PERCEIVED SOCIAL SUPPORT AND THE PSYCHOLOGICAL WELL-BEING OF ADOLESCENT SYRIAN REFUGEES

BETÜL GÜLCAN ÇAKMAK

BOĞAZİÇİ UNIVERSITY

2019

PERCEIVED SOCIAL SUPPORT AND THE PSYCHOLOGICAL WELL-BEING OF ADOLESCENT SYRIAN REFUGEES

Thesis submitted to the

Institute for Graduate Studies in Social Sciences

in partial fulfillment of the requirements for the degree of

Master of Arts

in

Guidance and Psychological Counseling

by

Betül Gülcan Çakmak

Boğaziçi University

2019

Perceived Social Support and the Psychological Well-Being

of Adolescent Syrian Refugees

The thesis of Betül Gülcan Çakmak

has been approved by:

Assist. Prof. Bengü Börkan
(Thesis Advisor)

Assist. Prof. Nihal Yeniad
(Thesis Co-Advisor)

Assist. Prof. Ersoy Erdemir

Assist. Prof. Sibel Akmehmet Şekerler

Assist. Prof. Neslihan Arıcı Özcan
(External Member)

July 2019

DECLARATION OF ORIGINALITY

I, Betül Gülcan Çakmak, certify that

- I am the sole author of this thesis and that I have fully acknowledged and documented in my thesis all sources of ideas and words, including digital resources, which have been produced or published by another person or institution;
- this thesis contains no material that has been submitted or accepted for a degree or diploma in any other educational institution;
- this is a true copy of the thesis approved by my advisor and thesis committee at Boğaziçi University, including final revisions required by them.

Signature.....

Date 29.07.2019

ABSTRACT

Perceived Social Support and the Psychological Well-Being of Adolescent Syrian Refugees

The present study investigated the level of perceived social support (SS) and psychological well-being (well-being) in Syrian adolescents in comparison with Turkish adolescents from various socioeconomic status (SES). Also, the roles of the family SES, gender, health, and traumatic experiences on the adolescents' well-being were investigated. Participants were 178 Syrian and 238 Turkish adolescents and their mothers. The Child and Adolescent Social Support Scale, the Strengths and Difficulties Questionnaire and a survey including questions related to the demographic and family SES information were administered to adolescents and a survey assessing the family SES, adolescents' health and traumatic experience were administered to mothers. Based on the findings, Syrian adolescents had lower levels of SS and well-being than Turkish adolescents did. A higher level of well-being was associated with a higher level of SS (mother, teacher, and classmate). However, the correlation between SS (mother and father) and well-being varied across groups. While the relationship between teacher support and psychological difficulties was moderated by gender in both groups, the relationship between mother support and psychological difficulties was moderated by gender only in Syrian adolescents. The relationship between psychological difficulties and father support was moderated by health only in Syrian adolescents who had health-related problems. Lastly, Syrian adolescents differed on SS and well-being based on their experience of residing in refugee camps. The practical implications for school counselors were discussed.

ÖZET

Suriyeli Mülteci Ergenlerde Algılanan Sosyal Destek ve Psikolojik İyi Oluş

Bu çalışma, farklı ekonomik seviyelerde yaşayan Suriyeli ve Türk ergenlerin, algılanan sosyal destek ve psikolojik iyi oluş düzeylerinin karşılaştırılmasını incelemektedir. Bunun yanında ailenin sosyoekonomik statüsünün, cinsiyetin, sağlık durumunun ve travmatik yaşantıların psikolojik iyi oluş üzerindeki rolü incelenmiştir. Katılımcılar 178 Suriyeli, 238 Türk ergen ve annelerinden oluşmaktadır. Ergenlere Çocuk Ergen Sosyal Destek Ölçeği, Güçler ve Güçlükler Anketi, demografik ve ailenin sosyoekonomik statüsüyle ilgili bilgileri içeren bir anket uygulanmış; annelerine ise aile sosyoekonomik statüsünü, çocuklarının sağlıklarını ve travmatik yaşantılarını ölçen bir anket uygulanmıştır. Sonuçlara göre, Suriyeli ergenler Türk ergenlere göre sosyal desteği daha az algıladıklarını ve psikolojik iyi oluş düzeylerinin daha az olduğunu belirtmişlerdir. Ergenlerin psikolojik iyi oluş düzeylerinin, sosyal desteği (anne, baba ve öğretmenden alınan) daha fazla algıladıkları zaman arttığını belirtmektedir. Ancak psikolojik iyi oluş ve sosyal destek arasındaki ilişki ergen grubuna göre değişmiştir. Cinsiyet her iki grupta da öğretmen desteği ve psikolojik zorluklar arasındaki ilişkide düzenleyici değişken olarak bulunurken, sadece Suriyeli ergenlerde anne desteği ve psikolojik zorluklar arasındaki ilişkide düzenleyici değişken olarak bulunmuştur. Sağlık değişkeni, sağlık problemleri yüksek olan Suriyeli ergenlerde, baba desteği ve psikolojik zorluklar arasında düzenleyici değişken olarak bulunmuştur. Son olarak, mülteci kamplarında yaşayan ve yaşamayan Suriyeli ergenler psikolojik iyi oluş ve sosyal destek seviyelerine göre farklılaşmışlardır. Bulguların okul psikolojik danışmanlarının uygulamalarına yönelik önerileri hakkında tartışılmıştır.

ACKNOWLEDGEMENTS

First of all, I would like to express my eternal thanks to my thesis advisor, Assist. Prof. Bengü Börkan for her endless support, guidance, and contributions to my thesis. Without her academic support, understanding and tolerance, I would never have accomplished this thesis. Throughout my undergraduate and graduate years, I learned lots of things from her. I always admired her statistics skills throughout my data analysis process. I would also like to thank my co-advisor Assist. Prof. Nihal Yeniad for her greatest contributions to shape of my thesis. She is a very valuable mentor for me. I am sure that this thesis will contribute to the literature thanks to her valuable suggestions.

I would also like to thank the other members of my thesis committee, Assist. Prof. Sibel Akmehmet Şekerler, Assist. Prof. Ersoy Erdemir, and Assist. Prof. Neslihan Arıcı Özcan for their valuable suggestions, contributions, and willingness to be a part of my committee. In addition, I want to thank Assoc. Prof. Hande Sart and Assoc. Prof. Zeynep Ceren Acartürk who are my alternate committee members.

I am so grateful to my family, my dear mother Feriha Yücel and my dear sister Büşra Gülcan, for their unconditional love and understanding. Without their understanding and pray, I would never have persevered in my way. I truly appreciate your presence in my life.

The most patient husband that I have ever seen, Musa Çakmak, and the greatest chance in my life… None of this would have happened without your understanding and support. During the most difficult and tiring times of this thesis, you were with me. Thank you for everything!

TABLE OF CONTENTS

CHAPTER 1: INTRODUCTION 1

1.1 Purpose of the study 7

1.2 Significance of the study 9

CHAPTER 2: LITERATURE REVIEW 12

2.1 Social support 12

2.2 Psychological well-being 19

2.3 Perceived social support and psychological well-being 25

2.4 Refugees: Background 28

CHAPTER 3: METHOD 34

3.1 Participants 34

3.2 Measures 36

3.3 Design 44

3.4 Procedure 44

3.5 Data analysis 46

CHAPTER 4: RESULTS 50

4.1 Descriptive analysis of outcomes and associational measures 50

4.2 Bivariate correlations among the study variables 52

4.3 Results according to the research questions 54

CHAPTER 5: DISCUSSION 85

5.1 Review of the findings about the hypotheses 85

5.2 Implications of the current study 106

5.3 Limitations of the study and recommendations for further research 114

5.4 Conclusion 115

APPENDIX A: CHILD AND ADOLESCENT SOCIAL SUPPORT SCALE (ENGLISH)..... 117

APPENDIX B: CHILD AND ADOLESCENT SOCIAL SUPPORT SCALE (TURKISH) 123

APPENDIX C: STRENGTHS AND DIFFICULTIES QUESTIONNAIRE (ENGLISH)..... 129

APPENDIX D: STRENGTHS AND DIFFICULTIES QUESTIONNAIRE (TURKISH) 130

APPENDIX E: ADOLESCENT PARTICIPANT INFORMATION FORM (ENGLISH)..... 131

APPENDIX F: ADOLESCENT PARTICIPANT INFORMATION FORM (TURKISH) 135

APPENDIX G: SYRIAN PARENT PARTICIPANT INFORMATION FORM (ENGLISH)..... 139

APPENDIX H: SYRIAN PARENT PARTICIPANT INFORMATION FORM (TURKISH) 142

APPENDIX I: SYRIAN PARENT PARTICIPANT INFORMATION FORM (ARABIC)..... 146

APPENDIX J: TURKISH PARENT PARTICIPANT INFORMATION FORM (ENGLISH)..... 149

APPENDIX K: TURKISH PARENT PARTICIPANT INFORMATION FORM (TURKISH) 152

APPENDIX L: STORY (ENGLISH) 155

APPENDIX M: STORY (TURKISH) 156

APPENDIX N: ETHICS COMMITTEE APPROVAL 157

APPENDIX O: CONSENT FORM FOR TURKISH PARENT(ENGLISH) .. 158

APPENDIX P: CONSENT FORM FOR TURKISH PARENT (TURKISH) .. 161

APPENDIX R: CONSENT FORM FOR SYRIAN PARENT (ENGLISH) 164

APPENDIX S: CONSENT FORM FOR SYRIAN PARENT (TURKISH) 167

APPENDIX T: CONSENT FORM FOR SYRIAN PARENT (ARABIC) 170

REFERENCES 172

LIST OF TABLES

Table 1. Mean, Standard Deviation, and Range of the Demographic Characteristics35

Table 2. Demographic Characteristics of the Sample 36

Table 3. Mean, Standard Deviation and Minimum/Maximum Scores of the Study Variables (*N* = 416) 50

Table 4. Descriptive Statistics of Variables by the Adolescent Groups 52

Table 5. Correlations among the Study Variables 53

Table 6. ANCOVA Results for the Psychological Strength and Difficulties 55

Table 7. ANCOVA Results for the Perceived Social Support 56

Table 8. Hierarchical Multiple Regression Analyses for the Psychological Difficulties and Prosocial Behavior 57

Table 9. Hierarchical Multiple Regression Analysis Predicting Psychological Difficulties by Refugee Status and Mother Support 59

Table 10. Hierarchical Multiple Regression Analysis Predicting Psychological Difficulties by Refugee Status and Father Support 60

Table 11. Hierarchical Multiple Regression Analyses Predicting Psychological Difficulties by Refugee Status, Teacher, Classmate, and Close Friend Support 61

Table 12. Hierarchical Multiple Regression Analyses Predicting Prosocial Behavior by Refugee Status and Mother Support 62

Table 13. Hierarchical Multiple Regression Analyses Predicting Prosocial Behavior by Refugee Status and Father Support 64

Table 14. Hierarchical Multiple Regression Analyses Predicting Prosocial Behavior by Refugee Status, Teacher, Classmate, and Close Friend Support 65

Table 15. Hierarchical Multiple Regression Analyses Predicting Psychological Difficulties by Gender and Mother Support in Syrian Adolescents 66
Table 16. Hierarchical Multiple Regression Analyses Predicting Psychological Difficulties by Gender and Teacher Support in Syrian Adolescents 68
Table 17. Hierarchical Multiple Regression Analyses Predicting Psychological Difficulties by Gender, Father, Classmate, and Close Friend Support in Syrian Adolescents 69
Table 18. Hierarchical Multiple Regression Analyses Predicting Prosocial Behavior by Gender and Perceived Social Support in Syrian Adolescents 70
Table 19. Hierarchical Multiple Regression Analyses Predicting Psychological Difficulties by Gender and Teacher Support in Turkish Adolescents 72
Table 20. Hierarchical Multiple Regression Analyses Predicting Psychological Difficulties by Gender, Mother, Father, Classmate, and Close Friend Support in Turkish Adolescents 73
Table 21. Hierarchical Multiple Regression Analyses Predicting Prosocial Behavior by Gender and Perceived Social Support in Turkish Adolescents 75
Table 22. Hierarchical Multiple Regression Analyses Predicting Psychological Difficulties by Health Situation and Father Support in Syrian Adolescents .. 76
Table 23. Hierarchical Multiple Regression Analyses Predicting Psychological Difficulties by Health Situation, Teacher, Classmate, and Close Friend Support in Syrian Adolescents 78
Table 24. Hierarchical Multiple Regression Analyses Predicting Prosocial Behavior by Health Situation, Classmate, and Close Friend Support in Syrian Adolescents 79

Table 25. Hierarchical Multiple Regression Analyses Predicting Psychological Difficulties by Health Situation and Perceived Social Support in Turkish Adolescents 80
Table 26. Hierarchical Multiple Regression Analyses Predicting Prosocial Behavior by Health Situation and Perceived Social Support in Turkish Adolescents .. 82
Table 27. *t*-Test Results for Syrian Adolescents: Refugee Camp Experience 83
Table 28. *t*-Test Results for Syrian Adolescents: Loss Experience 84

LIST OF FIGURES

Figure 1. The interaction between mother support and group for psychological difficulties in adolescents 59

Figure 2. The interaction between father support and group for psychological difficulties in adolescents 60

Figure 3. The interaction between mother support and group for prosocial behavior in adolescents 63

Figure 4. The interaction between father support and group for prosocial behavior in adolescents 64

Figure 5. The interaction between mother support and gender for psychological difficulties in Syrian adolescents 67

Figure 6. The interaction between teacher support and gender for psychological difficulties in Syrian adolescents 68

Figure 7. The interaction between teacher support and gender for psychological difficulties in Turkish adolescents 72

Figure 8. The interaction between father support and health for psychological difficulties in Syrian adolescents 77

CHAPTER 1

INTRODUCTION

According to the United Nations High Commission for Refugees (1951) Convention defines as a refugee any person who:

> … owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside that country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it. (UNHCR, 1951, p.14)

To present the current refugee situation in the world, the UNHCR published a statistical annual report in 2018. According to this report, there are 68.5 million people who were forcibly displaced and nearly 25.4 million of them are refugees; and over half of the refugees are children and adolescents. According to the report published by the United Nations International Children's Emergency Fund (UNICEF), 28 million children (12 million child refugees and child asylum seekers because of wars, and 16 million children displaced internally because of conflict and violence) in the world have been living in forced displacement since 2016.

As a result of wars and conflicts, people were killed, raped, and they have witnessed deaths and tortures of their families and friends. Especially children lost their family members and homes; they could not reach enough medical assistance; they were sexually exploited or fall into drug abuse; and they became soldiers by coercion (Summerfield, 2000). Many people have been forced to migrate from their countries to seek safer places for a better life, which resulted in 10 million stateless individuals who had difficulties to receive education, to reach basic health services, and to find employment (UNHCR, 2018).

After the arrival of the Syrian children and their families through forced migration, Turkey became more culturally, ethnically, and linguistically different. Turkey has applied an "Open Door Policy", which resulted in the registration of 3.251.997 Syrian refugees since 2011. According to the Geneva Convention (1951), Syrian people are not in the refugee status in Turkey. Temporary Protection Regulations effectuated in 2014 identified Syrians under "temporary protection status". Only people who come from European countries are accepted as refugees (TBMM, 2018). In order to be consistent with the literature, Syrians who were forced to migrate to Turkey because of the conflict in their country will be referred to as refugees in this study.

According to the Migration and Adaptation Report prepared by the Turkish Grand National Assembly (*Türkiye Büyük Millet Meclisi (TBMM)*) 90% of the refugee population has been living in non-camp settings. Among this refugee population, 1.6 million are under the age of 18 years. About half of the refugee children and adolescents have been living in camp settings (TBMM, 2018).

For the adaptation of refugees, 25 Temporary Refugee Centers has been opened to provide health, food, education, security, social activities, worship, translatorship, communication, psychosocial services. Temporary Refugee Centers provide education for 80.000 students in the schools established in these centers by Syrian teachers. For adults, nearly 300 vocational courses have been designed to provide job related skills. To eliminate the language barrier, Turkish as a second language courses has been offered in the 81 cities (TBMM, 2018).

As refugee children and the adolescent population gets larger in schools, there is a need to know more about their psychological well-being to facilitate their

adjustment. Since they have been exposed to multiple war related traumas during migration, it is becoming more important to understand factors that are associated with their resilience. Resilience is defined as a dynamic process in which individuals show positive adaptation when they are exposed to adversity or experience trauma (Luthar & Cicchetti, 2000). According to the resilience framework, there are risk factors that boost the effects of adverse life events; and protective factors that reduce the effects of risk and adversity and enhance developmentally appropriate outcomes (Luthar & Cicchetti, 2000; Werner, 2000).

In terms of risk factors, the refugee experience is characterized by three phases: pre-migration, migration, and post-migration. According to Papadopoulos (2001), these three phases constitute refugee trauma which includes pre-migration risk factors (torture, persecution, and war), migration risk factors (uncertainty and unpredictability about the future, separation from family), and post-migration risk factors (integration into a new culture, living in refugee camps). A study (Buz, 2008) with asylum seekers, between 14-44 ages, moved to Turkey over the last two decades was conducted. It was found that, 99% of them have experienced adaptation and social relationship problems. Fifty-seven percent of them reported that they could not reach professional help when they experienced psychological distress. In addition, financial difficulties, uncertainty about the future were other problems experienced in the host country. In other two studies (Ajdukovic & Dean, 1998; Khamis, 2005) conducted in Palestinian and Croatia , it was reported that Palestinian and Croatian refugee children and adolescents who lived in refugee camps showed more behavioral problems such as defiance, aggression, hyperactivity, and mental health problems such as PTSD and depression.

In terms of refugee children and adolescents, pre-migration, migration, and post-migration problems can be observed in individual, family, community and social domains. For instance, exposure to violence, physical, psychological, or developmental disorders, age, gender, and receiving education in individual domain; poor family relations and loss of parents in familial domain; poor social functioning and insufficient support in social domain; and problems regarding to individuals' ethnic backgrounds, political opinions, and religious beliefs in societal domain were associated with the experiences of negative life events in children (Fazel, Reed, Panter-Brick, & Stein, 2012).

The accumulation of multiple risk factors puts refugee children at greater risk for psychological and mental health problems than non-refugee children (Rutter, 1981). For instance, a study with refugee children revealed greater internalizing than externalizing problems through the Strengths and Difficulties Questionnaire Self-Report (SDQ-SR). Children reported emotional symptoms, hyperactivity, conduct problems, and peer problems (Nielsen et al., 2008).

According to the results from studies on youth resilience, there are protective factors that reduce the effects of risk and adversity and support developmentally appropriate outcomes (Werner, 2000). Perceived social support is one of the protective factors that has a significant role in child development. Social support can be defined as the psychological and material resources of a social network to strengthen the ability of an individual to deal with distress (Cohen, Underwood, & Gottlieb, 2000). In line with this definition, perceived social support refers to the beliefs of individuals about the level and quality of support that they receive (Wills & Shinar, 2000).

According to the resilience framework, individuals, who perceive social support during their lives, are more likely to be resilient to stressful, negative and traumatic life events (Sarason, Sarason & Pierce, 1990). During childhood and adolescence, psychological resilience is promoted by supportive, emotionally responsive, and stable caregiving. Such social and environmental conditions might enhance the development of various abilities such as emotion regulation, problem solving under stress, establishing secure attachments and positive interpersonal relationships, and having a positive sense of self, which may in turn result in an increased level of resilience (Southwick et al., 2016).

In light of the literature, it can be stated that perceived social support contributes to general well-being and life satisfaction (Gottlieb, 1994). Well-being refers to a multidimensional construct about individual functioning in terms of mental (or psychological), social, emotional and physical aspects. It is related to optimal experience and functioning in these areas (Ryff & Keyes, 1995). From these areas, the psychological domain involves indicators related to emotions, mental health (or mental illness), and psychosocial factors (Pollard & Lee, 2003). For instance, indicators that cover emotional and behavioral functioning (i.e., emotional symptoms, conduct problems, hyperactivity–inattention, peer problems, and prosocial behavior) can be counted as indicators of psychological well-being in children and adolescents (Van Roy, Veenstra & Clench- Aas, 2008).

A growing number of studies demonstrated a strong relationship between perceived social support and psychological well-being. For instance, a study with a group of students, between third and twelfth grades, was conducted through the Child and Adolescent Social Support Scale (CASSS). It was found negative relationships between lower levels of perceived social support and psychological

well-being indicators such as conduct problems, aggression, hyperactivity, anxiety, and withdrawal (Demaray & Malecki, 2002). In another study with a group of adolescents, aged between 14 and 17, concluded that the adolescents who reported the amount of social support they got was insufficient were found to have 1.9 times more risk of developing depression symptoms than the adolescents who reported the amount of social support they got was sufficient (Jayanthi & Thirunavukarasu, 2016).

In terms of the refugee experience, one of the most crucial factors for psychological well-being and resilience is establishing a wide range of social relationships (Thomas & Lau, 2002). It was found that parental support and peer support contributed to the resilience of adolescents who have experienced adverse life events (Masten & Coatsworth, 1998: Trickey, Siddaway, Meiser-Stedman, Serpell, & Field, 2012). In another study, refugee children who had poor living conditions and could not receive enough support reported more internalizing problems (e.g., depression and anxiety) (Geltman et al., 2005). In addition, some studies with children and adolescents also demonstrated that social support is a protective factor for stress (Jackson & Warren, 2000; Thomas & Lau, 2002).

Individual and sociodemographic characteristics show complex and differential effects on well-being (Huppert, 2009; Rueger, Malecki & Demaray, 2010). The literature showed gender differences for the relationship between social support and psychological problems. The general assumption is that gender differences exist for mental health problems (Van Droogenbroeck, Spruyt & Keppens, 2018). For example, a study with a group of adolescents, between fifth and twelfth grades, showed that the relationship between mental health problems and social support was stronger for girls than for boys (Schraedley, Gotlib & Hayward,

1999). Especially in adolescence period, well-being problems were found to be equal for both genders, but the types of problems differed (Wallace, Holloway, Woods, Malloy, & Rose, 2011). For instance, some studies reported gender differences; a higher prevalence of externalizing problems, such as aggression, for boys; and a higher prevalence of internalizing problems, such as anxiety and depression, for girls through the SDQ (Sargisson, Stanley & Hayward, 2016).

In terms of age differences, although studies are limited and less clear, it was found that well- being decreases in older ages (Rees, Bradshaw, Goswami & Keung, 2010). In addition, the family socioeconomic status (SES) and child and adolescent well-being were also examined in some studies. It was found that the childhood SES has long-term consequences on physical and psychological well-being in later life. People with the higher childhood SES reported better health, fewer functional limitations, chronic diseases, lower levels of depression, and higher cognitive functioning scores (Luo & Waite, 2005).

1.1 Purpose of the study

In light of the literature, this study aims to investigate the perceived social support and psychological well-being level of Syrian adolescents in comparison with Turkish adolescents from various socioeconomic backgrounds.

The research questions of the study were formed as follows:

1. After controlling for the effect of the family SES, is there a difference in the level of psychological well-being and perceived social support between Syrian and Turkish adolescents? Does this difference change according to gender?

2. To what extent does the family SES explain variance on psychological well-being? Does perceived social support provide an additional explanation on the variance of psychological well-being?
3. After controlling for the effect of the family SES, is the relationship between perceived social support and psychological well-being moderated by being a refugee?
4. After controlling for the effect of the family SES, is the relationship between perceived social support and psychological well-being moderated by gender?
5. After controlling for the effect of the family SES, is the relationship between perceived social support and psychological well-being moderated by health situation?
6. Is the relationship between perceived social support and psychological well-being moderated by traumatic experiences for Syrian adolescents?

According to the research questions, the research hypotheses were formed as follows:

- It was hypothesized that Syrian adolescents have lower levels of psychological well-being than Turkish adolescents regardless of their gender.
- It was hypothesized that Syrian adolescents have lower levels of perceived social support than Turkish adolescents regardless of their gender.
- It was hypothesized that the family SES explains variance on the psychological well-being.
- It was hypothesized that after controlling for the family SES, all sources of perceived social support (mother, father, teacher, classmate, close friend) provide an additional variance on the psychological well-being.

- It was hypothesized that after controlling for the family SES, there is a relationship between perceived social support and psychological well-being in each group of adolescents.
- It was hypothesized that after controlling for the family SES, there is a relationship between perceived social support and psychological well-being in the adolescents regardless of their gender.
- It was hypothesized that after controlling the family SES, there is a relationship between perceived social support and psychological well-being in the adolescents regardless of their health situation.
- It was hypothesized that Syrian adolescents who were exposed to traumatic experience (i.e., living in refugee camps and loss of a family member) differ from those who were not exposed to traumatic experiences in terms of the levels of psychological well-being and perceived social support.

1.2 Significance of the study

Children are the most vulnerable group that faces difficulties among refugees in terms of exposure to cumulative stress resulting from challenging experiences. Thus, they can be defined as 'at risk' for physical and mental health (Watters & Ingleby, 2002).

For adolescents, normative developmental tasks such as puberty, identity development, and establishing relationships with other groups are negatively affected by the migration process (Cooper, Jackson, Azmitia, & Lopez, 1998). In particular, they might be deprived in terms of peer support since they lose much of their social network including friends. However, the previous research showed that there is a strong positive relationship between the quality of youth's peer relationships and

their psychosocial adjustment (Kovacev & Shute, 2004). So, the migration experience at this key developmental period becomes destructive on their social support networks. As a result of this situation, in the host culture, they need to reestablish new support groups (Kovacev & Shute, 2004). Taken this into consideration, it is important to study the role and function of social support on children and adolescents to develop effective intervention strategies for refugees. This research will specifically investigate perceived social support in relation with the psychological well- being of refugee adolescents to understand factors on the family and community levels and how they serve as protective factors to this high-risk group.

Social support level can be identified through parent-report or teacher-report measures, which can be defined as received social support measures. These measures aim to assess the concrete supportive behavior that are provided by support networks (Haber, Cohen, Lucas & Baltes, 2007). On the other hand, perceived social support measures aim to examine perceptions regarding the availability of support and satisfaction with that support (Sarason et al., 1990). Since there were hypothesized differences between received and perceived support (Haber et al., 2007); and perceived social support was found more significant than received support to predict psychological well-being in some studies (Prati & Pietrantoni, 2010; Serovich, Kimberly, Mosack & Lewis, 2001), asking adolescents to report their perception about social support they get might give more valuable information about the research.

This study is a cross-cultural comparative study, in which the Syrian and Turkish adolescents were compared based on their perceived social support and psychological well-being levels. These two groups were matched based on the

individual and socioeconomic indicators. Thus, the fundamental distinctions between the outcomes of these two groups remained as the refugee experience.

Cross-cultural research refers to the studies conducted with different groups who have various cultures and experiences that result in significant differences in behavior. Mainly, there are two advantages of these studies: (a) showing the interrelation of cultural themes and (b) drawing attention to the issue of individual variability (Brislin, 1976). Therefore, in this study, the relationship between perceived social support and psychological well-being was compared between the two group of adolescents, gender, the family SES, and health situation to determine whether the nature of the associations is specific to the groups or shows common patterns across the groups.

In Turkey, scientific research focusing on the well-being of refugees, especially with children is scarce. By exploring factors that enable the refugee adolescents to do well, culturally sensitive prevention and intervention programs can be designed effectively to foster their resilience (Mohamed, 2012). In this sense, this study aims to contribute to the body of knowledge about the health of refugee adolescents and to provide information to policymakers concerned with the welfare of refugee adolescents.

CHAPTER 2

LITERATURE REVIEW

In this chapter, the related literature on the theoretical framework of perceived social support and psychological well-being, the empirical studies related to these concepts, individual and sociodemographic factors linked to child and adolescent well-being in several groups including refugees are reviewed.

2.1 Social support

Social support can be defined as the psychological and material resources of a social network to strengthen an individual in dealing with stress (Cohen et al., 2000). Gottlieb (1994) also proposed that social support is a process of interaction in relations, which develops self-esteem, a sense of competence, belonging, and coping.

Tardy (1985) developed a framework to define the construct of social support. Theoretically, there are five different issues that are relevant in defining the multi-dimensional construct of social support: direction, disposition, description/evaluation, content, and network. Direction refers to giving or receiving social support. Disposition refers to the availability of social support and enacted support (what support someone has utilized). If people are not aware of their sources, they cannot utilize it. Description/Evaluation refers to the description and evaluation of social support of the receivers. In this way, the function and amount of perceived social support, how satisfied an individual with it, what is important in this support can be defined. Content refers to the types of social support. Tardy (1985) defined four types of support: emotional, instrumental, informational, and appraisal. Emotional support can be described as a feeling loved, cared for, and a sense of

belonging. Providing resources such as time and money to support the individual is described instrumental support. Providing an individual with necessary and vital information and knowledge is informational support and providing him/her feedback about his/her performance and the level of functioning is described as appraisal support. The last dimension, network, consists of people who provide social support or who are available for providing social support such as family, friends, and teachers (Demaray, Malecki, Jenkins & Cunningham, 2010; Malecki & Demaray, 2002).

2.1.1 Perceived social support

Perceived social support refers to the beliefs of individuals about the level and quality of support that is available to them. It is a crucial factor because it shows how individuals think about the availability of support and whether it can be received when needed. So, the perception of support about availability might be more important than the actual amount of support provided (Wills & Shinar, 2000).

2.1.2 Theoretical basis of social support

There are two primary theoretical orientations that direct the majority of the social support literature: the stress-buffering theory and the main effect theory (Cohen et al., 2000). According to the stress-buffering theory, social support has a positive effect under higher levels of distress and the effects of stress are reduced by the positive effects of social support (Cohen et al., 2000). It is meaningful when studying resilience because social support is seen as a protective factor that contributes to resilience (Demaray et al., 2010).

On the other hand, the main-effect theory asserts that social support has a positive effect on all children and adolescents regardless of that they are in a risk situation (Cohen et al., 2000). Social support has also the same positive effect on psychological well-being under both lower levels of and higher levels of stress (Cohen & Wills, 1985). The main-effect theory asserts that individuals' psychological well-being is improved by social support, which in turn decreases the number of psychological problems (Cohen et al., 2000).

Both models have supported by the empirical findings. During a high level of stress, the measurement of social support is an example of the buffering model. Measuring the degree to which a person was a part of a social network is an example of the main effect model (Demaray et al., 2010).

2.1.3 Social support and the stress-buffering role

According to the stress-buffering theory and resilience framework, social support functions in similar ways. In the stress-buffering theory, the negative effects of stress are reduced when individuals perceive higher levels of support (Cohen et al., 2000). In the resilience framework, social support is regarded as a protective factor that reduces the adverse effects of stress (Werner, 2000). For example, a study showed that children who were exposed to adverse life changes were less likely to demonstrate psychopathology when they perceived sufficient amount of social support, which means that social support as a protective factor for maladjustments because of stress-buffering role (Jackson & Warren, 2000).

There are some findings showing that social support moderated the relationship between acculturation stress and mental health among the high school students who had immigrated to Norway (Oppedal, Roysamb & Sam, 2004). It was

found that lower levels of family and friend support were related to mental health problems for students who have higher levels of acculturative stress. Other findings also demonstrated that social support buffered the relationship between low SES of the family and academic performance in a group of middle school students. Students who lived in poverty and had lower levels of social support were more likely to have poor academic outcomes than their peers who lived in poverty but had higher levels of social support (Malecki & Demaray, 2006). In another study, social support was used as a moderator variable in the relationship between peer victimization (i.e., bullying), internalizing and externalizing distress. It was found that teacher, classmate, and school support buffered the relationship between peer victimization and internalizing problems, but not externalizing problems in the middle school students. So, social support served as a protective factor against internalizing problems for students who were victims of bullying (Davidson & Demaray, 2007).

Perceived social support from family and community has also an important role in child and adolescent well-being. A review of major research findings, which was related to the psychological well-being of the child and adolescent refugee and asylum seekers concluded that specific risk and protective factors buffer or exacerbate poor psychological health. Family cohesion, family support, peer support and community support were regarded as one of these factors (Thomas & Lau, 2002). Other studies indicated that having a significant relationship with an adult had a buffering role because it helped a child to cope with negative life events, which resulted in better social adjustment (Jackson & Warren, 2000). Furthermore, the maintenance of strong ethnic community ties was regarded as a protective factor for mental health in children and adolescents, which also provided the continuity of cultural and religious traditions (Punämaki, 1996).

According to the literature, health is another factor that is closely related to social support and psychological well-being. Stewart (2000) reported that the interaction between social support and health is bi-directional. To make it clear, social support improves well-being and buffers the negative psychological effects of exposure to adverse life events. On the other hand, higher levels of health enhance supportive and reciprocal relationships, which in turn contributes to well-being (as cited in Stewart et al., 2010). An international report that investigated social determinants of health and well-being of 11and 15 years-old adolescents supported this notion. It was reported that support from parents, peers, and teachers was found as a stronger predictor of positive health and well-being. A greater number of sources of support associated with a greater number of experiences of positive health (Currie et al., 2009). The relationship between social support, mental and physical health has been examined by a research with a group of adult Chinese immigrants and Somali refugees, aged between 18 and 50 (Stewart et al., 2010). It was found that inadequate support has negative effects on both physical and mental health. According to the results of this study, poor health decreased the level of available support, which means poor health had a detrimental effect on the ability to seek support. On the other hand, an adequate level of social support facilitated to get a job and to meet basic needs; decreased stress level, and improved physical and psychological health (Stewart et al., 2010).

2.1.4 Social support and main effect role

Numerous studies showed that social support has been found to be positively related to various outcomes, which supports the main-effect theory (DeGarmo & Martinez, 2006; Demaray et al., 2005; Demaray et al., 2010). For example, a longitudinal study

examined the relationship between social support and student adjustment in a sample of 82 middle school students. It was found that parental and classmate support were significantly related to internalizing problems (anxiety and depression), a sense of inadequacy, interpersonal relations, and self-esteem; and school support was related to school adjustment (Demaray et al., 2005). Another study examined the relationship between social support and academic performance in a large sample of Latino youth in the USA. The results demonstrated that social support was found significantly related to higher levels of academic performance (DeGarmo & Martinez, 2006).

Malecki and Demaray (2003) investigated the types of support (i.e., emotional, informational, appraisal, and instrumental) needed and its effect on positive outcomes (personal adjustment, academic success) in the middle school students according to Tardy' s Model of Social Support. The results showed that students perceived more emotional and informational support from their parents; informational support from teachers; and emotional and instrumental support from their classmates and close friends. Parental support contributed to students' personal well-being; emotional support from teachers was a significant contributor for adolescents' social skills, student success, and school maladjustment.

2.1.5 Gender differences in perceived social support

In the literature, gender differences in perceived social support were reported in several studies (Gallicchio, Hoffman & Helzlsouer, 2007; Sayar, 2006; Turner, 1994). It seems that both perceptions of social support and the sources of social support differ by gender. On the one hand, the general assumption on social support is that females compared to males are more likely than men to seek, provide, and

perceive social support (Reevy & Maslach, 2001). For instance, a longitudinal study showed that gender was found as a predictor of perceived social support in adolescents between the ages of 14 and 16. Girls perceived higher levels of social support than boys at different times (Sayar, 2006). In another study that examined the literature on the relationships between gender, social support, and depression reported that females have significantly larger networks characterized by greater intimacy, emotional disclosure, and empathy than males. Thus, they reported more perceived social support (Turner, 1994). On the other hand, there were also contradictory findings. For example, a study with a group of adult males perceived higher levels of social support than adult females (Gallicchio, Hoffman & Helzlsouer, 2007). In a study with a group of adolescents aged between 16 and 20, gender differences in perceived social support were not found (Tam, Lee, Har & Pook, 2011). In line with this, male adolescents did not differ from female ones in terms of family support in adolescents aged between 10 and 14 (Malecki & Demaray, 2003).

In addition, several studies also demonstrated that the sources of social support vary across gender groups (Reevy & Maslach, 2001; Rueger et al., 2010). For example, a study with a sample of adolescents showed that girls perceived the greatest amount of support from close friends, and boys perceived the least amount of support from classmates (Rueger et al., 2010). Thus, these findings revealed a need for further research to explain the relationship between gender and social support specifically in adolescents.

