INCREASING RESILIENCE AND WELL-BEING FOR UKRAINIAN REFUGEES THROUGH A PSYCHO-EMOTIONAL PROGRAM

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Abstract: *The Ukrainian refugee crisis represents an unprecedented aspect for the entire population. The specialists had to manage the situation of many refugees in 2022, and the refugees settled for an extended period in Romania. According to the research carried out in May and June 2023 by FONPC (Federation of Non-Governmental Organizations for Children), which aimed to identify the needs of Ukrainian refugees in Romania, adults and children, most of the refugees have been in Romania for over a year (42%), and for over six months 38% of respondents. Among the 1285 respondents, according to the research, 94% are female, and only 6% are male. From the data of the same study, it appears that 89% have children, 46% stating that they have 2-3 children. Among them, 67% said they care for the children alone. Thus, three-quarters of the parents with children are in a single-parent family. The specialists draw attention to the need for support that these families need.*

Keywords: children, violence, resilience, trauma, war, refugies

1. Introduction

What causes domestic violence? This question is essential to both theorists and practitioners of the field. Establishing causality involves analyzing violence at the following levels: individual, family/couple, neighborhood, community, culture, economic system, or historical era, as well as variables: genes, psychiatric symptoms, individual attitudes, ways of thinking, performance in anger management, social attitudes, media influence, and legislation (for more details, see Otovescu, 2012, 2013).

An integrative approach is imperative for this. At the national level, studies that capture the analysis of the factors that lead to family violence have been done very recently. In contrast, at the international level, in the 70s, the first case studies and the first qualitative analyses made on small samples appeared, but also the reaction of various observers to those studies, which they disqualified, considering them aberrant and extremely rare. Then came the stage of determining the incidence and prevalence within the population, followed by correlational studies, which aimed to determine the difference between violent and nonviolent men (sometimes part of longitudinal studies done on small population samples). The next step in advancing methodologies was analyzing correlational and descriptive data and developing explanatory theories. In the specialized literature, five predominant perspectives (biological, psychopathological, social, systemic, and feminist) aim to describe the causes of family violence by reviewing the empirical support and explaining the implications and limits of intervention and prevention

In terms of prevention, an important role is played by prospective studies that lead to the need to intervene very early on with children who have had such experiences or are exposed to violence in their families, to intervene with parents and future parents to destroy the cycle of intergenerational transmission of violence. Specific interventions against domestic violence are focused on individuals, the family or society, and their institutions. In other words, the mentioned theories examine the intrapersonal, interpersonal, and societal factors that maintain, cause, or eliminate violence in the family (Social Assistance, studies, and applications, (Neamțu & Stan, 2005: 145). The increase in violence against children represents one of the most severe social problems facing contemporary societies. Although it is difficult to estimate the number of children abused by their parents themselves due to the latter's natural reluctance

to respond to inquiries, various studies, and published statistics indicate that this number is increasing.

Most of the parents who resort to such assaults are either women assaulted by their husbands or men assaulting their wives. There is, in this sense, a 40 to 80% probability that men who physically abuse their wives will also physically abuse the children they have. On the other hand, unlike women whose husbands do not abuse, those who are abused are at least twice as likely to abuse their children. The same parents consider physical punishment as the primary means of disciplining the child to comply with the rules of behavior imposed by the family. In many countries, these punishments obligatorily accompany the primary socialization process, being applied from the very first year of life to preschool and then school until adolescence. These punishments often go beyond the permissible limits, resulting in serious injuries, up to fractures and trauma. Research shows that most of these parents who resort to violent means of education were, in turn, educated through violence (on this topic, for more details, see Otovescu, 2005, 2011).

2. Aggression as an instinct

Sigmund Freud (1920) argued that aggression is an instinctive drive (drive) in human beings. Initially, Freud believed that the primary motivational force in human beings was the libido, the vital force involved in all pleasurable sensations. Still, after the First World War, he concluded that humans also have a destructive instinct, which he called thanatos. It, like libido, is a powerful motivational force for the human being that requires ways of expression.

Lorenz also considered aggression to be a primary instigating impulse. He saw it as an energy source continuously produced by the body like a reservoir constantly filled. And like the reservoir, this energy would overflow into extremely aggressive behavior if not released occasionally. According to Lorenz, in most animal societies, aggression is expressed through ritual fighting gestures, in which the animal shows its natural weapons, such as horns or teeth, to the opponent. These aggressive gestures are responded to by what Lorenz called submissive gestures—in which an animal places itself in a vulnerable position to demand that the aggressor stop the attack. When a puppy rolls onto its back in front of a larger dog, it becomes vulnerable on its initiative. Lorenz believes that it thus sets off an automatic "stop" signal, preventing the attack from continuing.

