

Research summary: UNICEF psychosocial support programs for school children in Donetska and Luhanska oblasts

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Introduction

The crisis in Ukraine began with protests in the capital city of Kiev in November 2013 against Ukrainian President Viktor Yanukovich's decision to reject a deal for greater economic integration with the European Union. In March 2014, Russian troops annexed Crimea and supported separatists attack in eastern Ukraine. These events have resulted in significant social and economic disruption and dislocation, with many individuals and families experiencing significant trauma and violence. Since the beginning of the conflict, almost 23,000 people were confirmed as injured and 9,700 killed (GoU). Many people fled the conflict area, within Ukraine and abroad. The Government has officially registered some 1.7 million people as Internally Displaced Persons (IDPs). Damage to housing and critical civilian infrastructure continues to trigger humanitarian needs. Since the start of the crisis, prices for gas, heating, electricity, and other utilities have risen by 30 per cent. Families have depleted their savings and reduced spending on health and education in order to afford food. Women-headed households, especially those with children, are among the most likely to suffer from food insecurity to a greater extent (Humanitarian needs report, 2017).

Immediately after the conflict began, UNICEF, in cooperation with the Ukrainian Ministry of Education and Science and other international and national organizations, developed and implemented an emergency response plan in the East of Ukraine to save children's lives, protect their rights and promote psychosocial well-being during armed conflict. National University "Kyiv-Mohyla Academy" (NaUKMA) aimed to realize several projects, the primary goal of which was to provide psychosocial support to the most affected school children in the eastern oblasts of Ukraine. All interventions carried out by NaUKMA stayed in line with the Inter-Agency Standing Committee (IASC) Guidelines for emergencies (IASC, 2017). Broadly, the projects both tracked ongoing psychosocial needs of war-affected children, provided much needed psychosocial support on a scale, and formulated a contextually appropriate conceptualization of Ukrainian children's resilience.

In the period between 2014 and 2017 NaUKMA has realized the following projects:

- Enhancement of Psychosocial Responses for Children and Families in Eastern and Central Regions of Ukraine (UNICEF, Oct 2014 – Apr 2015).
- Comprehensive Psychosocial Support to Conflict-Affected Children, Adolescents, and Families in Ukraine (UNICEF/ECHO Nov 2015 – Dec 2016).
- Comprehensive Psychosocial Support and Assistance to Mobile Team Members Who Work in the 'Grey Zone' (UNICEF, Apr – Oct 2016).
- Comprehensive Psychosocial Support and Assistance to the Most Vulnerable Communities Near the Contact Line (UNICEF, Feb – July 2016).

In this paper, we present a summary of psychosocial findings from the above mentioned

projects. The data came from both independent surveys and from monitoring activities associated with the psychosocial interventions. To protect the confidentiality of the participants, no names or personal identifiers were used during the data collection processes.

All surveys presented in this paper were administrated by local teachers and school psychologists except one qualitative study of referral mechanism conducted by NaUKMA senior staff. However, only those teachers and psychologists were invited to administrate questionnaires who has not implemented the intervention themselves or if it was not possible has not worked with children from the sample. Local staff were trained by NaUKMA senior researchers on ethic issues and data collection technics. In order to accelerate the data collection process, it has been decided that, as soon as a teacher or psychologist obtained a consent from parents and surveyed children, they record the answers to the online questionnaire. The online questions resembled those one found in printed questionnaires, except the questions regarding the code of the school and of a child. The codes were invented in order to protect a child's identity and to conveniently substitute the long name of a school.

A. Psychosocial stress and resilience strategies among school children

1. Randomized study of psychosocial stress and emotional well being

Two-level nested research with representative samples of children has been conducted during February 16, 2016 - March 11, 2016, and had several goals. One was to evaluate how widespread and intensive traumatic stress reactions among school children were in Luhanska and Donetska oblasts. Secondly, the study scrutinized children's emotional and behavioural problems as well as peer relationship problems .