2.2 Psychological well-being

It seems that there are multiple definitions of well-being in the and no agreements about what well-being is (Selwyn & Wood, 2015). Well-being can be defined as:

> A state of successful performance throughout the life course integrating physical, cognitive, and social-emotional function that results in productive activities deemed significant by one's cultural community, fulfilling social relationships, and the ability to transcend moderate psychosocial and environmental problems. Well-being also has a subjective dimension in the sense of satisfaction associated with fulfilling one's potential. (Pollard & Davidson, 2001, p.10)

In addition, terms such as mental health, happiness, quality of life, and life satisfaction are used interchangeably with well-being (Selwyn & Wood, 2015). According to the World Health Organization (2011), mental health is, "a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community" (par. 1). As stated in the definition, mental health may be described as the foundation for well-being.

For much of the last century, mental health studies have focused on the absence of psychopathology, which resulted in overshadowing of positive functioning. Since 1960s, the concepts such as growth and well-being have received attention and these concepts have studied frequently (Ryan & Deci, 2001).

There are two types of approaches to well-being in the literature; hedonic and eudaimonic. The hedonic approach assumes that well-being is equal to happiness and satisfaction. In the psychology literature, the hedonic approach is called subjective well-being. Subjective well-being includes two components: affective and cognitive component. Affective components include positive and negative emotions; cognitive components are such as beliefs and attitudes that are related to the individuals' satisfaction on life (Keyes, Shmotkin & Ryff, 2002).

According to the eudaimonic approach, well-being refers to individuals' full functioning focusing on meaning and self-realization (Ryan & Deci, 2001). In the psychology literature, the eudaimonic approach is called as psychological well-being. Psychological well-being focuses on a status beyond life satisfaction and happiness. It includes viewpoints of individuals regarding existential challenges such as having meaningful purposes, self-development, and having satisfying relationships. The eudaimonic approach focuses on individuals' life purposes, their potentials, their relationships with other people, and their sense of autonomy on their own life. Psychological well-being provides information about how individuals perceive themselves and evaluate the quality of their lives (Keyes et al., 2002; Ryff & Keyes, 1995).

Ryff (1995) developed a model related to psychological well-being that includes six dimensions. The first one is self-acceptance that is related to being in a positive attitude towards the self, accepting both positive and negative aspects of the self, and having positive thoughts on past life. The second one is positive relations with others that are related to establishing sincere, empathic, and satisfactory relationships with others. Autonomy is related to individuals' responsibility on their own decisions, their independence over their lives, shaping and evaluating their behavior according to their own decisions, and evaluating themselves according to their standards. Environmental mastery is related to the having the feeling of self-efficacy on the environments, ability to choose and create environments according to his/her conditions, using environmental opportunities efficiently. Purpose in life is related to having a sense of directedness and managing purposes in life. The last one is personal growth that is related to the managing development, regarding the self as

growing, confronting new tasks and difficulties, and being open to new experiences (Ryff, 1995; Ryff & Keyes, 1995).

2.2.1 Child and adolescent psychological well-being

Most research on well-being has been carried out on adults. However, adolescence period has its own developmental characteristics, thus well-being in the adolescence differs significantly from the adult period. Especially in physical, physiological, cognitive, emotional, behavioral, and social domains, adolescents undergo a great number of changes, which points out that adolescence is an important period of life. The relationships with family, peers and community constitute the main aspects of positive adjustment, so these factors should be taken into account for the psychological well-being of adolescents at this stage (Lerner, Almerigi, Theokas & Lerner, 2005; Viejo, Gómez-López & Ortega-Ruiz, 2018).

It can be said that there is a little consensus in the literature on how to define and measure the child and adolescent well-being. Generally, researchers have identified various domains to measure child and adolescent well-being in their studies. These are physical, psychological, cognitive, social, and economic domains. To measure well-being, researchers have focused on positive and negative indicators of these areas that contribute to well-being (Pollard & Lee, 2003; Statham & Chase, 2010).

From these areas, the psychological domain includes indicators related to emotions, mental health (or mental illness), and psychosocial factors. Psychological well-being domain indicators were reported in a systematic review on the child well-being literature. These indicators are anxiety, behavior problems, depression, emotional problems, hyperactivity, inattention, externalizing behavior, internalizing

behavior, behavioral functioning, mental health, socio-emotional adjustment, emotional adjustment and support, which are also indicators that we will cover in this research. The psychological domain has the largest total number of indicators and is the only domain where more deficits than strength indicators are studied (Pollard & Lee, 2003).

In this study, emotional symptoms, conduct problems, hyperactivity-inattention, peer problems, and prosocial behavior are used as indicators of psychological well-being in adolescents. Emotional symptoms are related to internalizing problems such as anxiety and depression (Muris, Meesters & Van Den Berg, 2003). Conduct problems can be defined as problems including aggression, defiance, destructive behavior, rule-breaking, and deceitfulness. These problems are one of the most common problems in childhood and adolescence (López-Romero, Romero & Andershed, 2015). Hyperactivity-inattention is related to inattention, hyperactivity, and impulsiveness, which are key symptom domains for a Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV) diagnosis of attention-deficit/hyperactive disorder (Algorta, Dodd, Stringaris & Youngstrom, 2016; APA, 1994). Peer problems are related to interpersonal relationships such as being solitary, not much liked by other children, and bullied by children (Goodman, 1997). Lastly, prosocial behavior can be defined as a child's ability to relate well with his/her peers, choosing actions that benefit the individuals with whom they live. The prosocial behavior in this study assesses resources not problems. These resources are related to social skills and competencies. (Silva, Osório & Loureiro, 2015). In addition, children and adolescents' perspectives regarding to well-being were also studied. A feeling of happiness, establishing secure social relationships, having an autonomy and making own decisions, a feeling of safe and secure, having a positive

sense of self and being cared by others, and having a safe home to be in, doing positive activities or things, having material resources and having enough money were factors that foster child and adolescent well-being as they reported (Fattore, Mason & Watson, 2007).

2.2.2 Individual and sociodemographic factors linked to child and adolescent well-being

Individual factors, specifically gender shows differential effects for psychological well-being. On the one hand, it was found that girls have higher rates of symptoms of common mental health disorders such as anxiety and depression than boys (Huppert, 2009). According to the results of a study with a group of 285 Syrian refugee adolescents with the age of 12.5 years-old on average in Turkey showed that there was a gender difference in depression among adolescents, but the difference was not significant in preadolescents. Older girls reported more depression than boys since depression among girls increases around the age of 14 years and it remains stable or decreases among boys around these ages (Oppedal, Özer & Şirin, 2018). Another study with adult Syrian refugees residing in a camp in Turkey was conducted to investigate the prevalence of PTSD, depression and potential predictors among the refugees. Being female sex was found as a predictor of PTSD and depression (Acarturk et al., 2018).

On the other hand, some studies showed no gender differences. For instance, well-being problems were found comparable across gender, but the types of problems differed. Boys showed more aggression and violence as a form of externalizing problems; whereas girls performed more anxiety and depression as a form of internalizing behavior (Wallace et al., 2011). A meta-analysis investigated

gender differences in subjective well-being based on 25 studies (Kasapoğlu & Kış, 2016). It was found that there was a nonsignificant effect size favoring the females. In conclusion, in the psychological domain, how gender affects war experience in different age groups should be understood to conduct clinically and theoretically important studies. Thus, future research should focus on these areas.

Studies focusing on age and the differences in psychological well-being are scarce. According to studies that use large sample surveys, this relationship shows a U-shaped form, which means young and old individuals might have higher well-being scores than the middle-aged individuals (Blanchflower & Oswald, 2008). In a national survey with a group of adolescents aged between 10 and 15 in England, well-being level and happiness with school and family decreased as children became older (Rees et al., 2010). Lastly, important differences were found between the early adolescent group aged around 13 and the late adolescent group aged around 19 in another study (Viejo et al., 2018). The early adolescent group showed significantly higher levels of well-being than the late adolescent group, which can be explained by the different responsibilities (educational, social, economic) such as leaving home, looking for work, and making future plans to prepare for life, which can have a direct effect on the feeling of well-being (Viejo et al., 2018).

Since the family SES is considered as a composition, different scholars assert different dimensions of the family SES such as occupational status, income, housing. Briefly, the family SES refers to a hierarchical ranking of education, property, social status, and other resources of a family (Lancee, 2010). The relationship between the family SES and well-being is controversial in the literature. On the one hand, many studies reported that higher levels of socioeconomic status associated with higher levels of well-being and mental health in China and Germany (Chu, Li, Li & Han,

2015; Fassbender & Leyendecker, 2018; Xu, Cui, Xing & Parkinson, 2019). For example, the well-being of children and adolescents was found negatively correlated with income inequality and the percentage of children living in poverty in the USA (Pickett & Wilkinson, 2007). Another study with a group of adolescents with the ages of 11 and 15 in Great Britain showed that poor adolescents were more likely than others to have more difficult family life, had negative attitudes towards school, felt more isolated and anxious and engaged in antisocial and risky behavior (Tomlinson, Walker & Williams, 2008). On the other hand, several studies in China found the family SES was not related to well-being (King & Napa, 1998). These inconsistent results can be explained by different measuring methods and variability of dimensions applied for the measurement of the family SES (Chu et al., 2015). Thus, further research is needed to obtain more reliable data about the relationship between the family SES and well-being and which indicators have the strongest effects on well-being.

2.3 Perceived social support and psychological well-being

Previous studies showed that there were significant relationships between psychological adjustment and perceived social support in school age children and adolescents (Bender & Lösel, 1997; Jackson & Warren, 2000). In addition, the perceived availability of social support was found as a better predictor of psychological well-being than actual support given in some studies (Vander Zee, Buunk & Sanderman, 1997). For example, a study investigated relationships among life events, perceived social support, and mental health problems in older adolescents (Compas et al., 1986). Negative life events (such as family problems, health problems, accidents) and lower levels of satisfaction with social support were found

to be related to a range of psychological symptoms such as depression, somatization, interpersonal sensitivity, and anxiety symptoms. In another study (Cornwell, 2003), it was found that changes in perceived social support affected middle and high school students' depression over time. A lower level of social support increased the severity of depression. Lastly, a study with a group of school-age children who reported lower levels of social support and interpreted life events as negative showed that they were found at greater risk in terms of developing psychopathology (Jackson & Warren, 2000).

A study with a group of children and adolescents, between third and twelfth grade, showed significant relationships between lower levels of perceived social support and psychological well-being indicators such as conduct problems, aggression, hyperactivity, anxiety, depression, and withdrawal (Demaray & Malecki, 2002). It was found that higher levels of peer and family support were related to many positive indicators for adolescents such as better academic and social self-concept, fewer depression symptoms, and greater liking of school; and lower levels of both peer and family support were related with adjustment and behavioral problems such as delinquency, depression, lower self- esteem in other studies (Cheng, 1997; Wenz-Gross et al., 1997). Similarly, in another study with a group of school-age children, the association between social support and appraisal of life events in predicting adaptive behaviors; externalizing and internalizing problems were examined. According to the results, children who perceived higher levels of social support engaged in more adaptive behavior (such as better adaptability to school, leadership, social, and study skills) and less internalizing behavior as the number of positive life events (such as getting good grades, joining in a new club, developing better relationships with parents) increased. It seems that perceiving an

adequate amount of social support helped children to perceive life events as positive (Jackson & Warren, 2000).

Social support has longitudinal effects on psychological well-being and adjustment. It was found that a higher level of social support was related to reduced levels of emotional and behavior problems in middle school students after a two-year period (DuBois et al., 2002). In another two-year longitudinal study was conducted with a group of elementary school students to investigate the relationship between social support and adjustment. The results showed that increased perceptions of social support were significantly related to improvements in behavioral and academic adjustment after a two-year (Dubow, Tisak, Causey, Hryshko & Reid, 1991).

A study that examined the relationship between perceived social support and adjustment behavior over time in at-risk students, most of whom were Hispanic, African American, and Asian American through a longitudinal design (Demaray et al., 2005). Results demonstrated that perceived support from parents at the ages of 12 and 13 was negatively associated with clinical maladjustment (such as social stress, anxiety, somatization, atypicality, and locus of control) and emotional symptoms (such as anxiety, social stress, depression, sense of inadequacy, interpersonal relations, and self-esteem) a year later. Parental support was found as a significant predictor for student adjustment, personal adjustment (such as relations with parents, interpersonal relations, self-esteem, and self-reliance), clinical maladjustment, and emotional symptoms even a year later.

Other studies also showed that teacher and peer support have positive effects on school adjustment that contributes to psychological well-being (Furlong, Chung, Bates, & Morrison, 1995; Richman et al., 1998). Schools can be seen as the contexts in which learning and instruction take place and social support might be highly

valued by students, which contributes to their motivation, cooperation with their peers and teachers and school adjustment (Vedder, Boekaerts & Seegers, 2005). It can be said that students who consider social support as necessary for their learning, motivation, and school-related well-being evaluate the school context as supportive of learning. Their satisfaction with the school environment will be high, which will contribute to their well-being in school. Conversely, students who consider the school environment as non-supportive might report lower levels of well-being. In line with this, it can be said that the most important sources of social support in schools are teachers and peers (Vedder et al., 2005). For instance, higher levels of teacher and peer support were found to be related to better school-related outcomes such as better academic achievement between fifth and twelfth grade students (Furlong et al., 1995). The results of another research also showed that social support from parents and adult caretakers was related to various positive school related outcomes such as school satisfaction, grades, attendance, and prosocial behavior in middle and high school students (Richman et al., 1998).

2.4 Refugees: Background

Refugees were defined by the Convention Relating to the Status of Refugees as individuals out of their country of origin who are afraid of torture because of race, religion, nationality, group membership, or political opinion (UNHCR, 1951).

The refugee experience is characterized by a process of pre- migration, migration, and post- migration phases. The pre- migration phase is time before refugees escape from their country due to war, political violence, and chaos that damage their safety. The migration phase can be described as searching for new locations they settle, which creates uncertainty and unpredictability. Commonly, they

are placed in refugee camps. During this phase, separation from caregivers and family leads to emotional and behavioral problems among refugee children (Lustig et al., 2004).

For children and adolescents, the effects of post- migration challenges can be especially great, because extraordinary experiences of migration affect normative developmental tasks such as puberty, identity development, and establishing attitudes towards other groups (Cooper et al., 1998). Besides financial issues and long-term unemployment in parents, school problems, language problems, discrimination, and bullying are factors that have negative effects on the mental health in refugee children and adolescents (Hyman et al., 2000).

There are a greater number of studies related to the effects of migration challenges on refugees. For instance, studies indicated that there was a relationship between the nature and extent of exposure and psychological outcomes in terms of the onset of psychopathology (Papageorgiou et al., 2000). Children and adolescents who were exposed to multiple war- related traumas and those who were bereaved, victimized and exposed to violent acts, showed more symptoms of psychopathology such as posttraumatic stress disorder (PTSD) symptoms than those who were not exposed to such acts (Thomas & Lau, 2002). A study with a group of Croatian refugee mothers and their children up to the age of 18 assessed the impact of displacement on children's well- being during the war in Croatia (Ajdukovic & Dean, 1998). It was found that displacement had a strong negative impact on the children's well-being in terms of behavioral reactions such as defiance, aggression, hyperactivity, withdrawal; and emotional reactions such as separation fear, general fearfulness, and weeping. After a year of displacement and even after four years, these reactions persisted. So, it should be noted that exposure to extremely intense

traumas might have delayed effects on children and adolescents, so that it might result in difficulties in psychosocial functioning in adulthood (Ajdukovic & Dean, 1998).

During the post-migration phase, settlement and integration challenges, disruption of family and cultural ties, devaluing social support in the host countries lead to social support deficiencies and health problems among refugees (Hyman et al., 2000). Especially, adolescence is a developmental stage in which the peer group becomes increasingly important. Friends provide companionship and help to develop a sense of identity (Kovacev & Shute, 2004).So, in these times, social support might be a resource for coping with stress caused by immigration and resettlement challenges and it might buffer the adverse psychological effects of exposure to stressful life events (Simich, Beiser & Mawani, 2003; Warner, 2007).

There is a vast amount of studies showing that refugee children are at risk for developing mental health problems when they are exposed to risk factors such as torture, poverty, residing in a refugee camp (Fazel & Stein, 2002; Oppedal et al., 2018; Tousignant et al., 1999). Because of the effects of coming from a war zone and adjusting to a new culture, they are more likely to suffer. In addition, some studies showed that as they were exposed to an increasing number of risk factors, the likelihood of developing psychological problems dramatically increase (Fazel & Stein, 2002). Many studies have supported the notion that PTSD, anxiety disorders, and depression were the most prevalent mental health problems among refugee children (Fazel & Stein, 2002). Furthermore, a study conducted with refugee adolescents aged between 13 and 19 in Canada revealed that refugee children and adolescents showed psychopathology in forms of simple phobia, anxiety disorder, depression, conduct disorders, and suicide attempts. (Tousignant et al., 1999).

The relationship between psychological well-being, mental health and cumulative risk factors have been consistently reported in victims of war (Oppedal et al., 2018; Trickey et al., 2012). A study with a group of Syrian refugee adolescents in Turkey examined traumatic events that refugees have been experienced. According to the results, 58.7% of Syrian refugee adolescents reported that their life was in danger; 60.3% of them reported very stressful life event such as they thought that someone else was in great danger; 73.5% of them lost a person that they really cared about; 59.5% of them saw someone else was tortured; and 48.7% of them had major changes in their family during the last year (Oppedal et al., 2018). Although exposure to these traumatic events was not related to higher levels of depression, accumulation of these experiences increased their levels of depression (Oppedal et al., 2018). This point should be taken into account when developing interventions for well-being problems of refugee children.

The number of studies showed a relationship between social support and psychopathology in refugees. For example, a research with Sudanese refugees in Australia revealed that perceived social support from the migrant's own ethnic community contributed significantly to their psychological well-being (Schweitzer, Melville, Steel, & Lacherez, 2006). A study that was conducted in Turkey examined the level of psychological well-being and perceived social support in refugee adults (Ceylan et al., 2017). It was found that perceived social support was a significant predictor of psychological well-being.

The psychological outcomes in refugee children and adolescents are also affected by family support. Family climate and cohesion before and after migration were found the best predictors of mental health in children (Green et al., 1991). In addition, family dysfunction, parental incapacity and family quality before migration

are factors that lead to post-traumatic stress reactions and adjustment problems in young children (Green et al., 1991; Thabet & Vostanis, 2000). In a study, Sack et al. (1994) investigated the psychiatric effects of massive trauma on Cambodian children after migration. Children living with family members adjusted better than those without a family. Not only children and adolescents, as well as their parents, were affected by war-related trauma. It was reported that Cambodian refugee adolescents as well as their parents developed PTSD and depressive disorder (as cited in Thomas & Lau, 2002).

The previous research showed the strong associations between the quality of youths' peer relationships and their psychological adjustment (Masten & Coatsworth, 1998: Trickey et al., 2012). However, the migration experience at this key developmental period becomes destructive since adolescents lose their peer support networks. So, they have to restart to establish new support groups although they face with language and cultural difficulties in the host culture (Kovacev & Shute, 2004). Since the adjustment of the youth is based on how successfully they integrate to the culture in which they exist, they will undergo the process of acculturation that is making attitudinal and behavioral changes as a result of exposure to the host culture (Cooper et al., 1998; Kovacev & Shute, 2004). However, studies showed that immigrants and refugees' psychological problems were related to stressors in their acculturation process (Jasinskaja-Lahti, Liebkind, Jaakkola & Reuter, 2006; Noh & Kaspar, 2003). Acculturative stressors such as perceived discrimination contribute to psychological symptomatology (increased anxiety, depression, and psychosomatic symptoms) in refugees and immigrants (Noh & Kaspar, 2003). Their perception of support may affect their acculturation process and reduce the negative effects of acculturative stressors on their psychological well-being. Although the availability of

support was limited or lacking, the immigrants and refugees' families, relatives, and ethnic community were found to provide important sources of social support to protect their psychological well-being (Jasinskaja-Lahti et al., 2003). A study with a group of Korean refugees in Toronto showed that negative psychological effects of acculturation were more frequent among those who were not supported by their own ethnic communities (Noh & Kaspar, 2003). In addition, support networks in the host country and perceived social support were found to contribute to the psychosocial adjustment and psychological well-being of refugees and immigrants. It was found that immigrants and refugees' relationships with community might be beneficial to their psychological well-being through the perception of support from wider social networks (Birman, Trickett & Vinokurov 2002).

CHAPTER 3

METHOD

3.1 Participants

The participants of this study were Syrian adolescents and Turkish adolescents from the four provinces of İstanbul that are Esenler, Bağcılar, Başakşehir, and Üsküdar. They were selected in a purposive way as a high incidence of Syrian refugee population has been living in these areas.

The sample of the study consisted of 416 adolescents. Syrian adolescents made up 42.8% (*n* = 178) of the sample and Turkish adolescents made up 57.2% (*n* = 238) of the sample. Females were 52.2% (*n* = 217) of all participants and 47.8% (*n* = 199) of the participants were males. The participants' ages ranged from 132 to 179 months with the mean of 148.55 and a standard deviation of 13.15 months.

In this study, adolescents with a parent and those attending a school were on the target population. For adolescents who do not have a parent or those who do not attend to a school, only the SDQ was administered to them so that they did not feel excluded or rejected. However, their responses were not included to the study. For a similar reason, the SDQ was applied to Syrian adolescents who do not have an adequate level of Turkish with the help of a translator. Then, their responses were also excluded.

Generally, adolescents reported that they have worked as footboys in various places such as in supermarkets, tea and coffee houses, and hairdressers. They worked after school, weekends, and summer holidays. In terms of receiving an allowance from their family, 34.3% (*n* = 61) of Syrian adolescents and 10.9% (*n* = 26) of Turkish adolescents reported that they have not been receiving an allowance.

Among parents, 20.2% (*n* = 36) of Syrian mothers and 31.9% (*n* = 76) of Turkish mothers; 90.4% (*n* = 161) of Syrian fathers and 92.9% (*n* = 221) of Turkish fathers reported that they have been working in a job.

Syrian participants immigrated to Turkey between 2011 and 2016 years. Among them, 45.5% (*n* = 81) of mothers reported that they had lived in refugee camps. Duration of living in refugee camps ranged between 1 and 24 months, with the mean of 6.80 months, with the standard deviation of 4.41 months.

Lastly, refugee mothers reported that 70.2% (*n* = 125) of them had lost their family members during the war. These family members were their children and close relatives. The detailed information about the demographic characteristics of the sample was presented in Table 1 and Table 2.

Table 1. Mean, Standard Deviation, and Range of the Demographic Characteristics

	Syrian			Turkish		
Characteristics	M	SD	Range	M	SD	Range
Age (months)	151.02	12.26	42	146.70	13.50	47
Number of Siblings	2.38	1.28	8	2.06	1.18	8
Work Duration (months)	4.55	2.64	11	5.20	5.53	23
Duration of Living Apart from Family (years)	2	1	3	1.67	1.15	2
Immigration and Moving Date (years)	4.31	1.12	5			
Duration in Refugee Camps (months)	6.80	4.41	23			
Number of School Change	1.49	.66	3			

Table 2. Demographic Characteristics of the Sample

	Total (n = 416)		Syrian (n = 178, 42.8%)		Turkish (n = 238, 57.2%)	
Characteristics	*N*	%	*N*	%	*N*	%
Gender						
Female	217	52.2	87	48.9	130	54.6
Male	199	47.8	91	51.1	108	45.4
School Type						
Turkish	345	82.9	107	60.1	238	100
Syrian	62	14.9	62	34.8		
International	9	2.2	9	5.1		
Sibling						
Yes	386	92.8	161	90.4	225	94.5
No	30	7.2	17	9.6	13	5.5
Working Status						
Yes	58	13.9	41	23.0	17	7.1
No	358	86.1	137	77.0	221	92.9
Living with Family						
Yes	405	97.4	170	95.5	235	98.7
No	10	2.4	7	3.9	3	1.3
Mother Education Level						
Illiterate	4	1.0	1	0.6	3	1.3
Elementary School	54	13.0	23	12.9	31	13.0
Secondary School	124	29.8	61	34.3	62	26.1
High School	128	30.8	48	27.0	80	33.6
University	101	24.3	43	24.2	58	24.4
Father Education Level						
Illiterate	4	1.0	2	1.1	2	0.8
Elementary School	52	12.5	19	10.7	32	13.4
Secondary School	75	18.0	29	16.3	46	19.3
High School	114	27.4	53	29.8	61	25.6
University	168	40.4	75	42.1	93	39.1
Home Type						
Tenement	270	64.9	119	66.9	151	63.4
Homeowner	144	34.6	59	33.1	84	35.3

3.2 Measures

3.2.1 Social support - Child and Adolescent Social Support Scale (CASSS)

The Child and Adolescent Social Support Scale was developed by Malecki and Demaray in 1999. The original version of the CASSS is a 40-item multidimensional scale measuring the perceived social support from four sources: parents, teachers,

classmates, and friends in the original version. Children rate each item on the two aspects: frequency and importance on a 6-point Likert Scale from 1 (*Never*) to 6 (*Always*). Importance ratings consist of a 3-point Likert Scale ranging from 1 (*Not Important*) to 3 (*Very Important*). Only frequency ratings were computed for this research because importance ratings are used in clinical research. The score for each subscale is calculated first by summing the responses of 10 items in the corresponding subscale and then the sum of all subscale score is used as a total score (Malecki & Demaray, 2002).

The CASSS has two versions: The Level 1 was designed for third through sixth graders in elementary school and the Level 2 was designed for sixth through twelfth graders in middle or high school. The Cronbach's alpha value was .94 for the total scale in Level 1 and .95 for the total scale in Level 2. Test–retest reliability at an 8-week interval showed .70 correlation coefficient for the total scale (Malecki & Demaray, 2002).

Convergent validity was examined by correlating students' CASSS scores with their scores on the Social Support Scale for Children (Harter, 1985) which is another measure of social support. It was found that correlation coefficients between the scores of the subscales on the CASSS and the SSSC were as follows: Parent, .62; Teacher, .64; Classmate, .66; and Close Friend, .55. These moderate correlations show that the CASSS and the SSSC measure a similar construct, which is social support (Malecki & Demaray, 2002).

The validity and reliability study of the CASSS for the Turkish population was examined in the sixth, seventh and eighth grade students between the ages of 11 and 14 years at an elementary school in Ankara (Yardımcı & Başbakkal, 2009). For scale translation, first of all, the CASSS was translated by the researcher to Turkish.

Then, the scale was also translated by three English teachers to Turkish. The translated versions were compared. The most appropriate items were selected in the Turkish language. Then, it was back translated into English. Lastly, the original scale and the translated scale were compared and appropriate corrections were made.

For the content validity, the opinions of the ten faculty members were taken to evaluate the expression and appropriateness of the items. Results indicated an agreement among the faculty members (Yardımcı & Başbakkal, 2009).

For the construct validity, the Principal Component Analysis (PCA) was conducted. According to the analysis, the scale was composed of the five subscales; namely my mother, my father, my teachers, my classmates and my close friend. Each of these subscales included 12 items. The same items of the "Parent" section in the original version were evaluated separately for mother and father in this adaptation study. So, with the consent of the researchers, subscales were changed as "my mother, my father, my teachers, my classmates, and my close friend" (Yardımcı & Başbakkal, 2009).

The Cronbach's alpha value, test-retest coefficient and split-half coefficient were computed for the reliability studies. The Cronbach's alpha value for the subscales were between 0.87 and 0.95. The whole scale Cronbach's alpha value was 0.96 in the frequency section. Test-retest coefficients were found to be 0.80 for the frequency section. The results showed that the CASSS is a valid and reliable scale for Turkish society (Yardımcı & Başbakkal, 2009). In this study, the Cronbach's alpha value is .96 for total scale, .91 for mother support subscale, .93 for father support subscale, .94 for teacher support subscale, .92 for classmate support subscale, and .94 for close friend subscale. The CASSS was presented in Appendix A (see for English version) and Appendix B (see for Turkish version).

3.2.2 Psychological well-being - Strengths and Difficulties Questionnaire (SDQ)

The SDQ which assesses the psychological adjustment of children and youths was developed by Robert Goodman in 1997. The SDQ asks about positive and negative attributes with a 3-point Likert scale to assess how far each attribute applies to the target child. There are 25 items and each item is scored on a 3- point scale with 0 = '*not true*', 1 = '*somewhat true*', and 2 = '*certainly true*'. The items are divided into five scales which assess emotional symptoms, conduct problems, hyperactivity-inattention, peer problems, and prosocial behavior. Each subscale includes five items. Scores can be computed for each subscale but all of the subscales except prosocial behavior are summed to generate a total difficulty score. The SDQ also has a parent and a teacher form for children aged from 4 to16 years and a self- report form for adolescents aged from 11 to 16 years (Goodman, 2001).

In terms of psychometric properties, the SDQ showed satisfactory reliability. The Cronbach's alpha value of the scale was .73. The Cross-informant correlation mean was found .34 and test-retest stability after 4 to 6 months was found .62 (Goodman, 2001).

The reliability and validity of the Turkish version of the SDQ were examined in a total of 501 parents and 514 adolescents drawn from clinic and community samples (Güvenir et al., 2008). In terms of the psychometric properties, the Cronbach's alpha value changed between .22 and .73. To assess construct validity, the correlation between the SDQ self- report and the Child Behavior Checklist/Youth Self Report was computed and a statistically significant score .72 was found. According to the results, the Turkish SDQ was observed to be stable and reliable. In this study, the Cronbach's alpha value is .66 for emotional symptoms; .54 for

conduct problems; .37 for hyperactivity-inattention; .20 for peer problems, .65 for prosocial behavior; and .72 for total difficulties.

The SDQ has several advantages compared to the other instruments. The first one is the SDQ is a brief instrument and less burdensome. The second one is it provides information from different sources (self-report, teacher, parent) using a similar item structure, which allows for a comparison of results. Lastly, it is a more comprehensive measurement of children and adolescents' psychological well-being and it assesses both strengths and difficulties at the same time (Gaete et al., 2018). The SDQ was presented in Appendix C (see for English version) and Appendix D (see for Turkish version).

3.2.3 Family socioeconomic status indices- child and mother reports

Information regarding the participants' demographic characteristics and family SES were obtained through the mother and child reports independently. To determine the family SES, unlike asking direct questions about income, proxy measures were created in this study by using multiple income and wealth related questions. These questions are about the possession of goods and living conditions that reflect participants' SES (Devkota, 2014). To create a proxy measure, various features of participants were characterized into binary, ordinal and nominal variables. For instance, participants' ownership of assets such as own bed, own room, a computer, and internet was asked. To sum up, the data on asset ownership (e.g., owning a computer or cell phone) and housing characteristics (e.g., type of house or heating type) called asset indicators or asset variables were used to construct an asset index (a proxy measure for SES) through Principal Component Analysis (PCA).

To create asset-based socioeconomic indices and other (health and nutrition) indices, the PCA was conducted. According to Jolliffe (2011):

> The central idea of principal component analysis (PCA) is to reduce the dimensionality of a data set consisting of a large number of interrelated variables, while retaining as much as possible of the variation present in the data set. This is achieved by transforming to a new set of variables, the principal components (PCs), which are uncorrelated, and which are ordered so that the first few retain most of the variation present in all of the original variables. (Jolliffe, 2011, p. 1)

Through PCA, correlated variables are transformed into fewer orthogonal variables. It is useful in the multivariate analysis since several variables are interrelated and the true information of the data may be deteriorated because of multicollinearity (Devkota, 2014). In the multivariate analysis with more than two variables (binary, ordinal, or nominal), the estimate of the overall correlation matrix is computed by combining the pairwise estimates of the polychoric, polyserial, or moment correlations. The polychoric correlation coefficient can be defined as a measure of association for ordinal variables. The polyserial correlation can be defined as the correlation between a discrete and a continuous variable Then, the PCA is conducted in the standard manner to solve the eigenproblem for the estimated correlation matrix (Kolenikov & Angeles, 2009).

In this study, the items used to create the child report family socioeconomic index were current working status, having own bed or not, having own room or not, heating in winter in home, crowd of home, number of people to room ratio, having allowance from parents; and the questions that measure high socioeconomic status such as participating to cultural activities, going on holiday, dine out, having own cell phone, computer, and internet. The child report family socioeconomic status index includes questions (7, 11, 14, 15, 16, 17, 18, 20, 27, 28, 29, 30, 31, 32) in the Adolescent Participant Information Form (see Appendix E for English version and

Appendix F for Turkish version). The mother report family socioeconomic status index includes questions (12, 13, 20, 22, 23, 24, 25) in Parent Participant Information Form (see Appendix G and Appendix H).

The Parent Participant Forms were prepared separately for Syrian and Turkish mothers. The Arabic version of the Parent Participant Information Form was given to Syrian mothers. The Parent Participant Information Forms were presented in Appendix G (see English version for Syrian mothers), Appendix H (see Turkish version for Syrian mothers), and Appendix I (see Arabic version for Syrian mothers); Appendix J (see English version for Turkish mothers) and Appendix K (see Turkish version for Turkish mothers).

In order to analyze the data, the Statistical Packages for Social Sciences (SPSS – v. 23) was used. To conduct the PCA, the IBM SPSS Statistics-Integration Plug-in for R was used as an essential for the corresponding SPSS program. As part of IBM SPSS Statistics-Essentials for R, the SPSSINC HECTOR extension was installed. Through these essentials and extensions, the PCA was conducted. The significance level was identified at .05, otherwise indicated.

In PCA, while the first component explained almost 49 % of the total variance of the mother report family SES items, it explained almost 53 % of the total variance of the child report family SES items. Mother and child report indices were calculated by using the loadings of the first component. Moreover, the correlation between mother report family SES index and child report family SES index was highly correlated ($r = .62$ $p < .01$). Therefore, the child report family SES was preferred to use to answer research questions.

3.2.4 Nutrition index

In this index, questions are related to consuming specific foods (dairy products, meat products, vegetable and fruit), consumption frequency, and dietary habits. These data have been collected from the children. All this information constitutes a nutrition index with questions (21, 23, 24, 25) in the Adolescent Participant Information Form. To create a nutrition index, the PCA was conducted as well.

3.2.5 Health index

Proxies in this index are questions about the children' s current physical and psychological health, duration of physical and psychological problems, accessibility to the doctor, medicine, and health services. The questions were responded by mothers (see the 14,16, 17, 17b, 17d) in the Parent Participant Information Form. According to the results of the participants, the PCA was run and the health index was created.

3.2.6 Traumatic experiences index

The mothers were asked if they had lived in the refugee camp and lost any family members during the war (see the questions 9 and 11in the Parent Participant Information Form).

3.2.7 Comprehension in Turkish

A story adapted from Loren Eiseley's *The Star Thrower* book (1979) was given to Syrian adolescents to assess the level of their comprehension whether they can understand Turkish. First of all, the participants read the story then they answered three questions related to it. Participants who answered all these questions correctly

were applied to other scales. The story was presented in Appendix L (see for English version) and Appendix M (see for Turkish version).

3.3 Design

This study has a cross-sectional and correlational design investigating the relationship between perceived social support and psychological well- being in Syrian adolescents. Secondly, to examine the difference in the level of perceived social support and psychological well-being, Syrian and Turkish adolescents were compared.

3.4 Procedure

Data were collected from the volunteer participants by the convenience sampling technique between June and September in the summer semester of the 2018-2019 academic year. First of all, the approval of the Boğaziçi University Ethics Review Board was obtained (see Appendix N). Then, data from Turkish adolescents were collected at the Information Houses (*Bilgi Evleri*) of the municipality that are nongovernmental organizations in which students engage in psychosocial, sociocultural, and educational activities in Başakşehir, Bağcılar and Esenler. The municipalities and administrators were informed about the purposes and procedure of the study and their verbal approval was taken.

At the beginning of the data collection process, adolescents were informed about the content of the study. Then, the Informed Consent Form and Parent Participant Information Form were sent to parents through adolescents. Parents who gave a consent were asked to fill out the Parent Participant Information Form. The

Informed Consent Forms were presented in Appendix O (see English version for Turkish parents) and Appendix P (see Turkish version for Turkish parents).

Turkish adolescents whose parents gave the written consent participated in the study. In general, the scales were administered to adolescents in groups in a separate class in the Information Houses. The administration of the scales took approximately 20 minutes for each participant.