Lorenz considered human beings and rats to be the most different from the rest of the animal kingdom, having no natural weaponry at their disposal. As a result, these species have not developed ritual aggressive and submissive gestures, as have most animals, and do not benefit from some form of automatic signaling of the end of the fight, which entails fighting to the death. Therefore, humans must find ways to release aggression without harming other species, such as through competitive sports. Otherwise, society would have to go through heavy and destructive wars.

Since 1996, when Lorenz advanced this idea, many ethological studies have shown that submissive gestures are less common than he thought. Goodall (1978) observed a group of chimpanzees in Tanzania attacking and killing members of another group. Other ethologists (specialists who study behavior in the natural environment) found that aggression does not disappear in seagulls even after displaying submission gestures (Hayes&Orrell, 2010:37).

Data from various research undertaken indicate that domestic violence is closely related to multiple structural characteristics of the family, including its way of organization, relationships between members, income, occupational status of parents, level of education, and patterns of parental authority. In turn, family violence has a substantial impact on the developing personality of minors and adolescents. Violence is linked, at the same time, to poverty and the difficulties faced by families with an income below the poverty line. These families have to face unbearable problems, including highly modest material resources, unemployment, job dissatisfaction, family disorganization, alcoholism, the existence of unwanted children, etc. Families that are characterized by tendencies of violence against their

members and, especially against children, are typically families that have to face many existential problems. Apart from these structural characteristics, other factors maintain or increase family violence, such as lack of attachment between spouses, absence of affection towards children, lack of religious affiliation of family members, and social isolation of the family from the kinship group, neighborhood, or community. The greater aggressiveness of mothers is explained by their greater involvement in disciplining and educating children. (Hogaș, 2010:51).

Many children exposed to violence in their own homes are also victims of physical abuse. Children who witness domestic violence or are victims of abuse themselves are at increased risk of experiencing long-term physical or mental health problems. Children who witness domestic violence between their parents are more likely to experience violence in their future relationships. If you are a parent experiencing abuse, you may have difficulty knowing how to protect your child. If a parent experiences abuse, they may have trouble understanding how to protect their child. Children in homes where one parent is abused may feel fearful and anxious. They may be constantly on guard, wondering when the next violent event will occur.

3. Kindergarden children and school-age children

Young children who witness intimate partner violence may repeat what they did at an even younger age, such as bed-wetting, finger-pointing, increased crying, and whining. Difficulty falling asleep or staying awake may occur; they may show symptoms of terror, such as babbling or hiding; they may also exhibit symptoms of severe separation anxiety. Children in this age group may feel guilty about the abuse, blaming it on themselves. Domestic violence and abuse damage children's self-esteem. They may not participate in school activities or get good grades, have fewer friends than others, and get into trouble more often. At the same time, they may suffer from numerous headaches and stomachaches. Teens who witness abuse may act in violent ways, such as conflicts with family members or bullying at school. They may also engage in risky behaviors such as unprotected sex or alcohol and drugs. They may have low self-esteem and difficulty making friends. They might start fights or quarrels or try to intimidate others and are more likely to get into trouble with the law. This type of behavior is more common in boys who are abused than in teenage girls. Girls are more likely to be withdrawn and suffer from depression.

4. What are the long-term effects of domestic violence or child abuse?

More than 15 million children in the United States live in homes where domestic violence has occurred at least once. These children are at significant risk of repeating this cycle as adults, either entering into abusive relationships or becoming abusers themselves. For example, a boy who sees his mother abused is ten times more likely to harm his partner as an adult. A girl who grows up in a home where the father abuses her mother is more than six times more likely to be sexually abused than a girl who grows up in a non-abusive home. Children who witness or are victims of emotional, physical, or sexual abuse are at high risk of developing health problems in adulthood. These can include mental disorders such as depression and anxiety. They can also include diabetes, obesity, heart disease, low self-esteem, and other problems.

Can children recover after suffering or witnessing domestic violence or abuse?

Every child reacts differently to abuse and trauma. Some children are more resilient, and some are more sensitive. A child's degree of success in recovering from abuse or trauma depends on several factors, including:

- A secure support system or good relationships with trustworthy adults
- High self-esteem
- Healthy friendships

Although children will likely never forget what they saw or experienced during the abuse, they can learn healthy ways to deal with their own emotions and memories as they mature. The sooner a child gets help, the better his chances of becoming a mentally and physically healthy adult.

How can I help my child recover from experiencing or witnessing domestic violence?

You can support your children by:

• **Helping them feel safe.** Children who endure or witness domestic violence need to feel secure. Consider whether leaving the abusive relationship might help your child feel safer. Talk to your child about the importance of healthy relationships.

• **Talk to them about their fears**. Tell them it's not their fault or your fault. Learn how to listen and talk to your child about domestic violence.

