



The Other Side of Suffering: Posttraumatic Growth among Internally Displaced Persons in Ukraine

Reo Morimitsu

October 2019

This dissertation is submitted in partial fulfilment of the MA degree in Development and Emergency Practice, Oxford Brookes University.

Abstract

The main purpose of this study was to build a better understanding of potentially positive aspects of displacement experiences by examining a phenomenon called posttraumatic growth. The research was conducted with internally displaced persons (IDPs) in Ukraine, in the context of an armed conflict. The study was particularly interested in uncovering whether posttraumatic growth was experienced in the target population, as well as investigating predictors of the growth. In order to fulfil this, the mixed-methods research design was selected and both a survey and face-to-face interviews were conducted.

Three key findings were produced in the study. First, the results showed that 61.48% of the sample Ukrainian IDPs reported at least a small or moderate degree of posttraumatic growth. Interviews with the IDPs provided concrete case studies of positive changes in the IDPs, which generated knowledge about the process of posttraumatic growth. Specifically, the growth has emerged through the processes of coping and meaning-making efforts. Importantly, the level of growth was significantly related to positive well-being of the IDPs.

Second, the study retrospectively examined predictors of posttraumatic growth following displacement. As a result, two extremely important predictors were found: cognitive processing and social support during displacement. In particular, positive reinterpretation and rumination were found as best predictors, with the largest regression coefficients. These results highlighted that IDPs who were capable of reinterpreting their experiences, making sense of the stressful situations and having access to social support were in the best position to develop positive changes following displacement.

Third, the research explored context-specific factors that may influence posttraumatic growth. Two factors appeared to be unique in the context of displacement in Ukraine. One was social disruption due to political separatism, and the other factor was relocation experience prior to displacement. Both provided insights for further research.

The main achievement of the study was to draw attention to the potentially positive aspects of displacement experience, whilst previous work predominantly focused on the negative psychological consequences of forced migration. The importance of social support gives empirical evidence that humanitarian practitioners need to strengthen social

networks among displaced populations. Moreover, the study suggests that it would be meaningful if future research works on developing how best clinicians can promote cognitive reinterpretation and rumination capacity among displaced individuals.

Keywords: posttraumatic growth, displacement, forced migration, IDP

Statement of Originality

This thesis is the result of my own independent work/investigation, except where otherwise stated. Other sources are acknowledged by explicit references.

Signed: (candidate) Date: October 2019

I hereby give consent for my thesis, if accepted, to be available for photocopying and for interlibrary loan, and for the title and summary to be made available to outside organisations.

Signed: (candidate) Date: October 2019

Statement of Ethics Review Approval

This dissertation involved human participants. The TDE E1 and E2 Forms for each group of participants, showing ethics review approval, have been attached to this dissertation appendices.

Table of Contents

Abstract	i
Statement of Originality	iii
List of Figures and Tables	vi
List of Acronyms	vii
Acknowledgments	viii
Chapter 1: Introduction	1
1.1. Background of the Research	1
1.2. Research Context	2
1.3. Problem Statement	2
1.4. Research Objectives	3
1.5. Research Questions	3
1.6. Structure of Chapters	4
Chapter 2: Literature Review	5
2.1. Introduction	5
2.2. Definition and Conceptualisation of Posttraumatic Growth	5
2.3. Measurement of Posttraumatic Growth	7
2.4. Factors Associated with Posttraumatic Growth	8
- PTG and demographic factors	
- PTG and environmental / event-related factors	
- PTG and social process	
- PTG and psychological process	
- PTG and well-being outcomes	
Chapter 3: Research Context: Internal Displacement after Conflict in Ukraine	12
3.1. Introduction	12
3.2. Armed Conflict in Ukraine	12
3.3. Internally Displaced Persons (IDPs) in Ukraine	14
Chapter 4: Methodology	18
4.1. Introduction	18
4.2. Research Design	18
4.3. Data Collection	19
4.3.1. Questionnaire	19
4.3.1.1. Participants	19

4.3.1.2. Procedure	19
4.3.1.3. Measures	20
4.3.2. In-depth Semi-structured Interviews	23
4.3.2.1. Participants	23
4.3.2.2. Procedure	23
4.4. Data Analysis	24
4.4.1. Quantitative Analysis	24
4.4.2. Qualitative Analysis	25
4.5. Ethics	26
4.6. Limitations	26
Chapter 5: Findings and Discussions	28
5.1. PTG Reported among IDPs in Ukraine	28
5.1.1. Prevalence	28
5.1.2. Case Studies of Positive Changes	29
- Appreciation of Life	
- Relating to Others	
- Personal Strength	
- Spiritual Changes	
- New Possibilities	
5.1.3. Summary of PTG among IDPs in Ukraine	34
5.2. Factors Associated with PTG	36
5.2.1. PTG and Demographic Factors	36
5.2.2. PTG and Well-being	39
5.2.3. Correlations between PTG and Other Factors	39
5.2.4. Predictors of PTG	41
5.2.4.1. Positive Reinterpretation as a Predictor of PTG	42
5.2.4.2. Social Support as a Predictor of PTG	43
5.3. Context-specific Factors that may Influence PTG	46
5.3.1. Social Disruption due to Political Divides	46
5.3.2. Relocation and Acculturation Experience prior to Displacement	47
Chapter 6: Conclusion	49
Bibliography	52
Appendices	59

List of Figures and Tables

List of Figures

Figure 1. Forms of posttraumatic growth _____	8
Figure 2. Contact line that divides eastern Ukraine into GCA and NGCA _____	13
Figure 3. Annual conflict-related displacement figures in Ukraine _____	15
Figure 4. Overview of IDPs in Ukraine _____	15
Figure 5. Histogram of PTG mean scores _____	28
Figure 6. A scatter plot showing no relationship between age and PTG _____	38

List of Tables

Table 1. Summary statistics of PTG scores _____	29
Table 2. Mean Scores and SD for PTG per Gender _____	36
Table 3. ANOVA: Effect of Current Residence Place on PTG Scores _____	36
Table 4. ANOVA: Effect of Place of Origin on PTG Scores _____	37
Table 5. Mean Scores and SD for PTG per Marital Status _____	37
Table 6. ANOVA: Effect of Marital Status on PTG Scores _____	37
Table 7. Mean Scores and SD for PTG per educational Level _____	38
Table 8. Means (SD) and Pearson's correlation r between PTG and well-being _____	39
Table 9. Means (SD) and Pearson's correlation r between PTG and potentially related factors _____	40
Table 10. Results of Multiple Linear Regression Predicting PTG: Model 1 _____	41
Table 11. Results of Multiple Linear Regression Predicting PTG: Model 2 _____	41

List of Acronyms

GCA	Government-controlled area
IDMC	Internal Displacement Monitoring Centre
IDP	Internally displaced person
IFRC	International Federation of Red Cross and Red Crescent Societies
NGCA	Non-government controlled area
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OHCHR	Office of the United Nations High Commissioner for Human Rights
OSCE	Organization for Security and Co-operation in Europe
PTG	Posttraumatic growth
PTSD	Posttraumatic stress disorder
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees

Acknowledgements

I would first like to express my sincere gratitude to my supervisor Dr Supriya Akerkar, not only for her insightful guidance on this research but also her practical and emotional support over many months. Her positivity, reassurance and sense of humour have been truly a driving force for me, particularly at difficult times.

My earnest appreciation goes to the Ukrainian Red Cross National Committee. Without their kindness, I would never have been able to reach the participants in this research and fulfil this dissertation.

Special thanks to my translator Mariia. She generously shared her time with this research, helped me communicate with the participants and gave me valuable insights into the context of Ukraine.

I would also like to thank my friend Catherine Shkvarska – a wonderful woman who not only helped me develop a questionnaire in the Ukrainian language but also gave me a space to feel as if I was still a part of a community in Ukraine with her hospitality.

A big hug to the CENDEP family and my course mates there. I was lucky to be in such a warm, inclusive and multi-cultural atmosphere, which shaped me to see myself as a global citizen. I am going to miss our interesting and long-lasting chats.

Finally, I would like to express my deepest gratitude to my family who have gone through all of this resettlement process over the last few years with me. I am proud of my children, Sota and Riko, who showed incredible capacity to adapt to new environments. Their resilience always encouraged me to stay tough and move forward. And lastly, a very special appreciation goes to my beloved wife, Akiko who has been the best supporter for me ever since the first moments when I decided to study abroad. Thanks for believing in me all the time.

October 2019

Reo Morimitsu

Chapter 1

Introduction

1.1. Background of the Research

It is widely assumed that when catastrophic events such as war, disaster, genocide and/or conflict happen, they cause human suffering on affected populations. The world has seen tremendous amounts of human suffering; disasters have killed over one million people during 2004-2013 (IFRC, 2016) and there have been 25.4 million refugees and 3.1 million asylum seekers reported in the world in 2017 (UNHCR, 2017). This existence of human suffering has been one of the fundamental motives for humanitarian organisations to provide help to affected populations (Riddell, 2008). The International Federation of Red Cross and Red Crescent Societies (IFRC) for example, states that their mission is “to prevent and alleviate human suffering wherever it may be found” (IFRC, no date). Therefore, responding to human suffering and preventing subsequent negative consequences on affected individuals have been placed at the centre of humanitarian practice.

The negative consequences of devastating life events have been well studied in social and behavioural science, particularly in the field of traumatic stress and trauma psychology. Numerous studies have found negative mental health consequences of exposure to difficult life events such as military combat experience, bereavement, disaster and childhood abuse (Zisook, Chentsova-Dutton and Shuchter, 1998; Binder *et al.*, 2008; Kessler *et al.*, 2008; Pugh *et al.*, 2014). The majority of such studies have relied predominantly on pathology focusing on mental health symptoms such as anxiety, depression and posttraumatic stress disorder (PTSD).

However, recent studies have drawn attention to ‘the other side’ of such human suffering. Namely, there has been a growing recognition that some people grow and develop positive personal changes despite their highly challenging life situations (Calhoun and Tedeschi, 2014). This phenomenon is known as posttraumatic growth (PTG). PTG is not entirely a new thing. The idea that suffering can be a source of personal growth has been widely

recognised in ancient narrative reports, theatre, philosophy and religion (Prati and Pietrantonio, 2009). Later, the term *posttraumatic growth* (PTG) has been defined as a “positive psychological change experienced as a result of the struggle with highly challenging life circumstances” (Tedeschi and Calhoun, 2004, p.1). Since this idea has been contrary to the focus of PTSD studies, the emerged concept of PTG has shifted the discussion and research trends in traumatic studies.

Despite the wide recognition of positive growth following adversity in human history, it was not until the past 20 years that have PTG been of interest for scientific studies (Prati and Pietrantonio, 2009). After the 1990’s, many studies have found PTG in various populations who experienced highly stressful events. These include chronic illness, cancer, HIV/AIDS, rape/sexual assault, military combat, plane crashes, bereavement, severe injury (Linley and Joseph, 2004; (Polatinsky and Esprey, 2000; Linley and Joseph, 2004). Similarly, the wave of PTG which has given more attention to the potentially positive side of human suffering, has also reached the discourse of humanitarian studies such as forced migration studies. Several studies have reported that PTG has been observed in forced migrant populations; for example, in Holocaust survivors (Baker et al, 1983); in Kosovar war refugees (Ai et al, 2007); in Bosnian war refugees (Powell et al, 2003). This indicates that growth can occur in war/conflict-affected population too, despite their vulnerability to poor mental health (Krupinski, Stoller and Wallace, 1973; Liu, Lamanna and Murata, 1979; Bram, 1983; Hitch, 1983). These findings, however, are primarily about refugees and asylum seekers (Baker et al, 1983; Ai et al, 2007), and little is known about internally displaced populations.

1.2. Research Context

Following on from the author’s previous work experience in Ukraine with the conflict-affected population, this research attempts to better understand PTG among internally displaced persons (IDPs) in Ukraine. Ukraine has seen civil unrest followed by prolonged armed conflict since late 2013, which has resulted in around 1.4 million IDPs (OCHA, 2015). Detailed information about the context of the conflict in Ukraine is presented in Chapter 3.

1.3. Problem Statement

Since the field of PTG is still young and open to criticism (Joseph and Butler, 2010), several

gaps have been identified in the previous research in relation to PTG among forced migrants populations. First, many studies focused on pathological symptoms when investigating psychosocial consequences of the forced migration experience (for example, Krupinski and Docent, 1967; Liu, Lamanna and Murata, 1979; Hitch and Rack, 1980). Second, even in the existing literature regarding PTG, inconsistent findings are found (Linley and Joseph, 2004). This is primarily because previous research in this area has been conducted in various contexts with survivors of different types of traumatic events. Therefore, the focus of PTG research should be specific, taking into consideration the specific traumatic context and local culture (Weiss and Berger, 2010). Third, few studies have been found among conflict-affected IDPs in terms of PTG. This is particularly true of the target population of this study. Although hardships that Ukrainian IDPs have gone through are well-documented (e.g. see Council of Europe, 2014), little is known about what positive changes they have gained over the course of their experiences.

1.4. Research Objectives

Based on the gaps identified, the general objective of this research is to gain a better understanding of potentially positive effects of forced migration and resettlement experience on internally displaced persons (IDPs) in Ukraine by looking into a phenomenon called posttraumatic growth (PTG).

The specific objectives are to:

- 1) Uncover positive changes occurred among Ukrainian IDPs after 5 years of displacement
- 2) Examine relationships between PTG and other related factors
- 3) Generate knowledge about context-specific factor(s) that may influence PTG
- 4) Provide insights for the humanitarian community supporting IDPs in Ukraine
- 5) Draw attention to the potentially positive legacy of forced migration experience in the light of human strengths

1.5. Research Questions

In order to better understand the nature of PTG in the study context, two main research

questions with sub-questions were selected as follows:

- 1) To what degree is PTG observed among IDPs in Ukraine after 5 years of displacement?
 - a) What is the prevalence of PTG among IDPs in Ukraine?
 - b) What positive changes are being reported by IDPs in Ukraine as a result of displacement?
- 2) What are the factors influencing PTG among IDPs in Ukraine?
 - a) Does the level of PTG differ by demographic factors?
 - b) What environmental factors are associated with PTG?
 - c) Is social support associated with PTG?
 - d) Is PTG associated with IDPs' positive well-being?
 - e) What are the best predictors of PTG among IDPs in Ukraine?
 - f) What are the context-specific factors that may influence PTG?

1.6. Structure of Chapters

This research paper is organised into six chapters as follows.

- Chapter 1 begins with an introduction to the research topic. It then states the identified research gap, leading to the research objectives and questions of the present study.
- Chapter 2 provides the theoretical backgrounds of the research topic by reviewing the existing literature and research related to posttraumatic growth.
- Chapter 3 presents an overview of the research contexts. It outlines the background of the armed conflict in Ukraine and then describes common experiences of IDPs in Ukraine.
- Chapter 4 describes the research design and methodology used to address the research objectives.
- Chapter 5 reports the empirical research findings related to the research questions set in Chapter 1.
- Chapter 6 concludes the paper by summarising what the research has achieved and providing recommendations for further study.

Chapter 2

Literature Review

2.1. Introduction

The purpose of this chapter is to set out the theoretical backgrounds of the research topic in the present study - a phenomenon called posttraumatic growth (PTG). It attempts to provide an overview of positive changes that occur as a result of struggling with major life crises by reviewing the relevant literature related to PTG. The chapter starts with the definition and conceptualisation of PTG. It also describes common domains of positive changes that can be emerged out of suffering. The chapter then introduces the existing tools for measuring PTG and overviews empirical research findings on factors associated with PTG.

2.2. Definition and Conceptualisation of Posttraumatic Growth

Definition of PTG

The term *posttraumatic growth* (PTG) has been defined as a “*positive psychological change experienced as a result of the struggle with highly challenging life circumstances*” (Tedeschi and Calhoun, 2004, p.1). The phenomenon of psychological growth after human suffering has been consistently reported throughout human history in the forms of narrative reports, arts and religion (Splevins *et al.*, 2010). In addition, scientific research has found empirical evidence of PTG in various populations who experienced different types of critical life events/crises. These include chronic illness, cancer, HIV/AIDS, rape/sexual assault, military combat, plane crashes, bereavement, injury and in the parents of children with disabilities (Calhoun and Tedeschi, 1999; Linley and Joseph, 2004).