Data from Syrian adolescents were collected at the non-governmental organizations and informal associations that are run by the refugees in Başakşehir, Bağcılar, and Üsküdar. The refugee children and adolescents participate in psychosocial activities and get an education at these organizations. Besides that, the families obtain financial aid to meet their basic needs and opportunities are given them to reach school and health services. Similarly, the administrators were informed about the purposes and procedure of the study and their verbal approval was taken. Then, adolescents were informed about the content of the study with the help of a translator. The Informed Consent Forms and Parent Participant Information Forms were sent to the parents though adolescents. Parents who gave a consent were asked to fill out the Parent Participant Information Form. The Informed Consent Forms were presented in Appendix R (see English version for Syrian parents), Appendix S (see Turkish version for Syrian parents), and Appendix T (see Arabic version for Syrian parents). Furthermore, there were also mothers that came to these organizations with their children. For those mothers, the same data collection procedure was used in these organizations. A translator helped the mothers to explain the content of the research.

Syrian adolescents whose parents gave the written consent participated in the study. The scales were administered as one-to-one with the adolescent in a separate

class. First of all, to identify the adolescents' level of Turkish proficiency, they read a story and they were asked to answer some questions regarding the story. Based on the results, Syrian adolescents who had a sufficient level of Turkish were included for this study. A translator also helped when Syrian adolescents had a difficulty to understand a word by explaining its meaning during the application process. The administration of the scales took approximately 40 minutes for each participant.

3.5 Data analysis

3.5.1 Descriptive statistics

First of all, the means and standard deviations of the scores on the variables of interest that are perceived social support, psychological well-being, the family SES index, health index, nutrition index, and traumatic experiences according to adolescent groups (Turkish and Syrian) were examined.

Secondly, the Pearson's r (Correlation Coefficient) was computed to determine the relationship between perceived social support, psychological well-being, gender, and the family SES according to Syrian and Turkish adolescents.

3.5.2 Inferential statistics

The assumptions of multicollinearity and singularity, outliers; and normality were checked to conduct hierarchical multiple regression analyses. Outliers were checked using the Mahalanobis Distance and it was not found any outliers. Tests for multicollinearity indicated a very low level of multicollinearity.

The statistical procedure to answer the research questions was explained as follows:

1. After controlling for the effect of the family SES, is there a difference in the level of psychological well-being and perceived social support between Syrian and Turkish adolescents? Does this difference change according to gender?

For this research question, a 2 x 2 factorial Analysis of Covariance (ANCOVA) was conducted with the refugee status and gender as predictors of psychological difficulties, prosocial behavior, and perceived social support as outcomes after controlling for the effects of the family SES.

2. To what extent does the family SES explain variance on psychological well-being? Does perceived social support provide an additional explanation on the variance of psychological well-being?

For this question, a two-step hierarchical multiple regression analysis was conducted with psychological difficulties and prosocial behavior as the outcome variables. The family SES as a control variable was entered at step 1 of the regression. At step 2, all sources of perceived social support (mother, father, teacher, peer and close friend support) was entered. As a result, a two set of regression analyses were conducted to predict psychological difficulties and prosocial behavior based on the sources of perceived social support by controlling for the effects of the family SES.

3. After controlling for the effect of the family SES, is the relationship between perceived social support and psychological well-being moderated by being a refugee?

For this question, a three-step hierarchical multiple regression analysis was conducted with the psychological difficulties and prosocial behavior as the outcome variables. The family SES, group, the sources of perceived social support, and interaction term between perceived social support and group were entered respectively for the regression analyses. As a result, a series of regression analyses was conducted to predict psychological well-being based on the sources of perceived social support and group by controlling for the effects of the family SES.

4. After controlling for the effect of the family SES, is the relationship between perceived social support and psychological well-being moderated by gender?

For this question, a three-step hierarchical multiple regression analysis was conducted with psychological difficulties and prosocial behavior as the outcome variables. The family SES, gender, the sources of perceived social support, and interaction term between perceived social support and gender were entered respectively for the regression analyses As a result, a series of regression analyses was conducted to predict psychological well-being based on the sources of perceived social support and gender by controlling for the effects of the family SES.

5. After controlling for the effect of the family SES, is the relationship between perceived social support and psychological well-being moderated by health situation?

For this question, a three-step hierarchical multiple regression analysis were conducted with psychological difficulties and prosocial behavior as the outcome variables. The family SES, health situation, the sources of perceived social support, and interaction term between perceived social support and health were entered respectively for regression analyses. As a result, a series of regression analyses was

conducted to predict psychological well-being based on the sources of perceived social support and health situation by controlling for the effects of the family SES.

6. Is the relationship between perceived social support and psychological well-being moderated by traumatic experiences for Syrian adolescents?

For this research question, independent sample *t*-tests were conducted for psychological difficulties, prosocial behavior, and perceived social support as the outcome variables. Syrian adolescents were compared based on living in refugee camps and loss of family members during the war.

CHAPTER 4

RESULTS

This chapter presents the results of: (1) descriptive analyses of the variables of interest, (2) the correlations between the variables, (3) analyses of the research questions.

4.1 Descriptive analyses of outcomes and associational measures

The mean, standard deviation, minimum and maximum scores of the variables were presented in Table 3. The adolescents perceived the highest amount of support from their close friends and the lowest amount of support from their classmates.

Table 3. Mean, Standard Deviation and Minimum/Maximum Scores of the Study Variables (N = 416)

Measure	Min	Max	Mean	SD
Social Support	104.00	360.00	253.72	50.14
Mother Support	18.00	72.00	52.51	12.17
Father Support	12.00	72.00	51.32	13.70
Teacher Support	12.00	72.00	50.33	13.97
Classmate Support	12.00	72.00	45.81	13.91
Close Friend Support	12.00	72.00	53.73	13.67
Psychological Difficulties	2.00	31.00	15.76	5.63
Prosocial Behavior	0	10	7.80	1.92
Family SES Index	-13.03	10.24	.00	5.32
Nutrition Index	-4.59	2.32	.00	1.39
Health Index	-1.59	7.40	.00	2.61

Table 4 presents descriptive statistics for variables for the Turkish and Syrian samples separately and the mean comparisons of groups with a *t*-test. According to the results, a statistically significant difference for the adolescent groups was found (t = 4.52, $p < .05$) for psychological difficulties. The mean of the Syrian refugee

adolescents (M = 17.17, SD = 5.41) was significantly higher than Turkish adolescents (M = 14.70, SD = 5.58). For the prosocial behavior dimension, a statistically significant difference for the adolescent groups was found (t = -4.952, p < .05). The mean of the Turkish adolescents (M = 8.21, SD = 1.73) was significantly higher than Syrian adolescents (M = 7.26, SD = 2.04).

Secondly, a statistically significant difference for the adolescent groups was found (t = -5.972, p < .05) for perceived social support. The mean score of the Syrian adolescents (M = 237.19, SD = 50.93) was significantly lower than Turkish adolescents (M = 266.09, SD = 45.90) in terms of total social support. The groups also differed in terms of the level of mother (t = -5.017, p < .05), father (t = -4.230, p < .05), teacher (t = -7.157, p < .05), classmates (t = -2.765, p < .05), and close friend support (t = -3.045, p < .05). The Turkish adolescents had a higher average score than Syrian adolescents for each dimension of support. The largest difference between the two groups was in teacher support (M_{syrian} = 44.89 and M_{Turkish} = 54.41). The smallest difference between the two groups was in classmates support (M_{Syrian} = 43.64 and M_{Turkish} = 47.42). Both groups reported that they received support most from their close friends and support least from their classmates on average.

Lastly, statistically significant differences for the adolescent groups were found for the family SES index. The results showed significant differences between the groups in terms of the family SES (t = -7.156, p < .05) and nutrition index (t = -2.148, p < .05). The mean scores of the Syrian adolescents were significantly lower than Turkish adolescents in all of these two indices. On the other hand, there was no significant difference in terms of the health index (t = 1.733, p > .05).

Table 4. Descriptive Statistics of Variables by the Adolescent Groups

	Syrian (N = 178)		Turkish (N = 238)		
Measures	M	SD	M	SD	*t* value
Social Support	237.19	50.93	266.09	45.90	-5.97*
Mother Support	49.15	12.16	55.03	11.58	-5.02*
Father Support	48.10	13.28	53.73	13.54	-4.23*
Teacher Support	44.89	14.12	54.41	12.41	-7.16*
Classmate Support	43.64	14.32	47.42	13.40	-2.76*
Close Friend Support	51.39	13.58	55.47	13.50	-3.04*
Psychological Difficulties	17.17	5.41	14.70	5.58	4.52*
Prosocial Behavior	7.26	2.04	8.21	1.73	-4.95*
Family SES Index	-2.17	6.50	1.65	3.41	-7.16*
Nutrition Index	-.16	1.42	.13	1.36	-2.15*
Health Index	.25	2.61	-.19	2.60	1.73

Note. * $p < .05$

4.2 Bivariate correlations among the study variables

The associations between the variables (psychological well- being and perceived social support) were examined by using the Pearson Product-Moment Correlation Coefficient. There was a negative correlation between psychological difficulties and perceived social support in the adolescents ($r = -.47$, $p < .01$, $N = 416$). It suggests that adolescents reported fewer psychological difficulties when they perceived more social support. The association between these two variables was also investigated for the Syrian and Turkish adolescents separately. There was a negative correlation between psychological difficulties and perceived social support in Syrian ($r = -.37$, $p < .01$, $n = 178$) and Turkish adolescents ($r = -.48$, $p < .01$, $n = 238$), the magnitude of relationship was stronger for Turkish adolescents.

In the Syrian adolescents, psychological difficulties showed negative correlations with the family SES ($r = -.19$, $p < .01$, $n = 178$) and nutrition index ($r = -.24$, $p < .01$, $n = 178$). Similarly, in the Turkish adolescents, there were also negative correlations between the family SES and psychological difficulties ($r = -.19$, $p < .01$,

n = 235); and nutrition index and psychological difficulties (*r* = -.27, *p* < .01, *n* = 236). Thus, adolescents from relatively high-SES families and those who could obtain better nutrition reported fewer psychological difficulties in both adolescent groups.

In addition, perceived social support positively correlated with the family SES (*r* = .39, *p* < .01, *n* = 178) and nutrition index (*r* = .22, *p* < .01, *n* = 178) in Syrian adolescents. Similarly, in Turkish adolescents, perceived social support positively correlated with the family SES (*r* = .22, *p* < .01, *n* = 235) and nutrition index (*r* = .18, *p* < .01, *n* = 236). That means adolescents from relatively high-SES families and those who could obtain better nutrition had higher levels of support (See Table 5).

Table 5. Correlations among the Study Variables

	1	2	3	4	5	6
1. Psychological Difficulties		-.29**	-.37**	-.19**	-.24**	.02
2. Prosocial Behavior			.21**	.21**	.29**	-.04
3. Social Support	-.48**	.30**		.39**	.22**	-.11
4. Family SES Index	-.19**	-.03	.22		.71**	-.05
5. Nutrition Index	-.27**	.05	.18**	.27**		-.10
6. Health Index	.01	.14*	.06	-.02	-.03	

Note. Lower off-diagonal elements in the correlation matrix present intercorrelations for Turkish adolescents, and upper off-diagonal elements present intercorrelations for Syrian adolescents (*N* = 416)
* *p* < .05 ** *p* < .01

4.3 Results according to the research questions

4.3.1 ANCOVA results for psychological well-being and perceived social support as outcome variables

To test the research hypothesis, which states that the Syrian adolescents have lower levels of psychological well-being than Turkish adolescents regardless of their gender, a series of two-way ANCOVA was carried out after controlling the family SES. As can be seen in Table 6, there were not any statistically significant interactions between gender and refugee status in terms of psychological difficulties beyond the effect of family SES. In conduct problems, peer problems, and prosocial behavior, there were statistically significant differences between Syrian and Turkish adolescents. Turkish adolescents reported more prosocial behavior, and fewer conduct and peer problems. In addition, there were statistically significant differences between males and females in terms of conduct problems, hyperactivity-inattention, and prosocial behavior. Males reported a greater number of conduct and hyperactivity-inattention problems, and less prosocial behavior than females.

As a continuation of the first research hypothesis, which states that Syrian adolescents have lower levels of perceived social support than Turkish adolescents regardless of their gender, a series of two-way ANCOVA was carried out after controlling for the family SES. As can be seen in Table 7, there were not any statistically significant interactions between gender and refugee status for the dimensions of social support after controlling the effect of the SES. When the main effects were examined, it was found that Syrian and Turkish adolescents differed in terms of mother, father and teacher support they perceived. Turkish adolescents reported higher levels of perceived support from these sources. On the other hand, there were not any significant differences between the groups in classmate and close

friend support. The results regarding gender differences showed that females reported higher levels of support from their classmates and close friends compared to males whereas they did not differ in terms of the levels of support they perceived from other three sources that were mother, father, and teacher support.

Table 6. ANCOVA Results for the Psychological Strength and Difficulties

Emotional Symptoms				
Source	SS	df	MS	*F*
Family SES	114.88	1	114.88	21.67*
Group	18.87	1	18.87	3.56
Gender	.08	1	.08	.01
Group*Gender	9.22	1	9.22	1.74
Error	2162.83	408	5.30	
Total	10610.00	413		
Conduct Problems				
Source	SS	df	MS	*F*
Family SES	3.92	1	3.92	1.04
Group	37.03	1	37.03	9.87*
Gender	148.59	1	148.59	39.61*
Group*Gender	8.94	1	8.94	2.38
Error	1530.63	408	3.75	
Total	5976.00	413		
Hyperactivity-Inattention				
Source	SS	df	MS	*F*
Family SES	7.63	1	7.63	2.42
Group	.00	1	.00	.00
Gender	43.71	1	43.71	13.90*
Group*Gender	.45	1	.45	.14
Error	1283.44	408	3.15	
Total	9015.00	413		
Peer Problems				
Source	SS	df	MS	*F*
Family SES	39.94	1	39.94	12.94*
Group	19.94	1	19.94	6.46*
Gender	4.59	1	4.59	1.49
Group*Gender	1.67	1	1.67	.54
Error	1259.07	408	3.09	
Total	7218.00	413		
Prosocial Behavior				
Source	SS	df	MS	*F*
Family SES	25.08	1	25.08	7.62*
Group	42.60	1	42.60	12.95*
Gender	84.84	1	84.84	25.79*
Group*Gender	1.05	1	1.05	.03
Error	1342.19	408	3.29	
Total	26672.00	413		

Note. * $p < .05$

Table 7. ANCOVA Results for the Perceived Social Support

Mother Support				
Source	SS	df	MS	*F*
Family SES	3933.60	1	3933.60	29.91*
Group	1126.41	1	1126.41	8.56*
Gender	20.47	1	20.47	.16
Group*Gender	6.49	1	6.49	.05
Error	53660.22	408	131.52	
Total	1201242.00	413		
Father Support				
Source	SS	df	MS	*F*
Family SES	3526.14	1	3526.14	20.28*
Group	1001.27	1	1001.27	5.76*
Gender	19.99	1	19.99	.11
Group*Gender	73.89	1	73.89	.42
Error	70950.08	408	173.90	
Total	1166669.00	413		
Teacher Support				
Source	SS	df	MS	*F*
Family SES	2960.28	1	2960.28	17.75*
Group	5015.27	1	5015.27	30.06*
Gender	85.10	1	85.10	.51
Group*Gender	67.42	1	67.42	.40
Error	68053.55	408	166.80	
Total	1128850.00	413		
Classmate Support				
Source	SS	df	MS	*F*
Family SES	4688.28	1	4688.28	26.19*
Group	89.70	1	89.70	.50
Gender	947.48	1	947.48	5.29*
Group*Gender	2.75	1	2.75	.01
Error	73043.66	408	179.03	
Total	946231.00	413		
Close Friend Support				
Source	SS	df	MS	*F*
Family SES	4128.67	1	4128.67	24.97*
Group	243.91	1	243.91	1.47
Gender	1992.53	1	1992.53	12.05*
Group*Gender	2.84	1	2.84	.02
Error	67455.10	408	165.33	
Total	1273837.00	413		

Note. * $p < .05$

4.3.2 Hierarchical multiple regression analyses with psychological difficulties as an outcome variable and perceived social support as a predictor variable

To test the research hypothesis, which states that the family SES explains variance on the psychological well-being and all sources of perceived social support (mother,

father, teacher, classmate, close friend) provide additional variance on the psychological well-being after controlling the family SES, two sets of hierarchical multiple regression were conducted. The results are reported in Table 8.

Table 8. Hierarchical Multiple Regression Analyses for the Psychological Difficulties and Prosocial Behavior

Psychological Difficulties	*B*	*SEB*	β	R^2	ΔR^2
Step 1:				.06	.06**
Family SES	-.26	.05	-.24**		
Step 2:				.24	.18**
Mother Support	-.08	.03	-.18*		
Father Support	.01	.02	.01		
Teacher Support	-.09	.02	-.23**		
Classmate Support	-.06	.02	-.14*		
Close Friend Support	-.02	.02	-.04		
Prosocial Behavior	*B*	*SEB*	β	R^2	ΔR^2
Step 1:				.04	.04**
Family SES	.07	.02	.19		
Step 2:				.13	.09**
Mother Support	-.01	.01	-.04		
Father Support	.00	.01	.01		
Teacher Support	.01	.01	.11		
Classmate Support	.01	.01	.10		
Close Friend Support	.03	.01	.20*		

Note. * $p < .05$ ** $p < .001$

The family SES was entered in step 1 for each regression analyses. According to the results of hierarchical multiple regressions, the predictor variables, which are the five sources of social support, explained an additional 18% of variance on psychological difficulties, $\Delta R^2 = .18$, ΔF (5, 406) = 19.31, $p < .05$, with the unique contributions of mother, teacher and classmate support. Teacher support was the best predictor in the regression model. The same predictor variables explained an additional 9% of variance on prosocial behavior, $\Delta R^2 = .09$, ΔF (5, 406) = 8.28, $p < .05$, with a unique

contribution of close friend support. Close friend support was the best predictor in the regression model.

4.3.3 Hierarchical multiple regression analyses with psychological difficulties as an outcome variable, perceived social support and being a refugee as predictor variables To test the research hypothesis states that there is a relationship between perceived social support and psychological well-being in each group of adolescents after controlling the family SES, a series of hierarchical multiple regressions was conducted.

4.3.3.1 Hierarchical multiple regression analyses of psychological difficulties The family SES was entered in Step 1 for each regression analyses. Table 9 presents the results of the significant interaction between mother support and the refugee status for psychological difficulties ($\Delta R^2 = .02$, ΔF (1,408) = 9.55, $p < .05$).

The interaction effect between mother support and the refugee status for psychological difficulties was illustrated in Figure 1, indicating the more they perceived social support from their mothers, the lower they had psychological difficulties for both groups. However, the relationship between psychological difficulties and perception of social support from their mothers was weaker for Syrian adolescents (r (178) = -.21, $p < .05$) than Turkish adolescents (r (238) = -.44, $p < .05$).

Table 9. Hierarchical Multiple Regression Analysis Predicting Psychological Difficulties by Refugee Status and Mother Support

1. Mother Support	*B*	*SEB*	*β*	R^2	ΔR^2
Step 1:				.06	.06**
Family SES	-.23	.05	-.24**		
Step 2:				.16	.10**
Mother Support	-.14	.02	-.31**		
Group	-1.22	.55	-.11*		
Step 3:				.18	.02*
Group x Mother Support	-.13	.04	-.68*		

Note. * $p < .05$ ** $p < .001$

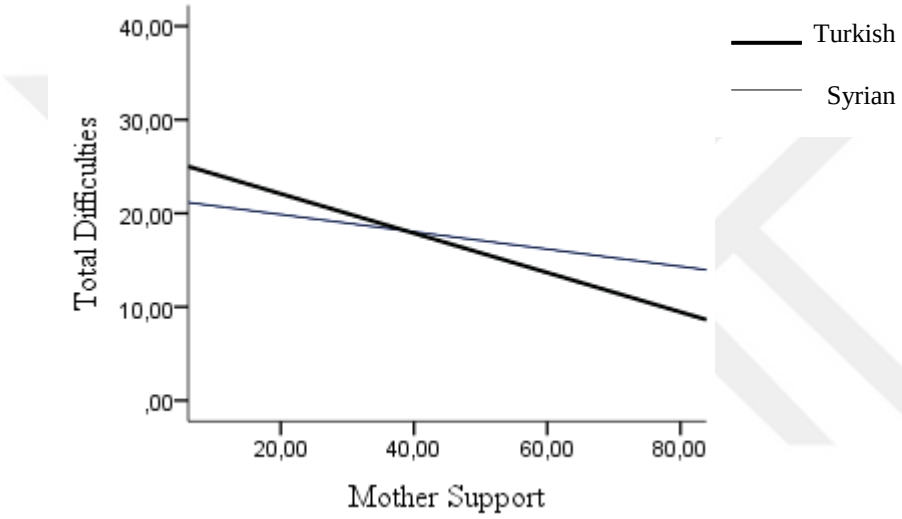


Figure 1. The interaction between mother support and group for psychological difficulties in adolescents

As can be seen in Table 10, the interaction effect between father support and the refugee status was significant on psychological difficulties ($\Delta R^2 = .01$, ΔF (1,408) = 6.54, $p < .05$).

The interaction between father support and the refugee status for psychological difficulties was illustrated in Figure 2, indicating the relationship between psychological difficulties and perception of social support from their fathers was not significant for Syrian adolescents (r (178) = -.14, $p > .05$) ; whereas for Turkish adolescents, this relationship was significant (r (238) = -.35, $p < .05$). It

suggests that the more Turkish adolescents perceived social support from their fathers, the lower they had psychological difficulties.

Table 10. Hierarchical Multiple Regression Analysis Predicting Psychological Difficulties by Refugee Status and Father Support

2. Father Support	*B*	*SEB*	β	R^2	ΔR^2
Step 1:				.06	.06**
Family SES	-.23	.05	-.24**		
Step 2:				.13	.07**
Father Support	-.10	.02	-.23**		
Group	-1.40	.57	-.12*		
Step 3:				.14	.01*
Group x Father Support	-.10	.04	-.51*		

Note. * $p < .05$ ** $p < .001$

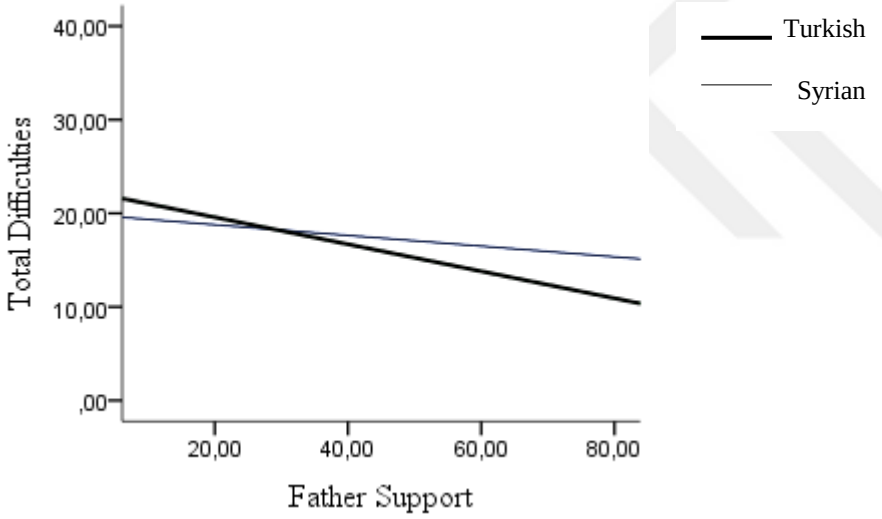


Figure 2. The interaction between father support and group for psychological difficulties in adolescents

As can be seen in Table 11, the rest of the interactions were not significant. In the third regression analysis, predictor variables that are teacher support and group explained and an additional 13% of the variance $\Delta R^2 = .13$, ΔF (2,409) = 33.22, $p <$ .05. Teacher support was the best predictor and was the only variable with the unique contribution in the regression model. In the fourth regression analysis, predictor

variables that are classmate support and group explained and an additional 11% of the variance $\Delta R^2 = .11$, ΔF (2,409) = 26.71, $p < .05$, with the unique contribution of classmate support and group. Classmate support was the best predictor in the regression model. In the last regression analysis, predictor variables that are close friend support and group explained an additional 7% of the variance $\Delta R^2 = .07$, ΔF (2,409) = 16.71, $p < .05$, with the unique contribution of close friend support and group. Close friend support was the best predictor in the regression model.

Table 11. Hierarchical Multiple Regression Analyses Predicting Psychological Difficulties by Refugee Status, Teacher, Classmate, and Close Friend Support

3. Teacher Support	*B*	*SEB*	β	R^2	ΔR^2
Step 1: †				.06	.06**
Family SES	-.23	.05	-.24**		
Step 2:				.19	.13**
Teacher Support	-.15	.02	-.36**		
Group	-.62	.56	-.05		
Step 3:				.19	.00
Group x Teacher Support	-.02	.04	-.12		
4. Classmate Support	*B*	*SEB*	β	R^2	ΔR^2
Step 2:				.17	.11**
Classmate Support	-.13	.02	-.31**		
Group	-1.58	.55	-.14*		
Step 3:				.17	.00
Group x Classmate Support	-.03	.04	-.13		
5. Close Friend Support	*B*	*SEB*	β	R^2	ΔR^2
Step 2:				.13	.07**
Close Friend Support	-.10	.02	-.23**		
Group	-1.54	.56	-.13*		
Step 3:				.13	.00
Group x Close Friend Support	.01	.04	.04		

Note. * $p < .05$ ** $p < .001$

† Step 1 is the same for other three regression analyses, therefore it is reported only once.

4.3.3.2 Hierarchical multiple regression analyses of prosocial behavior

As can be seen in Table 12, there was a significant interaction between mother support and the refugee status for prosocial behavior ($\Delta R^2 = .02$, ΔF (1,408) = 8.88, $p < .05$).

The interaction between mother support and the refugee status for prosocial behavior was illustrated in Figure 3, indicating Syrian adolescents' prosocial behavior were not related with their perception of social support from their mothers (r (178) = -.04, $p > .05$); whereas for Turkish adolescents, the relationship between prosocial behavior and perception of social support from their mothers was significant (r (238) = .23, $p < .05$). It suggests that the more Turkish adolescents perceived social support from their mothers, the higher they showed prosocial behavior.

Table 12. Hierarchical Multiple Regression Analyses Predicting Prosocial Behavior by Refugee Status and Mother Support

1. Mother Support	*B*	*SEB*	*β*	R^2	ΔR^2
Step 1:				.04	.04**
Family SES	.07	.02	.19**		
Step 2:				.08	.04**
Mother Support	.01	.01	.08		
Group	.72	.20	.18**		
Step 3:				.10	.02*
Group x Mother Support	.05	.02	.69*		

Note. * $p < .05$ ** $p < .001$

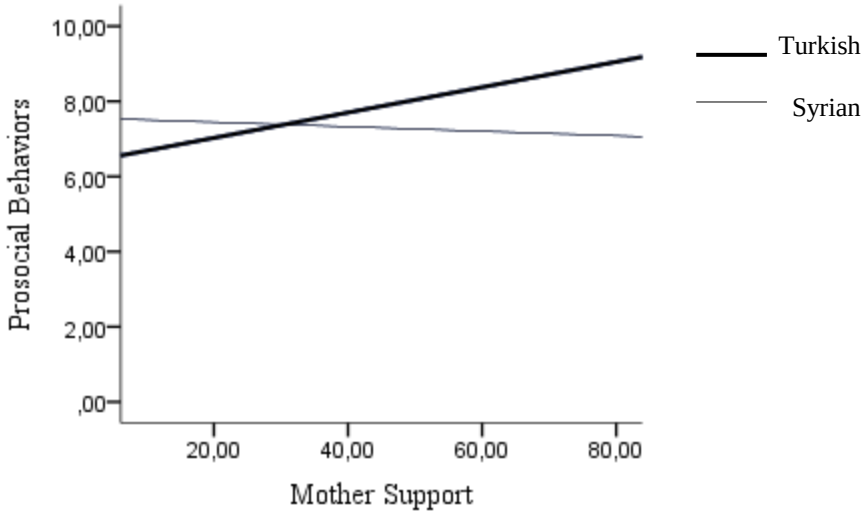


Figure 3. The interaction between mother support and group for prosocial behavior in adolescents

As can be seen in Table 13, there was also a significant interaction between father support and the refugee status for prosocial behavior ($\Delta R^2 = .01$, ΔF (1,408) = 4.72, $p < .05$).

The interaction between father support and the refugee status for prosocial behavior was illustrated in Figure 4, indicating Syrian adolescents' prosocial behavior were not related with their perception of social support from their fathers (r (178) = .01, $p > .05$); whereas for Turkish adolescents, the relationship between prosocial behavior and perception of social support from their fathers was significant (r (238) = .22, $p < .05$). It suggests that the more Turkish adolescents perceived social support from their fathers, the higher they showed prosocial behavior.

Table 13. Hierarchical Multiple Regression Analyses Predicting Prosocial Behavior by Refugee Status and Father Support

2. Father Support	*B*	*SEB*	β	R^2	ΔR^2
Step 1:				.04	.04**
Family SES	.07	.02	.19**		
Step 2:				.08	.04**
Father Support	.01	.01	.10*		
Group	.72	.20	.18**		
Step 3:				.09	.01*
Group x Father Support	.03	.01	.44*		

Note. * $p < .05$ ** $p < .001$

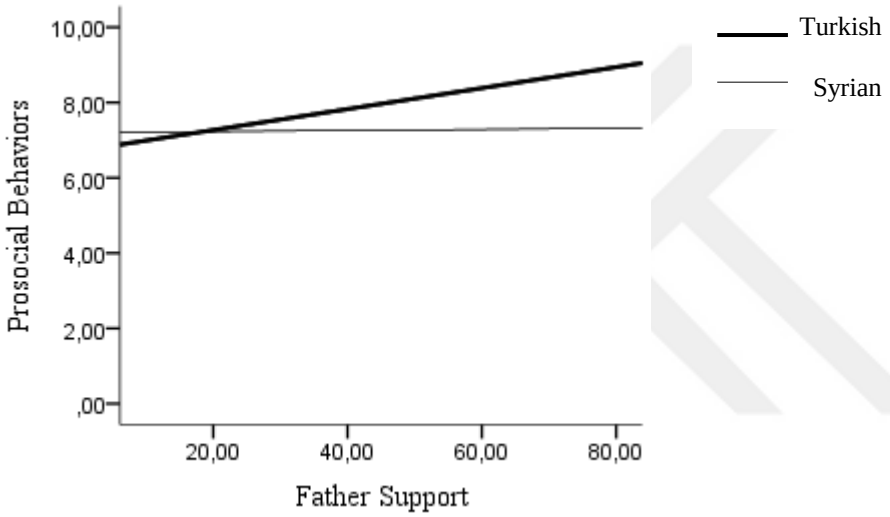


Figure 4. The interaction between father support and group for prosocial behavior in adolescents

As can be seen in Table 14, there were not statistically significant interactions for the rest of the dimensions. However, in the third regression, predictor variables that are teacher support and group explained an additional 6% of the variance, $\Delta R^2 = .06$, ΔF (2, 409) = 13.11, $p < .05$, with the unique contribution of teacher support and group. Teacher support was the best predictor in the regression model. In the fourth regression, predictor variables that are classmate support and group explained an additional 8.1% of the variance, $\Delta R^2 = .08$, ΔF (2, 409) = 18.86, $p < .05$, with the unique contribution of classmate support and group. Classmate support was the best

predictor in the regression model. In the last regression, predictor variables that are close friend support and group explained an additional 10 of the variance, $\Delta R^2 = .10$, ΔF (2, 409) = 22.71, $p < .05$, with the unique contribution of close friend support and group. Close friend support was the best predictor in the regression model.

Table 14. Hierarchical Multiple Regression Analyses Predicting Prosocial Behavior by Refugee Status, Teacher, Classmate, and Close Friend Support

3. Teacher Support	*B*	*SEB*	β	R^2	ΔR^2
Step 1: †				.04	.04**
Family SES	.07	.02	.19**		
Step 2:				.09	.06**
Teacher Support	.02	.01	.17*		
Group	.59	.20	.15*		
Step 3:				.09	.00
Group x Teacher Support	.00	.01	.06		
4. Classmate Support	*B*	*SEB*	β	R^2	ΔR^2
Step 2:				.12	.08**
Classmate Support	.03	.01	.23**		
Group	.72	.19	.19**		
Step 3:				.12	.00
Group x Classmate Support	-.00	.01	-.07		
5. Close Friend Support	*B*	*SEB*	β	R^2	ΔR^2
Step 2:				.13	.09**
Close Friend Support	.04	.01	.26**		
Group	.69	.19	.18**		
Step 3:				.14	.01
Group x Close Friend Support	-.02	.01	-.37		

Note. * $p < .05$ ** $p < .001$
† Step 1 is the same for other three regression analyses, therefore it is reported only once.

4.3.4 Hierarchical multiple regression analysis of psychological difficulties as an outcome variable, perceived social support and gender as predictor variables

To test the research hypothesis, which states that there is a relationship between perceived social support and psychological well-being in adolescents regardless of their gender after controlling the family SES, a series of hierarchical multiple

regressions was conducted. Analyses were conducted for each adolescent group separately.

4.3.4.1 Hierarchical multiple regression analyses of psychological difficulties in Syrian adolescents

The family SES was entered in step 1 for each regression analysis. As can be seen in Table 15, the interaction between mother support and gender for psychological difficulties in Syrian adolescents was found significant ($\Delta R^2 = .04$, ΔF (1,173) = 8.90, $p < .05$).

The interaction between mother support and gender for psychological difficulties was illustrated in Figure 5, indicating the relationship between psychological difficulties and perception of social support from their mothers was significant for Syrian females (r (87) = -.44, $p < .05$); whereas this relationship was not significant for males (r (91) = -.04, $p > .05$). It suggests that the more Syrian females perceived social support from their mothers, the lower they had psychological difficulties.

Table 15. Hierarchical Multiple Regression Analyses Predicting Psychological Difficulties by Gender and Mother Support in Syrian Adolescents

1. Mother Support	*B*	*SEB*	β	R^2	ΔR^2
Step 1:				.04	.04*
Family SES	-.16	.06	-.19*		
Step 2:				.13	.10**
Mother Support	-.08	.03	-.17*		
Gender	-2.92	.77	-.27**		
Step 3:				.17	.04*
Gender x Mother Support	-.18	.06	-.87*		

Note. * $p < .05$ ** $p < .001$

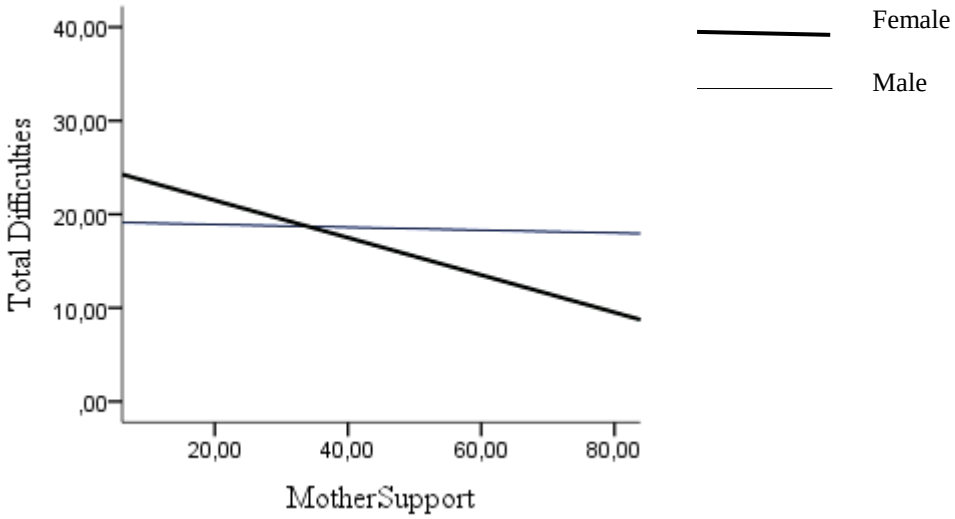


Figure 5. The interaction between mother support and gender for psychological difficulties in Syrian adolescents

As can be seen in Table 16, the interaction between teacher support and gender for psychological difficulties in the Syrian adolescents was found significant ($\Delta R^2 = .02$, ΔF (1,173) = 4.45, $p < .05$).