Design. The present study was exploratory, baseline in nature, with the goal of repeating it after a school-based intervention via teachers . The participating schools and classrooms were reached through implementing two-level, nested sampling procedure. On the level of classrooms, by introducing incentives, teachers were asked to survey children and send the results to the head office via mail services.

Measures. The following questionnaires were selected: Strength and Difficulties Questionnaire (SDQ) for caregivers and teachers for screening of children and adolescents aged 8-18, the Children's Revised Impact of Events Scale (CRIES 8) for children and adolescents aged 8-18 years, and the Child Psychosocial Distress Screener (CPDS) for children and adolescents aged 8-18 years. SDQ is a well-known and widely replicated measure (Goodman, 1997) and includes the following subscales: emotional symptoms, conduct problems, hyperactivity, peer relationship problems and prosocial behaviour. The

CRIES 8 has Intrusion and Avoidance subscales (Perrin, Meiser-Stedman & Smith, 2005), scores on which represent the main diagnostic criteria for posttraumatic stress disorders. The CPDS include list of trauma exposure events adapted for actual Ukrainian context (GfK not published report) and assesses acute stress reactions post exposure.

Participants. Overall, the study involved 442 pupils and teachers who lived in Luhanska and Donetska districts. On the first step of the sampling process, 36 out of 846 schools were chosen (543 schools were situated in Donetska district, 303 schools - in Luhanska district). As the second step of sampling procedure, a class in school was singled out with its respective letter, if two or more classes were of the same grade. The proportion of the classes in two districts nested almost equally into the sample (equated to 1.41), which signifies the randomized nested sampling to be successful. Yet, one need to note that during the research, the proportion slightly shifted on the behalf of Luhanska district (equated to 2.88). Since four schools refused to participate in the study, the research team approved the sample size of 32 schools and 526 pupils. The sample consisted of 254 (42.5%) males and 188 (57.5%) females. One counted 116 3r-5th graders, 148 6th-8th graders, and 182 9th-11th graders. For each grade, the number of females was 69, 80, and 105 respectively. The number of males was 46, 67, and 75 for each grade respectively.

Results.

The disturbing majority of children have seen tanks and military machines (86.1%), people who were beating or shooting others (37%), shooting and people who intimidated others with weapons (43%), beaten strangers (33.2%), or saw beaten acquaintances (12.1%). The respondents often mentioned feeling sad (34.5%) or scared (36.5%), having difficulties concentrating (23.8%), problems with going to sleep (19.3%) or nightmares (26%) (Bogdanov, 2017). These reactions resemble the symptoms of post-traumatic stress, which were measured by CRIES-8. Indeed, a significant number of the children surveyed experience the critical level of stress (26%). High levels of stress were more comon among females than among males (28.3% to 22.8%, respectively).

On the SDQ, a significant number of children (both genders) scored significantly above average on peer problems (32.9%), hyperactivity (28%) and prosocial (25.3%) scales. SDQ also revealed gender discrepancy in how children are transmitting stressful events in the daily life. Male children are 2.5 times more likely than female children to experience difficulties in prosocial behaviour (24% of males compared to 9.3% of females) and almost twice as likely to be hyperactive as were female children (26.2% of males compared to 16.1% of females). There were no significant differences in responses according to the age of the participants.

Conclusion. Significant numbers of children in Donetska and Luhanska oblasts were estimated to experience traumatic stress alongside with emotional, conduct and peer

relationship problems. The effect differed by gender but not age.

Baseline of school psychologist intervention

The present study evaluated the psychological condition of school children before the intervention was introduced. Similar to the previous study, this one measured children's level of stress and exposure to traumatic events in children; their problems with conduct, emotional instability, and peer relationships. Unlike the previous study, this one provided reference measures before the training with psychologists were carried out, which had more narrow focus.

Design and Participants. The exploratory quasi experimental study involved school children who were subsequently selected as participants of psychosocial group intervention provided by school psychologists. On the baseline level, the more psychologically affected pupils from Donetska and Luhanska districts were selected based on the psychologist's assumptions of their stress level and present functional difficulties. The study was carried out in January-March, 2015. The sample comprised of 1365 children, with the age ranging from 8 to 17. 18% of participants were 8-9 years old, 51% of them were 10-13 years old, and 31% of them were 14-17 years old. The gender structure of the sample was almost even, with boys marginally outnumbering girls (52% compared to 48%).

