

Is there a “victim syndrome” among forced displaced persons in Ukraine?

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Abstract

For the first time, a more specific definition is proposed for refugees who are forced to change their place of residence within their own country for reasons beyond their control, due to military conflict or other reasons, namely, “forced displaced persons”. The new definition more fully, correctly and adequately describes the life situation and position of this category of people.

This study revealed the negative health effects of forced displaced persons who were resettled to the other region inside Ukraine due to a military conflict in the east of the country. To study both pre-migration traumatic influence and the negative consequences of relocation, three instruments were used: A. Bass and A. Darki technique for diagnosing indicators and forms of aggression, E. Wagner projective hand test and A. M. Etkind’s Relationship Color Test. The results of a sample of Ukrainian forced displaced persons (n=3500) indicate that they have fear, confusion, lack of feeling safety in the near future and dissatisfaction with one of the basic needs – security need. It was established that 7-8% of forced displaced persons have recorded “victim syndrome”, which develops in a situation when a person has lost hope of returning home in the near future and is in a state of constant heightened anxiety. It has been revealed that the “victim syndrome” among forced displaced persons is simultaneously characterized by increased aggressiveness towards others (primarily state structures), as well as the presence of «learned helplessness» and a general negative attitude towards everything that happens in the environment and in life of the refugee. The results of this study will permit to strengthen the potential of the social system in the host community and invest in the planning of health services and the social integration of displaced persons which were resettled not only within the territory of their native country, but also for those who migrated to other national societies.

Keywords: forced displacement, Ukrainian internally displaced persons, victim syndrome, learned helplessness, anxiety, lack of safety.

Introduction

The level of mental health disorders such as anxiety disorders and depression is significantly higher among refugee and migrant groups compared with the general population remaining high among the displaced people for a long time after resettlement, and to which acculturative stress is also added because the refugees are thrust into unfamiliar environments and lack familiar support systems (Hameed, Sadiq & Din, 2018). Refugees

and migrants are forced to start a new life in a different environment / culture / language / living conditions and not infrequently without support from the indigenous population, family and friends, therefore, as a rule, they are exposed to prolonged trauma and in result suffer from Post-traumatic stress disorder (PTSD), characterized by varied symptomatology and some of them, in addition, endure secondary psychotic symptoms along with their PTSD (Nygaard, Sonne & Carlsson, 2017). Besides, the process of revocation of the refugee permission to stay for living, the associated sense of temporality and lost security in own life situation have disruptive effects for migrants (Brekke et al., 2019).

Despite the equally urgent need to study “internally displaced persons” (IDPs) or “forced displaced persons” (as we have called them) who are supposed to find another place to live in their own society, there are many other studies concerning, however, only the refugees / migrants from other states. These studies analyze a wide range of problems that not only displaced persons but also host countries (where they seek asylum and assistance) face, that depend on various factors, the main of which are refugees' expectations regarding migration, their living / working conditions inside a host country, and indigenous population attitudes towards them. The research topics cover various aspects: (1) social support, social adjustment and financial benefits (Ahmadi Forooshani et al., 2019; Rosenberger, 2019); (2) impact on educational outcomes for the host and migrating parts (Sarzin, 2020); (3) military, political and social problems (Global Trend Forced Displacement in 2018, 2018); (4) access to healthcare services and public health regulation (Mutiso, 2019; Schweitzer, 2019), including the risk for host countries of the occurrence of already disappeared infectious and tropical diseases, that were brought in by migrants from their countries, and then often neglected in this vulnerable marginalized population (Getaz et al., 2016; Trost et al., 2018); (5) the search for a new place of residence (Zartman, 2020); (6) as well as the study of conditions for creating subjective well-being for both refugees and their host society (Hendriks & Bartram, 2019).