The interaction between teacher support and gender for psychological difficulties was illustrated in Figure 6, indicating the relationship between psychological difficulties and perception of social support from their teachers was significant for both Syrian females (r (87) = -.57, $p < .05$) and males (r (91) = -.27, $p < .05$). However, this relationship was weaker for Syrian males. This finding suggests that the more Syrian adolescents perceived social support from their teachers, the lower they had psychological difficulties.

Table 16. Hierarchical Multiple Regression Analyses Predicting Psychological Difficulties by Gender and Teacher Support in Syrian Adolescents

2. Teacher Support	*B*	*SEB*	β	R^2	ΔR^2
Step 1:				.04	.04*
Family SES	-.16	.06	-.19		
Step 2:				.22	.18**
Teacher Support	-.13	.03	-.35**		
Gender	-2.64	.73	-.24**		
Step 3:				.24	.02*
Gender x Teacher Support	-.11	.05	-.49*		

Note. * $p < .05$ ** $p < .001$

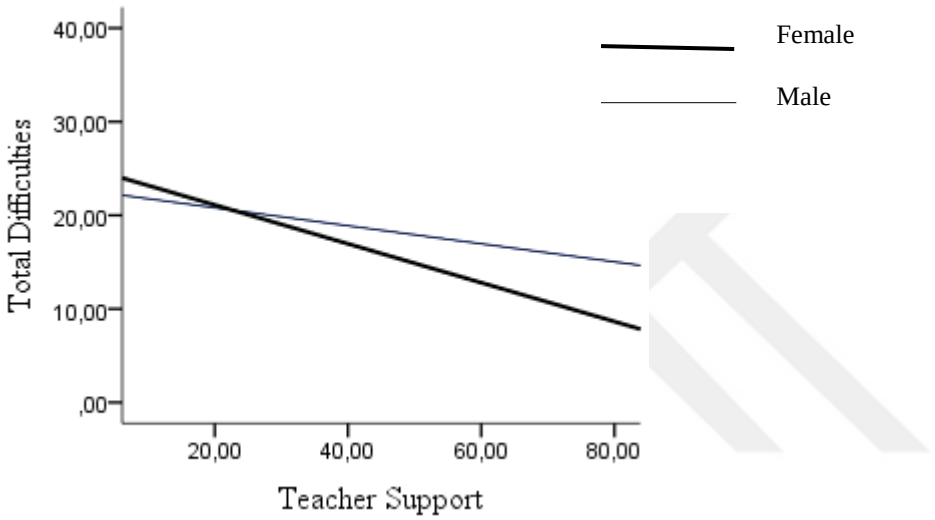


Figure 6. The interaction between teacher support and gender for psychological difficulties in Syrian adolescents

As can be seen in Table 17, the rest of the interactions were not significant. In the third regression analysis, predictor variables that are father support and gender explained an additional 8% of the variance $\Delta R^2 = .08$, ΔF (2,174) = 7.81, $p < .05$, with the unique contribution of gender. In the fourth regression analysis, predictor variables that are classmate support and gender explained an additional 14% of the variance $\Delta R^2 = .14$, ΔF (2,174) = 7.81, $p < .05$, with the unique contribution of gender and classmate support. Gender was the best predictor in the regression model. In the last regression analysis, predictor variables that are close friend support and

gender explained an additional 12% of the variance $\Delta R^2 = .12$, ΔF (2,174) = 12.09, $p < .05$, with the unique contribution of gender and close friend support.

Table 17. Hierarchical Multiple Regression Analyses Predicting Psychological Difficulties by Gender, Father, Classmate, and Close Friend Support in Syrian Adolescents

3. Father Support	*B*	*SEB*	β	R^2	ΔR^2
Step 1: †				.04	.04*
Family SES	-.16	.06	-.19*		
Step 2:				.12	.08*
Father Support	-.04	.03	-.10		
Gender	-2.89	.77	-.27**		
Step 3:				.11	.00
Gender x Father Support	-.02	.06	-.10		
4. Classmate Support	*B*	*SEB*	β	R^2	ΔR^2
Step 2:				.18	.14**
Classmate Support	-.11	.03	-.28**		
Gender	-2.50	.75	-.23*		
Step 3:				.19	.01
Gender x Classmate Support	-.09	.05	-.40		
5. Close Friend Support	*B*	*SEB*	β	R^2	ΔR^2
Step 2:				.15	.12**
Close Friend Support	-.09	.03	-.23*		
Gender	-2.45	.77	-.23*		
Step 3:				.16	.00
Gender x Close Friend Support	-.04	.06	-.20		

Note. * $p < .05$ ** $p < .001$
† Step 1 is the same for other three regression analyses, therefore it is reported only once.

4.3.4.2 Hierarchical multiple regression analyses of prosocial behavior in Syrian adolescents

As can be seen in Table 18, there were not any significant interactions for prosocial behavior. In the first regression analysis, predictor variables that are mother support and gender explained an additional 8% of the variance, $\Delta R^2 = .08$, ΔF (2, 174) = 7.63, $p < .05$, with the unique contribution of gender.

Table 18. Hierarchical Multiple Regression Analyses Predicting Prosocial Behavior by Gender and Perceived Social Support in Syrian Adolescents

1. Mother Support	*B*	*SEB*	β	R^2	ΔR^2
Step 1: †				.04	.04**
Family SES	.07	.02	.21*		
Step 2:				.12	.08*
Mother Support	-.02	.01	-.11		
Gender	1.04	.29	.25**		
Step 3:				.13	.01
Gender x Mother Support	.02	.02	.31		
2. Father Support	*B*	*SEB*	β	R^2	ΔR^2
Step 2:				.11	.07*
Father Support	-.01	.01	-.05		
Gender	1.05	.29	.26**		
Step 3:				.11	.00
Gender x Father Support	-.00	.02	-.01		
3. Teacher Support	*B*	*SEB*	β	R^2	ΔR^2
Step 2:				.12	.08*
Teacher Support	.02	.01	.11		
Gender	1.03	.29	.25*		
Step 3:				.13	.00
Gender x Teacher Support	.02	.02	.21		
4. Classmate Support	*B*	*SEB*	β	R^2	ΔR^2
Step 2:				.14	.09**
Classmate Support	.03	.01	.18*		
Gender	.96	.29	.24*		
Step 3:				.16	.02
Gender x Classmate Support	.04	.02	.44		
5. Close Friend Support	*B*	*SEB*	β	R^2	ΔR^2
Step 2:				.18	.14**
Close Friend Support	.04	.01	.28**		
Gender	.86	.28	.21*		
Step 3:				.19	.01
Gender x Close Friend Support	.03	.02	.40		

Note. * $p < .05$ ** $p < .001$

† Step 1 is the same for all regression analyses, therefore it is reported only once.

In the second regression analysis, predictor variables that are father support and gender explained an additional 7% of the variance, $\Delta R^2 = .07$, ΔF (2, 174) = 6.67, $p < .05$, with the unique contribution of gender. In the third regression analysis, predictor variables that are teacher support and gender explained an additional 8% of the variance, $\Delta R^2 = .08$, ΔF (2, 174) = 7.58, $p < .05$, with the unique contribution of

gender that was the best predictor in the regression model. In the fourth regression analysis, predictor variables that are classmate support and gender explained an additional 9.5% of the variance, $\Delta R^2 = .09$, ΔF (2, 174) = 9.62, $p < .05$, with the unique contribution of gender and classmate support. Gender was the best predictor in the regression model. In the last regression analysis, predictor variables that are close friend support and gender explained an additional 14% of the variance, $\Delta R^2 = .14$, ΔF (2, 174) = 14.71, $p < .05$, with the unique contribution of gender and close friend support. Close friend support was the best predictor in the regression model.

4.3.4.3 Hierarchical multiple regression analyses of psychological difficulties in Turkish adolescents

As can be seen in Table 19, the interaction between teacher support and gender were significant for psychological difficulties ($\Delta R^2 = .02$, ΔF (1,230) = 5.41, $p < .05$).

The interaction between teacher support and gender for psychological difficulties was illustrated in Figure 7, indicating the relationship between psychological difficulties and perception of social support from their teachers was significant for both Turkish females (r (130) = -.50, $p < .05$) and males (r (130) = -.22, $p < .05$). However, this relationship is stronger for females. This finding suggests that the more Turkish adolescents perceived social support from their teachers, the lower they had psychological difficulties.

Table 19. Hierarchical Multiple Regression Analyses Predicting Psychological Difficulties by Gender and Teacher Support in Turkish Adolescents

1. Teacher Support	*B*	*SEB*	*β*	R^2	ΔR^2
Step 1:				.04	.04*
Family SES	-.31	.11	-.19*		
Step 2:				.16	.12**
Teacher Support	-.15	.03	-.34**		
Gender	-1.30	.68	-.11		
Step 3:				.18	.02*
Gender x Teacher Support	-.13	.05	-.64*		

Note. * $p < .05$ ** $p < .001$

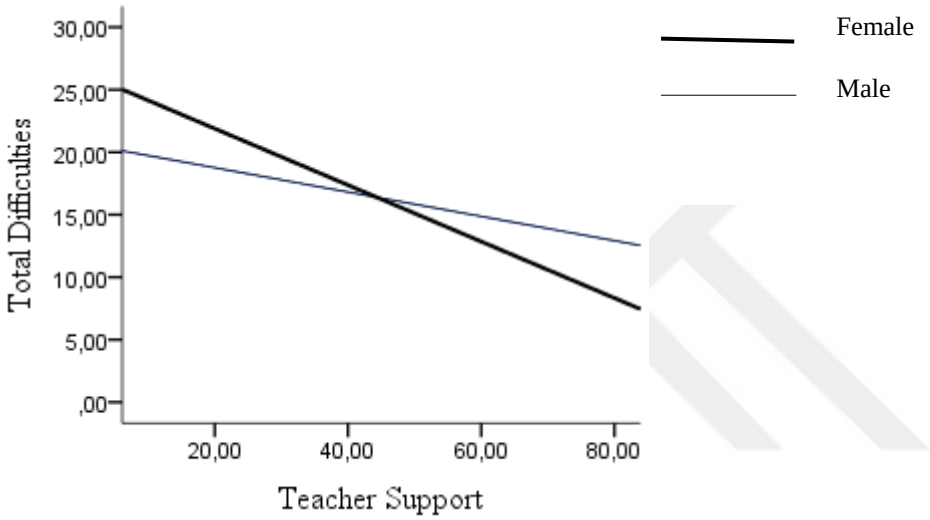


Figure 7. The interaction between teacher support and gender for psychological difficulties in Turkish adolescents

As can be seen in Table 20, the rest of the interactions were not significant. In the second regression analysis, predictor variables that are mother support and gender explained an additional 18% of the variance $\Delta R^2 = .18$, ΔF (2,231) = 26.51, $p < .05$, with the unique contribution of gender and mother. Mother support was the best predictor in the regression model. In the third regression analysis, predictor variables that are father support and gender explained an additional 11% of the variance $\Delta R^2 = .11$, ΔF (2,231) = 15.35, $p < .05$, with the unique contribution of father support.

Table 20. Hierarchical Multiple Regression Analyses Predicting Psychological Difficulties by Gender, Mother, Father, Classmate, and Close Friend Support in Turkish Adolescents

2. Mother Support	*B*	*SEB*	*β*	R^2	ΔR^2
Step 1: †				.04	.04*
Family SES	-.31	.11	-.19*		
Step 2:				.22	.18**
Mother Support	-.20	.03	-.41**		
Gender	-1.35	.65	-.12*		
Step 3:				.22	.00
Gender x Mother Support	-.04	.06	-.20		
3. Father Support	*B*	*SEB*	*β*	R^2	ΔR^2
Step 2:				.15	.11**
Father Support	-.13	.02	-.32**		
Gender	-1.14	.68	-.10		
Step 3:				.15	.00
Gender x Father Support	.02	.05	.11		
4. Classmate Support	*B*	*SEB*	*β*	R^2	ΔR^2
Step 2:				.15	.11**
Classmate Support	-.13	.03	-.32**		
Gender	-.92	.69	-.08		
Step 3:				.15	.00
Gender x Classmate Support	-.01	.05	-.04		
5. Close Friend Support	*B*	*SEB*	*β*	R^2	ΔR^2
Step 2:				.08	.05*
Close Friend Support	-.08	.03	-.20*		
Gender	-.95	.71	-.08		
Step 3:				.08	.00
Gender x Close Friend Support	-.02	.05	-.13		

Note. * $p < .05$ ** $p < .001$
† Step 1 is the same for other four regression analyses, therefore it is reported only once.

In the fourth regression analysis, predictor variables that are classmate support and gender explained an additional 12% of the variance $\Delta R^2 = .12$, $\Delta F\ (2,231) = 17.24$, $p < .05$, with the unique contribution of classmate support. In the last regression analysis, predictor variables that are classmate support and gender explained an additional 12% of the variance $\Delta R^2 = .05$, $\Delta F\ (2,231) = 6.21$, $p < .05$, with the unique contribution of close friend support.

4.3.4.4 Hierarchical multiple regression analyses of prosocial behavior in Turkish adolescents

As can be seen in Table 21, there were not any significant interactions for prosocial behavior. In the first regression analysis, predictor variables that are mother support and gender explained an additional 12% of the variance, $\Delta R^2 = .12$, ΔF (2, 231) = 13.19, $p < .05$, with the unique contribution of gender and mother support. Mother support was the best predictor in the regression model. In the second regression analysis, predictor variables that are father support and gender explained an additional 10.2% of the variance, $\Delta R^2 = .10$, ΔF (2, 231) = 12.08, $p < .05$, with the unique contribution of gender and father support. Gender was the best predictor in the regression model. In the third regression analysis, predictor variables that are teacher support and gender explained an additional 9.5% of the variance, $\Delta R^2 = .09$, ΔF (2, 231) = 12.08, $p < .05$, with the unique contribution of gender and teacher support. Gender was the best predictor in the regression model. In the fourth regression analysis, predictor variables that are classmate support and gender explained an additional 10% of the variance, $\Delta R^2 = .10$, ΔF (2, 231) = 12.55, $p < .05$, with the unique contribution of gender and classmate support. In the last regression analysis, predictor variables that are close friend support and gender explained an additional 9% of the variance, $\Delta R^2 = .09$, ΔF (2, 231) = 11.46, $p < .05$, with the unique contribution of gender and close friend support. Gender was the best predictor in the regression model.

Table 21. Hierarchical Multiple Regression Analyses Predicting Prosocial Behavior by Gender and Perceived Social Support in Turkish Adolescents

1. Mother Support	*B*	*SEB*	β	R^2	ΔR^2
Step 1: †				.00	.00
Family SES	-.02	.03	-.03		
Step 2:				.12	.11**
Mother Support	.04	.01	.25**		
Gender	.83	.22	.24**		
Step 3:				.12	.01
Gender x Mother Support	.02	.02	.40		
2. Father Support	*B*	*SEB*	β	R^2	ΔR^2
Step 2:				.10	.10**
Father Support	.03	.01	.22*		
Gender	.79	.22	.23**		
Step 3:				.10	.02
Gender x Father Support	.00	.02	.04		
3. Teacher Support	*B*	*SEB*	β	R^2	ΔR^2
Step 2:				.10	.09**
Teacher Support	.03	.01	.20*		
Gender	.82	.22	.23**		
Step 3:				.10	.00
Gender x Teacher Support	.01	.02	.12		
4. Classmate Support	*B*	*SEB*	β	R^2	ΔR^2
Step 2:				.10	.10**
Classmate Support	.03	.01	.21*		
Gender	.74	.22	.21*		
Step 3:				.10	.00
Gender x Classmate Support	-.02	.02	-.29		
5. Close Friend Support	*B*	*SEB*	β	R^2	ΔR^2
Step 2:				.09	.09**
Close Friend Support	.02	.01	.19*		
Gender	.71	.22	.20*		
Step 3:				.10	.01
Gender x Close Friend Support	.03	.02	.40		

Note. * $p < .05$ ** $p < .001$
† Step 1 is the same for all regression analyses, therefore it is reported only once.

4.3.5 Hierarchical multiple regression analysis with psychological difficulties as an outcome variable, perceived social support and health situation as predictor variables

To test the research hypothesis, which states that there is a relationship between perceived social support and psychological well-being in adolescents regardless of their health situation after controlling the family SES, a series of hierarchical

multiple regressions was conducted. Analyses were conducted for each adolescent group separately.

4.3.5.1 Hierarchical multiple regression analyses of psychological difficulties in Syrian adolescents

The family SES was entered in Step 1 for each regression analysis. As can be seen in Table 22, the interaction between father support and health was significant for psychological difficulties ($\Delta R^2 = .04$, ΔF (1,172) = 7.00, $p < .05$).

The interaction between father support and gender for psychological difficulties was illustrated in Figure 8, indicating the relationship between psychological difficulties and perception of social support from their fathers was significant for Syrian adolescents who had higher levels of health-related problems (r (54) = -.50, $p < .05$); whereas this relationship was not significant for Syrian adolescents who had lower levels of health-related problems (r (123) = -.03, $p > .05$). It suggests that the more Syrian adolescents perceived social support from their fathers, the lower they had health-related problems.

Table 22. Hierarchical Multiple Regression Analyses Predicting Psychological Difficulties by Health Situation and Father Support in Syrian Adolescents

1. Father Support	*B*	*SEB*	β	R^2	ΔR^2
Step 1:				.04	.04*
Family SES	-.16	.06	-.19*		
Step 2:				.04	.01
Father Support	-.04	.03	-.10		
Health	.03	.15	.02		
Step 3:				.08	.04*
Health x Father Support	-.03	.01	-.77*		

Note. * $p < .05$ ** $p < .001$

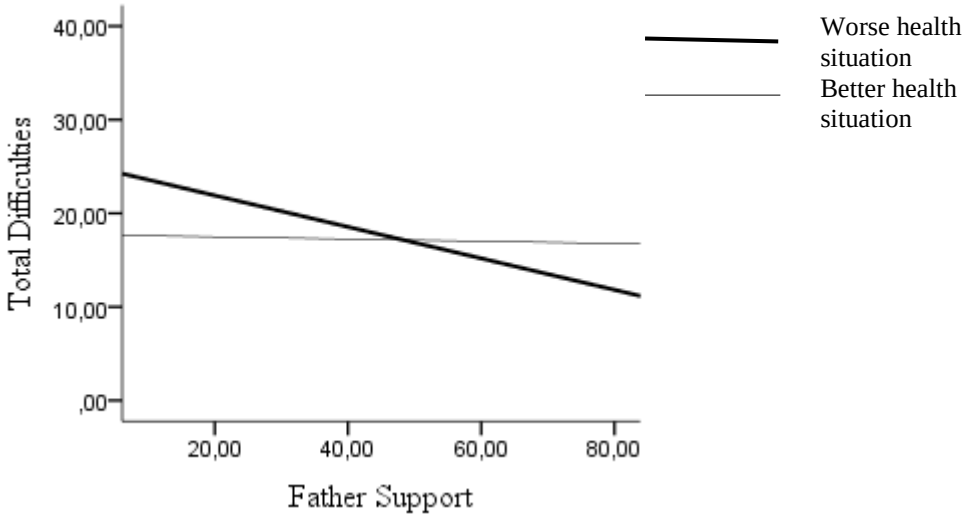


Figure 8. The interaction between father support and health for psychological difficulties in Syrian adolescents

As can be seen in Table 23, the rest of the interactions were not significant for the psychological difficulties. In the second regression analysis, predictor variables that are teacher support and health explained an additional 12% of the variance ΔR^2 = .12, ΔF (2,173) = 12.81, $p < .05$, with the unique contribution of teacher support. In the third regression analysis, predictor variables that are classmate support and health explained an additional 9% of the variance ΔR^2 = .09, ΔF (2,173) = 9.00, $p < .05$, with the unique contribution of classmate support. In the last regression analysis, predictor variables that are close friend support and health explained an additional 7% of the variance ΔR^2 = .12, ΔF (2,173) = 6.63, $p < .05$, with the unique contribution of close friend support. Mother support was not reported since it did not predict psychological difficulties in each step of the analysis.

Table 23. Hierarchical Multiple Regression Analyses Predicting Psychological Difficulties by Health Situation, Teacher, Classmate, and Close Friend Support in Syrian Adolescents

2. Teacher Support	*B*	*SEB*	β	R^2	ΔR^2
Step 1: †				.04	.04*
Family SES	-.16	.06	-.19*		
Step 2:				.16	.12**
Teacher Support	-.14	.03	-.36**		
Health	-.04	.14	-.02		
Step 3:				.16	.00
Health x Teacher Support	.00	.01	.02		
3. Classmate Support	*B*	*SEB*	β	R^2	ΔR^2
Step 2:				.13	.09**
Classmate Support	-.13	.03	-.33**		
Health	-.14	.15	-.07		
Step 3:				.13	.00
Health x Classmate Support	-.00	.01	-.09		
4. Close Friend Support	*B*	*SEB*	β	R^2	ΔR^2
Step 2:				.10	.07*
Close Friend Support	-.11	.03	-.27**		
Health	-.05	.15	-.02		
Step 3:				.10	.00
Health x Close Friend Support	-.00	.01	-.10		

Note. $^{*}p < .05$ $^{**}p < .001$
† Step 1 is the same for other three regression analyses, therefore it is reported only once.

4.3.5.2 Hierarchical multiple regression analyses of prosocial behavior in Syrian adolescents

As can be seen in Table 24, there were not any significant interactions between the predictor variables for prosocial behavior. In the first regression analysis, predictor variables that are classmate support and health situation explained an additional 4.2% of the variance, $\Delta R^2 = .04$, ΔF (2, 173) = 2.27, $p < .05$, with the unique contribution of classmate support. In the last regression analysis, predictor variables that are close friend support and health explained an additional 9.4% of the variance, $\Delta R^2 = .09$, ΔF (2, 173) = 5.83, $p < .05$, with the unique contribution of close friend support. Since mother, father, and teacher support and health did not explain variance on prosocial behavior, they were not included in the regression table. Mother, father,

and teacher support were not reported since they did not predict prosocial behavior in each step of the analysis.

Table 24. Hierarchical Multiple Regression Analyses Predicting Prosocial Behavior by Health Situation, Classmate, and Close Friend Support in Syrian Adolescents

1. Classmate Support	*B*	*SEB*	β	R^2	ΔR^2
Step 1: †				.04	.04*
Family SES	.06	.02	.20*		
Step 2:				.08	.04*
Classmate Support	.03	.01	.22*		
Health	.01	.06	.02		
Step 3:				.09	.01
Health x Classmate Support	.01	.00	.34		
2. Close Friend Support	*B*	*SEB*	β	R^2	ΔR^2
Step 2:				.13	.09**
Close Friend Support	.05	.01	.32**		
Health	.00	.06	.00		
Step 3:				.13	.00
Health x Close Friend Support	-.00	.00	-.15		

Note. * $p < .05$ ** $p < .001$
† Step 1 is the same for other regression analysis, therefore it is reported only once.

4.3.5.3 Hierarchical multiple regression analyses of psychological difficulties in Turkish adolescents

As can be seen in Table 25, there were not any significant interactions for psychological difficulties. In the first regression analysis, predictor variables that are mother support and health explained an additional 17% of the variance, $\Delta R^2 = .17$, ΔF (2, 228) = 23.67, $p < .05$, with the unique contribution of mother support. In the second regression analysis, predictor variables that are father support and health explained an additional 11% of the variance, $\Delta R^2 = .11$, ΔF (2, 228) = 14.57, $p < .05$, with the unique contribution of father support.

Table 25. Hierarchical Multiple Regression Analyses Predicting Psychological Difficulties by Health Situation and Perceived Social Support in Turkish Adolescents

1. Mother Support	*B*	*SEB*	β	R^2	ΔR^2
Step 1: †				.04	.04*
Family SES	-.31	.11	-.19*		
Step 2:				.20	.17**
Mother Support	-.20	.03	–.41**		
Health	.04	.13	.02		
Step 3:				.20	.00
Health x Mother Support	.00	.01	.09		
2. Father Support	*B*	*SEB*	β	R^2	ΔR^2
Step 2:				.15	.11**
Father Support	-.14	.03	-.34**		
Health	.01	.13	.00		
Step 3:				.15	.00
Health x Father Support	.00	.01	.04		
3. Teacher Support	*B*	*SEB*	β	R^2	ΔR^2
Step 2:				.15	.11**
Teacher Support	-.16	.03	-.34**		
Health	.07	.13	.03		
Step 3:				.15	.00
Health x Teacher Support	.01	.01	.24		
4. Classmate Support	*B*	*SEB*	β	R^2	ΔR^2
Step 2:				.15	.11**
Classmate Support	-.14	.03	-.33**		
Health	.09	.13	.04		
Step 3:				.15	.01
Health x Classmate Support	.01	.01	.34		
5. Close Friend Support	*B*	*SEB*	β	R^2	ΔR^2
Step 2:				.08	.04*
Close Friend Support	-.09	.03	-.22*		
Health	.05	.14	.02		
Step 3:				.08	.00
Health x Close Friend Support	.01	.01	.19		

Note. * $p < .05$ ** $p < .001$
† Step 1 is the same for all regression analyses, therefore it is reported only once.

In the third regression analysis, predictor variables that are teacher support and health explained an additional 11% of the variance, $\Delta R^2 = .11$, ΔF (2, 228) = 15.28, $p < .05$, with the unique contribution of teacher support. In the fourth regression analysis, predictor variables that are classmate support and health explained an additional 11%

of the variance, $\Delta R^2 = .11$, ΔF (2, 228) = 14.77, $p < .05$, with the unique contribution of peer support. In the last regression analysis, predictor variables that are close friend support and health explained an additional 4% of the variance, $\Delta R^2 = .04$, ΔF (2, 228) = 5.57, $p < .05$, with the unique contribution of close friend support.

4.3.5.4 Hierarchical multiple regression analyses of prosocial behavior in Turkish adolescents

As can be seen in Table 26, there were not any significant interactions for prosocial behavior. In the first regression analysis, predictor variables that are mother support and health explained an additional 8% of the variance, $\Delta R^2 = .08$, ΔF (2, 228) = 9.52, $p < .05$, with the unique contribution of health and mother support. Mother support was the best predictor in the regression model. In the second regression analysis, predictor variables that are father support and health explained an additional 7.3% of the variance, $\Delta R^2 = .07$, ΔF (2, 228) = 8.97, $p < .05$, with the unique contribution of health and father support. Father support was the best predictor in the regression model. In the third regression analysis, predictor variables that are teacher support and health explained an additional 5.3% of the variance, $\Delta R^2 = .05$, ΔF (2, 228) = 6.35, $p < .05$, with the unique contribution of health and teacher support. Teacher support was the best predictor in the regression model. In the fourth regression analysis, predictor variables that are classmate support and health explained an additional 7% of the variance, $\Delta R^2 = .07$, ΔF (2, 228) = 8.39, $p < .05$, with the unique contribution of classmate support. In the last regression analysis, predictor variables that are close friend support and health explained an additional 7% of the variance, $\Delta R^2 = .07$, ΔF (2, 228) = 8.07, $p < .05$, with the unique contribution of close friend

support and health. Close friend support was the best predictor in the regression model.

Table 26. Hierarchical Multiple Regression Analyses Predicting Prosocial Behavior by Health Situation and Perceived Social Support in Turkish Adolescents

1. Mother Support	*B*	*SEB*	β	R^2	ΔR^2
Step 1: †				.00	.00
Family SES	-.02	.03	-.04		
Step 2:				.08	.08**
Mother Support	.04	.01	.24**		
Health	.09	.04	.14*		
Step 3:				.08	.00
Health x Mother Support	-.00	.00	-.28		
2. Father Support	*B*	*SEB*	β	R^2	ΔR^2
Step 2:				.07	.07**
Father Support	.03	.01	.23**		
Health	.10	.04	.15*		
Step 3:				.07	.00
Health x Father Support	-.00	.00	-.08		
3. Teacher Support	*B*	*SEB*	β	R^2	ΔR^2
Step 2:				.05	.05*
Teacher Support	.03	.01	.18*		
Health	.09	.04	.13*		
Step 3:				.06	.01
Health x Teacher Support	.01	.00	.48		
4. Classmate Support	*B*	*SEB*	β	R^2	ΔR^2
Step 2:				.07	.07**
Classmate Support	.03	.01	.22*		
Health	.08	.04	.12		
Step 3:				.07	.00
Health x Classmate Support	-.00	.00	-.07		
5. Close Friend Support	*B*	*SEB*	β	R^2	ΔR^2
Step 2:				.07	.07**
Close Friend Support	.03	.01	.22*		
Health	.09	.04	.13*		
Step 3:				.07	.00
Health x Close Friend Support	.00	.00	.10		

Note. * $p < .05$ ** $p < .001$

† Step 1 is the same for all regression analysis, therefore it is reported only once.

4.3.6 *t*-test results: Comparing Syrian adolescents based on traumatic experiences

To test the research hypothesis, which states that Syrian adolescents who were exposed to traumatic experiences (i.e., living in refugee camps and loss of a family member) differ from those who were not exposed to traumatic experiences in terms of the levels of psychological well-being and perceived social support, a series of independent sample *t*-tests was conducted. Thus, psychological difficulties and social support scores of Syrian adolescents who had to live in camps were compared to the scores of those without any camp experience. In addition, the scores of Syrian adolescents who had lost at least a family member were compared to the scores of those with no loss in the family.

Based on the results, statistically significant differences in psychological difficulties and prosocial behavior were found between the adolescents who had lived in refugee camps and the adolescents who did not live in refugee camps. Syrian adolescents who had lived in refugee camps reported higher levels of psychological difficulties and lower levels of prosocial behavior. In addition, they reported lower levels of classmate and close friend support (see Table 27).

Table 27. *t*-Test Results for Syrian Adolescents: Refugee Camp Experience

	Syrian adolescents who lived in refugee camps		Syrian adolescents who did not live in refugee camps		
Measures	M	SD	M	SD	*t* value
Social Support	229.54	47.91	243.27	52.91	1.79
Mother Support	47.83	11.52	50.27	12.69	1.32
Father Support	47.98	12.67	48.20	13.91	.11
Teacher Support	43.41	14.44	46.07	13.87	1.24
Classmate Support	40.69	13.97	45.92	14.16	2.47*
Close Friend Support	49.60	13.70	52.79	13.41	1.56*
Psychological Difficulties	18.66	4.43	16.02	5.80	-3.36*
Prosocial Behavior	6.71	2.08	7.70	1.89	3.32*

Note. * $p < .05$ ** $p < .001$

On the other hand, the Syrian adolescents who reported that they had lost at least one family member during the war did not differ from those who reported that they had no loss because of the war in terms of psychological difficulties or social support (see Table 28).

Table 28. *t*-Test Results for Syrian Adolescents: Loss Experience

	Syrian adolescents who lost their family member (s)		Syrian adolescents who did not lose any family member (s)		
Measures	M	SD	M	SD	*t* value
Social Support	236.33	52.33	240.35	46.88	.48
Mother Support	49.74	11.77	48.05	13.16	-.83
Father Support	47.53	13.90	49.82	11.71	1.03
Teacher Support	44.56	14.37	45.98	13.51	.60
Classmate Support	43.24	14.50	44.74	13.45	.64
Close Friend Support	51.25	13.89	51.74	13.03	.22
Psychological Difficulties	17.27	5.24	17.05	5.74	-.29
Prosocial Behavior	7.26	2.03	7.23	2.09	-.84

Note. * $p < .05$ ** $p < .001$

CHAPTER 5

DISCUSSION

In this chapter, (1) the findings were discussed in light of the hypotheses, (2) their potential implications were given, (3) the limitations of the study were described and recommendations for future research were provided, and (4) conclusion was presented.

5.1 Review of the findings about the hypotheses

5.1.1 Psychological difficulties and perceived social support as outcome variables

First of all, the difference in the level of psychological well-being between Syrian and Turkish adolescents after controlling the effect of the family SES was examined. In addition, whether possible differences change depending on the adolescent gender was examined. It was hypothesized that Syrian adolescents have lower levels of psychological well-being than Turkish adolescents regardless of their gender. The results of this study showed that Syrian adolescents reported more conduct and peer problems and less prosocial behavior than Turkish adolescents. This can be explained by that the rates of mental health and well-being problems were higher among refugee populations in comparison to the general population (Hameed, Sadiq & Din, 2018). Being a refugee seems to decrease the level of psychological functioning, which resulted in an increased level of psychological problems in the adolescence period (Ajdukovic & Dean, 1998; Ataç et al., 2018; Tousignant et al., 1999). These findings seem in line with the results of a study with a group of school-age children in the United Kingdom (UK), in which the teacher-reported SDQ scores of the refugee children from various backgrounds such as Balkans, Afghanistan,

Pakistan were much higher compared to the children from two comparison groups, one of which included various ethnic minority children who were not refugees and the other included children of English descent. Refugee children's psychological difficulties scores were significantly higher than the scores of ethnic minority children and English descent children (Fazel & Stein, 2003). Similarly, another study on the prevalence of psychological problems among refugee and migrant school children and adolescents aged between 11 and 16 in comparison to their UK-born peers showed that the migrant and refugee school children and adolescents had more emotional and behavioral difficulties than those who were born in the UK (Leavey et al., 2004).

In terms of gender differences, males reported more conduct problems and hyperactivity-inattention symptoms than females in this study. This finding is partially consistent with the findings of a study showing that French boys aged around 12 years had higher scores for conduct problems and hyperactivity than girls; whereas girls had higher scores for emotional symptoms according to the teacher-reported SDQ scores (Capron, Thérond, & Duyme, 2007). In another study the refugee and migrant school children and adolescents were compared to their resident peers, and the results demonstrated that boys aged between 11 and 16 years reported more conduct and peer problems than girls; whereas girls reported more emotional symptoms in the total sample through the SDQ teacher forms (Leavey et al., 2004). The findings of this study showed no gender differences on emotional symptoms, which seems inconsistent with the findings mentioned above (i.e., Capron et al., 2007; Leavey et al., 2004). However, the literature showed a tendency for teachers to report more externalizing problems for boys and internalizing problems for girls. Thus, it can be argued that the self-reports might be more reliable to assess emotional

symptoms compared to reports by others (Syed, Hussein & Mahmud, 2007). The findings of the current study also showed that prosocial behavior scores of males were significantly lower than females, indicating a higher level of difficulty with social relationships (I often volunteer to help others), which is in line with some previous findings (Muris et al., 2003).

After controlling for the effect of the family SES, the difference between Syrian adolescents' scores and Turkish adolescents' scores on psychological difficulties did not change according to adolescent gender. This finding was partially supported by some results demonstrating that psychological well-being scores were found similar between all refugee children and non-refugee children regardless of gender except for peer problems (Leavey et al., 2004). Young refugee boys (aged between 11 and 13) reported more peer problems than non-refugee boys did. In addition, it was found that there were no differences in the psychological well-being scores between refugee and non-refugee girls

Secondly, Syrian and Turkish adolescents were compared based on the level of perceived social support after the effect of the family SES was removed to examine if the potential differences change by gender. It was hypothesized that Syrian adolescents have lower levels of perceived social support than Turkish adolescents regardless of their gender. The results showed that Turkish adolescents perceived more support from their mothers, fathers, and teachers than Syrian adolescents did. Although the adolescent groups differed in these three sources of support, these differences were similar for females and males. The results of the study by Ataç and colleagues (2018) supported the current findings. They reported that Turkish adolescents perceived higher levels of support from their families than Syrian adolescents did. It can be argued that the migration has detrimental effects on

family structure and relationships (Hyman et al., 2000). The parents of refugee adolescents are also negatively affected by the migration process. Exposure to multiple stressors such as displacement and unemployment and accumulation of these stressors might cause higher levels of anxiety on parents, which might prevent adolescents to ask for parental support when they are in need (Ajdukovic & Dean, 1998). In addition, migration might lead to the occurrence of mental health problems among refugee parents, which prevents parents to provide social support for their children. For example, refugee fathers, immigrant fathers, and Australian-born fathers were compared in a study in Australia. It was found that the refugee and immigrant fathers had poorer mental health and general health than Australian-born fathers, which prevented them to support their families (Giallo et al., 2017).