• **Talk to them about healthy relationships.** Help them learn from the abusive experience by discussing what constitutes and what does not constitute healthy relationships. This will help them know what is healthy when they start romantic relationships.

• **Talk to them about boundaries.** Let your child know that no one, including family members, teachers, coaches, or other authority figures, has the right to touch or make them feel uncomfortable. Also, explain to your child that they have no right to touch another person's body, and if someone tells them to stop, they should do so immediately.

• **Help them find a safe support system.** In addition to a parent, this can be a school counselor, therapist, or other trusted adult who can provide ongoing support. School counselors are required to report domestic violence or abuse if there is any suspicion.

• **Offer them specialized help.** Cognitive behavioral therapy (CBT) is a type of talk therapy or counseling that may work best for children who have experienced violence or abuse. CBT is beneficial for children who suffer from anxiety or other mental health problems because of trauma. During CBT, a therapist will work with your child to convert negative thoughts into positive ones. The therapist can also help your child cope with stress.

A psycho-emotional program and intervention methodology

Studies show that there is a predisposition for various mental disorders in people who come from conflict zones. The prevalence of mental disorders (depression, anxiety, post-traumatic stress disorder, bipolar disorder, and schizophrenia) was 22·1% at any point in time in the conflict-affected populations assessed. The mean comorbidity-adjusted, age-standardized point prevalence was 13·0% for mild forms of depression, anxiety, and post-traumatic stress disorder and 4·0% for moderate forms. (Charlson,et. Al., 2019). From a psychological perspective, many refugees have undergone a traumatization process. It is the trauma of the non-combatant, of the civilian who had to helplessly witness the actions of war and the trauma of the refugee. (Zashirinsckaia, 2024:20-28). Traumatic experience, according to the German authors G. Fischer and R. Riedesser, is a vital event of discrepancy between threatening situational factors and individual coping possibilities, which occurs with feelings of helplessness and defenseless abandonment and thus causes a lasting shake of understanding of self and understanding of the world. (Fischer & Riedesser, 2001)

Based on the classic definition of trauma, it is worth remembering G. Mate's formulation: trauma is not what happens to you but what happens to you inside you (Mate,2022:40). Of course, traumatic situations will be different from individual to individual, even if the traumatic event is the same (Vasile, 2011:17). With increased emotional arousal in stressful situations, attention narrows to essential features of events. This results in improved memory for central information at the expense of peripheral details. (Christianson & Loftus, 1991)

Under severe emotional arousal or stress conditions, people may focus almost exclusively on survival, endurance, and emotion regulation efforts. This extremely narrow attention focus can result in poor memory even for emotionally evoked events, a phenomenon

called emotional memory narrowing (Kensinger, 2009) or memory tunneling. Under conditions of extreme stress, this narrowing of attentional focus can lead to memory deficits and pronounced susceptibility to misinformation.

People can also piece together fragments of autobiographical information with information gathered from external sources to ensure the coherence of memories related to emotionally rich events that never happened (Christianson & Loftus, 1991). Thus, the specialized intervention focused less on cognitive processes and more on emotional regulation and validation techniques. The approaches were individualized from person to person. The reactions to the same event differed in function of the particularities of people's personalities and resources to manage critical situations. According to D. Vasile, people need therapeutic help. Still, many of them will avoid or refuse precisely because of the inability to give meaning to their experience to believe in a possible - positive perspective on life and the world. (Vasile, 2011:22)

The loss of vision in life, together with the threat to the person's life and living patterns, the threat to the integrity and coherence of the ego, the loss of a significant relationship, the interruption of the normal functioning of the person, and the disruption of the expansiveness of the soul in the context of life, represent the six central traumas that a person can experience in life (Macna,2000:27-31).

The phases that traumatized people go through, according to Fischer and Riedesser (Fischer& Riedesser, 2001:90), were the following:

The peri-traumatic exposure phase, or flooding phase, is characterized by exaggerated emotional reactions, panic, and exhaustion. All this was observed through anger, crying a lot, and a state of even physical exhaustion or paradoxical emotional responses. When we were in the refuge, and the city (Mariupol) was being bombed, the sirens sounded together, and to encourage my people, we sang and danced. Denial phase - avoiding heartache by using alcohol or accentuating eating disorders, especially bulimia. During this period of denial of reality and non-acceptance of the situation, magical thinking occurs - Tomorrow, it ends; indeed, the war will end in a few weeks. I have my luggage ready; I can even go home tomorrow. I can't plan anything, and I don't accept anything because I will go home at any moment.

The phase of the invasion of mnesic thoughts or images with experiences and pictures of events. Individuals reported having insomnia and flashbacks and overreacting to loud auditory stimuli. Every time a rescuer passes by with the siren on, I tend to throw myself to the ground, but then I remember that I'm in a safe place and ashamed of my overreaction.