High indicators with respect to frequency and symptom scores of PTSD, depression, and anxiety were evidenced in the asylum seekers from Arabic speaking countries arrived in Germany, without any significant difference between males and females, besides much higher than in labor migrants (Georgiadou, Morawa & Erim, 2017). North Korean refugees living in South Korea were more likely to suffer from insomnia than South Koreans, which may indicate psychiatric disorders such as depressive disorder or PTSD, in addition, many of them tend to complain more about their somatic or physiological symptoms than about mental or psychological symptoms (Lee et al., 2016). The research results of Rohingya minority in Myanmar, who lives in stateless refugee camps in southeast Bangladesh, have revealed a high level of PTSD, depression, somatic complaints, as well as related mental and physiological disorders provoked by daily stressful environmental factors and living conditions (Riley et al., 2017). It worth to note besides, that economically marginalized asylum refugees in the Netherlands without registered income are more inclined to transfer again elsewhere for onward migration than those legally in employment, which applies to both naturalized (i.e. those who are compulsorily registered in one of the municipalities, and have received a passport of ‘citizenship-to-stay’ in a new country) as well as to the non-naturalized migrants (Yotebieng, Syvertsen & Kumawan, 2019). When experiencing a prolonged period of migration, the trauma-posttraumatic-stress-symptoms in refugees significantly exacerbate (Bentley & Dolezal, 2019). Anxiety, depression, PTSD and concomitant mental problems are often observed in refugee children,

which can be largely due to experienced serious traumatic events in their home country, the hope that they will receive refugee status and reunite with members of their family who previously left for other countries, as well as with stress factors of a new acculturation (Arvanitis & Yelland, 2019; Nasıroğlu & Çeri, 2016). In general, the overall perceived quality of life is significantly lower for internally displaced persons than for the host population or for refugees returning to their previous place of residence (Burns et al., 2018).

In his book, T. Shum (2019) analyzes the socio-political, and psychological factors involved in the processes "becoming" and "being" a refugee for those who came to Hong Kong or Bangkok and faced a wide array of challenges, highlighting that refugee life plans and their ideas of home were negatively reshaped over time under the influence of their suffered migration experience. In Australia, students from refugee families face structural inequalities in access to higher education that include gender, age, type of institution accessed and potentially field of study (Naylor et al., 2019). The refugee influx significantly increases the votes of this or that national parties in the state election in the regions with higher refugee ratios (Karacuka, 2019). During settlement and integration processes, the refugees face barriers accessing public services due to cultural, language/communication differences, financial constraints, lack of necessary information, primarily because of the lack of coordination among governments and local governments in settlement and integration policies (Segatto, 2019). Study results of single male refugees from Iran and Afghanistan revealed very low levels of their contact with family, local friends or local services, difficulties establishing trust and few opportunities for reciprocal relationships which had severe implications for their mental health and wellbeing (Strang & Quinn, 2019). Regarding the female refugees to Europe from the Middle and Far East, they felt very lonely and isolated due to limited interaction with locals which worsened their ability to integrate, and although using social networks was vital for their day-to-day survival, it served as a means for short-term coping, rather than long-term adaptation (Kristjánsdóttir & Skaptadóttir, 2019; Jops, Lenette & Breckenridge, 2019). S. Rottmann and A. Kaya (2020), revealing that many Syrians hoped to remain in Istanbul, despite their tenuous legal and social situation, have evaluated extremely important factors, namely, the importance of emotions, quality of feelings, and affective sensations of being accepted and in safety. Feeling of happiness is a strong determinant of the subjective well-being of refugees, which depends both on the large number of friends from their ethnic group when living in a new community and on their English skills, at that migrants with children are much happier than those with no children (Hagstrom, Pereira & Wu, 2019).

It is worth noting the Tibetan refugees, who were able not only to provide for themselves, but also to contribute to the host society through reciprocity and care: here it was the refugees (Tibetans) who provided humanitarian assistance to the citizens of the host country (Indians who are themselves IDPs, displaced and ignored by their own government), and this fact proves that refugee status can sometimes provide a more effective and qualified platform for political action, charity, benevolence and even sponsorship: in this case, Tibetan refugees were capable of not only providing themselves and achieving own self-sufficiency, but also in helping the most vulnerable layers of the host society, who are also IDPs (Bloch, 2019). By the way, the refugees possess enormous potential and willingness to engage in entrepreneurship activities applying to it savings or sponsorship from relatives (Kachkar, 2019).