Measures. This study used the same questionnaires that had been used in the previous study. In addition to the Strength and Difficulties Questionnaire, the Children's Revised Impact of Events Scale, and the Child Psychosocial Distress Screener the Child Stress Level Screener for Caregivers (for screening of children and adolescents aged 8-18) was used in order to document differences among the variation of measured stress model.

Results. Children reported having seen tanks and military machines (80%), have heard shooting and explosions (50%), have seen strangers being beaten (22%) and acquaintances (20%) being beaten. The minority of children saw killed strangers (10%) or killed acquaintances (3%) Almost half of respondents noted slight stress (48%) after seeing the traumatic scene(s). 41% of children experienced fear on the daily basis, 30% felt sad, and 21% of children found it hard to concentrate and fall asleep. Then, notably, 36% of children pointed to having no support from adults (including the close ones) after experiencing the adverse scene(s). Only 33% pointed to have sufficient support from adults.

CRIES-8 assessed the number of children showing post-traumatic stress to be 37% (more than third of the surveyed). Obtained data correlated positively with results of Child Stress Level Screener for Caregivers ($r=.220$; $\alpha = .000$) what increase fidelity of the measured stress model. 72% of children displayed normal social behaviour (13% - significant difficulties, 10% - some difficulties), less in boys than in girls (61% and 82% respectively). 18,5% children show significant difficulties on hyperactivity scale. Again, boys were more troubled than girls (28% and 10% shows significant difficulties, respectively). Behavioural difficulties were

seen among 16% of boys and 5% of girls. As for problems with peers, teachers said of significant level of borderline behaviour: 27% boys and 19% girls. At the end, boys showed more general problems compared to girls: 17% of boys and 6% of girls showed significant difficulties, whereas 17% and 11%, respectively, showed some difficulties.

Notably, children witnessed violent actions (people having been beaten up or killed) displayed profound decrease in normal social behaviour (20-25%) compared to other children. The risk of development of mental disorders in the future stay increased for this group of children.

Conclusion. These findings lead one to conclude that military conflict might be a strong precondition to children's lowered well-being. In general, the level of psychosocial stress in children from Eastern Ukraine is similar to other countries in post war period (Pakistan, Iran). Primarily traumatic experience affected social activity and caused increase in abnormal hyperactivity among schoolchildren. Boys might be more troubled as they tend more to externalize their problems. On the contrary, girls tend more to internalize their traumatic reactions.

Qualitative study results in Donetska and Luhanska oblasts

The qualitative study aimed to describe experience of children in the East of Ukraine and to find out the coping strategies that parents and children are using in order to protect themselves from the negative impact of military conflict.

Design. Eight focus groups were conducted: five with children 8th and 11th grades and three with the parent of those children. Focus group interviews followed the standardized procedure and protected the anonymity and confidentiality of the participants.

Results and Conclusions. Children reported having the following difficulties: sleep disruption, nightmares and disturbed dreaming, waking up in cold sweat or with screaming, bedwetting; afraid to be left alone, many fears; high temperature when nervous, often goes to the toilet, stuttering; rudeness, aggressiveness, emotional instability, worse memory, whining, nervous tic. However, among all parents, being fearful was the most prevalent problem.

The coping strategies parents used to comfort and calm down children include: minimizing traumatic information (news about military conflict, casualties, etc.) by controlling what a child watches or reads, redirecting a child's attention (to sport, new positive emotions, creative work, etc.), spending more time with a child (children) and organizing activities in such a way so that a child feels happier, expressing love physically (by hugging and kissing), verbal support, family rituals (including religious ones), having pets, caring. Nevertheless, not all participants had managed to successfully minimize the military conflict effects. Some parents claimed to be unable to help children. Some even revealed that they accidentally fostered psychological instability of children.