Conceptualisation of PTG

The research in this area is characterised by a lack of consistency in terminology.

“Posttraumatic growth,” “benefit finding,” and “stress-related growth” are the most frequently used terminologies to conceptualise positive changes following major life crises or traumatic events (Joseph and Butler, 2010). Although the growth and benefits that people gain may depend on different contexts. The most commonly reported positive changes following major life crises include the following 3 areas:

1. Changes in sense of self
2. Changes in sense of relationship with others
3. Changes in philosophy of life (meaning-making, reprioritising, revising life, changed spirituality) (Calhoun and Tedeschi, 1999)

This illustrates that growth after a harsh experience can occur at multiple dimensions within individuals. It can be occurred at self, interpersonal, cognitive and spiritual levels.

It is worth noting the conceptual differences between PTG and other related concepts. Perhaps resilience is the concept that most researchers find similarity with PTG. Mitchell and Harris (2012) suggest that resilience is the ability to recover from the effect of adversity and bounce back to previous functioning levels. In contrast, PTG emphasises changes; it emphasises the transformative process of self that occurs as a result of suffering (Cryder *et al.*, 2006). Although PTG is used to describe positive changes that go beyond the previous levels, resilience however, refers to bouncing back to the previous status (Clay, Knibbs and Joseph, 2009, p.413). Another related construct is posttraumatic symptoms. Interestingly, PTG does not prevent from developing such posttraumatic symptoms as PTSD. PTG instead tends to co-exist with PTSD or other posttraumatic symptoms in survivors of major life crises (Sleijpen *et al.*, 2016). This implies that PTG and PTSD symptoms are conceptually distinct, independent to each other and that perceived PTG does not necessarily mean the absence of posttraumatic symptoms. An individual perhaps needs psychological disturbance prior to their growth. The second generation of Holocaust survivors reports a lower level of PTG with less appreciation of life than their parents’ generation who actually experienced the tragic genocide (Baker *et al.*, 1983).

Process of PTG

There has been a range of discussions regarding conceptualising the process of PTG. The original model of PTG (Calhoun and Tedeschi, 1998; Tedeschi and Calhoun, 2004) suggests that the following steps are required for PTG to emerge:

1. Seismic disruptions to one's world and sense of self
2. Cognitive task of rebuilding views of themselves in a meaningful and coherent way (reconstruction of schema)
3. Recognition of such changes in themselves
4. Attributes such changes to events

This model emphasises a cognitive process that involves the reconstruction of worldview or self-image after major life crises. Other theories such as Cognitive Adaptation Theory (CAT; Taylor, 1983) or Terror Management Theory (TMT; Solomon, Greenberg and Pyszczynski, 1991) see growth following crises as a part of the defence mechanism to maintain self-esteem over the difficult life event. Consensus therefore is yet to be fully achieved regarding conceptual issues in this field.

2.3. Measurement of Posttraumatic Growth

Several psychometric instruments to date have been published to measure positive change after major life crises. Most of them are retrospective self-report measures and developed during the 1990s with the elaboration of the construct. These measures include the Changes in Outlook Questionnaire (CiOQ: Joseph, Williams and Yule, 1993), the Posttraumatic Growth Inventory (PTGI: Tedeschi and Calhoun, 1996; Short form of PTGI: Cann *et al.*, 2010) and the Stress-Related Growth Scale (SRGS: Park, Cohen and Murch, 1996), the Perceived Benefit Scales (PBS: McMillen & Fisher, 1998). The two most widely used measures in the literature are the PTGI and the SRGS. The SRGS however only gives a single-factor interpretation whereas the PTGI allows the researcher to examine five domains of PTG.

Domains of PTG

It is important to mention that the literature review found that PTG has been most

commonly measured by the PTGI scale and its shorter form (Short Form of Posttraumatic Growth Inventory; PTGI-SF; Cann *et al.*, 2010) with a few exceptional studies using SRGS scale. The original PTGI scale was developed based on the frequently observed positive changes in the literature and has a five-domain structure as follows:

- Relating to Others (RO)
- Personal Strength (PS)
- New Possibilities (NP)
- Spiritual Changes (SC)
- Appreciation of Life (AL) (Tedeschi and Calhoun, 1996, p.460; see Figure 1)

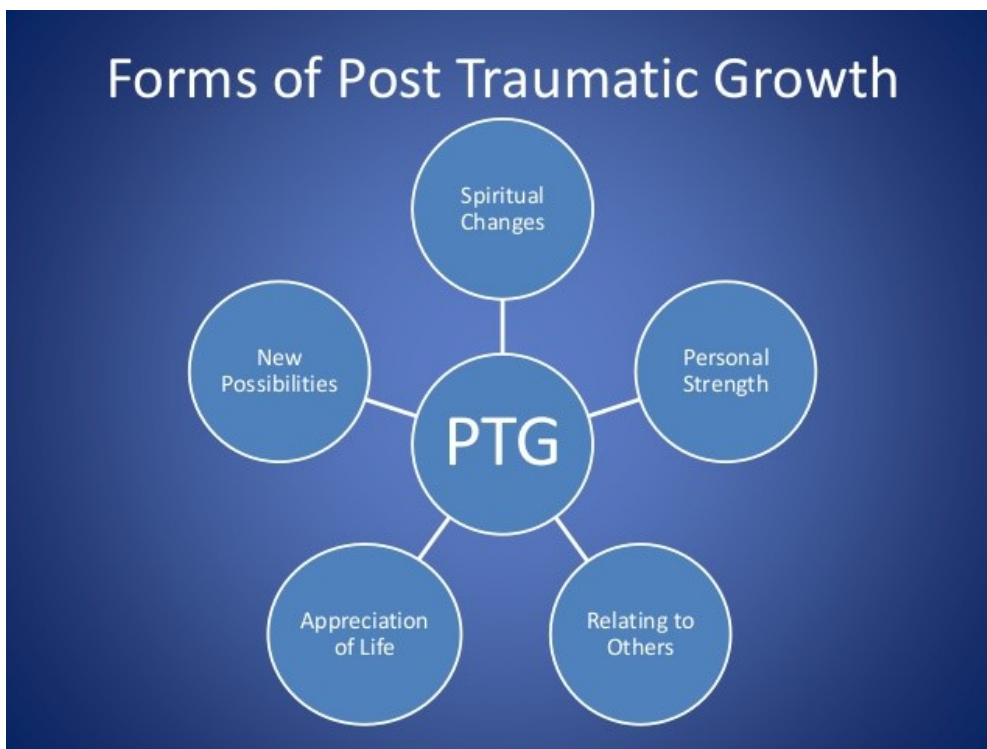


Figure1. Forms of posttraumatic growth

Data source: Whole House Counseling & Consultation (no date)

2.4. Factors Associated with Posttraumatic Growth

A number of studies have examined predictors of PTG. They mostly employ a correlational analysis, looking at the relations between various factors and the self-reported level of PTG. There seem to be inconsistent findings in terms of predictors of PTG in the literature. This is probably because the field is still young (Joseph and Butler, 2010) and because previous

studies were conducted in a wide range of contexts (e.g. types of events) and samples (e.g. ethnicity and geographic locations). Mindful to this inconsistency, this literature review section primarily focuses on meta-analytic studies and systematic reviews to gain a better understanding of the contributing factors of PTG.

PTG and demographic factors

A meta-analysis of 87 studies found that women and racial and ethnic minorities tend to report more PTG than men and white-individuals whilst marital status and socioeconomic status were not correlated with PTG (Helgeson, Reynolds and Tomich, 2006). Younger age is another demographic factor associated with higher levels of PTG. Little is yet known however regarding whether children can develop PTG or not (Clay, Knibbs and Joseph, 2009). Considerate cognitive development seems to be required as PTG is considered to involve the reconstruction process of disrupted views of the world (Tedeschi and Calhoun, 1996, 2004). The present research therefore solely focuses on PTG in adults.

PTG and environmental / event-related factors

Severity of event and perceived stress/distress

Findings regarding the severity of event have been mixed. One meta-analysis (Meyerson *et al.*, 2011) found positive correlation between PTG and event severity in 10 out of 18 studies whilst the latter 8 studies did not. Another study, in contrast, discovered a negative correlation between growth and degree of war-exposure in post-war context (Kimhi *et al.*, 2010). This inconsistency can be explained by Laufer and Solomon (2006) who found evidence of an inverted “U” curvilinear relation between these two constructs. Namely persons who report moderate severity of the event are likely to show the highest level of growth, compared to those who report low or high severity. The same inverted “U” pattern similarly, was found in the relation between growth and distress level (e.g. posttraumatic stress symptoms) among Israeli adolescents who were exposed to terror incidents (Levine *et al.*, 2008). The severity of event in summary, seems to be a prerequisite for growth, and the degree of growth may be optimal when the level of stress from the event is moderate.

Time elapsed since event

Another important environmental factor is time elapsed since event. No studies have found strong evidence for a positive relationship between PTG and time elapsed since event (Meyerson *et al.*, 2011). The time since the event, however, is considered as a significant moderator variable of the relation between growth and well-being outcomes. For example, the meta-analysis of Helgeson, Reynolds and Tomich (2006) found that growth was more strongly correlated with less depression and positive mental health when growth was measured more than 2 years after the traumatic event. Growth, on the other hand, was related to poorer mental health such as distress when accessed less than 2 years. This suggests that what PTG reflects can vary over time. Self-reported growth measured soon after the event may reflect that the individuals are still coping with the stress caused by the event, whilst the growth reported after 2 years since the event may reflect actual changes or growth emerged through the adaptation process.

PTG and social process

Social support is one of the most consistently reported factors to be related to greater growth following major life crises. For example, a meta-analysis of 103 studies (Prati and Pietrantonio, 2009) found that social support, social support seeking coping and religious involvement (e.g. religious coping and spirituality) were positively associated with growth. Given the fact that social support is also known as the most consistently supported protective factors of mental health after traumatic events (Brewin, Andrews and Valentine, 2000; Vogt, King and King, 2007), it is not difficult to imagine that social support contributes to developing positive changes after a difficult life event.

PTG and psychological process

Up to now a number of review studies found consistent positive relations between PTG and internal psychological processes such as positive reinterpretation (also called as positive reframing and positive reappraisal), rumination, acceptance coping and intrusive-avoidance thought (Linley and Joseph, 2004; Vaughn, Roesch and Aldridge, 2009; Meyerson *et al.*, 2011). A meta-analysis investigated what types of coping strategies were beneficial for PTG,

concluding that positive reinterpretation (also known as positive reappraisal) had the strongest influence on PTG with the largest effect size (Helgeson, Reynolds and Tomich, 2006). Most importantly these findings give empirical evidence for the critical roles of cognitive processing on PTG. This view is in line with the conceptual framework of PTG originally developed by Tedeschi and Calhoun (2004).

PTG and well-being outcomes

Findings of the relation between PTG and well-being, in general, are not consistent. Helgeson, Reynolds and Tomich (2006), however, discovered evidence that PTG was related to less depression and better well-being. As described earlier, such a relation between PTG and well-being outcomes is known to be moderated by the elapsed time since the traumatic event. In the same study, growth was more strongly associated with less depression and positive mental health when it was measured more than 2 years after the traumatic event whilst growth was more strongly associated with distress when measured less than 2 years.

Chapter 3

Research Context: Internal Displacement after Conflict in Ukraine

3.1. Introduction

This chapter sets the scene for this research and provides information concerning the contexts in which participants of the research had been involved. The chapter is divided into two parts: the first half describes the background of the armed conflict in Ukraine, and the second half presents the overview of internally displaced persons (IDPs) in Ukraine emerged as a result of the conflict.

3.2. Armed Conflict in Ukraine

Ukraine is the largest country in land size in Europe and gained independence from the Soviet Union in 1991. Although the country shares a history with Russia as a former state of the Soviet Union, it seems to have two different cultural origins: western parts of the country historically have closer ties with the neighbouring European countries such as Poland, whilst in eastern parts of the country a significant amount of people speak Russian as their first language and have closer ties with Russia (BBC, 2019).

Ukraine has seen civil unrest and subsequent armed conflict since the autumn of 2013. According to Faundes's conflict analysis (2016), it can be classified into 3 phases as follows:

Phase 1: Internal crisis

In late November 2013 massive street protests, later known as the Euromaidan Revolution, started at the Ukrainian capital, triggered by the decision of then-President Viktor Yanukovich not to sign an agreement for building closer ties with the EU (OHCHR, 2014). The protesters occupied the Kyiv's Maidan Square (Independence Square) for three months against this political decision, demanding the resignation of the President. In February 2014, the situation dramatically escalated into violence when the government's use of force with its riot police led to large-scale battles with anti-

government protesters. This resulted in the deaths of more than 110 people and the removal of President Yanukovich from power (IFRC, 2014). New elections shortly appointed a new pro-West President, Petro Poroshenko. Although this had temporarily brought some calm in the Capital, it sparked political agitation and counter-revolutionary movements, especially in predominantly Russian-speaking regions, such as Crimea and in south-eastern regions of Ukraine.

Phase 2: External conflicts arise

Immediately after President Yanukovich’s removal, pro-Russian armed forces seized Crimea. They took control of the local government’s parliament, and two weeks later, on 16 March 2014, the so-called "referendum" declared integration of Crimea into the Russian Federation (BBC, 2014a). The UN rejected this referendum as invalid and groundless in the 68th UN General Assembly on 27 March 2014 (UN, 2014), affirming its commitment to the “Territorial integrity of Ukraine”.

Phase 3: Separatism spreads in eastern Ukraine

The internal conflict continued to grow with the spread of separatism, particularly in eastern Ukraine. On 14 April 2014, the Ukrainian Government launched an “anti-terrorist operation (ATO)” mobilising its National Security Forces against the pro-Russian separatists, and seized the city of Sloviansk in Donetsk Oblast (BBC, 2014b). In response, however, in May 2014, the self-proclaimed “Donetsk People’s Republic” and “Luhansk People’s Republic” militant groups were formed (OHCHR, 2014). The armed group supporting the “People’s



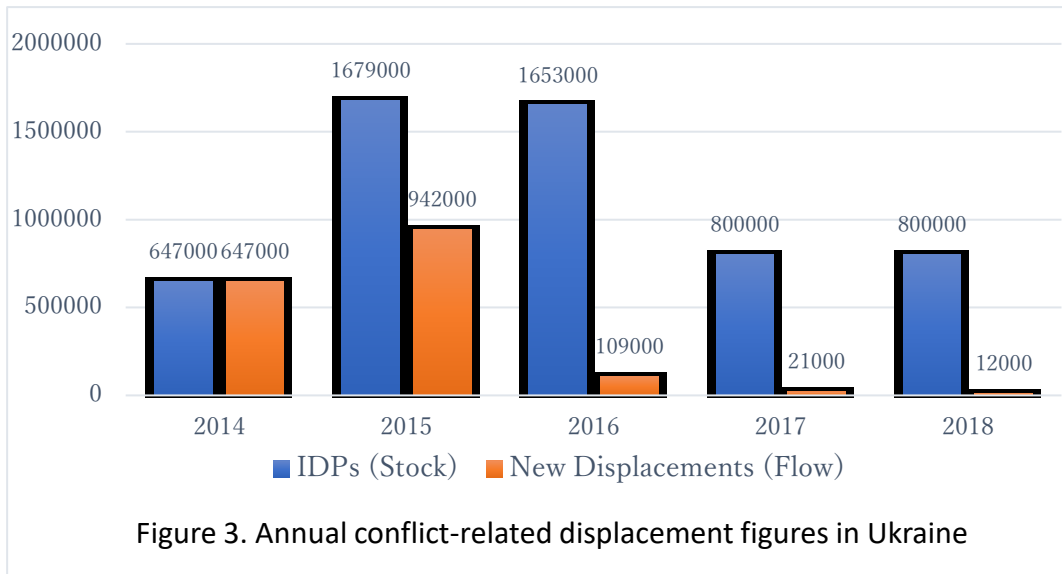
Figure 2. Contact line that divides eastern Ukraine into GCA and NGCA
Data source: OCHA (2019)

Republics” of Donetsk and Luhansk continued to grow in number and had steady access to contemporary weaponry such as tanks, semi-automatic assault rifles and anti-aircraft artillery with the help of Russian Federation (Council of Europe, 2014, p.8). In contrast, the Ukrainian military forces launched a series of counter-offensive operations to re-establish control over eastern Ukraine. Since that time, the nature of the conflict has dramatically changed, with active military engagement between Ukrainian national forces and pro-Russian separatists. Battles began in Sloviansk in Donetsk Oblast in June 2014. The clashes between both sides spread into many cities and towns across Donetsk and Luhansk regions (the so-called Donbass region). As a result of the growing separatism, the Donbass region was divided into 2 areas by both sides: Government-Controlled Area (GCA) and Non-Government Controlled Area (NGCA). The dividing line is called the “contact line” by the international humanitarian community. Figure 2 shows the map of the contact line as of August 2018.