With that, there are targeted private (or state) sponsorship programs directly for refugees. The private

ones of them, for example, have been used in Canada since the 80s of the last century, although they do not protect new arrivals and migrants from social and economic exclusion, from loss of livelihood, lack of meaningful work, spatial exclusion, loneliness, barriers to accessing social support, health care or educational opportunities (Good Gingrich & Enns, 2019). While, unlike large metropolitan Canadian cities, rural Canada and Smaller Canadian Communities can more benefit refugee newcomers and their families, becoming a place of socio-economic opportunity for them and offering more chance for primary needs – good employment and relative affordability of housing (Haugen, 2019). In this context, organization of humanitarian assistance may eventually lead to civil initiatives, calling the state to take responsibility for the refugees and simultaneously make other explicit political activities fall silent, which fact has occurred in Brussels' refugee camp (Lafaut & Coene, 2019). But as follows from the study results on African refugees in the southern United States, it should take in consideration that a low financial self-efficacy increases financial anxiety and enhances negatively influences mental health (Kim et al., 2020), so the culturally sponsorship or aid programs aimed to support the refugees in a host society, should help, as far as possible, for their linking in economic adaptation, financial inclusion and employment integration. In addition, health and social services supporting refugees should examine not only psychopathological risk factors, but firstly take in consideration an acculturative stress and psycho-socio-cultural stressors impacting mental health (Kartal & Kiriopoulos, 2016).

At that, there are a number of studies, the results of which indicate the opposite trend, namely, the explicit / implicit disagreement of a number of EU governments with the acceptance of refugees in these countries, because there are either strong anti-immigration sentiments among the population or officially published statements in mass-media about strict rules and restrictions that await refugees (that in total, may be, should prevent the entry of potential immigrants). For example, Finland put a priority on orderly immigration and explicitly stressed the need to control the movement of asylum seekers by means of refugee quota, both within the EU and within the country, supporting a restriction of their rights (Wahlbeck, 2019). In Austria, despite the fact that in the 1960s the “guest” workers (i.e. immigrants) were invited and welcomed to increase the number of employees as a labor support for national fast-growing economy, nowadays the previous Austria's national self-understanding of “not being a country of immigration” is quickly returning in the mentality of contemporary indigenous population, which is a natural reaction of the Austrians to the terrorist attacks, violence and incidents of sexual harassment committed by migrants/refugees (such cases occurred, by the way, nearly in every UE countries), that in total helped shifting the debate from the refugees' welcoming to the restrictions for their residence in other nation communities, firstly in Austria, as well as in general in EC and all over the world (Rheindorf & Wodak, 2018). At that in Sweden during past few decades the state policy on immigration has been heavily politicized till now and it is still increasingly oriented towards those who make decisions (primarily the main politicians), rather than migrants and refugees (Krzyżanowski, 2018). It should be noted right away that this trend does not apply to “internally displaced persons” who are forced to change their place of residence in their home country.

As for Ukraine, the outdated state system does not provide full rights to citizens who are not registered at the place where they were forced to move, including the ability to vote in elections, receive pensions in a timely manner, get a job, and the most important, to possess own comfortable housing, therefore many internally

displaced Ukrainians remain living in container blocks that barely cater for basic needs. Psychological assistance is key to them because their lifestyle has undergone profound changes with many negative consequences, in this case due to armed conflict. In the case, when the state cannot support the population affected by violence and ensure the safety of people, it is the involvement of the Orthodox Church in assisting the internally displaced persons can be unprecedentedly timely and effective (Leustean, 2020). Besides, the United Nations High Commissioner for Refugees (UNHCR), in coordination with the Ukrainian government, is trying to solve the problems they may face, namely: to receive legal assistance, provide social support for persons with special needs, receive psychological support, as well as financial assistance.

