent events as they showed the highest levels of deterioration in behavior in April/May (26% of children aged 3-6 versus 13% and 14% among children aged 7-12 and 13-18).

Psychologists assessed that an overwhelming majority (87%) of surveyed children aged 7-12 have normal coping mechanisms to stress, that enable them to adapt to stressful situations and limit the likelihood of inadequate or destructive responses to external factors, such as witnessing fighting or other violence. The majority of children in both age groups 7-12 and 13-18 say they can stop being afraid or worried about what they had seen without help from parents or other people, though some children in both age groups mention having difficulties getting over feelings of fear (17% and 18% in the age groups 7-12 and 13-18, respectively) without external support.

Only a quarter of children aged 13-18 and about a half of children aged 7-12 who have seen aversive events in the city said they have received any help or support to deal with these experiences and feelings. The fact that the majority of children in the older age groups say they can deal with negative feelings without help from parents or other people suggests that the children would not reach out for support, but that pro-active “check-ins” might be required to ensure that the children are alright. At the same time, the children’s statements also underscore that people have different coping abilities and resilience, which may enable them to manage without outside assistance.

Children of different ages have different vulnerabilities to the current circumstances. The youngest children, those aged 3-6, are vulnerable because of their low resilience to distress. Children aged 13-18 have higher resilience to distress, approximately the same as

\(^9\) Unconstructive reactions include overt aggression, accusations against other people, or apathy towards addressing obstacles.

\(^10\) Rosenzweig’s Picture-Frustration Method.
children aged 7-12, but due to their age and increased independence given by their caregivers, they have more direct exposure to violent or frightening events happening in their cities, increasing the prevalence of social stress.

Almost all caregivers who participated in focus group discussions try to restrict children’s access to negative/political information; only several participants from Mariupol said they try to explain to their teenage children what is going on. If children ask questions most caregivers try to give a positive interpretation of events or to draw the children’s attention to other topics. Discussion of political events is also forbidden at some schools. On the one hand such a strategy may protect children from distress, but on the other hand it may hinder children receiving adequate support to deal with their experiences and questions as adults are unwilling to discuss political events.

Most caregivers would like to improve their abilities to support children: particularly, they would like to receive trainings or information on how to discuss political events with their children (Donetsk, Horlivka) and how to help children in stressful situations (Yenakiieve). Particularly in Mariupol, parents/caregivers expressed a need for enhanced psychological support for their children.

**Recommendations:**

**Recommendations for the government and relevant international/ national organisations and experts:**

To strengthen psychological responses for children and their caregivers, in regions of Ukraine directly and indirectly affected by recent violence and unrest, it is recommended to:

- Provide trainings for caregivers and teachers on dealing with their own stress, talking to children about ongoing events, recognizing stress/trauma in children, mediating stress in children (psychological first aid), practical tips for coping with changing situation (military actions, internal displacement etc)
- Provide trainings for psychologists (at schools, at social work centres etc) on recognizing and responding to children and their caregivers’ emerging psychosocial needs.
- During summer when schools are closed, provide psychosocial support for children and their caregivers through summer camps and ensure that children have leisure opportunities for play and development
- Ensure that psychosocial support is available for displaced populations at their new/ temporary locations, based on need
- Ensure that caregivers know about the availability of and how to access psychosocial support and other services required (e.g. information outreach, awareness campaigns)
- Ensure that psychosocial support provided to children is attuned to their age and sex
- Ensure that support provided builds on children’s and their caregivers’ existing resilience/ coping mechanisms
- Ensure that particularly vulnerable groups of children (such as children without parental care who may have less opportunities than other children to discuss current events with an adult) are reached by psychosocial support interventions

**Recommendations to the media:**

- Encourage ethical and conscious reporting of ongoing events by media

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*Donetsk. Boy, 10 years old Child commented on his picture saying that he "wants to fly around in a helicopter and save people"."

**Research methodology:**

The rapid psychosocial assessment of children was conducted by GfK Ukraine at the request of UNICEF Ukraine.

The following target groups were defined: children aged 3-6, 7-12 and 13-18 years old; and parents or other relatives who spend more time with a child than other members of the family in Mariupol, Donetsk, Horlivka and Yenakieve. The survey took place during May 15 – 22, 2014 and included psychological assessment of 204 children and 4 focus groups with
48 caregivers. Statistical weights were used for the correction of age/sex biases in the distribution of surveyed children.

The following methods of assessment were used:

- Rosenzweig Picture-Frustration Study\textsuperscript{11} (used for assessment of children aged 3-6 years)
- Zakharov method\textsuperscript{12} to survey children’s fears (used for assessment of children aged 3-6 years)
- Drawings on the topic «Me in my town» (used for assessment of children aged 5-6 years)
- Child psychosocial distress screener\textsuperscript{13} (used for assessment of children aged 7-12 and 13-18 years)
- Non-existent Animal Test\textsuperscript{14} (used for assessment of children aged 7-12 years)
- Phillips method\textsuperscript{15} for diagnostics of level of school anxiety (used for assessment of children aged 7-12 and 13-18 years)
- State Trait Anxiety Inventory by Spielberger\textsuperscript{16} (for children aged 13-18 years)
- The sentence completion test (for children aged 13-18 years)\textsuperscript{17}
- Focus-group discussion with main caregivers

\textsuperscript{11} Данилова Е.Е. Методика изучения фрустрационных реакций у детей // Иностранныя психология. 1996. № 6. // Danilova E.E. Method of Rosenzweig Picture-Frustration Study for children.


\textsuperscript{15} op cit.

\textsuperscript{16} Истратова О. Н., Эксакусто Т.В. Справочник психолога средней школы, 5-е издание, издательство "Феникс", Ростов на Дону 2008 // Istratova O.N., Eksakusto T.V. Reference book for the secondary school psychologist. 5\textsuperscript{th} edition

\textsuperscript{17} Учебное пособие / под ред. Д. Я. Райгородского. – Самара: Бахрах-М, 2001. // Tutorial edited by Raigorodskii. D.Y