3.3. Internally Displaced Persons (IDPs) in Ukraine

Overview of IDPs

As earlier described, the conflict in Ukraine emerged as civil unrest in late 2013 and there has been active armed conflict since mid-April 2014. This has resulted in high numbers of casualties and massive displacement of civilians from Donetsk and Luhansk regions, as well as the destruction of their homes and other important city infrastructure. As of 13 June 2017, the UN estimates that the conflict-related death toll is at least 10,090 people, including 2,777 civilians, with at least 23,966 injured since the beginning of the conflict (OHCHR, 2017). There has also been large-scale population displacement. The UNHCR reported that the number of IDPs had rapidly reached 190,000 by 20 August 2014 (UNHCR, 2014a) and continued to increase up to 1.4 million by July 2015 (OCHA, 2015). The vast majority of IDPs emerged during 2014 and 2015 (see Figure 3) and are still living within either Donetsk or Luhansk Oblast or adjacent regions (see Figure 4). The conflict-related displacement predominantly affected women, children and the elderly; approximately 65% of IDPs were women and children (UN Women, 2015) and 64% elderly (OCHA, 2016).



Data source: IDMC (2018)

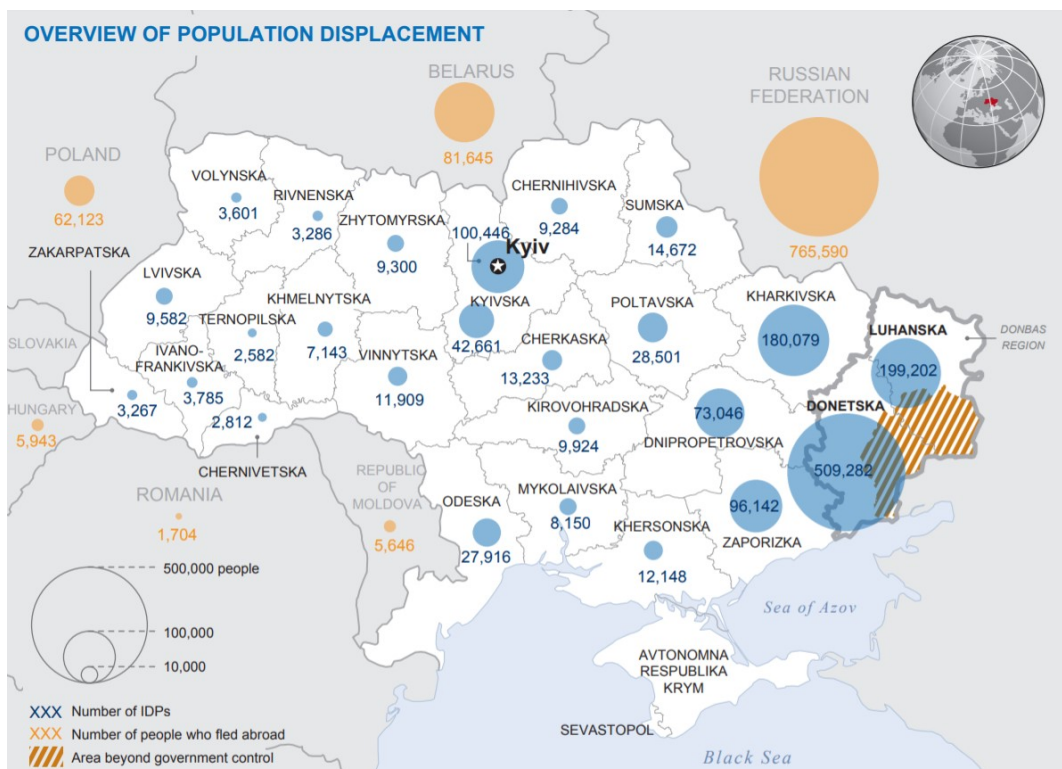


Figure 4. Overview of IDPs in Ukraine

Data source: OCHA (2015)

Experience of IDPs

IDPs from Donetsk and Luhansk regions have gone through challenging experiences during their journeys of displacement. First, they have experienced great difficulties prior to their flight. Insecurity was a seriously threatening issue for civilians in eastern Ukraine since the conflict turned violent in April 2014. Interviews with IDPs from the eastern regions (UNHCR, 2014b) revealed that not only were there experiences of being caught up in the crossfire but also of cases of abduction, threats, extortion and harassment commonly reported among the IDPs. Many witnessed or were directly exposed to violence. Children's exposure to traumatic events and fear of losing their lives were other push factors for the IDPs to decide to flee (OSCE, 2014). Some of the IDPs were afraid of being caught by armed groups at checkpoints and chose to wait for a chance to move safely, although public infrastructure and the local economy were seriously damaged. People living close to the "contact line" were particularly vulnerable due to the exposure to insecurity (OCHA, 2015). Many families experienced family separation, having at least one member of the family living in NGCA and others in GCA.

Secondly, the IDPs have suffered significant hardships during their displacement process. Many IDPs from the eastern regions fled with few personal belongings. Most of them ran out of resources. Many IDPs became financially exhausted due to the loss of livelihood and properties, closed banks and unpaid pensions. At the beginning, many of them were accommodated through their social network such as in their relatives' or friends' places, but they started to feel pressure to leave such temporary housing as over-crowdedness made generosity reach its limit over time. As a result, many IDPs relocated themselves multiple times, without steady sources of income (OHCHR, 2014). Even after settling down in a community, things were not necessarily easy for IDPs. Younger children often showed posttraumatic stress responses such as sleeping problems and fear of loud sounds (OSCE, 2014). Many IDPs reported that they have perceived critical attitudes from their host communities towards them. It is also common for IDPs to have noticed social tensions with people still living in their home communities in eastern Ukraine; divided political views caused disruption to the social fabric in eastern Ukraine, under a situation where one could flee to a pro-Ukrainian territory at the same time as another could stay in the pro-Russian,

separatist-controlled area (OSCE, 2014).

Another issue was the Government's limited ability to protect IDPs. The registration of IDPs from eastern Ukraine was difficult in many cases because of the lack of direction by the state. Temporary housing was often not provided to IDPs in many regions, whilst it was theoretically available. Even if it was provided, the government often only covered costs of collective housing for IDPs for the initial stay, with resident IDPs soon having to pay a contribution towards costs, such as for utilities (OHCHR, 2014).

Chapter 4

Methodology

4.1. Introduction

This chapter sets out a description of the research strategy and process undertaken to address the research questions described in Chapter 1. It describes the mixed-methods design that was adopted in the research and rationales for the use of these methods. It also provides information regarding how data was collected and analysed. The chapter ends with discussing the ethical considerations and limitations that the researcher had to be aware of in this study.

4.2. Research Design

A mixed-methods research design, combining a quantitative and a qualitative research approach, has been adopted in this research. As constructs, particularly developed in the field of social science such as posttraumatic growth, can be argued from various perspectives differently. Using the mixed methods design enables a researcher to discuss the same subject with different types of data (Denscombe, 2014) so that the research can provide a more comprehensive picture of the topic being studied.

The quantitative part of the research employed a survey method using a questionnaire and the qualitative part of the research adopted semi-structured interviews. The quantitative survey offers a representative picture of the subjected phenomenon (PTG) of a larger group. Using standardised and already published measures, the survey allows the production of more reliable data and make it comparable with other research. This comparability makes the results of data in this research more and more valuable over time. The main aim of the interviews is to give an in-depth understanding of PTG within the Ukrainian conflict context. It also allows exploring potentially new aspects of PTG that have not been captured in the literature.

4.3. Data Collection

This research was conducted with adult Internally Displaced Persons (IDPs) in Ukraine. All the participants were Ukrainian residents who used to be living in eastern Ukraine, before the armed conflict started in 2014, and then resettled into a different area within Ukraine after the conflict. Inclusion criteria were people who were originally living in Donetsk, Luhansk or Crimea Oblast in eastern Ukraine prior to the conflict in 2014 and fled their homes due to the conflict. Participants under the age of 16 and those who resettled for economic reasons were excluded from the research.

Data collection was carried out on two separate occasions in July and August 2019, which was more than 5 years after the armed conflict escalated in April 2014 in Ukraine. One occasion employed an online survey using a questionnaire and the other was in-depth face-to-face interviews.

4.3.1. Questionnaire

4.3.1.1. Participants

139 participants completed the online questionnaire. After a preliminary data screening, outliers and responses by those who did not meet the inclusion criteria were removed. As a result, data of 135 samples (15 men and 120 women) ranging in age from 18 to 65 ($M = 39.70$ years, $SD = 9.23$) was used in the main quantitative analysis of this research. They were all from conflict-affected areas: from Donetsk ($n=79$), Luhansk ($n=53$) and Crimea ($n=3$), and the average number of months since their first displacement was 58.73 months ($SD = 4.73$).

4.3.1.2. Procedure

The online questionnaire was developed using the Google Forms format and distributed to the participants. The access to the participants was gained with the help of the local gatekeeper humanitarian organisation which had already been working with IDPs in Ukraine. The questionnaire was distributed nationwide to potential participants who were asked to fill it out through the organisation's beneficiary network. Responses were gained from IDPs who were living in Kyiv city ($n = 36$), Kyiv region ($n = 17$), Odessa ($n = 31$), Poltava ($n = 28$), Kharkiv ($n = 7$), Kherson ($n = 6$), Dnipropetrovsk (n

= 3), Zaporizhya (n = 2), Government-controlled area in Luhansk (n = 2) and Government-controlled area in Donetsk (n = 1). Participation was completely voluntary, and the informed consent was obtained at the top page of the questionnaire before they began to answer it.

4.3.1.3. Measures

The questionnaire consisted of the following existing measures, listed below. Item selection for inclusion in the questionnaire was made based on the literature review, specifically some meta-analytic studies focusing on PTG and equivalent constructs such as benefit-finding or stress-related growth (Tennen and Affleck, 2002; Park and Fenster, 2004). Once developed in English, the questionnaire was translated into the Ukrainian language following a standard procedure (e.g., translation, back translation, expert panel and cultural adaptation). Two Ukrainian-English bilinguals and two experts in the humanitarian sector were involved in the development of the Ukrainian version of the questionnaire in total. The English version of the questionnaire is attached as Appendix 1.

Demographics. In the questionnaire, the following demographic information was collected:

- Age
- Gender
- Place of current residence
- Place of origin
- Marital status
- Educational level
- Time since displacement (months)

Posttraumatic Growth. The 10-item *Short Form of the Posttraumatic Growth Inventory* (PTGI-SF; Cann *et al.*, 2010) was used to measure Posttraumatic Growth (PTG). The original Posttraumatic Growth Inventory (PTGI) has 21 items and was developed by Tedeschi and Calhoun (1996) to measure positive changes after highly difficult life

events. Like the original PTGI, the PTGI-SF has a five-factor structure which represents five different types of PTG: (a) New Possibilities, (b) Relating to Others, (c) Personal Strength, (d) Appreciation of Life, and (e) Spiritual Change. Participants completed the 10-item STGI-SF with 6-point Likert scale, ranging from “Strongly disagree”, “Mostly disagree”, “Disagree a little”, “Agree a little”, “Mostly agree”, to “Strongly agree”. Since this study aims to capture participants’ perceived personal changes after their displacement experience, additional wording “as a result of displacement” was added on the top of each item to fit the contexts of IDPs.

Environmental factors. Two environmental factors that may influence the participant’s displacement experience were assessed: 1) time since the first displacement (number of months) and 2) number of relocations since the first displacement.

Well-being status. To assess the current well-being status of the participants in their resettled environment, three categories of their subjective well-being were measured: adjustment level [current], life satisfaction [current], and overall mood [past one month to present]. Each of the three categories consisted of one-item question with a 9-point scale. For example, in the question about adjustment, participants were asked “On a scale of 1 to 9, how would you rate your adjustment level to your new life since you resettled in the current place? Indicate your current adjustment level” by choosing from the number 1 (I am not adjusted to the current environment at all) to 9 (I am perfectly adjusted to the current environment). The rating scale was from 1 (the worst possible life I could imagine) to 9 (the best possible life I could imagine) in the life satisfaction question, and from 1 (very stressful) to 9 (very happy) in the overall mood question respectively. The higher number represents higher well-being status that the sample IDPs reported.

Perceived social support. To measure social support that the sample IDPs perceived since their displacement, the Multidimensional Scale of Perceived Social Support (MSPSS; Zimet *et al.*, 1988) was employed. The MSPSS has 12 items and measures self-accessed availability of social support. It has three subscales, each of which addresses a

different source of social support: (a) Family, (b) Friends, and (c) Significant Other. Participants were asked to complete the 12 items in random order. To fit the study contexts, an instruction was given to the participants to rate social support available to them during their displacement experience. In addition, although the original MSPSS has a 7-point scale, a 5-point scale was employed in this study, ranging from 1 (Strongly Disagree) to 5 (Strongly Agree) to reduce confusion among the participants.

Coping. It is interesting to know how participants have dealt with their stressful situation during the relocation experience. The coping section of the questionnaire measured the cognitive processes of the participants, focusing on the following three types of coping:

- Rumination (3 items)
- Positive Reinterpretation (4 items)
- Acceptance Coping (4 items)

Participants were asked to indicate how often they used each category of coping since they were displaced with a 4-point Likert scale (ranging from “I didn’t do this at all” to “I often did this”). Items of both Positive Reinterpretation and Acceptance Coping were from Carver and colleagues’ COPE scales (Carver, Scheier and Weintraub, 1989). The COPE scales originally have 15 subscales including the Positive Reinterpretation and the Acceptance Coping. *Positive Reinterpretation* refers to “the attempt to look on the bright side of things and to put a positive spin on stressful situations” (Helgeson, Reynolds and Tomich, 2006, p.798), while Acceptance Coping subscale measures the degree to which the participants accept the reality of the stressful situation since their displacement. In addition, the 3 items of Deliberate Rumination subscale were selected from the Rumination Scale (Calhoun *et al.*, 2000), which is originally developed to measure both intrusive rumination and deliberate rumination. The set of items presented in the Rumination subscale reflects the deliberate rumination. *Deliberate Rumination* in this context refers to “deliberately thinking about the event to try to make sense out of it, to make something good come out of the struggle with the event, and to see benefits in the event” (Calhoun *et al.*, 2000, p.524). In this research, I simply

call it rumination.

4.3.2. In-depth Semi-structured Interviews

4.3.2.1. Participants

11 individual, face-to-face interviews were conducted with IDPs. The interviewees (3 men and 8 women) were living in Kyiv Oblast, Ukraine at the time of data collection but were originally from either Donetsk or Luhansk Oblast prior to the conflict. Age of the interviewees ranged from 22 to 74 ($M = 43.64$ years, $SD = 15.88$).

4.3.2.2. Procedure

The author of the study visited Ukraine and conducted in-depth, face-to-face interviews in July 2019. Due to the limited timeframe and budget of the research, the interviews took place geographically in 3 places within Kyiv Oblast, Ukraine: Kyiv city, Bila Tserkva (2 hours' driving from Kyiv city centre) and Tetiive (3 hours' driving from Kyiv city centre). Like the data collection of the questionnaire, the access to the interviewees was obtained through the local humanitarian organisation. The interviews were conducted in meeting rooms of the organisation or local restaurants where interviewees found it convenient. An English-speaking translator was needed for 9 of the 11 interviews as the dominant language in Ukraine is either Ukrainian or Russian. However, no translator was needed with 2 interviewees as both were fluent in English.

Each interview took about 60 minutes and started with an introduction by the interviewer, the research topic, expectations about the interview and the informed consent. To ensure production of accurate transcriptions, the interviews were audio-recorded with the permission of participants.