The current legislation in Ukraine uses a different term, namely, the concept of “internally displaced person”, which, in our opinion, does not reveal the depth of the problem and does not explain the need for socio-psychological and legal support and safety of such persons. The term “internally displaced”, according to the literal interpretation, means a person who has changed own location within the limits of their own state, while the term “forced” means both the compulsory nature of the change of location and the implementation of actions under pressure from circumstances against the desire of this person. Forced displaced persons, we consider those people who have the right to permanent residence in Ukraine, but who were forced to change their place of residence in order to avoid the consequences of a local armed conflict and temporary occupation of certain territories of Ukraine because of reasonable fears for their lives and for the protection of their rights and interests. The term “forced displaced person”, in our opinion, more fully, correctly and adequately describes the life situation and the position of such category of people who have been forced to change their place of residence, since the very concept of “forced” indicates problems as a logical consequence of a certain event. For the first time, we proposed a more specific definition for refugees who were forced to change their place of residence within their own country for reasons beyond their control, or because of military conflict, or other reasons, namely, “forced displaced persons” (FDPs). In this regard, this term was adopted for our study.

The following persons belong to the category of “forced migrants”:

- who have citizenship of Ukraine;
- who may not have citizenship of Ukraine but permanently reside in Ukraine legally;
- who do not cross the state border of Ukraine when changing their place of residence.

In international law for the people who have not crossed the international border and remained within their home country but had to change their place of living, the term “Internally Displaced Persons” (IDP) is used. The term “displaced persons” was coined by E. M. Kulischer, American sociologist of Russian origin, a specialist in demography and migration (Kulischer & Jaffe, 1962). In his book «Displacement of the population in Europe», E. M. Kulischer uses the term “displaced persons” in reference to people who, like during the World War II, were forced to change their place of residence (Kulischer, 1943). The authors of «Forced Migration: Current Issues and Debates» only indirectly concern the challenges of internally displaced people who really suffer severe lived experiences, ongoing formation of identities, and lack of many socio-economical services and human rights, but without any describing definition for the forced displacement notion (Bloch & Donà, 2018). Now in the United States and most EU countries, the term “displaced persons” is considered the only commonly used term in scientific literature and mass-media for the category of people who, for a number of reasons, should

have changed their place of living.

An analysis of the juridical-legal status of IDPs at the international level attests the following. In 1972, the Office of the United Nations High Commissioner for Refugees, guided by humane observations, included the IDPs in the Assistance and Recovery Program for Refugees and Repatriates (Resolutions adopted on the reports of the Special Political Committee, 1972). However, the IDPs institutionally received special status in international law only in 1992. An analytical report by the representative of the UN Secretary-General on internally displaced persons provided such a working definition of IDPs as «the people who in large quantity were suddenly or unexpectedly forced to leave their homes as a result of armed external and internal conflicts, systematic violations of human rights, environmental or human-made disasters, but which are located in the territory of their country of origin».

Moreover, in 1998, on behalf of the UN General Assembly and the Human Rights Commission, the «Guidelines on the issues of internally displaced persons» were adopted, which are the first legal document guaranteeing the rights of internally displaced persons and a fundamental act concerning the protection of internally displaced persons at the international level: here not only a more specific definition of the category of “internally displaced persons” is given, but the main existing international ways of protecting their rights, as well as the levels of responsibility of their host states are established (Guidelines on Internal Displacement, 1998). In paragraph two of this document it is given the definition of the notion of the IDPs, according to which “internally displaced persons” are persons or groups of people who were obliged or were forced to leave their homes or habitual habitats in order to avoid the consequences of military conflict, manifestations of violence, human rights abuse or as a result of an anthropogenic disaster, but who, however, did not cross the internationally recognized borders of their own state.

Since 2014, Ukraine has had a number of laws and decrees of the Cabinet of Ministers that establish guarantees for the observance of the rights, freedoms and legitimate interests of internally displaced persons, in particular, the Law of Ukraine «On ensuring the rights and freedoms of citizens and the legal regime in the temporarily occupied territory of Ukraine», which contains normative regulations on guarantees of the rights and freedoms of those citizens of Ukraine who have left the territory of the temporarily occupied territory (On Ensuring the Rights and Freedoms of Internally Displaced Persons, 2015). However, it is impossible to solve the entire array of problems faced by the Ukrainian “forced displaced persons” with these laws and by-laws and regulations.

According to the Unified Information Database on Internally Displaced Persons, as of 02.10.2020, the total amount of 1,440,167 of “forced displaced persons” (FDPs) from the temporarily occupied territories of Donetsk, Lugansk regions and the Autonomous Republic of Crimea were registered in Ukraine. At that, this figure is not entirely accurate, because there are the FDPs who did not register with social services at all or at some stage did not renew their registration. Otherwise, how to explain the fact that in June 2016 a quantity of 1,785,000 FDPs was registered in Ukraine, that is, more than 300,000 people more?