As for the children, they claimed that new emotions associated with risk-taking) and experiences distract them from their daily issues. Other coping strategies included: listening to music, reading an interesting book, indulging oneself, sport or going for a walk; being creative, caring; interacting with peers; pursuing support of close relatives and friends; and having meaningful and emotional conversations.

Conclusion. Psychosocial problems and stress reaction described by children correspond with earlier obtained statistic data. Overall, parents and children seemed to be aware of how to minimize the negative impact of the adverse events. However, not all were able to implement it successfully.

Baseline results for the intervention in the front-line zone

The present research aims at establishment of the level of psychological stress and emotional well-being among school children prior to implementation of a two-level psychosocial intervention involving teachers and psychologists, respectively.

Design. The present research is exploratory in nature. The research has been carried out in March 2017, following the training sessions with teachers and psychologists from the randomly selected schools that participated in the program. The research sample has been divided into two: the teacher intervention sample and the psychologist intervention sample.

Participants. Participants of the survey were children within the age range of 8-15 who study in schools located within the 5 km of the contact line. The participants were selected randomly by applying a two-step nested sampling procedure. On the first step, on the level of regions, the cities and villages were selected. On the second step, the schools from the population were randomly chosen. 466 children were randomly selected to participate in a study. 335 children were included into sample (299 children from the teachers intervention group and 36 children from the psychologist intervention group).

Measures. For the study, the selected questionnaires included the Strength and Difficulties Questionnaire, the Children's Revised Impact of Events Scale, and the Child Psychosocial Distress Screener.

Results. The majority of children have seen tanks and military machines (96.5%), people who were beating or shooting others (41.3%), people who intimidated others with weapons (18%), beaten strangers (33.3%); experienced shooting (74.2%), explosions (72%).

Half of the children living on the front-line zone were experiencing the negative impact of traumatic events. The total percentage of children experiencing a critical level of impact of traumatic events was 40.6%. For the sample of teachers, the percentage of such pupils was 35.8% .

Boys and girls differ on the issues they are experiencing on a daily basis. Indeed, girls are more prone to show significant emotional difficulties (13.6% compared to 6.6% in boys). On

the other hand, boys have higher levels of conduct problems (11.7% compared to 8% in girls), show significant difficulties in prosocial behavioural (9.5% compared to 3.7% in girls) and experience acute problems in communicating with peers (10.2% compared to 6.8% in girls). Within the sample of psychologists, boys were found to have significant emotional difficulties (20% compared to 6.3% in girls), hyperactivity issues (45.% compared to 37.5% in girls), and problems with their behaviour (15% compared to 12.5% in girls).

Conclusion. High levels of psychological distress have been documented. Almost half of all surveyed are influenced by traumatic events, which results in psychological issues. like sleep disorder, panic, and hyperactivity. For all genders, hyperactivity and significant social difficulties are the recurring ramifications of military conflict. By the nature of being vulnerable to external influences, children cannot deal with such experience on their own, which data surely supports.

Qualitative study in the front-line zone

Resilience is a concept of the great importance when one speaks of social and political disturbances. In a broad sense, being resilient means being able to deal with changing, and often unstable, situations. The study aimed at investigating how children in Donetska and Luhanska districts describe their resilience strategies and how do they conceptualize the term. This contextualized understanding of key resilience components was compared to other resilience constructs in the literature and lead to the development of a new resilience measure using a child-driven approach. This stands in contrast to the more usual adult defined constructs of resilience.

Design. The qualitative study, executed during June 2016, was carried out in Pokrovsk city, which serves as a buffer zone between the occupied territory and the territory controlled by the Ukrainian government. One used the integrative methodology that comprised of free listing, interviews with key respondents, and focus group interviews, which has been widely used to create and validate an instrument (Bogdanov,S., Gyrnik, A. 2017 in press). Parents of the interviewees signed the consent form prior to the field work. For the interviews, there were 6 open-ended questions, to answer which it took a child up to 40 minutes. Afterward, one applied the notions children expressed during interviews in focus groups, during which another sample of children was asked to explain them in their own words. Then, the focus group with parents displayed the issues children had to cope with. The last focus group gathered experts to categorize children's problems and elicit the 4 most common ones in each category.