It is also important to note that the interview structure was designed to create a warm and co-operative atmosphere as well as to reduce defensiveness on behalf of the participants. The focus of the interviews was to learn about interviewees' perceived benefits and positive personal changes after experiencing displacement

and the questions were semi-structured. However, answering such questions requires a high level of self-reflection and disclosure. Hence, for the purpose of building rapport and reducing emotional reluctance, the interviews began with some casual opening conversation and followed the sequence that the first half of the interview focused on facts and then the second half asked about personal perceptions about themselves (e.g. changes that happened to themselves). Most IDPs interviewed were happy to talk about their displaced experience and to answer fact-based questions such as “Can you tell me what happened after you were displaced?” “When and how did you come to this place?” or “What difficulties did you experience since you were displaced?”. Therefore, by the time the interview came to the second half, there had been a lot of interaction between the interviewee and the interviewer and this helped the interviewees to be ready for more personal questions.

4.4. Data Analysis

4.4.1. Quantitative Analysis

Quantitative data, collected online by using Google Forms, was exported into an Excel sheet. Then the preliminary data screening identified and removed outliers and responses out of the research inclusion criteria.

- Firstly, descriptive statistics were computed to summarise each variable. Summary statistics, tables of distribution and histograms helped the researcher gain a better understanding of the characteristics of each variable.
- Secondly, based on the descriptive statistics, the research looked at the prevalence of PTG reported in the study sample.
- Thirdly, a series of statistical significance tests were conducted to examine the relationship between variables. Specifically, the research was interested in investigating the relationship between PTG and factors that are expected to be associated with PTG. For example, for categorical data (e.g. gender and marital status), statistically significant tests such as t-test and analysis of variance (ANOVA) were conducted to see the difference between groups in the degree of

growth. For numerical data, correlational strengths were computed to see the relationship between PTG and independent variables (e.g. social support and types of coping).

- Lastly, multiple regression analysis was employed to find the best predictor(s) of PTG.

For these statistical data analyses, statistical software called HAD¹ was chosen as it was a functional open-source software.

4.4.2. Qualitative Analysis

The interviews were fully transcribed in order to produce accurate findings and interpretations for the thematic analysis. For transcribing the interviews, conducted in the local language, there have been frequent contacts with the translator to ensure that the transcribed data correctly reflected what the interviewees had said. The thematic analysis of the narrative transcripts was conducted in both descriptive and exploratory manners:

- The qualitative analysis examined two categories of information in the narratives, which was about positive changes and influencing factors of PTG.
- Under the category of positive changes, five codes were given to the transcription based on the conceptual domains of PTG argued by Tedeschi and Calhoun (1996). That is, Relating to Others (RO), Personal Strength (PS), New Possibilities (NP), Spiritual Changes (SC) and Appreciation of Life (AL). Besides, additional code was given to the texts that seemed to represent new aspects of changes that have not been captured in the Tedeschi and Calhoun's model
- Under the category of PTG-related factors, three code of Positive Reinterpretation, Acceptance, Rumination, Social Support were given to the relevant texts and additional code was given to represent potentially influencing factors of PTG that may not have been discussed in the literature.
- Data collected with new codes were reviewed and categorised to generate

¹ Downloaded at: <http://norimune.net/had> (Accessed on 13 July 2019)

new themes. Once new themes were generated, names and definitions were given for each theme.

4.5. Ethics

Important ethical issues were considered in order to conduct the research without causing any harm. Firstly, this research adheres to the Research Ethics for Research involving Human Participants - Code of Practice (Oxford Brookes University, 2016) and was approved by Oxford Brookes University's Faculty Research Ethics Committee (see Appendix 2-4: E1, E2 and E3 forms). This ethics reviewing process helped the researcher to comprise core ethical requirements of research with people such as ensuring consent, confidentiality and anonymity at all stages of the research. Secondly, the researcher was mindful not to create an unnecessary extra burden on the gatekeeper organisation for the data collection. Humanitarian organisations, often with limited human resources, are busy with their aid work on the ground. The initial contacts began far before the time of data collection in order to obtain consent from the gatekeeper, and the data collection period was agreed based on the organisation's availability. Most importantly, at the end, the face-to-face interview process was designed to minimise potential distress for the interviewees. The interviews did not aim to ask particularly about traumatic experiences. Nevertheless, the interview questions had the potential to trigger some uneasiness. To deal with this issue, the interviewer explained the purpose of the interview and informed the participants that they had the right not to answer any questions that made them feel uncomfortable and that they could withdraw from the interview at any point. In addition, when some interviewees started to show signs of distress, the interviewer asked if they wanted to take a rest or reassured them of their rights.

4.6. Limitations

Regarding limitations, it must be noted that although a mixed-methods design enriches the validity of research by triangulating different sources of data on the same topic (Creswell and Clark, 2017), the findings of this research may not represent the whole IDP population in Ukraine. The question of representativeness rises because of the following two issues: 1) gender imbalance in data obtained and 2) participants' status as recipients of humanitarian

aid. Firstly, throughout the data collection in Ukraine, it was hard to reach male IDPs. Given the humanitarian contexts in Ukraine, this is true in general; 66% of officially registered IDPs are women according to the UNHCR (2015). The proportion of the male sample in the present research, however, is 11% (15 out of 135) in a survey and 27% (3 out of 11) in the interviews, which is far below the officially reported proportions of male IDPs, respectively. Perhaps the gender imbalance in the sample was caused by a combination of gender norms and the sampling strategy of the research. For the researcher, the access to Ukrainian IDPs was only possible in coordination with the local humanitarian agency which had been already working with IDPs in Ukraine. This naturally made the researcher accessible to more women than men as women, in general, are more likely to seek support than men, as well as two-thirds of IDPs being women. The second issue related to the representativeness of participants' status as recipients of humanitarian aid. As the access to the sample of the present study was gained through the gatekeeper humanitarian organisation, the majority of the participants were considered to have had good access to humanitarian support, in addition to legal support, from the state. As social support is one of the most consistently reported protective factors for psychological well-being after experiencing a traumatic event (Brewin, Andrews and Valentine, 2000; Vogt, King and King, 2007), the level of growth and well-being in the present sample may over-report that of the whole IDP population in Ukraine. Therefore, this should be taken into consideration when interpreting the findings.

Chapter 5

Findings and Discussion

5.1. PTG Reported among IDPs in Ukraine

5.1.1. Prevalence

IDPs who completed the questionnaire reported the grand mean score of 4.12 (men = 3.86, women = 4.15; range 1 to 6) on the whole PTG scale (PTG-all). A frequency distribution table (Figure 5) indicated that 61.48% of the sample reported at least a small or moderate degree of PTG on average and 20% of the sample reported a high degree of PTG. Besides, 100% of the interview participants (11 out of 11 IDPs) suggested that they have changed before and after the displacement.

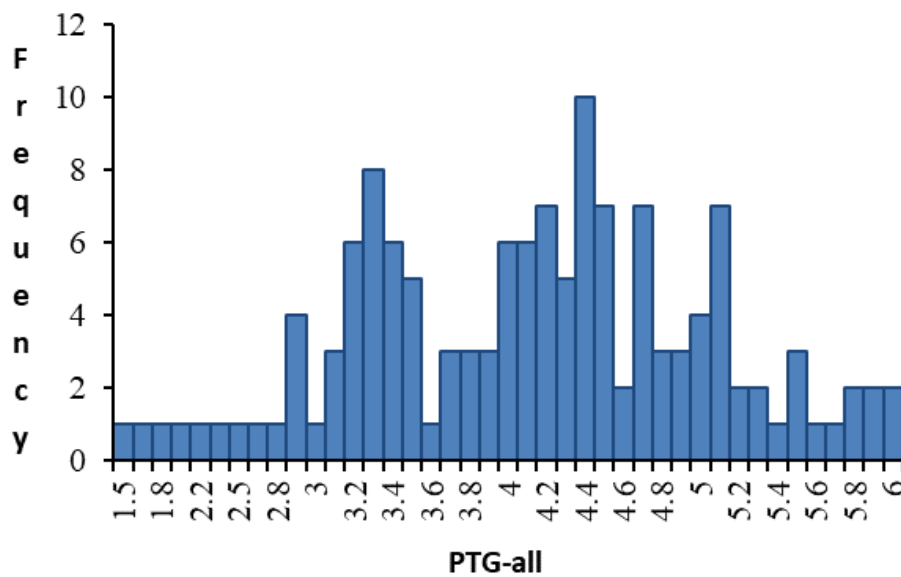


Figure 5. Histogram of PTG mean scores

61.48% appears to be of high prevalence. However, interpretation of this number should be considered with caution because the prevalence rates of PTG in the literature are widely ranged depending on the study contexts, target populations and measures used (for example, a review of Linley and Joseph (2004) found from 30% to 70% of people reported after various types of traumatic events). The main value of the present

study lies in the fact that it gives empirical data regarding PTG using a published instrument, which will enable any future research to compare the prevalence of PTG in the contexts of forced migration either cross-culturally or within Ukraine.

Table 1 shows summary statistics of PTG scores including 5 subscales. It indicates that *Appreciation of Life* (AL) was the most commonly reported domain among five domains of PTG with the mean score of 4.83, indicating 85.93% of the sample reported at least a small or moderate degree of PTG-AL, followed by *Personal Strength* (PS) (M = 4.56), indicating 77.04% the sample reported at least a small or moderate degree of PTG.

Table 1. Summary statistics of PTG scores

Variable	N	Mean	Median	SD	Min	Max	Cumulative % with at least small or moderate PTG
PTG-AL	135	4.83	5.00	0.97	1.00	6.00	85.93
PTG-NP	135	3.94	4.00	1.36	1.00	6.00	60.00
PTG-RO	135	4.09	4.00	1.21	1.00	6.00	64.44
PTG-PS	135	4.56	5.00	1.17	1.00	6.00	77.04
PTG-SC	135	3.19	3.00	1.40	1.00	6.00	34.81
PTG-all	135	4.12	4.20	0.93	1.50	6.00	61.48

Note: PTG-all: a whole PTG scale including 5 subscales. AL: Appreciation of Life, NP: New Possibilities, RO: Relating to Others, PS: Personal Strength, SC: Spiritual Change.

5.1.2. Case Studies of Positive Changes

61.48% of the sample reported at least a small or moderate degree of PTG on average. Around 34.81% to 85.93% of the sample showed at least a small or moderate degree of PTG depending on the domains of the growth. What does it mean? What does each domain of growth look like? This section attempts to gain an in-depth understanding of positive changes experienced by Ukrainian IDPs by quoting the participants' words from the interviews.

Appreciation of Life (AL)

A widowed father of 5 children fled his home due to the conflict. He mentioned that the family has become the top priority for his life:

“The most significant change was I have become a father of 5 children and then I have become a father of 13 children [now he is in his second marriage after displacement]. It’s a huge responsibility... My attitude toward children changed a lot after my wife’s death and then I faced with many people’ deaths [due to the conflict]. A lot of my social links were ruined. When I was living in comfortable circumstances [in Donetsk prior to the conflict], I did not pay much attention to my children. But they became more valuable and I began to pay more attention to my children... Family is the biggest value. Children, brotherhood, sisterhood, and parents are the first things rather than any other thing”.

A 45-year-old male IDP from Donetsk

Another woman from the Luhansk region shared:

“My perception of the world has changed. Now I have learned that everything in our life is so fragile... I was surprised that why people cannot negotiate with each other to build peace. I am concerned about who decides these things [about the conflict] to go on. There is nothing we can change about the fact that life is short and fragile for all of us. There is nothing to divide among us in such a way as we are all humans and that is life”.

A 65-year-old female IDP from Luhansk

Both IDPs above experienced changes in their worldview and priority in life following significant losses (e.g. deaths and loss of peaceful life). Theoretically, AL refers to changed life priority, life philosophy and increased appreciation of the value of life (Tedeschi, Park and Calhoun, 1998). The results of the questionnaire showed that AL was the domain of change that most participants agreed to report on (85.93%). Given the intensive crossfire and sudden escalation of violence in eastern Ukraine, it would make sense that most IDPs in Ukraine developed the perception of fragility about life and society, leading to revising values of their own lives.

Relating to Others (RO)

The man from Donetsk, a father of 13 children and young adults continued:

“Five years ago [when displacement started], my children were very small, so 2 or 3 of them could sleep together on one bed. But now they’ve grown up. Some of our children are already 15 and teenagers. So, as they grew, tension grew as well. We [the interviewee and his wife] tried to create an atmosphere of love and caring for our children. We tried to get together all the family at least once a week so that everybody can see their faces and make transparent conversations with each other... We tried to pay attention to our children’s psychological balance... It was a great help because it helped to understand each other well and such a warm atmosphere helped us to cope with the situation”.

A 45-year-old male IDP from Donetsk

While changes in AL occurred in a cognitive level, this narrative illustrates the changes can occur in a behavioural level. It also suggests that more than one domain of growth are interconnected and can occur simultaneously. His life priority has changed due to the experience of the conflict and displacement (an increase of AL). As a result, his patterns of behaviour changed for example he started to put more effort into family relationships (an increase of RO). More importantly, his story suggests that these positive changes may occur as a result of a coping process. The attempt to establish stronger family bonding is considered to be one of the coping strategies to help reduce impacts of stressful situations caused by displacement.

Personal to Strength (PS)

A woman originally living near the Donetsk airport had to immediately flee from her hometown with her young children. She started her interview with how hard it was to re-establish their lives in the early stage of displacement but highlighted the achievements of her family:

“Now my husband and I do everything by ourselves. We believe that we have changed so much... Previously, I spent my life on some spontaneous shopping and entertainment, but

*now I am down-to-earth. I have notes about some plans and am using money in a planned manner. So, I became a more practical person. We achieved this in 5 years - everything including housing and livelihood, which a lot of IDPs here in *** [name of the current residence] still cannot achieve yet. We asked help and we tried to communicate with local people and explained that we were normal and suffering... I am proud that we are maintaining a normal life despite the extremely difficult circumstances without ending up suicide or being alcoholic that other people would do in such circumstances”.*

A 31-year-old female IDP from Donetsk

Another woman who is a single mother from eastern Ukraine and the only source of income for the family reflected:

*“I think I became more experienced and stronger after going through the displacement... I did everything to restore my life from zero to now by myself without relying on any assistance from anybody. I rented an apartment and completed school application procedures for children. If I stayed in *** [name of her hometown], I couldn’t develop such new skills and wisdom to do it this quickly in a timely manner”.*

A 45-year-old female IDP from the conflict zone in Luhansk

The common element in these two women’s narratives is that they both experienced a positive transformation of their self-view through their individual coping process. They both engaged in problem-solving behaviours trying to handle challenging situations. The success of such coping behaviours led to their increased sense of self-reliance, sense of being experienced and sense of accomplishment.

Spiritual Change (SC)

Some people reported the increase of their religious beliefs after displacement. For instance, a woman from Donetsk reported:

“We [the interviewee and her husband] went to church and pray more often. It was more difficult to survive without any religious beliefs... I learned that praying and reading the Bible was helpful. When praying and reading the Bible did not help, I went to church and asked

help for our church leader... I got to know many IDPs here in this community who have trust in God. With religious belief, I could manage”.

A 33-year-old female IDP from Donetsk

Importantly, they found the religious belief and practice more helpful to manage the stressful situation. Moreover, religious practices helped them re-establish social networks in the new community after arrival.

New Possibilities (NP)

The domain of NP refers to a sense of encountering or establishing new roles, paths, opportunities, resources, skills, interests and so on as a result of highly difficult life situations (Tedeschi and Calhoun, 1996).

A woman mentioned that her children had access to more choices and resources after they moved to the capital:

*“I had a lot of fear and concerns about the resettlement. How would it look like? How to adapt children to the new environment? But 75% of my concerns did not come true... I’ve noticed right now there are more new opportunities for my children... For example, my elder daughter will soon be going to the 9th grade. There in *** [name of her hometown] we had few institutions that could give some professions. But she did not have interest in any of them... If she could go, she could get education that she wanted somewhere else, that would be Donetsk and that is too far... In a big city, children have public transportation such as a bus. They can stay a little bit more distance from their parents by using such public transportation, for example. They learn to do it by themselves. And that makes children develop self-responsibility more”.*

A 34-year-old female IDP from Donetsk region

A young IDP who has just graduated from University explained that she has decided to work on building a better society after she moved to the capital:

“I think I started to express my opinion and my source more openly and I understood that public position matters because we did not express it in Donetsk. So yeah probably, I became somewhat more active. And this is actually a point because I know a lot of people who moved from Donetsk and they're trying to join some initiatives... I joined a lot of initiatives as a volunteer. I joined uh NGO. And now I'm looking for a job in this civic sector because I think it's very important for me now to make something which is socially valuable for the society and then change it because we need to make a lot of things here in Ukraine. And uh I had this feeling when I came here [the capital] I realised it's not dangerous to do such things. So, I can express myself and I really would like to work on this society and this capacity building in Ukraine”.