Almost every third family of internally displaced persons (which is, respectively, about 400,000 families) has already changed their place of residence twice or more. This re-relocation is too painful, traumatic in nature. There is also a disastrous situation with the employment and financial income of FDPs. So, according to the

representative office of the International Organization for Migration in Ukraine, almost 60% of FDPs are unemployed, so the most important thing for them is to find a satisfactory job that provides them with basic means of life in an unfamiliar place. With that, the FDP's successful employment might provide benefits to the employer himself, since a new employee (i.e., the FDP), having other professional skills, is capable to give a new productive direction in the successful development of this enterprise which could suggest, besides that, many competitive advantages (Bondarenko et al., 2018). The rationality of such a conclusion is based on the simple and obvious fact that a new job for the FDP is a vital need, and he will try to perform his job duties in the best way, demonstrating all the advantages of his professional qualification. Difficulties that arise in the process of finding a job are related to the lack of vacancies, low wages, the status of an "forced displaced person" or their age. And even if, over a period of time, the FDPs still manage to arrange somehow the material and financial side of life in a new place, it is almost impossible for them to compensate, fully and within a short time, for the gap in their previous social and family ties (which have been established over many years and even decades).

Often refugees who involuntarily become a marginal group are distinguished even by external signs, by behavior (namely, their speech, expressive feelings, alertness, caution, being in constant search), by communication culture, gestures, facial expressions, mentality trends, and even by clothes. The psychological problems of internally displaced persons are especially acute, which are associated with an identity crisis, a decrease in tolerance and self-confidence, a distorted perception of others, apathy, sleep disturbance, depression, phobic reactions, and the manifestation of various emotional and behavioral reactions (from indifference, lethargy and loss interest in life to irritability, aggressiveness and outbursts of anger). In addition, they have a high risk of mentally unstable conditions: a decrease in self-esteem, lowering level of claims, mental disorders, and violations in interpersonal relationships. Therefore, it is no coincidence that according to various sociological studies, from 25 to 50 percent of refugees in Ukraine need psychological help.

We believe that aforementioned list of psychological problems observed in internally displaced persons can lead to appearing and developing in them the so-called "victim syndrome". If the notion of *syndrome* does not cause disagreement in the views of modern researchers, then the concept of *victim* still does not have its own well-defined definition. For example, in criminology, an injured or suffered person is usually understood as a victim. The *victim*, in accordance with Ukrainian legislation, can be an individual who has suffered moral, physical or property damage as a criminal offense, as well as a legal entity to which a criminal offense caused property damage. As to the notion *victim*, in this study, we will use the definition of V. Khrystenko, namely: «A victim is a person who lost meaningful to him values in a result of being affected by another person (the opposite side of interaction). As interacting sides there may be a single person, a group of people, the state, a product of human activity, and natural phenomena» (Khrystenko, 2004, p. 50).

It should be noted that sometimes the concept of "victim syndrome" is replaced by the notion of "victim mentality". The mentality of the victim is possessed by such a person who believes that his past, present, and future are not subject to his control, but depend on circumstances dictated by the surrounding world. The main characteristic behavioral reactions and mental inferences that are characteristic of a person with a "victim mentality" are as follows:

1. A person blames the others for what is happening to him, at that he believes that nothing depends on him.

2. A person is confident that the others in a specific situation and in general in life are more fortunate than him.
3. A person evaluates everything that happens to him only negatively, and with that he does not see any positive aspects of what is happening.
4. A person is not trying to change something in his life or a specific situation. Using the concept elaborated by M. E. P. Seligman and the term coined by him, usually in this case it can be argued that this person has a high level of «learned helplessness» (Seligman, 1975).

We *hypothesized* that in the “forced displaced persons” is supposed the occurrence of the “victim syndrome”, which can be understood as the presence of several individual psychological characteristics in a person, namely:

- 1) Increased aggressiveness, which is aimed at the others and, first of all, at government agencies.
- 2) Negative attitude to everything that happens to this person.
- 3) The presence of a «learned helplessness», which is characterized by the following: a person is sure that nothing depends on him and all his actions are useless; a person believes that he cannot control the situation, and he cannot influence anything.