Participants. The participants were 67 children in three age groups (9-11 years old; 12-14 years old; 15-17 years old..

Results. Across all age groups, two problems categories in common were: quarrels in the families and fear of war. For the age group of 9-11 year olds, the four most common issues

were quarrels inside family and divorces, no time to spend with family, being afraid of violence (from the side of parents) and of the war. The age group of 12-14 years olds named the following problems: quarrels between family members, being afraid for the lives of close ones and relatives, divorce, no place to rest. For the last age group, the most common problems were family conflicts, alcoholism, fear of the war, no cultural development. The main characteristics of children that help them to grow up well in adverse situations were found to be optimism, happiness, and the ability to help others. The most effective ways to overcome sadness and stress were reported to be conversation with others and support provided by families.

The main risk factor for children of 9-11 are is the violent behaviour of parents. Therefore, these children often do not feel appreciated. For older children, the main issue is rather a psychological one and pertains to emotional devastation and psychological instability.

Interviews with key experts suggested that family conflicts relate not only to economic difficulties that Ukrainian families face, but also to the lack of understanding between family members as well as the low psychological culture and reluctance to communicate with each other. Fear of war among children is caused at the first place through the mass-media influence and not through the living close to the front line as it might be expected.

Conclusion. Family conflicts and economic difficulties are having a bigger impact on Ukrainian children than war itself. It is important to study how the conflict will influence families, which are one of the most important protective factors for Ukrainian children in the eastern oblasts. A valuable next step would be to develop multi-level interventions which emphasize prosocial behaviour and parenting. Such interventions could help increase children functioning and decrease the number of mental health problems in the future. It is necessary to support interaction between schools, children, and families and study the interplay between those actors to understand how resilience strategies could became changed over time. Overall, results supported data obtained during previous studies and show that Ukrainian children developed different coping strategies that help those to overcome distress well. Among those are active prosocial coping strategies, emotional coping and problem solving, helping behaviour. Family and friends support remain main protective factors.

B. Effectiveness of the comprehensive program of psychosocial support in schools

Effectiveness of the teacher intervention

It was hypothesized that teacher training sessions will positively impact the wellbeing of children in that teachers will create a comfortable and emotionally safe climate in the classroom. During the sessions, teachers acquired skills of emotional communication and

creating a safe emotional environment in the classrooms. Overall, 3842 teachers from 5 districts in Eastern Ukraine have attended training sessions. The present study aimed to investigate whether training sessions with teachers improved pupils' emotional well-being of pupils and lowered their psychosocial stress level.

Design. Conducted in November, 2016, the present study is a one year follow-up study of the representative two-level nested research conducted in January 2016 (see Randomised study results). For the purposes of the study, the sample was divided into control and treatment groups. Teachers of children from the treatment group underwent training sessions, whereas teachers of children from the control group did not.

Participants. The sample of the study was the same as in the randomized study. Yet, now, children from the treatment group (191 children) studied in a class led by teachers who had participated in the training. The children from the control group (208 children), on the other hand, continued studying in the regular class. Measures. The measures in the study were represented by the same questionnaires from the randomized study: the Strength and Difficulties Questionnaire, the Children's Impact of Events Scale, and the Child Psychosocial Distress Screener. Also used was a "My class" questionnaire which explored children's attitude toward their classmates and the educational process in general, as well as the relationships among children in their study class.

Results. Relative to the control group, children in the treatment group showed statistically significant improvement in prosocial behavior, emotional comfort, and their relationships with peers. The mean scores of children from the treatment group were significantly lower ($p < 0.05$) on the scales of emotional symptoms (from 2.62 to 2.12), behaviour problems (from 2.10 to 1.53) and total difficulty score (from 11.78 to 9.99) compared to those sampled in January 2016. Moreover, across all scales, the number of students with scores way above normal significantly decreased by at least 5%.

In addition, the "My class" questionnaire showed that children from the treatment group feel more united and are more tight-knit than children from the control group. Indeed, treatment group pupils are more satisfied with their class, think of other pupils in class as friends, and are kind to other pupils. Additionally, the number of conflicts and fights seems to be lower in the treatment group, compared to control group.