A 21-year-old female IDP from Donetsk

The former interviewee found more resources for her children after being displaced. The latter established a new path for her life after the displacement. These narratives indicate that NP are more likely to involve meaning-making rather than coping process within individuals. It seems that the experience of NP is like opening a new door to find new values and meanings after a significant life event. The stories above explain how the transformation of an individual's worldview and self-image are achieved through meaning-making and value-finding processes. This finding underpins the view that posttraumatic growth conceptually requires meaning-making cognitive process (Tedeschi and Calhoun, 2004).

5.1.3. Summary of PTG among IDPs in Ukraine

Reported posttraumatic growth was described both quantitatively and qualitatively. All the interview participants suggested that they had changed before and after the displacement, and 61.48% of the questionnaire participants reported at least a small or moderate degree of PTG. Concrete examples of changes were drawn from interviews with IDPs, highlighting the transformative aspects of PTG. Individual stories from IDPs illustrated that after experiencing difficult life events,

transformation could occur in many different areas: their worldview, priority in life, childcaring behaviour, perception of oneself, perception of interpersonal relationships, religious belief and practice, perception of resources and life possibilities and so on. In other words, changes could occur in both cognitive and behavioural levels. Moreover, two possible processes were suggested for PTG to emerge: coping and meaning-making. The interviews suggested some IDPs experienced their growth as a result of their coping to handle stressful situations and others experienced transformation of their self-image through the meaning-making or meaning-finding process.

5.2. Factors Associated with PTG

5.2.1. PTG and Demographic Factors

To examine the research question 2-a): “Does the level of PTG differ by demographic factors?”, a series of statistical significance tests and correlation analyses were conducted.

●Gender and PTG

A Welch’s two independent sample t-test was conducted to see if there is a significant gender difference in grand mean scores of PTG (range 1 to 6). As a result, no statistically significant gender difference was found for the PTG scores ($t(17.03) = -0.87, p = .40$). Mean scores and SD of PTG per gender are shown as in Table 2.

Table 2. Mean Scores and SD for PTG per Gender

Level	Mean	SD	S.E.	95%Lower	95%Upper	Sample size
Male	2.87	1.52	0.39	2.09	3.64	15
Female	3.23	1.38	0.13	2.98	3.47	120

●Place of current residence and PTG

A one-way ANOVA was conducted to compare the effect of place of current residence on the grand mean score of PTG. The analysis of variance (Table 3) showed that the effect of place of current residence on PTG scores was not statistically significant ($F(9, 125) = 0.99, p = .45$).

Table 3. ANOVA: Effect of Current Residence Place on PTG Scores

Mean PTG scores

	SS	df	MS	F	p-value
Between groups	7.76	9	0.86	0.99	0.45
Within groups	108.96	125	0.87		
Total	116.72	134			

●Place of origin and PTG

A one-way ANOVA was conducted to compare the effect of place of origin on the grand mean score of PTG in groups of Donetsk (N = 79, M = 4.17, SD = 0.98), Luhansk (N = 53, M = 4.08, SD = 0.87) and Crimea (N = 3, M = 3.40, SD = 0.70). The results (Table 4) showed that the effect of place of origin on PTG scores was not statistically significant ($F(2, 132) = 1.08, p = .34$).

Table 4. ANOVA: Effect of Place of Origin on PTG Scores

Mean PTG scores					
	SS	df	MS	F	p-value
Between groups	1.87	2	0.94	1.08	0.34
Within groups	114.85	132	0.87		
Total	116.72	134			

●Marital status and PTG

Mean scores and SD of PTG by marital status are shown as in Table 5. A one-way ANOVA was conducted to compare the effect of marital status on the grand mean score of PTG among Single group (N = 19, M= 4.13, SD = 0.84), Married group including civil marriage (N = 88, M = 4.11, SD = 0.93) and Widowed, Divorced and Separated (N = 28, M = 4.15, SD = 1.03) groups. The results (Table 6) showed that the effect of marital status on PTG scores was not statistically significant ($F(2, 132) = 0.02, p = .98$).

Table 5. Mean Scores and SD for PTG per Marital Status

	Mean	SD	S.E.	95% accuracy	Sample size
Single group	4.13	0.84	0.19	0.40	19
Married	4.11	0.93	0.10	0.20	88
Widowed, Divorced and Separated	4.15	1.03	0.19	0.40	28

Table 6. ANOVA: Effect of Marital Status on PTG Scores

Mean PTG scores					
	SS	df	MS	F	p-value
Between groups	1.87	2	0.94	1.08	0.34
Within groups	114.85	132	0.87		
Total	116.72	134			

●Age and PTG

Pearson’s correlation coefficient was computed to see the relationship between age and the grand mean score of PTG. As shown in the scatter plot Figure 6, the result indicated that age and PTG scores were not significantly correlated to each other ($r(133) = -.10, p = .25$).

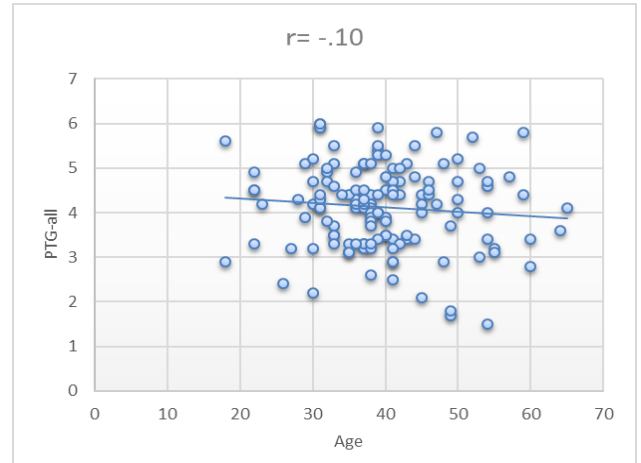


Figure 6. A scatter plot showing no relationship between age and PTG

●Education and PTG

Participants were divided into 2 groups: those who have less than a bachelor’s degree and those who have a bachelor’s degree or higher educational backgrounds. Mean scores and SD of PTG by educational level are shown as in Table 7. Results of a Welch’s two independent sample t-test indicated that PTG scores were not significantly different depending on participants’ educational levels ($t(30.07) = 1.59, p = .12$).

Table 7. Mean Scores and SD for PTG per Educational Level

Education level	Mean	SD	S.E.	95%Lower	95%Upper	Sample size
Less than Bachelor's	4.46	1.28	0.25	3.96	4.95	26
Bachelor's degree or higher	4.04	0.82	0.08	3.89	4.20	109

In summary, no statistical differences in PTG scores were found for any of the demographic factors in this research. Based on the literature review, it was expected that women and younger people may report more PTG than men and older people. The results found the same tendency as in the literature since women reported the greater mean score of PTG ($M = 4.15$) than men ($M = 3.86$) and the correlation between PTG and age was negative ($r = -.10$). However, gender and age differences in PTG were not statistically significant in the present sample. This may be due to the gender-biased,

small-scale data set in the study. To better examine this issue, I would collect more data to include equal numbers of both genders for the future study.

5.2.2. PTG and Well-being

To examine the research question 2-d): Is PTG associated with IDPs' positive well-being?', the study investigated correlational relationships between PTG and well-being variables. It was expected that the degree of PTG was correlated with positive well-being status among IDPs in the present study. The growth was reported to have had a reassuring relationship with positive well-being when it is measured more than 2 years after the traumatic event. The results confirmed this hypothesis (see Table 8), indicating all the well-being subscales (adjustment, life satisfaction and overall mood during the past 4 weeks) had moderate positive relations (from .34 to .45) to PTG.

Table 8. Means (SD) and Pearson's correlation r between PTG and well-being

Variable	Mean (SD)	r
PTG	4.12 (0.93)	-
WB-Adjustment	5.81 (1.75)	.34 **
WB-Life Satisfaction	5.05 (1.83)	.45 **
WB-Overall Mood	4.44 (2.10)	.43 **
WB-all	5.10 (1.66)	.47 **

Note: ** $p < .01$, * $p < .05$, + $p < .10$

WB: Well-being

5.2.3. Correlations between PTG and Other Factors

Pearson's correlation coefficients were computed to examine if potentially related variables (e.g. environmental, social, coping factors) are related to PTG. Such variables were selected based on the literature review in chapter 2. The results of the correlation analyses (see Table 9) illustrate that all the potentially related variables were significantly associated with the grand mean score of PTG except Time variable. It makes sense that the factor of time since displacement was not much related to the degree of growth because almost of all

participant IDPs (about 95%) answered that they fled home more than 48 months ago at the time data was collected. The sample population in this study is thought to be homogeneous in terms of time elapsed since displacement.

Table 9. Means (SD) and Pearson's correlation r between PTG and potentially related factors

Variable	Mean (SD)	r	
PTG	4.12 (0.93)	-	
Time	58.73 (4.73)	-.07	
Relocation	3.14 (1.63)	-.24	**
SS-Family	3.80 (1.22)	.19	*
SS-Friend	3.49 (1.18)	.24	**
SS-Other	3.61 (1.46)	.24	**
SS-all	3.63 (0.94)	.28	**
Positive Reinterpretation	3.10 (0.71)	.48	**
Acceptance Coping	3.27 (0.63)	.31	**
Rumination	3.08 (0.71)	.47	**

Note: ** $p < .01$, * $p < .05$, + $p < .10$

Time: Number of months since displacement

Relocation: Number of relocations since displacement

Another important finding was the negative correlation between the number of relocations and PTG. Perceived stress and event severity are often reported to have a positive relationship with PTG from the findings of previous research (Helgeson, Reynolds and Tomich, 2006). A greater number of relocations would lead to a greater level of stress. Therefore, it was expected that there would be a positive correlation between PTG and the number of relocations. The result of this study, however, was the opposite. This may be explained by the characteristics of displacement experience. Relocations involve multiple resettlement experiences and adjustment processes. Every time an individual experiences a relocation, he or she goes through not only physical resettlement but also changes in their social environment and community resources. In this sense displacement, particularly if it involves multiple times of relocations, is different from other types of traumatic events such as being diagnosed with cancer or a bereavement. The displacement experience is not a single impact event but involves multiple adjustment processes for a longer period. Perhaps,

those who experienced a greater number of relocations are still in an ongoing process of coping to adjust themselves to the current environment, thus displacement-related growth is less likely to emerge at this stage.

5.2.4. Predictors of PTG

Correlation analyses concluded that all the potentially related variables were significantly associated with PTG except the Time variable. To examine the research question 2-e): “What is the best predictors of PTG?”, two models of multiple regression analysis were conducted to see which variables significantly predicted the degree of PTG after controlling covariance of each independent variable. Both models used a standard linear multiple regression (the entry method) and focused on the same factors (i.e., Time, Relocation, Social Support and Coping). The only difference was that the first model used three subscale variables of Social Support (SS-Fa, SS-Fr and SS-Other) depending on its sources whilst the second model used one whole Social Support variable (SS-all) without considering its sources. As a result, the second model was adopted in this research to predict the degree of PTG because Social Support was not able to significantly explain the degree of PTG if divided into 3 subscales as in Model 1.

Table 10. Results of Multiple Linear Regression Predicting PTG

Model 1 ^{a)}			
Variable name	<i>b</i>	<i>S.E.</i>	β
Intercept	2.56	1.01	-
Time	-0.01	0.01	-.07
Relocation	-0.05	0.04	-.10
SS-Fa	0.05	0.08	.07
SS-Fr	0.07	0.06	.09
SS-Other	0.04	0.08	.05
COPE-PR	0.33	0.15	.26 *
COPE-Ac	-0.02	0.14	-.01
COPE-Ru	0.31	0.16	.24 +
<i>R</i> ²			.30 **

** *p* < .01, * *p* < .05, + *p* < .10

Table 11. Results of Multiple Linear Regression Predicting PTG

Model 2 ^{b)}			
Variable name	<i>b</i>	<i>S.E.</i>	β
Intercept	2.56	1.01	-
Time	-0.01	0.01	-.06
Relocation	-0.05	0.04	-.10
SS-all	0.15	0.07	.16 *
COPE-PR	0.34	0.14	.26 *
COPE-Ac	-0.02	0.14	-.01
COPE-Ru	0.30	0.16	.24 +
<i>R</i> ²			.30 **

** *p* < .01, * *p* < .05, + *p* < .10

b) Dependent/outcome variable: PTG-all; Independent variables: Time, Relocation, SS-all, COPE-PR, COPE-Ac, COPE-Ru.

a) Dependent/outcome variable: PTG-all; Independent variables: Time, Relocation, SS-Fa, SS-Fr, SS-Other, COPE-PR, COPE-Ac, COPE-Ru.

The results of the multiple regression indicated that three predictors (Positive Reinterpretation, Rumination and Social Support) significantly explained 30.5% of the variance of PTG-all ($R^2 = .30$, $F(6,126)=9.20$, $p < .001$; COPE-PR: $b = 0.34$, $SE = 0.14$, $\beta = .26$, $t(126) = 2.39$, $p = .018$; COPE-Ru: $b = 0.30$, $SE = 0.16$, $\beta = .24$, $t(126) = 1.92$, $p = .056$; SS-all: $b = 0.15$, $SE = 0.07$, $\beta = .16$, $t(126) = 2.11$, $p = .037$). Neither Time nor Relocation variables significantly explained the outcome variable, PTG-all. Based on this finding, it is concluded that cognitive processing such as Positive Reinterpretation and Rumination had the strongest influence on prediction of posttraumatic growth followed by Social Support.

5.2.4.1. Positive Reinterpretation as a Predictor of PTG

The multiple regression analysis revealed that psychological coping processes such as positive reinterpretation and rumination were the most significant predictors of PTG. This finding is consistent with previous findings from Helgeson, Reynolds and Tomich (2006) in which positive reinterpretation was found to have the largest effect size to predict growth after various life crises. Positive reinterpretation is one of the cognitive coping strategies and refers to “the attempt to look on the bright side of things and to put a positive spin on stressful situations” (Helgeson, Reynolds and Tomich, 2006, p.798). Therefore, the findings of this study give another empirical evidence that PTG is primarily accounted for individual cognitive processing. It is not so difficult to imagine that such cognitive coping efforts would lead to the transformation of mental pictures for interpreting the situation. Probably, in reality, positive reinterpretation includes some avoidant thoughts. As positive reinterpretation employs the attempt to look for something good in a challenging situation, it inherently includes two forms of coping: 1) actively looking for something good and positive in the given circumstances and 2) passively avoiding thinking of something bad and negative. The following example illustrates both types of coping:

“I cannot help feeling sad when I am talking about Donetsk. I miss my house in Donetsk. I used to have a comfortable house near a lake in Donetsk, where I didn’t have to think about issues and difficulties, could engage in gardening and watch some pictures and landscapes

from the house. But now, I realised that I won't have anything like that anymore here in Kyiv.

I have tried to switch my attention to nature. When other IDPs were waiting in line for some vouchers, I went to a park. Here Kyiv is a very beautiful city with parks, forests and lakes and also rivers. There is nothing like that in Donetsk. Maybe some lakes and parks in Donetsk too, but not like in Kyiv. At first, I thought that this war wasn't going to continue for a long time. I tried to pay attention to such nature aspects here."

62-year-old IDP woman from Donetsk who lost both of her parents

"I tried to find some positive things as much as possible because focusing on difficulties leads you to become crazy. I tried to keep good vibes rather than feeling sad or stress, for example, I went to a theatre and parks to shift positive vibes".

74-year-old IDP woman from Donetsk

Probably avoidant coping alone does not contribute to developing the perception of growth but is a signal that an individual is engaging in positively reinterpreting his or her experience. By actively looking for something positive followed by avoidant thoughts, individuals can transform their mental pictures of the given situation. In fact, growth was frequently reported with awareness of 'bright sides' of the situation such as resources, opportunities, values, achievements and/or new life roles. It is also worth noting that rumination is a very similar psychological process to positive reinterpretation. Rumination reflects the process that an individual is trying to make sense of and make something good come out of the struggle. As described in section 5.1.2., meaning-making (or meaning-finding) efforts were observed in some IDPs who highlighted positive sides of their displacement experiences. Therefore, it is suggested that deliberately thinking of 'bright sides' of a difficult situation and trying to make sense of it can contribute to developing PTG.