The *aim* of the study is as follows: (i) to assess the mental state of “forced displaced persons” (people who, within Ukraine, were forced to leave their former places of residence and move to other regions of the country); (ii) find out the reasons for their deterioration in life and their opinion regarding the negative situation in which they found themselves; (iii) identify in them the presence or absence of “victim syndrome”.

Materials and methods

All procedures performed in studies involving human participants were in accordance with the ethical standards of the National Scientific Center for Medical and Biotechnical Research of the NAS of Ukraine, based on the Helsinki Declaration of 1964 and its subsequent amendments. Informed consent to participate in the study was obtained from all participants.

Participants

The study involved 3,500 socially active individuals, aged 25-50 years, who moved from the occupied territories of Donetsk and Lugansk regions to the territory controlled by Ukraine. The study was conducted in two stages: the first stage was carried out during the second half of 2014 (immediately after the outbreak of hostilities in the Donetsk and Lugansk regions), and the second stage was held in the second half of 2015.

Donetsk and Lugansk regions are bilingual regions of Ukraine, where residents use both Russian and Ukrainian languages. Therefore, during a personal interview with the IDP, we used both Ukrainian and Russian: the choice of language was made by the participant himself.

Instruments

For the study, the following psychodiagnostic techniques were used:

- ✓ A. Bass and A. Darki technique for diagnosing indicators and forms of aggression (Darkie Bass Aggression Index, 1957);

- ✓ E. E. Wagner projective hand test (Bricklin, Piotrowski & Wagner, 1962);
- ✓ A. M. Etkind's Relationship Color Test (Etkind, 2000).

To assess the mental state of internally displaced persons from the regions of Donetsk and Lugansk regions, we applied the method of expert assessments. Psychologists of the State Emergency Situations Service of Ukraine, who were the first to meet the refugees on the demarcation line, as well as social services specialists who constantly communicate with forced displaced persons at their new place of residence, were invited as experts. To determine the attitude of forced displaced persons to what is happening, the method of semantic differential was used. The processing of quantitative data was carried out by methods of mathematical-statistical analysis using a computer package IBM SPSS Statistics for Windows 23.0.

Study design

At the first stage of the study, experts assessed the mental state of people who in a forced way and in very short time periods had to leave their usual previous places of residence. So, according to experts, the FDPs revealed fear, confusion and uncertainty in their nearest future life. With that, all forced displaced persons have shown a lack of satisfaction in one of the basic human needs - the need for security. A major amount of the FDPs (75%) were sure that in the near future they would return home to into their habitual environment of life activity. They considered that this relocation was temporary, and very soon it would all be over.

The second stage of the study was characterized by the fact that the FDPs began to realize that they would not return to their usual habitat in a short time. During this research stage, we tried to determine among the FDPs the level of aggressiveness and its direction, namely, direction of their attitude to all that happens to them and in surroundings, as well as the presence in FDPs the «learned helplessness». By means of this, we tried to establish in them the fact of the presence / absence of “victim syndrome”.

Results

The study of the hostility and aggressiveness levels among the FDPs was carried out by using A. Bass and A. Darki technique for diagnosing indicators and forms of aggression, the results of which are presented in Table 1.

Table 1

Form and level of aggression among “forced displaced persons”

Form of aggression	Level of aggression (n=3500)		
	Low (%)	Medium (%)	High (%)
Physical aggression	4	81	15
Indirect aggression (roundabout aggression)	23	30	47
Irritation	3	41	56
Negativism	61	7	32

Resentment	2	15	73
Suspicion	12	41	47
Verbal aggression	16	9	75
Sense of guilt	5	48	47

According to the results of the study, the FDPs have high levels of suspicion. Nearly a half of all participants (which makes 47%), i.e. every second one of them is mistrustful and suspicious of any assistance, including from the state. The FDPs believe that they will have to return the money spent by the state on them, or they will be placed in uncomfortable housing, or social services will not be able to find good work for them and so on. High indicators on the scale of guilt indicate that many blame themselves for not being able to foresee such a negative consequence of the development of these events, not on time had the decision to relocate, did not take the necessary things and documents with them, and others.