The study revealed that how one experiences stress is contingent upon a gender or age group one belongs to. In a nutshell, the higher the grade of a female pupil, the less likely she will be impacted by stress. What it means is that female children studying in 3-5th grades are the most vulnerable.

However, the study has found no statistically significant difference in levels of traumatic stress between children from control and treatment groups. A possible interpretation is that the large class sizes made it difficult for teachers to provide the extra support needed

by highly stressed students. In order to combat such stress, one needed the more focused and systematic approach of a psychologist.

Conclusion. Teacher intervention positively influenced the well-being of children. After intervention, children show more prosocial behaviour, less emotional and behavioural difficulties, were able to establish the comfortable psycho-emotional climate in a class, which positively influenced not only pupils' emotional but the relationships between children in a classroom in general. However, for more specific problems like traumatic stress or hyperactivity, one needs an expert opinion.

Effectiveness of the school psychologist intervention

The present study is an outcome study that aimed to measure effectiveness of psychologist intervention. It evaluated the psychological condition of pupils who had been referred to a psychologist for support and had participated in 7-8 group sessions with psychologists' .

Design and Participants. This study is an extension of the Baseline of school psychologist program (see previous section) that was carried out immediately after the intervention during April-May of 2015. For its purposes, from the base line sample were randomly selected 319 children. 51% of them were boys, and 49% were, respectively, girls. 21% of participants were 8-9 years old, 45% of children fell into 10-13 age range, and 34% of participants were 14-17 years old.

Measures. The selected questionnaires included the Strength and Difficulties Questionnaire, and the Children's Revised Impact of Events Scale. The Child Psychosocial Distress Screener was not applied as the traumatic events children experience on the daily basis had already been established.

Results. After the intervention, number of children with high levels of traumatic stress decreased significantly. Before the intervention 37% of children were categorized as highly stressed, whereas afterward, only 11% showed high levels of stress. Similarly, there is increase in level of normal social behaviour: girls – 90% against 82% before the programme, boys – 79% against 61% prior (mean before 7.24, after 7.64, $t=2.736$, $p=.007$). Other SDQ scales shows significant improvement of psychosocial well-being after intervention. Scores that show significant difficulties in hyperactivity decreased two time for boys – from 28% to 14%, girls from 10% to 4% (mean before 3.32, after 2.51, $t=4.661$, $p=.000$). Level of general problems also decreased significantly for both genders (mean before 8.05, after 5.58, $t=5.502$, $p=.000$)

Conclusion. Psychologists' intervention showed significant positive impact on children's psychosocial well-being. In particular, a 7-8 week intervention decreases children's levels of traumatic stress and hyperactivity .

C. Qualitative study of referral mechanism in schools

A qualitative study focused on the referral mechanism within schools that identified more affected children referred them for focused, specialized psychosocial and mental health services.

Design and Participants. A qualitative approach was used to explore children's experience of the referral mechanism, its benefits, and its disadvantages. Pokrovsk, Sloviansk, Mykolaivka were the cities where field work was executed. Individual and group interviews were conducted with children, parents, teachers, psychologists, mentors, and administrators, with a total of 69 respondents .

Results and Discussion. One of the main issues with the referral mechanism was: parents' unwillingness to accept that their child needs qualified help. Parents are often reluctant to acknowledge that their child may have psychological difficulties, as this could cause them and their child to be stigmatized. To add to that, many teachers try to resolve the issue by themselves (and, thus, do not get help of psychologists), which does not work in every case.

A second main challenge facing the referral mechanism is psychologists' shortage of time in working with the referred children. This make it difficult to detect issues in their initial stages, as it is often the psychologist who can decide whether or not a child needs help. Yet, the “psychologist hour” in the schools exists only nominally; in reality, psychologists try to carve some time on lessons or on “mentor hour”. Mentors and teachers rarely sacrifice their time for psychologists. As the result, a significant number of children with problems escape attention of a psychologist. Alternatively, when the psychologist discovers a child with issues, the latter should already seek more qualified help.