Based on the results of this study, Syrian adolescents perceived lower levels of support from their teachers compared to Turkish ones. Akay, Hamamcı, and Kurt (2017) reported that Turkish psychological counselors faced some problems with Syrian students and their parents. For example, language problems with the adolescents and a lack of knowledge of the Syrian parents about counseling services at school can be counted as these problems. Thus, the language barrier might prevent Syrian adolescents to seek the support they need from their teachers. In another study focusing on the problems experienced by teachers working with Syrian students in Turkey revealed that language barrier, discipline problems of the Syrian students (such as use of violence on the younger children, yelling, do not listen what the teachers say) are problems, which also might prevent the Syrian students to receive support from their teachers (Taskin & Erdemli, 2018).

In terms of the level of classmate and close friend support, Syrian and Turkish adolescents did not differ. One possible explanation might be related to the

acculturation process which indicates that individuals psychologically adapt to the host culture and they increase their amount of contact with others to live in a better context. In other words, the more refugee adolescents endorse integration with the host culture, the more they perceive higher levels of peer support (Kovacev & Shute, 2004). For example, a study with refugee adolescents in Australia revealed that the adolescents who had the most positive attitudes toward his/her own culture and host culture obtained the highest peer social acceptance (Kovacev & Shute, 2004).

The findings of this study also demonstrated that females and males differed in terms of the level of perceived classmate and close friend support. Females perceived higher levels of classmate and close friend support compared to males. This finding seems to be supported by the results of some studies that were conducted in a sample of middle school students (Demaray et al., 2005; Demaray & Malecki, 2002). In other studies, although boys and girls reported similar levels of perceived social support from their parents and teachers (Demaray & Malecki, 2002; Malecki & Demaray, 2003), girls perceived more support from their peers than boys did (Furman & Buhrmester, 1992). A possible explanation for these findings might be that specifically same-sex friendships are more common in girls and they are perceived more supportive since the need for intimacy and desire for consensual validation become more important during adolescence. Girls perceive more support especially from their same-sex friends since their interactions with their peers are more likely to be perceived as more intimate than boys' interactions with their friends (Furman & Buhrmester, 1992).

5.1.2 Perceived social support as a predictor of psychological well-being in adolescents

The goal of the second research question was to examine to what extent the variance of psychological well-being is explained by the family SES and perceived social support. It was hypothesized that the family SES explains some variance on the psychological well-being and perceived social support (from mother, father, teacher, classmate, close friend) provides an additional explanation on the variance of psychological well-being beyond the family SES.

Based on the results, the family SES explained a small but statistically significant variance (changes from 4 to 6%) on the psychological difficulties and prosocial behavior. This finding was supported by the results of a study, which demonstrated that adolescents from low SES families suffered from multiple stressful life events, and they were more likely to be at risk for developing mental health problems (Reiss et al., 2019). Another study focusing on the relationship between the family SES and well-being in adolescents showed that the subjective SES (self-assessment of the family's social class) as the most influential indicator of adolescent well-being. Fathers' and mothers' occupational status and unemployment also contributed significantly to the well-being of adolescents (Varga, Piko & Fitzpatrick, 2014). It seems that family SES affects the psychological well-being of adolescents. Some studies showed that sociodemographic factors such as household income, poverty, parental education, and parental occupation might predict psychiatric problems and violent behavior in children and adolescents (Reiss, 2013). Mental problems were found to be two or three times more in children and adolescents from socioeconomically disadvantaged families (Reiss, 2013). Not being able to meet basic needs such as food and household requirements and having

difficulties to reach health facilities might cause disruptions on family relationships and current living conditions, increase anxiety level related to economic difficulties, and cause disruptions on coping skills, resulting in difficulties regarding well-being (Sapmaz et al., 2017). Furthermore, according to the resilience framework, having a higher level of SES is a protective factor that reduces the negative effects of adversity. Two crucial basic needs that are having a stable home to live and finances for necessities should be met to promote psychological resilience in adolescents (Pieloch, McCullough & Marks, 2016).

Perceived social support scores together explained a small but statistically significant variance (changes 9 to 18%) on psychological difficulties and prosocial behavior beyond the family SES. Main effects of the mother, teacher and classmate support on psychological difficulties; close friend support on prosocial behavior were significant, indicating the role of significant others in the adolescents' lives. These findings can be explained by the stress-buffering role of social support (Cohen et al., 2000). Accordingly, social support is composed of psychological and material resources of a social network to strengthen an individual to deal with distress, which in turn contributes to psychological well-being (Cohen et al., 2000). Similarly, the resilience framework suggests that social support is a protective factor that reduces the effects of adversity and enhances developmentally appropriate outcomes (Werner, 2000). These conceptual models were empirically supported. For example, some studies showed that lack of social support made adolescents prone to a number of problems such as conduct problems, aggression, hyperactivity, anxiety, and withdrawal (Demaray & Malecki, 2002). The findings of another study showed that children and adolescents who were exposed to negative life events were less likely to develop psychological problems when they perceived an adequate level of social

support, indicating social support is a protective factor that modulates the effect of adversity (Jackson & Warren, 2000).

Previous studies partially supported the finding of the current study which was mother support significantly predicted psychological difficulties. Parental support was found as a significant predictor of clinical maladjustment (such as anxiety), emotional symptoms, and personal adjustment (such as interpersonal relations) in adolescents (Demaray et al., 2005). Higher levels of family were found related to many positive indicators such as better academic and social self-concept, and greater liking of school; whereas lower levels of family and peer support were related to adjustment and behavioral problems such as delinquency, emotional problems, depression, low self- esteem in adolescents (Cheng, 1997; Oppedal et al., 2004; Wenz-Gross et al., 1997). Furthermore, supportive family relations and family cohesion were found as the main indicators of psychological resilience since they reduced the PTSD-related symptoms in a group of adolescents (Daud, Klinteberg & Rydelius, 2008; Hodes, Jagdev, Chandra & Cunniff, 2008).

In this study, teacher support predicted psychological difficulties in adolescents, which points to the crucial role of teachers for student well-being in the school context. Wentzel (1998) suggested that providing instructional and emotional support by teachers contribute to self- regulation, which promotes well-being in students. Besides the instructional and emotional support, informational support from teachers through providing counseling and improving adolescents' conflict resolution skills; and informing parents about family support was reported the most important protective factor that contributed to resilience of adolescents (Merrill Weine et al., 2014). In addition, classmate support also uniquely contributed to psychological difficulties. This finding seems to be in line with some earlier findings, which

showed that classmate support emerged as a significant predictor for emotional symptoms (such as anxiety, depression) (Demaray et al., 2005). The previous literature also reported that higher levels of teacher and peer support were found to be related to better school-related outcomes such as better academic achievement, which also contributed to the psychological well-being of students (Furlong et al., 1995). In addition, the results of a study in which resilience factors were reviewed showed that emotional support from classmates was found as a protective factor that fosters psychological resilience of adolescents (Pieloch et al., 2016).

Based on the results of this study, close friend support uniquely predicted prosocial behavior in adolescents. It can be argued that adolescence is a time of increased disposition to peer influence (Van Hoorn, Van Dijk, Meuwese, Rieffe & Crone, 2016). Studies reported that adolescents need to affiliate with their friends that share similar interests and peer relationships provide a rich context for the shape of adaptive and maladaptive behavior (Choukas-Bradley, Giletta, Cohen & Prinstein, 2015). In light of this information, support through close friends might lead to the occurrence of prosocial behavior. In other words, through social support from peers, adolescents relate well with their peers and choose actions that benefit the individuals with whom they live. Furthermore, the resilience literature stated that a higher level of prosocial behavior is associated with a higher level of resilience, which highlights that prosocial behavior is also a protective factor (Daud et al., 2008).

5.1.3 Perceived social support and refugee status as predictors of psychological well-being in adolescents

The goal of the third research question was to examine the moderation effect of the refugee status on the relationship between psychological well-being and perceived social support after controlling for the effect of the family SES. It was hypothesized that there is a relationship between perceived social support and psychological difficulties beyond the family SES in both groups, thus the refugee status does not moderate the association between perceived support and well-being. Contrary to this expectation, the results showed that the refugee status moderated the relationship between parental (mother and father) support and psychological difficulties. The relationship between mother support and adolescent's psychological difficulties was significant for both groups. This finding seems in line with the existing empirical studies. For example, a longitudinal study conducted with a group of adolescents revealed that social support has been found to decrease adolescents' levels of stress and contributed their well-being. According to the results of the study, mothers were defined as the primary source of emotional support and adolescents who lived in a supportive family reported lower levels of stress (Weigel, Devereux, Leigh & Ballard-Reisch, 1998). Also, another study showed that social support from mothers had a significant role on the psychological outcomes. Strong family support decreased distress and helped adolescents to become happier and more optimistic (Kostelecky & Lempers, 1998).

Although, there was a significant relationship between mother support and psychological difficulties in both groups, this relationship was weaker for Syrian adolescents. A possible explanation for this finding might be that mothers are the most important sources of emotional support since it contributes to well-being of

adolescents (Currie et al., 2009). However, migration in adolescent period might have negative effects on the relationship between mother and adolescent. For instance, post-migration risk factors such as mental health problems in mothers and changing mother roles in family might prevent them to provide support, which also negatively affects well-being of adolescents (Ajdukovic & Dean, 1998).

In addition, the relationship between father support and adolescent's psychological difficulties was significant only for Turkish adolescents. There is a vast amount of studies showing that father involvement contributes to adolescent psychological well-being and father absence is associated with an increased risk of problems (Amato, 1994; Barnett, Marshall & Pleck, 1992; Giallo et al., 2017). This finding is supported by the empirical findings in the literature. For example, a study conducted with a group of British adolescents aged between 14 and 18 showed that father involvement correlated to the well-being of adolescents by protecting them against unhappiness. The results highlighted that fathers are the salient figures in the lives of the adolescents (Flouri & Buchanan, 2003). Another study conducted with a group of adolescents revealed similar results. Adolescents' self-esteem increased when they talked with their fathers, perceived their fathers to be involved in their lives, and the rate of activities with their fathers increased (Gecas, 1971).

The relationship between father support and psychological difficulties was not significant for Syrian adolescents. The findings of this study might be explained by the special circumstances of refugee fathers. It is a fact that refugee fathers have to cope with severe challenges (such as finding a safe place to live for his family and earning money) in the host country. Since refugee fathers' responsibilities take place outside home to provide instrumental support through their peripheral roles in the family, the mother takes the responsibility of childcare. The literature also shows that

mothers provide emotional support more than fathers do, which contributes to the psychological well-being of adolescents (Currie et al., 2009). So, the difference between mother support and father support on the psychological well-being of adolescents can be explained by the different household roles, responsibilities, and types of support of refugee mothers and fathers providing for their children.

In addition, all sources of support significantly predicted psychological difficulties; they all had unique contributions in the regression models. These results were supported by several studies. For example, lower levels of satisfaction with social support were found as predictors of a range of emotional symptoms such as depression and anxiety and hyperactivity among adolescents (Compas et al., 1986; Demaray & Malecki, 2002). In terms of parental support, the level of psychological well-being and resilience of children and adolescents was investigated in some studies (Kocayörük, Altıntas & İçbay, 2015; Measham et al., 2014). It was reported that family cohesion and family support was found one of the protective factors that contributed both psychological well-being and resilience of refugee and non-refugee population.

For both refugee and non-refugee adolescents, peers and teachers have an important role on their well-being (De Wal Pastoor, 2015). Schools help refugees on how to become a part of society and they have a role to facilitate the psychosocial transitions that refugees experience during resettlement. It was argued that schools were areas for socialization, integration, and rehabilitation, which had an impact on the students' emotional well-being and psychosocial adjustment (De Wal Pastoor, 2015). According to the Future in Mind report (as cited in Coleman, Sykes & Groom, 2017) when children and adolescents experience difficulties, the first choice is to discuss issues with their friends, which points to the importance of peers. There are

some findings showing that attachment with parents and peers have direct effects on psychological difficulties, externalizing and internalizing problems in a sample of non-refugee preadolescents (Lucktong, Salisbury & Chamratrithirong, 2018).

To fulfill teachers and school counselors' duties and responsibilities about refugee students and to support them in school contexts, they need education about the acculturation process of refugees, trauma, and multicultural counseling (Kağnıcı, 2017). For example, a qualitative study aimed to find out the problems faced by psychological counselors working on Syrian students in Turkish schools was conducted (Akay et al., 2017). More than half of the psychological counselors reported that Syrian students face many troubles in order to adapt to a new school. Since language becomes a barrier to adapting to a school, the Syrian students could show conduct problems while expressing themselves, experience more academic failure, and have groups with students from their own ethnic culture.

Based on the findings of this study, the relationship between mother support and prosocial behavior; and the relationship between father support and prosocial behavior was found as significant and these relationships changed depending on whether the adolescent is a refugee or not. This finding was supported by the existing literature. For example, studies conducted with a group of children and adolescents showed that parents' emotional support, their involvement, and high-quality parent-child relationships were found related to children's prosocial responding (Laible, Carlo, & Raffaelli, 2000; Zhou et al., 2002).

Turkish adolescents with higher levels of mother and father support reported more prosocial behavior. On the other hand, Syrian adolescents' prosocial behavior was not related to perceived mother or father support. Liu (2017) argued that adolescents learn from their parents about their approaches to interacting with people

and adapting to the community. There are four aspects of parents, which are very much linked with the development of prosocial behavior of adolescents: parents' residential mobility (i.e., stability of neighborhood where the family lives) , secure attachment with parents and parents' upbringing (i.e., warmth) and socialization practices (i.e., children imitate their parents' habits and values to adapt to the community). The migration process and related negative life events rupture all of these processes by limiting relations of the refugee families with the community, which may negatively affect the development of prosocial behavior in Syrian adolescents.

5.1.4 Perceived social support and gender as predictors of psychological well-being in adolescents

The goal of the fourth research question to examine the moderation effect of adolescent gender on the relationship between psychological well-being and perceived social support after controlling for the effect of the family SES. It was hypothesized that there is a relationship between perceived social support and psychological well-being beyond the effect of the family SES in adolescents regardless of their gender. The results showed statistically significant interactions between gender and mother support and between gender and teacher support for psychological difficulties. Based on the findings of this study, there was no association between mother support and psychological difficulties for boys. This finding was partially supported by several studies. For example, the result of a study with a group of adolescents aged between 11 and 15 showed that perceived social support from parents was indirectly related to depression levels of males but it was directly related to depression levels of females (Colarossi and Eccles, 2000). In

another study, the relationship between mother support and well-being was found stronger for females rather than males. Females had stronger relationships with their mothers in the study (Kostelecky & Lempers, 1998).

A possible explanation for this finding might be that the cultural norms of Syria traditionally have rigid gender roles for males and females (DeJong et al., 2017). According to these roles, fathers are guardians of family norms and they are responsible for the income and rules of home whereas mothers are responsible for the daily chores and care of their children. However, after migration, these roles in the home and the relationships with children changed. The results of a study with a group of Syrian adolescents, aged between 10 and 14, reported that mothers became more responsible from their girls, whereas boys began to act like that their fathers as guardians of the family. In addition, some mothers and girls reported that boys gained power on girls and even on their mothers (DeJong et al., 2017). The changing roles of boys in the home and the reformulation of their relationship with their mothers transformed boys into providers of support rather than receivers of support, which might be the reason for no association between mother support and psychological difficulties for boys.

The relationship between psychological difficulties and teacher support was significant both for Turkish and Syrian females and males. That is higher levels of teacher support were associated with lower levels of psychological difficulties. For example, the results of a study demonstrated that when teachers used more positive classroom management strategies (including supportive teaching), students (specifically girls) showed better emotion regulation and fewer conduct problems in class (Webster- Stratton, Reid & Stoolmiller, 2008).

In addition, gender and all sources of social support except father support significantly predicted psychological difficulties in Syrian adolescents. In Turkish adolescents, gender and all sources of social support predicted psychological difficulties. These findings were compatible with the existing empirical studies. For example, a study with adolescents showed that parental support was the best indicator of emotional problems in girls during adolescence. Girls reported more emotional problems than boys, and parental support was associated with emotional problems in the expected sense: the higher the support, the fewer the problems. (Helsen, Vollebergh & Meeus, 2000).

In line with the findings of the current study, evidence for gendered patterns of social support effects on well-being was found and often observed in females (Kafetsios, 2007). The possible explanation for gender differences might be the notion that females have more social networks and they are more likely to receive and perceive support from their relationships (Barbee et al., 1993). Specifically, refugee males and females do not experience macrosocial changes in the same way in terms of social losses and social ties. Females are more likely to invest themselves in the lives of their families and friends than do males (Knoll & Schwarzer, 2002). Thus, females are more likely to rely on their family as resources of psychological health and quality of community support is more influential on females' health and well-being than males (Molinari, Ahern & Hendryx, 1998; Pretorius, 1996). For instance, Knoll and Schwarzer (2002) conducted a longitudinal study with a group of East German adolescents and adults who escaped to the west of the country before the opening of the Berlin Wall. The results revealed that females with lower levels of social support had higher levels of depression and health complaints (e.g., chest or limb pain), whereas social support levels of males were not related to their

depression and health complaints. In addition, the literature shows gender differences for ease of communication with mothers. Specifically, girls communicate with their mothers more easily than boys. These differences may be related to gender roles in which mothers are considered as the most important sources of emotional support. This kind of support from mothers contributes to well-being of girls (Currie et al., 2009).

On the other hand, there were also some studies showing that social support is affecting men's and women's well-being equally. This can be explained by different operationalizations of the social support construct. To make it clear, measuring structural aspects of social support (relationship status, network size, frequency of interactions with friends) and functional aspects of social support (the perceived quality of support) might show differential effects for females and males (Kafetsios, 2007). For example, a study conducted with a Greek sample showed that support satisfaction (functional aspect) was an important predictor of well-being in males; whereas some structural aspects of social support were found as predictors of different well-being outcomes in females (Kafetsios, 2007).

5.1.5 Perceived social support and health situation as predictors of psychological well-being in adolescents

The goal of the fifth research question was to examine the moderation effect of health situation (i.e., the presence of physical and psychological problems and access to health services) on the relationship between psychological well-being and perceived social support after controlling for the effect of the family SES. Based on their health situation, adolescents were classified into two groups: the adolescents who had better health and those who had poorer health. It was hypothesized that

there is a relationship between perceived social support and psychological well-being beyond the effect of the family SES in the adolescents regardless of their health situation. The results showed statistically significant interactions between health and father support for psychological difficulties. That is the relationship between perceived support from fathers and psychological difficulties changed according to the health situation. In Syrian adolescents, father support was related to psychological difficulties only for adolescents who had more health-related problems, indicating that Syrian adolescents with poor health benefited more from father support even though the aforementioned relation was not significant for the entire group of Syrian adolescents. A possible explanation for this finding might be the roles of fathers in the family. As mentioned above, fathers assume peripheral roles (e.g., accessing to health services and getting medical support and treatment when the child has physical and psychological health problems) in the family. Thus, it can be concluded that providing instrumental support when the adolescent's health is poor might contribute to the adolescents' psychological well-being. Beside the instrumental support of fathers, emotional and informational support of them also enhance better health-related outcomes in adolescents.

Refugees' health is likely to be affected by some challenges such as lack of access to health services and exposure to environmental hazards during pre-migration, migration, and post-migration periods (Li, Liddell & Nickerson, 2016). Forcible displacement, exposure to violence, poverty, and lack of social support were environmental factors that are related to lower levels of well-being and poor physical health outcomes (Crea, Calvo & Loughry, 2015). On the other hand, some researchers argued that there was a two-way relationship between well-being and health, which means health affects well-being and well-being affects health (Steptoe,

Demakakos & de Oliveira, 2012). In line with this argument, there are some findings showing that inadequate and inappropriate (i.e., deficient and depleted social networks and not receiving anticipated support) support had negative effects on health in samples of Chinese immigrants and Somali refugees (Stewart et al., 2010). Accordingly, poor health damaged the ability to seek support, which in turn increased physical and psychological problems. On the other hand, adequate social support improved physical and mental health (Stewart et al., 2010).

5.1.6 Traumatic experience in relation to psychological well-being and perceived support in the Syrian adolescents

The last goal of this study was to compare Syrian adolescents who had traumatic experience and those who did not have such experience based on their psychological well-being and perceived social support levels. It was hypothesized that there are differences in the level of psychological well-being and perceived social support between adolescents who had traumatic experiences and those who did not have such experiences. The 'traumatic experience' variable is based on two different indices: a previous stay at a refugee camp and loss of a family member during the war. The results regarding the first revealed that adolescents who lived in refugee camps reported more psychological difficulties and less prosocial behavior. The findings of previous studies supported these results. Ceri and colleagues (2016) found that Yazidi children and adolescents, aged between two and eighteen, who stayed in refugee camps following the Iraq war reported fears of being captured; they did not feel safe in their new environment and avoided contact with other children in the camps. In the same vein, Khamis (2005) showed that the frequency of the post-traumatic stress disorder (PTSD) and depression among school-age Palestinian

refugee children living in camps was higher than the one among children who lived in urban or rural areas (Khamis, 2005). Another research with Croatian refugees showed that displacement and living in a refugee camp had a strong negative impact on the children's well-being in terms of behavioral reactions such as defiance, aggression, hyperactivity, withdrawal; and emotional reactions such as separation fear, general fearfulness, and weeping (Ajdukovic & Dean, 1998). A previous study with adult Syrian refugees residing in a camp in Turkey reported that not being satisfied about the camp conditions was found as a predictor of depression. Having a family at camp increased the PTSD level but feeling safe and secure at the camp and being satisfied with the camp conditions decreased the possibility of depression (Acarturk et al., 2018). Broadly, these findings could be explained by that refugees' perceptions of their environment, feeling of safety and security in daily life and home, satisfaction with living conditions had important effects on refugee well-being (Crea et al., 2015).

The findings of this study demonstrated that Syrian adolescents who lived in refugee camps perceived less classmate and close friend support than the adolescents who did not live in refugee camps. This can be explained by that in most collective centers, there was no place for play activities or learning in which children and adolescents develop social relationships (Ajdukovic & Dean, 1998). A study with Kashmiri adult migrants showed that migrants who lived in refugee camps had lower levels of perceived social support and poor psychological well-being than migrants who did not live in refugee camps (Sood & Bakhshi, 2012).

Regarding the second dimension pertinent to traumatic experience, the Syrian adolescents who lost at least one of their family members and the Syrian adolescents who did not lose any family members during the war were compared in terms of their

psychological difficulties and perceived social support levels. The results showed that adolescents did not differ significantly from each other, which seems unexpected since previous studies reported prevalent contradictory results. For example, a study with children and adolescents of the Yazidi minority group who immigrated to Turkey from Iraq revealed that the refugee children and adolescents who experienced serious traumatic events such as the death of loved one in their home country had PTSD, depression, and comorbid mental problems (Nasıroğlu, & Çeri, 2016). Similarly, Sapmaz and colleagues (2017) found that seeing a dead or injured person during the war and emigration increased the risk of psychopathology of five to 12-years-old refugee children in Turkey. According to the trauma literature, Wolfet (1996; as cited in Mannarino & Cohen, 2011) stated that after a loss of loved one, children and adolescents enter into a process of reconciliation in which they face with the reality of move on with their lives without their loved one. In this process, there are several tasks that children and adolescents should complete for a healthy way of bereavement: accepting the reality of the loss; experiencing the emotional pain of the loss; adjusting to life without the loved one; finding meaning in the loved one's loss; and engaging with other adults who can also provide ongoing support, security, and nurturance. However, children and adolescents who are unable to complete the tasks of reconciliation develop trauma-related metal health problems as stated above. Specifically, in the migration process, the reconciliation process might not be completed in a healthy way because of the other traumas that the adolescent and family have to cope with. Thus, uncompleted process might result in the occurrence of psychological problems in adolescents (Mannarino & Cohen, 2011).

The reason to find out contradictory findings (no difference between the Syrian adolescents who have a loss experience and those who do not have such

experience) might be related to the characteristics of the sample and the content of the answers that given to the related question. To make it clear, the sample of this study consisted of the Syrian adolescents who had mothers and fathers. However, when the literature shows findings regarding the associations between the loss of family members and psychological problems, mostly mother and father loss were intended. In this study, the Syrian adolescents experienced the loss of their siblings and close relatives, which might have less negative effect on adolescents since they continue to receive relatively support from parents compared to those who lost their mothers and fathers.

5.2 Implications of the current study

The aim of this study was to investigate the psychological well-being and perceived social support level of Syrian adolescents in comparison with Turkish adolescents from various socioeconomic backgrounds. The adolescents who perceived more social support reported fewer psychological difficulties. Thus, it can be said that being able to receive support when needed is an important protective factor for the psychological well-being in adolescence (Carswell, Blackburn & Barker, 2011). Based on the results, all sources of social support (mother, father, teacher, classmate, and close friend support) contributed significantly to the psychological well-being of adolescents. These results can be used by policy makers, clinical professionals, and school counselors with the aim of developing preventive and intervention strategies and counseling.

In the current study, teacher and classmate support were found the most important contributors of psychological well-being in adolescents. Especially, in countries residing a large number of refugee adolescents as Turkey, schools are the

most appropriate institutions to apply prevention and treatment programs for refugees. Generally, the role of counselors and teachers in these programs is meeting the psychosocial needs of refugee children through facilitating emotional expression, providing individual support and opportunities to increase understanding of their past experiences (Rousseau & Guzder, 2008). In this way, schools help adolescents to adapt to their host country, which is the most important role of these institutions.

There are several roles of school counselors to improve the psychological well-being of refugee students through personal support. The first role of them is to detect refugee students who are traumatized and those who are at a high risk for psychological well-being problems. The second role is building a trustworthy relationship (as a form of emotional support) with the traumatized refugee students and their families. School counselors should follow professional standards when talking with refugee students. For example, the Center for Victims of Torture (CVT, 2004) published the guidelines for school counselors when engaging in traumatized refugee children. The last one is to develop prevention and intervention strategies for refugees to reduce their psychological difficulties and to promote their strengths. The Cognitive Behavioral Therapy (CBT) is a traditionally widely used treatment for traumatized refugee adolescents with the aim of reducing symptoms psychological well-being problems (Paunovic & Ost, 2001). A subset of CBT, the Cognitive Behavioral Intervention for Trauma in Schools (CBITS) is recognized by the departments of education in various countries such as in the U.S as a program that can be implemented for refugee students. In conjunction with the CBITS, traumatized adolescents might also utilize from school-based expressive therapy techniques. Since refugee students have language barriers, using art techniques is a useful way to communicate with their experiences and support them. For example,

McArdle and Spina (2007) used art as a language for refugee children rather than therapy in a school. The results showed that students socialized through sharing and communicating with school counselors. The findings of the current study showed that the adolescents who received support from their teachers reported lower levels of psychological difficulties, which shows the necessity of these programs to apply in school system. Although the schools are not seen as institutions to get therapy for students in Turkey, the best way to develop the psychological well-being of students is to implement these techniques in schools. Thus, the schools in Turkey should be accommodated to develop and implement these programs for refugee students.

The findings of the previous studies in the literature showed that parental support in students' education is positively related to academic, behavioral, and social development. In the current study, mother and father support were found as important contributors for the well-being of adolescents, especially for the refugee adolescents who have health-related problems. Thus, there is a need to facilitate family- school cooperation to foster psychological well-being for all students especially for refugees. For instance, the School and Family Intervention Model (SAFI) proposes effective strategies for school counselors to establish a strong tie between school and family (Bemak & Cornely, 2002). The first one is school counselors can provide a training for teachers to develop their communication skills when interacting with parents to increase parental involvement and empowerment. The second one is increasing parents' feelings of belonging to school through implementing effective cooperative parental programs with the aim of contributing their feelings of being heard. Lastly, school counselors should be leaders to foster cultural diversities in schools. They should be aware of ethnic, racial, and linguistic differences, which prevents especially involvement of refugee parents to schools.

As the refugee population gets larger in schools, some scientific-based classroom programs have been developed for refugee adolescents to improve their well-being. For example, the premise of the school-based prevention program called Pharos in Netherlands is school has a healing function since it provides children individual attention and structure; increases their interactions with their peers and significant adults in the host society (Ingleby & Watters, 2002). The Pharos program is implemented by teachers with the aim of monitoring children's problems and increasing their support networks. The Pharos program has three components specifically for refugee adolescents. The first one is the 'refugee lessons' focusing on the experiences refugee adolescents, which are conducted by a teacher and a counselor with a group of children. The content includes topics related to living in the host country, self-promotion, friend support. The second one is 'refugee youth at school' component which includes a training manual and video tapes for teachers. The content includes topics related to coping with loss, dealing with traumatized children, and activities that develop coherence in classroom. The last one is 'welcome to school' component which is composed of non-verbal techniques such as drawing and drama. The content includes topics related to getting acquainted, school, living in the host country, support of significant people and friends, and feeling of exclusion. Effectiveness and evaluation studies have been conducted for these programs and it was found that they have positive effects on the well-being of adolescents. For example, adolescents' sense of belonging and the level of support received from classmates increased; and the number of well-being problems and health complaints they had decreased. In the current study, teacher support was found as the strongest contributor for the psychological well-being of adolescents,

which highlights the importance of implementing effective classroom-based programs for students.

As expressed in the Pharos program, play and artistic expression are used commonly in schools to improve adolescents' self-esteem, expression of their emotions, problem solving and conflict resolution skills. In this way, refugee adolescents work through their losses, accept their trauma, and reestablish their social relationships damaged by the migration. For example, the Montreal team developed a series of prevention programs for refugee adolescents with the aim of increasing parental support and working through experiences of loss and trauma (Rousseau & Guzder, 2008). This program includes several types of activities combining verbal and nonverbal means of expression (drawing or painting a picture and telling or writing a story). These activities strengthened the dialogue between children and their parents by introducing the family into the class and increased parental support. The evaluation of this program showed a significant positive effect on the adolescent mental health. Their self-esteem and school performance increased; whereas their emotional symptoms and behavioral problems decreased. Another classroom program that includes creative expression workshops was developed as prevention and intervention strategies for emotional and behavioral problems and to increase self-esteem in refugee children in Canada. The creative expression workshops program consisted of 12 weekly sessions which are held by an art therapist, a psychologist, and a teacher. The activities in the program combined verbal and non-verbal activities (drawing or painting a picture and telling or writing a story). According to the evaluation reports, the children who participated to this program reported lower levels of emotional and behavioral problems and higher levels of satisfaction than the children in the control groups. In addition, the study

also transformed the teachers' perceptions of refugee students by focusing on their strengths and resilience, while not disregarding their vulnerabilities (Rousseau, Drapeau, Lacroix, Bagilishya & Heusch, 2005).

In this study, classmate support contributed significantly to the well-being of adolescents. However, refugee students may be bullied or discriminated by their classmates. To develop the cohesion between refugee adolescents and their classmates, acceptance among students should be promoted and conflict resolution skills of the students should be taught by their teachers (National Association of School Psychologists, 2015). In addition, classroom activities that involve teamwork and cooperation can be planned in schools.

The current study also showed the importance of parental support for the psychological well-being of adolescents. School counselors and teachers can help parents to improve their relationships with their children, which in turn leads to the increased levels of parental support. Thus, another goal of teachers and school counselors is bringing the gap between school and family. To increase the level of family support and involvement, programs that enhance family communication and cohesion, family coping strategies, and family education can be designed. For example, the school-based AMIGO program provides mental health services for schools in Maryland with the aim of improving family communication and reducing stress in family; and facilitating the cultural adjustments of refugees to the host country (Rousseau & Guzder, 2008). The program includes school consultation and collaboration with parents; parental education and support programs developed by school counselors and teachers. The program evaluation report stated that the program activities improved the relationship between children and their families through increasing parental support.

In addition, supporting teachers about classroom management and teaching strategies when working with refugee population is also important. Thus, many programs include a teacher-training and teacher-support component in their education systems. For example, the schools in London, teachers received a supervision support for classroom management about refugee children and they received counseling for feelings of helplessness and anger resulted from empathy with refugees (Rutter & Jones, 1998).

In Turkey, The Side by Side (Yan Yana)- Psychosocial Support Project for Syrian Children was developed with the aim of solving problems of Syrian refugee children, their teachers, classmates and school administrators in schools (Bir İz Association, 2017). For this purpose, this program was designed and implemented to 4000 students and 120 teachers in schools. In addition, 600 traumatized Syrian children participated in regular group therapy for 10 weeks within the scope of the Side by Side Group Therapy Program which includes psychodrama, gaming therapy, art therapy and Eye Movement Desensitization and Reprocessing (EMDR) techniques. According to the results of the ethnographic observations, several solutions were proposed for the problems that Syrian refugee children, their teachers, classmates and school administrators have faced. The first one is school counselors and teachers should inform Turkish students about the integration of Syrian students. The Syrian culture should be introduced in the trainings to build a multicultural school environment. The relationship between refugee students and their classmates should be facilitated through drama activities to increase classmate support. The language barrier is the most important obstacle that prevents teachers and classmates to provide support. Thus, digital materials can be used to eliminate the language barrier especially in classes. In addition, common games of both Turkish and Syrian

children should be used as a method of increasing classmate support among students. The second one is trainings for teachers should be designed and teachers should get feedback from experienced teachers in their branches. Seminars and workshops should be designed to raise teachers' awareness about the refugee experience and well-being. Lastly, programs that are used in different countries should be examined and if these programs can be applied in Turkey should be discussed.

It is well-known that Syrian families suffer from poor living conditions (e.g., living with two or three families in one single room and not meeting basic needs such as food) because of financial difficulties and unemployment. For example, the report published by the Women Center Foundation (KAMER) revealed that the rate of employment among Syrian refugees is very low since they have a difficulty to obtain work permit. Only 38% of refugees who live in urban settings could meet their basic needs (food, a place to live) by working in a job and 42% of them could meet their basic needs through the help of their neighbors. The rate of refugees who reported that they could not reach any of the health services was 15.9% and 39.3% of them reported that they could not meet their medicine needs (KAMER, 2013). Moreover, some refugee children and adolescents cannot continue to receive education since they have to work. According to the UNICEF report, 400.000 children out of 1.7 million refugee children could not continue their education (https://www.unicefturk.org). In this study, the family SES of the Syrian adolescents (in terms of father employment and continue to receive education) is relatively higher compared to those adolescents living in refugee camps or have unemployed parents. Thus, it can be said that the difference between the level of perceived social support and psychological well-being in Syrian and Turkish adolescents will be higher when this study is conducted with Syrian adolescents who have poorer living

conditions. Thus, supporting adolescents to continue their education (through preventing the child labor and child marriage) and their families to live in better life conditions (through increasing employment among refugees) will increase their psychological well-being.

Lastly, residing in refugee camps had negative effects on the psychological well-being and perceived social support level of Syrian adolescents. Syrian adolescents who lived in refugee camps reported more psychological difficulties and lower levels of perceived social support. According to the current records in Turkey, there are 27 refugee camps and 53% of refugee children and adolescents (nearly 800 thousand) have been living in camps (TBMM, 2018). First of all, to increase the psychological well-being level of refugee adolescents, safety and security of refugee adolescents residing in camps should be ensured and their satisfaction with their living conditions should be increased. In terms of social support, the number of places for play activities and learning in which children and adolescents develop social relationships should be increased.

5.3 Limitations of the study and recommendations for further research

First of all, the questionnaires were administered in Turkish to Syrian adolescents since the Arabic versions were not available. Although a story test was given them to assess the level of their comprehension in Turkish and the researcher and a translator helped them when they needed, they still might have had some difficulties in understanding some words while reading the items. In addition, some subscales of the SDQ suffer from poor reliability such as the hyperactivity-inattention, which may have jeopardized the reliable assessment of psychological difficulties and strengths. It seems that there is a need to adapt the widely used psychological tools to Syrian

culture so that the findings based on the refugee population in our country could become more robust.

A convenient sampling method was used to obtain the sample in this study. So, the results might not be generalized to all Syrian and Turkish adolescents. Further research is recommended to cover the Syrian adolescents residing in refugee camps. The result of this study points out the importance of perceived social support for psychological well-being. Since adolescents residing in refugee camps reported lower levels of perceived social support, it is important to conduct research with those adolescents in the future.