The bulk of the participants wished to remain anonymous, therefore this method of determining aggressiveness did not suppose written answers. At the same time, the study of aggressiveness using the Wagner hand test according to nine assessment categories: “activity”, “passivity”, “anxiety”, “aggressiveness”, “directivity”, “communication”, “addiction”, “demonstrativeness” and “physical deficiency”, allowed to obtain more frank and specific answers of participants (Table 2). So as the authors did not have the opportunity to compare the obtained results of aggressiveness with the data of past studies conducted before the outbreak of hostilities in the territory of the Lugansk and Donetsk regions of Ukraine, therefore, it cannot be unequivocally asserted that the level of aggressiveness among the FDPs has changed due to the need to leave their places of permanent residence and move to other regions of Ukraine.

Table 2

Indicators of aggressiveness among “forced displaced persons”

Indicator under studying	Level of aggressiveness (n=3500)		
	Low (%)	Medium (%)	High (%)
Aggressiveness	11	65	24

Of greater interest to us was not so much the level of aggression as the direction of aggression (or the incentive for its manifestation), i.e., those who the FDPs consider to be the main culprit in changing their life situation for the worse, including their forced involuntary resettlement. For this, Etkind’s Relationship Color Test was used and the following notions were proposed: President of Ukraine, Government of Ukraine, Local authorities in the place of permanent residence of the “forced displaced person”, Social Service, Local community of the new place of residence of the “forced displaced person”, Volunteer (Table 3).

Table 3.

The aggression orientation of “forced displaced persons” depending on the incentive for its manifestation

Incentive for aggression manifestation	Aggression orientation (n=3500)	
	Not agree (%)	Agree (%)
President of Ukraine	63	37
Government of Ukraine	15	85
Local authorities in place of permanent residence of “forced displaced person”	51	49
Social Service	44	56
Local community of the new place of residence of “forced displaced person”	58	42
Volunteer	87	13

Unfortunately, the Government of Ukraine evokes the most negative emotional attitude among forced displaced persons. Most likely (if to base on the opinion of the FDPs themselves), this is due to the fact that it is the government which is guilty of hostilities which take place in the territory of part of Donetsk and Lugansk regions. The majority of refugees accuse in unprofessionalism the Ukrainian power existing in 2014. At the same time, it is not specified who exactly is to blame (the Cabinet of Ministers, the Supreme Council, the Prime Minister, the Speaker of the Supreme Council, etc.), and the reason is indicated in general: «The authorities are to blame for the war in Ukraine».

The refugees are more positive towards the President of Ukraine. This is due to the fact that at the initial stage of hostilities in the Donetsk and Lugansk regions, the current head of state of Ukraine was just elected, so he is not accused of the fact that the war in the region of their permanent residence began. The FDPs express their hope that the President of Ukraine will be able to stop the hostilities, and they will be able to return to their places of permanent residence.

The attitude towards social services is also largely negative. Many immigrants believe that social workers do their work poorly and reluctantly. Appeals to these services usually do not bring the expected result, since the solution of the issue of the FDPs is often delayed, making meaningless the appeal to social services itself. Only 44% of total FDPs quantity believe that social workers can sometimes solve their problems.

The fighting forced people to collect the most necessary things, documents as soon as possible and leave for the unknown. The main necessity for them was to be as far away from the war as possible. Many forced displaced persons believe now that the local authorities in the place of their permanent residence did not do enough to organize the process of their resettlement. Many of them also accuse the local authorities of the fact that they really could have prevented the outbreak of hostilities, but did not worry about this at all.

The vast majority of the FDPs show the highest level of trust in volunteers, who actually help them find new housing, acquire the necessary personal belongings and household items.

The attitude towards the local administration and the community of the new place of residence of the FDPs depends on whether the refugees were able to quickly adapt to new living conditions. If their adaptation was quick, then the attitude towards the new community is good, and vice versa. This is especially evident in a situation where the FDPs lived at their main place of residence in the city, but were resettled to the countryside.