Conclusion. There is an existing and functioning referral system in school capable to provide focused nonspecialized support during educational process and reach most of the children. School psychologists are a key component of this system. Because mental health services outside of school that provide evidence based programs area overstretched already, there are limited opportunities to refer a severally affected child to specialized mental health program, especially in rural arias. The existing referral system can be also improved by increasing its sensitivity, ability to identify more affected children in a timely manner, increasing teachers' responsibility to provide basic psychosocial support for less affected children and involving parents into discussion of referral steps with school psychologists, teachers and school administration. The network of evidence based mental health program outside of school is not existing now and should be developed as high priority goal based on results from other studies that shows high level of traumatic stress and emotional problems among children caused by military conflict.

D. Development of a resilience measure for children

Children driven approach and conceptualization of main resilience categories from qualitative study in frontline zone

After conducting the qualitative study described previously, one saw prospects of developing resilience measure for children living in the frontline zone. Although resilience measures are voluminous (Lee, Cheung, & Kwong, 2012; Hall, 2010), no resilience measure has ever been validated in Eastern Europe. Further, resilience measures suitable for children and adolescents have not assessed their experience in the context of military conflict. This study aimed to develop such an instrument.

One of the major goals of the qualitative study from the front line zone with children and parents was to reveal how children deal with stress produced by unstable situation in the region. Based on the findings, one developed four categories the escaping strategies of children fell into, which are “happy”, “optimistic”, “helping”, and “able to interact with others”. In order to develop these categories, a group of experts was set to analyze statements of children from free list and focus group interviews. The latter were ranked according to the frequency with which they were mentioned. Then, the most mentioned coping strategies were thematically grouped so that groups such as “friendly”, “healthy”, “communicative”, “happy”, “family-oriented” and others emerged. What these groups described were the characteristics of children who, the interviewees thought, “feel good, develop in a healthy way, and grow up”. As the final stage, the grouped statements were united into four categories, which were denoted as main pillars of children’s resilience in the frontline zone: happy, optimistic, communicative, helping other. In that sense, the approach to creating the instrument is children driven and rests completely on the results of qualitative study.

Operationalization of resilience constructs

Another team of experts was formed to develop, empirically test and validate the instrument. The team included some professionals from the qualitative study because they were assisting with constructs definition. As it was mentioned, the children’s expressions from focus groups served as the base for indicators within the boundaries of each index.

Results of qualitative research are often used to create a measure of a construct of interest. In the present case, firstly, the experts formed a pool of indicators extensively using the expressions of children. On the second stage, the expressions were judged based on a) the degree they resemble the resilience construct (derived from the literature review); b) their correspondence children’s statements. As the result, the pool of 150 indicators were produced, not including the lie scale which was designed specifically for the study.

Validity study of new resilience measure

The validity of indicators underwent a two-step selection process. At first, the distributions of each question was built to check for skewness. On the second stage, the indicators were factor analyzed by using SPSS. At first, the analysis did not show the adequate factor structure. As the next step, one has conducted a series of FA to eliminate the variables which factor had low loadings onto. In that sense, one aimed at reaching the simple structure. The following factor analyses (method: Promax; estimator: Generalized least squares) yielded satisfactory results: 20 variables have been extracted that generate the stable factor structure when using different extraction methods (PCA as well) and estimators (orthogonal and oblique). All factor loadings are higher than 4.6. One may call the former in the following fashion: family support, persistent, help other, happy, communicative. Compared to origin construct two new categories appear, namely, family support and persistence. One origin category was not found statistically – optimistic. The reliabilities for the scales range from high to moderate : 0.869 for the family support scale, 0.840 for persistence scale, 0.749 for happiness scale, 0.726 for communication, and, finally, 0.634 for helping other scale. Moreover, across all scales, no parameter value if item deleted was higher than the primary Cronbach's Alpha value. Test-retest reliability was checked by splitting the sample into two (baseline and retest samples), which yielded same matrix structure with insignificant deviations.

In conclusion, the reliability of the resilience scale for children living in the buffer zone is high and asks for further validation.

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