To make this group comparable to the Turkish one, the participants who do not have mothers or fathers, drop out of school, do not have an adequate level of Turkish were excluded from the study although a loss and an incomplete education are not exceptions for Syrians in the sample of this study, which might lead to limited findings in this research. Further research is recommended to cover more participants that differ in terms of qualities stated above, which enables comparison of results among studies.

The literature shows that comparison studies like this study use an additional comparison group which is an immigrant group. In this way, differences and similarities between children and adolescents who are refugees, from an ethnic minority but not refugee, and residents can be investigated to control for the potential effects of migration experiences and cultural differences.

5.4 Conclusion

The main purpose of this study was to investigate the relationship between perceived social support and psychological well-being in Syrian adolescents in comparison

with Turkish adolescents from various socioeconomic backgrounds. The current findings highlight the importance of perceived social support for psychological well-being in adolescence. Based on the results Turkish adolescents perceive higher levels of support from significant others compared to the Syrian ones, it seems that refugee experience in the adolescent period might be harmful for social support ties. Among the sources of social support, mother support was found as very important for Syrian females and father support was found as very important for Syrian adolescents who had health-related problems.

The family SES predicted the psychological well-being of adolescents, indicating that the adolescents from the low SES families have lower levels of psychological well-being. Furthermore, females and males reported different types of psychological difficulties and they benefited from different types of social support sources. To sum up, perceiving lower levels of social support, having a low SES family, and being male were risk factors for psychological well-being in adolescents. To increase resilience of adolescents, these factors might draw a road map for future studies. As a result, despite its limitations, the study provided scientifically important information about the predictors of psychological difficulties in Syrian adolescents in comparison to their Turkish peers.

APPENDIX A

CHILD AND ADOLESCENT SOCIAL SUPPORT SCALE (ENGLISH)

In this questionnaire, you will be asked to answer the items related to the support that you have received from your family, teachers, close friends, and people in your schools. Read each item carefully, answer faithfully. There are not right or wrong answers. It is important to express your valid answer. Answer all sentences without missing.

An example was given below. Read carefully before answering items.

EXAMPLE:

My teachers help me to solve my problems.	**How often?**					
	1. Never	2. Rarely	3. Sometimes	4. Mostly	5. Almost always	6. Always

In this example, a student defines help by saying that teachers **"sometimes"** help her/him to solve problems.

Please ask for help if you have a question or do not understand. Do not miss any detail. Thanks.

MY MOTHER	How often?					
	1. Never	2. Rarely	3. Sometimes	4. Mostly	5. Almost always	6. Always
1. Shows proud of me.						
2. Understands me.						
3. Listens to me when I need to talk.						
4. Makes suggestions when I do not know what to do.						
5. Gives me good advice.						
6. Helps me solve problems by giving me information.						
7. Tells me I did a good job when 1 do something well.						
8. Nicely tells me when I make mistakes.						
9. Rewards me when I have done something well.						
10. Helps me practice my activities.						
11. Takes time to help me decide things.						
12. Gets me many of the things I need.						

MY FATHER	**How often?**					
	1. Never	2. Rarely	3. Sometimes	4. Mostly	5. Almost always	6. Always
13. Shows proud of me.						
14. Understands me.						
15. Listens to me when I need to talk.						
16. Makes suggestions when I do not know what to do.						
17. Gives me good advice.						
18. Helps me solve problems by giving me information.						
19. Tells me I did a good job when 1 do something well.						
20. Nicely tells me when I make mistakes.						
21. Rewards me when I have done something well.						
22. Helps me practice my activities.						
23. Takes time to help me decide things.						
24. Gets me many of the things I need.						

MY TEACHERS	**How often?**					
	1. Never	2. Rarely	3. Sometimes	4. Mostly	5. Almost always	6. Always
25. Care about me.						
26. Treat me fairly.						
27. Make it okay to ask questions.						
28. Explain things that I do not understand.						
29. Show me how to do things.						
30. Help me solve problems by giving me information.						
31. Tell me I did a good job when I have done something well.						
32. Nicely tell me when I make mistakes.						
33. Tell me how well I do on tasks.						
34. Make sure I have what 1 need for school.						
35. Take time to help me learn to do something well.						
36. Spend time with me when I need help.						

MY CLASSMATES	**How often?**					
	1. Never	2. Rarely	3. Sometimes	4. Mostly	5. Almost always	6. Always
37. Treat me nicely.						
38. Like lots of my ideas and opinions.						
39. Pay attention to me.						
40. Give me ideas when I do not know what to do.						
41. Give me information so I can learn new things.						
42. Give me good advice.						
43. Tell me I did a good job when I have done something well.						
44. Nicely tell me when I make mistakes.						
45. Notice when 1 have worked hard.						
46. Ask me to join activities.						
47. Spend time doing things with me.						
48. Help me with projects in class.						

MY CLOSE FRIEND	**How often?**					
	1. Never	2. Rarely	3. Sometimes	4. Mostly	5. Almost always	6. Always
49. Understands my feelings.						
50. Sticks up for me when others behave badly						
51. Helps me when I am alone.						
52. Gives me ideas when I do not know what to do.						
53. Gives me good advice.						
54. Explains things when I do not understand.						
55. Tells me he or she likes that I have done.						
56. Nicely tells me when I make mistakes.						
57. Tells me truths about things that I have done.						
58. Helps me when I need.						
59. Shares his or her things with me.						
60. Spends time to help me to solve my problems.						

APPENDIX B

CHILD AND ADOLESCENT SOCIAL SUPPORT SCALE (TURKISH)

Bu çalışmada sizden, aileniz, öğretmenleriniz, yakın arkadaşınız veya okuldaki kişilerden aldığınız destekler konusunda ilgili maddeleri yanıtlamanız istenecektir. Her cümleyi dikkatlice okuyup, dürüstçe yanıtlayın. Yanıtlarda doğru veya yanlış cevap yoktur. Önemli olan sizin için gerçekte geçerli olanı belirtmenizdir. Tüm cümleleri atlamadan yanıtlayınız.

Aşağıda bir örnek verilmiştir. Uygulamaya başlamadan önce dikkatlice okuyunuz.

ÖRNEK:

Öğretmenlerim sorunlarımın çözümünde bana yardım eder.	**Ne kadar sıklıkla?**					
	1. Hiçbir zaman	2. Nadiren	3. Bazen	4. Çoğunlukla	5. Hemen her zaman	6. Daima

Bu örnekte öğrenci sorunlarının çözümünde öğretmenlerinin ona yardım etmesini "**bazen"** diyerek, yapılan yardımı tanımlar.

Lütfen bir sorunuz olursa veya anlamadıysanız yardım isteyiniz. Hiçbir ayrıntıyı atlamayınız. Teşekkürler.

ANNEM	Ne kadar sıklıkla?					
	1. Hiçbir zaman	2. Nadiren	3. Bazen	4. Çoğunlukla	5. Hemen her zaman	6. Daima
1. Benimle gurur duyduğunu gösterir.						
2. Beni anlar.						
3. Konuşmaya ihtiyacım olduğunda beni dinler.						
4. Ne yapacağımı bilmediğimde önerilerde bulunur.						
5. Bana öğüt verir.						
6. Bana bilgi vererek, problemlerimi çözmeme yardımcı olur.						
7. Bir şeyi iyi yaptığımda, bana aferin der.						
8. Hata yaptığımda bana bunu uygun bir dil ile anlatır.						
9. Bir şeyi iyi yaptığımda beni ödüllendirir.						
10. Aktivitelerimi yapmamda bana yardımcı olur.						
11. Karar vermeme yardımcı olmak için bana zaman tanırlar.						
12. İhtiyacım olan pek çok şeyi bana alır.						

BABAM	**Ne kadar sıklıkla?**					
	1. Hiçbir zaman	2. Nadiren	3. Bazen	4. Çoğunlukla	5. Hemen her zaman	6. Daima
13. Benimle gurur duyduğunu gösterir.						
14. Beni anlar.						
15. Konuşmaya ihtiyacım olduğunda beni dinler.						
16. Ne yapacağımı bilmediğimde önerilerde bulunur.						
17. Bana öğüt verir.						
18. Bana bilgi vererek, problemlerimi çözmeme yardımcı olur.						
19. Bir şeyi iyi yaptığımda, bana aferin der.						
20. Hata yaptığımda bana bunu uygun bir dil ile anlatır.						
21. Bir şeyi iyi yaptığımda beni ödüllendirir.						
22. Aktivitelerimi yapmamda bana yardımcı olur.						
23. Karar vermeme yardımcı olmak için bana zaman tanırlar.						
24. İhtiyacım olan pek çok şeyi bana alır.						

ÖĞRETMENLERİM	**Ne kadar sıklıkla?**					
	1.Hiçbir zaman	2. Nadiren	3. Bazen	4. Çoğunlukla	5. Hemen her zaman	6. Daima
25. Bana ilgi gösterirler.						
26. Bana adil davranırlar.						
27. Soru sormama izin verirler.						
28. Anlamadığım şeyleri açıklarlar.						
29. İşleri nasıl yapacağımı gösterirler.						
30. Bana bilgi vererek, problemlerimi çözmeme yardımcı olurlar.						
31. Bir şeyi iyi yaptığımda, bana aferin derler.						
32. Hata yaptığımda bana bunu uygun bir dil ile anlatırlar.						
33. Görevlerimde ne derecede başarılı olduğumu bana söylerler.						
34. Okulda neye ihtiyacım olduğunu bilirler.						
35. Bir şeyi iyi yapmayı öğrenmem için bana zaman ayırıp, yardım ederler.						
36. Yardıma ihtiyacım olduğunda bana zaman ayırırlar.						

SINIF ARKADAŞLARIM	**Ne kadar sıklıkla?**					
	1. Hiçbir zaman	2. Nadiren	3. Bazen	4. Çoğunlukla	5. Hemen her zaman	6. Daima
37. Bana iyi davranırlar.						
38. Birçok fikir ve düşüncelerimi beğenirler.						
39. Bana ilgi gösterirler.						
40. Ne yapacağımı bilmediğim zaman bana fikir verirler.						
41. Onların bilgilerinden yeni şeyler öğrenirim.						
42. Bana öğüt verirler.						
43. İyi bir iş yaptığımda aferin derler.						
44. Hata yaptığım zaman bana bunu uygun bir dil ile söylerler.						
45. Çok çalıştığımda bunu fark ederler.						
46. Aktivitelere katılmamı isterler.						
47. Benimle bir şeyler yapmak için bana zaman ayırırlar.						
48. Sınıftaki işlerde bana yardım ederler.						

YAKIN ARKADAŞIM	**Ne kadar sıklıkla?**					
	1. Hiçbir zaman	2. Nadiren	3. Bazen	4. Çoğunlukla	5. Hemen her zaman	6. Daima
49. Benim duygularımı anlar.						
50. Diğerleri bana kötü davrandığında benim yanımda olur.						
51. Yalnız olduğumda bana yardım eder.						
52. Ne yapacağımı bilmediğimde bana fikirler verir.						
53. Bana öğütler verir.						
54. Anlamadığım şeyleri açıklar.						
55. Yaptığım şeyden hoşlandığını söyler.						
56. Hata yaptığım zaman bunu uygun bir dil ile söyler.						
57. Yaptığım şeyler hakkında bana doğruyu söyler.						
58. İhtiyacım olduğunda bana yardım eder.						
59. Kendisi ile ilgili şeyleri benimle paylaşır.						
60. Problemlerimi çözmemde, bana yardım etmek için zaman ayırır.						

APPENDIX C

STRENGTHS AND DIFFICULTIES QUESTIONNAIRE (ENGLISH)

Strengths and Difficulties Questionnaire S 11-17

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain . Please give your answers on the basis of how things have been for you over the last six months.

Your name..... Male/Female

Date of birth.....

	Not True	Somewhat True	Certainly True
I try to be nice to other people. I care about their feelings	☐	☐	☐
I am restless, I cannot stay still for long	☐	☐	☐
I get a lot of headaches, stomach-aches or sickness	☐	☐	☐
I usually share with others, for example CD's, games, food	☐	☐	☐
I get very angry and often lose my temper	☐	☐	☐
I would rather be alone than with people of my age	☐	☐	☐
I usually do as I am told	☐	☐	☐
I worry a lot	☐	☐	☐
I am helpful if someone is hurt, upset or feeling ill	☐	☐	☐
I am constantly fidgeting or squirming	☐	☐	☐
I have one good friend or more	☐	☐	☐
I fight a lot. I can make other people do what I want	☐	☐	☐
I am often unhappy, depressed or tearful	☐	☐	☐
Other people my age generally like me	☐	☐	☐
I am easily distracted, I find it difficult to concentrate	☐	☐	☐
I am nervous in new situations. I easily lose confidence	☐	☐	☐
I am kind to younger children	☐	☐	☐
I am often accused of lying or cheating	☐	☐	☐
Other children or young people pick on me or bully me	☐	☐	☐
I often offer to help others (parents, teachers, children)	☐	☐	☐
I think before I do things	☐	☐	☐
I take things that are not mine from home, school or elsewhere	☐	☐	☐
I get along better with adults than with people my own age	☐	☐	☐
I have many fears, I am easily scared	☐	☐	☐
I finish the work I'm doing. My attention is good	☐	☐	☐

Your Signature .....

Today's Date .....

Thank you very much for your help

© Robert Goodman, 2005

APPENDIX D

STRENGTHS AND DIFFICULTIES QUESTIONNAIRE (TURKISH)

GÜÇLER VE GÜÇLÜKLER ANKETİ (SDQ-Tur)

Her cümle için, Doğru Değil, Kısmen Doğru, Tamamen Doğru kutularından birini işaretleyiniz. Kesinlikle emin olamasanız ya da size anlamsız görünse de elinizden geldiğince tüm cümleleri yanıtlamanız bize yardımcı olacaktır. Lütfen yanıtlarınızı son 6 ay içindeki durumunuzu göz önüne alarak veriniz.

Adınız: ..... Kız / Erkek

Doğum Tarihi: .....

	Doğru Değil	Kısmen Doğru	Kesinlikle Doğru
İnsanlara karşı iyi davranmaya çalışırım. Onların duygularını önemserim.	☐	☐	☐
Uzun süre kıpırdamadan oturamam, huzursuz olurum.	☐	☐	☐
Çok fazla baş ağrım, karın ağrım ya da bulantım olur.	☐	☐	☐
Genellikle başkalarıyla paylaşırım (Örn. Yiyeceklerimi, oyunlarımı, kalemimi v.s.).	☐	☐	☐
Çok öfkelenirim ve sıkça kontrolümü kaybederim.	☐	☐	☐
Genellikle kendi başımayım. Genelde yalnız oynarım ya da başkalarıyla birlikte olmaktan kaçınırım.	☐	☐	☐
Genellikle bana söyleneni yaparım.	☐	☐	☐
Çok endişelenirim.	☐	☐	☐
Eğer birisi incinmiş, morali bozulmuş ya da kendini kötü hissediyor ise ona yardım ederim.	☐	☐	☐
Sürekli, ellerim ve ayaklarım kıpır kıpırdır, ya da oturduğum yerde kıpırdanıp dururum.	☐	☐	☐
En az bir yakın arkadaşım var.	☐	☐	☐
Çok kavga ederim. Diğer insanlara istediğimi yaptırabilirim.	☐	☐	☐
Sıkça mutsuz, kederli yada ağlamaklıyım.	☐	☐	☐
Yaşıtlarım genelde beni sever.	☐	☐	☐
Dikkatim kolayca dağılır, dikkatimi toplamakta güçlük çekerim.	☐	☐	☐
Yeni ortamlarda gerginim. Kendime güvenimi kolayca kaybederim.	☐	☐	☐
Kendimden küçüklere iyi davranırım.	☐	☐	☐
Sıkça hile yapmak ya da yalan söylemekle suçlanırım.	☐	☐	☐
Diğer çocuklar ya da gençler bana takarlar ya da benimle alay ederler.	☐	☐	☐
Sıkça başkalarına (anne baba, öğretmen, çocuklar) yardım etmeye istekli olurum.	☐	☐	☐
Bir şeyi yapmadan önce düşünürüm.	☐	☐	☐
Ev, okul ya da başka bir yerden benim olmayan şeyleri alırım.	☐	☐	☐
Erişkinlerle yaşıtlarımdan daha iyi geçinirim.	☐	☐	☐
Pek çok korkum var. Kolayca ürkerim.	☐	☐	☐
Yaptığım işleri bitiririm. Dikkatim iyidir.	☐	☐	☐

Tarih : .....

Yardımınız için teşekkür ederiz

© Robert Goodman, 2005

APPENDIX E

ADOLESCENT PARTICIPANT INFORMATION FORM (ENGLISH)

Date (dd/mm/yyyy): (__/__/____)

1. Date of birth (dd/mm/yyyy): __/__/____
2. Gender: _____
3. Do you go to school? Yes ( ) No ( )

   If your answer is "YES", what is the name of the school?

   _____
4. If you do not go to a school, what was the last grade that you have completed? _____
5. Do you have siblings? Yes ( ) No ( )

   If your answer is "YES", how many siblings do you have?

   _____
6. What are the ages and gender of your siblings?

	Age	Gender
Sibling 1		
Sibling 2		
Sibling 3		
Sibling 4		
Sibling 5		
Sibling 6		
Sibling 7		
Sibling 8		
Sibling 9		
Sibling 10		

,

7. Do you work now? Yes ( ) No ( )

   If your answer is “YES”, what is your job? _____

8. How long have you been working in this job (mm/yyyy)?

   _____

9. What type of jobs have you worked in up to now? _____

10. How many months/years have you been working totally? __ / ____

11. Do you have anyone that you can take allowance when you need it?

    Yes ( ) No ( )

12. Do you live with your family? Yes ( ) No ( )

13. If you do not live with your family, how long have you been living apart from your family? __ / ____

14. How many people are there in your family? _____

15. How many rooms are there in your home? _____

16. Do you have your own room? Yes ( ) No ( )

    If your answer is “NO”, how many people are you sharing with?

    _____

17. Do you have your own bed? Yes ( ) No ( )

18. Do you think that your home is crowded? Yes ( ) No ( )

19. What type of heating system do you use in your home?

    Stove ( ) Natural Gas ( )

20. Do you think that your home gets warm enough in winter? Yes ( ) No ( )

21. How many meals do you have a day? _____

    1 ( ) 2 ( ) 3 or more ( )

22. How many different types of meal do you eat at your lunch and dinner?

    1 ( ) 2 ( ) 3 or more ( )

23. Do you consume cheese, milk, and egg at your breakfast? Yes ( ) No ( )

    If your answer is “YES”, can you mark the best choice that shows your frequency of consuming?

    Every day ( )

    Two times a week or more ( )

    Once a week ( )

    A few times in a month ( )

    I cannot consume once a month ( )

24. Do you eat chicken, fish, and meat? Yes ( ) No ( )

    If your answer is “YES”, can you mark the best choice that shows your frequency of eating?

    Every day ( )

    Two times a week or more ( )

    Once a week ( )

    A few times in a month ( )

    I cannot eat once a month ( )

25. Do you eat vegetables and fruit? Yes ( ) No ( )

    If your answer is “YES”, can you mark the best choice that shows your frequency of eating?

    Every day ( )

    Two times a week or more ( )

    Once a week ( )

    A few times in a month ( )

    I cannot eat once a month ( )

26. Do you consume crisps, cola, and biscuits? Yes ( ) No ( )

    If your answer is “YES”, can you mark the best choice that shows your frequency of consuming?

    Every day ( )

    Two times a week or more ( )

    Once a week ( )

    A few times in a month ( )

    I cannot consume once a month ( )

27. Do you go to dine out? Yes ( ) No ( )

    If your answer is “YES”, can you mark the best choice that shows your frequency of going to dine out?

    Every day ( )

    Two times a week or more ( )

    Once a week ( )

    Once in a month ( )

    Once every two or three months ( )

28. Do you go on holiday? Yes ( ) No ( )

29. Do you attend to cultural activities like cinema or theater? Yes ( ) No ( )

    If your answer is “YES”, how many times have you attended in the last 6 months? _____

30. Do you have your own cell phone? Yes ( ) No ( )

31. Do you have your own computer? Yes ( ) No ( )

32. Is there an internet connection in your home? Yes ( ) No ( )

APPENDIX F

ADOLESCENT PARTICIPANT INFORMATION FORM (TURKISH)

Tarih (Gün/Ay/Yıl): (__/__/____)

1. Doğum tarihin (Gün/Ay/Yıl): __ / __ / ____
2. Cinsiyetin: _____
3. Şu anda okula gidiyor musun? Evet ( ) Hayır ( )

   Cevabın 'EVET' ise, gittiğin okulun ismi nedir? _____
4. Okula gitmiyorsan, en son kaçıncı sınıfı tamamladın? _____
5. Kardeşin var mı? Evet ( ) Hayır ( )

   Cevabın 'EVET' ise, kaç kardeşin var? _____
6. Kardeşlerinin yaşı ve cinsiyeti nedir?

	Yaş	Cinsiyet
1. Kardeş		
2. Kardeş		
3. Kardeş		
4. Kardeş		
5. Kardeş		
6. Kardeş		
7. Kardeş		
8. Kardeş		
9. Kardeş		
10. Kardeş		

7. Şu anda para kazandığın düzenli bir işte çalışıyor musun? Evet ( ) Hayır ( )

   Cevabın 'EVET' ise, ne iş yapıyorsun? _____
8. Bu işte ne kadar süredir çalışıyorsun (Ay/Yıl)? __ / ____
9. Daha önce para kazanmak için hangi işlerde çalıştın? _____

10. Toplamda kaç aydır/ yıldır çalışıyorsun? _____

11. İhtiyacın olduğunda (harçlık gibi) sana para veren biri var mı?

Evet ( ) Hayır ( )

12. Ailen ile mi yaşıyorsun? Evet ( ) Hayır ( )

13. Ailenle yaşamıyorsan; ne kadar süredir ailenden ayrı yaşıyorsun?

_____

14. Yaşadığın evde kaç kişi var? _____

15. Yaşadığın evde kaç oda var? _____

16. Yaşadığın evde kendine ait bir odan var mı? Evet ( ) Hayır ( )

Cevabın 'HAYIR' ise, odanı kaç kişiyle paylaşıyorsun?

_____

17. Yaşadığın evde kendine ait bir yatağın var mı? Evet ( ) Hayır ( )

18. Yaşadığın evin kalabalık olduğunu düşünüyor musun? Evet ( ) Hayır ( )

19. Yaşadığın evde kullandığınız ısıtma sistemi hangisidir?

Soba ( ) Doğalgaz ( )

20. Yaşadığın evin kışın yeterince ısındığını düşünüyor musun?

Evet ( ) Hayır ( )

21. Günde kaç öğün yemek yiyorsun?

1 ( ) 2 ( ) 3 ya da daha fazla ( )

22. Öğle ve akşam yemeklerinde sofrada kaç çeşit yemek bulunuyor?

1 ( ) 2 ( ) 3 ya da daha fazla ( )

23. Kahvaltıda peynir, süt, yumurta gibi yiyecekleri tüketiyor musun?

Evet ( ) Hayır ()

Cevabın 'EVET' ise, bu yiyecekleri ne sıklıkla yediğini en iyi gösteren seçeneği belirtir misin?

Her gün yerim ( )

Haftada iki ya da daha fazla kez yerim ( )

Haftada bir kez yerim ( )

Ayda birkaç kez yerim ( )

Ayda bir yiyemiyorum ( )

24. Tavuk, balık, et gibi yiyecekleri tüketiyor musun? Evet ( ) Hayır ( )

Cevabın 'EVET' ise, bu yiyecekleri ne sıklıkla yediğini en iyi gösteren seçeneği belirtir misin?

Her gün yerim ( )

Haftada iki ya da daha fazla kez yerim ( )

Haftada bir kez yerim ( )

Ayda birkaç kez yerim ( )

Ayda bir yiyemiyorum ( )

25. Sebze ve meyve tüketiyor musun? Evet ( ) Hayır ( )

Cevabın 'EVET' ise, bu yiyecekleri ne sıklıkla yediğini en iyi gösteren seçeneği belirtir misin?

Her gün yerim ( )

Haftada iki ya da daha fazla kez yerim ( )

Haftada bir kez yerim ( )

Ayda birkaç kez yerim ( )

Ayda bir yiyemiyorum ( )

26. Cips, kola, bisküvi gibi yiyecekleri tüketiyor musun? Evet ( ) Hayır ( )

Cevabın 'EVET' ise, bu yiyecekleri ne sıklıkla yediğini en iyi gösteren seçeneği belirtir misin?

Her gün yerim ( )

Haftada iki ya da daha fazla kez yerim ( )

Haftada bir kez yerim ( )

Ayda birkaç kez yerim ( )

Ayda bir yiyemiyorum ( )

27. Dışarıda restoran ve lokanta gibi yerlerde yemek yer misin? Evet ( ) Hayır ( )

Cevabın 'EVET' ise, ne sıklıkla yediğini en iyi gösteren seçeneği belirtir misin?

Her gün yerim ( )

Haftada iki ya da daha fazla kez yerim ( )

Haftada bir kez yerim ( )

Ayda bir kez yerim ( )

İki ya da üç ayda bir kez yerim ( )

28. Tatile gidiyor musun? Evet ( ) Hayır ( )

29. Sinema, tiyatro gibi kültürel etkinliklere gidiyor musun? Evet ( ) Hayır ( )

Cevabın 'EVET' ise, son 6 ayda kaç kez gittin? _____

30. Kendine ait cep telefonun var mı? Evet ( ) Hayır ( )

31. Kendine ait bilgisayarın var mı? Evet ( ) Hayır ( ) Ortak kullanıyorum ( )

32. Evinizde internet var mı? Evet ( ) Hayır ( )

APPENDIX G

SYRIAN PARENT PARTICIPANT INFORMATION FORM (ENGLISH)

Date (dd/mm/yyyy): (__/__/____)

1. Date of birth (dd/mm/yyyy): __/__/____
2. Gender: _____
3. Do you work now? Yes ( ) No ( )

   If your answer is "YES", what is your job? _____
4. Is your child's father alive? Yes ( ) No ( )

   If your answer is "YES", what is his job? _____
5. Your educational status: Elementary School ( ) Secondary School ( )

   High School ( ) University ( ) Illiterate ( )
6. Educational status of your husband: Elementary School ( )

   Secondary School ( ) High School ( ) University ( ) Illiterate ( )
7. When did your child leave his/her country? (dd/mm) __ / ____
8. When did your child come to Turkey? (dd/mm) __ / ____
9. Has your child ever lived in refugee camps? Yes ( ) No ( )

   If your answer is "YES", how long has s/he lived in camps? (dd/mm)

   __ / ____
10. Where was the camp in that your child lived? _____
11. Have your family members lost their lives during the civil war in Syria or during the migration process?

    Yes ( ) No ( )

    If your answer is YES, who were them?

    _____

12. When your child is ill or needed, can you go to a doctor? Yes ( ) No ( )

13. When your child is ill, can you take drugs that your child needs?

Yes ( ) No ( )

14. Does your child have a health problem? Yes ( ) No ( )

If your answer is “YES”, what is the name of this problem?

_____

15. How long has s/he had this health problem? (dd/mm) __ / ____

16. Can you access health services for this health problem? Yes ( ) No ( )

17. Does your child have a psychological problem? Yes ( ) No ( )

If your answer is “YES”,

17.a What is the name of this problem?

_____

17.b Has your child been diagnosed because of this psychological problem?

Yes ( ) No ( )

17.c How long has s/he had this psychological problem? (dd/mm) __ / ____

17.d Have you received professional help because of these psychological problems after coming to Turkey?

Yes ( ) No ( )

18. Does your child go to school? Yes ( ) No ( )

19. Has your child changed his/her school in Turkey? Yes ( ) No ( )

If your answer is “YES”, how many schools has s/he changed?

_____

20. Does your home belong to you?

Tenant ( ) Homeowner ( )

21. What are the degrees and ages of people that stayed in your home?

	Age	Degree
Person 1		
Person 2		
Person 3		
Person 4		
Person 5		
Person 6		
Person 7		
Person 8		
Person 9		
Person 10		

22. Is there any problem in your home like flood or influx of water from the roof?

Yes ( ) No ( )

23. Do your home's walls get humid and mildewed? Yes ( ) No ( )

24. Do your home's rooms get enough light? Yes ( ) No ( )

25. Which of the sentences below better explain your financial situation?

1. Often, we do not have enough money to meet our basic needs like nourishment and rental payment
2. Month by month, we have enough money to afford our basic needs
3. We can easily meet our basic needs
4. We have enough income to live high

26. Does your family get help? Yes ( ) No ( )

If your answer is "YES", which type of help does your family gets?

Money ( ) Food ( ) Dress ( )

APPENDIX H

SYRIAN PARENT PARTICIPANT INFORMATION FORM (TURKISH)

Tarih (Gün/Ay/Yıl): (__/__/____)

1. Doğum Tarihiniz (Gün/Ay/Yıl): __ / __ / ____
2. Cinsiyetiniz: _____
3. Çalışıyor musunuz? Evet ( ) Hayır ( )

   Cevabınız 'EVET' ise, şu anda ne iş yapıyorsunuz? _____
4. Çocuğunuzun babası hayatta mı? Evet ( ) Hayır ( )

   Cevabınız 'EVET' ise, şu anda ne iş yapıyor? _____
5. Eğitim durumunuz: İlkokul ( ) Ortaokul ( ) Lise ( )

   Üniversite ( ) Okur-Yazar Değil ( )
6. Babanın eğitim durumu: İlkokul ( ) Ortaokul ( ) Lise ( )

   Üniversite ( ) Okur-Yazar Değil ( )
7. Çocuğunuz ülkesinden hangi tarihte ayrıldı? (Ay/Yıl) __ / ____
8. Çocuğunuz Türkiye'ye hangi tarihte geldi? (Ay/Yıl) __ / ____
9. Çocuğunuz hiç kamplarda yaşadı mı? Evet ( ) Hayır ( )

   Cevabınız 'EVET' ise, kamplarda kaç ay/ yıl yaşadı? _____
10. Yaşadığı kamp hangi şehirdeydi? _____
11. İç savaş sırasında veya Suriye'den göç ederken ailenizden hayatını kaybedenler oldu mu?

    Evet ( ) Hayır ( )

    Cevabınız 'EVET' ise, yakınlık dereceleri nedir?

    _____

12. Çocuğunuzu hasta olduğunda veya ihtiyacı olduğunda doktora götürebiliyor musunuz?

Evet ( ) Hayır ( )

13. Çocuğunuz hasta olduğunda ihtiyacı olan ilaçları alabiliyor musunuz?

Evet ( ) Hayır ( )

14. Çocuğunuzun şu an sağlık problemi/leri var mı?

Evet ( ) Hayır ( )

Cevabınız 'EVET' ise, bu sağlık problemi/leri nedir?

_____

15. Çocuğunuzun bu sağlık problemi/leri ne zamandan beri bulunmaktadır?

(Ay/Yıl) __ / ____

16. Bu sağlık sorun/ engeli için sağlık hizmetlerine ulaşabiliyor musunuz?

Evet ( ) Hayır ( )

17. Çocuğunuzun şu an psikolojik problemi/leri var mı? Evet ( ) Hayır ( )

Cevabınız 'EVET' ise,

17. a Bu psikolojik problem/ler nedir?

_____

17. b Çocuğunuza psikiyatrik bir teşhis konuldu mu?

Evet ( ) Hayır ( )

17. c Çocuğunuzun bu psikolojik problemi/leri ne zamandan beri bulunmaktadır? (Ay/Yıl) __ / ____

17. d Türkiye'ye geldikten sonra, çocuğunuzun psikolojik probleminden dolayı bir yardım aldınız mı?

Evet ( ) Hayır ( )

18. Çocuğunuz şu an okula gidiyor mu? Evet ( ) Hayır ( )

19. Çocuğunuz Türkiye'de okul değiştirdi mi? Evet ( ) Hayır ( )

Cevabınız 'EVET' ise, kaç kere okul değiştirdi? _____

20. Yaşadığınız ev size mi ait? Kira ( ) Kendi evimiz ( )

21. Yaşadığın evde kalan kişilerin size olan yakınlığı ve yaşı nedir?

	Yaş	Yakınlık
1. Kişi		
2. Kişi		
3. Kişi		
4. Kişi		
5. Kişi		
6. Kişi		
7. Kişi		
8. Kişi		
9. Kişi		
10. Kişi		

22. Yaşadığınız evde su basması veya çatıdan su akması gibi sorunlar olur mu?

Evet ( ) Hayır ( )

23. Yaşadığınız evde duvarlar nem alıp küflenir mi? Evet ( ) Hayır ( )

24. Yaşadığınız evde odaların yeterli ışık aldığını düşünüyor musun?

Evet ( ) Hayır ( )

25. Aşağıdakilerden hangisi evinin şu anki maddi durumunu daha iyi tanımlar?

1. Sık sık yemek ve kira gibi temel ihtiyaçlarımız için bile yeterli paramız olmaz ( )
2. Aydan aya ancak temel ihtiyaçlarımızı idare edebilecek kadar paramız var ( )
3. Temel ihtiyaçlarımızı rahatça karşılayabiliyoruz ( )
4. Rahatça yaşamak için yeterli gelirimiz var ( )

26. Aileniz yardım alıyor mu? Evet ( ) Hayır ( )

Cevabın ‘EVET’ ise, ailen aşağıdaki hangi yardımları alıyor?

Para ( ) Gıda ( ) Kıyafet ( )

APPENDIX I

SYRIAN PARENT PARTICIPANT INFORMATION FORM (ARABIC)

الـم يلاد تـ اريـ خ

الـ جـ نس

هل تعمل؟ نعم / لا

لو كان جوابك 'نعم' فما هو عملك في الوقت الراهن؟

هل أبو طفلكم على قيد الحياة؟ نعم / لا

لو كان جوابك 'نعم' فما هو عمله في الوقت الراهن؟

: لوضع التعليمي

المدرسة الإبتدائية \ المدرسة المتوسطة \ الثانوية \ الجامعة \ أمي

: الوضع التعليمي للأب

المدرسة الإبتدائية \ المدرسة المتوسطة \ الثانوية \ الجامعة \ أمي

بـ لده؟ الـ ط فل غادر مـ تى

تـ ركـ يا؟ إلـ ى الـ ولـ د جاء مـ تى

لا أو نـ عم قـ بل؟ من لـ لاجـ ئ ين مخـ يم فـ ي أقـ ام أن لـ لطـ فل سـ بق لهـ

إذا كان الجواب بنعم كم المدة التي أقام فيها الطفل في المخيم؟

الـ ط فل؟ فـ يه أقـ ام الـ ذي الـ مخـ يم يـ قع أيـ ن

لا أو نـ عم ؟ الـ هجرة أثـ ناء أو سوريـ ا فـ ي الـ حرب أثـ ناء حـ ياتـ ه لـ ةالـ عائ أفـ راد أحد فـ قد هل

هم؟ فـ من بـ نـ عم الـ جواب كـ ان إذا

هل يمكنكم أخذ طفلكم الى الطبيب عندما يمرض؟ نعم \ لا

هل يمكنكم شراء الأدوية اللازمة لطفلكم عندما يمرض؟ نعم \ لا

لا أو صحية؟نعم مشاكل أي من الطفل يعاني هل

المرض؟ اسم هو فما بنعم اب الجوكان إذا

الصحية؟ المشكلة هذه من المعاناة في الولد قضاها التي المدة ماهي

هل يمكنكم الوصول لخدمات تعالج هذه المشكلة الصحية \ الإعاقة؟ نعم \ لا

لا أو نعم نفسية؟ مشكلة أي من الطفل يعاني هل

المرض؟ اسم هو فما بنعم الجواب كان إذا

لا أو نعم النفسية؟ المشكلة هذه بسبب فالطتشخيص تم هل

منذ متى و طفلكم يعاني من هذه المشكلة النفسية؟

لا أو نعم تركيا؟ إلى جاء عندما المشكلة هذه بسبب احترافية مساعدة الولد تلقى هل

لا أو نعم المدرسة؟ إلى طفلك يذهب هل

لا أو نعم تركيا؟ في مدرسته طفلك غير هل

طفلك؟ غيرها قد مدرسة فكم عمن الجواب كان إذا

هل ملكية البيت االذي تعيشون فيه تعود لكم؟ أجار \ بيتنا الخاص

هل الأشخاص الذين تعيشون معهم يكنون لكم بصلة قرابة؟ و كم هو عمرهم؟

القرابة	العمر	
		الشخص الأول
		الشخص الثاني
		الشخص الثالث
		الشخص الرابع
		الشخص الخامس
		الشخص السادس
		الشخص السابع
		الشخص الثامن
		الشخص التاسع
		الشخص العاشر

هل يوجد تسريب ماء أو سيلان ماء من الجدران و ما شابه في بيتكم؟ نعم / لا

هل تأخذ الجدران رطوبة و تتعفن في البيت الذي أنتم فيه؟ نعم / لا

هل يوجد ما يكفي من الضوء و الإنارة في البيت الذي تعيشون فيه؟ نعم / لا

أي من هذه تصف حالكم بشكل أدق؟

( ) دائما لا نجد ما يكفي من المال للأكل و دفع الأجار

( ) يوجد ما يكفينا من المال بحيث أن ندبر أمورنا من الشهر للشهر

( ) يوجد ما يكفينا لأجل أمورنا الأساسية بشكل وفير و مريح

( ) يوجد لدينا وارد يكفينا لنعيش بسهولة

هل تأخذ عائلتكم أي اعانة أو مساعدة؟

لو كان الجواب 'نعم' فأي من هذه هي المساعدات التي تأخذها؟

نقود أغذية ملابس

APPENDIX J

TURKISH PARENT PARTICIPANT INFORMATION FORM (ENGLISH)

Date (dd/mm/yyyy): (__/__/____)

1. Date of birth (dd/mm/yyyy): __/__/____
2. Gender: _____
3. Do you work now? Yes ( ) No ( )

   If your answer is "YES", what is your job? _____
4. Is your child's father alive? Yes ( ) No ( )

   If your answer is "YES", what is his job? _____
5. Your educational status: Elementary School ( ) Secondary School ( )

   High School ( ) University ( ) Illiterate ( )
6. Educational status of your husband: Elementary School ( )

   Secondary School ( ) High School ( ) University ( ) Illiterate ( )
7. When your child is ill or needed, can you go to a doctor? Yes ( ) No ( )
8. When your child is ill, can you take drugs that your child needs?