The processing phase in which the personal emotional reactions to the traumatic event appear - people complain of states of apathy and even depression. I have no energy to do anything; I lie in bed and don't even feel the need to take care of myself. In the relative conclusion stage, people can recall and process the most essential parts of the traumatic situation. It is only at this stage that they begin to seek psychological support in individual sessions. I understand that my life has changed. I need help to live on

Then followed, in each case, the period of awareness of the current situation and the search for adaptive solutions. I am looking for a job; I want to enroll my children in a local school; I want to learn the language because I will be teaching here in the country; I am enrolling in professional qualification courses to access the labor market; I would like to start a business for to secure my gain. I need psychological support - I feel that you cannot cope; I would like to change something.

These stages differed from person to person. Some people asked for psychological support right from the first stage. Still, they could not consciously process the information, so the intervention aimed to provide emotional support and normalize the condition. In international practice, in refugee situations, the most frequently reported activities were individual counseling (39%), facilitating community support for vulnerable people (23%), providing child-friendly spaces (21%); the support of social support initiated by the community (21%); and basic counseling for groups and families (20%). (Wietse et.al, 2011).

The anxiety caused by these changes amplifies the stress felt. The effects are emotional freezing and refuge in various non-constructive activities (addictions - excessive tobacco consumption, addiction to gadgets). Changing the place of residence and way of life, changing the daily routine, and accepting the refugee status - all involve enormous mental consumption, which can lead to mental exhaustion.

A group psychological support program was developed and implemented, considering the needs of the participants and the particularities of the intervention in the refugee crisis. The general objective of the intervention was to increase the level of resilience and improve well-being (resilience capacities and well-being) by the MHPSS Community-based approaches to Mental Health and Psychosocial Support, taking into account the well-being pillars. According to L. C. Colom, the five pillars of well-being are Safety, security and stability, Bonds, relationships and networks, Roles and identities, Justice, and Hope and meaning.

The program's beneficiaries were women between the ages of 28 and 62, all mothers. The program was designed through eight face-to-face meetings, followed by the creation of an online support group

The support group has the following **objectives**:

- Improvement of mental state
- Acceptance of the situation
- Validation of emotional experiences specific to current stressful situations
- Encouraging the expression of emotions in a safe setting
- Triggering of emotional self-regulation mechanisms
- Creating a sense of belonging to a community and mutual support

Mode of delivery: 8 workshops with a duration of 2 hours each workshop (group of 12 participants)

The meeting themes:

- Awareness of reactions in acute stress situations
- Normalization of reactions and manifestations during the period of acute stress
- Identifying personal resources and establishing strategies to amplify them
- Awareness of individual potential that ensures adaptation to the new environment (qualities, skills)
- Accepting the current situation and identifying solutions for the future
- Designing plans, projection into the future
- Realizing action strategies for the immediate period with the specification of concrete actions.
- Creating a support network and psycho-emotional support (interest groups, thematic meetings, etc.)

Working methods:

- Body techniques (Jackson progressive muscle relaxation)
- Emotional (emotional self-regulation techniques)
- Cognitive (identification of cognitive schemes and cognitive restructuring)

The methods used were predominantly art-therapeutic and metaphorical. Cognitive explanations are often met with resistance, so some techniques had to be explained several times during the meetings. The most effective interventions were those based on metaphors and art drawing, completing a story with a given beginning, commenting on a metaphorical card, commenting on a quote, and making a symbol from plasticine, wax, semi-precious stones, and wire. We list some of them.

- Art therapy techniques (Drawing, Modelling, Making various symbolic objects, using associative, metaphorical cards (e.g., resource cards from the COPE set)
- Therapeutic metaphors (Metaphor of the pearl, Metaphor of the three boxes)
- -Storytelling (Creating a story on a topic chosen by the participant or continuing a story)

- -Using cognitive techniques (Stop thinking, ABC Model – identifying cognitions, emotions, and behaviors in concrete situations)

Everything took place in a pleasant and relaxing atmosphere.

Program results

Following the completion of the program, the following were observed:

- Acceptance of the current situation. I realize I have nowhere to turn and must look for ways to adapt. So, I started a refresher course.
- I am making plans for the future. My son wants to pursue higher education here in the country, and I want to support him. Now, I am looking for a job.
- Stability. I feel much safer here.

An aspect worth mentioning was that most women representing single-parent families became aware of the deficient marital role practiced in the last two years. They expressed their interest in paying more attention to this aspect, which indicates focusing attention on other spheres of personality. A disturbing factor was the high fluctuation of the participants. Many of them were absent because they had to leave the town for various reasons (to visit their injured husband in the hospital in Ukraine, to complete documents for the child outside the city, and to go for medical consultations outside of Romania).

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