5.2.4.2. Social Support as a Predictor of PTG

Another main finding in this study is that social support was a significant predictor of PTG. The more social support the participant IDPs received during the displacement, the higher

growth they reported. Moreover, social support (SS-all) in particular was strongly associated with *Relating to Others* (RO) among the five domains of PTG ($r(133) = .32, p < .001$). That is, IDPs are more likely to report positive shifts in regard to a sense of relationship with others when they have a greater degree of experience of being supported by others.

This is illustrated by the following case examples:

“I met lots of good people around my family. I remember a situation when we were in the hospital with one of our children, I had no money at all. I had to go to the pharmacy for medicine for my child. I explained the situation and showed my passport and ID at the pharmacy. I wrote down my address and promised that I would pay the money back later. They trusted me and allowed us to get the medicine without payment. It impressed me very much. The kindness at the pharmacy. It was totally unexpected. The situation was so extreme at that time that I was crying and shouting, asking for help intensively. The owner of the pharmacy shop gave me all we needed in advance without paying anything... I definitely think I have changed a lot before and after displacement experience. I wasn't a bad person before. But I didn't appreciate people's help, for example, I didn't appreciate help from my parents. Now I do not wish any bad things for anyone. I became to visit the place more often where I was born to see my relatives. I hardly visited them before, for example, only once for 5 years”.

31-year-old female IDP from Donetsk

*“There were kind people who supported us. As I came from Donetsk in Summer, our family didn't have warm clothes for the coming winter. But we got some winter clothes and boots here for free in *** [name of NGO] and other charity organizations. I also find the ***[name of NGO]'s support to be very helpful because I got to know other IDPs and could communicate with them. We developed a friendship through the *** [name of NGO]'s activities...*

I feel like I became a different human being. I think I became a more compassionate person than I was before. I became to care about and feel feelings and situations of other human beings like as my own... I learned to evaluate circumstances, which allowed me to forgive and help people. I learned not to shout when talking to people. I try to talk to others in a

respectful and calming way, including to my family”.

74-year-old female IDP from Donetsk

These findings appear to be extremely important, particularly from the humanitarian practitioners’ point of view as it underpins the mid or long-term psychosocial support with a strong focus on strengthening social networks for forced migrants. Of course, it is vital to support forcibly displaced population through essential sectors such as shelter, livelihood and health and so on. However, the results in this study suggest that the availability of social support does matter for the long run. This may be particularly true in the contexts of supporting displaced populations who have already experienced loss of social networks. Moreover, the role of the non-governmental humanitarian community seems to be critical on building of social networks at the community level, particularly when the local government shows limited ability to support people in need on the ground.

5.3. Context-specific Factors that may Influence PTG

This section explored context-specific factors that may influence PTG. The factors may not have been captured in the previous PTG studies and emerged as a result of the interview analysis.

5.3.1. Social Disruption due to Political Divides

One of the factors that appeared to be unique in the Ukrainian IDP contexts was social disruption due to the political divides. As I spoke to Ukrainian IDPs in the interviews, I realised that even when they expressed appreciation of kindness from others, the IDPs were commonly saying “there are more good people than bad people”. What do “bad people” mean? What social processes have they gone through? To explore this point, the interviews were analysed in the light of the social process that the IDPs experienced. The findings suggested that the Ukrainian IDPs not only experienced support from others but also faced significant degrees of social tension and hostilities. These included:

- Loss of social links with their friends and relatives in the eastern regions
- Aggressive attitudes from people staying in the east (e.g. being treated as a betrayer for moving to the west)
- Discrimination and bullying from the host community (particularly related to housing and education for children)
- Hostility from local people (particularly for men being accused of not staying in the east and joining the conflict)

This implies that political separatism significantly affects civilians’ social experiences by causing the disruption of social relationships throughout the country. Displaced population such as IDPs, in general, are already vulnerable due to loss of their social links. In addition, social experiences of the IDPs in Ukraine were characterised by hostile attitudes from both the host community and individuals from their place of origin. In the previous section, the research confirmed that positive social experiences such as receiving social support was one of the significant predictors for PTG. Then, what about negative social experiences? Little is yet known about the relationship between such negative social process and PTG.

5.3.2. Relocation and Acculturation Experience prior to Displacement

Relocation experience prior to displacement has emerged as a promoting factor of PTG. The following two cases are examples that outline experiences of individuals that have a history of multiple relocations prior to the conflict.

A male IDP who was originally born in Tajikistan, a former state of the Soviet Union, completed his education and had been working in Donetsk prior to the conflict. After he fled to a new place within Ukraine, he established an NGO and devoted himself to help IDPs coming from eastern regions. He also worked together with other international NGOs and coordinated the allocation of external aids. He was asked why he was so passionate about helping people:

“My father was a serviceman of the Soviet Union. And family of a serviceman has to live in one place only for a year or a year and half and move to the next. I changed schools 7 times when I was young. Every time I moved, I had to go to new school, make new friends, get to know the people and learn the local norms. I just changed my social environment many times. I think those experiences made me think I’m like a global citizen, not a local person. Do you know how the Soviet Union was geographically huge with different nationalities from one cultural context to another?”

Another male IDP who was originally born in St. Petersburg in Russia experienced multiple relocations in the early period of his life, these included Russia, Georgia and Ukraine. He started a new coffee shop business after he moved to Kyiv from Donetsk and was excited because he saw the displacement as “an opportunity” and “another step”. He explained the reason behind this optimistic attitude as follows:

“I am an optimistic person and of course, it’s [the displacement] an opportunity. I was never connected to some special place like my hometown and like my home where I want to live for all of my life... I always changed territories and maybe it’s some kind of travelling... And I think that’s not even my choice. Maybe it’s a choice of the era. I don’t know. I mean the Soviet Union was collapsed and people needed to move from one country to another as my parents because my mom is from here [Ukraine] and my dad is from Georgia and they have friends in Russia. And why they moved? Because they were looking for opportunities where

they can grow their family well. In Russia, in Georgia or in Ukraine? And they always tried. So that was a mission of my early period of life in this eight years”.

It is important to note here that these relocations were not made by their own choices in a sense that such relocations were caused by their parents' job or the collapse of the Soviet Union. The IDPs with the most significant change episodes had already had the experience of forced migration and subsequent acculturation processes. It is not so difficult to imagine that with similar life experience, individuals can minimise their distress caused by the critical life event, accept major changes occurred in their lives and develop new learnings by taking advantage of their previous acculturation experiences. This gives insights for further research in the field of PTG: relocation experience prior to displacement may be a promoting factor of PTG in forced migration contexts. To expand this insight more into the research field of posttraumatic growth in general, it is recommended that researchers should consider that there may be context-specific factors to promote PTG depending on types of major life crises or traumatic events. Having similar life experiences prior to a major life crisis, individuals are likely to develop positive changes out of it.

Chapter 6

Conclusion

Can people grow and strive from challenging, potentially traumatic life experiences? This study was interested in uncovering possibly positive effects of displacement experiences. The target population of the research were conflict-affected IDPs in Ukraine and it focused on the phenomenon called posttraumatic growth (PTG), referred as “*positive psychological change experienced as a result of the struggle with highly challenging life circumstances*” (Tedeschi and Calhoun, 2004, p.1).

The overall aim was to gain a better understanding of PTG experienced by IDPs in Ukraine. More precisely, the research has taken the mixed-methods approach in order to achieve the following three aims:

- 1) To understand if PTG occurred among Ukrainian IDPs after 5 years since the conflict
- 2) To explore predictors of PTG
- 3) To generate knowledge about context-specific factor(s) that may influence PTG

First, the main finding of this research was that 61.48% of the sample Ukrainian IDPs reported at least a small or moderate degree of PTG. It is known that there are possibly five forms of positive changes, which is Relating to Others, Personal Strength, New Possibilities, Spiritual Changes and Appreciation of Life (see section 2.3). Among these five domains of PTG, Appreciation of Life was the most commonly reported area of changes, followed by Personal Strength. Consistent with findings from previous studies, there has been a positive relationship between PTG and well-being status. Namely, IDPs who perceive a greater degree of positive changes after displacement are more likely to have better well-being statuses (e.g. adjustment, life satisfaction and overall mood). This can be a useful guide for humanitarian practitioners, particularly when developing an aid programme for forced migration. By focusing on factors associated with PTG, the humanitarian community can

better respond in supporting well-being of a displaced population.

The mixed-methods research design fitted well in this study. The PTG was not only quantitatively described but also concrete examples of each domain of changes were qualitatively described. The case examples of positive changes made it clear that PTG involves 'transformation' within individuals in many different areas: their worldview, priority in life, childcaring behaviour, perception of oneself, perception of interpersonal relationships, religious belief and practice, perception of resources and life possibilities and so on. Moreover, the qualitative analysis of the interviews underpinned the theoretical view that PTG emerges as a result of a coping and meaning-making process.

Second, the research also focused on predictors of PTG by retrospectively measuring participants' experiences concerning PTG-related factors, including environmental, social and coping factors. It revealed that coping processes such as positive reinterpretation and rumination during displacement are the most significant factors that can predict PTG. This finding was consistent with previous research, highlighting the critical roles of cognitive processing on developing a perception of positive changes following a major life crisis such as displacement. Social support was found as another significant predictor of PTG. With the positive correlation between PTG and well-being, this provides empirical evidence that humanitarian practitioners should put a strong focus on strengthening social networks for forced migrants such as IDPs.

Third, the research looked at potentially influencing factors that may not have been covered in the literature. Two factors appeared to be unique in the Ukrainian IDP contexts regarding PTG. One of them was social disruption due to political separatism. Social experiences of the IDPs in Ukraine were characterised by receiving hostile attitudes from both the host community and individuals from their place of origin. The social disruption seems to be an inhibiting factor of PTG, yet little is known about the relationship between such negative social process and PTG. The other factor was relocation experience prior to displacement, which emerged as a promoting factor of PTG. The IDPs who outline the most significant change episodes had already had the experience of forced migration and subsequent acculturation processes. This provides implications for further studies; research in the field of PTG needs to be mindful of its contexts. Depending on types of traumatic

events, earlier similar life experiences may be a factor for predicting PTG.

Finally, it is important to emphasise that posttraumatic growth is the flip side of human suffering. It is the case that many participants reported positive changes as a result of displacement experiences. However, as previous research shows, perceived posttraumatic growth does not necessarily mean the absence of posttraumatic symptoms nor distress. The findings of this research, therefore, should not be overgeneralised and should not be used for misleading a humanitarian or clinical practice like “Think positively. It will help you” or a “Don’t worry. You will grow from this experience” type of approach for survivors of major life crises. With this regard, I recall one of the female interviewees saying to me, “I think I gained nothing. I just lost a lot” although she recognised that the displacement experience brought about toughness in her. We must remember that growth comes only after struggles (or sometimes co-exists with distress).

Mindful of this point, it would be meaningful if further research was carried out looking into both negative and positive consequences of displacement, taking into consideration the coexistence of posttraumatic stress symptoms and PTG. Furthermore, it would be helpful for humanitarian practitioners if future studies can investigate how best humanitarian programmes can promote positive interpretation and social links among displaced population.

Bibliography

- Baker, R. *et al.* (1983) *The Psychosocial problems of refugees*. London : British Refugee Council and European Consultation on Refugees and Exiles.
- BBC (2014a) *Crimea referendum: Voters 'back Russia union'*, *BBC News*. Available at: <https://www.bbc.com/news/world-europe-26606097> (Accessed: 20 July 2019).
- BBC (2014b) *Ukraine says Donetsk 'anti-terror operation' under way*. Available at: <https://www.bbc.com/news/world-europe-27035196> (Accessed: 22 August 2019).
- BBC (2019) *Ukraine country profile*. Available at: <https://www.bbc.com/news/world-europe-18018002> (Accessed: 1 August 2019).
- Binder, E. B. *et al.* (2008) 'Association of FKBP5 polymorphisms and childhood abuse with risk of posttraumatic stress disorder symptoms in adults', *Jama*. American Medical Association, 299(11), pp. 1291–1305.
- Brewin, C. R., Andrews, B. and Valentine, J. D. (2000) 'Meta-analysis of risk factors for posttraumatic stress disorder in trauma-exposed adults.', *Journal of consulting and clinical psychology*. American Psychological Association, 68(5), p. 748.
- Calhoun, L. G. *et al.* (2000) 'A correlational test of the relationship between posttraumatic growth, religion, and cognitive processing', *Journal of Traumatic Stress: Official Publication of The International Society for Traumatic Stress Studies*. Wiley Online Library, 13(3), pp. 521–527.
- Calhoun, L. G. and Tedeschi, R. G. (1998) 'Posttraumatic growth: Future directions', in *Posttraumatic growth: Positive changes in the aftermath of crisis*. Routledge, pp. 217–240.
- Calhoun, L. G. and Tedeschi, R. G. (1999) *Facilitating posttraumatic growth: A clinician's guide*. Routledge.
- Calhoun, L. G. and Tedeschi, R. G. (2014) *Handbook of posttraumatic growth: Research and practice*. Routledge. Available at: https://books.google.co.uk/books?id=BHEABAAAQBAJ&printsec=frontcover&source=gbs_ViewAPI&redir_esc=y#v=onepage&q&f=false.
- Cann, A. *et al.* (2010) 'A short form of the Posttraumatic Growth Inventory', *Anxiety, Stress,*

Bibliography

& *Coping*. Taylor & Francis, 23(2), pp. 127–137.

Carver, C. S., Scheier, M. F. and Weintraub, J. K. (1989) 'Assessing coping strategies: A theoretically based approach.', *Journal of Personality and Social Psychology*, 56(2), pp. 267–283. doi: 10.1037/0022-3514.56.2.267.

Clay, R., Knibbs, J. and Joseph, S. (2009) 'Measurement of posttraumatic growth in young people: A review', *Clinical Child Psychology and Psychiatry*. Sage Publications Sage UK: London, England, 14(3), pp. 411–422.

Council of Europe (2014) *The humanitarian situation of Ukrainian refugees and displaced persons, 28 November 2014, Provisional version*. Available at: <https://www.refworld.org/cgi-bin/texis/vtx/rwmain?page=search&docid=548584134&skip=0&query=displacement&coi=UKR> (Accessed: 19 August 2019).

Creswell, J. W. and Clark, V. L. P. (2017) *Designing and conducting mixed methods research*. Sage publications.

Cryder, C. H. *et al.* (2006) 'An exploratory study of posttraumatic growth in children following a natural disaster', *American Journal of Orthopsychiatry*. Wiley Online Library, 76(1), pp. 65–69.

Denscombe, M. (2014) *The good research guide: for small-scale social research projects*. McGraw-Hill Education (UK).

Faundes, C. (2016) 'An analysis of the crisis in Ukraine, and its three conflicts (21 of november 2013, through 23 of may 2014)', *Revista de relaciones internacionales, estrategia y seguridad*, 11(2), pp. 137–159. doi: 10.18359/ries.1874.

Helgeson, V. S., Reynolds, K. A. and Tomich, P. L. (2006) 'A meta-analytic review of benefit finding and growth', *Journal of consulting and clinical psychology*. American Psychological Association, 74(5), p. 797.

Hitch, P. J. and Rack, P. H. (1980) 'Mental illness among Polish and Russian refugees in Bradford', *The British Journal of Psychiatry*. Cambridge University Press, 137(3), pp. 206–211.

IDMC (2018) *Ukraine: Annual conflict and disaster displacement figures*. Available at: <http://www.internal-displacement.org/countries/ukraine> (Accessed: 4 August 2019).