   Yes ( ) No ( )
9. Does your child have a health problem? Yes ( ) No ( )

   If your answer is "YES", what is the name of this problem?

   _____
10. How long has s/he had this health problem? (dd/mm) __ / ____
11. Can you access health services for this health problem? Yes ( ) No ( )
12. Does your child have a psychological problem? Yes ( ) No ( )

If your answer is “YES”,

12.a What is the name of this problem?

_____

12.b Has your child been diagnosed because of this psychological problem?

Yes ( ) No ( )

12.c How long has s/he had this psychological problem? (dd/mm) __ / ____

12.d Have you received professional help because of these psychological problems?

Yes ( ) No ( )

13. Does your child go to school? Yes ( ) No ( )

14. Does your home belong to you?

Tenant ( ) Homeowner ( )

15. What are the degrees and ages of people that stayed in your home?

	Age	Degree
Person 1		
Person 2		
Person 3		
Person 4		
Person 5		
Person 6		
Person 7		
Person 8		
Person 9		
Person 10		

16. Is there any problem in your home like flood or influx of water from the roof?

Yes ( ) No ( )

17. Do your home’s walls get humid and mildewed? Yes ( ) No ( )

18. Do your home’s rooms get enough light? Yes ( ) No ( )

19. Which of the sentences below better explain your financial situation?

    1. Often, we do not have enough money to meet our basic needs like nourishment and rental payment
    2. Month by month, we have enough money to afford our basic needs
    3. We can easily meet our basic needs
    4. We have enough income to live high

20. Does your family get help? Yes ( ) No ( )

    If your answer is “YES”, which type of help does your family gets?

    Money ( ) Food ( ) Dress ( )

APPENDIX K

TURKISH PARENT PARTICIPANT INFORMATION FORM (TURKISH)

Tarih (Gün/Ay/Yıl): (__/__/____)

1. Doğum Tarihiniz (Gün/Ay/Yıl): __ / __ / ____
2. Cinsiyetiniz: _____
3. Çalışıyor musunuz? Evet ( ) Hayır ( )

   Cevabınız 'EVET' ise, şu anda ne iş yapıyorsunuz? _____
4. Çocuğunuzun babası hayatta mı? Evet ( ) Hayır ( )

   Cevabınız 'EVET' ise, şu anda ne iş yapıyor? _____
5. Eğitim durumunuz: İlkokul ( ) Ortaokul ( ) Lise ( )

   Üniversite ( ) Okur-Yazar Değil ( )
6. Babanın eğitim durumu: İlkokul ( ) Ortaokul ( ) Lise ( )

   Üniversite ( ) Okur-Yazar Değil ( )
7. Çocuğunuzu hasta olduğunda veya ihtiyacı olduğunda doktora götürebiliyor musunuz?

   Evet ( ) Hayır ( )
8. Çocuğunuz hasta olduğunda ihtiyacı olan ilaçları alabiliyor musunuz?

   Evet ( ) Hayır ( )
9. Çocuğunuzun şu an sağlık problemi/leri var mı?

   Evet ( ) Hayır ( )

   Cevabınız 'EVET' ise, bu sağlık problemi/leri nedir?

   _____

10. Çocuğunuzun bu sağlık problemi/leri ne zamandan beri bulunmaktadır?

(Ay/Yıl) __ / ____

11. Bu sağlık sorun/ engeli için sağlık hizmetlerine ulaşabiliyor musunuz?

Evet ( ) Hayır ( )

12. Çocuğunuzun şu an psikolojik problemi/leri var mı? Evet ( ) Hayır ( )

Cevabınız 'EVET' ise,

12. a Bu psikolojik problem/ler nedir?

_____

12. b Çocuğunuza psikiyatrik bir teşhis konuldu mu? Evet ( ) Hayır ( )

12. c Çocuğunuzun bu psikolojik problemi/leri ne zamandan beri bulunmaktadır? (Ay/Yıl) __ / ____

12. d Çocuğunuzun psikolojik probleminden dolayı bir yardım alıyor musunuz?

Evet ( ) Hayır ( )

13. Çocuğunuz şu an okula gidiyor mu? Evet ( ) Hayır ( )

14. Yaşadığınız ev size mi ait? Kira ( ) Kendi evimiz ( )

15. Yaşadığınız evde kalan kişilerin size olan yakınlığı ve yaşı nedir?

	Yaş	Yakınlık
1. Kişi		
2. Kişi		
3. Kişi		
4. Kişi		
5. Kişi		
6. Kişi		
7. Kişi		
8. Kişi		
9. Kişi		
10. Kişi		

16. Yaşadığınız evde su basması veya çatıdan su akması gibi sorunlar olur mu?

Evet ( ) Hayır ( )

17. Yaşadığınız evde duvarlar nem alıp küflenir mi? Evet ( ) Hayır ( )

18. Yaşadığınız evde odaların yeterli ışık aldığını düşünüyor musunuz?

Evet ( ) Hayır ( )

19. Aşağıdakilerden hangisi evinin şu anki maddi durumunu daha iyi tanımlar?

1. Sık sık yemek ve kira gibi temel ihtiyaçlarımız için bile yeterli paramız olmaz ( )
2. Aydan aya ancak temel ihtiyaçlarımızı idare edebilecek kadar paramız var ( )
3. Temel ihtiyaçlarımızı rahatça karşılayabiliyoruz ( )
4. Rahatça yaşamak için yeterli gelirimiz var ( )

20. Aileniz yardım alıyor mu? Evet ( ) Hayır ( )

Cevabınız ‘EVET’ ise, ailen aşağıdaki hangi yardımları alıyor?

Para ( ) Gıda ( ) Kıyafet ( )

APPENDIX L

STORY (ENGLISH)

Once upon a time, there was a man who used to go to the ocean to enjoy with the sunrise. He saw starfishes that have washed ashore. At that time, he looked down the beach and saw a human figure. As he got closer, he noticed that the figure was a child who was reaching down to the shore, picking up starfishes, and throwing them into the ocean. He came closer still and asked out:

– Why are you throwing starfish into the ocean?

The child:

– Because they live in ocean, he replied.

The man continued to ask:

– But there are miles and miles of beach and there are starfish all along every mile. You can't possibly make a difference.

The child listened to the man, then bent down, picked up yet another starfish, and threw it into the ocean. He replied:

– It made a difference for that one.

The man realized that the child came to the beach not only to enjoy with the sunrise but also he wanted to make a difference. Then, the man joined with the child and he spent all morning time by throwing starfishes into the ocean.

QUESTIONS

1. Where did the child and the man meet?
2. What did the man see at the beach?
3. At the end of the story, what did the child and the man do together?

APPENDIX M

STORY (TURKISH)

DENİZ YILDIZININ HİKAYESİ

Adamın biri sabaha karşı, güneşin doğuşunun keyfini çıkarmak için sahile inmiş. Günlerdir süren dalgaların, deniz yıldızlarını kıyıya vurduğunu görmüş. O sırada, uzakta sahilde birini görmüş. Biraz yaklaştığında sahile vuran deniz yıldızlarını okyanusa atan bir çocuğun olduğunu fark etmiş. Çocuğa yaklaşarak sormuş:

– Deniz yıldızlarını neden okyanusa atıyorsun?

Çocuk:

– Çünkü deniz yıldızları suda yaşar, diye cevaplamış.

Adam devam etmiş:

– Sahil çok uzun ve binlerce deniz yıldızı var, hangi birini atacaksın. Ne fark edecek ki?

Çocuk, adamı dinledikten sonra bir deniz yıldızını daha okyanusa atmış ve cevaplamış:

– Bu deniz yıldızı için fark etti.

Adam, çocuğun yalnızca okyanus manzarasının keyfini çıkarmaya gelmeyip bir fark yaratmak istediğini anlamış ve ona katılarak bütün sabahı okyanusa deniz yıldızı atarak geçirmiş.

SORULAR

1. Çocuk ve adam nerede karşılaştı?
2. Adam kıyıda ne gördü?
3. Hikayenin sonunda adam çocukla birlikte ne yaptı?

APPENDIX N

ETHICS COMMITTEE APPROVAL

T.C.
BOĞAZİÇİ ÜNİVERSİTESİ
İnsan Araştırmaları Kurumsal Değerlendirme Alt Kurulu

Sayı: 2018-21

25 Nisan 2018

Betül Gülcan

Eğitim Bilimleri

Sayın Araştırmacı,

"Suriyeli Mülteci Ergenlerde Algılanan Sosyal Destek ve Psikolojik İyi Oluş" başlıklı projeniz ile ilgili olarak yaptığınız SBB-EAK 2018/18 sayılı başvuru İNAREK/SBB Etik Alt Kurulu tarafından 25 Nisan 2018 tarihli toplantıda incelenmiş ve uygun bulunmuştur.

Doç. Dr. Mehmet Yiğit Gürdal

Doç. Dr. Gül Sosay

Dr. Öğr. Üyesi İnci Ayhan

Dr. Öğr. Üyesi Bengü Börkan

Dr. Öğr. Üyesi Nur Yeniçeri

APPENDIX O

CONSENT FORM FOR TURKISH PARENT(ENGLISH)

The institution supporting for this study: Boğaziçi University

The name of the study: Perceived Social Support and the Psychological Well-Being in Adolescent Syrian Refugees

Project Coordinator: Assist. Prof. Bengü Börkan, Assist. Prof. Nihal Yeniad

E-mail address: bengu.borkan@boun.edu.tr, nihal.yeniad@boun.edu.tr

Telephone: 0.212.359.4614, 0.212.359.6574

The name of the researcher: Betül Gülcan

E-mail address: betul.gulcan@boun.edu.tr

Telephone: 05394126329

Dear Parents,

A study called Perceived Social Support and the Psychological Well-Being in Adolescent Syrian Refugees is conducted by Betül Gülcan, a Master's student in the Guidance and Psychological Counseling Program at Boğaziçi University under the supervision of Assist. Prof. Bengü Börkan and Assist. Prof. Nihal Yeniad. In this study, Syrian refugee adolescents' and Turkish adolescents' level of perceived social support and psychological well-being will be investigated and compared. We invite you to participate in this project to help us. Before your decision, we want to inform you about this project.

If you accept to participate in this project, first of all, you will be asked to fill a participant information form that includes questions related to your child, which will last 5 minutes. Then, your child will complete a participant information form,

which will last 10 minutes. The participant information form includes questions related to a child's and parents' age, educational level, and working status. Lastly, two questionnaires that measure perceived social support level and psychological well-being level will be applied. The questionnaires include 85 items and it is expected to last 20 minutes to apply.

This study is conducted for completely scientific reasons and the information you provide will be kept completely confidential. All the questionnaires will be destroyed after the study is finalized. Only the researchers will have access to reach collected information.

Your participation in this study depends completely on your own volition. You and your child may decide to withdraw from this study at any point. We will not pay you in the end.

In this research, personal questions related to participants' family and school life, emotional and behavioral aspects, perception of social support will be asked. When answering these questions, it is possible for participants to experience various affects. For these possible experiences of affect, professional help will be offered to participants.

For further questions related to this study, you may contact project coordinators from Boğaziçi University Department of Educational Sciences stated above. Furthermore, if you want to learn your rights related to this research, please contact with The Ethics Committee in Social Sciences and Humanities (INAREK or INAREK/SBB Ethic Sub Committee).

If you agree to participate in this research, please sign this form and return it to us in a closed envelope.

I, (name of the participant), ..., have read this form, and understood the scope of this study. I am fully aware of my right to ask any question. I understood that my child and I withdraw from this study at any point. I voluntarily agree to participate and agree with my child to participate in these conditions without any pressure or coercion.

I do not want to take / want to take a copy of this form (in this case the researcher keeps this copy).

Parents' Name-Surname:.....

Signature: .....

Date (dd/mm/yyyy): ...../...../.....

Name and Surname of the Researcher: Betül Gülcan

Signature: .....

Date (dd/mm/yyyy): ...../...../.....

APPENDIX P

CONSENT FORM FOR TURKISH PARENT (TURKISH)

Araştırmayı destekleyen kurum: Boğaziçi Üniversitesi

Araştırmanın adı: Suriyeli Mülteci Ergenlerde Algılanan Sosyal Destek ve Psikolojik İyi Oluş

Proje Yürütücüsü: Yrd. Doç. Dr. Bengü Börkan, Yrd. Doç. Dr. Nihal Yeniad

E-mail adresi: bengu.borkan@boun.edu.tr, nihal.yeniad@boun.edu.tr

Telefonu: 0.212.359.4614, 0.212.359.6574

Araştırmacının adı: Betül Gülcan

E-mail adresi: betul.gulcan@boun.edu.tr

Telefonu: 05394126329

Sayın Veli,

Boğaziçi Üniversitesi Psikolojik Danışmanlık ve Rehberlik Yüksek Lisans Bölümü öğrencisi Betül Gülcan ile Yrd. Doç. Dr. Bengü Börkan ve Yrd. Doç. Dr. Nihal Yeniad gözetiminde "Suriyeli Mülteci Ergenlerde Algılanan Sosyal Destek ve Psikolojik İyi Oluş" adı altında bilimsel bir araştırma projesi yürütülmektedir. Bu çalışmanın katılımcıları Suriyeli mülteci grubu ve Türk öğrenci grubu olmak üzere iki gruptan oluşmaktadır. Bu çalışmada Suriyeli mülteci ergen grubunun ve Türk öğrenci grubunun algılanan sosyal destek ve psikolojik iyi oluş seviyeleri incelenecek ve karşılaştırılacaktır. Bu araştırmada bize yardımcı olmanız için siz velilerimizi de projemize davet ediyoruz. Kararınızdan önce araştırma hakkında sizi bilgilendirmek istiyoruz.

Bu araştırmaya katılmayı kabul ettiğiniz takdirde öncelikle sizden 5 dk. sürecek olan, çocuğunuzla ilgili soruların yer aldığı bir katılımcı bilgi formu doldurmanız istenecektir. Daha sonra çocuğunuza yaklaşık 10 dk. sürecek olan katılımcı bilgi formu uygulanacaktır. Katılımcı bilgi formu öğrencilerin ve ebeveynlerinin yaşı, eğitimi ve çalışma durumu hakkında sorular içerecektir. Daha sonra ise algılanan sosyal destek ve psikolojik iyi oluşu ölçen toplam 85 maddeden oluşan 20 dk. sürecek olan iki anket uygulanacak ve çalışma sona erecektir.

Bu araştırma bilimsel bir amaçla yapılmaktadır ve katılımcı bilgilerinin gizliliği esas tutulmaktadır. Araştırmayı sonlandırdığımızda çocuğunuzun doldurduğu anketler imha edilecektir. Toplanan bilgilere sadece araştırmacıların ulaşımı olacaktır.

Bu araştırmaya katılmak tamamen isteğe bağlıdır. Katıldığınız takdirde çalışmanın herhangi bir aşamasında herhangi bir sebep göstermeden onayınızı çekme hakkına sahipsiniz. Çocuğunuz da dileğinde araştırmadan ayrılabilir. Sizden ücret talep etmiyoruz ve size herhangi bir ödeme yapmayacağız.

Araştırmada katılımcıların, aile ve okul hayatı, duygusal ve davranışsal yönleri, sosyal desteği nasıl algıladıkları gibi kişisel sorular sorulacaktır. Bu soruların yanıtlanması sırasında katılımcıların çeşitli duygulanımlar yaşamaları olasıdır. Katılımcılara yaşayabilecekleri olası duygulanımlara karşı, istedikleri takdirde, uzman desteği teklif edilecektir.

Araştırma projesi hakkında ek bilgi almak istediğiniz takdirde lütfen Boğaziçi Üniversitesi Eğitim Bilimleri Bölümü' nden yukarıda iletişim bilgileri verilen proje yürütücüleri ile temasa geçiniz. Ayrıca tez çalışması ile ilgili haklarınızı öğrenmek amacıyla yerel etik kurullarına (Boğaziçi Üniversitesi İnsan Araştırmaları Etik Alt Kurulu (INAREK veya INAREK/SBB Etik Alt Kurulu) danışabilirsiniz.

Eğer çocuğunuzun bu araştırma projesine katılmasını kabul ediyorsanız, lütfen bu formu imzalayıp kapalı bir zarf içerisinde bize geri yollayın.

Ben,....., yukarıdaki metni okudum istenen çalışmanın amacını anladım. Çalışma hakkında soru sorma fırsatı buldum. Bu çalışmayı istediğim zaman bırakabileceğimi anladım. Bu koşullarda söz konusu araştırmaya kendi isteğimle, hiçbir baskı ve zorlama olmaksızın katılmayı kabul ediyorum.

Formun bir örneğini aldım / almak istemiyorum (bu durumda araştırmacı bu kopyayı saklar).

Veli'nin Adı-Soyadı:.....

İmzası:.....

Tarih (gün/ay/yıl):...../...../.....

Araştırmacının Adı-Soyadı: Betül Gülcan

İmzası:.....

Tarih (gün/ay/yıl):...../...../.....

APPENDIX R

CONSENT FORM FOR SYRIAN PARENT (ENGLISH)

The institution supporting for this study: Boğaziçi University

The name of the study: Perceived Social Support and the Psychological Well-Being in Adolescent Syrian Refugee

Project Coordinator: Assist. Prof. Bengü Börkan, Assist. Prof. Nihal Yeniad

E-mail address: bengu.borkan@boun.edu.tr, nihal.yeniad@boun.edu.tr

Telephone: 0.212.359.4614, 0.212.359.6574

The name of the researcher: Betül Gülcan

E-mail address: betul.gulcan@boun.edu.tr

Telephone: 05394126329

Dear Parents,

A study called Perceived Social Support and the Psychological Well-Being in Adolescent Syrian Refugee is conducted by Betül Gülcan, a Master's student in the Guidance and Psychological Counseling Program at Boğaziçi University under the supervision of Assist. Prof. Bengü Börkan and Assist. Prof. Nihal Yeniad. In this study, Syrian refugee adolescents' and Turkish adolescents' level of perceived social support and psychological well-being will be investigated and compared. We invite you to participate in this project to help us. Before your decision, we want to inform you about this project.

If you accept to participate in this project, first of all, you will be asked to fill a participant information form that contains questions related to your child, which will last 5 minutes. Then, to learn your child's Turkish sufficiency, a story will be

given and three questions will be asked related to the story. If your child's Turkish level is adequate, s/he will complete a participant information form, which will last 10 minutes. The participant information form includes questions related to child's and parents' age, educational level, and working status. Lastly, two questionnaires that measure perceived social support level and psychological well-being level will be applied. The questionnaires include 85 items and it is expected to last 20 minutes to apply.

This study is conducted for completely scientific reasons and the information you provide will be kept completely confidential. All the questionnaires will be destroyed after the study is finalized. Only the researchers will have access to reach collected information.

Your participation in this study depends completely on your own volition. You and your child may decide to withdraw from this study at any point. We will not pay you in the end.

In this research, personal questions related to participants' family and school life, emotional and behavioral aspects, perception of social support will be asked. When answering these questions, it is possible for participants to experience various affects. For these possible experiences of affect, professional help will be offered to participants.

For further questions related to this study, you may contact project coordinators from Boğaziçi University Department of Educational Sciences stated above. Furthermore, if you want to learn your rights related to this research, please contact with The Ethics Committee in Social Sciences and Humanities (INAREK or INAREK/SBB Ethic Sub Committee).

If you agree to participate in this research, please sign this form and return it to us in a closed envelope.

I, (name of the participant), ..., have read this form, and understood the scope of this study. I am fully aware of my right to ask any question. I understood that my child and I withdraw from this study at any point. I voluntarily agree to participate and agree with my child to participate in these conditions without any pressure or coercion.

I do not want to take / want to take a copy of this form (in this case the researcher keeps this copy).

Parents' Name-Surname:.....

Signature: .....

Date (dd/mm/yyyy): ...../...../.....

Name and Surname of the Researcher: Betül Gülcan

Signature: .....

Date (dd/mm/yyyy): ...../...../.....

APPENDIX S

CONSENT FORM FOR SYRIAN PARENT (TURKISH)

Araştırmayı destekleyen kurum: Boğaziçi Üniversitesi

Araştırmanın adı: Suriyeli Mülteci Ergenlerde Algılanan Sosyal Destek ve Psikolojik İyi Oluş

Proje Yürütücüsü: Yrd. Doç. Dr. Bengü Börkan, Yrd. Doç. Dr. Nihal Yeniad

E-mail adresi: bengu.borkan@boun.edu.tr, nihal.yeniad@boun.edu.tr

Telefonu: 0.212.359.4614, 0.212.359.6574

Araştırmacının adı: Betül Gülcan

E-mail adresi: betul.gulcan@boun.edu.tr

Telefonu: 05394126329

Sayın Veli,

Boğaziçi Üniversitesi Psikolojik Danışmanlık ve Rehberlik Yüksek Lisans Bölümü öğrencisi Betül Gülcan ile Yrd. Doç. Dr. Bengü Börkan ve Yrd. Doç. Dr. Nihal Yeniad gözetiminde "Suriyeli Mülteci Ergenlerde Algılanan Sosyal Destek ve Psikolojik İyi Oluş" adı altında bilimsel bir araştırma projesi yürütülmektedir. Bu çalışmanın katılımcıları Suriyeli mülteci grubu ve Türk öğrenci grubu olmak üzere iki gruptan oluşmaktadır. Bu çalışmada Suriyeli mülteci ergen grubunun ve Türk öğrenci grubunun algılanan sosyal destek ve psikolojik iyi oluş seviyeleri incelenecek ve karşılaştırılacaktır. Bu araştırmada bize yardımcı olmanız için siz velilerimizi de projemize davet ediyoruz. Kararınızdan önce araştırma hakkında sizi bilgilendirmek istiyoruz.

Bu araştırmaya katılmayı kabul ettiğiniz takdirde öncelikle sizden 5 dk. sürecek olan, çocuğunuzla ilgili soruların yer aldığı bir katılımcı bilgi formu doldurmanız istenecektir. Daha sonra çocuğunuzun Türkçe yeterliliğini öğrenmek için ona kısa bir hikâye verilecek ve bu hikayeyle ilgili üç soru sorulacaktır. Türkçe seviyesi yeterli düzeyde olduğu takdirde çalışma 10 dk. sürecek olan katılımcı bilgi formunun uygulanmasıyla devam edecektir. Demografik form öğrencilerin ve ebeveynlerinin yaşı, eğitimi ve çalışma durumu hakkında sorular içerecektir. Daha sonra ise algılanan sosyal destek ve psikolojik iyi oluşu ölçen toplam 85 maddeden oluşan 20 dk. sürecek olan iki anket uygulanacak ve çalışma sona erecektir.

Bu araştırma bilimsel bir amaçla yapılmaktadır ve katılımcı bilgilerinin gizliliği esas tutulmaktadır. Araştırmayı sonlandırdığınızda çocuğunuzun doldurduğu anketler imha edilecektir. Toplanan bilgilere sadece araştırmacıların ulaşımı olacaktır.

Bu araştırmaya katılmak tamamen isteğe bağlıdır. Katıldığınız takdirde çalışmanın herhangi bir aşamasında herhangi bir sebep göstermeden onayınızı çekmek hakkına da sahipsiniz. Çocuğunuz da dileğinde araştırmadan ayrılabilir. Sizden ücret talep etmiyoruz ve size herhangi bir ödeme yapmayacağız.

Araştırmada katılımcıların, aile ve okul hayatı, duygusal ve davranışsal yönleri, sosyal desteği nasıl algıladıkları gibi kişisel sorular sorulacaktır. Bu soruların yanıtlanması sırasında katılımcıların çeşitli duygulanımlar yaşamaları olasıdır. Katılımcılara yaşayabilecekleri olası duygulanımlara karşı, istedikleri takdirde, uzman desteği teklif edilecektir. Ayrıca çalışma esnasında dilden kaynaklanan olası bir anlama ve anlaşılma problemiyle karşılaşılabilir. Bu problemi önlemek amacıyla tercüman hazır bulundurulacaktır.

Araştırma projesi hakkında ek bilgi almak istediğiniz takdirde lütfen Boğaziçi Üniversitesi Eğitim Bilimleri Bölümü' nden yukarıda iletişim bilgileri verilen proje yürütücüleri ile temasa geçiniz. Ayrıca tez çalışması ile ilgili haklarınızı öğrenmek amacıyla yerel etik kurullarına (Boğaziçi Üniversitesi İnsan Araştırmaları Etik Alt Kurulu (INAREK) veya INAREK/SBB Etik Alt Kurulu) danışabilirsiniz.

Eğer bu araştırma projesine katılmasını kabul ediyorsanız, lütfen bu formu imzalayıp kapalı bir zarf içerisinde bize geri yollayın.

Ben,....., yukarıdaki metni okudum istenen çalışmanın amacını anladım. Çalışma hakkında soru sorma fırsatı buldum. Bu çalışmayı istediğim zaman bırakabileceğimi anladım. Bu koşullarda söz konusu araştırmaya kendi isteğimle, hiçbir baskı ve zorlama olmaksızın katılmayı kabul ediyorum.

Formun bir örneğini aldım / almak istemiyorum (bu durumda araştırmacı bu kopyayı saklar).

Velinin Adı-Soyadı:.....

İmzası:.....

Tarih (gün/ay/yıl):...../...../.....

Araştırmacının Adı-Soyadı: Betül Gülcan

İmzası:.....

Tarih (gün/ay/yıl):...../...../.....

APPENDIX T

CONSENT FORM FOR SYRIAN PARENT (ARABIC)

مؤسسة دعم البحوث: جامعة Boğaziçi

اسم الاستطلاع: الدعم الاجتماعي والصحة النفسية من منظور اللاجئ السوري المراهق

مدير المشروع: أ. مساعد. أ. مشارك. بروفيسور. بينغو بوركان، أ. مساعد. أ. مشارك. بروفيسور. نهال ينياد

عنوان البريد الاكتروني: bengu.borkan@boun.edu.tr, nihal.yeniad@boun.edu.tr

الهاتف:0.212.359.4614, 0.212.359.6574

اسم الباحث : بتول غولشان

عنوان البريد الالكتروني: betul.gulcan@boun.edu.tr

الهاتف: 05394126329

ولي الأمر المحترم،

جامعة Bogazici، الإرشاد النفسي والتوجيه طالب الدراسات العليا بتول غولجان والأستاذ المساعد. أ. مشارك. بروفيسور. بينغو بوركان، أ. مساعد. أ. مشارك. بروفيسور. بإشراف نيهال نيونامي "الدعم الاجتماعي والصحة النفسية من منظوراللاجئ السوري المراهق" تم تنفيذ مشروع البحث العلمي. المشاركون في الدراسة هم مجموعة من اللاجئين السوريين والطلاب الأتراك. في هذه الدراسة، سيتم دراسة ومقارنة الدعم الاجتماعي المدرك ومستويات الرفاهية النفسية للمراهقين من اللاجئين السوريين والطلاب الأتراك. ندعوكم لمساعدتنا في هذا البحث. نريد إبلاغكم ببعض المعلومات قبل القيام بالبحث.

تستغرق المشاركة بالاستقصاء 5 دقائق، سيتم طلب ملء معلوماتك الخاصة على ورقة المشاركة. بعدها سيتم إطلاعك على قصة قصيرة لمعرفة مهاراتك التركية وبعدها سيتوجب عليك إجابة 3 أسئلة. إذا كان مستوى اللغة التركية مناسباً، ستستغرق عملية المشاركة بالبحث مدة 10 دقائق. سيشمل النموذج الديموغرافي أسئلة حول العمر، الحالة الدراسية والمهنية للوالدين والطالب. بعدها سيتم منحك استمارتين تحتويان على 85 بند متعلقة بالدعم الاجتماعي والصحة النفسية من منظوراللاجئ السوري المراهق وستستغرق الإجابة عليهما 20 دقيقة تقريباً.

هذا البحث مخصص لأغراض علمية فقط. سيتم الحفاظ على سرية أي معلومات خاصة بالمشاركين. سيتم التخلص من المعلومات بعد الإنتهاء من البحث. المعلومات التي يتم جمعها ستكون متاحة للباحثين فقط.

المشاركة في هذه الدراسة طوعية تماماً. يمكن للأهالي والأطفال سحب الموافقة والتوقف عن المشاركة في الدراسة خلال أي مرحلة دون إعطاء سبب. الدراسة مجانية ولا يتوجب دفع أي رسوم.

سيتم سؤال المشاركين في الدراسة أسئلة حول الحياة العائلية والمدرسية، النواحي العاطفية والسلوكية والدعم الاجتماعي. من المرجح أن يشعر المشاركون بعواطف مختلفة عند الإجابة عن الأسئلة. سيتم توفير دعم من قبل الخبراء إذا طلب المشاركون دعماً إضافياً. بالإضافة إلى ذلك، قد يحدث بعض سوء التفاهم في المسائل المتعلقة باللغة والفهم اللغوي. سيتم تواجد مترجم لتجنب حدوث هذا.

إذا كنتم ترغبون في الحصول على معلومات إضافية حول مشروع البحث هذا، يرجى التواصل مع منسقي المشروع في جامعة Boğaziçi، قسم العلوم التربوية. يمكنكم أيضاً التشاور مع لجان الأخلاقيات المحلية (INAREK) أو اللجنة الفرعية لأخلاقيات INAREK / SBB لمعرفة حقوقكم بالنسبة للدراسة المطروحة.

إذا كنت توافق على المشاركة في هذا البحث، الرجاء التوقيع على هذا النموذج وإرساله لنا في ظرف مختوم.

أنا، ..... أعلن أني فهمت النص أعلاه وأني فهمت الغرض من الدراسة المطلوبة. أتيحت لي الفرصة لطرح الأسئلة حول الدراسة. أعلم أنه يمكنني الخروج من الدراسة متى شئت. أوافق على الانضمام لهذه الدراسة بشكل طوعي ودون أي إكراه أو إجبار.

لا أريد الحصول على نسخة من هذه الاستمارة (في هذه الحالة يخزن الباحث هذه النسخة).

اسم الوصي الكامل:

التوقيع:

التاريخ (اليوم/الشهر/السنة):.../...../.....

اسم الباحث الكامل:

التوقيع:

التاريخ (اليوم/الشهر/السنة):.../...../.....

REFERENCES

Acarturk, C., Cetinkaya, M., Senay, I., Gulen, B., Aker, T., & Hinton, D. (2018). Prevalence and predictors of posttraumatic stress and depression symptoms among Syrian refugees in a refugee camp. *The Journal of Nervous and Mental Disease*, *206*(1), 40-45.

Ajdukovic, M., & Dean, A. (1998). Impact of displacement on the psychological well-being of refugee children. *International Review of Psychiatry*, *10*(3), 186-195.

Akay, S., Hamamcı, Z., & Kurt, M. Suriyeli öğrencilerle çalışan psikolojik danışmanların yaşadıkları sorunlar ve bu sorunlara ilişkin uyguladıkları çözüm yollarının incelenmesi. *Gaziantep Üniversitesi Eğitim Bilimleri Dergisi*, *2*(1), 23-47.

Algorta, G. P., Dodd, A. L., Stringaris, A., & Youngstrom, E. A. (2016). Diagnostic efficiency of the SDQ for parents to identify ADHD in the UK: A ROC analysis. *European Child & Adolescent Psychiatry*, *25*(9), 949-957.

Amato, P. R. (1994). Father-child relations, mother-child relations, and offspring psychological well-being in early adulthood. *Journal of Marriage and the Family*, *56*(4), 1031-1042.

American Psychiatric Association (APA). (1994). *Diagnostic criteria from DSM-IV*. Washington, DC: The Association.

Ataç, Ö., Akbay, H., Dobral, A., Demir, S., Ateş, B. S., Ahmedzai, S., & Hayran, O. (2018). Mülteci ve yerleşik ergenlerde depresyona yatkınlık ve algılanan sosyal destek düzeyleri. *Anadolu Kliniği Tıp Bilimleri Dergisi*, *23*(3), 129-136.

Barbee, A. P., Cunningham, M. R., Winstead, B. A., Derlega, V. J., Gulley, M. R., Yankeelov, P. A., & Druen, P. B. (1993). Effects of gender role expectations on the social support process. *Journal of Social Issues*, *49*(3), 175-190.

Barnett, R. C., Marshall, N. L., & Pleck, J. H. (1992). Adult son-parent relationships and their associations with sons' psychological distress. *Journal of Family Issues*, *13*(4), 505-525.

Bender, D., & Lösel, F. (1997). Protective and risk effects of peer relations and social support on antisocial behavior in adolescents from multi-problem milieus. *Journal of Adolescence*, *20*(6), 661-678.

Bemak, F., & Cornely, L. (2002). The SAFI model as a critical link between marginalized families and schools: A literature review and strategies for school counselors. *Journal of Counseling & Development, 80*(3), 322-331.

Bir İz Association. (2007). *Yanyana (Side by Side): Psychosocial support project for Syrian children*. Retrieved from: https://www.birizdernegi.org/

Birman, D., Trickett, E. J., & Vinokurov, A. (2002). Acculturation and adaptation of Soviet Jewish refugee adolescents: Predictors of adjustment across life domains. *American Journal of Community Psychology, 30*(5), 585-607.

Blanchflower, D. G., & Oswald, A. J. (2008). Is well-being U-shaped over the life cycle? *Social Science & Medicine, 66*(8), 1733-1749.

Brislin, R. W. (1976). Comparative research methodology: Cross-cultural studies. *International Journal of Psychology*, *11*(3), 215-229.

Buz, S. (2008). Türkiye'deki sığınmacıların sosyal profili. *Polis Bilimleri Dergisi*, *10*(4), 1-14.

Capron, C., Thérond, C., & Duyme, M. (2007). Psychometric properties of the French version of the self-report and teacher Strengths and Difficulties Questionnaire (SDQ). *European Journal of Psychological Assessment*, *23*(2), 79-88.

Carswell, K., Blackburn, P., & Barker, C. (2011). The relationship between trauma, post-migration problems and the psychological well-being of refugees and asylum seekers. *International Journal of Social Psychiatry*, *57*(2), 107-119.

The Center for Victims of Torture (CVT). (2004). *Basic guidelines for school staff when talking with traumatized refugee children*. Retrieved from: www.cvt.org

Ceri, V., Özlü-Erkilic, Z., Özer, Ü., Yalcin, M., Popow, C., & Akkaya-Kalayci, T. (2016). Psychiatric symptoms and disorders among Yazidi children and adolescents immediately after forced migration following ISIS attacks. *Neuropsychiatrie*, *30*(3), 145-150.