To study the negative / positive attitude to what is happening with the FDPs, the method of semantic differential was used: it consists in the fact that for each statement the refugee should mark with a dash on the

scale containing designations in the range from -10 to +10. The results by the method of semantic differential give us the opportunity to determine the attitude of refugees to what is happening to them personally and their loved ones (Table 4).

Table 4

Results of assessment of the situation in which the “forced displaced persons” found themselves, according to their opinion

Statement	Assessment of the “forced displaced persons” (n=3500)				
	Negatively: from -7 to - 10 (in pers.)	Rather negatively: from -3 to -6 (in pers.)	Neutrally: from -2 to +2 (in pers.)	Rather positively: from +3 to +6 (in pers.)	Positively: from +7 to +10 (in pers.)
The availability of individual housing in a new place	1095	175	1080	500	650
Feeling in safety	679	61	1502	366	892
Availability of work in a new place	541	863	1075	695	366
Remuneration of current work	948	726	700	558	568
Other people who have moved to other regions of the country are more fortunate than me	716	500	1324	324	636
Help from the state	1052	789	852	356	451
Help from local authorities	635	312	441	912	221
The attitude of new neighbors	640	542	1269	351	698
Help from neighbors	607	502	1149	394	848

For establishing the presence of «learned helplessness», the method of expert assessments was used. As experts, were involved the specialists of social services who constantly communicate with forced displaced persons at their new place of residence. The following markers were used, by which the experts determined the presence of «learned helplessness»: emotional, behavioral and cognitive (Table 5).

Table 5

Psychological manifestations of «learned helplessness» among “forced displaced persons”, in accordance to markers

Marker type	Marker Manifestation
Emotional	Negative experiences and anxiety when solving some problems
	Bad thoughts about your health after solving certain problems (headache, tired)
	Increased anxiety (increases in the process of completing tasks)

	Indifference and pessimism
Behavioral	Despite the passive expectation, the respondent is ready to solve problems
	Together with the statement of desire to solve the problem, immediate actions are not traced in the process of its implementation
	The respondent rarely turns to a social worker for help in solving problems
Cognitive	Low interest during task solving process
	Uncertainty in the process of solving tasks
	Deterioration of adaptive skills
	Fatigue rises to the end of tasks solving

As a result of the correlation analysis, there were revealed the FDPs with simultaneously high rates of aggressiveness, a negative attitude to what is happening around, and the presence of «learned helplessness» (which, in fact, is an indicator of the presence of “victim syndrome”). The FDPs with the signs of “victim syndrome” turned out to be 7-8%, that is, 245 people out of a total of 3,500 participants.

Discussion

As the results of our study show, “internally displaced persons” have “victim syndrome”, for the development of which it is necessary that not only some time passes, but also certain conditions arise. One of the main conditions is the constant staying of the FDPs in a state of heightened anxiety. The fact that they are permanently remain in a state of heightened anxiety is the main determinant of the appearance of the “victim syndrome” in the FDPs, which develop during the period from 8 months to 1 year. For a complete analysis and obtaining more detailed information, it should be necessary to take into account all life situation and experience of a person who has fallen into a situation of involuntary resettlement. However, under these conditions, the authors did not have the opportunity to find out the life path, professional and social experience of a person who, due to certain negative life circumstances, acquired the status of “internally displaced person”.

Conclusion

The results of this study indicate that, besides pre-migratory traumatic exposure, in the place of a new resettlement internally displaced persons had fear, confusion, lack of feeling safety in the near future and dissatisfaction as to one of the basic needs – security needs.

It was found that 7-8% of internally displaced persons who fell into a situation of forced resettlement as a result of military operations in the territory of their permanent residence have a “victim syndrome”, which develops in a situation when a person has lost a hope of returning home in the near future and is in a state of constant increased anxiety. At that, the “victim syndrome” in internally forced displaced persons is simultaneously characterized by increased aggressiveness directed at others (primarily, at the state structures), as well as the presence of «learned helplessness» and a general negative attitude to everything that happens in refugee’s surrounding and in his life.

This information will allow strengthening the social/health system capacities in a host community, and

invest in adequate and effective planning activities of health and social integration services not only for forced displaced people internally resettled inside own society, but for those migrating to other countries.

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