Bibliography

- IFRC (2014) *DREF operation update Ukraine: Civil Unrest (07Mar2014)*. Available at: <https://www.ifrc.org/en/publications-and-reports/appeals/?ac=&at=0&c=&co=SP5UAUA&dt=1&f=2014&p=1&re=&t=2017&ti=&zo=> (Accessed: 18 August 2019).
- IFRC (2016) *World Disaster Report 2016*. Available at: https://www.ifrc.org/Global/Documents/Secretariat/201610/WDR_2016-FINAL_web.pdf (Accessed: 15 August 2019).
- IFRC (no date) *Humanity*. Available at: <https://www.ifrc.org/en/who-we-are/vision-and-mission/the-seven-fundamental-principles/humanity/> (Accessed: 15 October 2019).
- Joseph, S. and Butler, L. D. (2010) *Positive Changes Following Adversity, PTSD Research Quarterly*. Available at: www.ptsd.va.gov (Accessed: 16 May 2019).
- Joseph, S., Williams, R. and Yule, W. (1993) 'Changes in outlook following disaster: The preliminary development of a measure to assess positive and negative responses', *Journal of traumatic stress*. Wiley Online Library, 6(2), pp. 271–279.
- Kessler, R. C. *et al.* (2008) 'Trends in mental illness and suicidality after Hurricane Katrina', *Molecular psychiatry*. Nature Publishing Group, 13(4), p. 374.
- Kimhi, S. *et al.* (2010) 'Postwar winners and losers in the long run: Determinants of war related stress symptoms and posttraumatic growth', *Community Mental Health Journal*. Springer, 46(1), pp. 10–19. Available at: https://www.researchgate.net/profile/Shaul_Kimhi/publication/235323701_post_war_winners_and_losers/links/09e41510be1c4595e9000000/post-war-winners-and-losers.pdf.
- Krupinski, J. and Docent, M. D. (1967) 'Sociological aspects of mental ill-health in migrants', *Social Science & Medicine (1967)*. Elsevier, 1(3), pp. 267–281.
- Laufer, A. and Solomon, Z. (2006) 'Posttraumatic symptoms and posttraumatic growth among Israeli youth exposed to terror incidents', *Journal of Social and Clinical Psychology*. Guilford Press, 25(4), pp. 429–447.
- Levine, S. Z. *et al.* (2008) 'Posttraumatic growth in adolescence: Examining its components and relationship with PTSD', *Journal of traumatic stress*. Wiley Online Library, 21(5), pp. 492–496.

Bibliography

- Linley, P. A. and Joseph, S. (2004) 'Positive Change Following Trauma and Adversity: A Review', *Journal of Traumatic Stress*, 17(1), pp. 11–21. Available at: <https://pdfs.semanticscholar.org/bf3d/0c6f34f2dd266406625b4bc6ddbb483be513.pdf> (Accessed: 22 March 2019).
- Liu, W. T., Lamanna, M. and Murata, A. (1979) 'Transition to nowhere: Vietnamese refugees in America'.
- Meyerson, D. A. *et al.* (2011) 'Posttraumatic growth among children and adolescents: A systematic review', *Clinical psychology review*. Elsevier, 31(6), pp. 949–964.
- Mitchell, T. and Harris, K. (2012) *Resilience: A risk management approach. Background Note*. Available at: www.odi.org.uk (Accessed: 19 November 2018).
- OCHA (2015) *Ukraine Humanitarian Snapshot - As of July 15, 2015*. Available at: <https://www.humanitarianresponse.info/en/operations/ukraine/infographic/ukraine-humanitarian-snapshot-july-15-2015> (Accessed: 4 September 2019).
- OCHA (2016) *Housing Land and Property Rights of Displaced and Conflict-Affected Communities in Eastern Ukraine, January 2016 | HumanitarianResponse*. Available at: <https://www.humanitarianresponse.info/en/operations/ukraine/document/housing-land-and-property-rights-displaced-and-conflict-affected> (Accessed: 4 September 2019).
- OCHA (2019) *Ukraine Humanitarian Response Plan 2019*. Available at: <https://www.acaps.org/country/ukraine/crisis/conflict> (Accessed: 4 August 2019).
- OHCHR (2014) *Report of the United Nations High Commissioner for Human Rights on the situation of human rights in Ukraine (as of 19 September 2014)*. Available at: https://www.ohchr.org/EN/HRBodies/HRC/RegularSessions/Session27/Documents/A-HRC-27-75_en.pdf (Accessed: 1 September 2019).
- OHCHR (2017) *Conflict in Ukraine enters its fourth year with no end in sight – UN report*. Available at: <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=21730> (Accessed: 22 September 2019).
- OSCE (2014) *Internal displacement in Ukraine 12 August 2014*. Available at:

Bibliography

<https://www.refworld.org/docid/598c4c8f4.html> (Accessed: 19 August 2019).

- Oxford Brookes University (2016) *Research Ethics for Research involving Human Participants - Code of Practice*. Available at: www.brookes.ac.uk/research/policies-and-codes-of-practice (Accessed: 18 April 2019).
- Park, C. L., Cohen, L. H. and Murch, R. L. (1996) 'Assessment and Prediction of Stress-Related Growth', *Journal of Personality*. John Wiley & Sons, Ltd (10.1111), 64(1), pp. 71–105. doi: 10.1111/j.1467-6494.1996.tb00815.x.
- Park, C. L. and Fenster, J. R. (2004) 'Stress-Related Growth: Predictors of Occurrence and Correlates with Psychological Adjustment', *Journal of Social and Clinical Psychology*, 23(2), pp. 195–215. doi: 10.1521/jscp.23.2.195.31019.
- Polatinsky, S. and Esprey, Y. (2000) 'An assessment of gender differences in the perception of benefit resulting from the loss of a child', *Journal of Traumatic Stress: Official Publication of The International Society for Traumatic Stress Studies*. Wiley Online Library, 13(4), pp. 709–718.
- Prati, G. and Pietrantonio, L. (2009) 'Optimism, social support, and coping strategies as factors contributing to posttraumatic growth: A meta-analysis', *Journal of loss and trauma*. Taylor & Francis, 14(5), pp. 364–388.
- Pugh, M. J. V *et al.* (2014) 'Complex comorbidity clusters in OEF/OIF veterans: the polytrauma clinical triad and beyond', *Medical care*. LWW, 52(2), pp. 172–181.
- Riddell, R. C. (2008) *Does foreign aid really work?* Oxford University Press. Available at: https://books.google.co.jp/books?hl=ja&lr=lang_ja%7Clang_en&id=n6gVDAAAQBAJ&oi=fnd&pg=PR7&dq=does+aid+work%3F&ots=FNkTlkmNOp&sig=r5UGmjFJ3FBcyX5VO7D8itk785s&redir_esc=y#v=onepage&q=does+aid+work%3F&f=false.
- Sleijpen, M. *et al.* (2016) 'Growing from experience: an exploratory study of posttraumatic growth in adolescent refugees', *European Journal of Psychotraumatology*. Taylor & Francis, 7(1), p. 28698. doi: 10.3402/ejpt.v7.28698.
- Solomon, S., Greenberg, J. and Pyszczynski, T. (1991) 'Terror management theory of self-esteem', *Handbook of social and clinical psychology: The health perspective*, 162, pp. 21–40.
- Splevins, K. *et al.* (2010) 'Theories of Posttraumatic Growth: Cross-Cultural Perspectives',

Bibliography

- Journal of Loss and Trauma*. Taylor & Francis Group , 15(3), pp. 259–277. doi: 10.1080/15325020903382111.
- Taylor, S. E. (1983) 'Adjustment to threatening events: A theory of cognitive adaptation', *American psychologist*. American Psychological Association, 38(11), p. 1161.
- Tedeschi, R. G. and Calhoun, L. G. (1996) 'The Posttraumatic Growth Inventory: Measuring the positive legacy of trauma', *Journal of Traumatic Stress*. Kluwer Academic Publishers, 9(3), pp. 455–471. doi: 10.1007/BF02103658.
- Tedeschi, R. G. and Calhoun, L. G. (2004) 'Posttraumatic Growth: Conceptual Foundations and Empirical Evidence', *Psychological Inquiry*. Lawrence Erlbaum Associates, Inc., 15(1), pp. 1–18. doi: 10.1207/s15327965pli1501_01.
- Tedeschi, R. G., Park, C. L. and Calhoun, L. G. (1998) *Posttraumatic growth: Positive changes in the aftermath of crisis*. Routledge. Available at: <https://books.google.co.jp/books?hl=en&lr=&id=Bs6QAgAAQBAJ&oi=fnd&pg=PP1&dq=posttraumatic+growth+future+directions&ots=CEbwxQb6zB&sig=kAm7wSIXGgz uKUfOZGzDvNVHsl8#v=onepage&q=posttraumatic growth future directions&f=false>.
- Tennen, H. and Affleck, G. (2002) 'Benefit-finding and benefit-reminding', *Handbook of positive psychology*, 1, pp. 584–597.
- UN (2014) *General Assembly Adopts Resolution Calling upon States Not to Recognize Changes in Status of Crimea Region*. Available at: <https://www.un.org/press/en/2014/ga11493.doc.htm> (Accessed: 20 September 2019).
- UN Women (2015) *UN tackles gender and humanitarian impacts of Ukraine's eastern conflict*. Available at: <https://eca.unwomen.org/en/news/stories/2015/10/ukraine-un-tackles-gender-and-humanitarian-impacts> (Accessed: 4 September 2019).
- UNHCR (2014a) *Ukraine: Overview of population displacement (as of 20 August 2014)*. Available at: <https://www.refworld.org/cgi-bin/texis/vtx/rwmain?page=search&docid=53fc72fe4&skip=0&query=displacement&coi=UKR> (Accessed: 19 September 2019).
- UNHCR (2014b) *Ukraine: UNHCR External Update on the Situation of Displaced Persons, 10 July 2014*. Available at: <https://www.refworld.org/docid/53c5154b4.html> (Accessed:

Bibliography

19 August 2019).

UNHCR (2015) *International Protection Considerations Related to the Developments in Ukraine – Update II*. Available at: <https://www.refworld.org/docid/54c639474.html> (Accessed: 16 September 2019).

UNHCR (2017) *Global Trends Forced Displacement In 2017*. Available at: <https://www.unhcr.org/5b27be547.pdf> (Accessed: 1 April 2019).

Vaughn, A. A., Roesch, S. C. and Aldridge, A. A. (2009) 'Stress-related growth in racial/ethnic minority adolescents: Measurement structure and validity', *Educational and Psychological Measurement*. Sage Publications Sage CA: Los Angeles, CA, 69(1), pp. 131–145. Available at: https://www.researchgate.net/profile/Allison_Vaughn/publication/247727978_Stress-Related_Growth_in_RacialEthnic_Minority_Adolescents_Measurement_Structure_and_Validity/links/56f5710c08ae7c1fda2ee707.pdf.

Vogt, D. S., King, D. W. and King, L. A. (2007) 'Risk pathways for PTSD', *Handbook of PTSD: Science and practice*. Guilford Press New York, pp. 99–115.

Whole House Counseling & Consultation (no date) *Forms of Post Traumatic Growth*. Available at: <https://www.wholehouseconsultation.com/coaching-services> (Accessed: 5 July 2019).

Zimet, G. D. *et al.* (1988) 'The Multidimensional Scale of Perceived Social Support', *Journal of Personality Assessment*. Lawrence Erlbaum Associates, Inc., 52(1), pp. 30–41. doi: 10.1207/s15327752jpa5201_2.

Zisook, S., Chentsova-Dutton, Y. and Shuchter, S. R. (1998) 'PTSD following bereavement', *Annals of clinical psychiatry*. Springer, 10(4), pp. 157–163.

Appendix 1: Questionnaire (English version)

Questionnaire for Internally Displaced Persons

This questionnaire is intended for the internally displaced persons in Ukraine. The study is being organized by the Oxford Brookes University in the United Kingdom with the help of the Ukrainian Red Cross Society, aiming to gain better understanding of the displacement experience and to generate knowledge for better practice to support forcibly displaced persons. Approximate time to complete the questionnaire is 15-20 minutes. So, kindly please give a short moment and join the survey. Anyone can answer the questionnaire as long as one can read and understand. We sincerely appreciate your cooperation.

Please give us consent for using your data by ticking the below 'Yes'. All the data collected here will be strictly used anonymously.

I agree to my data in the questionnaire being used.

Yes

Were you living in eastern Ukraine or Crimea prior to the conflict escalated in 2014?

Yes

No

If both are yes, please proceed to the next page.

Part 1: Personal information

For each question below, please choose the most appropriate answer about yourself or insert the right one.

1-0. Category:

- IDP
- Demobilized serviceman
- Family of serviceman

1-1. Gender:

- Male
- Female

1-2. Age: _____ years old

1-3. Where are you currently living?

- Kyiv city
- Kyiv region
- Vinnytsya
- Lyiv
- Zaporizhya
- Kherson
- Dnipropetrovsk
- Poltava
- Kharkiv
- Donetsk
- Luhansk

Other* (_____) *Please indicate the place of your current residence if you tick other.

1-4. Which part of eastern Ukraine or Crimea are you from?

- Donetsk province
- Luhansk province
- Crimea
- Other* () *Please indicate where you are from if you tick “Other”.

1-5. Marital status (possibly multipl answers)

- Single, never married
- Married
- Civil marriage
- Widowed
- Divorced
- Separated

1-6. Education level

- Not completed school education

Appendices

- School graduated
- Vocational school
- Some college credit, but not completed
- Collage
- Bachelor's degree
- Specialist degree
- Master's degree
- Doctorate degree

1-7. When did you first flee your home in eastern Ukraine or Crimea?

(Accurate date is not needed. You can just put month and year and leave random number in the day section.)

1-8. Did you flee your home due to the conflict?

Yes

No* (_____) *Please indicate other reason that you left home if you tick 'No'.

1-9. How many time(s) did you change your settlement since you first left your home? : _____ time(s)

1-10. On a scale of 1 to 9, how would you rate your adjustment level to your new life since you resettled in the current place? Indicate your current adjustment level.

1 (I am not adjusted to the current environment at all)

9 (I am perfectly adjusted to the current environment).

1-11. On a scale of 1 to 9, how would you rate your satisfaction level with your current life? Indicate your current overall satisfaction level.

1 (the worst possible life I could imagine)

9 (the best possible life I could imagine).

1-12. On a scale of 1 to 9, how would you rate your overall mood for the past one month?

1 (very stressful)

9 (very happy)

Part 2: Changes in yourself

Following statements ask about changes occurred in yourself as a result of your displacement experience. Please read each one and choose the most appropriate answer to indicate how much you agree or disagree with it AT THE PRESENT TIME:

	Strongly Disagree	Mostly Disagree	Disagree a little	Agree a little	Mostly Agree	Strongly Agree
1. <u>As a result of displacement</u> , my priorities about what is important in life have changed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. <u>As a result of displacement</u> , I gained a greater appreciation for the value of my own life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. <u>As a result of displacement</u> , I became able to do better things with my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. <u>As a result of displacement</u> , I had a better understanding of spiritual matters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. <u>As a result of displacement</u> , I gained a greater sense of closeness with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. <u>As a result of displacement</u> , I established a new path for my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. <u>As a result of displacement</u> , I became to know better that I can handle difficulties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. <u>As a result of displacement</u> , I gained a stronger religious faith.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. <u>As a result of displacement</u> , I discovered that I'm stronger than I thought I was.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. <u>As a result of displacement</u> , I learned a great deal about how wonderful people are.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3: Social network

Following statements ask you about available social networks for you during your displacement experience. Please read each one and choose the most appropriate answer to indicate how much you agree or disagree with it. Please keep in mind that each question asks about social networks available for you DURING YOUR DISPLACEMENT EXPERIENCE:

Since my displacement...	Strongly Disagree	Disagree to some extent	Neither Agree nor Disagree	Agree to some extent	Strongly Agree
1. I had special persons who were around when I was in need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. My family really tried to help me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I got the emotional help and support I need from my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I had special persons who were a real source of comfort to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. My friends really tried to help me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I could count on my friends when things go wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I could talk about my problem with my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I had friends with whom I could share my joys and sorrows.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. There were special persons in my life who cared about my feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. There is a special person with whom I can share my joys and sorrows.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. My family is willing to help me make decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I can talk about my problems with my friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 4: Coping
You are almost there! This is the last section.

Leaving home and resettling in a new place is often tough. Following statements ask you about how you have coped with the displacement experience since you left home. Obviously, different events bring out somewhat different responses but think about how you have coped since you left home.