Ceylan, V., Algan, Ç., Yalçın, M., Yalçın, E., Akın, E., & Köse, S. (2017). Suriyeli mülteci ve sığınmacıların çeşitli psikolojik faktörler açısından incelenmesi: Batman örneklemi. *International Journal of Social Sciences and Education Research*, *3*(2), 595-606.

Cheng, C. (1997). Role of perceived social support on depression in Chinese adolescents: A prospective study examining the buffering model. *Journal of Applied Social Psychology*, *27*(9), 800-820.

Choukas-Bradley, S., Giletta, M., Cohen, G. L., & Prinstein, M. J. (2015). Peer influence, peer status, and prosocial behavior: An experimental investigation of peer socialization of adolescents' intentions to volunteer. *Journal of Youth and Adolescence*, *44*(12), 2197-2210.

Chu, P. S., Saucier, D. A., & Hafner, E. (2010). Meta-analysis of the relationships between social support and well-being in children and adolescents. *Journal of Social and Clinical Psychology*, *29*(6), 624-645.

Chu, X., Li, Y., Li, Z., & Han, J. (2015). Effects of socioeconomic status and social support on well-being. *Applied Economics and Finance*, *2*(3), 155-161.

Cohen, S., Gottlieb, B. H., & Underwood, L. G. (2000). *Social support measurement and intervention: A guide for health and social scientists*. New York, NY: Oxford University Press.

Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin, 98*(2), 310–357.

Coleman, N., Sykes, W., & Groom, C. (2017). *Peer support and children and young peoples mental health.* Retrieved from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/603107/Children_and_young_people_s_mental_health_peer_support.pdf

Compas, B. E., Slavin, L. A., Wagner, B. M., & Vannatta, K. (1986). Relationship of life events and social support with psychological dysfunction among adolescents. *Journal of Youth and Adolescence, 15*(3), 205-221.

Cooper, C. R., Jackson, J. F., Azmitia, M., & Lopez, E. M. (1998). Multiple selves, multiple worlds: Three useful strategies for research with ethnic minority youth on identity, relationships, and opportunity structures. In V. C. McLoyd & L. Steinberg (Eds.), *Studying minority adolescents: Conceptual, methodological, and theoretical issues* (pp. 111-125). Mahwah, NJ: Lawrence Erlbaum Associates.

Cornwell, B. (2003). The dynamic properties of social support: Decay, growth, and staticity, and their effects on adolescent depression. *Social Forces, 81*(3), 953-978.

Crea, T. M., Calvo, R., & Loughry, M. (2015). Refugee health and wellbeing: Differences between urban and camp-based environments in sub-Saharan Africa. *Journal of Refugee Studies, 28*(3), 319-330.

Currie, C., Zanotti, C., Morgan, A., Currie, D., De Looze, M., Roberts, C., ... & Barnekow, V. (2009). *Social determinants of health and well-being among young people. Health Behaviour in School-Aged Children (HBSC) Study: International Report from the 2009/2010 Survey*. Retrieved from http://www.hbsc.unito.it/it/images/pdf/hbsc/prelims-part1.pdf

Daud, A., Klinteberg, B., & Rydelius, P. A. (2008). Resilience and vulnerability among refugee children of traumatized and non-traumatized parents. *Child and Adolescent Psychiatry and Mental Health, 2*(1), 1-11.

Davidson, L. M., & Demaray, M. K. (2007). Social support as a moderator between victimization and internalizing/externalizing behaviors from bullying. *School Psychology Review, 36*(3), 383–405.

De Wal Pastoor, L. (2015). The mediational role of schools in supporting psychosocial transitions among unaccompanied young refugees upon resettlement in Norway. *International Journal of Educational Development, 41*, 245-254.

DeGarmo, D. S., & Martinez, C. R. (2006). A culturally informed model of academic well-being for Latino youth: The importance of discriminatory experiences and social support. *Family Relations, 55*(3), 267–278.

DeJong, J., Sbeity, F., Schlecht, J., Harfouche, M., Yamout, R., Fouad, F. M., ... & Robinson, C. (2017). Young lives disrupted: gender and well-being among adolescent Syrian refugees in Lebanon. *Conflict and Health*, *11*(1), 23-34.

Demaray, M. K., & Malecki, C. K. (2002). Critical levels of perceived social support associated with student adjustment. *School Psychology Quarterly*, *17*(3), 213-241.

Demaray, M. K., Malecki, C. K., Davidson, L. M., Hodgson, K. K., & Rebus, P. J. (2005). The relationship between social support and student adjustment: A longitudinal analysis. *Psychology in the Schools, 42*(7), 691–706.

Demaray, M. K., Malecki, C. K., Jenkins, L. N., & Cunningham, C. M. (2010). Social support: How to assess and include it in research on prevention and youth outcomes. *Handbook of Youth Prevention Science.* New York: Routledge.

Devkota, J. U. (2014). Principal components analysis of the socioeconomic conditions of biogas users-with example from Nepal. *International Journal of Renewable Energy Research (IJRER)*, *4*(3), 655-664.

DuBois, D. L., Burk-Braxton, C., Swenson, L. P., Tevendale, H. D., Lockerd, E. M., & Moran, B. L. (2002). Getting by with a little help from self and others: Self-esteem and social support as resources during early adolescence. *Developmental Psychology*, *38*(5), 822-839.

Dubow, E. F., Tisak, J., Causey, D., Hryshko, A., & Reid, G. (1991). A two- year longitudinal study of stressful life events, social support, and social problem- solving skills: Contributions to children's behavioral and academic adjustment. *Child Development*, *62*(3), 583-599.

Eiseley, L. (1979). *The Star Thrower.* Retrieved from: https://www.catalystscrubs.com/blogs/news/70248323-make-a-difference-monday-the-starfish-story

Fassbender, I., & Leyendecker, B. (2018). Socio-economic status and psychological well-being in a sample of Turkish immigrant mothers in Germany. *Frontiers in Psychology*, *9*(1586), 1-9. Retrieved from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6180180/pdf/fpsyg-09-01586.pdf

Fattore, T., Mason, J., & Watson, E. (2007). Children's conceptualisation (s) of their well-being. *Social Indicators Research*, *80*(1), 5-29.

Fazel, M., & Stein, A. (2002). Review: The mental health of refugee children. *Archives of Disease in Childhood*, *87*(5), 366–370.

Fazel, M., & Stein, A. (2003). Mental health of refugee children: Comparative study. *Bmj*, *327*(7407), 134.

Fazel, M., Reed, R. V., Panter-Brick, C., & Stein, A. (2012). Mental health of displaced and refugee children resettled in high-income countries: Risk and protective factors. *The Lancet*, *379*(9812), 266-282.

Flouri, E., & Buchanan, A. (2003). The role of father involvement and mother involvement in adolescents' psychological well- being. *British Journal of Social Work*, *33*(3), 399-406.

Furlong, M. J., Chung, A., Bates, M., & Morrison, R. L. (1995). Who are the victims of school violence? A comparison of student non-victims and multi-victims. *Education and Treatment of Children*, *18*(3), 282-298.

Furman, W., & Buhrmester, D. (1992). Age and sex differences in perceptions of networks of personal relationships. *Child Development*, *63*(1), 103-115.

Gaete, J., Montero-Marin, J., Valenzuela, D., Rojas-Barahona, C. A., Olivares, E., & Araya, R. (2018). Mental health among children and adolescents: Construct validity, reliability, and parent-adolescent agreement on the 'Strengths and Difficulties Questionnaire' in Chile. *Plos One*, *13*(2), 1-18. Retrieved from: https://journals.plos.org/plosone/article/file?id=10.1371/journal.pone.0191809&type=printable

Gallicchio, L., Hoffman, S. C., & Helzlsouer, K. J. (2007). The relationship between gender, social support, and health-related quality of life in a community-based study in Washington County, Maryland. *Quality of Life Research*, *16*(5), 777-786.

Gecas, V. (1971). Parental behavior and dimensions of adolescent self-evaluation. *Sociometry*, *34*(4), 466-482.

Geltman, P. L., Grant-Knight, W., Mehta, S. D., Lloyd-Travaglini, C., Lustig, S., Landgraf, J. M., & Wise, P. H. (2005). The "lost boys of Sudan": Functional and behavioral health of unaccompanied refugee minors resettled in the United States. *Archives of Pediatrics & Adolescent Medicine*, *159*(6), 585-591.

Giallo, R., Riggs, E., Lynch, C., Vanpraag, D., Yelland, J., Szwarc, J., ... & Brown, S. J. (2017). The physical and mental health problems of refugee and migrant fathers: findings from an Australian population-based study of children and their families. *BMJ Open*, *7*(11), 1-12.

Goodman, R. (1997). The Strengths and Difficulties Questionnaire: A research note. *Journal of Child Psychology and Psychiatry*, *38*(5), 581-586.

Goodman, R. (2001). Psychometric properties of the Strengths and Difficulties Questionnaire. *Journal of the American Academy of Child & Adolescent Psychiatry*, *40*(11), 1337-1345.

Gottlieb, B. H. (1994). Social support. In A. L. Weber & J. H. Harvey (Eds). *Perspectives on close relationships*. Boston: Allyn & Bacon.

Green, B. L., Korol, M., Grace, M. C., Vary, M. G., Leonard, A. C., Gleser, G. C… Cohen, S. (1991). Children and disaster: Age, gender, and parental effects on PTSD symptoms. *Journal of the American Academy of Child & Adolescent Psychiatry*, *30*(6), 945-951.

Güvenir, T., Özbek, A., Baykara, B., Arkar, H., Şentürk, B., & İncekaş, S. (2008). Güçler ve Güçlükler Anketi'nin (GGA) Türkçe uyarlamasının psikometrik özellikleri. *Çocuk ve Gençlik Ruh Sağliği Dergisi*, *15*(2), 65-74.

Haber, M. G., Cohen, J. L., Lucas, T., & Baltes, B. B. (2007). The relationship between self- reported received and perceived social support: A meta-analytic review. *American Journal of Community Psychology*, *39*(1-2), 133-144.

Hameed, S., Sadiq, A., & Din, A. U. (2018). The increased vulnerability of refugee population to mental health disorders. *Kansas Journal of Medicine, 11*(1), 20-23.

Harter, S. (1985). *Manual for the social support scale for children*. Denver: University of Denver.

Helsen, M., Vollebergh, W., & Meeus, W. (2000). Social support from parents and friends and emotional problems in adolescence. *Journal of Youth and Adolescence*, *29*(3), 319-335.

Hodes, M., Jagdev, D., Chandra, N., & Cunniff, A. (2008). Risk and resilience for psychological distress amongst unaccompanied asylum-seeking adolescents. *Journal of Child Psychology and Psychiatry*, *49*(7), 723-732.

Huppert, F. A. (2009). Psychological well- being: Evidence regarding its causes and consequences. *Applied Psychology: Health and Well- Being*, *1*(2), 137-164.

Hyman, I., Vu, N., & Beiser, M. (2000). Post-migration stresses among Southeast Asian refugee youth in Canada: A research note. *Journal of Comparative Family Studies*, *31*(2) 281-293.

Ingleby, D., & Watters, C. (2002). Refugee children at school: good practices in mental health and social care. *Education and Health*, *20*(3), 43-45.

Jackson, Y., & Warren, J. S. (2000). Appraisal, social support, and life events: Predicting outcome behavior in school- age children. *Child Development*, *71*(5), 1441-1457.

Jasinskaja-Lahti, I., Liebkind, K., Jaakkola, M., & Reuter, A. (2006). Perceived discrimination, social support networks, and psychological well-being among three immigrant groups. *Journal of Cross-Cultural Psychology*, *37*(3), 293-311.

Jayanthi, P., & Thirunavukarasu, M. (2016). Perceived social support- A risk factor for depression among adolescents: An analytical study. *International Centre for Collaborative Research Journal of Nursing Research*, *7*(1), 29-34.

Jolliffe, I. (2011). *Principal component analysis.* Retrieved from: http://cda.psych.uiuc.edu/statistical_learning_course/Jolliffe%20I.%20Principal%20Component%20Analysis%20(2ed.,%20Springer,%202002)(518s)_MVsa_.pdf

Kafetsios, K. (2007). Gender, social support, and well-being: Evidence from a Greek community sample. *Interpersona*, *1*(2), 191-207.

Kağnıcı, D. Y. (2017). Suriyeli mülteci çocukların kültürel uyum sürecinde okul psikolojik danışmanlarına düşen rol ve sorumluluklar. *İlköğretim Online*, *16*(4), 1768-1776.

Kasapoğlu, F., & Kış, A. (2016). Öznel iyi oluşun cinsiyet açısından incelenmesi: Bir meta-analiz çalışması. *Mersin Üniversitesi Eğitim Fakültesi Dergisi*, *12*(3), 770-782.

Keyes, C. L., Shmotkin, D., & Ryff, C. D. (2002). Optimizing well-being: The empirical encounter of two traditions. *Journal of Personality and Social Psychology*, *82*(6), 1007-1022.

Khamis, V. (2005). Post-traumatic stress disorder among school age Palestinian children. *Child Abuse & Neglect*, *29*(1), 81-95.

King, L. A., & Napa, C. K. (1998). What makes a life good? *Journal of Personality and Social Psychology*, *75*(1), 1-19.

Knoll, N., & Schwarzer, R. (2002). *Gender and age differences in social support: A study of East German migrants*. Amsterdam: IOS Press.

Kocayörük, E., Altıntas, E., & İçbay, M. A. (2015). The perceived parental support, autonomous-self and well-being of adolescents: A cluster-analysis approach. *Journal of Child and Family Studies*, *24*(6), 1819-1828.

Kolenikov, S., & Angeles, G. (2009). Socioeconomic status measurement with discrete proxy variables: Is principal component analysis a reliable answer? *Review of Income and Wealth*, *55*(1), 128-165.

Kostelecky, K. L., & Lempers, J. D. (1998). Stress, family social support, distress, and well- being in high school seniors. *Family and Consumer Sciences Research Journal*, *27*(2), 125-145.

Kovacev, L., & Shute, R. (2004). Acculturation and social support in relation to psychosocial adjustment of adolescent refugees resettled in Australia. *International Journal of Behavioral Development*, *28*(3), 259-267.

Laible, D. J., Carlo, G., & Raffaelli, M. (2000). The differential relations of parent and peer attachment to adolescent adjustment. *Journal of Youth and Adolescence*, *29*(1), 45-59.

Lancee, B. (2010). The economic returns of immigrants' bonding and bridging social capital: The case of the Netherlands. *International Migration Review, 44*(1), 202-226.

Leavey, G., Hollins, K., King, M., Barnes, J., Papadopoulos, C., & Grayson, K. (2004). Psychological disorder amongst refugee and migrant school children in London. *Social Psychiatry and Psychiatric Epidemiology, 39*(3), 191-195.

Lerner, R. M., Almerigi, J. B., Theokas, C., & Lerner, J. V. (2005). Positive youth development a view of the issues. *Journal of Early Adolescence*, *25*(1), 10-16.

Li, S. S., Liddell, B. J., & Nickerson, A. (2016). The relationship between post-migration stress and psychological disorders in refugees and asylum seekers. *Current Psychiatry Reports*, *18*(9), 1-9.

Liu, J. (2017). *How adolescents' prosocial behavior be influenced by various aspects from family*. Paper presented at the International Conference on Arts and Design, Education and Social Sciences (ADESS 2017). Retrieved from: http://www.dpi-proceedings.com/index.php/dtssehs/article/viewFile/17892/17398

López-Romero, L., Romero, E., & Andershed, H. (2015). Conduct problems in childhood and adolescence: Developmental trajectories, predictors and outcomes in a six-year follow up. *Child Psychiatry & Human Development*, *46*(5), 762-773.

Lucktong, A., Salisbury, T. T., & Chamratrithirong, A. (2018). The impact of parental, peer and school attachment on the psychological well-being of early adolescents in Thailand. *International Journal of Adolescence and Youth*, *23*(2), 235-249.

Luo, Y., & Waite, L. J. (2005). The impact of childhood and adult SES on physical, mental, and cognitive well-being in later life. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, *60*(2), 93-101.

Lustig, S. L., Kia-Keating, M., Knight, W. G., Geltman, P., Ellis, H., Kinzie, J. D., & Saxe, G. N. (2004). Review of child and adolescent refugee mental health. *Journal of the American Academy of Child & Adolescent Psychiatry*, *43*(1), 24-36.

Luthar, S. S., & Cicchetti, D. (2000). The construct of resilience: Implications for interventions and social policies. *Development and Psychopathology, 12*(4), 857-885.

Malecki, C. K., & Demaray, M. K. (2002). Measuring perceived social support: Development of the Child and Adolescent Social Support Scale (CASSS). *Psychology in the Schools, 39*(1), 1-18.

Malecki, C. K., & Demaray, M. K. (2003). What type of support do they need? Investigating student adjustment as related to emotional, informational, appraisal, and instrumental support. *School Psychology Quarterly, 18*(3), 231-252.

Malecki, C. K., & Demaray, M. K. (2006). Social support as a buffer in the relationship between socioeconomic status and academic performance. *School Psychology Quarterly, 21*(4), 375–395.

Masten, A. S., & Coatsworth, J. D. (1998). The development of competence in favorable and unfavorable environments: Lessons from research on successful children. *American Psychologist, 53*(2), 205-220.

McArdle, F., & Spina, N. (2007). Children of refugee families as artists: Bridging the past, present and future. *Australasian Journal of Early Childhood, 32*(4), 50-53.

Measham, T., Guzder, J., Rousseau, C., Pacione, L., Blais-McPherson, M., & Nadeau, L. (2014). Refugee children and their families: Supporting psychological well-being and positive adaptation following migration. *Current Problems in Pediatric and Adolescent Health Care, 44*(7), 208-215.

Merrill Weine, S., Ware, N., Hakizimana, L., Tugenberg, T., Currie, M., Dahnweih, G., ... & Wulu, J. (2014). Fostering resilience: Protective agents, resources, and mechanisms for adolescent refugees' psychosocial well-being. *Adolescent Psychiatry, 4*(3), 164-176.

Mohamed, S. (2012). *The mental health and psychological well-being of refugee children: An exploration of risk, resilience and protective factors* (Unpublished PhD thesis). University of East London, London, UK.

Molinari, C., Ahern, M., & Hendryx, M. (1998). The relationship of community quality to the health of women and men. *Social Science & Medicine, 47*(8), 1113-1120.

Muris, P., Meesters, C., & van den Berg, F. (2003). The strengths and difficulties questionnaire (SDQ). *European Child & Adolescent Psychiatry, 12*(1), 1-8.

Nasıroğlu, S., & Çeri, V. (2016). Posttraumatic stress and depression in Yazidi refugees. *Neuropsychiatric Disease and Treatment, 12*, 2941-2948.

National Association of School Psychologists. (2015). *Supporting refugee children & youth: Tips for educators*. Retrieved from: Supporting_Refugee_Children_and_Youth_Tips_for_Educators.pdf

Nielsen, S. S., Norredam, M., Christiansen, K. L., Obel, C., Hilden, J., & Krasnik, A. (2008). Mental health among children seeking asylum in Denmark–the effect of length of stay and number of relocations: A cross-sectional study. *BMC Public Health, 8*(1), 293-301.

Noh, S., & Kaspar, V. (2003). Perceived discrimination and depression: Moderating effects of coping, acculturation, and ethnic support. *Racial/Ethnic Bias and Health, 93*(2), 232-238.

Oppedal, B., Özer, S., & Şirin, S. R. (2018). Traumatic events, social support and depression: Syrian refugee children in Turkish camps. *Vulnerable Children and Youth Studies, 13*(1), 46-59.

Oppedal, B., Roysamb, E., & Sam, D. L. (2004). The effect of acculturation and social support on change in mental health among young immigrants. *International Journal of Behavioral Development, 28*(6), 481–494.

Papadopoulos, R. K. (2001). Refugee families: Issues of systemic supervision. *Journal of Family Therapy, 23*(4), 405-422.

Papageorgiou, V., Frangou-Garunovic, A., Iordanidou, R., Yule, W., Smith, P., & Vostanis, P. (2000). War trauma and psychopathology in Bosnian refugee children. *European Child & Adolescent Psychiatry, 9*(2), 84-90.

Paunovic, N., & Öst, L. G. (2001). Cognitive-behavior therapy vs exposure therapy in the treatment of PTSD in refugees. *Behaviour Research and Therapy*, *39*(10), 1183-1197.

Pickett, K. E., & Wilkinson, R. G. (2007). Child wellbeing and income inequality in rich societies: Ecological cross-sectional study. *Bmj*, *335*(7629), 1-7.

Pieloch, K. A., McCullough, M. B., & Marks, A. K. (2016). Resilience of children with refugee statuses: A research review. *Canadian Psychology/Psychologie Canadienne*, *57*(4), 330-339.

Pollard, E. L., & Davidson, L. (2001). *Foundations of child well-being*. Retrieved from: https://unesdoc.unesco.org/ark:/48223/pf0000124620

Pollard, E. L., & Lee, P. D. (2003). Child well-being: A systematic review of the literature. *Social Indicators Research*, *61*(1), 59-78.

Prati, G., & Pietrantoni, L. (2010). The relation of perceived and received social support to mental health among first responders: A meta- analytic review. *Journal of Community Psychology*, *38*(3), 403-417.

Punämaki, R. L. (1996). Can ideological commitment protect children's psychosocial well- being in situations of political violence? *Child Development*, *67*(1), 55-69.

Reiss, F. (2013). Socioeconomic inequalities and mental health problems in children and adolescents: A systematic review. *Social Science & Medicine*, *90*, 24-31.

Reiss, F., Meyrose, A. K., Otto, C., Lampert, T., Klasen, F., & Ravens-Sieberer, U. (2019). Socioeconomic status, stressful life situations and mental health problems in children and adolescents: Results of the German BELLA cohort-study. *Plos One*, *14*(3), 1-16.

Rees, G., Bradshaw, J., Goswami, H., & Keung, A. (2010). *Understanding children's well-being: A national survey of young people's well-being.* Retrieved from: https://www.childrenssociety.org.uk/sites/default/files/tcs/research_docs/Understanding%20children%27s%20wellbeing_0.pdf

Reevy, G. M., & Maslach, C. (2001). Use of social support: Gender and personality differences. *Sex Roles*, *44*(7-8), 437-459.

Richman, J. M., Rosenfeld, L. B., & Bowen, G. L. (1998). Social support for adolescents at risk of school failure. *Social Work*, *43*(4), 309-323.

Rousseau, C., Drapeau, A., Lacroix, L., Bagilishya, D., & Heusch, N. (2005). Evaluation of a classroom program of creative expression workshops for refugee and immigrant children. *Journal of Child Psychology and Psychiatry*, *46*(2), 180-185.

Rousseau, C., & Guzder, J. (2008). School-based prevention programs for refugee children. *Child and Adolescent Psychiatric Clinics of North America*, *17*(3), 533-549.

Rueger, S. Y., Malecki, C. K., & Demaray, M. K. (2010). Relationship between multiple sources of perceived social support and psychological and academic adjustment in early adolescence: Comparisons across gender. *Journal of Youth and Adolescence*, *39*(1), 47. https://doi.org/10.1007/s10964-008-9368-6

Rutter, M. (1981). Stress, coping and development: Some issues and some questions. *Journal of Child Psychology and Psychiatry, 22*(4), 323-356.

Rutter, J., & Jones, C. (1998). *Refugee education: Mapping the field*. UK: Stylus Publishing.

Ryan, R. M., & Deci, E. L. (2001). On happiness and human potentials: A review of research on hedonic and eudaimonic well-being. *Annual Review of Psychology*, *52*(1), 141-166.

Ryff, C. D. (1995). Psychological well-being in adult life. *Current Directions in Psychological Science*, *4*(4), 99-104.

Ryff, C. D., & Keyes, C. L. M. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology*, *69*(4), 719-727. http://dx.doi.org/10.1037/0022-3514.69.4.719

Sağaltıcı, E. (2013). *Suriyeli mültecilerde travma sonrası stres bozukluğu taraması* (Unpublished PhD dissertation). Gaziantep Üniversitesi, Gaziantep, Türkiye.

Sapmaz, Ş. Y., Tanrıverdi, B. U., Öztürk, M., Gözaçanlar, Ö., Ülker, G. Y., & Özkan, Y. (2017). Immigration-related mental health disorders in refugees 5–18 years old living in Turkey. *Neuropsychiatric Disease and Treatment, 13*, 2813-2821.

Sarason, B. R., Sarason, I. G., & Pierce, G. R. (1990). *Social support: An interactional view*. Oxford, England: John Wiley & Sons.

Sargisson, R. J., Stanley, P. G., & Hayward, A. (2016). Multi-informant scores and gender differences on the Strengths and Difficulties Questionnaire for New Zealand children. *New Zealand Journal of Psychology, 45*(2), 4-12.

Sayar, M. (2006). *A longitudinal study of the relationship between perceived social support and psychological well-being of adolescents from low socioeconomic status* (Unpublished MA thesis). Boğaziçi University, İstanbul, Turkey.

Schraedley, P. K., Gotlib, I. H., & Hayward, C. (1999). Gender differences in correlates of depressive symptoms in adolescents. *Journal of Adolescent Health, 25*(2), 98-108.

Schweitzer, R., Melville, F., Steel, Z., & Lacherez, P. (2006). Trauma, post-migration living difficulties, and social support as predictors of psychological adjustment in resettled Sudanese refugees. *Australian and New Zealand Journal of Psychiatry, 40*(2), 179-188.

Selwyn, J., & Riley, S. (2015). *Measuring well-being: A literature review*. Retrieved from: https://researchinformation.bristol.ac.uk/files/41278115/Measuring_Wellbeing_FINAL.pdf

Serovich, J. M., Kimberly, J. A., Mosack, K. E., & Lewis, T. L. (2001). The role of family and friend social support in reducing emotional distress among HIV-positive women. *AIDS Care, 13*(3), 335-341.

Shahhosseini, Z., Simbar, M., Ramezankhani, A., & Majd, H. A. (2012). Supportive family relationships and adolescent health in the socio-cultural context of Iran: A qualitative study. *Mental Health in Family Medicine, 9*(4), 251-256.

Silva, T. B., Osório, F. L., & Loureiro, S. R. (2015). SDQ: Discriminative validity and diagnostic potential. *Frontiers in Psychology, 6*(811), 1-7.

Simich, L., Beiser, M., & Mawani, F. N. (2003). Social support and the significance of shared experience in refugee migration and resettlement. *Western Journal of Nursing Research, 25*(7), 872-891.

Sood, S., & Bakhshi, A. (2012). Perceived social support and psychological well-being of aged Kashmiri migrants. *Research on Humanities and Social Sciences, 2*(2), 1-7.

South, S. J., & Haynie, D. L. (2004). Friendship networks of mobile adolescents. *Social Forces, 83*(1), 315-350.

Southwick, S. M., Sippel, L., Krystal, J., Charney, D., Mayes, L., & Pietrzak, R. (2016). Why are some individuals more resilient than others: The role of social support. *World Psychiatry, 15*(1), 77-79.

Statham, J., & Chase, E. (2010). *Childhood wellbeing: A brief overview.* Retrieved from: http://www.cwrc.ac.uk/documents/CWRC_Briefing_paper.pdf

Steptoe, A., Demakakos, P., & Oliveira de, C. (2012). The psychological well-being, health and functioning of older people in England. In J. Banks, J. Nazroo & A. Steptoe (Eds.) *The dynamics of ageing: Evidence from the English Longitudinal Study of Ageing 2002-10 (Wave 5)* (pp. 98-182). London: The Institute for Fiscal Studies

Stewart, M. J., Makwarimba, E., Beiser, M., Neufeld, A., Simich, L., & Spitzer, D. (2010). Social support and health: Immigrants' and refugees' perspectives. *Diversity in Health & Care*, *7*(2), 91-103.

Summerfield, D. (2000). Childhood, war, refugeedom and 'trauma': Three core questions for mental health professionals. *Transcultural Psychiatry, 37*(3), 417 433.

Syed, E. U., Hussein, S. A., & Mahmud, S. (2007). Screening for emotional and behavioural problems amongst 5–11-year-old school children in Karachi, Pakistan. *Social Psychiatry and Psychiatric Epidemiology*, *42*(5), 421-427.

Tam, C. L., Lee, T. H., Har, W. M., & Pook, W. L. (2011). Perceived social support and self-esteem towards gender roles: Contributing factors in adolescents. *Asian Social Science*, *7*(8), 49-58.

Taskin, P., & Erdemli, O. (2018). Education for Syrian refugees: Problems faced by teachers in Turkey. *Eurasian Journal of Educational Research*, 18(75), 155-177.

Thabet, A. A., & Vostanis, P. (2000). Post-traumatic stress disorder reactions in children of war: A longitudinal study. *Child Abuse & Neglect*, *24*(2), 291-298.

Thomas, T., & Lau, W. (2002). *Psychological well-being of child and adolescent refugee and asylum seekers: Overview of major research findings of the past ten years.* Retrieved from https://www.humanrights.gov.au/publications/psychological-well-being-child-and-adolescent-refugee-and-asylum-seekers

Tomlinson, M., Walker, R., & Williams, G. (2008). *The relationship between poverty and childhood well-being in Great Britain.* Retrieved from: https://www.academia.edu/271670/The_relationship_between_poverty_and_childhood_well-being_in_Great_Britain

Tousignant, M., Habimana, E., Biron, C., Malo, C., Sidoli-lebianc, E., & Bendris, N. (1999). The Quebec adolescent refugee project: Psychopathology and family variables in a sample from 35 nations. *Journal of the American Academy of Child & Adolescent Psychiatry*, *38*(11), 1426-1432.

Trickey, D., Siddaway, A. P., Meiser-Stedman, R., Serpell, L., & Field, A. P. (2012). A meta-analysis of risk factors for post-traumatic stress disorder in children and adolescents. *Clinical Psychology Review*, *32*(2), 122-138.

Turner, H. A. (1994). Gender and social support: Taking the bad with the good?.*Sex Roles*, *30*(7-8), 521-541.

Turkish Grand National Assembly (TBMM). (2018). *Migration and adaptation report.* Ankara, Turkey: Author.
Retrieved from: https://www.tbmm.gov.tr/komisyon/insanhaklari/docs/2018/goc_ve_uyum_raporu.pdf

The United Nations High Commission for Refugees (UNHCR). (1951). *Convention and protocol relating to the status of refugees*. Retrieved from: http://www.unhcr.org/3b66c2aa10

The United Nations High Commission for Refugees (UNHCR). (2016). *Global trends: Forced displacement in 2016*. Retrieved from: http://www.unhcr.org/5943e8a34.pdf

The United Nations High Commission for Refugees (UNHCR). (2018). *Figures at a glance*. Retrieved from: https://www.unhcr.org/figures-at-a-glance.html

The United Nations International Children's Emergency Fund (UNICEF). (2018). *Children on the move: Key facts and figures.* Retrieved from: https://data.unicef.org/wp-content/uploads/2018/02/Data-brief-children-on-the-move-key-facts-and-figures-1.pdf

Van Droogenbroeck, F., Spruyt, B., & Keppens, G. (2018). Gender differences in mental health problems among adolescents and the role of social support: Results from the Belgian health interview surveys 2008 and 2013. *BMC Psychiatry*, *18*(1), 1-9.

Van Hoorn, J., van Dijk, E., Meuwese, R., Rieffe, C., & Crone, E. A. (2016). Peer influence on prosocial behavior in adolescence. *Journal of Research on Adolescence*, *26*(1), 90-100.

Van Roy, B., Veenstra, M., & Clench- Aas, J. (2008). Construct validity of the five- factor Strengths and Difficulties Questionnaire (SDQ) in pre- , early, and late adolescence. *Journal of Child Psychology and Psychiatry*, *49*(12), 1304-1312.

Vander Zee, K. I., Buunk, B. P., & Sanderman, R. (1997). Social support, locus of control, and psychological well- being. *Journal of Applied Social Psychology*, *27*(20), 1842-1859.

Varga, S., Piko, B. F., & Fitzpatrick, K. M. (2014). Socioeconomic inequalities in mental well-being among Hungarian adolescents: A cross-sectional study. *International Journal for Equity in Health*, *13*(1), 1-9.

Vedder, P., Boekaerts, M., & Seegers, G. (2005). Perceived social support and well being in school; The role of students' ethnicity. *Journal of Youth and Adolescence*, *34*(3), 269-278.

Viejo, C., Gómez-López, M., & Ortega-Ruiz, R. (2018). Adolescents' psychological well-being: A multidimensional measure. *International Journal of Environmental Research and Public Health*, *15*(10), 1-22.

Wallace, A., Holloway, L., Woods, R., Malloy, L., & Rose, J. (2011). *The psychological and emotional wellbeing needs of children and young people: Models of effective practice in educational settings.* Retrieved from: https://static1.squarespace.com/static/5679df7dbfe8734dc487539b/t/583c2b6246c3c4b3912b2c94/1480338282419/models-of-effective-practice.pdf

Warner, F. R. (2007). Social support and distress among Q'eqchi'refugee women in Maya Tecún, Mexico. *Medical Anthropology Quarterly, 21*(2), 193-217.

Watters, C., & Ingleby, D. (2002). *Good practice in mental health and social care for refugees and asylum seekers.* Retrieved from: https://www.researchgate.net/profile/David_Ingleby2/publication/46641002_Good_practice_in_mental_health_and_social_care_for_asylum_seekers_and_refugees/links/59da77de0f7e9b12b36d896d/Good-practice-in-mental-health-and-social-care-for-asylum-seekers-and-refugees.pdf

Webster- Stratton, C., Jamila Reid, M., & Stoolmiller, M. (2008). Preventing conduct problems and improving school readiness: Evaluation of the incredible years teacher and child training programs in high- risk schools. *Journal of Child Psychology and Psychiatry*, *49*(5), 471-488.

Weigel, D. J., Devereux, P., Leigh, G. K., & Ballard-Reisch, D. (1998). A longitudinal study of adolescents' perceptions of support and stress: Stability and change. *Journal of Adolescent Research*, *13*(2), 158-177.

Wentzel, K. R. (1998). Social relationships and motivation in middle school: The role of parents, teachers, and peers. *Journal of Educational Psychology*, *90*(2), 202-209.

Wenz-Gross, M., Siperstein, G. N., Untch, A. S., & Widaman, K. F. (1997). Stress, social support, and adjustment of adolescents in middle school. *The Journal of Early Adolescence*, *17*(2), 129-151.

Werner, E. E. (2000). Protective factors and individual resilience. In J. P. Shonkoff & S. J. Meisels (2nd.), *Handbook of early childhood intervention* (pp. 115-132). New York, NY: Cambridge University Press.

The Women Center Foundation (KAMER). (2013). *The need analysis of Syrian refugees*. Retrieved from: http://www.kamer.org.tr/icerik_detay.php?id=178

World Health Organization (WHO). (2011). *Mental health: A state of well-being.* Retrieved from http://www.who.int/features/factfiles/mental_health/en/index.html

Wills, T. A., & Shinar, O. (2000). Measuring perceived and received social support. In S. Cohen, L. Underwood, & B. Gottlieb (Eds.), *Social support measurement and interventions: A handbook for health and social scientists*, (pp. 86-131). New York, NY: Oxford.

Xu, F., Cui, W., Xing, T., & Parkinson, M. (2019). Family socioeconomic status and adolescent depressive symptoms in a Chinese low–and middle–income sample: The indirect effects of maternal care and adolescent sense of coherence. *Frontiers in Psychology*, *10*(819), 1-9.

Yardımcı, F., & Başbakkal, Z. (2009). Çocuk-Ergen Sosyal Destek Ölçeği'nin Türkiye'deki geçerlik ve güvenirlik çalışması. *Journal of Anatolia Nursing and Health Sciences*, *12*(2), 41-50.

Zhou, Q., Eisenberg, N., Losoya, S. H., Fabes, R. A., Reiser, M., Guthrie, I. K., ... & Shepard, S. A. (2002). The relations of parental warmth and positive expressiveness to children's empathy- related responding and social functioning: A longitudinal study. *Child Development*, *73*(3), 893-915.