Since the displacement started...	I didn't do this at all.	I did this a little bit.	I did this to some extent.	I often did this.
1. I tried to get used to the idea that it happened.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I thought about it and tried to figure out why things like that happened.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I tried to see it in a different light to make it seem more positive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I tried to accept the reality of the fact that it happened.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I looked for something good in what was happening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I tried to accept that this has happened and that it can't be changed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I tried to make something good come out of my struggle.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I tried to grow as a person as a result of the experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I tried to learn something from the experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I reminded myself of some of the benefits that came from adjusting to the difficult experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I tried to live with it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This is the end of the questionnaire. Thank you so much for your time!!

If you have any questions and concerns about this questionnaire, please contact Reo Morimitsu at 18023080@brookes.ac.uk

Appendix 2: Ethical Form (TDE Form E1)



Faculty of Technology, Design and Environment - Ethics Review Form E1

- This form should be completed jointly by the **Supervisor and Student** who is undertaking a research/major project which involves human participants.
- It is the **Supervisor** who is responsible for exercising appropriate professional judgement in this review.
- Before completing this form, please refer to the **University Code of Practice for the Ethical Standards for Research involving Human Participants**, available at <http://www.brookes.ac.uk/Research/Research-ethics/> and to any guidelines provided by relevant academic or professional associations.
- Note that the ethics review process needs to fully completed and signed **before fieldwork commences**.

- (i) **Project Title:** Posttraumatic Growth among Internally Displaced Persons: A Case Study of Ukraine
- (ii) **Name of Supervisor and School in which located:** Supriya Akerkar, DEP in School of Architecture
- (iii) **Name of Student and Student Number:** Reo Morimitsu (Student #: 18023080)
- (iv) **Brief description of project outlining where human participants will be involved (30-50 words):**
 This project involves adult internally displaced people (IDP) in Ukraine who were originally living in the eastern regions in Ukraine such as Luhansk or Donetsk provinces prior to the conflict escalated in 2014 and fled their home due to the conflict. Participants will be asked to be interviewed as well as answering a questionnaire.

		Yes	No
1.	Does the study involve participants who are unable to give informed consent (e.g. children, people with learning disabilities)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.	If the study will involve participants who are unable to give informed consent (e.g. children under the age of 18, people with learning disabilities), will you be unable to obtain permission from their parents or guardians (as appropriate)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	Will the study require the cooperation of a gatekeeper for initial access to groups or individuals to be recruited (e.g. students, members of a self-help group, employees of a company)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.	Are there any problems with the participants' right to remain anonymous, or to have the information they give not identifiable as theirs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.	Will it be necessary for the participants to take part in the study without their knowledge/consent at the time? (e.g. covert observation of people in	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	non-public places?)		
6.	Will the study involve discussion of or responses to questions the participants might find sensitive? (e.g. own traumatic experiences)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	Are drugs, placebos or other substances (e.g. food substances, vitamins) to be administered to the study participants?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8.	Will blood or tissue samples be obtained from participants?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.	Is pain or more than mild discomfort likely to result from the study?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10.	Could the study induce psychological stress or anxiety?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11.	Will the study involve prolonged or repetitive testing of participants?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12.	Will financial inducements (other than reasonable expenses and compensation for time) be offered to participants?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13.	Will deception of participants be necessary during the study?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14.	Will the study involve NHS patients, staff, carers or premises?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Signed:	Supriya Akerkar	Supervisor
Signed:	Reo Morimitsu	Student
Date:	14.06.2019	

What to do now:

1. If you have answered 'no' to all the above questions:
 - (a) The student must **send** the completed and fully signed E1 form to their **Dissertation Module Leader**.
 - (b) The student must keep a copy of the E1 form which must be bound into their dissertation as an appendix.
 - (c) The supervisor must keep a copy of the E1 form as they are responsible for monitoring compliance during the fieldwork.

2. If you have answered 'yes' to **any** of the above questions:
 - (a) The supervisor and student must complete the TDE E2 form available at <http://www.brookes.ac.uk/Research/Research-ethics/Ethics-review-forms/>
 - (b) Note that the information in the E2 must be in **sufficient detail** for the ethical implications to be clearly identified.
 - (c) The signed E2 and signed E1 Form must be emailed to Bridget Durning (bdurning@brookes.ac.uk) who is the Faculty Research Ethics Officer (FREO) for review. Please allow **at least two weeks** for this review process.
 - (d) If/when approved the FREO will issue an E3 Ethics Approval Notice.
 - (e) The student must send the E1, E2 and E3 Notice to the **Dissertation Module Leader**.
 - (f) The student must also keep copies which must be bound into their dissertation as an appendix.
 - (g) The supervisor must keep a copy of documentation to monitor compliance during field work.

3. If you answered 'yes' to any of questions 1-13 and 'yes' to question 14, an application must be submitted to the appropriate NHS research ethics committee. This is an onerous and time consuming process so the supervisor should liaise early with the FREO if the student is considering this.

Appendix 3: Ethical Form (TDE Form E2)



TDE Form E2

Faculty of Technology, Design and Environment

Ethics Review Form E2

This form is only for graduate (MSc) and undergraduate students on taught programmes. Before completing this form, Form E1 should have been completed to establish whether a Form E2 is required.

The E2 Form should be completed by the Principal Investigator / Student undertaking the research. Reference should be made to the University **Code of Practice for the Ethical Standards for Research involving Human Participants**, available at <http://www.brookes.ac.uk/Research/Research-ethics/>, and to any guidelines provided by relevant academic or professional associations.

Please complete the form and email it and the E1 form to the TDE Faculty Ethics Officer (Bridget Durning – bdurning@brookes.ac.uk). Please ensure this is done well in advance of fieldwork as ethics approval is needed before data collection can commence.

-
1. **Name of Principal Investigator / Supervisor:** Supriya Akerkar
 2. **Name of Student:** Reo Morimitsu (SID#: 18023080)
 3. **Department/School:** Development and Emergency Practice, School of Architecture
 4. **Dissertation Module Number:** P30399
 5. **Project Title:** Posttraumatic Growth among Internally Displaced Persons: A Case Study of Ukraine
 6. **Project Type:** Master's
 7. **Project funded by (if applicable):**
 8. **Summary of proposed research:**

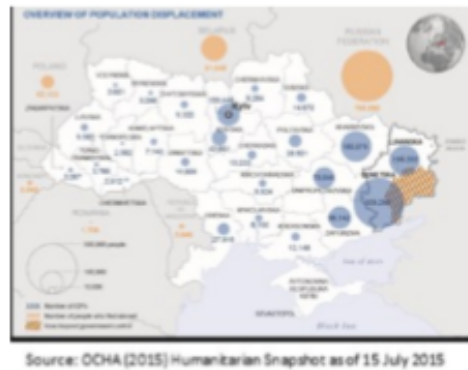
Background

Negative impacts of the forced migration and resettlement experience on psychosocial well-being among displaced population such as refugees, asylum seekers and internally displaced persons (IDPs) are well documented in the previous studies. However, there has been a growing recognition that some people grow and gain positive personal changes despite their highly stressful experiences. This phenomenon is known as posttraumatic growth (PTG).

The term PTG has been defined as a "positive psychological change experienced as a result of the struggle with highly challenging life circumstances" (Tedeschi and Calhoun, 2004, p.1). Since PTG has been contrary to the focus of predominant PTSD studies, the emerged concept of PTG has shifted the discussion of traumatic studies including the forced migration studies from focusing only on negative consequences of difficult experiences into considering potential benefits of them.

Historically, PTG has been found in various populations who experienced different types of stressful events such as chronic illness, cancer, HIV and AIDS, rape and sexual assault, military combat, plane crashes, bereavement, injury and in the parents of children with disabilities (Linley and Joseph, 2004). Similarly, it has been reported in forcibly displaced populations too. These findings are primarily in refugees and asylum seekers (Baker et al, 1983; Ai et al, 2007) but less is known in IDP population.

Hence, in this research, PTG will be examined in a specific context looking at IDP population in Ukraine. The current conflict in eastern Ukraine began in Kyiv in the fall of 2013 and escalated in February 2014. After control of the Crimean Peninsula was seized by Russia in March 2014, pro-Russian armed groups and National Government Military started fighting in eastern Ukraine. This resulted in a dramatic increase in IDPs coming from two main provinces in eastern Ukraine: Donetsk and Luhansk. The number of IDPs was approximately 920,000 as of 2015 and turned to about 800,000 in 2017.



Aims of the study

This study aims to give an in-depth understanding of potentially positive effects of forced migration and resettlement experience on internally displaced persons (IDPs) by focusing on a phenomenon called posttraumatic growth (PTG) in the man-made disaster context in Ukraine. It consists of two parts of studies; the first study aims to give a snapshot of PTG among IDPs in Ukraine, looking at statistically significant relations between PTG and other variables. And then, the second part of the study aims to uncover the process of emerging growth by conducting in-depth interviews. To achieve these aims, the study will address the following research questions:

1. To what extent, can PTG be found in the sample populations?
2. What are the factors associated with PTG in this specific context? Are they similar to previous PTG literature or not?
3. What are the processes of gaining positive lessons out of adversity? Describe it through the voices of IDPs.

Methodology

The study consists of two parts of studies; the first study aims to give a snapshot of PTG among IDPs in Ukraine, looking at statistically significant relations between PTG and other variables. And then, the second part of the study (the main study) aims to uncover the process of emerging growth by conducting in-depth interviews.

The study will use a combination of quantitative and qualitative study design, to be used in preliminary study 1 and study 2 respectively. In study 1, quantitative data will be collected by using a questionnaire which measures the level of PTG as the dependent variable and other variables to potentially influence PTG as independent variables (please see Appendix A regarding the PTG measurement). In study 2, qualitative data will be collected by using an in-depth interview with participants. The thematic analysis will be applied to the narratives from the interviews to understand the process of gaining positive lessons out of adversity with the voices of IDPs.

9. Participants involved in the research:

The target populations are adult IDPs currently living in Ukraine. Inclusion criteria are people who were originally living in Donetsk or Luhansk provinces in Ukraine prior to the conflict escalated in 2014 and fled their home due to the conflict. Participants under the age of 16 and those who moved for economic reasons will be excluded. Access to the sample population will be gained through a local humanitarian agency (e.g., the Ukrainian Red Cross Society) that are providing ongoing support to IDPs. So far, the project has received positive response from the Ukrainian Red Cross (URC; the gatekeeper organization). The email copies are attached as a proof that this research project has a cooperative relationship with URC (Appendix A).

★How to identify potential participants

The questionnaire of study 1 aims to reach 60 to 80 participants. The access to the participants will be gained with the help of the gatekeeper organization (the URC). The URC has been working with IDPs across Ukraine for years and has good access to the IDPs as beneficiaries. Thus, the research can reach such IDPs in Ukraine easily through the local Red Cross's beneficiary network. Currently, the URC is

5th January 2016

working with IDPs in 8 operational areas across Ukraine. The researcher will send a questionnaire to the focal person of the URC and this focal person will send it to coordinators at each operational area. At each area, there are some regular activities to support IDPs. When activities are conducted, coordinators/staff will ask the IDPs to answer the questionnaire by face to face with a printed version of the questionnaire. Another way of reaching IDPs in study 1 is that an electric version of the questionnaire will be distributed by local Red Cross coordinators via communication tools that the URC already has such as Facebook/WhatsApp group or email. Again, since the URC has direct contacts in community level, the URC has an established access to communicate with IDPs who live in their communities. This way, the research will gain access to adult IDPs in Ukraine (the questionnaire attached as Appendix B).

In study 2, the researcher will visit Ukraine to conduct individual interviews with IDPs (aiming 10-12 IDPs). He already informed the above participant criteria to the focal person at URC and the URC is currently on arrangement of interviews based in Kyiv. The participants of study 2 will not necessarily be the same as the ones in study 1. That is why there is no need to keep track of who answered the questionnaire in study 1. Again, the URC has good access to group of IDPs who are living in each operational area and they are conducting regular activities for IDPs. When they have activities, coordinators will explain the project to them and ask for participation. If initial consensus is obtained, the interviews will be arranged. Regional branch buildings will be available for the researcher to meet such participants. Once informed consent is gained, interviews will be conducted. Lastly, the interview schedule for study 2 is shown below; the researcher will conduct 2 in-depth interviews for 6 days while he is staying in Kyiv, Ukraine. All these interviewees are IDPs.

Time	7 th July	8 th July	9 th July	10 th July	11 th July	12 th July
AM	1	1	1	1	1	1
PM	1	1	1	1	1	1

10. Estimate of the risks and benefits of the proposed research:

The interviews in study 2 potentially have adverse effects on participants. The focus of the interviews is about perceived benefits and positive changes of their outlook on their lives after experiencing displacement. The researcher is not going to ask them particularly about their traumatic experience, nevertheless, interviews might trigger some uneasiness. To deal with this issue, the researcher (interviewer) will explain the purpose of the interview and inform the participants have the right not to answer any questions that make them uncomfortable and to stop the interview whenever they want. In addition, the researcher will stop asking questions if the participants look upset and make sure if it's ok to continue or not. The researcher may take a break in the middle of interviews if appropriate.

As is true to the general trip, there might be some risks in terms of travelling abroad. The researcher will have enough travel insurance and complete a risk assessment of Oxford Brookes University before he goes to data collection in Ukraine. Besides, crime information about Ukraine (specifically in capital Kyiv) will be read prior to the fieldwork in order to reduce the risk of danger in the country.

The potential benefits of the research consist of two parts. First, co-operation with local humanitarian NGO can create mutual learning processes, through which not only researcher but also the NGO can learn tips about how to help people grow after experiencing difficult times. Second, individual in-depth interviews potentially have positive effects on participants' perception, specifically interview questions can help the participants recognise and internalise positive outcomes/changes that happened to themselves as a result of harsh experiences.

11. Plan for obtaining informed consent:

In each URC operational office, there are some regular support activities for IDPs. When they have such activities, each URC regional coordinator will explain the purpose of the research and the questionnaire to their IDP beneficiaries and ask for their participation in the questionnaire. A participant information sheet will be used to explain information about the research and obtain consent by using a written consent form. When the electric version of the questionnaire distributed via email/Facebook circulating group of IDPs, the regional

5th January 2016

coordinator of the URC will explain information about the research and make sure that the potential participants will have to read through the participant information sheet and give consent before they answer the questionnaire.

In study 2, access to potential participants will be given through the arrangement of the URC. At this point, the URC staff in Kyiv will explain the purpose of the research to their IDP beneficiaries and ask for their co-operation for the interviews. When the researcher meets the interviewee, before starting each interview he will explain what the study is about and purpose by using the participant information sheet and give them time to ask questions. We they are happy to participate, he will obtain their consent by using a written consent form (please see Appendix D).

12. Steps to be taken to ensure confidentiality of data:

The questionnaire will only collect quantitative data, from which no one can identify who answered the questions. When it comes to narrative data obtained from interviews, names of interviewees will never be recorded with the narrative. Moreover, electronic data will be stored in a password-protected computer which needs a researcher's fingerprint to operate. Files containing electronic data will be also password-protected. In any publication, the names of participants will never be written.


The results will be disseminated by a written dissertation as well as an oral presentation. In addition, a short summary of the findings will be sent to the gatekeeper NGO that helps this research.

13. Signed: Supriya Akerkar (Supervisor)

Signed: Reo Morimitsu (Student)

Date: 24.06.2019

Appendix 4: Ethical Approval Form (Form E3)



Faculty Ethics form E3

Faculty of Technology, Design and Environment

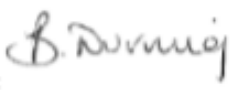
Decision on application for research ethics approval

The Faculty Research Ethics Officer has considered the application for research ethics approval for the following research:

Project title:	Posttraumatic Growth among Internally Displaced Persons: A Case Study of Ukraine
Name & Department of Principal Investigator:	Reo Morimitsu (SID#: 18023080) (SoArchitecture – DEP)
Name of supervisor (if student):	Supriya Akerkar

Please check the appropriate box:

1. The Faculty Research Ethics Officer gives ethics approval for the research project. **Please note that research protocol laid down in the application and hereby approved must not be changed without the approval of the Faculty Research Ethics Officer.**
2. The Faculty Research Ethics Officer gives ethical approval for the research project subject to the following:
3. The Faculty Research Ethics Officer cannot give ethics approval for the research project. The reasons for this and the action required are as follows:
4. The research will also require approval from:
 - Another external Research Ethics Committee

Signed:  Date: 24/6/19

Appendices

Appendix 5: Photo Credit

Cover photo – Source: Bloomberg. Available at: (Accessed: 19 September 2019)